Certificate of Need Program

NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Saint Luke's East Hospital: Purchase Additional Linear Accelerator Project No: 6187 HS

Project Description: Saint Luke's East Hosptial in Lee's Summit to Purchase Additional Linear Accelerator

Done	Page	N/A	Description
Divider I.			**Application Summary:**
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✔	2		2. Representative Registration (From MO 580-1869)
✔	6-7		3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.
Divider II.			**Proposal Description:**
✔	8		1. Provide a complete detailed project description and include equipment bid quotes.
✔	8		2. Provide a timeline of events for the project, from CON issuance through project completion.
✔	8		3. Provide a legible city or county map showing the exact location of the project.
✔	8		4. Define the community to be served and provide the geographic service area for the equipment.
✔	8-9		5. Provide other statistics to document the size and validity of any user-defined geographic service area.
✔	9		6. Identify specific community problems or unmet needs the proposal would address.
✔	9		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.
✔	10		8. Provide the methods and assumptions used to project utilization.
✔	10		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	✔	10. Provide copies of any petitions, letters of support or opposition received.
✔	10		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.
✔	10-11		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.
✔	146		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:**
✔	147		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.
✔	1447		2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
✔	147		3. Document how patient charges are derived.
✔	147		4. Document responsiveness to the needs of the medically indigent.

DIVIDER I: Application Summary

1. Applicant Identification and Certification (Form MO 580-1861)
    a. The required applicant identification and certification form is included in this application as Attachment #1.

2. Representative Registration (Form MO 580-1869)
    a. The required Representative Registration Forms are included in this application as Attachments #2-3

3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.
    a. The required Proposed Project Budget form is included as Attachment #4. The related detail sheet with documentation of costs is Attachment #5.

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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.)*

Title of Proposed Project	Project Number
Saint Luke's East Hospital: Acquire Linear Accelerator	6187 HS
Project Address *(Street/City/State/Zip Code)*	**County**
100 NE St. Lukes Blvd., Lee's Summit, MO 64186	Jackson

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

List All Owner(s): *(List corporate entity.)*	Address (Street/City/State/Zip Code)	Telephone Number
Saint Luke's East Hospital	100 NE St. Lukes Blvd., Lee's Summit, MO 64186	(816) 347-5000

List All Operator(s): *(List entity to be licensed or certified.)*	Address (Street/City/State/Zip Code)	Telephone Number
Saint Luke's East Hospital	100 NE St. Lukes Blvd., Lee's Summit, MO 64186	(816) 347-5000

3. Ownership *(Check applicable category.)*

- ☑ Nonprofit Corporation
- ☐ Individual
- ☐ City
- ☐ District
- ☐ Partnership
- ☐ Corporation
- ☐ County
- ☐ Other_____

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.)*

Name of Contact Person		Title
Audrey Hill		Operations Project Constant
Telephone Number	**Fax Number**	**E-mail Address**
(816) 589-4399		ahill@saintlukeskc.org
Signature of Contact Person		**Date of Signature**
Audrey Hill		1/31/2025

Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name	Number
Saint Luke's East Hospital: Acquire Linear Accelerator	6187 HS

(Please type or print legibly.)

Name of Representative	Title
Audrey Hill	Operations Project Consultant

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Saint Luke's Health System	(816) 932-2000

Address (Street/City/State/Zip Code)

901 E 104th St. Kansas City, MO 64131

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Saint Luke's East Hospital	(816) 347-5000

Address (Street/City/State/Zip Code)

100 NE St. Lukes Blvd., Lee's Summit, MO 64186

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
Audrey Hill	1/31/2025

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REPRESENTATIVE REGISTRATION

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

Project Name	Number
Saint Luke's East Hospital: Acquire Linear Accelerator	6187 HS

(Please type or print legibly.)

Name of Representative	Title
Theresa Rellihan	Manager, Radiation Therapy

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Saint Luke's Health System	816-932-2000

Address (Street/City/State/Zip Code)

901 E 104th St. Kansas City, MO 64131

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Saint Luke's East Hospital	816-347-5000

Address (Street/City/State/Zip Code)

100 NE Saint Luke's Blvd., Lee's Summit, MO 64086

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
Theresa Rellihan	2-3-25

MO 580-1869 (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 ***	$1,534,000
3. Subtotal Construction Costs (#1 plus #2)	$1,534,000
4. Architectural/Engineering Fees	$182,000
5. Other Equipment (not in construction contract)	$360,500
6. Major Medical Equipment	$4,741,000
7. Land Acquisition Costs ***	
8. Consultants' Fees/Legal Fees ***	
9. Interest During Construction (net of interest earned) ***	
10. Other Costs ***	$341,000
11. Subtotal Non-Construction Costs (sum of #4 through #10	$5,624,500
12. Total Project Development Costs (#3 plus #11)	$7,158,500 **
FINANCING:	
13. Unrestricted Funds	$7,158,500
14. Bonds	
15. Loans	
16. Other Methods (specify)	
17. Total Project Financing (sum of #13 through #16)	$7,158,500 **
18. New Construction Total Square Footage	
19. New Construction Costs Per Square Foot *****	
20. Renovated Space Total Square Footage	1,535
21. Renovated Space Costs Per Square Foot ******	$999

* *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.*

Proposed Budget Detail Sheet (Costs)

1. New Construction Costs:
    a. Not applicable
2. Renovation Costs
    a. $1,534,000 is the total estimate of renovation costs for this project
3. Architectural/Engineering Fees:
    a. $182,000 is the architectural and engineering fee estimate for this project
4. Other Equipment (not in construction contract)
    a. $360,500 is the estimate received from Stryker for "Other Equipment" for this project
5. Major Medical Equipment
    a. $4,741,000 is the estimate received from Philips for "Major Medical Equipment" for this project
6. Land Acquisition Costs
    a. Not applicable
7. Consultants' Fees/Legal Fees
    a. Not applicable
8. Interest During Construction (net of interest earned)
    a. Not applicable
9. Other Costs
    a. $341,000 is the estimate for other costs, categorized as contingency

DIVIDER II: Application Summary

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

a. Saint Luke's East Hospital plans to add an additional Linear Accelerator. Saint Luke's East Hospital currently owns and operates one Linear Accelerator, as approved in 2012 (CON project #4802 HS).

The estimated total project cost is $7,158,500. This includes a projected equipment cost of $4,741,000, a projected renovation cost of $1,534,000, and $182,000 in architectural fees. The square footage impacted by the build is 1,535. Upon CON approval and after construction and installation, we plan for the equipment to be fully functional in the 2nd Quarter of 2026. Quotes from Varian (a Siemens Healthineers Company) and Visionrt are included in this application as Attachments #6 and #7.

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

a. 05/05/2025: Certificate of Need Meeting Date; CON issuance date
b. Quarter 2 2025: Submit purchase order for equipment
c. Quarter 3-4 2025: Construction
d. Quarter 1 2026: Equipment Installation
e. Quarter 2 2026: Training, Go-Live

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

a. See Attachment #8.

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

a. The community served by Saint Luke's East Hospital is defined as the population residing within four Missouri counties: Jackson, Cass, Johnson and Lafayette. A map demonstrating the user-defined geographic service area is included as Attachment # 9.

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

a. The below table represents a summary of inpatient discharges by patient origin for Saint Luke's East Hospital spanning October 1, 2022 – September 30, 2023.

Saint Luke's East Discharges from Service Area		
SLE Service Area	**IP Discharges**	**% Total SLE Discharges**
Jackson County	10,707	70.5%
Other Counties *(Including Cass, Lafayette, and Johnson)*	1,833	12.1%
SLE Hospital Total	**15,198**	**100%**

Source: HIDI, FFY = October 1st, 2022 – September 30th, 2023

b. You will also find information below detailing projected service area population per the Missouri Department of Health and Senior Services Bureau of Health Care Analysis and Data Dissemination. This population utilizes Saint Luke's East Hospital and their unique needs are accounted for when planning for the provision of services.

County	2030 County Projection
Cass County, MO	118,522
Jackson County, MO	734,300
Johnson County, MO	56,261
Lafayette County, MO	33,121

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

a. The need for cancer care services in Saint Luke's East Hospital's service area remains high. Cancer remains a leading cause of death within our community, and Jackson County in particular continues to fair unfavorably when compared to state averages for cancer mortality rates.

The addition of a new TrueBeam Linear Accelerator will expand access to cancer care in our region. The new unit features updated technology and expanded features. It is designed to allow the delivery of precise dosage quickly and improve clinical workflows, improving patient outcomes and experiences.

The Varian™ TruBeam™ Linear Accelerator:

i. Rotates around the patient to deliver a prescribed radiation dose from nearly any angle.
ii. Generates 3D images in 60 percent less time than is required with other imaging technologies.
iii. Features real-time imaging tools that allow clinicians to "see" the tumor they are about to treat, allowing them to treat tumors with accuracy measured in submillimeters.

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

a. The historical utilization for each of the past three years is as follows:

Year	Cases
2022	18,864
2023	19,654
2024	21,894

b. The projected total utilization for the first full three years is as follows:

Year	Cases
2026	25,547
2027	26,858
2028	28,233

8. Provide the methods and assumptions used to project utilization.
   a. Case volume on the existing Linear Accelerator grew by 13% from 2022-2024 as detailed in this application's Service-Specific Revenues and Expenses (Form MO 580-1865). Assuming no significant changes to the population or community needs, a conservative estimate of 10% growth in overall cases is anticipated in the first three full years of operation with both pieces of equipment.

9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
   a. Saint Luke's East Hospital and all Saint Luke's Health System entities continuously monitor consumer preference and research patient needs. Included in this application as Attachment #10 is the most recent Community Health Needs Assessment for Saint Luke's East Hospital. To help Saint Luke's Health System improve health through outreach, prevention, education, and wellness efforts, we conduct Community Health Needs Assessments (CHNAs) for each of our hospital entities. We use a collaborative approach that is designed to identify and prioritize the greatest health care needs in each of the communities we serve. The CHNAs fulfill a requirement of the Affordable Care Act, and they reflect our health system's longstanding commitment to partnering with our communities to ensure impactful care to the people we serve.

10. Provide copies of any petitions, letters of support or opposition received.
   a. To be provided as supplemental information upon request.

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.
   a. A public notice was published in the KC Star on February 13, 2025, with the following language: "Saint Lukes East Hospital plans to acquire an additional Linear Accelerator unit, pending the Certificate of Need approval of their $7,158,500 application from the Missouri Health Facilities Review Committee. This application (project #6187 HS) will be filed on February 21, 2025." Please see attachment #11 for proof of placement.

12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.
   a. A letter was sent to affected facilities within the four Missouri counties in the geographic service area on February 6, 2025. Sample language and a recipient list has been included below.

      Sample language: "Attention Administrator: Saint Lukes East Hospital plans to acquire an additional Linear Accelerator unit, pending the Certificate of Need approval of their $7,158,500 application from the Missouri Health Facilities Review Committee. This application (project #6187 HS) will be filed on February 21, 2025." Please e-mail ahill@saintlukeskc.org for more information."

Facility Name	City	Zip
Belton Regional Medical Center	Belton	64012
Cass Regional Medical Center	Harrisonville	64701

Western Missouri Medical Center	Warrensburg	64093
Lafayette Regional Health Center	Lexington	64067
Children's Mercy Hospital	Kansas City	64108
St. Mary's Medical Center	Blue Springs	64014
Centerpoint Medical Center	Independence	64057
Center for Behavioral Medicine	Kansas City	64108
Research Medical Center	Kansas City	64132
Research Medical Center-Brookside Campus	Kansas City	64131
St. Joseph Medical Center	Kansas City	64114
University Health Lakewood Medical Center	Kansas City	64139
University Health Truman Medical Center	Kansas City	64108
Lee's Summit Medical Center	Lee's Summit	64063

varian
A Siemens Healthineers Company

TrueBeam_Saint Luke's East

Quotation Number - 2024-493338-2

This quotation governed under the Master Purchasing Agreement (the or this "Agreement") is entered into effective as of the 1st day of May, 2019 ("the Effective Date") by and between Saint Luke's Health System Inc., ("Saint Luke's, also referred to herein as "Customer:"), a Kansas nonprofit corporation, on its behalf and on behalf of the Facilities and Varian Medical Systems, Inc. ("Varian") a corporation. This agreement has an extension to 4/30/2025.

ST LUKES EAST HOSPITAL ("Customer")

Shawn Moorehead
110 NE SAINT LUKES BLVD BLDG F
LEES SUMMIT Missouri 64086-6000 United States
Tel : +1 641 430 5870
Email : smoorehead@saint-lukes.org

For and on behalf of Varian Medical Systems

Jill Skocelas
District Sales Manager- Central Region
25th Avenue
Schiller Park , IL 60176-2147 United States of America
Tel : 2312506867
Email : jill.skocelas@varian.com

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

Quote Information

Quotation Number : 2024-493338-2	Quotation Date : January 16, 2025	Quotation Valid Until : March 03, 2025
Customer Requested Delivery Date : March 27, 2026		
Customer Procurement Contact Name : Needed		
Billing Plan	See Quote billing plan Summary on the following pages which is incorporated by reference	

Sales

Incoterms : DPU Site Insured

Sales PO Required : No

Quotation Total

Quotation Total : US $4,200,000.00

Terms and Conditions

Products and Services: Customer's access to and use of the Products, Support Services and Services (except Software-as-a-Service or Subscription Services) as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) at: https://varian.com/RAD1652V_US_EN_MAR_2024 and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation. All terms and conditions provided in the website link listed in item (a) above are incorporated by reference and form part of the contract between Varian and Customer.
If there is a separate written agreement (e.g. master agreement) in effect between the parties that expressly provides for and governs the purchase and sale of the specific Products, Support Services, Services, Software-as-a-Service and/or Subscription Service set forth in this Quotation, such written agreement shall govern. Hard copies of the referenced terms and conditions and any additional terms indicated will be provided to Customer upon request.

For and on behalf of Customer

Authorized Representative :

Title :

Date :

For and on behalf of Varian Medical Systems

Authorized Representative :

Title :

Date :

Billing Summary

varian
A Siemens Healthineers Company

Sales Summary		
Value	Billing	Payment Terms
0.00%	On Down Payment	30 days net
80.00%	On Shipment	30 days net
20.00%	On Acceptance	30 days net
For orders equal or less than $100k, 100% upon shipment, net 30.		

Summary of Advantage Contract Credits Quoted Above

Section 2.0

Year 1 Total	76.0
Total Credits	76.0

Sales Price Table

Sales Total	US $4,200,000.00
Quotation Total	US $4,200,000.00

Item	Description	
1.0	TrueBeam	

1.1	**TrueBeam Base System 120 MLC**
	
	Treatment delivery system includes 120 leaf MLC with dual independent jaws, enhanced dynamic wedge, 6 MV X-ray treatment energy, 43 cm x 43 cm MV imager for radiographic, cine, and integrated imaging, Motion View CCTV camera system, treatment console with integrated audio and video systems, back pointer lasers, front pointer set, upper port film graticule to support basic quality assurance, and drum phantom for Machine Performance Check (MPC).
	Features:
	• Basic X-Ray treatment delivery technique package, including Static Photon, Photon Arc, and Dynamic Conformal Arc treatment delivery techniques
	• Intensity Modulated Radiotherapy (IMRT) treatment technique, including large field IMRT
	• Total Body Treatment technique package
	• 2D MV Radiographic and Cine Image Acquisition, 2D/2D Radiographic Image Review and match, Cine image review
	• Relative Portal Dosimetry Image and Integrated Image Acquisition
	• Matching of 2D radiographs to 3D reference images
	• Online addition of kV and MV imaging protocols to treatment fields, with automated generation of reference images
	• Online Physician Approval of Images at Treatment Console (compatible with ARIA only)
	• Automated Machine Performance Check Testing, Online Machine Performance Check Review
	• Offline Machine Performance Check Review
	• Image only sessions
	• Unplanned Treatment Mode up to 5 fractions
	• Fraction number displayed on in-room monitor
	• Match environment layout for 2D/2D and 2D/3D layouts default to the 2-panel
	• Custom DRR templates that are created in Eclipse will be available on the TrueBeam Platform
	• Online access to a marketing kit that contains a broad range of advertising, educational, promotional, and public relations materials targeted to referring physicians, patients, and the media
	• Electronic Dynamic Wedges (EDW)
	• Large field IMRT
	Prerequisites:
	• ARIA oncology information system for radiation oncology v15.1 through v17.0, or ARIA OIS v18.0 or higher, or compatible third-party oncology information system
	• Eclipse treatment planning system v15.1 or higher, or compatible third-party treatment planning system
	• If third-party OIS:
	  • Authentication Server for third-party OIS (Hardware and Software) or
	  • Authentication Server for third-party OIS (Software only)
	Customer Responsibilities:
	• Verify compatibility with third-party oncology information systems if applicable
	• Verify compatibility with third-party treatment planning systems if applicable
	• If using a scale other than IEC 60601 or IEC 61217 in the rest of the department, it may be necessary to change scales on all other machines. This may require additional purchases.
	Notes:
	• Multiple patient name in Japan market is applicable for Kanji, Kana and Romaji characters to identify the patient
		1

1.2	**TrueBeam v4.1**	1
1.3	**New Universal Baseframe 52" Fixed Floor**	1
1.4	**18/23 MV (BJR 11/17)** 40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.	1
1.5	**10/10 MV (BJR 11/17)** 40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.	1
1.6	**6/6 MV (BJR 11/17)** 40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.	1

Item	Description	
1.7	**20 MeV, 0-1000 MU/Min** 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.8	**16 MeV, 0-1000 MU/Min** 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.9	**12 MeV, 0-1000 MU/Min** 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.10	**9 MeV, 0-1000 MU/Min** 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.11	**6 MeV, 0-1000 MU/Min** 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.12	**IGRT Couch Top** Image Guided RadioTherapy (IGRT) carbon fiber treatment couch top, free of metal or other radiation-opaque materials. **Features:** • Indexed Immobilization® for compatible accessories • Couch top interface for mounting patient immobilization and quality assurance devices at the head of the couch • Lock bar for indexed positioning of equipment or immobilization devices on the couch top • Handrail for couch positioning, with hooks for temporary pendant placement during patient set up	1
1.13	**PerfectPitch 6DoF Couch** The PerfectPitchTM 6-Degrees of Freedom couch system **Features:** • Image-based 6DoF patient positioning **Prerequisites:** • TrueBeam® v2.5 MR2 or higher • ARIA® oncology information system v11.1 MR1 (11.0.55) and ARIA radiation therapy management v11 MR3 (11.0.47) or higher or compatible third-party oncology information system **Customer Responsibilities:** • Verify compatibly of third-party oncology information system	1
1.14	**10X High Intensity Mode** 40 cm x 40 cm maximum field size, dose rate range 400-2400 MU/min in 400 MU/min steps.	1
1.15	**6X High Intensity Mode** 40 cm x 40 cm maximum field size, dose rate range 400-1400 MU/Min in 200 MU/min steps.	1
1.16	**Low-X Imaging Energy** Low-X imaging energy configuration, providing high soft tissue contrast when imaging in-line with the treatment beam.	1
1.17	**HyperArc Treatment Delivery Capability** Frameless, MLC-based technique for multiple intracranial SRS targets. Automated non-coplanar treatment delivery with integral intrafraction imaging at specified couch angles. **Features:** • HyperArc™ Delivery License	1

Item	Description	
	Prerequisites: • TrueBeam™ or Edge® system v2.7 or higher • RapidArc® delivery license or Varian Volumetric Modulated Arc Therapy delivery license • PerfectPitch™ 6-Degrees of Freedom (6DoF) couch • Varian IGRT couch top or QFix KVue™ or kVue Calypso® couch top • Qfix™ Encompass™ SRS immobilization system for Qfix kVue™ or Qfix™ Encompass™ SRS immobilization system for kVue Calypso® or Qfix™ Encompass™ SRS immobilization system for IGRT couch top • Eclipse™ treatment planning system v15.5 or higher • HyperArc treatment planning license • Eclipse RapidArc® planning license • ARIA® oncology information system for radiation oncology v15.1 through v17.0, or ARIA OIS v18.0 or higher, or compatible third-party oncology information system **Customer Responsibilities:** • TrueBeam/Edge system needs to pass isocenter test that is performed by Varian installation/local service team. • Use of external devices connected to Motion Management or ADI interfaces with HyperArc are not validated or supported by Varian. • Verify compatibility with third-party oncology information systems if applicable **Notes:** • It is recommended that the patient CT scan used for treatment planning be acquired at a slice thickness of 1.25 mm or better	
1.18	**RapidArc Treatment Delivery** RapidArc® Treatment Delivery is a volumetric modulated arc treatment delivery technique. **Features:** • Simultaneous modulation of MLC aperture shape, beam dose rate, and gantry angle and rotation speed during beam delivery • Supports dynamic jaw tracking and collimator rotation with supporting treatment planning system **Prerequisites:** • 120 Multi Leaf Collimator or HD120™ Multi Leaf Collimator • Eclipse™ treatment planning system v11.0 or higher • RapidArc treatment planning license • Compatible server hardware and operating system. For detailed specifications, visit: www.varian.com/hardwarespecs	1
1.19	**kV Imaging System** kV Imaging system, providing 2D radiographic and fluoroscopic and 3D CBCT imaging capability **Features:** • kV CBCT image acquisition, review, and match to 3D reference image • Radiographic image acquisition, with 2D/2D and 2D/3D image matching to reference image • Fluoroscopic image acquisition, with structure overlay on fluoroscopic images. • kV CBCT image acquisition with a long field of view, provided by merging multiple indexed CBCT images online. **Prerequisites:** • ARIA oncology information system for radiation oncology v15.1 through v17.0, or ARIA OIS v18.0 or higher, or compatible third-party oncology information system • TrueBeam Platform v3.0 or higher **Customer Responsibilities:** • Verify compatibility with third-party oncology information systems if applicable	1
1.20	**Advanced Resp Motion Management System** Advanced Respiratory Motion Management System is a stereoscopic optical system for managing patient respiration motion during treatment delivery and imaging. **Features:** • Stereoscopic optical imager, including marker block for tracking patient respiration motion • Respiratory gated treatment delivery • Respiratory gated MV image acquisition and online review, respiration synchronized cine image acquisition and online review • Respiratory gated kV image acquisition and online review, respiration synchronized fluoroscopic image acquisition and online review **Prerequisites:** • TrueBeam®, VitalBeam, or Edge v2.7 and higher • kV Imaging System	1

Item	Description	
1.21	**Accelerated 4D CBCT Reconstruction** License and hardware package for 4D CBCT accelerated reconstruction **Features:** • 4D kV CBCT License • 4D CBCT Reconstruction on GPU License Package • 4D kV CBCT Image Match Review License **Prerequisites:** • TrueBeam Platform v3.0 or higher • kV Imaging System • Basic Respiratory Motion Management or Advanced Respiratory Motion Management System	1
1.22	**Filtrine Water Chiller** A closed loop water cooling system, providing clean water at a constant flow, pressure, and temperature for cooling a high energy medical linear accelerator. Ideal for sites where a dependable source of clean water for cooling is not available.	1
1.23	**Additional MotionView CCTV Camera System** Additional set of two Motion View CCTV cameras and displays. Camera placement is at customer discretion. **Features:** • Two pan, tilt, zoom CCTV cameras • Two desktopLCD displays with built in camera controls • Adjustable viewing angle for patient privacy • Push button pan, tilt, zoom, and home position control **Prerequisites:** • Motion View camera system, provided with linac system.	1
1.24	**Main Circuit Breaker Panel** Main circuit breaker panel, interfacing to a single power input feed from the facility Mains. Circuit breakers provide independent over-current protection for equipment at the console and in the treatment room. UL and IEC/CE certified.	1
1.25	**Supp. Phantom Kit** Supplemental imaging phantom kit for measuring resolution and contrast of kV and MV imaging systems. **Features:** • Leeds TOR 18FG phantom for measuring spatial resolution and contrast of kV imaging system • MV contrast phantom for measuring contrast performance of MV imaging system • Geometric phantom, mounted on IGRT couch top-compatible lock bar. Can be used for quality assurance of image guidance workflow. **Prerequisites:** • MV imaging system	1
1.26	**SRS Encompass IMB IGRT Couchtop** The SRS Encompass™ Immobilization package from Qfix™ is a dedicated SRS immobilization package specifically tailored for use with the IGRT couch top. **Features:** • Encompass Intracranial Standalone Device (quantity: 2) • Encompass mask system (quantity: 10)	1

Item	Description	
	• Direct Indexing™ Adapter for Varian IGRT couch top (quantity: 1) • Locating bar (quantity: 1) **Prerequisites:** • IGRT couch top • TrueBeam® v2.0 and higher • VitalBeam® v2.5 (China only) and higher **Notes:** • Training will be provided by Qfix	
1.27	**Motion Management Interface** Motion management interface is an integrated interface for validated external devices that provide patient positioning, patient and target motion monitoring, and/or respiratory gating. The Motion management interface supports connection of up to four external devices, two of which may be used for respiratory motion management or high speed beam hold. **Features:** • 4-DoF or 6-DoF patient positioning capability for compatible validated devices and couch configurations • Integrated external device beam hold and image-based patient repositioning workflow • Patient-specific external device activation and patient plan verification	1
1.28	**NLS: English**	1
1.29	**Vertical LAP Apollo Green Room Laser Kit** LAP Apollo Green Room Laser Kit for patient alignment with Vertical Remote-Controlled Sagittal Line Laser. **Features:** • 1 Apollo Green Remote-controlled Ceiling Crosshair Laser • 2 Apollo Green Remote-controlled Lateral Crosshair Lasers • 1 Apollo Green Vertical Remote-Controlled Sagittal Line Laser	1
1.30	**Filtrine Quick Connect Panel** See Filtrine Specification sheet for details	1
1.31	**Quick Ref Guide - English**	1

1.32	**HyperSight Imaging Solution**
	
	HyperSight™ for TrueBeam® Platform
	Features:
	• Gantry speed up to 1.5 RPM for Imaging and motions between treatment fields.
	• CBCT Metal Artifact Reduction
	• HU Accuracy and Uniformity
	• Extended Field of View reconstruction
	• Quart phantom for HU calibration
	• 27" Console Monitors
	Prerequisites:
	• TrueBeam or Edge™ v4.1 or higher
	• ARIA® oncology information system (OIS) v15.1 - v18.0 or higher, or compatible third-party
	• Eclipse™ treatment planning system v15.1 or higher, or compatible third-party
	• If third-party OIS:
	  • Authentication Server for third-party OIS (Hardware and Software) or
	  • Authentication Server for third-party OIS (Software only)
		1

1.33	**RapidArc Dynamic Treatment Delivery**	1

Item	Description	
	RapidArc Dynamic Treatment Delivery incorporates static-angle ports and dynamic rotation of the collimator during the treatment arc(s). **Features:** • 1 (one) Dynamic Collimator license • 1 (one) RapidArc Dynamic Treatment Delivery license **Prerequisites:** • TrueBeam or Edge SN 2001 and higher • TrueBeam or Edge v4.1 or higher • 120 Multi Leaf Collimator or HD120 Multi Leaf Collimator • RapidArc Treatment Delivery • RapidArc Dynamic Planning, with Eclipse v18.1 or higher • ARIA v18.0 or ARIA Core v18.1 or higher **Customer Responsibilities:** • Verify compatibility with third-party oncology information systems if applicable	
1.34	**Enhanced Triggered Imaging** Automated intrafraction 2D kV radiographic imaging, with images triggered by respiration phase or amplitude, gantry angle, time period, or MU. Automated image-based beam hold on fiducial markers, based on user-defined marker motion thresholds. **Features:** • Arbitrarily shaped fiducial detection for Auto Beam Hold (ABH) **Prerequisites:** • TrueBeam® or Edge™ v4.0 or higher • Advanced Respiration Motion Management System or Basic Respiration Motion Management System	1
1.35	**Additional In-Room Monitor System** Additional in-room monitors that can be placed at customer discretion.	1

1.36	**Gated CBCT**
	
	Gated Cone-Beam Computed Tomography (CBCT) provides the ability to acquire CBCT images synchronized with patient respiration (free-breathing or breath hold).
	Features:
	• Gated CBCT Imaging License
	• Short Arc CBCT Imaging License: CBCT image acquisition using a 120-150-degree arc, image review, and image match to respiratory gated reference image. Short arc CBCT can be used for single breath hold CBCT data acquisition.
	Prerequisites:
	• TrueBeam®, VitalBeam, or Edge v2.7 or higher
	• One of the following:
	  • Advanced Respiratory Motion Management System
	  • Basic Respiratory Motion Management System
	• kV Imaging System
		1

1.37	**Advantage Contract Credits** Advantage Credits can be utilized for Varian's Professional Services, such as on-site applications training, education, consulting (in applicable regions), and third-party services including clinical schools that are purchased through Varian. For further details, please reference the attached Terms and Conditions. **Notes:** • Offer is valid for 24 months after purchase	39
2.0	Advantage Credits	
2.1	**Advantage Contract Credits**	

Item	Description	

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

Notes:
- Offer is valid for 24 months after purchase

2.2 **Travel and Lodging**

Travel and Lodging that is purchased through Varian can only be used for attendance of education courses at a Varian Education Center and Varian clinical schools. Travel and Lodging cannot be used to attend tradeshows, or any event not related to Varian education and training courses. Allowance is applied only to the Travel and Lodging expenses, including airfare, hotel accommodations at a Varian preferred hotel, and a rental car. The customer is responsible for any expenses outside of the allowance.

Travel and Lodging charges, including any booking fees, will be direct billed and are not reimbursable if travel is booked outside of the travel agents used by Varian Medical Systems only. Once the customer's course registration is confirmed, the customer will contact Varian's designated travel agency to make the necessary travel arrangements and must provide their Varian sales order number.
The Travel and Lodging allowance expires 24 months from the acceptance date of the equipment. Any remaining balance is non-refundable and cannot be traded for other products or services.

2.3 **ED: TB101 TrueBeam Platform Operations** 16.0

(Qty : 1, Credit per Qty : 16.0)
Includes Tuition and Materials for ONE Person

This course provides training for Radiation Therapists responsible for the operation of the TrueBeam, providing an overview of the TrueBeam system, hands-on training to include: system components, shutdown procedure, startup with basic morning QA procedures, startup after an emergency shutdown and power failure, basic administrative information and treatment and imaging scenarios to include: basic 2D and 2D-2D imaging, treatment with automation, LaserGuard II and Machine Protection, imaging and treatment with custom blocks, Cone-Beam CT , gated imaging and treatment with intra-fraction motion review, auto-beam hold and emergency treatment.

Designed for Radiation Therapists who will treat patients on a daily basis and will be able to teach TrueBeam others users in the department

Pre-Requisites: Clinical training in Radiation Therapy. Clinical experience if treating patients on Varian machines. Clinical experience of IGRT, OBI and Cone-Beam CT.

Application has been made for MPCEC credits

Duration and Location:

4.0 days

Varian Education Center

Las Vegas, Nevada, USA

Advantage Credits Eligible

Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals), unless otherwise stated.

2.4 **Product Applications TrueBeam (per hour)** 60.0

(Qty : 60, Credit per Qty : 1.0)

Item	Description	
	Additional TrueBeam onsite training is available for previously trained Varian products. Sold and delivered by hours.	
3.0	RGSC	
3.1	**RGSC -- Couch Mount Camera** Respiratory Gating for Scanners (RGSC) is for respiration synchronized image acquisition on CT and PET-CT scanners. The RGSC system correlates tumor motion with the patient's breathing cycle. **Features:** • Monitors patient position during image acquisition in 3 motion axes • Provides session recording • The predictive filter monitors and predicts the patient's breathing pattern • Coaching of patient during breathing using audio and optional visual support • Includes five (5) marker blocks • Couch mount camera configuration with quick-lock mechanism **Prerequisites:** • If using ARIA® with RGSC in database mode, confirm ARIA compatibility in the latest RGSC Customer Release Note at MyVarian **Customer Responsibilities:** • Validate CT/PET scanners compatibility • Validate couch top compatibility	1
3.2	**VCD Option, Couch Mounted** Visual Coaching Device (VCD), couch mounted **Features:** • Visual Coaching Device (VCD) monitor to assist patient to achieve a steady and predictable breathing pattern • VCD connects to the Respiratory Gating for Scanners (RGSC) system wirelessly and supports all image acquisition modes, including breath-hold **Prerequisites:** • RGSC system v1.1 or higher **Customer Responsibilities:** • Customer must ensure that the compatible couchtop or overlay is installed.	1
3.3	**RGSC version 2.0**	1
3.4	**Connect with Siemens** RGSC system configured for validated Siemens Scanners. **Features:** • Connectivity to Siemens CT scanners **Prerequisites:** • RGSC v2.0 or higher **Customer Responsibilities:** • Validate CT/PET scanners compatibility	1
3.5	**VCD Couch Mount for Siemens RTP** Visual Coaching Device (VCD) couch mount hardware for Siemens RTP® couchtop **Prerequisites:** • Respiratory Gating for Scanners (RGSC) v1.1 system or higher • Visual Coaching Device (VCD) **Customer Responsibilities:** • Siemens RTP couchtop • Customer must ensure that the compatible couchtop or overlay is installed.	1
3.6	**STD TRNG: RGSC** This onsite training is included with the purchase of Respiratory Gating for Scanners (RGSC). This training covers RGSC Overview, System Components, User Rights, Start up and Shut down, Reference Session Procedure, Visual Coaching Device (if applicable), Quality Assurance, and References.	1

Item	Description	
	Training plan details will be provided by the training management team as part of your product implementation process. **Features:** • On-site training for using the RGSC system on a CT Scanner • Length: 1 day • Offer is valid for 18 months after installation of product **Prerequisites:** • RGSC system **Customer Responsibilities:** • Customer must ensure all trainees are available for the entire duration of scheduled training. **Notes:** • Training is non-refundable and non-transferable	
4.0	TPS Eclipse	
4.1	**RapidPlan Additional** RapidPlan™ interface for one (1) user **Features:** • RapidPlan interface for one (1) user **Prerequisites:** • RapidPlan Core	1
4.2	**HyperArc Planning, Additional** Eclipse external beam planning for frameless, MLC-based delivery technique for single or multiple intracranial SRS brain targets in support of HyperArc™ delivery. **Features:** • HyperArc Planning License for one user **Prerequisites:** • Existing HyperArc planning license • HyperArc delivery license • TrueBeam® or EDGE™ system software v2.7 or higher • Eclipse RapidArc Planning License	1
4.3	**GPU Enabled Framework Agent Server (FAS)** A Framework Agent Server (FAS) that includes the necessary GPU (Graphics Processing Unit) cards required to support the Framework Agent Server GPU Algorithm license. The FAS is a high-performance server dedicated exclusively to running Varian's Eclipse Distributed Calculation Framework (DCF). FAS with DCF leverages specialized Grid Clustering power (network-based parallel processing) to optimize throughput for Eclipse planning and dose calculation in both native client/server topologies and Citrix environments. Multiple Framework Agent Servers may be configured to create a FAS Array. **Features:** • Includes GPU cards **Prerequisites:** • Eclipse 15.5 and higher **Customer Responsibilities:** • A properly networked environment connected at 1Gbps • Server rack equipped with power supply input voltage 208V/240V AC @50/60Hz 10A • Power Distribution Unit (PDU) or supply rail which outputs 208V/240V (1600W)	1

Item	Description	
	• Computer Uninterruptible Power Supply (UPS) 220V • Installation of the server into the rack • Installation of server into existing customer domain **Notes:** • Server will not run on low-line 110V/120V AC • Does not support Windows Server 2008R2	
5.0	RapidArc Dynamic	
5.1	**RapidArc Dynamic Planning Core** Eclipse RapidArc Dynamic Planning facilitates dynamic arc treatments by integrating static-angle ports and dynamically rotating the collimator during the treatment arc(s). Treatments are produced through volumetric dose optimization to generate intensity modulated dose distributions. **Features:** • RapidArc Dynamic Planning for one (1) user **Prerequisites:** • Eclipse v18.1 or higher • RapidArc Planning • Eclipse FAS or calculation workstation with minimum 16GB GPU memory • TrueBeam v4.1 or higher • RapidArc Dynamic Treatment Delivery	1
5.2	**NC RapidArc Dynamic Planning (TBOX)** Eclipse RapidArc Dynamic Planning facilitates dynamic arc treatments by integrating static-angle ports and dynamically rotating the collimator during the treatment arc(s). Treatments are produced through volumetric dose optimization to generate intensity modulated dose distributions. **Features:** • RapidArc Dynamic Planning for one (1) user **Prerequisites:** • Non-Clinical Eclipse v18.1 or higher • Eclipse T-Box Software Package • Non-Clinical RapidArc Planning • Eclipse FAS or calculation workstation with minimum 16GB GPU memory	1

5.3	**STD TRNG: RapidArc Dynamic Onsite**
	
	Standard onsite RapidArc® Dynamic training at Go-Live. Intended audience includes system configurators, quality assurance authorities, quality assurance performers, planners, and radiation prescribers.
	Features:
	• Customized training plan details will be provided by the training management team after the initial discussion of customer needs
	• Training Type: Onsite at customer location
	Prerequisites:
	• Completion of the Varian RD100 RapidArc Dynamic Planning Video Series on VarianThink
	• Review of the RapidArc Dynamic Planning Workbook on MyVarian
	• Completion of the pre-onsite remote session
	• RapidArc Dynamic licenses installed and accepted
	Customer Responsibilities:
	• Review all product documentation available on MyVarian.com in advance
	  • Eclipse™ treatment planning system Customer Release Notes
	  • Eclipse Photon and Electron Instruction for Use
	Notes:
	• Offer is valid for up to 18 months after purchase
	• Non-transferable to other users, products, and services and non-refundable
		1

5.4	**STD TRNG: RapidArc Dynamic Remote** Standard onsite RapidArc® Dynamic training. Intended audience includes system configurators, quality assurance authorities, quality assurance performers, planners, and radiation prescribers. **Features:**	2

Item	Description	

- Customized training plan details will be provided by the training management team after the initial discussion of customer needs
- Training Type: One (1) pre-onsite or post-onsite remote training session up to two (2) hours with a clinical applications specialist

Prerequisites:
- Must have access to a phone and computer with internet connection
- Completion of the Varian RD100 RapidArc Dynamic Planning Video Series on VarianThink
- Review of the RapidArc Dynamic Planning Workbook on MyVarian

Customer Responsibilities:
- Remote access to the customer software may be required
- Review all product documentation available on MyVarian.com in advance
    - Eclipse™ treatment planning system Customer Release Notes
    - Eclipse Photon and Electron Instruction for Use

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

5.5 **INCL ED: RD101 RapidArc Dynamic WS** 1

The RapidArc® Dynamic treatment planning and delivery workshop enables participants to implement RapidArc Dynamic treatment planning and treatment delivery and make it part of the clinical routine. The training is designed to enable users to be competent and confident in using RapidArc Dynamic planning tools within the Eclipse™ treatment planning system and treatment delivery on the TrueBeam® system. Users will be provided the knowledge to help them gain mastery of RapidArc Dynamic planning concepts and complexities as well as experience RapidArc Dynamic treatment delivery on the TrueBeam. Users will learn and practice treatment planning strategies to develop clinically acceptable treatment plans for a quick adoption of this treatment planning technique. Intended audience includes system configurators, quality assurance authorities, quality assurance performers, planners, and radiation prescribers.

Features:
- Topics covered include:
    - Introduction to RapidArc Dynamic Treatment Planning
    - Overview of Arc Tools and Optimization
    - Treatment Planning practice on the Eclipse treatment planning system highlighting clinical disease sites with increasing complexity
    - RapidArc Dynamic Treatment Delivery concepts with hands-on practice on the TrueBeam 4.1 Treatment Delivery System
- Training Type and Location: Classroom at the nearest Varian Education Center that offers this course

Prerequisites:
- Completion of the Varian course RD100 RA Dynamic on the VarianThink platform
- Review of the RapidArc Dynamic Planning Workbook on MyVarian

Customer Responsibilities:
- Review all product documentation available on MyVarian.com in advance
    - Eclipse Treatment Planning Customer Release Notes
    - Eclipse Photon and Electron Instruction for Use

Customer Responsibilities:
- All travel expenses (airfare, hotel, rental car, meals, and travel incidentals)

Notes:
- Includes tuition and materials for one person
- Offer is valid for up to 18 months after installation of product
- Non-transferable to other users, products, and services and non-refundable

5.6 **INCL VT: RD100 RA Dynamic VarianThink** 1

The RapidArc® Dynamic Video Series on VarianThink includes an overview of the complete RapidArc Dynamic workflow and covers configuring operating limits in RT Administration, RapidArc Dynamic treatment planning in Eclipse™ treatment planning, and treatment delivery on the TrueBeam® system. The video series enables participants to master RapidArc Dynamic treatment planning concepts and treatment delivery aspects to make it part of the clinical routine. The training is designed to enable users to be competent and confident in using RapidArc Dynamic planning tools within the Eclipse™ treatment planning system and treatment delivery on the TrueBeam system. Intended audience includes system configurators, quality assurance authorities, quality assurance performers, planners, and radiation prescribers.

Features:
- • Eclipse topics covered include:

Item	Description

- RapidArc Dynamic Overview
- Configuring Operating Limits for RapidArc Dynamic
- Arc Tools
- Create a RapidArc Dynamic Plan
- RapidArc Dynamic Optimization
- Automatic Skin Flash Tool
- RapidArc Dynamic Plan Evaluation
- Modifying RapidArc Dynamic Plans
- RapidArc Dynamic Conflict Resolution
- TrueBeam topics covered include:
- Dynamic RapidArc Static Collimator
- Dynamic RapidArc with Collimator Rotation
- Training Type: e-learning modules via the VarianThink™ online platform

Prerequisites:

- Basic knowledge of computers and the Windows operating system
- Basic knowledge of Eclipse™ treatment planning system v15.5 or higher
- Basic knowledge of ARIA® oncology information system v15.1 or higher

Customer Responsibilities:

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

Notes:

- Offer is valid for up to 18 months after installation of product
- Access to course content is valid for up to 365 days from initial access of the course on the VarianThink online platform
- Non-transferable to other users, products, and services and non-refundable

6.0 Rapid Arc Dynamic Clinical Implementation

6.1 **CTS Custom SOW** 1

CTSI will design a custom scope of work and pricing for a service

7.0 HyperSight Imaging Clinical Implementation

7.1 **CTS Custom SOW** 1

CTSI will design a custom scope of work and pricing for a service

8.0 Commissioning

8.1 **CTS Custom SOW** 1

CTSI will design a custom scope of work and pricing for a service

Advantage Credits
Supplemental Terms and Conditions

(Form RAD 10442)

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

1. General

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

2. Expiration Schedule

Advantage Credits expire according to the following schedule:

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

3. Scopes of Work

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

4. Third Party Service Providers

4.1 Certain services are provided by and through third party service providers that are not affiliated with Varian, namely clinical schools and physics services (e.g. commissioning). Varian disclaims any warranty or performance obligations related to any third party service provider and will act solely as a pay agent, to collect fees for services from Customer and to pay fees for such services to the third party service provider. Customer has the final decision to purchase services through Varian third party service providers or to select another service provider outside of the Quotation and Varian does not make any recommendations to use third party service providers.

4.2 **Changes to Third Party Service Providers by Customer.** Customer shall have a one-time right to request in writing that a third party service provider be replaced with an alternate provider that is participating in the Program. If Varian, at its sole discretion, approves the request, Customer shall be subject to any related termination fees and additional costs incurred by Varian or the third party service provider and other terms and conditions indicated in the

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

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

5. Performance of Services

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

6. Service Offerings

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

Commissioning package for:

- Varian linac commissioning on Eclipse
- Use preconfigured model (from Varian Representative Beam data)
- **No ICVI cones were purchased**

Work to be Performed by CTSI

- Data Collection as required by purchased Eclipse Algorithms
- SBRT small field data measurement down to 1cm x 1cm.
- Eclipse Calculated model validation and benchmarked
- IMRT and RapidArc Validation
- Enhanced Dynamic Wedge Validation
- Portal Dosimetry Commissioning
- Absolute Output Calibration – AAPM TG-51
- Customer Data Books and Commissioning Report

Photons

1. Open field PDD measurements for square/rectangular field sizes of:
    a. 2, 3, 4, 5, 5x20, 6, 8, 10, 12, 15, 20x5, 20, 25, 30, 35, 40cm^2
        i. Measured with a 0.125cc ion chamber
    b. 1, 2, 3, 4cm^2
        i. Measured with a solid-state detector
2. Open field Crossline Profiles will be measured for the field sizes of:
    a. 3, 4, 5, 5x20, 6, 8, 10, 12, 15, 20x5, 20, 30, 40cm^2
        i. Measured with a 0.125cc ion chamber
    b. 2, 3, 4cm^2
        i. Measured with a solid-state detector
    c. Depths of: Nominal d_{max}, 5, 10, 20 and 30cm
3. Inline profiles will be measured for the square field sizes of:
    a. 5, 10, 20, 30, 40cm^2
    b. Depths of: Nominal d_{max}, 5, 10, 20 and 30cm
4. Open field S_{cp} factors measured with CC13 chamber for square field sizes
    a. Measurement geometry shall be 100cm SSD, d_{max}
    b. 2, 3, 4, 5, 6, 8, 10, 12, 15, 20, 25, 30, 35, 40cm^2
        i. Measured with a 0.125cc ion chamber
5. Open field S_{cp} factors measured with CC13 chamber for rectangular field sizes
    a. Measurement geometry shall be SAD, d= 5 cm (4MV-15MV), d=10 cm (> 15MV).
    b. X = 3, 4, 5, 7, 10, 15, 20, 30, 40cm^2
    c. Y = 3, 4, 5, 7, 10, 15, 20, 30, 40cm^2
6. Small field data collection
    a. 1x1, 2x2 and 3x3 MLC defined fields via gamma analysis to calculated plans

   b. PDD, Profiles, and CAX Point Doses
7. Diagonal profiles for the maximum square open field size at depths of nominal d_{max}, 5, 10, 20, and 30cm
8. S_c Measurements will be made for square fields sizes of 2, 3, 4, 5, 6, 8, 10, 12, 15, 20, 25, 30 and 40 cm^2
   a. Measurement geometry shall be 100cm SDD, d_{max} with build-up cap
9. Dosimetric leaf gap and MLC transmission measurement
   a. MLC transmission and DLG using algorithm guide geometry and Varian provided delivery files
10. Water measurements QA Baselines for on-going QA

Electrons

1. Central axis depth ionization curves; Open 10x10 applicator
   a. Measured for each of the standard applicators to a depth R_p+10 cm or greater
   b. A CAX depth ionization scan for a 40x40 cm^2 open field for use in eMC algorithm configuration
2. Profiles measured for each standard applicator
   a. Crossline profiles will be measured at depths of d_{max}, d90 and d80
   b. Inline profiles will be collected for the 25x25cm^2 applicator at d_{max} depth.
3. Applicator factors for each applicator
   a. Applicator factors will be measured at 100cm SSD
   b. Factors will also be measured at 100 cm SSD for a 40x40cm^2 open field if required for the Eclipse eMC algorithm
   c. VSD will be calculated from in-air profiles at 100, 110, and 120cm SDD
   d. A crossline profile in air for a 40x40cm^2 open field at a distance of 95cm

Enhanced Dynamic Wedge

1. EDW profiles and wedge factors measured for the following field sizes at a depth of 5cm, 100cm SAD on a profiler
   a. 4x4, 10x10, 15x15 and 20x20
   b. EDW angles 10°, 15°, 20°, 25°, 30°, 45° and 60°
   c. Profiles are compared to the extracted Eclipse profiles

Eclipse beam model configuration

1. Verify console configuration for the linear accelerator is setup properly in Eclipse. Import the console configuration if necessary
2. Utilizing Varian Representative Beam data, configure beam models for each energy. This will include:
   a. AAA and AcurosXB® for x-rays and eMC for electrons
   b. PO for Optimization
3. Configure Portal dosimetry for each x-ray energy and run verification plans

4. Complete point dose calculations for comparison to measured point doses
5. Complete sample EDW, IMRT, and Rapid Arc plans
6. Portal Dosimetry: Calculation and verified test plans per quoted energies
7. Compare Eclipse calculated model data to the measured TrueBeam data

Eclipse Model Validation

1. Gamma Analysis of measured vs Eclipse calculated data
   a. Measured PDDs and Profiles are compared to calculated PDDs and Profiles in Eclipse via calculated test plans and dose extraction
2. Point dose measurements for model and absolute dose validation
   a. Measured along CAX for photon field sizes 6x6, 5x20, 10x10, 15x15, 20x20, 20x5, 30x30, 40x40 cm^2
   b. Measured along CAX for electron field for all applicators at d_{ref}, converted to d_{max}
   c. Combined with all relative measurements to create absolute dose comparisons for all curves
3. Absolute dose validation (measured vs calculated) for 1x1, 2x2 and 3x3 MLC defined fields, at depth of 10 cm, with TRS-483 corrections

IMRT and RapidArc Validation

1. Measurements for RapidArc commissioning
   a. RapidArc Commissioning per Varian guidelines using Varian provided delivery files
      i. Output linearity during arc delivery
      ii. DMLC dosimetry to evaluate the effects of gravity on MLC leaf position
      iii. MLC Picket fence at cardinal angles
      iv. MLC picket fence with RapidArc
      v. MLC picket fence with RapidArc with errors
      vi. Accurate control of dose rate and gantry speed during rapid arc delivery
      vii. Accurate control of leaf speed during rapid arc delivery
2. Measurements for Portal Dosimetry commissioning
   a. PDIP models configured for all energies

Absolute dose calibration check

1. Absolute dose calibration check of linac using the AAPG TG51 protocol. For reference only. Client's physicist must do the final absolute dose calibration of the linac.
2. The absolute dose calibration check will be performed using the geometry specified by the customer Physicist (SSD, reference field size)

Commissioning review with customer physicist

1. Review of data collected and data book
2. Review of TPS configuration and preference settings
3. Demonstration of QA results

Attachment #7

Vision RT Inc
580 Howard Ave
Somerset, NJ 08873
Tel: 866 778-2379
Fax: 651 229-3531
Email: sales@visionrt.com

Prepared For: Shawn Moorehead, Physicist

Customer: St. Luke's Health System
St. Luke's East Hospital
110 N.E. Saint Luke's Blvd.
Lee's Summit MO 64086
USA

Prepared By: Maryelisabeth Tjader

Email: mtjader@visionrt.com

Mobile:

Offer Expires: 29 August 2025

Date Issued: 24 May 2024

Reference: MTJ2417506-01 V4

Date Revised: 16 January 2025

Summary of offer	Site	Qty
AlignRT system for patient setup, surveillance (including advanced treatments) for the TrueBeam Linac. Includes three camera units. The system is upgradable to support full connectivity to the Linac. Separate packages to support this can be provided.	St. Luke's East Hospital	1
Stereotactic calibration cube phantom, levelling plate and software. Allows direct calibration of AlignRT to MV iso-centre for C-Arm treatment systems.	St. Luke's East Hospital	1
6DoF support for systems configured with Varian Perfect Pitch Couches.	St. Luke's East Hospital	1
The AlignRT Real Time Coach is a visual coaching tool to indicate to a patient when their vertical breathing motion and postural alignment are within the user-defined position for delivery of treatment.	St. Luke's East Hospital	1
Perpetual license of Postural Video module	St. Luke's East Hospital	1
Perpetual license of 3D Photo module	St. Luke's East Hospital	1

Code #	Description	Qty	Price
ALRT-PS3C-STD	**AlignRT: 3 Camera System Real Time Patient Positioning, Tracking and Surveillance**	1	**Included**
	Including		
	VisionRT camera unit	3	Included
	AlignRT software upgrade: 3 camera support	1	Included
	AlignRT workstation; Remote console in control room	1	Included
	AlignRT Patient Tracking Software	1	Included
	DICOM RT Import Module	1	Included
	Physical calibration plate	1	Included
	PSU for AlignRT Camera	1	Included
	Portable device to allow the remote control of key functions of AlignRT software	3	Included
SW-ACO-CALIB	**Advanced Camera Optimization**	1	**Included**
	Including		
	Advanced optical set-up and verification of the AlignRT system.	1	Included
ALRT-VAR-TB-MMI2	**TrueBeam upgrade AlignRT to be MMI ready (does NOT include MMI)**	1	**Included**

	Including AlignRT upgrade to be gating (Beam Hold) ready. The MMI interface to the TrueBeam Linac is sold separately. Includes the Integrated Gate Controller providing the interface between the workstation and Varian's Motion Management Interface Version 2 (MMI is not included and must be purchased separately). (see note 2)	1	Included
SRS-CALIB-Mk2-STD	**Stereotactic calibration cube phantom, levelling plate and software** *Including* Stereotactic calibration cube phantom and levelling plate. (see note 3) Stereotactic calibration module: includes analysis software	1 1 1	**Included** Included Included
SW-VAR-6DOF	**License for 6DoF Couch Control for use with Varian Perfect Pitch Couches** *Including* Move Couch capability to adjust patient position with six degrees of freedom. Ability to fine-tune patient position to minimise deltas. (see note 4)	1 1	**Included** Included
ALRT-RTC.MK2	**Real Time Coach MK2** *Including* REAL TIME COACH – Release MK2 Couch mounted wireless device, attached via clamp and gooseneck. Includes LCD screen to provide visual feedback to patients of their breathing motion. Device is battery powered and should be recharged daily. Allows at least 10 hours of continuous operation (see note below). (see note 5)	1 1	**Included** Included
LA-POSTURAL-NOEXP	**Pricing for perpetual access to Postural Video module** *Including* Monochrome live video of patient from any camera unit with overlay of high contrast reference position outline for use during patient setup and for visualization during treatment (see note 6)	1 1	**Included** Included
ALRT-3DP-NOEXP	**Pricing for perpetual access to 3D Photo module** *Including* Monochrome texture mapping to overlay photo-realistic texture-map of patient on 3D surface. (see note 7)	1 1	**Included** Included
	Installation and training for all items quoted (see note 1)		

List price	623,300 USD
Discount	124,871 USD
Offer price	**498,429 USD**

*** The above price excludes shipping costs, import duties and any applicable sales taxes. Standard shipping lead time: 90-120 days.**

Customer is responsible for disposing of packaging at its own cost.

Comprehensive Service And Support Contract Price for all systems in this quote, 5 Years Annual Fee, Reflects 8% discount, net*	**42,481 USD**

***Annual Service FEE NOT INCLUDED in Equipment total and to be billed separately beginning in month 13 post-acceptance. Special service pricing valid only if service contract is executed at time of system purchase.**
Subject to terms and conditions as per attached Support Contract Price sheet.

Notes:

1 Any additional mounting or fixing mechanism or construction costs required to use the Vision RT product shall be the responsibility of the customer.

2 Please speak to your Vision RT sales representative to confirm system requirements and compatibility.

3 The Stereotactic module may only be used on AlignRT systems that utilise the HD or newer camera platforms.

4 Requires Varian 6DoF couch to be installed and configured (not included). Contact your Varian Sales representative for details.

5 The device contains a rechargeable battery. The battery is required to power the device for a typical day of use and is capable of a minimum of 10 hours of continuous operation. This equates to at least 40 patients a day, where monitoring typically operates for 15 minutes per patient. If more patients are to be treated, or if the monitoring time per patient is longer, then it may be necessary to charge the unit when not in use.

6 Customer is responsible for providing access to the database during system installation and support when required. An additional fee will apply for systems that are not available for remote access.
100% payment due on order for software only quotes. Contact your regional sales manager for further information.
Terms are subject to clause 10 of the Terms and Conditions.

7 Customer is responsible for providing access to the database during system installation and support when required. An additional fee will apply for systems that are not available for remote access.
100% payment due on order for software only quotes. Contact your regional sales manager for further information.
Terms are subject to clause 10 of the Terms and Conditions.

This Quotation is subject to Vision RT's standard terms and conditions of sale (the "Terms and Conditions") as attached. Defined Terms in this Quotation shall have the same meaning as given to them in the Terms and Conditions.

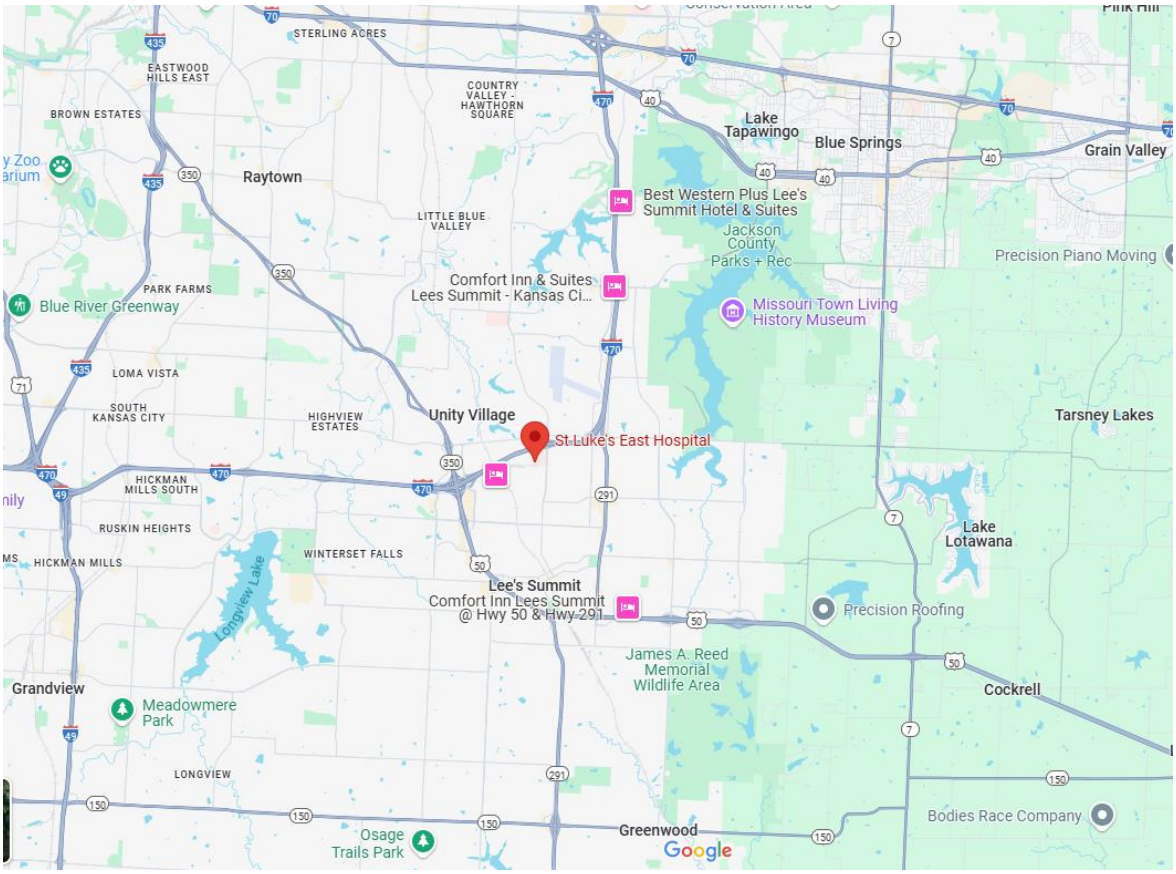
Warranty period is 12 months as per the attached Terms and Conditions of Sale.

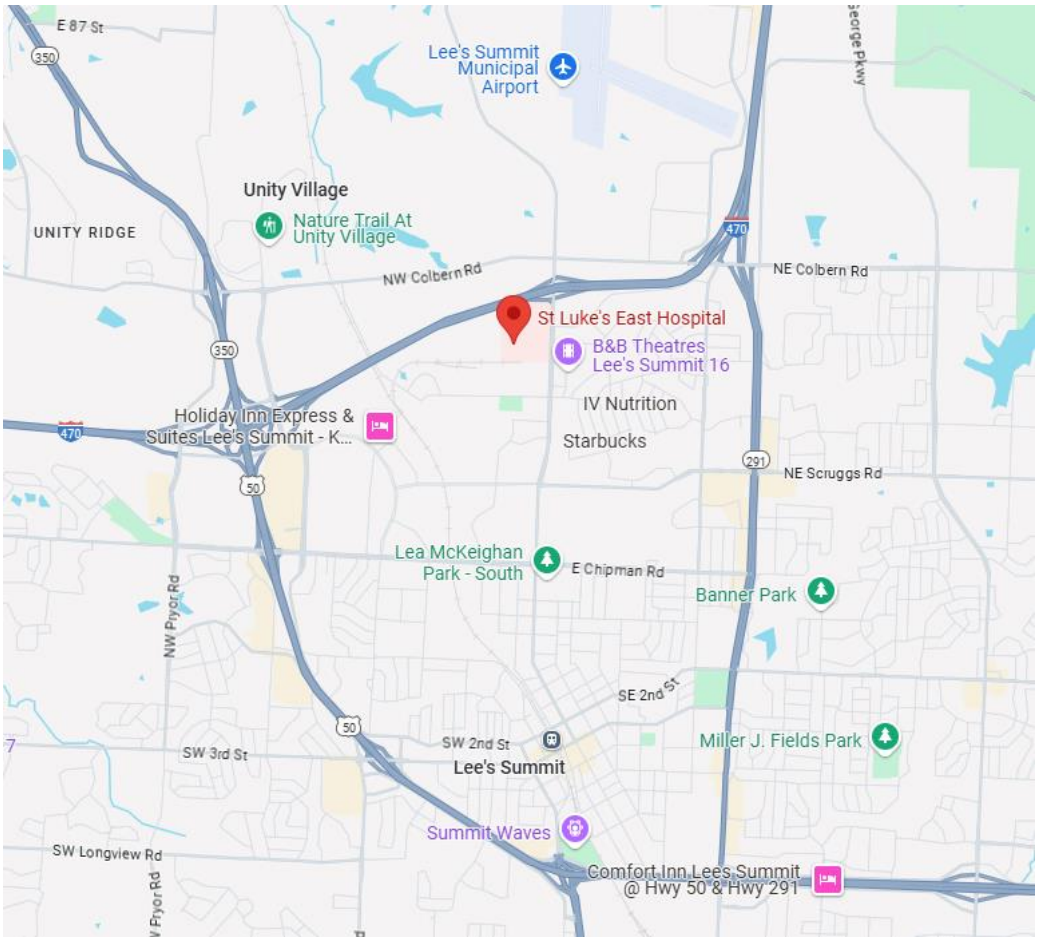
Full product support during the Warranty Period and during any subsequent service plan will only be available if the customer provides internet access to Vision RT to allow remote access support.

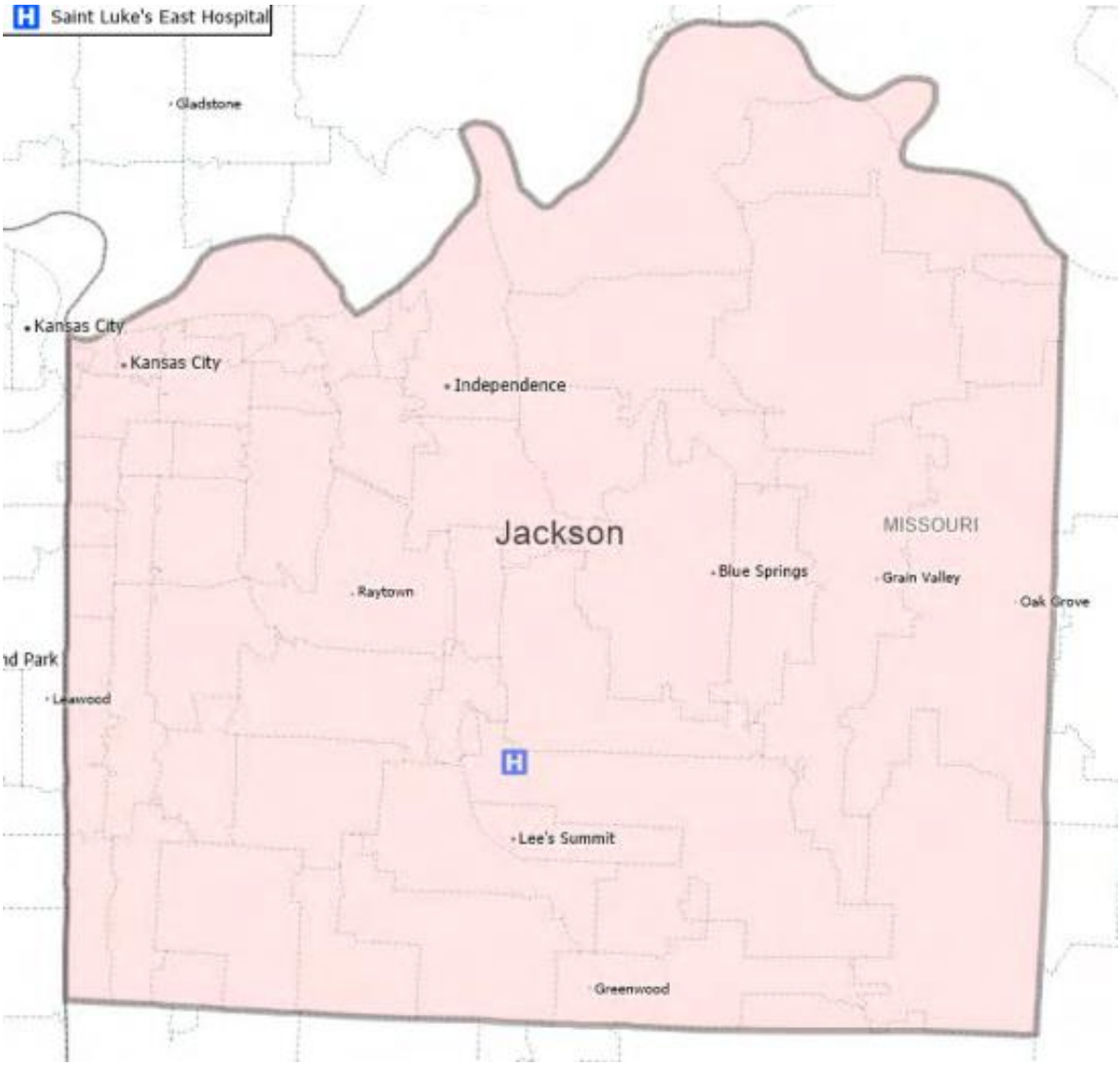
Data backup and any costs associated with establishing a data backup solution shall be the responsibility of the customer.

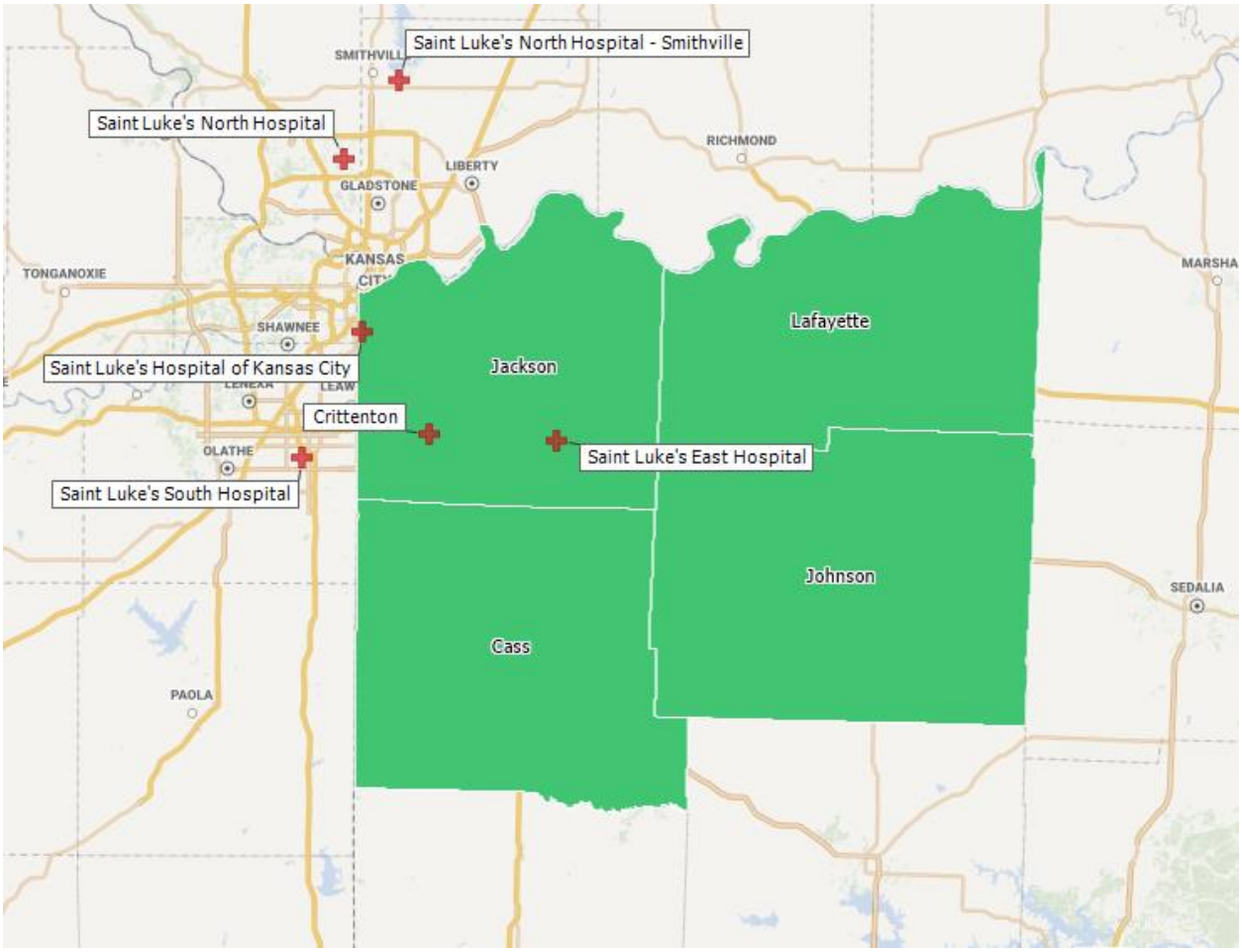
CONDITIONS OF PAYMENT

The terms of payment are as follows:
30% due within 30 days of order confirmation
60% due within 30 days of shipment
10% due within 30 days of completion certificate


STERLING ACRES
EASTWOOD HILLS EAST
COUNTRY VALLEY - HAWTHORN SQUARE
BROWN ESTATES
Lake Tapawingo
Blue Springs
Grain Valley
Raytown
Best Western Plus Lee's Summit Hotel & Suites
LITTLE BLUE VALLEY
Jackson County Parks + Rec
Precision Piano Moving
Comfort Inn & Suites Lees Summit - Kansas Ci...
PARK FARMS
Blue River Greenway
Missouri Town Living History Museum
LOMA VISTA
SOUTH KANSAS CITY
HIGHVIEW ESTATES
Unity Village
St Luke's East Hospital
Tarsney Lakes
HICKMAN MILLS SOUTH
RUSKIN HEIGHTS
Lake Lotawana
HICKMAN MILLS
WINTERSET FALLS
Lee's Summit
Comfort Inn Lees Summit @ Hwy 50 & Hwy 291
Precision Roofing
Longview Lake
James A. Reed Memorial Wildlife Area
Grandview
Meadowmere Park
Cockrell
LONGVIEW
Bodies Race Company
Osage Trails Park
Greenwood
Google


E 87 St
Lee's Summit Municipal Airport
Unity Village
Nature Trail At Unity Village
UNITY RIDGE
NW Colbern Rd
NE Colbern Rd
St Luke's East Hospital
B&B Theatres Lee's Summit 16
IV Nutrition
Holiday Inn Express & Suites Lee's Summit - K...
Starbucks
NE Scruggs Rd
Lea McKeighan Park - South
E Chipman Rd
Banner Park
NW Pryor Rd
SE 2nd St
SW 3rd St
SW 2nd St
Lee's Summit
Miller J. Fields Park
Summit Waves
SW Longview Rd
Comfort Inn Lees Summit @ Hwy 50 & Hwy 291


Saint Luke's East Hospital
Gladstone
Kansas City
Kansas City
Independence
Jackson
MISSOURI
Blue Springs
Grain Valley
Oak Grove
Raytown
Leawood
Lee's Summit
Greenwood


Saint Luke's North Hospital - Smithville
Saint Luke's North Hospital
Saint Luke's Hospital of Kansas City
Crittenton
Saint Luke's East Hospital
Saint Luke's South Hospital
Jackson
Lafayette
Johnson
Cass
SMITHVILLE
RICHMOND
LIBERTY
GLADSTONE
KANSAS CITY
TONGANOXIE
SHAWNEE
OLATHE
PAOLA
SEDALIA
MARSHA

Attachment #10

Saint Luke's

Saint Luke's East Hospital Community Health Needs Assessment

2023

◆ Saint Luke's East Hospital

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Saint Luke's East Hospital (SLE) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Founded in 2006, Saint Luke's East Hospital is a 238-bed facility conveniently located in Lee's Summit, Missouri. Since the hospital's opening, Saint Luke's East has grown every year to ensure we continue to meet the needs of the community we serve. And with onsite primary care physician offices, we make getting exceptional health care as easy and convenient as possible for you.

In 2022, Saint Luke's East earned a five-star rating by the Centers for Medicare and Medicaid Services based on quality measures including safety, effectiveness, and patient experience. We have been recognized by U.S. News & World Report and received The Joint Commission's Advanced Certification for Total Hip and Knee Replacement. Saint Luke's East maternity care was named in the Top 10% of hospitals in the nation by U.S. News & World Report. Additional information about Saint Luke's East Hospital is available at: Saint Luke's East Hospital.

SLE is part of Saint Luke's Health System, which is a faith-based, not-for-profit health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. The system is dedicated to enhancing the physical, mental, and spiritual health of the diverse communities it serves. Saint Luke's Health System includes 14 hospitals and campuses across the Kansas City region, home care and hospice, behavioral health care, dozens of physician practices, a life care senior living community, and additional facilities and services. Additional information is available at: About Saint Luke's.

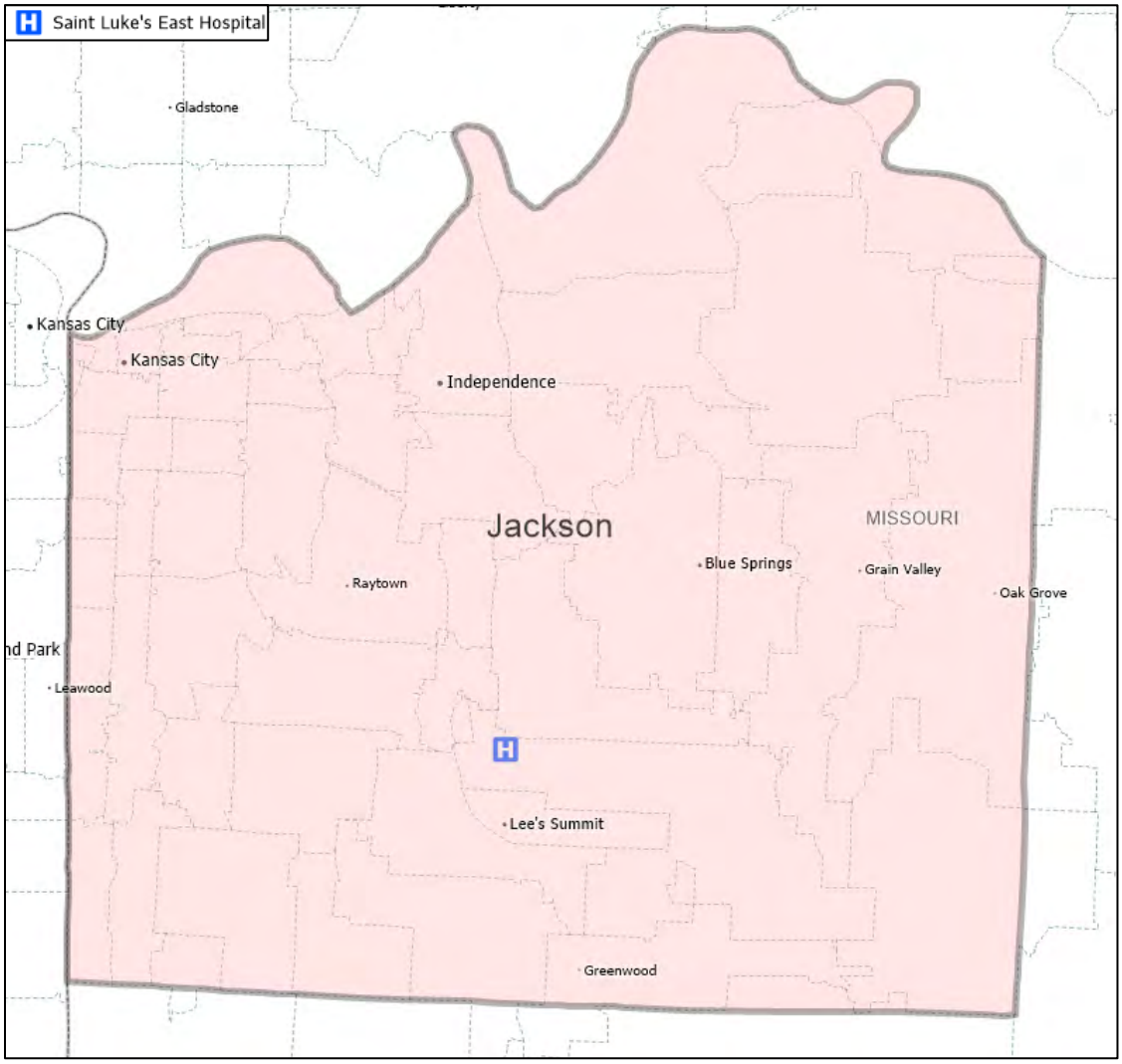
This CHNA was conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessment was also conducted to comply with federal and state laws and regulations.

Community Assessed

For purposes of this CHNA, SLE's community is defined as Jackson County, Missouri. In the calendar year 2022, Jackson County accounted for approximately 74 percent of the hospital's inpatient volumes and 83 percent of emergency department visits.

The total population of the community in 2020 was 689,226.

The following map portrays the community served by SLE and the location of its main campus.



Source: Caliper Maptitude, 2022.

Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, an overarching focus on advancing health equity has potential to improve community health. Within this context, significant health needs in the community served by Saint Luke's East Hospital are:

- Access to Care;
- Alcohol and Substance Use;
- Transportation; and
- Social Drivers of Health.

Significant Community Health Needs: Discussion

Access to Care

Access to healthcare services is critical for achieving optimal health. Accessing health care services is challenging for some members of the community assessed by SLE, especially those with no (or inadequate) health insurance coverage, low-income persons, and members of racial and ethnic minority populations.

Secondary data and community input indicate that more healthcare providers are needed in the community.

- The supply of primary care physicians (measured on a per-capita basis) in Jackson County has been comparatively low.
- The supply of mental health professionals has been below national averages in Jackson County.

The federal government has designated the following areas as Health Professional Shortage Areas (HPSAs):

- Jackson County for low-income residents seeking access to mental health care professionals.
- Central and north Kansas City, Grandview, and Independence for low-income residents seeking primary care services.

When providing input for this CHNA, community partners cited the shortage of healthcare providers, including mental health providers, primary care providers, specialists, and dentists, as problematic. They stated that residents without insurance and those covered by Medicaid are especially challenged to find providers. Other barriers to accessing health services were described, including cost of care (including co-payments), transportation, health literacy, and long wait times for appointments. However, some suggested that focusing on meeting basic needs such as securing affordable housing, childcare, and healthy food may be a more immediate priority than access to care for the most vulnerable members of the community.

Community members indicated that some residents have challenges with navigating the health care system, particularly those with low educational achievement and undocumented residents.

A lack of diversity in medical providers and healthcare staff was identified as an access barrier for some community members. Some experience difficulties when trying to find a provider with whom they feel comfortable.

Healthcare workforce shortages were identified by community input participants as problematic. All types of healthcare positions have been affected. Staffing shortages contribute to challenges with providing quality care in a timely manner.

Several of the Community Health Assessments and Community Health Improvement Plans recently prepared by local health departments identified improving access to affordable care, including primary care, dental care, and mental health care as a priority. According to these reports, access has been particularly challenging for residents who are uninsured, have low-income, and members of racial and ethnic minorities.

Jackson County has had a higher percentage of the population without health insurance than Missouri, and the United States. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to the Centers for Medicare & Medicaid Services (CMS), 275,000 Missourians became eligible for comprehensive health coverage due to Medicaid expansion.

Maternal and child health measures indicate access to care issues. The percentage of women accessing care during the first trimester of pregnancy has been below Missouri averages in Jackson County for all races and ethnicities. Care in the first trimester was significantly lower for Black women in Jackson County compared to all Missouri residents. In Jackson County, the percent of live births with low birthweight has been above Missouri and U.S. averages.

Alcohol and Substance Use

Substance use disorders are linked to many health problems and can lead to overdose and death. Deaths from opioid use disorder have increased dramatically in recent years.[1]

Community members providing input into this CHNA cited substance use, including alcohol consumption, as a significant factor that affects public health. Secondary data substantiate these concerns. Drug poisoning mortality has increased significantly in recent years in Jackson County.

Binge plus heavy drinking has been above U.S. averages in Jackson County. Driving deaths with alcohol involvement have also been above U.S. averages in Jackson County. Binge drinking rates were higher in Missouri for residents with annual incomes of $50,000 and above compared to residents in lower income brackets. Further, in 2020, binge drinking rates were problematic in 43 out of the 53 ZIP Codes located in the community assessed by SLE.

[1] https://health.gov/healthypeople/objectives-and-data/browse-objectives/addiction

Social Drivers of Health

Social drivers of health, also called social determinants of health, (SDOH), are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[2] Social drivers of health play an important role in health equity.

Interviewees and community meeting participants identified SDOH, including poverty, food insecurity, safe and affordable housing, crime, access to transportation, education, and health literacy as significant concerns in the community assessed by SLE.

Community input participants noted that people living in low-income households were generally less healthy than those living in more prosperous areas.

Poverty rates in Jackson County have been above Missouri and United States averages. In addition, the percentages of children living in poverty compared unfavorably to state and national averages.

Poverty rates for Black and for Hispanic (or Latino) residents have been substantially higher than rates for White residents.

Many low-income census tracts are present. They have been most prevalent in western parts of Jackson County.

Community input participants stated that safe and affordable housing is a key concern and one that affects residents' overall health and wellbeing. Jackson County has had a higher percentage of households rent burdened (paying more than 30 percent of income for rent) than community and state averages.

The Area Deprivation Index has ranked neighborhoods in the Kansas City area, Independence, and western Jackson County as having high levels of socioeconomic disadvantage.

Access to affordable and reliable transportation was discussed at length by many community input participants. They indicated that the Kansas City metro area lacks adequate public transportation infrastructure. Transportation is particularly difficult for residents living in rural areas surrounding Kansas City.

The CDC's Social Vulnerability Index indicated housing type and transportation vulnerability ZIP Codes are concentrated in Kansas City, Independence, and Lee's Summit.

Food deserts and food swamps[3] were present in each of the counties and have been particularly prevalent in western Jackson County. Community input participants noted that access to

[2] https://health.gov/healthypeople/priority-areas/social-determinants-health

[3] Food swamps have been described as areas with a high-density of establishments selling high-calorie fast food and junk food, relative to healthier food options. See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708005/.

affordable, healthy food is an issue for many residents. Transportation challenges, cost, and availability were all indicated as barriers.

Issues relating to social determinants of health, including education, housing, transportation, crime, and economic opportunity, were identified as priority issues in the Kansas City Community Health Improvement Plan (CHIP, 2017-2022), and the Eastern Jackson County CHIP (2020). The Kansas City Health Department Community Health Assessment noted racial and ethnic disparities in education, economic outcomes, and housing.

Transportation

Access to affordable and reliable transportation was identified as a significant need by community input participants. They indicated that the Kansas City metro area lacks adequate public transportation infrastructure. Transportation is particularly difficult for residents living in rural areas surrounding Kansas City. These restrictions make it challenging for rural residents to attend both in-person or virtual healthcare consultations.

Access to transportation, particularly for low-income and aging residents, is a significant barrier to optimal health in the community. Interviewees stated that transportation barriers contribute to difficulties accessing doctor appointments, preventive health care services, grocery stores, prescriptions, and other necessary services.

Secondary data substantiate these concerns. The CDC's Social Vulnerability Index indicated housing type and transportation vulnerability ZIP Codes are concentrated in Kansas City, Independence, Lee's Summit, and Oak Grove.

DATA AND ANALYSIS

Community Definition

The community that was assessed by Saint Luke's East Hospital (SLE) was defined by considering the geographic origins of the hospital's discharges and emergency room visits in calendar year 2022.

SLE's community was defined as Jackson County, Missouri. This community accounted for 73.6 percent of the hospital's 2022 inpatient volumes and 83.4 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: SLE Discharges and Emergency Room Visits, 2022

County	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Jackson (MO)	10,579	73.6%	28,236	83.4%
Community	**10,579**	**73.6%**	**28,236**	**83.4%**
Hospital	**14,371**	**100.0%**	**33,875**	**100.0%**

Source: Analysis of Saint Luke's Utilization Data, 2022.

The total population of Jackson County in 2020 was approximately 689,000 persons (**Exhibit 2**).

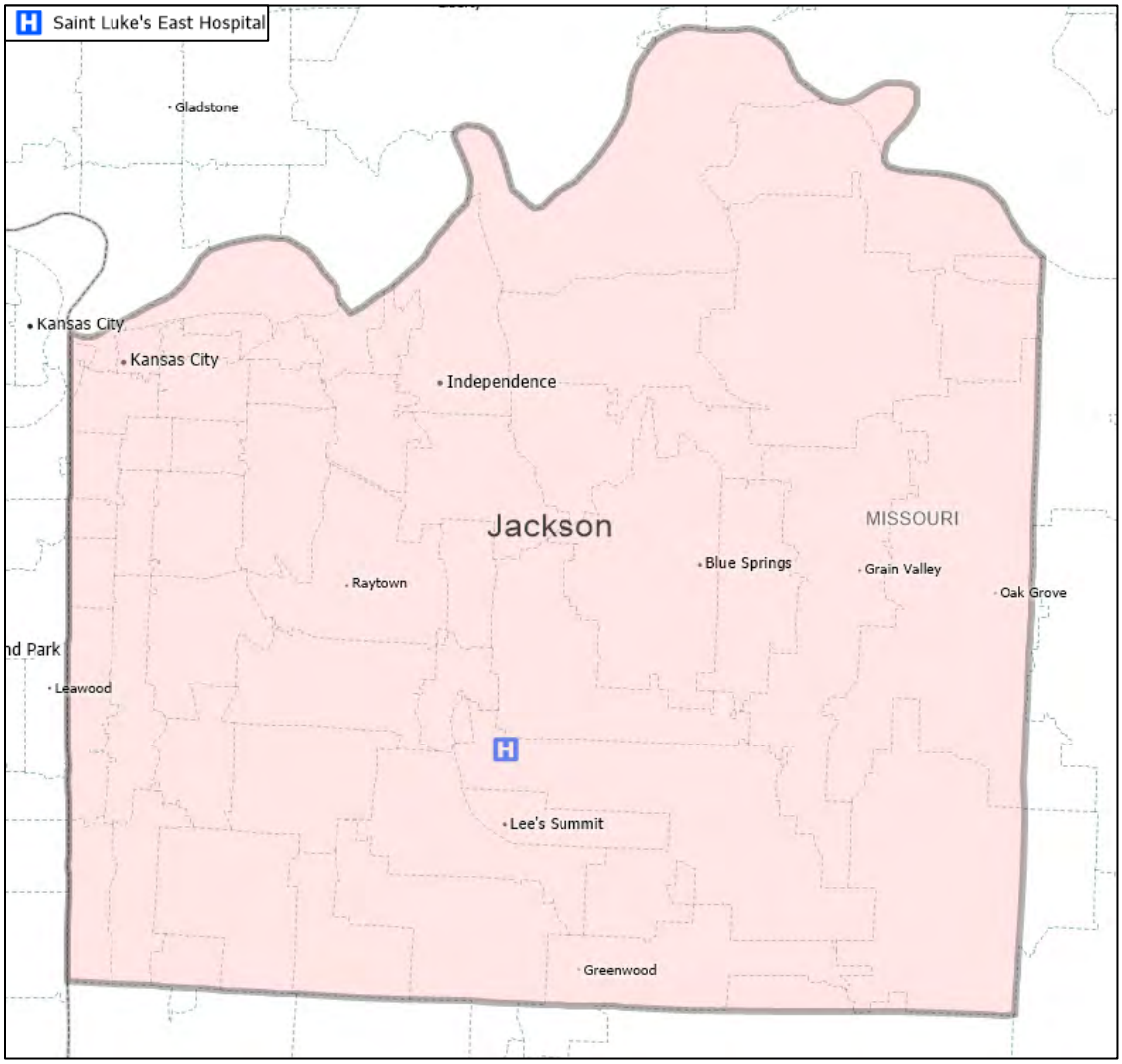
Exhibit 2: Community Population by County, 2020

County	Total Population 2020	Percent of Total Population 2020
Jackson (MO)	689,226	100.0%
Community	**689,226**	**100.0%**

Source: Missouri Office of Admin, Budget, and Planning, 2023.

The hospital is in Lee's Summit, Missouri (ZIP Code 64086). **Exhibit 3** portrays the community and ZIP Code boundaries within Jackson County.

Exhibit 3: Saint Luke's East Hospital Community



Source: Caliper Maptitude, 2022.

Secondary Data Summary

The following section summarizes principal observations from the secondary data analysis. *See* Appendix B for more detailed information.

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in the community is expected to grow by 3.7 percent or 25,200 residents, from 2020 to 2030. The population 65 years of age and older is anticipated to grow much more rapidly, by 26.6 percent or 26,800 persons, during the same time. This development will likely contribute to greater demand for health services, as older individuals typically need and use more services than younger people.

The community has substantial variation in demographic characteristics, including age, race/ethnicity, and income levels, across the three counties.

In 2021, over one-third of the population in 16 community ZIP Codes identified as Black. In two Jackson County ZIP Codes, over 75 percent of the population identified as Black. These ZIP Codes were associated with comparatively high poverty rates and poor health status.

The Kansas City (MO) area have the highest proportion of residents identified as Hispanic (or Latino).

Socioeconomic Indicators

Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.[4]

Significant variation in poverty rates exists across the SLE community. The poverty rate in Jackson County was well above Missouri, and United States averages. Poverty rates in Jackson County were lower in 2017-2021 compared to 2014-2018.

Poverty rates for Black and for Hispanic (or Latino) residents have been substantially higher than rates for White residents in Jackson County, as well as, Missouri, and the United States. In 2017-2021, 8.6 percent of White residents, 23.0 percent of Black residents, 18.2 percent of Asian residents, and 19.0 percent of Hispanic (or Latino) residents lived in poverty.

Low-income census tracts are concentrated in western parts of Jackson County.

Significant disparities in socioeconomic indicators exist between the LGBT community and the straight/heterosexual community. Residents who identify as LGBT individuals are more likely to be unemployed, uninsured, food insecure, and experience low-income than residents who identify as straight/heterosexual.

[4] https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty

Between 2017 and 2019, unemployment rates in the Kansas City Metropolitan Statistical Area and the United States fell. Due to the COVID-19 pandemic, unemployment rates rose sharply in 2020. In 2021-2022, unemployment rates declined and fell below pre-pandemic levels in both the Kansas City Metropolitan Area and in the United States. The rate in the Kansas City Metropolitan Area was lower in 2022 (2.5 percent) than in 2017 (3.8 percent) and was below the U.S. average.

Jackson County has had a higher percentage of the population without health insurance than Missouri, and the United States. A June 2012 Supreme Court ruling provided states with discretion regarding whether to expand Medicaid eligibility. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to the Centers for Medicare & Medicaid Services (CMS), 275,000 Missourians became eligible for comprehensive health coverage due to Medicaid expansion.

Proportionately more households have medical debt in collections in Jackson County than in the nation. In the SLE community (and Missouri), medical debt has been much more prevalent in communities of color.

Crime rates in Kansas City, Missouri and Independence have been well above national averages. Jackson County had the highest rates of violent crime, murder, robbery, aggravated assault, property crime, burglary, larceny-theft, and motor vehicle theft, as compared to the other counties assessed.

The percentage of households designated as rent burdened in Jackson County has been above state and national averages. ZIP Codes in Independence and Kansas City have had the highest percentage of households designated as rent burdened.

The Area Deprivation Index (ADI) ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. The highest ADI measures are in Kansas City, Independence, and western Jackson County.

The Centers for Disease Control and Prevention's *Social Vulnerability Index (SVI)* is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation. The SVI is available for every U.S. census tract. Census tracts with the highest socioeconomic vulnerability were concentrated in western Jackson County.

Other Local Health Status and Access Indicators

In the 2023 *County Health Rankings*, Jackson County ranked in the bottom quartile of Missouri counties for indicators related to poor mental health days, low birthweight, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, preventable hospital stays, unemployment, children in single parent households, air pollution, and severe housing problems. The county ranked in the bottom half of Missouri counties for composite measures of health outcomes, length of life, quality of life, social and economic factors, and physical environment.

Community Health Status Indicators (CHSI) compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates. In CHSI, Jackson County compared unfavorably to peer counties for twenty-seven of the thirty-three benchmark indicators. Jackson County ranked in the bottom quartile compared to peer counties for the following measures:

- Years of potential life lost rate;
- Percent fair/poor health;
- Physically and mentally unhealthy days;
- Low birth weight;
- Adult smoking;
- Obesity;
- Food environment index;
- Physical inactivity;
- Driving deaths with alcohol involvement;
- Sexually transmitted infections;
- Teen birth rate;
- Percent uninsured;
- Preventable hospitalization rate;
- Percent with some college;
- Percent of children living in a single-parent household;
- Injury mortality rate;
- Air pollution; and
- Percent who drive alone to work.

Other secondary data were assessed, including data sets from the Missouri Department of Health and Senior Services, the Centers for Disease Control, the Health Resources and Services Administration, and the United States Department of Agriculture.

Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in the SLE community. An indicator is considered *significant* if it was found to vary materially from a benchmark statistic, such as an average value for Missouri, for peer counties, or for the United States. For example, 19.0 percent of Jackson County's adults smoke; the average for peer counties is 13.9 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

Exhibit 4: Significant Indicators

Indicator	Geographic Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
65+ population change, 2020-2030	Jackson County	26.6%	3.7%	Community, All Ages	9
Life expectancy, Black, 2018-2020	Jackson County	71.8	78.5	United States, All Races	10
Poverty rate, 2017-2021	Jackson County	13.4%	12.6%	United States	17
Poverty rate, Black, 2017-2021	Jackson County	23.0%	8.6%	Jackson County, White	18
Poverty rate, Asian, 2017-2021	Jackson County	18.2	8.6%	Jackson County, White	18
Poverty rate, Hispanic (or Latino), 2017-2021	Jackson County	19.0%	8.6%	Jackson County, White	18
Child poverty rate, 2017-2021	Jackson County	19.4%	17.0%	United States	19
LGBT population food insecure, 2019	Missouri	27%	14%	Straight/heterosexual Missouri	21
LGBT population income <$24K, 2019	Missouri	27%	19%	Straight/heterosexual Missouri	21
Percent uninsured, 2017-2021	Jackson County	11.6%	8.8%	United States	23
Medical debt in collections (POC), 2022	Jackson County	28.9%	12.6%	United States, All Races	24
Violent crime rate per 100,000 population, 2019-2021	Kansas City	1,477	379	United States	25
Years of potential life lost, 2018-2020	Jackson County	9,377	7,300	United States	34
Chlamydia rate per 100,000 population, 2020	Jackson County	892.6	481.3	United States	34
Teen birth rate per 1,000 female population, ages 15-19, 2014-2020	Jackson County	28.9	19.0	United States	34
Ratio of population to mental health providers, 2022	Jackson County	361:1	340:1	United States	34
Percent reporting fair or poor health, 2020	Jackson County	16.3%	12.6%	Peer Counties	35
Percent of adults who smoke, 2020	Jackson County	19.0%	13.9%	Peer Counties	35
Percent adults obese (BMI>=30), 2020	Jackson County	36.2%	29.7%	Peer Counties	35
Driving deaths with alcohol involvement, 2016-2020	Jackson County	35.9%	26.8%	Peer Counties	35
Assault (homicide), 2011-2020	Jackson County	19.9	9.6	Missouri	37
Drug poisoning mortality, percent change 2017-2020, per 100,000 population	Jackson County	40.0%	28.2%	United States	39
Suicide rate per 100,000 population, Male, 2016-2020	Jackson County	33.7	22.2	United States	41
Suicide rate per 100,000 population, Non-Hispanic White, 2016-2020	Jackson County	24.3	17.4	United States	42
Percent of mothers who smoked during pregnancy, 2021	Jackson County	7.2%	4.6%	United States	44
Infant mortality rate, per 1,000 live births, Black, 2021	Jackson County	9.9	6.3	All residents Jackson County	45

Source: Verité Analysis, 2023.

When community health data are arrayed by race and ethnicity, significant differences are observed for:

- Life expectancy,
- Poverty,
- Medical debt,
- Infant mortality,
- Low birthweight births,
- Percent of women beginning prenatal care in the first trimester,
- Mothers smoking during pregnancy,
- Emergency room visits due to asthma (for children under 18),
- Suicide rates,
- Mortality rates due to chronic conditions, and
- Health risk behaviors, healthcare access, and preventive measures.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions "for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[5] These conditions, also referred to as Prevention Quality Indicators (PQIs), include: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Analyses conducted for this CHNA indicated that Jackson County residents were discharged more frequently for ACSCs than residents of other counties. SLE had the highest rate of ACSC discharges of the hospitals assessed.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include people with lower income without supermarkets or large grocery stores nearby. Food deserts were concentrated in western Jackson County.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an "Index of Medical Underservice." MUA/Ps were concentrated in the Kansas City area.

[5]Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present. The entire low-income population of Jackson County has been designated as a mental health HPSA. The low-income populations in Central Kansas City, Grandview, Independence, and North Kansas City have been designated as primary care HPSAs. Dental health HPSAs were designated for Central Kansas City and North Kansas City.

Findings of Other Assessments

Local health departments recently conducted Community Health Assessments and developed Community Health Improvement Plans (CHIPs). This CHNA has integrated the findings of that work.

Issues frequently identified as *significant* in these other assessments are as follows:

- Access to care;
- Alcohol and substance (drug) abuse – including abuse of opioids;
- Chronic disease prevalence and prevention;
- Educational achievement and opportunity;
- Health disparities;
- Infant mortality, maternal and child health;
- Mental health and access to mental health services;
- Obesity, physical inactivity, and nutrition;
- Poverty and problems with social determinants of health, particularly in certain neighborhoods and areas;
- Safe and affordable housing; and
- Violent crime and violence prevention.

The 2022-2027 Kansas City Community Health Improvement Plan, published and maintained by the Kansas City Missouri Health Department, highlights an 18.2-year difference in life expectancy between the highest life expectancy ZIP Code and the lowest life expectancy ZIP Code in Kansas City, Missouri (KCMO). In KCMO, ZIP Codes with lower life expectancy, had higher percentages of population from minority racial and ethnic groups.

Primary Data Summary

Primary data were gathered through interviews and community meetings. An in-person community meeting was conducted with attendees representing Jackson County. One online meeting was facilitated with Saint Luke's East Hospital staff members. Key community partner and public health informant interviews were conducted in-person and via online video conference.

See Appendix C for information regarding those who participated in the community input process.

Key Community Partner Interviews

Six (6) interviews were conducted with six (6) community partner participants to gain insight into perceptions about community health issues in the SLE community. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations.

Questions focused on identifying and discussing significant health issues in the community and significant barriers to accessing health resources. Interviewees were asked a question about the pandemic's impacts and on what has been learned about the community's health given those impacts. Community partners were also asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Interview participants most frequently identified the following issues as current ***significant health concerns*** in the community:

- **Mental Health.** Mental health was identified as a primary health concern in the community. Mental health was described as presenting as anxiety, depression, and severe and persistent mental illness. Rising rates of suicide were noted as particularly concerning. Factors identified include the following:
    - Undersupply of inpatient and outpatient mental health providers and facilities, resulting in typical wait times of three to six months for mental health services;
    - The undersupply of providers is especially problematic for children, adolescents, and older adults;
    - Stress, a lack of social connectedness, trauma, and Adverse Childhood Experiences (ACEs);
    - Lasting social and economic impacts of the COVID-19 pandemic; and
    - An inadequate workforce supply of behavioral health providers, treatment centers, and foster care service to meet community needs.

- **Substance Use, Opioid Addiction, and Fentanyl Overdoses.** Most interview participants described substance misuse as a significant health issue in the community. Participants identified alcohol misuse, driving under the influence, opioid addiction, and fentanyl use as particularly problematic. Factors identified include the following:

  - First-time drug user overdoses and deaths are an emerging concern in the community, particularly among youth, because a high percentage of street drugs are laced with fentanyl;
  - Teenagers and young adults have easy access to drug exchanges through digital means and social media;
  - Social isolation and lack of addiction-focused mental health services contribute to substance misuse; and
  - Poor mental health and increased substance use are inextricably connected.

- **Basic Needs Instability (Social Drivers of Health).** Transportation availability, stable jobs that provide a livable wage, and housing access were the most identified community health concerns. Inability to find affordable childcare was another barrier to health mentioned during interviews. Rural areas and portions of Jackson County were described as more disadvantaged. Interviewees described Jackson County as experiencing a housing crisis.
  Interviewees stated that the influences of health and basic needs instability have many impacts on health and wellbeing. Factors identified include the following:
  - Housing challenges are multi-faceted with quality, quantity, and cost as limiting factors;
  - Access to healthcare is impeded because of lack of reliable, affordable transportation –and public transportation, particularly to more rural areas, is almost nonexistent in the Kansas City area;
  - Vulnerable residents must choose to use limited resources for either basic needs or health care services;
  - Numerous barriers impede access to primary care, preventive care, mental health care, and other services;
  - Affordable housing is difficult to secure in each of the community's counties; and
  - Food insecurity adds additional complexity for individuals to follow nutritional guidelines for healthy weight.

- **Heart Disease, Diabetes, and Obesity.** Interviewees indicated that hypertension, heart disease, diabetes, and obesity are significant health concerns. Some individuals with chronic conditions may require support to navigate the healthcare system to access needed care. Factors identified include the following:
  - Poor access to healthy foods due to cost or availability contributes to chronic conditions;
  - Physical inactivity may be influenced by perceptions of lack of safe exercise areas in communities;
  - Lifestyle choices contribute to outcomes; and
  - Severity of chronic conditions can be a separate barrier to accessing health care services.

- **COVID-19.** Community input participants indicated the need for support for individuals and systems for the ongoing impacts of COVID-19.

During community engagement activities, participants identified various populations of concern for health status or access to care issues. These populations of concern include the ones below.

- **Aging Population and Older Adults.** Nearly all community partners mentioned older adults as groups of concern, as well as the increase in the number of older adults. Factors identified include the following:
    - Affordable and accessible services are insufficient for older adults in the Kansas City region;
    - Community members, notably older adults, continue to experience isolation that increased during the COVID-19 pandemic;
    - Older adults are especially prone to transportation challenges and the community has a lack of public transportation; and
    - Dementia prevalence in the community is increasing yet limited available resources are available to provide to support these individuals.

- **Disparities for minority populations, refugees, and immigrant residents.** Interviewees indicated that racial/ethnic minority residents disproportionately experience poor health outcomes. Non-native English speakers were identified as a population of concern when navigating the health system. Factors identified include the following:
    - Comparatively high rates of infant mortality and low rates of prenatal care for Black mothers was described as a significant health disparity;
    - Diabetes, obesity, and hypertension disproportionately affect Black residents; and
    - Factors that contribute to racial/ethnic disparities are numerous and include structural/institutional policies, lack of community trust in public health and healthcare resulting in lack of engagement, socioeconomic factors, and lack of minority representation among healthcare providers.

- **Youth mental health, substance use, and suicide.** Interviewees stated that younger people are experiencing rising mental health challenges. They cited a growing prevalence of youth suicide and substance use in all regions. Factors identified include the following:

    - Drug overdoses are more prevalent among first-time and non-chronic substance users,
    - Outpatient mental health providers serving adolescents and teenagers are insufficient to meet the need, and
    - Inpatient substance-use treatment centers for youth in the region are few in the community, and none are present in Jackson County.

- **Young, low-income families and single parents.** Young families were identified as having greater challenges in receiving preventive and specialty healthcare services. Among young families, interview participants focused on low-income and single-parent households. Factors identified include the following:
    - Affordable childcare contributes to healthcare issues as parents often have no safe options for their children during provider appointments;

  - Time constraints are experienced by parents working multiple jobs and exacerbated by limited financial resources;
  - Health care related costs are particularly problematic for uninsured or under-insured families, due to cost sharing requirements and the costs of basic needs, such as food and housing; and
  - Urgent issues may take priority over scheduled appointments – and wait times associated with appointment availability contribute to the challenges.

- **Adults with disabilities or chronic conditions.** Adults experiencing long-term, chronic, and often disabling diseases may be less able to self-advocate for their healthcare needs. Factors identified include the following:
  - Coordination of care between different providers can be insufficient or non-existent; and
  - Knowledge gaps among both patients and providers may contribute to uncertainty about what specialty care is needed to treat or manage complex chronic conditions.

- **Access to healthcare services in Eastern Jackson County.** A few community collaborators expressed challenges in individuals receiving healthcare in Eastern Jackson County.
  - Blue Springs was indicated as an area of concern for both lack of healthcare services and inadequate transportation options. Residents in Oak Grove often must travel to Blue Springs to find a Medicaid covered provider.
  - Residents of Eastern Jackson County experience challenges finding public transportation options to appointments.

Community partners were additionally asked to describe ***barriers*** that community residents experience in accessing healthcare. The following barriers were identified:

- **Inadequate workforce supply.** Nearly all interview participants cited an undersupply of workforce available, as compared to the demand for healthcare services. Factors identified include the following:

  - Long wait times for appointments are impacting the health of residents –three month waits for primary care appointments are not atypical and waits for specialty care can be longer;
  - Mental health professionals are needed across the entire Kansas City region –and wait times for mental healthcare appointments can exceed six months; and
  - Reasons for the undersupply of workforce members include burnout among existing healthcare providers and recruiting challenges due to a low supply of affordable housing.

- **Access to transportation.** Access to transportation, particularly for low-income and aging residents, is a significant barrier to optimal health in the community. While downtown Kansas City and the urban core were described as having options, public transportation elsewhere does not align with residents' needs. Interviewees stated that

transportation barriers contribute to difficulties accessing doctor appointments, preventive health care services, grocery stores, and other necessary services. Geographically, transportation is particularly problematic for residents of rural and suburban areas.

- **Digital divide and knowledge of available resources.** Several interview participants stated that information about healthy living is lacking for many community residents. Factors identified include the following:
    - More health education resources are needed to improve community health – and the currently available resources often do not reach populations in need;
    - Additional community health workers, community resource navigators, and other information sources are needed for the community to achieve better health;
    - Community outreach efforts that "go into the community" are needed to reach underserved people in the community;
    - Many residents are unaware of available resources in the community and also are unaware of where to seek guidance when they are in need;
    - Health care services are not "patient-centered" but are largely driven by provider availability, rather than the patient's need, which contributes to overutilization of emergency rooms.

- **Uninsurance and underinsurance.** Many participants discussed how low-income and uninsured residents have difficulty accessing primary care, specialty care, and mental health care. Participants indicated that Medicaid expansion in Missouri has been delayed. Further, wait-times for appointments for individuals with Medicaid are often long.

- **Crime and safety concerns.** Many participants cited neighborhood violence and safety as concerns that impact residents' physical activity. Factors identified include the following:

    - Gun violence in neighborhoods impacting children's ability to play outside and use green spaces for exercise; and
    - Rising homicide rates increase residents' barriers to engaging in activity.

- **Distrust in public health and healthcare, particularly among minority populations.** Interview participants often cited distrust in the health system as a significant barrier to accessing care. Participants mentioned racial bias, a lack of cultural competency in healthcare services, and poor management of the COVID-19 pandemic as contributing factors to distrust in the community of the health care system.

- **Lack of affordable housing**. Almost all community collaborators discussed housing issues in Jackson County, particularly in the eastern portion of the county. Interviewees stated that there are few resources for housing, and the demand for affordable housing is significantly greater than existing resources. Community collaborators shared the following reflections regarding the housing crisis in Jackson County:

- "Housing has become increasingly unattainable" – interviewees shared the problems with not having housing that is stable, structured, and safe. Residents are less able to care for basic healthcare needs when housing is unstable.
- Interviewees spoke of discrimination and systemic racism which have led to structural issues in Kansas City, underlying many housing and transportation issues. Of emphasis, interviewees noted the connection of housing instability among minority populations and Black communities.

Community and Internal Hospital Meetings

Community and hospital staff meetings were conducted across the Kansas City region to obtain input regarding significant health needs of the communities served. Four meetings were comprised of external community partners and public health parties in each of the five surrounding counties[6], and four meetings were comprised of staff from Saint Luke's Health System facilities.[7]

Seventy-two (72) community partners and public health informants participated in the four community meetings. These individuals represented organizations, including local health departments, non-profit organizations, local businesses, health care providers, local policymakers, and school systems.

The following community meetings were facilitated representing the following geographies:

- Tuesday, April 18, 2023 – Jackson County, MO;
- Tuesday, April 18, 2023 – Johnson County, KS and Wyandotte County, KS;
- Thursday, April 20, 2023 – Clay County, MO, and Platte County, MO; and
- Friday, April 21, 2023 – Kansas City Metropolitan Area.

One-hundred-five (105) Saint Luke's Health System staff members participated in the internal meetings. Individuals represented administration, nursing, case management, social services, emergency departments, and other departments. These meetings were held with hospital staff as follows:

- Thursday, April 27, 2023 – Saint Luke's South Hospital;
- Thursday, May 4. 2023 – Saint Luke's North Hospital;
- Monday, May 8, 2023 – Saint Luke's Hospital of Kansas City; and
- Thursday, May 11, 2023 – Saint Luke's East Hospital.

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of community input. Secondary data were presented, along with a summary of unfavorable community health indicators and strengths and resources available in the community.

[6] These counties were Jackson County, MO; Johnson County, KS; Clay County, MO; Platte County, MO; and Wyandotte County, KS.
[7] These facilities were Saint Luke's Hospital of Kansas City, Saint Luke's East Hospital, Saint Luke's South Hospital, and Saint Luke's North Hospital.

Meeting participants were asked to discuss the top three most significant needs in the community, in small groups for the community meetings and as a single group for staff meetings. Participants were asked to consider scope, disparities and inequities, severity, urgency, and feasibility of possible interventions for each identified need. Participants were also asked to discuss the community members most impacted, barriers to achieving good health, geographic locations most impacted, why the issues and needs exist, and the strengths/resources available in the community. As a final question, meeting participants were asked to identify changes that could be made to improve community health.

From these discussions, the following community input was obtained regarding significant needs, community members most impacted, barriers to good health, geographic locations most impacted, reasons that issues and needs persist, and strengths and resources available to address the needs.

Significant needs in Jackson County identified by participants are as follows:

- Mental health, especially among veterans and residents experiencing homelessness; however, mental health is seen as a widespread concern affecting the entire community;
- Social drivers of health, including transportation, housing, and food security;
- Access to affordable health care services, including trust with providers and generational patterns of health care utilization;
- Substance use disorder and binge drinking, which impacts diverse populations across the community;
- Maternal and infant health; and
- Preventive care and healthy behaviors.

The community members and populations with the greatest unmet needs were identified as minority communities (especially women), low-income residents of all ages, and Black and Hispanic residents. Participants noted that geographic areas with unmet health care needs include the I-49 corridor, areas in Lee's Summit, Independence, the area around Mason Elementary School, and near the airport. Disparities are also particularly evident for minority populations, veterans, homeless individuals, and undocumented residents.
Participants indicated that financial barriers impact health outcomes due to lack of resources to achieve healthy outcomes. These financial barriers delay and restrict access to medical services due to lack of insurance or underinsurance and delays in treatment exacerbate conditions.

Participants indicated that some community members have challenges with navigating the health care system. Navigation is especially challenging for residents with low educational achievement and for undocumented residents who may fear deportation.

Participants noted that a lack of primary care providers and issues with access to primary care is a barrier for many community members to getting care when it is needed. These issues lead to community members delaying care and using emergency care as an alternative.

Participants indicated that siloed systems play a role in why these issues and concerns persist. It was noted that there is a lack of intervention, programming, funding, and staff to address the concerns. Some participants express that fear of repercussion and judgment prevent community members from seeking healthcare and/or help with social issues. Poverty and lack of resources is noted as a key reason that many are unable to achieve wellbeing.

Top strengths and resources in the community were identified as high community involvement with many organizations to be part of. There are good medical providers; although, not enough supply to meet demand. Participants expressed that Jackson County has a healthy living environment, with abundant opportunities and good access to outdoor activities.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources in the Saint Luke's East Hospital community that are available to address health needs.

Exhibit 5 identifies general acute care hospitals in the community. More information can be found about locations and services via the website address listed for each. **Exhibit 6** identifies other types of hospitals in the community.

Hospitals

Exhibit 5: General Acute Care Hospitals Located in Community, 2023

Hospital Name	Website Address
Jackson (MO)	
Centerpoint Medical Center	https://hcamidwest.com/locations/centerpoint-medical-center/
Children's Mercy Hospital	https://www.childrensmercy.org/
Lee's Summit Medical Center	https://hcamidwest.com/locations/lees-summit-medical-center/
Research Medical Center	https://hcamidwest.com/locations/research-medical-center/
Saint Luke's East Hospital	https://www.saintlukeskc.org/locations/saint-lukes-east-hospital
Saint Luke's Hospital of Kansas City	https://www.saintlukeskc.org/locations/saint-lukes-hospital-kansas-city
St. Joseph Medical Center	https://stjosephkc.com/
St. Mary's Medical Center	https://stmaryskc.com/
University Health Lakewood Medical Center	https://www.universityhealthkc.org/
University Health Truman Medical Center	https://www.universityhealthkc.org/

Source: Missouri Department of Health and Senior Services, 2023.

Exhibit 6: Other Hospital Types Located in Community by Type, 2023

Hospital Name	Hospital Type
Jackson (MO)	
Center for Behavioral Medicine	Psychiatric
Crittenton Children's Center	Psychiatric
Research Psychiatric Center	Psychiatric

Source: Missouri Department of Health and Senior Services, 2023.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act.

Exhibit 7 provides a list of FQHCs in the community. The majority of these operate multiple clinics throughout the community. More information can be found about locations and services via the web address listed for each.

Exhibit 7: Federally Qualified Health Centers Located in Community, 2023

FQHC Name	Website Address
Jackson (MO)	
Hope Family Care Center	https://hfcckc.org/
Live Well Community Health Center	https://hccnetwork.org/
Compass Health, Inc.	https://compasshealthnetwork.org/
Samuel U. Rodgers Health Center	https://samrodgers.org/
Swope Health Services	https://swopehealth.org/
Kansas City CARE Clinic	https://kccare.org/

Source: Health Resources and Services Administration, 2023.

Other Community Resources

Social services and resources are available throughout community counties and the Kansas City region to assist residents. The United Way of Greater Kansas City (UWGKC) 2-1-1 maintains a comprehensive database of thousands of local and national community resources. This database contains organizations from seven counties in Kansas, all of Missouri, and eleven counties in Illinois. The UWGKC 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

- Housing and Utilities
- Health and Dental Care
- Employment and Public Assistance
- Food, Clothing, and Household Items
- Pregnancy, Parenting, and Family Health
- Consumer, Legal, and Safety
- Transportation
- Mental Health and Addiction
- Education
- Military and Veterans
- Disability Support

Additional information about these resources and participating providers can be found at: United Way GKC.

In addition to UWGKC 2-1-1, Saint Luke's Health System maintains a Community Resource Hub to connect community members to reduced-cost and free services in their neighborhoods. The Saint Luke's Resource Hub contains resources for a variety of categories, including:

- Food
- Housing
- Goods
- Transit
- Health
- Money
- Care
- Education
- Work
- Legal

Additional information about these resources and participating providers can be found at: Saint Luke's Resources.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[8] In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

The focus on ***who*** is most vulnerable and ***where*** they live is important to identifying groups experiencing health inequities and disparities. Understanding ***why*** these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of ***how*** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital

[8] Internal Revenue Code, Section 501(r).

facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[9] Accordingly, the community definition considered the geographic origins of the hospital's patients and also the hospital's mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data[10] published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings (including a meeting conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives, and to increase confidence that significant community health needs were identified accurately and objectively.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by state and local health departments, and (3) input from community stakeholders who participated in the community meeting and/or interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in SLE's previous CHNA process. *See* Appendix E.

Collaborating Organizations

For this community health assessment, Saint Luke's East Hospital collaborated with the following Saint Luke's hospitals: Saint Luke's Hospital of Kansas City, Saint Luke's South Hospital, and Saint Luke's North Hospital. These facilities collaborated through gathering and assessing secondary data together, conducting community meetings and key stakeholder interviews, relying on shared methodologies, report formats, and staff to manage the CHNA process.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Saint Luke's Health System. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well. Input from people representing the broad interests of the community was considered through key informant interviews (6 participants) and community meetings (72 participants).

[9] 501(r) Final Rule, 2014.
[10] "Secondary data" refers to data published by others, for example the U.S. Census and the Missouri Department of Health and Social Services. "Primary data" refers to data observed or collected from first-hand experience, for example by conducting interviews.

Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Saint Luke's Health System posts CHNA reports and Implementation Plans online at https://www.saintlukeskc.org/community-health-needs-assessments-implementation-plans.

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 100 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.

APPENDIX B – SECONDARY DATA ASSESSMENT

Demographics and Life Expectancy

Exhibit 8: Change in Community Population by County, 2020 to 2030

County	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
Jackson (MO)	689,226	714,467	3.7%
Community	**689,226**	**714,467**	**3.7%**

Source: Missouri Office of Admin, Budget, and Planning; 2023.

Description: Exhibit 8 portrays the estimated population by county in 2020 and projected to 2030.

Observations

- Between 2020 and 2030, the community's population is expected to grow by approximately 25,200 people, or 3.7 percent.

Exhibit 9: Change in Community Population by Age/Sex Cohort, 2020 to 2030

Age/Sex Cohort	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
0-19	189,536	191,420	1.0%
Female 20 - 44	114,486	117,420	2.6%
Male 20 - 44	118,600	123,622	4.2%
45 - 64	165,525	154,082	-6.9%
65+	101,079	127,923	26.6%
Community Total	**689,226**	**714,467**	**3.7%**

Source: Missouri Office of Admin, Budget, and Planning; 2023.

Description: Exhibit 9 shows the population for certain age and sex cohorts in 2020, with projections to 2030.

Observations

- The population 65 years and older is projected to grow much more rapidly (26.6 percent) than the total population (3.7 percent).
- The growth of the older population is likely to lead to greater demand for health services since older individuals typically need and use more services than younger people.

Exhibit 10: Life Expectancy in Years by Race and Ethnicity, 2018-2020

Race/Ethnicity	Jackson (MO)	United States
American Indian & Alaska Native	82.7	75.5
Asian	84.5	87.0
Black	71.8	74.3
Hispanic	82.2	82.0
White	78.0	78.5
Community (All Races/Ethnicities)	76.6	**78.5**

Source: County Health Rankings, 2023.

Description: Exhibit 10 presents estimated life expectancy by race and ethnicity for Jackson County with the United States referenced as a benchmark. Light grey shading indicates life expectancy below the U.S. average for all races/ethnicities (78.5 years).

Observations

- In 2018-2020, life expectancy for Black residents was significantly lower in Jackson County.
- Life expectancy for all races and ethnicities in the community was also comparatively low.

Exhibit 11: Population by Race, 2020

Race	Jackson (MO)	Missouri	United States
White	60.8%	77.0%	**61.6%**
Black or African American	22.1%	11.4%	**12.4%**
American Indian and Alaska Native	0.6%	0.5%	**1.1%**
Asian	2.1%	2.2%	**6.0%**
Native Hawaiian and Other Pacific Islander	0.3%	0.2%	**0.2%**
Some Other Race	5.0%	2.1%	**8.4%**
Two or more races	9.1%	6.7%	**10.2%**

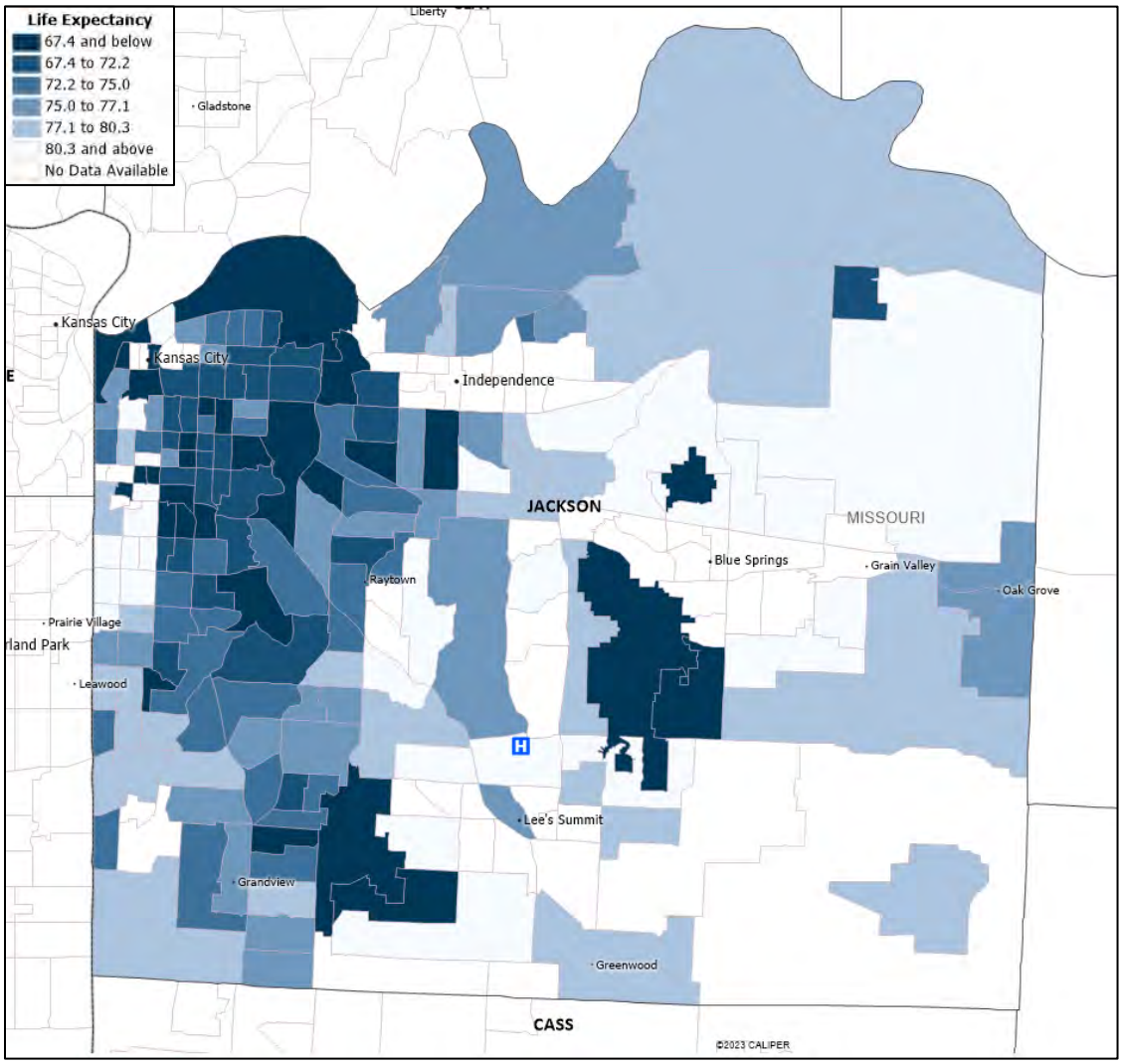
Source: U.S. Census Bureau, Decennial Census, 2020.

Description: Exhibit 11 presents the percentage distribution of the population by race for Jackson County, Missouri, and the U.S.

Observations

- Jackson County had a higher percentage of the population identified as Black than Missouri and U.S. averages.

Exhibit 12: Life Expectancy by Census Tract, 2020



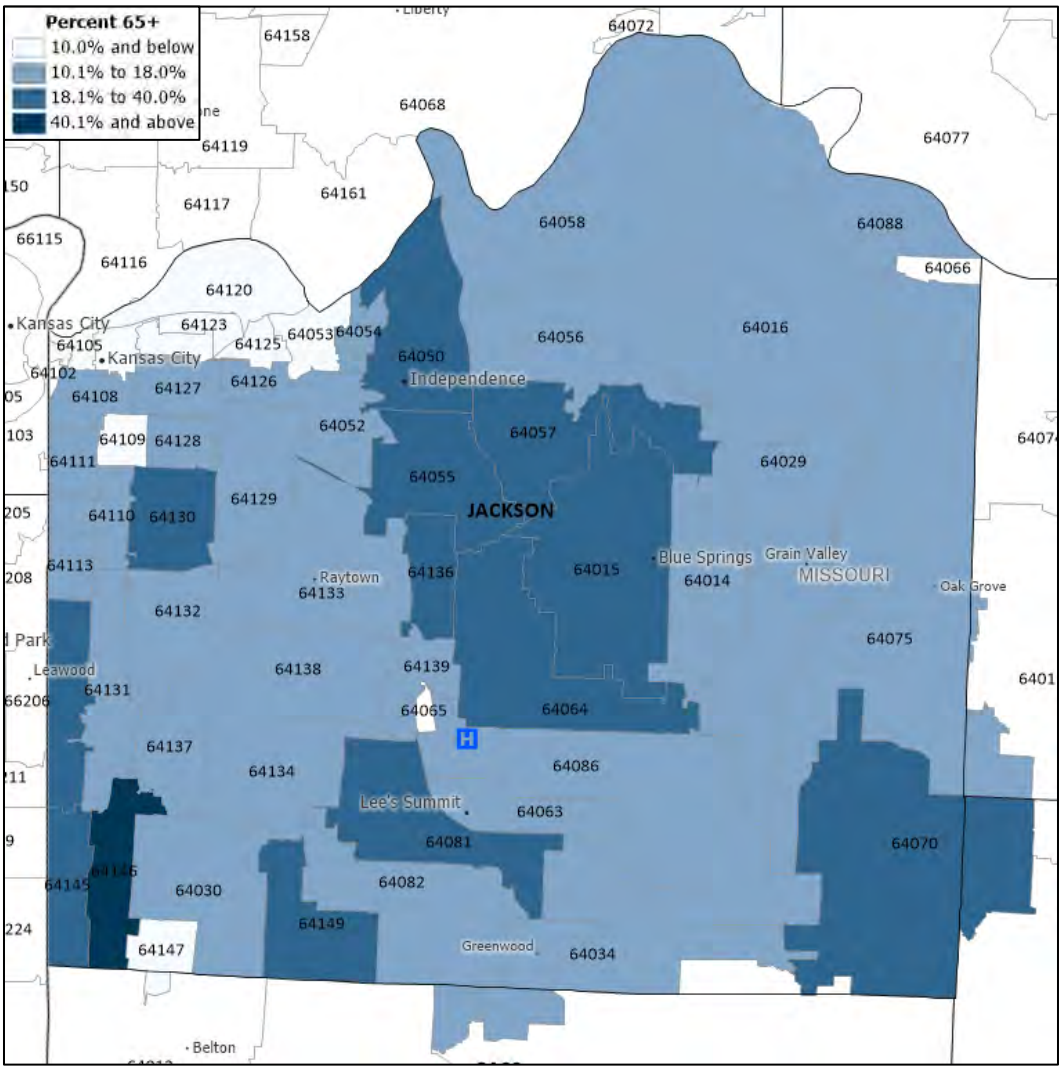
Source: Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics, 2020, and Caliper Maptitude, 2022.
Note: Data not available for small census tracts or those with high standard errors.

Description: Exhibit 12 presents estimated life expectancy by census tract for the SLE community.

Observations

- In 2020, there was significant variation in life expectancy across census tracts in Kansas City, MO.
- Census tracts in western and central Jackson County had comparatively low life expectancy.

Exhibit 13: Percent of Population – Aged 65+ by ZIP Code, 2021



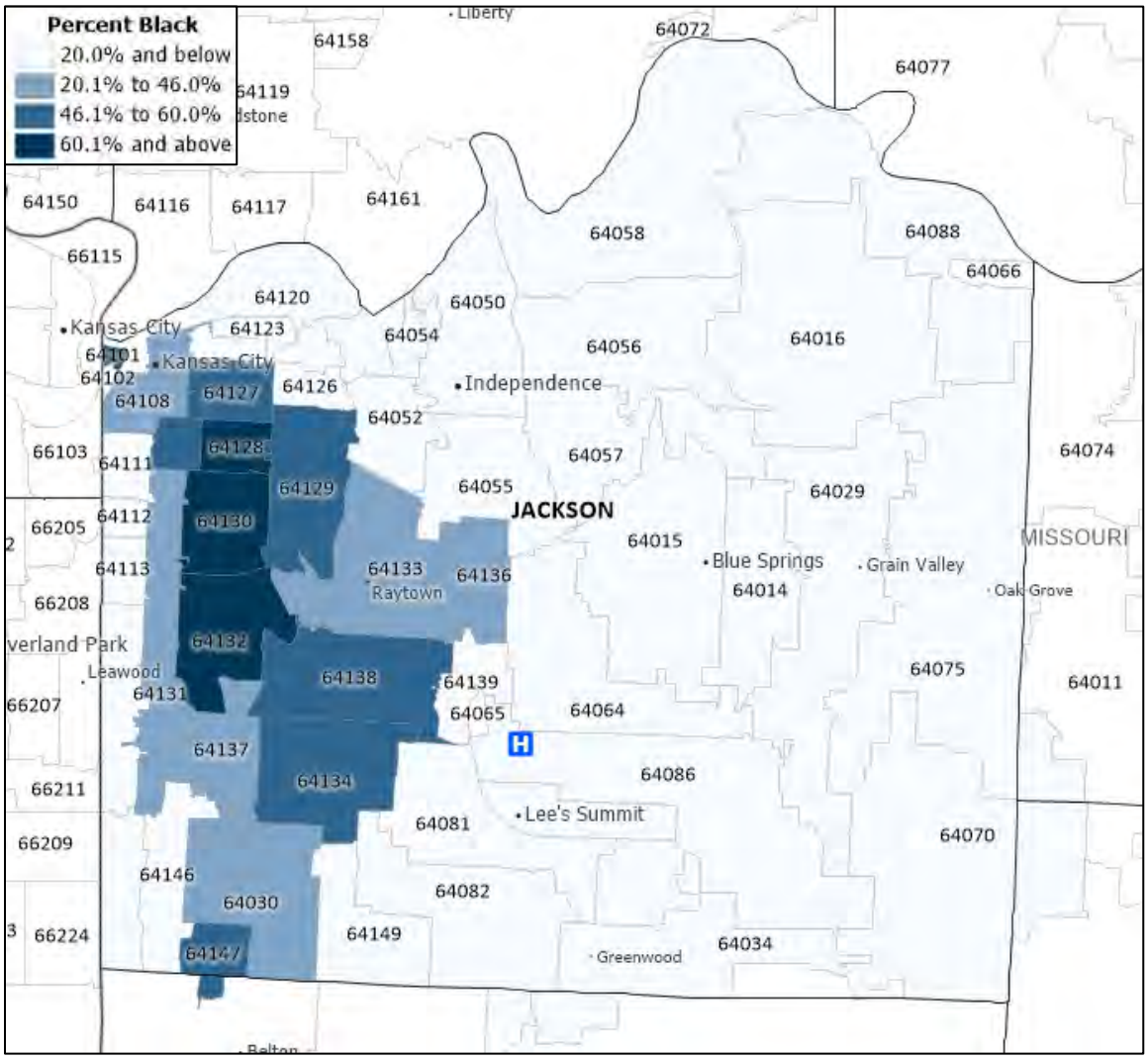
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: Exhibit 13 portrays the percent of the population 65 years of age and older by ZIP Code.

Observations

- In 2021, the highest percentages of population 65 years of age and older were in Independence, and the southwest corner of Jackson County.
- Jackson County ZIP Code 64146 had the highest proportion (41.0 percent) of residents 65 years and older.

Exhibit 14: Percent of Population – Black by ZIP Code, 2021



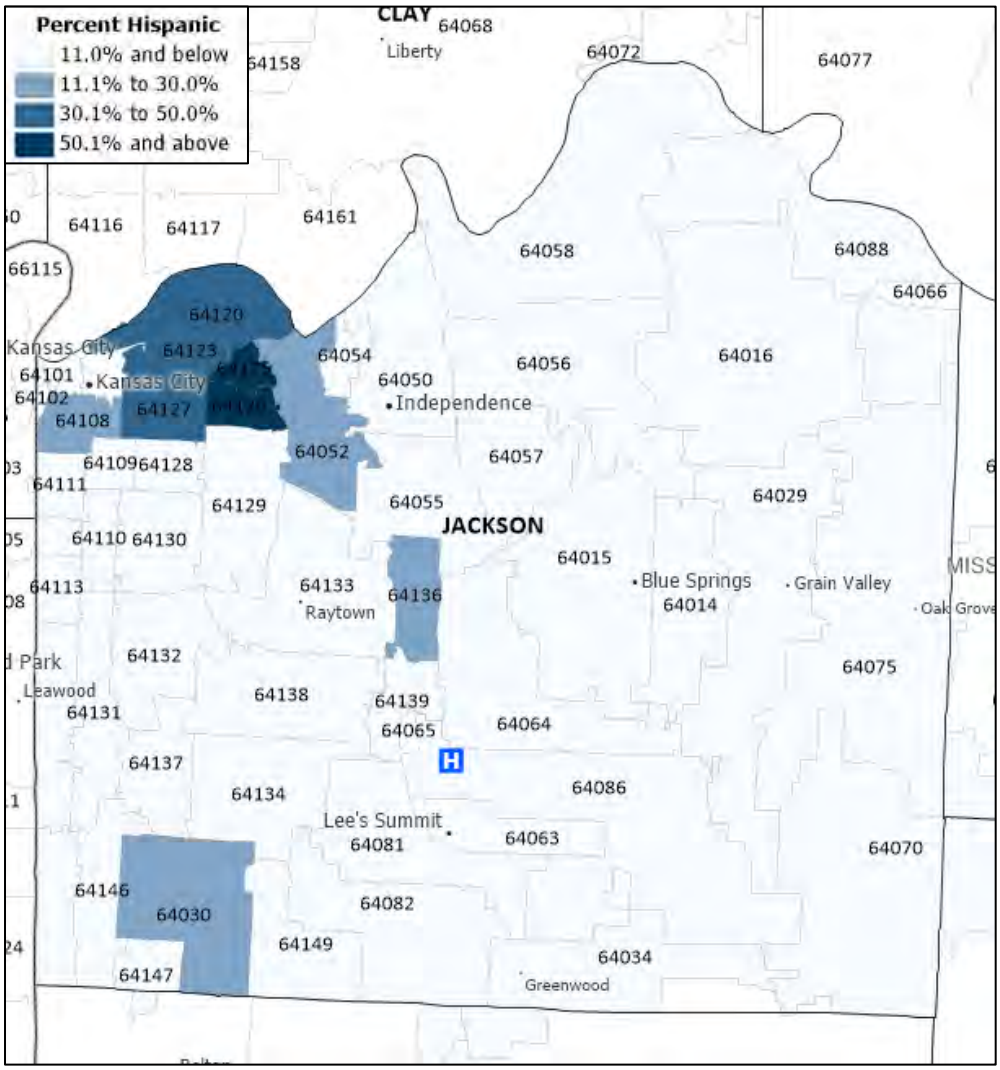
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: Exhibit 14 portrays the percentage of the population Black by ZIP Code.

Observations

- In 2021, areas in western Jackson County had the highest proportions of population identified as Black.
- Jackson County ZIP Codes 64130 and 64128 had over 75 percent of the population identified as Black (85.8 percent and 76.3 percent, respectively).

Exhibit 15: Percent of Population – Hispanic (or Latino) by ZIP Code, 2021



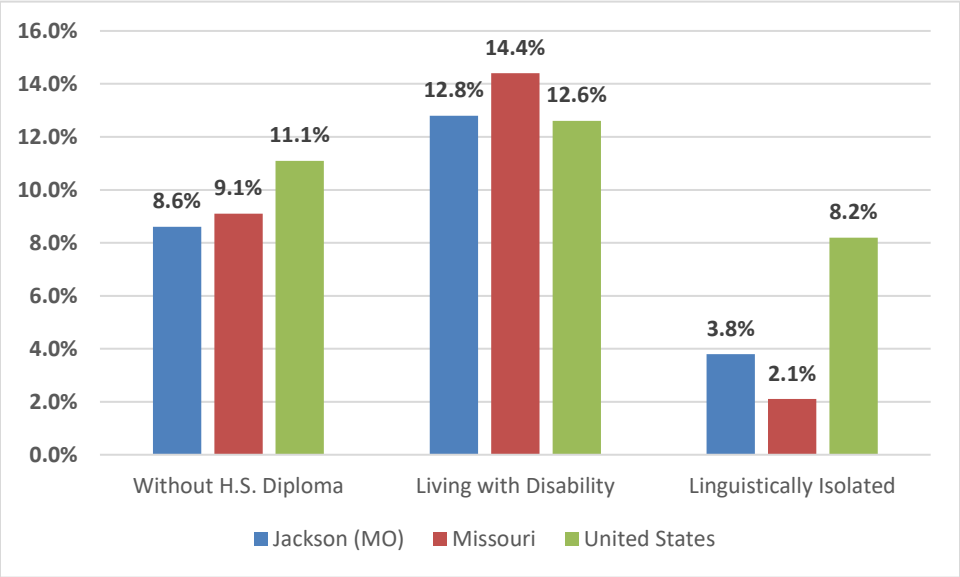
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: Exhibit 15 portrays the percent of the population Hispanic (or Latino) by ZIP Code.

Observations

- In 2021, the Kansas City (MO) area had the highest proportions of population identified as Hispanic (or Latino).
- Two ZIP Codes in Jackson County (64126 and 64125) had more than 50 percent of the population identified as Hispanic (or Latino).

Exhibit 16: Selected Socioeconomic Indicators, 2017-2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description. Exhibit 16 portrays the percent of the population: without a high school diploma[11], living with a disability, and linguistically isolated in the counties that comprise the SLE community, Missouri, and the United States.

Linguistic isolation is defined as residents who speak a language other than English and who speak English less than "very well." Dark grey shading indicates rates 50 percent or more above the U.S-wide average. Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2017-2021, Jackson County had a slightly above average rate of persons living with a disability compared to U.S. averages.

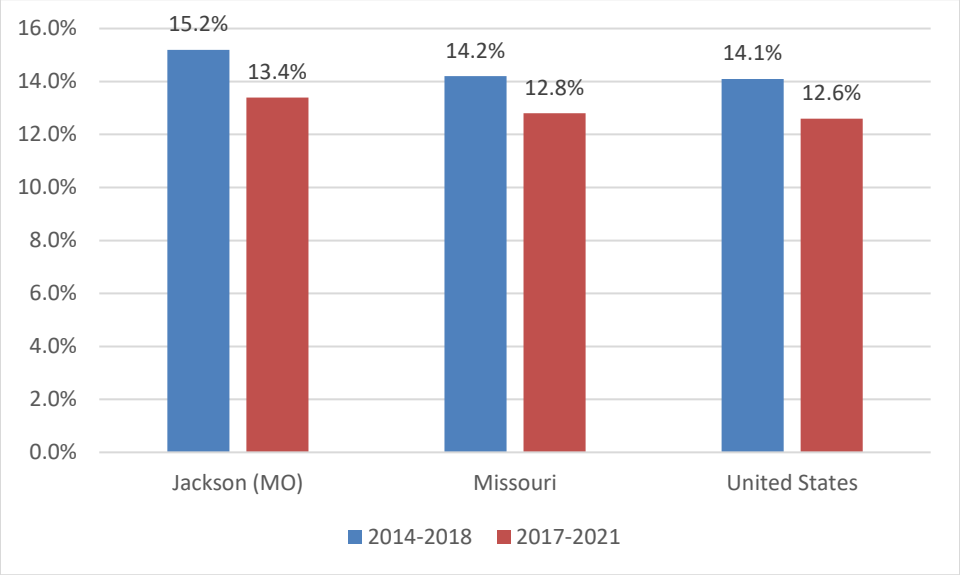
[11] This is based on the people 25 years of age and older.

Socioeconomic Indicators

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, and "social vulnerability." All have been associated with health status.

People in Poverty

Exhibit 17: Percent of People in Poverty, 2014-2018 and 2017-2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 17 portrays poverty rates by county, in Missouri, and in the United States for 2014-2018 and 2017-2021.

Observations

- Poverty rates in Jackson County have been above Missouri, and United States averages.
- Poverty rates in all areas presented were lower in 2017-2021 compared to 2014-2018.

Exhibit 18: Poverty Rates by Race and Ethnicity, 2017-2021

Area	White	Black	Asian	Hispanic (or Latino)	All Races / Ethnicities
Jackson (MO)	8.6%	**23.0%**	18.2%	**19.0%**	13.4%
Missouri	10.7%	**23.5%**	12.3%	18.3%	12.8%
United States	**9.2%**	**21.7%**	**10.3%**	**17.7%**	**12.6%**

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 18 portrays poverty rates by race and ethnicity. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.6 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2017-2021, poverty rates for Black populations in Jackson County were more than 50 percent above the U.S. average for all persons.
- The poverty rate for Asian and Hispanic (or Latino) populations was also comparatively high.

Exhibit 19: Child Poverty Rates, 2017-2021

Area	Child Population (aged 0-17)	Percent of Population (aged 0-17)	Percent Children in Poverty
Jackson (MO)	165,519	23.6%	19.4%
Missouri	1,360,693	22.8%	16.9%
United States	**72,996,065**	**22.7%**	**17.0%**

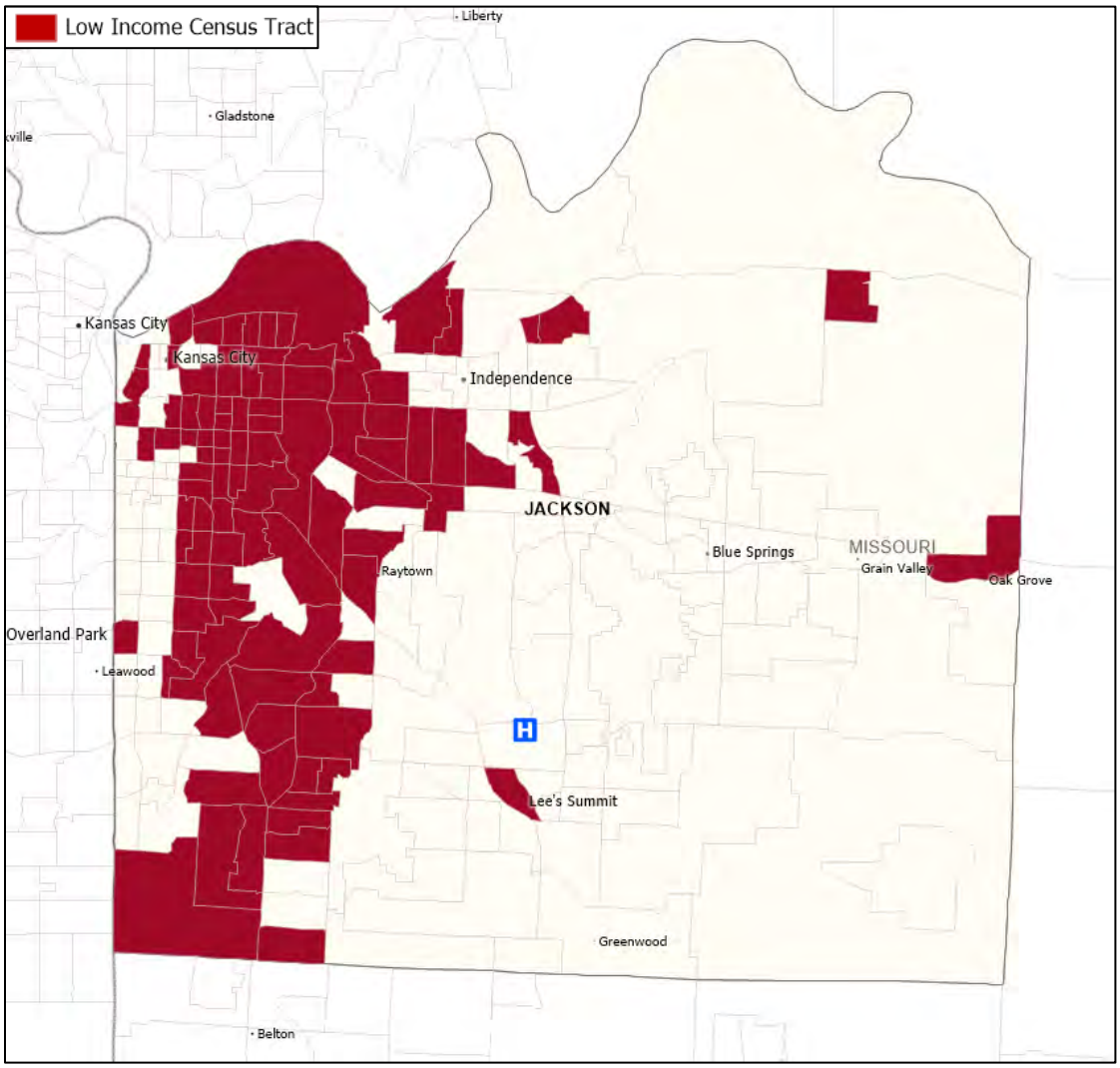
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 19 portrays poverty rates for children (aged 0-17). Dark grey shading indicates rates 50 percent or more above the U.S-wide average (17.0 percent for all children). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2017-2021, the percentage of children in poverty in Jackson County was above state and national averages.

Exhibit 20: Low Income Census Tracts, 2019



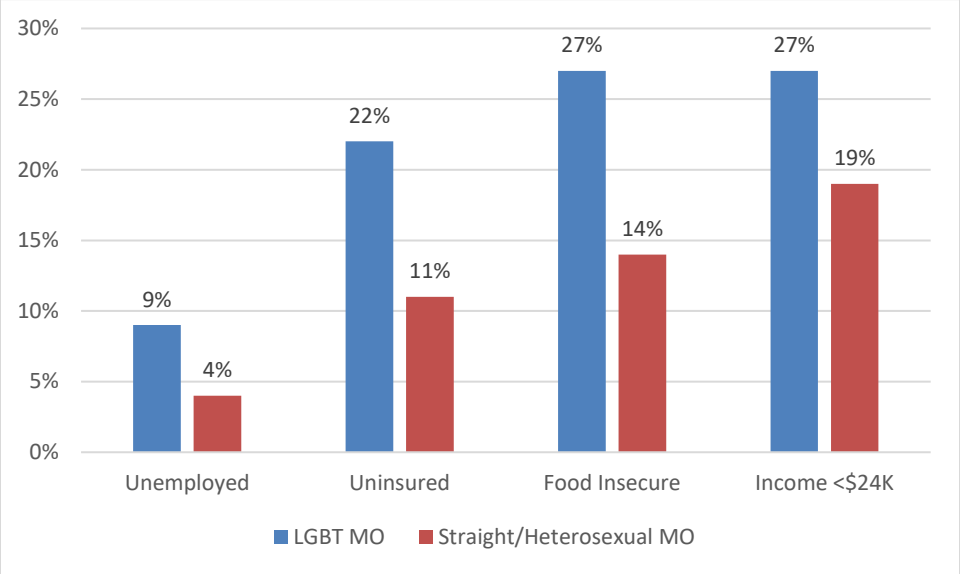
Source: US Department of Agriculture Economic Research Service, ESRI, 2021, and Caliper Maptitude, 2022.

Description: Exhibit 20 portrays the location of federally designated low-income census tracts.

Observations

- In 2019, low-income census tracts were concentrated in western parts of Jackson County, and Oak Grove.

Exhibit 21: Select Socioeconomic Characteristics, Missouri, Lesbian, Gay, Bisexual, or Transgender, 2019



LGBT Demographic Data Interactive, January 2019, Los Angeles, CA: The Williams Institute, UCLA School of Law.

Description

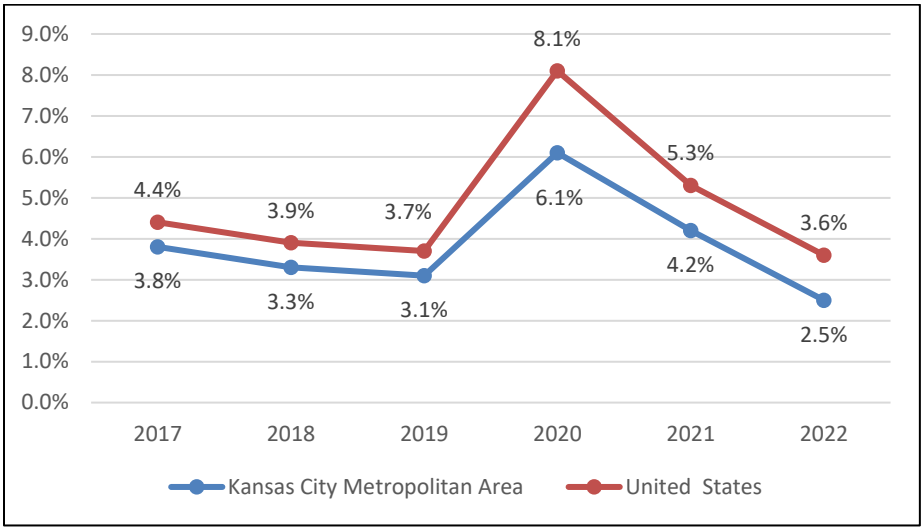
Exhibit 21 portrays socioeconomic indicators for Lesbian, Gay, Bisexual, or Transgender (LGBT) and straight/heterosexual people in Missouri.

Observations

- In 2019 in Missouri, individuals who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and have lower incomes than those who identify as straight/heterosexual.

Unemployment

Exhibit 22: Annual Unemployment Rates, Kansas City Metropolitan Area, 2017 to 2022



Source: Bureau of Labor Statistics, 2022.

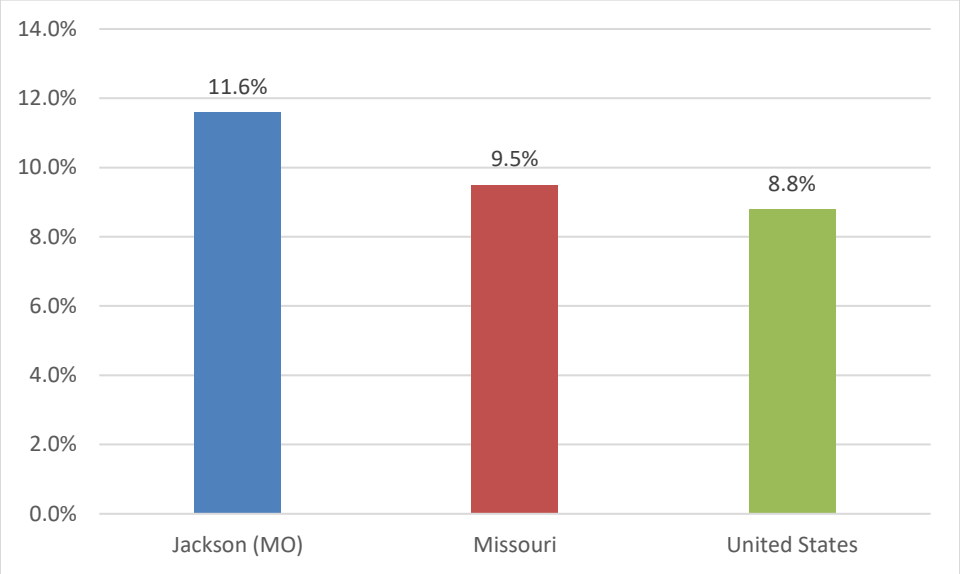
Description: Exhibit 22 shows annual unemployment rates in the Kansas City Metropolitan Statistical Area and for the United States for 2017 to 2022.

Observations

- Unemployment rates declined from 2017 through 2019 in the Kansas City Metropolitan Area.
- Due to the COVID-19 pandemic, unemployment rates rose sharply in 2020. The rate more than doubled between 2019 and 2020 but was below the U.S. average.
- In 2021-2022, unemployment rates declined and fell below pre-pandemic levels both in Kansas City and in the United States.

Health Insurance Status

Exhibit 23: Percent of Population without Health Insurance, 2017 to 2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 23 presents the estimated percentage of the population without health insurance.

Observations

- In 2017-2021, Jackson County had a higher percentage of the population without health insurance than Missouri, and national averages.

Medical Debt

Exhibit 24: Share of People with a Credit Bureau Record with Medical Debt in Collections, 2022

Area	Medical Debt in Collections	Medical Debt in Collections (People of Color)	Medical Debt in Collections (Majority White)
Jackson (MO)	**19.3%**	**28.9%**	15.1%
Missouri	16.4%	**31.0%**	14.6%
United States	**12.6%**	**14.7%**	**11.5%**

Source: Alexander Carther, Kassandra Martinchek, Breno Braga, Signe-Mary McKernan, and Caleb Quakenbush. 2021. Debt in America 2022. Accessible from https://datacatalog.urban.org/dataset/debt-america-2022.

Description: Exhibit 24 portrays the estimated share of the people with a credit bureau records who have medical debt in collections in the three counties, Kansas, Missouri, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.6 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2022 and in Jackson County, the share of the population with credit bureau records and with medical debt in collections was more than 50 percent above the U.S. average.
- Medical debt in collections was higher for communities of color than for majority-White communities.
- The prevalence of medical debt has been higher in Missouri than in the nation as a whole.

Crime Rates

Exhibit 25: Crime Rates by Type and Jurisdiction, Per 100,000, 2019-2021

City	County (State)	Violent Crime	Murder	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny-Theft	Motor Vehicle Theft
Blue Springs	Jackson (MO)	198	4	37	14	144	2,184	184	1,703	297
Independence	Jackson (MO)	**577**	7	**110**	78	**383**	**3,751**	343	**2,556**	**853**
Kansas City	Jackson (MO)	**1,477**	**31**	**83**	**242**	**1,121**	**4,284**	**564**	**2,792**	**928**
Lee's Summit	Jackson (MO)	151	2	22	15	112	1,769	160	1,360	250
Missouri		495	**9**	48	81	357	2,639	430	1,865	**343**
United States		**379**	**5**	**43**	**82**	**250**	**2,110**	**341**	**1,550**	**220**

Source: Federal Bureau of Investigation, 2019-2021.
Note: Data presented for selected cities, as available.

Description: Exhibit 25 provides crime statistics available from the Federal Bureau of Investigation. Light grey shading indicates rates above United States averages; dark grey shading indicates rates more than 50 percent above the national average.

Observations

- In 2019-2021, crime rates in Kansas City were more than 50 percent above national averages for all crime types.
- Crime rates in Independence also were higher than national averages for all crime types except robbery.

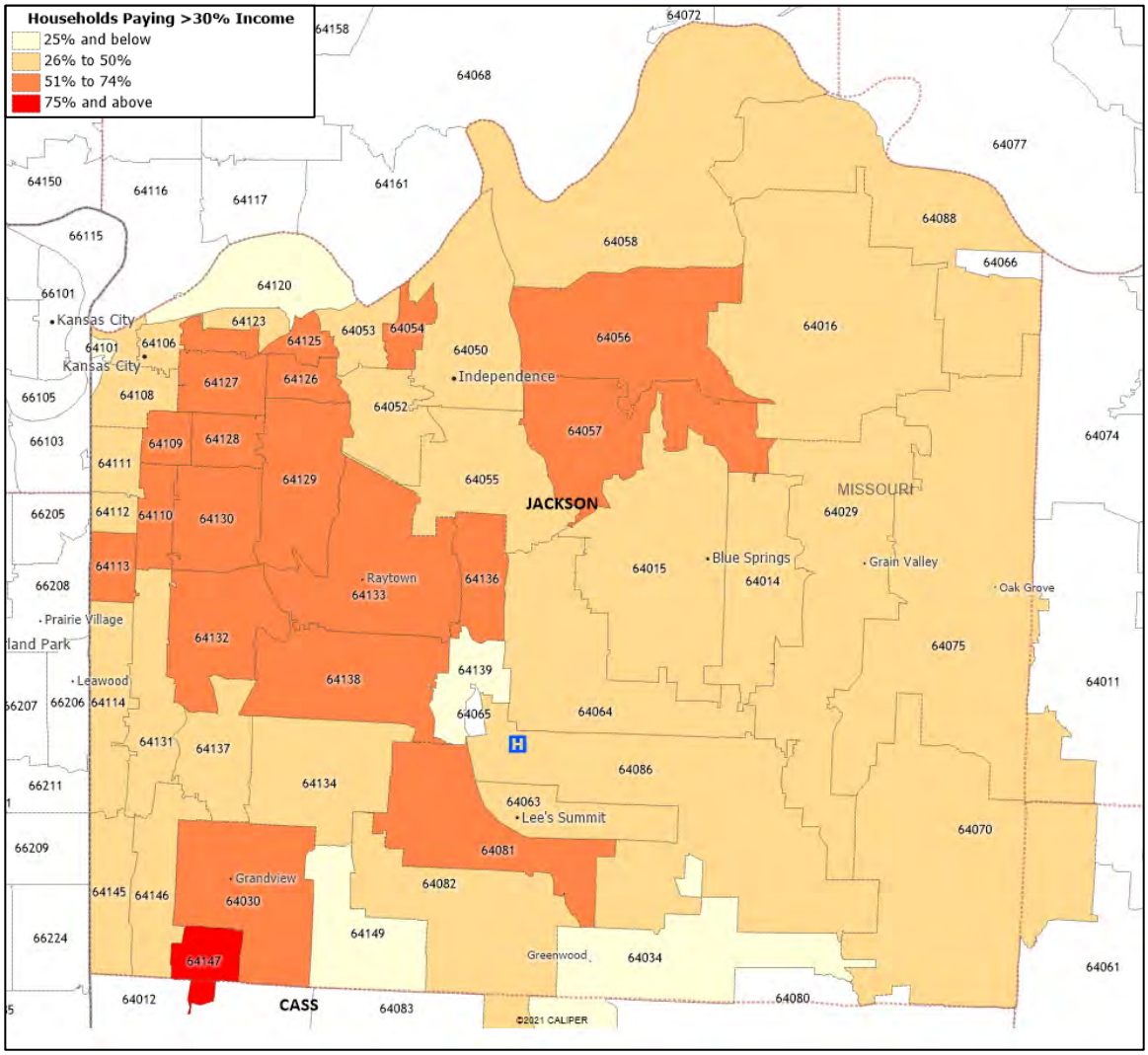
Housing Affordability

Exhibit 26: Percent of Rented Households Rent Burdened, 2017-2021

Area	Households Paying Rent	Households Paying >30% of Income for Rent	Percent of Households Rent Burdened
Jackson (MO)	114,784	54,786	47.7%
Missouri	726,672	325,273	44.8%
United States	**40,811,805**	**20,169,402**	**49.4%**

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Exhibit 27: Map of Percent of Rented Households Rent Burdened, 2017-2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: The U.S. Department of Housing and Urban Development (HUD) has defined "rent burdened" households as those spending more than 30 percent of income on housing.[12] **Exhibits 26 and 27** portray the percent of rented households that meet this definition. ZIP Codes highlighted in red are where over 75 percent of households have been rent burdened.

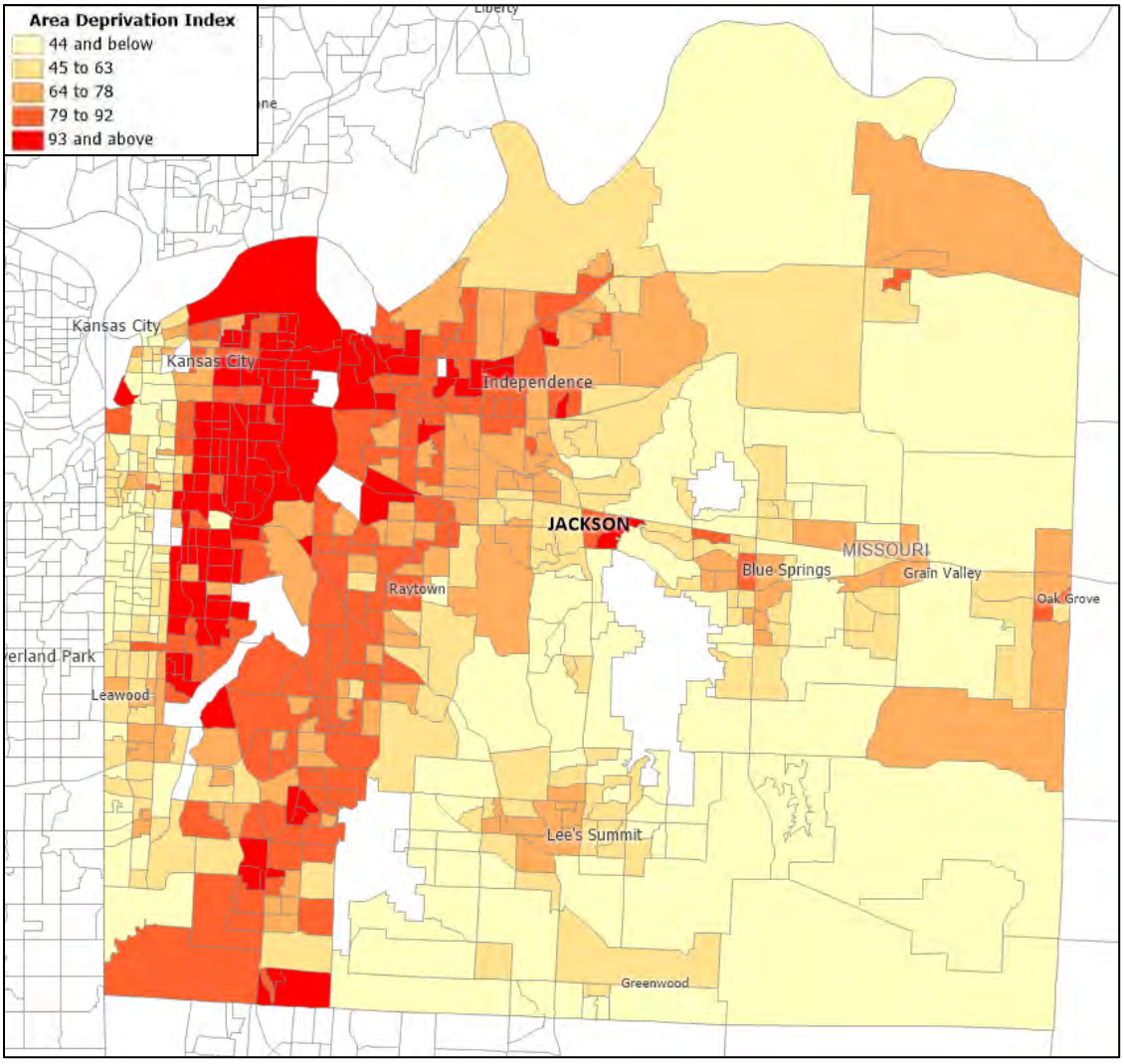
Observations

- In 2017-2021, ZIP Codes in Independence, and Kansas City had the highest percentage of households designated as rent burdened.
- ZIP Code 64147 had the highest percentage of population rent burdened.

[12] https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm

Area Deprivation Index

Exhibit 28: Area Deprivation Index by Census Block Group, 2020



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2020. Downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/, March 28, 2023, and Caliper Maptitude, 2022.

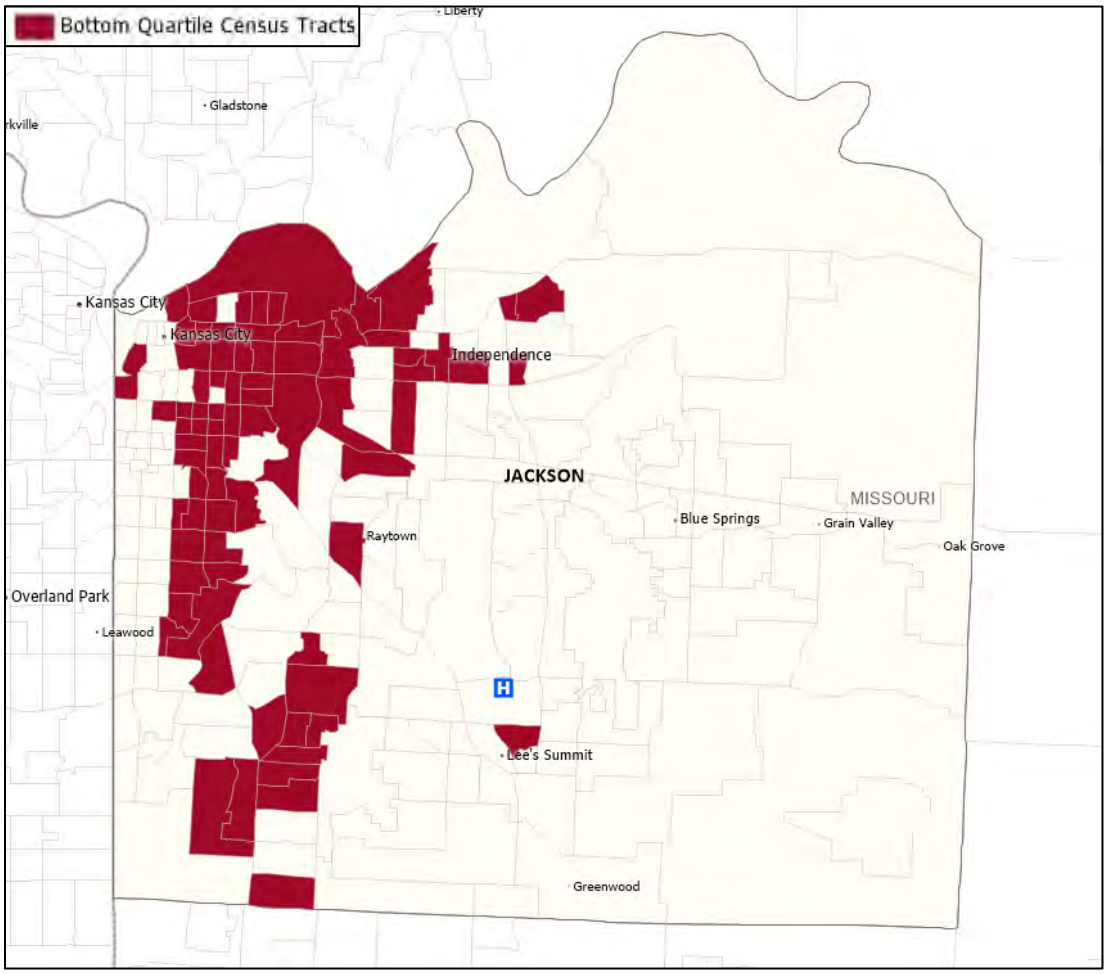
Description: Exhibit 28 presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research's Area Deprivation Index (ADI) for the SLE community. The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

Observations

- In 2020, the highest ADIs were present in the Kansas City area, Independence, and western Jackson County.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

Exhibit 29: Socioeconomic Status - Bottom Quartile Census Tracts, 2020



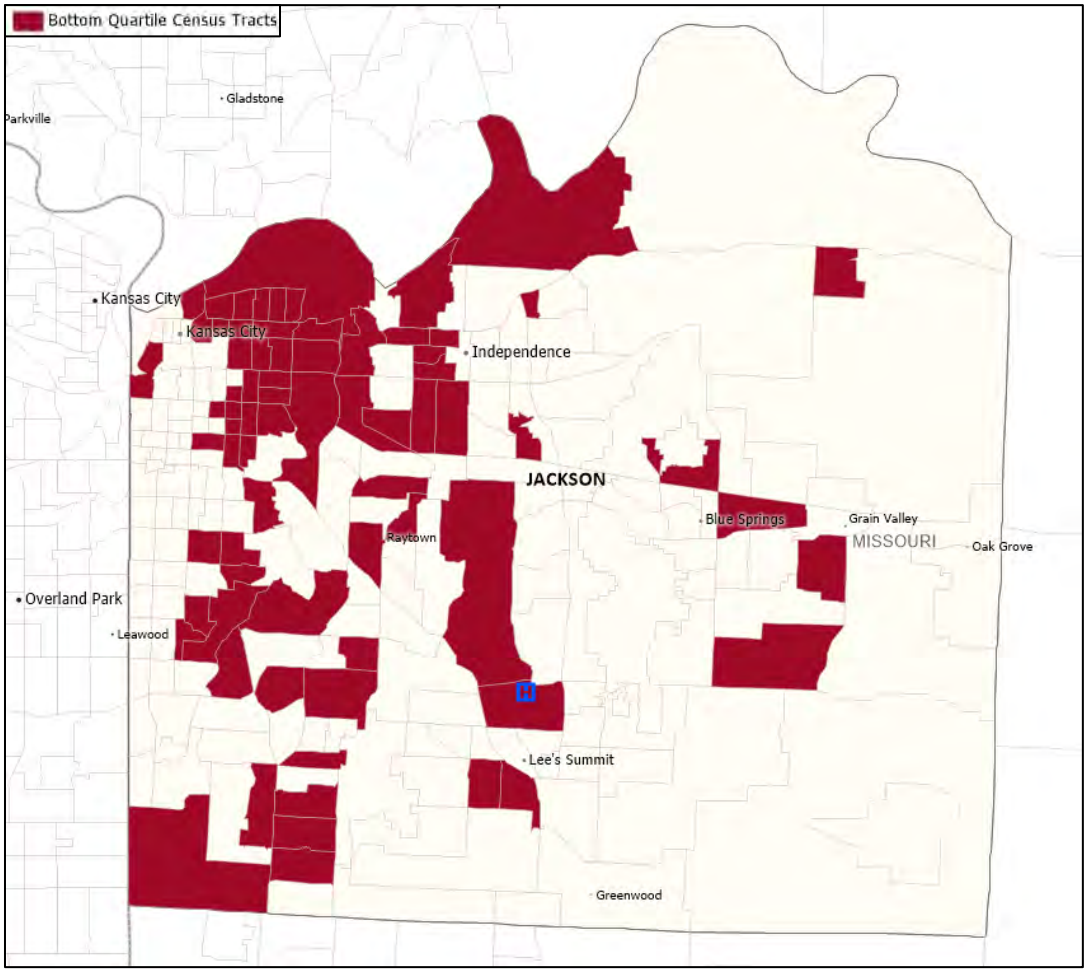
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibits 29 through 32 are maps that show Centers for Disease Control and Prevention's Social Vulnerability Index (SVI) scores by census tract. Highlighted census tracts indicate scores that are in the bottom quartile nationally. The SVI is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation. **Exhibit 29** identifies census tracts in the bottom quartile for socioeconomic characteristics.

Observations

- Census tracts with the highest socioeconomic vulnerability were concentrated in western Jackson County, and Lee's Summit.

Exhibit 30: Household Characteristics – Bottom Quartile Census Tracts, 2020



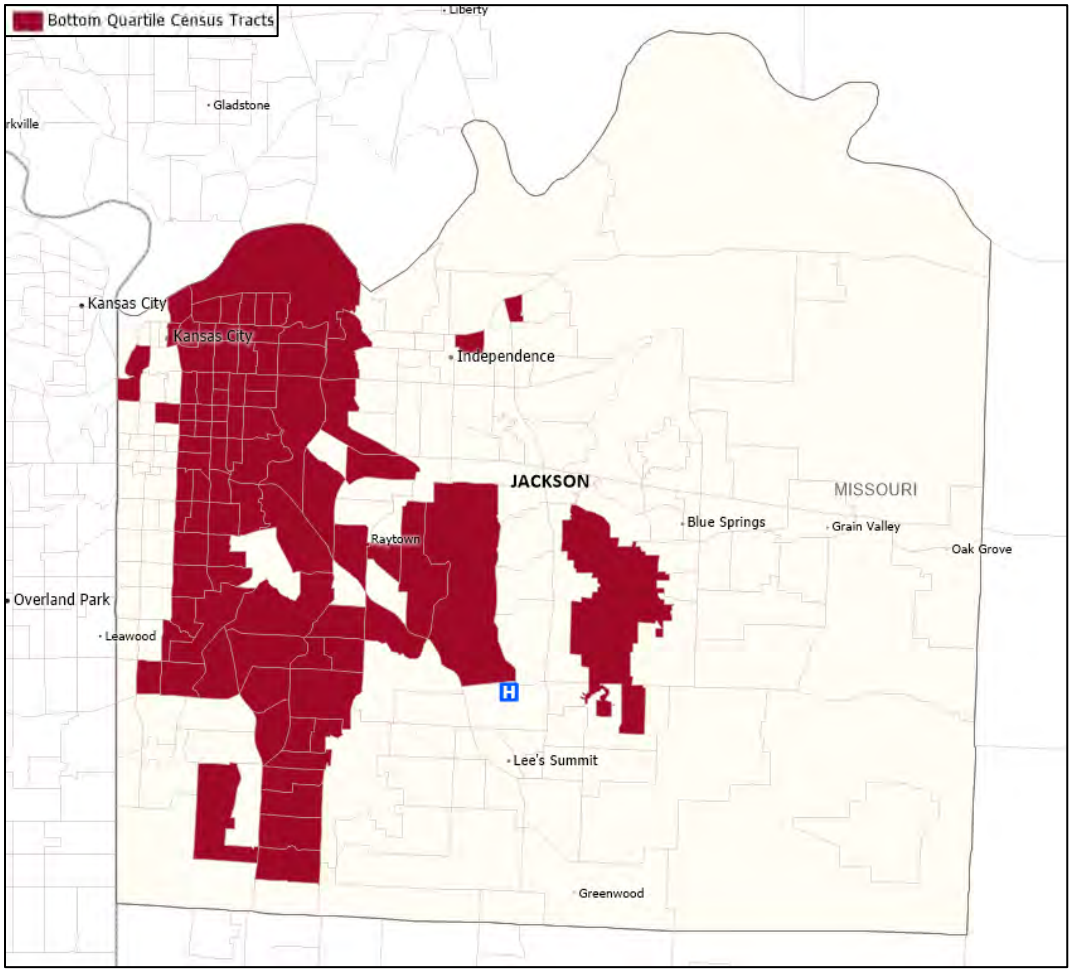
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 30 identifies census tracts in the bottom quartile nationally for "household characteristics" (percent of people 65 years of age or older, 17 years of age or younger, civilian with a disability, single-parent households, and with Limited English Proficiency).

Observations

- In 2020, census tracts with the highest household characteristics vulnerability were concentrated in central and western Jackson County, and Blue Springs.

Exhibit 31: Racial and Ethnic Minority Status – Bottom Quartile Census Tracts, 2020



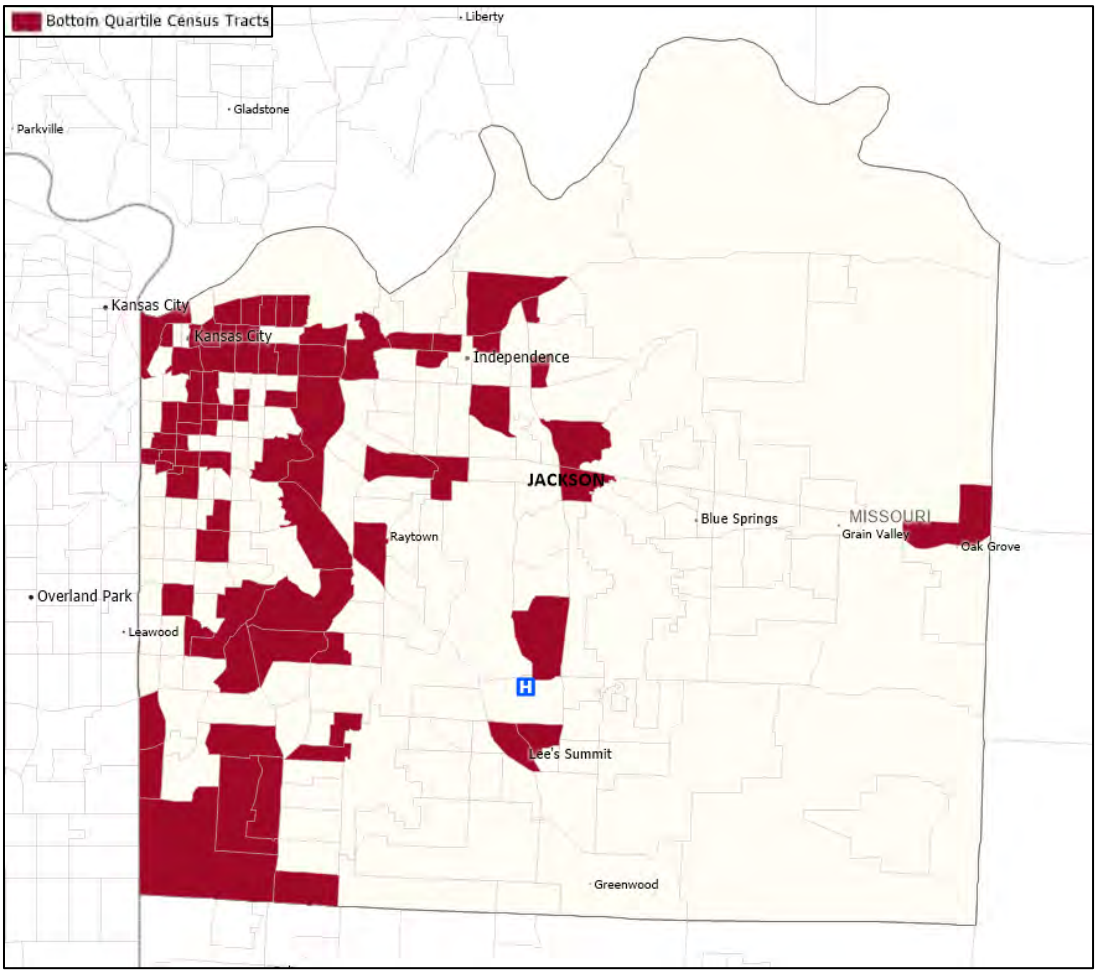
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 31 identifies census tracts in the bottom quartile for "racial and ethnic minority status" (percent of people non-White).

Observations

- In 2020, racial and ethnic minorities were concentrated in the Kansas City area, and central Jackson County.

Exhibit 32: Housing Type and Transportation – Bottom Quartile Census Tracts, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 32 identifies census tracts in the bottom quartile nationally for "housing type and transportation vulnerability" (people living in multi-unit structures, in mobile homes, in crowded households, in group quarters, and with no vehicle).

Observations

- In 2020, census tracts designated as vulnerable for housing type and transportation were concentrated in Kansas City, Independence, Lee's Summit, and Oak Grove.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 33: County Health Rankings, 2023

Measure	Jackson (MO)
Health Outcomes	79
Health Factors	54
Length of Life	66
Quality of Life	85
Poor or fair health	40
Poor physical health days	29
Poor mental health days	**101**
Low birthweight	**99**
Health Behaviors	30
Adult smoking	9
Adult obesity	18
Food environment index	39
Physical inactivity	42
Access to exercise opportunities	3
Excessive drinking	**106**
Alcohol-impaired driving deaths	**97**
Sexually transmitted infections	**113**
Teen births	62
Clinical Care	11
Uninsured	26
Primary care physicians	10
Dentists	2
Mental health providers	13
Preventable hospital stays	**93**
Mammography screening	16
Flu vaccinations	14
Social & Economic Factors	77
High school graduation	23
Some college	13
Unemployment	**105**
Children in poverty	34
Income inequality	85

Source: County Health Rankings and Verité Analysis, 2023.
Note: There are 105 counties in Kansas and 114 counties in Missouri.

Exhibit 33: County Health Rankings, 2023 *(continued)*

Measure	Jackson (MO)
Children in single-parent households	109
Social associations	64
Injury deaths	83
Physical Environment	109
Air pollution - particulate matter	113
Severe housing problems	97
Driving alone to work	42
Long commute - driving alone	57

Source: County Health Rankings and Verité Analysis, 2023.
Note: There are 105 counties in Kansas and 114 counties in Missouri.

Description: Exhibit 33 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[13] social and economic factors, and physical environment.[14] *County Health Rankings* is updated annually. *County Health Rankings 2023* relies on data from 2014 to 2021. Most data are from 2017 to 2021.

The exhibit presents 2023 rankings for each available indicator category. Rankings indicate how Jackson County ranked in relation to all 114 counties in Missouri (and the independent City of St. Louis). The lowest numbers indicate the most favorable rankings. Light grey shading indicates rankings in the bottom half of the state's counties and cities; dark grey shading indicates rankings in bottom quartile.

Observations

- Jackson County ranked in the bottom quartile for the following indicators:
  - Poor mental health days
  - Low birthweight
  - Excessive drinking
  - Alcohol-impaired driving deaths
  - Sexually transmitted infections
  - Preventable hospital stays
  - Unemployment

[13] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[14] A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

    - Children in single-parent households
    - Air pollution
    - Severe housing problems
- Jackson County ranked in the bottom half for five of the seven composite measures including, health outcomes, length of life, quality of life, social and economic factors, and physical environment.
- Jackson County ranked at the bottom of Missouri's counties for sexually transmitted infections and air pollution/particulate matter (113/114).

Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023

Category	Indicator	Jackson (MO)	Missouri	United States
Health Outcomes				
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,377.1	8,859.6	**7,300**
Quality of Life	% adults reporting fair or poor health	16.3%	15.2%	**12.0%**
	Average number of physically unhealthy days past 30 days	3.6	3.4	**3.0**
	Average number of mentally unhealthy days past 30 days	5.3	4.9	**4.4**
	% live births with low birthweight (<2500 grams)	9.3%	8.6%	**8.0%**
Health Factors				
Health Behaviors				
Adult Smoking	% adults smoking >= 100 cigarettes & currently smoking	19.0%	18.6%	**16.0%**
Adult Obesity	Percent of adults that report a BMI >= 30	36.2%	34.2%	**32.0%**
Food Environment Index	Index of factors that contribute to a health food environment, 0 (worst) to 10 (best)	7.5	6.8	**7.0**
Physical Inactivity	% adults aged 20 and over reporting no leisure-time physical activity	26.5%	24.9%	**22.0%**
Access to Exercise Opportunities	% population with adequate access to locations for physical activity	91.1%	75.8%	**84.0%**
Excessive Drinking	% adults reporting binge plus heavy drinking	20.1%	20.0%	**19.0%**
Alcohol-Impaired Driving Deaths	% driving deaths with alcohol involvement	35.9%	27.6%	**27.0%**
STDs	Chlamydia rate per 100,000 population	**892.6**	518.4	**481.3**
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	**28.9**	22.7	**19.0**
Clinical Care				
Uninsured	% population under age 65 without health insurance	13.0%	12.2%	**10.0%**
Primary Care Physicians	Ratio of population to primary care physicians	1,175:1	1,409:1	**1,310:1**
Dentists	Ratio of population to dentists	1,088:1	1,617:1	**1,380:1**
Mental Health Providers	Ratio of population to mental health providers	361:1	433:1	**340:1**
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,677	3,052	**2,809**

Source: County Health Rankings, 2023.

Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023 *(continued)*

Category	Indicator	Jackson (MO)	Missouri	United States
Mammography Screening	% female Medicare enrollees, ages 67-69, that receive mammography screening	43.0%	40.0%	**37.0%**
Flu Vaccinations	% Medicare enrollees that had an annual flu vaccination	53.0%	49.0%	**51.0%**
Social and Economic Factors				
High School Graduation	% adults ages 25 and over with a high school diploma or equivalent.	91.4%	91.0%	**89.0%**
Some College	% adults aged 25-44 years with some post-secondary education	68.0%	67.2%	**67.0%**
Unemployment	% population age 16+ unemployed but seeking work	5.5%	4.4%	**5.4%**
Children in Poverty	% children under age 18 in poverty	17.3%	16.5%	**17.0%**
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.6	4.5	**4.9**
Children in Single-Parent Households	% children that live in a household headed by single parent	32.2%	24.3%	**25.0%**
Social Associations	Number of associations per 10,000 population	11.0	11.4	**9.1**
Injury Deaths	Injury mortality per 100,000	102.0	95.8	**76.0**
Physical Environment				
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	9.6	7.6	**7.4**
Severe Housing Problems	% households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14.3%	12.9%	**17.0%**
Driving Alone to Work	% workforce that drives alone to work	79.3%	79.4%	**73.0%**
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	33.2%	32.0%	**37.0%**

Source: County Health Rankings, 2023.

Description: Exhibit 34 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.[15] Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors for a given county are unfavorable when compared to averages for the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- Several indicators are especially problematic in Jackson County, including:
    - Percent of adults reporting fair or poor health
    - Chlamydia rate per 100,000
    - Teen birth rate per 1,000 female population, ages 15-19
    - Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees

[15] County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Community Health Status Indicators

Exhibit 35: Community Health Status Indicators, 2023

Category	Indicator	Jackson (MO)	Peer Counties
Length of Life	Years of potential life lost rate	**9,377.1**	6,342.1
Quality of Life	% Fair/Poor health	**16.3%**	12.6%
	Physically unhealthy days	**3.6**	2.9
	Mentally unhealthy days	**5.3**	4.6
	% Births – low birth weight	**9.3**	8.0
Health Behaviors	% Smokers	**19.0%**	13.9%
	% Obese	**36.2%**	29.7%
	Food environment index	**7.5**	8.2
	% Physically inactive	**26.5%**	20.5%
	% Population with access to exercise opportunity	**91.1%**	95.6%
	% Excessive drinking	20.1%	19.4%
	% Driving deaths with alcohol	**35.9%**	26.8%
	Chlamydia rate per 100,000	**892.6**	542.6
	Teen birth rate per 1,000, ages 15-19	**28.9**	16.8
Clinical Care	% Uninsured	**13.0%**	9.3%
	Ratio of population to primary care physicians	1,175:1	1,042:1
	Ratio of population to dentists	1,088:1	1,102:1
	Ratio of population to mental health providers	361:1	235:1
	Preventable hospitalization rate per 100,000	**3,677.0**	2,558.8
	% Mammography screening	43.0%	36.6%
	% Flu vaccination	53.0%	52.9%
Social and Economic Factors	High School graduation rate	91.4%	90.8%
	% Some college	**68.0%**	75.0%
	% Unemployed	5.5%	5.0%
	% Children in poverty	17.3%	14.5%
	Income ratio	4.6	4.5
	% Children in single-parent households	**32.2%**	24.7%
	Social association rate per 10,000	11.0	9.1
	Injury mortality per 100,000	**102.0**	69.9
Physical Environment	Average daily PM2.5	**9.6**	9.0
	% Severe housing problems	14.3%	17.3%
	% Drive alone to work	**79.3%**	68.3%
	% Long commute, drives alone	33.2%	35.4%

Source: County Health Rankings, and Verité Analysis, 2023.

Description: County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 35 compares each county to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics are also provided.

See Appendix D for lists of peer counties.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in its peer counties. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- Jackson County compared unfavorably to peer counties for most of the indicators presented (27/33).

COVID-19 Cases and Deaths

Exhibit 36: COVID-19 Incidence and Mortality (As of February 14, 2023)

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000
Jackson (MO)	119,925	1,374	17,124.6	196.2
Missouri	6,126,452	21,334	26,493.2	348.2
United States	**100,577,839**	**1,092,380**	**30,827.3**	**334.8**

Source: Johns Hopkins University, Accessed via ESRI, Additional data analysis by CARES. 2022.

Description: Exhibit 36 presents data regarding COVID-19 incidence and mortality. Light grey shading indicates rates above the United States averages.

Observations

- In Jackson County, COVID-19 incidence and mortality rates were lower than national averages.

Mortality Rates

Exhibit 37: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2011-2020

Condition	Jackson (MO)	Missouri
Major cardiovascular diseases	230.5	248.1
Malignant neoplasms	171.5	170.6
Diseases of heart	176.2	193.2
All other diseases	110.9	90.1
Ischemic heart diseases	82.0	111.4
Other forms of chronic ischemic heart disease	57.4	60.6
Other heart diseases	74.9	69.1
All other forms of chronic ischemic heart disease	39.3	52.5
Chronic lower respiratory diseases	49.1	50.5
Accidents (unintentional injuries)	49.9	55.2
Other chronic lower respiratory diseases	46.0	46.5
Malignant neoplasms of trachea, bronchus, lung	46.4	49.1
Cerebrovascular diseases	40.1	40.6
All other forms of heart disease	42.2	40.6
Nontransport accidents	36.3	39.7
Acute myocardial infarction	23.8	49.7
Heart failure	32.1	27.8
Alzheimer disease	23.5	30.2
Diabetes mellitus	20.3	20.6
All other and unspecified malignant neoplasms	20.1	20.2
Intentional self-harm (suicide)	18.5	17.2
Malignant neoplasms - lymphoid, hematopoietic, related issue	16.2	16.0
Influenza and pneumonia	14.0	16.6
Kidney Disease (nephritis, nephrotic syndrome, and nephrosis)	22.4	19.1
Renal failure	22.2	18.9
Assault (homicide)	**19.9**	9.6

Source: Centers for Disease Control and Prevention, 2021.

Description: Exhibit 37 provides age-adjusted mortality rates for selected causes of death. Light grey shading indicates rates above state averages; dark grey shading indicates rates more than 50 percent above state averages.

Observations

- In 2011-2020 and in Jackson County, rates for 10 of the 26 selected causes of mortality were above the Missouri average.
- Rates of assault (homicide) were more than 50 percent above state averages in Jackson County.

Exhibit 38: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2015-2019

Type of Cancer	Jackson (MO)	Missouri
All Cancer Sites Combined	163.9	166.3
Lung and Bronchus	42.7	46.4
Female Breast	20.1	20.3
Prostate	18.5	17.8
Colon and Rectum	14.0	14.2
Pancreas	12.4	11.4
Leukemias	6.3	6.5
Ovary	5.5	6.1
Liver and Intrahepatic Bile Duct	7.6	6.5
Non-Hodgkin Lymphoma	4.7	5.3
Brain and Other Nervous System	4.3	4.4
Corpus and Uterus, NOS	5.2	4.9
Esophagus	4.1	4.5
Kidney and Renal Pelvis	4.1	4.2
Urinary Bladder	4.9	4.4
Myeloma	3.3	3.3
Cervix	2.9	2.4
Melanomas of the Skin	2.1	2.5
Oral Cavity and Pharynx	3.4	2.9
Stomach	2.6	2.4
Larynx	**1.7**	1.1
Mesothelioma	0.6	0.6
Thyroid	0.7	0.5
Hodgkin Lymphoma	N/A	0.3
Testis	N/A	0.3

Source: Centers for Disease Control and Prevention, 2021.

Description: Exhibit 38 provides age-adjusted mortality rates for selected forms of cancer in 2015-2019. Light grey shading indicates rates above state averages; dark grey shading indicates rates more than 50 percent above state averages.

Observations

- In 2015-2019, Jackson County compared unfavorably to state averages for cancer mortality rates for 10 of 23 cancer types presented.
- In Jackson County, the rate for larynx cancer was more than 50 percent above the state average.

Exhibit 39: Drug Poisoning Mortality per 100,000 Population, 2017-2020

Area	2017	2020	Percent Change, 2017-2020
Jackson (MO)	18.0	25.2	40.0%
Missouri	22.4	30.5	36.2%
United States	**21.6**	**27.7**	**28.2%**

Source: Centers for Disease Control and Prevention, 2019-2023, and Verité Analysis, 2023.

Description: Exhibit 39 provides mortality rates for drug poisoning for 2017 and 2020. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

Observations

- Between 2017 and 2020, drug poisoning mortality rates increased at a significantly higher rate than the national average.
- The drug poisoning mortality rate in Jackson County increased 40 percent (from 18.0 to 25.2 deaths per 100,000).

Exhibit 40: Missouri Chronic Condition Mortality Rates, by Race and Ethnicity, per 100,000, 2019

Condition or Cause of Death	White	Black	Hispanic (or Latino)	All Races and Ethnicities
All chronic conditions	518.6	620.7	247.4	**526.2**
Heart disease	183.1	220.3	74.6	**186.2**
Cancer	157.9	180.9	72.1	**159.3**
Chronic Obstructive Pulmonary Disease	47.8	28.1	10.2	**45.6**
Stroke (cerebrovascular diseases)	35.5	**58.6**	25.7	**37.6**
Alzheimer's disease	34.6	31.2	16.4	**34.1**
Diabetes	19.5	**35.5**	16.9	**20.9**
Kidney disease (nephritis, nephrotic	16.9	**33.4**	12.8	**18.4**
Chronic liver disease & cirrhosis	10.2	8.3	13.7	**10.0**
Other cardiovascular/circulatory	6.7	**10.7**	0.7	**7.1**
Essential hypertension	5.4	**11.0**	4.3	**5.8**
Asthma	0.7	**2.6**	N/A	**0.9**

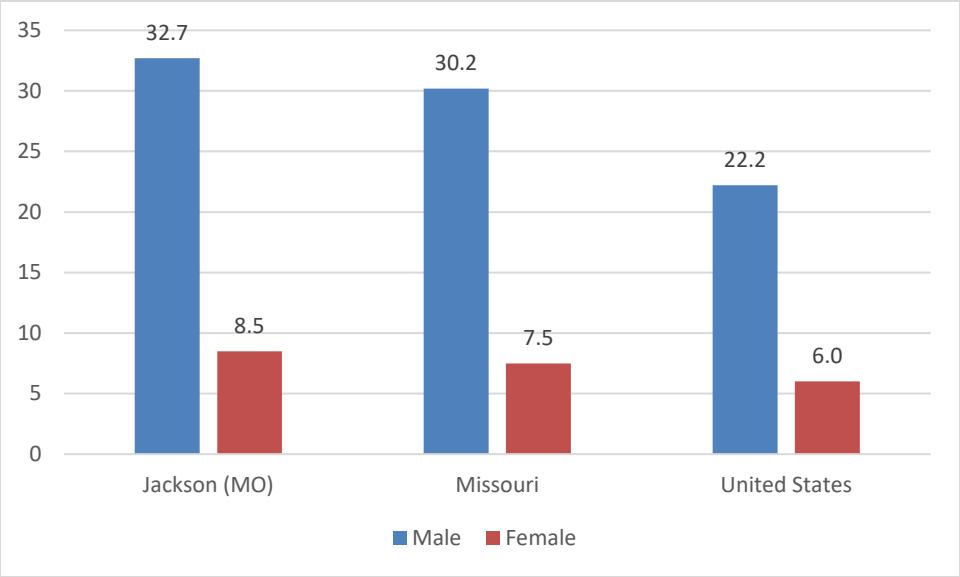
Source: Missouri Department of Health and Senior Services, 2020.

Description: Exhibit 40 presents Missouri-wide mortality rates by race and ethnicity for a variety of chronic conditions. Light grey shading indicates rates above the state averages for all races/ethnicities; dark grey shading indicates rates more than 50 percent above those averages.

Observations

- In 2019 and in Missouri, chronic condition mortality rates for Black residents were higher than for White and Hispanic (or Latino) residents for most causes of death.
- Mortality rates for Black residents for stroke, diabetes, kidney disease, cardiovascular/circulatory conditions, and asthma were particularly high in comparison to other race/ethnicity groups.

Exhibit 41: Age-adjusted Suicide Rate by Gender, per 100,000, 2016-2020



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

Description: Exhibit 41 presents suicide rates by gender for Jackson County, Missouri, and the United States.

Observations

- In 2016-2020, the suicide rate for males was more than triple the rate for females in all geographies presented.
- Suicide rates for males and females in Jackson County, and Missouri were higher than U.S. averages.

Exhibit 42: Age-adjusted Suicide Rate by Race and Ethnicity, per 100,000, 2016-2020

County	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino	All Residents
Jackson (MO)	**24.3**	12.3	10.8	20.1
Missouri	20.5	9.6	10.0	18.6
United States	**17.4**	**7.1**	**7.2**	**13.8**

Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

Description: Exhibit 42 presents suicide rates by race and ethnicity for Jackson County, Missouri, and the United States.

Observations

- In 2016-2020, suicide rates for White residents were higher than all other races and ethnicities in all geographies presented.
- Suicide rates for all races and ethnicities in Jackson County, and Missouri also were above U.S. averages.

Communicable Diseases

Exhibit 43: Communicable Disease Incidence Rates per 100,000 Population, 2020

Indicator	Jackson (MO)	Missouri	United States
HIV diagnoses	15.1	6.9	**10.9**
HIV prevalence	499.9	248.7	**379.7**
Tuberculosis	1.3	1.3	**2.2**
Chlamydia	**892.6**	518.4	**481.3**
Early Non-Primary, Non-Secondary Syphilis	19.6	9.1	**13.1**
Gonorrhea	**527.6**	274.6	**206.5**
Primary and Secondary Syphilis	**30.9**	13.5	**12.7**

Source: Centers for Disease Control and Prevention, 2021.

Description: Exhibit 43 presents incidence rates for certain communicable diseases. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

Observations

- In 2020, communicable disease incidence rates in Jackson County generally were above U.S. averages.
- In Jackson County, chlamydia, gonorrhea, and primary and secondary syphilis rates were more than 50 percent above national averages.

Maternal and Child Health

Exhibit 44: Maternal and Child Health Indicators, 2016-2021

Measure	Jackson (MO)	Missouri	United States
Births to Single Mothers	49.0%	39.9%	**40.1%**
Mothers Using Tobacco During Pregnancy	**7.2%**	**9.9%**	**4.6%**
Low Birthweight Births (<2,500 grams)	10.5%	8.9%	**8.5%**
Very Low Birthweight Births (<1,500 grams)	1.6%	1.4%	**1.4%**
Teen Birth Rate (Age 15-19, per 1,000)	4.9%	4.8%	**4.0%**
Teen Birth Rate (Age 15-17, per 1,000)	1.2%	1.1%	**1.0%**
Preterm Births < 32 weeks gestation	2.1%	1.8%	**1.6%**
Preterm Births 32-33 weeks gestation	**2.1%**	1.5%	**1.2%**
Preterm Births 34-36 weeks gestation	9.8%	9.2%	**7.7%**

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics, 2021.

Description: Exhibit 44 provides various maternal and child health indicators and benchmarks available from the Centers for Disease Control and Prevention. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

Observations

- In 2016-2021, Jackson County compared unfavorably to national averages for most indicators, including the percent of births to single mothers, the percent of mothers using tobacco during pregnancy, low birthweight births, teen birth rates, and preterm births (32 weeks through 36 weeks of gestation).
- In Jackson County, the percentage of mothers using tobacco during pregnancy and the percent of births preterm (32-33 weeks gestation) were more than 50 percent above national averages.

Exhibit 45: Maternal and Child Health Indicators by Race, 2021

Indicator	All Residents	White	Black
Asthma ER Visits (per 1,000 under 18)			
Jackson County, MO	**14.7**	3.7	**32.2**
Missouri	9.2	4.1	**31.6**
Healthy Live Births (Percent)			
Jackson County, MO	89.1%	92.1%	83.7%
Missouri	89.6%	91.0%	83.2%
Care Began First Trimester (Percent)			
Jackson County, MO	66.5%	74.7%	55.6%
Missouri	71.2%	75.4%	55.7%
Mother Smoked During Pregnancy (Percent)			
Jackson County, MO	9.7%	11.8%	8.2%
Missouri	12.8%	14.2%	9.7%
Low Birth Weight (per 1,000 Live Births)			
Jackson County, MO	9.3	6.9	**14.6**
Missouri	8.7	7.4	**15.1**
Infant Deaths (per 1,000)			
Jackson County, MO	6.3	4.6	**9.9**
Missouri	6.4	5.3	**12.0**

Source: Missouri Department of Health and Senior Services, 2022.

Description: Exhibit 45 provides various available maternal and child health indicators by race. Light grey shading indicates rates above the state average for all residents; dark grey shading indicates rates more than 50 percent above those averages.

Observations

- In 2021, significant disparities were observed for maternal and child health indicators for Black and White residents.
- Asthma ER visits, low birthweight births, care during the first trimester, and infant deaths were unfavorable for Black residents compared to rates for White and all residents.

Behavioral Risk Factor Surveillance System

Exhibit 46: Missouri Selected BRFSS Indicators by Race and Ethnicity, 2021

Category	Indicator	White, non-Hispanic	Black, non-Hispanic	Hispanic	Missouri Overall
Alcohol Consumption	At least one drink of alcohol within the past 30 days	51.7%	51.0%	58.0%	**51.8%**
	Binge drinking	17.1%	13.6%	19.3%	**16.6%**
	Heavy drinkers	7.1%	4.7%	N/A	**6.6%**
Cholesterol	Never had cholesterol checked	10.2%	11.1%	**16.1%**	**10.6%**
Health Outcomes	Limited in any way in any of your usual activities because of arthritis	13.4%	11.1%	9.0%	**12.8%**
	Ever reported coronary heart disease or myocardial infarction	7.4%	7.4%	5.4%	**7.3%**
	Ever told had a heart attack (myocardial infarction)	5.0%	5.3%	N/A	**5.0%**
	Ever told have pre-diabetes or borderline diabetes	2.4%	2.6%	N/A	**2.4%**
	Ever told have diabetes	11.0%	15.3%	8.0%	**11.3%**
	Ever told have pregnancy-related diabetes	0.9%	N/A	N/A	**1.0%**
	Ever told have kidney disease	2.9%	3.3%	N/A	**2.9%**
	Ever told had any other types of cancer	8.4%	6.4%	N/A	**7.9%**
	Aged 50-75 have never received recommended colorectal screening tests	21.2%	16.6%	N/A	**20.9%**
E-Cigarette Use	Current E-cigarette user	7.3%	5.7%	**13.7%**	**7.4%**
Nutrition	Consumed vegetables less than one time per day	18.6%	27.1%	23.2%	**19.5%**
Health Care Access	Have no health care coverage	8.3%	13.7%	**19.4%**	**9.5%**
	Needed to see a doctor in past 12 months but could not because of cost	9.6%	16.4%	**20.1%**	**11.0%**
	Do not have personal doctor or health care provider	14.9%	17.6%	**29.9%**	**15.9%**
Health Status	Fair or Poor Health	16.6%	21.4%	24.2%	**17.4%**
	Fair Health	12.2%	15.9%	18.4%	**12.9%**
Hypertension	Told they have high blood pressure	34.9%	41.7%	30.9%	**35.1%**
Overweight and Obesity (BMI)	Obese (BMI 30.0 - 99.8)	36.6%	43.9%	43.2%	**37.2%**
	Overweight (BMI 25.0-29.9)	32.3%	32.6%	26.5%	**32.0%**
Physical Activity	Did not participate in any physical activities in past month	24.9%	30.3%	26.6%	**25.3%**
Prostate Cancer*	Men aged 40+ who did not have a PSA test within the past two years	65.4%	71.0%	N/A	**67.1%**
Tobacco Use	Current smokers	16.8%	19.2%	22.7%	**17.3%**

Source: Behavioral Risk Factor Surveillance System, 2021. *2020 BRFSS Data.

Description: Exhibit 46 presents Missouri-wide selected BRFSS data by race and ethnicity. Light grey shading indicates rates above the Missouri average; dark grey shading indicates rates more than 50 percent above the Missouri average.

Observations

- In 2021 and for White residents, the following BRFSS indicators were comparatively worse:
  - Binge and heavy drinking
  - Limited in usual activities because of arthritis
  - Coronary heart disease or myocardial infarction
  - Cancer
  - Never colorectal cancer screening
  - Overweight
- For Black residents, the following BRFSS indicators were comparatively worse:
  - Never had cholesterol screening
  - Heart attack or myocardial infarction
  - Prediabetes and diabetes
  - Kidney disease
  - Low vegetable consumption
  - No health care coverage
  - No personal doctor or healthcare provider
  - Needed to see a doctor in the past 12 months but could not because of cost
  - Fair and poor health
  - High blood pressure
  - Obesity and overweight
  - Inadequate physical inactivity
  - Men aged 40 plus without a PSA test
  - Tobacco use
- For Hispanic residents, the following BRFSS indicators were comparatively worse:
  - At least one drink of alcohol in the past 30 days
  - Binge drinking
  - Never had cholesterol screening
  - Current E-cigarette user
  - Low vegetable consumption
  - No health care coverage
  - No personal doctor or healthcare provider
  - Needed to see a doctor in the past 12 months but could not because of cost
  - Fair or poor health
  - Obesity
  - Inadequate physical activity
  - Tobacco use

Exhibit 47: Missouri Selected BRFSS Indicators by Annual Income, 2021

Category	Indicator	Less than $15,000	$15,000-$24,999	$25,000-$34,999	$35,000-$49,999	$50,000-$99,999	$100,000-$199,999	Missouri Overall
Health Outcomes	Told they have arthritis	37.1%	38.0%	34.4%	33.4%	29.0%	20.6%	**29.1%**
	Told currently have asthma	**19.9%**	12.9%	10.4%	9.9%	8.2%	5.9%	**9.4%**
	Told they have high blood pressure	44.0%	42.3%	38.8%	40.0%	32.8%	29.6%	**35.1%**
	Ever told have any type of cancer,	10.5%	9.1%	7.9%	9.8%	8.7%	4.8%	**7.9%**
	Had cholesterol checked and told it was	44.1%	37.1%	36.8%	40.3%	35.6%	34.0%	**36.2%**
	Ever told have kidney disease	**6.2%**	**5.2%**	4.1%	2.9%	2.1%	N/A	**2.9%**
	Ever told have COPD	**20.9%**	**17.0%**	10.2%	10.1%	6.0%	3.2%	**8.5%**
	Ever told have coronary heart disease	**7.0%**	5.2%	4.7%	6.0%	3.8%	2.2%	**4.2%**
	Ever told have a form of depression	**39.2%**	31.3%	31.0%	24.0%	19.0%	16.8%	**22.8%**
	Ever told have diabetes	**18.4%**	15.9%	16.8%	15.1%	9.6%	6.3%	**11.3%**
	Obesity	43.1%	39.1%	40.4%	34.5%	N/A	N/A	**34.0%**
	Aged 65+ who have had all natural	**35.7%**	**29.0%**	19.2%	12.7%	N/A	N/A	**17.7%**
	Ever told had a stroke	**8.0%**	**6.2%**	3.6%	3.4%	2.6%	1.0%	**3.5%**
Prevention	Aged 18-64 with no health care	**26.6%**	**24.9%**	**20.2%**	16.5%	8.2%	2.1%	**12.3%**
	Last had a routine doctor visit 5+ years	6.2%	8.6%	8.4%	7.0%	6.8%	4.6%	**6.5%**
	No dental visit in the past year	**56.4%**	**56.2%**	47.0%	41.3%	N/A	N/A	**37.0%**
	Never had cholesterol checked	12.8%	12.3%	12.6%	8.8%	9.8%	6.4%	**10.6%**
	Women aged 50-74 with no	30.5%	30.3%	**35.3%**	30.3%	N/A	N/A	**23.3%**
	Women aged 21-65 with no Pap test in	26.8%	29.3%	**34.8%**	22.9%	N/A	N/A	**21.8%**
	Adults aged 50-75 with no colorectal	10.2%	6.1%	**12.7%**	6.6%	N/A	N/A	**6.9%**
Health Risk Behaviors	Binge drinking	11.7%	11.1%	15.8%	14.9%	21.1%	22.9%	**16.6%**
	Current smoking	**34.9%**	**28.9%**	**26.5%**	21.0%	12.9%	10.1%	**17.3%**
	No leisure-time physical activity	**38.4%**	**43.4%**	33.1%	25.4%	21.3%	14.1%	**25.3%**
Health Status	Fair or Poor Health	**35.7%**	**32.6%**	23.7%	19.7%	12.4%	6.1%	**17.4%**
	Poor Health	**12.3%**	**10.0%**	6.2%	3.4%	2.1%	N/A	**4.5%**
	Fair Health	**23.4%**	**22.6%**	17.6%	16.3%	10.3%	5.2%	**12.9%**

Source: Behavioral Risk Factor Surveillance System, 2021.

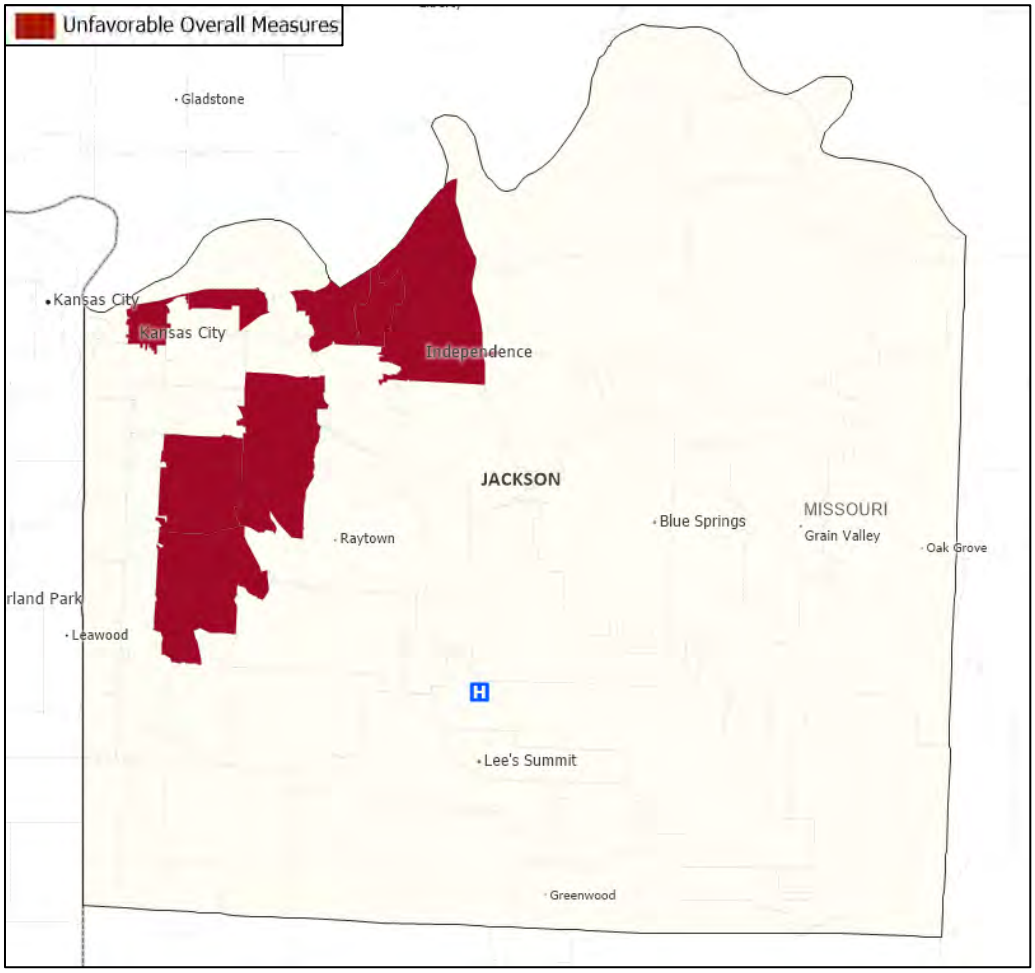
Description: Exhibit 47 presents Missouri-wide selected BRFSS data by income level. Light grey shading indicates rates above the Missouri average (all incomes); dark grey shading indicates rates more than 50 percent above the Missouri average.

Observations

- In 2021, residents with annual incomes below $35,000 compared unfavorably for nearly all indicators compared to those who earned $50,000 or more. Indicators were particularly problematic for residents in the two lowest income brackets (under $15,000 and $15,000 to $24,000).
- Residents with annual income $50,000 and above had higher rates of binge drinking than residents in lower income brackets compared to Missouri overall averages.

CDC PLACES

Exhibit 48: Locations of Unfavorable Overall Measures, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibits 48 through 52 present Centers for Disease Control and Prevention PLACES data. PLACES data are derived from BRFSS and are available for every U.S. ZIP Code, census tract, county, and state. Thirty measures are grouped into four categories: Health Outcomes (13 measures), Prevention (10 measures); Health Risk Behaviors (4 measures); and Health Status (3 measures).

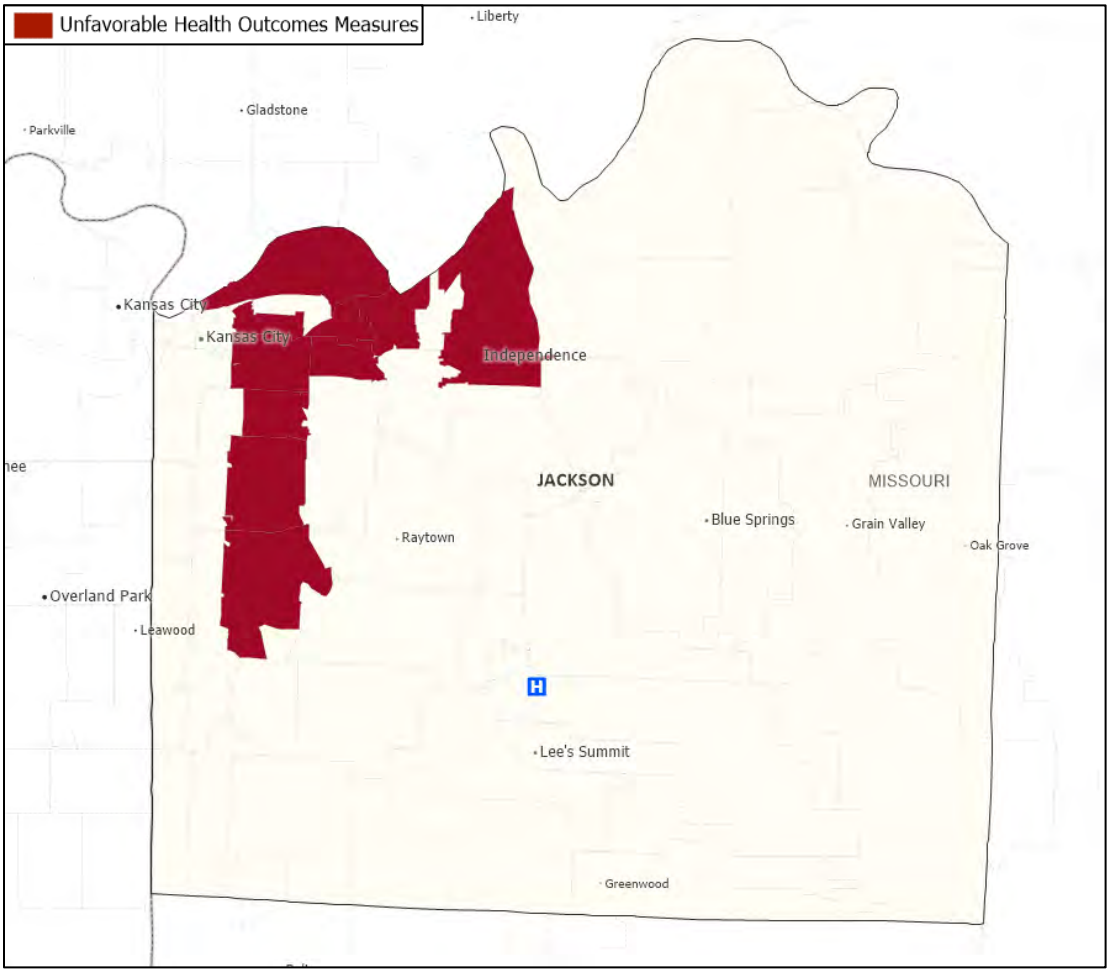
Exhibit 51 identifies ZIP Codes where more than half of the 30 measures were in the bottom quartile nationally.[16]

Observations

- In 2020, more than 50 percent of the 30 PLACES indicators were in the bottom quartile in certain Kansas City, and Independence ZIP Codes.

[16] https://www.cdc.gov/places/methodology/index.html

Exhibit 49: Locations of Unfavorable Health Outcomes Measures, 2020



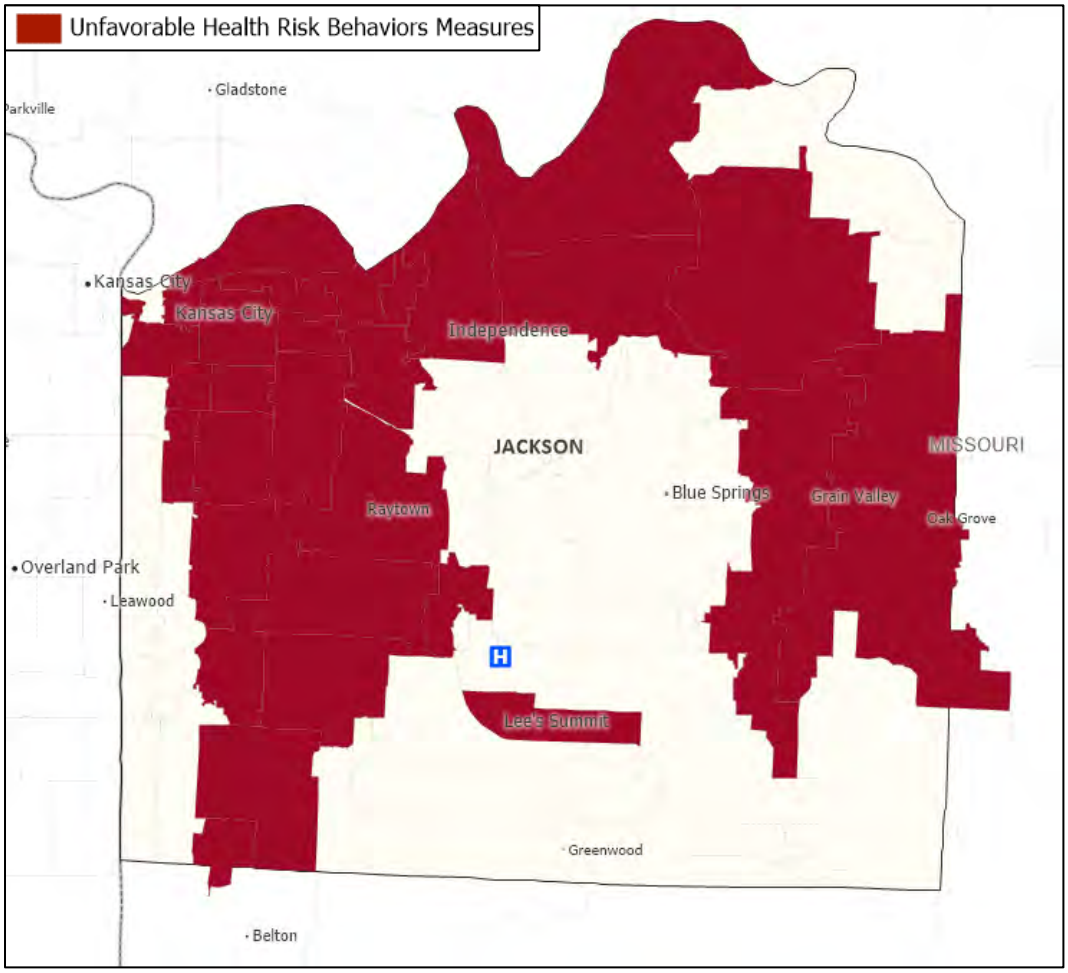
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 49 identifies ZIP Codes where more than half of the 13 Health Outcomes measures in PLACES were in the bottom quartile nationally. This category includes indicators regarding the prevalence of certain chronic diseases, depression, obesity, and adult asthma.

Observations

- In 2020, unfavorable Health Outcomes measures were concentrated in certain Kansas City, and Independence ZIP Codes.

Exhibit 50: Locations of Unfavorable Health Risk Behaviors Measures, 2020



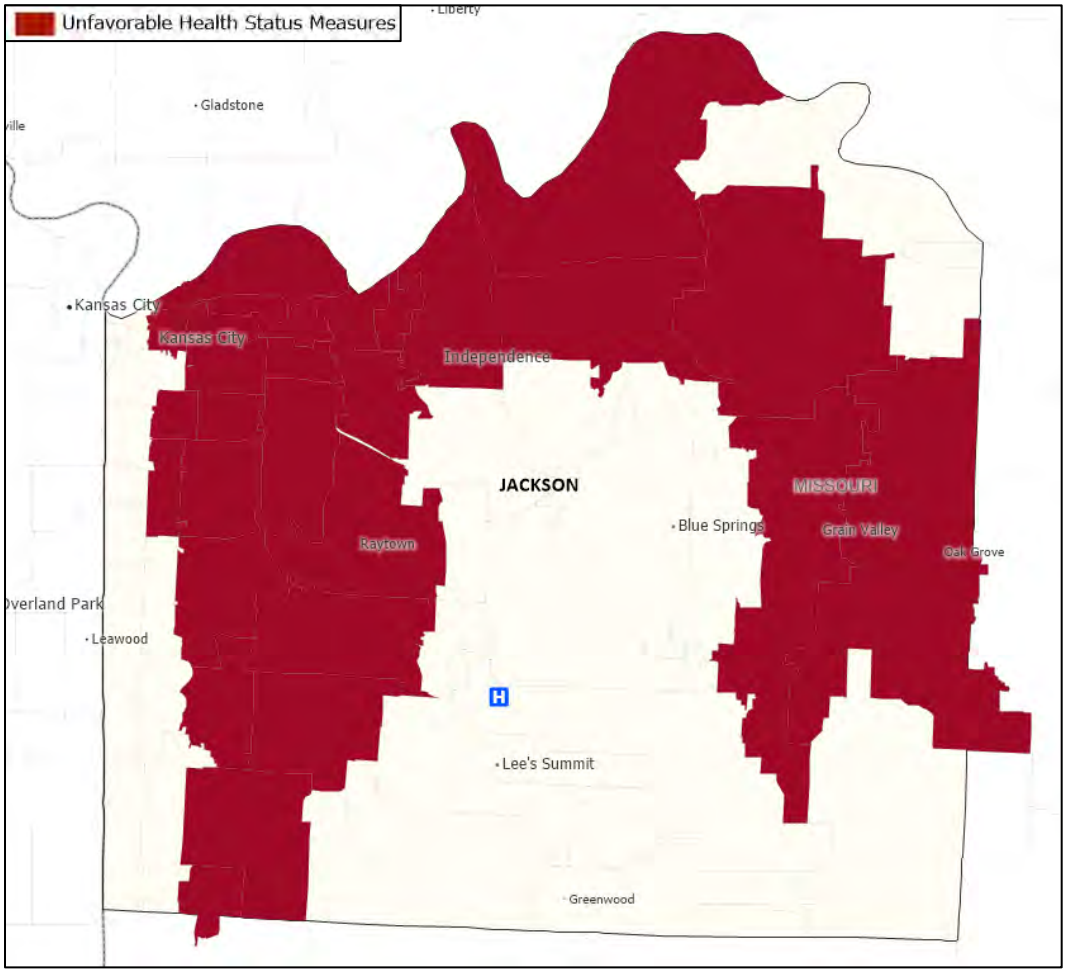
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 50 identifies ZIP Codes where more than half of the four Health Risk Behaviors measures were in the bottom quartile nationally. This category includes indicators for binge drinking, smoking, sleep behaviors, and physical inactivity in the adult population.

Observations

- In 2020, unfavorable Health Risk Behaviors measures were concentrated in Kansas City, Independence, Blue Springs, Lee's Summit, Grain Valley, and Oak Grove.

Exhibit 51: Locations of Unfavorable Health Status Measures, 2020



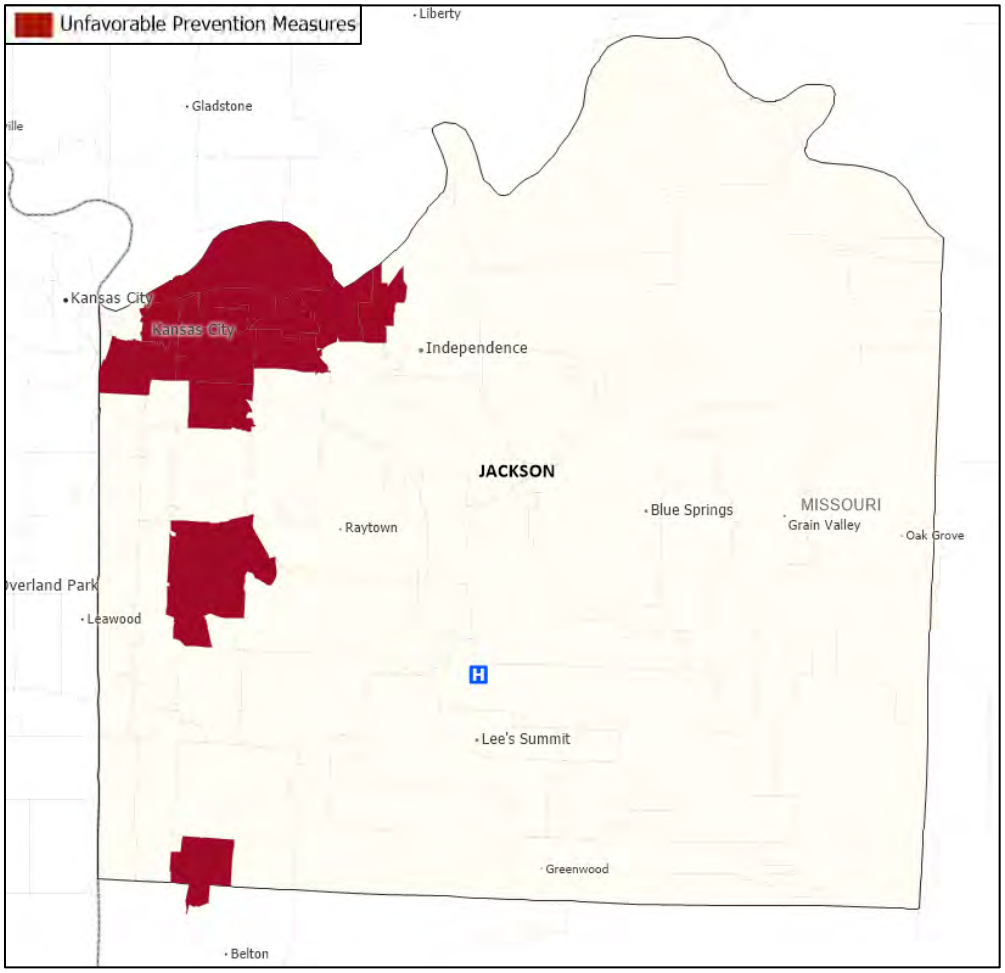
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 51 identifies ZIP Codes where unfavorable Health Status indicators are present. This category includes indicators for self-reported poor mental and physical health.

Observations

- In 2020, unfavorable Health Status measures were concentrated in Kansas City, Independence, Blue Springs, Grain Valley, and Oak Grove.

Exhibit 52: Locations of Unfavorable Prevention Measures, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 52 identifies ZIP Codes where more than half of the Prevention measures were in the bottom quartile nationally. This category includes indicators regarding lack of health insurance, lack of routine healthcare access, lack of health screenings and dental visits, and not being up to date on core clinical preventive services among adults.

Observations

- In 2020, unfavorable Prevention measures were concentrated in Kansas City.

Exhibit 53: PLACES Indicators, ZIP Codes in Bottom Quartile by County, 2020

BRFSS Measure	Jackson ZIP Codes (N=53)	
	In Bottom Quartile	Below U.S. Average
Sleep <7 hours	34	48
Binge Drinking	31	43
Mental Health	28	42
Annual Checkup	25	39
Cholesterol Screening	25	31
Health Insurance	23	36
Physical Inactivity	20	30
All Teeth Lost	19	24
General Health	18	26
Cervical Cancer Screening	18	33
Current Smoking	17	26
Obesity	16	26
Depression	16	46
Physical Health	15	24
Dental Visit	14	22
Stroke	13	23
Current Asthma	12	24
Arthritis	12	24
Diabetes	12	24
Core preventive services for older women	11	19
COPD	11	22
Colorectal Cancer Screening	11	22
Chronic Kidney Disease	8	21
Taking BP Medication	8	19
Core preventive services for older men	7	11
Coronary Heart Disease	6	21
Cancer (except skin)	5	13
High Blood Pressure	5	9
High Cholesterol	4	14
Mammography	1	15

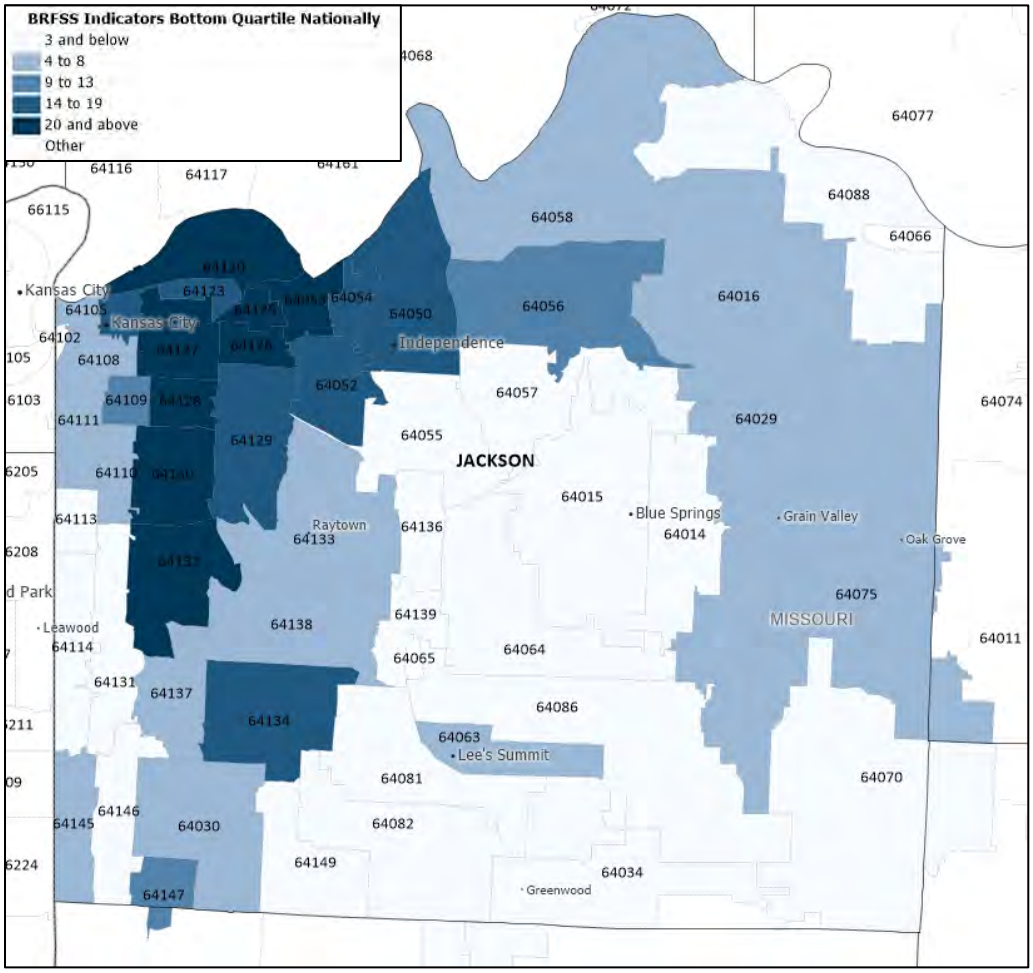
Source: Centers for Disease Control and Prevention, 2020.

Description: Exhibits 53 presents the number of ZIP Codes in the bottom quartile nationally for each PLACES measure and for each county. Jackson County, for example, has 53 ZIP Codes. The rate of binge drinking is in the bottom quartile nationally in 31 of those 53 ZIP Codes.

Observations

- In 2020, lack of sleep was problematic in 34 of the 53 ZIP Codes located in Jackson County. Binge drinking was problematic in 31 of the 53 ZIP Codes.
- The top community health problems based solely on PLACES data are lack of sleep, binge drinking, poor mental health days, people not receiving an annual checkup, cholesterol screening rates, and comparatively low rates of health insurance coverage.

Exhibit 54: Map of PLACES Indicators, ZIP Codes in Bottom Quartile by County, 2020



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 54 shows the number of PLACES indicators in each ZIP Code in the bottom quartile nationally.

Observations

- In 2020, ZIP Codes in western Jackson County were where 20 or more of the 30 PLACES indicators ranked in the bottom quartile nationally.

Ambulatory Care Sensitive Conditions

Exhibit 55: Saint Luke's Health System ACSC (PQI) Discharges by County, 2022

Condition	Jackson (MO)	Five County Region
Diabetes Short-Term Complications	144	252
Diabetes Long-Term Complications	215	364
Chronic Obstructive Pulmonary Disease (COPD)	282	442
Hypertension	169	253
Lower-Extremity Amputation among Patients with Diabetes	36	72
Heart Failure	1,199	1,832
Bacterial Pneumonia	252	465
Urinary Tract Infection	292	483
Uncontrolled Diabetes	87	120
Asthma in Younger Adults	21	29
Total ACSC Discharges	**2,697**	**4,312**
Total Adult Discharges	19,109	32,351
Percent	**14.1%**	**13.3%**

Source: Analysis of Saint Luke's Health System Discharges, 2023.

Exhibit 56: Saint Luke's Health System ACSC (PQI) Discharges by Hospital, 2022

Condition	SLH	SLE	SLN	SLS	Total
Heart Failure	888	855	321	365	2,429
Urinary Tract Infection	118	234	82	162	596
Bacterial Pneumonia	130	200	101	153	584
Chronic Obstructive Pulmonary Disease (COPD)	142	232	87	88	549
Diabetes Long-Term Complications	187	145	117	55	504
Diabetes Short-Term Complications	96	94	86	53	329
Hypertension	120	107	50	29	306
Uncontrolled Diabetes	47	57	22	21	147
Lower-Extremity Amputation with Diabetes	37	24	28	12	101
Asthma in Younger Adults	16	8	2	6	32
Total ACSC Discharges	**1,781**	**1,956**	**896**	**944**	**5,577**
Total Adult Discharges	17,891	12,382	6,789	6,337	43,399
Percent	**10.0%**	**15.8%**	**13.2%**	**14.9%**	**12.9%**

Source: Analysis of Saint Luke's Health System Discharges, 2023.

Discussion: Exhibits 55 and 56 provide information based on an analysis of discharges from Saint Luke's Health System hospitals. The analysis identifies discharges for Ambulatory Care Sensitive Conditions (ACSCs).

ACSCs are health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[17] As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the hospital," including the accessibility and utilization of primary care, preventive care, and health education.

These conditions include angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

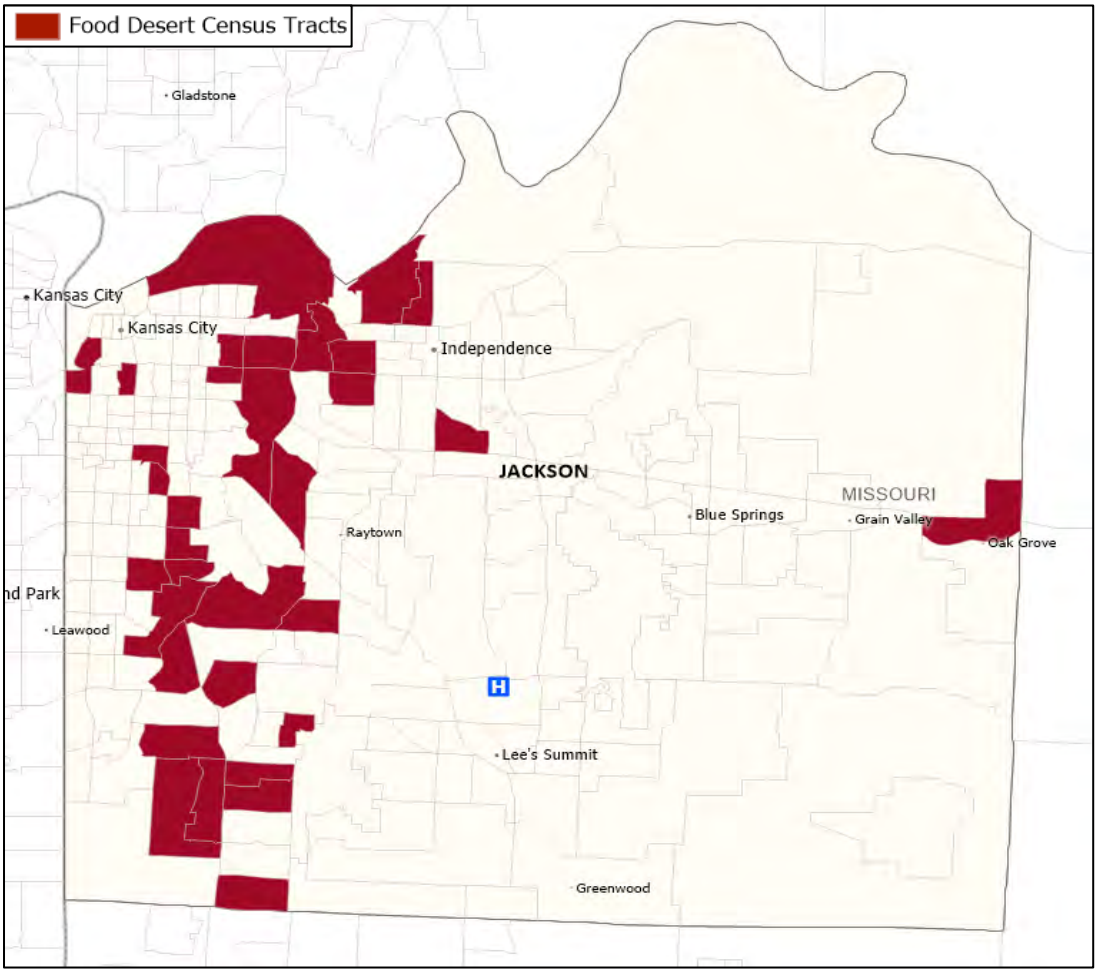
Observations

- Jackson County residents were discharged more frequently for Ambulatory Care Sensitive Conditions than residents of the other counties.
- Saint Luke's East and Saint Luke's South hospitals had the highest rates of ACSC discharges.

[17]Agency for Health care Research and Quality (AHRQ) Prevention Quality Indicators.

Food Deserts

Exhibit 57: Locations of Food Deserts, 2019



Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude, 2022.

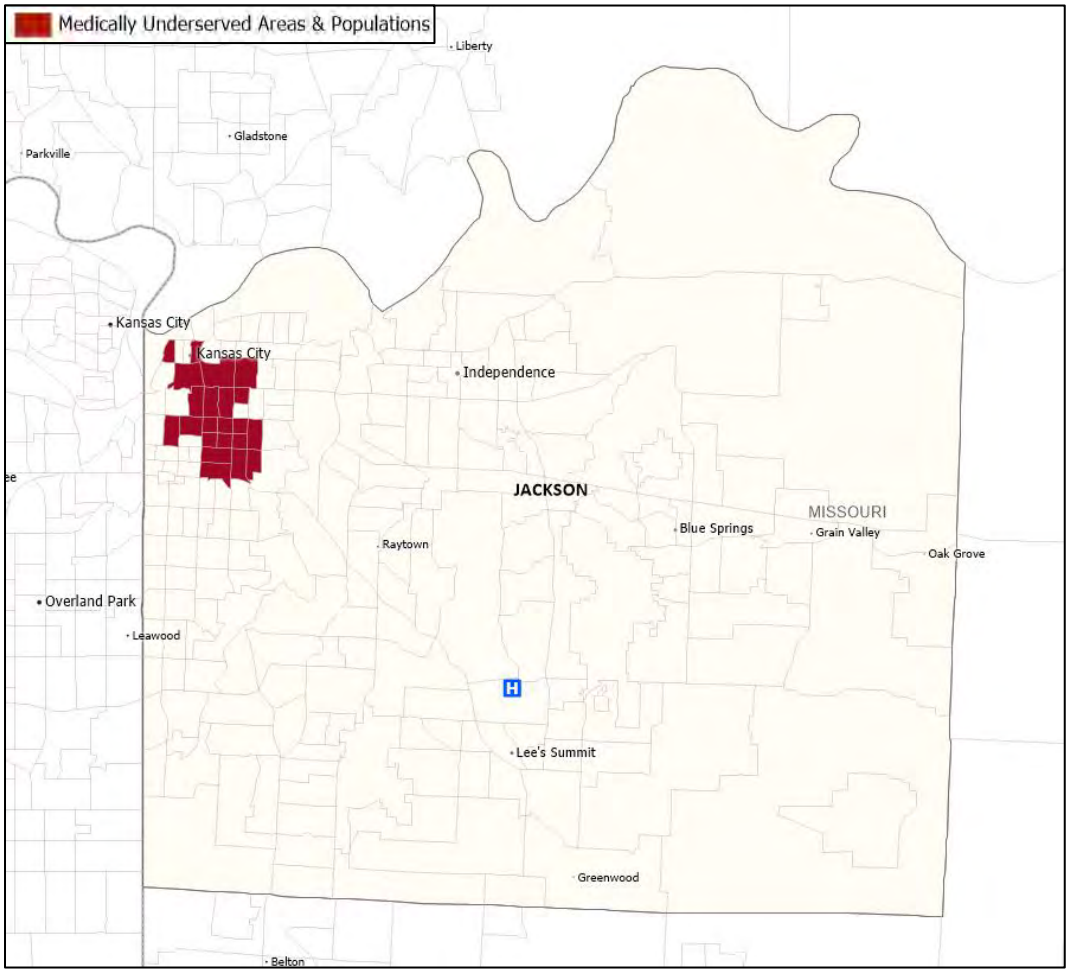
Description: Exhibit 57 identifies where food deserts are present in the community. The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- In 2019, census tracts designated as food deserts were concentrated in western Jackson County and Oak Grove.

Medically Underserved Areas and Populations

Exhibit 61: Locations of Medically Underserved Areas and Populations, 2023



Source: Health Resources and Services Administration, 2023, and Caliper Maptitude, 2022.

Description: Exhibit 61 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), based on HRSA's "Index of Medical Underservice"[18] MUP designation includes groups with economic, cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state."[19]

Observations

- Medically Underserved Areas and Populations are concentrated in Kansas City.

[18] Heath Resources and Services Administration. The index is based on the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. See http://www.hrsa.gov/shortage/mua/index.html.
[19] *Ibid.*

Health Professional Shortage Areas

Exhibit 62: Population and Facility HPSA Designations, 2023

HPSA Name	County (State)	HPSA Type Description	Primary Care	Mental Health	Dental Health
Hope Family Care Center	Jackson (MO)	Federally Qualified Health Center Look-a-Like	●	●	●
Kansas City Care Clinic	Jackson (MO)	Federally Qualified Health Center	●	●	●
Low-Income Central Kansas City	Jackson (MO)	HPSA Population	●		●
Low-Income Grandview	Jackson (MO)	HPSA Population	●		
Low-Income Independence	Jackson (MO)	HPSA Population	●		
Low-Income Jackson County	Jackson (MO)	HPSA Population		●	
Low-Income North Kansas City	Jackson (MO)	HPSA Population	●		●
Samuel U. Rodgers Health Center, Inc.	Jackson (MO)	Federally Qualified Health Center	●	●	●
Swope Health Services	Jackson (MO)	Federally Qualified Health Center	●	●	●

Source: Health Resources and Services Administration, 2023.

Description: Exhibit 62 provides a list of federally designated population and facility Health Professional Shortage Areas (HPSAs) in the community.

Observations

- The low-income population of Jackson County has been designated as a mental health HPSA.
- The low-income populations in Central Kansas City, Grandview, Independence, and North Kansas City have been designated as primary care HPSAs.
- The low-income populations of Central and North Kansas City have been designated as dental health HPSAs.

Findings of Other Assessments

Jackson County Opioid-Related Deaths

The Jackson County Health Department released data on opioid use in Jackson County, MO. Significant findings from the report are as follows:

1. In Missouri, the number of non-heroin opioid deaths almost tripled between 2016 and 2021.
2. In Jackson County, one-in-five drug overdose-related deaths were from children under the age of 15.
3. Drug overdose is the leading cause of death among young adults in Missouri. Approximately 70 percent of those deaths involved opioids. Opioid use is of significant concern for young adults and children under the age of 18.
4. In Eastern Jackson County, there were 2,245 total ER visits from 2013-2020 for opioid misuse. Emergency room visits due to opioid use include visits reported for any opioid-related diagnosis code, not only overdoses.

Suburban Poverty in Eastern Jackson County (EJC) – Jackson County Health Department

In December 2020, the Jackson County Health Department Division of Health Promotion provided a report outlining shifts in economic poverty in suburban divisions of Kansas City, MO. The report outlines initial economic effects of the Covid-19 pandemic, in addition to an already changing suburban economic landscape. The report highlighted the following findings.

1. **The poverty rate for the Kansas City portion of Jackson County is almost double that of Eastern Jackson County.** The poverty rate in the Kansas City portion of Jackson County is 22 percent, while the overall percentage of residents in Eastern Jackson County living in poverty in 2017 was 10.9 percent.[3]
2. **Trends indicate that poverty is growing in the suburbs.** Suburban neighborhoods, particularly those near the region which borders Kansas City, appear to have higher poverty rates.
3. **Poverty is increasing in Eastern Jackson County across racial and ethnic groups, including Black, Hispanic, and non-white populations.** There is a significantly higher proportion of racial and ethnic minority groups living in poverty in census tracks with greater than 20 percent poverty.
4. **The number of high poverty census tracks in Eastern Jackson County has increased since 2010.** In 2020, Eastern Jackson County has eight high poverty census tracks as compared to thirteen in 2017. The report states that one reason for this shift could be changing economic conditions in Kansas City, such as a decline in the number of high-paying manufacturing jobs.

Missouri Maternal Child Health Strategic Map

The State of Missouri receives funding from the MCH Bureau of the U.S. Health Resources and Services Administration for improving the health of women, mothers, and children. This funding is known as the Title V Maternal and Child Health (MCH) Block Grant. The Missouri Department of Health and Senior Services, Division of Community and Public Health, is responsible for administering the MCH Block Grant.

Through this process, the department also conducts a statewide needs assessment to identify state maternal and child health priority needs and direct Title V resources to meet these needs through state and local partnerships and collaboration. The strategic map from 2020 to 2023 identified the following as priority areas, priority needs, and objectives.

- **Women/ Maternal Health**
  - Priority Need: Improve preconception, prenatal and postpartum health care services for women of childbearing age.
    - Develop/promote strategies to increase the percent of women who had an annual preventive medical visit from 72.9 percent (BRFSS 2018) by 2025.
    - Promote strategies to reduce the incidence rate of severe maternal morbidity from 74.0 per 10,000 delivery hospitalizations (SMM rate based on without blood transfusion, PAS 2018) by 2025.
- **Perinatal/Infant Health**
  - Priority Need: Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
    - Increase the percentage of infants placed to sleep on their backs from 84.0 percent (2018 PRAMS) by 2025.
    - Increase the percentage of infants placed to sleep on a separate approved sleep surface from 39.9 percent (2018 PRAMS) by 2025.
    - Increase the percentage of infants placed to sleep without soft objects or loose bedding from 48.7 percent (2018 PRAMS) by 2025.
- **Child Health**
  - Priority Need: Reduce obesity among children and adolescents.
    - Increase the percentage of children, ages 6 through 11, who are physically active at least 60 minutes per day in the past week from 37.4 percent (NSCH 2017-2018) by 2025.
  - Priority Need: Enhance access to oral health care services for children.
    - Increase the percent of children, ages 1 through 17, who had a preventive dental visit in the past year from 70.9 percent (NSCH 2017-2018) by 2025.
- **Adolescent Health**
  - Priority Need: Reduce intentional and unintentional injuries among children and adolescents.
    - Decrease the rate of hospital admissions for non-fatal injury among adolescents, ages 10 through 19 from 250.2 per 100,000 (PAS 2018) by 2025.
  - Priority Need: Promote Protective Factors for Youth and Families

        - Reduce the suicide death rate among youth 10-19 years from 7.8 percent per 100,000 (CY 2019 Vital Statistics) by 2025.
- **Children with Special Health Care Needs**
    - Priority Need: Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.
        - Increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home from 50.0 percent (NSCH 2017-2018) by 2025.
- **Cross-Cutting/ Systems Building**
    - Priority Need: Address social determinants of health inequities.
        - Increase the number of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Racial Justice training.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 63: Interviewee Organizational Affiliations

Organization
Boys & Girls Club of Greater Kansas City
Crittenton Children's Center
Jackson County Health Department
KC CARE Health Center
Saint Luke's East Hospital
Saint Luke's Physician Group
Samuel U. Rodgers Health Center
Tri-County Mental Health Services

Exhibit 64: Community Meeting Participants

Organization
City of Lee's Summit
Hawthorn Bank
Hope House
Jackson County, Representative, 6th District
Lee's Summit R7
Saint Luke’s Health System
Saint Luke's East Hospital
University of Missouri Extension

APPENDIX D – CHSI PEER COUNTIES

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 65** lists peer counties for Jackson County, MO.

Exhibit 65: CHSI Peer Counties

Jackson (MO)
Maricopa County, Arizona
Alameda County, California
Orange County, California
San Diego County, California
San Francisco County, California
Santa Clara County, California
Denver County, Colorado
Hartford County, Connecticut
Pinellas County, Florida
Jefferson County, Kentucky
Kent County, Michigan
Hennepin County, Minnesota
Ramsey County, Minnesota
Jackson County, Missouri
Clark County, Nevada
Erie County, New York
Monroe County, New York
Richmond County, New York
Mecklenburg County, North Carolina
Wake County, North Carolina
Franklin County, Ohio
Oklahoma County, Oklahoma
Multnomah County, Oregon
Allegheny County, Pennsylvania
Davidson County, Tennessee
Bexar County, Texas
Collin County, Texas
Tarrant County, Texas
Travis County, Texas
Salt Lake County, Utah
Arlington County, Virginia
Alexandria city, Virginia
Virginia Beach city, Virginia
King County, Washington

APPENDIX E – IMPACT EVALUATION

This appendix highlights Saint Luke's East Hospital initiatives and related impacts in addressing significant community health needs since the facility's previous Community Health Needs Assessment (CHNA), published in 2020. This is not an inclusive list of all initiatives aligned with the 2020 CHNA. Given that the process for evaluating the impact of various services and programs on health outcomes is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. Each Saint Luke's facility continues to evaluate the cumulative impact.

The 2020 Saint Luke's East Hospital CHNA identified the following as significant needs and priority areas for the 2022-2023 Implementation Strategy:

1. Access to Care
2. Needs of Growing Senior Population
3. Poverty and Social Determinants of Health

Priority 1: Access to Care
Goal: Increase the number of community members who receive comprehensive, high-quality health care services.

Initiative: Improve health insurance coverage for populations with low-income by advocating for and supporting Medicaid expansion.
Highlighted Impact: Saint Luke's Health System assisted in the successful passage of Medicaid expansion in Missouri, along with the successful implementation as it received full funding in advance of July 1, 2021.

Initiative: Expand access to Medicaid recipients at all SLE locations.
Highlighted Impact: SLE continues to accept and serve patients enrolled in Missouri Medicaid and KanCare, the Kansas Medicaid program, allowing many residents to receive healthcare services that may otherwise prove inaccessible or unaffordable. In 2022, SLE had nearly 1,700 inpatient Medicaid patients.

Initiative: SLE continued providing education and training for the community and for health care providers through mental health support groups, behavioral health education, and other community-based health education.
Highlighted Impact: SLE provided 12 diabetes education courses along with 12 behavioral health courses virtually to over 7,000 registrants. Diabetes basics, plant-based meal planning, and type 1 diabetes management were the topics of choice for the virtual diabetes education courses; while the behavioral health class topics ranged from anxiety to suicide prevention to coping with seasonal depression.

Priority 2: Needs of Growing Senior Population
Goal: Reduce health problems and improve quality of life for older adults.

Initiative: Assist older adult patients with determining eligibility and enrollment in Medicare and Medicaid.
Highlighted Impact: In 2022, focusing on patients age 65+, there were 33 inpatient approvals for Medicaid and seven outpatient approvals utilizing Centauri.

Initiative: Increase access to post-discharge medications for older adults via the Meds-to-Beds program.
Highlighted Impact: In 2022, the expansion of the Saint Luke's East Meds-to-Beds program provided patients aged 65 and older access to prescription medications prior to discharge. This program aims to address financial insecurity by providing the first prescription, as well as temporarily addressing a social determinant, transportation, which can also make access to prescriptions difficult.

Priority 3: Poverty and Social Determinants of Health
Goal: Improve residents' ability to earn steady incomes that allow them to meet their health needs.

Initiative: Increase the hourly minimum wage for Saint Luke's Health System employees, to keep up with a competitive labor market, as well as to support its existing staff.
Highlighted Impact: In November 2021, Saint Luke's Health System established a new minimum base wage of $17.50 for all workers. This was the second hourly minimum wage increase in two years by the health system. The previous year, 2000, SLHS raised the hourly minimum wage to $15.00. SLHS was the first area healthcare provider to raise its hourly minimum wage, with other hospital networks quickly following suit.

Initiative: As an anchor institution in the Kansas City region, Saint Luke's Health System understands the value of expanding partnerships with community organizations and working together to promote programs around workforce development. SLHS is committed to expanding its hiring programs that build pipelines for people of color and local hiring and workforce development programs.
Highlighted Impact: In 2021, Saint Luke's Health System joined the Hispanic Chamber of Commerce of KC, was invited and became a member of the National Association of Asian American Professionals, and became partners with the Heartland Black Chamber and Mid-America Gay & Lesbian Chamber. In addition, SLHS serves on the Diversity & Inclusion Committee for the Kansas City Chamber, Leawood (KS) Chamber. SLHS expanded its work with the historically black colleges and universities in the region – Lincoln University, Langston University, UAPD, and Harris-Stowe State University regarding healthcare careers. Throughout 2021 and 2022, SLHS partnered with many community organizations on valuable programs that promote employment, hiring, writing resumes, mock interviews, careers at all levels of health care, providing guest speakers on health care, and participating in job fairs throughout the region.

Initiative: Saint Luke's Health System physicians and staff visit K-12 schools in districts throughout the Kansas City region to discuss the wide array of careers and positions available throughout a medical facility or on the corporate or leadership side of health care.
Highlighted Impact: Since 2021, Saint Luke's physicians and staff have gone to speak to students about the range of careers available, as well as opportunities for shadowing, at school districts throughout the region including Kansas City Missouri Schools, Kansas City Kansas Schools, North Kansas City Schools, Parkhill School District, University Academy, Cristo Rey, and KC Prep. In addition, Big Brothers Big Sisters and the Boys and Girls Club of Greater Kansas City are also partners that have received programming from SLHS physicians and staff.

Goal: Connect patients and community members with appropriate resources.

Initiative: Utilize Saint Luke's Community Resource Hub to connect patients with appropriate resources through a closed-loop referral system.
Highlighted Impact: Saint Luke's North Hospital patients are screened for food insecurity, transportation, physical activity, housing, and social isolation upon admittance to the hospital and then connected to valuable community resources to address needs. Powered by *findhelp,* the Saint Luke's Community Resource Hub is an online platform listing reduced-cost and free resources in the community.

Initiative: Decrease barriers to accessing health care services by providing transportation to patients in need.
Highlighted Impact: In 2022, SLE provided 125 vouchers for low-income patients who were in need of transportation post-discharge. In addition, 105 Uber/Lyft rides were provided for patients in need. In total, over $10,200 was utilized to transport patients in need post-discharge.

Contact us

Saint Luke's East Hospital
100 NE Saint Luke's Blvd.
Lee's Summit, MO 64086

816-347-5000
saintlukeskc.org/east

Saint Luke's
EAST HOSPITAL

Download the **SaintLukesKC** app

2023-07-CMGV-4321

Attachment #11

THANK YOU for your legal submission!

Your legal has been submitted for publication. Below is a confirmation of your legal placement. You will also receive an email confirmation.

ORDER DETAILS

Order Number:
IPL0217378
Parent Order #:
IPL0016797
Order Status:
Submitted
Classification:
Legals & Public Notices
Package:
KCM - Legal Ads
Site:
kansascity
Final Cost:
$185.46
Payment Type:
Account Billed
User ID:
IPL0018970

ACCOUNT INFORMATION

ST. LUKE'S HOSPITAL OF KANSAS CITY IP
12300 Old Tesson Road Suite 100-A
St. Louis, MO 63128
314-518-6132
trank@blueprint314.com
ST. LUKE'S HOSPITAL OF KANSAS CITY

TRANSACTION REPORT

Date
February 12, 2025 10:02:47 AM EST
Amount:
$173.25
Date
February 12, 2025 10:25:23 AM EST
Amount:
$12.21

PREVIEW FOR AD NUMBER IPL02173780

1.54inches x 1.21inches

Certificate of Need
Public Notice

Saint Lukes East Hospital plans to acquire an additional Linear Accelerator unit, pending the Certificate of Need approval of their $7,158,500 application from the Missouri Health Facilities Review Committee. This application (project #6187 HS) will be filed on February 21, 2025.
IPL0217378
Feb 13 2025

<< Click here to print a printer friendly version >>

SCHEDULE FOR AD NUMBER IPL02173780

February 13, 2025
The Kansas City Star Print Publication

DIVIDER III: Application Summary

1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
    a. N/A- not a "new unit"

2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit. *MRF*
    a. N/A- not a "new unit"

3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
    a. Annual utlization of the existing linear accelerator greatly exceeds the optimal utilization standard of 6,000 treatments as outlined in 19 CSR 60-50.010 to 19 CSR 60-50.900.

Existing Linear Accelerator Annual Utilization

Year	Cases
2022	18,864
2023	19,654
2024	21,894

4. For evolving technology address the following:
    a. N/A- not "evolving technology"

DIVIDER IV: Application Summary

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. See Attachment #12

2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) FULL years beyond project completion.
    a. See Attachments #13 and #14

3. Document how patient charges are derived.
    a. Patient charges are generally derived by accumulating all the cost of services, including staff and supplies utilized during the course of the visit. Charges for each procedure are derived from the current charge description master and are dependent on the types of procedures performed along with a number of other variables.

4. Document responsiveness to the needs of the medically indigent
    a. A copy of our existing policy for meeting the needs of the medically indigent is included in Attachment #15

CONSOLIDATED FINANCIAL STATEMENTS

Saint Luke's Health System, Inc.
Years Ended December 31, 2022 and 2021
With Report of Independent Auditors

Ernst & Young LLP

Saint Luke's Health System, Inc.

Consolidated Financial Statements

Years Ended December 31, 2022 and 2021

Contents

Ernst & Young LLP
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Suite 04-100
1828 Walnut Street
Kansas City, MO 64108

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Report of Independent Auditors

The Board of Directors
Saint Luke's Health System, Inc.

Opinion

We have audited the consolidated financial statements of Saint Luke's Health System, Inc. and subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2022 and 2021, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System at December 31, 2022 and 2021, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for one year after the date that the financial statements are issued.

Building a better working world

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal-control-related matters that we identified during the audit.

Ernst & Young LLP

April 5, 2023

Saint Luke's Health System, Inc.

Consolidated Balance Sheets
(In Thousands)

	December 31	
	2022	**2021**
Assets		
Current assets:		
Cash and cash equivalents	**$ 381,212**	$ 668,407
Short-term investments *(Note 7)*	**204,071**	186,419
Accounts receivable, net	**312,341**	309,674
Other receivables	**37,710**	38,206
Inventories	**36,494**	35,390
Prepaid expenses	**30,380**	32,562
Total current assets	**1,002,208**	1,270,658
Property and equipment, net *(Note 6)*	**978,118**	983,340
Right-to-use assets	**162,529**	177,017
Investments *(Note 7)*	**690,144**	715,356
Assets limited as to use *(Note 7):*		
Board designated	**12,366**	8,727
Under self-insurance arrangements	**20,982**	22,145
Restricted by donor or grantor	**191,175**	217,440
Total assets limited as to use	**224,523**	248,312
Other assets:		
Investment in affiliates, net	**39,267**	37,742
Other	**105,105**	118,224
Total other assets	**144,372**	155,966
Total assets	**$ 3,201,894**	$ 3,550,649

	December 31	
	2022	**2021**
Liabilities and net assets		
Current liabilities:		
Current maturities of long-term debt *(Note 8)*	**$ 16,836**	$ 15,929
Accounts payable	**124,250**	131,279
Payroll-related liabilities	**101,604**	117,928
Estimated third-party payor settlements	**12,151**	15,028
Defined contribution plan obligations	**20,703**	19,955
Other	**101,766**	237,665
Total current liabilities	**377,310**	537,784
Reserve for self-insured risks *(Note 11)*	**51,776**	51,861
Long-term debt, less current maturities *(Note 8)*	**603,141**	621,603
Interest rate swap contracts *(Note 8)*	**8,725**	26,718
Pension obligation *(Note 10)*	**–**	16,863
Lease liability	**158,186**	174,618
Other noncurrent liabilities	**93,278**	108,171
Total liabilities	**1,292,416**	1,537,618
Net assets:		
Saint Luke's Health System, Inc.	**1,671,791**	1,746,896
Noncontrolling interest	**8,891**	10,482
Total without donor restrictions	**1,680,682**	1,757,378
With donor restrictions *(Note 14)*	**228,796**	255,653
Total net assets	**1,909,478**	2,013,031
Total liabilities and net assets	**$ 3,201,894**	$ 3,550,649

See accompanying notes.

Saint Luke's Health System, Inc.

Consolidated Statements of Operations and Changes in Net Assets
(In Thousands)

	Year Ended December 31	
	2022	**2021**
Revenues:		
Patient service revenue	**$ 2,159,100**	$ 2,162,901
Other revenue	**194,875**	204,226
Total revenues	**2,353,975**	2,367,127
Expenses:		
Salaries and wages	**1,049,199**	1,001,103
Employee benefits	**230,640**	227,187
Supplies and other	**942,910**	867,953
Depreciation and amortization	**104,306**	105,204
Interest	**19,609**	18,579
Total expenses	**2,346,664**	2,220,026
Operating income	**7,311**	147,101
Other income (loss):		
Investment return *(Note 7)*	**(76,044)**	105,670
Change in fair value of interest rate swaps	**17,993**	8,650
Pension settlement	**(59,659)**	(5,061)
Other, net	**(3,178)**	(4,025)
Total other (loss) income, net	**(120,888)**	105,234
Consolidated (deficit) excess of revenues over expenses	**(113,577)**	252,335
Less revenues over expenses attributable to noncontrolling interest	**(14,411)**	(14,946)
(Deficit) excess of revenues over expenses attributable to Saint Luke's Health System, Inc.	**$ (127,988)**	$ 237,389

See accompanying notes.

Saint Luke's Health System, Inc.

Consolidated Statements of Operations and Changes in Net Assets (continued)

(In Thousands)

	Year Ended December 31, 2022			Year Ended December 31, 2021		
	Total	**Controlling**	**Noncontrolling**	**Total**	**Controlling**	**Noncontrolling**
Net assets without donor restrictions:						
Consolidated (deficit) excess of revenues over expenses	**$ (113,577)**	**$ (127,988)**	**$ 14,411**	$ 252,335	$ 237,389	$ 14,946
Contribution of property, equipment, and other	**2,666**	**2,666**	**–**	727	727	–
Pension-related changes other than net periodic pension costs	**49,348**	**49,348**	**–**	14,303	14,303	–
Other changes in net assets without donor restrictions	**(15,133)**	**869**	**(16,002)**	(14,170)	205	(14,375)
(Decrease) increase in net assets without donor restrictions	**(76,696)**	**(75,105)**	**(1,591)**	253,195	252,624	571
Net assets with donor restrictions:						
Contributions	**15,160**	**15,160**	**–**	11,009	11,009	–
Investment income, net	**1,942**	**1,942**	**–**	4,063	4,063	–
Change in unrealized (loss) gain on investments, net	**(19,106)**	**(19,106)**	**–**	29,742	29,742	–
Net assets released from restrictions	**(24,808)**	**(24,808)**	**–**	(18,918)	(18,918)	–
Change in interest in donor-restricted net assets of foundations	**(45)**	**(45)**	**–**	155	155	–
(Decrease) increase in net assets with donor restrictions	**(26,857)**	**(26,857)**	**–**	26,051	26,051	–
(Decrease) increase in net assets	**(103,553)**	**(101,962)**	**(1,591)**	279,246	278,675	571
Net assets at beginning of year	**2,013,031**	**2,002,549**	**10,482**	1,733,785	1,723,874	9,911
Net assets at end of year	**$ 1,909,478**	**$ 1,900,587**	**$ 8,891**	$ 2,013,031	$ 2,002,549	$ 10,482

See accompanying notes.

Saint Luke's Health System, Inc.

Consolidated Statements of Cash Flows
(In Thousands)

	Year Ended December 31	
	2022	**2021**
Operating activities		
(Decrease) increase in net assets	**$ (103,553)**	$ 279,246
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Depreciation and amortization	**104,306**	105,204
Loss on disposal of property and equipment	**2,291**	778
Change in fair value of interest rate swaps	**(17,993)**	(8,650)
Pension-related changes other than net periodic pension costs	**9,397**	(9,242)
Distributions to noncontrolling interests	**16,002**	14,375
Restricted contributions	**(15,160)**	(11,009)
Changes in operating assets and liabilities:		
Accounts receivable, net	**(2,667)**	(53,095)
Other current assets	**1,574**	(16,238)
Other noncurrent assets	**27,607**	1,931
Accounts payable	**(7,029)**	36,361
Other current liabilities	**(154,352)**	72,645
Reserve for self-insured risks	**(85)**	2,707
Other noncurrent liabilities	**(57,585)**	(140,139)
Net cash (used in) provided by operating activities	**(197,247)**	274,874
Investing activities		
Purchase of property and equipment, net	**(101,375)**	(79,185)
Decrease (increase) in investment securities classified as trading	**16,698**	(212,476)
Increase in equity goodwill	**(661)**	(1,030)
Increase in investment in affiliates, net	**(864)**	(2,851)
Net cash used in investing activities	**(86,202)**	(295,542)
Financing activities		
Payments and refunding of long-term debt	**(17,555)**	(48,681)
Proceeds from issuance of long-term debt	**–**	30,500
Distributions to noncontrolling interests	**(16,002)**	(14,375)
Restricted contributions	**15,160**	11,009
Net cash used in provided by financing activities	**(18,397)**	(21,547)
Net decrease in cash and cash equivalents and restricted cash	**(301,846)**	(42,215)
Cash and cash equivalents and restricted cash at beginning of year	**694,140**	736,355
Cash and cash equivalents and restricted cash at end of year	**$ 392,294**	$ 694,140
Reconciliation of cash and cash equivalents and restricted cash to the consolidated balance sheets		
Cash and cash equivalents	**$ 381,212**	$ 668,407
Restricted cash included in investments	**11,082**	25,733
	$ 392,294	$ 694,140
Supplemental disclosure of cash flow information		
Interest paid	**$ 23,198**	$ 22,348

See accompanying notes.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements

December 31, 2022

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies

Saint Luke's Health System, Inc., a Kansas not-for-profit corporation, operates an integrated health care delivery system (the System) serving the greater Kansas City metropolitan area and surrounding communities. The System is a faith-based, not-for-profit-aligned health system committed to excellence in providing health care and health-related services in a caring environment. The System is the sole corporate member of Saint Luke's Hospital of Kansas City (Saint Luke's), Saint Luke's North Hospital (North), Saint Luke's South Hospital (South), Saint Luke's East Hospital (East), and their consolidated and unconsolidated subsidiaries.

The System and its primary operating entities are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Certain supporting subsidiaries are subject to federal and state income taxes.

The accompanying consolidated financial statements include the following operating entities:

Saint Luke's Health System, Inc. (the Corporation)
Saint Luke's Hospital of Kansas City (Saint Luke's)
Saint Luke's North Hospital (North)
Saint Luke's South Hospital (South)
Saint Luke's East Hospital (East)
Saint Luke's Hospital of Chillicothe d/b/a Hedrick Medical Center (Hedrick)
Saint Luke's Hospital of Trenton d/b/a Wright Memorial Hospital (Wright Memorial)
Saint Luke's Hospital of Garnett d/b/a Anderson County Hospital (Anderson County)
Saint Luke's Hospital of Allen County d/b/a Allen County Regional Hospital (Allen County)
Saint Luke's Home Care and Hospice
Saint Luke's Health System Risk Retention Group (RRG)
Saint Luke's Health System Insurance, Ltd. (Captive)
Bishop Spencer Place, Inc.
Saint Luke's Physician Group, Inc.
Saint Luke's Foundation (Foundation)

All significant intercompany transactions and account balances have been eliminated in the consolidated financial statements.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Accounting Policies

The System's accounting policies conform to U.S. generally accepted accounting principles (U.S. GAAP) applicable to health care organizations.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents and Restricted Cash

Cash and cash equivalents generally include cash and highly liquid debt instruments, generally with a maturity of three months or less when purchased. Highly liquid debt instruments with original, short-term maturities of three months or less that are included as part of the investment portfolio are excluded from cash equivalents as they are commingled with longer-term investments. Amounts included in restricted cash include cash held within investments and may represent funds set aside within the investment portfolio based on management's policy or contractual arrangements.

Short-Term Investments

Short-term investments primarily consist of U.S. government obligations, corporate obligations, and fixed-income funds internally designated as current assets because such amounts are available to meet the System's cash requirements.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Patient Accounts Receivable

The System's patient accounts receivable are reported at the amount that reflects the consideration to which it expects to be entitled in exchange for providing patient care.

The revenues related to patient accounts receivable are reported at net realizable value based on certain assumptions. For third-party payors, including Medicare, Medicaid, and managed care, the net realizable value is based on the estimated contractual reimbursement percentage, which is based on current contract prices or historical paid claims data by payor. For self-pay, the net realizable value is determined using estimates of historical collection experience, including an analysis by aging category. These estimates are adjusted for expected recoveries and any anticipated changes in trends, including significant changes in payor mix, changes in operations and economic conditions, or trends in federal and state governmental health care coverage.

Inventories

Inventories consist primarily of medical supplies and pharmaceuticals and are stated at the lower of actual cost, generally on the first-in, first-out basis, or market.

Property and Equipment

Property and equipment are recorded at cost or, if donated, at fair value at the date of receipt. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets, as follows:

Land improvement	8 to 20 years
Building and improvements	5 to 40 years
Equipment	3 to 15 years
Software	3 to 7 years

Leasehold improvements are amortized over the shorter of the useful life or corresponding lease. The amortization is included in depreciation expense.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Capitalized Interest

Interest cost incurred on tax-exempt borrowings designated for capital purposes, net of interest earned on such borrowed funds, is capitalized over the duration of the related capital projects. Imputed interest cost incurred on construction financed through internally generated funds or other borrowings is capitalized over the duration of the related capital projects when the project is material in cost and time.

Asset Impairment

The System considers whether indicators of impairment are present and performs the necessary test to determine whether the carrying value of an asset is appropriate. Impairment write-downs are recognized in operating income at the time the impairment is identified. There were no material impairments in the years ended December 31, 2022 or 2021.

Investments and Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under self-insurance arrangements and indenture agreements and restricted donations. Investments in equity and debt securities are measured at fair value.

The System considers its investment securities as trading securities. Investment income (including realized and unrealized gains and losses on investments, interest, and dividends) from trading investments is recorded as investment return, which is included in (deficit) excess of revenues over expenses, unless the income or loss is restricted by donor or law or derived from assets held by trustee under self-insurance arrangements or under indenture agreements. Gains and losses with respect to disposition of marketable securities are based on the specific-identification method.

Investment income earned by assets held by trustee under self-insurance arrangements and under indenture agreements is reported as other revenue. Restricted investment income and net gains or losses on investments of donor-restricted funds are added to or deducted from the appropriate restricted net asset balance.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

The System also holds investment positions in other trusts, limited liability investment companies, and hedge funds of funds (collectively referred to as alternative investments), which are reported based on the net asset value of the investment. The calculated net asset values are provided by the respective organizations and based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Management has utilized the best available information for reported values, which in some instances are valuations as of an interim date not more than 90 days before year-end. Generally, the net asset value of the System's holdings reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. Returns from investments based on the net asset value, whether realized or unrealized, are included in investment return in (deficit) excess of revenues over expenses.

The System's assets limited as to use are exposed to various kinds and levels of risk. Fixed-income securities expose the System to interest rate risk, credit risk, and liquidity risk. As interest rates change, the current value of many fixed-income securities, particularly those with fixed interest rates, is affected. Credit risk is the risk that the obligor of the security will not fulfill its obligation. Liquidity risk is affected by the willingness of market participants to buy and sell given securities.

Equity securities expose the System to market risk, performance risk, and liquidity risk. Market risk is the risk associated with major movements of the equity market, both international and domestic. Performance risk is the risk associated with a company's operating performance. Liquidity risk, as previously defined, tends to be higher for international equities and equities related to small capitalized companies, as well as certain alternative investments.

Investment in Affiliates

The System has entered into certain limited liability company agreements with third parties that provide health-care-related services. Where applicable, these arrangements are accounted for using the equity method of accounting. The System's largest equity interest venture is a 51% membership interest in Kansas City Orthopaedic Institute, L.L.C., which specializes in providing orthopaedic services on an inpatient and outpatient basis. Although the System owns a majority financial interest in this entity, it does not possess a controlling interest in the entity, and therefore does not consolidate the entity. The balance of the equity interest was $10.8 million and $14.3 million as of December 31, 2022 and 2021, respectively. This carrying value exceeds the System's underlying equity in the net assets of the affiliate by $11.4 million as of December 31, 2022 and 2021, which represents equity method goodwill. All other equity interest ventures are immaterial to the System.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Deferred Financing Costs

Deferred financing costs are amortized over the period the debt is outstanding using the bonds outstanding method.

Deferred Revenue From Advanced Fees and Obligation

Bishop Spencer Place, Inc., a continuing-care retirement community, offers two entry-fee options for independent-living units: (1) 50-month refundable and (2) lifetime 90% refundable. The deferred revenue from nonrefundable entry fees is amortized to revenue using the straight-line method over the estimated remaining life expectancy of the resident.

Refundable entry fees are not amortized to revenue. Instead, they are kept on the consolidated balance sheets at their full refund amount per the residency agreements. The balance of the refundable entry fees was $14.8 million and $15.9 million as of December 31, 2022 and 2021, respectively, and is recorded in other noncurrent liabilities. Based on the structure of the contracts, the System was not required to record an obligation to provide future services and use of facilities at December 31, 2022 or 2021.

Derivative Financial Instruments

Derivative financial instruments, specifically interest rate swaps, are recorded on the consolidated balance sheets at fair value. The change in the fair value of the derivative financial instruments is recorded in other income (loss), net. None of the interest rate swaps are designated as hedges.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Net Assets

Net assets without donor restrictions are those whose use by the System has not been limited by donors and are available for general operating use at the discretion of the Board of Directors (the Board). This category includes both net assets designated by the Board for a specific purpose and board-designated endowments. Board-designated endowments are net assets that are designated by the Board for a specific purpose and treated like an endowment (quasi-endowment).

Net assets with donor restrictions include those whose use by the System has been limited by donors for a specific purpose (primarily for patient care, health care education, or property) or time period. This category also includes net assets restricted by donors to be maintained by the System in perpetuity with the related investment income expendable to support the donor-designated purpose, which is primarily for patient care, health care education, or property.

Contributions, Bequests, and Pledges

Unrestricted contributions and bequests are reported in other nonoperating income (loss), net when earned. Restricted contributions and bequests are reported as additions to net assets with donor restrictions. Resources restricted by donors for facility replacement and expansion are added to net assets without donor restrictions to the extent placed into service. Resources restricted by donors and grantors for specific operating purposes are reported in other revenue to the extent used within the period.

Restricted pledges are recorded at fair value in the year notification is received as an addition to net assets with donor restrictions. Management believes these are Level 3 fair value measurements (as defined in Note 9) recorded on a nonrecurring basis. Pledges receivable totaling $7.9 million and $7.0 million as of December 31, 2022 and 2021, respectively, are included in other receivables and other noncurrent assets, and are all due in less than eight years. The pledges are recorded at their net present value based on the expected timing of pledge fulfillment using a credit-adjusted discount rate ranging from and 0.36% to 3.99% in 2022 and 2021, which approximated fair value at the date of pledge.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Performance Indicator

The System's performance indicator is (deficit) excess of revenues over expenses, which includes all changes in net assets without donor restrictions other than the contribution of property, equipment, and other; pension-related changes other than net periodic pension costs; changes in net assets attributable to noncontrolling interest; and other.

Operating and Other Income (Loss)

The System's primary mission is to meet the health care needs in its service areas through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, physician services, and other health care services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the System's primary mission are considered to be other income (loss). Other income (loss) activities include investment return, excluding assets held by trustee under self-insurance arrangements and indenture agreements; change in fair value of interest rate swaps; and other, net. All unrestricted activities of the Foundation, including contribution and grant activity, are recorded in other, net.

Forthcoming Accounting Pronouncements

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU requires entities to report "expected" credit losses on financial instruments and other commitments to extend credit rather than the current "incurred loss" model. These expected credit losses for financial assets held at the reporting date are to be based on historical experience, current conditions and reasonable and supportable forecasts. This ASU will also require enhanced disclosures relating to significant estimates and judgments used in estimating credit losses, as well as the credit quality. This ASU is effective for the System beginning January 1, 2023. The System is currently evaluating the effects of the standard on the consolidated financial statements.

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

New Accounting Standards Adopted

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This ASU affects presentation and disclosure of contributed nonfinancial assets in the statement of activities and notes to the financial statements. This ASU was effective for the System beginning January 1, 2022. The System has adopted this ASU with no material impact on the consolidated financial statements.

Reclassifications

Certain balances in the 2021 consolidated financial statements have been reclassified to conform to current year presentation. The effect of such reclassifications did not change total net assets, net assets without donor restrictions, operating income, or (deficit) excess of revenue over expenses.

2. Charity Care

The System is dedicated to providing both services and leadership in caring for the needy and accepts all patients regardless of their ability to pay. The System provides such care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Since the System does not attempt to collect amounts initially determined to qualify as charity care, such charges are not included in patient service revenue. The cost incurred in providing these services of approximately $32.1 million and $43.1 million in 2022 and 2021, respectively, is included in the System's operating expenses and is estimated using the prior year overall Medicare cost-to-charge ratio. In addition, the System provides care for medically indigent patients covered under the Medicaid welfare program at rates substantially below standard charges.

3. Patient Service Revenue

The System provides health care services through inpatient, outpatient, and ambulatory care facilities that provide services in the greater Kansas City metropolitan area and surrounding communities, and grants credit to patients, substantially all of whom are local residents. The System generally does not require collateral or other security in extending credit to patients; however, the System routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under its health insurance programs, plans, and policies, including, but not limited to, Medicare, Medicaid, health maintenance organizations, and commercial insurance policies. Patient service revenue is reported at the amount that reflects the consideration to which the System expects to be paid for providing patient care. Patient service revenue is recognized as performance obligations are satisfied based on the nature of services provided.

Performance obligations are identified based on the nature of the services provided. Revenue associated with performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission into the hospital to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed. In the case of these outpatient services, recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. Management believes this method provides a faithful depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations.

As the System's performance obligations relate to contracts with a duration of less than one year, the System has applied the optional exemption provided in the guidance and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

3. Patient Service Revenue (continued)

The System uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios consist of major payor classes for inpatient revenue and major payor classes and types of services provided for outpatient revenue. Based on the historical collection trends and other analyses, the System believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

The System determines the transaction price, which involves significant estimates and judgment, based on standard charges for goods and services provided, reduced by explicit and implicit price concessions, including contractual adjustments provided to third-party payors, discounts provided to uninsured and underinsured patients in accordance with policy, and/or implicit price concessions based on the historical collection experience of patient accounts. The System determines the transaction price associated with services provided to patients who have third-party payor coverage based on reimbursement terms per contractual agreements, discount policies, and historical experience. For uninsured patients who do not qualify for charity care, the System determines the transaction price associated with services on the basis of charges, reduced by implicit price concessions. Implicit price concessions included in the estimate of the transaction price are based on historical collection experience for applicable patient portfolios. Patients who meet the System's criteria for charity care are provided care without charge; such amounts are not reported as revenue. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. During the last few years, as a result of nationwide investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the Medicare and Medicaid programs. There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations or that the laws and regulations themselves will not be subject to challenge, and it is not possible to determine the effect, if any, such claims, penalties, or challenges would have on the System. Patient service revenue increased by $19.7 million and $7.5 million in 2022 and 2021, respectively, as a result of changes in estimates due to settlements of prior years' cost reports, Medicaid settlements, and the disposition of other payor audits and settlements.

3. Patient Service Revenue (continued)

In certain instances, the System does receive payment in advance of the services provided and would consider these amounts to represent contract liabilities. Contract liabilities at December 31, 2022, were not significant.

Management has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the payors and line of business that renders services to patients. The composition of patient service revenue and accounts receivable by payor for the years ended December 31 is as follows:

	Patient Service Revenue		Patient Accounts Receivable	
	Year Ended December 31		December 31	
	2022	**2021**	**2022**	**2021**
Medicare	**37%**	36%	**28%**	25%
Blue Cross/Blue Shield	**28**	30	**26**	28
Medicaid	**7**	5	**10**	5
Managed care	**24**	25	**27**	31
Other/patients	**4**	4	**9**	11
Total	**100%**	100%	**100%**	100%

The self-pay patient accounts receivable above includes amounts due from patients for coinsurance, deductibles, co-payments, installment payment plans, and amounts due from patients without insurance.

The composition of patient service revenue by service line is as follows:

	Year Ended December 31	
	2022	**2021**
Inpatient services	**41%**	44%
Outpatient services	**43**	41
Clinic and professional services	**16**	15
	100%	100%

3. Patient Service Revenue (continued)

Other operating revenue is recognized at an amount that reflects the consideration to which the System expects to be entitled in exchange for providing goods and services. The amounts recognized reflect consideration due from customers, third-party payors, and others. Primary categories of other revenue include pharmacy revenue, grant revenue, cafeteria revenue, rent revenue, other miscellaneous revenue, and income (loss) on investment in affiliate.

4. COVID-19 Pandemic and CARES Act Funding

In March 2020, the World Health Organization declared the novel coronavirus disease (COVID-19) a pandemic. The Centers for Disease Control and Prevention confirmed its spread to the United States and it was declared a national public health emergency, followed by several state emergency declarations, and the Centers for Medicare & Medicaid Services (CMS) issued guidance regarding elective procedures. Several national and international travel restrictions were put in place and the governors in Missouri and Kansas issued executive orders postponing nonessential or elective procedures. In response, the System took appropriate measures to respond to the anticipated revenue shortfalls, including cost-saving measures such as streamlining care, eliminating nonessential expenditures, deferring or delaying nonstrategic capital, and managing labor costs.

During 2022 and 2021, the System received approximately $0.5 million and $35.8 million, respectively, of provider relief funds from various provisions in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Approximately $4.3 million and $34.4 million was recognized as other revenue in 2022 and 2021, respectively. The unrecognized amount of provider relief funds of $1.0 million and $4.8 million has been reported as other current liabilities on the consolidated balance sheets as of December 31, 2022 and 2021, respectively.

Additionally, during 2020, the System received $211.2 million of Medicare advance payments as part of the CMS Accelerated and Advance Payments Program (the Program). The consolidated balance sheets include $129.6 million in other current liabilities as of December 31, 2021 related to these advance payments. Repayment started in 2021 based upon terms and conditions of the Program and was fully repaid during 2022.

The CARES Act also provides for a deferral of payments of the employer portion of Social Security tax incurred during the pandemic. At December 31, 2021, the System deferred $14.7 million of Social Security taxes and was included in payroll-related liabilities. In December 2022, the remaining half of such payroll taxes were fully paid.

5. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditures, such as operating expenses, scheduled principal payments on debt, and capital expenditures not financed with debt, were as follows:

	December 31	
	2022	**2021**
	(In Thousands)	
Financial assets:		
Cash and cash equivalents	**$ 381,212**	$ 668,407
Short-term investments	**204,071**	186,419
Accounts receivable, net	**312,341**	309,674
Other receivables	**37,710**	38,206
Long-term investments	**690,144**	715,356
Assets limited as to use	**224,523**	248,312
Total financial assets	**1,850,001**	2,166,374
Less:		
Board-designated investments	**(12,366)**	(8,727)
Under self-insurance arrangements	**(20,982)**	(22,145)
Restricted by donor or grantor	**(191,175)**	(217,440)
Pledges receivable with restrictions	**(6,878)**	(3,648)
Long-term investments	**(93,587)**	(95,475)
Financial assets not available to be used within one year	**(324,988)**	(347,435)
Financial assets available to meet general expenditures within one year	**$ 1,525,013**	$ 1,818,939

The System has assets limited as to use for donor-restricted purposes, debt service, and the self-insurance arrangements. Additionally, certain other board-designated assets are designated for general support of patient care and operations. These assets limited as to use, which are more fully described in Note 7, are not available for general expenditure within the next year. However, the board-designated amounts could be made available, if necessary.

Periodically, at the discretion of the System, cash in excess of daily requirements is invested in short-term investments and money market funds.

6. Property and Equipment

Property and equipment consist of the following:

	December 31	
	2022	**2021**
	(In Thousands)	
Land and improvements	**$ 81,152**	$ 80,649
Buildings and improvements	**1,350,600**	1,305,569
Fixed equipment	**232,443**	225,596
Movable equipment	**584,183**	559,986
Software	**117,403**	116,298
	2,365,781	2,288,098
Less accumulated depreciation	**1,414,540**	1,329,324
	951,241	958,774
Construction-in-progress	**26,877**	24,566
Total property and equipment, net	**$ 978,118**	$ 983,340

The System's Board has approved certain construction, renovation, information systems, and other projects throughout the System. As of December 31, 2022, the System had outstanding construction and other commitments of $21.4 million related to these projects.

7. Investments and Assets Limited as to Use

The composition of investments and assets limited as to use is as follows:

	December 31	
	2022	**2021**
	(In Thousands)	
Cash and cash equivalents	**$ 11,082**	$ 25,733
Certificates of deposit	**6,073**	8,116
Fixed-income funds	**230,187**	227,591
Debt securities	**308**	403
Common trust fixed-income funds	**132,278**	120,040
Common trust equity fund	**179,528**	208,939
Domestic equity securities	**30,393**	36,124
International equity mutual funds	**32,412**	32,824
International equity funds	**192,585**	214,949
Diversified liquid real assets	**67,561**	52,605
Managed future fund	**53,796**	40,815
University of Missouri pooled account	**24,134**	25,615
Private equity	**93,587**	95,475
Hedge funds of funds	**64,496**	60,366
Accrued interest receivable and other	**318**	492
Total	**$ 1,118,738**	$ 1,150,087
Presented as:		
Short-term investments	**$ 204,071**	$ 186,419
Investments	**690,144**	715,356
Assets limited as to use	**224,523**	248,312
Total	**$ 1,118,738**	$ 1,150,087

Common trust fixed-income funds and common trust equity funds generally are redeemable in less than five days. Private equity funds are generally not available to be redeemed except as distributed by the fund. As of December 31, 2022, the System had committed $99.2 million to additional investments in private equity funds. The majority of the hedge funds of funds held are redeemable on a quarterly basis with 60 days' notice.

7. Investments and Assets Limited as to Use (continued)

Because of the timing of the preparation and delivery of financial statements for limited partnership investments, the use of the most recently available financial statements provided by the general partners results in a month to quarter delay in the inclusion of the limited partnership results on the consolidated statements of operations and changes in net assets. Due to this delay, these consolidated financial statements do not yet reflect the market conditions experienced in the last one to three months of the fourth quarter of fiscal 2022 for the limited partnerships.

Investment return is summarized as follows:

	Year Ended December 31	
	2022	**2021**
	(In Thousands)	
Interest, dividends, and net realized gain, net	**$ 26,323**	$ 52,544
Change in unrealized (loss) gain, net	**(119,123)**	87,054
Total investment return	**$ (92,800)**	$ 139,598
Included in other revenue	**$ 408**	$ 123
Included in investment return	**(76,044)**	105,670
Included in net assets restricted by donor	**(17,164)**	33,805
Total investment return	**$ (92,800)**	$ 139,598

8. Long-Term Debt

Long-term debt consists of the following obligations:

	December 31 2022	2021
	(In Thousands)	
Uninsured Health Facilities Revenue Bonds		
Series 2012C, variable-rate term bonds, privately placed, puttable starting in 2025 at which time bonds can be remarketed or redeemed, annual interest rate of 3.86% and 0.90% at December 31, 2022 and 2021, respectively, payable in installments through 2042	**$ 30,000**	$ 30,000
Series 2016A, fixed annual interest rate ranging from 3.00% to 5.00% payable in installments through 2042 (including unamortized premiums of $19,174 and $22,513 at December 31, 2022 and 2021, respectively)	**255,624**	268,048
Series 2016B, variable-rate term bonds, privately placed, puttable starting in 2028 at which time bonds can be remarketed or redeemed, annual interest rate of 3.71% and 0.77% at December 31, 2022 and 2021, respectively, payable in installments through 2040	**89,730**	89,895
Series 2016C, variable-rate term bonds, privately placed, puttable starting in 2028 at which time bonds can be remarketed or redeemed, annual interest rate of 3.71% and 0.65% at December 31, 2022 and 2021, respectively, payable in installments through 2035	**18,345**	19,405
Series 2018A, fixed annual interest rate ranging from 4.00% to 5.00% payable in installments through 2048 (including unamortized premiums of $1,563 and $1,623 at December 31, 2022 and 2021, respectively)	**99,723**	99,783

8. Long-Term Debt (continued)

	December 31	
	2022	**2021**
	(In Thousands)	
Uninsured Health Facilities Revenue Bonds (continued)		
Series 2020, fixed annual interest rate ranging from 3.00% to 5.00% payable in installments through 2050 (including unamortized premiums of $12,994 and $13,461 at December 31, 2022 and 2021, respectively)	**$ 98,429**	$ 102,391
Other obligations	**31,661**	31,931
	623,512	641,453
Less:		
Current maturities	**16,836**	15,929
Debt issuance costs	**3,535**	3,921
Total long-term debt, net of current maturities and debt issuance costs	**$ 603,141**	$ 621,603

The Master Trust Indenture (the MTI) dated as of December 1, 1996, with subsequent amendments, sets forth the covenants relating to, and provides the terms and conditions upon which, borrowings under the MTI may be issued and secured. The MTI provides that the borrowings under the MTI are the joint and several obligations of each of the members of the Obligated Group. Currently, the Corporation, Saint Luke's, North, South, and East are members of the Obligated Group and comply with covenants, undertakings, stipulations, and provisions contained in the MTI. The tax-exempt revenue bonds have been issued through the Health & Educational Facilities Authority of the State of Missouri and were used by the Corporation primarily to finance capital projects and to refinance existing indebtedness.

The obligation of the Corporation to make payments on the indebtedness under the MTI and any additional notes is a general obligation of the Obligated Group and any future members of the Obligated Group that is not secured by a pledge or mortgage of, or security interest in, any assets of the Obligated Group or any future members of the Obligated Group. Nonetheless, the MTI imposes certain restrictions on the actions of the members of the Obligated Group for the benefit of all holders of notes issued under the MTI. Such terms include, among others, restrictions on liens on the property of the members of the Obligated Group, restrictions on the incurrence of

8. Long-Term Debt (continued)

additional indebtedness, maintenance of certain debt coverage and liquidity ratios, and provisions governing the transfer of the property of the members of the Obligated Group. As of December 31, 2022, the System was in compliance with all financial covenants.

At December 31, 2022, the System has a general operating line of credit of $75 million. This facility has a one-year term expiring April 2023. The System has $0 outstanding under the line of credit at December 31, 2022 and 2021. In February 2023, the System issued a $50 million taxable draw down term loan with interest payable monthly and principal installments beginning in 2026.

In April 2021, Medical Plaza Partners, an affiliate of Saint Luke's, refinanced a loan of $30.0 million with a $30.5 million loan with Northwestern Mutual Life Insurance Company. The loan carries an annual interest rate of 3.71% with principal and interest payments payable monthly based on a 12-year amortization and a balloon payment, which is due in May 2033.

Scheduled annual principal payments on the System's long-term obligations, excluding the impact of unamortized bond premiums of $ 33.7 million and debt issuance cost of $3.5 million, are as follows:

Year Ending December 31	**Long-Term Debt**
	(In Thousands)
2023	$ 16,836
2024	17,249
2025	17,807
2026	17,943
2027	18,794
Thereafter	501,781
	$ 589,781

8. Long-Term Debt (continued)

Interest Rate Swap Agreements

The System is a party to multiple interest rate swap contracts that effectively convert various variable-rate demand bonds to fixed rates. Interest rate swap contracts between the System and a third party (counterparty) provide for the periodic exchange of payments between the parties based on changes in a defined index and a fixed rate and include counterparty credit risk, which is the risk that contractual obligations of the counterparties will not be fulfilled. Concentrations of credit risk relate to groups of counterparties that have similar economic or industry characteristics, which would cause their ability to meet contractual obligations to be similarly affected by changes in economic or other conditions. Counterparty credit risk is managed by requiring high credit standards for the System's counterparty. The counterparty to the interest rate swap contracts is a financial institution that carries investment-grade credit ratings. The interest rate swap contracts contain collateral provisions applicable to both parties to mitigate credit risk. There was no collateral posted at December 31, 2022 or 2021. The System does not anticipate nonperformance by its counterparty.

The System's interest rate swap contracts and fair value of derivatives (not designated as hedging instruments) at December 31 on the consolidated balance sheets are as follows:

Expiration Date	Fixed Rate	The System Receives	Notional Amount		Fair Value	
			2022	**2021**	**2022**	**2021**
			(In Thousands)		*(In Thousands)*	
2032	5.500%	SOFR	**$ 54,572**	$ 57,352	**$ (5,457)**	$ (16,150)
2035	5.056	SOFR	**30,820**	31,741	**(3,268)**	(10,568)
					$ (8,725)	$ (26,718)

For the fair value leveling of these interest rate swaps, please refer to Note 9.

8. Long-Term Debt (continued)

The effects of derivative instruments included in other income (loss) on the consolidated statements of operations and changes in net assets for the years ended December 31 are as follows:

Location of Gain (Loss) on Derivatives Recognized in (Deficit) Excess of Revenues Over Expenses		Amount of Gain (Loss) on Derivatives Recognized in (Deficit) Excess of Revenues Over Expenses	
		2022	2021
		(In Thousands)	
Change in fair value of interest rate swaps	Unrealized gain (loss)	**$ 17,993**	$ 8,650
Other, net	Difference between cash paid and received	**(3,201)**	(4,812)

9. Fair Value Measurements

The System determines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Financial Accounting Standards Board's Accounting Standards Codification Topic 820, *Fair Value Measurement*, establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

Certain of the System's financial assets and financial liabilities are measured at fair value on a recurring basis, including money market, fixed-income, and equity instruments, and interest rate swap contracts. The three levels of the fair value hierarchy and a description of the valuation methodologies used for instruments measured at fair value are as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date. Level 1 primarily consists of financial instruments such as money market securities and listed equities.

9. Fair Value Measurements (continued)

Level 2 – Pricing inputs other than quoted prices included in Level 1 that are either directly observable or that can be derived or supported from observable data as of the reporting date. Instruments in this category include certain commercial paper, common trust fixed-income funds, common trust equity funds, and interest rate swap contracts depending on the significance of the credit value adjustment.

Level 3 – Pricing inputs include those that are significant to the fair value of the financial asset or financial liability and are not observable from objective sources. In evaluating the significance of inputs, the System generally classifies assets or liabilities as Level 3 when their fair value is determined using unobservable inputs that individually, or when aggregated with other unobservable inputs, represent more than 10% of the fair value of the assets or liabilities. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value.

9. Fair Value Measurements (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2022:

		Fair Value Measurements Using		
	Total Value	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
		(In Thousands)		
Assets				
Investments:				
Cash and cash equivalents	**$ 11,082**	**$ 11,082**	**$ –**	**$ –**
Certificates of deposit	**6,073**	**6,073**	–	–
Fixed-income funds	**230,187**	**230,187**	–	–
Debt securities	**308**	–	**308**	–
Common trust fixed-income funds	**7,773**	**7,773**	–	–
Domestic equity securities	**30,393**	**30,393**	–	–
International equity mutual funds	**32,412**	**32,412**	–	–
Diversified liquid real assets	**67,561**	**67,561**	–	–
	385,789	**$ 385,481**	**$ 308**	**$ –**
Reconciling items				
Investments recorded at net asset value	**732,631**			
Accrued interest and other	**318**			
Investments per consolidated balance sheet	**$ 1,118,738**			
Liabilities				
Obligation under interest rate swap contracts	**$ (8,725)**	**$ –**	**$ (8,725)**	**$ –**

9. Fair Value Measurements (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2021:

		Fair Value Measurements Using		
	Total Value	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
		(In Thousands)		
Assets				
Investments:				
Cash and cash equivalents	$ 25,733	$ 25,733	$ –	$ –
Certificates of deposit	8,116	8,116	–	–
Fixed-income funds	227,591	227,591	–	–
Debt securities	403	–	403	–
Common trust fixed-income funds	8,881	8,881	–	–
Domestic equity securities	36,124	36,124	–	–
International equity mutual funds	32,824	32,824	–	–
Diversified liquid real assets	52,605	52,605	–	–
	392,277	$ 391,874	$ 403	$ –
Reconciling items				
Investments recorded at net asset value	757,318			
Accrued interest and other	492			
Investments per consolidated balance sheet	$ 1,150,087			
Liabilities				
Obligation under interest rate swap contracts	$ (26,718)	$ –	$ (26,718)	$ –

9. Fair Value Measurements (continued)

The fair values of the securities included in Level 1 were determined through quoted market prices. The fair values of Level 2 securities were determined through evaluated bid prices based on recent trading activity and other relevant information, including market interest rate curves and referenced credit spreads. Estimated prepayment rates, where applicable, are used for valuation purposes as provided by third-party pricing services where quoted market values are not available. The fair values of the interest rate swap contracts are determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved and are included in Level 2 or Level 3 depending on the significance of the credit value adjustment. Due to the volatility of the capital markets, there is a reasonable possibility of significant changes in fair value and additional gains or losses in the near term subsequent to December 31, 2022.

The carrying amounts reported on the consolidated balance sheets for cash and cash equivalents, accounts receivable, other current assets, and current liabilities are reasonable estimates of their fair value due to the short-term nature of these financial instruments. The value of pledges receivable is estimated by management to approximate fair value at the date the pledge is received. Management believes these are Level 2 fair value measurements recorded on a nonrecurring basis.

The estimated fair value of the System's fixed-rate bonds is based on quoted market prices for the same or similar issues and approximates $415.2 million and $491.0 million as of December 31, 2022 and 2021, respectively, which included a consideration of third-party credit enhancement, of which there was no impact. The carrying amount of the System's fixed-rate bonds as recorded on the System's consolidated balance sheets was $453.8 million and $470.2 million as of December 31, 2022 and 2021, respectively. The estimated fair value of the System's variable-rate bonds approximates the carrying amount of $138.1 million and $139.3 million as of December 31, 2022 and 2021, respectively.

10. Retirement Plans

The System had a hard-frozen defined benefit pension plan (the Plan). Plan benefits were based on years of service and the employees' compensation. Effective December 31, 2021, the Plan was terminated and all benefit obligations were settled by December 31, 2022.

The following table sets forth the funded status of the Plan and accrued pension costs:

	December 31	
	2022	**2021**
	(In Thousands)	
Accumulated benefit obligation	**$ –**	$ 172,454
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ 172,454**	$ 195,628
Interest cost	**3,279**	2,906
Actuarial (gain) loss	**(14,315)**	(6,062)
Benefits paid	**(161,418)**	(20,018)
Projected benefit obligation at end of year	**–**	172,454
Change in plan assets		
Fair value of plan assets at beginning of year	**155,591**	160,877
Actual investment return on plan assets	**(19,827)**	10,632
Contributions	**26,067**	4,100
Benefits paid	**(161,418)**	(20,018)
Fair value of plan assets at end of year	**412**	155,591
Pension obligation in noncurrent liabilities	**$ –**	$ (16,863)
Pension asset in short-term investments	**$ 412**	$ –

10. Retirement Plans (continued)

Included in net assets without donor restrictions are the following amounts that have not yet been recognized in net periodic pension (benefit) cost:

	December 31	
	2022	**2021**
	(In Thousands)	
Unrecognized actuarial losses	**$ –**	$ 50,349
Unrecognized prior service credit	**–**	(1,001)
	$ –	$ 49,348

Changes in plan assets and benefit obligations included in net assets without donor restrictions are as follows:

	Year Ended December 31	
	2022	**2021**
	(In Thousands)	
Unrecognized actuarial (losses)/gains	**$ (10,114)**	$ 8,216
Amortization of actuarial losses	**60,463**	6,286
Amortization of prior service credit	**(1,001)**	(87)
	$ 49,348	$ 14,415

	2022	**2021**
Weighted average assumptions used to determine the projected benefit obligation for the years ended December 31:		
Discount rate	**n/a**	2.58%
Weighted average assumptions used to determine net periodic benefit cost for the years ended December 31:		
Discount rate	**3.75%**	2.46%
Expected long-term return on plan assets	**n/a**	5.50
Mortality projection scale	**n/a**	MSS-2021

10. Retirement Plans (continued)

At December 31, 2021, the effect of the decrease in discount rate was to increase the projected benefit obligation by approximately $5.1 million.

	Year Ended December 31	
	2022	**2021**
	(In Thousands)	
Components of net periodic (benefit) cost:		
Interest cost	**$ 3,279**	$ 2,906
Expected return on plan assets	**(4.602)**	(8,478)
Amortization of net actuarial loss	**804**	1,225
Amortization of prior service credit	**(87)**	(87)
Settlement charge – prior service credit	**(914)**	–
Settlement charge – net actuarial loss	**59,659**	5,061
Net periodic pension cost	**$ 58,139**	$ 627

The System's pension plan's weighted average asset allocations, by asset category, are as follows:

	Target Asset Allocation		Plan Assets	
	December 31		December 31	
Asset Category	**2022**	**2021**	**2022**	**2021**
Fixed income	**– %**	50%	**–%**	50%
Public equity	–	37	–	31
Marketable real asset funds	–	4	–	3
Hedge funds	–	9	–	8
Cash	–	–	**100**	8

The System employed a total return investment approach whereby a mix of marketable equity securities, common trust fixed-income funds, common trust equity funds, and alternative investments were used to estimate a long-term return of plan assets for a prudent level of risk. The System's goal was to manage the duration of both assets and liabilities to meet changes in the liabilities. Risk tolerance was therefore established through careful consideration of plan liabilities and plan-funded status.

10. Retirement Plans (continued)

The System determined an expected long-term rate of return for plan assets in consultation with its external investment advisor. The System reviewed historical market performance by investment asset class along with current economic outlooks for asset class performance in order to estimate its long-term rate of return assumption. Peer data and historical returns were reviewed to check for reasonableness.

The fair value of pension plan assets was determined using the following inputs at December 31, 2021:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		(In Thousands)		
Cash and cash equivalents	$ 13,006	$ 13,006	$ –	$ –
Fixed-income funds	38,820	38,820	–	–
Domestic equity securities	3,426	3,426	–	–
Marketable real asset fund	4,538	4,538	–	–
Total assets measured on a recurring basis at fair value	59,790	$ 59,790	$ –	$ –
Investments recorded at net asset value	95,801			
Fair value of plan assets	$ 155,591			

The fair value of Level 1 and Level 2 investments in the pension plan assets is valued as outlined in Note 8, with the exception of alternative investments, which are recorded at fair value within the pension plan assets. The fair value of alternative investments is based on net asset value. The fair values of the securities held by limited partnerships that do not have readily determinable fair values are determined by the general partner taking into consideration, among other things, the financial performance of underlying investments, recent sales prices of underlying investments, market exchanges at period-end, and other pertinent information. Fair value calculations may not

10. Retirement Plans (continued)

be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The System maintains a deferred 403(b) plan for employees' contributions. In addition, the System maintains a 401(a) defined contribution retirement plan that covers substantially all employees meeting the eligibility requirements set forth under this plan. The System contributes an amount based on a percentage for eligible employees who contribute to the tax-deferred 403(b). The System recorded expenses of $38.7 million and $36.2 million related to these plans during 2022 and 2021, respectively, which are included in employee benefits expense on the consolidated statements of operations and changes in net assets.

11. Insurance and Self-Insured Risks

The System provides for medical malpractice and general liability exposure through a combination of self-insurance and third-party insurance carriers.

Professional and general liability coverage for substantially all of the Missouri hospital facilities is provided through Saint Luke's Health System Insurance, Ltd. (the Captive), a Cayman domiciled wholly owned subsidiary of the System. General liability coverage for the Kansas hospital facilities is provided through the Captive. Effective April 1, 2022, self-insured retentions are $6.0 million per occurrence and $38.5 million in annual aggregate. Prior to April 1, 2022, the self-insured retentions were $5.0 million per occurrence and $30.0 million in aggregate. Contributions to the Captive are made based on funding levels recommended by an independent actuary.

For entities participating in the Captive, expense is based on paid claims and the actuary's estimate of the eventual cost of claim settlements, including estimates for claims that may have occurred during the periods but were not yet identified and reported, and the probable timing of the payment of these claims. Accrued malpractice losses were undiscounted at December 31, 2022 and 2021.

11. Insurance and Self-Insured Risks (continued)

South established a trust (the SLS Trust) to self-insure professional liability risk beginning on January 1, 2005. Effective in 2022, the coverage provided by the SLS Trust is $500,000 per claim and $1.5 million in aggregate. Prior to 2022, the coverage provided by the SLS Trust was $200,000 per claim and $600,000 in the aggregate.

Beginning in 2022, the Kansas Health Care Stabilization Fund provides coverage in the amount of $500,000 per claim and $1.5 million in the aggregate. Prior to 2022, the Kansas Health Care Stabilization Fund provides coverage in the amount of $800,000 per claim and $2.4 million in the aggregate. Prior acts (or tail) coverage also is provided through each trust. The funding contributions to each trust were based on recommendations from an independent actuary.

Saint Luke's Health System RRG, which was established August 1, 2003, in South Carolina, provides coverage to employed physicians and related staff of the System. The RRG has the capacity to insure physicians who are not employed by the System. The RRG is wholly owned by the System and provides the first layer of coverage for employed physicians.

The RRG provides excess insurance coverage for general and professional liability for all the System's entities. This exposure is 100% reinsured by various third-party insurers.

In the event the claims-made policies are not renewed or replaced with equivalent insurance coverage, claims based on occurrences during their term, but reported subsequently, will be uninsured. Management is currently not aware of any incidents that would result in losses that could have a material adverse impact on the accompanying consolidated financial statements.

11. Insurance and Self-Insured Risks (continued)

The System similarly provides for health insurance and workers' compensation coverage through a combination of self-insurance and third-party insurers. Liabilities have been established for known claims and estimated claims, that have been incurred but not reported and amounted to the following:

	December 31	
	2022	**2021**
	(In Thousands)	
Professional and general liability	**$ 25,704**	$ 25,253
Health insurance and workers' compensation	**14,780**	15,464
Included in other current liabilities	**$ 40,484**	$ 40,717

	December 31	
	2022	**2021**
	(In Thousands)	
Professional and general liability	**$ 49,268**	$ 49,135
Workers' compensation	**2,508**	2,726
Included as reserve for self-insured risks	**$ 51,776**	$ 51,861

Workers' compensation exposure in the self-insured or high deductible layers for occurrences beginning July 1, 2015, is evaluated by the actuary and is funded and paid through the Captive.

12. Leases

The System leases certain health care equipment and real property under long-term leases as a normal part of its operation. The System determines whether an arrangement is a lease at the inception of a contract. The System elected a practical expedient to apply the new standard at the adoption date, and not recast the comparative periods presented. The System has lease agreements that require payments for lease and non-lease components and has elected to account for these as a single component. For leases that commenced before the effective date of Accounting Standards Update No. 2016-12, *Revenue from Contracts with Customers (Topic 606): Narrow-Scope Improvements and Practical Expedients*, the System elected the permitted practical expedients not to reassess the following: (i) whether any expired or existing contracts contain leases, (ii) the lease classification for any expired or existing leases, and (iii) initial direct costs for any existing leases.

12. Leases (continued)

As of December 31, 2022, the System had right-of-use assets of $162.5 million and lease liabilities for operating leases of $178.2 million. Current lease liabilities are recorded in other current liabilities. As of December 31, 2021, the System had right-of-use assets of $177.0 million and lease liabilities for operating leases of $193.9 million. Finance leases were not significant for the years ended December 31, 2022 or 2021. Leases with an initial term of 12 months or less are not recorded on the consolidated balance sheet.

Right-of-use assets represent the System's right to use an underlying asset during the lease term, and lease liabilities represent the System's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date based on the net present value of fixed lease payments over the lease term. The System's lease term includes options to extend or terminate the lease when it is reasonably certain that the options will be exercised. As most of the System's operating leases do not provide an implicit interest rate, the System uses a three-tier system, based on the remaining term of the lease, to determine the discount rate applied to each lease. The three tiers of remaining lease terms are 1 to 5 years, 6 to 10 years, and 11 years or more, and the rates used for each tier are determined by the System's incremental borrowing rate based on outstanding bond issuances. The System reviews its incremental borrowing rate quarterly and applies the updated rate(s) to any new leases entered into during the quarter.

The amounts relating to the System's lease expense are as follows:

	2022	2021
	(In Thousands)	
Lease expenses:		
Long-term lease expense	**$ 24,297**	$ 23,033
Short-term lease expense	**812**	1,363
Total lease expense	**$ 25,109**	$ 24,396

12. Leases (continued)

Other lease information:

	2022	2021
Operating cash flows for leases	**$ 26,231**	$ 25,714
Right-of-use assets obtained in exchange for new lease liabilities	**2,089**	250
Weighted average remaining lease term (in years)	**8.77**	9.79

The following table discloses the incremental borrowing rates in use for the three remaining lease term tiers in use in the year ended December 31, 2022:

Remaining lease term:	
1 to 5 years	6.9%
6 to 10 years	6.8
11 and more years	6.7

Future annual undiscounted cash flows for lease liabilities are as follows:

Year ending December 31:	
2023	$ 25,837
2024	22,141
2025	23,223
2026	21,663
2027	20,510
Thereafter	89,950
	$ 203,324

Allen County, Anderson County, Hedrick, and Wright Memorial facilities are leased from the local community or government, while the System provides for the operations of these facilities. The financial position and results of operations of these facilities are included in the consolidated financial statements, and include combined total net assets of $78.2 million and $83.3 million as of December 31, 2022 and 2021, respectively. These leases have a remaining noncancelable initial term of five to ten years. The leases are evergreen leases, which require a one- to two-year cancellation notice by either party. Currently, the System has no reason to believe that these arrangements will be terminated.

13. Functional Classification of Expenses

The System's primary business operation includes acute, non-acute, post-acute, and behavioral health-related services in both hospital and clinic settings. In addition, the System provides home care services and care to the terminally ill, and manages properties utilized primarily for physician offices and clinics. The corporate entity, the Corporation, performs centralized information systems, marketing, human resources (including compensation and benefits), legal, compliance, accounting, finance, and purchasing functions for the System. Expenses are allocated to health care services and administrative services based on the functional department for which they are incurred. Departmental expenses may include various allocations of costs based on direct assignment, expenses, or other methods.

Expenses by functional classification consist of the following:

	Health Care Services	**Management and General**	**Total**
Year ended December 31, 2022			
Salaries and wages	**$ 986,328**	**$ 62,871**	**$ 1,049,199**
Employee benefits	**213,696**	**16,944**	**230,640**
Supplies and other	**888,963**	**53,947**	**942,910**
Depreciation and amortization	**98,431**	**5,875**	**104,306**
Interest	**19,609**	–	**19,609**
	$ 2,207,027	**$ 139,637**	**$ 2,346,664**
Year ended December 31, 2021			
Salaries and wages	$ 939,168	$ 61,935	$ 1,001,103
Employee benefits	211,119	16,068	227,187
Supplies and other	817,907	50,046	867,953
Depreciation and amortization	99,297	5,907	105,204
Interest	18,579	–	18,579
	$ 2,086,070	$ 133,956	$ 2,220,026

14. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	December 31	
	2022	**2021**
	(In Thousands)	
Subject to expenditure for specific purpose:		
Health care services	**$ 66,594**	$ 82,464
Health care education and research	**69,239**	79,715
Other programs	**6,727**	7,876
Purchase of equipment	**13,053**	14,858
Foundation net assets	**506**	551
	$ 156,119	$ 185,464

Proceeds from the following principal of these net assets with donor restrictions are restricted to the following:

	December 31	
	2022	**2021**
	(In Thousands)	
Subject to expenditure when a specific event occurs:		
Health care services	**$ 41,148**	$ 38,712
Health care education and research	**30,298**	30,246
Purchase of equipment	**1,231**	1,231
	$ 72,677	$ 70,189

15. Endowments

Endowments consist of funds established for a variety of purposes. The endowments include both donor-restricted endowment funds and funds designated by the Board to function as endowments. Net assets associated with endowment funds are classified and reported on the existence or absence of donor-imposed restrictions in accordance with U.S. GAAP.

15. Endowments (continued)

The Foundation's governing body has interpreted the State of Missouri Prudent Management of Institutional Funds Act (SPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the governing body appropriates such amounts for expenditures. Most of those net assets also are subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. The governing body of the Foundation has interpreted SPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund, unless a donor stipulates the contrary. As a result of this interpretation, when reviewing its donor-restricted endowment funds, the Foundation considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Foundation has interpreted SPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. Additionally, in accordance with SPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- Duration and preservation of the fund
- Purposes of the Foundation and the fund
- General economic conditions
- Possible effect of inflation and deflation
- Expected total return from investment income and appreciation or depreciation of investments
- Other resources of the Foundation
- Investment policies of the Foundation

15. Endowments (continued)

At December 31, 2022, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	**$ 5,781**	**$ –**	**$ 5,781**
Donor-restricted endowment funds	**–**	**131,823**	**131,823**
Total funds	**$ 5,781**	**$ 131,823**	**$ 137,604**

At December 31, 2021, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	$ 3,802	$ –	$ 3,802
Donor-restricted endowment funds	–	146,766	146,766
Total funds	$ 3,802	$ 146,766	$ 150,568

15. Endowments (continued)

For the years ended December 31, 2022 and 2021, the changes in the endowment net assets were as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, January 1, 2021	$ 4,797	$ 129,418	$ 134,215
Investment return, net	456	23,788	24,244
Contributions	–	531	531
Appropriations of endowment assets for expenditure	(51)	(3,386)	(3,437)
Other changes	(1,400)	(3,585)	(4,985)
Endowment net assets, December 31, 2021	3,802	146,766	150,568
Investment return, net	**(137)**	**(11,261)**	**(11,398)**
Contributions	–	**892**	**892**
Appropriations of endowment assets for expenditure	**(46)**	**(3,888)**	**(3,934)**
Other changes	**2,162**	**(686)**	**1,476**
Endowment net assets, December 31, 2022	**$ 5,781**	**$ 131,823**	**$ 137,604**

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchasing power of the endowment. Endowment assets include those assets of donor-restricted endowment funds the Foundation must hold in perpetuity or for donor-specified periods, as well as those of board-designated endowment funds. Under the Foundation's policies, endowment assets are invested in a manner that is intended to produce results that meet or exceed the price and yield results of various benchmarks, with a primary objective of maintaining purchasing power by achieving a return, net of fees, equal to or greater than 5%, plus inflation, over long periods of time. Actual returns in any given year may vary from this amount.

15. Endowments (continued)

To satisfy its long-term rate of return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both current yield (investment income such as dividends and interest) and capital appreciation (both realized and unrealized). The Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The Foundation has a policy (the spending policy) of appropriating for expenditure each year 5% of its endowment fund's rolling three-year average fair value as of the previous June 30 balance. If the endowment fund's value reflects less than 5% growth, distributions can be made with appropriate consideration and approval. In establishing this policy, the Foundation considered the long-term expected return on its endowments. This is consistent with the Foundation's objective to maintain the purchasing power of endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

16. Commitments and Contingencies

The health care industry is heavily regulated by both federal and state governments. These laws and regulations are wide ranging and impose very complex requirements that are often subject to shifting government interpretation and enforcement policies. These requirements affect nearly all aspects of health care operations, including billing and coding, accounting, cost allocation, tax exemption, physician contracting and employment, medical staff oversight, patient privacy, record-keeping, hospital operations, and licensure and accreditation, among other functions and transactions. Violations may be intentional or may occur because those responsible for the noncompliance are unaware that the law is violated by their actions. Management may not be aware of noncompliant conduct.

Enforcement activity in health care is a focus of both federal and state government. The government has several powerful enforcement tools to prosecute individual or industry-wide practices and may seek restitution, fines, and penalties for conduct that extends many years past. In addition, private parties have a compelling incentive to file so-called whistle-blower lawsuits alleging certain types of noncompliance. These lawsuits are costly to defend and pose the risk of such extreme penalties that health care providers are often forced to settle even where the merits are not clear to avoid this risk. Finally, in certain instances, health care providers are required to disclose certain noncompliance on a timely basis to avoid onerous penalties and government regulation, and guidance of the meaning of "timely" disclosure is still evolving.

16. Commitments and Contingencies (continued)

There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations or that the laws and regulations themselves will not be subject to challenge, and it is not possible to determine the effect, if any, such claims, penalties, or challenges would have on the System.

17. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2022 through April 5, 2023, the date of issuance of the accompanying consolidated financial statements. During this period, there were no subsequent events that required recognition or disclosure in the consolidated financial statements.

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Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Saint Luke's East Hospital Acquire LINAC **Project #:** 6187 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 sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	Year 2022	Year 2023	Year 2024
Amount of Utilization:*	18,864	19,654	21,894
Revenue:			
Average Charge**	$3,033	$2,984	$3,234
Gross Revenue	$57,211,633	$58,647,257	$70,813,866
Revenue Deductions	49,030,369	50,377,993	61,041,552
Operating Revenue	8,181,264	8,269,264	9,772,314
Other Revenue	0	0	0
TOTAL REVENUE	**$8,181,264**	**$8,269,264**	**$9,772,314**
Expenses:			
Direct Expenses			
Salaries	1,806,322	1,872,917	1,966,562
Fees	0	0	0
Supplies	17,231	13,746	15,665
Other	467,725	291,565	339,716
TOTAL DIRECT	$2,291,278	$2,178,228	$2,321,943
Indirect Expenses			
Depreciation	254,247	246,350	224,037
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	1,314,512	1,525,028	1,627,041
TOTAL INDIRECT	$1,568,759	$1,771,378	$1,851,078
TOTAL EXPENSES	**$3,860,037**	**$3,949,606**	**$4,173,021**
NET INCOME (LOSS):	**$4,321,227**	**$4,319,658**	**$5,599,293**

*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.

Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Saint Luke's East Hospital Acquire LINAC **Project #:** 6187 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 sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	Year 2026	2027	2028
Amount of Utilization:*	25,547	26,858	28,233
Revenue:			
Average Charge**	$3,225	$3,234	$3,249
Gross Revenue	$82,393,214	$86,863,569	$91,719,169
Revenue Deductions	71,062,566	75,113,914	79,521,188
Operating Revenue	11,330,648	11,749,655	12,197,981
Other Revenue	0	0	0
TOTAL REVENUE	**$11,330,648**	**$11,749,655**	**$12,197,981**
Expenses:			
Direct Expenses			
Salaries	2,324,308	2,435,607	2,547,555
Fees	0	0	0
Supplies	19,543	21,198	23,085
Other	481,823	520,612	556,903
TOTAL DIRECT	$2,825,674	$2,977,417	$3,127,543
Indirect Expenses			
Depreciation	714,494	714,494	714,494
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	1,893,116	2,006,653	2,111,826
TOTAL INDIRECT	$2,607,610	$2,721,147	$2,826,320
TOTAL EXPENSES	**$5,433,284**	**$5,698,564**	**$5,953,863**
NET INCOME (LOSS):	**$5,897,364**	**$6,051,091**	**$6,244,118**

*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.

Status **Active** PolicyStat ID **12871924**

Origination	3/1/2002
Last Approved	2/15/2023
Effective	1/1/2023
Last Revised	2/15/2023
Next Review	2/15/2024
Owner	Shelby Frigon: VP Revenue Cycle
Area	Finance
Applicability	Saint Luke's Health System – All Facilities & ACRH

Financial Assistance for Medically Indigent Patients, FIN-010

PURPOSE

To assure that financial assistance options are available to all medically indigent patients and guarantors who are unable to pay for emergent and medically necessary services provided by Saint Luke's Health System ("Saint Luke's") while ensuring Saint Luke's compliance with State and Federal laws and regulatory guidance pertaining to charity care and financial assistance.

POLICY

Saint Luke's Health System provides financial assistance for medically indigent patients who meet eligibility criteria outlined in this Policy.

Situations where the provision of financial assistance will be considered include but are not limited to:

- Uninsured patients who do not have the ability to pay
- Insured patients who do not have the ability to pay for portions not covered by insurance including but not limited to coinsurance and deductibles
- Deceased patients with no estate, and no living trust
- Patients involved in catastrophic illness or injury

DEFINITION(S)

Amounts Generally Billed – The Amounts Generally Billed (AGB) is the amount generally allowed by Medicare fee for service and private health insurers for emergency and other medically necessary care. SLHS uses the look back method to determine AGB.

Catastrophic Medical Expense – A Catastrophic Medical Expense is defined as a patient's financial responsibility exceeding 20% of the annual income and financial resources available to the patient and/or guarantor.

Co Pay – Minimum amount due from patients who qualify for financial assistance. Co pay does not exceed AGB.

Federal Poverty Guidelines - Federal Poverty Guidelines (FPL) means those guidelines issued by the Federal Government that describe poverty levels in the United States based on a person or family's household income. The Federal Poverty Guidelines are adjusted according to inflation and published in the Federal Register. For the purposes of this policy, the most current annual guidelines will be utilized.

Financial Assistance Application- means the information and accompanying documentation that an individual submits to apply for financial assistance. This can include (a) completing a paper copy of the SLHS Financial Assistance Application and mailing or delivering to SLHS or (b) providing financial information in person during patient registration or over the phone by contacting a SLHS Centralized Business Office.

Look Back Method – Look Back Method is a prior twelve (12) month period used when calculating Amounts Generally Billed.

Medically Necessary Services - Medically necessary services are services that are reasonable and medically necessary for the prevention, diagnosis, or treatment of a physical or mental illness or injury; to achieve age appropriate growth and development; to minimize the progression of a disability; or to attain, maintain, or regain functional capacity; in accordance with accepted standards of practice in the medical community of the area in which the physical or mental health services rendered; and service(s) is (are) furnished in the most appropriate setting. Medically necessary services are not used primarily for convenience and are not considered experimental or an excessive form of treatment.

Medically Indigent - A medically indigent patient is defined as a person who has demonstrated that he/she is too impoverished to meet his or her medical expenses. The medically indigent patient may or may not have an income and may or may not be covered by insurance. Each patient's financial position will be evaluated individually using the Federal Poverty Limit as a guideline.

PROCEDURE

Applying for Financial Assistance

Medical indigence must be demonstrated through documentation, financial screening or by presumptive scoring. This determination can be made while the patient is in the hospital, shortly after dismissal, during the normal internal collection efforts and after placement with an outside collection agency. Requests for financial assistance are accepted for up to 1 year from the first post-discharge billing statement date.

Patients apply for financial assistance by completing a Financial Assistance Application or may be screened for financial assistance by contacting a SLHS Centralized business office and providing financial documents as requested. Patients may obtain a Financial Assistance Application by requesting

in writing or by contacting a SLHS Centralized Business Office by phone or email. The Financial Assistance Application is also available on the Saint Luke's website www.saintlukeskc.org/financial-assistance#. Supporting documentation may be required including items such as Federal Income Tax Return, IRS non-filing letter, recent bank statements, or recent paycheck stubs. Other documents that support the patient/household income, assets and financial position may be requested but not required. Supporting documentation requirements may be waived in some circumstances including but not limited to Medicaid eligible patients receiving non covered medically necessary or emergent services, patients that potentially qualify for financial assistance based on presumptive scoring, patients unable to provide documents and homeless patients.

Certain Critical Access Hospitals and associated clinics may be approved sites for the National Health Services Corps (NHSC). When this situation exists, those sites will follow the guidelines as established and approved by the NHSC. Patients at approved NHSC sites do not have to provide banking and asset information.

Assistance with the application process is provided by a SLHS Centralized Business Office staff or hospital admitting staff. Assistance may be requested by phone or in person by calling or visiting the locations identified in the Request a Copy section.

Once a patient has completed a Financial Assistance Application and the patient is determined to be eligible for financial assistance, such determination is valid for subsequent eligible services twelve (12) months after the approval date without requiring updated income documentation. Patients should contact a SLHS Centralized Business Office to request financial assistance for subsequent eligible services. A SLHS Centralized Business Office will confirm the household size, income and assets have not changed since last approved. After twelve (12) months or if the patient's financial situation has changed, the patient must reapply for financial assistance eligibility. Financial assistance adjustments approved based on presumptive scoring are only valid for the date of service reviewed and are not valid for subsequent dates of service. Presumptive eligibility will be re-evaluated for each date of service.

Financial Assistance Determination

A patient's eligibility for financial assistance is not determined until activities to identify and secure payment from Medicare, Medicaid, Crime Victims, other government programs, other funded programs, medical insurance, or any other possible appropriate source for payment are exhausted which could also include but not limited to Health Cost Sharing plans, auto insurance personal injury protection (PIP) or med pay, liability liens, or estate claims. Reversal of financial assistance adjustments must be made if subsequent third party payments are received. Financial assistance is to be considered the adjustment of last resort.

Uninsured patients may receive a patient discount. For hospital services, if the patient subsequently qualifies for financial assistance, the discount is reversed and the financial assistance adjustment is posted.

A patient's eligibility for financial assistance is based on the household income at the time assistance is sought, expressed as a percentage of the Federal Poverty Guideline for family size. The Federal Poverty Guideline as used for the purposes of determining financial assistance is outlined later in this policy.

Household Income is defined as:
Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse/live in partner.
Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, and patient's parent(s) or legal guardian in the home.

Other financial resources may be considered when determining a patient's ability to pay. Other financial resources could include checking accounts, savings accounts, IRA's, CD's retirement savings and investments. A patient's and responsible party's overall financial position will be considered when determining financial assistance.

Household size is defined as:
Adults: In calculating the Household Size, include the patient, the patient's spouse or live in partner, and any dependents (as defined by the Internal Revenue Code (IRC).
Minors: In calculating the Household Size, if the patient is a minor, include the patient, parent(s) or legal guardian(s) in the home, and dependents of the parent(s) or legal guardian(s) (as defined by IRC).

For unscheduled inpatient or outpatient admissions and scheduled hospital services approved for continuation of care, a co pay (minimum patient responsibility) per admission may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided for hospital services.

For emergency room visits that do not result in an admission, a co pay per emergency room visit may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided.

Scheduled inpatient and outpatient hospital services not approved through the continuation of care process are eligible for partial financial assistance for patients at or below 300% of the Federal Poverty Guideline. Amounts owed after financial assistance are not to exceed Amounts Generally Billed (AGB). Patients who are non U.S. residents are not eligible for financial assistance beyond the uninsured patient discount for scheduled services with the exception of OB Care.

Saint Luke's Health System may limit financial assistance to patients who decline insurance coverage including government assistance plans. In those situations, financial assistance may be limited to Amounts Generally Billed (AGB).

The FPL% guidelines are applied to applicable services as follows:

Saint Luke's Hospital of Kansas City, Saint Luke's North Hospital, Saint Luke's South Hospital, Saint Luke's East Hospital, Saint Luke's Radiation Therapy Liberty, and Saint Luke's Home Care and Hospice

Income % of FPL	Charity	Patient Responsibility
Unscheduled inpatient and observation / outpatient hospital services/ Continuation of Care approved scheduled services		
200% or less FPL	100%	0%
201% - 250% FPL	100% less co-pay	$700 co-pay per admission/account
251% - 300% FPL	100% less co-pay	$1,500 co-pay per admission/account

Emergency room visits not resulting in admission

Less than 300% FPL	100% less co-pay	$150 per visit co pay

Scheduled Services not approved for continuation of care

Less than 300% FPL	75%	25%

Saint Luke's Regional Lab Accounts

Income % of FPL	% Charity	% Patient Responsibility
200% or less	100%	0%
>200%	0%	100%

Allen County Regional Hospital, Anderson County Hospital, Hedrick Medical Center, Wright Memorial Hospital

Unscheduled inpatient and observation / outpatient hospital services / Continuation of Care approved scheduled services, clinic visits and ambulance

Income % of FPL	Charity	Patient Responsibility
200% or less FPL	100%	0%
201% - 250% FPL	75%	25%

Income % of FPL	Charity	Patient Responsibility
251% - 275% FPL	60%	40%
276% - 300% FPL	45%	55%
> 300% FPL	0%	100%

Emergency room visits not resulting in admission

Less than 300% FPL	100% less co-pay	$150 per visit co-pay

Scheduled Services not approved for continuation of care

Less than 300% FPL	40%	60%

Bishop Spencer Place

Income % of FPL	Charity	Patient Responsibility
Skilled Nursing and Rehab Services (excludes residential services)		
200% or less FPL	100%	0%
201% - 250% FPL	100% less co-pay	$700 co-pay per admission/account
251% - 300% FPL	100% less co-pay	$1,500 co-pay per admission/account

Presumptive Eligibility

SLHS entities may receive scoring from third parties who independently evaluate propensity to pay and probability of charity. SLHS may rely on that scoring for the basis of determining financial assistance when a patient does not complete a financial assistance application and provide supporting documentation as requested. Patients qualifying for presumptive eligibility may receive full or partial assistance. If partial assistance is approved, the patient receives a bill for the reduced amount owed. For hospital accounts, the patient is notified in writing of partial approval and how they can apply for financial assistance to determine if additional assistance is available. The patient is provided a reasonable time period in which to apply for additional assistance. If the patient applies for additional assistance, the application is reviewed and the patient is notified of the decision. Patients that are not approved for full financial assistance receive a statement.

Catastrophic Assistance

For patients that do not otherwise qualify for financial assistance per the Federal Poverty Guidelines, catastrophic assistance may be available. Catastrophic medical expense is defined as patient responsibility exceeding 20% of annual income and financial resources available to the patient and/or guarantor. In situations where a patient has a catastrophic medical expense the patient financial responsibility after charity may be reduced to an amount equal to 20% of annual income and financial resources. The patient's financial responsibility after financial assistance will not exceed AGB.

Basis for Calculating Amounts Generally Billed –

Hospital Accounts Only

After the patient's hospital account is reduced by the financial assistance adjustment based on this policy and guidelines, the patient is responsible for no more than amounts generally billed to individuals who have Medicare fee for service and private health insurers for emergency and other medically necessary care. The Look Back Method is used to determine AGB.

The AGB summary document describes the calculation and states the percentage used by the hospital. The Amounts Generally Billed summary is available on the Saint Luke's website. www.saintlukeskc.org/financial-assistance#
Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the SLHS Centralized business office. The hospital locations and SLHS Centralized business office contact information are provided under Request a Copy section of this policy.

Hospital Financial Assistance Approval

Financial assistance may be approved by a patient account employee, supervisor, manager, director, vice president, controller or CFO. Management review and approval is required as defined in the Patient Account Adjustment and Action Approval Levels Policy (FIN-067).

Patient Refunds

The hospital will refund any amount the individual has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a financial assistance policy eligible individual, unless such amount is less than $5 (or such other amount set by notice or other guidance published by the Internal Revenue Service).

Financial Assistance Policy Availability to Patients

Information about the availability of financial assistance appears on patient statements and is posted on signs in hospital registration areas. The financial assistance policy, plain language summary of policy and financial assistance application form with instructions are available on the Saint Luke's website. www.saintlukeskc.org/financial-assistance#

Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the SLHS Centralized business office by phone, mail, email, or in person. The hospital locations and SLHS Centralized business office contact information is provided under Request a Copy section of this policy.

Patient Billing and Collection

Statements are sent to patients to advise them of balances due. Statements and final notices state that financial assistance may be available to those that qualify and provide contacts to request additional information. Balances are considered delinquent when the patient fails to make either acceptable

payment or acceptable payment arrangements before the next statement. Patients are notified of delinquent balances by messages on the statements, by phone calls, by final notices or by collection letters.

Hospital delinquent accounts are eligible to be placed for collection 30 days after final notice has been sent. The policies and practices of the collection agency follow the Fair Debt Collection Practices Act. The agency demonstrates a patient relations approach in all its practices. The agency utilizes a variety of collection methods including letters and phone calls.

SLHS hospitals will make reasonable efforts to determine whether an individual is eligible for assistance under this policy before engaging in any extraordinary collections action ("ECA"). Reasonable efforts to determine eligibility include: notification to the patient by SLHS of the FAP upon admission and in written and oral communications with the patient regarding the patient's bill, an effort to notify the individual by telephone about the Policy and the process for applying for assistance at least 30 days before taking action to initiate any lawsuit, and a written response to any Financial Assistance Application for assistance under this Policy submitted within 240 days of the first post-discharge billing statement with respect to the unpaid balance. Potential ECA's may include any actions taken that require a legal or judicial process in an attempt to collect payment from an individual including but not limited to commencing a civil action. SLHS may send accounts to a contracted collection agency(ies) but such action is not considered an ECA. SLHS contracted collection agency(ies) are not authorized to report SLHS accounts to credit agencies. SLHS will not initiate an ECA until at least 120 days have passed from the first post-discharge billing statement.

The Vice President of Revenue Cycle or Chief Financial Officer has the final authority or responsibility for determining that the hospital facility policies and procedures make a reasonable efforts to determine whether an individual is FAP eligible and therefore engage in ECAs against the individual. It is the expectation of SLHS that such ECA's would be infrequent for use in situations where the patient has been determined able but unwilling to pay.

Collection Suit

Saint Luke's Health System (SLHS), the collection agency and collection law firm (law firm) work with patients to avoid filing a suit for collections whenever possible. When settlement or payment arrangements are not agreed to and/or met, SLHS may file suit in an attempt to collect on delinquent accounts. When a patient does not apply or applies/is screened for financial assistance and is not approved, SLHS may file suit in an attempt to collect on delinquent accounts. An attempt to reach the patient by phone and advise them of the availability of financial assistance occurs prior to suit approval. No extraordinary collection actions occur prior to 120 days after first post discharge billing date of the account. All requests for suit are approved by the Vice President of Revenue Cycle or CFO.

Financial Assistance Procedure for Professional Services for Advanced Urology Associates, Saint Luke's

Physician Group, Rockhill Orthopaedic Specialists, Heart Surgeons of Kansas City

A Financial Assistance screening may occur with the patient which could include gathering income, family size, supporting documents and/or presumptive eligibility as described in this policy. Financial assistance is applied to applicable services following the below table.

Financial assistance for clinic visits and imaging centers may be limited to the uninsured patient discount.

Professional services rendered in the hospital:

Income % of FPL	% Charity	% Patient Responsibility
200% or less	75%	25%
201% to 250%	50%	50%
251% to 300%	25%	75%

Request a Copy

The Financial Assistance for Medically Indigent Patients policy, Financial Assistance Application, or Plain Language Summary, are available free of charge on line at www.saintlukeskc.org/financial-assistance#, in person at hospital admitting offices or by calling the SLHS Centralized business office. These documents are available in English and Spanish.

Saint Luke's Health System Centralized Business Office
816-932-5678 or 888-581-9401

Saint Luke's Hospital of Kansas City
4401 Wornall Road
Kansas City, MO 64111

Saint Luke's North Hospital–Barry Road
5830 N.W. Barry Road
Kansas City, MO 64154

Saint Luke's South Hospital
12300 Metcalf Ave.
Overland Park, KS 66213

Crittenton Children's Center
(A division of Saint Luke's Hospital)
10918 Elm Ave
Kansas City, MO 64134

Saint Luke's East Hospital

100 N. E. Saint Luke's Blvd.
Lee's Summit, MO 64086

Saint Luke's North Hospital–Smithville
601 S. 169 Highway
Smithville, MO 64089

Critical Access Hospitals:

Allen County Regional Hospital
3066 N. Kentucky Street
Iola, KS 66749
620-365-1015

Anderson County Hospital
421 S Maple
Garnett, KS 66032
785-204-4002

Hedrick Medical Center
2799 N. Washington St.
Chillicothe, MO 64601
660-214-8150

Wright Memorial Hospital
191 Iowa Blvd.
Trenton, MO 64683
660-358-5871

Saint Luke's Health System Physicians Centralized Business Office 816-502-7000

Saint Luke's Physician Group
Medical Plaza Imaging Associates

Rockhill Orthopaedic Specialists
Advanced Urologic Associates

Measures to Publicize the Financial Assistance Policy

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

- Posting the Policy, Financial Assistance Application and plain language summary on the Saint Luke's website at the following location: www.saintlukeskc.org/financial-assistance#.
- Copies of the Policy, Financial Assistance Application and plain language summary may be downloaded and printed from saintlukeskc.org/financial-assistance#
- Paper copies of the Policy, application and plain language summary are available to patients upon request and without charge. The patient may call to request a copy from a SLHS

centralized business office or request from a facility admitting department.

- Posting a notice in the emergency department and admitting areas of the hospitals.
- Including a message on hospital patient statements to notify and inform patients of the availability of financial assistance and where to call for information and application.
- Saint Luke's staff discusses when appropriate, in person or during billing and customer service phone contacts with patients.
- Informational notification included in selected SLHS publications going to community members.
- Financial Assistance Policy information provided to local safety net providers.

IN COLLABORATION WITH

Director Physician Revenue Cycle
SLHS Chief Compliance Officer
Director of Taxation
Chief Financial Officers

The Financial Assistance for Medically Indigent Patients policy (FIN-010) was approved by the Saint Luke's Health System Board of Directors on December 16, 2022.

SEE ALSO

Financial Assistance Application (SYS 153 English and SYS 154 Spanish)
Financial Assistance Policy Plain Language Summary (SYS-590)

THIS DOCUMENT APPLIES TO:

For a the most recent list of covered and non covered providers please see Saint Luke's Health System Financial Assistance Policy Covered and Non Covered Entities and Provider Group list. The list is updated quarterly.

Allen County Regional Hospital (d/b/a for Saint Luke's Hospital of Allen County Inc)

Anderson County Hospital (d/b/a for Saint Luke's Hospital of Garnett, Inc.)

Bishop Spencer Place

Hedrick Medical Center (d/b/a for Saint Luke's Hospital of Chillicothe)

Saint Luke's East Hospital

Saint Luke's Home Care and Hospice

Saint Luke's Hospital of Kansas City

Saint Luke's North Hospital

Saint Luke's Radiation Therapy Liberty

Saint Luke's South Hospital, Inc.

Wright Memorial Hospital (d/b/a for Saint Luke's Hospital of Trenton, Inc.)

Advanced Urology Associates

Rockhill Orthopaedic Specialists

Saint Luke's Physician Group

Medical Plaza Imaging Associates

Heart Surgeons of Kansas City

Providers Not Covered by this Policy:

For the most recent list of covered and non covered providers please see Saint Luke's Health System Financial Assistance Policy Covered and Non Covered Entities and Provider Group list. The list is updated quarterly.

Physicians or medical professionals provide care to patients or assist with patient treatment by reading lab work, interpreting medical tests, performing medical tests and individual patient physician services. The physicians and medical professionals not employed by Saint Luke's Health System or its subsidiaries are not covered by this Policy.

If you have questions about whether a specific provider is covered or not covered by this policy, please call 816-932-5678.

Attachments

(SLHS) SLHS Financial Assistance Policy Covered and Non-Covered Entities and Provider Group List 122020.docx

(SLHS) SLHS Financial Assistance Policy Covered and Non-Covered Entities and Provider Group List.docx

(SLHS) SLHS Financial Assistance Policy Covered and Non-Covered Entities and Provider Group List.pdf

Approval Signatures

Step Description	Approver	Date
Ready to Publish	Mary Eidson: Program Coordinator SLHS Policies	2/15/2023

SVP CFO and Administration SLHS Approval	Chuck Robb: SVP CFO and Administration SLHS	2/14/2023
CFO SLPG Approval	Julie Murphy: Chief Financial Officer SLPG	2/3/2023
Confirm Approval Workflow	Mary Eidson: Program Coordinator SLHS Policies	2/3/2023
Owner	Melissa Abernathy: Director Physician Revenue Cycle	2/3/2023
Owner	Shelby Frigon: VP Revenue Cycle	12/22/2022

Applicability

Advanced Urologic Associates, Anderson County Hospital, Bishop Spencer Place, Cardiometabolic Center, Inc., Crittenton Children's Center Campus, Hedrick Medical Center, Medical Plaza Imaging Associates, Inc., Rockhill Orthopaedic Specialists, Inc., Saint Luke's Care, Saint Luke's East Hospital, Saint Luke's Health System, Saint Luke's Hospital of Kansas City, Saint Luke's Neighborhood Clinics, LLC, Saint Luke's North Hospital, Saint Luke's Physician Group, Saint Luke's Radiation Therapy- Liberty, Saint Luke's South Hospital, Inc., Saint Luke's Health System Home Care and Hospice, Saint Luke's Hospital of Allen County, Inc., Search Engine Across All Sites, Wright Memorial Hospital