



Certificate of Need Program  
**EQUIPMENT REPLACEMENT APPLICATION**  
 Applicant's Completeness Checklist and Table of Contents



Project Name: SSM Health St. Clare Hospital CCL Replacement Project No: #6170 HT

Project Description: SSM Health replacing 17 yr. old Phillips Medical Systems Allura XPER FD20 with Siemens ARTIS icono ceiling Cardiology cardiac cath lab.

Done Page N/A Description

**Divider I. Application Summary: 2**

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

**Divider II. Proposal Description: 6**

- 7 1. Provide a complete detailed project description, CON project number of the existing equipment (if prev. CON approved), and include the type/brand of both the existing equipment and the replacement equipment.
- 7 2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes.
- 7 3. Provide a timeline of events for the project, from CON issuance through project completion.

**Divider III. Service Specific Criteria and Standards: 8**

- 9 1. Describe the financial rationale for the proposed replacement equipment.
- 9 2. Document if the existing equipment has exceeded its useful life.
- 9 3. Describe the effect the replacement unit would have on quality of care.
- 9 4. Document if the existing equipment is in constant need of repair.
- 9 5. Document if the lease on the current unit has expired.
- 9 6. Describe the technological advances provided by the new unit.
- 9 7. Describe how patient satisfaction would be improved.
- 9 8. Describe how patient outcomes would be improved.
- 9 9. Describe what impact the new unit would have on utilization.
- 9 10. Describe any new capabilities that the new unit would provide.
- 10 11. By what percent will this replacement increase patient charges.

*(If replacement equipment was not previously approved, also complete Divider IV below.)*

**Divider IV. Financial Feasibility Review Criteria and Standards: 11**

- 12 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.
- 18 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- 12-15 3. Document how patient charges are derived.
- 16-17 4. Document responsiveness to the needs of the medically indigent.

## Divider I. Application Summary



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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: SSM Health St. Clare Hospital CCL Replacement, 6170 HT, 1015 Bowles Ave Fenton, MO 63026, St. Louis

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

Table with 3 columns: List All Owner(s), Address, Telephone Number. Includes SSM Health and SSM Health St. Clare Hospital - Fenton.

3. Ownership (Check applicable category.)

Checkboxes for Nonprofit Corporation, Partnership, Individual, Corporation, City, County, District, Other.

4. Certification

In submitting this project application, the applicant understands that: (A) The review will be made as to the community need... (F) A CON, if issued, may not be transferred, relocated, or modified...

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 3 columns: Name of Contact Person, Title, Telephone Number, Fax Number, E-mail Address, Signature of Contact Person, Date of Signature. Values: Jill Mowry, Director, Strategy & Business Development, 636-496-2513, jill.mowry@ssmhealth.com, Jill Mowry, 12-6-2024





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REPRESENTATIVE REGISTRATION

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

Project Name SSM Health Hospital CCL Replacement	Number 6170 HT
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(Please type or print legibly.)

Name of Representative Jill Mowry	Title Director, Strategy & Business
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) SSM Health St. Clare Hospital	Telephone Number 636-496-2502
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Address (Street/City/State/Zip Code)  
1015 Bowles Ave., Fenton, MO 63026

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 SSM Health St. Clare Hospital	Telephone Number 636-496-2502
---	----------------------------------

Address (Street/City/State/Zip Code)  
1015 Bowles Ave., Fenton, MO 63026

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 <i>Jill Mowry</i>	Date 12-6-2024
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MO 580-1866 (11/01)



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 ***	_____ \$1,011,135
3. <b>Subtotal Construction Costs (#1 plus #2)</b>	_____ \$1,011,135
4. Architectural/Engineering Fees	_____ \$80,000
5. Other Equipment (not in construction contract)	_____
6. Major Medical Equipment	_____ \$1,282,181
7. Land Acquisition Costs ***	_____
8. Consultants' Fees/Legal Fees ***	_____
9. Interest During Construction (net of interest earned) ***	_____
10. Other Costs ***	_____ \$342,000
11. <b>Subtotal Non-Construction Costs (sum of #4 through #10)</b>	_____ \$1,704,181
12. <b>Total Project Development Costs (#3 plus #11)</b>	_____ \$2,715,316 **

**FINANCING:**

13. Unrestricted Funds	_____ \$2,715,316
14. Bonds	_____
15. Loans	_____
16. Other Methods (specify)	_____
17. <b>Total Project Financing (sum of #13 through #16)</b>	_____ \$2,715,316 **

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____ 818
21. Renovated Space Costs Per Square Foot *****	_____ \$1,236

\* 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 renovation square footage.

## Divider II. Proposal Description



**Divider II Proposal Descriptions - St. Clare Hospital Cath Lab Replacement 2024**

**1. Provide a complete detailed project description, CON project number of the existing equipment (if previously CON approved) and include the type/brand of both the existing equipment and the replacement equipment.**

- Previous CON Project #: 3173 FA
- Existing Equipment: Philips Allura XPER FD20
- Replacement Equipment: Siemens ARTIS icono ceiling Cardiology
  
- SSM St. Clare – Fenton hospital replaced its existing Phillips Allura XPER FD20 X-ray, that was installed in 2009, with a Siemens ARTIS icono ceiling Cardiology X-ray in 2024. In addition to the replacement of the X-ray equipment, the project included replacement of cabinetry, lowering of the ceiling, new flooring and paint, re-installation of the existing MacLab and Volcano system, placement of additional electrical outlets and placement of a ceiling-mounted anesthesia gas boom.

**2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes.**

Descripton	St. Clare RM1
Architect	\$ 80,000.00
Siemens	\$ 1,282,181.00
UPS	\$ 85,000.00
Construction	\$ 1,011,135.00
Mobile Setup	\$ -
Room Upgrades	\$ 15,000.00
Moving MAC Lab/IVUS	\$ 30,000.00
IVUS upgrade	\$ 112,000.00
Overtime	
Contingency	\$ 100,000.00
Escalation (add June 2024)	\$ 64,109.05
<b>Total Project</b>	<b>\$ 2,715,316.00</b>

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

Unfortunately, the project was completed prior to the team recognizing a CON needed to be completed for replacement equipment. SSM Health has identified a process improvement need (*via the last couple of CON requests and now this one*) to help ensure all project CON needs are addressed PRIOR to any implementation moving forward. That said, the dates for this request will be out of traditional order.

- Initial project planning began – March 2024
- Capital approval received – January 2024
- Construction started – June 2024
- Equipment delivered – August 2024
- Project completed – 9/14/2024
- First case with new equipment was on 9/18/2024
- CON LOI submitted – November 2024
- CON Full Application submitted – December 2024
- CON projected approval to be January 2025

Divider III  
Service Specific Criteria and Standards



## Divider III Service Specific Criteria and Standards - St. Clare Hospital Cath Lab Replacement 2024

**1. Describe the financial rationale for the proposed replacement equipment?**

The current equipment was not functioning and often went down due to repair needs for the past several years. Those repairs often need parts that are difficult to find, costly and take time to secure and repair causing lengthy down times leading to lost revenues and more importantly delayed care to patients in need.

**2. Document if the existing equipment has exceeded its useful life.**

Per Philips this equipment was End of Life on 12/31/2019 and the End of Support was on 12/31/2023.

**3. Describe the effect the replacement unit would have on quality of care.**

Decrease radiation doses to both patients and staff, decrease amount of IV contrast used during cases, and significantly improved image quality.

**4. Document if the existing equipment is in constant need of repair.**

Yes – since 2019 Trimedx has reported 123 downtime hours for this equipment and due to the old unit being 16 years old, parts were often difficult to find.

**5. Document if the lease on the current unit has expired.**

N/A – old unit was a capital purchase

**6. Describe the technological advances provided by the new unit.**

Significantly improved image quality leading to decreases in both radiation doses and IV contrast use during procedures: more automated movements decrease potential injuries to staff and provider satisfaction and confidence in diagnosis, lessening error rates.

**7. Describe how patient satisfaction would be improved.**

Lower risk of kidney injury or injuries from high radiation doses

**8. Describe how patient outcomes would be improved.**

Decreased volume of kidney injuries; improved image quality can provide better diagnostic data allowing for better decision-making for treatment plans, type of intervention needed, better sizing of equipment for patient anatomy.

**9. Describe what impact the new unit would have on utilization.**

Better imaging and more automation can improve efficiency, decrease the number of images needed, and decrease case length leading to improvements in both provider and patient satisfaction.

**10. Describe any new capabilities that the new unit would provide.**

Omni spin (allows X-ray arm to move to both sides of the table without manual intervention, live 2K imaging, Automap (automatic reference image during interventions), multimodality viewing on main screen (IVUS, FFR, PACs, vital signs, mapping systems, etc.), increased weight limit by 100 lbs compared to previous equipment, multi-tilt table, one single module at the table for the physician and scrub tech to operate all equipment, CLEARstent Live (allows for an improved display of fine stent structures), Fluoro Loop (storage and review of dynamic fluoroscopic sequence), and QVA Vascular analysis (vessel analysis with determination of degree of stenosis, distance measurement and calibration).

**11. By what percent will this replacement increase patient charges?**

There are no net new codes or services that can be realized via this equipment over prior equipment. SSM does not plan to add any overhead/additional charges due to the replacement of the unit. That said, with the new technology we should gain efficiencies to allow for additional procedures in a day potential leading to incremental growth of patient charges.

Divider IV  
Financial Feasibility Review  
Criteria and Standards

**Divider IV Financial Feasibility Review, Criteria, and Standards - St. Clare Hospital Cath Lab Replacement 2024**

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.

DEPT #	DEPT	PROJECT DETAIL	COMMITTED	VENDOR	CATEGORY	PAID	WBS	CK #	Da
3001000113	Cardiac Cath Lab	Renovations for Cardiac Cath Lab (May '24)	30,900	Alberici	Construction	30,899.92	CO-0200-M-B-232098-01	Bank Trf	07/11
3001000113	Cardiac Cath Lab	Renovations for Cardiac Cath Lab (Jun '24)	100,648	Alberici	Construction	100,647.76	CO-0200-M-B-232098-01	Bank Trf	08/21
3001000113	Cardiac Cath Lab	Renovations for Cardiac Cath Lab (Jul '24)	147,806	Alberici	Construction	147,805.55	CO-0200-M-B-232098-01	Bank Trf	09/21
3001000113	Cardiac Cath Lab	Renovations for Cardiac Cath Lab (Aug '24)	165,878	Alberici	Construction	165,878.00	CO-0200-M-B-232098-01	Bank Trf	10/21
3001000113	Cardiac Cath Lab	Renovations for Cardiac Cath Lab (Sep '24)	163,341	Alberici	Construction	163,340.97	CO-0200-M-B-232098-01	Bank Trf	11/11
3001000113	Cardiac Cath Lab	Architect Fees for Cardiac Cath Lab Renov. (Mar '24)	19,009	Lawrence Group	A&E	19,009.40	CO-0200-M-B-232098-01	2120357154	05/21
3001000113	Cardiac Cath Lab	Architect Fees for Cardiac Cath Lab Renov. (Apr '24)	38,019	Lawrence Group	A&E	38,018.80	CO-0200-M-B-232098-01	2120363413	06/11
3001000113	Cardiac Cath Lab	Architect Fees for Cardiac Cath Lab Renov. (May '24)	21,386	Lawrence Group	A&E	21,385.58	CO-0200-M-B-232098-01	2120381540	08/01
3001000113	Cardiac Cath Lab	Architect Fees for Cardiac Cath Lab Renov. (Jun '24)	2,443	Lawrence Group	A&E	2,443.44	CO-0200-M-B-232098-01	2120383949	08/11
3001000113	Cardiac Cath Lab	Architect Fees for Cardiac Cath Lab Renov. (Jul '24)	4,781	Lawrence Group	A&E	4,781.48	CO-0200-M-B-232098-01	2120411657	10/21
3001000113	Cardiac Cath Lab	Architect Fees for Cardiac Cath Lab Renov. (Aug '24)	8,079	Lawrence Group	A&E	8,079.47	CO-0200-M-B-232098-01	2120411657	10/21
3001000113	Cardiac Cath Lab	(1) ARTIS Icono Ceiling System (Interventional Angiography)	1,198,246	Siemens Medical Solutions	FF&E (Clinical)	1,198,246.00	EQ-0200-M-B-232098-01	Bank Trf, Bank Trf, Bank Trf	10/16
3001000113	Cardiac Cath Lab	(2) IntraSight 5's, #NVLV004	225,200	Philips Healthcare	FF&E (Clinical)	225,200.00	EQ-0200-M-B-232098-01	Bank Trf	06/11
3001000113	Cardiac Cath Lab	(1) ROAM 2 Diagnostic Catheter Cart #MDRSR2GCC; (1) RC	15,694	Medline Industries	FF&E (Clinical)	15,693.66	EQ-0200-M-B-232098-01	Bank Trf	05/01
			2,141,430			2,141,430.03			

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

See Page | 8

3. Document how patient charges are derived.

## SM HEALTH PRICING POLICY

Policy:	Hospital Pricing Policy
Approved By:	
Version History:	V1 September 2022; V2 August 2024

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Appendix ..... **Error! Bookmark not defined.**

    All SSM-Hospital Entities ..... **Error! Bookmark not defined.**

    Stakeholders..... **Error! Bookmark not defined.**

**Scope:**

All SSM-Hospital entities

**PURPOSE:**

The purpose of this policy is to provide guidance for initiating and maintaining appropriate patient charge pricing (rates/fees) for all SSM Health Hospitals. This applies for new charge requests throughout the year and annual price review for all hospital inpatient and outpatient pricing. SSM Health will maintain a uniform price schedule for all patients regardless of payor. This policy applies for all SSM-Hospital entities for the establishment and maintenance of patient charges for the following service categories:

- Room and bed
- Non-implant supplies
- Implants and pacemakers
- Lab
- Pharmacy drugs
- All other hospital-based procedures

**STRATEGIC PRICING REVIEW PROCESS:**

The Strategic Pricing Team conducts an **Annual Rate Review** of each hospital-billing facility’s fee schedules for services, supplies, procedures, and room and bed charges taking into consideration the following:

- Market data (prices charged by regional competitors, including type of hospital)
- Cost to provide the service (including specific costs where available)
- Medicare and Medicaid fee schedules
- Managed care fee schedules and contract limitations
- Pricing at other SSM-facilities (if applicable)

Regional and/or SSM-entity Finance leadership teams will be presented proposed price summary data for approval.

Mid-year CPT/HCPCS code additions and modifications will follow a similar process as the **Annual Rate Review**, putting emphasis on the available local market comparison data and in coordination with contracted fee schedules to maximize reimbursement.

It is the policy of SSM Health to consistently follow the standardized process to review charge pricing within 48 hours of time of request and move the change to production in the most efficient manner

## PRICING METHODOLOGY

SSM Health will employ a market-based hospital pricing strategy to align and remain competitive with Hospital IP & OP services. Ancillary Procedures (Technical/Facility Component) charges will be computed using the local peer competitor price data when available. The Medicare OPPS APC Wage Index Adjusted Payment Rate will be used as a benchmark comparison when available. The Contracting Analytics team will provide input for charges affected by payor contract fee schedules.

### PRICING CATEGORIES:

1. **Hospital-based procedure** charges are primarily derived from local peer competitor data and the Medicare OPPS APC wage adjusted rate found at [www.CMS.gov](http://www.CMS.gov); other considerations mentioned above will be reviewed when necessary.
2. **Supply and implant** charges are established and maintained using a cost-plus mark-up formula specific to each hospital-billing facility; any charges on a specific fee schedule may not retain the cost-plus mark-up initial relationship.
3. **Lab** charges are categorized as either “in-house” or “reference lab” (sent out to an established reference laboratory);
  - a. **Lab** charges are calculated in coordination with the Strategic Pricing team and Managed Care Contracting Analytics. In-house test costs are computed by the Lab Director/Manager, then appropriate markups are applied. Mark-up percentage may vary by region and/or facility.
4. **Pharmacy** charges are established and maintained using a percentage of Average Wholesale Price (AWP); the mark-up percentage this may vary by region and/or facility.

### HOSPITAL-BASED PROCEDURE PRICING:

- Competitor market data including specific local peer charges will be utilized as the primary source for arriving at prices (sourced from the SSM-Enterprise current peer comparison tool)

### AUDIT PROCESS

- Pricing history records must meet the external auditor requirements and will be readily available in an SSM-enterprise tool.

### EMERGENCY DEPARTMENT

- All Emergency Department charges, for all SSM entities, are computed as a factor of the existing Inpatient charge.

### MODIFIERS:

- Modifier 50 is defined as a bilateral procedure performed on both sides of the body. Bilateral Procedures (‘unilateral’ or ‘bilateral’ are part of the procedure description):
  - Unilateral codes will be priced according to the Hospital Outpatient (Ancillary) pricing policy stated above.
  - Bilateral codes will be priced at a factor of the current code.

## SUPPLIES & IMPLANTS

- Identified as items with UB Revenue Code 27x.
- Supply and implant charges are established and maintained using a cost-plus mark-up formula; any charges on a specific fee schedule may not retain the cost-plus mark-up initial relationship.
- Pricing for new implants and devices will take into consideration possible managed care contract stipulations.

### PASS THROUGH PRICING POLICY:

This policy includes devices, implants, drugs, biologicals, and radiopharmaceutical agents identified as status indicators G and/or H in addendum B as published in the final rule of OPSS in the Federal Register.

- A special formula is used for devices/implants/drugs/biologicals and radiopharmaceuticals that appear on CMS addendum B with status indicator H in the Federal register and must be monitored quarterly for updates. If the item is removed from the listing, the charge must be adjusted accordingly. Please review Addendum B on the CMS website for the current list of device category codes.
- Where multiple hospitals share the same fee schedule, SSM takes an average of the cost-to-charge ratios to use in the computation.

### LAB PRICING:

Lab test commercial prices are computed using a combination of payor contracted reimbursement levels, a markup based on cost, and a percentage of Medicare.

### PHARMACY PRICING:

Hospital-based pharmacy services are priced through the Epic Willow application and are not part of this policy.

### ORGAN AND STEM CELL PROCUREMENT:

Pricing of solid Organs is determined by the transplant department management using previous year transplant data. Charges will incorporate administrative costs incurred including, but not limited to transportation (flight) and surgeon fees. The organ acquisition codes are charged separately and in addition to the procedure to transplant or infuse them. Charges may vary based on whether it is from a living doner or cadaver. Physician procurement may also be added.

The Stem Cell program is based on donations and pricing of this process is determined by the Bone Marrow Transplant (BMT) Management team.



4. Document responsiveness to the needs of the indigent.

Bad Debt, Charity, Self-Pay as % of Gross Revenue							
Accountability							
December, 2023							
YEAR-TO-DATE							
	Actual		Budget		Variance	Prior Year	Variance
<b>SC-SL</b>							
Gross Revenue	832,220,504		797,834,791		34,385,713	770,549,347	61,671,157
Bad Debt	5,677,502	0.7%	17,116,909	2.1%	11,439,407	16,474,066	10,796,563
Charity	10,161,151	1.2%	2,475,068	0.3%	(7,686,083)	2,245,782	(7,915,369)
	15,838,653		19,591,977		3,753,324	18,719,848	2,881,195
Self-Pay Discount	11,434,062	1.4%	5,812,837	0.7%	(5,621,225)	8,695,807	(2,738,255)
Total Uncompensated Care	27,272,715		25,404,815		(1,867,901)	27,415,655	142,939
Bad Debt & Charity as % of Gross	1.9%		2.5%		0.6%	2.4%	-0.5%
	3.3%		3.2%		(0.1%)	3.6%	0.3%

### Financial Assistance

SSM Health is committed to providing financial assistance to people who are without insurance, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. SSM Health will provide care of emergency medical conditions to individuals regardless of their ability to pay.

Our hospital based Financial Counselors or our Customer Service Team is happy to assist you in finding the option that is right for you. Our Customer Service Team can be reached Monday through Thursday, 8 am to 7 pm and Friday from 8 am to 5 pm CST. Please call:

- SSM Health Hospital bill - [888-918-3512](tel:888-918-3512)
- SSM Health Medical Group bill - [888-918-3540](tel:888-918-3540)





### Hospital Financial Assistance

We are committed to providing financial assistance to people who are unable to pay for medically necessary care.

### Hospital & Medical Group Billing

When you receive medical care, you also receive a lot of paperwork about your care. Hospital and physician billing can be confusing. Find customer service contact information and frequently asked questions below about both SSM Health hospital bills and SSM Health Medical Group bills.

#### **For all SSM Health hospitals:**

- Call customer service at [888-918-3512](tel:888-918-3512)
- Email us at [billingquestions@ssmhealth.com](mailto:billingquestions@ssmhealth.com)

#### **For all SSM Health Medical Group locations:**

- Call customer service at [888-918-3540](tel:888-918-3540)
- Email us at [billingquestionsPB@ssmhealth.com](mailto:billingquestionsPB@ssmhealth.com)



### Medical Group Financial Assistance

Learn about the resources provided by our medical groups to support those in need.



Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

**Project Title:** SSM Health St. Clare Hospital CCL  **Project #:** #6170 HT

**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>2025</u>	<u>2026</u>	<u>2027</u>
<b>Amount of Utilization:*</b>	2,122	2,164	2,207
<b>Revenue:</b>			
Average Charge**	\$35,717	\$36,521	\$37,343
Gross Revenue	\$75,791,474	\$79,031,444	\$82,416,001
Revenue Deductions	57,527,420	59,986,080	62,555,208
Operating Revenue	18,264,054	19,045,364	19,860,793
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$18,264,054</b>	<b>\$19,045,364</b>	<b>\$19,860,793</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	8,006,328	8,491,387	9,006,520
Fees	0	0	0
Supplies	3,797,336	4,027,395	4,271,719
Other	2,363,883	2,507,097	2,659,191
<b>TOTAL DIRECT</b>	<b>\$14,167,547</b>	<b>\$15,025,879</b>	<b>\$15,937,430</b>
Indirect Expenses			
Depreciation	147,591	147,591	147,591
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	5,184,114	5,498,190	5,831,740
<b>TOTAL INDIRECT</b>	<b>\$5,331,705</b>	<b>\$5,645,781</b>	<b>\$5,979,331</b>
<b>TOTAL EXPENSES</b>	<b>\$19,499,252</b>	<b>\$20,671,660</b>	<b>\$21,916,761</b>
<b>NET INCOME (LOSS):</b>	<b>-\$1,235,198</b>	<b>-\$1,626,296</b>	<b>-\$2,055,968</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.