

From: [Shawn M. Hodges](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON #6180
Date: Wednesday, January 15, 2025 3:21:15 PM
Attachments: [image001.png](#)
[PhelpsHealthLogo-300pxwide_fc600a35-a27d-4722-802a-09528f32241f1111.png](#)
[FB-Icon_127bedba-816a-434d-98f0-ebbaa54ed7421111.png](#)
[Instagram-Icon_9f196cc3-8362-43ee-a274-a87e48185b891111.png](#)
[LinkedIn-Icon_2dd0999e-3b96-42e9-815c-bee24b18a9421111.png](#)
[YouTube-Icon_265126f7-4f62-4813-a68a-6352ea871fc81111.png](#)
[Forbes_BIS-Employer_2024_Logo_Rec_Color2_ce96c51e-6a6b-4aa1-bb88-893990a59676.png](#)
[Form1863 Hospital CT.pdf](#)
[EXTERNAL Payment Receipt.msg](#)
[Hodgess Form 1869 # 6180 HT.pdf](#)
[Account Verification Phelps Health x7583 1-25.pdf](#)
[form1865 Hospital CT \(002\).pdf](#)
[MAIN CT Encounters 2024.pdf](#)

Mackinzey- Please see responses below in red and the attached.

After review of the application, some additional information is needed.

- Provide a service area for the staff analysis.
 - Please see attached document (labeled: Main CT Encounters).
- Provide a registered representative form for Shawn Hodges.
 - A digitally signed copy was submitted with CON application project #6180 HT. Please see new form manually signed attached.
- The cost on the payment stub states \$1.3 million, however the project budget states the equipment is \$1.2 million. Advise.
 - The total cost of project 6180 HT is \$1,667,988 and the application fee sent in was \$1,668.

Cost Detail Sheet

Costs of Project:

• Siemens Somatom Pro.Pulse	\$1,214,678
▪ Trade in allowance (pg.27)	\$78,500
• Renovation/Construction and Shielding (GMP)	\$ 261,276
• Architect Fees-	\$16,675
• Other- UPS	\$96,859

Total Costs: \$1,667,988

- Provide an updated timeline.
 - Phelps Health will proceed with the project once CON approval has been received. The time to delivery once equipment is ordered is approximately 10 weeks. Phelps Health will begin room demo and removal of current CT approximately 30 days prior to confirmed delivery from vendor. Room construction (patching, repairing walls, paint, new flooring and base) should take approximately 4 weeks and then the CT install with vendor. The project will be completed in the end of May to early June in the second quarter of 2025. Periodic progress reports or extensions will be filed as needed.

- The US Bank letter is dated November 4, 2024. Provide an updated letter.
 - Please see attached letter (labeled: Account Verification Phelps Health) with new date and funds.
- Provide revenues and expenses for year 2028.
 - Please see attached updated form 1865 (labeled: form 1865 Hospital CT) including 2028.

Please let me know if you have further questions.

Shawn M. Hodges

Executive Director of Ancillary Services

Administration

P: (573) 458-7945

E: hodgess@phelpshealth.org



#WeArePhelpsHealth



PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING THIS MESSAGE

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>

Sent: Tuesday, January 14, 2025 4:56 PM

To: Shawn M. Hodges <hodgess@phelpshealth.org>

Subject: [EXTERNAL] CON #6180

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Shawn,

After review of the application, some additional information is needed.

- Provide a service area for the staff analysis.
- Provide a registered representative form for Shawn Hodges.
- The cost on the payment stub states \$1.3 million, however the project budget states the equipment is \$1.2 million. Advise.
-

Provide an updated timeline.

- The US Bank letter is dated November 4, 2024. Provide an updated letter.
- Provide revenues and expenses for year 2028.

This information is needed by Friday, January 24th, 2025.

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: mackinzey.fick@health.mo.gov

<http://health.mo.gov/information/boards/certificateofneed/index.php>



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name Phelps Health Hospital CT Replacement	Number 6180 HT
-------------------------------------------------------	-------------------

(Please type or print legibly.)

Name of Representative Shawn Hodges	Title Executive Director of Ancillary Services
----------------------------------------	---------------------------------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Phelps County Regional Medical Center "DBA Phelps Health"	Telephone Number 573-458-7945
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------

Address (Street/City/State/Zip Code) 1000 West 10th Street, Rolla, MO. 65401

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 Phelps County Regional Medical Center "DBA Phelps Health"	Telephone Number 573-458-7945
-----------------------------------------------------------------------------------------------------------------------------------	----------------------------------

Address (Street/City/State/Zip Code) 1000 West 10th Street, Rolla, MO. 65401

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 1-15-2025
------------------------	-------------------

Number of Encounters by County

Between 1/1/2024 and 12/31/2024 by year



Between
1/1/2024 and 12/31/2024

Population **9,567**

Data Model: Encounters
All of:

- County: **PHELPS, MO**
- Encounter Status: **Complete**
- Department: **PHS MAIN CT IMAGING**

Measures
Number of Encounters: 9,567

Population **3,170**

Data Model: Encounters
All of:

- County: **PULASKI, MO**
- Encounter Status: **Complete**
- Department: **PHS MAIN CT IMAGING**

Measures
Number of Encounters: 3,170

Population **1,700**

Data Model: Encounters
All of:

- County: **DENT, MO**
- Encounter Status: **Complete**
- Department: **PHS MAIN CT IMAGING**

Measures
Number of Encounters: 1,700

Population **980**

Data Model: Encounters
All of:

- County: **CRAWFORD, MO**
- Encounter Status: **Complete**
- Department: **PHS MAIN CT IMAGING**

Measures
Number of Encounters: 980

Population **913**
Data Model: Encounters
All of:
◦ County: **MARIES, MO**
◦ Encounter Status: **Complete**
◦ Department: **PHS MAIN CT IMAGING**
Measures
Number of Encounters: 913

Population **841**
Data Model: Encounters
All of:
◦ County: **None of the above**
◦ Encounter Status: **Complete**
◦ Department: **PHS MAIN CT IMAGING**
Measures
Number of Encounters: 841

Population **817**
Data Model: Encounters
All of:
◦ County: **TEXAS, MO**
◦ Encounter Status: **Complete**
◦ Department: **PHS MAIN CT IMAGING**
Measures
Number of Encounters: 817

Population **203**
Data Model: Encounters
All of:
◦ County: **GASCONADE, MO**
◦ Encounter Status: **Complete**
◦ Department: **PHS MAIN CT IMAGING**
Measures
Number of Encounters: 203

Population **72**
Data Model: Encounters
All of:
◦ County: **IRON, MO**
◦ Encounter Status: **Complete**
◦ Department: **PHS MAIN CT IMAGING**
Measures
Number of Encounters: 72

Population **63**
Data Model: Encounters
All of:
◦ County: **REYNOLDS, MO**
◦ Encounter Status: **Complete**
◦ Department: **PHS MAIN CT IMAGING**
Measures
Number of Encounters: 63

Population **61**
Data Model: Encounters
All of:
◦ County: **LACLEDE, MO**
◦ Encounter Status: **Complete**
◦ Department: **PHS MAIN CT IMAGING**
Measures
Number of Encounters: 61

Population **49**
Data Model: Encounters
All of:
◦ County: **MILLER, MO**
◦ Encounter Status: **Complete**
◦ Department: **PHS MAIN CT IMAGING**
Measures
Number of Encounters: 49

Population **43**
Data Model: Encounters
All of:
◦ County: **FRANKLIN, MO**
◦ Encounter Status: **Complete**
◦ Department: **PHS MAIN CT IMAGING**
Measures
Number of Encounters: 43



usbank.com

January 15, 2025

To whom it may concern,

Please accept this letter as confirmation that Phelps County Regional Medical Center, Phelps Health, is a customer in good standing with U.S. Bank and has an active account with the following details:

<i>Bank Account Number:</i>	████████████████████
<i>Bank Routing Number:</i>	██████████
<i>Balance as of 1/14/2025:</i>	\$12,098,051.01

If you need any further information or clarification, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Anna Milbach".

Anna Milbach
Senior Vice President
Government Banking Relationship Manager | Institutional Client Group
O: 319-900-1224 | M: 507-316-4656 | anna.milbach@usbank.com

From: [Shawn M. Hodges](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON #6180
Date: Thursday, January 16, 2025 10:11:37 AM
Attachments: [image001.png](#)
[image008.png](#)
[image010.png](#)
[image012.png](#)
[image014.png](#)
[image016.png](#)
[image018.png](#)
[Siemens Revised PO10004375 2024-10-22 08_51_46-0700.pdf](#)
[Siemens-Pro Pulse Addendum highlighted.pdf](#)

Mackinzey- Thanks for the clarification below. The quote is for \$1,330,048 which included a UPS. We asked the vendor for a change order to remove the UPS and we purchased a different UPS from ON Power which is on page 17 of the application and on form 1863 as other costs. The change order is on page 18 of the CON submission and also attached here for your review (Siemens Revised PO). Also attached in the signed change order with the vendor (Siemens Pro-Pulse Addendum highlighted). Sorry I was not more specific in the submission regarding the change order. Please let me know if I can be of further assistance.

Shawn M. Hodges

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Thursday, January 16, 2025 9:13 AM
To: Shawn M. Hodges <hodgess@phelpshealth.org>
Subject: [EXTERNAL] RE: CON #6180

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Shawn,

After review some additional information is still needed. I apologize as it appears I was not clear on my question/concern.

- The cost on the quote (pg.19) states \$1.3 million, however the project budget and quote payment stub (pg. 12 & 18) states the equipment is \$1.2 million. Advise.

This information is needed by Friday, January 24th, 2025.

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need
Department of Health and Senior Services
920 Wildwood Drive, P.O. Box 570



Phelps County Regional Medical Center
 DBA Phelps Health
 1000 W. 10th St
 Rolla, MO 65401
 United States of America

Purchase Order Number	PO10004375
Purchase Order Date	09/25/24
Account Number	9035
Issue Option	Print
Payment Terms	Net 15
Payment Type	EFT
Buyer	Kathy Hastings
Phone Number	+1 (573) 4587598
Email	khastings@phelpshealth.org

Supplier:
Siemens Medical Solutions Usa Inc 40 LIBERTY BOULEVARD MALVERN, PA 19355 United States of America

Ship To:
Phelps County Regional Medical Center 1000 W 10th St. Rolla, MO 65401 United States of America jrobertson@phelpshealth.org +1 (573) 4587598

Comments:
10/22/24 Emailed Revised PO & Contract Addendum to Quote #CPQ-620151 Rev 6 to gregory.thudium@siemens-healthineers.com for placement. PURCHASE OF THIS EQUIPMENT IS CONTINGENT ON PHELPS HEALTH OBTAINING CERTIFICATE OF NEED APPROVAL FROM THE MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

Bill To:
LE01 Phelps County Regional Medical Center DBA Phelps Health 1000 W. 10th St Rolla, MO 65401 United States of America accounts payable@phelpshealth.org +1 (573) 4587598

Shipping Terms	Shipping Method	Shipping Instruction
FOB Origin	Ground Shipping	Packages must not be greater than 150 pounds. If heavier, use 1Day Freight.

Goods Lines							
Line	Supplier Item #	Description	Quantity	UOM	Unit Price	Extended Amount	Due Date
1	14482061; 14482158; 14482160; 14482062; 14482066; 14482067; 14482382; 14482064; 14482083; 14482086; 14482087; 14482089; 14482091; 14482095; 14482096; 14482098; 14482597; 14472261; 14482082; 14482137; 14482146; 14482151; 14482101; 14482103; 14482079; 14482598; 14482602; 14482105; 14482109; 14482112; 14482114; 14482118; 14482122; 14482132; 14482115; 14482116; MDPPCTPRO_175; 4SPAS014; ACCESS_PROTECT; CARE_DOSE4D; CARE_DOSE_CONFIG; CARE_BOLUS; DICOM_SR; DOSELOGS; DOSE_ALERT; DOSE_NOTIFICATION; NEMA_XR-29; SURE_VIEW; UFC_DETECTOR; SYNGO_VRT; SYNGO_BONE_REMOVAL; WORKSTREAM4D; CT_FLEX_DOSE_PROFI; HD_FOV_70CM; CT_LUNGIMAGING_PUL; CT_STELLAR CT_TIN_FILTER_PUL; BISI2_WINSTALL; CT_PM; CT_BTL_INSTALL; CT_ADDL_RIGGING; CT_TRADE_IN_ALLOW; CT_BD_LV3; CT_EP2_24	1	EA	1,214,678.00	1,214,678.00	04/30/25	
		SOMATOM PRO.PULSE All items listed are included for this system					

Messages
Purchase Order Number must appear on all correspondence, invoices, shipping papers and packages.

Currency:	USD
Total Line Amount:	1,214,678.00
PO Total Amount:	1,214,678.00





CONTRACT ADDENDUM

10/11/2024

Sales Agreement Quotation CPQ-620151 for PHELPS HEALTH, Siemens Sales Order Number 0030296075, Purchase Order Number CON PO10004375, for a SOMATOM Pro.Pulse YMAT.

This Addendum shall become part of the Sales Agreement CPQ-620151 (equipment) between Siemens Medical Solutions USA, Inc. ("Siemens") and PHELPS HEALTH (Customer). If there is any conflict between the terms of this Addendum and the terms of Agreement, the terms of this Addendum shall control. Capitalized terms used herein and not otherwise defined herein, unless the context otherwise requires, shall have the same meanings set forth in the Agreement.

This Addendum is valid for 60 days from date of issuance.

Customer proposes to make the following changes to quote:

This change will delete:

Product Number	Product Name	Quantity	Price
PWR9395UPS275	Eaton 9395 275kVA UPS	1	\$103,222.00
PWM1FKK10X111XXXX	Maintenance Bypass Panel (MBP).	1	\$12,148.00

The contract total will change from \$1,330,048 to \$1,214,678.

Please sign below and revise your Purchase Order to account for proposed changes and the new Sales Agreement contract total. This Contract Addendum is specific to the Sales Agreement referenced above. Other Sales Agreements may be referenced and included on your Purchase Order that are not impacted by this Contract Addendum.

Customer must, where applicable, fully and accurately report any change in the net price of this purchase in the applicable cost reporting mechanism or claim for payment filed with the U.S. Department of Health and Human Services (DHHS) or a state agency and must provide, upon request of the Secretary of the DHHS or state agency, the information contained in the Contract Addendum.

If your organization does not plan to issue a revised Purchase Order based on the financial changes outlined in this Contract Addendum, please initial here indicating your agreement to pay the adjusted final invoice based on the terms and conditions of the original agreement _____.

Siemens Medical Solutions USA, Inc.
By (sign): Michael McKeogh
Name: Michael McKeogh
Date: 10/11/2024

PHELPS HEALTH
By (sign): Feri Brookshire-Heavin
Name: PHELPS HEALTH
Date: 10/11/2024

Thank you,

Michael McKeogh

From: [Shawn M. Hodges](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON #6180
Date: Tuesday, January 21, 2025 11:58:45 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[Change order confirmation letter 2025-01-21.pdf](#)
[Siemens Revised PO10004375 2024-10-22 08_51_46-0700.pdf](#)
[Siemens-Pro Pulse Addendum highlighted.pdf](#)

Mackinzey- Please see the first attachment (Change order confirmation letter) verifying that the vendor will honor the price. Please let me know if you have further questions. Hope you have a great week.

Shawn M. Hodges

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Friday, January 17, 2025 12:31 PM
To: Shawn M. Hodges <hodgess@phelpshealth.org>
Subject: [EXTERNAL] RE: CON #6180

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Thank you!

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: mackinzey.fick@health.mo.gov

<http://health.mo.gov/information/boards/certificateofneed/index.php>

From: Shawn M. Hodges <hodgess@phelpshealth.org>
Sent: Thursday, January 16, 2025 4:17 PM
To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Subject: RE: CON #6180

Mackinzey- I have reached out to the vendor requesting they confirm they will honor the \$1,214,678 pricing from the change order contract addendum. Once I receive a response I will forward it to you.

Have a good evening.

Shawn M. Hodges

From: Fick, Mackinzezy <Mackinzezy.Fick@health.mo.gov>

Sent: Thursday, January 16, 2025 3:30 PM

To: Shawn M. Hodges <hodgess@phelpshealth.org>

Subject: [EXTERNAL] RE: CON #6180

Importance: High

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Shawn,

Thank you for this!

I will continue to review your application with the information received.

- Could you provide an updated quote OR verify the vendor will still honor this price?

Mackinzezy Fick

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: mackinzezy.fick@health.mo.gov

<http://health.mo.gov/information/boards/certificateofneed/index.php>

From: Shawn M. Hodges <hodgess@phelpshealth.org>

Sent: Thursday, January 16, 2025 10:08 AM

To: Fick, Mackinzezy <Mackinzezy.Fick@health.mo.gov>

Subject: RE: CON #6180

Mackinzezy- Thanks for the clarification below. The quote is for \$1,330,048 which included a UPS. We asked the vendor for a change order to remove the UPS and we purchased a different UPS from ON Power which is on page 17 of the application and on form 1863 as other costs. The change order is on page 18 of the CON submission and also attached here for your review (Siemens Revised PO). Also attached in the signed change order with the vendor (Siemens Pro-Pulse Addendum highlighted).

Sorry I was not more specific in the submission regarding the change order. Please let me know if I can be of further assistance.

January 21, 2025

PHELPS HEALTH
1000 W 10TH ST
ROLLA, MO 65401

Attn: Shawn M. Hodges, Executive Director of Ancillary Services

Re: Expiration Date Confirmation **Contract Addendum to Quotation CPQ-620151**

Siemens Medical Solutions (Siemens) received from Phelps Health (Customer) a Purchase Order (PO10004375) for the purchase of Siemens quotation # **CPQ-205980** for a **SOMATOM Pro.Pulse** system resulting in Siemens sales order #30296075. Consecutively Siemens and Customer agreed to amend the purchase by executing a Contract Addendum dated 10/11/2024 ("Contract Addendum").

The sales order, subsequent order acknowledgement confirms a binding contract with Siemens Medical Solutions for the purchase of a **SOMATOM Pro.Pulse** under quotation **CPQ-620151** by the Customer which was subsequently modified by the Contract Addendum.

We confirm that the purchase including all documents above is current and valid as of 01/21/2025. The date on the signed Contract Addendum is no longer applicable (and can be disregarded) since the executed binding Contract Addendum was received by Siemens prior to the expiration of the Contract Addendum.

Should you have any questions related to this matter, please reach out to myself

Thank you.

Regards,

Michael Wenzel
Vice President, Finance – Midwest Zone
Customer Field Administration
Siemens Medical Solutions