



# **Certificate of Need Application**

## **North Kansas City Hospital Interventional Radiology Suite Project # 6156 HS**

**Submitted to the Missouri Health Facilities Review Committee**

**November 1, 2024**

Submitted By:  
Jennifer Kozinn  
Vice President & General Counsel  
North Kansas City Hospital  
2800 Clay Edwards Drive  
North Kansas City, MO 64116  
816-691-2038  
jennifer.kozinn@nkch.org



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.
2. 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.

**Divider I. Application Summary:**

**1. Application Identification and Certification (Form MO 580-1861)**

See attached form MO 580-1861.

North Kansas City Hospital is a standalone hospital located due north of downtown Kansas City in the City of North Kansas City, Missouri. North Kansas City Hospital was organized and established pursuant to Sections 96.150 – 96.229 of the Revised Statutes of Missouri. Because it was created by state law, North Kansas City Hospital does not have an entry in the Missouri Secretary of State database. North Kansas City Hospital's hospital license is attached.

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

See attached forms MO 580-1869 for Stephen L. Reintjes, Sr., M.D. and Jennifer Kozinn.

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

See attached form MO 580-1863.

A Proposed Project Budget detail sheet with documentation of costs is also attached.



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the Letter of Intent for this project, without exception.

1. Project Location (Attach additional pages as necessary to identify multiple project sites.)

Table with 2 columns: Title of Proposed Project, Project Number, Project Address, County. Values: North Kansas City Hospital Interventional Radiology Suite, 6156 HS, 2800 Clay Edwards Drive, North Kansas City, MO 64116, Clay.

2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

Table with 3 columns: List All Owner(s), Address, Telephone Number. Includes Board of Trustees of North Kansas City Hospital and North Kansas City Hospital as owners/operators.

3. Ownership (Check applicable category.)

Checkboxes for Nonprofit Corporation, Individual, City, District, Partnership, Corporation, County, and Other. Other is checked with R.S. Mo. Sections 96.150-96.229.

4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
(D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
(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.)

Table with 2 columns: Name of Contact Person, Title, Telephone Number, Fax Number, E-mail Address, Signature of Contact Person, Date of Signature. Values: Jennifer Kozinn, Vice President & General Counsel, 816-691-2038, 816-346-7020, jennifer.kozinn@nkch.org, Jennifer A Kozinn, 11/01/2024.

# HOSPITAL LICENSE

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

North Kansas City Hospital

### North Kansas City Hospital

2800 Clay Edwards Drive  
North Kansas City MO 64116

IS GRANTED THIS LICENSE PURSUANT TO SECTION 197.040, RSMo TO OPERATE AS A  
General Acute Care Hospital

Issue Date: June 1, 2024

Expiration Date: May 31, 2025



Bureau Administrator  
Bureau of Hospital Standards



**LICENSE NO. 166-66 Total Beds Licensed: 451**

**DHSS Complaint Number: 1-800-392-0210**



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)

Project Name North Kansas City Hospital Interventional Radiology Suite	Number 6156 HS
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(Please type or print legibly.)

Name of Representative Stephen L. Reintjes, Sr., M.D.	Title President & CEO
--	--------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) North Kansas City Hospital	Telephone Number 816-691-2020
---	----------------------------------

Address (Street/City/State/Zip Code)  
2800 Clay Edwards Drive, North Kansas City, MO 64116

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 North Kansas City Hospital	Telephone Number 816-691-2020
--	----------------------------------

Address (Street/City/State/Zip Code)  
2800 Clay Edwards Drive, North Kansas City, MO 64116

- Check one. Do you:
- Support
  - Oppose
  - Neutral

- Relationship to Project:
- None
  - Employee
  - Legal Counsel
  - Consultant
  - Lobbyist
  - Other (explain):

Other Information:

\_\_\_\_\_

\_\_\_\_\_

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.

Original Signature 	Date 11/01/2024
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Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)

Project Name North Kansas City Hospital Interventional Radiology Suite	Number 6156 HS
---	-------------------

(Please type or print legibly.)

Name of Representative Jennifer Kozinn, JD	Title Vice President & General Counsel
---	---

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) North Kansas City Hospital	Telephone Number 816-691-2020
---	----------------------------------

Address (Street/City/State/Zip Code) 2800 Clay Edwards Drive, North Kansas City, MO 64116
--

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 North Kansas City Hospital	Telephone Number 816-691-2020
--	----------------------------------

Address (Street/City/State/Zip Code) 2800 Clay Edwards Drive, North Kansas City, MO 64116
--

Check one. Do you:

- Support
- Oppose
- Neutral

Relationship to Project:

- None
- Employee
- Legal Counsel
- Consultant
- Lobbyist
- Other (explain):

Other Information:

\_\_\_\_\_

\_\_\_\_\_

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.*

Original Signature 	Date 11/01/2024
------------------------	--------------------



Certificate of Need Program

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

**COSTS:\***

*(Fill in every line, even if the amount is "\$0".)*

- 1. New Construction Costs \*\*\* \_\_\_\_\_
- 2. Renovation Costs \*\*\* \_\_\_\_\_
- 3. Subtotal Construction Costs** (#1 plus #2) **\_\_\_\_\_**
- 4. Architectural/Engineering Fees \_\_\_\_\_
- 5. Other Equipment (not in construction contract) \_\_\_\_\_
- 6. Major Medical Equipment \_\_\_\_\_
- 7. Land Acquisition Costs \*\*\* \_\_\_\_\_
- 8. Consultants' Fees/Legal Fees \*\*\* \_\_\_\_\_
- 9. Interest During Construction (net of interest earned) \*\*\* \_\_\_\_\_
- 10. Other Costs \*\*\* \_\_\_\_\_
- 11. Subtotal Non-Construction Costs** (sum of #4 through #10) **\_\_\_\_\_**
- 12. Total Project Development Costs** (#3 plus #11) **\_\_\_\_\_\*\***

**FINANCING:**

- 13. Unrestricted Funds \_\_\_\_\_
- 14. Bonds \_\_\_\_\_
- 15. Loans \_\_\_\_\_
- 16. Other Methods (specify) \_\_\_\_\_
- 17. Total Project Financing** (sum of #13 through #16) **\_\_\_\_\_\*\***

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

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

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* 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.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovated square footage.



**Proposed Project Budget detail sheet with documentation of costs.**

**Renovation Costs: \$780,000**

Renovation costs listed reflect construction expenses that may include shielding, installation, rigging, and electric/plumbing/HVAC/mechanics specific to the equipment. The renovation cost budget is developed by North Kansas City Hospital's Vice President of Facilities based on his design phase work and utilizing estimated costs based on prior contractor projects for cost per square foot, time & materials.

The Budget Estimate Sheet developed by the Vice President of Facilities is attached. Room 1 is 994 sq ft. and there is an estimated renovation cost of \$390,000. Room 2 is 1007 sq ft. and there is an estimated renovation cost of \$390,000. Total estimated renovation costs are \$780,000.

**Major Medical Equipment Costs: \$2,478,638**

The quotes for the Major Medical Equipment costs are attached behind Divider II.

**Budget Estimate Sheet**

<b>Project Name:</b>	<b>Interventional Radiology Suite - CON - Room 1</b>
<b>Project Number:</b>	
<b>Location:</b>	<b>HSP 3rd floor</b>
<b>Scope:</b>	<b>CON - Certificate of need for 1 single plane in IR room #1 The costs included are for electrical/mechanical/plumbing/structural/shielding directly related to the equipment</b>
<b>Square Footage:</b>	<b>994 SF</b>
<b>Estimator:</b>	<b>Nic Riesenberg</b>
<b>Project Duration:</b>	<b>11 months</b>
<b>Requested By:</b>	<b>Nic Riesenberg</b>
<b>Date:</b>	<b>08/12/24</b>

100 Construction	Cost	Cost/SF	%	Remarks
<b>101 Construction</b>		\$ -		<i>Assumed regular working hours, work to be released within 30 days of estimate date.</i>
Mechanical	\$ 220,000	\$ 221.33		
Electrical	\$ 120,000	\$ 120.72		
Plumbing		\$ -		
Structural	\$ 35,000	\$ 35.21		
Shielding	\$ 15,000	\$ 15.09		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
<b>102 Infrastructure</b>		\$ -	0.0%	
<b>103 Environmental</b>		\$ -		
Asbestos Abatement		\$ -		
Lead Abatement		\$ -		
Mold Abatement		\$ -		
<b>104 In House Labor</b>		\$ -		
<b>105 In House Material</b>		\$ -		
<b>106 Direct Contract - Subcontractor</b>		\$ -		
<b>107 Dumpsters</b>		\$ -		
<b>Construction Subtotal</b>	<b>\$ 390,000</b>	<b>\$ 392.35</b>	<b>100%</b>	
200 Professional Services	Cost	Cost/SF	%	Remarks
<b>201 Planning</b>	\$ -	\$ -		
<b>202 Design</b>		\$ -		
<b>203 Interior Design Fees</b>	\$ -	\$ -		
<b>204 Engineering Fees</b>	\$ -	\$ -		
<b>205 Structural Engineering Fees</b>	\$ -	\$ -		
<b>206 Consulting Fees (Firestopping)</b>	\$ -	\$ -		
<b>207 Commissioning</b>	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
<b>208 Printing</b>	\$ -	\$ -		
<b>Professional Services Subtotal</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0%</b>	
300 Owner Direct Costs	Cost	Cost/SF		Remarks
<b>301 Furniture &amp; Furnishings</b>	\$ -	\$ -		
<b>302 Artwork</b>	\$ -	\$ -		
<b>303 Signage</b>		\$ -		
<b>304 Equipment</b>		\$ -		
<b>305 Security Systems</b>	\$ -	\$ -		
<b>306 IT</b>	\$ -	\$ -		
<b>307 Telecommunications</b>	\$ -	\$ -		
<b>308 Housekeeping</b>	\$ -	\$ -		
<b>309 Maintenance &amp; Key Control</b>		\$ -		
<b>310 Moving &amp; Storage</b>		\$ -		
<b>311 Fees/Permits</b>		\$ -	1%	
<b>312 Other</b>	\$ -	\$ -		
<b>Owner Direct Subtotal</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0%</b>	
400 Project Contingency	Cost	Cost/SF		
Project Contingency		\$ -	0%	
Escalation	\$ -	\$ -	0.0%	
<b>Contingency Subtotal</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.000%</b>	
<b>Project Total</b>	<b>\$ 390,000</b>	<b>\$ 392.35</b>	<b>SF</b>	

**Budget Estimate Sheet**

<b>Project Name:</b>	<b>Interventional Radiology Suite - CON - Room 2</b>
<b>Project Number:</b>	
<b>Location:</b>	<b>HSP 3rd floor</b>
<b>Scope:</b>	<b>CON - Certificate of need for 1 single plane in IR room #2 The costs included are for electrical/mechanical/plumbing/structural/shielding directly related to the equipment</b>
<b>Square Footage:</b>	<b>1007 SF</b>
<b>Estimator:</b>	<b>Nic Riesenberg</b>
<b>Project Duration:</b>	<b>11 months</b>
<b>Requested By:</b>	<b>Nic Riesenberg</b>
<b>Date:</b>	<b>08/12/24</b>

100 Construction	Cost	Cost/SF	%	Remarks
<b>101 Construction</b>		\$ -		<i>Assumed regular working hours, work to be released within 30 days of estimate date.</i>
Mechanical	\$ 220,000	\$ 218.47		
Electrical	\$ 120,000	\$ 119.17		
Plumbing	\$ -	\$ -		
Structural	\$ 35,000	\$ 34.76		
Shielding	\$ 15,000	\$ 14.90		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
<b>102 Infrastructure</b>		\$ -	0.0%	
<b>103 Environmental</b>		\$ -		
Asbestos Abatement	\$ -	\$ -		
Lead Abatement	\$ -	\$ -		
Mold Abatement	\$ -	\$ -		
<b>104 In House Labor</b>		\$ -		
<b>105 In House Material</b>		\$ -		
<b>106 Direct Contract - Subcontractor</b>		\$ -		
<b>107 Dumpsters</b>		\$ -		
<b>Construction Subtotal</b>	<b>\$ 390,000</b>	<b>\$ 387.29</b>	<b>100%</b>	
200 Professional Services	Cost	Cost/SF	%	Remarks
<b>201 Planning</b>	\$ -	\$ -		
<b>202 Design</b>	\$ -	\$ -		
<b>203 Interior Design Fees</b>	\$ -	\$ -		
<b>204 Engineering Fees</b>	\$ -	\$ -		
<b>205 Structural Engineering Fees</b>	\$ -	\$ -		
<b>206 Consulting Fees (Firestopping)</b>	\$ -	\$ -		
<b>207 Commissioning</b>	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
<b>208 Printing</b>	\$ -	\$ -		
<b>Professional Services Subtotal</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0%</b>	
300 Owner Direct Costs	Cost	Cost/SF		Remarks
<b>301 Furniture &amp; Furnishings</b>	\$ -	\$ -		
<b>302 Artwork</b>	\$ -	\$ -		
<b>303 Signage</b>	\$ -	\$ -		
<b>304 Equipment</b>	\$ -	\$ -		
<b>305 Security Systems</b>	\$ -	\$ -		
<b>306 IT</b>	\$ -	\$ -		
<b>307 Telecommunications</b>	\$ -	\$ -		
<b>308 Housekeeping</b>	\$ -	\$ -		
<b>309 Maintenance &amp; Key Control</b>	\$ -	\$ -		
<b>310 Moving &amp; Storage</b>	\$ -	\$ -		
<b>311 Fees/Permits</b>	\$ -	\$ -	1%	
<b>312 Other</b>	\$ -	\$ -		
<b>Owner Direct Subtotal</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0%</b>	
400 Project Contingency	Cost	Cost/SF		
Project Contingency	\$ -	\$ -	0%	
Escalation	\$ -	\$ -	0.0%	
<b>Contingency Subtotal</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.000%</b>	
<b>Project Total</b>	<b>\$ 390,000</b>	<b>\$ 387.29</b>	<b>SF</b>	

## **Divider II. Proposal Description:**

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

North Kansas City Hospital plans to open a two-room interventional radiology suite, for which North Kansas City Hospital seeks to purchase two pieces of Major Medical Equipment, consisting of two single plane imaging units. This Certificate of Need application is for approval to purchase two of the single plane imaging units. The single plane imaging units are sold by Siemens Medical Solutions, USA, Inc., and the specific model is the ARTIS icono ceiling IR Pro.

Two quotes from Siemens have been submitted with this application – one for each single plane imaging unit – with a cost of \$1,239,319 each for a total Major Medical Equipment cost of \$2,478,638. These quotes are numbered CPQ-1091423 and CPQ-1144876 and are attached behind Divider II. The quotes include the functionally-related devices listed therein that are necessary to make the imaging units operational.

Interventional radiology has many applications in the diagnosis and treatment of complex conditions, including cancer, cardiovascular disease, GI issues and pain management. Interventional radiology uses medical imaging, such as the single plane imaging units that are the subject of this application, to visualize areas where treatment is needed. The interventional radiologist can then conduct minimally invasive procedures that are targeted to the patient's specific condition. Interventional radiology is accurate, precise and improves treatment options for patients. It also decreases risk to patients with less invasive procedures, less pain, shorter recovery time, less need for hospitalization and a shorter length of stay.

North Kansas City Hospital has identified interventional radiology as a priority area for strategic growth. We currently have only one procedural room dedicated to interventional radiology; however, North Kansas City Hospital's subsidiary, Meritas Health Corporation, currently employs two interventional radiologists and plans to recruit for an additional interventional radiologist in the future. The construction of a two-room suite and the two single plane imaging units will permit our doctors to concurrently perform interventional radiology procedures and to expand the sophistication and availability of interventional radiology procedures offered in North Kansas City Hospital's service area.

A rendering of a single plane imaging unit in an interventional radiology room is shown below. The two procedural rooms will share a common control room.



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

Certificate of Need issuance – 1/13/2025  
 Construction starts – 3/1/2025  
 Construction completed – 12/1/2025  
 Major Medical Equipment installation – 12/2/2025  
 Education/Application training and project completion – 12/31/2025

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

A county map showing North Kansas City Hospital’s location is attached behind Divider II.

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

North Kansas City Hospital’s service area is Clay County, Missouri and Platte County, Missouri.

2025 projected populations for the counties in the service area as provided by the DHSS Bureau of Health Care Analysis and Data Dissemination are as follows:

County	Population
Clay	269,569
Platte	117,165

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

North Kansas City Hospital’s primary service area as reflected in our Hospital Industry Data Institute (HIDI) reporting is Clay County, Missouri and Platte County, Missouri. An analysis of hospital encounters by county for calendar year 2023 showed that 71% of North Kansas City Hospital’s total inpatient and outpatient encounters were individuals from Clay County, Missouri and Platte County, Missouri.

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

There are limited other interventional radiology services available in Clay and Platte Counties. The new single plane imaging units will enable North Kansas City Hospital to provide additional minimally invasive procedures of the types described in Divider III, Question 4. We believe that some of these procedures are of greater complexity than what is currently available at other facilities in Clay and Platte Counties. While North Kansas City Hospital currently offers these procedures in more limited capacity, the new units will permit expansion of access to modern interventional radiology services.

Over the past four years, our health system has grown to meet the needs of our community. Clay and Platte counties are both experiencing rapid population growth. It is North Kansas City Hospital’s intention to increase the availability of modern, sophisticated interventional radiology procedures close to home in the “Northland” area of Kansas City, to eliminate the need to travel south of downtown Kansas City or to another state to obtain this essential care.

**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.**

Historical utilization of single plane imaging unit for interventional radiology procedures:

Year	Number of Procedures
2021	2,769
2022	2,931
2023	3,148

The project completion date is projected to be December 31, 2025; therefore, the first three full years of operation will be 2026 – 2028. Utilization projections for the first three full years of operation of the two new single plane imaging units are as follows (procedure numbers include both units):

Year	Number of Procedures
2026	4,848
2027	5,091
2028	5,346

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

Utilization projections are based on the number of interventional radiology procedures anticipated to be performed per calendar year. Utilization includes interventional radiology procedures that resulted in an inpatient admission as well as visits that resulted in an outpatient or observation status. We are projecting an overall increase of 20% in the first year of operation, with a 5% increase in the second and third years. Procedures were determined based on a defined list of charge items that were identified as interventional radiology procedures.

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

North Kansas City Hospital has a Patient Experience Advisory Council (PEAC). Interventional radiology service line leaders solicited input from the PEAC regarding the expansion of interventional radiology services at North Kansas City Hospital. Interventional Radiologist, Dr. Gregg Werner, performed a public community education session entitled *Understanding Interventional Radiology: Empowering Your Health* on August 28, 2024, at which consumers provided input and asked questions about North Kansas City Hospital’s interventional radiology project.

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

Letters of support from Interventional Radiologists Gregg Werner, M.D. and Joley O’Callahan, M.D. are attached behind Divider II.

**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 was provided in the Kansas City Star on October 21, 2024. An Affidavit of Publication and a copy of the legal notice that was published are attached behind Divider II.

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

Addressed letters to providers in the service area and certified mail information are attached behind Divider II.



Customer Number: 0000008570

**NORTH KANSAS CITY HOSPITAL**  
2800 CLAY EDWARDS DR  
KANSAS CITY, MO 64116

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

**Table of Contents**

**Page**

ARTIS icono ceiling IR Pro (Quote Nr. CPQ-1091423 Rev. 2).....3

**Contract Total: \$ 1,239,319**

*(total does not include any Optional or Alternate components which may be selected)*

Estimated delivery date is subject to change based upon factory lead times, acceptance date of this quote, customer site readiness, and other factors. A Siemens representative will contact you regarding the final delivery date.

Notwithstanding anything else in this Agreement, or in any applicable group purchasing agreement terms, if Purchaser does not accept delivery within twenty-four (24) months of the date this quotation is executed, then Seller may, at its option, adjust the prices in the quotation by written notice. In such event, Purchaser will then have the option to cancel the order without payment of a cancellation charge provided Purchaser notifies Seller within ten (10) days of the date of Seller’s notice of the price adjustment.

This order is contingent upon CON approval from the State of Missouri. If CON approval is not granted, customer may cancel this order without penalty. Upon receipt of CON approval from the State, please notify Siemens in writing so that equipment delivery can be scheduled.

The parties hereby expressly agree that the Capital Equipment Supplier Agreement for CARD-VASC Scanners entered into between Vizient Supply, LLC and Siemens Medical Solutions USA, Inc. on June 1, 2016 (Agreement No. XR0705), including all exhibits and as amended, shall govern the purchase of Products pursuant to this Quotation.

This offer is only valid if firm, non-contingent orders for system Quote# CPQ-1091423 and education Quote# CPQ-1121951 are simultaneously placed with Siemens.

This is a CONFIDENTIAL, one-time multi-modality offer which may not be shared with any third parties, buying evaluation groups or anyone not directly employed by customer. This offer is only valid if firm, non-contingent orders for quote #'s CPQ-1144876 and CPQ-1144919; CPQ-1091423 and CPQ-1121951; CPQ-1069693 and CPQ-1121952; CPQ-741633 and CPQ-741586; CPQ-767450 and CPQ-1016376 and CPQ-1115895 are placed with Siemens by 09/30/2024. This date supersedes any other validity date indicated in the proposal.

This offer is only valid if a firm, non-contingent order is placed with Siemens and a signed POS contract must accompany the equipment order.

Notwithstanding anything to the contrary stated in the Terms and Conditions, this system is provided with a standard twelve (12) month warranty and an additional six (6) months of warranty, for a total of eighteen (18) months of warranty.

By issuing a Purchase Order that references this Sales Quote CPQ-1091423, the Customer agrees that it shall also be deemed to reference the Service Proposal No. # P-CPQ-1105776-3-2 which is subject to all of the terms and conditions set forth in that certain Service Agreement Number 35228733 dated July 30, 2020 between Siemens Medical Solutions USA, Inc. and Customer. The Customer acknowledges receiving and reviewing the Service Proposal.

This quote is based upon standard delivery terms and conditions (e.g., standard work hours, first floor delivery, etc.), basic rigging, mechanical installation and calibration. Siemens Medical Solutions USA, Inc., Project Management shall perform a site-specific assessment to ascertain any variations that are out of scope and not covered by the standard terms (examples such as, but not limited to: larger crane, nonstandard work hours, removal of existing equipment, etc.). Any noted variations identified by Siemens Project Management shall remain the responsibility of the customer and will be subject to additional fees.

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**Quote Nr:** CPQ-1091423 Rev. 2

**Terms of Payment:** 00% Down, 80% Delivery, 20% Installation  
Free On Board: Destination

**Purchasing Agreement:** VIZIENT SUPPLY LLC

VIZIENT SUPPLY LLC terms and conditions apply to Quote Nr CPQ-1091423

Customer certifies, and Siemens relies upon such certification, that : (a) VIZIENT CARD-VASC - XR0705 is the sole GPO for the purchases described in this Quotation, and (b) the person signing this Quotation is fully authorized under the Customer's policies to choose and indicate for Customer such appropriate GPO.

---

## ARTIS icono ceiling IR Pro

All items listed below are included for this system:

Qty	Part No.	Item Description	Extended Price
1	14465280	<b>ARTIS icono ceiling IR Pro</b> ARTIS icono ceiling IR Pro combines mechanical flexibility and positioning accuracy with 2k imaging and smart workflow guidance.	\$ 364,107
1	14465321	<b>Omni Spin</b> ARTIS icono ceiling Omni Spin.	\$ 0
1	14465322	<b>Ceiling rail kit</b> Ceiling rail kit for 2840 mm room height (instead of 2710 mm standard room height). Minimum room size: 6 m x 5.66 m	\$ 83,070
1	14465043	<b>Imaging System</b> Image system computer for control of system operation and image acquisition.	\$ 55,553
1	14432948	<b>Automap</b> Automatic stand positioning depending on the selected reference image and automatic reference image selection depending on the stand positioning.	\$ 1,142
1	14465042	<b>OPTIQ with as40HDR GIGALIX</b> OPTIQ image chain with the following tube, collimator, and flat detector configuration: as40HDR detector and GIGALIX tube The as40HDR flat detector is optimized for the requirements of radiology.  The GIGALIX X-ray tube concentrates high pulse power on small, square-shaped focal spots (flat emitter technology for all focal spots). This provides unprecedented image quality for confidence in challenging situations.	\$ 171,952
1	14455633	<b>Add. Display with Live Image</b> 24" TFT display for Live Image display.  Including 36m cable with DVI-D connection and transceiver for display installation on the rear of the DCS in combination with the Large Display.	\$ 4,386
1	14465015	<b>Multimodality Viewing</b>	\$ 49,155

Qty	Part No.	Item Description	Extended Price
		Supports the connection of external video sources such as Sensis/recording systems, PACS, HIS/RIS, Ultrasound, ECG, IVUS, OCT, external video, endoscope, mapping systems, and their visualization on the exam room display. Adapted to the local needs and depending on the availability of the cockpit option up to 24 external sources can be connected.	
1	14455572	<b>Large Display (pivot mount)</b> Large color flat screen display (including cables) for the examination room, with a panel diagonal of 55". This large display provides an excellent clinical image quality due to its new IPS panel technology.	\$ 59,368
		The Large display is fixed on a ceiling-mounted, rotatable, and height-adjustable display holder in the examination room.	
1	14465217	<b>Large Display diagn. protection</b> 55" laminated glass protective screen for the monitor panel.	\$ 4,940
1	14465030	<b>Large control room display</b> Large control room display - Panel: 31.5" - Resolution 3840 x 2160 - Pixel size: 0.181 x 0.181 mm - Typical contrast: max. 1000 : 1 - Max. luminance 700 cd/m2 - Calibrated luminance: 400 cd/m2 - Display area (diagonal): 800 mm - Dimensions without stand: (W x H x D) 761 x 471 x 90 mm	\$ 10,641
1	14465045	<b>ARTIS multi-tilt table</b> ARTIS multi-tilt table ensures optimal patient positioning regardless of the procedure and patient size. With an unprecedented level of material integrity, it is suitable for even the heaviest of patients. - Maximum table load: 440 kg (970 lbs.) consisting of 280 kg (617 lbs.) for the patient, 100 kg (220 lbs.) for accessories, plus 60 kg (132 lbs.) for CPR. - Allows tilting in +15°/-20° and a +/-15° cradle. - The easy-float tabletop permits hassle-free positioning of the tabletop regardless of patient weight, mounted lower-body radiation protection and tableside modules. - Small table base allows upright and comfortable standing, close to the patient. - The Siemens unique IsoTilt functionality keeps the C-arm projection during Trendelenburg tilting. - Ball bearing mounted slidable accessory rails on both sides for easy positioning of control modules and accessories.	\$ 111,854
		Note: It is mandatory to provide UPS back up with this table option in order to comply with IEC 60601-2-43 CL. 201.15.101.	
		Reason: In the event of power failure a neutral table position suitable for CPR must be reachable within 15 seconds. A suitable UPS from Siemens as required must be included in your order unless an existing / planned UPS provision for your installation site will satisfy the requirement.	
1	14455543	<b>Tabletop - wide</b>	\$ 5,930

Qty	Part No.	Item Description	Extended Price
		<p>Patient positioning tabletop made of carbon fiber in wide, straight design for universal use. The tabletop is straight all the way to the head area.  Maximum patient weight: 280 kg / 617.3 lbs.  Weight: 12.7 kg / 28.0 lbs.  Length: 2287 ± 1 mm / 90.1" ± 0.04"  Width: 525 ± 0.5 mm / 20.7" ± 0.02"</p> <p>Intended only for use with ARTIS tables.</p>	
1	14455548	<p><b>Mattress - thick</b>  Matching, special-foam mattress, 7 cm, incl. a latex-free cover.  This visco-elastic comfort mattress reacts to temperature and has the special property of adapting to the individual body shape under the influence of body weight and heat.  Mattress thickness: 70 ± 5 mm / 2.8" ± 0.2"</p>	\$ 1,572
1	14465054	<p><b>Oper. contr. ARTIS table</b>  For an ideal workflow, full system operation can be performed directly at the table side.</p>	\$ 11,692
1	14465070	<p><b>1st 4 pedal wireless footswitch</b>  Wireless 4-pedal footswitch for release of fluoroscopy, acquisition, and tabletop brake (with ARTIS table), as well as configurable control function.</p>	\$ 3,580
1	14440419	<p><b>Cable clips ECG</b>  Cable clips for securing the ECG cable to the patient tabletop.  It includes 10 cable clips.</p>	\$ 30
1	14465062	<p>Intended only for use with Artis / ARTIS tables.</p> <p><b>Infusion bottle holder</b>  This infusion bottle holder can be mounted at the accessory rail of the patient table. It holds up to 4 infusion bottles.  It includes an infusion bottle holder made of stainless steel with 4 retaining rings.</p>	\$ 257
1	14440459	<p>Intended only for use with Artis/ARTIS tables.</p> <p><b>Arm rest</b>  Arm support used for the arm approach.  Length: 1 m (39.4").  Slides underneath the patient mattress and is held in position by the patient's weight.</p> <p>Made of radiolucent carbon fiber material which is easy to clean. It includes two additional support pads of two different heights (4 and 7 cm).</p> <p>- Length pad: 60 cm / 23.62"  - Width: 9 to 20 cm / 3.54" to 7.87"  - Maximum weight: 5 kg (11.02 lbs.)  - Weight (with pads): 2.1 kg / 4.63 lbs.</p>	\$ 1,014
1	14440460	<p>Only for use with Artis / ARTIS tables.</p> <p><b>Arm holder (pair)</b>  The patient's arms can be comfortably placed along the body using these two arm holders. They slide underneath the patient mattress and is held in position by the patient's weight.  It includes two pairs of arm holders of different length (540 mm / 690 mm - 21.2" / 27.2") and height (85 mm / 115 mm - 3.35" / 4.53"), suitable both for thick and thin patient mattresses.</p>	\$ 373

Qty	Part No.	Item Description	Extended Price
1	14465056	<p>Intended only for use with Artis / ARTIS tables.</p> <p><b>Abdomen radiation prot. IR</b></p> <p>This radiation shield protects the user from scattered radiation when standing at the table side. It can be attached to the accessory rails either on the right or on the left side of the patient positioning table. It provides the user an additional accessory rail. It includes a basic unit (89 cm x 75 cm / 35" x 29.5" (l x h); one lower body radiation protection pivot swivel element (48 cm x 75 cm / 18.9" x 30.3" (l x h); one flip down element 57 cm x 33cm / 22.4" x 12.99" (l x h), and two clip-on units ( 27 cm x 33 cm / 10.6" x 12.99", and 27 cm x 25 cm / 10.6" x 9.8") with a lead of 0.5 mm / 0.02" Pb.</p> <p>The maximum load of the accessory rails is 20 kg (44.1 lb).</p> <p>Intended only for use with ARTIS tables. It provides a distance of 7cm to prevent the collision with the table base in case of maximum penning.</p>	\$ 4,510
1	14465309	<p><b>Fixed upper body rad. prot. (HZA)</b></p> <p>This radiation shield provides protection from scattered radiation. It includes a fixed ceiling-mounted stand, a support arm and acrylic glass.</p>	\$ 10,980
1	14465313	<p><b>Y-LED (HZA)</b></p> <p>Ceiling-mounted, flexible position able examination light with focusable light system.</p>	\$ 12,801
1	14465096	<p><b>QVA Vascular analysis</b></p> <p>Vessel analysis with determination of degree of stenosis, distance measurement and calibration.</p>	\$ 4,448
1	14465221	<p><b>syngo interv. Oncology Engine Pro</b></p> <p>Application software for reconstruction, post-processing and handling of 3D information including specific applications for interventional oncology.</p> <p>The package includes the following:</p> <ul style="list-style-type: none"> <li>- syngo Dyna3D and syngo DynaCT for 3D high-contrast and CT-like soft-tissue imaging.</li> <li>- 3D Wizard for expert step-by-step guidance in 3D acquisition.</li> <li>- syngo 3D Roadmap for dynamic overlay of planning data and 3D volumes on live fluoroscopy.</li> <li>- Fusion functionality for integration of pre-interventional 3D datasets also from other modalities into the Angio-room (syngo 3D/3D Fusion and syngo 2D/3D Fusion).</li> <li>- Marking of points or lines on the 3D geometry or MPRs and overlay of these markings on live fluoroscopy.</li> <li>- in-room control for table-side operation of advanced applications.</li> <li>- Parallel patient processing capabilities.</li> </ul>	\$ 121,836

Qty	Part No.	Item Description	Extended Price
		<ul style="list-style-type: none"> <li>- syngo Embolization Guidance – a dedicated workflow support for planning and performing embolization procedures.</li> <li>- 3D functional imaging providing physiologic blood volume information (syngo DynaPBV Body).</li> <li>- 2D functional imaging for visualization of blood flow characteristics (syngo iFlow).</li> <li>- myNeedle Companion assists you during all kinds of image-guided needle interventions from planning, over marking the incision point/angle, over guiding the needle progression to checking the result. myNeedle Companion includes myNeedle Guide (planning and guidance software) and myNeedle Laser (laser crosshair mounted on detector unit).</li> </ul>	
1	14440411	<p><b>Intercom - Comfort</b> Intercom system for communication between examination room and control room.</p> <p>It includes:</p> <ul style="list-style-type: none"> <li>- A microphone with a control box for the control room.</li> <li>- A microphone with an adaptive acoustic filter for background noise suppression for the examination room.</li> <li>- A footswitch for conversation selection for the examination room.</li> </ul>	\$ 797
1	14465124	<p><b>Operation in the control room</b> Preparation for system operation from control room.</p>	\$ 3,026
1	14465095	<p><b>Op. ctrl. - handswitch (C-Room)</b> Additional handswitch for radiation release and additional control functions.</p>	\$ 567
1	14455566	<p><b>Injector connection (C-Room)</b> Interface in the control room for controlling the contrast medium injector. Injectors can be offered by Siemens Healthineers Accessory Solutions.</p>	\$ 2,501
1	14465205	<p><b>PERISTEPPING / PERIVISION</b> C-arm stepping for real-time bolus chasing.</p> <p>Peripheral digital angiography with stepping and online subtraction display.</p>	\$ 18,652
1	AX_PR_ICONC MULTI	<p><b>IconoCeiling w multitilt table promotion</b> Promotional incentive to be used for configurations including the combination of an ARTIS icono ceilingmounted imaging system in combination with the ARTIS multitilt table. No other Promos can be combined. Must include one or more of the following: POS contract, Book &amp; Bill, Multi-unit purchase. Required Part Numbers: One of 14465276, 14465279, 14465277, 14465280, 14465278, 14465281, AND 14465045</p>	- \$ 50,000
1	AXA_RIG_ICON O_SP	<p><b>Standard Rigging icono SP</b></p>	\$ 15,392
1	BART700PEDL	<p><b>Mark 7 Arterion, Pedestal System</b> The Arterion Mark 7 Pedestal contrast medium injector can be positioned anywhere at the patient positioning table on a mobile unit, for direct operation of all functions in</p>	\$ 29,016

Qty	Part No.	Item Description	Extended Price
		<p>the examination room.</p> <p>The injector system includes:            A mobile pedestal stand with electronics unit, a contrast medium heater and a connection cable to the manual release.            A support arm with injector head and a control lever for moving the injector head.            A user control console with large touch screen and corresponding additional monitoring display on the injector head.</p> <p>Functions            Pressure limitation:            for 150 ml syringes 689 to 8273 kPa,            corresponds to 100 to 1200 psi. .</p> <p>Flow rates for 150 ml syringes:            0.1 to 45 ml/s in increments of 0.1 ml/s            0.1 to 59.9 ml/min in increments of 0.1 ml/min            rise/fall: 0 to 9.9 s in increments of 0.1 seconds</p> <p>Release delay for injection or radiation:            0 to 99.9 s in increments of 0.1 s.</p> <p>Adjustable volume for 150 ml syringes:            1 ml to the max. syringe capacity in increments of 1 ml.</p> <p>Fill rate:            Variable syringe filling speed 1-20ml/s.</p> <p>Injection protocols:            Up to 40 injection protocols possible.</p> <p>Parameters currently displayed on the touch screen display and on the head display:            Injection speed            Injection volume            Remaining volume            Injection duration            Applied pressure</p> <p>Contrast medium heating:            Nominal 35°C (95°F)+-5°C (9°F)</p> <p>Injection data memory            Up to 50 injection data items stored</p> <p>Included in the scope of delivery            Injector standard configuration 150 ml            SIEMENS interface cable            Operator Manual            Service manual (English).</p> <p>Power supply            200 V to 250 V; 50/60 Hz.</p>	
1	BINSART700P	<b>Arterion Pedestal Install</b>	\$ 1,606
2	GEL1040136601 278	<b>Black anti-fatigue mat 36x60</b> Black NewLife EcoPro anti-fatigue mat (36 inches x 60 inches), 3/4 inch polyurethane foam, fluid and dirt resistant with anti-microbial properties, matte textured surface.	\$ 520



Qty	Part No.	Item Description	Extended Price
1	E93PM150UAX	<p>The ultimate employee benefit for workers who stand, are ergonomically designed to provide the perfect balance of premium comfort and optimal support. Proprietary Cellulon®Polyurethane Technology stands up to the tough demands of commercial environments while providing lasting comfort that won't bottom out over time. This eco-friendly line of anti-fatigue mats is certified by the National Floor Safety Institute for its high traction bottom surface.</p> <p><b>Eaton 93PM-150 kW UPS</b> Complete system backup without interruption. One UPS per lab.</p> <p>Includes the following:</p> <p>Eaton 93PM UPS Electronics Cabinet w/integrated maintenance bypass sidecar Eaton 93PM Single Battery Cabinet System (Full load back-up time @ 150kW of 7.1 minutes.) Eaton 93PM Remote Monitoring Panel Network Card Eaton 24x7 start-up One year (24x7) warranty through Eaton Corp.</p> <p>Not approved for sites that require OSHPD.</p> <p>Shipment is to customer's dock. Customer is responsible for logistics from the dock to inside location.</p>	\$ 63,328
1	AXA_ADDL_RIG GING	<b>Additional Rigging AXA \$8,186</b>	\$ 8,186
1	AXA_EXTEND_ WARRANT	<b>6 Month BL Funded Extension</b>	\$ 50,537
<b>System Total</b>			<b>\$ 1,239,319</b>

**FINANCING:** The equipment listed above may be financed through one of our financing partners. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

Siemens Healthineers is pleased to submit this Preliminary Pricing Proposal. A Preliminary Pricing Proposal is provided for planning purposes only; it is not contractually binding. To receive a contractually binding proposal for the Products listed above, inclusive of Terms, Conditions, and Warranty coverage, please contact your Siemens Healthineers Sales Representative.

Siemens Healthineers  
Megan Caldwell  
+1 (816) 308-3340  
[megan.caldwell@siemens-healthineers.com](mailto:megan.caldwell@siemens-healthineers.com)



Customer Number: 000008570

**NORTH KANSAS CITY HOSPITAL**  
2800 CLAY EDWARDS DR  
KANSAS CITY, MO 64116

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

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ARTIS icono ceiling IR Pro (Quote Nr. CPQ-1144876 Rev. 2).....	3

**Contract Total: \$ 1,239,319**  
*(total does not include any Optional or Alternate components which may be selected)*

Estimated delivery date is subject to change based upon factory lead times, acceptance date of this quote, customer site readiness, and other factors. A Siemens representative will contact you regarding the final delivery date.

Notwithstanding anything else in this Agreement, or in any applicable group purchasing agreement terms, if Purchaser does not accept delivery within twenty-four (24) months of the date this quotation is executed, then Seller may, at its option, adjust the prices in the quotation by written notice. In such event, Purchaser will then have the option to cancel the order without payment of a cancellation charge provided Purchaser notifies Seller within ten (10) days of the date of Seller's notice of the price adjustment.

This order is contingent upon CON approval from the State of Missouri. If CON approval is not granted, customer may cancel this order without penalty. Upon receipt of CON approval from the State, please notify Siemens in writing so that equipment delivery can be scheduled.

The parties hereby expressly agree that the Capital Equipment Supplier Agreement for CARD-VASC Scanners entered into between Vizient Supply, LLC and Siemens Medical Solutions USA, Inc. on June 1, 2016 (Agreement No. XR0705), including all exhibits and as amended, shall govern the purchase of Products pursuant to this Quotation.

This offer is only valid if firm, non-contingent orders for system Quote# CPQ-1144876 and education Quote# CPQ-1144919 are simultaneously placed with Siemens.

This is a CONFIDENTIAL, one-time multi-modality offer which may not be shared with any third parties, buying evaluation groups or anyone not directly employed by customer. This offer is only valid if firm, non-contingent orders for quote #'s CPQ-1144876 and CPQ-1144919; CPQ-1091423 and CPQ-1121951; CPQ-1069693 and CPQ-1121952; CPQ-741633 and CPQ-741586; CPQ-767450 and CPQ-1016376 and CPQ-1115895 are placed with Siemens by 09/30/2024. This date supersedes any other validity date indicated in the proposal.

This offer is only valid if a firm, non-contingent order is placed with Siemens and a signed POS contract must accompany the equipment order.

Notwithstanding anything to the contrary stated in the Terms and Conditions, this system is provided with a standard twelve (12) month warranty and an additional six (6) months of warranty, for a total of eighteen (18) months of warranty.

By issuing a Purchase Order that references this Sales Quote CPQ-1144876, the Customer agrees that it shall also be deemed to reference the Service Proposal No. P-CPQ-1146085-3-2 which is subject to all of the terms and conditions set forth in that certain Service Agreement Number 35228733 dated July 30, 2020 between Siemens Medical Solutions USA, Inc. and Customer. The Customer acknowledges receiving and reviewing the Service Proposal.

This quote is based upon standard delivery terms and conditions (e.g., standard work hours, first floor delivery, etc.), basic rigging, mechanical installation and calibration. Siemens Medical Solutions USA, Inc., Project Management shall perform a site-specific assessment to ascertain any variations that are out of scope and not covered by the standard terms (examples such as, but not limited to: larger crane, nonstandard work hours, removal of existing equipment, etc.). Any noted variations identified by Siemens Project Management shall remain the responsibility of the customer and will be subject to additional fees.

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**Quote Nr:** CPQ-1144876 Rev. 2

**Terms of Payment:** 00% Down, 80% Delivery, 20% Installation  
Free On Board: Destination

**Purchasing Agreement:** VIZIENT SUPPLY LLC

VIZIENT SUPPLY LLC terms and conditions apply to Quote Nr CPQ-1144876

Customer certifies, and Siemens relies upon such certification, that : (a) VIZIENT CARD-VASC - XR0705 is the sole GPO for the purchases described in this Quotation, and (b) the person signing this Quotation is fully authorized under the Customer's policies to choose and indicate for Customer such appropriate GPO.

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## ARTIS icono ceiling IR Pro

All items listed below are included for this system:

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1	14465124	<p><b>Operation in the control room</b>  Preparation for system operation from control room.</p>	\$ 3,026
1	14465095	<p><b>Op. ctrl. - handswitch (C-Room)</b>  Additional handswitch for radiation release and additional control functions.</p>	\$ 567
1	14455566	<p><b>Injector connection (C-Room)</b>  Interface in the control room for controlling the contrast medium injector.  Injectors can be offered by Siemens Healthineers Accessory Solutions.</p>	\$ 2,501
1	14440419	<p><b>Cable clips ECG</b>  Cable clips for securing the ECG cable to the patient tabletop.  It includes 10 cable clips.</p>	\$ 30
		Intended only for use with Artis / ARTIS tables.	
1	14465062	<p><b>Infusion bottle holder</b>  This infusion bottle holder can be mounted at the accessory rail of the patient table.  It holds up to 4 infusion bottles.  It includes an infusion bottle holder made of stainless steel with 4 retaining rings.</p>	\$ 257
		Intended only for use with Artis/ARTIS tables.	
1	14440459	<p><b>Arm rest</b>  Arm support used for the arm approach.  Length: 1 m (39.4").  Slides underneath the patient mattress and is held in position by the patient's weight.</p> <p>Made of radiolucent carbon fiber material which is easy to clean. It includes two additional support pads of two different heights (4 and 7 cm).</p> <ul style="list-style-type: none"> <li>- Length pad: 60 cm / 23.62"</li> <li>- Width: 9 to 20 cm / 3.54" to 7.87"</li> <li>- Maximum weight: 5 kg (11.02 lbs.)</li> <li>- Weight (with pads): 2.1 kg / 4.63 lbs.</li> </ul> <p>Only for use with Artis / ARTIS tables.</p>	\$ 1,014



Qty	Part No.	Item Description	Extended Price
1	14440460	<p><b>Arm holder (pair)</b></p> <p>The patient's arms can be comfortably placed along the body using these two arm holders. They slide underneath the patient mattress and is held in position by the patient's weight.</p> <p>It includes two pairs of arm holders of different length (540 mm / 690 mm - 21.2" / 27.2") and height (85 mm / 115 mm - 3.35" / 4.53"), suitable both for thick and thin patient mattresses.</p>	\$ 373
1	14465056	<p>Intended only for use with Artis / ARTIS tables.</p> <p><b>Abdomen radiation prot. IR</b></p> <p>This radiation shield protects the user from scattered radiation when standing at the table side. It can be attached to the accessory rails either on the right or on the left side of the patient positioning table.</p> <p>It provides the user an additional accessory rail.</p> <p>It includes a basic unit (89 cm x 75 cm / 35" x 29.5" (l x h); one lower body radiation protection pivot swivel element (48 cm x 75 cm / 18.9" x 30.3" (l x h); one flip down element 57 cm x 33cm / 22.4" x 12.99" (l x h), and two clip-on units ( 27 cm x 33 cm / 10.6" x 12.99", and 27 cm x 25 cm / 10.6" x 9.8") with a lead of 0.5 mm / 0.02" Pb.</p> <p>The maximum load of the accessory rails is 20 kg (44.1 lb).</p> <p>Intended only for use with ARTIS tables. It provides a distance of 7cm to prevent the collision with the table base in case of maximum penning.</p>	\$ 4,510
1	14465309	<p><b>Fixed upper body rad. prot. (HZA)</b></p> <p>This radiation shield provides protection from scattered radiation. It includes a fixed ceiling-mounted stand, a support arm and acrylic glass.</p>	\$ 10,980
1	14465313	<p><b>Y-LED (HZA)</b></p> <p>Ceiling-mounted, flexible position able examination light with focusable light system.</p>	\$ 12,801
1	14465205	<p><b>PERISTEPPING / PERIVISION</b></p> <p>C-arm stepping for real-time bolus chasing.</p> <p>Peripheral digital angiography with stepping and online subtraction display.</p>	\$ 18,652
1	14465096	<p><b>QVA Vascular analysis</b></p> <p>Vessel analysis with determination of degree of stenosis, distance measurement and calibration.</p>	\$ 4,448
1	14465221	<p><b>syngo interv. Oncology Engine Pro</b></p> <p>Application software for reconstruction, post-processing and handling of 3D information including specific applications for interventional oncology.</p> <p>The package includes the following:</p> <ul style="list-style-type: none"> <li>- syngo Dyna3D and syngo DynaCT for 3D high-contrast and CT-like soft-tissue imaging.</li> <li>- 3D Wizard for expert step-by-step guidance in 3D acquisition.</li> <li>- syngo 3D Roadmap for dynamic overlay of planning data and 3D volumes on live fluoroscopy.</li> <li>- Fusion functionality for integration of pre-interventional 3D datasets also from other modalities into the Angio-room (syngo 3D/3D Fusion and syngo 2D/3D</li> </ul>	\$ 121,836

Qty	Part No.	Item Description	Extended Price
		<p>Fusion).</p> <ul style="list-style-type: none"> <li>- Marking of points or lines on the 3D geometry or MPRs and overlay of these markings on live fluoroscopy.</li> <li>- in-room control for table-side operation of advanced applications.</li> <li>- Parallel patient processing capabilities.</li> <li>- syngo Embolization Guidance – a dedicated workflow support for planning and performing embolization procedures.</li> <li>- 3D functional imaging providing physiologic blood volume information (syngo DynaPBV Body).</li> <li>- 2D functional imaging for visualization of blood flow characteristics (syngo iFlow).</li> <li>- myNeedle Companion assists you during all kinds of image-guided needle interventions from planning, over marking the incision point/angle, over guiding the needle progression to checking the result. myNeedle Companion includes myNeedle Guide (planning and guidance software) and myNeedle Laser (laser crosshair mounted on detector unit).</li> </ul>	
1	14440411	<p><b>Intercom - Comfort</b> Intercom system for communication between examination room and control room.</p> <p>It includes:</p> <ul style="list-style-type: none"> <li>- A microphone with a control box for the control room.</li> <li>- A microphone with an adaptive acoustic filter for background noise suppression for the examination room.</li> <li>- A footswitch for conversation selection for the examination room.</li> </ul>	\$ 797
1	AX_PR_ICONC MULTI	<p><b>IconoCeiling w multitilt table promotion</b> Promotional incentive to be used for configurations including the combination of an ARTIS icono ceilingmounted imaging system in combination with the ARTIS multitilt table. No other Promos can be combined. Must include one or more of the following: POS contract, Book &amp; Bill, Multi-unit purchase. Required Part Numbers: One of 14465276, 14465279, 14465277, 14465280, 14465278, 14465281, AND 14465045</p>	- \$ 50,000
1	AXA_RIG_ICON O_SP	<p><b>Standard Rigging icono SP</b></p>	\$ 15,392
1	BART700PEDL	<p><b>Mark 7 Arterion, Pedestal System</b> The Arterion Mark 7 Pedestal contrast medium injector can be positioned anywhere at the patient positioning table on a mobile unit, for direct operation of all functions in the examination room.</p>	\$ 29,016

Qty	Part No.	Item Description	Extended Price
		<p>The injector system includes:  A mobile pedestal stand with electronics unit, a contrast medium heater and a connection cable to the manual release.  A support arm with injector head and a control lever for moving the injector head.  A user control console with large touch screen and corresponding additional monitoring display on the injector head.</p> <p>Functions  Pressure limitation:  for 150 ml syringes 689 to 8273 kPa,  corresponds to 100 to 1200 psi. .</p> <p>Flow rates for 150 ml syringes:  0.1 to 45 ml/s in increments of 0.1 ml/s  0.1 to 59.9 ml/min in increments of 0.1 ml/min  rise/fall: 0 to 9.9 s in increments of 0.1 seconds</p> <p>Release delay for injection or radiation:  0 to 99.9 s in increments of 0.1 s.</p> <p>Adjustable volume for 150 ml syringes:  1 ml to the max. syringe capacity in increments of 1 ml.</p> <p>Fill rate:  Variable syringe filling speed 1-20ml/s.</p> <p>Injection protocols:  Up to 40 injection protocols possible.</p> <p>Parameters currently displayed on the touch screen display and on the head display:  Injection speed  Injection volume  Remaining volume  Injection duration  Applied pressure</p> <p>Contrast medium heating:  Nominal 35°C (95°F)+-5°C (9°F)</p> <p>Injection data memory  Up to 50 injection data items stored</p> <p>Included in the scope of delivery  Injector standard configuration 150 ml  SIEMENS interface cable  Operator Manual  Service manual (English).</p> <p>Power supply  200 V to 250 V; 50/60 Hz.</p>	
1	BINSART700P	<b>Arterion Pedestal Install</b>	\$ 1,606
2	GEL1040136601 278	<b>Black anti-fatigue mat 36x60</b> Black NewLife EcoPro anti-fatigue mat (36 inches x 60 inches), 3/4 inch polyurethane foam, fluid and dirt resistant with anti-microbial properties, matte textured surface.	\$ 520
		The ultimate employee benefit for workers who stand, are ergonomically designed to provide the perfect balance of premium comfort and optimal support. Proprietary	

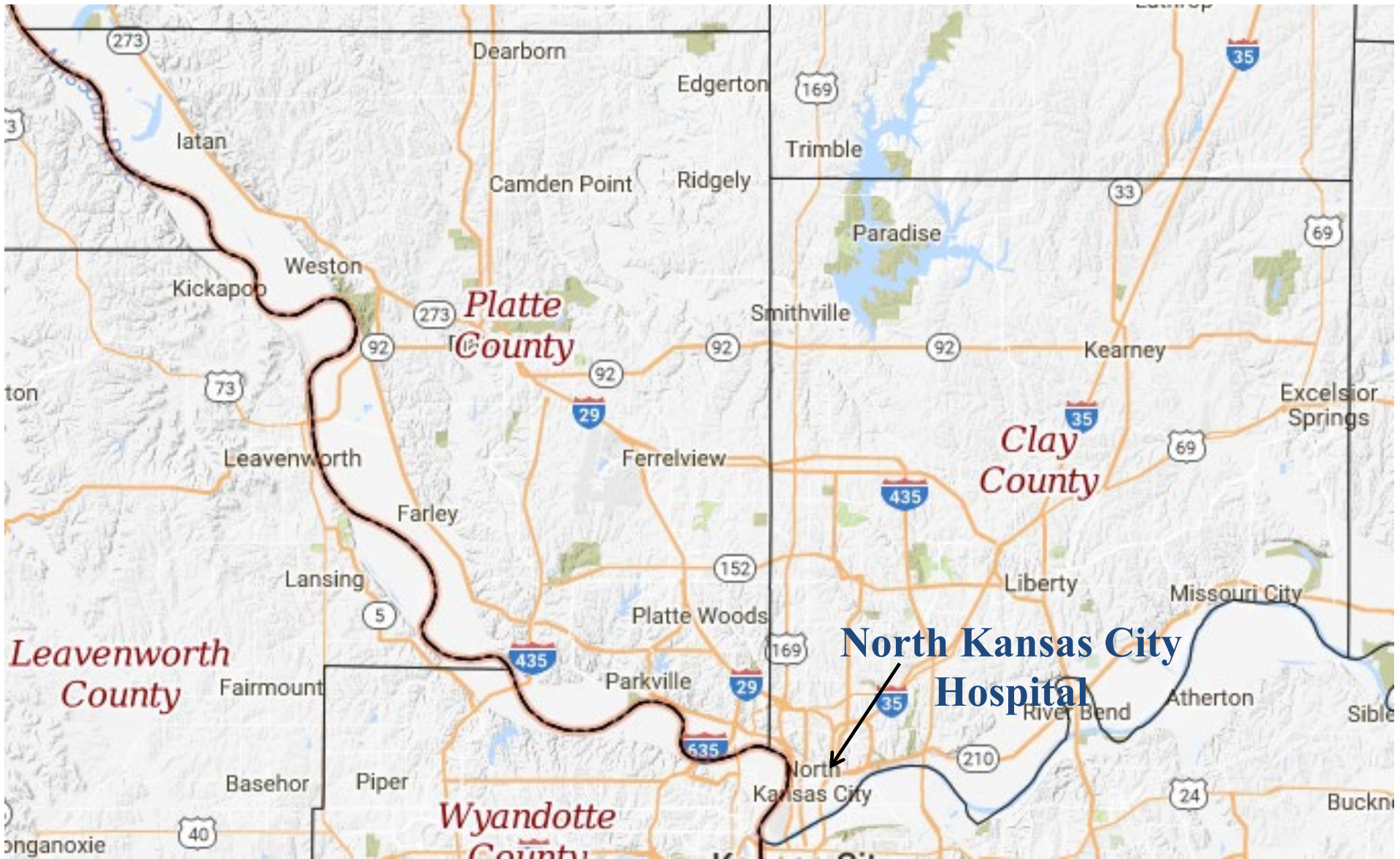
Qty	Part No.	Item Description	Extended Price
1	E93PM150UAX	<p>Cellulon®Polyurethane Technology stands up to the tough demands of commercial environments while providing lasting comfort that won't bottom out over time. This eco-friendly line of anti-fatigue mats is certified by the National Floor Safety Institute for its high traction bottom surface.</p> <p><b>Eaton 93PM-150 kW UPS</b> Complete system backup without interruption. One UPS per lab.</p> <p>Includes the following:</p> <p>Eaton 93PM UPS Electronics Cabinet w/integrated maintenance bypass sidecar Eaton 93PM Single Battery Cabinet System (Full load back-up time @ 150kW of 7.1 minutes.) Eaton 93PM Remote Monitoring Panel Network Card Eaton 24x7 start-up One year (24x7) warranty through Eaton Corp.</p> <p>Not approved for sites that require OSHPD.</p> <p>Shipment is to customer's dock. Customer is responsible for logistics from the dock to inside location.</p>	\$ 63,328
1	AXA_ADDL_RIG GING	<b>Additional Rigging AXA \$8,186</b>	\$ 8,186
1	AXA_EXTEND_ WARRANT	<b>6 Month BL Funded Extension</b>	\$ 50,537
<b>System Total</b>			<b>\$ 1,239,319</b>

**FINANCING:** The equipment listed above may be financed through one of our financing partners. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

Siemens Healthineers is pleased to submit this Preliminary Pricing Proposal. A Preliminary Pricing Proposal is provided for planning purposes only; it is not contractually binding. To receive a contractually binding proposal for the Products listed above, inclusive of Terms, Conditions, and Warranty coverage, please contact your Siemens Healthineers Sales Representative.

Siemens Healthineers  
Megan Caldwell  
+1 (816) 308-3340  
[megan.caldwell@siemens-healthineers.com](mailto:megan.caldwell@siemens-healthineers.com)





**North Kansas City  
Hospital**

10/14/24

Missouri Health Facilities Review Committee  
c/o Ms. Alison Dorge, Regulatory Compliance Manager  
Certificate of Need Program  
920 Wildwood Drive, P.O. Box 570  
Jefferson City, MO 65102

Re: Certificate of Need Application – Project # 6156 HS

Dear Ms. Dorge:

I am writing to support North Kansas City Hospital's application to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite.

I am an interventional radiologist employed by Meritas Health Corporation, which is wholly-owned by North Kansas City Hospital. I support the acquisition of this equipment, which will advance the interventional radiology service at North Kansas City Hospital. Specific benefits of this equipment and interventional radiology include:

**Minimally Invasive:** Many procedures are performed through small incisions or natural body openings, resulting in less trauma compared to traditional surgery.

**Reduced Recovery Time:** Patients often experience shorter hospital stays and quicker recovery, allowing them to return to normal activities sooner.

**Lower Risk of Complications:** The minimally invasive nature of IR generally leads to fewer complications, such as infections or significant blood loss.

**Real-time Imaging Guidance:** Procedures are guided by imaging techniques (like X-rays, CT scans, or ultrasounds), allowing for precise targeting of treatments.

**Versatile Treatment Options:** IR can treat a wide range of conditions, including tumors, vascular diseases, and internal bleeding, using techniques like embolization, stenting, or catheter-based therapies.

**Pain Management:** Many IR procedures are designed to alleviate pain and improve quality of life, particularly for patients with chronic conditions.



Outpatient Options: Many IR procedures can be performed on an outpatient basis, reducing the need for hospital admissions.

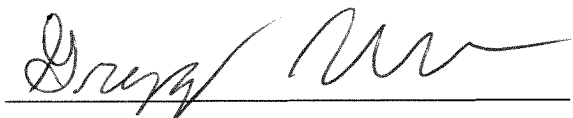
Cost-Effectiveness: The shorter recovery times and lower complication rates can lead to reduced overall healthcare costs.

Customization of Treatment: Interventional radiologists can tailor procedures to the individual needs of patients, using advanced techniques for personalized care.

These benefits make interventional radiology an important component of modern medical practice, offering effective treatment options for various conditions.

Thank you for your consideration of my comments.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gregg Werner", is written over a horizontal line.

10-14-24

Dr. Gregg Werner

Missouri Health Facilities Review Committee  
c/o Ms. Alison Dorge, Regulatory Compliance Manager  
Certificate of Need Program  
920 Wildwood Drive, P.O. Box 570  
Jefferson City, MO 65102

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Thank you for your consideration of my comments.

Sincerely,

 10/14/2024

---

Dr. Joley O'Callahan



The Beaufort Gazette  
 The Belleville News-Democrat  
 Bellingham Herald  
 Centre Daily Times  
 Sun Herald  
 Idaho Statesman  
 Bradenton Herald  
 The Charlotte Observer  
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## AFFIDAVIT OF PUBLICATION

Account #	Order Number	Identification	Order PO	Amount	Cols	Depth
146092	602357	Print Legal Ad-IPL01992960 - IPL0199296		\$230.38	2	8 L

**Attention:** Jennifer Kozinn  
 North Kansas City Hospital/Meritas Health  
 2800 Clay Edwards Drive  
 North Kansas City, MO 64116

jessica.obenauf@nkch.org

**Legal Notice**

North Kansas City Hospital, 2800 Clay Edwards Drive, North Kansas City, MO 64116, is applying to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite. Any questions may be directed to Jennifer Kozinn at 816-691-2038 or jennifer.kozinn@nkch.org.  
 IPL0199296  
 Oct 21 2024

**THE STATE OF TEXAS  
 COUNTY OF TARRANT**

Mary Castro,

make oath and swear that

CYPRESS MEDIA, LLC, publishers of The Kansas City Star is published in the Kansas City, Missouri, metro (distribution) area including but not exclusively to Johnson and Wyandotte Counties in the state of Kansas, and Cass, Clay, Jackson and Platte Counties in the state of Missouri. We confirm the notice ran the days scheduled in this statement. A true copy of which is hereto attached was duly published in The Kansas City Star.

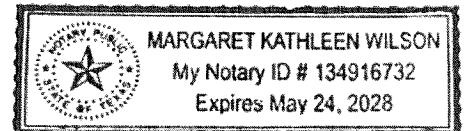
1 insertion(s) published on:  
 10/21/24

*Mary Castro*

Sworn to and subscribed before me this 21th day of October in the year of 2024

*Margaret K. Wilson*

Notary Public in and for the state of Texas, residing in Dallas County



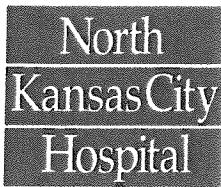
Extra charge for lost or duplicate affidavits.  
 Legal document please do not destroy!

**LEGAL NOTICE**  
 Smart Storage 3101 Mercier, Kansas City, MO 64111 will auction Unit 353E5 on Storageauctions.com on or after 10/28/2024 at 9am in accordance with MO State Lien Law. IPL0199296  
 Oct 21, 2024

**NOTICE OF BID**  
 Bids to Replace Roof, Warrensburg Veteran's Home, Project No. U2501-01 will be received by FMDC, State of MO, UNTIL 1:30 PM, November 19, 2024. For specific project information and ordering plans, go to: <http://oa.mo.gov/facilities>  
 W00000000  
 Publication Dates

**LEGAL NOTICE**  
 North Kansas City Hospital, 2800 Clay Edwards Drive, North Kansas City, MO 64116, is applying to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite. Any questions may be directed to Jennifer Kozinn at 816-691-2038 or [jennifer.kozinn@nkch.org](mailto:jennifer.kozinn@nkch.org).  
 IPL0199296  
 Oct 21, 2024

**INVITATION TO BID**  
 JE Dunn Construction has been awarded the Missouri State University Judith Enyeart Reynolds Complex project in Springfield, MO. Project consists of demolishing existing Art Annex building, new two-story building, partial renovation of Craig Hall, & scene shop addition on west side of Craig Hall. Construction is scheduled January 2025 - July 2026. A Pre-Bid Meeting & Job Walk will be held October 23rd at 8:30 AM in Cogger Theater located inside Craig Hall at 1147 Grand Street. Bids will be received by JE Dunn until 12:00 PM on November 8th, 2024. All bids should be submitted electronically through the Building Connected website: [buildingconnected.com](http://buildingconnected.com). For access to the bid documents contact [Mathew.Horton@jedunn.com](mailto:Mathew.Horton@jedunn.com). All bids are to be in strict accordance with the Bidding Documents and all related Bidding Requirements and Subcontract Documents. JE Dunn reserves the right to reject any or all bids, waive any irregularities, or award the work to someone other than the low bidder.  
 Equal Opportunity Employer: Minority-Owned, Woman-Owned, and Small Business Enterprises are encouraged to bid  
 IPL0199522  
 Oct 16, 2024 - 10:22:27 Nov 3, 2024



2800 Clay Edwards Drive  
North Kansas City, MO  
64116-3281

October 18, 2024

**VIA CERTIFIED MAIL**

Kristen DeHart, CEO  
Excelsior Springs Hospital  
1700 Rainbow Boulevard  
Excelsior Springs, MO 64024

Re: Certificate of Need Application

Dear Ms. DeHart:

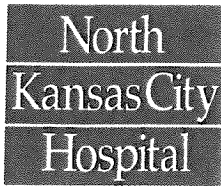
This letter is to notify you that North Kansas City Hospital is applying to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite. Any questions may be directed to the undersigned at 816-691-2038 or [jennifer.kozinn@nkch.org](mailto:jennifer.kozinn@nkch.org).

Sincerely,

A handwritten signature in cursive script, appearing to read "Jennifer A. Kozinn".

Jennifer A. Kozinn  
Vice President & General Counsel





2800 Clay Edwards Drive  
North Kansas City, MO  
64116-3281

October 18, 2024

**VIA CERTIFIED MAIL**

Laura Inge, CEO  
Kindred Hospital Northland  
500 NW 68<sup>th</sup> Street  
Kansas City, MO 64118

Re: Certificate of Need Application

Dear Ms. Inge:

This letter is to notify you that North Kansas City Hospital is applying to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite. Any questions may be directed to the undersigned at 816-691-2038 or [jennifer.kozinn@nkch.org](mailto:jennifer.kozinn@nkch.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer A. Kozinn".

Jennifer A. Kozinn  
Vice President & General Counsel



2800 Cla  
North Kar

316.691.  
kch.org

SEND

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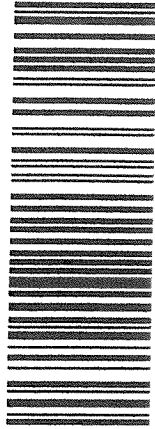
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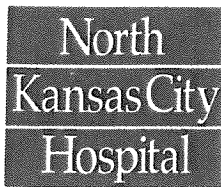
P

Laura Inge, CEO  
Kindred Hospital Northland  
500 NW 68<sup>th</sup> Street  
Kansas City, MO 64118

Instructions

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



2800 Clay Edwards Drive  
North Kansas City, MO  
64116-3281

October 18, 2024

**VIA CERTIFIED MAIL**

Raghavendra Adiga, CEO  
Liberty Hospital  
2525 Glenn Hendren Drive  
Liberty, MO 64068

Re: Certificate of Need Application

Dear Dr. Adiga:

This letter is to notify you that North Kansas City Hospital is applying to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite. Any questions may be directed to the undersigned at 816-691-2038 or [jennifer.kozinn@nkch.org](mailto:jennifer.kozinn@nkch.org).

Sincerely,

A handwritten signature in cursive script, appearing to read "Jennifer A. Kozinn".

Jennifer A. Kozinn  
Vice President & General Counsel

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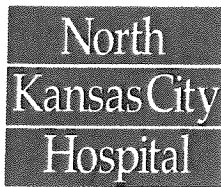
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PS Form

Raghavendra Adiga, CEO  
Liberty Hospital  
2525 Glenn Hendren Drive  
Liberty, MO 64068

Instructions



2800 Clay Edwards Drive  
North Kansas City, MO  
64116-3281

October 18, 2024

**VIA CERTIFIED MAIL**

James Duff, CEO  
Signature Psychiatric Hospital Liberty  
2525 Glenn Hendren Dr.  
Liberty, MO 64068

Re: Certificate of Need Application

Dear Mr. Duff:

This letter is to notify you that North Kansas City Hospital is applying to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite. Any questions may be directed to the undersigned at 816-691-2038 or [jennifer.kozinn@nkch.org](mailto:jennifer.kozinn@nkch.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer A. Kozinn".

Jennifer A. Kozinn  
Vice President & General Counsel

2800 C  
North K.

316 69  
kch.org

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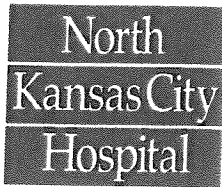
James Duff, CEO  
Signature Psychiatric Hospital Liberty  
2525 Glenn Hendren Drive  
Liberty, MO 64068

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2800 Clay Edwards Drive  
North Kansas City, MO  
64116-3281

October 18, 2024

**VIA CERTIFIED MAIL**

James Duff, CEO  
Signature Psychiatric Hospital  
2900 Clay Edwards Drive  
North Kansas City, MO 64116

Re: Certificate of Need Application

Dear Mr. Duff:

This letter is to notify you that North Kansas City Hospital is applying to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite. Any questions may be directed to the undersigned at 816-691-2038 or [jennifer.kozinn@nkch.org](mailto:jennifer.kozinn@nkch.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer A. Kozinn".

Jennifer A. Kozinn  
Vice President & General Counsel

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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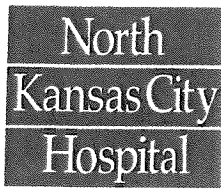
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James Duff, CEO  
Signature Psychiatric Hospital  
2900 Clay Edwards Drive  
North Kansas City, MO 64116


Instructions



2800 Clay Edwards Drive  
North Kansas City, MO  
64116-3281

October 18, 2024

**VIA CERTIFIED MAIL**

Darren Bass, CEO  
Saint Luke's North Hospital  
601 South 169 Highway  
Smithville, MO 64089

Re: Certificate of Need Application

Dear Mr. Bass:

This letter is to notify you that North Kansas City Hospital is applying to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite. Any questions may be directed to the undersigned at 816-691-2038 or [jennifer.kozinn@nkch.org](mailto:jennifer.kozinn@nkch.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer A. Kozinn".

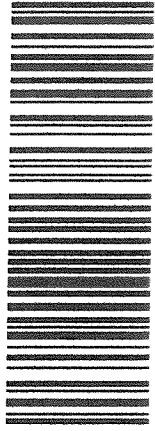
Jennifer A. Kozinn  
Vice President & General Counsel



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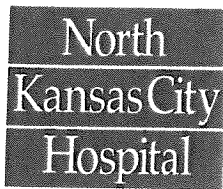
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Darren Bass, CEO  
Saint Luke's North Hospital  
601 South 169 Highway  
Smithville, MO 64089

Instructions



2800 Clay Edwards Drive  
North Kansas City, MO  
64116-3281

October 18, 2024

**VIA CERTIFIED MAIL**

Darren Bass, CEO  
Saint Luke's North Hospital  
5830 NW Barry Road  
Kansas City, MO 64154

Re: Certificate of Need Application

Dear Mr. Bass:

This letter is to notify you that North Kansas City Hospital is applying to the Missouri Health Facilities Review Committee for approval to purchase two additional single plane imaging units for use in an interventional radiology suite. Any questions may be directed to the undersigned at 816-691-2038 or [jennifer.kozinn@nkch.org](mailto:jennifer.kozinn@nkch.org).

Sincerely,

A handwritten signature in cursive script, appearing to read "Jennifer A. Kozinn".

Jennifer A. Kozinn  
Vice President & General Counsel

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Darren Bass, CEO  
Saint Luke's North Hospital  
5830 NW Barry Road  
Kansas City, MO 64154

\_\_\_\_\_

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\_\_\_\_\_

Instructions

**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. Application is for two additional units.

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

N/A. Application is for two additional units.

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

There are no utilization standards in the Certificate of Need Program regulations for single plane imaging units or interventional radiology procedures.

Factors that justify North Kansas City Hospital's need for the two additional single plane imaging units include the following:

1. North Kansas City Hospital, via its physician group subsidiary Meritas Health Corporation, employs two interventional radiologists, and plans to recruit a third in the future. The two-room suite will allow two physicians to perform procedures concurrently. The two-room suite also will offer redundancy in the event of downtime of one imaging unit.
2. North Kansas City Hospital is experiencing growth in its interventional radiology service. As noted above in Divider II, Question 7, North Kansas City Hospital performed 3,148 procedures in calendar year 2023. On an annualized basis for calendar year 2024, North Kansas City Hospital is projected to perform 3,224 procedures. Of note, the second interventional radiologist commenced employment in September of 2024, and volumes are anticipated to grow substantially in 2025 as a result of this new hire. Projected growth is further described in Divider IV, Question 2 and the attached Form MO 580-165 behind Divider IV projecting volumes for the first three full years of operation of the new units.
3. The existing single plane imaging unit currently in use is over a decade old and the new units will represent improved technology. Reasons identified by North Kansas City Hospital's interventional radiologists that the new single plane imaging units represent superior technology include the following:

- a. The units have improved spacial resolution and show small structures in a clearly defined manner.
  - b. The units improve safety to patients and staff using software that tracks radiation doses and reduces radiation exposure.
  - c. The units increase the weight limit of patients who may be served such that the units will accommodate larger patients.
  - d. The units have greater functionality of the arms of the units, which permits patients to more readily be turned to change positions and permit different imaging views.
  - e. The units have improved software to inject contrast material permitting the physician to monitor contrast traveling through the patient and offering a continuous view of the vascular system. The contrast system also permits the physician to see smaller vessels that are connected to tumors so that the physician can more easily determine what vessels to eliminate in the procedure.
4. The additional single plane units will increase the availability of minimally invasive procedures (of the types described in Divider III, Question 4) to patients in North Kansas City Hospital's service area. Conditions that currently require open surgery will be able to be treated with advanced interventional radiology procedures which can be less risky, less costly, and with equivalent or better outcomes.
  5. Other medical disciplines, such as interventional cardiology, also utilize single plane units in their practices. The creation of these procedural rooms with the single plane units will make available additional flexible procedural spaces to serve as "overflow" spaces from other areas of the hospital, such as the cardiac catheterization lab. Given North Kansas City Hospital's growth in its interventional cardiology program, space for additional procedural capacity is important.

**4. For evolving technology address the following:**

Interventional radiology is not a new discipline; however, because there are no utilization standards in the Certificate of Need Program regulations for single plane imaging units or interventional radiology procedures we offer the following information related to evolving technology.

**- Medical effects as described and documented in published scientific literature;**

Interventional radiology (IR) is a minimally invasive medical specialty that uses imaging techniques to guide procedures. Here are some documented medical effects and benefits of interventional radiology as described in the scientific literature:

**Minimally Invasive Approach:** IR procedures often require only small incisions, leading to reduced postoperative pain, shorter recovery times, and lower risk of complications compared to traditional surgery.

**Pain Management:** Techniques such as nerve blocks or catheter placements for drug delivery can effectively manage pain for various conditions, enhancing patient comfort and quality of life.

**Vascular Interventions:** Procedures like angioplasty and stenting can restore blood flow in patients with arterial blockages, reducing the risk of ischemia and improving outcomes in conditions like peripheral artery disease.

**Tumor Ablation:** Techniques such as radiofrequency ablation and microwave ablation can effectively target and destroy cancerous tissues with minimal damage to surrounding healthy tissues. This is particularly beneficial for patients who are not candidates for surgical resection.

**Embolization:** This technique is used to block abnormal blood vessels, such as in cases of tumors or bleeding. It can control hemorrhage and treat conditions like fibroids or arteriovenous malformations.

**Biliary and Gastrostomy Interventions:** IR can provide solutions for biliary obstructions and feeding tube placements, allowing for nutritional support and management of jaundice with fewer complications.

**Diagnostic Imaging:** Image-guided biopsies enable accurate sampling of tissues for diagnosis, reducing the need for open surgical biopsies and allowing for quicker and more precise diagnosis of diseases, including cancer.

**Reduced Hospital Stay:** Many IR procedures can be performed on an outpatient basis or with shorter hospital stays, leading to decreased healthcare costs and improved patient satisfaction.

**Safety and Efficacy:** Studies have shown that IR procedures generally have favorable safety profiles, with complication rates often lower than those associated with open surgeries.

**Quality of Life Improvement:** Many patients experience significant improvements in their quality of life following IR procedures due to effective symptom relief and restoration of function.

- **The degree to which the objectives of the technology have been met in practice;**

The objectives of interventional radiology (IR) have been largely met in practice, as evidenced by numerous studies and clinical outcomes. Here's a breakdown of how these objectives are fulfilled:

**Minimally Invasive Treatments:** IR has successfully provided alternatives to traditional surgical methods. Many procedures, such as angioplasty, embolization, and ablation, are performed with minimal incisions, reducing patient trauma and recovery time.

**Improved Patient Safety:** The use of imaging guidance in IR enhances precision, which has led to lower complication rates compared to open surgeries. Studies show that many IR procedures have complication rates below 5%.

**Pain Management:** IR techniques for pain relief, such as nerve blocks, have effectively reduced pain levels for many patients, improving their overall quality of life.

**Management of Vascular Conditions:** IR has become a standard practice for treating vascular diseases. For example, endovenous laser therapy for varicose veins has been shown to be as effective as traditional surgical methods with less recovery time.

**Oncology Applications:** Tumor ablation techniques have demonstrated efficacy in treating certain cancers, allowing for localized treatment while preserving surrounding tissues. This has been particularly beneficial for patients who are not candidates for surgery.

**Effective Diagnostic Tools:** Image-guided biopsies have increased diagnostic accuracy, allowing for timely and appropriate treatment plans. The ability to obtain tissue samples with minimal invasiveness has significantly improved patient management.

**Outcomes and Patient Satisfaction:** Many studies report high levels of patient satisfaction following IR procedures due to the rapid recovery and effective symptom relief. Additionally, outpatient procedures contribute to increased patient convenience.

**Cost-Effectiveness:** By reducing hospital stays and complication rates, IR has proven to be cost-effective, offering significant savings to healthcare systems while delivering quality care.

**Research and Innovation:** Ongoing research continues to expand the scope of IR, incorporating new technologies and techniques that enhance the effectiveness of existing procedures.

Overall, the objectives of interventional radiology have been largely met, contributing to its increasing acceptance and integration into standard medical practice. Continuous advancements and evidence-based practices further solidify its role in modern healthcare.

- **Any side effects, contraindications or environmental exposures;**

Interventional radiology (IR) offers many benefits, but like any medical procedure, it can have side effects, contraindications, and considerations regarding environmental exposures. Here's an overview:

Potential side effects: Vascular complications, infection, contrast reactions, radiation exposure, organ injury, pain.

Contraindications: Severe allergies to contrast agents, coagulation disorders, pregnancy, infection, severe renal impairment.

Environmental Exposure considerations: Radiation safety, chemical disposal and infection control procedures.

In summary, while interventional radiology is a valuable tool in modern medicine, it is essential to consider these potential side effects, contraindications, and environmental factors when planning and performing procedures. Proper patient selection and adherence to safety protocols can mitigate many of these risks.

- **The relationships, if any, to existing preventative, diagnostic, therapeutic or management technologies and the effects on the existing technologies;**

Interventional radiology (IR) intersects with various existing preventative, diagnostic, therapeutic, and management technologies in several significant ways. Here's an overview of these relationships and their effects on existing technologies:

1. Preventative Technologies

Screening Imaging: IR utilizes imaging techniques (like ultrasound, CT, and MRI) for screening purposes, enhancing early detection of conditions such as tumors or vascular diseases. This relationship has led to improved diagnostic accuracy and earlier interventions, ultimately improving patient outcomes.

Vascular Screening: Non-invasive vascular imaging techniques can help identify patients at risk for diseases, enabling preventative measures before surgical interventions become necessary.

2. Diagnostic Technologies

Image-Guided Biopsies: IR has revolutionized biopsy techniques by using imaging guidance (e.g., ultrasound, CT) to accurately target lesions, improving diagnostic yield and reducing the need for open surgeries. This enhances the role of imaging in diagnosis and often allows for quicker and less invasive procedures.

Integration with AI and Machine Learning: Advances in AI technologies are being integrated with imaging modalities to enhance diagnostic accuracy and workflow efficiency. IR is increasingly leveraging these technologies to assist in image interpretation and procedural planning.



### 3. Therapeutic Technologies

**Minimally Invasive Treatments:** IR procedures like angioplasty, stenting, and tumor ablation complement traditional surgical methods by providing less invasive options that often lead to shorter recovery times and fewer complications. This has prompted a shift in treatment paradigms, favoring IR for many conditions.

**Enhanced Drug Delivery:** Techniques such as transarterial chemoembolization (TACE) allow for targeted delivery of chemotherapy directly to tumors, maximizing treatment efficacy while minimizing systemic side effects. This relationship has enhanced cancer management strategies.

### 4. Management Technologies

**Patient Monitoring Systems:** IR integrates with electronic health records (EHR) and monitoring systems to streamline patient management and follow-up care. This enhances communication among healthcare providers and ensures continuity of care.

**Telemedicine and Remote Guidance:** The rise of telemedicine has facilitated remote consultations and even guidance for certain IR procedures, expanding access to care, especially in underserved areas.

### 5. Effects on Existing Technologies

**Increased Collaboration:** The integration of IR with other medical specialties (like oncology, cardiology, and surgery) has fostered multidisciplinary approaches to patient care, leading to improved treatment plans and outcomes.

**Cost-Effectiveness:** By providing effective alternatives to open surgery, IR has contributed to reduced hospital stays and lower overall healthcare costs, prompting a reevaluation of resource allocation in healthcare settings.

In summary, interventional radiology enhances and complements existing preventative, diagnostic, therapeutic, and management technologies, leading to improved patient outcomes, increased efficiency, and a transformation in treatment paradigms across various medical fields.

#### - **Food and Drug Administration approval;**

Interventional radiology (IR) as a field has developed over several decades, with various procedures and technologies receiving Food and Drug Administration (FDA) approval at different times. Here are some key milestones:

**Early Procedures:** The roots of IR can be traced back to the 1960s when techniques like angiography were first developed. While the FDA was not specifically regulating IR as a

specialty, individual devices and contrast agents used in these procedures began to receive approval.

Angioplasty: The first percutaneous transluminal coronary angioplasty (PTCA) was performed in 1977 by Dr. Andreas Gruentzig. The balloon catheters used in this procedure were subject to FDA approval shortly thereafter.

Endovenous Laser Treatment (EVLT): Approved in the early 2000s, this technique for treating varicose veins is one of the more recent advancements in IR.

Radiofrequency Ablation (RFA): This technique gained FDA approval for certain applications in the late 1990s and early 2000s, especially for the treatment of tumors.

Embolization Devices: Various embolic agents and devices have been approved by the FDA over the years, allowing for a range of treatments, including those for tumors and vascular malformations.

Each of these innovations contributed to the growth of interventional radiology as a recognized medical specialty. Overall, while IR itself doesn't have a singular FDA approval date, many of its core techniques and tools have been progressively approved over time.

- **The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;**

North Kansas City Hospital's need assessment methodology is primarily through its strategic planning process and administrative leadership's deployment of strategic goals. Specific assessment is also done by North Kansas City Hospital's Capital Review Committee, which requires clinical input, documentation that expenditures are consistent with market benchmarking, and financial proforma review to confirm responsible spending.

- **The degree of partnership, if any, with other institutions for joint use and financing.**

N/A.

**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.**

A letter from Commerce Bank indicating that sufficient funds are available is attached behind Divider IV.

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

A completed Form MO 580-165 is attached behind Divider IV for the latest three full years (2021-2023).

A completed Form MO 580-165 is attached behind Divider IV for showing projections through three full years beyond project completion (2026-2028). Utilization projections include both of the two new single plane imaging units.

Also attached behind Divider IV is a Service-Specific Revenues and Expenses detail sheet addressing the points noted in the asterisks at the bottom of Form MO 580-165.

- 3. Document how patient charges are derived.**

The average charge/procedure was calculated by pulling total interventional radiology specific procedure charges (based on a defined list of charge items that were identified as interventional radiology procedures) and dividing the total by the total number of interventional radiology procedures. For projected average charge, a 4.5% inflationary increase per year has been assumed.

- 4. Document responsiveness to the needs of the medically indigent.**

For fiscal year 2023, North Kansas City Hospital contributed \$33 Million to charity care for the uninsured and to community and charitable organizations. North Kansas City Hospital follows all Internal Revenue Service regulations that apply to tax-exempt organizations regarding financial assistance and regarding billing and collections. North Kansas City Hospital's Financial Assistance Policy is attached behind Divider IV.

October 14, 2024

Missouri Health Facilities Review Committee  
c/o Ms. Alison Dorge, Regulatory Compliance Manager  
Certificate of Need Program  
920 Wildwood Drive, P.O. Box 570  
Jefferson City, MO 65102

Re: Certificate of Need Application

Dear Ms. Dorge:

North Kansas City Hospital maintains a banking and investment account relationship with Commerce Bank. I am aware of North Kansas City Hospital's Certificate of Need Application, Project Number 6156 HS, to purchase two additional single plane imaging units for use in an interventional radiology suite with a budgeted project cost of \$3,258,638. Please accept this letter as confirmation that North Kansas City Hospital has sufficient unrestricted funds available for this project.

Sincerely,



Katie Hammons  
SVP, Healthcare Division Leader  
Commerce Bank



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

Table with columns for Year (2021, 2022, 2023) and rows for Amount of Utilization, Revenue (Average Charge, Gross Revenue, Revenue Deductions, Operating Revenue, Other Revenue, TOTAL REVENUE), Expenses (Direct: Salaries, Fees, Supplies, Other; Indirect: Depreciation, Interest, Rent/Lease, Overhead; TOTAL INDIRECT, TOTAL EXPENSES), and NET INCOME (LOSS).

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

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

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.



# SERVICE-SPECIFIC REVENUES AND EXPENSES

**Project Title:**

**Project #:**

## Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	<b>Year</b>		
	<u>2026</u>	<u>2027</u>	<u>2028</u>
<b>Amount of Utilization:*</b>	4,848	5,091	5,346
<b>Revenue:</b>			
Average Charge**	\$6,886	\$7,196	\$7,520
Gross Revenue	\$33,383,328	\$36,634,836	\$40,201,920
Revenue Deductions	26,245,892	28,989,741	32,013,334
Operating Revenue	<u>7,137,436</u>	<u>7,645,095</u>	<u>8,188,586</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL REVENUE</b>	<b><u>\$7,137,436</u></b>	<b><u>\$7,645,095</u></b>	<b><u>\$8,188,586</u></b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	1,797,428	1,944,147	2,102,772
Fees	151,823	164,216	177,615
Supplies	1,066,421	1,153,470	1,247,583
Other	<u>1,763</u>	<u>1,907</u>	<u>2,063</u>
<b>TOTAL DIRECT</b>	<b><u>\$3,017,435</u></b>	<b><u>\$3,263,740</u></b>	<b><u>\$3,530,032</u></b>
Indirect Expenses			
Depreciation	252,516	252,516	252,516
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	<u>674,013</u>	<u>680,753</u>	<u>687,560</u>
<b>TOTAL INDIRECT</b>	<b><u>\$926,528</u></b>	<b><u>\$933,269</u></b>	<b><u>\$940,077</u></b>
<b>TOTAL EXPENSES</b>	<b><u>\$3,943,963</u></b>	<b><u>\$4,197,009</u></b>	<b><u>\$4,470,109</u></b>
<b>NET INCOME (LOSS):</b>	<b><u>\$3,193,473</u></b>	<b><u>\$3,448,086</u></b>	<b><u>\$3,718,477</u></b>

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

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

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.

**Service-Specific Revenues and Expenses Detail Sheet.**

This detail sheet is provided to address the points in asterisks at the bottom of Form MO 580-1865.

**\* Utilization will be measured in “patient days” for licensed beds, “procedures” for equipment, or other appropriate units of measure specific to the service affected.**

Utilization has been measured in procedures since this application relates to Major Medical Equipment.

**\*\* Indicate how the average charge/procedure was calculated**

The average charge/procedure was calculated by pulling total interventional radiology specific procedure charges (based on a defined list of charge items that were identified as interventional radiology procedures) and dividing the total by the total number of interventional radiology procedures. For projected average charge, a 4.5% inflationary increase per year has been assumed.

**\*\*\* Only on long term debt, not construction**

N/A

**\*\*\*\* Indicate how overhead was calculated**

Depreciation is calculated as a fixed expense, anticipated to remain flat with calendar 2024 annualized, with the addition of the depreciation expense for the new interventional radiology units. Overhead is calculated as a fixed expense, assuming a 1% inflationary increase in projected years.

## North Kansas City Hospital

<b>Title:</b>	Financial Assistance Policy
<b>Purpose:</b>	To make financial assistance available in a fair and consistent manner to eligible individuals and in accordance with laws that apply to tax-exempt hospitals.
<b>Audience:</b>	All North Kansas City Hospital Employees and North Kansas City Hospital's contracted revenue cycle vendors.

### Policy

North Kansas City Hospital ("NKCH") will make financial assistance available to eligible individuals in accordance with this Financial Assistance Policy ("FAP"). NKCH will comply with the procedures set forth in this FAP to determine patient eligibility for financial assistance. Patients who are determined to be eligible for financial assistance will not be charged more than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. This policy is intended to comply with Section 501(r) of the Internal Revenue Code and regulations promulgated thereunder and shall be interpreted and applied in accordance with such regulations.

### Procedure

1. Scope and Application of this FAP.

This FAP applies to all emergency and other medically necessary care that is provided by NKCH. For purposes of this FAP, care is medically necessary if it is deemed necessary by an examining physician acting in accordance with generally accepted standards of medicine in the community.

This FAP could apply in the following situations, but is not limited to:

- a. Uninsured patients who do not have the ability to pay.
- b. Insured patients who do not have the ability to pay for portions not covered by insurance.
- c. Deceased patients with no estate, and no living trust.
- d. Patients involved in catastrophic illness or injury.
- e. Medicaid active patients with non-covered charges including length of stay limits.
- f. Patients referred from a community indigent program or FQHC in which NKCH discretion to participate may include an agreement to provide defined charitable services (e.g. NHCA).
- g. Patients that are victims of sexual assault.

This FAP does not apply to the following services:

- h. Elective cosmetic surgery services, investigational services or other elective services not covered under a patient's health insurance plan;



- i. Any services that are deemed by a patient's insurer as ineligible due to complications of a non-covered procedure;
- j. Services that are already priced at a reduced rate if the amounts that are charged to patients is less than the amounts generally billed to individuals who have insurance for such services; and
- k. Any accounts where a first or third party is liable for services after NKCH has billed the patient's health insurance if any, such as accidents, unless it is determined there are no benefits and/or no settlement.
- l. Patients who are not United States Citizens, except for those with emergency healthcare needs.

This FAP applies only to emergency and other medically necessary care that is provided by NKCH. A Provider List as described in IRS Notice 2015-46 of entities that provide care at NKCH is maintained at Appendix 1 to this FAP. The Provider List details which entities are and are not covered by this FAP. Appendix 1 to this FAP will be updated approximately quarterly and may be revised without re-submitting this FAP to the North Kansas City Hospital Board of Trustees for adoption.

2. Threshold Requirements for Patient Eligibility for Financial Assistance.

In order for a patient to be assessed for potential financial assistance per the eligibility criteria listed in Section 3 below, a patient must satisfy all of the following threshold requirements:

- a. Residency. The patient must reside in Missouri or Kansas and have established residency in Missouri or Kansas as evidenced by a state issued identification card, a recent utility bill, a residence lease or proof of home ownership, which documents must be submitted to NKCH upon request. If a patient is not an established resident of Missouri or Kansas, the patient will only be considered for financial assistance for specific dates of service when the patient has an unplanned, acute onset of illness and the patient is otherwise determined eligible based on the eligibility criteria listed in Section 3 below.
  - i. Patients found to be homeless with no evidence to the contrary, will be eligible for full 100% financial assistance of current outstanding balances.
- b. Cooperation with Efforts to Determine Payment Source. NKCH works with a contracted vendor to assist with the identification of and patient enrollment in applicable payment sources and possible health benefits that may be available to the patient (e.g. Medicaid, Social Security Disability, Crime Victims' Compensation). The patient must exhaust all other payment sources and possible health benefits that may be available to the patient in order to be considered for financial assistance. The patient must respond to all

information requests from NKCH's contracted vendor and must timely complete all applications for payment sources and health benefits recommended by the vendor.

- c. In-Network Services. Patients who have insurance coverage are encouraged to obtain their services in-network or to secure an out-of-network exception if the plan offers such an exception. Patients who receive services at NKCH and have an insurance plan that does not include NKCH in the coverage network are eligible only for the automatic discount described in Section 3 below, but not for presumptive eligibility or FAP Application-based financial assistance.

### 3. Eligibility Criteria.

Patients may be determined to be eligible for financial assistance based on an automatic discount process, a presumptive eligibility process, or a FAP application process. Each process and the eligibility criteria associated with each process will be described below. Patients may also be determined to be eligible for financial assistance in the form of COBRA premium assistance in accordance with NKCH's Temporary COBRA Premium Assistance Policy.

Automatic Discount Process. Uninsured accounts will be referred to NKCH's contracted vendor for review of possible health benefits that may be available to the patient; if a patient is found to have health benefits, the patient may still be eligible for full financial assistance under NKCH's presumptive eligibility process, and/or may also be eligible for financial assistance under NKCH's FAP Application Process. After the review by the contracted vendor is complete, if a patient is found not to have any health benefits, an automatic discount will be applied to uninsured accounts that is determined by multiplying NKCH's amounts generally billed or "AGB" percentage (as described in Section 4 below) by NKCH's gross charges for the patient's encounter for emergency or other medically necessary care.

An uninsured patient who receives an automatic discount may also be eligible for full financial assistance under NKCH's presumptive eligibility process, and/or may also be eligible for financial assistance under NKCH's FAP Application Process.

Presumptive Eligibility Process. NKCH utilizes a contracted vendor's proprietary software to assess presumptive eligibility for financial assistance. This assessment utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model analyzes public record data – including consumer public record data, estimated household federal poverty level ("FPL"), and whether a patient is a homeowner – to calculate a socio-economic and Financial Capacity Score ("FCS"). The model's rule set is designed to assess each patient against the same standards. Each patient account, including accounts of insured and of uninsured patients, will be evaluated for presumptive eligibility prior to being referred for collections. If a patient has a FCS score of less than or equal to 635 and an estimated FPL of less than or equal to 202%, the patient will receive full financial assistance and additional collections

efforts will not be pursued by NKCH for emergency or other medically necessary care. If a patient is eligible for financial assistance under the presumptive eligibility process, full financial assistance will be provided in lieu of requiring the patient to complete the FAP application and the patient’s account will be written off. Patients who are eligible for full financial assistance using the presumptive eligibility process will not receive a notification of financial assistance letter.

Accounts that have been referred for collections will be assessed for presumptive financial assistance eligibility on an ongoing basis periodically throughout the year, but at least quarterly; accounts that are found to qualify for full financial assistance under the presumptive eligibility process will be recalled by NKCH from collections and the patient will receive full financial assistance.

In the event a patient does not qualify for financial assistance under the presumptive eligibility process, the patient may still apply and be considered for financial assistance under the FAP application process.

FAP Application Process. A patient may apply using NKCH’s FAP Application Process for a partial or full discount from NKCH’s gross charges for emergency and other medically necessary care. Additional information about how to apply for financial assistance and NKCH’s process to review applications may be found in Section 5 and 6 of this FAP below. If this was not completed previously, at the time a FAP Application is received, uninsured accounts will be referred to a contracted vendor for review of possible health benefits that may be available to the patient and the patient must comply by applying for any recommended sources of possible health benefits before being considered for financial assistance under the FAP Application Process.

If a patient is uninsured and receives the automatic discount discussed above, financial assistance that is provided under the FAP Application Process is applied to the patient’s balance *after* the automatic discount is applied. If a patient has insurance, financial assistance that is provided under the FAP Application Process is applied to the patient’s balance that is assigned by the health insurer as patient responsibility after adjudication of the claim subject, however, to the limitation on amounts charged to FAP-eligible individuals described in Section 4 of this FAP below.

If a patient is eligible for financial assistance under the FAP Application Process, discounts will be applied based on the patient’s household Federal Poverty Level as follows:

Percent of Federal Poverty Level	% of discount off of balance (after automatic discount or insurance adjudication)
202% or below	100%

203%-300%	75%
301-350%	50%
351-400%	25%

A determination of whether a patient qualifies for financial assistance under the FAP Application Process will be made at the time sufficient information has been obtained to verify the patient’s eligibility, and as soon as possible after the patient first presents for services or indicates an inability to pay for emergency or other medically necessary services. Nothing in this FAP shall prohibit NKCH from offering further discounts or more favorable financial assistance than what is set forth in this FAP.

Catastrophic Circumstances. For patients who do not qualify for financial assistance under one of the processes defined above and who have a FPL of greater than 400% but who experience catastrophic events or illnesses and whose medical expenses have depleted individual or family income and resources to the point that medical expenses exceed 25% of annual income, NKCH may provide discounts on a case-by-case basis.

4. Limitation on Amounts Charged to Patients Eligible for Financial Assistance.

Following a determination that a patient is eligible for financial assistance under this FAP, the eligible individual will not be charged more than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. As such, the amount that is the responsibility of the FAP-eligible individual for emergency and medically necessary care will not be more than the amounts generally billed to individuals who have insurance.

NKCH uses the look-back method described in IRS regulations at 26 C.F.R. §1.501(r)-5 to determine amounts generally billed to individuals who have insurance. To calculate amounts generally billed under the look-back method, NKCH will determine the sum of all of the allowed amounts for all claims allowed for all medical care during a prior 12-month period by Medicare fee-for-service and all private health insurers that pay claims to NKCH. The sum of such allowed amounts are then divided by the sum of NKCH’s gross charges for those claims to determine the amounts generally billed or “AGB” percentage. The AGB percentage will be multiplied by NKCH’s gross charges for the patient’s encounter to determine the maximum amount that a FAP-eligible individual may be charged for emergency and other medically necessary care. The AGB percentage is based on the 12-month period of April 1 – March 31 and will be reviewed and updated annually, with changes to take effect on July 1 of each year. To obtain the current AGB percentage and a written description of the calculation thereof, please refer to the Financial Assistance section of the NKCH website, or contact NKCH Patient Financial Services

Department., Attn: Director, Patient Financial Services, 2800 Clay Edwards Drive, North Kansas City, MO 64116 or call (816)-691-2040.

If an individual is charged in excess of amounts generally billed to patients with insurance for emergency or other medically necessary care, and if the individual subsequently is determined to be eligible for financial assistance for the care, NKCH will refund any amount the individual has paid for the care that exceeds the amount that the individual is determined to be personally responsible for paying as a FAP-eligible individual, unless such amount is less than \$5 (or such other amount as published in IRS guidance).

5. Method to Apply for Financial Assistance under the FAP Application Process.

Patients who do not qualify for full financial assistance on a presumptive basis and who request financial assistance may apply for financial assistance under the FAP application process, including filling out and submitting a FAP application and providing the required information and documentation listed on the FAP application regarding income and assets. A completed FAP application and supporting documentation is required to be considered for financial assistance under this process. Patients applying for financial assistance under this process are required to provide proof of household income (e.g. gross wages, rental income, unemployment benefits, Social Security or disability benefits, alimony/child support, pensions, public assistance, any miscellaneous income). Patients may be required to provide their two most recent pay stubs, two most recent bank statements, and/or most recent tax return. If the patient's household has no income, the patient must provide a letter explaining what, if any, aid they are receiving from family, friends, and/or any agency or organization. If the patient is unable to prove household income, the patient should contact a NKCH Resource Counselor at (816)-691-2598 to discuss other evidence that may be provided to demonstrate eligibility for financial assistance. Patients applying for financial assistance under this process also are required to provide information about their assets (e.g. property ownership, stocks and bonds, CDs, IRAs/retirement funds, and bank accounts). Patients also are required to provide information about dependents in their household and about outstanding financial obligations other than usual household expenses. An approved financial assistance award will be applied to all household members included on the application.

Patients may request a FAP application at any time beginning on the date that care is provided. NKCH shall consider a completed FAP application for at least 240 days after the date of the first post-discharge billing statement (or, if longer, until the date that is the deadline specified in a written notice provided to an individual with regard to whom NKCH intends to initiate extraordinary collections actions) regardless of whether the patient's account has been referred for collections. NKCH may consider a completed FAP application that is submitted at any later date outside of this application period.

FAP applications are always free of charge and may be obtained in-person, online or by mail as detailed below. FAP applications are available in English, Spanish and Vietnamese.

- In-Person: Obtain an application at any one of the admissions areas or at the Account Services office (via the Main entrance) at 2800 Clay Edwards Drive, North Kansas City, MO 64116.
- Online: Download an application from the Financial Assistance section of the NKCH website.
- By Mail: Request an application be mailed by calling the NKCH Patient Financial Services Department at (816) 691-2040 between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday.

If a patient needs information or assistance regarding a FAP application, the individual may contact a NKCH Resource Counselor at (816)-691-2598 or at 2800 Clay Edwards Drive, North Kansas City, MO 64116 in the NKCH Patient Financial Services Department.

NKCH will not deny financial assistance under this FAP based on an applicant's failure to provide information or documentation unless that information or documentation is described in this FAP or on the FAP application. NKCH may grant financial assistance notwithstanding an applicant's failure to provide information or documentation described in this FAP or on the FAP application and may, for example, rely on other evidence of eligibility, an attestation by the applicant, or oral information from the applicant to determine that the applicant is FAP-eligible.

#### 6. Process to Review FAP Applications.

All FAP Applications are reviewed by a NKCH Resource Counselor. If a patient qualifies for financial assistance under the FAP application process, financial assistance will be awarded as described in Section 3 above under the heading "FAP Application Process."

Patients who complete a FAP application will receive a letter stating whether they were approved or denied for financial assistance and, if approved, the amount or percent of financial assistance that the patient was awarded as well as any conditions for the financial assistance. If financial assistance is provided under this FAP application, the patient will be presumptively eligible for the same level of financial assistance for six months from the date of the financial assistance approval.

If a patient does not qualify for financial assistance and the patient disagrees with this determination, the patient may request an appeal in writing within 45 days of the denial and may include any additional relevant information that may assist in the evaluation of the appeal. Appeals should be directed to NKCH Patient Financial Services Department, Attn: Director, Patient Financial Services, 2800 Clay Edwards Drive, North Kansas City, MO 64116.

7. Billing and Collections Policy.

NKCH maintains a separate billing and collections policy that describes the actions NKCH may take in the event of non-payment by patients. This policy may be obtained free of charge on the Financial Assistance section of the NKCH website, or by contacting the NKCH Patient Financial Services Department, Attn: Director, Patient Financial Services, 2800 Clay Edwards Drive, North Kansas City, MO 64116 or call (816)-691-2040.

8. Publication of this FAP.

NKCH will take the actions described in this section to cause this FAP to be widely publicized. NKCH will make this FAP, the FAP application and a plain language summary of this FAP available on its website. NKCH also will make such documents available upon request and without charge, both by mail and in public locations of NKCH, including at least the Emergency Department and admissions areas of NKCH. NKCH will notify and inform members of the community served by NKCH about the FAP in a manner reasonably calculated to reach individuals likely to require public assistance, for instance through marketing efforts and through NKCH's work with public health organizations.

In addition, NKCH will notify and inform patients about the FAP by taking the following actions. NKCH will offer a paper copy of the plain language summary of this FAP to patients as part of the admissions process. NKCH will include a conspicuous written notice on all billing statements that notifies and informs patients about the availability of financial assistance under this FAP and includes telephone contact information for the NKCH Patient Financial Services Department and the website where copies of the FAP, the FAP application and a plain language summary of this FAP may be obtained. NKCH will set up conspicuous public displays that notify and inform patients about the FAP in public locations of NKCH, including at least the Emergency Department and admissions areas of NKCH. NKCH will accommodate its significant populations who may be of limited English proficiency by translating this FAP and related documents into Spanish and Vietnamese.

9. Payment Plans.

As an additional effort to assist patients with medical bills, NKCH offers a financing program through a contracted vendor that allows patients to pay off their balances in manageable monthly payments over an extended period of time at 0.00% APR. Accounts on which NKCH has received no payments after 30 days from the first statement date will be referred to the contracted vendor to attempt to facilitate a payment plan with the patient. If a patient prefers not to work with NKCH's contracted vendor to establish a payment plan, NKCH also may permit partial payment arrangements as mutually agreed between NKCH and the patient.

10. Adoption.

This FAP has been adopted by the North Kansas City Hospital Board of Trustees.



**Appendix 1 to FAP  
Provider List  
Last updated September 9, 2024**

**Entities whose services are covered by this FAP:**

North Kansas City Hospital

**Providers and entities whose services are not covered by this FAP:**

Aesthetic Surgical Arts  
Amwell Psychiatric Care  
Ascentist Physicians Group, LLC  
Associated Plastic Surgeons  
Children's Mercy Hospital  
Colorectal Surgery Associates, PC  
Consultants in Gastroenterology, a Division of Digestive Health Specialists, LLC  
Discover Vision Centers  
Dwayne E. Jones, M.D., LLC  
Encompass Medical Group  
Epiphany Dermatology  
Facial Surgery Group PC  
Fine Foot Care Center  
Gates Hospitalists, LLC  
Head and Neck Surgery of Kansas City  
High Risk Pregnancy Center of Kansas City  
Interventional Pain Management  
John W. Gianino, M.D.  
Kala Danushkodi, M.D.  
Kansas City Center for Hip Preservation & Sports Medicine  
Kansas City Institute of Podiatry  
Kansas City Oral Surgery and Implant Center  
Kansas City Surgical Arts  
Kansas City Urology Care, PA  
KC Infectious Disease Consultants, LLC  
M.D. Electrodiagnosis, Inc, P.C.  
MAWD Pathology Group, PA  
McKnight Eye Center  
Meritas Health Corporation  
Midwest Aortic and Vascular Institute  
Midwest Emergency Medical Services, P.C.  
Monarch Plastic Surgery  
Nephrology Associates, MD, PC  
North Kansas City Hospital Cancer Center-Hematology & Oncology  
North Kansas City Hospital Cancer Center-Radiation Oncology

Northland Eye Specialists, PC  
Northland Radiology, Inc.  
Orthopedic Health of Kansas City, PC  
Orthopedic Surgeons, Inc.  
Pain Source Solutions, Inc.  
Pediatric Care North, Inc.  
Post-Acute Physicians of Missouri, PC  
Priority Care Pediatrics, LLC  
Real Time Neuromonitoring Associates, PC & Affiliated Entities  
Saint Luke's Physician Group  
Sano Orthopedics  
SanoKC.com  
Seastnan Medical, LLC  
Somers Eye Center  
Somers Vision Center, LLC  
Statrad  
TeleSpecialists, LLC  
The University of Kansas Cancer Center  
The University of Kansas Cancer Center-Radiation Oncology Pavilion  
Total Weight Loss Center  
U.S. Dermatology Partners  
WestGlen GI Consultants  
William S Tinsley, DDS