From: Adams, Darcy L.

To: Fick, Mackinzey

Cc: <u>tony.claycomb-at-mymlc.com</u>; <u>Neal, Lance</u>

Subject: RE: CON 6186 HS

Date: Monday, June 2, 2025 5:45:40 PM

Attachments: <u>image001.pnq</u>

form1865 Service Specific Revenues and Expenses Project 6186 HS Revised 2025.06.02.pdf

Mackinzey,

Below and attached are our additional responses to your questions as follows:

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

To accommodate the growing volume of electrophysiology (EP) cases, an additional Cath Lab is required. This expansion will enable us to redistribute case volumes more efficiently, allowing each lab to specialize and operate at greater economies of scale. Since EP procedures necessitate a Cath Lab, this investment is essential to support future demand and optimize clinical throughput.

Divider II.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.

No changes to utilization amounts already provided. Approximately 20% of Cath Lab procedures provided are for historical and future years are electrophysiology (EP)-related.

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

There currently are no CON minimum annual utilization standards for electrophysiology (EP) utilization. However, the minimum annual utilization required to justify the addition of a new Cath Lab is met based on the projected increase in overall Cath Lab procedures.

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

Please see updated, attached Service-Specific Revenues and Expenses Form MO 580-1865. This updated utilization will match those amounts in Divider II.7.

Thank you for your time with Lance and I as we worked to answer your questions. Please advise if you have any further questions or need any additional information.

Respectfully,

Darcy Adams, PACE

EXECUTIVE ASSISTANT to:
Drew Keesbury, Chief Financial Officer
Amanda Pape, Assistant Chief Financial Officer

816.271.7066 P 816.271.7125 F 816.261.0650 C

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

Sent: Monday, June 2, 2025 11:31 AM

To: Adams, Darcy L. <Darcy.Adams@mymlc.com>

Subject: RE: CON 6186 HS

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Darcy,

Emailing your responses and updating Form 1865 is sufficient. The application does not need to be updated.

Thank you!



Mackinzey Fick

Assistant Program Coordinator Certificate of Need Agency :

http://health.mo.gov/information/boards/certificateofneed/index.php Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

⊠: mackinzey.fick@health.mo.gov | ☎: 573-751-6403

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From: Adams, Darcy L. < <u>Darcy.Adams@mymlc.com</u>>

Sent: Monday, June 2, 2025 9:59 AM

To: Fick, Mackinzey < <u>Mackinzey.Fick@health.mo.gov</u>>

Subject: RE: CON 6186 HS

Mackinzey,

I hope you had a great weekend. We are in the process of updating our responses for the CON application. Do you want me to respond in an email with our responses and updated form 1865 or do you want me to update the actual application?

We will be updating the following:

- 2.1, updating project description
- 2.7, adding a clarifying sentence
- 3.1, updating response regarding utilization
- 4.2, updating form 1865 to match utilization in section 2.7

Respectfully,

Darcy Adams, PACE

EXECUTIVE ASSISTANT to:

Drew Keesbury, Chief Financial Officer Amanda Pape, Assistant Chief Financial Officer

816.271.7066 P 816.271.7125 F 816.261.0650 C

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

Sent: Friday, May 30, 2025 8:38 AM

To: Adams, Darcy L. < Darcy L. < Darcy.Adams@mymlc.com>

Subject: RE: CON 6186 HS

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Good morning,

After speaking with Alison, we are requesting the following with the following clarification in red:

- Is this project for an EP lab or a Cath lab? Both equipment items are included. Again, I would recommend emphasizing that without a Cath Lab and EP would not be possible.
- Provide past utilization for the EP lab(s). Try to get an estimate of these numbers. We are also fine if you state that there are 3,000 cath lab procedures and 25% are EP related.
- The utilization for years 1, 2 and 3 after project completion is 3,048, 3,200, and 3,360 however the revenues and expenses form states 616, 736, and 928. These should be the same. Provide an updated utilization numbers or a updated revenues and expenses form. Again, these should match what numbers are provided above. If yr 1 is 3,000 then revenues and expenses should also be reflecting that 3,000.

If any of these requests don't make sense, please let me know and we can talk through then. Thank you!



Mackinzey Fick

Assistant Program Coordinator Certificate of Need Agency :

http://health.mo.gov/information/boards/certificateofneed/index.php Missouri Department of Health and Senior Services 920 Wildwood Drive, Jefferson City, MO. 65102

⊠: mackinzey.fick@health.mo.gov | **☎**: 573-751-6403

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From: Adams, Darcy L. < <u>Darcy.Adams@mymlc.com</u>>

Sent: Tuesday, May 27, 2025 1:41 PM

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

Cc: Neal, Lance < Lance. Neal@mymlc.com >

Subject: RE: CON 6186 HS

I will schedule a zoom meeting invite at 1:45 pm today.

Respectfully,

Darcy Adams, PACE

EXECUTIVE ASSISTANT to:
Drew Keesbury, Chief Financial Officer
Amanda Pape, Assistant Chief Financial Officer

816.271.7066 P 816.271.7125 F 816.261.0650 C

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

Sent: Tuesday, May 27, 2025 1:23 PM

To: Adams, Darcy L. < Darcy L. < Darcy.Adams@mymlc.com>

Cc: Neal, Lance < Lance. Neal@mymlc.com>

Subject: RE: CON 6186 HS

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Darcy,

I apologize for the late response. I am available for the rest of the afternoon if you would like to meet regarding the questions.

Thank you!



Mackinzey Fick

Assistant Program Coordinator Certificate of Need Agency :

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From: Adams, Darcy L. < Darcy.Adams@mymlc.com>

Sent: Tuesday, May 27, 2025 1:16 PM

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

Cc: Neal, Lance < Lance.Neal@mymlc.com>

Subject: RE: CON 6186 HS

Mackinzey,

Would you be available this afternoon at 1:30 pm for a Zoom or Teams call to discuss your questions below with Lance Neal, Finance Director, and myself?

Respectfully,

Darcy Adams, PACE

EXECUTIVE ASSISTANT to:
Drew Keesbury, Chief Financial Officer
Amanda Pape, Assistant Chief Financial Officer

816.271.7066 P 816.271.7125 F 816.261.0650 C

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

Sent: Tuesday, May 27, 2025 10:48 AM

To: Claycomb, Tony < <u>Tony.Claycomb@mymlc.com</u>>

Subject: RE: CON 6186 HS

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Tony,

This information is still needed by our office.

Thank you!



Mackinzey Fick

Assistant Program Coordinator Certificate of Need Agency :

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From: Fick, Mackinzey

Sent: Tuesday, May 13, 2025 9:34 AM

To: tony.claycomb-at-mymlc.com < tony.claycomb@mymlc.com>

Subject: CON 6186 HS

Importance: High

Tony,

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

- Is this project for an EP lab or a Cath lab? Both equipment items are included.
- Provide past utilization for the EP lab(s).
- The utilization for years 1, 2 and 3 after project completion is 3,048, 3,200, and 3,360 however the revenues and expenses form states 616, 736, and 928. These should be the same. Provide an updated utilization numbers or a updated revenues and expenses form.

This information is needed by Friday, May 23rd, 2025.



Mackinzey Fick

Assistant Program Coordinator Certificate of Need Agency :

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SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Heartland Regional Medical Center Project #: 6186 HS

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	Year		
sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.	2026	2027	2028
Amount of Utilization:*	3,048	3,200	3,360
Revenue:			
Average Charge**	\$58,259	\$60,589	\$63,013
Gross Revenue	\$177,573,432	\$193,884,800	\$211,723,680
Revenue Deductions	114,836,738	125,386,045	136,921,561
Operating Revenue	62,736,694	68,498,755	74,802,119
Other Revenue	02,730,094	0	0
TOTAL REVENUE	\$62,736,694	\$68,498,755	\$74,802,119
Expenses:			
Direct Expenses			
Salaries	16,073,499	17,550,068	19,164,674
Fees	0	0	0
Supplies	18,564,043	20,269,401	22,134,186
Other	4,915,916	5,367,509	5,861,320
TOTAL DIRECT	\$39,553,458	\$43,186,978	\$47,160,180
Indirect Expenses			
Depreciation	458,075	458,075	458,075
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
TOTAL INDIRECT	\$458,075	\$458,075	\$458,075
TOTAL EXPENSES	\$40,011,533	\$43,645,053	\$47,618,255
NET INCOME (LOSS):	\$22,725,161	\$24,853,702	\$27,183,864
	, ,	-)	, ,

^{*}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.

From: Adams, Darcy L.

To: Fick, Mackinzey

Cc: <u>tony.claycomb-at-mymlc.com</u>

Subject: RE: 6186 HS - Latest Three Years SSR and Expenses form 1865

Date: Tuesday, June 10, 2025 10:00:53 PM

Attachments: <u>image001.png</u>

form1865 Service Specific Revenues and Expenses Project 6186 HS Previous Three Years 2025.06.10.pdf

Mackinzey,

Please see attached the additional form 1865 for the latest three years for project 6186 HS. Please advise if you need anything further to complete the application.

Respectfully,

Darcy Adams, PACE

EXECUTIVE ASSISTANT to:
Drew Keesbury, Chief Financial Officer
Amanda Pape, Assistant Chief Financial Officer

816.271.7066 P 816.271.7125 F 816.261.0650 C

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

Sent: Friday, June 6, 2025 2:00 PM

To: Adams, Darcy L. <Darcy.Adams@mymlc.com> **Cc:** Claycomb, Tony <Tony.Claycomb@mymlc.com>

Subject: RE: 6186 HS

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Great, thank you so much!



Mackinzey Fick

Assistant Program Coordinator

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⊠: mackinzey.fick@health.mo.gov | **2**: 573-751-6403

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From: Adams, Darcy L. < <u>Darcy.Adams@mymlc.com</u>>

Sent: Friday, June 6, 2025 1:05 PM

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

Cc: tony.claycomb-at-mymlc.com < tony.claycomb@mymlc.com >

Subject: RE: 6186 HS

We will work on providing the additional form 1865 for the three previous years.

Respectfully,

Darcy Adams, PACE

EXECUTIVE ASSISTANT to: Drew Keesbury, Chief Financial Officer Amanda Pape, Assistant Chief Financial Officer

816.271.7066 P 816.271.7125 F 816.261.0650 C

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

Sent: Friday, June 6, 2025 10:26 AM

To: Adams, Darcy L. < <u>Darcy.Adams@mymlc.com</u>> **Cc:** Claycomb, Tony < <u>Tony.Claycomb@mymlc.com</u>>

Subject: RE: 6186 HS

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Darcy,

This is the correct page, however it is needed for the 3 previous years and 3 futures years – please see this note under project title.

If you have any additional questions, as always, please let me know!



Mackinzey Fick

Assistant Program Coordinator

Certificate of Need Agency: http://health.mo.gov/information/boards/certificateofneed/index.php Missouri Department of Health and Senior Services 920 Wildwood Drive, Jefferson City, MO. 65102

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From: Adams, Darcy L. < <u>Darcy.Adams@mymlc.com</u>>

Sent: Thursday, June 5, 2025 4:28 PM

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

Cc: tony.claycomb-at-mymlc.com < tony.claycomb@mymlc.com >

Subject: RE: 6186 HS

Mackinzey,

Is this what you are referring to in Section IV.2? We had provided this updated version when responding to your questions on Monday, June 2. If you are looking for something different, please advise.

This is for the three years after equipment is in use.

Respectfully,

Darcy Adams, PACE

EXECUTIVE ASSISTANT to:
Drew Keesbury, Chief Financial Officer
Amanda Pape, Assistant Chief Financial Officer

816.271.7066 P 816.271.7125 F 816.261.0650 C

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

Sent: Thursday, June 5, 2025 3:55 PM

To: Claycomb, Tony < <u>Tony.Claycomb@mymlc.com</u>> **Cc:** Adams, Darcy L. < <u>Darcy.Adams@mymlc.com</u>>

Subject: RE: 6186 HS

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Thank you!



Mackinzey Fick

Assistant Program Coordinator

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From: Claycomb, Tony < Tony. Claycomb@mymlc.com >

Sent: Thursday, June 5, 2025 3:53 PM

To: Fick, Mackinzey < <u>Mackinzey.Fick@health.mo.gov</u>> **Cc:** Adams, Darcy L. < <u>Darcy.Adams@mymlc.com</u>>

Subject: Re: 6186 HS

We'll get this information to you shortly, Mackinzey. Thank you.

Respectfully,

Tony

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

Sent: Thursday, June 5, 2025 3:43:28 PM

To: Claycomb, Tony <<u>Tony.Claycomb@mymlc.com</u>> **Cc:** Adams, Darcy L. <<u>Darcy.Adams@mymlc.com</u>>

Subject: 6186 HS

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Tony,

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

• Provide the revenues and expenses form for the first 3 years. If this was included in the application, please direct me to where it is located.

This information is needed as soon as possible but no later than June 11, 2025.



Mackinzey Fick

Assistant Program Coordinator

Certificate of Need Agency: http://health.mo.gov/information/boards/certificateofneed/index.php Missouri Department of Health and Senior Services 920 Wildwood Drive, Jefferson City, MO. 65102

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SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Heartland Regional Medical Center Project #: 6186 HS

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		Year	
sufficient number of copies of this form to cover entire per and fill in the years in the appropriate blanks.	FY22	FY23	FY24
Amount of Utilization:*	2,410	2,348	2,432
Revenue:			
Average Charge**	\$51,290	\$54,304	\$58,259
Gross Revenue	\$123,608,900	\$127,505,792	\$141,685,888
Revenue Deductions	72,607,197	73,420,192	86,649,748
Operating Revenue	51,001,703	54,085,600	55,036,140
Other Revenue	0	0	0
TOTAL REVENUE	\$51,001,703	\$54,085,600	\$55,036,140
Expenses:			
Direct Expenses			
Salaries	11,260,492	10,427,766	11,962,647
Fees	0	0	0
Supplies	10,701,725	11,255,853	13,676,868
Other	1,641,835	2,235,840	3,643,882
TOTAL DIRECT	\$23,604,052	\$23,919,459	\$29,283,397
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
TOTAL INDIRECT	\$0	\$0	\$0
TOTAL EXPENSES	\$23,604,052	\$23,919,459	\$29,283,397
NET INCOME (LOSS):	\$27,397,651	\$30,166,141	\$25,752,743

^{*}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.