



Application for Certificate of Need

**Barnes-Jewish Hospital
Replace & Acquire Equipment for the
Queeny Tower Replacement Project**

Project #6209 HS

**Submitted to
Missouri Health Facilities Review Committee**

May of 2025



Certificate of Need Program
NEW OR ADDITIONAL EQUIPMENT APPLICATION
Applicant's Completeness Checklist and Table of Contents

Project Name: _____ Project No: _____

Project Description: _____

Done Page N/A Description

Divider I. Application Summary:

1. Applicant Identification and Certification (Form MO 580-1861)
2. Representative Registration (From MO 580-1869)
3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

1. Provide a complete detailed project description and include equipment bid quotes.
2. Provide a timeline of events for the project, from CON issuance through project competition.
3. Provide a legible city or county map showing the exact location of the project.
4. Define the community to be served and provide the geographic service area for the equipment.
5. Provide other statistics to document the size and validity of any user-defined geographic service area.
6. Identify specific community problems or unmet needs the proposal would address.
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.
8. Provide the methods and assumptions used to project utilization.
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. Provide copies of any petitions, letters of support or opposition received.
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.
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.
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:

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.
2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
3. Document how patient charges are derived.
4. Document responsiveness to the needs of the medically indigent.



Certificate of Need Program

EQUIPMENT REPLACEMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Barnes-Jewish Hospital—equip new tower

Project No: 6209 HS

Project Description: equipment for Queeny Tower replacement

Done Page N/A Description

Divider I. Application Summary:

- | | |
|-------|---|
| _ 4 _ | 1. Applicant Identification and Certification (Form MO 580-1861) |
| _ 5 _ | 2. Representative Registration (Form MO 580-1869) |
| _ 6 _ | 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, CON project number of the existing equipment (if prev. CON approved), and include the type/brand of both the existing equipment and the replacement equipment. |
| _ 10 _ | 2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes. |
| _ 24 _ | 3. Provide a timeline of events for the project, from CON issuance through project completion. |

Divider III. Service Specific Criteria and Standards:

- | | |
|--------|---|
| _ 27 _ | 1. Describe the financial rationale for the proposed replacement equipment. |
| _ 27 _ | 2. Document if the existing equipment has exceeded its useful life. |
| _ 27 _ | 3. Describe the effect the replacement unit would have on quality of care. |
| _ 27 _ | 4. Document if the existing equipment is in constant need of repair. |
| _ 28 _ | 5. Document if the lease on the current unit has expired. |
| _ 28 _ | 6. Describe the technological advances provided by the new unit. |
| _ 28 _ | 7. Describe how patient satisfaction would be improved. |
| _ 28 _ | 8. Describe how patient outcomes would be improved. |
| _ 29 _ | 9. Describe what impact the new unit would have on utilization. |
| _ 29 _ | 10. Describe any new capabilities that the new unit would provide. |
| _ 29 _ | 11. By what percent will this replacement increase patient charges. |

(If replacement equipment was not previously approved, also complete Divider IV below.)

Divider IV. Financial Feasibility Review Criteria and Standards:

- | | |
|--------|---|
| _ 30 _ | 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. |
| _ 31 _ | 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) FULL years beyond project completion. |
| _ 30 _ | 3. Document how patient charges are derived. |
| _ 30 _ | 4. Document responsiveness to the needs of the medically indigent. |

Divider I. Application Summary:

1. Applicant Identification and Certification (Form MO 580-1861).

See attached.

2. Representative Registration (Form MO 580-1869).

See attached.


3. Proposed Project Budget (Form MO 580-1863) and detail sheet.

See attached.



Certificate of Need Program

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 Barnes-Jewish Hospital—equip new tower		Project Number 6209 HS
Project Address (Street/City/State/Zip Code) 1 Barnes Jewish Hospital Plaza, St. Louis, MO 63110		County St. Louis City
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
Barnes-Jewish Hospital	1 Barnes Jewish Hospital Plaza, St. Louis, MO 63110	314-323-1231
(List entity to be licensed or certified.)		
List All Operator(s): (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number
Barnes-Jewish Hospital	1 Barnes Jewish Hospital Plaza, St. Louis, MO 63110	314-323-1231
3. Ownership (Check applicable category.)		
<input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Individual <input type="checkbox"/> City <input type="checkbox"/> District <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> County <input type="checkbox"/> 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 Greg Bratcher		Title Dir., Government Relations
Telephone Number 314-323-1231	Fax Number	E-mail Address gbratcher@bjc.org
Signature of Contact Person 		Date of Signature 5/1/2025



Certificate of Need Program

REPRESENTATIVE REGISTRATION

<i>(A registration form must be completed for each project presented.)</i>	
Project Name Barnes-Jewish Hospital—equip new tower	Number 6209 HS
<i>(Please type or print legibly.)</i>	
Name of Representative Greg Bratcher	Title Dir., Gov. Relations
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) BJC HealthCare	Telephone Number 314-323-1231
Address (Street/City/State/Zip Code) 4901 Forest Park Ave, Suite 1220, MS 90-75-574, St. Louis, MO 63108	
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented BJC HealthCare	Telephone Number 314-323-1231
Address (Street/City/State/Zip Code) 4901 Forest Park Ave, Suite 1220, MS 90-75-574, St. Louis, MO 63108	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p> </div> </div> <p style="margin-top: 20px;">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: <i>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.</i></p>	
Original Signature 	Date 5/1/2025



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 ***	_____
3. Subtotal Construction Costs (#1 plus #2)	<u>\$0</u>
4. Architectural/Engineering Fees	_____
5. Other Equipment (not in construction contract)	_____
6. Major Medical Equipment	<u>\$38,764,216</u>
7. Land Acquisition Costs ***	_____
8. Consultants' Fees/Legal Fees ***	_____
9. Interest During Construction (net of interest earned) ***	_____
10. Other Costs ***	_____
11. Subtotal Non-Construction Costs (sum of #4 through #10)	<u>\$38,764,216</u>
12. Total Project Development Costs (#3 plus #11)	<u>\$38,764,216 **</u>

FINANCING:

13. Unrestricted Funds	<u>\$38,764,216</u>
14. Bonds	_____
15. Loans	_____
16. Other Methods (specify)	_____
17. Total Project Financing (sum of #13 through #16)	<u>\$38,764,216 **</u>

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

* 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.

Divider II. Proposal Description:***1. Provide a complete detailed project description.***

Barnes-Jewish Hospital proposes to acquire and replace several pieces of medical equipment in a once-in-a-generation opportunity. The following table summarizes the request:

Total Count by Mode	Mode	Incremental?	Previous CONS?
6	CT	2	
8	Interventional Radiology (IR)	2	2
5	MRI	1	4
19		5	6

The previous CONS are:

MRI	4264	HT
MRI	4695	HT
MRI	5139	HS
MRI	5764	HT
IR	4484	HT
IR	4585	HT

SUMMARY

14	replacement
5	incremental

BJC HealthCare is replacing the building known as Queeny Tower. Built in 1965, it was innovative for its time and served the campus well for the last half decade. At its opening, it was one of the tallest medical buildings in the western hemisphere.

After Queeny's demolition, a new sixteen-story tower is taking its place. The new tower, to be called the Plaza West Tower, will focus on three aspects of care:

- Provide private rooms for heart patients
- Provide new, advanced intensive care spaces
- Consolidate a significant portion of the campus' imaging and radiology into a new modern space

The last bullet point is integrally dependent on this project. Rather than move fourteen large pieces of major medical equipment, the average age of which is ten years, it is more efficient and clinically advisable to simply trade, sell, or donate the

existing equipment and make this the most advanced imaging pavilion in the Midwest. Also, moving major medical equipment is not inexpensive. Our clinicians think money spent on updated clinical capabilities is a better use of BJC's capital funds. Moving the existing equipment could easily cost at least \$2.5 million, the equivalent of two or three devices.

An attachment in this section provides all the details for this project in tabular format. It outlines each piece of equipment slated for replacement and describes in detail the origin and disposition of the existing equipment, along with the models and modalities of all proposed equipment.

The rest of this application bifurcates into the two types of questioning for CON applications—sections for the incremental equipment and sections for the replacement equipment. For both, please refer to the same attached table for details applicable to the equipment in each section.

Attachment A-Queeny Tower Equipment

Current Location (Mallinckrodt)									New Location (Plaza West)								
CATEGORY	TAG NUMBER	Location	DESCRIPTION	MANUFACTURER	MODEL	INSVC DATE	Age	Displacement of existing equipment	ID#	DESCRIPTION	MANUFACTURER	REPLACEMENT PLATFORM	Cost	BJC PO#	Room Identifier	EA#	Quote#
CT	160339	MIR Room 217 - Scanner H	CT Scanner	Siemens	Definition AS 128	3/4/2013	12	Trade (value excluded)	20170791	CT Scanner Shielding	Siemens	Alpha	\$ 2,410,517 \$ 100,000 \$ 2,510,517	1010281619	Level 1-CT #1	21C9018010	CPQ-1271395 Rev0
CT	164568	MIR Room 213 - Scanner J	CT Scanner	Siemens	Definition AS 128	2/25/2016	9	Will be donated outside of BJC	20170795	CT Scanner Shielding	Siemens	Alpha	\$ 2,410,517 \$ 100,000 \$ 2,510,517	1000849534	Level 1-CT #2	21C9018010	CPQ-1272516 Rev0
CT	164604	MIR Room 319 - Scanner E	CT Scanner	Siemens	Definition AS 64	12/22/2015	9	Trade (value excluded)	20170796	CT Scanner Shielding	Siemens	Alpha	\$ 2,410,517 \$ 100,000 \$ 2,510,517	1000849533	Level 1-CT #3	21C9018010	CPQ-1273515 Rev0
CT	134539	MIR Room 211 - Scanner D	CT Scanner	Siemens	Sensation 64	9/27/2007	17	No value, will have to pay to remove	20170804	CT Scanner Shielding	Siemens	X.Ceed w/IR	\$ 1,364,757 \$ 100,000 \$ 1,464,757	1001905774	Level 3-CT #1	eBLT	CPQ-1273611 Rev0
CT	INC								20170812	CT Scanner Shielding	Siemens	X.Ceed w/IR	\$ 1,364,757 \$ 100,000 \$ 1,464,757	1001905771	Level 3-CT #2	21C9018010	CPQ-1273724 Rev0
Neuro IR	134596	Room 321	Fixed C-Arm (IVR)	Siemens	Artis zee Biplane	3/15/2011	14	Trade (value excluded)	20160484	Fixed C-arm Shielding	Siemens	Icono BiPlane	\$ 1,241,418 \$ 100,000 \$ 1,341,418	1001729360	Level 5-NIR #3	21C9018010	CPQ-1275161 REV0
Neuro IR	165257	Room 326	Fixed C-Arm (IVR)	Siemens	Artis Q BiPlane - 326	12/30/2013	11	Trade (value excluded)	20160486	Fixed C-arm Shielding	Siemens	Icono BiPlane	\$ 1,738,587 \$ 100,000 \$ 1,838,587	1001756713	Level 5-NIR #2	21C9018010	CPQ-1275380 Rev0
Neuro IR	INC								20200637	Fixed C-arm Shielding	Siemens	Icono Single Plane	\$ 1,180,981 \$ 100,000 \$ 1,280,981	1001756244	Level 5-NIR #1	21C9018010	CPQ-1286262 Rev0
CT	INC								20170805	CT Scanner Shielding	Siemens	X.Ceed w/IR	\$ 1,364,757 \$ 100,000 \$ 1,464,757	1001905772	Level 5-CT #1	21C9018010	CPQ-1275488 Rev0

Attachment A-Queeny Tower Equipment

Current Location (Mallinckrodt)									New Location (Plaza West)								
CATEGORY	TAG_NUMBER	Location	DESCRIPTION	MANUFACTURER	MODEL	INSVC DATE	Age	Displacement of existing equipment	ID#	DESCRIPTION	MANUFACTURER	REPLACEMENT PLATFORM	Cost	BJC PO#	Room Identifier	EA#	Quote#
IR	201182	Room 401	Fixed C-Arm (IVR)	Siemens	Artis Q Ceiling	4/21/2016	9	Trade (value excluded)	20160483	Fixed C-arm Shielding	Siemens	Icono Single Plane	\$ 1,184,600 \$ 100,000 \$ 1,284,600	1001738282	Level 3-IR #1	21C9018010	CPQ-1275206 Rev0
IR	201184	Room 402	Fixed C-Arm (IVR)	Siemens	Artis Q Ceiling	4/21/2016	9	Trade (value excluded)	20210506	Fixed C-arm Shielding	Siemens	Icono Single Plane	\$ 1,184,600 \$ 100,000 \$ 1,284,600	1001735134	Level 3-IR #2	21C9018010	CPQ-1275176 Rev0
IR	201186	Room 403	Fixed C-Arm (IVR)	Siemens	Artis Q Ceiling	4/21/2016	9	Trade (value excluded)	20210507	Fixed C-arm Shielding	Siemens	Icono Single Plane	\$ 1,184,600 \$ 100,000 \$ 1,284,600	1001735138	Level 3-IR #3	21C9018010	CPQ-1275452 Rev0
IR	201188	Room 404	Fixed C-Arm (IVR)	Siemens	Artis Q Ceiling	4/21/2016	9	Will be donated outside of BJC	20210510	Fixed C-arm Shielding	Siemens	Icono Single Plane	\$ 1,184,600 \$ 100,000 \$ 1,284,600	1001735142	Level 3-IR #4	21C9018010	CPQ-1275458 Rev0
IR	INC	An integrated system called Nexaris. The CT is part of the guidance and not used for diagnostics..							20210509	Fixed C-arm (Nexaris) CT Scanner	Siemens	Artis Q Ceiling	\$ 1,302,239	1001735139	Level 3-Angio-CT	21C9018010	CPQ-1274566 Rev1
CT	INC								20170803	(Nexaris) Shielding	Siemens	Edge Nexaris	\$ 1,412,772 \$ 150,000 \$ 2,865,011	1040129763	Level 3-Angio-CT	21C9018010	CPQ-1275887 Rev0
MRI	124467	Scanner A	MRI Scanner	Siemens	Trio A Tim 3T	4/27/2009	16	No value, will have to pay to remove	20180404	MRI RF Shielding	Siemens	Vida	\$ 3,004,344 \$ 150,000 \$ 3,154,344	1110068714	Level 1-MRI Scan #1	21C9018010	CPQ-1290232 Rev0
MRI	131107	Scanner B	MRI Scanner	Siemens	Aera 1.5T	4/23/2012	13	Trade (value excluded)	20180395	MRI RF Shielding	Siemens	Sola	\$ 2,327,317 \$ 150,000 \$ 2,477,317	1000975421	Level 1-MRI Scan #5	21C9018010	CPQ-1290443 Rev0
MRI	164570	Scanner D	MRI Scanner	Siemens	Skyra 3T	5/23/2016	8	Transfer to WashU for research	20180393	MRI RF Shielding	Siemens	Vida	\$ 2,975,640 \$ 150,000	1000975294	Level 1-MRI Scan #2	21C9018010	CPQ-1290462 Rev0

Attachment A-Queeny Tower Equipment

Current Location (Mallinckrodt)								Displacement of existing equipment	New Location (Plaza West)											
CATEGORY	TAG_NUMBER	Location	DESCRIPTION	MANUFACTURER	MODEL	INSVC DATE	Age		ID#	DESCRIPTION	MANUFACTURER	REPLACEMENT PLATFORM	Cost	BJC PO#	Room Identifier	EA#	Quote#			
									\$ 3,125,640											
MRI	218633	Scanner C	MRI Scanner	Siemens	Sola 1.5T	12/7/2020	4	Will be relocated	20180397	MRI RF Shielding	Siemens	Sola	\$ 2,364,976 \$ 150,000 \$ 2,514,976	1050163155	Level 1-MRI Scan #3	21C9018010	CPQ-1291512 (Rev0			
MRI	INC								20180394	MRI RF Shielding	Siemens	Vida	\$ 2,951,720 \$ 150,000 \$ 3,101,720	1000975420	Level 1-MRI Scan #4	21C9018010	CPQ-1291500 Rev0			
																\$ 38,764,216				

April 29, 2025

BJC HealthCare
2052 Fenton Logistics Blvd
Fenton, MO 63026



Carrie,

Siemens Healthineers is proud to be the long-time partner in providing the advanced imaging equipment to BJC HealthCare. In the run-up to opening the replacement for the Queeny Tower, we have collaborated with the BJC HealthCare clinical and engineering teams to create the ideal mix of imaging equipment.

The attached spreadsheet (Attachment A) outlines the equipment being proposed for the new tower. Each unit has been outfitted with the agreed-upon options to meet BJC HealthCare's clinical needs. Moreover, the quotations referenced in the spreadsheet set forth the purchase prices for the associated pieces of imaging equipment.

If you have any questions, please feel free to reach me at your convenience.

Very truly yours,
Michael Wenzel

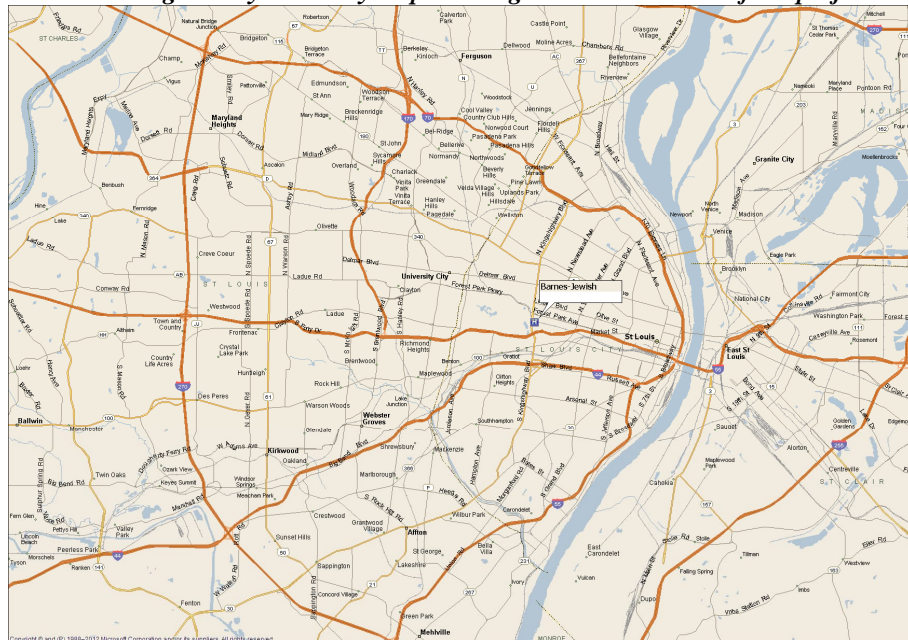
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Divider II. Proposal Description, Continued, for **Incremental** Pieces

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

Finalize Configuration	Upon CON approval
Delivery of equipment	Summer of 2025
First patient	Fall of 2025

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



4. Define the community to be served.

Barnes-Jewish Hospital is the largest hospital in Missouri and the largest private employer in the St. Louis region. A teaching hospital affiliated with the Washington University School of Medicine, Barnes-Jewish Hospital serves the complex health needs of patients across the Midwest, and the world.

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

While Barnes-Jewish Hospital considers the greater Midwest to be its primary service area, the following table reflects an estimate of the local service area counties in the metro St. Louis area. The state-generated population estimate for the Missouri portion of the service area in 2030 is 2.5 million. The 2030 estimate for the entire primary service area is 3.5 million and is also documented on the next page.

**Barnes-Jewish Hospital Service Area
Population Projections**

Missouri

County	Mo DHSS Proj. 2030
Butler	41,340
Cape Girardeau	86,340
Crawford	21,642
Franklin	108,981
Gasconade	14,389
Jefferson	238,004
Lincoln	72,348
Montgomery	11,188
Phelps	45,547
St. Charles	444,252
St. Francois	67,558
St. Louis County	968,327
St. Louis City	253,864
Ste. Genevieve	18,865
Warren	41,129
Washington	22,794
Mo. Total	2,456,568

Illinois

State/County	IDPH Proj. 2030
Adams	63,004
Bond	17,048
Calhoun	4,304
Clinton	37,466
Franklin	36,362
Jackson	57,953
Jefferson	38,509
Jersey	21,837
Macoupin	42,580
Madison	263,596
Marion	36,194
Monroe	37,175
Randolph	29,449
St. Clair	249,627
Williamson	68,169
Ill. Total	1,003,273
Serv Area Total	3,459,841

Sources: Mo. Dept of Health & Senior Services and the Ill. Dept. of Health

Barnes-Jewish Hospital has an unusually large and wide-ranging service area.

For more than 25 years, Barnes-Jewish Hospital and Washington University School of Medicine have ranked among the nation's best hospitals and medical schools by *U.S. News & World Report*. Barnes-Jewish is the only hospital in St. Louis or the state of Missouri to be so recognized.

Especially important for this project, the campus is home to the **Mallinckrodt Institute of Radiology**. Mallinckrodt is one of the oldest radiology services in the country, established just fifteen years after Röntgen's discovery of the X-ray. Today, it is recognized as one of the largest and most scientifically sophisticated radiology centers in the world—more than 50 chairs of academic radiology departments were trained or taught at Mallinckrodt.

The PET scanner was invented at Mallinckrodt. The institute also played a significant role in developing other imaging techniques that are cornerstones of 21st-century medicine. Mallinckrodt acquired the first six CT scanners in the U.S. It had one of the first mammography units in the country. It has been at the forefront of developing new protocols for MRI and interventional techniques guided by imaging.

The Center for Clinical Imaging Research has been a source for some of these innovations. It provides advanced imaging resources and support to clinical investigators. It is one of the most sophisticated centers for research in the world. Equipped with cutting-edge imaging equipment and staffed with experts in all fields, the center attracts this generation's most promising researchers. The mission of the center "is to establish a preeminent and innovative clinical imaging research environment that links basic science and discovery efforts to clinical practice."

Barnes-Jewish Hospital and Washington University School of Medicine have achieved many other marks of excellence; among these are:

- **Siteman Cancer Center.** Siteman is the only cancer center in Missouri to receive the designation as a National Cancer Institute Comprehensive Cancer Center and is one of only 57 Comprehensive Cancer Centers in the country. The NCI-designated cancer centers program recognizes centers around the country that meet rigorous criteria for world-class, state-of-the-art programs in multidisciplinary cancer care.
- **Leader in Organ Transplants.** In 2017, Barnes Jewish Hospital performed its 5000th kidney transplant and set new records for lung and liver transplants.
- **The Washington University and Barnes-Jewish Hospital Stroke & Cerebrovascular Center** was the first recognized Comprehensive Stroke Center in Missouri. Certification as a Comprehensive Stroke Center means that Barnes-Jewish Hospital has the critical elements in place to provide rapid response to patients suspected of having a stroke and has the skill and resources to achieve long-term success for stroke patients. "What makes Comprehensive Stroke

Centers truly comprehensive is the coordination of the entire spectrum of stroke care in a community, as well as the full spectrum of stroke treatment, from clot-dissolving medicine to complex interventions and surgery for brain aneurysms,” says David Carpenter, MD, a Washington University vascular neurologist at Barnes-Jewish Hospital.

- Barnes-Jewish Hospital is the only ACS-verified **Level I trauma center** in Missouri, Illinois, and Arkansas. It was the first hospital in Missouri and St. Louis to receive Level I verification from the American College of Surgeons for its trauma center.
- **A Top Five Trauma Center.** The National Foundation for Trauma Care has identified Barnes-Jewish Hospital as one of the top five trauma centers in the United States based on its preparedness for disaster response.
- **Primary Stroke Center.** The Joint Commission certified Barnes-Jewish Hospital as a Primary Stroke Center—the first hospital in the St. Louis area to receive the distinction.
- **Epilepsy Center of Excellence.** The Barnes-Jewish Hospital epilepsy center is among the first three in the nation to receive certification from The Joint Commission for its efforts to care for patients with seizures.
- **The Charles F. and Joanne Knight Alzheimer's Disease Research Center.** The Knight Center is one of 29 centers funded or supported by the National Institute on Aging with the collective aim of facilitating advanced research on clinical, genetic, neuropathological, neuroanatomical, biomedical, psychosocial, and neuropsychological aspects of Alzheimer's disease and related brain disorders. The Center is an essential part of a worldwide effort to uncover key causal factors in the development of Alzheimer's disease, with a goal of developing more effective treatments and an eventual cure.

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

Barnes-Jewish Hospital is one of the nation's leading hospitals for advanced treatments across all medical specialties. Additionally, Barnes-Jewish Hospital is a leading teaching hospital. And, as the clinical home to the researchers at the Mallinckrodt Institute of Radiology, it serves as a research hub for new innovations in diagnosis and care. As such, it must accommodate multiple demands placed on each piece of equipment. Every piece of medical equipment at Barnes-Jewish Hospital must serve three masters:

- Medical residents and fellows train here, so technology needs to reflect tomorrow's standard of care that these future doctors will use daily with their patients in communities across the country.

- Researchers enroll study participants here, so the hospital's equipment must be able to facilitate the advancement of medicine.
- Finally, but most importantly, patients come to the hospital expecting the highest level of care.

Many of the hospital's patients have exhausted other medical options and arrive with complex conditions—the hospital is their last best hope. Maintaining the highest level of diagnostic capabilities is essential to meeting these competing demands, and the new radiology section helps us do that.

7. Provide historical utilization for each of the past three years and utilization projections through the first three years of operation of the new equipment.

The historical and projected volumes are as follows:

CT	2022	2023	2024	2025	2026	2027	2028	2029
Number of units	13	14	14	15	17	17	17	17
Utilization	56,583	62,109	65,670	67,640	74,314	77,500	80,811	84,250
Meets CON Criterion?	yes	yes	yes	yes	yes	yes	yes	yes
MRI	2022	2023	2024	2025	2026	2027	2028	2029
Number of units	13	13	15	15	16	16	16	16
Utilization	47,369	48,790	54,506	55,008	57,706	57,928	58,507	59,615
Meets CON Criterion?	yes	yes	yes	yes	yes	yes	yes	yes
IR	2022	2023	2024	2025	2026	2027	2028	2029
Number of units	9	9	9	9	11	11	11	11
Utilization	9,904	10,527	10,556	10,873	12,443	13,073	13,729	14,413

8. Provide the methods and assumptions used to project utilization.

Barnes-Jewish Hospital and its clinical partners at the Washington University School of Medicine and the Mallinckrodt Institute of Radiology are world leaders in advancing imaging technology. The projections in this application are based on this collective expertise.

9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.

Barnes-Jewish Hospital has a board comprised of community and business leaders. This group's counsel has been solicited, and many of their ideas have been incorporated into components of the project. Furthermore, as is a standard process throughout BJC, departmental planning teams incorporate feedback from doctors and patient-care staff, who aggregate patients' needs and preferences.

10. Provide copies of any petitions, letters of support or opposition received.

Letters will be provided as they become available.

11. Document that providers have been notified of the application by a public notice in the local newspaper.

A public notice seeking comment has been published in the *St. Louis Post-Dispatch* and was also posted to the paper's website.

12. Document that providers of all affected facilities were addressed letters regarding the application. Attached is a sample email sent to the presidents of the facilities in the service area, the list to which it was sent, and the send receipts showing the emails were sent.

Subject: RE: Subject: Public or Legal Notice
Sent: 5/1/2025, 9:35:45 AM
From: Tanya Lemons<TLemons@post-dispatch.com>
To: Gregory Bratcher

Unfortunately, that system is not available to me for the time being. We had a massive corporate wide outage that took down our networks and that is one of the programs that hasn't been restored yet. I tried to include the most important information in the email response and below.

AD ORDER 147039
AD COST \$315.34
Pub Date Sun. 05/04/2025 Print and Online.

Barnes-Jewish Hospital is applying to the Mo. Health Fac. Review Comm. to replace or add 19 medical systems, inc. MRI, CT and Interventional Rad. Please email gbratcher@bjc.org with any comments or concerns.

From: Gregory Bratcher <Gregory.Bratcher@bjc.org>
Sent: Thursday, May 1, 2025 9:24 AM
To: Tanya Lemons <TLemons@post-dispatch.com>
Subject: RE: Subject: Public or Legal Notice

Thanks....I used to something like the attached...can I get one of those for this, please? It looks "official" and is what I need.

Greg Bratcher
BJC HealthCare
gbratcher@bjc.org
Cell & office: 314-323-1231

From: Tanya Lemons <TLemons@post-dispatch.com>
Sent: Thursday, May 1, 2025 8:17 AM
To: Gregory Bratcher <Gregory.Bratcher@bjc.org>
Subject: RE: Subject: Public or Legal Notice

Thank you. You are all set.

From: Gregory Bratcher <Gregory.Bratcher@bjc.org>
Sent: Thursday, May 1, 2025 8:05 AM
To: Tanya Lemons <TLemons@post-dispatch.com>
Subject: RE: Subject: Public or Legal Notice

Looks good, thanks. Please send the proof doc when you get a chance

Subject: Barnes-Jewish CON notice
Sent: 5/1/2025, 7:21:45 AM
From: Gregory Bratcher<Gregory.Bratcher@bjc.org>
To: david.meiners@mercy.net

Dr. David J. Meiners, M.D.

Barnes-Jewish Hospital in the Central West End proposes to acquire and replace several pieces of medical equipment. As part of the rules established by the Missouri Health Facility Review Committee for securing a Certificate of Need, we are providing you with a summary of the project.

BJC HealthCare is replacing the building known as Queeny Tower. Built in 1965, it was innovative for its time and served the campus well for the last half decade.

One of the services we are consolidating into the new building is the radiology equipment serving the south hospital campus. Rather than move existing equipment, whose average age is ten years, we will sell or donate existing devices and replace them with new models in the building.

In all, this project replaces or acquires six CT units, eight interventional radiology (IR) suites, and five MRI units.

If you have any questions regarding the project, please call or email.

Greg Bratcher
BJC HealthCare
gbratcher@bjc.org
314-323-1231

Send Recipets 05/01/2025

To	Subject	Sent	Size
hparker@sgcmh.org	FW: Barnes-Jewish CON notice	7:30 AM	12 KB
'spautler@sgcmh.org'	Barnes-Jewish CON notice	7:22 AM	27 KB
'mmeyer@wcmhosp.org'	Barnes-Jewish CON notice	7:22 AM	25 KB
'marie.moore@mercy.net'	Barnes-Jewish CON notice	7:22 AM	25 KB
'Kim.Henrichsen@ssmhealth.com'	Barnes-Jewish CON notice	7:22 AM	25 KB
'Deborah.Berini@ssmhealth.com'	Barnes-Jewish CON notice	7:22 AM	21 KB
'bhellebusch@hadh.org'	Barnes-Jewish CON notice	7:22 AM	25 KB
sean.hogan@mercy.net	Barnes-Jewish CON notice	7:22 AM	33 KB
kyle.grate@ssmhealth.com	Barnes-Jewish CON notice	7:22 AM	32 KB
jdavison@sfmtc.net	Barnes-Jewish CON notice	7:22 AM	33 KB
jerry.rumph@ssmhealth.com	Barnes-Jewish CON notice	7:22 AM	33 KB
jshenefield@phelpshealth.org	Barnes-Jewish CON notice	7:22 AM	21 KB
jake.brooks@ssmhealth.com	Barnes-Jewish CON notice	7:22 AM	33 KB
eric.ammons@mercy.net	Barnes-Jewish CON notice	7:22 AM	21 KB
daniel.eckenfels@mercy.net	Barnes-Jewish CON notice	7:22 AM	21 KB
clyde.wood@pbrmc.com	Barnes-Jewish CON notice	7:22 AM	21 KB
andrew.bagnall@stlukes-stl.com	Barnes-Jewish CON notice	7:22 AM	22 KB
Alan.smith@mercy.net	Barnes-Jewish CON notice	7:22 AM	21 KB
david.meiners@mercy.net	Barnes-Jewish CON notice	7:22 AM	21 KB

Hospital Contact Info for BJH QT Replacement

HOSPITAL	CEO.NAME	CEO.TITLE	EMAIL	ASSIST.EMAIL
Mercy Hospital St. Louis	Dr. David J. Meiners, M.D.	President	david.meiners@mercy.net	melissa.flaherty@mercy.net
Mercy Hospital Lincoln	Mr. Alan Smith	Administrator	Alan.smith@mercy.net	paula.colter@mercy.net
St. Luke's Des Peres Hospital	Mr. Andrew J. Bagnall, MHA, FACHE	President and CEO	andrew.bagnall@stlukes-stl.com	julie.knight@stlukes-stl.com
Poplar Bluff Regional Medical Center	Mr. Clyde Wood	Chief Executive Officer	clyde.wood@pbrmc.com	brenda.bell@pbrmc.com
Mercy Hospital Jefferson	Mr. Daniel S. Eckenfels	President, Mercy Jefferson Communities	daniel.eckenfels@mercy.net	reba.zebrowski@mercy.net
Mercy Hospital Southeast	Mr. Eric Ammons	Regional President, Southeast Missouri	eric.ammons@mercy.net	julie.kirchdoerfer-eftink@mercy.net
SSM Health St. Joseph Hospital - St. Charles	Mr. Jacob A. Brooks	President	jake.brooks@ssmhealth.com	chris.maloney@ssmhealth.com
Phelps Health	Mr. Jason Shenefield, MBA, FACHE	President, CEO	jshenefield@phelpshealth.org	cgrunloh@phelpshealth.org
SSM Health St. Joseph Hospital - Lake Saint Louis	Mr. Jerald W. Rumph, MHA, FACHE	President	jerry.rumph@ssmhealth.com	velma.porter@ssmhealth.com
Saint Francis Medical Center	Mr. Justin Davison, MBA	President and CEO	jdavison@sfmtc.net	mfwren@sfmtc.net
SSM Health St. Clare Hospital - Fenton	Mr. Kyle Grate	President	kyle.grate@ssmhealth.com	laurie.williams@ssmhealth.com
Mercy Hospital South	Mr. Sean J. Hogan, FACHE	President	sean.hogan@mercy.net	Fawntella.Krausz@mercy.net
Hermann Area District Hospital	Mr. William Hellebusch	Administrator	bhellebusch@hadh.org	amheying@hadh.org
SSM Health DePaul Hospital - St. Louis	Ms. Deborah Berini, MHA	President	Deborah.Berini@ssmhealth.com	Andrew.skroska@ssmhealth.com
SSM Health St. Mary's Hospital - St. Louis	Ms. Kim Henrichsen, RN, MSN	Interim Platform President	Kim.Henrichsen@ssmhealth.com	jill.jordan@ssmhealth.com
Mercy Hospital Washington	Ms. Marie Moore, MHA, BSN, R.N.	President Mercy Hospital Washington and	marie.moore@mercy.net	stacie.copeland@mercy.net
Washington County Memorial Hospital	Ms. Michele C. Meyer, M.A., BSN, R.N.	Chief Executive Officer	mmeyer@wcmhosp.org	asmith@wcmhosp.org
Ste. Genevieve County Memorial Hospital	Dr. Steve Pautler, DPS, MHA, BSN, FACHE, RHCEOC	Chief Executive Officer	spautler@sgcmh.org	sbosner@sgcmh.org

Divider II. Proposal Description, Continued, for Replacement Pieces

2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes.

Please see an attached letter from Siemens with confirmation of the prices, consolidated and serving in lieu of several lengthy bid quotes, and the aforementioned equipment table.

3. Provide a timeline of events for the project, from con issuance through project completion.

Finalize Configuration	Upon CON approval
Delivery of equipment	Summer of 2025
First patient	Fall of 2025

Divider III. Community Need Criteria and Standards, Incremental:

1. For new units address the need formula for the proposed geographic service area.

NA

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

NA

3. For any new unit where specific need and utilization standards are not listed provide the methodology for determining need.

Interventional radiology rooms have become an important tool for treating heart disease, peripheral vascular disease, and many other conditions. This project provides the capacity to accommodate innovative interventions and collaborative procedures between different subspecialists. These demands are what drive the need for the proposed project.

IR	2022	2023	2024	2025	2026	2027	2028	2029
Number of units	9	9	9	9	11	11	11	11
Utilization	9,904	10,527	10,556	10,873	12,443	13,073	13,729	14,413

4. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.

Both CT and MRI meet the criteria for additional units, as shown in the table below:

CT	2022	2023	2024	2025	2026	2027	2028	2029
Number of units	13	14	14	15	17	17	17	17
Utilization	56,583	62,109	65,670	67,640	74,314	77,500	80,811	84,250
Meets CON Criterion?	yes	yes	yes	yes	yes	yes	yes	yes

MRI	2022	2023	2024	2025	2026	2027	2028	2029
Number of units	13	13	15	15	16	16	16	16
Utilization	47,369	48,790	54,506	55,008	57,706	57,928	58,507	59,615
Meets CON Criterion?	yes	yes	yes	yes	yes	yes	yes	yes

5. For evolving technology address the following:

– Medical effects as described and documented in published scientific literature;

NA

– The degree to which the objectives of the technology have been met in practice;

NA

- Any side effects, contraindications or environmental exposures;

NA

- The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;

NA

- Food and Drug Administration approval;

NA

- The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal; and

NA

- The degree of partnership, if any, with other institutions for joint use and financing.

NA

Divider III. Community Need Criteria and Standards, Replacement:

1. Describe the financial rational for the proposed price of the equipment.

BJC HealthCare has negotiated aggressive pricing with healthcare equipment vendors. The system purchases major medical equipment using a multi-year, multi-hospital bidding system. The entire health system estimates its equipment needs in two-year cycles and asks vendors to provide their best deal based on a winner-take-all agreement. This has resulted in significant reductions in pricing. Furthermore, the size of this project has resulted in additional pricing concessions.

2. Document that the existing equipment has exceeded its useful life.

The average age of the equipment being replaced is ten years. According to the healthcare accounting standard, *Estimated Useful Lives of Depreciable Hospital Assets*, the useful life of any of these modalities is no more than eight years. Only one piece of equipment is less than eight years old, and it will be warehoused for future use somewhere in BJC. If appropriate, we will file a CON for that unit when the time comes.

3. Describe the effect replacement will have on quality of care.

The proposed machines have several features that provide hallmarks of quality:

- For many of the machines, other than MRI, new technology offers better imaging at lower radiation doses for patients.
- Equipment models will be consolidated, making the consistency of imaging more coordinated across the hospital's imaging platform.
- Every machine, regardless of modality, offers more detailed imaging and more options for refining imaging studies, which in turn improves care.

4. Document that the existing equipment is in constant need of repair.

This project is predicated on heading off issues before they arise. The average age of the equipment is ten years; some will have end-of-service notifications issued by the company. Instead of relocating older equipment and subsequently replacing it piece by piece over the coming years, the clinical and engineering teams believe this proactive strategy underlying this project is the prudent course of action.

Furthermore, moving existing equipment comes at a high cost. The table on the next page outlines the average cost to move each type of machine.

The cost of moving ten-year-old equipment would total at least \$2.5 million, the equivalent of two or three devices. That buys nothing other than a different location. The clinicians see that as a waste of money.

Total Count by Mode	Mode	Incre- mental?	Previous CONs?	Avg Cost to Move per Unit	Cost to Move and Reinstall
6	CT	2		\$ 100,000	\$ 400,000
8	IR	2	2	\$ 150,000	\$ 900,000
5	MRI	1	4	\$ 300,000	\$ 1,200,000
19		5	6		\$ 2,500,000

5. *Document that the lease on the current equipment has expired.*

NA

6. *Describe the technical advances provided by the new unit.*

- Each unit will offer advanced treatment software compared to units being replaced.
- Universally, the newer equipment will offer more detailed studies compared with the older units.
- The Nexaris system is a cutting-edge interventional room that combines both angiography and CT scanning. This multi-modality suite makes it easier to reach targets and, should complications arise, have the right modality available to react quickly.

7. *Describe how patient satisfaction would be improved.*

- The newer equipment will, in almost all cases, offer shorter exam times, which is perhaps the number one desire of patients undergoing imaging studies.
- The consolidation of equipment models will mean it is easier to schedule each patient on precisely the right machine without waiting. This is perhaps number two on the patients' wish list.

8. *Describe how patient outcomes would be improved.*

- Improved images mean improved diagnoses, which in turn improves outcomes
- The Nexaris system will offer greater flexibility for clinicians, which improves outcomes.

- For all units other than the MRIs, reduced radiation dosage improves outcomes.

9. Describe the effect it would have on utilization.

There is no expected direct impact on overall utilization for replacement equipment since the improved technology allows for better planning and treatment for an existing population of patients.

The additional capacity will allow for the growth of the program over time without disrupting the functioning of a new building—it is much easier to install equipment now rather than install equipment inside a functioning radiology service. No matter how well designed the new building is, moving equipment in and out negatively impacts the operations of the entire suite.

10. Describe any new capabilities the new unit would provide.

Each machine offers refinements and often more flexibility when compared to the equipment being replaced. The exciting new capability is the dual-function Nexaris room, which is a cutting-edge system that combines both angiography and CT scanning. This multi-modality suite makes it easier to reach targets and, should complications arise, have the right modality available to react quickly to each unique situation.

11. By what percent will this increase patient charges?

Patient charges will not be impacted by this project.

Divider IV. Financial Feasibility Review Criteria & Standards, Both:

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.

New IRS 990 forms for BJC HealthCare were recently submitted in a previous CON application.

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

See attached financial forms.

3. Document how patient charges were derived.

Charges, in general, are arrived at by determining the reasonable and customary unit charge for delivering a given procedure through routine market checks of pricing at other facilities and comparing the expected unit cost using a cost accounting package tailored specifically for hospitals. Finally, annual inflation adjustments are made, usually averaging 2% to 3%.

4. Document responsiveness to the needs of the medically indigent.

BJC is one of the largest providers of charity care, unreimbursed care, and community benefits in the state of Missouri, offering the community over \$900 million in care and services. BJC hospitals have a long-standing policy of providing charity care and reduced-fee care to those in need, and this policy will continue.

The hospital offers financial counseling for all patients to ensure adequate coverage is obtained. For patients who are indigent, our financial counselors assist these families in obtaining Medicaid assistance. If financial assistance is not attainable, charity care may be extended as appropriate. The hospital financial assistance guidelines are based on family size and income relative to the US poverty level guidelines. Each case is reviewed on an individual basis.

Although community benefit is often measured by the value of current programs, BJC's contributions also sustain the future of health care by investing in the education of health professionals. In 2022, BJC invested nearly \$200 million in the education of nurses, doctors, therapists, pharmacists, and medical technologists.

BJC and its hospitals and health service organizations impact countless lives daily with programs that bring health and wellness resources into schools, neighborhoods, workplaces, houses of worship, and wherever neighbors gather. BJC organizations provide services to hundreds of thousands of children, adults, and seniors across eastern Missouri.



CT for Queeny Replacement
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		
	2022	2023	2024
Amount of Utilization:*	56,583	62,109	65,670
Revenue:			
Average Charge**	\$7,457	\$7,545	\$7,447
Gross Revenue	\$421,939,431	\$468,612,405	\$489,044,490
Revenue Deductions	357,527,456	397,564,921	409,886,122
Operating Revenue	64,411,975	71,047,484	79,158,368
Other Revenue	0	0	0
TOTAL REVENUE	\$64,411,975	\$71,047,484	\$79,158,368
Expenses:			
Direct Expenses			
Salaries	12,703,210	16,291,583	18,215,458
Fees	0	0	0
Supplies	5,941,920	7,510,265	10,148,410
Other	2,800,840	4,358,113	3,287,884
TOTAL DIRECT	\$21,445,970	\$28,159,961	\$31,651,752
Indirect Expenses			
Depreciation	9,013,062	9,929,355	11,491,444
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	25,854,973	28,206,513	27,122,065
TOTAL INDIRECT	\$34,868,035	\$38,135,868	\$38,613,509
TOTAL EXPENSES	\$56,314,005	\$66,295,829	\$70,265,261
NET INCOME (LOSS):	\$8,097,970	\$4,751,655	\$8,893,107

*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.



CT for Queeny Replacement
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		
	2025	2026	2027
Amount of Utilization:*	67,640	74,314	77,500
Revenue:			
Average Charge**	\$7,820	\$8,211	\$8,621
Gross Revenue	\$528,944,800	\$610,192,254	\$668,127,500
Revenue Deductions	443,934,058	512,857,633	562,387,858
Operating Revenue	85,010,742	97,334,621	105,739,642
Other Revenue	0	0	0
TOTAL REVENUE	\$85,010,742	\$97,334,621	\$105,739,642
Expenses:			
Direct Expenses			
Salaries	19,324,779	21,868,436	23,490,226
Fees	0	0	0
Supplies	10,766,448	12,183,600	13,087,151
Other	348,116	3,947,245	4,239,978
TOTAL DIRECT	\$30,439,343	\$37,999,281	\$40,817,355
Indirect Expenses			
Depreciation	12,191,273	13,795,970	14,819,096
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	28,773,799	32,561,198	34,975,977
TOTAL INDIRECT	\$40,965,072	\$46,357,168	\$49,795,073
TOTAL EXPENSES	\$71,404,415	\$84,356,449	\$90,612,428
NET INCOME (LOSS):	\$13,606,327	\$12,978,172	\$15,127,214

*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.



CT for Queeny Replacement
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		
	2028	2029	20??
Amount of Utilization:*	80,811	84,250	0
Revenue:			
Average Charge**	\$9,052	\$9,505	\$0
Gross Revenue	\$731,501,172	\$800,796,250	\$0
Revenue Deductions	616,599,759	675,928,455	0
Operating Revenue	114,901,413	124,867,795	0
Other Revenue	0	0	0
TOTAL REVENUE	\$114,901,413	\$124,867,795	\$0
Expenses:			
Direct Expenses			
Salaries	25,228,445	27,091,258	0
Fees	0	0	0
Supplies	14,055,568	15,093,400	0
Other	4,553,726	4,889,963	0
TOTAL DIRECT	\$43,837,739	\$47,074,621	\$0
Indirect Expenses			
Depreciation	15,915,672	17,090,851	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	37,564,113	40,337,765	0
TOTAL INDIRECT	\$53,479,785	\$57,428,616	\$0
TOTAL EXPENSES	\$97,317,524	\$104,503,237	\$0
NET INCOME (LOSS):	\$17,583,889	\$20,364,558	\$0

*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.



Int. Rad. for Queeny Replacement
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		
	2022	2023	2024
Amount of Utilization:*	9,904	10,527	10,556
Revenue:			
Average Charge**	\$15,364	\$15,435	\$15,229
Gross Revenue	\$152,165,056	\$162,484,245	\$160,757,324
Revenue Deductions	113,662,360	120,585,507	115,927,213
Operating Revenue	38,502,696	41,898,738	44,830,111
Other Revenue	0	0	0
TOTAL REVENUE	\$38,502,696	\$41,898,738	\$44,830,111
Expenses:			
Direct Expenses			
Salaries	6,510,313	7,130,403	7,457,451
Fees	0	0	0
Supplies	10,430,255	13,166,577	13,668,851
Other	963,712	741,231	870,697
TOTAL DIRECT	\$17,904,280	\$21,038,211	\$21,996,999
Indirect Expenses			
Depreciation	3,067,869	3,121,982	3,265,703
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	11,102,056	11,927,204	11,234,049
TOTAL INDIRECT	\$14,169,925	\$15,049,186	\$14,499,752
TOTAL EXPENSES	\$32,074,205	\$36,087,397	\$36,496,751
NET INCOME (LOSS):	\$6,428,491	\$5,811,341	\$8,333,360

*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.



Int. Rad. for Queeny Replacement
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		
	2025	2026	2027
Amount of Utilization:*	10,873	12,443	13,073
Revenue:			
Average Charge**	\$15,990	\$16,789	\$17,629
Gross Revenue	\$173,859,270	\$208,905,527	\$230,463,917
Revenue Deductions	125,738,872	151,529,850	167,631,896
Operating Revenue	48,120,398	57,375,677	62,832,021
Other Revenue	0	0	0
TOTAL REVENUE	\$48,120,398	\$57,375,677	\$62,832,021
Expenses:			
Direct Expenses			
Salaries	7,911,610	9,326,030	10,091,865
Fees	0	0	0
Supplies	14,501,284	17,093,791	18,497,499
Other	923,722	1,088,863	1,178,279
TOTAL DIRECT	\$23,336,616	\$27,508,684	\$29,767,643
Indirect Expenses			
Depreciation	3,464,584	4,083,975	4,419,343
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	11,918,203	14,048,912	15,202,581
TOTAL INDIRECT	\$15,382,787	\$18,132,887	\$19,621,924
TOTAL EXPENSES	\$38,719,403	\$45,641,571	\$49,389,567
NET INCOME (LOSS):	\$9,400,995	\$11,734,106	\$13,442,454

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	Year		
	2028	2028	20??
Amount of Utilization:*	13,729	14,413	0
Revenue:			
Average Charge**	\$18,510	\$19,436	\$0
Gross Revenue	\$254,123,790	\$280,131,068	\$0
Revenue Deductions	185,368,285	204,899,571	0
Operating Revenue	68,755,505	75,231,497	0
Other Revenue	0	0	0
TOTAL REVENUE	\$68,755,505	\$75,231,497	\$0
Expenses:			
Direct Expenses			
Salaries	10,916,390	11,803,913	0
Fees	0	0	0
Supplies	20,008,781	21,635,534	0
Other	1,274,546	1,378,170	0
TOTAL DIRECT	\$32,199,717	\$34,817,617	\$0
Indirect Expenses			
Depreciation	4,780,412	5,169,069	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	16,444,662	17,781,644	0
TOTAL INDIRECT	\$21,225,074	\$22,950,713	\$0
TOTAL EXPENSES	\$53,424,791	\$57,768,330	\$0
NET INCOME (LOSS):	\$15,330,714	\$17,463,167	\$0

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	Year		
	<u>2022</u>	<u>2023</u>	<u>2024</u>
Amount of Utilization:*	<u>47,369</u>	<u>48,790</u>	<u>54,506</u>
Revenue:			
Average Charge**	<u>\$5,345</u>	<u>\$5,505</u>	<u>\$5,670</u>
Gross Revenue	<u>\$253,187,305</u>	<u>\$268,588,950</u>	<u>\$309,049,020</u>
Revenue Deductions	<u>196,229,848</u>	<u>208,633,247</u>	<u>240,585,044</u>
Operating Revenue	<u>56,957,457</u>	<u>59,955,703</u>	<u>68,463,976</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$56,957,457</u>	<u>\$59,955,703</u>	<u>\$68,463,976</u>
Expenses:			
Direct Expenses			
Salaries	<u>11,993,499</u>	<u>12,353,304</u>	<u>12,730,420</u>
Fees	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>4,310,305</u>	<u>4,439,615</u>	<u>4,575,145</u>
Other	<u>128,133</u>	<u>131,977</u>	<u>136,006</u>
TOTAL DIRECT	<u>\$16,431,937</u>	<u>\$16,924,896</u>	<u>\$17,441,571</u>
Indirect Expenses			
Depreciation	<u>5,088,574</u>	<u>5,241,231</u>	<u>5,401,233</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>8,373,819</u>	<u>8,625,034</u>	<u>8,888,335</u>
TOTAL INDIRECT	<u>\$13,462,393</u>	<u>\$13,866,265</u>	<u>\$14,289,568</u>
TOTAL EXPENSES	<u>\$29,894,330</u>	<u>\$30,791,161</u>	<u>\$31,731,139</u>
NET INCOME (LOSS):	<u>\$27,063,127</u>	<u>\$29,164,542</u>	<u>\$36,732,837</u>

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	Year		
	<u>2025</u>	<u>2026</u>	<u>2027</u>
Amount of Utilization:*	<u>55,088</u>	<u>57,706</u>	<u>57,928</u>
Revenue:			
Average Charge**	<u>\$5,840</u>	<u>\$6,015</u>	<u>\$6,196</u>
Gross Revenue	<u>\$321,713,920</u>	<u>\$347,101,590</u>	<u>\$358,921,888</u>
Revenue Deductions	<u>250,621,046</u>	<u>271,370,528</u>	<u>281,175,101</u>
Operating Revenue	<u>71,092,874</u>	<u>75,731,062</u>	<u>77,746,787</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$71,092,874</u>	<u>\$75,731,062</u>	<u>\$77,746,787</u>
Expenses:			
Direct Expenses			
Salaries	<u>13,233,226</u>	<u>14,298,611</u>	<u>14,784,268</u>
Fees	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>4,755,847</u>	<u>5,138,732</u>	<u>5,313,271</u>
Other	<u>141,378</u>	<u>152,760</u>	<u>157,948</u>
TOTAL DIRECT	<u>\$18,130,451</u>	<u>\$19,590,103</u>	<u>\$20,255,487</u>
Indirect Expenses			
Depreciation	<u>5,614,562</u>	<u>6,066,581</u>	<u>6,272,635</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>9,239,392</u>	<u>9,983,241</u>	<u>10,322,324</u>
TOTAL INDIRECT	<u>\$14,853,954</u>	<u>\$16,049,822</u>	<u>\$16,594,959</u>
TOTAL EXPENSES	<u>\$32,984,405</u>	<u>\$35,639,925</u>	<u>\$36,850,446</u>
NET INCOME (LOSS):	<u>\$38,108,469</u>	<u>\$40,091,137</u>	<u>\$40,896,341</u>

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	2028	2029	20??
Amount of Utilization:*	58,507	59,615	0
Revenue:			
Average Charge**	\$6,382	\$6,573	\$0
Gross Revenue	\$373,391,674	\$391,849,395	\$0
Revenue Deductions	293,112,940	308,255,581	0
Operating Revenue	80,278,734	83,593,814	0
Other Revenue	0	0	0
TOTAL REVENUE	\$80,278,734	\$83,593,814	\$0
Expenses:			
Direct Expenses			
Salaries	15,380,074	16,141,483	0
Fees	0	0	0
Supplies	5,527,396	5,801,036	0
Other	164,314	172,448	0
TOTAL DIRECT	\$21,071,784	\$22,114,967	\$0
Indirect Expenses			
Depreciation	6,525,422	6,848,471	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	10,738,314	11,269,927	0
TOTAL INDIRECT	\$17,263,736	\$18,118,398	\$0
TOTAL EXPENSES	\$38,335,520	\$40,233,365	\$0
NET INCOME (LOSS):	\$41,943,214	\$43,360,449	\$0

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