

**From:** [Willoughby, Shelly](#)  
**To:** [CONP CONP](#)  
**Cc:** [Combs, Elizabeth](#); [Roberts, BJ](#)  
**Subject:** FW: CON 6204 HS  
**Date:** Thursday, May 15, 2025 10:06:26 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[Service Specific Revenue & Expense 3 Historical Years.pdf](#)  
[Service Specific Revenue & Expense 3 Projected Years.pdf](#)  
**Importance:** High

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Attached are updated revenue and expense forms. I did have cents on the average charge line. I have corrected on both forms.

It looks like West Plains Open MRI is closed.

---

### West Plains Open Mri

5.0 ★★★★★ (1) · Medical diagnostic imaging center

805 N Kentucky Ave #5

**Permanently closed** · (417) 255-2430



[DIRECTIONS](#)

We are working on the letter to Ozark Healthcare and getting the MRI volume for that hospital. I will forward that information once complete.

Thanks,

**Shelly Willoughby**

Sr Manager – Financial Reporting  
Finance

Mercy  
1235 E. Cherokee | Springfield, MO 65804  
Office: 417.820.2220 | Mobile 417.844.2224 (best number)

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**From:** Roberts, BJ <BJ.Roberts@Mercy.net>  
**Sent:** Wednesday, May 14, 2025 9:52 PM  
**To:** Willoughby, Shelly <Shelly.Willoughby2@Mercy.Net>  
**Cc:** Combs, Elizabeth <Elizabeth.Combs@Mercy.Net>  
**Subject:** FW: CON 6204 HS  
**Importance:** High

FYI

**William (BJ) Roberts**

Chief Financial Officer  
Mercy Health – Springfield Communities  
1235 E. Cherokee | Springfield, MO | 65804  
PH: (417) 820-7363  
Email: [BJ.Roberts@Mercy.net](mailto:BJ.Roberts@Mercy.net)



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**From:** Fick, Mackinze <[Mackinze.Fick@health.mo.gov](mailto:Mackinze.Fick@health.mo.gov)>  
**Sent:** Tuesday, May 13, 2025 9:34 AM  
**To:** Roberts, BJ <[BJ.Roberts@Mercy.net](mailto:BJ.Roberts@Mercy.net)>  
**Subject:** CON 6204 HS  
**Importance:** High

**External Email:** Please be careful when opening attachments or clicking on links. - Mercy Technology Services

William,

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

- After reviewing the facilities within your service area, letters were not sent to the following facilities: Ozark Healthcare and West Plains Open MRI. Letters should be sent to these facilities and copies of such should be submitted back to our office.
- Divider 3, question 1 states to address the minimum utilization standard. Provide utilization numbers from the facilities within your service area. If you are unable to obtain numbers from outside facilities, please explain the effort to obtain these items.
- Are cents included in the revenues and expenses forms?

**This information is needed by Friday, May 23<sup>rd</sup>, 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](mailto:mackinze.fick@health.mo.gov) | ☎: 573-751-6403

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# Certificate of Need Program

## SERVICE-SPECIFIC REVENUES AND EXPENSES

**Project Title:** Mercy Hospital-St. Francis

**Project #:** 6204 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		
	2027	2028	2029
<b>Amount of Utilization:*</b>	1,700	2,000	2,250
<b>Revenue:</b>			
Average Charge**	\$5,499	\$5,664	\$5,833
Gross Revenue	\$9,348,300	\$11,328,000	\$13,124,250
Revenue Deductions	7,575,042	9,224,128	10,737,239
Operating Revenue	1,773,258	2,103,872	2,387,011
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$1,773,258</b>	<b>\$2,103,872</b>	<b>\$2,387,011</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	450,494	528,756	599,201
Fees	560,212	678,845	786,611
Supplies	114,405	138,058	159,556
Other	0	0	0
<b>TOTAL DIRECT</b>	<b>\$1,125,111</b>	<b>\$1,345,659</b>	<b>\$1,545,368</b>
Indirect Expenses			
Depreciation	480,338	480,338	480,338
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$480,338</b>	<b>\$480,338</b>	<b>\$480,338</b>
<b>TOTAL EXPENSES</b>	<b>\$1,605,449</b>	<b>\$1,825,997</b>	<b>\$2,025,706</b>
<b>NET INCOME (LOSS):</b>	<b>\$167,809</b>	<b>\$277,875</b>	<b>\$361,305</b>

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment,  
or other appropriate units of measure specific to the service affected.

\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.



# Certificate of Need Program

## SERVICE-SPECIFIC REVENUES AND EXPENSES

**Project Title:**

**Project #:**

**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**

**Amount of Utilization:\***

**Revenue:**

Average Charge\*\*

Gross Revenue

Revenue Deductions

Operating Revenue

Other Revenue

**TOTAL REVENUE**

**Expenses:**

Direct Expenses

Salaries

Fees

Supplies

Other

**TOTAL DIRECT**

Indirect Expenses

Depreciation

Interest\*\*\*

Rent/Lease

Overhead\*\*\*\*

**TOTAL INDIRECT**

**TOTAL EXPENSES**

**NET INCOME (LOSS):**

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment,  
or other appropriate units of measure specific to the service affected.

\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.

**From:** [Willoughby, Shelly](#)  
**To:** [CONP CONP](#)  
**Cc:** [Combs, Elizabeth](#); [Roberts, BJ](#)  
**Subject:** Follow Up on #6204 HS  
**Date:** Thursday, May 15, 2025 4:20:33 PM  
**Attachments:** [Notification Letter to Ozarks Healthcare West Plains.pdf](#)

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Here is the notification letter to Ozarks Healthcare with the certified mail tracking number below.

Thanks,

**Shelly Willoughby**

Sr Manager – Financial Reporting  
Finance

Mercy  
1235 E. Cherokee | Springfield, MO 65804  
Office: 417.820.2220 | Mobile 417.844.2224 (best number)

---

**From:** Onasch, Karaline <Karaline.Onasch@Mercy.Net>  
**Sent:** Thursday, May 15, 2025 4:08 PM  
**To:** Willoughby, Shelly <Shelly.Willoughby2@Mercy.Net>  
**Subject:** RE: Letter Notification for a Certificate of Need

The tracking number is: 7016\_3010\_0000\_0655\_5106

This electronic mail and any attached documents are intended solely for the named addressee(s) and contain confidential information. If you are not an addressee, or responsible for delivering this email to an addressee, you have received this email in error and are notified that reading, copying, or disclosing this email is prohibited. If you received this email in error, immediately reply to the sender and delete the message completely from your computer system.



May 16, 2025

CERTIFIED MAIL

Melody Trimble CEO of Ozarks Healthcare  
1100 Kentucky Ave.  
West Plains, MO 65775

Ms. Trimble,

Mercy Hospital-St. Francis is applying to the Missouri Health Facilities Review Committee for an MRI machine. This is an MAGNETOM Altea System MRI. The regulation specifies that hospitals in the area be notified directly.

The vendor is Siemens Medical Solutions USA, Inc. For more information about the system please see the manufacturer's website at:

[MAGNETOM Altea - Siemens Healthineers USA](#)

If you have questions or concerns about our implementation of the project, please contact [JohnathonMyers@Mercy.Net](mailto:JohnathonMyers@Mercy.Net) or at 417-820-2216.

Thank you.

John Myers  
President  
Mercy Springfield Communities

**From:** [Willoughby, Shelly](#)  
**To:** [CONP CONP](#)  
**Cc:** [Combs, Elizabeth](#); [Roberts, BJ](#)  
**Subject:** RE: CON 6204 HS  
**Date:** Thursday, May 22, 2025 7:43:17 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[Divider II Proposal Description St. Francis-MRI.pdf](#)  
[Divider III Service Specific Criteria and Standards St. Francis-MRI.pdf](#)

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Hi Mackinzezy,

I have added information to Divider III question 1 regarding MRI volume from Ozarks Healthcare in West Plains. I am also attaching Divider II since I previously only responded in the email regarding the notification letter sent to Ozarks Healthcare.

Thank you,

**Shelly Willoughby**

Sr Manager – Financial Reporting  
Finance

Mercy  
1235 E. Cherokee | Springfield, MO 65804  
Office: 417.820.2220 | Mobile 417.844.2224 (best number)

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**From:** CONP CONP <CONP@health.mo.gov>  
**Sent:** Thursday, May 15, 2025 1:04 PM  
**To:** Willoughby, Shelly <Shelly.Willoughby2@Mercy.Net>; CONP CONP <CONP@health.mo.gov>  
**Cc:** Combs, Elizabeth <Elizabeth.Combs@Mercy.Net>; Roberts, BJ <BJ.Roberts@Mercy.net>  
**Subject:** RE: CON 6204 HS

**External Email:** Please be careful when opening attachments or clicking on links. - Mercy Technology Services

Shelly,

Thank you for this information. Once reviewed, I will reach out if I need anything further. As for the facility that is closed, nothing is needed additionally.

Thank you again!



*Mackinzezy 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](mailto:mackinzey.fick@health.mo.gov) | ☎: 573-751-6403

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**From:** Willoughby, Shelly <[Shelly.Willoughby2@Mercy.Net](mailto:Shelly.Willoughby2@Mercy.Net)>  
**Sent:** Thursday, May 15, 2025 10:01 AM  
**To:** CONP CONP <[CONP@health.mo.gov](mailto:CONP@health.mo.gov)>  
**Cc:** Combs, Elizabeth <[Elizabeth.Combs@Mercy.Net](mailto:Elizabeth.Combs@Mercy.Net)>; Roberts, BJ <[BJ.Roberts@Mercy.net](mailto:BJ.Roberts@Mercy.net)>  
**Subject:** FW: CON 6204 HS  
**Importance:** High

Attached are updated revenue and expense forms. I did have cents on the average charge line. I have corrected on both forms.

It looks like West Plains Open MRI is closed.

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### West Plains Open Mri

5.0 ★★★★★ (1) · Medical diagnostic imaging center  
805 N Kentucky Ave #5  
**Permanently closed** · (417) 255-2430



[DIRECTIONS](#)

We are working on the letter to Ozark Healthcare and getting the MRI volume for that hospital. I will forward that information once complete.

Thanks,

**Shelly Willoughby**

Sr Manager – Financial Reporting  
Finance

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Office: 417.820.2220 | Mobile 417.844.2224 (best number)

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**From:** Roberts, BJ <[BJ.Roberts@Mercy.net](mailto:BJ.Roberts@Mercy.net)>  
**Sent:** Wednesday, May 14, 2025 9:52 PM  
**To:** Willoughby, Shelly <[Shelly.Willoughby2@Mercy.Net](mailto:Shelly.Willoughby2@Mercy.Net)>  
**Cc:** Combs, Elizabeth <[Elizabeth.Combs@Mercy.Net](mailto:Elizabeth.Combs@Mercy.Net)>

## **DIVIDER II. PROPOSAL DESCRIPTION:**

### **1. PROVIDE A COMPLETE DETAILED PROJECT DESCRIPTION AND INCLUDE EQUIPMENT BID QUOTES.**

Currently St. Francis Hospital is utilizing a mobile MRI service for all MRIs completed at St. Francis. The proposal is to purchase a MAGNETOM Altea MRI System. The MAGNETOM Altea is the new 1.5T Open Bore system. This combines the BioMatrix technology with the new syngo MR XA software platform and the Turbo Suite to transform care delivery for the better. The open MRI reduces patient anxiety and claustrophobia. The Tim 4G (total imaging matrix in the 4<sup>th</sup> generation) provides for excellent image quality and speed with Siemens unique DirectRX technology enabling all digital-in/digital-out design and Dual-Density Signal Transfer Technology. The TIM 4G suite allows excellent head-to-toe imaging for Neuro, Angio, Cardiac, Body, Oncology, Breast, Ortho, Pediatric.

See attached quotes for equipment and shielding costs. The MAGNETOM Altea MRI System with accessories is \$1,401,692. Shielding cost is estimated at \$113,000. The MRI will be funded through Mercy Foundation and the shielding will be funded through Mercy routine capital funds.

### **2. PROVIDE A TIMELINE OF EVENTS FOR THE PROJECT, FROM CON ISSUANCE THROUGH PROJECT COMPLETION.**

This project is expected to go-live with patient usage in January 2026.

### **3. PROVIDE A LEGIBLE CITY OR COUNTY MAP SHOWING THE EXACT LOCATION OF THE PROJECT.**

The unit will be located at St. Francis Hospital, 100 US-60, Mountain View, Missouri. A map of the service area for St. Francis hospital is attached.

### **4. DEFINE THE COMMUNITY TO BE SERVED AND PROVIDE THE GEOGRAPHIC SERVICE AREA FOR THE EQUIPMENT.**

Below is a summary table that outlines projected 2026 population for each of Mercy Hospital St. Francis's primary service area counties. Most patients originate from these counties for this Critical Access Hospital. Total projected population for 2026 in St. Francis primary service area totals 89,307. The data source for this information is Missouri Hospital Data Institute – census data is broken down by counties.

<b>COUNTY</b>	<b>2026 PROJECTED POPULATION</b>
Carter	5,724
Howell	40,134
Oregon	10,311
Shannon	8,054
Texas	25,084

**5. PROVIDE OTHER STATISTICS TO DOCUMENT THE SIZE AND VALIDITY OF ANY USER-DEFINED GEOGRAPHIC SERVICE AREA.**

Missouri Hospital Institute reports 215 inpatient discharges for fiscal year 2024 for Mercy Hospital St. Francis and a total of 28,970 outpatient visits. Outpatient visits include emergency department visits, observation patient visits, outpatient surgeries, and clinical outpatient visits. Most of these discharges and visits are derived from the primary service area that has been presented. This defined service area has been consistently accepted by the CON committee with previous CON applications.

**6. IDENTIFY SPECIFIC COMMUNITY PROBLEMS OR UNMET NEEDS THE PROPOSAL WOULD ADDRESS.**

The Mobile MRI that St. Francis Hospital is currently using is unreliable due to transportation issues and the movement on the systems causes equipment failure. In the past 2 years MRIs have had to be canceled due to weather. There have also been driver, tech, and equipment issues. Radiologists state that the images are subpar with the mobile unit. When the mobile unit is not available patients must travel longer distances for an MRI scan. There is high poverty in this rural geographic area where reliable transportation is a barrier to accessing needed healthcare. A stationary unit will allow growth in the regional area and will provide the same level of service the patient would receive at Mercy Hospital Springfield, but the patients will be able to stay in their local area for service.

**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.**

FY2022 509 Mobile MRI  
FY2023 700 Mobile MRI  
FY2024 946 Mobile MRI

**Projected:**

FY2027 1,700  
FY2028 2,000  
FY2029 2,250

**8. PROVIDE THE METHODS AND ASSUMPTIONS USED TO PROJECT UTILIZATION.**

Mercy Hospital St. Francis uses a fiscal year reporting period that runs from July 1 – June 30. All utilization quantities and projections are based on this reporting method.

In projecting utilization, historical procedure trends were reviewed. Also, these projections take into consideration expansion and efficiency gains.

**9. DOCUMENT THAT CONSUMER NEEDS AND PREFERENCES HAVE BEEN INCLUDED IN PLANNING THIS PROJECT AND DESCRIBE HOW CONSUMERS HAD AN OPPORTUNITY TO PROVIDE INPUT.**

There have not been any direct new releases to patients, however the stationary MRI will provide a better patient experience over the mobile unit utilized currently. Due to various issues MRIs have had to be canceled due to the unreliability of the Mobile MRI which causes dissatisfaction for patients. Data supports these statements and gives reasoning behind this request in our strategic planning as a Ministry.

**10. PROVIDE COPIES OF ANY PETITIONS, LETTERS OF SUPPORT OR OPPOSITION RECEIVED.**

There is no known opposition to the proposed request. Letters of support to move forward with the purchase of the stationary MRI are attached.

**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.**

The notice ran in the Howell County News on April 23, 2025. A copy of the notice is attached.

**12. DOCUMENT THAT PROVIDERS OF ALL AFFECTED FACILITIES IN THE PROPOSED SERVICE AREA WERE ADDRESSED LETTERS REGARDING THE APPLICATION.**

A certified letter was sent to Melody Trimble CEO, Ozarks Healthcare in West Plains to provide notification of Mercy Hospital-St. Francis application to purchase an MRI machine. The tracking number for the certified letter is 7016\_3010\_0000\_0655\_5106

### **DIVIDER III. SERVICE SPECIFIC CRITERIA AND STANDARDS**

#### **1. FOR NEW UNITS, ADDRESS THE MINIMUM ANNUAL UTILIZATION STANDARD FOR THE PROPOSED GEOGRAPHIC SERVICE AREA.**

Ozarks Healthcare in West Plains had the following OP MRI volume for the prior three years. 444, 640, and 601. This data is from the Hospital Industry Data Institute (HIDI).

The utilization should achieve 2,000 cases by the end of the third year for MRI according to the CON state regulations. The projected volumes for this new MRI are FY2027 1,700; FY2028 2,000; FY2029 2,250. This meets the utilization expectations.

#### **2. FOR ANY NEW UNIT WHERE SPECIFIC UTILIZATION STANDARDS ARE NOT LISTED, PROVIDE DOCUMENTATION TO JUSTIFY THE NEW UNIT.**

Not applicable. Standards provided in #1 above.

#### **3. FOR ADDITIONAL UNITS, DOCUMENT COMPLIANCE WITH THE OPTIMAL UTILIZATION STANDARD, AND IF NOT ACHIEVED, PROVIDE DOCUMENTATION TO JUSTIFY THE ADDITIONAL UNIT.**

Not applicable. This is a new MRI unit for St. Francis Hospital. Previously this hospital has been utilizing a mobile MRI unit.

#### **4. FOR EVOLVING TECHNOLOGY ADDRESS THE FOLLOWING:**

Not applicable. This is not considered evolving technology.