



# **Application for Certificate of Need**

## **SSM Health SLU Hospital— 2nd da Vinci Robotic Surgical System**



**Project #6215 HS**

**Submitted To:**

**Missouri Health Facilities Review Committee**

**June 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 completion.
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.

# **DIVIDER I**

# **APPLICATION SUMMARY**

## **DIVIDER I – Application Summary**

### ***1. Application Identification and Certification (Form MO 580-1861)***

The Application Identification and Certification form is included in Divider I – Attachments (Attachment I.1).

### ***2. Representative Registration (Form 580-1869)***

The Representative Registration forms are included in Divider I – Attachments. Completed forms have been provided for Johanna Ananth (Attachment I.2) and Kelly Baumer (Attachment I.3).

### ***3. Proposed Project Budget (Form MO 580-1863)***

The Proposed Budget form is included in Divider I – Attachments (Attachment I.4).

## **Divider I**

## **Attachments**



## 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 <b>SSM Health SLU Hospital-2nd da Vinci Robotic Surgical System</b>	Project Number <b>#6215 HS</b>
Project Address (Street/City/State/Zip Code) <b>1201 S Grand Blvd, St. Louis, MO 63104</b>	County <b>St. Louis City</b>

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

<b>List All Owner(s):</b> (List corporate entity.)	Address (Street/City/State/Zip Code)	Telephone Number
SSM Health Saint Louis University Hospital	1201 S Grand Blvd, St. Louis, MO 63104	314-257-8000

<b>List All Operator(s):</b> (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number
SSM Health Saint Louis University Hospital		

**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 <b>Johanna Ananth</b>	Title <b>Attorney</b>
Telephone Number <b>314-345-4732</b>	Fax Number <b>314-241-9090</b>
E-mail Address <b>jananth@verizon.net</b>	
Signature of Contact Person 	Date of Signature <b>6/17/2025</b>

MO 580 1861 (03/13)



## Certificate of Need Program

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

Project Name SSM Health SLU Hospital-2nd da Vinci Robotic Surgical System	Number #6215 HS
--	--------------------

(Please type or print legibly.)

Name of Representative Johanna Ananth	Title Attorney
--	-------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) UB Greensfelder LLP	Telephone Number 314-345-4732
--	----------------------------------

Address (Street/City/State/Zip Code) 10 South Broadway, Ste. 2000, St. Louis, MO 63102-1747
--

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 Health Saint Louis University Hospital	Telephone Number 314-257-8000
--	----------------------------------

Address (Street/City/State/Zip Code) 1201 S Grand Blvd, St. Louis, MO 63104
--

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

Johanna Ananth

Date

6/17/2025

MO 580-1869 (11/01)





## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

<i>(A registration form must be completed for each project presented.)</i>	
Project Name <b>SSM Health SLU Hospital-2nd da Vinci Robotic Surgical System</b>	Number <b>#6215 HS</b>
<i>(Please type or print legibly.)</i>	
Name of Representative <b>Kelly Baumer</b>	Title <b>Vice President of Clinical Operations</b>
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) <b>SSM Health Saint Louis University Hospital</b>	Telephone Number <b>314-257-8000</b>
Address (Street/City/State/Zip Code) <b>SSM Health Saint Louis University Hospital 1201 S Grand Blvd, St. Louis, MO 63104</b>	
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 <b>SSM Health Saint Louis University Hospital</b>	Telephone Number <b>314-257-8000</b>
Address (Street/City/State/Zip Code) <b>SSM Health Saint Louis University Hospital 1201 S Grand Blvd, St. Louis, MO 63104</b>	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral  Other Information:   	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):   
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>	
Original Signature 	Date <b>6/18/25</b>

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

**FINANCING:**

13. Unrestricted Funds	_____
14. Bonds	_____
15. Loans	_____
16. Other Methods (specify)	_____
<b>17. Total Project Financing</b> (sum of #13 through #16)	_____ <b>**</b>

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**

## DIVIDER II – Proposal Description

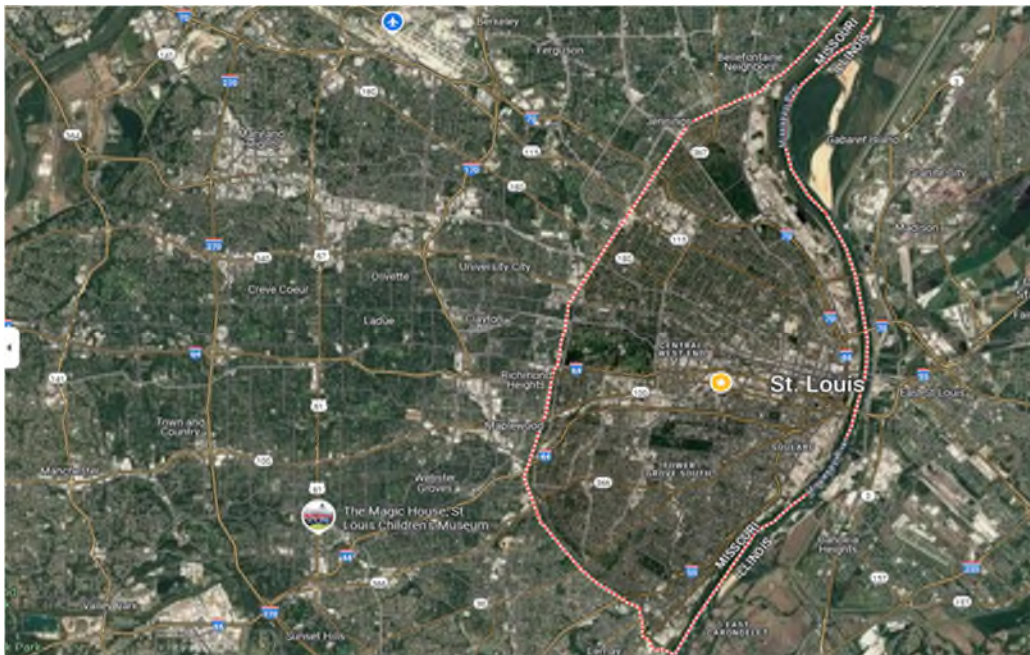
**1. Provide a complete detailed project description and include equipment bid quotes.**

SSM Health Saint Louis University Hospital (SLU-H) is positioned to expand its robotic-assisted surgical program with the acquisition of Intuitive's da Vinci 5 system. This strategic initiative is driven by several factors, including geographic location, physician interest, and the range of services currently offered. Additionally, the new robotic platform will enhance SLUCare faculty recruitment and support the training and development of future physicians (see Attachment II.1 for equipment quote).

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

Milestone	Target Date
Certificate of Need Issuance	September 2025
Equipment Arrival	October 2025
Equipment Installation	October 2025
Operational Go-Live	October 2025

**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.**

The SSM Health Saint Louis University Hospital is one of seven (7) hospitals in the greater St. Louis region. SSM Health Medical Group and SLUCare Medical Group offices are widely spread throughout the entire region.

SSM Health Saint Louis University Hospital primary and secondary service areas are home to a diverse population. Patients choose the location they prefer for health services typically based on proximity to their home and/or physician's office location.

Demographic Indicator	Value
Total Population	416,947
Number of Households	200,039
Male Population	200,666
Female Population	216,282
Median Age	36
Median Household Income	\$54,573
Per Capita Income	\$37,722
Unemployment Rate	2.7%

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

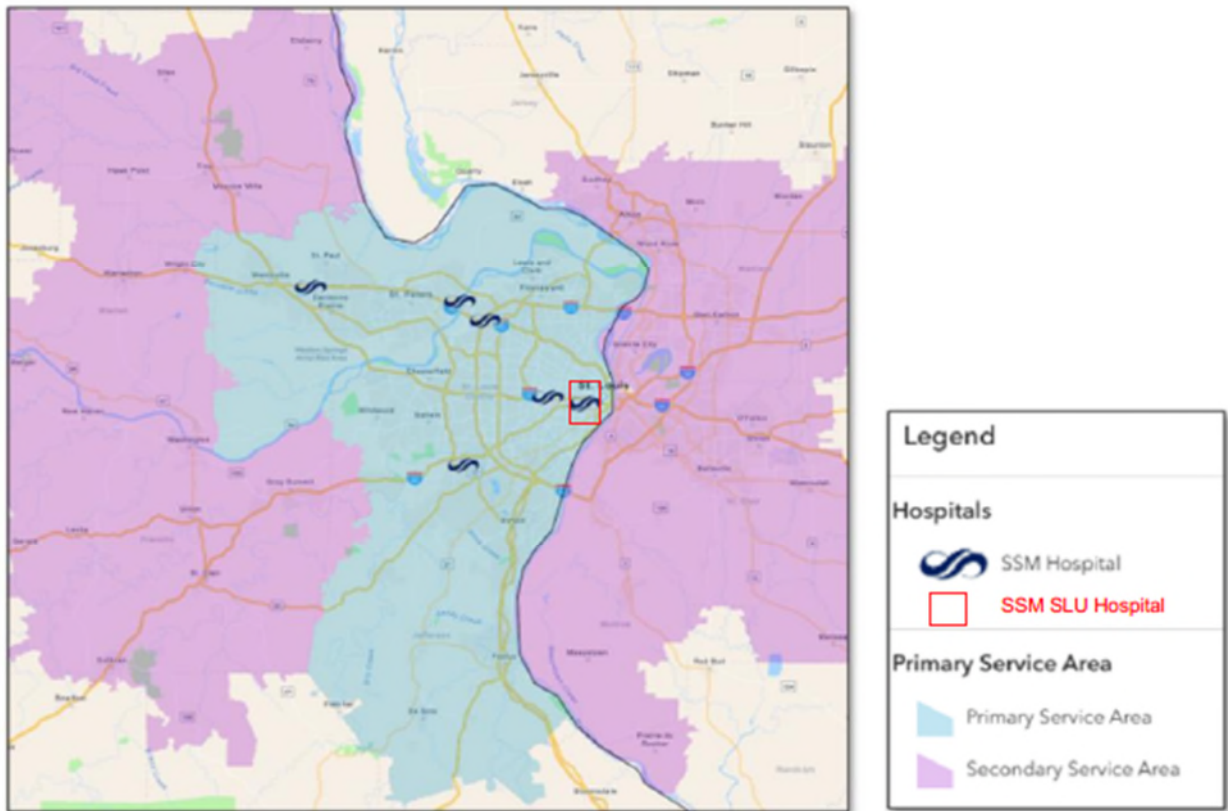
The primary service area is made up of 24 zip codes listed in the chart below and spreads across St. Louis City and St. Louis County. The chart also shows the projected population for 2025.

The Bureau of Vital Statistics of the Missouri Department of Health and Senior Services provided the following 2025 population projections for Missouri zip codes (see following page).

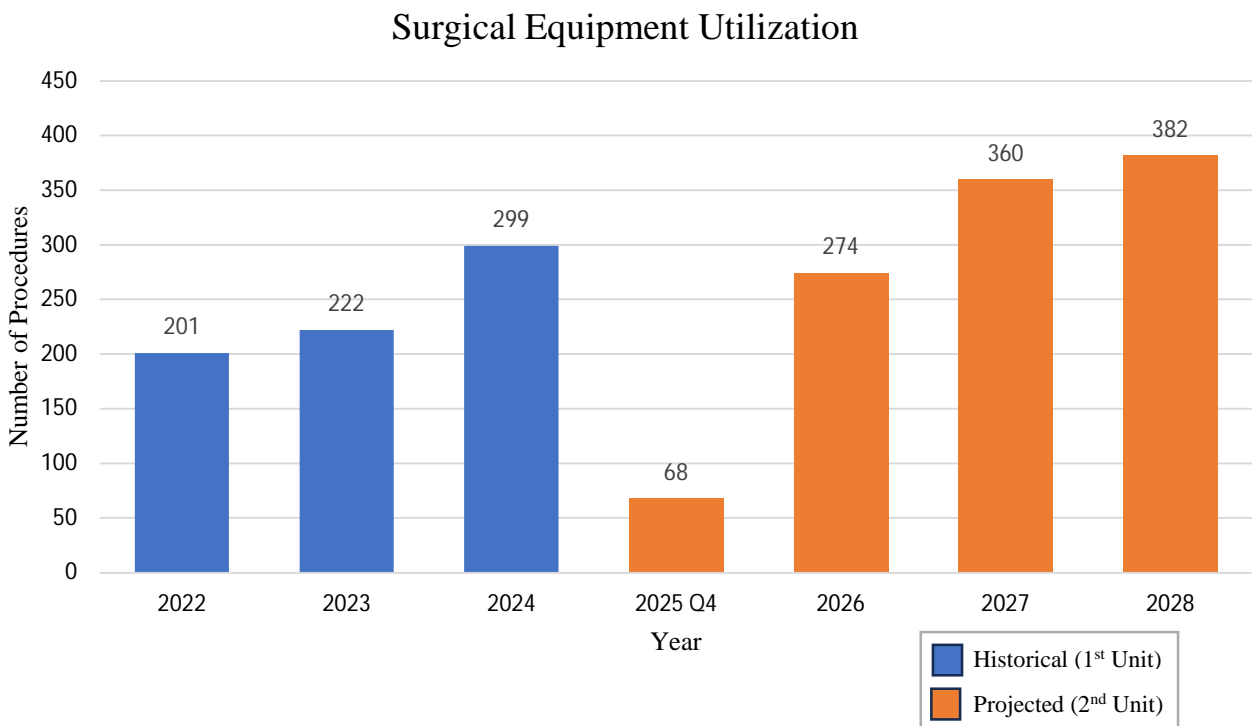
St. Louis city	63103	8,201
St. Louis city	63104	17,236
St. Louis	63105	20,058
St. Louis city	63106	12,047
St. Louis city	63107	8,098
St. Louis city	63108	21,117
St. Louis city	63109	23,480
St. Louis city	63110	13,722
St. Louis city	63111	18,020
St. Louis city	63112	17,297
St. Louis city	63113	9,373
St. Louis city	63115	16,050
St. Louis city	63116	38,529
St. Louis	63117	8,298
St. Louis city	63118	21,984
St. Louis	63119	33,275
St. Louis city	63120	7,521
St. Louis	63124	10,563
St. Louis	63130	26,952
St. Louis	63133	8,048
St. Louis city	63139	19,750
St. Louis	63143	8,879
St. Louis	63144	8,903
St. Louis city	63147	9,252
	<b>Total</b>	<b>386,653</b>

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

As stated above, SSM Health Saint Louis University Hospital serves patients throughout Saint Louis City and Saint Louis County. The 2025 population projections listed in the chart above for 24 different zip codes shows data collected by the Missouri Department of Health and Senior Services. The community need for the DaVinci upgrade is based on this service area. In the service area map (see following page), PSA (primary service area) and SSA (secondary service area) are defined by historical utilization patterns.



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.**

We used current volumes as baseline then added in anticipated volume from new physicians who have been recruited to practice at SSM Health Saint Louis University Hospital. Future utilization assumptions are based on the needs of the academic program and anticipated future growth in surgical specialties utilizing robotic procedures. In addition, because SSM Health Saint Louis University Hospital is a teaching hospital it performs higher-acuity procedures (like transplants) that require longer operative times which was taken into consideration in the decision to purchase an additional surgery system. This second surgery system is necessary to ensure adequate availability of this technology for patients and surgeons.

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

Robotic surgery is increasingly requested by patients and surgeons because the minimally invasive approach lessens recovery time and patient discomfort during recovery. In addition, academic programs must continue to train all new surgeons on robotic procedures which are projected to be the standard of care for many procedures in the future.

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

Letters of support from Brandon Wojcik, MD, Assistant Professor of Surgery in Trauma, Critical Care, and General Surgery at Saint Louis University School of Medicine (Attachment II.2), and Jennifer Keller, MD, Surgical Oncology, Department of Surgery, SSM Health, Saint Louis University School of Medicine (Attachment II.3), are included in Divider II – Attachments.

**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.**

See following page and Attachment II.4.



### Customer Ad Proof

<b>220-60008529</b>	<b>Greensfelder, Hemker &amp; Gale, P.C./UB</b>	<b>Order Nbr 148747</b>
<b>Publication</b>	<b>Post - Dispatch</b>	
Contact	Greensfelder, Hemker & Gale, P.C./UB Greensfelder	PO Number Kelsey Robertson
Address 1	10 S. BROADWAY, SUITE 2000	Rate Legal
Address 2		Order Price 350.84
City St Zip	ST LOUIS MO 63102	Amount Paid 0.00
Phone	3143455402	Amount Due 350.84
Fax	3142415166	
Section	Legals	Start/End Dates 06/18/2025 - 06/18/2025
SubSection		Insertions 1
Category	9000 Public Notices	Size 13
Ad Key	148747-1	Salesperson(s) Tanya Lemons I023
Keywords	SSM Health Saint Louis Univers	Taken By Tanya Lemons
Notes		
<b>Ad Proof</b>	SSM Health Saint Louis University Hospital (SLU Hospital) plans to acquire an additional Da Vinci Xi dual-console surgical robot, subject to Certificate of Need approval by the Missouri Health Facilities Review Committee. This request is submitted under Application #6215 HS. Email Johanna Ananth at jananth@ubglaw.com with questions, comments, or concerns.	

## 12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.

Emails with attached notice letters were sent on June 20, 2025 via email to:

Hospital Name	Contact Person	Email Address	Attachment
Mercy Hospital South	Sean Hogan	sean.hogan@mercy.net	Attachment II.5
Mercy Hospital St. Louis	David Meiners	david.meiners@mercy.net	Attachment II.6
St. Luke's Hospital	Andrew Bagnall	andrew.bagnall@stlukes-stl.com	Attachment II.7
Barnes Jewish West County Hospital	Angelleen Peters Lewis	angelleen.peterslewis@bjc.org	Attachment II.8
Christian Hospital Northeast-Northwest	Rick Stevens	rick.stevens@bjc.org	Attachment II.9
Missouri Baptist Medical Center	Ann Abad	ann.abad@bjc.org	Attachment II.10
Barnes-Jewish Hospital	John P. Lynch	john.lynch@bjc.org	Attachment II.11

## **Divider II**

## **Attachments**



Intuitive Surgical, Inc.  
1020 Kifer Road  
Sunnyvale, CA 94086  
800-876-1310

## Quote Details

Quote ID	Q-00078283
Quote Date	3/28/2025
Valid Until	03/31/2025
Sales Rep	Nick Purcell
Phone Number	+1-314-495-2080
Email	nick.purcell@intusurg.com

## Company Information

Hospital Name	SSM Health Saint Louis University Hospital
SF ID/IDN Affiliation	10141/SSM Health
Address	1201 S Grand Blvd
City, State, Zip	St. Louis, Missouri, 63104
Contact Name	
Telephone	

Please submit orders electronically via GHX or fax to 408-523-2377

Part Number	Qty	Item	Price	Subtotal
<b>Systems</b>				
	1	Da Vinci 5 Dual Console System (Fluorescence Imaging Included): Two (2): da Vinci 5® System Console One (1) da Vinci 5® System Tower One (1) Integrated Insufflator One (1) Integrated E-200 Generator One (1) CO2 Tank Kit One (1): da Vinci 5® System Patient Cart One (1) da Vinci 5® Operating System Software Package (including Integrated table motion) Vision Equipment Accessories Training Instruments da Vinci 5 ® System Documentation	\$ 3,075,000.00	\$ 3,075,000.00
<b>Upgrades</b>				
	1	Intuitive Hub containing: - Media Manager (Not available in the US) - Telepresence	\$ 0.00	\$ 0.00
	1	Da Vinci E-200 Generator (Backup)	\$ 25,000.00	\$ 25,000.00
<b>Freight</b>				
	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE, OK, SD, TX, WI)	\$ 11,000.00	\$ 11,000.00
<b>Total</b>				<b>\$ 3,111,000.00</b>

Part Number	Months	Item	Price	Annual Service Fee
<b>Service</b>				
	12	da Vinci 5-Dual Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-Warranty (Included)	\$ 0.00	\$ 0.00
	48	da Vinci 5-Dual Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 225,000.00	\$ 225,000.00
	12	SERVICE PLAN : E-200 BACKUP-Warranty (Included)	\$ 0.00	\$ 0.00

	48	SERVICE PLAN : E-200 BACKUP-After Warranty Service (Annual)	\$ 0.00	\$ 0.00
Digital Subscription				
	12	MY INTUITIVE+ SUBSCRIPTION-Subscription (Included)	\$ 0.00	\$ 0.00
	12	MY INTUITIVE+ SUBSCRIPTION-Subscription Fee	\$ 70,000.00	\$ 70,000.00

#### Terms and Conditions

##### 1) Terms and Conditions

- 1.1 A signed Sales, License, and Service Agreement ("SLSA") or equivalent is required prior to shipment of the System(s) or System Upgrades. All site modifications and preparation are the Customer's responsibility and are to be completed to the specification given by Intuitive Surgical, Inc. ("Intuitive") prior to the installation date.
- 1.2 Customer acknowledges that the cleaning and sterilization equipment, not provided by Intuitive, is required to appropriately reprocess da Vinci® instruments and endoscopes. Please refer to the Intuitive Surgical Reprocessing website: <https://reprocessing.intuitivesurgical.com>. Customer is responsible for ensuring that its' cleaning and sterilization program comply with all health and safety requirements.

##### 2) REQUIREMENTS PRIOR TO SHIPMENT

- 2.1 System delivery is subject to credit approval and receipt of Customer's purchase order by Intuitive. Whether or not Customer issues a purchase order does not affect Customer's commitment to acquire and pay for the System.

##### Please provide the following for shipment and billing reference:

- Purchase Order No: \_\_\_\_\_
- Point of Contact: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

##### 3) I&A Terms and Conditions:

- 3.1 To place an order, please fax Purchase Order to Intuitive Surgical Customer Service at 408-523-2377 or submit through the Global Health Exchange (GHX). Payment Terms are Net 30 days from invoice date. Delivery is subject to credit approval by Intuitive Surgical. Estimated 2-Day standard delivery. Standard shipping terms are FCA from Intuitive's warehouse and are subject to inventory availability. All taxes and shipping charges are the responsibility of the Customer and will be added to the invoice, as appropriate. Pricing is subject to change without notice. A \$9.95 handling charge will be applied for any shipments using Customer's designated carrier.

##### 4) Return Goods Policy:

- 4.1 All returns must be authorized through Intuitive Surgical Customer Service, please call 800-876-1310 to obtain a Return Material Authorization Number (RMA#). All items must be accompanied with valid RMA# for processing and are requested to be received within 14 days of issuance, or the RMA could be subject to cancellation. Intuitive Surgical will prepay for the return of the defective instruments. Upon identification of a defective instrument, please call Intuitive Surgical Customer Service within 5 business days. Prior to returning to Intuitive Surgical, items must be cleaned and decontaminated in accordance with the then current local environmental and safety laws and standards. For all excess inventory returns, items are required to be in the original packaging with no markings, seals intact, and to have been purchased within the last 12 months. Package excess returned inventory in a separate shipping container to prevent damage to original product packaging.

##### 5) Exchange Goods Policy:

- 5.1 Repairs to Endoscope, Camera Head and Skills Simulators may qualify for Intuitive Surgical advanced exchange program. Please contact Customer Service or send email to CustomerSupport-ServiceSupport@intusurg.com to obtain information on our current exchange program.

##### 6) Credit Policy:

- 6.1 Intuitive will issue credit against the original purchase order after full inspection is complete. Credit for defective returns: Intuitive will issue credit on products based on failure analysis performed and individual warranty terms. For instruments, credit will be issued for the remaining lives, plus one additional life to compensate for usage at the time the issue was identified. Evidence of negligence, misuse and mishandling will not qualify for credit. Credit for excess inventory returns: Excess Inventory returns will be valued at the invoice price. Original packaging must be unmarked, undamaged and seals intact to qualify for credit. Credit will be issued if the products were shipped less than 12 months prior to return request, the original package is intact, and the product is within expiration date. Intuitive will retain all returned products.

##### 7) Miscellaneous:

- 7.1 Warranty: Warranties are applied for manufacturing defects.

- Endoscope, Camera, Simulator, Systems and System upgrades – 1 year warranty.
- Accessories – 90-day warranty.
- Instruments: see above for credit.

- 7.2 Any term or condition contained in your purchase order or similar forms which is different from, inconsistent with, or in addition to these

terms shall be void and of no effect unless agreed to in writing and signed by your authorized representative and authorized representative of Intuitive Surgical. The terms and conditions of this quote, including pricing, are confidential and proprietary information of Intuitive Surgical and shall not be disclosed to any third party without the consent of Intuitive Surgical. For questions, please contact Customer Service at 800-876-1310.

**EXHIBIT A**  
**Deliverables, Price and Delivery**

**da Vinci 5® Dual Console System (Firefly® Fluorescence Imaging Enabled)**

Two (2): da Vinci 5® System Console  
One (1): da Vinci 5® System Tower  
    One (1): Integrated Insufflator  
    One (1): Integrated E-200 Generator  
    One (1): CO2 Tank Kit  
One (1): da Vinci 5® System Patient Cart  
One (1): da Vinci 5® Operating System Software Package (including Integrated Table Motion)  
    Warranty period: One (1) year from the Acceptance

**Vision Equipment:**

    One (1): NIR Handheld Camera Control Unit  
    One (1): NIR Handheld Camera Light Source  
    One (1): NIR Handheld Camera  
    Two (2): da Vinci 5® Endoscope, 0°  
    Two (2): da Vinci 5® Endoscope, 30°  
    Four (4): da Vinci 5® Endoscope Trays  
    One (1) NIR Handheld Reprocessing Tray  
    Warranty period: One (1) year from the Acceptance

**Accessories:**

    One (1): Box of 10: Tip Cover Accessory (For use with Endowrist Monopolar Curved Scissors)  
    Three (3): Monopolar Cautery Cord  
    Three (3): Bipolar Cautery Cord  
    Eight (8): 8 mm Hex Cannula, standard  
    Two (2): Box of 6: 8 mm Bladeless Obturator  
    Four (4): Box of 10: Universal Seal (5-12mm)  
    One (1): Box of 3: 8mm Gage Pin  
    Two (2): Pack of 20: Instrument Arm Drape  
    One (1): Pack of 20: Column Drape  
    Three (3): 8mm Instrument Introducer  
    Two (2): 12mm Stapler Cannula  
    Two (2): Box of 6: Da Vinci Insufflator Tube Set - Smoke Evacuation  
    One (1) NIR Handheld Camera Light Guide  
    One (1): Light Guide Adapter for Schoelly and Storz endoscopes  
    One (1): Laparoscope 10mm, 0°, NIR  
    One (1): Laparoscope 10mm, 30°, NIR  
    One (1): Laparoscope 5mm, 0°  
    One (1): Laparoscope 5mm, 30°  
    Warranty period: 90 days from Acceptance

**Training Instruments**

    One (1): Monopolar Curved Scissors, Training  
    One (1): Force Bipolar, Training  
    One (1): Large Needle Driver, Training  
    One (1): Mega SutureCut Needle Driver, Training  
    One (1): Cadere Forceps, Training  
    Warranty period: 90 days from Acceptance

**da Vinci 5® System Documentation**

    One (1): da Vinci 5 System User Manual  
    One (1): E-200 User Manual  
    One (1): Insufflator/Tube Set User Manual  
    One (1): Force Feedback User Manual  
    One (1): Integrated table Motion, Quick Reference Guide: Bedside  
    One (1): Integrated Table Motion, Quick Reference Guide: Anesthesia  
    One (1): Reprocessing Wall Chart Kit  
    One (1): Cleaning and Sterilization Kit  
    One (1): US Language Kit  
    One (1): Da Vinci 5 Representative Adult Uses System User Manual Addendum  
    One (1): Da Vinci 5 SynchroSeal Instruments and Accessories User Manual Addendum  
    One (1): SureForm 45 and SureForm 60 Instruments and Accessories User Manual Addendum

One (1): SureForm 45 and SureForm 60 Force Fire, FDA Guidance  
One (1): NIR Camera System User Manual Addendum  
One (1): Universal Reprocessing Hardware kit  
Two (2): Endowrist Instrument Release Kit (IRK)  
Warranty period: n/a

Upgrades with Incremental Costs:

One (1): Backup E-200 Kit (plus service)  
Warranty period: One (1) year from the Acceptance

(all kits subject to change without notice)





Saint Louis University Hospital  
1201 S. Grand Blvd.  
St. Louis, MO 63104  
phone: 314-257-8000

Through our exceptional  
health care services,  
we reveal the healing  
presence of God.

June 24, 2025

**Via Email:** [CONP@health.mo.gov](mailto:CONP@health.mo.gov)

Ms. Alison Dorge  
Program Coordinator  
Missouri Certificate of Need Program  
920 Wildwood Drive  
Jefferson City, MO 65109

Re: Letter in Support of Application #6215 HS

Dear Ms. Dorge,

I am a board-certified Trauma and General Surgeon currently serving as a Trauma and Acute Care Surgeon at SSM Health Saint Louis University Hospital. As part of an academic medical center, I collaborate with a diverse team of clinicians, educators, and researchers to provide high-quality, compassionate, and evidence-based care to a broad patient population. My daily responsibilities include both acute and long-term management of both trauma and general surgical patients, including emergent, semi-elective, and elective surgical intervention on a wide range of disease processes from abdominal gunshots to inguinal and ventral hernias.

I am writing to express my support for the planned acquisition of an additional da Vinci DV5 dual-console surgical robot at SSM Health Saint Louis University Hospital. I believe this acquisition will benefit our patients, our surgical education program, and the broader health care community in the St. Louis region.

As the primary academic teaching hospital for Saint Louis University School of Medicine, this acquisition directly supports our role in training surgical residents and fellows. Robotic-assisted procedures are now a core component of practice in many disciplines, and graduating physicians are expected to be proficient with this technology and are eager to use it in practice. Expanding our capacity enables us to integrate robotic training into clinical care more meaningfully and consistently, so that the next generation of surgeons is prepared to deliver the level of care our communities increasingly expect. With SSM acquiring Saint Louis University Hospital, this is a necessary investment in the medical education mission that is the foundation of this partnership.



Robotic-assisted surgery has become an increasingly standard part of high-quality surgical care. While once reserved for specialized cases, platforms like the da Vinci system are now routinely used in general surgery, urology, gynecology, and other specialties, based on growing evidence of improved precision, reduced length of stay, lower postoperative complication rates, and faster recovery times for appropriate patients. Like many institutions, we are seeing rising demand for minimally invasive options, and our current robotic capacity has reached a point where it is limiting timely access to care. Specifically in my field, it allows our underserved, often uninsured or underinsured, and our most ill and disadvantaged patients to receive the same level of care as our elective surgical population by receiving the benefits of minimally invasive surgery. General and Acute Care Surgery is the fastest growing specialty for robotic surgery, and acquiring a DV5 will allow us to continue to push the quality of our surgical care forward.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brandon Wojcik' with a stylized flourish at the end.

Brandon Wojcik, MD  
Assistant Professor of Surgery  
Trauma, Critical Care, and General Surgery  
Saint Louis University School of Medicine

June 25, 2025

**Via Email:** [CONP@health.mo.gov](mailto:CONP@health.mo.gov)

Ms. Alison Dorge  
Program Coordinator  
Missouri Certificate of Need Program  
920 Wildwood Drive  
Jefferson City, MO 65109

Re: Letter in Support of Application #6215 HS

Dear Ms. Dorge,

I am a double board certified general surgeon and complex general surgical oncologist currently serving as Assistant Professor at SSM Health Saint Louis University Hospital. As part of an academic medical center, I collaborate with a diverse team of clinicians, educators, and researchers to provide high-quality, compassionate, and evidence-based care to a broad patient population. My daily responsibilities include inpatient and outpatient patient services as well as complex surgical treatment of colorectal, gastric, hepatic, and pancreaticobiliary malignancies

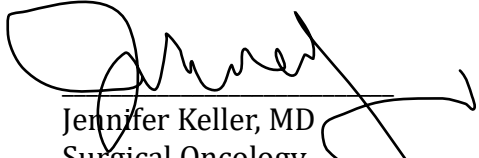
I am writing to express my support for the planned acquisition of an additional da Vinci DV5 dual-console surgical robot at SSM Health Saint Louis University Hospital. I believe this acquisition will benefit both our patients and the broader health care community in the St. Louis region.

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Robotic-assisted surgery has become an increasingly standard part of high-quality surgical care. While once reserved for specialized cases, platforms like the da Vinci system are now routinely used in general surgery, urology, gynecology, and other specialties, based on growing evidence of improved precision, reduced length of stay, lower postoperative complication rates, and faster recovery times for appropriate patients. Like many institutions, we are seeing rising demand for minimally invasive options, and our current robotic capacity has reached a point

where it is limiting timely access to care. In addition to facilitating the teaching mission, the additional capacity will allow our medical staff to maintain their proficiency by increasing the availability of robotic surgery for patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Keller', with a large, stylized loop at the end.

Jennifer Keller, MD  
Surgical Oncology  
Department of Surgery, SSM Health  
St. Louis University School of Medicine



# ST. LOUIS POST-DISPATCH

## AFFIDAVIT OF PUBLICATION

Greensfelder, Hemker & Gale, P.C./UB Greensfelder LLP  
 10 S. Broadway, Suite 2000  
 St. Louis, MO 63102  
 Attn: Kelsey Robertson (Affidavit Enclosed)

Ad Number – 148747 – PO# Kelsey Robertson - Description: SSM Health (SLU Hospital) plans to acquire an additional Da Vinci Xi dual-console surgical robot...

THE ATTACHED ADVERTISEMENT WAS PUBLISHED

In the St. Louis Post-Dispatch on the following date(s): 6/18/2025

A version of the ad also appeared on STLtoday.com Starting: 6/18/2025

  
 COMPANY REPRESENTATIVE

SSM Health Saint Louis University Hospital (SLU Hospital) plans to acquire an additional Da Vinci Xi dual-console surgical robot, subject to Certificate of Need approval by the Missouri Health Facilities Review Committee. This request is submitted under Application #6215 HS. Email Johanna Ananth at jananth@ubglaw.com with questions, comments, or concerns.

SWORN TO AND SUBSCRIBED BEFORE ME  
 THIS June 23, 2025

  
 NOTARY PUBLIC, CITY OF ST. LOUIS

901 N. TENTH ST., ST LOUIS MO 63101

PHONE 314-340-8000



June 20, 2025

*Via Email (sean.hogan@mercy.net)*

Mr. Sean Hogan  
Mercy Hospital South  
10010 Kennerly Rd.  
St. Louis, MO 63128

Re: CON Notification – Planned Acquisition of da Vinci 5 Surgical Robot at SSM Health Saint Louis University Hospital

Dear Mr. Hogan:

SSM Health Saint Louis University Hospital is applying to the Missouri Health Facilities Review Committee to acquire an additional da Vinci 5 surgical robot from Intuitive.

In accordance with Missouri Certificate of Need requirements, we are notifying you of this filing.

If you have any questions or concerns about the project, please contact me at jananth@ubglaw.com or (301)-800-2117.

Sincerely,

**UB GREENSFELDER LLP**

By: *Johanna Ananth*

Johanna Ananth

BOCA RATON

CHICAGO

CINCINNATI

CLAYTON, MO

CLEVELAND

COLUMBUS, OH

NEW YORK

SO. ILLINOIS

ST. LOUIS

WASHINGTON, DC

UBGLAW.COM

June 20, 2025

Via Email (*david.meiners@mercy.net*)

Mr. David Meiners  
Mercy Hospital St. Louis  
615 S New Ballas Rd.  
St. Louis, MO 63141

Re: CON Notification – Planned Acquisition of da Vinci 5 Surgical Robot at SSM Health Saint Louis University Hospital

Dear Mr. Meiners:

SSM Health Saint Louis University Hospital is applying to the Missouri Health Facilities Review Committee to acquire an additional da Vinci 5 surgical robot from Intuitive.

In accordance with Missouri Certificate of Need requirements, we are notifying you of this filing.

If you have any questions or concerns about the project, please contact me at jananth@ubglaw.com or (301)-800-2117.

Sincerely,

**UB GREENSFELDER LLP**

By: *Johanna Ananth*

Johanna Ananth

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CLEVELAND

COLUMBUS, OH

NEW YORK

SO. ILLINOIS

ST. LOUIS

WASHINGTON, DC

UBGLAW.COM



June 20, 2025

Via Email ([andrew.bagnall@stlukes-stl.com](mailto:andrew.bagnall@stlukes-stl.com))

Mr. Andrew Bagnall  
St. Luke's Hospital  
232 S Woods Mill Rd.  
Chesterfield, MO 63017

Re: CON Notification – Planned Acquisition of da Vinci 5 Surgical Robot at SSM Health Saint Louis University Hospital

Dear Mr. Bagnall:

SSM Health Saint Louis University Hospital is applying to the Missouri Health Facilities Review Committee to acquire an additional da Vinci 5 surgical robot from Intuitive.

In accordance with Missouri Certificate of Need requirements, we are notifying you of this filing.

If you have any questions or concerns about the project, please contact me at [jananth@ubglaw.com](mailto:jananth@ubglaw.com) or (301)-800-2117.

Sincerely,

**UB GREENSFELDER LLP**

By: 

Johanna Ananth

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COLUMBUS, OH

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ST. LOUIS

WASHINGTON, DC

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June 20, 2025

Via Email ([angelleen.peterslewis@bjc.org](mailto:angelleen.peterslewis@bjc.org))

Ms. Angelleen Peters-Lewis  
Barnes Jewish West County Hospital  
12634 Olive Blvd.  
St. Louis, MO 63141

Re: CON Notification – Planned Acquisition of da Vinci 5 Surgical Robot at SSM Health Saint Louis University Hospital

Dear Ms. Peters-Lewis:

SSM Health Saint Louis University Hospital is applying to the Missouri Health Facilities Review Committee to acquire an additional da Vinci 5 surgical robot from Intuitive.

In accordance with Missouri Certificate of Need requirements, we are notifying you of this filing.

If you have any questions or concerns about the project, please contact me at [jananth@ubglaw.com](mailto:jananth@ubglaw.com) or (301)-800-2117.

Sincerely,

**UB GREENSFELDER LLP**

By: 

Johanna Ananth

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June 20, 2025

*Via Email (rick.stevens@bjc.org)*

Mr. Rick Stevens  
Christian Hospital Northeast-Northwest  
11133 Dunn Rd.  
St Louis, MO 63136

Re: CON Notification – Planned Acquisition of da Vinci 5 Surgical Robot at SSM Health Saint Louis University Hospital

Dear Mr. Stevens:

SSM Health Saint Louis University Hospital is applying to the Missouri Health Facilities Review Committee to acquire an additional da Vinci 5 surgical robot from Intuitive.

In accordance with Missouri Certificate of Need requirements, we are notifying you of this filing.

If you have any questions or concerns about the project, please contact me at jananth@ubglaw.com or (301)-800-2117.

Sincerely,

**UB GREENSFELDER LLP**

By: *Johanna Ananth*

Johanna Ananth

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WASHINGTON, DC

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June 20, 2025

*Via Email (ann.abad@bjc.org)*

Ms. Ann Abad  
Missouri Baptist Medical Center  
3015 N Ballas Rd.  
St. Louis, MO 63131

Re: CON Notification – Planned Acquisition of da Vinci 5 Surgical Robot at SSM Health Saint Louis University Hospital

Dear Ms. Abad:

SSM Health Saint Louis University Hospital is applying to the Missouri Health Facilities Review Committee to acquire an additional da Vinci 5 surgical robot from Intuitive.

In accordance with Missouri Certificate of Need requirements, we are notifying you of this filing.

If you have any questions or concerns about the project, please contact me at jananth@ubglaw.com or (310)-800-2117.

Sincerely,

**UB GREENSFELDER LLP**

By: *Johanna Ananth*

Johanna Ananth

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CLAYTON, MO

CLEVELAND

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June 20, 2025

*Via Email (john.lynch@bjc.org)*

Mr. John P. Lynch  
Barnes-Jewish Hospital  
One Barnes-Jewish Hospital Plaza  
St. Louis, MO 63110

Re: CON Notification – Planned Acquisition of da Vinci 5 Surgical Robot at SSM Health Saint Louis University Hospital

Dear Mr. Lynch:

SSM Health Saint Louis University Hospital is applying to the Missouri Health Facilities Review Committee to acquire an additional da Vinci 5 surgical robot from Intuitive.

In accordance with Missouri Certificate of Need requirements, we are notifying you of this filing.

If you have any questions or concerns about the project, please contact me at jananth@ubglaw.com or (301)-800-2117.

Sincerely,

**UB GREENSFELDER LLP**

By: *Johanna Ananth*

Johanna Ananth

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## **DIVIDER III**

# **SERVICE SPECIFIC CRITERIA & STANDARDS**

### **DIVIDER III – Service Specific Criteria & Standards**

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

Not applicable

- 2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.**

Not applicable

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

Historical utilization data for the existing unit over the past three years:

- 2022: 201 procedures
- 2023: 222 procedures
- 2024: 299 procedures
- 2025 (through May): 150 procedures

Projected utilization data for the new unit over the next three years:

- 2025 (Q4): 68 procedures
- 2026: 274 procedures
- 2027: 360 procedures
- 2028: 382 procedures

SSM Health Saint Louis University Hospital performs fewer robotic surgeries than some hospitals using robotic surgery systems due to higher acuity cases requiring a longer case duration. A second surgery system is necessary to ensure availability for patients and surgeons as demand for these minimally invasive procedures grows.

- 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



- 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.

Not applicable

## **DIVIDER IV**

# **FINANCIAL FEASIBILITY REVIEW CRITERIA & STANDARDS**

## **DIVIDER IV – Financial Feasibility 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.**

See Attachment IV.1.

- 2. Provide Service-Specific Revenues and Expenses (Form MO 5801865) for the latest three (3) years, and projected through three (3) years beyond project completion.**

See Attachment IV.2.

- 3. Document how patient charges were derived.**

SSM Health Saint Louis University Hospital currently offers robotic surgery services and has already established patient charges. SSM Health employs a market-based hospital pricing strategy to align and remain competitive with Hospital inpatient and outpatient services. Ancillary Procedures (Technical/Facility Component) charges will be computed using the local peer competitor price data when available. The Medicare OPPS APC Wage Index Adjusted Payment Rate will be used as a benchmark comparison when available. The Contracting Analytics team will provide input for charges affected by payor contract fee schedules.

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

SSM Health (SSM) is committed to providing financial assistance to people who are without insurance, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. SSM Health will provide care of emergency medical conditions to individuals regardless of their ability to pay.

Financial assistance is based on need and determined by Federal Poverty Levels, which includes income and number of family members. Financial need does not consider age, gender, race, social, or immigrant status, sexual orientation or religious affiliation. SSM Health limits the amount charged for emergency and medically necessary care provided to patients who are eligible for financial assistance under this policy to not more than gross charges for the care multiplied by the amounts generally billed percentage.

## **Divider IV**

## **Attachments**



Deloitte & Touche LLP  
100 S. 4th Street  
Suite 300  
St. Louis MO, 63102  
USA  
[www.deloitte.com](http://www.deloitte.com)

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
SSM Health Care Corporation  
St. Louis, Missouri

### Opinion

We have audited the consolidated financial statements of SSM Health Care Corporation and subsidiaries (doing business as SSM Health) (SSMH), which comprise the consolidated balance sheets as of December 31, 2024 and 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of SSMH as of December 31, 2024 and 2023, 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 SSMH 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 from 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 SSMH's ability to continue as a going concern for one year after the date that the financial statements are issued.

### 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 from 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 SSMH'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 SSMH'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.

*Deloitte & Touche LLP*

March 20, 2025

# SSM HEALTH

## CONSOLIDATED BALANCE SHEETS AS OF DECEMBER 31, 2024 AND 2023 (In thousands)

	2024	2023
<b>ASSETS</b>		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 561,546	\$ 640,816
Investments	760	20,479
Current portion of assets limited as to use or restricted	637,292	519,413
Patient accounts receivable	915,510	934,411
Pharmacy claims and rebates receivable	1,256,300	1,196,998
Other receivables	135,142	125,745
Inventories, prepaid expenses, and other	321,413	269,311
Estimated third-party payor settlements	6,827	75,288
Assets held for sale	25,650	25,650
Total current assets	<u>3,860,440</u>	<u>3,808,111</u>
ASSETS LIMITED AS TO USE OR RESTRICTED— Excluding current portion	<u>3,684,012</u>	<u>3,499,206</u>
PROPERTY AND EQUIPMENT— Net	<u>2,947,195</u>	<u>2,841,331</u>
OPERATING RIGHT-OF-USE ASSETS	<u>241,536</u>	<u>221,142</u>
OTHER ASSETS:		
Goodwill	528,949	528,949
Intangible assets—net	320,683	328,907
Investments in unconsolidated entities	583,172	328,563
Other	110,513	53,482
Total other assets	<u>1,543,317</u>	<u>1,239,901</u>
TOTAL	<u>\$ 12,276,500</u>	<u>\$ 11,609,691</u>

(Continued)

## SSM HEALTH

### CONSOLIDATED BALANCE SHEETS AS OF DECEMBER 31, 2024 AND 2023 (In thousands)

	2024	2023
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES:		
Revolving line of credit	\$ 100,000	\$ 97,410
Current portion of long-term debt and finance lease obligations	33,709	57,931
Accounts payable and accrued expenses	3,220,047	3,043,994
Short-term borrowings	662,195	665,180
Deferred revenue	24,971	24,385
Estimated third-party payor settlements	102,172	108,969
Other current liabilities	485,105	234,822
	<u>4,628,199</u>	<u>4,232,691</u>
Total current liabilities	4,628,199	4,232,691
LONG-TERM DEBT—Excluding current portion	1,553,294	1,590,813
ESTIMATED SELF-INSURANCE OBLIGATIONS	121,225	119,012
OPERATING LEASE OBLIGATIONS—Excluding current portion	244,180	201,018
FINANCE LEASE OBLIGATIONS—Excluding current portion	13,378	16,006
PENSION LIABILITY	114,606	173,536
OTHER LIABILITIES	429,579	405,793
	<u>7,104,461</u>	<u>6,738,869</u>
Total liabilities	7,104,461	6,738,869
NET ASSETS:		
Without donor restrictions:		
SSM Health net assets without donor restrictions	4,780,192	4,497,191
Noncontrolling interest in subsidiaries	155,951	185,488
	<u>4,936,143</u>	<u>4,682,679</u>
Total net assets without donor restrictions	4,936,143	4,682,679
With donor restrictions	235,896	188,143
	<u>235,896</u>	<u>188,143</u>
Total net assets	5,172,039	4,870,822
TOTAL	<u>\$ 12,276,500</u>	<u>\$ 11,609,691</u>

See notes to consolidated financial statements.

(Concluded)



**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.

**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**

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Overhead\*\*\*\*

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

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

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

**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  
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**Year****Amount of Utilization:\*****Revenue:**

Average Charge\*\*

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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.