



June 28, 2024

Alison Dorge, Regulatory Compliance Manager/Program Coordinator Certificate of Need & Supplemental Health Care Service Agencies Department of Health and Senior Services 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65102

RE: CON #6120 HS - Hannibal Regional - Linear Accelerator Kirksville

Dear Ms. Dorge:

On behalf of Hannibal Regional Healthcare System, it is my pleasure to submit the attached Certificate of Need application to purchase a new Linear Accelerator for Hannibal Regional Healthcare System, Inc. (Project Number #6120 HS).

We look forward to working with you on this application and the benefits the new linear accelerator will offer Kirksville and the surrounding communities.

Sincerely,

Wendy Harrington, EdD, MBA

Hannibal Regional Vice - President - Development Hannibal Regional Foundation CEO/President



### Certificate of Need Program

# **NEW OR ADDITIONAL EQUIPMENT APPLICATION**

Applicant's Completeness Checklist and Table of Contents

Project Name:	Project No:
Project Description:	

Done Page N/A

Description

#### Divider I. Application Summary:

- 1. Applicant Identification and Certification (Form MO 580-1861)
- 2. Representative Registration (From MO 580-1869)
- 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

### Divider II. Proposal Description:

- 1. Provide a complete detailed project description and include equipment bid quotes.
- 2. Provide a timeline of events for the project, from CON issuance through project completion.
- 3. Provide a legible city or county map showing the exact location of the project.
- 4. Define the community to be served and provide the geographic service area for the equipment.
- 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- 6. Identify specific community problems or unmet needs the proposal would address.
- 7. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) **FULL** years of operation of the new equipment.
- 8. Provide the methods and assumptions used to project utilization.
- 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- 10. Provide copies of any petitions, letters of support or opposition received.
- 11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
- 12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.

#### Divider III. Service Specific Criteria and Standards:

- 1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
- 2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
- 3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
- 4. For evolving technology address the following:
  - Medical effects as described and documented in published scientific literature;
  - The degree to which the objectives of the technology have been met in practice;
  - Any side effects, contraindications or environmental exposures;
  - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
  - Food and Drug Administration approval;
  - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;
  - The degree of partnership, if any, with other institutions for joint use and financing.

#### Divider IV. Financial Feasibility Review Criteria and Standards:

- 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) FULL
  years beyond project completion.
- 3. Document how patient charges are derived.
- 4. Document responsiveness to the needs of the medically indigent.

MO 580-2503 (11/22) Page 2

# Divider I: Application Summary

# Divider I. Application Summary:

## 1. Applicant Identification and Certification (Form MO 580-1861)

See Divider I: Attachment A

## 2. Representative Registration (Form MO 580-1869)

See Divider I: Attachment B

## 3. Proposed Project Budget – (Form MO 580-1863) and detail sheet with documentation of costs.

The Proposed Project Budget (MO 580-1863) is attached, as Divider I – Attachment C. Below is the detail for the items referenced therein:

## **New Construction Cost (line 1)**

New Construction Cost \$2,920,121

## Major Medical Equipment (line 6)

TrueBeam HyperSight ARIA Eclipse \$4,066,170

Total \$6,986,291



# Certificate of Need Program

# APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the <b>Letter of Intent</b> for this project, without exception.						
1. Project Location (Attach additional pages as necessary to identify multiple project sites.)						
Title of Proposed Project		project sites	Project Number			
Hannibal Regional - Linear Accelerator Kirks	ville			#6120 HS		
Project Address (Street/City/State/Zip Code)	411 147	Cialcavilla Mianavai (	02504	County		
40 degrees 12'13" North : -92 degrees 33' 3	i vvest r	Arksville, Missouri	03301	Adair		
2. Applicant Identification (Information	ation must ag	πee with previously subm	nitted Letter	of Intent.)		
List All Owner(s): (List corporate entity.)		Address (Street/City			Т	elephone Number
Hannibal Regional Healthcare System, Inc.		6500 Hospital Drive, H	lannibal, Mi	ssouri 63401		573-406-1611
(List entity to be List All Operator(s): licensed or certified.)	٨؞٩٨٠	ress (Street/City/Stat	o /Zin Cod	la)	Telepho	one Number
Hannibal Regional Healthcare System, Inc.	Addi	6500 Hospital Drive, H			Telepho	573-406-1611
Hannibal Regional Hospital		6000 Hospital Drive, H	lannibal, Mi	ssouri 63401		573-248-1300
3. Ownership (Check applicable category.)						10
☑ Nonprofit Corporation □	Individua	ıl 🗆 Ci	ty		District	
☐ Partnership ☐	Corporati	ion 🗆 Co	ounty		Other_	
4. Certification						
In submitting this project application, the	ne applica	nt understands th	nat:			
(A) The review will be made as to	the com	nunity need for th	e propos	ed heds or equi	nment i	n this
application;		Victoria de la composición del composición de la	-			
(B) In determining community no				eview Committe	e (Comr	nittee) will
consider all similar beds or ed (C) The issuance of a Certificate of				ends on conform	mance v	vith its Rules
and CON statute;		(f) (f)	77			
(D) A CON shall be subject to form months after the date of issue						
(6) months:	•					
(E) Notification will be provided to						
(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.						
We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:						
5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)						
Name of Contact Person C. Todd Ahrens			Titi	e lief Executive Officer		
	Number			nail Address		
573-406-1611 573-248-5624			todd.ahrens@hannibalregional.org		g	
Signature of Contact Person			Dat	6-24-2	4	

Divider I: Attachment B



# Certificate of Need Program

# REPRESENTATIVE REGISTRATION

(A registration form must be completed for <b>each</b> project presented.)			
Project Name  Hannibal Regional - Linear Accelerator Kirksville	Number #6120	HS	
(Please type or print legibly.)	1101201		
Name of Representative	Title		
C. Todd Ahrens	Chief E	Executive Officer	
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	0.5000 March 2007 (000 )	Telephone Number	
Hannibal Regional Healthcare System, Inc.		573-406-1611	
Address (Street/City/State/Zip Code)			
6500 Hospital Drive, Hannibal, Missouri 63401			
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for	each.)		
Name of Individual/Agency/Corporation/Organization being Represented		Telephone Number	
Hannibal Regional Healthcare System, Inc.		573-406-1611	
Address (Street/City/State/Zip Code)			
6500 Hospital Drive, Hannibal, Missouri 63401			
Check one. Do you: Relat	onship t	o Project:	
✓ Support	☐ None	;	
☐ Oppose	Emp.	loyee	
☐ Neutral	☐ Legal	l Counsel	
	Cons	sultant	
	Lobb	yist	
Other Information:	Othe	r (explain):	
I attest that to the best of my belief and knowledge the testimony me is truthful, represents factual information, and is in complian which says: Any person who is paid either as part of his normal esupport or oppose any project before the health facilities review colobbyist pursuant to chapter 105 RSMo, and shall also register with facilities review committee for every project in which such person whether such person supports or opposes the named project. The the names and addresses of any person, firm, corporation or asso registering represents in relation to the named project. Any person subsection shall be subject to the penalties specified in § 105.478,	ce with § mployme mmittee s h the sta as an ini registrati ciation th	8197.326.1 RSMo ent or as a lobbyist to shall register as a ff of the health terest and indicate ion shall also include at the person g the provisions of this	
C. Total Ahrus		6-26-24	

MO 580-1869 (11/01)



# Certificate of Need Program

# REPRESENTATIVE REGISTRATION

Poper Name   Hannibal Regional - Linear Accelerator Kirksville   C120 HS	(A registration form must be completed for <b>each</b> pro	oject pres	ented.)
Name of Representative   Totale   Partner	1 types traine		c
Name of Representative  Jonathan F. Dalton  Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)  Armstrong Teasdale, LLp  Address (Street/City/Stute/Zip Code)  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Who's interests are being represented?  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Who's interests are being represented?  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Who's interests are being represented.  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Who's interests are being represented.  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Who's interests are being represented for suite Registration Form for each.)  Rame of Individual/Agency/Corporation/Department of Propectics  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Telephone Number  7700 Forsyth Blv	Hannibal Regional - Linear Accelerator Kirksville	012011	
Jonathan F. Dalton    Partner   Premy   Partner	(Please type or print legibly.)		
Telephone Number   Telephone Number   Telephone Number   Telephone Number   Telephone Number   Telephone Number   314-621-5070	Name of Representative		
Armstrong Teasdale, LLp  Address (Street/City/State/Zip Code)  7700 Forsyth Blvd., Suite 1890, St. Louis 63105  Who's interests are being represented? [If more than one, submit a separate Representative Registration Form for each.]  Name of Individual/Agency/Corporation/Organization being Represented  Hannibal Regional Hospital  Address (Street/City/State/Zip Code)  600 Hospital Drive, Hannibal, Missouri 63401  Check one. Do you: Relationship to Project:  Support   None   Employee   Neutral   Legal Counsel   Consultant   Lobbyist   Other Information: Other (explain):  I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.		Partne	
Address (Street/Chry/State/Zip Code)  7700 Forsyth Blvd., Suite 1800, St. Louis 63105  Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)  Name of Individual/Agency/Corporation/Organization being Represented  Hannibal Regional Hospital  Address (Street/Chry/State/Zip Code)  600 Hospital Drive, Hannibal, Missouri 63401  Check one. Do you: Relationship to Project:  Support None  Oppose Employee  Neutral Legal Counsel  Consultant  Lobbyist  Other Information: Other (explain):  I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with \$197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee the review committee that the person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in \$105.478, RSMo.	Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)		Telephone Number
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Hannibal Regional Hospital  Address (Street/City/State/Zip Code)  600 Hospital Drive, Hannibal, Missouri 63401  Check one. Do you: Relationship to Project:  Support   None   Employee    Neutral   Legal Counsel    Consultant    Lobbyist    Other Information:   Other (explain):  I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.	(If more than one, submit a separate Representative Registration Form for e	each.)	
Address (Stret/City/State/Zip Code)  Check one. Do you: Relationship to Project:  Support None  Oppose Employee  Neutral Consultant  Lobbyist  Other Information: Other (explain):  I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.	Name of Individual/Agency/Corporation/Organization being Represented		Telephone Number
Check one. Do you:    Relationship to Project:   Support	Hannibal Regional Hospital		573-248-1300
Check one. Do you:  Support  Oppose  Check one. Do you:  Relationship to Project:  Employee  Consultant  Consultant  Consultant  Consultant  Consultant:  Consult	Address (Street/City/State/Zip Code)		
☐ Support ☐ None ☐ Employee ☐ Legal Counsel ☐ Consultant ☐ Lobbyist ☐ Other Information: ☐ Other (explain): ☐ Other (explain): ☐ I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.	600 Hospital Drive, Hannibal, Missouri 63401		
□ Oppose □ Legal Counsel □ Consultant □ Lobbyist □ Other Information: □ Other (explain):  □ I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.	Check one. Do you: Relati	onship t	o Project:
Neutral	☑ Support	☐ None	•
Other Information:    Consultant   Lobbyist	☐ Oppose	☐ Emp	loyee
Other Information:    Lobbyist	☐ Neutral	🗹 Lega	l Counsel
I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.		☐ Cons	sultant
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MO 580-1869 (11/01)			



# Certificate of Need Program

# PROPOSED PROJECT BUDGET

Description	<u>Dollars</u>
COSTS:*	Fill in every line, even if the amount is "\$0".)
1. New Construction Costs ***	\$2,920,121
2. Renovation Costs ***	\$0
3. Subtotal Construction Costs (#1 plus #2)	\$2,920,121
4. Architectural/Engineering Fees	\$0
5. Other Equipment (not in construction contract)	\$0
6. Major Medical Equipment	\$4,066,170
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned	d) ***\$0
10. Other Costs ***	\$0
11. Subtotal Non-Construction Costs (sum of #4 thro	ough #10 \$4,066,170
12. Total Project Development Costs (#3 plus #11)	\$6,986,291 **
FINANCING:	
13. Unrestricted Funds	\$6,986,291
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$0
17. Total Project Financing (sum of #13 through #16)	\$6,986,291 **
18. New Construction Total Square Footage	1,400
19. New Construction Costs Per Square Foot *****	\$2,086
20. Renovated Space Total Square Footage	0
21. Renovated Space Costs Per Square Foot ******	\$0

<sup>\*</sup> Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

<sup>\*\*</sup> These amounts should be the same.

<sup>\*\*\*</sup> Capitalizable items to be recognized as capital expenditures after project completion.

<sup>\*\*\*\*</sup> Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

<sup>\*\*\*\*\*</sup> Divide new construction costs by total new construction square footage.

<sup>\*\*\*\*\*\*</sup> Divide renovation costs by total renovation square footage.

# Divider II: Proposal Description

#### Divider II. Proposal Description

#### 1. Provide a complete detailed project description and include equipment bid quotes.

Hannibal Regional Healthcare System, Inc. (Hannibal Regional) is firmly committed to serving the health needs of northeast Missouri. Hannibal Regional's roots run deep in Hannibal, as two prior hospitals (St. Elizabeth started in 1903 and Levering, started in 1915) joined in 1993 creating Hannibal Regional Healthcare. Hannibal Regional and its predecessors have been serving the Hannibal region for over 120 years and has continued to expand and grow, creating a healthcare system that delivers expert, quality care for the residents of northeast Missouri. This system employs over 1,600 team members, 150 physicians and providers, and serves a population of over 150,000. As a non-profit hospital, Hannibal Regional has continually demonstrated their commitment to the healthcare needs of the communities they serve. In 2022, Hannibal Regional provided over \$33 million in uncompensated care to the communities they serve.

In 2017, Hannibal Regional acquired Complete Family Medicine (CFM) in Kirksville, Missouri. Through this partnership, patients and families are now served in more than 20 locations across northeast Missouri. The goal of expansion has been to maintain the "healthcare close to home" mindset. This endeavor has also prompted the exploration of expanding services in the Kirksville market to align with the comprehensive offerings available at Hannibal Regional in Hannibal and surrounding communities. Working with CFM, Hannibal Regional identified the lack of specialty care in Kirksville, and over the last year has been working in the community to better understand the healthcare needs of the community.

Through many discussions in the community, Hannibal Regional has identified a pressing, unmet need for radiation oncology services in the area. Radiation oncology has not been offered in the community since 2022, and to date no healthcare provider has moved forward to offer these services. Since that time, individuals in the Kirksville market with a cancer diagnosis that requires radiation oncology must travel to Columbia or Hannibal (approximately 90 minutes one way) to have these treatments – 5 days a week, for 4-7 weeks depending on the treatment plan. The lack of these services in Kirksville is an injustice to the community. Hannibal Regional does have a strong cancer care service line at the Hannibal campus, and through this service line offers patients comprehensive infusion services, including chemotherapy and immunotherapy as well as radiation oncology in a comfortable, private setting, delivered by a friendly, caring staff to a large, rural service area. Much like how Hannibal Regional brought cancer care to the Hannibal community with the James E. Cary Cancer Center, the goal for a cancer center in Kirksville will be to offer a multi-disciplinary approach to cancer care with superbly skilled and experienced staff, contemporary technology and advanced treatment procedures and a focus on cancer care outcomes. Treatments will include radiation therapy. Included within the new cancer center will be the purchase of a new TrueBeam HyperSight ARIA Eclipse (Linear Accelerator) system from Varian. In addition to the equipment purchase, a new Vault will be constructed to house the Linear Accelerator. Hannibal Regional, through the work of the James E. Cary Cancer Center, has over twenty years of experience in creating and retaining a skilled, compassionate team to lead and offer cancer care. This experience will allow Hannibal Regional to staff the new cancer center with qualified staff that can learn quickly and benefit from the knowledge of the staff in Hannibal.

Since its inception and introduction in the Kirksville area, Hannibal Regional has offered continuous service to the community, working hard to allow community members to stay home for care. This new radiation oncology service would serve all the counties in Missouri in the 635xx Zip Code. Below is an overview of the equipment and cost, with detailed quotes in Divider II: Attachment A.

Equipment	Cost
TrueBeam HyperSight ARIA Eclipse	\$4,066,170
Construction cost	\$2,920,121
Total	\$6,986,291

## 2. Provide a timeline of events for the project, from CON issuance through project completion.

If proposal is approved, Hannibal Regional will proceed to purchase and organize shipment of the new unit with the timeline below.

6/28/2024 CON Application Submitted

9/9/2024 CON Issued

1/7/2025 Construction Begins

7/14/2026 Construction Complete

8/3/2026 Radiation Oncology Operational



#### 3. Provide a legible city or county map showing the exact location of the project.

The physical location of the proposed unit will be on land off Highway 63 in Kirksville. See map in Divider II: Attachment B for map of area, with Divider II: Attachment C for exact location of the cancer center on the land.

## 4. Define the community to be served and provide the geographic service area for the equipment.

The community served and geographic service area defined for this project is the 635xx zip code area, which is a standard healthcare service area, used by Hospital Industry Data Institute. This specific geographic service area in the Kirksville market area consists of the following counties in Missouri: Adair, Macon, Knox, Schuyler, Scotland, Sullivan, Putnam, and Linn. See Divider II: Attachment D. The community to be served is referenced in the chart below:

The population of each county are below, with a current total population of 75,383 for the whole service area.

County	2021 Total Population	2021 65+ Population	2025 Total Population (projected)	2025 65+ Population (projected)
Adair County, MO	25,185	3,881	24,912	4,457
Knox County, MO	3,808	837	3782	878
Linn County, MO	11,843	2,508	11,069	2,552
Macon County, MO	15,183	3,414	15,942	3,418
Putnam County, MO	4,712	1,140	4,452	966
Schuyler County, MO	4,025	774	4035	1099
Scotland County, MO	4,693	914	5011	815
Sullivan County, MO	5,934	1,209	5,893	838
Total	75,383	14,677	75,096	15,023

<sup>\*</sup>Source: Missouri Information for Community Assessment (MICA), Missouri Department of Health and Senior Services, Missouri Office of Administration Division of Budget & Planning

# 5. Provide other statistics to document the size and validity of any user-defined geographic service area.

The community served and geographic service area defined for this project is the 635xx zip code area, which is a standard healthcare service area, used by Hospital Industry Data Institute. This specific geographic service area in the Kirksville market area consists of the following counties in Missouri: Adair, Macon, Knox, Schuyler, Scotland, Sullivan, Putnam, and Linn. The eight-county service area is predominately rural and currently, since 2022, residents have travelled from 60-90 miles one way to access radiation oncology care. This situation has certainly created an unmet need in this area. Commuting patterns and infrastructure make Kirksville a strong hub for housing a cancer center and offering radiation oncology, as residents in the eight-county service area can easily access Kirksville from anywhere in the eight-county region. While rural Missourians face many obstacles to care, Hannibal Regional's footprint in the Kirksville community continues to grow and expand so that the primary service area can access healthcare resources close to home. Since purchasing the CFM clinics, Hannibal Regional has helped them grow from approximately 30,000 visits per year, to an expected 100,000 visits this year. Residents of the Kirksville area turn to CFM for their urgent and primary care needs, and with the expansion of specialty services, CFM continues to grow more of their market share. The pressing need for cancer care in this region continues to grow, and Hannibal Regional is stepping up to meet this need.

Currently, the lack of cancer services in the region creates an undue burden on patients and families. Fighting cancer creates so many hardships for a family: physically, mentally and financially. Having to travel such long distances to receive life-saving care is an injustice to the patients and families, one that Hannibal Regional is willing to step up and address. According to Cancer Incidence Data from the Missouri Cancer Registry, there were a total of 1,409 cancer diagnoses in the 635xx ZIP code area from the years 2016-2019 (Missouri Information for Community Assessment, 2019). Of these cancer cases, 35.8% occurred in individuals in the prime working ages of 25-64 (Missouri Information for Community Assessment, 2019). This implies significant economic and social effects to employers, family members, and the community at large. Even the 63.2% of cancer incidence occurring in individuals 65 or older suggest ripple effects to the rest of the population (Missouri Information for Community Assessment, 2019). Many must rely on children or grandchildren to assist in the driving and care of the patient, which adds a burden indirectly to employers and family members. An estimated 17%-20% of the US population resides in rural areas (U.S. Census Bureau, 2022). As previously discussed, only approximately 8% of medical oncologists and 9% of radiation oncologists practice in rural communities (Bates & Henson, 2022). Ultimately, rural areas do not have access to needed cancer treatments. As many counties continue to see the elderly population grow, it will become a larger and larger burden on older residents, caregivers, and family members, which will affect the overall economy.

#### \*Sources:

Bates, J. E., & Henson, C. (2022). Rural Cancer Care Access in the United States. Journal of Clinical Oncology, 40(16\_suppl). https://doi.org/10.1200/jco.2022.40.16\_suppl.e18521

Missouri Information for Community Assessment (MICA). (2019) Cancer Incidence MICA, 2016-2019. [Data set] Missouri Department of Health and Senior Services. https://healthapps.dhss.mo.gov/MoPhims/QueryBuilder?qbc=CIM&q=1&m=1

U.S. Census Bureau. (2022, December 29) Nation's Urban/Rural Populations Shift.[Press Release] https://www.census.gov/newsroom/pressreleases/2022/urban-rural-populations.html

#### 6. Identify specific community problems or unmet needs the proposal would address.

Hannibal Regional is dedicated to serving all the health needs of the Kirksville region, striving to provide timely, safe, expert medical care for our residents close to home. The new linear accelerator plays a major role in meeting a growing un-met need, increasing access and utilization, as well as ensuring the safety of patients. This new service will also provide many benefits, including additional capacity to meet current and emerging need, provide local access to radiation oncology, and increase access and decrease wait times.

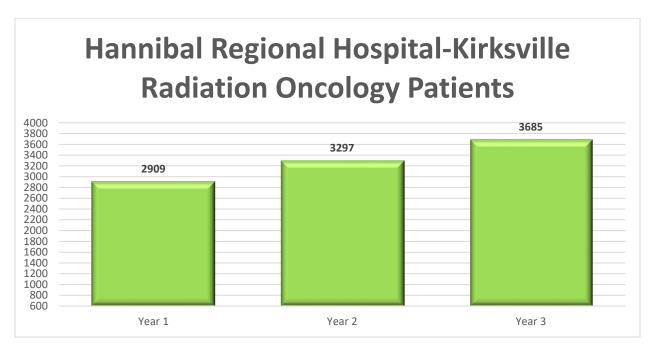
Rural residents encounter numerous obstacles when seeking cancer care, including limited access to transportation and financial constraints. Individuals living in rural areas must travel considerable distances to access specialized oncology care, with many facing financial barriers to transportation. Moreover, rural areas have less access to public transportation, exacerbating transportation challenges for cancer patients.

Another issue seen in rural America is the growing trend of individuals forgoing treatments when they can't afford them, can't access them because of travel issues, or can't go to appointments because of work issues. It is documented within a letter of support with this application that some residents of the Kirksville market have made the life-changing decision to forgo treatments as they can't handle the demands of an almost 200 mile, daily round trip. While the data is not easily accessible to determine which patients choose to forgo radiation treatment because of the distance and cost, through local interviews in the Kirksville community we know of many instances where this is the case. One breast cancer survivor, which supplied a letter of support for this application, after having undergone a double mastectomy was encouraged to undergo 25 radiation treatments to ensure the cancer was gone from breast tissue. Due to the drive, plus the fact that the woman was a small business owner and mom who had already missed work due to the surgery, she declined the care. She stated she would have gone through with it if it had been available locally.

# 7. Provide historical utilization for each of the past three years and utilization projections through the first three full years of operation of the new equipment.

Data concerning the past three years is not applicable for this application.

If approved by the Missouri Health Facilities Review Committee, it is intended that Hannibal Regional would begin use of the linear accelerator with the first full year of operation being Q1 of 2027. Projected utilization is below:



#### 8. Provide the methods and assumptions used to project utilization.

The linear accelerator is a device used to treat cancer. It is most commonly used for external beam radiation treatments. Hannibal Regional currently operates a cancer center at its main campus in Hannibal, MO (the James E Cary Cancer Center). Traditionally, the James E Cary Cancer Center operates on 15 to 30-minute time slots throughout the day. So, 2 to 4 patients an hour and they typically treat 15-20 patients on the linear accelerator a day with an average of 150 new patients a year. Additionally, the lung cancer screening program has grown to approximately 400-500 lung screening scans per year.

Assuming there are 260 working days per calendar year, Hannibal Regional recognizes its approximate maximum patient flow to be 4,160 patients per year at an average of 2 patients per hour per day (based on average historical time required per patient) when staffed for five days per week, eight hours per day. Based on conversation with local healthcare providers, as well as community members and leaders, there is a strong indication of a significant number of patients needing radiation oncology who are not currently seeking treatment. Geographic areas with a similar population, such as the 634xx zip code area, had much higher rates of utilization when a cancer center that provides radiation is available locally (as evidenced from HIDI data that shows 2,516 procedures per year for 634xx zip code area).

In reviewing the historical data through the Hospital Industry Data Institute, and assessing the future demand, along with the continued growth of radiation oncology service line, Hannibal Regional expects increased utilization of the linear accelerator each year once the service is available in the 635xx zip code area. This increase in utilization is assumed for Years 1 through 3 due to an increase in overall number of cancer patients actually seeking the care they need and dramatic decreases in unnecessary travel due to the service not being offered.

9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.

Hannibal Regional studied market patterns, patient preferences and other data to determine the consumer needs and preferences. Hannibal Regional and Complete Family Medicine, in an effort to understand the specialty medicine healthcare needs of the Kirksville community, conducted an online survey in conjunction with the City of Kirksville. A link to the survey was included in the City of Kirksville monthly newsletter, which goes to all Adair county residents on city water. The survey was active from July 24, 2023, to August 12, 2023. A total of 561 surveys were completed, cancer care was identified as a major need in the area. Residents from adjoining counties also participated in the survey. On October 17, 2023, 22 attendees, 6 facilitators, and 4 note takers participated in round table discussions regarding the specialty healthcare environment in Kirksville, Missouri, as a follow up to the survey. Participants gathered at the Kirksville Rieger Armory and were asked questions regarding their healthcare experience and opinions. From the discussions, it was apparent that residents greatly desired more specialty care services to be offered in Kirksville, with cancer care (specifically radiation oncology) being one of the most prominently mentioned needs. Additionally, residents along with patients within the service area of Hannibal Regional have had the ability to provide input into the project as part of the certificate of need application process.

10. Provide copies of any petitions, letters of support or opposition received.

Please see Divider II: Attachment E for letters of support.

11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.

Public notice appeared in the June 19, edition of the Kirksville Daily Express as seen in Divider II: Attachment F.

12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.

N/A (There are no providers of affected facilities providing radiation oncology at this time)



# TrueBeam\_HyperSight\_ARIA\_Eclipse

Quotation Number - 2024-460846

Quote used for Budgetary Pricing Only

All pricing and configurations contained within quotations supplied to Hannibal Regional Hospital by Varian Medical Systems are confidential and only intended for Hannibal Regional Hospital. Disclosure or release to others outside of the Hannibal Regional Hospital network, either manually or electronically, without the prior written consent of Varian Medical Systems is strictly prohibited.



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# HANNIBAL REGIONAL HEALTHCARE SYSTEM, INC. ("Customer")

HANNIBAL Missouri

# VMS Inc, Oncology Systems

Daniel Kiszka Sr Regional SW Sales Specialist Work from home Charlottesville , VA 99999 US Email : daniel.kiszka@varian.com

\*\*\* Confidential - Proposal is intended for Recipient and Recipient's Site Representatives Only \*\*\*

Quote Information				
Quotation Number : 2024-460846	Quotation Date : April 19, 2024	Quotation Valid Until : September 13, 2024		
Customer Requested Delivery Date : May 14, 2	025			
Customer Procurement Contact Name : Neede				
Billing Plan See Quot	e billing plan Summary on th	ne following pages which is incorporated by reference		
Sales				
Incoterms : DPU Site Insured	Payme	ent Terms : 30 days net		
Sales PO Required : No				
Quotation Total				
Quotation Total : US \$4,066,170.00				
Products and Services: Customer's access to and use of the Products, Support Services and Services (except Software-as-a-Service or Subscription Services) as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) at: <a href="https://varian.com/RAD1652V_US_EN_MAR_2024">https://varian.com/RAD1652V_US_EN_MAR_2024</a> and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation. All terms and conditions provided in the website link listed in item (a) above are incorporated by reference and form part of the contract between Varian and Customer. If there is a separate written agreement (e.g. master agreement) in effect between the parties that expressly provides for and governs the purchase and sale of the specific Products, Support Services, Services, Software-as-a-Service and/or Subscription Service set forth in this Quotation, such written agreement shall govern. Hard copies of the referenced terms and conditions and any additional terms indicated will be provided to Customer upon request.  For and on behalf of Customer  For and on behalf of Varian Medical Systems				
Authorized Representative :		uthorized Representative :		
Title :	Tir	tle :		
Date :	Da	ate:		

# **Billing Summary**



Sales Summary		
Value	Billing	
30.00%	On Down Payment	
60.00%	On Shipment	
10.00%	On Acceptance	
For orders equal or less than \$100k, 100% upon shipment, net 30.		

# **Quotation Summary**



# Offered Products (Sales)

TrueBeam	Included
ARIA Radiation Oncology	Included
Interoperability	Included
TPS Eclipse	Included
Enterprise Solutions	Included
Commissioning	Included
Advantage Credits	Included



#### 1.0 TrueBeam

#### 1.1 TrueBeam Base System 120 MLC

1

Treatment delivery system includes 120 leaf MLC with dual independent jaws, enhanced dynamic wedge, 6 MV X-ray treatment energy, 43 cm x 43 cm MV imager for radiographic, cine, and integrated imaging, Motion View CCTV camera system, treatment console with integrated audio and video systems, back pointer lasers, front pointer set, upper port film graticule to support basic quality assurance, and drum phantom for Machine Performance Check (MPC).

#### Features:

- Basic X-Ray treatment delivery technique package, including Static Photon, Photon Arc, and Dynamic Conformal Arc treatment delivery techniques
- · Intensity Modulated Radiotherapy (IMRT) treatment technique, including large field IMRT
- · Total Body Treatment technique package
- 2D MV Radiographic and Cine Image Acquisition, 2D/2D Radiographic Image Review and match, Cine image review
- Relative Portal Dosimetry Image and Integrated Image Acquisition
- Matching of 2D radiographs to 3D reference images
- Online addition of kV and MV imaging protocols to treatment fields, with automated generation of reference images
- Online Physician Approval of Images at Treatment Console (compatible with ARIA only)
- · Automated Machine Performance Check Testing, Online Machine Performance Check Review
- Offline Machine Performance Check Review
- · Image only sessions
- Unplanned Treatment Mode up to 5 fractions
- · Fraction number displayed on in-room monitor
- Match environment layout for 2D/2D and 2D/3D layouts default to the 2-panel
- · Custom DRR templates that are created in Eclipse will be available on the TrueBeam Platform
- Online access to a marketing kit that contains a broad range of advertising, educational, promotional, and public relations materials targeted to referring physicians, patients, and the media
- Electronic Dynamic Wedges (EDW)
- Large field IMRT

## Prerequisites:

- ARIA oncology information system for radiation oncology v15.1 through v17.0, or ARIA OIS v18.0 or higher, or compatible third-party oncology information system
- · Eclipse treatment planning system v15.1 or higher, or compatible third-party treatment planning system
- If third-party OIS:
  - Authentication Server for third-party OIS (Hardware and Software) or
  - Authentication Server for third-party OIS (Software only)

40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.

## **Customer Responsibilities:**

- · Verify compatibility with third-party oncology information systems if applicable
- Verify compatibility with third-party treatment planning systems if applicable
- If using a scale other than IEC 60601 or IEC 61217 in the rest of the department, it may be necessary to change scales on all other machines. This may require additional purchases.

#### Notes:

· Multiple patient name in Japan market is applicable for Kanji, Kana and Romaji characters to identify the patient

1.2 TrueBeam v4.1

1.3 New Universal Baseframe 52" Fixed Floor

1.4 15/16 MV (BJR 11/17)
40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.

1.5 10/10 MV (BJR 11/17)
40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.

1.6 6/6 MV (BJR 11/17)
1



Item	Description	
1.7	16 MeV, 0-1000 MU/Min	1
	25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	
1.8	12 MeV, 0-1000 MU/Min	1
	25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	
1.9	9 MeV, 0-1000 MU/Min	1
	25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	
1.10	6 MeV, 0-1000 MU/Min	1
	25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	
1.11	IGRT Couch Top	1
	Image Guided RadioTherapy (IGRT) carbon fiber treatment couch top, free of metal or other radiation-opaque materials.	
	Features:	
	<ul> <li>Indexed Immobilization® for compatible accessories</li> <li>Couch top interface for mounting patient immobilization and quality assurance devices at the head of the couch</li> <li>Lock bar for indexed positioning of equipment or immobilization devices on the couch top</li> <li>Handrail for couch positioning, with hooks for temporary pendant placement during patient set up</li> </ul>	
1.12	PerfectPitch 6DoF Couch	1
	The PerfectPitchTM 6-Degrees of Freedom couch system  Features:  Image-based 6DoF patient positioning  Prerequisites:  TrueBeam® v2.5 MR2 or higher  ARIA® oncology information system v11.1 MR1 (11.0.55) and ARIA radiation therapy management v11 MR3 (11.0.47) or higher or compatible third-party oncology information system  Customer Responsibilities:  Verify compatibly of third-party oncology information system	
1.13	6X High Intensity Mode	1
	40 cm x 40 cm maximum field size, dose rate range 400-1400 MU/Min in 200 MU/min steps.	
1.14	Low-X Imaging Energy	1
	Low-X imaging energy configuration, providing high soft tissue contrast when imaging in-line with the treatment beam.	
1.15	RapidArc Treatment Delivery	1
	RapidArc® Treatment Delivery is a volumetric modulated arc treatment delivery technique.  Features:  Simultaneous modulation of MLC aperture shape, beam dose rate, and gantry angle and rotation speed during beam delivery  Supports dynamic jaw tracking and collimator rotation with supporting treatment planning system  Prerequisites:  120 Multi Leaf Collimator or HD120™ Multi Leaf Collimator  Eclipse™ treatment planning system v11.0 or higher  RapidArc treatment planning license  Compatible server hardware and operating system. For detailed specifications, visit: www.varian.com/hardwarespecs	
1.16	kV Imaging System	1



kV Imaging system, providing 2D radiographic and fluoroscopic and 3D CBCT imaging capability **Features:** 

- · kV CBCT image acquisition, review, and match to 3D reference image
- · Radiographic image acquisition, with 2D/2D and 2D/3D image matching to reference image
- · Fluoroscopic image acquisition, with structure overlay on fluoroscopic images.
- · kV CBCT image acquisition with a long field of view, provided by merging multiple indexed CBCT images online.

#### Prerequisites:

- ARIA oncology information system for radiation oncology v15.1 through v17.0, or ARIA OIS v18.0 or higher, or compatible third-party oncology information system
- TrueBeam Platform v3.0 or higher

#### **Customer Responsibilities:**

· Verify compatibility with third-party oncology information systems if applicable

#### 1.17 Enhanced Triggered Imaging

1

Automated intrafraction 2D kV radiographic imaging, with images triggered by respiration phase or amplitude, gantry angle, time period, or MU. Automated image-based beam hold on fiducial markers, based on user-defined marker motion thresholds.

#### Features:

Arbitrarily shaped fiducial detection for Auto Beam Hold (ABH)

#### Prerequisites:

- TrueBeam® or Edge™ v4.0 or higher
- Advanced Respiration Motion Management System or Basic Respiration Motion Management System

#### 1.18 Advanced Resp Motion Management System

1

Advanced Respiratory Motion Management System is a stereoscopic optical system for managing patient respiration motion during treatment delivery and imaging.

#### Features:

- Stereoscopic optical imager, including marker block for tracking patient respiration motion
- Respiratory gated treatment delivery
- Respiratory gated MV image acquisition and online review, respiration synchronized cine image acquisition and online review
- Respiratory gated kV image acquisition and online review, respiration synchronized fluoroscopic image acquisition and online review

#### Prerequisites:

- · TrueBeam®, VitalBeam, or Edge v2.7 and higher
- kV Imaging System

#### 1.19 Gated CBCT

1

Gated Cone-Beam Computed Tomography (CBCT) provides the ability to acquire CBCT images synchronized with patient respiration (free-breathing or breath hold).

#### Features:

- · Gated CBCT Imaging License
- Short Arc CBCT Imaging License: CBCT image acquisition using a 120-150-degree arc, image review, and image match to respiratory gated reference image. Short arc CBCT can be used for single breath hold CBCT data acquisition.

#### Prerequisites:

- TrueBeam®, VitalBeam, or Edge v2.7 or higher
- One of the following:
  - Advanced Respiratory Motion Management System
  - Basic Respiratory Motion Management System
- kV Imaging System

#### 1.20 Accelerated 4D CBCT Reconstruction

1

License and hardware package for 4D CBCT accelerated reconstruction

#### Features:

- · 4D kV CBCT License
- · 4D CBCT Reconstruction on GPU License Package
- 4D kV CBCT Image Match Review License

#### Prerequisites:



# **Item Description** TrueBeam Platform v3.0 or higher kV Imaging System Basic Respiratory Motion Management or Advanced Respiratory Motion Management System Additional MotionView CCTV Camera System 1.21 1 Additional set of two Motion View CCTV cameras and displays. Camera placement is at customer discretion. Features: Two pan, tilt, zoom CCTV cameras Two desktopLCD displays with built in camera controls Adjustable viewing angle for patient privacy Push button pan, tilt, zoom, and home position control Prerequisites: · Motion View camera system, provided with linac system. 1.22 **Main Circuit Breaker Panel** 1 Main circuit breaker panel, interfacing to a single power input feed from the facility Mains. Circuit breakers provide independent over-current protection for equipment at the console and in the treatment room. UL and IEC/CE certified. 1.23 Power Cond., 3phase 50KVA 1 Transtector 50KVA, 3-phase power conditioning unit, providing transient protection, line power regulation, and Input and Output circuit breakers for over-current protection. UL and IEC/CE certified. Notes: · Supports voltage configurations from 208 to 600 VAC and in 50 or 60 Hz for US and ROW applications. 1.24 **CatPhan Phantom** 1 Phantom for measuring CBCT image contrast, spatial resolution, and uniformity. Features: Modules for measuring CBCT image contrast, spatial resolution, and uniformity Prerequisites: · kV Imaging system with CBCT 1.25 Supp. Phantom Kit 1 Supplemental imaging phantom kit for measuring resolution and contrast of kV and MV imaging systems. Features: Leeds TOR 18FG phantom for measuring spatial resolution and contrast of kV imaging system MV contrast phantom for measuring contrast performance of MV imaging system Geometric phantom, mounted on IGRT couch top-compatible lock bar. Can be used for quality assurance of

#### Prerequisites:

· MV imaging system

image guidance workflow.



#### 1.26 Motion Management Interface

1

Motion management interface is an integrated interface for validated external devices that provide patient positioning, patient and target motion monitoring, and/or respiratory gating. The Motion management interface supports connection of up to four external devices, two of which may be used for respiratory motion management or high speed beam hold.

#### Features:

- 4-DoF or 6-DoF patient positioning capability for compatible validated devices and couch configurations
- Integrated external device beam hold and image-based patient repositioning workflow
- · Patient-specific external device activation and patient plan verification

#### 1.27 NLS: English

1

#### 1.28 STD TRNG: TB Platform On-Site

1

The on-site review of the TrueBeam/Edge/VitalBeam components includes imaging and use cases for support of patient treatment for therapists. This support is to ensure that personnel who attended the classroom training are able to operate the TrueBeam Platform machine in a safe and effective manner in the clinical environment.

#### Features:

- Includes support for TrueBeam/Edge/VitalBeam
- · Offer is valid for 18 months after installation of product

#### Prerequisites:

· TrueBeam Platform classroom trainings

#### Notes:

· Training is non-refundable and non-transferable

#### 1.29 STD TRNG: Two Day Follow Up

1

Two Day Follow Up Training. This follow up training is conducted after the initial training has been completed to ensure safe and efficient use of the product.

#### Features:

- Training plan details will be provided by the training management team as part of your product implementation process
- Duration and Location: 2 days onsite

#### Prerequisites:

· Initial product training completed

#### Notes:

- · Offer is valid for up to 18 months after installation of product
- · Non-transferable to other products and services and non-refundable

#### 1.30 INCL ED: TB201 TB Platform Physicists

1

TrueBeam Physics and Administration: TrueBeam Physics and Administration course is designed for personnel (primarily Medical Physicists) responsible for the acceptance, commissioning, and QA program development of the TrueBeam in the clinical environment. It is recommended that the student attend the TrueBeam Physics and Administration course shortly before the installation of the TrueBeam. The course provides instruction of the basic delivery components, basic imaging components, and a general overview of the motion management system components. Machine commissioning, calibration, and QA of the machine are included. The course subject matter is presented from a clinical use perspective. Primary emphasis is on the overall commissioning, calibration, and QA of the TrueBeam and its components. Extensive hands-on laboratory exercises are included.

#### Features:

- Includes support for TrueBeam/Edge/VitalBeam
- Includes Tuition and Materials for ONE person
- Length: 4.5 days
- · Offer is valid for 18 months after installation of product

#### **Customer Responsibilities:**



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#### **Item** Description

- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals)
   Notes:
- · Training is non-refundable and non-transferable

#### 1.31 INCL ED: TB101 TB Platform Operations

TrueBeam Operations is a course designed for personnel (primarily Radiation Therapists) responsible for the routine operation and clinical use of the TrueBeam. It is recommended that students attend the TrueBeam Operations course shortly before clinical use and the commencement of patient treatments. The course provides instruction of the basic delivery components, basic imaging components, and a general overview of the motion management system components. The course subject matter is presented from a clinical use perspective. Primary emphasis is on the overall understanding of the TrueBeam function and operation to include imaging and respiratory gating. Extensive hands-on laboratory exercises are included. The attendees of this class will be provided tools to allow them to instruct other clinical staff upon their return.

#### Features:

- Includes support for TrueBeam/Edge/VitalBeam
- · Includes Tuition and Materials for ONE person
- · Length: 4 days
- · Offer is valid for 18 months after installation of product

#### **Customer Responsibilities:**

- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals)
   Notes:
- · Training is non-refundable and non-transferable

#### 1.32 INCL ED: CL222 Respiratory Gating

The Respiratory Gating course provides training for physicists and therapists, to obtain knowledge of principles and practices of respiratory gating in radiation oncology for clinical implementation.

#### Features:

- · Includes support for TrueBeam Platform
- · Includes Tuition and Materials for ONE person
- · Length: 2 days
- · Offer is valid for 18 months after installation of product

#### **Customer Responsibilities:**

- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals)

  Notes:
- · Training is non-refundable and non-transferable

#### 1.33 Vertical LAP Apollo Green Room Laser Kit

LAP Apollo Green Room Laser Kit for patient alignment with Vertical Remote-Controlled Sagittal Line Laser.

- 1 Apollo Green Remote-controlled Ceiling Crosshair Laser
- 2 Apollo Green Remote-controlled Lateral Crosshair Lasers
- 1 Apollo Green Vertical Remote-Controlled Sagittal Line Laser

# 1.34 Quick Ref Guide - English

1.35 HyperSight Imaging Solution 1

# HyperSight<sup>™</sup> for TrueBeam® Platform **Features**:

- Gantry speed up to 1.5 RPM for Imaging and motions between treatment fields.
- CBCT Metal Artifact Reduction



1

#### Item Description

- · HU Accuracy and Uniformity
- Extended Field of View reconstruction
- · Quart phantom for HU calibration
- 27" Console Monitors

#### Prerequisites:

- TrueBeam or Edge™ v4.1 or higher
- ARIA® oncology information system (OIS) v15.1 v18.0 or higher, or compatible third-party
- Eclipse<sup>™</sup> treatment planning system v15.1 or higher, or compatible third-party
- If third-party OIS:
  - · Authentication Server for third-party OIS (Hardware and Software) or
  - Authentication Server for third-party OIS (Software only)

#### 2.0 ARIA Radiation Oncology

#### 2.1 ARIA RO Base Integrated w/ Eclipse

The Varian System database is the core component of the Oncology Information System. The relational database serves as the repository for patient information and images imported to or captured by the database.

#### Features:

- Varian System Database license for one (1) site with system administration
- Data Segmentation license for one (1) Varian System database which provides features and tools for managing
  the configuration of ARIA® for sites that have more than one physical hospital, department or location to emulate
  in ARIA
- · License Package for one (1) T-Box
- ARIA Unified Reporting Application (AURA) for ARIA OIS for Radiation Oncology for One (1) site

#### Prerequisites:

For the Varian System Database:

- If present: ,
- Eclipse™ v15
- TrueBeam® v2.5MR2 or higher
- VitalBeam™ v2.5MR2 or higher
- EDGE® v2.5MR2 or higher
- 4DTIC™ v13 on WES7 or higher
- Acuity™ with ACS v3.6 will be supported with ARIA RO v15.1 (Acuity CBCT not supported)
- VVS v1.1 or higher

#### **Customer Responsibilities:**

- · Initiate use of Smart Connect application to allow remote monitoring and service support.
- Determine and enter department data to configure the system or provide Varian Professional Services with sufficient data to configure the system for them. (Professional services are optional and may be purchased separately)
- A Microsoft® Active Directory Domain Controller running on an independent server

#### Notes:

- · ICD-10 usage disclaimer:
- The use of ICD-10 in this Product does not imply any endorsement by WHO of any specific product.
- The ICD-10 codes shall not be amended, abridged, translated, deleted or in any other way changed without the
  consent of WHO.
- The ICD-10 codes are for the internal use of the end user. They are not to be reproduced, transmitted or distributed outside of the user's organization in any form or by any means.
- ICD-10 is distributed without warranty of any kind, either express or implied. In no event shall the World Health
  Organization be liable for damages, including any general, special, incidental, or consequential damages, arising
  out of the use of ICD-10.
- · In the United States only:

 ARIA includes the ability to cross-map ICD-9 CM and ICD-10 CM codes in v15.0 and higher using web services linking to Intelligent Medical Objects (IMO). The user accepts that the IMO service delivered with ARIA is for a period ending on May 12, 2020, unless further extended by Varian.

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· The T-Box may not be used clinically.

#### 2.2 ARIA RO Smart Space

15

The ARIA® for Radiation Oncology (RO) Smart Space provides basic demographic information, diagnosis, staging, radiation therapy data management, reporting, charge capture and workflow management tools for one (1) user. ARIA enables your treatment team to make informed, confident decisions for patients, and provides the tools required to effectively manage the administrative aspects of your department.

#### Features:

ARIA RO Smart Space - One (1) license for one (1) concurrent user

#### Prerequisites:

- · Varian System Database v15.0 or higher;
- Varian system compatible server hardware and operating system in a properly networked environment. For detailed specifications, please visit www.varian.com/hardwarespecs
- Microsoft® Windows operating system installed on workstations
- Microsoft® Office 2013 or 2016.

#### **Customer Responsibilities:**

- The in-vivo interface is an additional purchasable option for ARIA Chart QA.
- · A Microsoft® Active Directory Domain Controller running on an independent server

#### Notes:

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  out of the use of ICD-10.
- · In the United States only:,
- ARIA includes the ability to cross-map ICD-9 CM and ICD-10 CM codes in v15.0 and higher using web services linking to Intelligent Medical Objects (IMO). The user accepts that the IMO service delivered with ARIA is for a period ending on April 1, 2023, unless further extended by Varian.

#### 2.3 ARIA Disease Mgmt Smart Space

1

The ARIA® Disease Management Smart Space is a component of the oncology information system that includes the comprehensive electronic medical record (EMR) capabilities that enable clinical staff members to evaluate, monitor, record and document patient health information throughout the entire treatment process. The Documents workspace allows clinical staff to create, display and store patient related documents within the electronic medical record (EMR) including Document Approval.

#### Features:

· One (1) license for one (1) concurrent user

#### Prerequisites:

- · Varian System Database v15.0 or higher
- ARIA RO Smart Space
- Microsoft® Office 2013 or 2016
- Microsoft® Windows operating system installed on workstations
- A properly networked environment (For detailed specifications, refer to the Network Configuration Guidelines at http://www.varian.com/hardwarespecs

#### **Customer Responsibilities:**

A Microsoft® Active Directory Domain Controller running on an independent server

#### Notes:

- ICD-10 usage disclaimer:
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- ICD-10 is distributed without warranty of any kind, either express or implied. In no event shall the World Health
  Organization be liable for damages, including any general, special, incidental, or consequential damages, arising
  out of the use of ICD-10.
- · In the United States only:
- · In the United States only:,



 ARIA includes the ability to cross-map ICD-9 CM and ICD-10 CM codes in v11MR5 and higher using web services linking to Intelligent Medical Objects (IMO). The user accepts that the IMO service delivered with ARIA is for a period ending on April 1, 2023, unless further extended by Varian.

#### 2.4 Addl ARIA Disease Mgmt Smart Space

5

The ARIA® Disease Management Smart Space is a component of the oncology information system that includes the comprehensive electronic medical record (EMR) capabilities that enable clinical staff members to evaluate, monitor, record and document patient health information throughout the entire treatment process. The Documents workspace allows clinical staff to create, display and store patient related documents within the electronic medical record (EMR) including Document Approval.

#### Features:

• One (1) license for one (1) concurrent user

#### Prerequisites:

- Varian System Database v15.0 or higher
- ARIA RO Smart Space
- · ARIA compatible workstation in a properly networked environment.
- · Microsoft® Windows operating system installed on workstations
- Microsoft® Office 2013 or 2016.
- Varian System compatible server hardware.
- For detailed specifications, please visit <a href="http://www.varian.com/hardwarespecs">http://www.varian.com/hardwarespecs</a>

#### **Customer Responsibilities:**

• A Microsoft® Active Directory Domain Controller running on an independent server

#### Notes:

- ICD-10 usage disclaimer:
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  Organization be liable for damages, including any general, special, incidental, or consequential damages, arising
  out of the use of ICD-10.
- · In the United States only:
- ARIA includes the ability to cross-map ICD-9 CM and ICD-10 CM codes in v15.0 and higher using web services linking to Intelligent Medical Objects (IMO). The user accepts that the IMO service delivered with ARIA is for a period ending on April 1, 2023, unless further extended by Varian.

#### 2.5 ARIA Oncology Imaging Smart Space

3

The Imaging Smart Space is a component of the Oncology Information System, ARIA®. This image management component of the system provides comprehensive image review to patient verify patient positioning using reference and treatment images. Enhancement and analysis tools for portal images (MV), kV and Cone Beam CT images acquired with the on-board imager are included.

#### Features:

· One (1) license for one (1) concurrent user

#### Prerequisites:

- · Varian System database v15.0 or higher
- ARIA RO Smart Space
- Image server hardware
- · Microsoft® Windows operating system installed on workstations
- ARIA compatible workstation in a properly networked environment
- · For detailed specifications, please visit <a href="http://www.varian.com/hardwarespecs">http://www.varian.com/hardwarespecs</a>

#### **Customer Responsibilities:**

· A Microsoft® Active Directory Domain Controller running on an independent server

#### 2.6 ARIA T-Box 1



The ARIA® T-Box is a software package intended to provide basic connectivity testing to a Hospital Information System or 3<sup>rd</sup> party treatment planning system in a non-clinical isolated evaluation environment. The T-Box may not be used clinically.

#### Features:

- · ARIA RO Smart Space Package (Five (5) concurrent users)
- ARIA Disease Management Smart Space Package (Five (5) concurrent users)
- ARIA Oncology Imaging Smart Space Package (Five (5) concurrent users)
- Varian System database (One (1))
- DICOM RT (One (1))
- T-Box server hardware (One (1))
- On-Site Customer Installation

#### Prerequisites:

- · IEM interface server (One (1)), if IEM is purchased.
- For detailed information on network, hardware and operating system requirements, please visit http:// www.varian.com/hardwarespecs

#### **Customer Responsibilities:**

- ARIA compatible workstation in a properly networked environment (optional).
- · If T-Box is to be used for HL7 connectivity evaluation, then IEM must be purchased separately.
- A Microsoft® Active Directory Domain Controller running on an independent server
- Microsoft® Office

#### Notes:

- · ICD-10 usage disclaimer:,
  - The use of ICD-10 in this Product does not imply any endorsement by WHO of any specific product.
  - The ICD-10 codes shall not be amended, abridged, translated, deleted or in any other way changed without the consent of WHO.
  - The ICD-10 codes are for the internal use of the end user. They are not to be reproduced, transmitted or distributed outside of the user's organization in any form or by any means.
  - ICD-10 is distributed without warranty of any kind, either express or implied. In no event shall the World Health Organization be liable for damages, including any general, special, incidental, or consequential damages, arising out of the use of ICD-10.
- In the United States only:,
  - ARIA includes the ability to cross-map ICD-9 CM and ICD-10 CM codes in v15.0 and higher using web services linking to Intelligent Medical Objects (IMO). The user accepts that the IMO service delivered with ARIA is for a period ending on May 12, 2020, unless further extended by Varian.

#### 2.7 STD TRNG: ARIA RO EMR

Training will be included as part of the implementation plan if Clinical Assessment and Dynamic Document training has not been provided to this site.

Offer is valid for 18 months after installation. Training is not transferable with other products and services

#### 2.8 **INCL VT: ARIA Fundamentals E-Learning**

1

1

The ARIA® oncology information system (OIS) Fundamentals e-learning course provides basic knowledge of the ARIA® oncology information system platform. Intended audience for this course includes users who are new to ARIA OIS radiation oncology.

#### Features:

- Topics covered include:
  - **Data Administration**
  - Oncology Information System for Radiation Oncology



- Radiation Treatment Management
- Varian Service Portal
- Type and Location: e-learning modules via the VarianThink™ online platform

#### Prerequisites:

· Basic knowledge of computers and the Windows operating system

#### **Customer Responsibilities:**

Must have a computer or device with internet access to view online content

#### Notes:

- Offer is valid for up to 18 months after installation of product
- Access to course content is valid for up to 90 days from initial access of the course on the VarianThink™ online platform
- · Non-transferable to other users, products, and services and non-refundable

#### 2.9 STD TRNG: Two Day Follow Up

1

Two Day Follow Up Training. This follow up training is conducted after the initial training has been completed to ensure safe and efficient use of the product.

#### Features:

- Training plan details will be provided by the training management team as part of your product implementation process
- · Duration and Location: 2 days onsite

#### Prerequisites:

· Initial product training completed

#### Notes:

- Offer is valid for up to 18 months after installation of product
- · Non-transferable to other products and services and non-refundable

#### 2.10 STD TRNG: ARIA RO

1

Training is included with the purchase of ARIA. Training plan details will be provided by the training management team as part of your product implementation process.

 Offer is valid for 18 months after installation of product. Training is not transferable with other products and services

#### 2.11 STD TRNG: Remote

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Standard remote training.

#### Features:

- Training details will be provided by the training management team as part of the product implementation process
   Customer Responsibilities:
- Review all product documentation available on MyVarian.com in advance
  - Customer Release Notes
  - Instruction for Use
- Must have access to a phone and computer with internet connection

#### Notes

- · Offer is valid for up to 18 months after installation of product
- Non-transferable to other products and services and non-refundable

#### 2.12 ARIA OIS Over Citrix

1

The ARIA OIS over Citrix license enables traceability of the ARIA applications installed in a Citrix farm.

Only one (1) "ARIA Over Citrix" license is required per Citrix Farm where the ARIA applications are installed.

#### 3.0 Interoperability

#### 3.1 ARIA Connect for ARIA OIS -- Demographics IN

1

This interface processes inbound patient demographic data (HL7 ADT) from an HL7-compliant system into the ARIA Oncology Information System (OIS). As new patients are added or existing patient demographic information changes in a 3rd party system, an HL7 ADT message is generated. This message is then sent to the ARIA Connect Interface Engine, processed, and the demographic information is updated in the ARIA database. **Features:** 

- · Auto-insert patient records into ARIA with no human interaction required
- · Filler or process messages based on a variety of HL7 fields
- · Keeps patient status, addresses, next of kin and other demographic information up to date



· Health (status) monitoring of interfaces

#### Prerequisites:

- ARIA Connect for ARIA OIS
- ARIA Oncology Information System (OIS) for Radiation Oncology (RO) or ARIA OIS v18 or higher.

#### **Customer Responsibilities:**

- Dedicated server environment for ARIA Connect, as defined on <a href="www.varian.com/hardwarespecs">www.varian.com/hardwarespecs</a>
- Compliance with specifications outlined in the ARIA Connect Interface Specification documents found on www.myvarian.com
- 3<sup>rd</sup> party connectivity with other vendors
- Customer will make its site available to Varian personnel to install the software interface (the "Interface") no later than eighteen months (18) after the date of purchase (the "Interface Installation Period"). Customer will be deemed to have accepted the Interface after the Interface Installation Period if (i) Customer does not permit Varian to install the Interface within such time frame and (ii) Varian delivers to Customer the Interface electronically or physically. After the Interface Installation Period, Varian's obligation to install the Interface within such time frame will end; provided, that Customer may contact Varian when Customer is prepared to have the Interface installed. Customer shall not permit a third party to install the Interface without Varian's prior written consent.
- Participation is required in every interface project. Participation could be but is not limited to assisting in
  analyzing data, reviewing and signing off specifications, resolve data flow issues, reviewing and signing off test
  results. In addition, when required, the customer will also be responsible for getting participation from the other
  vendors.

#### Notes:

 This includes consulting, the creation of detailed specifications, configuration and testing of sample data, and implementation of a basic version of this interface.

#### 3.2 ARIA Connect for ARIA OIS -- Scheduling OUT

This interface processes outbound patient scheduling data (HL7 SIU) from the ARIA Oncology Information System (OIS) to a third party HL7-compliant system. As appointments are scheduled in ARIA OIS, an HL7 scheduling message is generated and sent to the scheduling system. This interface is for customers who utilize ARIA OIS as their primary scheduling system and want to push scheduling data out to other systems, or for customers who want to notify an external system of patient appointments in order to prevent duplicate bookings.

#### Features:

- Support for HL7 SIU Patient Scheduling Data
- Export of schedule information including updates and cancellations from the ARIA database
- Appointment notes can be processed with appointment messages

#### Prerequisites:

- ARIA Connect for ARIA OIS
- ARIA Oncology Information System (OIS) for Radiation Oncology (RO) v13.6MR1 or ARIA OIS v18 or higher.

#### Customer Responsibilities:

- Dedicated server environment for ARIA Connect, as defined on www.varian.com/hardwarespecs
- Compliance with specifications outlined in the ARIA Connect Interface Specification documents found on www.myvarian.com
- · 3<sup>rd</sup> party connectivity with other vendors
- Customer will make its site available to Varian personnel to install the software interface (the "Interface") no later than eighteen months (18) after the date of purchase (the "Interface Installation Period"). Customer will be deemed to have accepted the Interface after the Interface Installation Period if (i) Customer does not permit Varian to install the Interface within such time frame and (ii) Varian delivers to Customer the Interface electronically or physically. After the Interface Installation Period, Varian's obligation to install the Interface within such time frame will end; provided, that Customer may contact Varian when Customer is prepared to have the Interface installed. Customer shall not permit a third party to install the Interface without Varian's prior written consent.
- Participation is required in every interface project. Participation could be but is not limited to assisting in
  analyzing data, reviewing and signing off specifications, resolve data flow issues, reviewing and signing off test
  results. In addition, when required, the customer will also be responsible for getting participation from the other
  vendors.

#### Notes:

This includes configuration and testing of sample data, and implementation of a basic version of this interface.
 Up to 32 hours of configuration labor are included as a maximum implementation effort.

#### 3.3 ARIA Connect for ARIA OIS -- Scheduling IN

This interface processes inbound patient scheduling data (HL7 SIU) from an HL7-compliant system into the ARIA Oncology Information System (OIS). These messages are sent to the ARIA Connect Interface Engine and processed, and the schedule information is updated in the ARIA database.

1



1

#### Item Description

#### Features:

- · Support for HL7 SIU Patient Scheduling Data
- · Update of schedule information within the ARIA database

#### Prerequisites:

- ARIA Connect for ARIA OIS
- ARIA Oncology Information System (OIS) for Radiation Oncology (RO) v13.6MR1 or ARIA OIS v18 or higher.

#### **Customer Responsibilities:**

- Dedicated server environment for ARIA Connect, as defined on www.varian.com/hardwarespecs
- Compliance with specifications outlined in the ARIA Connect Interface Specification documents found on www.myvarian.com
- 3<sup>rd</sup> party connectivity with other vendors
- Customer will make its site available to Varian personnel to install the software interface (the "Interface") no later than eighteen months (18) after the date of purchase (the "Interface Installation Period"). Customer will be deemed to have accepted the Interface after the Interface Installation Period if (i) Customer does not permit Varian to install the Interface within such time frame and (ii) Varian delivers to Customer the Interface electronically or physically. After the Interface Installation Period, Varian's obligation to install the Interface within such time frame will end; provided, that Customer may contact Varian when Customer is prepared to have the Interface installed. Customer shall not permit a third party to install the Interface without Varian's prior written consent.
- Participation is required in every interface project. Participation could be but is not limited to assisting in
  analyzing data, reviewing and signing off specifications, resolve data flow issues, reviewing and signing off test
  results. In addition, when required, the customer will also be responsible for getting participation from the other
  vendors

#### Notes

This includes configuration and testing of sample data, and implementation of a basic version of this interface.
 Up to 32 hours of configuration labor are included as a maximum implementation effort.

#### 3.4 ARIA Connect for ARIA OIS -- Billing OUT

This interface delivers clinical activity information from the ARIA Oncology Information System (OIS) to one external billing system compatible with HL7 DFT. ARIA generates charge-related information in response to daily activities performed by the staff. Once this information is approved in ARIA, ARIA Connect will gather the data and send out HL7 DFT messages to the billing system at predefined scheduled times.

#### Features

- Billing runs can be scheduled at any time
- Billing interfaces can be configured to select professional, technical, and global charge types
- Billing runs can be configured to select charges for specific hospitals and departments
- · Billing runs can be configured to send charges and / or credits
- · Multiple billing interfaces can run concurrently
- Health (status) monitoring of interfaces is possible
- · Includes interface engine license

#### Prerequisites:

- ARIA Connect for ARIA OIS
- · ARIA Oncology Information System (OIS) for Radiation Oncology (RO) or ARIA OIS v18 or higher.

#### **Customer Responsibilities:**

- Dedicated server environment for ARIA Connect, as defined on www.varian.com/hardwarespecs
- Compliance with specifications outlined in the ARIA Connect Interface Specification documents found on www.myvarian.com
- 3<sup>rd</sup> party connectivity with other vendors
- Customer will make its site available to Varian personnel to install the software interface (the "Interface") no later than eighteen months (18) after the date of purchase (the "Interface Installation Period"). Customer will be deemed to have accepted the Interface after the Interface Installation Period if (i) Customer does not permit Varian to install the Interface within such time frame and (ii) Varian delivers to Customer the Interface electronically or physically. After the Interface Installation Period, Varian's obligation to install the Interface within such time frame will end; provided, that Customer may contact Varian when Customer is prepared to have the Interface installed. Customer shall not permit a third party to install the Interface without Varian's prior written consent.
- Participation is required in every interface project. Participation could be but is not limited to assisting in
  analyzing data, reviewing and signing off specifications, resolve data flow issues, reviewing and signing off test
  results. In addition, when required, the customer will also be responsible for getting participation from the other
  vendors

#### Notes:

 This includes consulting, the creation of detailed specifications, mapping of billing codes, configuration and testing of sample data, and implementation of a basic version of this interface. Up to 32 hours of configuration labor are included as a maximum implementation effort.



- ARIA Connect can support many billing interfaces concurrently, but each billing system requires the purchase of its own interface
- · ARIA Connect can export billing codes that are configured as exportable in ARIA Data Administration

#### 3.5 ARIA Connect for ARIA OIS -- Docs OUT

1

This interface processes outbound document data (HL7 MDM) from the ARIA Oncology Information System (OIS) to a third party HL7-compliant system. As documents are created in ARIA, e.g. Dynamic Documents, an HL7 MDM formatted message will be triggered and sent to the receiving system. Documents may record a patient's history, weekly progress, and more.

#### Features:

- · Configurable options to export documents by document type and status
- Document security and electronic signatures, if applicable, are maintained

#### Prerequisites:

- ARIA Connect for ARIA OIS
- ARIA Oncology Information System (OIS) for Radiation Oncology (RO) v13.6MR1 or ARIA OIS v18 or higher.

#### **Customer Responsibilities:**

- Dedicated server environment for ARIA Connect, as defined on <a href="https://www.varian.com/hardwarespecs">www.varian.com/hardwarespecs</a>
- Compliance with specifications outlined in the ARIA Connect Interface Specification documents found on www.myvarian.com
- 3<sup>rd</sup> party connectivity with other vendors
- Customer will make its site available to Varian personnel to install the software interface (the "Interface") no later than eighteen months (18) after the date of purchase (the "Interface Installation Period"). Customer will be deemed to have accepted the Interface after the Interface Installation Period if (i) Customer does not permit Varian to install the Interface within such time frame and (ii) Varian delivers to Customer the Interface electronically or physically. After the Interface Installation Period, Varian's obligation to install the Interface within such time frame will end; provided, that Customer may contact Varian when Customer is prepared to have the Interface installed. Customer shall not permit a third party to install the Interface without Varian's prior written consent.
- Participation is required in every interface project. Participation could be but is not limited to assisting in
  analyzing data, reviewing and signing off specifications, resolve data flow issues, reviewing and signing off test
  results. In addition, when required, the customer will also be responsible for getting participation from the other
  vendors.

#### Notes:

This includes configuration and testing of sample data, and implementation of a basic version of this interface.
 Up to 32 hours of configuration labor are included as a maximum implementation effort.

#### 3.6 ARIA Connect for ARIA OIS -- Docs In

1

This interface processes inbound document data (HL7 MDM) from a third party HI7-compliant system to the ARIA Oncology Information System (OIS). As dictated Physician progress notes and / or other clinical documentation are transcribed in a 3rd party system, an HL7 MDM formatted message will be sent through ARIA Connect to update the ARIA OIS database.

#### Features:

- · Includes configurable options to export documents by document type and status
- · Document security and electronic signatures, if applicable, are maintained

#### Prerequisites:

- ARIA Connect for ARIA OIS
- ARIA Oncology Information System (OIS) for Radiation Oncology (RO) v13.6MR1 or ARIA OIS v18 or higher

#### **Customer Responsibilities:**

- Dedicated server environment for ARIA Connect, as defined on www.varian.com/hardwarespecs
- Compliance with specifications outlined in the ARIA Connect Interface Specification documents found on www.myvarian.com
- 3<sup>rd</sup> party connectivity with other vendors
- Customer will make its site available to Varian personnel to install the software interface (the "Interface") no later than eighteen months (18) after the date of purchase (the "Interface Installation Period"). Customer will be deemed to have accepted the Interface after the Interface Installation Period if (i) Customer does not permit Varian to install the Interface within such time frame and (ii) Varian delivers to Customer the Interface electronically or physically. After the Interface Installation Period, Varian's obligation to install the Interface within such time frame will end; provided, that Customer may contact Varian when Customer is prepared to have the Interface installed. Customer shall not permit a third party to install the Interface without Varian's prior written consent.
- Participation is required in every interface project. Participation could be but is not limited to assisting in analyzing data, reviewing and signing off specifications, resolve data flow issues, reviewing and signing off test



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#### **Item** Description

results. In addition, when required, the customer will also be responsible for getting participation from the other vendors.

#### Notes:

This includes configuration and testing of sample data, and implementation of a basic version of this interface.
 Up to 32 hours of configuration labor are included as a maximum implementation effort.

#### 3.7 ARIA Connect for ARIA RO

ARIA Connect for ARIA Oncology Information System (OIS) for Radiation Oncology (RO) manages messages and interfaces to external hospital or clinic systems, billing systems and/or integration engines. It matches, filters, and/or manipulates messages based on configurable logic to support clinical business rules. Also, it transfers inbound data messages into the ARIA database.

#### Features:

- The ARIA Connect engine supports standard HL7 messaging, conforming to HL7 versions 2.2, 2.3, 2.4 and 2.5.1 Schema (2.7).
- The ARIA Connect engine also supports custom interfaces.

#### **Prerequisites:**

- ARIA RO v13.6 and higher;
- ARIA Connect compatible server hardware (for a detailed description of hardware requirements, please refer to: www.varian.com/hardwarespecs);
- HL7 compliant third party systems (i.e. HIS, Billing, Labs or other systems).

#### Notes:

- All the systems to be interfaced must reside on the same network as the ARIA Connect engine server and Oncology Information System server(s), or have networking capability:
- The user cannot install any third party software on the ARIA Connect engine server or the Oncology Information System database server(s).
- Varian's Smart Connect is required to allow for remote access for installation, updates, upgrades, monitoring, and service support. Note: sites not allowing remote connection must purchase additional on-site service and configuration with their interfaces: and
- All interfaces must be quoted in addition to this line item, in accordance with the needs of the customer; and

# **Customer Responsibilities:**

- The customer must have the ability to filter out non-oncology patient messages when required;
- The prices do not include any additional hardware, software (such as HL7 interfaces)
  or changes required to the other 3rd party systems, consulting services required from
  any other 3rd party, or any changes that may be required to any Varian software. It is
  the customer's responsibility to determine any and all additional costs from the other
  vendors;
- Customer participation is required in every interface project. Participation could be but is not limited to assisting in analyzing data, reviewing and signing off specifications, resolve data flow issues, reviewing and signing off test results. In addition, when



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#### **Item** Description

required, the customer will also be responsible for getting participation from the other vendors:

- After the interface(s) are implemented, customer must a) monitor the interface log on an ongoing, regular basis, and b) test the interface(s) when new releases of the software are installed. Up to two hours of training on monitoring the interface log(s) is included with this item;
- The customer is responsible for providing a LAN and WAN network with sufficient capacity to support the traffic between the Oncology Information System database server(s) and the ARIA Connect engine and the third party systems interfaced; and
- The customer is responsible for providing a secure high speed internet connection to allow access for remote for installations, upgrades, monitoring, and service support via Varian's Smart Connect. Customers who choose to not provide remote access must purchase additional on-site installation and configuration services.

#### 4.0 TPS Eclipse

#### 4.1 Eclipse Base Integrated with ARIA

Eclipse™ Base Integrated with ARIA® package includes installation, education courses and on-site application training

#### Features:

Varian Database

#### Prerequisites:

- Compatable ARIA version
- A properly networked environment Local Area Network (1 Gb recommended, 100 Mb required). Guidelines at www.varian.com/oncology/products/software/information-systems/aria-ois-radiation-oncology?cat=resources

#### **Customer Responsibilities:**

· A Microsoft ® Active Directory Domain Controller running on an independent server

#### 4.2 Eclipse Physicians Desktop

#### Feature(s):

- Contouring and Image Registration Tools
- 4D Planning and Image Support
- Deformable Image Registration
- Eclipse Scripting API
- DICOM RT

#### Prerequisites:

· Eclipse Non-Calculation Workstation

## 4.3 Eclipse Advanced Planner Desktop

#### Feature(s):

- · Contouring and Image Registration Tools
- · 2D and 3D Photon Dose Calculation
- 4D Planning and Image Support
- 2D and 3D Brachytherapy Dose Calculation
- Conformal Arc Planning
- IMRT Planning
- Eclipse Scripting API
- DICOM RT

#### Prerequisites:

· Eclipse Calculation Workstation

#### 4.4 RapidArc Planning Primary

1



Eclipse™ RapidArc® Planning supports dynamic arc treatments produced through volumetric dose optimization to generate intensity modulated dose distributions in optimized arcs.

### Features:

· RapidArc Planning for one (1) user

### Prerequisites:

· Interactive IMRT Planning

### 4.5 RapidArc Planning Additional

1

An additional RapidArc® planning for one (1) user

### Features:

· RapidArc Planning for one (1) user

### Prerequisites:

· Eclipse RapidArc Planning

### 4.6 Acuros External Beam

1

Acuros® External Beam (Acuros XB) is a photon algorithm that provides dose calculation with the equivalent accuracy as the Monte Carlo algorithm.

### Features:

· Acuros XB algorithm

### Prerequisites:

• Eclipse Planner Desktop or Eclipse Advanced Planner Desktop

### 4.7 Eclipse Conversion/Promotion

1

Credit for the trade-in of a third party treatment planning system for an Eclipse Treatment Planning System.

### 4.8 Eclipse Non-Calculation Workstation

1

### Features:

· Eclipse non-calculation workstation

### Prerequisites:

· Eclipse Physician's Desktop Package

### Notes:

· Monitor not included

### 4.9 Eclipse Calculation Workstation

2

### Features:

· Eclipse calculation workstation

### Prerequisites:

• Eclipse Physician's Desktop Package, Eclipse Planner or Eclipse Advanced Planner Package

### Notes:

· Monitor not included

### 4.10 GPU Enabled Framework Agent Server (FAS)

1



A Framework Agent Server (FAS) that includes the necessary GPU (Graphics Processing Unit) cards required to support the Framework Agent Server GPU Algorithm license. The FAS is a high-performance server dedicated exclusively to running Varian's Eclipse Distributed Calculation Framework (DCF). FAS with DCF leverages specialized Grid Clustering power (network-based parallel processing) to optimize throughput for Eclipse planning and dose calculation in both native client/server topologies and Citrix environments. Multiple Framework Agent Servers may be configured to create a FAS Array.

### Features:

· Includes GPU cards

### Prerequisites:

· Eclipse 15.5 and higher

### **Customer Responsibilities:**

- · A properly networked environment connected at 1Gbps
- Server rack equipped with power supply input voltage 208V/240V AC @50/60Hz 10A
- Power Distribution Unit (PDU) or supply rail which outputs 208V/240V (1600W)
- Computer Uninterruptible Power Supply (UPS) 220V
- · Installation of the server into the rack
- · Installation of server into existing customer domain

### Notes:

- Server will not run on low-line 110V/120V AC
- Does not support Windows Server 2008R2

### 4.11 27" LCD Monitor (16.9)

3

### 4.12 Eclipse GPU Workstation Standalone

### 4.13 Eclipse Non-ClinT-Box Software Pkg

A non-clinical software package for the Eclipse™ Treatment Planning system

### Features:

- Multi-modality image support
- Image registration
- Contouring
- External beam planning
- Plan evaluation
- 2D brachytherapy planning
- IMRT planning package

### Notes:

- This is a non-clinical software package to be used for commissioning purposes, Eclipse Automation and for customer's internal training.
- · Non-Clinical systems may not be connected to the clinical database

### 4.14 **23" LCD Monitor**

1

23" LCD monitor

### 4.15 Eclipse Non-Clinical Server Software Pkg

1

A non-clinical Eclipse™ server base software package

### Features:

4.16

Varian Database

STD TRNG: Eclipse

### 1

Training is included with the purchase of Eclipse. Training plan details will be provided by the training management team as part of your product implementation process.

· Offer is valid for 18 months after installation. Training is not transferable with other products and services



### 4.17 STD TRNG: Remote Training

1

### Standard remote training

### Features:

- Customized training plan details will be provided by the training management team after the initial discussion of customer needs
- Training Type and Location: One remote training session up to 2 (two) hours with a clinical applications specialist

### Customer Responsibilities:

- · Remote access to the customer software may be required
- · Review all product documentation available on MyVarian.com in advance
  - · Customer Release Notes
  - Instruction for Use
- · Must have access to a phone and computer with internet connection

### Notes:

- Remote session should be scheduled within 30 (thirty) days of completing any applicable video learning modules
- Offer is valid for up to 18 months after purchase
- · Non-transferable to other users, products, and services and non-refundable

### 4.18 INCL VT: EC201 Eclipse Physics Admin

1

This Eclipse<sup>™</sup> treatment planning system Physics Commissioning Administration and Algorithms e-learning course provides training for the individual responsible for commissioning and administration of the Eclipse treatment planning system in a clinical, external beam radiation therapy department. Intended audience include Medical Physicists.

### Features:

- Topics covered include:
  - Navigating Eclipse
  - Photon Beam Model, Verification, Configuration, and Analysis
  - Electron Monte Carlo Beam Model, Verification, Configuration, and Analysis
  - Configure the CT Scanner
  - Distributed Calculation Framework
  - Calculation Algorithms -- AAA, Acuros® XB advanced dose calculation, Electron Monte Carlo
  - Verification of Accessories
  - · Clinical Goals, Protocols, and Templates
  - · Visual Scripting and Custom Coding
  - · Administrative tasks including but not limited to VSP, RT administration, and radiation oncology settings
  - Training Type: e-learning modules via the VarianThink™ online platform

### Prerequisites:

- Basic knowledge of computers and the Windows operating system
  - Must have a medical physicist education
  - Two (2) to three (3) months of routine clinical use of Eclipse recommended

### **Customer Responsibilities:**

· Must have a computer or device with internet access to view online content

### Notes:

- · This entitlement includes system access for one user per licensed account
- · Offer is valid for up to 18 months after installation of product
- Access to course content is valid for up to 90 days from initial access of the course on the VarianThink online platform
- · Non-transferable to other users, products, and services and non-refundable

### 4.19 INCL VT: EC102 Eclipse Inv Plng IMRT RA

1

This Eclipse<sup>™</sup> treatment planning system Inverse Planning IMRT/ RapidArc® e-learning course covers the detailed use of Inverse Plan Optimizers within Eclipse for the creation of both IMRT and RapidArc plans. The intended audience for this course includes Medical Dosimetrists who are experienced Eclipse users.

### Features:

- · Topics covered include:
  - IMRT and RapidArc/VMAT Planning
  - Optimization Process
  - Clinical Goals and Protocols
  - · Creating Verification Plans
  - Lung Tumor Segmentation Tool



- HyperArc Planning
- · Multi-Criteria Trade-Off Exploration
- · Auto-Feathering Feature
- · Halcyon Planning
- Review of prostate, head and neck, and metastatic spine cases
- Training Type: e-learning modules via the VarianThink™ online platform

### Prerequisites:

- · Basic knowledge of computers and the Windows operating system
- · Completion of the Varian Eclipse 101 Basic Operations course
- · Basic 3D planning knowledge

### **Customer Responsibilities:**

· Must have a computer or device with internet access to view online content

### Notes:

- This course does not cover system or MLC configuration, IMRT/RapidArc QA, or the physics and commissioning
  of any algorithms
- · This entitlement includes system access for one user per licensed account
- · Offer is valid for up to 18 months after installation of product
- Access to course content is valid for up to 90 days from initial access of the course on the VarianThink online platform
- · Non-transferable to other users, products, and services and non-refundable

### 4.20 INCL VT: EC101 Eclipse Basic Operations

This Eclipse<sup>™</sup> treatment planning system Basic Operations VarianThink e-learning offering is designed to provide clinical staff the knowledge and understanding required to effectively operate the Eclipse software. This course will teach basic planning operations of Eclipse. The students will become familiar with importing images, contouring, 3D treatment planning and preparing a plan for treatment.

### Features:

- Topics covered include:
  - System operations
  - System administration
  - Navigating Eclipse
  - Managing DICOM Data and Filters
  - Contouring
  - Segmentation Wizard
  - Image Registration
  - · External Beam Planning Operations
  - 3D Treatment Planning
  - Plan Evaluation and Preparing a Plan for Treatment
- Training Type: e-learning modules via the VarianThink™ online platform

### Prerequisites:

- · Basic knowledge of computers and the Windows operating system
- · Basic dosimetry Knowledge

### **Customer Responsibilities:**

· Must have a computer or device with internet access to view online content

### Notes:

- · This entitlement includes system access for one user per licensed account
- · Offer is valid for up to 18 months after installation of product
- Access to course content is valid for up to 90 days from initial access of the course on the VarianThink online platform
- · Non-transferable to other users, products, and services and non-refundable

### 4.21 INCL VT: EC202 Eclipse Comm II IMRT RA

This Eclipse™ treatment planning system Physics Commissioning IMRT, VMAT, and RapidArc® e-learning course is designed as a continuation of EC201 Eclipse Physics Commissioning Administration and Algorithms course. This course provides training for the individual responsible for commissioning and administration of the inverse planning modules within Eclipse.

### Features:

- · Topics covered include:
  - System preparation and basic use for 3D, IMRT and VMAT planning
  - Overview of plan delivery with QA and commissioning examples
  - · Basics of multileaf collimators (MLCs) and essential QA procedures
  - Optimization Workflow for IMRT and VMAT Planning
  - · Photon Optimizer Algorithm Features

1

1



- Commissioning the Photon Optimizer Model
- Dynamic Multi Leaf Collimator Commissioning
- · Create Verification Plans
- Multi-Criteria Trade-Off Exploration
- RapidPlan<sup>™</sup> knowledge-based planning
- Training Type: e-learning modules via the VarianThink™ online platform

### Prerequisites:

- Basic knowledge of computers and the Windows operating system
  - Must have a medical physicist education
  - Two (2) to three (3) months of routine clinical use of Eclipse recommended
  - · Completion of the Varian EC201 Eclipse Physics Administration course

### **Customer Responsibilities:**

· Must have a computer or device with internet access to view online content

### Notes:

- This course does not cover basic machine configuration, general system administration or the commissioning of essential dose calculation algorithms such as PBC, AAA or Acuros® XB advanced dose calculation
- · This entitlement includes system access for one user per licensed account
- Offer is valid for up to 18 months after installation of product
- Access to course content is valid for up to 90 days from initial access of the course on the VarianThink online platform
- · Non-transferable to other users, products, and services and non-refundable

### 4.22 Non-Clinical RapidArc Planning

1

Non-Clinical Eclipse™ RapidArc® Planning supports dynamic arc treatments produced through volumetric dose optimization to generate intensity modulated dose distributions in optimized arcs.

### Features:

· Non-Clinical RapidArc Planning for one (1) user

### Prerequisites:

Eclipse T-Box Software Package or Eclipse Educational/Research SFW Package

### 4.23 Non-Clinical Acuros External Beam

1

Acuros® External Beam (Acuros XB) is a photon algorithm that provides dose calculation with the equivalent accuracy as the Monte Carlo algorithm.

### Features:

· Non-Clinical Acuros XB algorithm

### Prerequisites:

Non-Clinical T-Box Software Package or Non-Clinical Educational/Research Software Package

### Notes:

GPU dose calculation support

### 5.0 Enterprise Solutions

### 5.1 **Pre-Designed Configuration**

1

A Varian implementation consultant will work with your clinical and operations teams to establish enterprise goals and build, configure and set-up your ARIA ® environment, utilizing a pre-designed configuration for a single database/facility.

### Scope of Work:

- The Pre-designed configuration scope of work to include:
  - User groups and user rights,
  - Activity categories,
  - · Appointment names,
  - Task names.
  - · Document template naming,
  - Standardized questionnaires with use of data tags,
  - Care Paths,
  - · Encounters,
  - · Toxicities,
  - · Journal note types,
  - Infection lists and
  - · Clinical decision supports
- Consultant guidance:
  - Assessment of current workflow and identification of modifications



1

### Item Description

- Configuration build
- Education and communication
- · Pre-go-live and go-live support
- · This is for a single database

### Prerequisites:

- ARIA OIS for RO v15.5 or higher
  - If QPP and Quality Measures reporting provided via ARIA OIS utilizing RO/ARIA Cloud CQM, v16.1 or higher

### **Customer Responsibilities:**

- Knowledge of ARIA OIS Data Admin
- Access to Varian ARIA OIS for RO (User Home and Data Admin)
- · QPP-MIPS attestation and Quality Measures reporting
- · Data validation and acceptance

### **6.0** Commissioning

### 6.1 AOS1a Comm Preconf 5X no SRS cones

Comprehensive Eclipse® Data Set Collection for validation of Pre-Configured Models up to five (5) photon energies. AOS will commission up to three (3) standard and two (2) FFF X-ray energies and up to six (6) electron energies. The service will take an estimated three (3) calendar days.

### Features:

- All Eclipse required photon percent depth dose, profile, and output factor measurements for comparison with Varian Representative Beam data
- All Eclipse required electron percent depth dose, air profile and applicator factor measurements for comparison with Varian Representative Beam data
- Small field measurements down to 1x1 for validation
- Eclipse modeling using preconfigured models with Varian Representative Beam data or customer equivalent machine models
- Enhanced Dynamic Wedges verification for various angles
- MLC measurements of MLC transmission and dosimetric leaf gap (DLG)
- Gamma analysis of measured vs Varian Representative Beam data
- · Gamma analysis of measured vs Eclipse calculated data
- Absolute dose measurement for comparison to TPS calculation
- RapidArc® commissioning
- TG51 reference calibration
- If applicable: Portal Dosimetry commissioning with preconfigured models
- IMRT and VMAT optimization
- · Eclipse beam model configuration
  - Verify console configuration for the linac is setup properly in Eclipse. Import the console configuration if necessary
  - Utilizing Representative or preconfigured beam data, configure beam models for each energy. This will include AAA, AcurosXB® and optimizer models for x-rays and eMC for electrons
  - Creation and calculation of test plans for model validation
  - Complete sample EDW and RapidArc plans
  - Backup machine configuration and Eclipse beam data
- Absolute dose calibration check
  - Absolute dose calibration check of linac using the AAPM TG51 protocol for reference only as customer's
    physicist must do the final absolute dose calibration of the linac.
  - Customer physicist will specify the calibration geometry including SSD, depth at which 1MU=1cGy, and reference field size/applicator
- · Data book and Commissioning report

### **Customer Responsibilities:**

- Acceptance of accelerator and Eclipse machines must occur before commissioning can begin
- Full access 24/7 to the accelerator, accessories, and the control room
- · Secured internet access
- · Access to network computers, as well as ARIA®/Eclipse with administrator privileges
- · Customer site physicist must be present for deliverables and approvals

### Notes:

- This service does not include commissioning for Hard Wedge
- This service does not include commissioning for SRS cones
- This service does not include clinical implementation
- This service does not include general configuration of ARIA/Eclipse, connectivity, image or data transfer, tolerance tables, user rights, and CT calibration



### 7.0 Advantage Credits

### 7.1 Advantage Contract Credits

Advantage Credits can be utilized for Varian's Professional Services, such as on-site applications training, education, consulting (in applicable regions), and third-party services including clinical schools that are purchased through Varian. For further details, please reference the attached Terms and Conditions.

### Notes:

· Offer is valid for 24 months after purchase

### 7.2 Product Applications Eclipse (per hour)

40.0

(Qty: 40, Credit per Qty: 1.0)

Additional Eclipse onsite training is available for previously trained Varian products. Sold and delivered by hours.

### 7.3 Product Apps Sp ARIA RadONC (per hour)

40.0

(Qty: 40, Credit per Qty: 1.0)

Additional ARIA Radiation Oncology onsite training is available for previously trained Varian products. Sold and delivered by hours.



### Summary of Advantage Contract Credits Quoted Above

Section 7.0	
Year 1 Total	80.0
Total Credits	80.0



Sales Price Table

Sales Total	US \$4,066,170.00
Quotation Total	US \$4,066,170.00



### **NON-CLINICAL Use Certification Statement**

I certify that the Eclipse T-Box will be used NON-CLINICALLY. On behalf of myself and my institution (as titled the same as "Customer" in the Varian Quotation) (defined in this Statement as "Institution"), I understand, certify and agree that:

- 1. The Eclipse T-Box is not intended for clinical use (developing or administering therapy on humans);
- 2. Any clinical use of the Eclipse T-Box could lead to physical harm or death of patients;
- 3. The Eclipse T-Box will be used as a standalone system and will not be linked with a linear accelerator (i.e. "Varian Clinac®"):
- The Eclipse T-Box's data, database, and other statistical output will consist of inactive patient information for nonclinical testing purposes ONLY;
- 5. I am responsible for making sure that the Eclipse T-Box, including but not limited to the database of inactive patient information, are disabled from use in conjunction with the treatment of a patient or for use on a linear accelerator (i.e. "Varian Clinac");
- 6. I will personally ensure that the correct safety steps are taken to ensure 1-5 is achieved and, in my absence, will notify Varian of the individual within my institution who accepts this responsibility in my stead;
- 7. There is no interlock or other automatic or fail safe mechanism to prevent use of the Eclipse T-Box clinically, or to prevent personnel at the facility from incorrectly treating patients using the Eclipse T-Box's data;
- 8. My Institution shall be solely responsible for any clinical use of the Evaluation Tools and indemnifies and holds harmless Varian Medical Systems of the same; and
- 9. In the event of clinical use of the Evaluation Tools, I will immediately: 1) notify Varian Medical Systems Inc. (Varian HelpDesk) and 2) take all possible steps to discontinue clinical use of the Eclipse T-Box.

PCSN(s)#:				
		nt on behalf of myself an		
(month)	(day)	(year).	Initials	
Name:				
Address:				



# Advantage Credits Supplemental Terms and Conditions

### (Form RAD 10442)

These Advantage Credits Supplemental Terms and Conditions ("Supplemental Terms") modify and supplement the Varian Terms and Conditions of Sale (Form RAD 1652, current version issued with the Quotation) (the "Terms and Conditions of Sale"). The terms of the applicable Varian Quotation ("Quotation"), its attachments, including the Terms and Conditions of Sale, are incorporated herein by this reference, and together with these Supplemental Terms and any applicable Third Party Terms (as defined in the Quotation) (collectively referred to as the "Agreement") will apply and govern the use by Customer of Advantage Credits.

### 1. General

The Varian Advantage Credit Program (the "**Program**") offers customers the ability to purchase Advantage Credits in advance that can be applied toward designated Varian Professional Services including certain consulting (e.g. specified and limited implementation and optimization services), on-site training, educational courses and a limited number of services provided by designated third party service providers, including clinical schools and physics commissioning services. Advantage Credits provide flexibility for the Customer to apply them interchangeably for those designated services available under the Program without having to modify the underlying Quotation and related purchase order. However, Varian must be notified in advance and in writing of any requested changes to selected services.

### 2. Expiration Schedule

Advantage Credits expire according to the following schedule:

Type of Order	Expiration Date
Advantage Credits only (no Varian products)	24 months from date of order
Advantage Credits with one or more Varian products	24 months from first date of product/service acceptance
Multiyear agreement	End of the term of agreement

### 3. Scopes of Work

Varian or its third party service providers may, at their discretion, set forth in a written Scope of Work (SOW) a description of the services to be provided by Varian or the third party service provider. If the services that will be purchased with Advantage Credits are defined within the Quotation, Varian will offer the specific services listed for the amount of Advantage Credits indicated. If Advantage Credits in the Quotation are "Undefined", Varian will indicate the number of Advantage Credits required for a particular service at the time the Customer wants to use them.

### 4. Third Party Service Providers

- 4.1 Certain services are provided by and through third party service providers that are not affiliated with Varian, namely clinical schools and physics services (e.g. commissioning). Varian disclaims any warranty or performance obligations related to any third party service provider and will act solely as a pay agent, to collect fees for services from Customer and to pay fees for such services to the third party service provider. Customer has the final decision to purchase services through Varian third party service providers or to select another service provider outside of the Quotation and Varian does not make any recommendations to use third party service providers.
- 4.2 Changes to Third Party Service Providers by Customer. Customer shall have a one-time right to request in writing that a third party service provider be replaced with an alternate provider that is participating in the Program. If Varian, at its sole discretion, approves the request, Customer shall be subject to any related termination fees and additional costs incurred by Varian or the third party service provider and other terms and conditions indicated in the Confidential 2024-460846 April 19, 2024 Page 31 of 33

SOW and/or Quotation. Customer, the third party service provider, and if applicable, its subcontractors, shall have full responsibility for services as defined in the Quotation or SOW, as applicable, and Varian shall have no responsibility, obligation and/or liability whatsoever for those services. The third party service provider shall not be construed to be a subcontractor, employee, or agent of Varian. Varian will forward any requests for warranty work that it receives from Customer to the third party service provider. Except as otherwise provided in this section of the Quotation, the Terms and Conditions of Sale shall apply to this section just as it applies to all other parts of the Quotation.

4.3 **Changes to Third Party Service Providers by Varian.** Varian reserves the right, at its sole discretion, to change, from time to time, its list of third party providers that participate in the Program.

### 5. Performance of Services

All services shall be performed by Varian or the third-party service provider under permits, licenses, authority, supervision, and control of Customer and its staff, including licensed physicists, physicians, and other qualified healthcare professionals. Customer and its staff shall have the requisite permits (including applicable certificates of need), licenses, and authority to oversee and have such services performed on Customer's behalf.

### 6. Service Offerings

Varian reserves the right, at its sole discretion, to change the designated services which are offered under the Program at any time without prior notice. Varian will work with Customer to offer a mutually acceptable alternative or apply affected credits toward other offerings within the Program.



**Quotation Total** 

Quotation Total US \$4,066,170.00



May 28, 2024

Dr. Jason Chrisman
Hannibal Regional
Executive Director-Kirksville Market

### Dr. Chrisman

It is the pleasure of Murray Company to provide you with this requested Opinion of Probable Cost for the following scope of work in order to facilitate your submission to the Missouri Certificate of Need (CON) Board.

### Scope of Work:

All materials, labor, equipment, permits, fees, insurance, design and contingency to construct one (1) new Linear Accelerator Vault to house a new Linear Accelerator in Kirksville, MO.

### The scope of work includes:

- 1. 1,400SF Vault Footprint
- 2. Design/Permitting/Testing
- 3. Dirt Work/Building Pad Prep
- 4. Sub-Structure/Foundations
- 5. Super-Structure
- 6. Building Envelope/Skin
- 7. Interior Finishes
- 8. Mechanical/Temperature Controls
- 9. Plumbing
- 10. Electrical/Low Voltage
- 11. Fire Protection
- 12. New Swinging Radiation Door for Vault
- 13. "Maze" Vault Layout

### **Opinion of Probable Cost:**

\$2,920,121 or \$2,086/SF

### **Exclusions:**

- Medical Equipment
- Furniture
- Artwork
- Financing Cost
- Additional Scope Due to Poor Soils
- Physicist Reporting/Testing/Accreditation
- Adjacent Building to Vault

Murray Company is grateful for your trust in us preparing this information for this very impactful project. If you should need any other information, please feel free to contact me anytime.

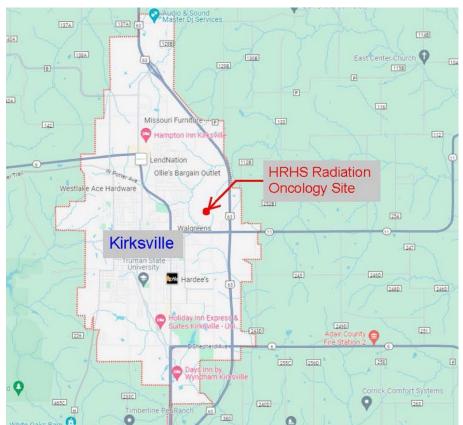
Sincerely:

Ken McCormick

Ken McCormick Vice President Murray Company

CC:

Mike Vance

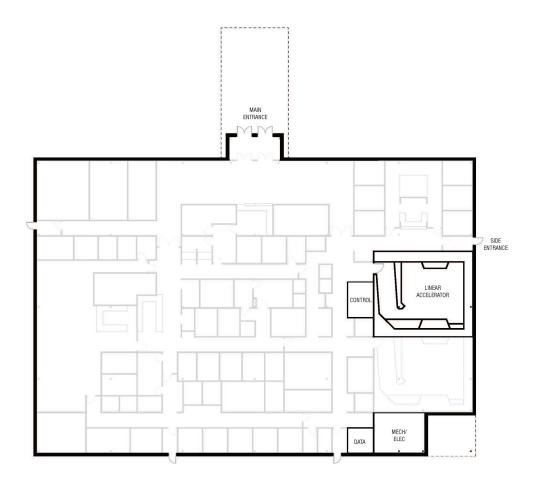




CONCEPTUAL PLAN

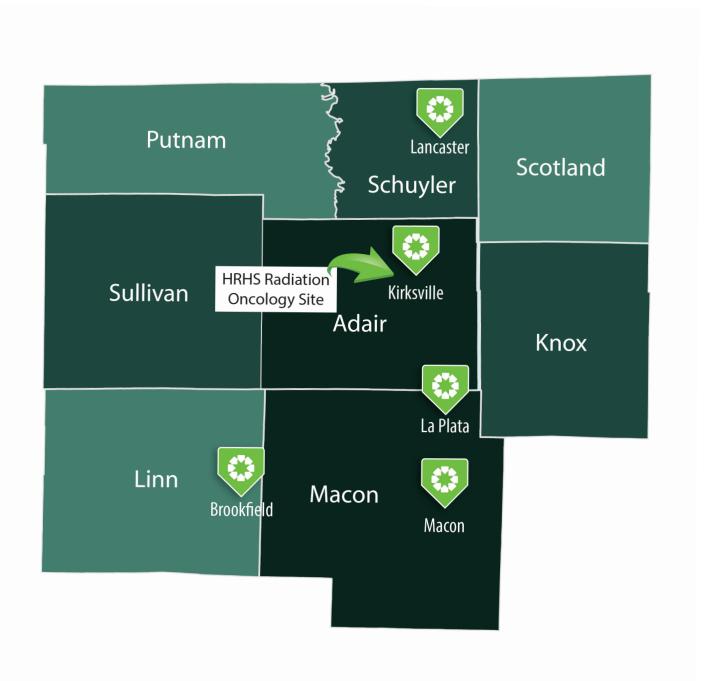
HRHS KIRKSVILLE - CANCER CENTER







RDG/Harning & Design 1300 Howard Street, Omaha, NE 68100 Phone-400:449-0859. www.rdgura.com. RDG IA An Architecture, Landscape Architecture, Engineering, Interio Design and Planning Corporation. Des Moines, IA, Dubuque, IA. Fort Myers, FL. Iowa Chg, IA. New York Chg, NY. Omaha, NE, St Louis, MO Derwey, CO



TELEPHONE: (573) 751-7985

FAX: (573) 522-3722



### MISSOURI SENATE

MISSOURI STATE CAPITOL, ROOM 332 JEFFERSON CITY, MISSOURI 65101 CINDY O'LAUGHLIN
MAJORITY FLOOR LEADER
DISTRICT 18

June 12, 2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville. I am writing to express my strong support of their application.

Hannibal Regional Healthcare System has consistently provided high-quality medical care to our region, but the absence of a dedicated Radiation Oncology Center represents a significant gap in the continuum of care in the Kirksville and surrounding area. Currently, patients requiring radiation therapy must travel considerable distances to receive their treatments, resulting in undue stress, financial burden, and logistical challenges. This is particularly difficult for those who are already grappling with the emotional and physical toll of a cancer diagnosis.

It is important to note that Hannibal Regional has already spent a significant amount of time within the Kirksville community listening to and understanding their healthcare needs through community surveys and town halls. It became very clear the community both wants and needs radiation oncology back in the area. Hannibal Regional continues to grow and expand their services throughout the region, better serving the healthcare needs of their service area. Introducing a Radiation Oncology Center in Northeast Missouri will allow individuals living with a cancer diagnosis to receive the care they desperately need.

I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Sincerely,

Cindy O'Laughlin

State Senator - District 18

Cuily Otaughton



### MISSOURI SENATE

# SENATOR RUSTY BLACK DISTRICT 12

MISSOURI STATE CAPITOL BUILDING 201 W. CAPITOL AVE., ROOM 331 JEFFERSON CITY, MO 65101

June 11, 2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville. I am writing to express my strong support of their application.

Hannibal Regional Healthcare System has consistently provided high-quality medical care to our region, but the absence of a dedicated Radiation Oncology Center represents a significant gap in the continuum of care in the Kirksville and surrounding area. Currently, patients requiring radiation therapy must travel considerable distances to receive their treatments, resulting in undue stress, financial burden, and logistical challenges. This is particularly difficult for those who are already grappling with the emotional and physical toll of a cancer diagnosis.

It is important to note that Hannibal Regional has already spent a significant amount of time within the Kirksville community listening to and understanding their healthcare needs through community surveys and town halls. It became very clear the community both wants and needs radiation oncology back in the area. Hannibal Regional continues to grow and expand their services throughout the region, better serving the healthcare needs of their service area. Introducing a Radiation Oncology Center in Northeast Missouri will allow individuals living with a cancer diagnosis to receive the care they desperately need.

I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Sincerely,

Rusty Black

Missouri State Senator

Rusty Black

District 12

CAPITOL OFFICE State Capitol 201 West Capitol Avenue Suite 112 Jefferson City, MO 65101-6806 Tele: (573) 751-3613 E-Mail: Louis.Riggs@house.mo.gov



# MISSOURI HOUSE OF REPRESENTATIVES

State Representative District 05

LOUIS RIGGS

June 25, 2024

Alison Dorge **Program Coordinator** Certificate of Need Program 920 Wildwood Drive Post Office Box 570 Jefferson City, Missouri 65109

RE: Certificate of Need for Linear Accelerator

Dear Ms. Dorge,

Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville. I am writing to express my strong support of their application.

Hannibal Regional Healthcare System has consistently provided high-quality medical care to our region, but the absence of a dedicated Radiation Oncology Center represents a significant gap in the continuum of care in the Kirksville and surrounding area. Currently, patients requiring radiation therapy must travel considerable distances to receive their treatments, resulting in undue stress, financial burden, and logistical challenges. This is particularly difficult for those who are already grappling with the emotional and physical toll of a cancer diagnosis.

It is important to note that Hannibal Regional has already spent a significant amount of time within the Kirksville community listening to and understanding their healthcare needs through community surveys and town halls. It became very clear the community both wants and needs radiation oncology back in the area. I have spoken with area residents about this. They are amazed that anyone with a medical degree would oppose this. Hannibal Regional continues to grow and expand their services throughout the region, better serving the healthcare needs of their service area. Introducing a Radiation Oncology Center in Northeast Missouri will allow individuals living with a cancer diagnosis to receive the care they desperately need.

COMMITTEES Chairman: Workforce and Infrastructure Development Vice-Chairman: Subcommittee on Appropriations - General Administration Subcommittee on Appropriations -Health, Mental Health and Social Services Joint Committee on Rural Economic Development Budget Joint Committee on Administrative Rules Joint Committee on Government Accountability Government Efficiency & Downsizing

I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Sincerely,

**Louis Riggs** 

**State Representative** 

Missouri House of Representatives

### CAPITOL OFFICE

State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-6806
Tele: (573) 751-3647
E-Mail:
Danny.busick@house.mo.gov



### COMMITTEES

Member: Special Committee on Small Business-Vice Chair Agriculture Police

Transportation

# MISSOURI HOUSE OF REPRESENTATIVES Danny Busick

State Representative District 3

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville. I am writing to express my strong support of their application.

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I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Sincerely,

\ Danny Busick

Mo State Representative, 3rd District

CAPITOL OFFICE State Capitol 201 West Capitol Avenue 206 B Jefferson City, MO 65101 Tele: (573) 751-3644 E-Mail:

Greg.Sharpe@house.mo.gov



COMMITTEES
Members:
Subcommittee on Appropriations
- Agriculture, Conservation,
Natural Resources, and Economic
Development, Chairman
Budget, Judiciary
Transportation Infrastructure

Greg Sharpe

State Representative District 04

June 12, 2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville. I am writing to express my strong support of their application.

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Sincerely,

**Greg Sharpe** 

State Representative District 4

Don & Sharpe

## **Adair County Commission**

106 W Washington Kirksville, MO 63501 Phone 660-665-2283

Mark Shahan, Presiding Commissioner William King, 1<sup>st</sup> District Commissioner Mark Thompson, 2<sup>nd</sup> District Commissioner

Date: 06-17-24

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

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Sincerely

Mark Shahan

**Presiding Commissioner** 

William King

1st District Commissioner

Mark Thompson

2<sup>nd</sup> District Commissioner



June 11, 2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

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I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Sincerely,

Anastasia Tiedemann Executive Director



There for you, every step of the way.

June 11, 2024

Jason Chrisman, DHEd, RHCEOC Hannibal Regional Healthcare System

Dear Mr. Chrisman,

I hope this letter finds you well. I am writing on behalf of Missouri Cancer Associates, a leading provider of cancer treatment in Missouri since 1982. Our organization is dedicated to delivering exceptional, patient-centered care through our comprehensive range of medical and radiation oncology, hematology, and urology services. With 26 providers and offices in Columbia and Kirksville, we have established ourselves as the premier cancer treatment center in Mid-Missouri.

We are aware of the development plans for a new radiation center in Kirksville by Hannibal Regional Hospital System. We are thrilled to learn about this initiative and are fully supportive of bringing radiation oncology services back to the community. As a well-established and respected provider in the field, we are committed to ensuring the availability of high-quality radiation oncology services to sustain a robust program in Kirksville.

Should your project come to fruition, we would be honored to collaborate with HRHS and contribute our expertise in radiation oncology. Our organization boasts a team of highly experienced physicians, and a steadfast commitment to quality patient care. By combining our resources and knowledge, we believe we can create a successful partnership that will greatly benefit the community of Kirksville and the surrounding area.

If you have any questions or require further information, please do not hesitate to reach out to us. We are excited about the possibilities this project holds and look forward to the opportunity to work together to enhance cancer treatment services in Kirksville.

Thank you for your attention to this matter.

Best regards,

Debbie Barnes
Executive Director



June 13, 2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville. I am writing to express my strong support of their application.

Hannibal Regional Healthcare System has consistently provided high-quality medical care to our region, but the absence of a dedicated Radiation Oncology Center represents a significant gap in the continuum of care in the Kirksville and surrounding area. Currently, patients requiring radiation therapy must travel considerable distances to receive their treatments, resulting in undue stress, financial burden, and logistical challenges. This is particularly difficult for those who are already grappling with the emotional and physical toll of a cancer diagnosis. Many are simply choosing to forgo lifesaving treatment due to the distance from home to treatment.

It is important to note that Hannibal Regional has already spent a significant amount of time within the Kirksville community listening to and understanding their healthdare needs through community surveys and town halls. It became very clear the community both wants and needs radiation oncology back in the area. Hannibal Regional continues to grow and expand their \$ervices throughout the region, better serving the healthcare needs of their service area. Introducing a Radiation Oncology Center in Northeast Missouri will allow individuals living with a cancer diagnosis to receive the care they desperately need.

I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Sincerely,

Juste D. Bullett MO FAAFR, FACOFP, FOMA, CPE

Justin D. Puckett, DO, FAAFP, FACOFP, FOMA, CPE Dual Board Certified Family Medicine and OMT and Obesity Medicine Medical Director, Complete Family Medicine 1611 S Baltimore Street, Kirskville MO 63501 660-665-7575



6/25/24

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville. I am writing to express my strong support of their application.

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I have personally been affected by this when I was diagnosed with breast cancer earlier this year. When deciding whether or not to get radiation, I was told that they generally recommend it if the risk factor is above 15% (mine was 16%). It was borderline, and had there been radiation treatments available in Kirksville I would have done it. Unfortunately I could not afford to make that trip to Columbia, nor could I afford to take the time off work to travel that far repeatedly- so I had to decline radiation treatments.

I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Sincerely,

Ashley Sparks Owner/LMT Rejuvenate Wellness Center 311 N Elson Street Kirksville, MO 63501 660-342-3031 June 14, 2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville. I am writing to express my strong support of their application.

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As proprietors of Kirksville Motor Company located in Kirksville, MO, my spouse and I found ourselves facing a challenging situation in June 2023. My husband required radiation treatments, necessitating a daily commute of 90 miles each way to Columbia, MO, totaling 180 miles round trip, throughout the week for seven consecutive weeks. Enduring radiation therapy is inherently demanding, but the absence of this essential service within our community heightened the stress of the experience exponentially. As entrepreneurs, this situation not only disrupted our personal lives but also had a significant impact on our business, as it required us to balance our responsibilities between managing our business and supporting my husband's health needs. The strain of traveling long distances on a daily basis compounded the already intense emotional and physical toll of his treatment. Access to these services within our community could have relieved our stress, saved us time, and cut down on expenses. There is a substantial need for a cancer center in Kirksville, MO. Not only would it serve Kirksville residents, but many other surrounding communities.

I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

*TUPNATUE* C Stephanie Anderson

Sincerely,

**Business Owner** 

Kirksville Motor Company

stephanie@kirksvillemotors.com

inderson)

June 10, 2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

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I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Sincerely,

Samuel L Western, Founder

Western's Smokehouse and Meat Market

720 Suburban Drive Kirksville, Missouri 63501 660-341-7422

Dianne Western, Retired RN, BSN

660-341-6767

06/11/2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

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It is important to note that Hannibal Regional has already spent a significant amount of time within the Kirksville community listening to and understanding their healthcare needs through community surveys and town halls. It became very clear the community both wants and needs radiation oncology back in the area. Hannibal Regional continues to grow and expand their services throughout the region, better serving the healthcare needs of their service area. Introducing a Radiation Oncology Center in Northeast Missouri will allow individuals living with a cancer diagnosis to receive the care they desperately need.

I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Sincerely,

Cecilia Scholle Medical Secretary Hannibal Regional 901 S Stanford St. Kirksville, MO 63501 660-342-4227 June 19, 2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville. I am writing to express my strong support for their application.

As a resident and business owner in Kirksville for over 35 years, I have seen many changes in our community. What Hannibal Regional Healthcare System is willing to provide for our community will be one of the most profound positive impacts for the residents of not only Kirksville, but all Northeast Missouri. I have witnessed friends and family members who have had to deal with a cancer diagnosis, and then suffer additional stress and financial hardship as they must travel out of the area for treatment since we no longer have a provider in Kirksville.

Hannibal Regional Healthcare System has consistently provided high-quality medical care to our region, but the absence of a dedicated Radiation Oncology Center represents a significant gap in the continuum of care in the Kirksville and surrounding area. Currently, patients requiring radiation therapy must travel considerable distances to receive their treatments, resulting in undue stress, financial burden, and logistical challenges. This is particularly difficult for those who are already grappling with the emotional and physical toll of a cancer diagnosis.

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Sincerely

Erick Hanson

660-341-5014

erickhanson1968@gmail.com

Broker, Salesperson Century 21 Lifetime Realty 1605 S. Baltimore, Suite A Kirksville, MO 63501 06-18-2024

Alison Dorge Program Coordinator, Certificate of Need Program 920 Wildwood Drive, P.O. Box 570 Jefferson City, MO 65109

Dear Ms. Dorge,

It is my understanding Hannibal Regional Healthcare System has recently submitted a Letter of Intent to apply for a Certificate of Need for a Linear Accelerator in Kirksville, MO. I am writing to express my strong support of their application.

I was diagnosed in September of 2023 with an aggressive breast cancer. I am currently having to commute to Columbia, MO which is just under 200 miles daily for radiation treatments. My treatments last less than 20 minutes but the daily drive takes 3 hours. I can't express how beneficial it would be for so many if there were a center in Kirksville. I feel quality healthcare should be accessible for our entire community. Many in our rural communities already struggle with basic needs and I feel healthcare should not be one of them.

Introducing a Radiation Oncology Center in Northeast Missouri will allow individuals living with a cancer diagnosis to receive the care they desperately need.

I respectfully request that this application for Certificate of Need be approved. Your support in this matter will have a profound and lasting impact on the lives of many individuals and families in our area.

Thank you for your time,

Abbie Jennings La Plata, MO 660-341-3900

Windowsday, June 19, 2024 | KORKSVILLE DAILY EXPRESS

# Community





### Kirksville Area Calendar of Events

### Adair County Democrats heat candidates for Junet worth Picnic

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### Beach York at Thousand

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# Mercy's Bridge' to perform on the Courthouse Square The Natural Anti-Association (NAC on have with the Natural

### Amusing Atlatts at Thousand Hills State Fack

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### June 32 Meyle is the Park

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### Block party at POMIIs Park

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### Ribbon cutting currency For Mark Twain Bekaylaral Bealth

### "Deadwood" to perform or the Courthouse Square

### Morveleus Manesals at Thousand Hills State Fork

### 2024 Kirksville Corp. and Coffice

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### Noon Art in the Park at Thousand Hills State Park

hold on labelity. Are State 9 am. of December Hills Bate Path. Common with reduce through covered and extrations for artists of all ages. Each staff and

if it person at the Coharolle Square

Historylle/Sale, and Epomaton's sensind 10th Amsternary Black Party will be half from 2-5 per-se July 14 at Historyal Park, 400

### Block party at Laycon Park

### Construction on section of East Washington Street begins June 17

The sity of Eleberalle would like to make resi-tionic arrive of planned street work on a section of Earl Washington Beaut Starting the work of Jone 17 Starting Contracting with best work on Earl Wash best work on Earl Wash



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### CAPNEMO GETS SUPPORT FROM ROTARY CLUB OF KIRKSVILLE



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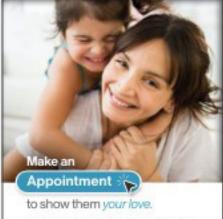
### CERTIFICATE OF NEED ANNOUNCEMENT

Hannibal Regional is seeking a Certificate of Need from the Missouri Department of Health and Senior Services to allow the healthcare system to purchase and operate a new linear accelerator and vault to be located within the new radiation oncology center to be built at 40 degrees 12'13" North, -92 degrees 33'31"West, Kirksville, Missouri 63501. The application will be filed on or before June 28, 2024.

Please address all comments to Jason Chrisman, Executive Director - Kirksville Market 304 5 Franklin St, Suite 100, Kirksville, Missouri 63501



6000 Hospital Drive, Harmbal, M.D. | hannitralregional.org



Look forward to a healthy future by taking care of yourself now. Action these Regional Medical Group, sur privary care president take the time to clearly your health esksand can help you piloritize good health. Regular checkups and age-appropriate sorreonings are important.

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to be healthy now - and to stay well in the future.

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For questions regarding colonoptions or to pay your full, place a delevey hold or start your subscription, sall 850-280-499 or made circulation publishmedia com.

E-Edition: Online at KirkovilleDailyExpress com-

# Divider III: Service Specific Criteria and Standards

### Divider III. Service Specific Criteria and Standards

1. For new units, address the minimum annual utilization standard for the proposed geographic service area.

**N/A** (There are no providers providing radiation oncology at this time)

2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.

N/A

3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.

N/A

4. For evolving technology, address the following.

N/A

# Divider IV: Financial Feasibility Review Criteria and Standards

### Divider IV. Financial Feasibility Review Criteria and Standards

# 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.

See Divider IV: Attachment A for CLA's letter indicating sufficient funds are available to support the acquisition of the new unit.

# 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) FULL years beyond project completion.

See Divider IV: Attachment B for Service-Specific Revenues and Expenses report (Form MO 580-1865).

### 3. Document how patient charges are derived.

Hannibal Regional currently owns and operates the James E. Cary Cancer Center, which provides radiation oncology services in northeast Missouri. Using the James E. Cary Cancer Center's historical charge data, an average charge was derived for radiation oncology services. It is assumed that charges will experience a 5% annual increase.

Radiation oncology services are currently unavailable in the Kirksville market. As such, amount of utilization was derived using a historical average number of patients diagnosed with cancer from 2016-2020 as shown in the Missouri Cancer Registry. For zip code 635xx, an average of 431 patients were diagnosed with cancer between 2016 – 2020. According to the American Society for Radiation Oncology, approximately 60% of all cancer patients receive radiation therapy during the course of their illness. The James E. Cary Cancer Center provides approximately 15 radiation treatments per patient. Using these figures, we can assume 100% of the market would total 3,879 radiation treatments per year.

It is estimated that Year 1 would capture 75% of the market, Year 2 would capture 85% of the market, and Year 3 would capture 95% of the market.

Gross charges were calculated using the average charge and amount of utilization based on the abovementioned ramp up period.

### 4. Document responsiveness to the needs of the medically indigent.

In support of its mission, Hannibal Regional voluntarily provides care to patients that meet their charity care criteria. Because Hannibal Regional does not pursue collection of amounts determined to qualify as charity care, they are not reported in patient service revenue. Hannibal Regional's policy for determining charity care is based on federal poverty guidelines and uses patients' income information to determine amounts of discounted and free care. Information is obtained from patients through an application process. Charges excluded from revenue under Hannibal Regional's charity care policy were approximately \$5,129,000 and \$8,099,000 for 2023 and 2022, respectively.

In addition, Hannibal Regional provides services to other medically indigent patients under certain government-reimbursed public aid programs. Such programs pay providers amounts which are less than established charges for the services provided to the recipients and many times the payments are less than the cost of rendering the services provided.

Hannibal Regional's total cost of uncompensated care relating to these services and other services are as follows:

	2023	2022
Charity Care	\$1,946,381	\$3,225,419
State Medicaid and other public aid programs	\$26,240,804	\$23,957,958
Uncollectable Accounts	\$4,928,957	\$3,701,570
	\$33,116,142	\$30,884,947

The uncompensated care cost for Missouri Medicaid and other public aid programs is determined by calculating the cost of providing care, less amounts paid by the program.

In addition to the above cost of uncompensated care, Hannibal Regional also commits significant time and resources to endeavors and critical services which meet otherwise unfilled community needs. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Such programs include health screening and assessments, prenatal and other community education programs and various support groups.

See Divider IV: Attachment C for a copy of Hannibal Regional's Financial Assistance Policy.



CliftonLarsonAllen LLP 600 Washington Avenue, Suite 1800 St. Louis, MO 63101-1312

**phone** 314-925-4300 **fax** 314-925-4350 **CLAconnect.com** 

June 10, 2024

Alison Dorge, Program Coordinator Certificate of Need Program 3418 Knipp Drive, Suite F, P.O. Box 570 Jefferson City, MO 65102

RE: Certificate of Need

Hannibal Regional - Linear Accelerator Kirksville

Dear Ms. Dorge:

It is my understanding that Hannibal Regional Healthcare System has submitted a Letter of Intent for radiation oncology equipment with an anticipated cost, including construction of the area to house the linear accelerator, of \$6,986,291. We are their auditors, and in that capacity, have been asked to submit a statement to you, indicating that sufficient funds are available for the acquisition.

Based on my review of Hannibal Regional Healthcare System's financial position, including their cash and cash equivalents, and specifically their investment portfolio along with the state appropriated funds and current and anticipated donations to support this important project, they have sufficient funds to acquire this equipment.

Thanks in advance for your attention to this matter. Please feel free to contact me should you have any questions.

Sincerely,

Josh Wilks, CPA Principal

314-925-4309

Joshua.wilks@claconnect.com

Divider IV: Attachment B

## SERVICE-SPECIFIC REVENUES AND EXPENSES

lividual form for each affected service with a number of copies of this form to cover entire peri the years in the appropriate blanks.	iod,	Year	
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TOTAL DIRECT			
ndirect Expenses			
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nterest***			
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Overhead****			
TOTAL INDIRECT			
TOTAL EXPENSES			

or other appropriate units of measure specific to the service affected.

<sup>\*\*</sup>Indicate how the average charge/procedure was calculated.

<sup>\*\*\*</sup>Only on long term debt, not construction.

<sup>\*\*\*\*</sup>Indicate how overhead was calculated.



### **ADMINISTRATIVE POLICY**

**SUBJECT:** Charity Care

**POLICY:** Hannibal Regional Healthcare System will consider all patients who are

uninsured, under-insured or unemployed potential candidates for charitable assistance. Eligible individuals will receive prompt financial counseling. Charitable services will be provided without an expectation of payment.

**PURPOSE:** To provide medically necessary services to eligible individuals who are

uninsured or under-insured, and do not have adequate financial resources to

pay for healthcare services.

### **ADMINISTRATIVE RESPONSIBILITY:**

The Vice President - Finance is responsible for administering and interpreting this policy.

### **DEFINITIONS:**

<u>Charity</u>: The delivery of services without an expectation of payment.

<u>Charity Care</u>: Medically necessary healthcare services provided to a financially eligible patient.

<u>Charity Care Review Committee</u>: An appointed committee of three members of the System that receives recommendations for consideration of Charity Care. Membership of the Charity Care Review Committee shall consist of the Group Director - Patient Financial Services, the financial counselor responsible for the account and a third member of the System team appointed annually by the Vice President of Finance. The Committee shall meet as necessary to conduct its business.

<u>Charity Care Sub-Committee</u>: A sub-committee that consists of the Patient Accounts Financial Counselors. The sub-committee investigates and recommends patient accounts to the Charity Care Review Committee for Charity Care consideration.

<u>Medically Necessary Care</u>: Care deemed necessary by the ordering physician for the treatment of a patient, the omission of which could adversely affect the patient's condition.

### **GENERAL STATEMENTS:**

- 1. Consideration of requests for Charity Care will not be based upon a patient's race, color, gender, sexual orientation, age, religion, national origin nationality, place of residence, or handicap.
- 2. Eligibility to receive Charity Care will be determined through the objective review of a completed Application for Charity Care and any additional information directly relevant to the determination of eligibility.

- 3. Patients eligible for Charity Care must meet one or more of the following criteria for consideration:
  - a. Insured patients with coverage that is inadequate to pay for healthcare services and do not have the ability to pay the balance.
  - b. Uninsured patients that do not have the ability to pay for healthcare services.
  - c. Patients with a family income at or below 200% of the Federal Poverty Guideline.
  - d. Patients with a spendable income allowance that is less than 5% of the balance owed the System on a month-to-month basis. Spendable income allowance is defined as income available for payment after consideration for the following:
    - 1. Mortgage or Rent Expenses
    - 2. Utilities
    - 3. Car payments or transportation costs
    - 4. Food
    - 5. Uninsured medications
    - 6. Child support and daycare
    - 7. Insurance payments for auto, health and property
  - e. Total assets available to pay healthcare expenses less than \$2,000 with the following exceptions:
    - 1. Home equity
    - 2. Auto equity
    - 3. Life Insurance equity
  - f. A demonstrated inability to borrow the funds needed to eliminate the account balance.
- 4. An Application for Charity Care will be deemed complete only if the following information is provided:
  - a. Valid personal identification (state issued photo ID, birth certificate, passport, Social Security card, or Alien Registration Card)
  - b. Proof of annual gross income (Photocopy of most recently filed Federal Income Tax forms, paycheck stubs or other proof of income)
  - c. A recent statement of assets to include all bank and investment accounts.
  - d. A completed Financial Information Profile.
- 5. Additional factors considered in the Charity Care review process may include any or all by the following:
  - a. Credit reports.
  - b. Proof of incarceration.
  - c. Prior charity care approvals.
  - d. Previous collection experience.
  - e. Collection agency recommendation based on collection experience.

### **PROCEDURE**

1. Any patient who is identified as uninsured, unemployed, under-insured or who otherwise appears to be unable to pay for medically necessary services shall be referred by their financial counselor to the Charity Care Sub-Committee for consideration. Any team member or provider may refer a patient for assistance through the System's financial

counselors. If a patient is unable to personally meet with their financial counselor, a guardian or authorized representative of the patient can meet with the counselor to discuss the application process.

- 2. An initial assessment of the patient's financial resources will be performed by a financial counselor to determine the patient's potential eligibility for Charity Care. The assessment will include a review of the patient's apparent eligibility for other sources of coverage. The patient will be assisted in applying for support if an alternative source of coverage is identified.
- 3. Following a determination of potential eligibility, the patient or an authorized representative of the patient, will provide the financial counselor with all information necessary to validate the patient's eligibility for Charity Care.
- 4. Upon receipt of the necessary information, a determination of apparent Charity Care eligibility shall be made by the financial counselor responsible for the account and a written recommendation for consideration by the Charity Care Sub-Committee shall be prepared.
- 5. The Charity Care Sub-Committee will receive and consider the recommendation of the financial counselor responsible for the account and approve or deny the recommendation.
- 6. The Charity Care Review Committee will receive and consider the recommendation from the Charity Care Sub-Committee and either accept, modify or deny the recommendation.
- 7. The Group Director Patient Financial Services is responsible for implementation of the Charity Care Review Committee's actions.

C. Todd Ahrens

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President and Chief Executive Officer

F 1-103 April 14, 2014

Leadership Council Review: 04/04/14, May 2017, May 2020

HRHS Policy Committee Reviewed: 04/26/17, 04/10/2020

Revised:

Replaces: F 107 Charity Care, 1.0111 (9/90), Charity Care/Bad Debt, Uncompensated Care

Reference: