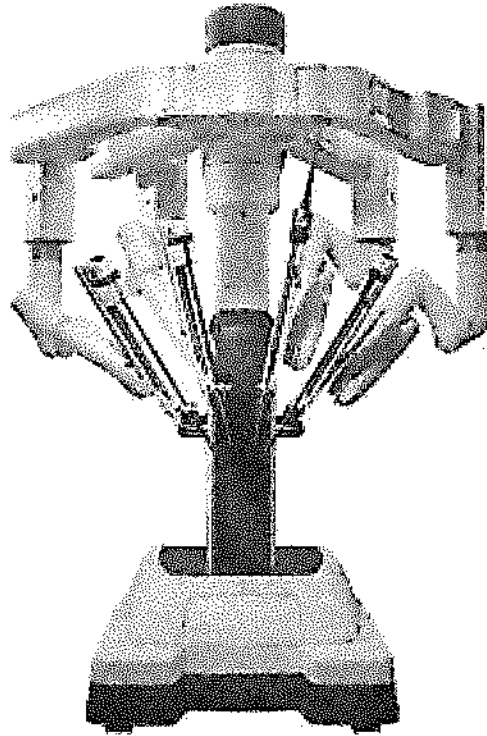




Application to the Missouri Health Facilities Review committee

Project: Acquire Additional DaVinci Robot, #6075 HS





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

Project Name: Acquire Additional DaVinci Robot

Project No: 6075 HS

Project Description: This application is for the addition of another Davinci Robot at our Cox South Campus and will allow us to better serve our patients surgical needs.

Done Page N/A Description

Divider I. Application Summary:

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

Divider II. Proposal Description:

- ✓ 9 1. Provide a complete detailed project description and include equipment bid quotes.
- ✓ 15 2. Provide a timeline of events for the project, from CON issuance through project completion.
- ✓ 16 3. Provide a legible city or county map showing the exact location of the project.
- ✓ 17 4. Define the community to be served and provide the geographic service area for the equipment.
- ✓ 17 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- ✓ 18 6. Identify specific community problems or unmet needs the proposal would address.
- ✓ 18 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.
- ✓ 18 8. Provide the methods and assumptions used to project utilization.
- ✓ 19 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 19 10. Provide copies of any petitions, letters of support or opposition received.
- ✓ 20 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.
- ✓ 21 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:

- ✓ 29 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:

- ✓ 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.
- ✓ 30 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 form (1)

2. Representative Registration (Form MO 580-1869)

See attached representative registration forms (4)

Bryan Williams MHA, RT(R), RDMS, RVT, RDCS Vice President of Operations

Dr. Shawn Usery M.D. Chief Medical Officer

Jeff Hawkins RN, BSN, MHA, CENP, Vice President of Operations.

William Nunn B.S., Senior Financial Analyst

3. Proposed Project Budget and detail sheet with documentation of costs.

See Attached Form (1) and following detail sheet.

Line 6: Major Medical Equipment – Major Medical Equipment amount taken from the budgetary quote by Vendor. The quote is still valid.

Line 16: Operating funds will be used to purchase the equipment.



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.)

Table with 2 columns: Title of Proposed Project, Project Number, Project Address, County. Values include CoxHealth - Acquire additional DaVinci Robot, 6075 HS, 3801 S. National Avenue Springfield, Mo 65807, Greene.

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

Table with 3 columns: List All Owner(s), Address, Telephone Number. Value: Lester E. Cox Medical Centers, 1423 N. Jefferson Ave. Springfield, Mo 65802, 417-269-300.

Table with 3 columns: List All Operator(s), Address, Telephone Number. Value: Lester E. Cox Medical Centers, 1423 N. Jefferson Ave. Springfield, Mo 65802, 417-269-300.

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.)

Table with 3 columns: Name of Contact Person, Title, Telephone Number, Fax Number, E-mail Address, Signature of Contact Person, Date of Signature. Values include William R. Nunn, Senior Financial Analyst, 417-269-7173, 417-269-3104, Will.Nunn@coxhealth.com, William Nunn, 2/23/2024.



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name CoxHealth - Acquire Additional Davinci Robot	Number 6075 HS
--	-------------------

(Please type or print legibly.)

Name of Representative Jeff Hawkins	Title VP of Operations
--	---------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) CoxHealth	Telephone Number 417-269-3000
--	----------------------------------

Address (Street/City/State/Zip Code)
1423 N. Jefferson Ave, Springfield, MO 65802

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 Lester E. Cox Medical Centers	Telephone Number 417-269-3000
---	----------------------------------

Address (Street/City/State/Zip Code)
1423 N. Jefferson Ave. Springfield, MO 65802

Check one. Do you:

- Support
- Oppose
- Neutral

Relationship to Project:

- None
- Employee
- Legal Counsel
- Consultant
- Lobbyist
- Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.*

Original Signature 	Date 12/14/23
------------------------	------------------



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name CoxHealth - Acquire Additional Davinci Robot	Number 6075 HS
--	-------------------

(Please type or print legibly.)

Name of Representative Shawn Usery	Title Chief Medical Officer
---------------------------------------	--------------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) CoxHealth	Telephone Number 417-269-3000
--	----------------------------------

Address (Street/City/State/Zip Code)
1423 N. Jefferson Ave, Springfield, MO 65802

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 Lester E. Cox Medical Centers	Telephone Number 417-269-3000
---	----------------------------------

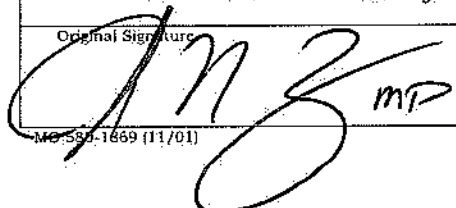
Address (Street/City/State/Zip Code)
1423 N. Jefferson Ave. Springfield, MO 65802

- Check one: Do you:
- Support
 - Oppose
 - Neutral

- Relationship to Project:
- None
 - Employee
 - Legal Counsel
 - Consultant
 - Lobbyist
 - Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.*

Original Signature 	Date 12/15/23
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Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name CoxHealth - Acquire Additional Davinci Robot	Number 6075 HS
--	-------------------

(Please type or print legibly.)

Name of Representative Bryan Williams	Title VP of Operations
--	---------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) CoxHealth	Telephone Number 417-269-3000
--	----------------------------------

Address (Street/City/State/Zip Code)
1423 N. Jefferson Ave, Springfield, MO 65802

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 Lester E. Cox Medical Centers	Telephone Number 417-269-3000
---	----------------------------------

Address (Street/City/State/Zip Code)
1423 N. Jefferson Ave, Springfield, MO 65802

- Check one. Do you:
- Support
 - Oppose
 - Neutral

- Relationship to Project:
- None
 - Employee
 - Legal Counsel
 - Consultant
 - Lobbyist
 - Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.*

Original Signature 	Date 12-18-2023
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Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name: CoxHealth - Acquire Additional DaVinci Robot; Number: 6075 HS

(Please type or print legibly.)

Name of Representative: William Nunn; Title: Senior Financial Analyst

Firm/Corporation/Association of Representative: CoxHealth; Telephone Number: 417-269-300

Address (Street/City/State/Zip Code): 1423 N. Jefferson Ave, Springfield, MO 65802

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: Lester E. Cox Medical Centers; Telephone Number: 417-269-300

Address (Street/City/State/Zip Code): 1423 N. Jefferson Ave. Springfield, MO 65082

Check one. Do you:

- Support (checked)
Oppose
Neutral

Relationship to Project:

- None
Employee (checked)
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...

Original Signature: [Handwritten Signature]; Date: 12-20-2024



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

1. New Construction Costs ***	_____	\$0
2. Renovation Costs ***	_____	\$0
3. Subtotal Construction Costs (#1 plus #2)	_____	\$0
4. Architectural/Engineering Fees	_____	\$0
5. Other Equipment (not in construction contract)	_____	\$0
6. Major Medical Equipment	_____	\$2,050,750
7. Land Acquisition Costs ***	_____	\$0
8. Consultants' Fees/Legal Fees ***	_____	\$0
9. Interest During Construction (net of interest earned) ***	_____	\$0
10. Other Costs ***	_____	\$0
11. Subtotal Non-Construction Costs (sum of #4 through #10)	_____	\$2,050,750
12. Total Project Development Costs (#3 plus #11)	_____	\$2,050,750 **

FINANCING:

13. Unrestricted Funds	_____	\$0
14. Bonds	_____	\$0
15. Loans	_____	\$0
16. Other Methods (specify)	_____	\$2,050,750
17. Total Project Financing (sum of #13 through #16)	_____	\$2,050,750 **

18. New Construction Total Square Footage	_____	0
19. New Construction Costs Per Square Foot *****	_____	\$0
20. Renovated Space Total Square Footage	_____	0
21. Renovated Space Costs Per Square Foot: *****	_____	\$0

* 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 complete detailed project description and include equipment bid quotes.**

All surgical procedures carry risk. Open surgical procedures carry the highest risk of infection, bleeding, other complications and mortality. As an industry, health care has proactively been moving as many open procedures to minimally invasive surgical (MIS) procedures as possible. Two of the primary MIS approaches are laparoscopic and robotic. Compared to open surgery (traditional surgery with incisions), robotic and minimally invasive surgery results in smaller incisions resulting in less pain and scarring.

Robotic surgery allows surgeons to perform complex surgical tasks through tiny incisions using robotic technology. Surgical robots are self-powered, computer-controlled devices that are programmed to aid in the positioning and manipulation of surgical instruments. This provides surgeons with better accuracy, flexibility and control.

In traditional laparoscopic surgery, the physician is limited to a single quadrant of the abdomen and the laparoscopic instruments do not offer the articulation of abilities of the robotic instrumentations. Due to this limitation, many procedures have remained open. These include but are not limited to; hernia repairs, Nissen fundoplication and many oncology procedures.

Also, the DaVinci surgical system offers the surgeon highly magnified 3D HD visualization. Optics are mounted at the tip of the scope allowing anatomical structures to be seen with crystal clear definition and natural color. The camera does not require draping, focusing, white balance, or calibration. Improving and increasing the field of vision allows for greater patient outcomes.

This Certificate of Need application is for the purchase of a new Da Vinci Xi Surgical System. The addition of the Xi robot will give CoxHealth physicians the ability to move many open hernia repairs and fundoplication procedures to MIS. The new Xi model that

CoxHealth proposed to acquire can access all four quadrants of the abdomen regardless, where the surgeon begins the procedure. The surgeon can reach from the gallbladder, to the colon, to the appendix to the spleen without needing additional incisions.



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

Quote Details

Quote ID	Q-00035695
Quote Date	11/7/2023
Valid Until	12/31/2023
Sales Rep	Nick Purcell
Phone Number	+1-314-495-2080
Email	nick.purcell@intusurg.com

Company Information

Hospital Name	Cox Medical Center - Branson
SF ID/IDN Affiliation	120946/
Address	525 Branson Landing Blvd
City, State, Zip	Branson, Missouri, 65616
Contact Name	
Telephone	

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

Part Number	Qty	Item	Price	Subtotal
Systems				
	1	da Vinci Xi® Single Console System One (1): da Vinci Xi System Surgeon Console One (1): da Vinci Xi System Patient Cart One (1): da Vinci Xi System Vision Cart da Vinci Xi System Documentation da Vinci Xi System Software Training Instrument Starter Kit Accessory Starter Kit Drapes Vision Equipment (All Kits subject to change without notice)	\$ 1,900,000.00	\$ 1,900,000.00
Upgrades				
	1	E-100 Generator	\$ 25,000.00	\$ 25,000.00
	1	Da Vinci Xi Table Motion Upgrade	\$ 75,000.00	\$ 75,000.00
	1	Intuitive Hub (Orpheus System) containing: - Media Manager - Telepresence	\$ 40,000.00	\$ 40,000.00
Freight				
	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE, OK, SD, TX, WI)	\$ 10,750.00	\$ 10,750.00
Total				\$ 2,050,750.00

Part Number	Qty	Item	Price	Subtotal
Service				
	1	da Vinci Xi-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-Warranty (Included)	\$ 0.00	\$ 0.00
	1	da Vinci Xi-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 154,000.00	\$ 154,000.00
	1	SERVICE PLAN : DV HUB-Warranty (Included)	\$ 0.00	\$ 0.00
	1	SERVICE PLAN : DV HUB-After Warranty Service (Annual)	\$ 7,000.00	\$ 7,000.00
Service Total				\$ 161,000.00

Terms and Conditions

1) System Terms and Conditions:

1.1 A signed Sales, License, and Service Agreement ("SLSA") or equivalent is required prior to shipment of the System(s). All site modifications and preparation are the Customer's responsibility and are to be completed to the specification given by Intuitive Surgical prior to the installation date. Delivery is subject to credit approval. Payment terms are Net 30 days from Intuitive Surgical's invoice date. Each System includes the patient side cart, vision cart, and surgeon console(s). System enhancements required to support new features may be purchased at Intuitive Surgical's then current list price. The price of the da Vinci® Surgical System includes the initial installation of the System at Customer's facility and a one (1) year warranty for manufacture defect. All taxes and shipping charges are the responsibility of the Customer and will be added to the invoice, as appropriate.

1.2 Intuitive makes no representation with regard to Certificate of Need requirements for this purchase. It is your (the Customer's) responsibility to determine whether this purchase complies with your State's Certificate of Need laws and what Certificate of Need filing, if any, needs to be made with regard to this purchase.

1.3 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) System Upgrade Terms and Conditions:

2.1 A signed Purchase Order and/or an addendum to the existing Sales, License, and Service Agreement ("SLSA") is required prior to shipment of the System upgrade. All site modifications and preparation are the Customer's responsibility and are to be completed with the specification given by Intuitive Surgical prior to the installation date.

2.2 Payment terms are Net 30 days from Intuitive Surgical's invoice date. The price includes: the System upgrade, the initial installation at Customer's facility and a one (1) year warranty for manufacture defect. All taxes and shipping charges are the responsibility of the Customer and will be added to the invoice, as appropriate. Delivery is subject to credit approval and inventory availability. Standard shipping terms are FCA from Intuitive Surgical™ warehouse. A \$9.95 handling charge will be applied for any shipments using a customer designated carrier.

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 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 Surgical™ 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 a customer 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 Surgical will issue credit against original purchase order after full inspection is complete. Credit for defective returns: Intuitive Surgical 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 Surgical will retain all returned product.

7) Miscellaneous :

7.1 Warranty: Warranties are applied for manufacturing defects. Endoscope, Camera, Simulator, 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® Xi™ Single Console System (Firefly™ Fluorescence Imaging Enabled)

One (1): da Vinci® Xi™ System Surgeon Console
One (1): da Vinci® Xi™ System Patient Cart
One (1) da Vinci® Xi™ System Vision Cart
Warranty period: One (1) year from the Acceptance.

da Vinci® Xi™ System Documentation including:
User's Manual For System
Warranty period: n/a

User's Manual for Instruments and Accessories
Warranty period: n/a

One (1) da Vinci® Xi™ Cleaning & Sterilization Kit
Warranty period: 90 days from Acceptance
Two (2) da Vinci® Xi™ Instrument Release Kit (IRK)
Warranty period: 90 days from Acceptance

da Vinci® Xi™ System Software
Warranty period: One (1) year from the Acceptance.

Instrument and Accessories including:

Accessory Starter Kit
Two (2): Box of 6: 8 mm Bladeless Obturator
One (1): 8 mm Blunt Obturator
Four (4): Box of 10: 5 mm - 8 mm Universal Seal
Four (4): 8 mm Cannula
Three (3): Monopolar Energy Instrument Cord
Three (3): Bipolar Energy Instrument Cord
One (1): Box of 3: da Vinci® Xi™ Gage Pin
Three (3): Instrument Introducer
One (1): Box of 10: Tip Cover for Hot Shears™ (MCS)
One (1): Pmed Cable, Covidien ForceTraid ESU
Warranty period: 90 days from Acceptance

Drapes
Two (2): Pack of 20 da Vinci® Xi™ Arm Drape
One (1): Pack of 20 da Vinci® Xi™ Column Drape
Warranty period: 90 days from Acceptance

Vision Equipment:
Two (2): da Vinci® Xi™ Endoscope with Camera, 8 mm 0 degree
Two (2): da Vinci® Xi™ Endoscope with Camera, 8 mm 30 degree
Four (4): da Vinci® Xi™ Endoscope Sterilization Trays
Warranty period: One (1) year from the Acceptance.

Training Instrument Starter Kit
One (1): Large Needle Driver
One (1): ProGrasp™ Forceps
One (1): Maryland Bipolar Forceps
One (1): Hot Shears™ (Monopolar Curved Scissors)
One (1): Tip-Up Fenestrated Grasper
One (1): Mega™ SutureCut™ Needle Driver
Warranty period: 90 days from Acceptance

(all kits subject to change without notice) (rev. 4/2015)

Timeline for Davinci Robot Surgical System

Submission of application: February 23, 2024

Application Approval : May 6th, 2024

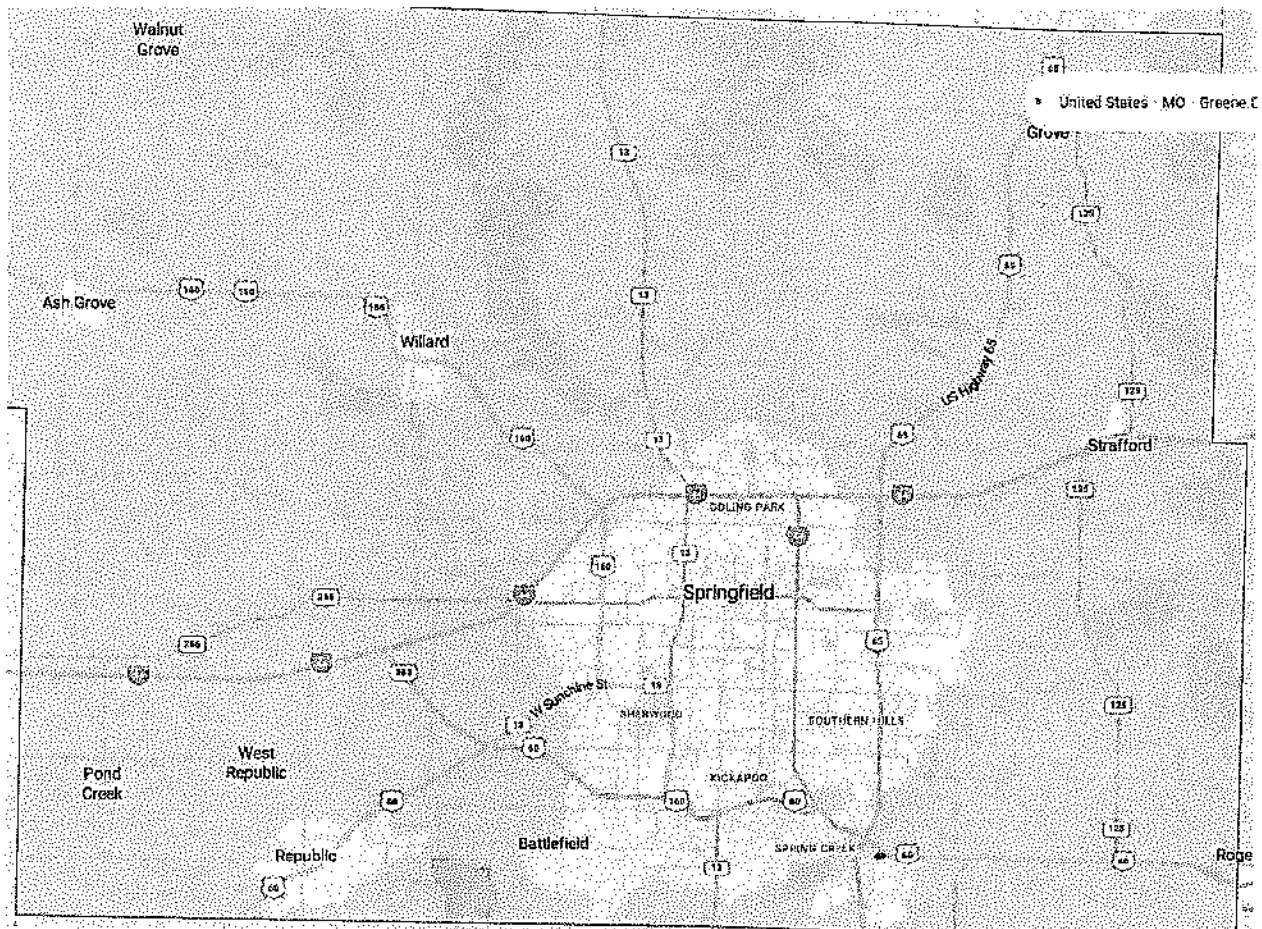
Installation of Equipment: May 27th, 2024

Divider II proposal description

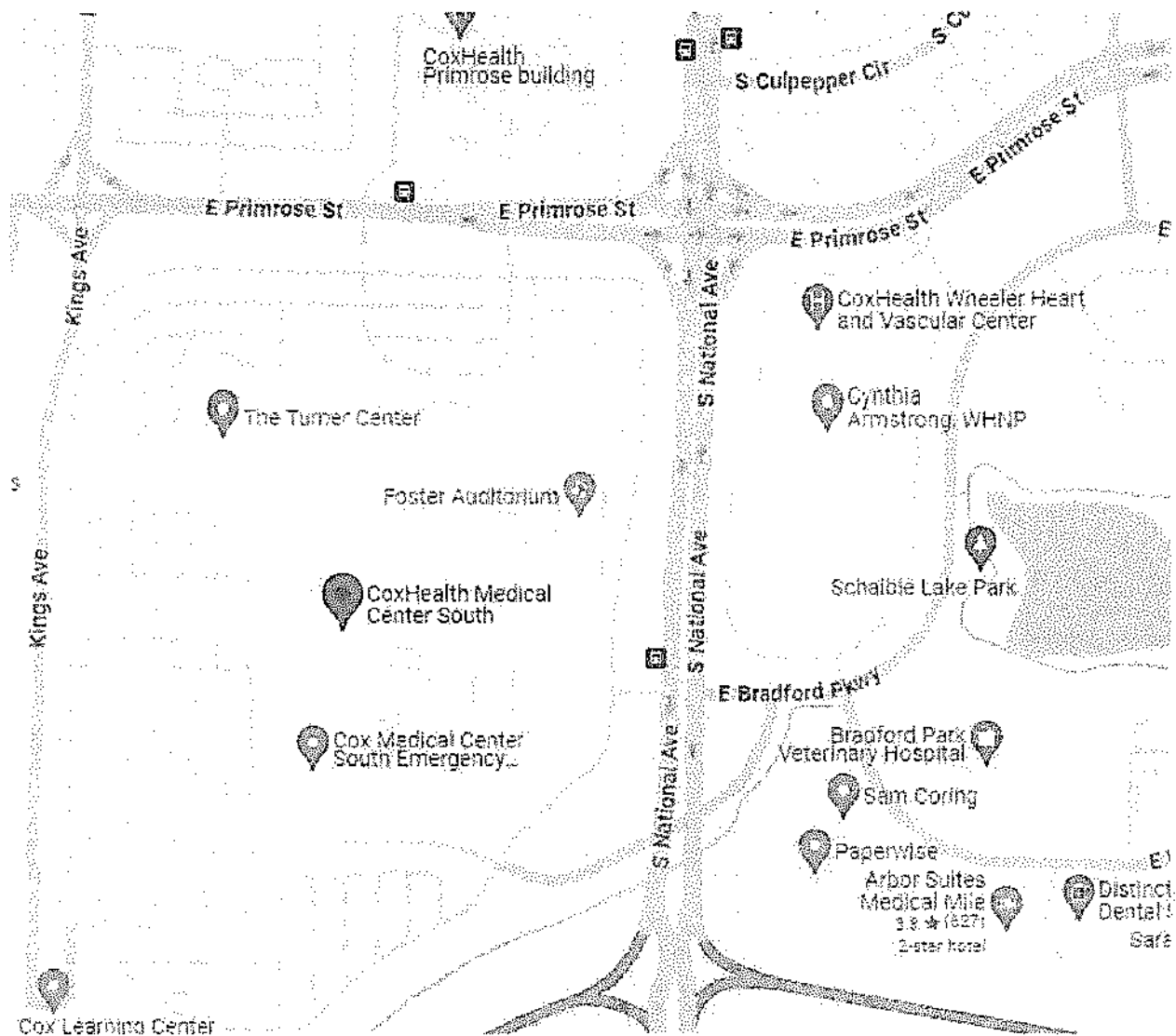
3. Provide legible city or county map showing the exact location of the project.

The following two pictures shows a map of Greene county, and a map of Cox South in Greene county which is the exact location of the project.

CoxHealth Greene county Service Area



Springfield Missouri and location of Cox South



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

The community to be served will be residents of Greene County and the geographic service area is pictured above.

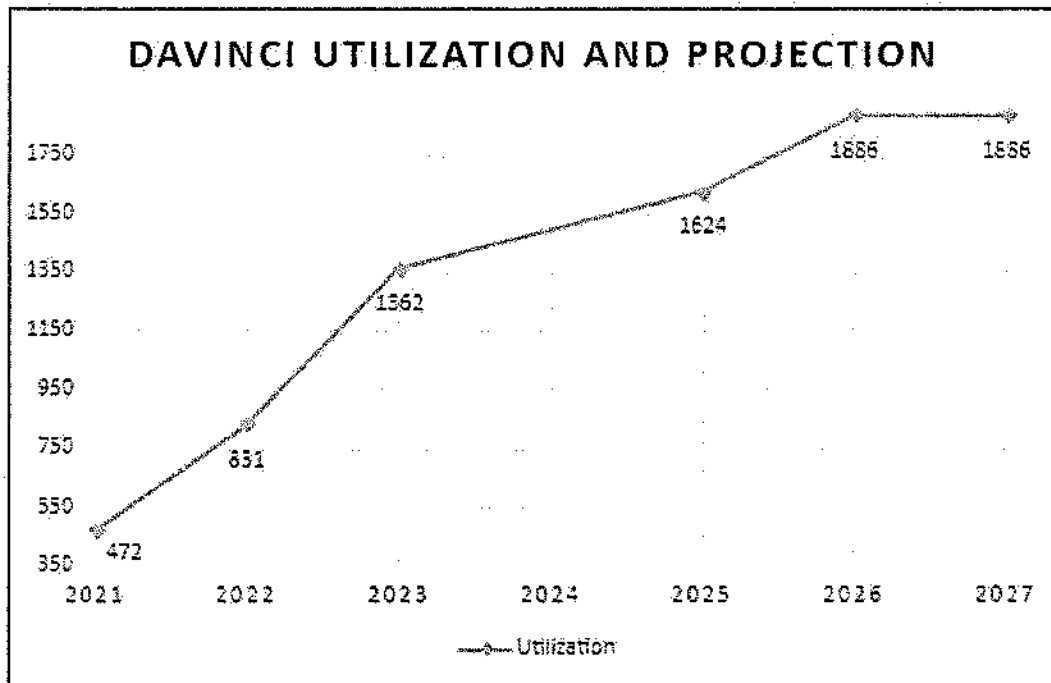
5. Provide Other statistics to document the size and validity of any user defined geographic service area.

Our inpatient admissions for 2023 at Cox South were 32,348, and our outpatient encounters for Springfield were 856,466 respectively.

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

AS discussed in Divider II. Proposal description, traditional laparoscopic surgery has limitations due to the inability of the physician to reach multiple quadrants of the abdomen. Due to this limitation many procedures have remained open. These include but are not limited to; hernia repairs, Nisses fundoplication, and many oncology procedures. The DaVinci XI can reach all four quadrants of the abdomen.

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.

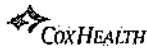


8. Provide the methods and assumptions used to project utilization.

- Total utilization based on historical volume and estimated increase due to the addition of new providers starting this year.

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

CoxHealth posted on its website a public notice indicating that a letter of intent had been submitted for the acquisition of an additional DaVinci surgical robot.



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POSTED ON DEC. 12, 2023



CoxHealth is proposing the purchase of two Da Vinci surgical robots, one for our Cox South campus in Springfield, and one for Cox Medical Center Branson. Letters of intent have been filed with the Missouri Health Facilities Review Committee.

You may contact Will Nunn at 3800 S. National Ave., Springfield, Mo., 65807, or email Will.Nunn@coxhealth.com with questions or comments.

Other Posts

[Knot Forgotten offers way to honor loved ones](#)

[CoxHealth announces changes to Board of Directors](#)

[Miracle Week set for Nov. 27 to Dec. 3](#)

[Direct Line from Max Buetow for 11/17/2023](#)

[CoxHealth and Mercy announce collaboration to expand children's services](#)

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

See attached letters of support.

Ashley Casad President of Springfield Hospitals
Dr. Shawn Usery Chief Medical Officer
Amanda Hedgpeth Chief Operating Officer
Bryan Williams Vice President of Operations
Jeff Hawkins Vice President of Operations

11. Document that providers of similar health services in proposed service area have been notified of the application by a public notice in the local newspaper.

The following public notice was posted in the Springfield Newsleader.

Clear

View all Missouri Notices

Most Recent Notices

Da Vinci Surgical Robot CoxHealth proposes to obtain an additional da Vinci Surgical Robot to be located at Cox South. Letters of intent were filed with the Missouri Health Facilities review committee...

12/19/2023

Invitation to Bid-Perishable EOD X-Ray was on 11/15/2023. The Regional Council (ARC) in Kansas City is seeking sealed bids from qualified vendors to purchase EOD portable X-rays. The purchase will total...

12/19/2023

Storage Unit Sale North National Blvd Storage, 200 N National Springfield MO 65802 will take sealed bids on delinquent units. See Bid Post From 9:00-10:00 to open. Contact Self Storage, 1272 E. St. Louis...

12/19/2023

Public Notices

12/19/2023

Share Print

Da Vinci Surgical Robot CoxHealth proposes to obtain an additional da Vinci Surgical Robot to be located at Cox South. Letters of intent were filed with the Missouri Health Facilities review committee. Contact Will Nunn at 3800 S. National Ave., Springfield, MO 65807 or email at Will.Nunn@coxhealth.com with questions or comments. Publication Dates

L00000000

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

See attached letter.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Da Vinci Xi Robot

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		
	<u>2021</u>	<u>2022</u>	<u>2023</u>
Amount of Utilization:*	472	831	1,362
Revenue:			
Average Charge**	\$61,205	\$61,778	\$63,148
Gross Revenue	\$28,888,760	\$51,337,518	\$86,007,576
Revenue Deductions	23,461,232	41,386,293	70,039,488
Operating Revenue	<u>5,427,528</u>	<u>9,951,225</u>	<u>15,968,088</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$5,427,528</u>	<u>\$9,951,225</u>	<u>\$15,968,088</u>
Expenses:			
Direct Expenses			
Salaries	1,225,265	2,872,933	4,887,265
Fees	0	0	0
Supplies	1,184,423	2,777,169	4,724,356
Other	1,674,529	3,926,342	6,679,262
TOTAL DIRECT	<u>\$4,084,217</u>	<u>\$9,576,444</u>	<u>\$16,290,883</u>
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	1,605,744	4,252,227	7,700,748
TOTAL INDIRECT	<u>\$1,605,744</u>	<u>\$4,252,227</u>	<u>\$7,700,748</u>
TOTAL EXPENSES	<u>\$5,689,961</u>	<u>\$13,828,671</u>	<u>\$23,991,631</u>
NET INCOME (LOSS):	<u>-\$262,433</u>	<u>-\$3,877,446</u>	<u>-\$8,023,543</u>

*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.



November 28th, 2023

Ms. Alison Dorge

Program Coordinator

Missouri CON program

CON Program Office

920 Wildwood Drive

Jefferson City, Mo 65109

Dear Ms.Dorge:

I have been made aware of the Certificate of Need application by CoxHealth in Springfield for the acquisition and installation of an additional DaVinci surgical system. I understand that this DaVinci robotic system is not new technology, has been in use since 2000 and has FDA approval. The acquisition and installation of an additional DaVinci system will allow us to be better serve our patients surgical needs. CoxHealth will make sure that patients in need of robotic surgery will be afforded that opportunity to receive that care.

I support CoxHealth's Certificate of Need application for an additional DaVinci surgical system.

Sincerely,

A handwritten signature in black ink that reads "Jeff Hawkins".

Jeff Hawkins

Vice President of Operations

CoxHealth



November 28th, 2023

Ms. Alison Dorge

Program Coordinator

Missouri CON program

CON Program Office

920 Wildwood Drive

Jefferson City, Mo 65109

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I support CoxHealth's Certificate of Need application for an additional DaVinci surgical system.

Sincerely,

A handwritten signature in black ink, appearing to read "Ashley Casad".

Ashley Casad

Senior Vice President

President of Springfield Hospitals

CoxHealth



November 28, 2023

Ms. Alison Dorge
Program Coordinator
Missouri CON program
CON Program Office
920 Wildwood Drive
Jefferson City, Mo 65109

Dear Ms.Dorge:

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I support CoxHealth Certificate of Need application for an additional DaVinci surgical system.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Usery" with a stylized flourish at the end.

Shawn Usery
Senior vice President
Chief Medical Officer
CoxHealth



November 28, 2023

Ms. Alison Dorge
Program Coordinator
Missouri CON program
CON Program Office
920 Wildwood Drive
Jefferson City, Mo 65109

Dear Ms.Dorge:

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I support CoxHealth Certificate of Need application for an additional DaVinci surgical system.

Sincerely,

A handwritten signature in black ink that reads "Amanda Hedgpeth".

Amanda Hedgpeth
Executive Vice President
Chief Operating Officer
CoxHealth

November 28, 2023

Ms. Alison Dorge
Program Coordinator
Missouri CON program
CON Program Office
920 Wildwood Drive
Jefferson City, Mo 65109



Dear Ms.Dorge:

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I support CoxHealth Certificate of Need application for an additional DaVinci surgical system.

Sincerely,

A handwritten signature in black ink that reads "Bryan Williams".

Bryan Williams
Vice President of Operations
CoxHealth



November 28, 2023

David Argueta President Mercy Springfield Communities
1235 E Cherokee Street
Springfield, Missouri 65804

Mr. David Argueta,

CoxHealth is applying to the Missouri Health Facilities Review Committee for an Additional DaVinci surgical robot in both our Springfield and Branson locations. A new regulation specifies that hospitals in the area be notified directly.

If you have questions or concerns about implementation of the project, please contact Will.Nunn@coxhealth.com or at 417-269-6000

Thank you,

A handwritten signature in black ink, appearing to read "Max Buetow".

Max Buetow
President & CEO

Divider III Service Specific Criteria and Standards:

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

Currently we have five DaVinci Robots at our Cox South location, Which based on the utilization shown on the graph and the service specific revenues and expenses form would be a utilization of 94.4 per unit for 2021, 166.2 for 2022, and 272.4 for 2023 which meets the standard.

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.**

See letter from Commerce Bank from J. Duke Harshberger, Vice President, Commerce Trust Company. The letter addresses multiple projects and shows that CoxHealth has adequate funds for this project.

- 2. Provide Service-Specific Revenues and expenses (form MO 580-1865) Projected through three full years beyond project completion.**

See Service Specific Revenues and Expense Form attached.

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

Patient charges are derived by accumulating all the cost of services, including staff and supplies, utilized during the course of the robotic procedure in the hospital. Therefore, the charges are specific to the robotic activity.

- 4. Document Responsiveness to the Medically Indigent.**

CoxHealth’s policy and procedure for financial assistance was established for the benefit

of its patients. This policy assures that financial assistance programs are available to the most vulnerable in our community and Guarantors who are unable to pay for medically necessary services rendered.

See the attached CoxHealth policy for financial assistance.

CoxHealth’s most recent Community Impact report demonstrates a commitment to the southwest Missouri community. In the fiscal year 2022, CoxHealth’s total community benefit was over 320 Million.

FY22 Community Benefit	FY22
Community Benefit	
Medicare Medicaid and Uninsured Subsidies	\$309,244,971
Community Outreach Services	\$162,900
Health Professionals Education and Research	\$9,537,958

Unrestricted Foundation Grants, Financial Contributions and In-Kind Donations	\$1,980,052
Total Community Benefit	\$320,925,881



Commerce Trust Company

Wealth | Investments | Planning

December 15, 2023

Ms. Karla Houchins, Program Coordinator
Missouri Certificate of Need Program
3418 Knipp Drive, Suite F
P. O. Box 570
Jefferson City, MO 65102

RE: CoxHealth
Certificate of Need

Dear Ms. Houchins,

The purpose of this communication is to advise you that CoxHealth has maintained a banking relationship with Commerce Bank for many years and has consistently maintained liquidity and capital reserves sufficient to support a capital and construction expenditure of \$2.2 million dollars.

Please do not hesitate to give me a call at 417.837.5264 if you have any questions or if I can be of additional assistance.

Sincerely,

J. Duke Harshberger
Vice President
Commerce Trust Company

Cc: Jake McWay, CFO CoxHealth

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** Da Vinci Xi Robot**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		
	<u>2025</u>	<u>2026</u>	<u>2027</u>
Amount of Utilization:*	1,624	1,886	1,886
Revenue:			
Average Charge**	\$64,411	\$65,699	\$67,013
Gross Revenue	\$104,603,464	\$123,908,314	\$126,386,518
Revenue Deductions	85,182,828	100,903,885	102,921,963
Operating Revenue	19,420,636	23,004,429	23,464,555
Other Revenue	0	0	0
TOTAL REVENUE	\$19,420,636	\$23,004,429	\$23,464,555
Expenses:			
Direct Expenses			
Salaries	6,016,790	7,214,572	7,449,045
Fees	0	0	0
Supplies	5,816,230	6,974,086	7,200,744
Other	8,222,946	9,859,915	10,180,362
TOTAL DIRECT	\$20,055,966	\$24,048,573	\$24,830,151
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	9,480,514	11,367,831	11,737,286
TOTAL INDIRECT	\$9,480,514	\$11,367,831	\$11,737,286
TOTAL EXPENSES	\$29,536,480	\$35,416,404	\$36,567,437
NET INCOME (LOSS):	-\$10,115,844	-\$12,411,975	-\$13,102,882

*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.

COXHEALTH

SYSTEM POLICY – Finance

TITLE: Financial Assistance Policy Procedure

SUBMITTED BY: Dana Christiansen, System Director, Patient Access Services

APPROVED BY: Jake McWay, Sr. VP & Chief Financial Officer

PURPOSE:

CoxHealth is committed to providing exceptional health care services to all persons in need, regardless of their ability to pay. Through its Financial Assistance Policy (FAP), CoxHealth is able to further its charitable purpose and to serve the most vulnerable in its community by providing care without charge or at significantly reduced rates.

POLICY:

The purpose of CoxHealth's FAP is intended solely for the benefit of Indigent patients and any acceptable Guarantors for debts incurred due to Emergency Services and Medically Necessary Services. The FAP is not to be construed to benefit third parties such as insurance companies or others who are obligated for a patient's health care expenses. The FAP is also meant to comply with Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder and shall be interpreted and applied in accordance with such regulations. The FAP has been adopted by the governing body of CoxHealth in accordance with the regulations under Section 501(r).

This internal Department Procedure ("Procedure") sets forth the categories of Financial Assistance available at CoxHealth, the process for applying for Financial Assistance and how CoxHealth determines eligibility for Financial Assistance. CoxHealth may in its sole discretion revise the procedures set forth in this Procedure.

SCOPE:

The FAP and this Procedure apply to all CoxHealth hospitals and physician clinics set forth on **Schedule 3** of the FAP (collectively "CoxHealth").

DEFINITIONS:

1. **"CoxHealth Financial Assistance Income and Discount Schedule" ("Discount Schedule")** sets forth the discounts available to Indigent patients and Uninsured patients (See **Schedule 2** of the FAP). The Discount Schedule will be updated at least annually within sixty (60) days of publication of the updated Federal Poverty Guidelines.

2. **“Emergency Services”** means care provided by a hospital for emergency medical conditions as defined in CoxHealth’s Emergency Medical Treatment and Active Labor Act (EMTALA) Policy.
3. **“Family Income”** means a family’s annual income as determined by calculating the following sources of income for all qualifying household members: wages, salaries, tips, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, dividends and interests, rent and royalties, alimony, child support, legal judgments, trust funds, and charitable foundations, etc. Income does not include assets, such as matured certificates of deposit, mutual funds, bonds or other easily convertible investments that can be cashed without penalty, cash, bank accounts and money markets accounts. Income is determined on a before tax basis. Items that are not considered in determining income include non-cash benefits (such as food stamps and housing subsidies), capital gains, and losses. For services provided by NHSC sites, Family income does not include assets. For non-NHSC sites, financial determination may include both income and assets for determining eligibility for financial assistance.
4. **“Federal Health Care Program”** means any health care program operated or financed at least in part by the federal, state, or local government, including but not limited to Medicare, Medicaid, SCHIP, Healthcare Exchange Insurance, and Tricare (CHAMPUS).
5. **“Federal Poverty Guidelines”** means those guidelines issued by the United States Department of Health and Human Services from time to time that describe poverty levels in the United States based on a person or family’s household income. The Federal Poverty Guidelines (“FPL”) are adjusted according to inflation and published in the Federal Register. For the purposes of this Procedure, the most current guidelines will be utilized.
6. **“Financial Assistance”** is the provision of health care services offered at a discount to individuals who meet CoxHealth’s established Financial Assistance criteria.
7. **“Guarantor”** means the patient him/herself, parent or guardian, or other person who guarantees the payment of a debt incurred by the patient receiving Emergency Services or Medically Necessary Services at CoxHealth. Guarantor also includes any community or communal-living funds or assets that are available to satisfy all or a portion of a debt incurred by the patient.
8. **“Indigent”** is defined as 1) an Uninsured patient whose Family Income falls at or below 300% of the FPL (not to exceed \$100,000) (See **Schedule 2** of the FAP), 2) an Underinsured patient for services received at a NHSC Site when the patient’s Family Income falls at or below 200% of the FPL or 3) a patient who is eligible for/enrolled in Medicaid.
9. **“Insured”** means an individual who has third-party coverage by a commercial insurer, an ERISA plan, a Federal Health Care Program, Worker’s Compensation, Medical Savings Accounts or other coverage for all or part of his or her medical bills.
10. **“Medical Hardship”** means persons who may or may not have insurance who have suffered a catastrophic medical event and have incurred medical expenses, which would threaten the household financial viability. Qualifying for a Medical Hardship does not require qualification as Indigent. Generally, persons with a Medical Hardship qualify for reductions in their obligations to pay for Emergency Services and Medically

Necessary Services rendered. Medical Hardship Financial Assistance considers the patient's ability to pay without liquidating assets critical to living or earning a living, such as home, car personal belongings, etc. All patients, whether insured or not, are eligible to be considered for Medical Hardship Assistance.

11. "Medically Necessary Services" are services or supplies needed for the diagnosis or treatment of a patient's medical condition and are not used primarily for convenience and are not considered an experimental or an excessive form of treatment. If there is any question as to whether a service is a Medically Necessary Service, the ordering physician is responsible for making that determination.

12. "NHSC Site" means a CoxHealth location that participates in any of the National Health Service Corps programs.

13. "Service Area" means the geographic area served by CoxHealth. This area has been defined to include the following counties in southwest Missouri: Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Laclede, Lawrence, Newton, Ozark, Polk, Pulaski, Stone, Taney, Texas, Vernon, Webster, and Wright. The following counties in northwest Arkansas are also included: Baxter, Boone and Carroll.

14. "Underinsured" means a patient who is insured, but whose Family Income falls at or below 200% of FPL.

15. "Uninsured" means a patient who is not insured and who otherwise has no third-party assistance available to meet or assist with his/her payment obligations.

Types of Financial Assistance

1. Indigent Discount - - an Indigent patient who does not qualify for Medicaid will receive the applicable discounts set forth on the Discount Schedule. For Indigent patients earning at or below 100% of FPL a nominal fee will be charged ("Nominal Fee"). For purposes of clarification, the Indigent Discount applies to patients receiving hospital or clinic services whose Family Income is at or below 300% FPL (not to exceed \$100,000). In addition, the Indigent Discount applies to patients who are enrolled in/eligible for Medicaid at a 100% discount. For NHSC sites, Medicaid eligibility or a Medicaid denial letter is not required prior to receiving Financial Assistance.

2. Uninsured Discount - Any Uninsured patient that does not qualify for the Indigent Discount or does not participate in the Financial Assistance application process and receives care at a CoxHealth hospital shall not be charged more than the amounts generally billed ("AGB") for the applicable hospital facility providing service (See **Schedule 1** of the FAP). For purposes of clarification, the Self-Pay Discount applies to Uninsured patients receiving hospital services only (no clinic services are eligible) whose Family Income exceeds 300% FPL (or \$100,000).

PROCEDURE:

A. Eligibility

1. Eligibility determinations will be made based on CoxHealth's Financial Assistance Policy and an assessment of a patient's financial need.
2. Patients who qualify for Financial Assistance shall be identified as soon as possible, either before or after care is provided.
3. Generally, a patient is eligible for Financial Assistance if he:
 - a. receives Emergency Services or Medically Necessary Services;
 - b. resides in the Service Area (Hospital only, not applicable to NHSC sites);
 - c. completes a Financial Assistance application within two hundred forty (240) days after receiving an initial bill; and
 - d. is, or is deemed to be, Indigent, or
 - e. is Uninsured but not Indigent.

B. Dissemination of Eligibility Information

1. Patients who appear to be Uninsured, and those Uninsured who indicate their inability to pay for Emergency Services or Medically Necessary Services shall receive:
 - a. A packet of information that describes the Financial Assistance available and relevant procedures, including an application for Financial Assistance, and/or,
 - b. Financial counseling, including an application for Financial Assistance.
2. Notification regarding CoxHealth's Financial Assistance shall also be disseminated, free of charge, by CoxHealth through various means, including those set forth in the FAP.
3. CoxHealth's Financial Assistance Policy, including discount schedules shall be located on the CoxHealth website.
4. In order to allow CoxHealth to properly determine Financial Assistance eligibility, documents provided to patients by CoxHealth shall be translated into numerous languages spoken by the population serviced by CoxHealth, and translation assistance will be provided as needed.
5. Referral of patients for Financial Assistance may be made by any member of the CoxHealth staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors.
6. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

C. Eligibility Methodology

1. To be eligible for Financial Assistance, Guarantors must demonstrate that they reside within the CoxHealth Service Area.
 - a. Guarantors residing outside of the Service Area may be eligible for Financial Assistance for Emergency Services as well as Medically Necessary Services, but in the case of Medically Necessary Services, only as determined by CoxHealth in its sole discretion. This section shall not apply for applications being made for services provided by a NHSC site.
2. All available financial resources shall be evaluated before a determination regarding Financial Assistance is made.
 - a. CoxHealth shall consider the financial resources of the patient, as well as other persons having legal responsibility to provide for the patient (e.g. parent of a minor, spouse). For NHSC sites, eligibility is based on Family Income and size only.
3. The patient/Guarantor shall be required to provide information sufficient for CoxHealth to determine whether he or she is eligible for benefits available from Federal Health Care Programs. This section shall not apply for applications being made for services provided by a NHSC Site.
4. If in the course of evaluating the patient's financial circumstances it is determined by CoxHealth that the patient may qualify for Federal Health Care Programs, financial counseling will be provided to assist patients in applying for available coverage.
 - a. Financial Assistance will be denied to patients/Guarantors who do not cooperate fully in applying for available coverage. This section shall not apply for applications being made for services provided by a NHSC Site.
5. If a patient has a claim (or potential claim) against a third party from which the hospital's bill may be paid, the hospital will defer its Financial Assistance determination-pending disposition of the third party claim.
6. Patients who are eligible for/enrolled in Medicaid who receive Emergency Services or Medically Necessary Services that are not covered by Medicaid are automatically eligible for a 100% discount; however some services may require a co-pay or Nominal Fee (hereinafter defined) (i.e. outpatient therapy).
 - a. Medicaid patients are not required to complete the application process for these services because verification of Medicaid eligibility confirms their eligibility for Financial Assistance.
7. Copies of documents to substantiate residence in the Service Area and income levels and assets shall be provided by the patient/Guarantor (See **Schedule 5** of the FAP) Documents that are altered will not be accepted. Assets will not be required for applications for financial assistance for services provided by a NHSC Site.
8. Failure to cooperate with the application requirements may result in ineligibility for Financial Assistance.

9. Charges for any elective or cosmetic procedures or services are not eligible for Financial Assistance.
10. All information obtained from patients and Guarantors shall be treated as confidential to the extent required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
11. Eligibility for Financial Assistance expires at the earlier of the following events:
 - a. Six (6) months from the date of Financial Assistance determination; or
 - b. Change in the Guarantor's financial circumstances (i.e., ability to pay, eligibility to participate in Federal Health Care Programs that would otherwise affect Guarantor's ability to receive Financial Assistance or the amount of Financial Assistance granted).

D. Determination Review and Re-Determination

1. Determination Review:

- a. Patients/Guarantors shall be notified in writing when CoxHealth makes a determination concerning Financial Assistance.
- b. Determinations of Financial Assistance eligibility will usually be made within ten (10) to fifteen (15) days, but not more than thirty (30) days from receipt of the completed Financial Assistance application, unless the application is incomplete.
- c. If an incomplete application is received by CoxHealth the patient is sent a correspondence from a financial counselor which confirms the application was received and additional documentation is required in order to determine if the patient is eligible.
 - i. If the patient does not supply the information within thirty (30) days, the patient may be denied Financial Assistance.
 - ii. The patient/Guarantor may reapply for Financial Assistance for future Emergency Services and Medically Necessary Services.
- d. In the event CoxHealth determines that a patient is ineligible for Financial Assistance or the patient is dissatisfied with the amount of discount, the patient may appeal that decision in writing to the System Director of Admissions and Central Access or the Patient Financial Services Director within thirty (30) days following receipt of the bill for which financial assistance has been requested.
 - i. Failure to so appeal will result in the decision becoming final.

- ii. The determination of the System Director of Admissions and Preadmission Services or the Patient Financial Services Director shall not be subject to further appeal.

2. **Re-Determination:**

- a. Patients/Guarantors must submit new or updated documentation every six (6) months.
- b. Any material change in the patient's/Guarantor's family size, income, or ability to pay will warrant a redetermination of the Financial Assistance award.
- c. Redeterminations can increase or decrease the amount of Financial Assistance previously awarded. Such redeterminations may take place at any time, including each six (6) month review of determination or upon notification of material change in the patient's/Guarantor's income or ability to pay.

E. Billing and Collection

1. **Billing:** Once eligibility for Financial Assistance is approved, CoxHealth will apply the applicable discount described in the Discount Schedule and/or this procedure. Any balance due by the Guarantor will be reviewed to ensure it is less than the applicable AGB percentage. If the balance due is more than the AGB allowable amount, an additional discount will be applied to the balance to reduce it so that it does not exceed the applicable AGB.

- a. **Actions in the event of non-payment:** If a bill is outstanding one hundred twenty (120) days or more, CoxHealth will take action as set forth in its Collection Policy (See **Schedule 6** of the FAP).

2. **Record Keeping:** CoxHealth will maintain copies of all applications and the associated working documents in the patient's billing file in order to meet internal and external compliance requirements. Such documentation may include a copy of determination letters from Medicaid (where applicable) or notice of ineligibility from a certified application counselor, financial counselor, or eligibility vendor; copies of paycheck stubs; financial records such as tax returns or other documents demonstrating financial need and all correspondence between CoxHealth and the Guarantor pertaining to the Guarantor's debt.

3. **Regulatory Requirements:** In implementing the FAP and this Procedure, CoxHealth shall comply with all applicable federal, state, and local laws, rules and regulations.

F. Other Assistance Not Included in the FAP

1. **Medical Hardship**

- a. The CoxHealth Senior VP and Chief Financial Officer, Director of Admissions and Central Access and Director of Patient Financial Services have the authority to evaluate information related to patient accounts that do not clearly qualify under Financial Assistance eligibility criteria to determine whether a discount is appropriate under the circumstances.
- b. CoxHealth shall make a decision about a patient/guarantor's Medical Hardship by reviewing the Financial Assistance application, including accompanying financial documentation, in addition to other relevant documentation that supports the Medical Hardship of the patient. The following are examples of such documentation:
 - i. Copies of all patient/guarantor medical bills;
 - ii. Information related to patient/guarantor drug costs;
 - iii. Information demonstrating multiple instances of high-dollar patient medical liabilities; and
 - iv. Other evidence of high-dollar amounts related to health care costs, such as documentation that an HSA that has been fully expended.

2. **Commerce Loan:** Any Uninsured patient with a balance equal to or greater than Five Hundred Dollars (\$500.00) may obtain an interest-free loan from Commerce Bank. Additional information is available from financial assistance counselors.

3. **Clinic Uninsured Discount:** If an Uninsured patient receives clinic services at Ferrell Duncan Clinic, Springfield Neurological or CoxHealth Regional Services and does not qualify for the Indigent Discount, a discount may be available. Additional information is available from financial assistance counselors.

EDUCATION:

All registration, financial counseling and PFS staff from the CoxHealth Hospital and CMG will be assigned semi-annual education through Healthstream.

REFERENCES/DOCUMENTS:

Schedule 1 Amounts Generally Billed

Schedule 2 CoxHealth Financial Assistance Income and Discount Schedule

Schedule 3 Covered Providers

Schedule 4 Non-Covered Providers

Schedule 5 Application for Financial Assistance

Schedule 6 Collection Policy

Full FAP

Plain Language FAP Version

Process Flow Presumptive Charity for OP Therapy

EAP Education

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Schedule 1-Amounts Generally Billed /CoxHealth - Corporate/Finance (FIN)/Finance Forms
Schedule 2-Cox Health Financial Assistance Discount Schedule /CoxHealth - Corporate/Finance (FIN)/Finance Forms
Schedule 3-Covered Providers /CoxHealth - Corporate/Finance (FIN)/Finance Forms
Schedule 4 /CoxHealth - Corporate/Finance (FIN)/Finance Forms
Schedule 5-FINANCIAL ASSISTANCE APPLICATION 2016 /CoxHealth - Corporate/Finance (FIN)/Finance Forms
Schedule 6-CoxHealth Plain Language Collection Policy FINAL 090716 /CoxHealth - Corporate/Finance (FIN)/Finance Forms

Summary of Changes/Updates:

Update for NHSC purposes, approved by CoxHealth Board on 10/28/21