

From: [Schulte, Kim](#)
To: [Fick, Mackinze](#); [Morley, Justin](#)
Subject: RE: CON 6193 HT
Date: Friday, April 18, 2025 9:00:23 AM
Attachments: [image002.png](#)
[image003.png](#)
[CON Form 1869 Representative Registration Morley.pdf](#)
[CON Form 1863 Project Budget Revised 041825.pdf](#)
[Quote Options.pdf](#)

Mackinze,

Thank you for the opportunity to provide additional information.

- A Representative Registration form has been attached for Justin Morley.
- Please replace the **Proposed Project Budget** that was submitted in original application with the attached.

The Major Medical Equipment submitted on initial application = \$1,658,482. This total cost included the cost of the MRI unit (\$1,595,784) and the cost of the unit back up system (\$62,698).

The new Proposed Project Budget form that is attached, separates these costs into two different line items.

Line Item 5 – **Other Equipment (not in construction contract)** = \$62,698. This amount matches the System Backup Unit on Page 22 of the Siemens Quote.

Line Item 6 - **Major Medical Equipment** Unit cost = \$1,595,784. This amount matches the system total cost on Page 19 of the Siemens Quote.

Line Item 10 – **Other Costs** has been deleted.

- The third attachment is the Siemens quote options that were included in the original application. These pages have not changed aside from the notation of acceptance for the Eaton Back up system.

Please let me know if you need additional information or further clarification. Again, thank you for the opportunity to provide this information.

Kim Schulte | Executive Assistant
SSM Health St. Mary's Hospital - Jefferson City
2505 Mission Drive
Jefferson City, MO 65109
Phone 573-681-3124
Fax 573-681-3621
kim.schulte@ssmhealth.com

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Tuesday, April 15, 2025 3:21 PM
To: Morley, Justin <Justin.Morley@ssmhealth.com>
Cc: Schulte, Kim <Kim.Schulte@ssmhealth.com>
Subject: CON 6193 HT
Importance: High

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Justin,

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

- Provide a registered representative form for Justin Morley.
- Provide 3rd party documentation or methods/assumptions for the other costs.
- I am unable to verify the cost of the unit within the quote. Please advise.

This information is needed by Thursday, April 24th, 2025.



Mackinze Fick

Assistant Program Coordinator
Certificate of Need Agency :

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

Missouri Department of Health and Senior Services
920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinze.fick@health.mo.gov | ☎: 573-751-6403

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Certificate of Need Program

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

Project Name

SSM Health St. Mary's Hospital

Number

6193 HT

(Please type or print legibly.)

Name of Representative

Justin Morley

Title

Interim President/VP Operations

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)

SSM Health St. Mary's Hospital

Telephone Number

Address (Street/City/State/Zip Code)

2505 Mission Drive, Jefferson City, MO 65109

Who's interests are being represented?

(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented

SSM Regional Health Services dba SSM Health

Telephone Number

314-994-7800

Address (Street/City/State/Zip Code)

12800 Corporate Hill Drive, St. Louis MO 63131

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

4/17/2025

OPTIONS on Quote Nr : CPQ-1171279 Rev. 2

OPTIONS for MAGNETOM Sola - System

All items listed below are **OPTIONS** and will be included on this system **ONLY** if initialed: (See Detailed Technical Specifications at end of Proposal.)

Qty	Part No.	Item Description	Extended Price	Initial to Accept
1	BMRXP200	BAYER MEDRAD MRXperion The MRXperion injector has the following features: Streamlined Injection Workflow Enhanced Point of Care - On-board eGFR and Weight Based Dosing Calculators, an Injection Pressure Graph, and independent Test Inject and KVO functions. Informatics-ready - Connect with the Radimetrics Enterprise Platform for automated documentation, advanced analytics and viewable patient histories to facilitate standardized injection protocols and enhanced operational consistency. Maximized Uptime Support - Connect to VirtualCare Remote Support for advanced injector system diagnostics, seamless software updates, and fast repairs. Price includes installation, training and one year warranty through Bayer Healthcare.	+ \$ 45,336	_____
1	BMRXPENPNL	MRXperion penetration panel Includes penetration panel and installation by Bayer. To be selected only if the customer has no wall outlets in the MR suite and requires the power to be sourced from outside the room.	+ \$ 2,015	_____
1	NC149030	NeoCoil Breast Coil, 1.5T The NeoCoil 16ch Breast Coil is a phased array coil for imaging structures of the breast, axilla and chest wall. The 16ch Breast Coil includes a coil support structure, patient support structure, biopsy components and comfort pads. The 16ch Breast Coil supports both diagnostic and biopsy imaging modalities while accommodating various anatomic shapes and sizes. Coil Coverage: 36cm R/L, 20cm A/P, 24cm S/I Kit Includes: Medial Array, Lateral Array Left, Lateral Array Right, Baseplate Assy including system cable, Pad Kit, Accessories Kit	+ \$ 70,850	_____

From: [Schulte, Kim](#)
To: [Fick, Mackinzey](#)
Cc: [Morley, Justin](#)
Subject: RE: CON 6193
Date: Monday, May 12, 2025 4:04:01 PM
Attachments: [image002.png](#)
[image003.png](#)
[CON Form 1863 Project Budget Revised 051225.pdf](#)
Importance: High

Mackinzey,

You are correct, the trade in was deducted from the vender quote.

Attached is a revised Project Budget with the trade in of \$240,000 added to Major Medical Equipment.

The difference in total project financing = Additional application fee of \$175. I have submitted the payment through the payment portal.

Thank you! Appreciate your help.

Kim

Kim Schulte | Executive Assistant
SSM Health St. Mary's Hospital - Jefferson City
2505 Mission Drive
Jefferson City, MO 65109
Phone 573-681-3124
Fax 573-681-3621
kim.schulte@ssmhealth.com



From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Monday, May 12, 2025 10:16 AM
To: Schulte, Kim <Kim.Schulte@ssmhealth.com>
Cc: Morley, Justin <Justin.Morley@ssmhealth.com>
Subject: CON 6193
Importance: High

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Kim,

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

- It appears the trade in value was deducted from the unit cost. If this is correct, the trade in needs to be added back into the value and an additional fee of \$174 is needed.

This information is needed as soon as possible.



Mackinzey Fick

Assistant Program Coordinator

Certificate of Need Agency :

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

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

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

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Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

1. New Construction Costs ***	\$0
2. Renovation Costs ***	\$322,650
3. Subtotal Construction Costs (#1 plus #2)	\$322,650
4. Architectural/Engineering Fees	\$79,300
5. Other Equipment (not in construction contract)	\$62,698
6. Major Medical Equipment	\$1,835,784
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$0
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$1,977,782
12. Total Project Development Costs (#3 plus #11)	\$2,300,432 **

FINANCING:

13. Unrestricted Funds	\$2,300,432
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$0
17. Total Project Financing (sum of #13 through #16)	\$2,300,432 **

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	1,000
21. Renovated Space Costs Per Square Foot *****	\$323

* 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.