


CN21-62

**Certificate of Need Application
Ambulatory Surgical Facilities
Ambulatory Surgery Centers**

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code [\(WAC\) 246-310-990](#).

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington [\(RCW\) 70.38](#) and [WAC 246-310](#), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

| | |
|---|--|
| Name, Title, and Signature of Responsible Officer:  Please sign here Terry M. McDonnell, DNP, ACNP-BC Chief Nurse Executive & Vice President of Clinical Operations & Facilities | Phone Number: 206-606-2266 |
| Dated: January 26, 2021 | Email Address: tmcdon@seattlecca.org |
| Legal Name of Applicant: Seattle Cancer Care Alliance | Number of Operating Rooms requested – include procedure rooms: Relocate and add five procedure rooms. |
| Address of Applicant: 1354 Aloha Street Seattle, WA 98109 | Estimated Capital Expenditure: \$23,575,920 |
| Identify the Planning Area for this project as defined in WAC 246-310-270(3): Central King Secondary Health Services Planning Area. | |



**CERTIFICATE OF NEED APPLICATION
TO
INCREASE EXISTING OUTPATIENT
PROCEDURE ROOMS**

March 2021

Section 1

Applicant Description

1. Provide the legal name(s) and address(es) of the applicant(s)

The legal name of the applicant is Seattle Cancer Care Alliance (SCCA). SCCA is one of 51 National Cancer Institute (NCI) designated comprehensive cancer centers in the country, and the only one in Washington State. SCCA is the only cancer center in the Pacific Northwest to be a member of the National Comprehensive Cancer Network (NCCN). SCCA is also one of the nation's top 10 ranked cancer centers according to U.S. News & World Report's 2020-2021 "Best Hospitals" survey.

The SCCA operates two campuses. The physical address of the SCCA South Lake Union Outpatient Clinic, the subject of this Certificate of Need (CN) application, and the place where most SCCA adult patients that do not require hospitalization get their care is:

1354 Aloha Street
Seattle, WA 98109

The mailing address of the SCCA South Lake Union location is:

825 Eastlake Avenue East
P.O. Box 19023
Seattle, WA 98109-1023

The inpatient hospital beds of SCCA are located at:

1959 NE Pacific St.
Seattle, WA 98195

2. Identify the legal structure of the applicant (LLC, PLLC, etc.) and if known, provide the UBI number.

The Seattle Cancer Care Alliance (SCCA) is a 501(c)(3) tax-exempt not-for-profit entity. SCCA was established by three preeminent research, teaching, and tertiary care centers in the Pacific Northwest: the Fred Hutchinson Cancer Research Center (FHCRC), University of Washington Medicine and Seattle Children's. In addition to the extraordinary research potential, the integration of these clinical programs assures an extensive array of expertise in the diagnosis, treatment, and prevention of cancer, both in adults and children.

SCCA's UBI # is 601-883-375.

3. Provide the name, title, address, telephone number, and email address of the contact person for this application.

The contact person for this CN application is:

Terry M. McDonnell, DNP, ACNP-BC
Chief Nurse Executive & Senior Vice President of Operations Seattle Cancer
Care Alliance
825 Eastlake Avenue East
P.O. Box 19023
Seattle, WA 98109-1023
Email: McDonnell, Terry <tmcdon@seattlecca.org>
Phone: 206-606-2266
Cell: 206-643-2476

4. Provide the name, title, address, telephone number, and email address of any other representatives authorized to speak on your behalf related to the screening of this application (if any).

The consultant authorized to speak on behalf of SCCA related to the screening of this application is:

Jody Carona
Health Facilities Planning & Development
120 1st Avenue West, Suite 100
Seattle, WA 98119
(206) 441-0971
Email: healthfac@healthfacilitiesplanning.com

5. Provide an organizational chart that clearly identifies the business structure of the applicant(s) and the role of the facility in this application.

The organizational chart is included in Exhibit 1.

Section 2: PROJECT DESCRIPTION

1. Provide the name and address of the existing facility.

SCCA currently operates three-procedure rooms at the South Lake Union campus. SCCA has operated the procedure rooms at the current location, and under the hospital license, since opening in 2001. The three rooms are licensed as a hospital outpatient department (HOPD). The address is:

825 Eastlake Avenue East
Seattle, WA 98109

2. Provide the name and address of the proposed facility. If an address is not yet assigned, provide the county parcel number and the approximate timeline for assignment of the address.

The existing procedural area is being relocated and expanded to include a total of eight rooms (six procedure rooms and two interventional radiology rooms). Even though the procedure rooms are, and will continue to be, licensed under the hospital's license, the CN Program has determined that the proposed expansion triggers prior certificate of need review as an Ambulatory Surgery Center (ASC). The ASC designation is for CN purposes only, as the space will continue to be hospital outpatient. The new location will be in a building being constructed that will be physically connected to the existing South Lake Union Outpatient Clinic building. Throughout this application, the term 'facility' refers to the relocated and expanded rooms, which will be located on the 5th floor of Building H. The address of new building will be:

820 Yale Avenue North
Seattle, WA 98109

3. Provide a detailed description of the proposed project.

The three existing procedure rooms are located in the South Lake Union Outpatient Clinic building and licensed as part of the hospital. Procedures that support the delivery of cancer treatment such as bone marrow aspiration, biopsies, colonoscopies, bronchoscopies, central venous access port placements and removals and other similar procedures, pulmonary procedures are performed in the rooms. The current and proposed configuration is as follows:

| | Current | Proposed |
|-----------------------------|----------|----------|
| No. of Procedure Rooms | 3 | 6 |
| No. of IR/Fluoroscopy Rooms | 0 | 0 |
| No. of IR Procedure Rooms | 0 | 1 |
| No. of IR Angio Rooms | 0 | 1 |
| Total | 3 | 8 |

The South Lake Union Campus is increasingly operating at capacity and beginning in early 2017, active planning began for its expansion. The final plan calls for adding a new 134,000 square foot building that will be physically connected to the existing South Lake Union Outpatient Clinic building.

SCCA plans to relocate the existing three room procedural area to the 5th floor of the new building and expand to eight rooms. The rooms will continue to be licensed as an HOPD. The 5th floor includes approximately 22,500 square feet of which approximately 19,260, or 85% will be the procedural suite. The new suite is expected to be operational by March 2023.

While the SCCA hospital is located in the North King Secondary Health Services Planning Area (North King), the South Lake Union Campus is in the Central King Secondary Health Services Planning Area. The capital cost of the relocated and expanded procedure suite is \$23,575,920.

- 4. With the understanding that the review of a Certificate of Need application typically takes at least 6-9 months, provide an estimated timeline for project implementation, below:**

| Event | Anticipated Month/Year |
|------------------------------|------------------------|
| Design Complete | March/2021 |
| Construction Commenced | May/2022 |
| Construction Completed | February/2023 |
| Facility Prepared for Survey | March/2023 |
| Project Completion | March/2023 |

- 5. Identify the surgical specialties to be offered at this facility by checking the applicable boxes below. Also attach a list of typical procedures included within each category.**

In responding to this question, SCCA has confirmed that ‘facility’ means the procedural suite that is the subject of this certificate of need application.

- | | | |
|--|--|--|
| <input type="checkbox"/> Ear, Nose, & Throat | <input type="checkbox"/> Maxillofacial | <input type="checkbox"/> Pain Management |
| <input checked="" type="checkbox"/> Gastroenterology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Urology |

X Other: Procedures to support the delivery of cancer treatment.

- 6. If you checked gastroenterology, above, please clarify whether this includes the full spectrum of gastroenterological procedures, or if this represents a specific sub- specialty:**

| | | |
|---|--|---------------------------------------|
| X Endoscopy (related to oncology treatment) | <input type="checkbox"/> Bariatric Surgery | <input type="checkbox"/> Other: _____ |
|---|--|---------------------------------------|

7. For existing facilities, provide a discussion of existing specialties and how these would or would not change as a result of the project.

The types of procedures performed in the existing procedure rooms include bone marrow aspiration, upper endoscopies, colonoscopies, bronchoscopies, biopsies, port line placements, pulmonary procedures, endobronchial ultrasound, balloon enteroscopy, and other procedures to support the delivery of cancer treatment. New procedures are anticipated to be provided with the expanded space. These include but are not limited to: advanced endoscopy (EUS), endoscopic retrograde cholangiopancreatography (ERCP), diagnostic biopsy procedures (IR), tube and drain placements and other palliative symptom management procedures.

8. Identify how many operating rooms will be at this facility at project completion. Note, for certificate of need and credentialing purposes, “operating rooms” and “procedure rooms” are one and the same.

Upon project completion, the relocated and expanded HOPD will have eight procedure rooms. In the July 2020 Determination of Non-Reviewability, the Program noted that the focus of the CN review would be on the new procedure rooms.

9. Identify if any of the operating rooms at this facility would be exclusively dedicated to endoscopy, cystoscopy, or pain management services. WAC 246-310-270(9)

None of the rooms will be exclusively dedicated to endoscopy, cystoscopy or pain management services.

10. Provide a general description of the types of patients to be served by the facility at project completion (e.g. age range, etc.).

This project will primarily serve adult oncology patients, generally age 18 and over undergoing procedures in support their cancer treatment.

As shown in Table 1 about 68.5% of SCCA’s patients reside outside of King County, including 20% from outside of Washington State.

**Table 1
SCCA Patient Origin**

| Area | 2019 |
|--------------------------|---------------|
| King County | 31.5% |
| Other Western Washington | 34.8% |
| Other Washington | 13.3% |
| Out of State | 20.4% |
| Total | 100.0% |

Source: WA State CHARS Database

11. If you submitted more than one letter of intent for this project, provide a copy of the applicable letter of intent that was submitted according to WAC 246-310-080.

A copy of the letter of intent is included in Exhibit 2.

12. Provide single-line drawings (approximately to scale) of the facility, both before and after project completion.

Single line drawings are included in Exhibit 3 which include both the existing and expanded/relocated rooms.

13. Confirm that the facility will be licensed and certified by Medicare and Medicaid, which is a requirement for CN approval. If this application proposes the expansion of an existing facility, provide the existing facility's identification numbers.

The current procedure rooms are already licensed and certified. The requested hospital information is below:

License #: HAC.FS.00000204

Medicare #: 50-0138

Medicaid #: 1003906

14. Identify whether this facility will seek accreditation. If yes, identify the accrediting body.

The existing procedure rooms are included as part of SCCA's existing Joint Commission accreditation.

15. OPTIONAL – The Certificate of Need program highly recommends that applicants consult with the office of Construction Review Services (CRS) early in the planning process. CRS review is required prior to construction and licensure ([WAC 246- 330-500](#), [246-330-505](#), and [246-330-510](#)). Consultation with CRS can help an applicant reliably predict the scope of work required for licensure and certification. Knowing the required construction standards can help the applicant to more accurately estimate the capital expenditure associated with a project.

If your project includes construction, please indicate if you've consulted with CRS and provide your CRS project number.

The project is currently undergoing CRS review, under CRS # 61024056.

SECTION 3 NEED

1. List all surgical facilities operating in the planning area – to include hospitals, ASFs, and ASCs.

Table 2 contains the surgical facilities that SCCA has identified as located in the Central King Secondary Health Services Planning Area (Central King). As the CN Program is aware, the exempt facilities are included in the utilization and use rate calculation but are excluded from the existing count of supply.

Table 2
Central King Secondary Health Services Planning Area, Existing Facilities

| Hospitals | License # | CN Status | # of Rooms |
|---|-----------------|------------------|-----------------|
| Harborview Medical Center | HAC.FS.00000029 | CN Approved | 25 |
| Kaiser Permanente Central Hospital | HAC.FS.00000020 | CN Approved | NA ¹ |
| Swedish Medical Center-First Hill | HAC.FS.00000001 | CN Approved | 41 |
| Swedish Medical Center-Cherry Hill | HAC.FS.00000003 | CN Approved | 15 |
| Virginia Mason Medical Center | HAC.FS.00000010 | CN Approved | 26 |
| Total | | | 107 |
| Ambulatory Surgical Facilities | License # | | |
| Seattle Cancer Care Alliance ² | HAC.FS.00000204 | CN Approved | 3 |
| Seattle Surgery Center | ASF.FS.60101072 | CN Approved | 7 |
| Kaiser Permanente Capitol Hill Proc.Ctr | ASF.FS.60627140 | CN Approved | NA ³ |
| First Hill Surgery Center | ASF.FS.60641959 | CN Approved | 12 |
| Seattle Reproductive Surgery Center | ASF.FS.60116732 | CN Approved | 1 ⁴ |
| SubTotal | | | 23 |
| PacMed Ambulatory Surgical Clinic | ASF.FS.60100067 | Exempt | NA |
| The Polyclinic Surgery Endoscopy Centers | ASF.FS.60100082 | Exempt Endo only | NA |
| Seattle Facial Plastic Surgery Center | ASF.FS.60100192 | Exempt | NA |
| Seattle Hand Surgery Group PC | ASF.FS.60100927 | Exempt | NA |
| Seattle Spine Institute | ASF.FS.60102756 | Exempt | NA |
| Pacific Northwest Center for Facial Plastic Surgery | ASF.FS.60103273 | Exempt | NA |
| Madison Tower Surgery Center | ASF.FS.60430558 | Exempt | NA |
| The Polyclinic - Plastic Surgery Center | ASF.FS.60452365 | Exempt | NA |
| Minor and James Surgery Center | ASF.FS.60639476 | Exempt | NA |
| Seattle Plastic Surgery Center | ASF.FS.60101123 | Exempt | NA |
| Evergreen Eye Center | ASF.FS.60862319 | Exempt | NA |

Source: Certificate of Need Program Files

¹ The CN Program excluded Kaiser Permanente ORs from the supply because they are HMO exempt. See May 3, 2017 decision for Proliance Surgeons dba Minor & James Endoscopy evaluation.

² In past Central King decisions, the CN Program, has not included SCCA's procedure rooms in Central King, because the rooms are an HOPD and the hospital is located in the North King Secondary Health Services Area.

³ Excluded due to HMO exemption.

⁴ The CN Program counts only one of the three rooms. The CN Program excluded two rooms because they are procedure rooms (dedicated to cystoscopy).

2. Identify which, if any, of the facilities listed above provide similar services to those proposed in this application.

SCCA is one of only 51 National Cancer Institute (NCI)-designated comprehensive cancer centers in the country — and the only one in Washington State. SCCA is the only cancer center in the Pacific Northwest to be a member of the National Comprehensive Cancer Network (NCCN) and is one of the nation’s top 10 ranked cancer centers.

SCCA’s outpatient hospital services are a significant component, about 85% in terms of patient volume, of our care. As noted earlier, the procedures being undertaken in the existing procedure rooms exclusively support the delivery of NCI protocol-approved treatments, and cancer research clinical trials. These procedures include bone marrow aspiration, upper endoscopies, colonoscopies, bronchoscopies, biopsies, port line placements, pulmonary procedures, endobronchial ultrasound, balloon enteroscopy, and other procedures to support the delivery of cancer treatment. New procedures are anticipated to be provided with the expanded space. These include but are not limited to: advanced endoscopy (EUS), endoscopic retrograde cholangiopancreatography (ERCP), diagnostic biopsy procedures (IR), tube and drain placements and other palliative symptom management procedures.

While some hospitals and ASCs in the Planning Area likely provide cancer care and perform procedures such as colonoscopies and biopsies, to our knowledge, none are dedicated to cancer, none provide the scope or range of cancer treatment, and none participate in the number of cancer clinical trials that SCCA does. The care provided at SCCA considers the unique needs of cancer patients and their treatment, which is critical when providing these services.

3. Provide a detailed discussion outlining how the proposed project will not represent an unnecessary duplication of services.

SCCA applied the methodology in WAC 246-310-270 as it has been applied by the CN Program in recent decisions. The CN Program historically included SCCA’s procedure rooms in the North King Secondary Health Planning Area (North King) because the hospital under which it is licensed is located in this Planning Area⁵ Further, the Program consistently concluded that SCCA’s procedure rooms should not be included in supply because they “do not provide surgical services” (procedures versus surgeries).⁶

SCCA calculates that there is a surplus in North King. If the Program opts to reassign the rooms to the Central King Secondary Health Planning Area—the area in which the rooms are physically located—there is numeric need for additional mixed-use room capacity, and approximately five additional dedicated outpatient rooms.

Regardless of the Planning Area that the Program assigns, and consistent with WAC 246-310-270 (4), because of the benefit of co-locating the procedure rooms in the larger cancer-dedicated South Lake Union campus, SCCA believes that extraordinary circumstances exist, including:

⁵ October 2020 Certificate of Need Program Evaluation of Seattle Orthopedic Center and Sight Partners.

⁶ Ibid, p. 19.

- a) SCCA is the only comprehensive cancer hospital in Washington State and provides a unique array of comprehensive cancer services. Consolidating services in a single location reduces exposure of immunocompromised patients.
- b) SCCA's current procedural area are experiencing waits and backlogs that exceed six weeks; particularly for biopsies, including some that we simply do not currently perform at South Lake Union today because of a lack of space generally, and particularly, for image guided procedures. The intent is to begin performing these cases in the new procedural area,

The response to Question 5 provides documentation for these factors.

- 4. Complete the methodology outlined in WAC 246-310-270, unless your facility will be exclusively dedicated to endoscopy, cystoscopy, or pain management. If your facility will be exclusively dedicated to endoscopy, cystoscopy, or pain management, so state. If you would like a copy of the methodology template used by the department, please contact the Certificate of Need Program.**

SCCA has run the methodology for the Central King because its capacity is physically located in Central King (this application of the methodology is included as Exhibit 4).

- 5. If the methodology does not demonstrate numeric need for additional operating rooms, WAC 246-310-270(4) gives the department flexibility. WAC 246-310- 270(4) states: "Outpatient operating rooms should ordinarily not be approved in planning areas where the total number of operating rooms available for both inpatient and outpatient surgery exceeds the area need."**

These circumstances could include but are not limited to: lack of CN approved operating rooms in a planning area, lack of providers performing widely utilized surgical types, or significant in-migration to the planning area. If there isn't sufficient numeric need for the approval of your project, please explain why the department should give consideration to this project under WAC 246-310-270(4). Provide all supporting data.

As noted in Q 3, if the Program reassigns the procedure rooms from the North King Secondary Health Services Planning Area to the Central King Secondary Health Services Planning Area, there is a small surplus of mixed use room at step c.i (less than three rooms out of nearly 110 in the supply). Per the methodology, unless the applicant has demonstrated extraordinary circumstances, no further calculations are performed and no separate calculation for outpatient capacity is considered. In the case of Central King, the surplus of mixed rooms is less than 3, but if the calculation continues, there is need for 5 dedicated outpatient rooms.

SCCA is confident that this project clearly qualifies for the 'extraordinary circumstance' consideration allowed in rule based on unique services provided, our patient population and the current wait times being experienced. Additional rationale is provided below.

SCCA is the only comprehensive cancer hospital in Washington State and provides a unique array of comprehensive cancer services. And consolidating services in a single location reduces exposure of immunocompromised patients.

SCCA is singularly focused on advancing the treatment of cancer through a programmatically integrated, collaborative approach that enhances research, teaching and clinical care endorsed by the National Cancer Institute. The procedure rooms are a vital part of the outpatient program and integral to SCCA's mission of providing state-of-the-art and patient-focused care and our vision of being one of the finest clinical cancer programs in the world.

All patients cared for by SCCA are NCI protocol-approved for treatments related to oncologic disease. As the only outpatient procedure program focusing exclusively on oncology through this integrated and collaborative approach in Washington, there is a demonstratable regional, statewide, and national need for the program.

In addition, the proposed relocation and expansion will allow SCCA to co-locate services that are presently offered in several locations. **Patients will receive care in a single location which will reduce exposure of immunocompromised patients to a greater number of people/staffs thus decreasing exposure if they need to travel for their care.** In addition, the physical demands of traveling to different places to get all their care is also detrimental to their overall health as they are often in a weakened state.

SCCA's Procedure Rooms are experiencing waits and backlogs that exceeds six weeks; particularly for biopsies, including some that we simply do not have at South Lake Union today because of a lack of space generally, and particularly, for image guidance equipment.

SCCA's existing procedure rooms are 'at capacity' and wait times for biopsies currently exceeds six weeks. In addition to being at capacity for the kinds of procedures we are able to perform at South Lake Union, there are a growing number of key diagnostic and treatment procedures that we do not have the space to incorporate today. As a result, our patients go to the SCCA inpatient campus at UWMC for their biopsy procedures. The schedule at the UWMC campus includes UWMC's inpatients and their own outpatients, so SCCA patients wait for an available slot, for up to six weeks.

Patients report that this period is stressful and adds anxiety to an already anxious period of uncertainty for them. The uncertainty they feel while waiting for biopsy and cytology test results will be mitigated with the additional rooms. With the proposed relocation and expansion, these procedures will be offered at SCCA and will decrease to time to biopsy and treatment⁷.

⁷ A biopsy is a procedure that removes a sample from a lump or other tissue. Biopsies are central to the diagnoses of many cancers as well as to determining the best care and protocol for dealing with the specific cancer. A significant percentage of patients come to SCCA with cancer already diagnosed, but we frequently need another biopsy to determine the cell's proteins, DNA and RNA and thereby selecting the best treatment option.

6. For existing facilities, provide the facility’s historical utilization for the last three full calendar years.

The historical utilization is provided in Table 3. In addition, Table 3 provides information, the current capacity of the existing rooms. As Table 3 indicates, the existing rooms are operating above capacity.

Table 3
Seattle Cancer Care Alliance
Historical Outpatient Procedures by Year,
2018-2020

| | 2018 | 2019 | 2020 |
|------------------------|-------|-------|--------|
| Procedures | 3,330 | 3,576 | 4,473 |
| Occupancy ⁸ | 80.6% | 86.6% | 108.3% |

Source: Applicant

7. Provide projected surgical volumes at the proposed facility for the first three full years of operation, separated by surgical type. For existing facilities, also provide the intervening years between historical and projected. Include the basis for all assumptions used as the basis for these projections.

Table 4 provides the projected volumes for the first three full years of operation as well as 2021-2022 (the intervening years). The assumptions are as follows:

1. The new procedural area is scheduled to open in the 4th Quarter of FYE2023, or in April 2023.
2. Volume growth between FYE 2021 and FYE 2022 and again from FYE2022 until the opening of the new procedural area in April 2023 is attributable solely to growth associated with clinic volumes. Because the three-room procedural area is currently operating at capacity (based on operating from 7AM to 5PM, Monday through Friday, our weekly schedule), SCCA is planning to increase hours per day and operate on weekends to accommodate volumes. .
3. In the 4th Quarter of FYE 2023 and through FYE 2024 the growth is related to planned provider recruitments (and increased clinic volumes) and the return of select cases currently being referred to UWMC. This return of cases from UWMC in this timeframe primarily includes biopsies and tubes/drains.
4. In FYE 2025, the growth is based on continued provider recruitment and new programs that are planned that will result in more procedural volume generally, as well as the return of the remaining more-specialized, more advanced cases currently being referred to UWMC. This includes tumor ablation, GI, endoscopic ultrasound, balloon enteroscopy, and ERCP.
5. SCCA has assumed the growth from FYE2025 will continue in FYE2026 at 54% of the rate of the prior year. Again, this is based on the estimated rate of continued growth in clinic volume due to new recruitment and new programming.

⁸ Occupancy based on Department capacity in WAC 26-310-270(9).

Table 4
Seattle Cancer Care Alliance
Projected Outpatient Procedures by FY2021-FY2026

| | FYE 2021 | FYE 2022 | FYE 2023 | FYE 2024 | FYE 2025 | FYE 2026 |
|------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Procedures | 4,683 | 4,878 | 5,133 | 5,882 | 6,761 | 7,307 |

Source: Applicant

8. Identify any factors in the planning area that could restrict patient access to outpatient surgical services. [WAC 246-310-210\(1\) and \(2\)](#)

Today, access to the unique services of SCCA, are being compromised because of the capacity of the existing procedure rooms and because of the small size of the rooms that is prohibiting us from offering a growing procedure-type (IR) and resulting in patients having to go to the SCCA/UWMC and wait, for about six weeks. For newly diagnosed patients or patients with evolving and changing diagnoses, this wait seems like an eternity and adds undue stress and uncertainty. The new rooms will mitigate waiting. More importantly, it will ensure that our patients receive comprehensive and coordinated care in a timely manner.

9. In a CN-approved facility, [WAC 246-310-210\(2\)](#) requires that “all residents of the service area, including low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly are likely to have adequate access to the proposed health service or services.” Confirm your facility will meet this requirement.

Admission to all SCCA facilities and services is based upon clinical need. Services are made available to all persons regardless of race, color, creed, gender, national origin, or disability. A copy of SCCA’s charity care policy is included as Exhibit 5. Please note that this is a new charity care policy, submitted to the Department for review and approval on February 5, 2021.

For hospital charity care reporting purposes, the Department divides Washington State into five regions. SCCA is located in the King County Region. According to 2016-2018 charity care data produced by the Department (the latest data currently available), the three-year charity care average for King County, excluding Harborview is 1.00% of gross revenue and 2.21% of adjusted revenue. During this same time period, the three-year percentage of charity care for SCCA was .76% of gross revenue and 1.33% of adjusted revenue. The pro forma financials included in Exhibit 6 assume 1.2% of gross revenue.

10. Provide a copy of the following policies:

- **Admissions policy**
- **Charity care or financial assistance policy**
- **Patient Rights and Responsibilities policy**
- **Non-discrimination policy**
- **Any other policies directly related to patient access to care.**

SCCA's policies are included in Exhibit 5.

SECTION 4

Financial Feasibility

- 1. Provide documentation that demonstrates that the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:**
 - **Utilization projections. These should be consistent with the projections provided under “Need” in section A. Include the basis for all assumptions.**
 - **Pro Forma revenue and expense projections for at least the first three full calendar years of operation. Include the basis for all assumptions.**
 - **Pro Forma balance sheet for the current year and at least the first three full calendar years of operation. Include the basis for all assumptions.**
 - **For existing facilities, provide three years of historical revenue and expense statements, including the current year. Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.**

The utilization assumptions and pro forma financials are included in Exhibit 6. Audited financials for SCCA are included in Appendix 1.

- 2. Provide the following applicable agreements/contracts:**
 - **Management agreement**
 - **Operating agreement**
 - **Medical director agreement**
 - **Development agreement**
 - **Joint Venture agreement**

SCCA’s has an appointed medical director. Included in Exhibit 7 is a letter, signed by both SCCA and the medical director, describing the job responsibilities and compensation.

- 3. Certificate of Need approved ASFs must provide charity care at levels comparable to those at the hospitals in the ASF planning area. You can access charity care statistics from the Hospital Charity Care and Financial Data (HCCFD) [website](#). Identify the amount of charity care projected to be provided at this facility, captured as a percentage of gross revenue, as well as charity care information for the planning area hospitals. The table below is for your convenience but is not required. [WAC 246-310-270\(7\)](#)**

The procedure rooms are currently, and will continue to be, licensed as part of the hospital. We will not seek ASC licensure or certification. As noted in response to Question 9 in the previous section, the King County hospital charity care average, excluding Harborview, was 1.00% of gross revenue for 2016-2018 (the most recent data available). SCCA has assumed 1.2% of gross revenue for the projection years.

- 4. Provide documentation of site control. This could include either a deed to the site or a lease agreement for the site. If a lease agreement is provided, the terms must be for at least five years following project completion. The costs identified in these documents should be consistent with the Pro Forma provided in response to question 1.**

Both the current and future site is owned by Fred Hutchinson Cancer Research Center, one of the members of SCCA. SCCA has a long-term land lease for the proposed site. Included in Exhibit 8 is a copy of the memorandum of the “Hutch Parcel Lease” that was signed in July 2020 and terminates on January 23, 2100. This memorandum notes that the lessee will construct a new building on the site. As SCCA will own the building there are no lease costs associated with the building. A land swap was done between FRCRC and SCCA such that there are no land costs associated with the land lease. Therefore, there are no lease costs attributed to the procedure suites in the pro forma financials.

- 5. For new facilities, confirm that the zoning for your site is consistent with the project.**

This project proposes to relocate and expand the existing procedure rooms on the same campus and physically connected to the existing outpatient buildings. The site received a City of Seattle master use permit (MUP) related to the development in 2020.

- 6. Complete the table below with the estimated capital expenditure associated with this project. Capital expenditure is defined under [WAC 246-310-010\(10\)](#). If you have other line items not listed below, please include the items with a definition of the line item. Include all assumptions used as the basis the capital expenditure estimate.**

This project is part of a much larger building project. The cost of the entire building is \$281.5 million, and the estimated capital expenditure is detailed in Table 5. Table 5 reflects the cost to complete procedure space.

Table 5
Seattle Cancer Care Alliance
Estimated Capital Expenditure

| Item | Cost |
|---|---------------------|
| a. Land Purchase | \$ |
| b. Utilities to Lot Line | \$ |
| c. Land Improvements | \$ |
| d. Building Purchase | \$ |
| e. Residual Value of Replaced Facility | \$ |
| f. Building Construction | \$11,724,372 |
| g. Fixed Equipment (not already included in the construction contract) | \$8,542,434 |
| h. Movable Equipment | \$534,557 |
| i. Architect and Engineering Fees | \$1,048,151 |
| j. Consulting Fees | \$425,000 |
| k. Site Preparation | \$0 |
| l. Supervision and Inspection of Site | \$ |
| m. Any Costs Associated with Securing the Sources of Financing (include interim interest during construction) | \$ |
| 1. Land | \$ |
| 2. Building | \$ |
| 3. Equipment | \$ |
| 4. Other | \$ |
| n. Washington Sales Tax | \$1,301,406 |
| Total Estimated Capital Expenditure | \$23,575,920 |

Source: Applicant

- 7. Identify the entity or entities responsible for funding the capital expenditure identified above. If more than one entity is responsible, provide breakdown of percentages and amounts for all.**

SCCA will use existing reserves to fund the 5th floor procedure suite project. Included in Exhibit 9 is a letter from Steve Huebner, CFO documenting SCCA's commitment to use reserves for the project.

- 8. Please identify the amount of start-up costs expected for this project. Include any assumptions that went into determining the start-up costs. If no start-up costs are needed, explain why.**

SCCA is an existing operation. No start-up period is anticipated.

9. Provide a non-binding contractor's estimate for the construction costs for the project.

The capital expenditure was estimated by SCCA's project management consulting firm, Project Planning Partners, in conjunction with SCCA, ZGF (project architects), and GLY Construction, Inc. (project contractor). The non-binding contractor's estimate is included as Exhibit 10.

10. Explain how the proposed project would or would not impact costs and charges to patients for health services. [WAC 246-310-220](#)

SCCA's charges for health care services are not driven by capital expenditures. As such, there is no impact on the costs or charges for health services because of this project.

11. Provide documentation that the costs of the project, including any construction costs, will not result in an unreasonable impact on the costs and charges to patients for health services in the planning area. [WAC 246-310-220](#)

See response to Question 10 above.

12. Provide the projected payer mix by gross revenue and by patients using the example table below. If "other" is a category, define what is included in "other."

SCCA has assumed that the payer mix will change due only to the growth and aging of the population (assuming increased Medicare as a percentage of both gross revenue and patients) and the higher cancer incidence in the 65+ age cohort. Table 6 details the current payer mix (FY2020) and the expected payer in FY2026 for the entire hospital.

Table 6
SCCA Projected Payer by Revenue and Patient, Current (FY2020) and Projected (FY 2026)

| | FY2020 (Current) | | FY2026 | |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Percentage by Revenue | Percentage by Patient | Percentage by Revenue | Percentage by Patient |
| Medicare/Medicare Advantage | 38.6% | 35.3% | 46.0% | 42.7% |
| Medicaid | 10.0% | 8.8% | 11.0% | 9.8% |
| Commercial | 49.1% | 50.4% | 40.8% | 42.2% |
| Other (Tricare, VA and Workers Comp) | 1.8% | 3.4% | 1.7% | 3.4% |
| Self-Pay | 0.6% | 2.1% | 0.5% | 2.0% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% |

Source: Applicant

- 13. If this project proposes CN approval of an existing facility, provide the historical payer mix by revenue and patients for the existing facility for the most recent year. The table format should be consistent with the table shown above.**

The requested information was provided in response to Question #12.

- 14. Provide a listing of new equipment proposed for this project. The list should include estimated costs for the equipment. If no new equipment is required, explain.**

The new equipment is included in Exhibit 11.

- 15. Provide a letter of financial commitment or draft agreement for each source of financing (e.g. cash reserves, debt financing/loan, grant, philanthropy, etc.). [WAC 246-310-220](#).**

SCCA will use existing reserves to fund the 5th floor procedure suite project. Included in Exhibit 9 is a letter from Steve Huebner, CFO documenting SCCA's availability of, and commitment to, use reserves for the project.

- 16. If this project will be debt financed through a financial institution, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized. [WAC 246-310-220](#)**

As noted in response to Question 15, SCCA will use reserves for the project. This question is not applicable.

- 17. Provide the applicant's audited financial statements covering the most recent three years. [WAC 246-310-220](#)**

SCCA's audited financial statements are included in Appendix 1.

SECTION 5

Structure and Process of Care

1. Identify all licensed healthcare facilities owned, operated by, or managed by the applicant. This should include all facilities in Washington State as well as out-of-state facilities, and should identify the license/accreditation status of each facility.

SCCA does not own or operate any other health care facilities. Two of SCCA's members do operate hospitals in Washington. The names, addresses and provider numbers for the licensed healthcare facilities owned, operated, or managed by UW Medicine, Fred Hutchinson Cancer Research Center, and Seattle Children's are included as Exhibit 1.

2. Provide a table that shows FTEs [full time equivalents] by classification (e.g. RN, LPN, Manager, Scheduler, etc.) for the proposed facility. If the facility is currently in operation, include at least the last three full years of operation, the current year, and the first three full years of operation following project completion. There should be no gaps in years. All staff classifications should be defined.

The requested information is provided in Table 7:

Please note that Table 7 does not include the radiology staff as they are allocated to the cost center.

Table 7
Existing and Proposed FTEs (Providers and Staff)
SCCA South Lake Union Outpatient Clinic Procedure Rooms

| Position | FYE 2018 | FYE 2019 | FYE 2020 | Current (FYE 2021) | FYE 2022 | Year 1: FYE2023 | Year 2: FYE2024 | Year 3: FYE2025 | Year 4: FYE2026 |
|----------------------------|-------------|-----------|-------------|--------------------|-------------|-----------------|-----------------|-----------------|-----------------|
| Manager | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Supervisor | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| MA | 2.8 | 3.8 | 3.9 | 4.0 | 4.0 | 5.0 | 6.0 | 7.0 | 7.0 |
| RNs | 11.7 | 14.3 | 14.7 | 15.0 | 15.0 | 16.0 | 18.0 | 19.0 | 20.0 |
| Registration/ Receptionist | 7.1 | 7.9 | 7.8 | 8.2 | 9.2 | 9.2 | 9.2 | 9.2 | 9.2 |
| Total | 23.6 | 28 | 28.4 | 29.2 | 30.2 | 32.2 | 35.2 | 37.2 | 38.2 |

Source: Applicant

3. Provide the basis for the assumptions used to project the number and types of FTEs identified for this project.

The projected number and types of FTEs were based on current staff/procedure ratios and procedure types.

- 4. Provide the name and professional license number of the current or proposed medical director. If not already disclosed under [WAC 246-310-220\(1\)](#) above, identify if the medical director is an employee or under contract.**

The medical director is David M. Hockenbery, MD. Dr. Hockenbery's professional license number is: MD00029844. Dr. Hockenbery is employed by the University of Washington Physicians. He is appointed and the job responsibilities and compensation are described in the letter contained in Exhibit 7.

- 5. If the medical director is/will be an employee rather than under contract, provide the medical director's job description.**

A copy of the medical director agreement letter and job description are included in Exhibit 7.

- 6. Identify key staff by name, if known (e.g. nurse manager, clinical director, etc.)**

The requested information is included in Exhibit 12.

- 7. Provide a list of physicians who would use this surgery center, including their names, license numbers, and specialties.**

Table 8 provides detail on the current providers that will use the procedure area.

**Table 8:
Seattle Cancer Care Alliance's
Surgery Center Users**

| Physician | Specialty | MD License Number |
|---|------------------|--------------------------|
| David Hockenbery, MD | GI | MD00029844 |
| Teresa Brentnall MD | GI | MD00029112 |
| Rachel Issaka, MD | GI | MD60744965 |
| Neelendu Dey, MD | GI | MD60724633 |
| William Grady, MD | GI | MD00030012 |
| Guang-Shing Cheng, MD | Pulmonary | MD60191081 |
| Viswam Nair, MD | Pulmonary | MD60959262 |
| Matthew Triplette, MD | Pulmonary | MD60454739 |
| McGarry Houghton, MD | Pulmonary | MD60265703 |
| Mukta Krane, MD (head of CCSC Team) | Colorectal | MD60472814 |
| Sarah J. Atkinson, MD | Colorectal | MD60967830 |
| Joy C. Chen, CCSC | Colorectal | MD61063157 |
| Christopher Kent, MD (head of UW Anesthesiologists) | Anesthesia | MD00045022 |
| William Van Cleve, MD | Anesthesia | MD60082201 |
| Gouri Sivarajan, MD | Anesthesia | MD00025048 |
| Murali Sivarajan, MD | Anesthesia | MD00013029 |
| Katherine O. Heller, MD | Anesthesia | MD6054261 |
| Joanna Davies, MD | Anesthesia | TR00039549 |
| Christopher Ingraham, MD (Head of UW Interventional Radiologists) | Radiology | MD60227108 |
| George Soltes, MD | Radiology | MD00031773 |
| Guy Johnson, MD | Radiology | MD60239714 |
| Jeffrey Chick, MD | Radiology | MD60797579 |
| Karim Valji, MD | Radiology | MD00048638 |
| Jesse Knight, MD | Radiology | MD00046837 |
| Carrie Graham, ARNP | Proceduralist | AP60021490 |

Source: Applicant

8. For existing facilities, provide names and professional license numbers for current credentialed staff.

The requested information is included in Exhibit 12.

9. Describe your methods for staff recruitment and retention. If any barriers to staff recruitment exist in the planning area, provide a detailed description of your plan to staff this project. [WAC 246-310-230\(1\)](#)

This project is a relocation and expansion of an outpatient procedure program that SCCA has operated for decades. Between today (2021) and opening in the expanded space (2023), we anticipate recruiting about three additional FTEs, a very small number for an organization our size. SCCA consistently has more qualified professionals expressing interest in working at SCCA than we have job openings. In fact, often when we have temporary, short term positions available, these individuals will request to be allowed to apply for permanent positions are they become available. No problems are anticipated in recruiting the necessary, qualified manpower. In addition, there is a department practice council for both nurses and MA/ST that allows these caregivers to be involved in decisions and policy making. This has also resulted in longevity of existing staff.

10. For existing facilities, provide a listing of ancillary and support services already in place. [WAC 246-310-230\(2\)](#)

The current ancillary and support services used by the procedure rooms include:

| | |
|---|-----------------------------------|
| Laboratory | Materials Management/supplies |
| Waste Management (medical and pharmaceutical) | Billing |
| Medical Gas | IR and anesthesia physicians |
| Environmental Services | Scope Reprocessing and Instrument |
| Medical Equipment Maintenance | Decontamination |
| Security Services | Information Technology |
| Anesthesia Services | Radiology Information Technology |
| Fire & Safety Monitoring | Courier Services |
| Pathology | Linen Management Services |
| GI Consult | Humidity/Temperature Monitoring |
| | Pharmacy |

11. For new facilities, provide a listing of ancillary and support services that will be established. [WAC 246-310-230\(2\)](#)

This question is not applicable.

12. Identify whether any of the existing ancillary or support agreements are expected to change as a result of this project. [WAC 246-310-230\(2\)](#)

There are no ancillary or support agreements; this question is not applicable.

13. If the ASF is currently operating, provide a listing of healthcare facilities with which the ASF has working relationships. [WAC 246-310-230\(4\)](#)

SCCA works closely with healthcare facilities and providers throughout the Washington State, and the region as well as nationally and internationally. This includes other hospitals and health care systems, EMS, primary care, and specialty clinics (including oncology clinics), nursing homes, assisted living communities, home health and hospice. In addition, SCCA has nine locations in Washington, including⁹:

- Seattle Cancer Care Alliance – South Lake Union, Seattle, WA
- SCCA Hospital at University of Washington Medical Center-Montlake – Seattle, WA
- Seattle Children’s Hospital – Seattle, WA¹⁰
- UW Medical Center – Northwest Seattle¹¹
- SCCA at University of Washington Medical Center-Northwest – Seattle, WA
- SCCA at EvergreenHealth – Kirkland, WA
- SCCA Issaquah – Issaquah, WA
- SCCA Peninsula – Poulsbo, WA
- SCCA at Overlake Medical Center – Bellevue, WA
- Affiliation with SCCA Proton Therapy Center – Seattle, WA¹²

SCCA also operates with two housing options for patients and their families. These include the SCCA House and the Pete Gross House

In addition, SCCA has affiliate members that operate in other parts of Washington State (Port Angeles, Tacoma, Mt. Vernon, Wenatchee, and Kennewick as well as other states (Alaska, Idaho, Montana, and Hawaii). Patients are referred both to and from these entities:

14. Identify whether any of the existing working relationships with healthcare facilities listed above would change as a result of this project. [WAC 246-310-230\(4\)](#)

Current relationships are not expected to change as a result of this project.

15. For a new facility, provide a listing of healthcare facilities with which the ASF would establish working relationships. [WAC 246-310-230\(4\)](#)

As this project proposes the expansion of an existing outpatient procedure rooms, this question is not applicable.

⁹ Other locations on SCCA’s license are Shine, SCCA Cellular Therapy Laboratory and SCCA Specialty Laboratories.

¹⁰ Not under SCCA license.

¹¹ Not under SCCA license.

¹² Not under SCCA license.

16. Provide a copy of the existing or proposed transfer agreement with a local hospital.

SCCA's policies regarding transfer of a patient to UWMC are included as Exhibit 13. In the event of an emergency, it is the policy of SCCA to call EMS and have the patient transported to the nearest emergency department based on the EMS system process.

17. Provide an explanation of how the proposed project will promote continuity in the provision of health care services in the planning area, and not result in an unwarranted fragmentation of services.

SCCA is a collaboration of three providers, and by its very nature and purpose, it promotes continuity of health care services in the planning area. In addition, as both a regional and national provider, we also assure continuity of health care services for patients from outside the planning area.

18. Provide an explanation of how the proposed project will have an appropriate relationship to the service area's existing health care system as required in [WAC 246-310-230\(4\)](#).

The Seattle Cancer Care Alliance (SCCA) was formed specifically to integrate and focus the cancer care expertise of the service area's existing world-class clinical oncology programs. Additionally, the SCCA, by the very nature of its services works closely with providers to facilitate referrals and appropriate care coordination. The project will enable us to coordinate with these providers to ensure the appropriate services are provided within the best setting given their cancer and needs and coordinate on patient care.

Seattle Cancer Care Alliance's (SCCA) Network Program also connects community-based physicians with the latest cancer research and treatment options from our world-renowned physicians, scientists, nurses, counselors and more. We are proud to work together with our Network members to elevate cancer care in the community.

19. Identify whether any facility or practitioner associated with this application has a history of the actions listed below. If so, provide evidence that the proposed or existing facility can and will be operated in a manner that ensures safe and adequate care to the public and conforms to applicable federal and state requirements. [WAC 246-310-230\(3\) and \(5\)](#)

Neither SCCA, nor any of its members have any history with respect to the actions noted in Certificate of Need regulations WAC 246-310-230.

SECTION 6

Cost Containment

1. Identify all alternatives considered prior to submitting this project.

- a. Provide a comparison of the project with alternatives rejected by the applicant. Include the rationale for considering this project to be superior to the rejected alternatives. Factors to consider can include but are not limited to patient access to healthcare services, capital cost, legal restrictions, staffing impacts, quality of care, and cost or operation efficiency.**

The fact that the rooms currently operate above 100% occupancy coupled with the delays that occur in treatment planning and treatment start when procedures are scheduled at the UWMC campus (because of their high occupancy) led SCCA to easily conclude that more procedure space was necessary. Once that decision was made SCCA evaluated two additional factors 1) whether the procedural area should be retained on the South Lake Union campus, or whether it would be beneficial (from a patient care or capital cost perspective) to relocate to a new site and 2) whether the procedural area should continue to be operated as a HOPD or whether a new ASC license was preferred. Each is discussed below:

Location on South Lake Union Campus or New Remote Location:

Patient access and convenience were the pivotal factor in the decision to retain the procedural area on the South Lake Union Campus: Many patients and families are not familiar with Seattle. If necessary, the inpatient portion of their care already occurs at UWMC. Asking them to travel leave the South Lake Union outpatient campus for procedures was deemed too potentially stressful and disruptive to patients during an already high stress time in their lives. In addition, duplicating the ancillary and support resources and staff that are used regularly during procedures (for example, lab, CS, imaging) would have added ongoing operating costs. Further, it was determined that a remote location would also make close coordination with the clinics and research activities more challenging,

The option of adding procedural rooms within UWMC for SCCA's dedicated use was briefly considered but quickly ruled out for the above reasons, but also because of changes in Medicare's hospital within a hospital requirement.

HOPD vs Free Standing ASC:

Currently, the procedural areas are operated under the SCCA's single license, and governance is under SCCA as well. Converting from HOPD to ASC would require a new and distinct license and a separate governance. It would also require separate certification and separate and distinct surveys. For these reasons, a decision was made to retain HOPD status.

Table 9 summarizes the various siting and location options and considerations that were evaluated.

Table 9
Alternatives Considered

| Design Alternative | Rationale for not Pursuing |
|---|--|
| <p>Keep Procedure Suite in existing location (building G) and expand in place</p> | <p>The procedural area is currently located in Building G. After architectural review, the space constraints (or otherwise stated as configuration of floorplate) were deemed to not allow for the additional space needed to address the current backlogs and planned new procedures.</p> <p>One option was identified that would have allowed for additional space, but the space was not contiguous to the current procedural area and would have required patients to travel in public corridors to move from prep to procedure and then back to recovery. Issues were identified both with State CRS and from a patient experience of care perspective was found to be inferior. Incremental operating costs were also identified due to the additional staff and duplication that would have resulted from staffing two non-contiguous spaces.</p> |
| <p>Connect proposed new Building H and Building G fully...remodel building G level 2 and connect with building H level 2 to accommodate expanded procedure suite and interventional radiology</p> | <p>The new building (Building H) is being constructed regardless of whether the procedural space is included in it or not, as it is needed to decant high volumes throughout the Outpatient Campus. The option of leaving the existing rooms in place and then connecting the new building to create an expanded procedural area was considered. However, the capital cost for this option was deemed to be more than 2-3 times higher than the selected option as it triggered substantial alteration requirements and upgrades to existing building G.</p> |

Source: Applicant

- b. **Identify any aspects of the facility’s design that lead to operational efficiency. This could include but is not limited to LEED building, water filtration, or the methods for construction, etc. [WAC 246-310-240\(2\) and \(3\)](#).**

While SCCA will not seek LEED certification, efforts have been made to assure that the design for Building H generally, and the procedural area, in particular, is operationally efficient. Specific elements for the Building at large include:

- **Care Neighborhood:**
 - Reduced travel required between clinic floors due to blood draw, most visits, and infusions occurring in a single room results in fewer interactions with other patients and staff in other areas.
 - Reduced time spent at check-in by having a single point of check-in for most appointments, as well as fewer areas with queues, will result in fewer unnecessary interactions.
 - Reduced time between appointments by improving scheduling techniques and limiting unnecessary movement results in overall less time spent in clinic by patients.
 - Fewer staff come in close contact with patients in this care model as there are less hand-offs between different areas, which in turn results in a lower risk to patients of interacting with asymptomatic staff.
- **Imaging:**
 - **MR Safety:** in this design there was immense focus on ensuring separation between the “zones” from an MR safety perspective. There is observation or “eyes on doors” that lead from zone 2 to zone 3, and zone 3 to zone 4 to ensure only proper personnel and escorted patients enter necessary zones.
 - **Collocated Mammography Suite to MR:** the collocated mammography suite allows patients who previously had to travel *between* floors from mammography to MR, now can easily travel within the same floor to receive services that require both mammography and MR.

In the procedural suite, efficiencies were achieved as follows:

- **Procedure rooms:** Two small, two medium, and two large procedure rooms and two interventional radiology suites were designed, and the layout of the space promotes the ability for nursing teams to maintain continuity with their patients and improve the flow between the prep/recovery bays and the procedure rooms.
- **Enhanced patient privacy:** Patient privacy was improved in several ways, including by separating on-stage and off-stage areas, and by providing dedicated prep and recovery bays with 3 solid walls for sound abatement and visual privacy. On-stage areas include are the spaces primarily for patients or family members. Off-Stage spaces are the “behind the scenes” staff-only spaces. These include the care team pods, internal corridors, medical storage, and other secured staff-only areas. Separating patient and staff corridors helps improve both efficiency and patient experience in that it provides shorter distances for staff to travel.

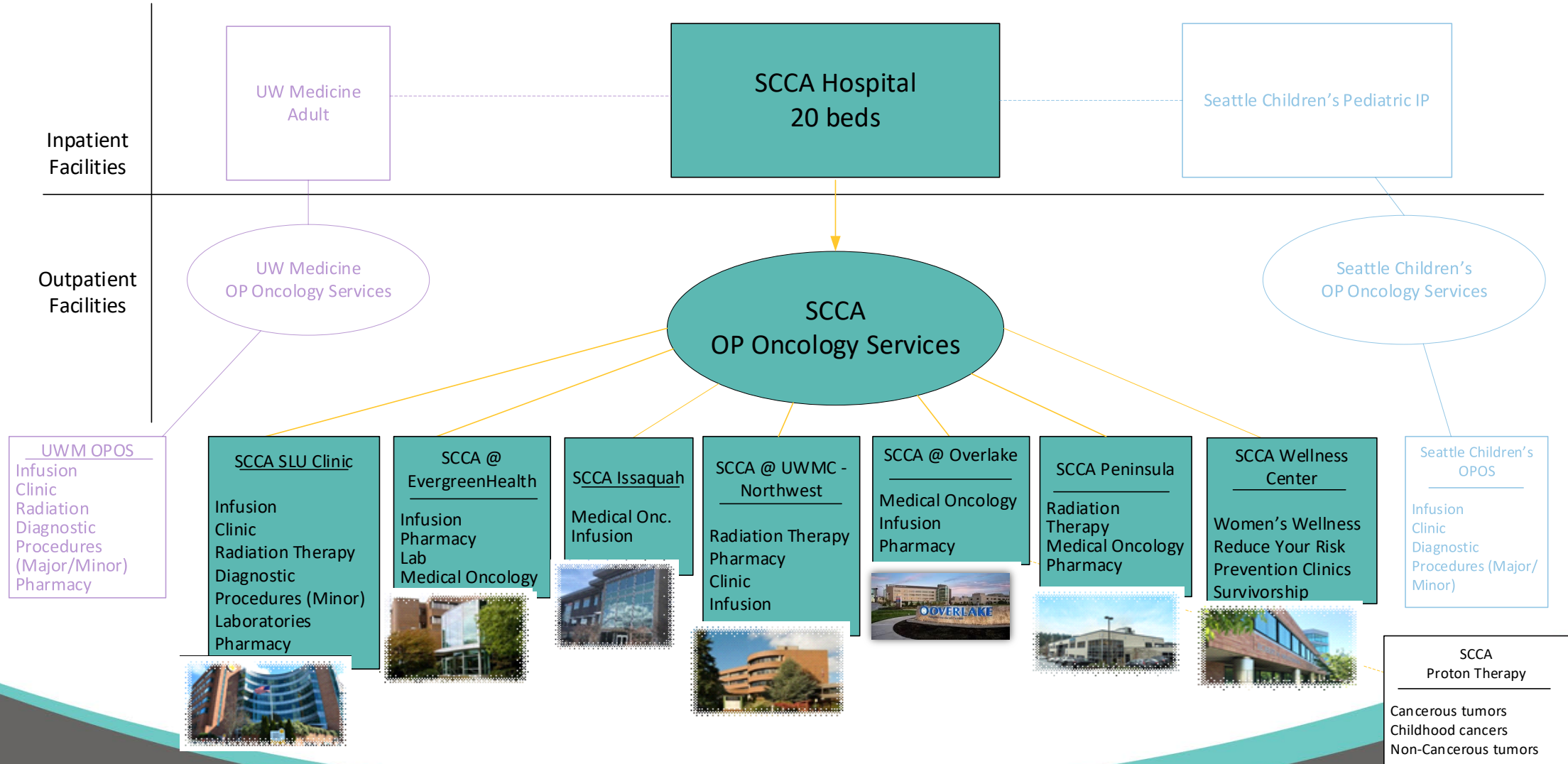
- **Expanded prep and recovery areas:** An increased ratio of prep and recovery space will allow work to occur in the actual bays, and not within the procedure room itself. Furthermore, this will allow for more complex procedures that require longer recovery periods to occur in the suite but less than 24 hours.
- **Staff amenities:** Will include changing rooms, lockers, and privacy rooms all located near the staff lounge.
- **Team spaces:** Adequate workrooms for clinical teams, including a provider workroom and nurse/medical assistant workrooms.

Exhibit 1
Organizational Chart
Names, Addresses and Provider Numbers for Members

Organizational Chart

Seattle Cancer Care Alliance Licensed Facilities Oncology Care Delivery System

SCCA has inpatient and outpatient facilities in Seattle and the surrounding areas



Names, Addresses and Provider Numbers for Members

| Member | Address | Accreditation | Medicare Provider Number | Medicaid Provider Number |
|---|--|---|-------------------------------------|---|
| Seattle Children's Hospital | 4800 Sand Point Way NE PO Box 5371 Seattle, WA 98105 | Accredited by DNV GL – Healthcare | 50-3300 | 3306206 |
| Fred Hutchinson Cancer Research Center | 1100 Fairview Avenue North Seattle, WA 98109-1024 | No accreditation | 50-0138 | 3094604 |
| University of Washington Medical Center | BB 318 UW Medical Center, Box 356151 1959 NE Pacific Street Seattle, WA 98195-6151 | Accredited by Joint Commission | 50-0008 | 1326002049 |
| UW/Valley Medical Center | 400 South 43 rd St. Renton, WA 98058 | Accredited by Joint Commission | 50-0088 | 3312204 |

Exhibit 2
Letter of Intent

December 10, 2020

Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

RECEIVED

By CERTIFICATE OF NEED PROGRAM at 12:58 pm, Dec 10, 2020

LOI20-10SCCASFK-R

ex: JUNE 10, 2021

Dear Mr. Hernandez,

Seattle Cancer Care Alliance (SCCA) hereby submits this revised Letter of Intent proposing to relocate and expand our existing procedure rooms. These rooms are licensed as part of the hospital and located on the South Lake Union Campus. In conformance with WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

SCCA proposes to relocate three existing procedure rooms to a new location on the South Lake Union campus. SCCA also proposes to add five new procedure rooms. At project completion, SCCA will operate eight procedure rooms at South Lake Union.

2. Estimated Cost of the Proposed Project:

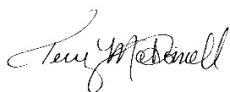
The estimated capital expenditure for the relocation of three existing rooms and the addition of five new rooms is \$24,000,000.

3. Description of the Service Area:

Per WAC 246-310-270, the primary service area is the Central King Secondary Health Services Planning Area. Note however, that the majority of patients served by our cancer treatment and research center come from outside of Central King.

Thank you for your interest in this matter. Please contact me directly with any questions.

Sincerely,



Terry M. McDonnell, DNP, ACNP-BC
Senior VP of Operations / Chief Nurse Officer / Chief of Staff

Exhibit 3
Single Line Drawings (Existing and Proposed)

Single Line Drawings (Existing)



CLIENT:

DRAWING TITLE:

PROJECT #

DESIGNED BY:
MBI

DRAWN BY:

CHECKED BY: _____

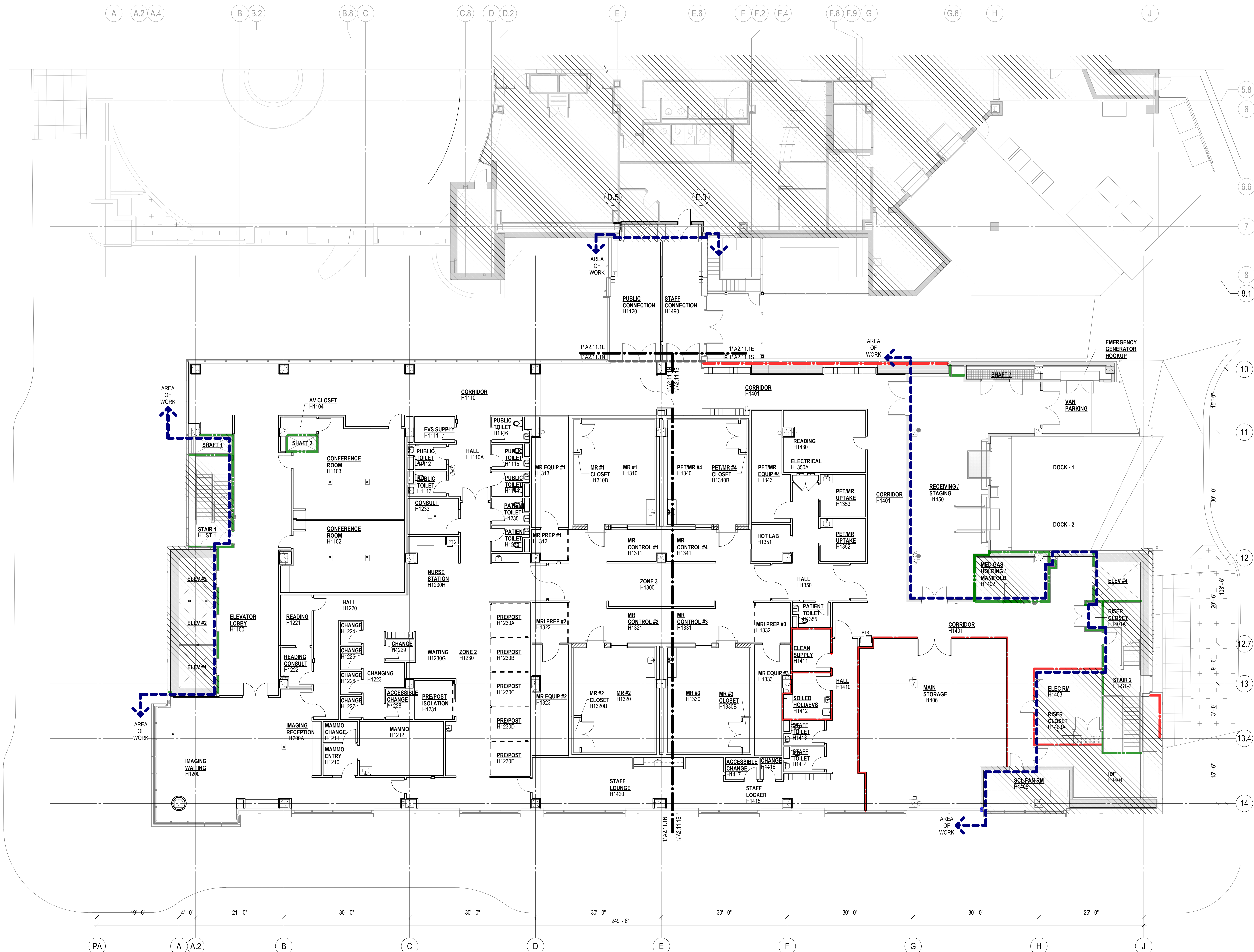
SCALE: NTS

DRAWING:
XXX.DWG

REVISIONS:

SHEET #:

Single Line Drawings (Proposed)







1 PLAN, OVERALL FLOOR - LEVEL 4 - TI
A2.14.1 1/8" = 1'-0"

GENERAL NOTES - 1/8" FLOOR PLANS

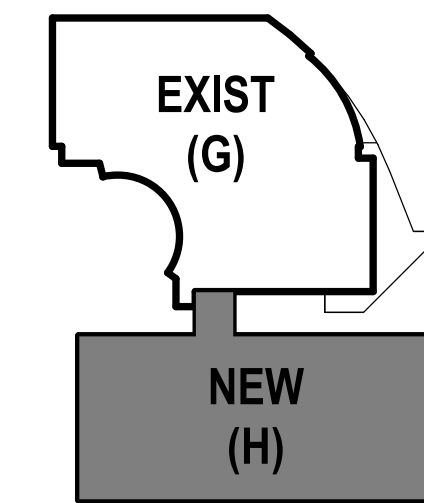
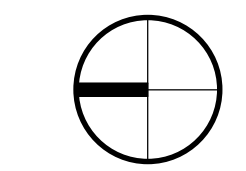
- A. SEE 1/4" FLOOR PLANS FOR DIMENSIONS, WALL ASSEMBLY TAGS, INTERIOR ELEVATIONS & ADDITIONAL INFORMATION
- B. SEE A8.0 SERIES FOR PARTITION SCHEDULE & DETAILS
- C. SEE A8.2 SERIES FOR DOOR, RELITE, AND FRAME SCHEDULE, TYPES & DETAILS.

NOTE REGARDING LEVEL 4 TI BUILDOUT:
LEVEL 4 BUILDOUT TO MATCH LEVEL 3 BUILDOUT. SEE CORRESPONDING LEVEL 3 FLOOR PLANS, REFLECTED CEILING PLANS, FINISH PLANS, INTERIOR ELEVATIONS & ASSORTED SCHEDULES FOR ADDITIONAL INFORMATION

LEGEND - FLOOR PLANS

- EXISTING TO REMAIN
- CONTRACT LIMIT LINE
- 3-HOUR FIRE BARRIER
- 2-HOUR FIRE BARRIER
- 1-HOUR FIRE BARRIER
- 1-HOUR FIRE SMOKE BARRIER

KEY PLAN



SDCI Approval Stamp



1 PLAN, OVERALL FLOOR - LEVEL 5 - TI
A2.15.1 1/8" = 1'-0"

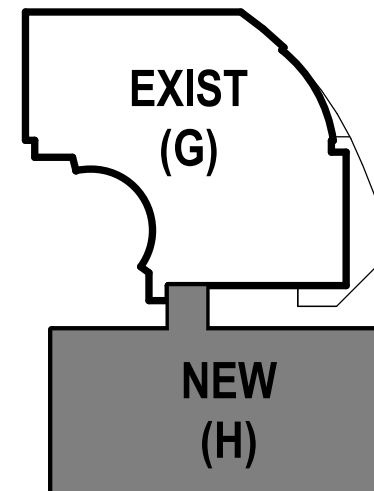
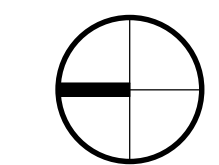
GENERAL NOTES - 1/8" FLOOR PLANS

- A. SEE 1/4" FLOOR PLANS FOR DIMENSIONS, WALL ASSEMBLY TAGS, INTERIOR ELEVATIONS & ADDITIONAL INFORMATION
- B. SEE A8.0 SERIES FOR PARTITION SCHEDULE & DETAILS
- C. SEE A8.2 SERIES FOR DOOR, RELITE, AND FRAME SCHEDULE, TYPES & DETAILS.

LEGEND - FLOOR PLANS

- NOTE REGARDING LEVEL 4 TI BUILDOUT:
LEVEL 4 BUILDOUT TO MATCH LEVEL 3 BUILDOUT. SEE CORRESPONDING LEVEL 3 FLOOR PLANS, REFLECTED CEILING PLANS, FINISH PLANS, INTERIOR ELEVATIONS & ASSORTED SCHEDULES FOR CONTRACT LIMIT LINE ADDITIONAL INFORMATION
- EXISTING TO REMAIN
- 3-HOUR FIRE BARRIER
- 2-HOUR FIRE BARRIER
- 1-HOUR FIRE BARRIER
- 1-HOUR FIRE SMOKE BARRIER

KEY PLAN



SDCI Approval Stamp

Exhibit 4
ASC Methodology (WAC 246-310-270)

| | |
|------------------------------|---------|
| 2024 Service Area Population | 370,013 |
| Surgeries @281.83/1,000 | 105,874 |

a.i. 94,250 minutes/year/mixed-use OR

a.ii. 68,850 minutes/year/dedicated outpatient OR

a.iii. 21 dedicated outpatient OR's x 68,850 minutes = 1,445,850 minutes dedicated OR capacity

a.iv. 107 mixed-use OR's x 94,250 minutes = 10,084,750 minutes mixed-use OR capacity

| | | | |
|------|--------------------------------|----------|--|
| b.i. | projected inpatient surgeries= | 76,765 = | 10,529,384 minutes inpatient surgeries |
| | projected inpatient surgeries= | 29,109 = | 1,797,765 minutes outpatient surgeries |

b.ii. Forecast # of outpatient surgeries-capacity of dedicated outpatient OR's

| | | | |
|--------|---|----------|----------------------------|
| 29,109 | - | 23,411 = | 5,698 outpatient surgeries |
|--------|---|----------|----------------------------|

| | | | |
|--------|--------------------------------------|---|----------------|
| b.iii. | average time of inpatient surgeries | = | 137.16 minutes |
| | average time of outpatient surgeries | = | 61.8 minutes |

| | | | |
|-------|--|---|--------------------|
| b.iv. | inpatient surgeries*average time | = | 10,529,384 minutes |
| | remaining outpatient surgeries (b.ii.)* ave time | = | 351,915 minutes |
| | | | 10,881,299 minutes |

c.i. if b.iv. < a.iv., divide (a.iv.-b.iv.) by 94,250 to determine surplus of mixed-use OR's

| | | | |
|---|------------|---|--------|
| | 10,084,750 | | |
| | 10,881,299 | | |
| - | -796,549 | / | 94,250 |
| | | | -8.45 |

c.ii. if b.iv. > a.iv., divide (inpatient part of b.iv - a.iv.) by 94250 to determine shortage of inpatient OR's
Not Applicable - Ignore the following values and use results of c.i.

| | | | |
|---|----------------|---|--------|
| | 10,529,384 | | |
| - | 10,084,750 | | |
| | <u>444,634</u> | / | 94,250 |
| | | = | 4.72 |

divide outpatient part of b.iv. By 68,850 to determine shortage of dedicated outpatient OR's

| | | | | | |
|--|---------|---|--------|---|------|
| | 351,915 | / | 68,850 | = | 5.11 |
|--|---------|---|--------|---|------|

| Central King Operating Room Capacity by Facility | | | | | | | | | | | | |
|--|----------|------|-------------------|--------------------|------------|----------|-----------|----------|------------------|------------------|---------------|------------------|
| | | | | | | | | | Utilization Data | | | |
| Facility | Zip Code | Year | Source of OR Data | Dedicated OP | Mixed Use | Pain | Endo | Total | Inpt | Inpt Min | Outpt | Outpt Min |
| Hospitals | | | | | | | | | | | | |
| Harborview Medical Center | 98104 | 2019 | Survey | | 25 | | | | 17,196 | 2,085,325 | | |
| Kaiser Permanente Central Hospital | 98112 | | | Excluded: Only HMO | | | | | | | | |
| Swedish Medical Center-First Hill | 98122 | 2019 | Survey | | 41 | | 9 | | 22359 | 2,929,421 | | |
| Swedish Medical Center-Cherry Hill | 98122 | 2019 | Survey | | 15 | | | | 4,734 | 1,083,556 | | |
| Virginia Mason Medical Center | 98101 | 2018 | Survey | | 26 | 1 | 10 | | 15,494 | 2,179,163 | | |
| Seattle Cancer Care Alliance | 98109 | 2019 | Survey | 0 | | | | | | | 3,576 | 239,980 |
| Subtotal | | | | 0 | 107 | 1 | 19 | 0 | 59,783 | 8,277,465 | 3576 | 239980 |
| Seattle Surgery Center | 98104 | 2019 | Survey | 8 | | 0 | 0 | | | | 9656 | 567,397 |
| Center | 98112 | | | Excluded: Only HMO | | | | | | | | |
| First Hill Surgery Center | 98104 | 2016 | Survey | 12 | | | | | | | 991 | 49,360 |
| Pacmed Ambulatory Surgical Clinic | 98104 | 2017 | Survey | 3 | | 1 | 2 | | | | | |
| The Polyclinic Surgery Endoscopy Centers | 98122 | 2017 | Survey | | | 4 | | | | | | |
| Seattle Facial Plastic Surgery Center | 98104 | 2019 | Survey | 1 | | | | | | | 310 | 29,000 |
| Seattle Hand Surgery Group PC | 98122 | 2019 | Survey | 1 | | | | | | | 1,559 | 56,124 |
| Seattle Spine Institute | 98122 | 2018 | Survey | 1 | | | | | | | 35 | 9,721 |
| Surgery | 98122 | 2018 | Survey | 1 | | | | | | | 518 | 29,580 |
| Seattle Reproductive Surgery Center | 98109 | 2018 | Survey | 3 | | | | | | | 2,721 | 91,845 |
| Madison Tower Surgery Center | | 2019 | Survey | 1 | | | | | | | 660 | 76,414 |
| The Polyclinic - Plastic Surgery Center | 98104 | 2017 | Survey | 4 | | | | | | | 1,667 | 194,186 |
| Minor and James Surgery Center | 98104 | 2019 | Survey | 2 | | | | | 966 | 55,111 | | |
| Seattle Plastic Surgery Center | 98122 | 2016 | Survey/Minut | 1 | | | | | | | 150 | 7,500 |
| Evergreen Eye Center | 98104 | 2019 | Survey | | | | | | | | 1,193 | 71,580 |
| Totals | | | | 38 | 107 | 6 | 21 | 0 | 60,749 | 8,332,576 | 23,036 | 1,422,687 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

OFM Data

| | |
|---|---------|
| 2019 Estimated Central King population: | 343,831 |
| 2019 Surgeries: | 83,785 |
| Use Rate: | 286.14 |

OFM Data

| | |
|---|---------|
| 2024 Estimated Central King population: | 370,013 |
| 2024 Surgeries: | 105,874 |
| Use Rate: | 286.14 |

| | |
|---|---------|
| 2024 estimated planning area total surgeries: | 105,874 |
| 2024 estimated outpatient surgeries: | 29,109 |
| 2024 estimated mixed use surgeries: | 76,765 |

| | |
|---------------------------------|---------|
| | |
| 2019 Total Surgeries | 83,785 |
| 2019 Area Population | 292,815 |
| Use Rate | 286.14 |
| | |
| Projected Population Year: 2024 | |
| | |
| | |
| % Outpatient of total surgeries | 27.49% |
| % Inpatient of total surgeries | 72.51% |
| | |

Exhibit 5
SCCA Policies



Current Status: Active

PolicyStat ID: 9110647



Original Approval: 8/17/2001
 Effective: 2/1/2021
 Approval: 2/1/2021
 Next Review: 2/1/2022

Owner: [Rowena Fish: Asst Dir Revenue Cycle](#)

Policy Area: [Revenue Cycle](#)

References: [CTL, Organization Wide, SCCA-EH, SCCA-ISQ, SCCA-NWH, SCCA-OVL, SCCA-PEN, SLU, Shine, Wellness Center](#)

Applicability: [SCCA Outpatient & Inpatient](#)

Financial Assistance - 8173037

Policy Owner Title: Associate Director, Revenue Cycle Operations

Policy Sponsor Title: Chief Financial Officer

Policy Stakeholders/Reviewers: Chief Privacy Officer, Chief Legal Officer, Director of Finance Operations

Policy Area: Revenue Cycle

Policy Site: All SCCA sites



FINANCIAL ASSISTANCE - 8173037

SCOPE:

This policy applies to all Seattle Cancer Care Alliance ("SCCA") locations (hospital and outpatient clinics) and to all emergency, urgent and other medically necessary services provided by SCCA locations. A list of SCCA locations covered by this policy can be found in Appendix II - Covered Providers and Services List.

This policy shall be interpreted in a manner consistent with Section 501(r) of the Internal Revenue Code of 1986, as amended. In the event of a conflict between the provisions of such laws and this policy, such laws shall control. This is a management level policy approved by the Chief Financial Officer.

PURPOSE:

The purpose of this policy is to ensure that residents of Washington State who are at or near the federal poverty level receive appropriate hospital-based medical services at a cost that is based on their ability to pay. Financial assistance is provided to these patients based upon family need and SCCA's resources. In order to protect the integrity of SCCA's operations and fulfill this commitment, SCCA has established the following criteria for the provision of financial assistance, consistent with the requirements of Chapter 246-453 WAC, Chapter 70.170 RCW, and 26 USC §501(r). These criteria will assist the staff in making consistent and objective decisions regarding eligibility for financial assistance while ensuring the maintenance of a sound

financial base.

DEFINITIONS:

- "Amounts generally billed (AGB)" means financial assistance-eligible patients will not be charged more for care than the amounts generally billed to individuals who have insurance covering such care.
- "Applicant" means the patient or the party responsible for payment.
- "Appropriate hospital-based medical services" means those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this definition, "course of treatment" may include mere observation or, where appropriate, no treatment at all.
- "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:
 - Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - Serious impairment of bodily functions;
 - Serious dysfunction of any bodily organ or part.With respect to a pregnant woman who is having contractions the term shall mean:
 - There is inadequate time to affect a safe transfer to another hospital before delivery;
 - Transfer may pose a threat to the health or safety of the woman or the unborn child.
- "Family" means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family
- "Financial assistance (charity care)" means appropriate hospital-based medical services provided to indigent persons.
- "Income" means total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual.

POLICY:

Eligibility Criteria for Financial Assistance:

The following patients may be eligible for financial assistance under this policy:

1. Patients who are residents of Washington State. Patients are considered residents of Washington State only if: (1) prior to beginning their course of care, their primary residence is located in Washington State; (2) they intend to continue living in Washington State permanently or for an indefinite period of time; and (3) they did not come to Washington State for the purposes of seeking medical services;
2. Patients requesting appropriate hospital-based medical services; and
3. Patients **not** requesting elective, investigational, or experimental forms of treatment.

The following patients may be eligible for financial assistance under this policy even though the patients are not residents of Washington State:

1. Patients who have an emergency medical condition;
2. Patients who are refugees, asylees or seeking asylum and provide appropriate INS documentation.

Financial assistance is secondary to all other funding sources available to the patient including but not limited to the following primary funding sources:

1. Group or individual health plans;
2. Medicare (Title XVIII);
3. Medicaid (Title XIX) (Washington Apple Health);
4. Crime victims programs;
5. Other federal, state, or military programs such as CHAMPUS or Washington State Kidney Disease Program;
6. Third party liability payments arising from auto accidents, other personal injuries or other claims;
7. Workers compensation programs;
8. Any other persons or entities who may have a legal responsibility to pay for the medical service;
9. Personal financial resources including, but not limited to, cash assets, money market accounts, home equity and/or employer related savings accounts);
10. Designated grant funds for which the patient would be eligible;
11. Any other circumstances in which another person or entity may have legal responsibility to pay for the cost of medical services.

Before being considered for financial assistance, the Applicant's eligibility for third party payment coverage will be assessed and the Applicant may be required to apply for coverage under those programs for which the Applicant is eligible. Applicants who do not elect to receive Medicaid benefits when eligible for Medicaid may be denied financial assistance. Applicants who fail to comply with the financial assistance application requirements, may be denied financial assistance.

If the patient's eligibility for financial assistance is apparent, SCCA may, in its sole discretion, choose to waive some or all of the documentation and verification requirements. Examples of circumstances in which the patient's eligibility for financial assistance may be apparent include the following:

1. A patient or guarantor who has declared bankruptcy and has included the SCCA debt in the bankruptcy;
2. A patient or guarantor who dies without material assets;
3. A patient or guarantor who is determined to be homeless; or
4. Accounts returned by the collection agency as uncollectible due to any of the above reasons.

SCCA staff discretion will be exercised in situations where factors such as social or health issues exist. Such issues will be documented to support financial assistance consideration.

Written denials (or oral denials followed by written documentation) of all potentially primary funding sources must be provided prior to the patient being eligible to receive financial assistance.

Assessment of an Applicant's eligibility for financial assistance will be made without regard to the patient's race, sex, gender identity, creed, ethnicity, religion, age or sexual orientation.

Financial Criteria:

In accordance with WAC 246-453-040 and subject to SCCA financial resources, the Applicant's family size and income will be reviewed and will determine Percentage of Federal Poverty Line, this percentage will determine the level of financial assistance to be awarded. If the Applicant has a family income at or below

300% of the federal poverty standard as adjusted for family size, the patient will be eligible for financial assistance in the amount equal to the unpaid balance remaining after all sources of third party coverage and sponsorship have been exhausted. Applicants whose income exceeds 300% of the federal poverty standard as adjusted for family size but who have incurred catastrophic account balances after all sources of third party coverage and sponsorship will be considered for hardship write-offs on a case by case basis.

The determination of eligibility for financial assistance will be applicable for the episode of care identified at the point of determination. The award of financial assistance is valid for a six-month period. Additional financial assistance will require the Applicant to reapply.

Application Process:

To ensure appropriate handling of the patient's account, applications for financial assistance should be requested from Patient Financial Services or Patient Accounting staff. Forms and instructions to complete final determination will be furnished to Applicant when financial assistance is requested, or when financial screening indicates potential need. Applicants can apply for financial assistance at any time until the later of: (1) 240 days after receiving the first billing statement; or (2) a court has entered a judgment against the Applicant for the amounts owed.

Applicants who submit an application for financial assistance and who are initially determined to be eligible for financial assistance will be allowed 14 calendar days to complete the application process. This application, along with full disclosure of Applicant's financial status with supporting documentation, will be considered in the final determination of eligibility.

SCCA will suspend collection activities while a financial assistance application is in process.

In the event that an Applicant pays a portion or all of SCCA's charges related to appropriate hospital-based medical services, and is subsequently found to have met the financial assistance criteria at the time that SCCA provided the services, SCCA will refund such amounts to the Applicant within 30 days of the decision approving the financial assistance application.

Eligibility Determination:

Income documentation verifying information on the Financial Assistance /Charity Care Application Form may be requested. When requested, the verification documentation will include payroll check stubs (most recent two months). In the event an Applicant requests financial assistance for outstanding SCCA charges, SCCA may request documentation consistent with this section to verify the Applicant's income at the time SCCA provided the services. Applicant may submit one or more of the following items in lieu of or in addition to payroll information:

1. IRS tax return (most recent year);
2. W-2 withholding statement;
3. Forms approving or denying eligibility for Medicaid and/or state funded assistance;
4. Forms approving or denying eligibility for unemployment compensation;
5. Written statements from employers or welfare agencies.

In addition to the documentation listed above, for Applicants who are above 200% of the federal poverty standard, the following may be requested:

1. Personal ID (Driver's License, Photo ID, Passport, Birth certificate);
2. Most recent rent/mortgage verification;

3. Most recent utility verification;
4. Cash surrender value of life insurance policy;
5. Current bank statements (checking, savings, CD);
6. Stocks, bonds, IRA and other investments;
7. Letter of support and/or other documentation regarding living situation if the CF indicates no income or assets.

In the event that the Applicant is not able to provide any of the documentation listed above, a written and signed attestation from the Applicant certifying his or her income may be relied upon.

The Applicant will be required to provide written verification of ineligibility for all other sources of funding.

Copies of documents that support the application will be kept with the application form. Determination of eligibility will be made by the Patient Accounting Department and/or the Patient Financial Services Department. SCCA may run a credit check on Applicants applying for financial assistance, if the individual is above 200% of the federal poverty standard.

SCCA will provide a final determination in writing, including the amount for which the Applicant will be financially responsible, within 14 days of receipt of all application and documentation material. Denials, including the basis for denial, will be written and will include the following instructions for appeal or reconsideration.

The Applicant may appeal the determination of eligibility for financial assistance by providing additional verification of income or family size to the SCCA Chief Financial Officer within 30 days of receipt of notification. All appeals will be reviewed by the SCCA appeals committee for final determination. If this determination affirms the previous denial of financial assistance, written notification will be sent to the responsible party and the Department of Health in accordance with state law.

If a request has been denied, no collection activities will be initiated for 14 days after the denial has been communicated. If an appeal is filed, collection activities will cease until the appeal is finalized.

SCCA does not charge any Applicant receiving services covered by this Financial Assistance Policy more than SCCA's gross charges rates or more than the amounts generally billed (AGB) to persons with insurance covering such services by using the look-back method described in section 501(r)(5)(b)(4) of the Internal Revenue Code. Applicants can receive a copy of the SCCA AGB Calculation Information Sheet (Appendix I) by contacting the Patient Financial Services department or visiting the website.

For information about the services covered by the SCCA Financial Assistance Policy, please see the Covered Providers and Services List (Appendix II) or contact the Patient Financial Services department to receive a copy.

SCCA's billing and collections practices for amounts not covered by financial assistance awards are described in SCCA's Collection Policy.

Access to emergency care will not be delayed or denied based on a patient's ability to pay for services or determination of the individual's sponsorship status.

Notification and Language Access:

SCCA's Financial Assistance Policy, a summary of SCCA's Financial Assistance Policy, SCCA AGB Calculation Information Sheet (Appendix I) , Covered Providers and Services List (Appendix II), the financial assistance application, and SCCA's Collection Policy are available in English, Spanish, Vietnamese, and

Russian. You can receive a copy of any of these documents by visiting our Patient Registration department at SCCA's Lake Union Clinic located at 825 Eastlake Ave. East, Seattle, Washington, 98109. You can also request that a copy be mailed or emailed to you free of charge by calling our Patient Financial Services department at (206) 606-6226 or toll free at 1 (800) 304 -1763, or email requests to fincounsel@seattlecca.org. Written requests may be sent to Patient Financial Services at 825 Eastlake Ave East, Mailstop: LG3-340, Seattle, Washington 98109. You can also download a copy of these documents from SCCA's website at <https://www.seattlecca.org/patients/financial-assistance>. SCCA will offer the plain language summary of this policy to each person who seeks inpatient or outpatient services on behalf of himself or herself. SCCA will include a written notice on SCCA's billing statements about the availability of financial assistance under this policy. SCCA will post signs in appropriate public areas within the hospital notifying the public of the Financial Assistance Policy. When appropriate, SCCA will work with community groups and organizations to provide copies of its Financial Assistance Policy summary to residents in the community.

REQUIREMENTS:

N/A

REFERENCES:

- 26 USC §501(r)
- Financial Assistance /Charity Care Application Form
- Internal Revenue Code section 501(r)(5)(b)(4)
- SCCA Collection Policy
- Medicare (Title XVIII);
- Medicaid (Title XIX) (Washington Apple Health);
- RCW Chapter 70.170
- SCCA AGB Calculation Information Sheet (Appendix I)
- SCCA Financial Assistance Policy Covered Providers List (Appendix II)
- WAC Chapter 246-453-040

Attachments

[SCCA AGB Calculation Info Sheet_FAP Appendix I.docx](#)
[SCCA Covered Providers List_FAP Appendix II.docx](#)

Approval Signatures

| Approver | Date |
|--|-----------|
| Administrators PolicyStat: PolicyStat Administrators | 2/1/2021 |
| Rachel Lane: Healthcare Accred. Affairs Mgr | 1/27/2021 |
| Suzanne McCoy: Privacy Officer Dir, Integrity | 1/26/2021 |
| Rowena Fish: Assc Dir Revenue Cycle | 1/19/2021 |
| Rowena Fish: Assc Dir Revenue Cycle | 1/12/2021 |

Applicability

Seattle Cancer Care Alliance Inpatient Policies, Seattle Cancer Care Alliance Outpatient Policies

COPY

Patient Discrimination Grievance Policy

Policy:

The SCCA provides services to patients and welcoming visitors in a manner that respects, protects, and promotes patient rights.

1. SCCA Personnel will treat all patients and visitors receiving services from or participating in other programs of SCCA and its affiliated clinics with equality in a welcoming manner that is free from discrimination based on age, race, ethnicity, color, creed, geography, national origin, immigration status, religion, beliefs, income, education, language, disability, sexual orientation, marital status, sex, gender identification or expression, veteran or military status, or any other basis prohibited by federal, state or local law. (See SCCA APOP- Patient Rights & Responsibilities policy).
2. SCCA Personnel will inform patients of the availability of and make reasonable accommodations for patients consistent with federal and state requirements. For example, language interpretation services will be made available for non-English speaking patients and sign language interpretation will be made available for hearing impaired patients.
3. SCCA Personnel will afford visitation rights to patients free from discrimination based on age, race, ethnicity, color, creed, national origin, immigration status, religion, income, education, language, disability, sexual orientation, marital status, sex, gender identification or expression, veteran or military status, or any other basis prohibited by federal, state or local law, and will ensure that visitors receive equal visitation privileges consistent with patient preferences.

SCCA Personnel are prohibited from retaliating against any person who opposes, complains about, or reports discrimination, files a complaint, or cooperates in an investigation of discrimination or other proceeding under federal, state, or local anti-discrimination law.

Section 1557

It is the policy of SCCA not to discriminate against any patient on the basis of race, color, national origin, sex, age or disability. SCCA has adopted an internal grievance procedure providing for prompt and equitable resolution of grievances alleging any action prohibited by Section 1557 of the Affordable Care Act and its implementing regulations.

Section 1557 and its implementing regulations may be examined by:

- Contacting the Civil Rights Coordinator (Coordinator), SCCA Corporate Integrity,
 - Integrity@seattlecca.org; or
 - Calling 206-606-6380, 206-606-7154 or 1-866-353-6098
- Faxing 206-606-1321

Any person who believes a patient has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law

for SCCA to retaliate against anyone who voices a legitimate concern regarding discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Coordinator within sixty days after the date the alleged discrimination occurred.
- Staff who witness or are notified by others of alleged discrimination are required to notify the Coordinator as soon as possible and no later than sixty days after being notified.
- A grievance must be in writing, containing the name and address of the person filing it.

The grievance must state the problem or action alleged to be discriminatory and the remedy or relief sought.

- The Coordinator or designee shall conduct an investigation of the grievance. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the grievance. The Coordinator will maintain the files and record of SCCA relating to such grievances. To the extent possible, and in accordance with applicable law, the Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Coordinator by writing the Corporate Integrity Officer within 15 days of receiving the Coordinator's decision. The Corporate Integrity Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a grievance of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a grievance of discrimination electronically through the Office of Civil Rights Grievance Portal which is available at:

- <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at:
- U.S. Department of Health and Human Services
- 200 Independence Avenue SW
- Room 509F, HHH Building
- Washington, DC 20201

Grievance forms are available at <http://www.hhhs.gov/ocr/office/file/index.html>. Grievances must be filed with the OCR within 180 days of the date of the alleged discrimination.

SCCA will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Coordinator will be responsible for such arrangements.



Seattle Cancer Care Alliance

Policy

This policy applies to all patients receiving treatment at Seattle Cancer Care Alliance ("SCCA").

SCCA is a cancer hospital that seeks to provide state-of-the-art patient and family centered cancer care; support the conduct of cancer clinical research and education; enhance access to improved cancer interventions; and advance the standard of cancer care regionally and beyond. As SCCA is a cancer hospital, SCCA generally only provides health services that relate to the treatment of cancer.

The SCCA does not discriminate against any patient or patient's family member on the basis of race, color, religion, creed, national origin, sex, age, disability, marital or veteran status, sexual orientation, gender identity or any other basis prohibited by federal, state or local law. SCCA does not discriminate against an individual based on whether he or she has executed an advance directive. See SCCA's Nondiscrimination Policy for additional information.

SCCA will provide care only to those patients who can be cared for safely within our facility.

SCCA provides all patients with the opportunity to discuss their financial counseling and billing at any point of their care. Patients who do not have adequate insurance coverage and need to pay some or all of their charges themselves will be provided access to financial counseling on alternate payment options. Some SCCA patients may be eligible for financial assistance pursuant to SCCA's Financial Assistance Policy.

Exhibit 6
Pro Forma Financials and Assumptions

Financial Model Assumptions (Project Specific)

Revenue

- Volume/utilization assumptions based on demographic and market data combined with available capacity. Capacity will be added with a clinic expansion providing for growth.
- Revenues based on per unit historical values.
- Payer mix assumes increasing Medicare mix and decreasing Commercial mix due to demographics - aging of the population combined with the higher incidence of cancer in the Medicare population. Rate of increase of Medicare mix is based on historical experience. See attached schedule.
- Payment rates/deductions based on historical and projected rates for Commercial and Medicaid. Medicare is modeled as cost-based, based on the organization's PPS-exempt Medicare status.
- Bad debt (as a percent of gross charges) ranges from 0.50% in the near term to 0.25% in outer years due to the change in payer mix and increase in Medicare/Medicaid reimbursement.
- Charity care is modeled to be 1.2% of gross charges.
- Other operating revenue is research income.

Expenses

- Staffing requirements are based on current actuals adjusted for volume increases in future years.
- Benefits expense is an average of 33.9% of salary expense over the projection period.
- Supplies, purchased services and other expenses have been adjusted to account for volume increases and other commitments. The percent variable with volume is specific to the expense category.
 - Supplies include medical supplies, janitorial, non-capital medical equipment
 - Purchased services include medical director funding, clinical services funding
 - Other expenses include repairs & maintenance, B&O taxes
- B&O taxes are based on the applicable rate multiplied by non-government revenue.
- Depreciation is based on expected capital investment and project completion timelines over the expected useful lives of the assets.
- Project funding will be equity.

Summary

Payer Mix

| | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|
| Consolidated - Patients | | | | | | | |
| Medicare | 35.3% | 37.3% | 38.6% | 39.7% | 40.7% | 41.7% | 42.7% |
| Medicaid | 8.8% | 9.8% | 9.8% | 9.8% | 9.8% | 9.8% | 9.8% |
| Commercial | 50.4% | 47.5% | 46.2% | 45.2% | 44.2% | 43.2% | 42.2% |
| Other | 3.4% | 3.4% | 3.4% | 3.4% | 3.4% | 3.4% | 3.4% |
| Self Pay | 2.1% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% |
| Medicare Advantage | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Consolidated - Charges | | | | | | | |
| Medicare | 38.6% | 40.61% | 41.88% | 42.93% | 43.94% | 44.95% | 45.96% |
| Medicaid | 10.0% | 11.02% | 10.99% | 10.98% | 10.98% | 10.98% | 10.98% |
| Commercial | 49.1% | 46.13% | 44.91% | 43.85% | 42.85% | 41.84% | 40.84% |
| Other | 1.8% | 1.82% | 1.75% | 1.75% | 1.75% | 1.74% | 1.74% |
| Self Pay | 0.6% | 0.43% | 0.48% | 0.48% | 0.48% | 0.48% | 0.48% |
| Medicare Advantage | 0.0% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

Project Only

HOSPITAL INFORMATION
COMPARISON STATEMENT OF REVENUE & EXPENSE-UNRESTRICTED
FUNDS-PROJECT SPECIFIC

| (Dollars in 000s) | Historical FY2018A | Historical FY2019A | Historical FY2020A | Current FY2021B | Projected FY2022P | Projected FY2023P | Projected FY2024P | Projected FY2025P | Projected FY2026P |
|---|-----------------------|-----------------------|-----------------------|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 OPERATING REVENUE: | | | | | | | | | |
| 2 Inpatient Revenue | | | | | - | - | - | - | - |
| 3 Outpatient Revenue | 15,030 | 17,100 | 18,541 | 21,356 | 22,911 | 24,835 | 29,313 | 34,703 | 38,628 |
| 4 TOTAL PATIENT SERVICES REVENUE | 15,030 | 17,100 | 18,541 | 21,356 | 22,911 | 24,835 | 29,313 | 34,703 | 38,628 |
| 5 | | | | | | | | | |
| 6 DEDUCTIONS FROM REVENUE: | | | | | | | | | |
| 7 Provision for Bad Debt | | | | | 115 | 124 | 117 | 87 | 97 |
| 8 Contractual Adjustments | 7,468 | 8,055 | 8,624 | 10,632 | 11,794 | 12,589 | 14,776 | 17,982 | 20,459 |
| 9 Charity and Uncompensated Care | | | | | 275 | 298 | 352 | 416 | 464 |
| 10 Other Adjustments and Allowances | | | | | | | | | |
| 11 TOTAL DEDUCTIONS FROM REVENUE | 7,468 | 8,055 | 8,624 | 10,632 | 12,183 | 13,012 | 15,245 | 18,485 | 21,019 |
| 12 NET PATIENT SERVICE REVENUE | 7,562 | 9,045 | 9,917 | 10,724 | 10,728 | 11,824 | 14,068 | 16,217 | 17,609 |
| 13 | | | | | | | | | |
| 14 OTHER OPERATING REVENUE | | | | | | | | | |
| 15 Other Operating Revenue | 48 | 67 | 141 | 130 | 134 | 138 | 142 | 146 | 151 |
| 16 Tax Revenues | | | | | | | | | |
| 17 TOTAL OTHER OPERATING REVENUE | 48 | 67 | 141 | 130 | 134 | 138 | 142 | 146 | 151 |
| 18 TOTAL OPERATING REVENUE | 7,610 | 9,112 | 10,058 | 10,854 | 10,862 | 11,962 | 14,210 | 16,364 | 17,760 |
| 19 | | | | | | | | | |
| 20 OPERATING EXPENSES | | | | | | | | | |
| 21 Salaries and Wages | 1,834 | 2,190 | 2,340 | 2,208 | 2,246 | 2,398 | 2,721 | 3,095 | 3,345 |
| 22 Employee Benefits | 478 | 607 | 588 | 700 | 727 | 783 | 895 | 1,025 | 1,117 |
| 23 Professional Fees | 28 | | | - | - | - | - | - | - |
| 24 Supplies | 498 | 484 | 535 | 705 | 737 | 793 | 913 | 1,056 | 1,165 |
| 25 Purchased Services - Utilities | | | | | | | | | |
| 26 Purchased Services - Other | 72 | 61 | 66 | 70 | 153 | 165 | 194 | 229 | 254 |
| 27 Depreciation | | | | - | - | 1,520 | 3,040 | 3,040 | 3,040 |
| 28 Rentals and Leases | | | | | | | | | |
| 29 Insurance | | | | | | | | | |
| 30 License and Taxes | | | | | | | | | |
| 31 Interest | | | | | - | - | - | - | - |
| 32 Other Direct Expenses | 283 | 295 | 252 | 280 | 288 | 299 | 320 | 345 | 363 |
| 33 Allocated Expenses | | | | | | | | | |
| 34 TOTAL OPERATING EXPENSES | 3,194 | 3,636 | 3,781 | 3,962 | 4,153 | 5,958 | 8,083 | 8,791 | 9,284 |
| 35 NET OPERATING REVENUE | 4,416 | 5,476 | 6,276 | 6,892 | 6,709 | 6,004 | 6,127 | 7,573 | 8,476 |

| | | | | | | | | | | |
|-------------------|--|------------|------------|------------|---------|-----------|-----------|-----------|-----------|-----------|
| (Dollars in 000s) | | Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
| | | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| 36 | | | | | | | | | | |
| 37 | NON-OPERATING REVENUE-NET OF EXPEN | - | - | - | - | - | (37) | 16 | 209 | 428 |
| 38 | | | | | | | | | | |
| 39 | NET REVENUE BEFORE ITEMS LISTED BEL | 4,416 | 5,476 | 6,276 | 6,892 | 6,709 | 5,967 | 6,143 | 7,781 | 8,904 |
| 40 | | | | | | | | | | |
| 41 | EXTRAORDINARY ITEM | - | - | - | - | - | - | - | - | - |
| 42 | FEDERAL INCOME TAX | | | | | | | | | |
| 43 | | | | | | | | | | |
| 44 | NET REVENUE OR (EXPENSE) | 4,416 | 5,476 | 6,276 | 6,892 | 6,709 | 5,967 | 6,143 | 7,781 | 8,904 |
| 45 | EXPLANATION: | | | | | | | | | |
| | See Financial Model Assumptions | | | | | | | | | |

HOSPITAL INFORMATION
DEDUCTIONS FROM REVENUE- **PROJECT SPECIFIC**

| (Dollars in 000s) | | Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
|-------------------|--------------------------------------|------------|------------|------------|---------|-----------|-----------|-----------|-----------|-----------|
| ACCT: ITEM: | | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| 1 | 5800 PROVISION FOR BAD DEBTS | - | - | - | - | 115 | 124 | 117 | 87 | 97 |
| 2 | | | | | | | | | | |
| 3 | CONTRACTUAL ADJUSTMENTS | | | | | | | | | |
| 4 | 5810 Medicare | 3,470 | 3,646 | 3,884 | 5,287 | 6,055 | 6,372 | 7,445 | 9,313 | 10,825 |
| 5 | 5820 Medicaid | 1,545 | 1,500 | 1,749 | 1,860 | 2,009 | 2,191 | 2,602 | 3,098 | 3,468 |
| 6 | 5830 Workers Compensation | | | | | | | | | |
| 7 | 5840 Other Government Programs | | | | | | | | | |
| 8 | 5850 Negotiated Rates | | | | | | | | | |
| 9 | 5860 Other | 2,454 | 2,908 | 2,990 | 3,484 | 3,730 | 4,026 | 4,730 | 5,571 | 6,167 |
| 10 | Total Contractual Adjustments | 7,468 | 8,055 | 8,624 | 10,632 | 11,794 | 12,589 | 14,776 | 17,982 | 20,459 |
| 11 | | | | | | | | | | |
| 12 | CHARITY CARE | | | | | | | | | |
| 13 | 5900 Inpatient | | | | | | | | | |
| 14 | 5910 Outpatient | - | - | - | - | 275 | 298 | 352 | 416 | 464 |
| 15 | | | | | | | | | | |
| 16 | | | | | | | | | | |
| 17 | Total Charity Care | - | - | - | - | 275 | 298 | 352 | 416 | 464 |
| 18 | | | | | | | | | | |
| 19 | 5970 ADMINISTRATIVE ADJUSTMENTS | | | | | | | | | |
| 20 | | | | | | | | | | |
| 21 | 5980 OTHER DEDUCTIONS (Specify) | | | | | | | | | |
| 22 | TOTAL DEDUCTIONS FROM REVENUE | 7,468 | 8,055 | 8,624 | 10,632 | 12,183 | 13,012 | 15,245 | 18,485 | 21,019 |
| 23 | EXPLANATIONS: | | | | | | | | | |
| | See Financial Model Assumptions | | | | | | | | | |

Hospital With the Project

HOSPITAL INFORMATION
DEDUCTIONS FROM REVENUE- **HOSPITAL AGGREGATE**

| (Dollars in 000s) | | | Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
|-------------------|---------------------------------|--------------------------------------|------------|------------|------------|---------|-----------|-----------|-----------|-----------|-----------|
| ACCT: ITEM: | | | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| 1 | 5800 | PROVISION FOR BAD DEBTS | 2,260 | 856 | 1,973 | 6,172 | 8,392 | 9,150 | 8,066 | 5,648 | 6,174 |
| 2 | | | | | | | | | | | |
| 3 | | CONTRACTUAL ADJUSTMENTS | | | | | | | | | |
| 4 | 5810 | Medicare | 227,282 | 292,168 | 323,874 | 389,509 | 453,501 | 512,222 | 572,994 | 648,122 | 731,429 |
| 5 | 5820 | Medicaid | 87,071 | 103,466 | 104,862 | 132,373 | 147,871 | 162,792 | 179,155 | 197,635 | 217,480 |
| 6 | 5830 | Workers Compensation | | | | | | | | | |
| 7 | 5840 | Other Government Programs | | | | | | | | | |
| 8 | 5850 | Negotiated Rates | | | | | | | | | |
| 9 | 5860 | Other | 158,891 | 190,150 | 209,963 | 219,722 | 239,836 | 258,956 | 279,823 | 303,975 | 329,383 |
| 10 | | Total Contractual Adjustments | 473,244 | 585,785 | 638,699 | 741,605 | 841,209 | 933,970 | 1,031,972 | 1,149,732 | 1,278,292 |
| 11 | | | - | - | - | - | 0.00 | - | - | - | - |
| 12 | | CHARITY CARE | | | | | | | | | |
| 13 | 5900 | Inpatient | 7 | 437 | 782 | 75 | 96 | 100 | 104 | 108 | 112 |
| 14 | 5910 | Outpatient | 9,201 | 13,406 | 14,963 | 16,541 | 19,862 | 21,799 | 23,747 | 25,706 | 28,150 |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | Total Charity Care | 9,208 | 13,844 | 15,746 | 16,616 | 19,957 | 21,899 | 23,851 | 25,814 | 28,263 |
| 18 | | | - | - | - | - | 0 | - | - | - | 0 |
| 19 | 5970 | ADMINISTRATIVE ADJUSTMENTS | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | 5980 | OTHER DEDUCTIONS (Specify) | | | | | | | | | |
| 22 | | TOTAL DEDUCTIONS FROM REVENUE | 484,712 | 600,485 | 656,417 | 764,393 | 869,558 | 965,019 | 1,063,889 | 1,181,195 | 1,312,729 |
| 23 | EXPLANATIONS: | | | | | | | | | | |
| | See Financial Model Assumptions | | | | | | | | | | |

HOSPITAL INFORMATION
BALANCE SHEET - UNRESTRICTED FUND-HOSPITAL AGGREGATE

| (Dollars in 000s) | | HISTORICAL | HISTORICAL | HISTORICAL | CURRENT | PROJECTED | PROJECTED | PROJECTED | PROJECTED | PROJECTED |
|-------------------|---|----------------|----------------|----------------|------------------|------------------|------------------|------------------|------------------|------------------|
| ASSETS | | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| 1 | CURRENT ASSETS: | | | | | | | | | |
| 2 | Cash | 60,390 | 75,799 | 165,575 | 97,848 | 103,118 | 109,965 | 120,155 | 129,045 | 138,474 |
| 3 | Marketable Securities | | | | | | | | | |
| 4 | Accounts Receivable | 66,168 | 100,003 | 90,141 | 112,364 | 117,948 | 126,425 | 136,556 | 147,235 | 157,855 |
| 5 | Less-Estimated Uncollectable & Allowances | | | | | | | | | |
| 6 | Receivables From Third Party Payors | - | - | - | - | - | - | - | - | - |
| 7 | Pledges And Other Receivables | | | | | | | | | |
| 8 | Due From Restricted Funds | 7,877 | 9,416 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 |
| 9 | Inventory | 11,093 | 13,027 | 15,361 | 15,822 | 17,934 | 20,020 | 22,332 | 24,993 | 27,922 |
| 10 | Prepaid Expenses | 19,118 | 18,824 | 23,308 | 24,008 | 26,468 | 28,872 | 31,854 | 34,932 | 38,269 |
| 11 | Current Portion Of Funds Held In Trust | 32 | 33 | 13 | 29 | 29 | 29 | 29 | 29 | 29 |
| 12 | TOTAL CURRENT ASSETS | 164,679 | 217,101 | 305,291 | 260,962 | 276,390 | 296,202 | 321,816 | 347,125 | 373,440 |
| 13 | | | | | | | | | | |
| 14 | BOARD DESIGNATED ASSETS: | | | | | | | | | |
| 15 | Cash | | | | | | | | | |
| 16 | Marketable Securities | 323,225 | 346,670 | 307,193 | 414,942 | 470,620 | 466,368 | 512,156 | 561,162 | 613,889 |
| 17 | Other Assets (restricted) | - | - | - | 170,723 | 59,679 | - | - | - | - |
| 18 | TOTAL BOARD DESIGNATED ASSETS | 323,225 | 346,670 | 307,193 | 585,665 | 530,299 | 466,368 | 512,156 | 561,162 | 613,889 |
| 19 | | | | | | | | | | |
| 20 | PROPERTY, PLANT AND EQUIPMENT: | 306,465 | 336,688 | 361,389 | 416,359 | 451,501 | 803,673 | 838,644 | 879,503 | 922,523 |
| 21 | Land | | | | | | | | | |
| 22 | Land Improvements | | | | | | | | | |
| 23 | Buildings | | | | | | | | | |
| 24 | Fixed Equipment - Building Service | | | | | | | | | |
| 25 | Fixed Equipment - Other | | | | | | | | | |
| 26 | Equipment | | | | | | | | | |
| 27 | Leasehold Improvements | | | | | | | | | |
| 28 | Construction In Progress | - | - | 25,219 | 89,704 | 200,748 | - | - | - | - |
| 29 | TOTAL | 306,465 | 336,688 | 386,608 | 506,063 | 652,249 | 803,673 | 838,644 | 879,503 | 922,523 |
| 30 | Less Accumulated Depreciation | 156,384 | 168,966 | 189,125 | 212,661 | 240,048 | 274,677 | 319,305 | 367,023 | 415,926 |
| 31 | NET PROPERTY, PLANT & EQUIPMENT | 150,080 | 167,722 | 197,483 | 293,401 | 412,201 | 528,996 | 519,339 | 512,480 | 506,597 |
| 32 | | | | | | | | | | |
| 33 | INVESTMENTS AND OTHER ASSETS: | | | | | | | | | |
| 34 | Investments In Property, Plant & Equipment | | | | | | | | | |
| 35 | Less - Accumulated Depreciation | | | | | | | | | |
| 36 | Other Investments | | | | | | | | | |
| 37 | Other Assets | - | 6,147 | 148,209 | 152,796 | 152,734 | 152,667 | 152,595 | 152,516 | 152,430 |
| 38 | TOTAL INVESTMENTS & OTHER ASSETS | - | 6,147 | 148,209 | 152,796 | 152,734 | 152,667 | 152,595 | 152,516 | 152,430 |
| 39 | | | | | | | | | | |
| 40 | INTANGIBLES ASSETS: | | | | | | | | | |
| 41 | Goodwill | | | | | | | | | |
| 42 | Unamortized Loan Costs | | | | | | | | | |
| 43 | Preopening And Other Organization Costs | | | | | | | | | |
| 44 | Other Intangible Assets | 10,520 | 16,137 | 26,545 | 25,000 | 24,358 | 23,736 | 23,119 | 22,504 | 21,894 |
| 45 | TOTAL INTANGIBLE ASSETS | 10,520 | 16,137 | 26,545 | 25,000 | 24,358 | 23,736 | 23,119 | 22,504 | 21,894 |
| 46 | TOTAL ASSETS | 648,503 | 753,776 | 984,720 | 1,317,825 | 1,395,982 | 1,467,971 | 1,529,024 | 1,595,788 | 1,668,250 |

HOSPITAL INFORMATION
BALANCE SHEET - UNRESTRICTED FUND-**HOSPITAL AGGREGATE**

(Dollars in 000s)

| Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
|------------|------------|------------|---------|-----------|-----------|-----------|-----------|-----------|
| FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |

| (Dollars in 000s) | | Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
|---|--|------------|------------|------------|---------|-----------|-----------|-----------|-----------|-----------|
| | | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| LIABILITIES AND FUND BALANCES-UNRESTRICTED | | | | | | | | | | |
| 1 CURRENT LIABILITIES: | | | | | | | | | | |
| 2 Notes and Loans Payable | | | | | | | | | | |
| 3 Accounts Payable | | 31,197 | 57,471 | 60,628 | 62,447 | 70,882 | 75,734 | 82,744 | 88,863 | 95,347 |
| 4 Accrued Compensation and Related Liabilities | | | | | | | | | | |
| 5 Other Accrued Expenses | | | | | | | | | | |
| 6 Advances from Third Party Payors | | | | | | | | | | |
| 7 Payables to Third Party Payors | | 1,648 | 14,816 | 17,086 | 17,599 | 20,314 | 22,136 | 24,496 | 26,771 | 29,157 |
| 8 Due to Restricted Funds | | 7,877 | 9,416 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 |
| 9 Income Taxes Payable | | | | | | | | | | |
| 10 Other Current Liabilities | | 22,039 | 19,197 | 29,005 | 29,875 | 33,557 | 35,785 | 39,101 | 41,994 | 45,063 |
| 11 Current Maturities of Long Term Debt | | 2,974 | 3,074 | 2,630 | 3,305 | 3,361 | 3,441 | 4,306 | 4,466 | 4,645 |
| 12 TOTAL CURRENT LIABILITIES | | 65,735 | 103,973 | 120,241 | 124,118 | 139,006 | 147,988 | 161,539 | 172,986 | 185,103 |
| 13 | | | | | | | | | | |
| 14 DEFERRED CREDITS: | | | | | | | | | | |
| 15 Deferred Income Taxes | | | | | | | | | | |
| 16 Deferred Third Party Revenue | | | | | | | | | | |
| 17 Other Deferred Credits | | | | | | | | | | |
| 18 TOTAL DEFERRED CREDITS | | - | - | - | - | - | - | - | - | - |
| 19 | | | | | | | | | | |
| 20 LONG TERM DEBT: | | | | | | | | | | |
| 21 Mortgage Payable | | | | | | | | | | |
| 22 Construction Loans - Interim Financing | | | | | | | | | | |
| 23 Notes Payable | | | | | | | | | | |
| 24 Capitalized Lease Obligations | | 811 | 812 | 145,442 | 149,781 | 149,781 | 149,781 | 149,781 | 149,781 | 149,781 |
| 25 Bonds Payable | | 102,898 | 99,115 | 95,307 | 353,914 | 350,609 | 347,248 | 343,806 | 339,501 | 335,035 |
| 26 Notes and Loans Payable to Parent | | | | | | | | | | |
| 27 Noncurrent Liabilities | | | | | | | | | | |
| 28 TOTAL | | 103,710 | 99,926 | 240,749 | 503,695 | 500,390 | 497,029 | 493,587 | 489,282 | 484,816 |
| 29 Less Current Maturities of Long Term Debt | | 2,974 | 3,074 | 2,630 | 3,305 | 3,361 | 3,441 | 4,306 | 4,466 | 4,645 |
| 30 TOTAL LONG TERM DEBT | | 100,736 | 96,852 | 238,119 | 500,390 | 497,029 | 493,587 | 489,282 | 484,816 | 480,171 |
| 31 | | | | | | | | | | |
| 32 UNRESTRICTED FUND BALANCE | | 482,032 | 552,951 | 626,359 | 693,317 | 759,946 | 826,395 | 878,203 | 937,986 | 1,002,976 |

| (Dollars in 000s) | | Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
|-------------------|--|------------|------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|
| | | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| 33 | | | | | | | | | | |
| 34 | EQUITY (INVESTOR OWNED) | | | | | | | | | |
| 35 | Preferred Stock | | | | | | | | | |
| 36 | | | | | | | | | | |
| 37 | Common Stock | | | | | | | | | |
| 38 | | | | | | | | | | |
| 39 | Additional Paid In Capital | | | | | | | | | |
| 40 | | | | | | | | | | |
| 41 | Retained Earnings (Capital Account for Partnership | | | | | | | | | |
| 42 | or Sole Proprietorship) | | | | | | | | | |
| 43 | | | | | | | | | | |
| 44 | Less Treasury Stock | | | | | | | | | |
| 45 | TOTAL EQUITY | - | - | - | - | | | | | |
| 46 | TOTAL LIABILITIES AND FUND BALANCE OF | 648,503 | 753,776 | 984,720 | 1,317,824 | 1,395,982 | 1,467,971 | 1,529,024 | 1,595,787 | 1,668,250 |

HOSPITAL INFORMATION
COMPARISON STATEMENT OF REVENUE & EXPENSE-UNRESTRICTED
FUNDS-HOSPITAL AGGREGATE

(Dollars in 000s)

| | Historical FY2018A | Historical FY2019A | Historical FY2020A | Current FY2021B | Projected FY2022P | Projected FY2023P | Projected FY2024P | Projected FY2025P | Projected FY2026P |
|---------------------------------------|-----------------------|-----------------------|-----------------------|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| OPERATING REVENUE: | | | | | | | | | |
| Inpatient Revenue | 91,345 | 102,446 | 97,937 | 92,284 | 95,976 | 99,815 | 103,807 | 107,960 | 112,278 |
| Outpatient Revenue | 996,317 | 1,196,093 | 1,311,508 | 1,503,690 | 1,664,525 | 1,820,606 | 1,991,993 | 2,185,771 | 2,393,176 |
| TOTAL PATIENT SERVICES REVENUE | 1,087,661 | 1,298,539 | 1,409,445 | 1,595,975 | 1,760,501 | 1,920,421 | 2,095,800 | 2,293,730 | 2,505,454 |
| DEDUCTIONS FROM REVENUE: | | | | | | | | | |
| Provision for Bad Debt | 2,260 | 856 | 1,973 | 6,172 | 8,392 | 9,150 | 8,066 | 5,648 | 6,174 |
| Contractual Adjustments | 473,244 | 585,785 | 638,699 | 741,605 | 841,209 | 933,970 | 1,031,972 | 1,149,732 | 1,278,292 |
| Charity and Uncompensated Care | 9,208 | 13,844 | 15,746 | 16,616 | 19,957 | 21,899 | 23,851 | 25,814 | 28,263 |
| Other Adjustments and Allowances | - | - | - | - | - | - | - | - | - |
| TOTAL DEDUCTIONS FROM REVENUE | 484,712 | 600,485 | 656,417 | 764,393 | 869,558 | 965,019 | 1,063,889 | 1,181,195 | 1,312,729 |
| NET PATIENT SERVICE REVENUE | 602,949 | 698,054 | 753,028 | 831,582 | 890,942 | 955,401 | 1,031,911 | 1,112,535 | 1,192,725 |
| OTHER OPERATING REVENUE | | | | | | | | | |
| Other Operating Revenue | 38,376 | 39,285 | 49,974 | 41,035 | 42,298 | 44,641 | 47,365 | 50,396 | 53,496 |
| Tax Revenues | - | - | - | - | - | - | - | - | - |
| TOTAL OTHER OPERATING REVENUE | 38,376 | 39,285 | 49,974 | 41,035 | 42,298 | 44,641 | 47,365 | 50,396 | 53,496 |
| TOTAL OPERATING REVENUE | 641,325 | 737,339 | 803,002 | 872,618 | 933,241 | 1,000,043 | 1,079,277 | 1,162,931 | 1,246,221 |
| OPERATING EXPENSES | | | | | | | | | |
| Salaries and Wages | 118,519 | 130,329 | 145,236 | 156,967 | 166,225 | 176,299 | 187,834 | 200,300 | 212,538 |
| Employee Benefits | 34,168 | 36,776 | 38,693 | 50,372 | 53,813 | 57,514 | 61,741 | 66,337 | 70,920 |
| Professional Fees | 13,651 | 12,954 | 11,233 | 16,431 | 10,847 | 11,172 | 11,507 | 11,853 | 12,208 |
| Supplies | 211,745 | 258,759 | 277,647 | 298,474 | 332,533 | 363,957 | 398,008 | 436,706 | 478,305 |
| Purchased Services - Utilities | - | - | - | - | - | - | - | - | - |
| Purchased Services - Other | 165,874 | 174,597 | 185,002 | 207,249 | 218,236 | 230,373 | 243,854 | 258,843 | 274,739 |
| Depreciation | 22,387 | 23,611 | 23,098 | 25,081 | 28,030 | 35,250 | 45,246 | 48,332 | 49,514 |
| Rentals and Leases | - | - | - | - | - | - | - | - | - |
| Insurance | - | - | - | - | - | - | - | - | - |
| License and Taxes | - | - | - | - | - | - | - | - | - |
| Interest | 3,407 | 3,460 | 3,312 | 4,093 | 3,588 | 3,510 | 13,719 | 13,557 | 13,382 |
| Other Direct Expenses | 37,977 | 44,179 | 50,714 | 63,742 | 68,123 | 69,768 | 80,366 | 83,144 | 86,718 |
| Allocated Expenses | - | - | - | - | - | - | - | - | - |
| TOTAL OPERATING EXPENSES | 607,727 | 684,665 | 734,934 | 822,410 | 881,393 | 947,843 | 1,042,276 | 1,119,071 | 1,198,325 |
| NET OPERATING REVENUE | 33,598 | 52,674 | 68,069 | 50,208 | 51,848 | 52,200 | 37,001 | 43,860 | 47,896 |

(Dollars in 000s)

| | Historical FY2018A | Historical FY2019A | Historical FY2020A | Current FY2021B | Projected FY2022P | Projected FY2023P | Projected FY2024P | Projected FY2025P | Projected FY2026P |
|---|-----------------------|-----------------------|-----------------------|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| NON-OPERATING REVENUE-NET OF EXPENSES | 15,634 | 17,778 | 5,138 | 16,348 | 14,782 | 14,249 | 14,807 | 15,923 | 17,094 |
| NET REVENUE BEFORE ITEMS LISTED BELOW | 49,232 | 70,452 | 73,207 | 66,556 | 66,630 | 66,449 | 51,808 | 59,783 | 64,991 |
| EXTRAORDINARY ITEM FEDERAL INCOME TAX | - | - | - | - | - | - | - | - | - |
| NET REVENUE OR (EXPENSE) | 49,232 | 70,452 | 73,207 | 66,556 | 66,630 | 66,449 | 51,808 | 59,783 | 64,991 |
| EXPLANATION: See Financial Model Assumptions | | | | | | | | | |

Hospital Without the Project

HOSPITAL INFORMATION
COMPARISON STATEMENT OF REVENUE & EXPENSE-UNRESTRICTED
FUNDS-HOSPITAL AGGREGATE without

| (Dollars in 000s) | Historical FY2018A | Historical FY2019A | Historical FY2020A | Current FY2021B | Projected FY2022P | Projected FY2023P | Projected FY2024P | Projected FY2025P | Projected FY2026P |
|---|-----------------------|-----------------------|-----------------------|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 OPERATING REVENUE: | | | | | | | | | |
| 2 Inpatient Revenue | 91,345 | 102,446 | 97,937 | 92,284 | 95,976 | 99,815 | 103,807 | 107,960 | 112,278 |
| 3 Outpatient Revenue | 981,286 | 1,178,993 | 1,292,967 | 1,482,335 | 1,641,614 | 1,795,771 | 1,962,680 | 2,151,068 | 2,354,548 |
| 4 TOTAL PATIENT SERVICES REVENUE | 1,072,631 | 1,281,439 | 1,390,904 | 1,574,619 | 1,737,589 | 1,895,585 | 2,066,488 | 2,259,027 | 2,466,826 |
| 5 | | | | | | | | | |
| 6 DEDUCTIONS FROM REVENUE: | | | | | | | | | |
| 7 Provision for Bad Debt | 2,260 | 856 | 1,973 | 6,172 | 8,277 | 9,026 | 7,949 | 5,561 | 6,078 |
| 8 Contractual Adjustments | 465,776 | 577,730 | 630,075 | 730,974 | 829,415 | 921,380 | 1,017,196 | 1,131,750 | 1,257,833 |
| 9 Charity and Uncompensated Care | 9,208 | 13,844 | 15,746 | 16,616 | 19,683 | 21,601 | 23,499 | 25,398 | 27,799 |
| 10 Other Adjustments and Allowances | - | - | - | - | - | - | - | - | - |
| 11 TOTAL DEDUCTIONS FROM REVENUE | 477,244 | 592,430 | 647,794 | 753,761 | 857,375 | 952,008 | 1,048,644 | 1,162,709 | 1,291,710 |
| 12 NET PATIENT SERVICE REVENUE | 595,387 | 689,009 | 743,111 | 820,858 | 880,214 | 943,577 | 1,017,844 | 1,096,318 | 1,175,116 |
| 13 | | | | | | | | | |
| 14 OTHER OPERATING REVENUE | | | | | | | | | |
| 15 Other Operating Revenue | 38,328 | 39,218 | 49,834 | 40,905 | 42,165 | 44,503 | 47,223 | 50,250 | 53,345 |
| 16 Tax Revenues | - | - | - | - | - | - | - | - | - |
| 17 TOTAL OTHER OPERATING REVENUE | 38,328 | 39,218 | 49,834 | 40,905 | 42,165 | 44,503 | 47,223 | 50,250 | 53,345 |
| 18 TOTAL OPERATING REVENUE | 633,715 | 728,227 | 792,945 | 861,763 | 922,379 | 988,081 | 1,065,067 | 1,146,568 | 1,228,461 |
| 19 | | | | | | | | | |
| 20 OPERATING EXPENSES | | | | | | | | | |
| 21 Salaries and Wages | 116,685 | 128,139 | 142,896 | 154,759 | 163,978 | 173,901 | 185,113 | 197,205 | 209,193 |
| 22 Employee Benefits | 33,690 | 36,169 | 38,105 | 49,672 | 53,085 | 56,732 | 60,846 | 65,311 | 69,803 |
| 23 Professional Fees | 13,622 | 12,954 | 11,233 | 16,431 | 10,847 | 11,172 | 11,507 | 11,853 | 12,208 |
| 24 Supplies | 211,247 | 258,275 | 277,112 | 297,769 | 331,796 | 363,164 | 397,095 | 435,650 | 477,141 |
| 25 Purchased Services - Utilities | - | - | - | - | - | - | - | - | - |
| 26 Purchased Services - Other | 165,802 | 174,536 | 184,935 | 207,179 | 218,083 | 230,208 | 243,660 | 258,614 | 274,485 |
| 27 Depreciation | 22,387 | 23,611 | 23,098 | 25,081 | 28,030 | 33,730 | 42,206 | 45,291 | 46,474 |
| 28 Rentals and Leases | - | - | - | - | - | - | - | - | - |
| 29 Insurance | - | - | - | - | - | - | - | - | - |
| 30 License and Taxes | - | - | - | - | - | - | - | - | - |
| 31 Interest | 3,407 | 3,460 | 3,312 | 4,093 | 3,588 | 3,510 | 13,719 | 13,557 | 13,382 |
| 32 Other Direct Expenses | 37,694 | 43,884 | 50,461 | 63,463 | 67,834 | 69,468 | 80,046 | 82,799 | 86,355 |
| 33 TOTAL OPERATING EXPENSES | 604,533 | 681,029 | 731,152 | 818,448 | 877,241 | 941,885 | 1,034,193 | 1,110,280 | 1,189,041 |

| | | | | | | | | | | |
|----|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 34 | NET OPERATING REVENUE | 29,182 | 47,198 | 61,792 | 43,316 | 45,138 | 46,196 | 30,874 | 36,287 | 39,421 |
| 35 | | | | | | | | | | |
| 36 | NON-OPERATING REVENUE-NET OF | | | | | | | | | |
| 37 | EXPENSES | 15,634 | 17,778 | 5,138 | 16,348 | 14,782 | 14,286 | 14,791 | 15,714 | 16,666 |
| 38 | NET REVENUE BEFORE ITEMS LISTED | | | | | | | | | |
| 39 | BELOW | 44,816 | 64,976 | 66,931 | 59,664 | 59,920 | 60,481 | 45,665 | 52,002 | 56,087 |
| 40 | EXTRAORDINARY ITEM | - | - | - | - | - | - | - | - | - |
| 41 | FEDERAL INCOME TAX | | | | | | | | | |
| 42 | | | | | | | | | | |
| 43 | NET REVENUE OR (EXPENSE) | 44,816 | 64,976 | 66,931 | 59,664 | 59,920 | 60,481 | 45,665 | 52,002 | 56,087 |
| 44 | EXPLANATION: | | | | | | | | | |
| | See Financial Model Assumptions | | | | | | | | | |

HOSPITAL INFORMATION
BALANCE SHEET - UNRESTRICTED FUND-HOSPITAL AGGREGATE without

| (Dollars in 000s) | | Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
|-------------------|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| ASSETS | | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| 1 | CURRENT ASSETS: | | | | | | | | | |
| 2 | Cash | 60,390 | 75,799 | 165,575 | 97,848 | 103,118 | 109,965 | 120,155 | 129,045 | 138,474 |
| 3 | Marketable Securities | - | - | - | - | - | - | - | - | - |
| 4 | Accounts Receivable | 65,166 | 98,804 | 88,826 | 110,942 | 116,526 | 124,857 | 134,690 | 145,084 | 155,520 |
| 5 | Less-Estimated Uncollectable & Allowances | - | - | - | - | - | - | - | - | - |
| 6 | Receivables From Third Party Payors | - | - | - | - | - | - | - | - | - |
| 7 | Pledges And Other Receivables | - | - | - | - | - | - | - | - | - |
| 8 | Due From Restricted Funds | 7,877 | 9,416 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 |
| 9 | Inventory | 11,066 | 13,000 | 15,332 | 15,784 | 17,895 | 19,977 | 22,280 | 24,933 | 27,854 |
| 10 | Prepaid Expenses | 19,018 | 18,710 | 23,190 | 23,884 | 26,339 | 28,731 | 31,690 | 34,741 | 38,058 |
| 11 | Current Portion Of Funds Held In Trust | 32 | 33 | 13 | 29 | 29 | 29 | 29 | 29 | 29 |
| 12 | TOTAL CURRENT ASSETS | 163,549 | 215,762 | 303,829 | 259,378 | 274,798 | 294,449 | 319,736 | 344,724 | 370,826 |
| 13 | | | | | | | | | | |
| 14 | BOARD DESIGNATED ASSETS: | | | | | | | | | |
| 15 | Cash | - | - | - | - | - | - | - | - | - |
| 16 | Marketable Securities | 319,395 | 341,962 | 302,289 | 410,099 | 464,814 | 470,081 | 506,908 | 545,328 | 586,263 |
| 17 | Other Assets | - | - | - | 170,723 | 59,679 | - | - | - | - |
| 18 | TOTAL BOARD DESIGNATED ASSETS | 319,395 | 341,962 | 302,289 | 580,822 | 524,493 | 470,081 | 506,908 | 545,328 | 586,263 |
| 19 | | | | | | | | | | |
| 20 | PROPERTY, PLANT AND EQUIPMENT: | 306,465 | 336,688 | 361,389 | 416,359 | 451,501 | 780,097 | 815,068 | 855,927 | 898,947 |
| 21 | Land | - | - | - | - | - | - | - | - | - |
| 22 | Land Improvements | - | - | - | - | - | - | - | - | - |
| 23 | Buildings | - | - | - | - | - | - | - | - | - |
| 24 | Fixed Equipment - Building Service | - | - | - | - | - | - | - | - | - |
| 25 | Fixed Equipment - Other | - | - | - | - | - | - | - | - | - |
| 26 | Equipment | - | - | - | - | - | - | - | - | - |
| 27 | Leasehold Improvements | - | - | - | - | - | - | - | - | - |
| 28 | Construction In Progress | - | - | 24,761 | 88,788 | 194,082 | - | - | - | - |
| 29 | TOTAL | 306,465 | 336,688 | 386,150 | 505,147 | 645,583 | 780,097 | 815,068 | 855,927 | 898,947 |
| 30 | Less Accumulated Depreciation | 156,384 | 168,966 | 189,125 | 212,661 | 240,048 | 273,157 | 314,745 | 359,422 | 405,285 |
| 31 | NET PROPERTY, PLANT & EQUIPMENT | 150,080 | 167,722 | 197,025 | 292,485 | 405,535 | 506,941 | 500,323 | 496,505 | 493,662 |
| 32 | | | | | | | | | | |
| 33 | INVESTMENTS AND OTHER ASSETS: | | | | | | | | | |
| 34 | Investments In Property, Plant & Equipment | - | - | - | - | - | - | - | - | - |
| 35 | Less - Accumulated Depreciation | - | - | - | - | - | - | - | - | - |

(Dollars in 000s)

| | Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| ASSETS | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| 36 Other Investments | - | - | - | - | - | - | - | - | - |
| 37 Other Assets | - | 6,147 | 148,209 | 152,796 | 152,734 | 152,667 | 152,595 | 152,516 | 152,430 |
| 38 TOTAL INVESTMENTS & OTHER ASSETS | - | 6,147 | 148,209 | 152,796 | 152,734 | 152,667 | 152,595 | 152,516 | 152,430 |
| 39 | | | | | | | | | |
| 40 INTANGIBLES ASSETS: | | | | | | | | | |
| 41 Goodwill | - | - | - | - | - | - | - | - | - |
| 42 Unamortized Loan Costs | - | - | - | - | - | - | - | - | - |
| 43 Preopening And Other Organization Costs | - | - | - | - | - | - | - | - | - |
| 44 Other Intangible Assets | 10,520 | 16,137 | 26,545 | 25,000 | 24,358 | 23,736 | 23,119 | 22,504 | 21,894 |
| 45 TOTAL INTANGIBLE ASSETS | 10,520 | 16,137 | 26,545 | 25,000 | 24,358 | 23,736 | 23,119 | 22,504 | 21,894 |
| 46 TOTAL ASSETS | 643,544 | 747,730 | 977,897 | 1,310,482 | 1,381,918 | 1,447,875 | 1,502,680 | 1,561,577 | 1,625,075 |

HOSPITAL INFORMATION
BALANCE SHEET - UNRESTRICTED FUND-**HOSPITAL AGGREGATE** without

| (Dollars in 000s) | Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| LIABILITIES AND FUND BALANCES- UNRESTRICTED | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| 1 CURRENT LIABILITIES: | | | | | | | | | |
| 2 Notes and Loans Payable | - | - | - | - | - | - | - | - | - |
| 3 Accounts Payable | 30,930 | 57,167 | 60,312 | 62,116 | 70,535 | 75,363 | 82,323 | 88,383 | 94,825 |
| 4 Accrued Compensation and Related Liabiliti | - | - | - | - | - | - | - | - | - |
| 5 Other Accrued Expenses | - | - | - | - | - | - | - | - | - |
| 6 Advances from Third Party Payors | - | - | - | - | - | - | - | - | - |
| 7 Payables to Third Party Payors | 1,372 | 14,549 | 16,855 | 17,480 | 20,199 | 21,980 | 24,285 | 26,534 | 28,899 |
| 8 Due to Restricted Funds | 7,877 | 9,416 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 | 10,892 |
| 9 Income Taxes Payable | - | - | - | - | - | - | - | - | - |
| 10 Other Current Liabilities | 22,039 | 19,197 | 29,005 | 29,875 | 33,557 | 35,785 | 39,101 | 41,994 | 45,063 |
| 11 Current Maturities of Long Term Debt | 2,974 | 3,074 | 2,630 | 3,305 | 3,361 | 3,441 | 4,306 | 4,466 | 4,645 |
| 12 TOTAL CURRENT LIABILITIES | 65,192 | 103,402 | 119,694 | 123,668 | 138,544 | 147,461 | 160,907 | 172,268 | 184,324 |
| 13 | | | | | | | | | |
| 14 DEFERRED CREDITS: | | | | | | | | | |
| 15 Deferred Income Taxes | - | - | - | - | - | - | - | - | - |
| 16 Deferred Third Party Revenue | - | - | - | - | - | - | - | - | - |
| 17 Other Deferred Credits | - | - | - | - | - | - | - | - | - |
| 18 TOTAL DEFERRED CREDITS | - | - | - | - | - | - | - | - | - |
| 19 | | | | | | | | | |
| 20 LONG TERM DEBT: | | | | | | | | | |
| 21 Mortgage Payable | - | - | - | - | - | - | - | - | - |
| 22 Construction Loans - Interim Financing | - | - | - | - | - | - | - | - | - |
| 23 Notes Payable | - | - | - | - | - | - | - | - | - |
| 24 Capitalized Lease Obligations | 811 | 812 | 145,442 | 149,781 | 149,781 | 149,781 | 149,781 | 149,781 | 149,781 |
| 25 Bonds Payable | 102,898 | 99,115 | 95,307 | 353,914 | 350,609 | 347,248 | 343,806 | 339,501 | 335,035 |
| 26 Notes and Loans Payable to Parent | - | - | - | - | - | - | - | - | - |
| 27 Noncurrent Liabilities | - | - | - | - | - | - | - | - | - |
| 28 TOTAL | 103,710 | 99,926 | 240,749 | 503,695 | 500,390 | 497,029 | 493,587 | 489,282 | 484,816 |
| 29 Less Current Maturities of Long Term Debt | 2,974 | 3,074 | 2,630 | 3,305 | 3,361 | 3,441 | 4,306 | 4,466 | 4,645 |
| 30 TOTAL LONG TERM DEBT | 100,736 | 96,852 | 238,119 | 500,390 | 497,029 | 493,587 | 489,282 | 484,816 | 480,171 |
| 31 | | | | | | | | | |

| (Dollars in 000s) | | Historical | Historical | Historical | Current | Projected | Projected | Projected | Projected | Projected |
|---------------------------------------|---|------------|------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|
| LIABILITIES AND FUND BALANCES- | | | | | | | | | | |
| UNRESTRICTED | | FY2018A | FY2019A | FY2020A | FY2021B | FY2022P | FY2023P | FY2024P | FY2025P | FY2026P |
| 32 | UNRESTRICTED FUND BALANCE | 477,616 | 547,475 | 620,083 | 686,424 | 746,345 | 806,826 | 852,492 | 904,493 | 960,580 |
| 33 | | | | | | | | | | |
| 34 | EQUITY (INVESTOR OWNED) | | | | | | | | | |
| 35 | Preferred Stock | - | - | - | - | - | - | - | - | - |
| 36 | | - | - | - | - | - | - | - | - | - |
| 37 | Common Stock | - | - | - | - | - | - | - | - | - |
| 38 | | - | - | - | - | - | - | - | - | - |
| 39 | Additional Paid In Capital | - | - | - | - | - | - | - | - | - |
| 40 | | - | - | - | - | - | - | - | - | - |
| 41 | Retained Earnings (Capital Account for Part | - | - | - | - | - | - | - | - | - |
| 42 | or Sole Proprietorship) | - | - | - | - | - | - | - | - | - |
| 43 | | - | - | - | - | - | - | - | - | - |
| 44 | Less Treasury Stock | - | - | - | - | - | - | - | - | - |
| 45 | TOTAL EQUITY | - | - | - | - | - | - | - | - | - |
| 46 | TOTAL LIABILITIES AND FUND BALANCE | 643,544 | 747,729 | 977,896 | 1,310,482 | 1,381,918 | 1,447,874 | 1,502,680 | 1,561,577 | 1,625,075 |

Exhibit 7
Medical Director Letter

February 22, 2021

Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
111 Israel Road Southeast
Tumwater, WA 98501

Dear Mr. Hernandez:

This letter serves to document the responsibilities and terms for medical directorship of Seattle Cancer Care Alliance's (SCCA) ambulatory procedure suites. The medical director for SCCA's current procedure suites is David M. Hockenbery, MD. Dr. Hockenbery will continue to serve as the medical director of the expanded procedure suites. For Certificate of Need purposes, the following information is provided:

- 1) Dr. Hockenbery is employed by the Fred Hutchinson Cancer Research Center and serves as the medical director for SCCA's outpatient ambulatory procedure suites.
- 2) Medical Director responsibilities are included in the job description attached as Exhibit A.
- 3) The term of the medical directorship shall continue until terminated, with performance reviewed annually. Either party may terminate the medical directorship appointment without cause with written notice of termination.
- 4) Medical director fees for this role are 20% paid administrative FTE plus benefits (equivalent to \$94,621 annually); paid to the Fred Hutchinson Cancer Research Center.

Sincerely,



Terry M. McDonnell, DNP, ACNP-BC
Chief Nurse Executive / Senior Vice President of Operations / Chief of Staff



David M. Hockenbery, MD
Medical Director, Procedure Suite Head, Gastroenterology/Hepatology

Exhibit 8
Memorandum of
Lease Agreement

After Recording Return To:

Lane Powell LP
1420 Fifth Avenue, Suite 4200
Seattle, Washington 98101-2338
Attn: Michael D. Dwyer

Washington State Recorder's Cover Sheet (RCW 65.01)

| |
|---|
| Document Title(s): MEMORANDUM OF HUTCH PARCEL LEASE |
| Reference Number(s) of Related Documents: None |
| Grantor(s): FRED HUTCHINSON CANCER RESEARCH CENTER |
| Grantee(s): SEATTLE CANCER CARE ALLIANCE |
| Abbreviated Legal Description(s): Parcels A and B Seattle Lot Line Adjustment No. 3025867 rec # 20170929900026 Additional legal description on Exhibit A of document |
| Assessor's Property Tax Parcel/Account Number(s): 136130 0028 and 136130 0025 |

Recorded at the request of
FIDELITY NATIONAL TITLE
MAJOR ACCOUNTS

Order # 20401403-SC

MEMORANDUM OF HUTCH PARCEL LEASE

This Memorandum of Lease is executed as of July 28, 2020 ("Effective Date"), between Fred Hutchinson Cancer Research Center, a Washington nonprofit corporation ("Lessor") and Seattle Cancer Care Alliance, a Washington nonprofit corporation ("Lessee") to be recorded and give public notice that:

1. **Lease.** Lessor and Lessee have entered into lease dated as of the Effective Date ("Lease"), covering real property commonly known as 820 Yale Avenue North and 1300 Valley Street, Seattle, Washington, and legally described on attached Exhibit A ("Premises").

2. **Term.** The term of the Lease commences on the Effective Date and, unless sooner terminated as provided in the Lease, will continue until January 23, 2100.

3. **Automatic Termination.** The Lease will automatically terminate upon a Termination Event, which is defined as (a) the dissolution of the Seattle Cancer Care Alliance; (b) the voluntary withdrawal of Fred Hutchinson Cancer Research Center or any successor entity thereto as a member of Seattle Cancer Care Alliance; or (c) the expulsion or other termination of Fred Hutchinson Cancer Research Center as a member of Seattle Cancer Care Alliance, all as provided in Article 10 of the Amended and Restated Bylaws of Seattle Cancer Care Alliance, as they may be amended or restated from time to time ("Amended Bylaws").

4. **Lessee's Right of First Opportunity.** The Lease grants to Lessee a right of first opportunity to purchase the Premises, subject to certain conditions set forth therein.

5. **Lessor's Right of First Opportunity.** The Lease grants to Lessor a right of first opportunity to lease space available in the new building that Lessee has agreed to construct on the Premises, subject to certain conditions set forth therein.

Executed as of the date first above written.

Lessor:

**FRED HUTCHINSON CANCER
RESEARCH CENTER**

By: 

Name: Thomas J. Lynch, M.D.

Title: President and Director

Lessee:

SEATTLE CANCER CARE ALLIANCE

By: _____

Name: Nancy E. Davidson, M.D.

Title: President

MEMORANDUM OF HUTCH PARCEL LEASE

This Memorandum of Lease is executed as of July 28, 2020 ("Effective Date"), between Fred Hutchinson Cancer Research Center, a Washington nonprofit corporation ("Lessor") and Seattle Cancer Care Alliance, a Washington nonprofit corporation ("Lessee") to be recorded and give public notice that:

1. **Lease.** Lessor and Lessee have entered into lease dated as of the Effective Date ("Lease"), covering real property commonly known as 820 Yale Avenue North and 1300 Valley Street, Seattle, Washington, and legally described on attached Exhibit A ("Premises").

2. **Term.** The term of the Lease commences on the Effective Date and, unless sooner terminated as provided in the Lease, will continue until January 23, 2100.

3. **Automatic Termination.** The Lease will automatically terminate upon a Termination Event, which is defined as (a) the dissolution of the Seattle Cancer Care Alliance; (b) the voluntary withdrawal of Fred Hutchinson Cancer Research Center or any successor entity thereto as a member of Seattle Cancer Care Alliance; or (c) the expulsion or other termination of Fred Hutchinson Cancer Research Center as a member of Seattle Cancer Care Alliance, all as provided in Article 10 of the Amended and Restated Bylaws of Seattle Cancer Care Alliance, as they may be amended or restated from time to time ("Amended Bylaws").

4. **Lessee's Right of First Opportunity.** The Lease grants to Lessee a right of first opportunity to purchase the Premises, subject to certain conditions set forth therein.

5. **Lessor's Right of First Opportunity.** The Lease grants to Lessor a right of first opportunity to lease space available in the new building that Lessee has agreed to construct on the Premises, subject to certain conditions set forth therein.

Executed as of the date first above written.


Lessor:

Lessee:

**FRED HUTCHINSON CANCER
RESEARCH CENTER**

SEATTLE CANCER CARE ALLIANCE

By: _____
Name: Thomas J. Lynch, M.D.
Title: President and Director

By:  _____
Name: Nancy E. Davidson, M.D.
Title: President

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that Thomas J. Lynch Jr., M.D., is the person who appeared before me and on oath acknowledged that he is the President of Fred Hutchinson Cancer Research Center ("Fred Hutch"), that he is authorized to sign the foregoing Memorandum of Lease ("Memorandum"), and that he signed the Memorandum as the free and voluntary act of Fred Hutch for the uses and purposes mentioned in the instrument.

DATED: July 22nd, 2020.



Mary Elizabeth Dube
Print Name: Mary Elizabeth Dube
NOTARY PUBLIC for the State of
Washington, residing at Seattle
My appointment expires: 9-13-20

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that Nancy E. Davidson, M.D., is the person who appeared before me and on oath acknowledged that she is the President of the Seattle Cancer Care Alliance ("SCCA"), that she is authorized to sign the foregoing Memorandum of Lease ("Memorandum"), and that she signed the Memorandum as the free and voluntary act of SCCA for the uses and purposes mentioned in the instrument.

DATED: July ___, 2020.

Print Name: _____
NOTARY PUBLIC for the State of
Washington, residing at _____
My appointment expires: _____

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that Thomas J. Lynch Jr., M.D., is the person who appeared before me and on oath acknowledged that he is the President of Fred Hutchinson Cancer Research Center ("Fred Hutch"), that he is authorized to sign the foregoing Memorandum of Lease ("Memorandum"), and that he signed the Memorandum as the free and voluntary act of Fred Hutch for the uses and purposes mentioned in the instrument.

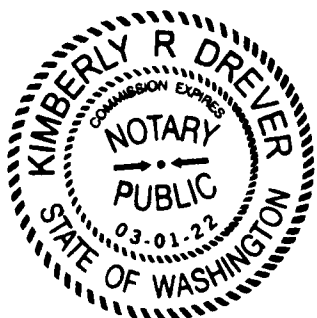
DATED: July __, 2020.

Print Name: _____
NOTARY PUBLIC for the State of
Washington, residing at _____
My appointment expires: _____

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that Nancy E. Davidson, M.D., is the person who appeared before me and on oath acknowledged that she is the President of the Seattle Cancer Care Alliance ("SCCA"), that she is authorized to sign the foregoing Memorandum of Lease ("Memorandum"), and that she signed the Memorandum as the free and voluntary act of SCCA for the uses and purposes mentioned in the instrument.

DATED: July 21, 2020.



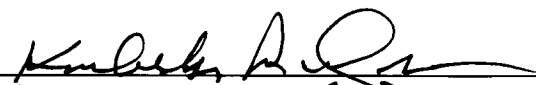

Print Name: Kimberly R. Drever
NOTARY PUBLIC for the State of
Washington, residing at Seattle
My appointment expires: 3/1/2022

EXHIBIT A

HUTCH PARCEL LEGAL DESCRIPTION

PARCELS A AND B OF CITY OF SEATTLE LOT LINE ADJUSTMENT NUMBER 3025867,
RECORDED UNDER RECORDING NUMBER 20170929900026, RECORDS OF KING
COUNTY, WASHINGTON;

SITUATE IN THE CITY OF SEATTLE, COUNTY OF KING, STATE OF WASHINGTON.

Exhibit 9
Financing Letter

February 22, 2021

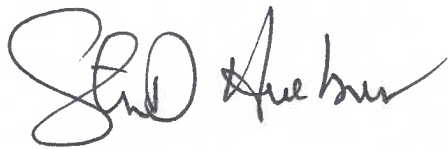
Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
P. O. Box 47852
Olympia, WA 98504-7852

Dear Mr. Hernandez:

Please accept this letter as confirmation that SCCA will use existing reserves to fund the capital associated with the relocation and expansion of SCCA's existing outpatient procedure unit (estimated to be \$23,575,920). Included with the application are the most recent audited financial statements for SCCA demonstrating that there are reserves sufficiently available for this project.

Please contact me if you have any questions or require additional information.

Sincerely,



Steve Huebner, CFO

Exhibit 10
Cost Estimator Letter



February 19, 2021

Jody Elsom
Project Planning Partners
825 Eastlake Avenue East
Seattle, WA 98109

Subject: Seattle Cancer Care Alliance – Clinical Tower Expansion
5th Floor Procedure Suites

Dear Ms Elsom:

Please accept this letter as a non-binding cost estimate for the SCCA certificate of need application which proposes to relocate and expand its existing South Lake Union Campus outpatient procedure suite. The estimated capital requirements are summarized below:

| Line Item | Estimated Capital Cost |
|--|------------------------|
| Building Construction (incl applicable WSST) | \$13,025,778 |
| Fixed Equipment | \$8,542,434 |
| Movable Equipment | \$534,557 |
| Consulting Fees | \$425,000 |
| Architect & Engineering Fees | \$1,048,151 |
| Total | \$23,575,920 |

Please contact me if you have any questions or require additional information.

Sincerely,

Joe Walker, Project Executive
GLY Construction, Inc.

Cc: Josh Lewis – GLY PM

Exhibit 11
Equipment List

| <div> <div>project planning partners</div> </div> | | | | | | | | | | | | | |
|--|------------------------|---------------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|----------|---------------------|---------------|
| EQUIPMENT LIST Seattle Cancer Care Alliance Building H Updated 11-06-2020 | | | | | | | | | | | | | |
| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
| Printer, MFP | | Bone Marrow Tech Workroom | H5210 | Technology | IT | 1 | 1 | 1 | 5 | Counter | New | \$ 2,972.00 | \$ 2,972.00 |
| Computer | | Bone Marrow Tech Workroom | H5210 | Technology | IT | 2 | 2 | 1 | 5 | Workstation | New | \$ 869.00 | \$ 1,738.00 |
| Docking Station | | Bone Marrow Tech Workroom | H5210 | Technology | IT | 2 | 2 | 1 | 5 | Desk | New | \$ 826.52 | \$ 1,653.04 |
| Bone Marrow Tech Cart | | Bone Marrow Tech Workroom | H5210 | Medical Equipment | Major | 2 | 2 | 1 | 5 | | New | \$ 4,500.00 | \$ 9,000.00 |
| Coat Hooks | | Bone Marrow Tech Workroom | H5210 | Furniture | Accessory | 3 | 3 | 1 | 5 | Wall | New | \$ 10.00 | \$ 30.00 |
| Hand Sanitizer Dispenser | | Bone Marrow Tech Workroom | H5210 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Dual monitors for computers | | Bone Marrow Tech Workroom | H5210 | Technology | IT | 2 | 2 | 1 | 5 | Workstation | New | \$ 352.00 | \$ 704.00 |
| Printer, Epic Label | | Bone Marrow Tech Workroom | H5210 | Technology | IT | 1 | 1 | 1 | 5 | Counter | New | \$ 661.00 | \$ 661.00 |
| Printer, Sunquest | | Bone Marrow Tech Workroom | H5210 | Technology | IT | 1 | 1 | 1 | 5 | Counter | New | \$ 661.00 | \$ 661.00 |
| Paper Towel Dispenser | | Bone Marrow Tech Workroom | H5210 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Phone | | Bone Marrow Tech Workroom | H5210 | Technology | IT | 2 | 2 | 1 | 5 | Workstation | New | \$ 225.00 | \$ 450.00 |
| Refrigerator, Undercounter | | Bone Marrow Tech Workroom | H5210 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Under counter | New | \$ 1,675.00 | \$ 1,675.00 |
| Shelf for binders of specimen logs | | Bone Marrow Tech Workroom | H5210 | | Minor | 1 | 1 | 1 | 5 | Wall mounted | New | | \$ - |
| Button for Courier notification (operational cost) | wireless | Bone Marrow Tech Workroom | H5210 | Technology | IT | 1 | 1 | 1 | 5 | Counter | New | \$ - | \$ - |
| Undercounter Supply cart | | Bone Marrow Tech Workroom | H5210 | Furniture | Furniture | 1 | 1 | 1 | 5 | Under counter | New | \$ 2,100.00 | \$ 2,100.00 |
| Workstation, Desk | | Bone Marrow Tech Workroom | H5210 | Furniture | Furniture | 2 | 2 | 1 | 5 | Floor | New | \$ 1,300.00 | \$ 2,600.00 |
| Med Supply Storage Cart | | Clean Hold | H5312 | Medical Equipment | Major | 5 | 5 | 1 | 5 | Mobile | New | \$ 1,200.00 | \$ 6,000.00 |
| Workstation, Desk | | CNC/Supervisor Office | H5304 | Furniture | Furniture | 2 | 2 | 1 | 5 | Floor | New | | |
| Seating, Task Chair | | CNC/Supervisor Office | H5304 | Furniture | Furniture | 2 | 2 | 1 | 5 | Floor | New | | |
| Computer | | CNC/Supervisor Office | H5304 | Technology | Minor | 2 | 2 | 1 | 5 | Counter | New | | |
| Whiteboard | | CNC/Supervisor Office | H5304 | Furniture | Accessory | 2 | 2 | 1 | 5 | Wall mounted | New | | |
| Coat Hooks | | CNC/Supervisor Office | H5304 | Furniture | Accessory | 2 | 2 | 1 | 5 | Wall mounted | New | | |
| Pedestal Files | | CNC/Supervisor Office | H5304 | Furniture | Furniture | 2 | 2 | 1 | 5 | Floor | New | | |
| Dual Monitors | | CNC/Supervisor Office | H5304 | Technology | Minor | 2 | 2 | 1 | 5 | Counter | New | | |
| Computer | | Command Center | H5306 | Technology | IT | 3 | 3 | 1 | 5 | Workstation | New | \$ 869.00 | \$ 2,607.00 |
| Central Monitoring System LDAS | Confirm if GLY Cost | Command Center | H5306 | Technology | IT | 1 | 1 | 1 | 5 | Desk | | | \$ - |
| Philips Monitor Main Station | On Charge Nurse's Desk | Command Center | H5306 | Technology | IT | 1 | 1 | 1 | 5 | | | | |
| Monitor (large for Epic Status Viewing) | EPIC Status Board | Command Center | H5306 | Technology | IT | 1 | 1 | 1 | 5 | Fixed | New | \$ 1,300.00 | \$ 1,300.00 |
| Dual monitors for computers | | Command Center | H5306 | Technology | IT | 3 | 3 | 1 | 5 | Workstation | New | \$ 352.00 | \$ 1,056.00 |
| Ice Machine | | Command Center | H5306 | Non Medical | Appliance | 1 | 1 | 1 | 5 | Counter | New | \$ 6,019.00 | \$ 6,019.00 |
| Printer, Epic Label | | Command Center | H5306 | Technology | IT | 1 | 1 | 1 | 5 | Workstation | New | \$ 661.00 | \$ 661.00 |
| Printer, MFP | Countertop model | Command Center | H5306 | Technology | IT | 1 | 1 | 1 | 5 | Counter | New | \$ 275.00 | \$ 275.00 |
| Seating, Task Chair | | Command Center | H5306 | Furniture | Furniture | 3 | 3 | 1 | 5 | Floor | New | \$ 541.42 | \$ 1,624.26 |
| Phone | One per desk | Command Center | H5306 | Furniture | Furniture | 3 | 3 | 1 | 5 | Floor | New | | |
| Waste Bin | | Command Center | H5306 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Floor | New | \$ 6.00 | \$ 6.00 |
| Lateral File | Under dry counter | Command Center | H5306 | Furniture | Furniture | 1 | 1 | 1 | 5 | | | | |
| Workstation, Desk | | Command Center | H5306 | Furniture | Furniture | 3 | 3 | 1 | 5 | Floor | New | \$ 1,300.00 | \$ 3,900.00 |
| Seating, Conference Room | Furniture Allowance | Conference Room | H5125 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor | New | \$ 6,000.00 | \$ 6,000.00 |
| Anesthesia Equipment Cart | | Equipment Alcove | H5108 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Blanket Warmer | | Equipment Alcove | H5108 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor | New | \$ 6,500.00 | \$ 6,500.00 |
| EKG | | Equipment Alcove | H5108 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Mobile | Existing | \$ 15,400.00 | \$ - |
| Mobile X Ray | | Equipment Alcove | H5108 | Medical Equipment | Imaging | 1 | 0 | 1 | 5 | Mobile | Existing | | \$ - |
| Navigational Bronc Equipment | | Equipment Alcove | H5108 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Mobile | Existing | | \$ - |
| Stretcher | | Equipment Alcove | H5108 | Medical Equipment | Major | 3 | 3 | 1 | 5 | Mobile | New | \$ 10,000.00 | \$ 30,000.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|---|---|---------------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|--------------|----------|---------------------|---------------|
| Cabinet for Endoscope storage | | Instrument/Scope Clean | H5322 | Furniture | Furniture | 5 | 3 | 1 | 5 | Floor | New | | \$ - |
| Instrument Assembly stations mobile | | Instrument/Scope Clean | H5322 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 5,500.00 | \$ 5,500.00 |
| Scope carts and containers | | Instrument/Scope Clean | H5322 | Medical Equipment | Major | 4 | 4 | 1 | 5 | Floor | New | \$ 4,000.00 | \$ 16,000.00 |
| Shipment containers to send UW | Need go on cart/rack | Instrument/Scope Clean | H5322 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | | Existing | | \$ - |
| Soiled Linen Hamper | | Instrument/Scope Clean | H5322 | Non Medical | Accessory | 1 | 2 | 1 | 5 | Mobile | New | | |
| PPE Dispenser | Mounted outside door | Instrument/Scope Clean | H5322 | Non Medical | Accessory | 1 | 2 | 1 | 5 | Wall mounted | New | | |
| Waste Bin | | Instrument/Scope Clean | H5322 | Non Medical | Accessory | 1 | 2 | 1 | 5 | Mobile | New | \$ 6.00 | \$ 12.00 |
| Soap Dispenser | Hand wash sink only | Instrument/Scope Clean | H5322 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall mounted | New | | |
| Paper Towel Dispenser | Hand wash sink only | Instrument/Scope Clean | H5322 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall mounted | New | | |
| Stainless steel table | 7 foot table, needs 8 med air connections, two per tier per table | Instrument/Scope Clean | H5322 | Furniture | Furniture | 2 | 2 | 1 | 5 | Fixed | New | | \$ - |
| PPE Cart | Get dimensions from ZGF | Instrument/Scope Decontam | H5320 | Furniture | Furniture | 1 | 1 | 1 | 5 | | New | \$ 2,100.00 | \$ 2,100.00 |
| Phone | | Instrument/Scope Decontam | H5320 | Technology | IT | 1 | 1 | 1 | 5 | Wall mounted | New | \$ 225.00 | \$ 225.00 |
| Paper Towel Dispenser | Hand wash sink only | Instrument/Scope Decontam | H5320 | Accessory | Minor | 1 | 1 | 1 | 5 | Wall mounted | New | | |
| Soap Dispenser | Hand wash sink only | Instrument/Scope Decontam | H5320 | Accessory | Minor | 1 | 1 | 1 | 5 | Wall mounted | New | | |
| Soiled Linen Hamper | | Instrument/Scope Decontam | H5320 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Decon Cart | Get dimensions from ZGF | Instrument/Scope Decontam | H5320 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Mobile | New | \$ 1,100.00 | \$ 2,200.00 |
| Stainless Steel Sink | Get dimensions from ZGF | Instrument/Scope Decontam | H5320 | | | 1 | 1 | 1 | 5 | | New | | |
| Supply storage (under sinks) | Verify with manufacturer | Instrument/Scope Decontam | H5320 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Fixed | New | \$ 200.00 | \$ 200.00 |
| Ultrasonic cleaner (US Cleaner) | | Instrument/Scope Decontam | H5320 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Counter | New | \$ 16,000.00 | \$ 16,000.00 |
| Ultra Sonic Irrigator | One per sink | Instrument/Scope Decontam | H5320 | Medical Equipment | Major | 2 | 0 | 1 | 5 | Counter | Existing | | \$ - |
| Waste Bin | | Instrument/Scope Decontam | H5320 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin | | Instrument/Scope Decontam | H5320 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Floor | New | \$ 6.00 | \$ 6.00 |
| Waste Bin | | Instrument/Scope Decontam | H5320 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Mobile | New | \$ 6.00 | \$ 6.00 |
| Stainless Steel Sink | Pam and Paco to confirm | Instrument/Scope Decontam | H5320 | Medical Equipment | Major | 2 | 2 | 1 | 5 | Wall mounted | New | | |
| Stainless table for scope drop off - can be 7 feet long | Pam and Paco to confirm | Instrument/Scope Decontam | H5320 | | Minor | 1 | 1 | 1 | 5 | | New | | |
| Instrument mobile cart for transport | Verify new or existing | Instrument/Scope Wash | H5321 | Medical Equipment | Minor | 1 | 0 | 1 | 5 | Mobile | Existing | | \$ - |
| Instrument washer | Verify new or existing | Instrument/Scope Wash | H5321 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Floor | New | \$ 60,000.00 | \$ 60,000.00 |
| Jun Air Compressor serves Medivators | | Instrument/Scope Wash | H5321 | Medical Equipment | Major | 3 | 2 | 1 | 5 | Counter | New | \$ 10,000.00 | \$ 20,000.00 |
| Medivator Manual Reprocessor | Research | Instrument/Scope Wash | H5321 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Clean | Existing | \$ - | \$ - |
| Medivator printers that attach to side above Jun Air | Label Printer | Instrument/Scope Wash | H5321 | IT Equipment | Major | 3 | 2 | 1 | 5 | Clean | New | \$ - | \$ - |
| Medivator Scope Reprocessor, Large | 1 existing, purchasing 2 new | Instrument/Scope Wash | H5321 | Medical Equipment | Major | 3 | 2 | 1 | 5 | Clean | New | \$ 60,000.00 | \$ 120,000.00 |
| Soiled Linen Hamper | | Instrument/Scope Wash | H5321 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor | New | \$ 280.00 | \$ 280.00 |
| Soap Dispenser | | Instrument/Scope Wash | H5321 | Accessory | Minor | 1 | 1 | 1 | 5 | Wall | New | | |
| Paper Towel Dispenser | | Instrument/Scope Wash | H5321 | Accessory | Minor | 1 | 1 | 1 | 5 | Wall | New | | |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|--|-----------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|-----------------|----------|---------------------|-----------------|
| Flam Cabinet | Check with Gus on ventilation requirements | Instrument/Scope Wash | H5321 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor | New | \$ 2,100.00 | \$ 2,100.00 |
| Tube hanging racks (one clear tubes, 3 double racks) | Pam and Paco to confirm specifications | Instrument/Scope Wash | H5321 | Medical Equipment | Minor | 3 | 2 | 1 | 5 | Fixed | New | \$ 4,000.00 | \$ 8,000.00 |
| Ultrasound Probe Cleaner (GUS) | Does this have a drain? | Instrument/Scope Wash | H5321 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Wall, Mounted | Existing | \$ - | \$ - |
| Waste Bin | | Instrument/Scope Wash | H5321 | Non Medical | Accessory | 1 | 1 | 1 | 5 | | New | \$ 6.00 | \$ 6.00 |
| Anesthesia Equipment | | IR Angio Procedure | H5282 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Mobile | Existing | \$ 2,100.00 | \$ - |
| Anesthesia Equipment Cart | | IR Angio Procedure | H5282 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Mobile | Existing | \$ 2,100.00 | \$ - |
| Biohazard Bin | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | | New | \$ 350.00 | \$ 350.00 |
| Canon Medical Systems Infinix-i4D CT | | IR Angio Procedure | H5282 | Medical Equipment | Imaging | 1 | 1 | 1 | 5 | Mobile | New | \$ 4,087,187.00 | \$ 4,087,187.00 |
| Chemo/sharps bin trolley | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Cubicle Curtain + Track | | IR Angio Procedure | H5282 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Emergency drug box (tackle box) | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Inside lock box | New | \$ 100.00 | \$ 100.00 |
| Glove Box Dispenser (3) | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 37.43 | \$ 37.43 |
| IV Pole | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pump - Plum 360 | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| Linen Cart (clean linens) | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 1,000.00 | \$ 1,000.00 |
| Linen Hamper (triangle) | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Bar Code Medication Administration(BCMA) + docking station | | IR Angio Procedure | H5282 | Technology | IT | 1 | 1 | 1 | 5 | WOW | New | \$ 828.52 | \$ 828.52 |
| Philips Monitor | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 2 | 2 | 2 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Philips Monitor Stand | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 2 | 2 | 2 | 5 | Wall mounted | New | \$ - | \$ - |
| Phone | | IR Angio Procedure | H5282 | Technology | IT | 1 | 1 | 1 | 5 | Wall Mounted | New | \$ 225.00 | \$ 225.00 |
| Procedure Table | adjustable surgical table | IR Angio Procedure | H5282 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Floor | New | \$ - | \$ - |
| Seating, Task Chair | | IR Angio Procedure | H5282 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Step ladder | | IR Angio Procedure | H5282 | Non Medical | Accessories | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 250.00 | \$ 250.00 |
| Sterile Table | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 3,000.00 | \$ 3,000.00 |
| Storage Rack for Prep Buckets | | IR Angio Procedure | H5282 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor | New | \$ 1,100.00 | \$ 1,100.00 |
| Supply Cabinet | | IR Angio Procedure | H5282 | Furniture | Minor | 4 | 4 | 1 | 5 | Mobile | New | \$ 4,000.00 | \$ 16,000.00 |
| Surgical Lighting System | | IR Angio Procedure | H5282 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Ceiling | New | \$ 34,000.00 | \$ 34,000.00 |
| Waste Bin | | IR Angio Procedure | H5282 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin (with lid) | | IR Angio Procedure | H5282 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Mobile | New | \$ 15.00 | \$ 15.00 |
| Computer | | IR Control Room/Scrub | H5303 | Technology | IT | 4 | 4 | 1 | 5 | Workstation | New | \$ 869.00 | \$ 3,476.00 |
| Glove Box Dispenser (3) | | IR Control Room/Scrub | H5303 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 37.43 | \$ 37.43 |
| Bar Code Medication Administration(BCMA) + docking station | | IR Control Room/Scrub | H5303 | Technology | IT | 1 | 1 | 1 | 5 | WOW | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) + docking station | | IR Control Room/Scrub | H5303 | Technology | IT | 1 | 1 | 1 | 5 | WOW | New | \$ 828.52 | \$ 828.52 |
| Hooks for pizza boards | | IR Control Room/Scrub | H5303 | | Minor | 4 | 4 | 1 | 5 | | | | |
| Monitor, Computer Dual | | IR Control Room/Scrub | H5303 | Technology | IT | 4 | 4 | 1 | 5 | Workstation | New | \$ 352.00 | \$ 1,408.00 |
| PPE Storage | Pam to specify | IR Control Room/Scrub | H5303 | Furniture | Furniture | 1 | 1 | 1 | 5 | Stored on shelf | New | \$ 2,100.00 | \$ 2,100.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|-------------------------------------|-----------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|----------|---------------------|---------------|
| Scrub Sink with EYEWASH | CFCI | IR Control Room/Scrub | H5303 | | | 2 | 2 | 1 | 5 | Fixed | New | | \$ - |
| Seating, Task Chair | | IR Control Room/Scrub | H5303 | Furniture | Furniture | 4 | 4 | 1 | 5 | Floor | New | \$ 541.42 | \$ 2,165.68 |
| Shield Apron Hangers | Stand? | IR Control Room/Scrub | H5303 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Floor | New | \$ 400.00 | \$ 800.00 |
| Ultrasound Mobile | | IR Control Room/Scrub | H5303 | Medical Equipment | Imaging | 1 | 0 | 1 | 5 | Mobile | Existing | \$ 21,000.00 | \$ - |
| Storage Rack | For prep bins/supplies | IR Control Room/Scrub | H5303 | Furniture | Minor | 2 | 2 | 1 | 5 | Floor | New | | |
| Soap Dispenser | One per scrub sink, Kim/Pam to spec | IR Control Room/Scrub | H5303 | Accessory | Minor | 2 | 2 | 1 | 5 | | | | |
| Hand Sanitizer Dispenser, Avagard | One per scrub sink, Kim/Pam to spec | IR Control Room/Scrub | H5303 | Accessory | Minor | 2 | 2 | 1 | 5 | | | | |
| Workstation, Desk | | IR Control Room/Scrub | H5303 | Furniture | Furniture | 4 | 4 | 1 | 5 | | New | \$ 1,300.00 | \$ 5,200.00 |
| Biohazard Bin | | IR Procedure | H5281 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | | New | \$ 350.00 | \$ 350.00 |
| C-Arm Mobile | Includes procedure table | IR Procedure | H5281 | Medical Equipment | Imaging | 1 | 1 | 1 | 5 | Mobile Floor | Existing | \$ 157,000.00 | \$ 157,000.00 |
| C-Arm Workstation (monitors) | | IR Procedure | H5281 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Mobile Floor | Existing | \$ 800.00 | \$ 800.00 |
| Clock | | IR Procedure | H5281 | | Minor | 1 | 1 | 1 | 5 | Wall | | | |
| Chemo/sharps bin trolley | | IR Procedure | H5281 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Emergency drug box (tackle box) | | IR Procedure | H5281 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | | |
| Glove Box Dispenser (3) | | IR Procedure | H5281 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Wall, Mounted | New | \$ 37.43 | \$ 74.86 |
| IV Pole | DELETE | IR Procedure | H5281 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pump - Plum 360 | On Philips Monitor Stand | IR Procedure | H5281 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| Linen Cart | | IR Procedure | H5281 | Medical Equipment | | 1 | 1 | 1 | 5 | | | | |
| Linen Hamper (triangle) | | IR Procedure | H5281 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| TV Monitor | For GE C-Arm | IR Procedure | H5281 | Technology | Minor | 1 | 1 | 1 | 5 | Wall | New | | |
| TV Wall Mount | | IR Procedure | H5281 | | Minor | 1 | 1 | 1 | 5 | | | | |
| Phone | | IR Procedure | H5281 | Technology | | 1 | 1 | 1 | 5 | | | | |
| Philips Monitor | | IR Procedure | H5281 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Stand | New | \$ 17,000.00 | \$ 17,000.00 |
| Philips Monitor Stand | Will also have IV pump mounted | IR Procedure | H5281 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Wall mounted | New | \$ - | \$ - |
| Supply Cart | | IR Procedure | H5281 | Medical Equipment | Minor | 3 | 3 | 1 | 5 | | | | |
| Tech Work Table | | IR Procedure | H5281 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | | | | |
| Waste Bin | On wheels | IR Procedure | H5281 | | Minor | 2 | 2 | 1 | 5 | | | | |
| Surgical Lighting System | Single Mount | IR Procedure | H5281 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Ceiling | New | \$ 34,000.00 | \$ 34,000.00 |
| Desktop Printer w/ Locking Tray | | IR Provider Workroom | H5341 | Technology | IT | 1 | 1 | 1 | 5 | Desk | New | \$ 755.00 | \$ 755.00 |
| Seating, Task Chair | | IR Provider Workroom | H5341 | Furniture | Furniture | 2 | 2 | 1 | 5 | Floor | New | \$ 541.42 | \$ 1,082.84 |
| Workstation, Desk | | IR Provider Workroom | H5341 | Furniture | Furniture | 2 | 2 | 1 | 5 | Floor | New | \$ 1,300.00 | \$ 2,600.00 |
| Backboard | | IR Suite | H5300 | Furniture | Furniture | 1 | 1 | 1 | 5 | Mobile | New | \$ 500.00 | \$ 500.00 |
| Computer (WOW) | | IR Suite | H5300 | Technology | IT | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Linen Cart (clean linens) | | IR Suite | H5300 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 1,000.00 | \$ 1,000.00 |
| Bar Code Medication Administration(BCMA) + docking station | | IR Suite | H5300 | Technology | IT | 1 | 1 | 1 | 5 | On WOW | New | \$ 828.52 | \$ 828.52 |
| Phone | | IR Suite | H5300 | Technology | IT | 1 | 1 | | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|---|---------------------------|---------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|----------|---------------------|---------------|
| Procedure Table | adjustable surgical table | IR Suite | H5300 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor | Existing | | \$ - |
| Seating, Task Chair | | IR Suite | H5300 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Step ladder | | IR Suite | H5300 | Non Medical | Accessories | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 250.00 | \$ 250.00 |
| Storage Rack for Prep Bins | | IR Suite | H5300 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor | New | \$ 1,100.00 | \$ 1,100.00 |
| Supply Cabinet | | IR Suite | H5300 | Furniture | Minor | 3 | 3 | 1 | 5 | Mobile | New | \$ 4,000.00 | \$ 12,000.00 |
| Waste Bin | | IR Suite | H5300 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Nurse call/rapid response button | GLY Cost | IR Suite | | Technology | IT | 2 | 2 | 28 | 5 | Wall | New | | \$ - |
| Monitor (large for Epic Status Viewing) | | MD Workroom | H5311 | Technology | IT | 1 | 1 | 1 | 5 | Wall mounted | New | \$ 1,300.00 | \$ 1,300.00 |
| Seating, Task Chair | | MD Workroom | H5311 | Furniture | Furniture | 10 | 10 | 1 | 5 | Floor | New | \$ 541.42 | \$ 5,414.20 |
| Desktop Printer w/ Locking Tray | | MD Workroom | H5311 | Technology | IT | 1 | 1 | 1 | 5 | Desk | New | \$ 55.00 | \$ 55.00 |
| Workstation, Desk | | MD Workroom | H5311 | Furniture | Furniture | 10 | 10 | 1 | 5 | Floor | New | \$ 1,300.00 | \$ 13,000.00 |
| Chemo Spill Kit | | Med Room | H5305 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Shelf | Supply | \$ 100.00 | \$ 100.00 |
| Chemo Spill Kit | | Med Room | H5302 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Shelf | Supply | \$ 100.00 | \$ 100.00 |
| Clock | | Med Room | H5302 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Med Room | H5305 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Hand Sanitizer Dispenser | | Med Room | H5302 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | | Med Room | H5305 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Medication Waste (RX destroyer) | | Med Room | H5302 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Wall | New | \$ - | \$ - |
| Medication Waste (RX destroyer) | | Med Room | H5305 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Wall | New | \$ - | \$ - |
| Paper Towel Dispenser | | Med Room | H5302 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Med Room | H5305 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Phone | | Med Room | H5302 | Technology | IT | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Med Room | H5305 | Technology | IT | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Pyxis (4 drawer) | | Med Room | H5302 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Floor | New | \$ 4,000.00 | \$ 4,000.00 |
| Pyxis (4 drawer) | | Med Room | H5305 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Floor | New | \$ 4,000.00 | \$ 4,000.00 |
| Refridgerator, Undercounter | | Med Room | H5302 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Under counter | New | \$ 1,675.00 | \$ 1,675.00 |
| Refridgerator, Undercounter | | Med Room | H5305 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Under counter | New | \$ 1,675.00 | \$ 1,675.00 |
| Sharps Container | | Med Room | H5302 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Wall mounted | New | \$ 22.00 | \$ 22.00 |
| Sharps Container | | Med Room | H5305 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Wall mounted | New | \$ 22.00 | \$ 22.00 |
| Slot walls (storage system for additional supplies) | | Med Room | H5302 | | | 1 | 1 | 1 | 5 | Wall mounted | New | \$ 3,000.00 | \$ 3,000.00 |
| Slot walls (storage system for additional supplies) | | Med Room | H5305 | | | 1 | 1 | 1 | 5 | Wall mounted | New | \$ 3,000.00 | \$ 3,000.00 |
| Splash guard | | Med Room | H5305 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Sink adjacent | New | | \$ - |
| Splash guard | | Med Room | H5302 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Sink adjacent | New | | \$ - |
| Security camera | | Med Room | H5302 | Technology | IT | 1 | 1 | 1 | 5 | Ceiling | New | | \$ - |
| Security camera | | Med Room | H5305 | Technology | IT | 1 | 1 | 1 | 5 | Ceiling | New | | \$ - |
| Undercounter Supply Cart | | Med Room | H5302 | Furniture | Furniture | 1 | 1 | 1 | 5 | Under counter | New | \$ 2,100.00 | \$ 2,100.00 |
| Undercounter Supply Cart | | Med Room | H5305 | Furniture | Furniture | 1 | 1 | 1 | 5 | Under counter | New | \$ 2,100.00 | \$ 2,100.00 |
| Printer, Sunquest | | Patient Facing Team | H3410 | Technology | IT | 1 | 1 | 1 | 5 | Counter | New | \$ 661.00 | \$ 661.00 |
| Biohazard Bin | 16 | Prep/Post | H5211 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5212 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5213 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5214 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5215 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5221 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5222 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5223 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5225 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5226 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5227 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5230 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5231 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5232 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5234 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | 16 | Prep/Post | H5235 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--------------------------|-------|-----------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|--------|---------------------|---------------|
| Chemo/sharps bin trolley | | Prep/Post | H5211 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5212 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5213 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5214 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5215 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5221 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5222 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5223 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5225 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5226 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5227 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5230 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5231 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5232 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5234 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post | H5235 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Clock | | Prep/Post | H5211 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5212 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5213 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5214 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5215 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5221 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5222 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5223 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5225 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5226 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5227 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5230 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5231 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5232 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5234 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post | H5235 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Computer (WOW) | 16 | Prep/Post | H5211 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5212 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5213 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5214 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5215 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5221 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5222 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5223 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5225 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5226 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5227 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5230 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5231 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5232 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5234 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | 16 | Prep/Post | H5235 | Technology | IT | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Monitor, TV | | Prep/Post | H5211 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5212 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5213 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5214 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|--------|-----------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|--------|---------------------|---------------|
| Monitor, TV | | Prep/Post | H5215 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5221 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5222 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5223 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5225 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5226 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5227 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5230 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5231 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5232 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5234 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post | H5235 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Cubicle Curtain + Track | | Prep/Post | H5211 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5212 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5213 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5214 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5215 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5221 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5222 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5223 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5225 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5226 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5227 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5230 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5231 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5232 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5234 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post | H5235 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5211 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5212 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5213 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5214 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Glove Box Dispenser (3) | | Prep/Post | H5211 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Glove Box Dispenser (3) | | Prep/Post | H5212 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Glove Box Dispenser (3) | | Prep/Post | H5213 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Glove Box Dispenser (3) | | Prep/Post | H5214 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Glove Box Dispenser (3) | | Prep/Post | H5215 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Glove Box Dispenser (3) | | Prep/Post | H5221 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |

[illegible]

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|--------|-----------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|--------|---------------------|---------------|
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5222 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5223 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5225 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5226 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| IV Pole | 16 | Prep/Post | H5211 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5212 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5213 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5214 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5215 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5221 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5222 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5223 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5225 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5226 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5227 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5230 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5231 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5232 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5234 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | 16 | Prep/Post | H5235 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pump - Plum 360 | | Prep/Post | H5211 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5212 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5213 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5214 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5215 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5221 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5222 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5223 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5225 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5226 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5227 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5230 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5231 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5232 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5234 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post | H5235 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5227 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5230 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5231 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5232 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Linen Cart (clean linens) | | Prep/Post | H5211 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5212 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5213 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5214 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5215 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5221 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5222 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5223 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5225 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5226 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5227 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5232 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5234 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post | H5235 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5234 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Linen Hamper (triangle) | | Prep/Post | H5211 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|--------|-----------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|--------|---------------------|---------------|
| Linen Hamper (triangle) | | Prep/Post | H5212 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5213 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5214 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5215 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5221 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5222 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5223 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5225 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5226 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5227 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5230 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5231 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5232 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5234 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post | H5235 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post | H5235 | Technology | IT | 1 | 1 | 16 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Paper Towel Dispenser | | Prep/Post | H5211 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5212 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5213 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5214 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5215 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5221 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5222 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5223 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5225 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5226 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5227 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5230 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5231 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5232 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5234 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post | H5235 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Phillips Monitor | | Prep/Post | H5211 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5212 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5213 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5214 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5215 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5221 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5222 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5223 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5225 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5226 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5227 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5230 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5231 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5232 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|------------------------|-------|-----------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|--------|---------------------|---------------|
| Phillips Monitor | | Prep/Post | H5234 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post | H5235 | Medical Equipment | Minor | 2 | 2 | 16 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Topaz Pad | | Prep/Post | H5211 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5212 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5213 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5214 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5215 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5221 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5222 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5223 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5225 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5226 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5227 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5230 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5231 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5232 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5234 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post | H5235 | Technology | IT | 1 | 1 | 16 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Phone | | Prep/Post | H5211 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5212 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5213 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5214 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5215 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5221 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5222 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5223 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5225 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5226 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5227 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5230 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5231 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5232 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5234 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post | H5235 | Technology | IT | 1 | 1 | 16 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Provider stool | | Prep/Post | H5211 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5212 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5213 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5214 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5215 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5221 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5222 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5223 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5225 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5226 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5227 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5230 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5231 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5232 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5234 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post | H5235 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Seating, Folding Chair | | Prep/Post | H5211 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5212 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5213 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5214 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5215 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5221 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5222 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | | Pricing Total |
|------------------------------------|-------|-------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|--------|---------------------|-----------|---------------|
| Seating, Folding Chair | | Prep/Post | H5223 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ | 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5225 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ | 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5226 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ | 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5227 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ | 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5230 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ | 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5231 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ | 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5232 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ | 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5234 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ | 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post | H5235 | Furniture | Furniture | 2 | 2 | 16 | 5 | Floor, Mobile | New | \$ | 50.00 | \$ 100.00 |
| Stretcher | 16 | Prep/Post | H5211 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5212 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5213 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5214 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5215 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5221 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5222 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5223 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5225 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5226 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5227 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5230 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5231 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5232 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5234 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Stretcher | 16 | Prep/Post | H5235 | Medical Equipment | Major | 1 | 1 | 16 | 5 | Floor | New | \$ | 10,000.00 | \$ 10,000.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5211 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5212 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5213 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5214 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5215 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5221 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5222 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5223 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5225 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5226 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5227 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5230 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5231 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5232 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5234 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post | H5235 | Medical Equipment | Minor | 1 | 1 | 16 | 5 | Mobile | New | \$ | 2,100.00 | \$ 2,100.00 |
| Waste Bin | | Prep/Post | H5211 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5212 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5213 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5214 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5215 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5221 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5222 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5223 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5225 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5226 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5227 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5230 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5231 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5232 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5234 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post | H5235 | Non Medical | Accessory | 1 | 1 | 16 | 5 | Floor, Mobile | New | \$ | 6.00 | \$ 6.00 |
| Biohazard Bin | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ | 350.00 | \$ 350.00 |
| Biohazard Bin | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ | 350.00 | \$ 350.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|---------------------------|--|-------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|--------|---------------------|---------------|
| Biohazard Bin | | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Chemo/sharps bin trolley | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Clock | | Prep/Post Phase 1 | H5224 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post Phase 1 | H5228 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post Phase 1 | H5229 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Prep/Post Phase 1 | H5233 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Computer (WOW) | | Prep/Post Phase 1 | H5224 | Technology | IT | 1 | 1 | 4 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | | Prep/Post Phase 1 | H5228 | Technology | IT | 1 | 1 | 4 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | | Prep/Post Phase 1 | H5229 | Technology | IT | 1 | 1 | 4 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer (WOW) | | Prep/Post Phase 1 | H5233 | Technology | IT | 1 | 1 | 4 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Monitor, TV | | Prep/Post Phase 1 | H5224 | Technology | IT | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post Phase 1 | H5228 | Technology | IT | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | On articulating arm - match L7 CN | Prep/Post Phase 1 | H5229 | Technology | IT | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Monitor, TV | | Prep/Post Phase 1 | H5233 | Technology | IT | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 900.00 | \$ 900.00 |
| Cubicle Curtain + Track | | Prep/Post Phase 1 | H5224 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post Phase 1 | H5228 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post Phase 1 | H5229 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Cubicle Curtain + Track | | Prep/Post Phase 1 | H5233 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Glove Box Dispenser (3) | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Glove Box Dispenser (3) | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Glove Box Dispenser (3) | | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Glove Box Dispenser (3) | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Hand Sanitizer Dispenser | Inside room | Prep/Post Phase 1 | H5224 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | Outside room | Prep/Post Phase 1 | H5224 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | Inside room | Prep/Post Phase 1 | H5228 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | Outside room | Prep/Post Phase 1 | H5228 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | Inside room | Prep/Post Phase 1 | H5229 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | Outside room | Prep/Post Phase 1 | H5229 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | Inside room | Prep/Post Phase 1 | H5233 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | Outside room | Prep/Post Phase 1 | H5233 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hook for folding chair | | Prep/Post Phase 1 | H5224 | Furniture | Furniture | 2 | 2 | 4 | 5 | Wall | New | \$ 10.00 | \$ 20.00 |
| Hook for folding chair | | Prep/Post Phase 1 | H5228 | Furniture | Furniture | 2 | 2 | 4 | 5 | Wall | New | \$ 10.00 | \$ 20.00 |
| Hook for folding chair | | Prep/Post Phase 1 | H5229 | Furniture | Furniture | 2 | 2 | 4 | 5 | Wall | New | \$ 10.00 | \$ 20.00 |
| Hook for folding chair | | Prep/Post Phase 1 | H5233 | Furniture | Furniture | 2 | 2 | 4 | 5 | Wall | New | \$ 10.00 | \$ 20.00 |
| IV Pole | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | May not have one in each room | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pump - Plum 360 | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | May not have one in each room - Kim to check | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| Linen Cart (clean linens) | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart (clean linens) | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|---------------------|-------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|------------------|----------|---------------------|---------------|
| Linen Hamper (triangle) | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper (triangle) | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post Phase 1 | H5224 | Technology | IT | 1 | 1 | 4 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post Phase 1 | H5228 | Technology | IT | 1 | 1 | 4 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post Phase 1 | H5229 | Technology | IT | 1 | 1 | 4 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Bar Code Medication Administration(BCMA) | On WOW | Prep/Post Phase 1 | H5233 | Technology | IT | 1 | 1 | 4 | 5 | Counter | New | \$ 828.52 | \$ 828.52 |
| Paper Towel Dispenser | | Prep/Post Phase 1 | H5224 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post Phase 1 | H5228 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post Phase 1 | H5229 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Prep/Post Phase 1 | H5233 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Phillips Monitor | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 2 | 2 | 4 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 2 | 2 | 4 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | Wall mounted vitals | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 2 | 2 | 4 | 5 | Wall Mounted | New | \$ 17,000.00 | \$ 34,000.00 |
| Phillips Monitor | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 2 | 2 | 4 | 5 | Stand | New | \$ 17,000.00 | \$ 34,000.00 |
| Topaz Pad | | Prep/Post Phase 1 | H5224 | Technology | IT | 1 | 1 | 4 | 5 | On WOW | New | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post Phase 1 | H5228 | Technology | IT | 1 | 1 | 4 | 5 | On WOW | New | \$ 350.00 | \$ 350.00 |
| Topaz Pad | On WOW | Prep/Post Phase 1 | H5229 | Technology | IT | 1 | 1 | 4 | 5 | On WOW | New | \$ 350.00 | \$ 350.00 |
| Topaz Pad | | Prep/Post Phase 1 | H5233 | Technology | IT | 1 | 1 | 4 | 5 | On WOW | New | \$ 350.00 | \$ 350.00 |
| Phone | | Prep/Post Phase 1 | H5224 | Technology | IT | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post Phase 1 | H5228 | Technology | IT | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post Phase 1 | H5229 | Technology | IT | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Prep/Post Phase 1 | H5233 | Technology | IT | 1 | 1 | 4 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Provider stool | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Provider stool | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 275.00 |
| Seating, Folding Chair | | Prep/Post Phase 1 | H5224 | Furniture | Furniture | 2 | 2 | 4 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post Phase 1 | H5228 | Furniture | Furniture | 2 | 2 | 4 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post Phase 1 | H5229 | Furniture | Furniture | 2 | 2 | 4 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Seating, Folding Chair | | Prep/Post Phase 1 | H5233 | Furniture | Furniture | 2 | 2 | 4 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 100.00 |
| Supply cart (includes IV supplies) | | Prep/Post Phase 1 | H5224 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post Phase 1 | H5228 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post Phase 1 | H5229 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Supply cart (includes IV supplies) | | Prep/Post Phase 1 | H5233 | Medical Equipment | Minor | 1 | 1 | 4 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Waste Bin | | Prep/Post Phase 1 | H5224 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post Phase 1 | H5228 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post Phase 1 | H5229 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin | | Prep/Post Phase 1 | H5233 | Non Medical | Accessory | 1 | 1 | 4 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Biohazard Bin | | Procedure Large | H5275 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| C-Arm Mobile | | Procedure Large | H5275 | Medical Equipment | Imaging | 1 | 0 | 1 | 5 | Mobile Floor | Existing | \$ 157,000.00 | \$ - |
| C-Arm Workstation (monitors) | | Procedure Large | H5275 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Mobile Floor | Existing | \$ 800.00 | \$ - |
| Chemo/sharps bin trolley | | Procedure Large | H5275 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Clock | | Procedure Large | H5275 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| CO2 tank (regular cylinder) | | Procedure Large | H5275 | Medical Equipment | Minor | 1 | 0 | 1 | 5 | Mobile, on carts | Existing | \$ - | \$ - |
| Computer (WOW) | | Procedure Large | H5275 | Technology | IT | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|--------------------|-----------------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|------------------|----------|---------------------|---------------|
| Computer - Wall mount | | Procedure Large | H5275 | Technology | IT | 1 | 1 | 1 | 5 | Wall | New | \$ 869.00 | \$ 869.00 |
| Cubicle Curtain + Track | | Procedure Large | H5275 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Emergency drug box (tackle box) | | Procedure Large | H5275 | Medical Equipment | Minor | 1 | 0 | 1 | 5 | Inside lock box | Existing | \$ 100.00 | \$ - |
| ERBE - Argon Plasma Coagulator | | Procedure Large | H5275 | Medical Equipment | Major | 1 | 1 | 1 | 5 | On cart | New | \$ 25,000.00 | \$ 25,000.00 |
| ERBE - Integrated VIO Cart | | Procedure Large | H5275 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 1,000.00 | \$ 1,000.00 |
| ERBE - VIO ElectroSurgery Unit (ESU) | | Procedure Large | H5275 | Medical Equipment | Major | 1 | 1 | 1 | 5 | On cart | New | \$ 15,000.00 | \$ 15,000.00 |
| Glove Box Dispenser (3) | | Procedure Large | H5275 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Wall Mounted | New | \$ 37.43 | \$ 74.86 |
| Hand Sanitizer Dispenser | | Procedure Large | H5275 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | | Procedure Large | H5275 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | | Procedure Large | H5275 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| IV Pole | | Procedure Large | H5275 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pump - Plum 360 | | Procedure Large | H5275 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| Large Endo Scope Cart | | Procedure Large | H5275 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor, Mobile | Existing | \$ 2,100.00 | \$ - |
| Linen Cart (clean linens) | | Procedure Large | H5275 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Hamper (triangle) | | Procedure Large | H5275 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Mayo Stand | | Procedure Large | | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 200.00 | \$ 200.00 |
| Bar Code Medication Administration(BCMA) + docking station | | Procedure Large | H5275 | Technology | IT | 1 | 1 | 1 | 5 | WOW | New | \$ 828.52 | \$ 828.52 |
| Overhead light - double ceiling mount | | Procedure Large | H5275 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Ceiling | New | \$ 3,000.00 | \$ 6,000.00 |
| Paper Towel Dispenser | | Procedure Large | H5275 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Phillips Monitor | | Procedure Large | H5275 | Medical Equipment | Minor | 2 | 0 | 1 | 5 | Stand | Existing | \$ 17,000.00 | \$ - |
| Phillips Monitor Stand | | Procedure Large | H5275 | Medical Equipment | Minor | 2 | 0 | 1 | 5 | Wall mounted | Existing | \$ - | \$ - |
| Topaz Pad | | Procedure Large | H5275 | Technology | IT | 1 | 1 | 1 | 5 | On WOW | New | \$ 350.00 | \$ 350.00 |
| Phone | | Procedure Large | H5275 | Technology | IT | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Processor EBUS | Research Cost | Procedure Large | H5275 | Medical Equipment | Major | 1 | 1 | 1 | 5 | On Large Endo Sc | New | \$ - | \$ - |
| Provider Stool | | Procedure Large | H5275 | Medical Equipment | Minor | 3 | 3 | 1 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 825.00 |
| Seating, Folding Chair | | Procedure Large | H5275 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 50.00 |
| Seating, Task Chair | | Procedure Large | H5275 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Slave Monitor (for Endo Cart) "Surgical Monitor" | TV Monitor 42"-45" | Procedure Large | H5275 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Wall mounted | New | \$ - | \$ - |
| Stretcher | | Procedure Large | H5275 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor | New | \$ 10,000.00 | \$ - |
| Supply Cabinet | | Procedure Large | H5275 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 4,000.00 | \$ 4,000.00 |
| Waste Bin | | Procedure Large | H5275 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin (with lid) | | Procedure Large | H5275 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Mobile | New | \$ 15.00 | \$ 15.00 |
| Mayo Stand | | Procedure Large w/ Anesth | | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 200.00 | \$ 200.00 |
| Anesthesia Equipment | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Mobile | Existing | \$ 2,100.00 | \$ - |
| Anesthesia Equipment Cart | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Mobile | Existing | \$ 2,100.00 | \$ - |
| Biohazard Bin | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| C-Arm Mobile | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Imaging | 1 | 0 | 1 | 5 | Mobile Floor | Existing | \$ 157,000.00 | \$ - |
| C-Arm Workstation (monitors) | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Mobile Floor | Existing | \$ 800.00 | \$ - |
| Chemo/sharps bin trolley | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Clock | | Procedure Large, Anesthesia | H5271 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| CO2 tank (regular cylinder) | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 1 | 0 | 1 | 5 | Mobile, on carts | Existing | \$ - | \$ - |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|---------------|-----------------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|------------------|----------|---------------------|---------------|
| Computer (WOW) | | Procedure Large, Anesthesia | H5271 | Technology | IT | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer - Wall mount | | Procedure Large, Anesthesia | H5271 | Technology | IT | 1 | 1 | 1 | 5 | Wall | New | \$ 869.00 | \$ 869.00 |
| Cubicle Curtain + Track | | Procedure Large, Anesthesia | H5271 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Emergency drug box (tackle box) | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 1 | 0 | 1 | 5 | Inside lock box | Existing | \$ 100.00 | \$ - |
| ERBE - Argon Plasma Coagulator | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Major | 1 | 0 | 1 | 5 | On cart | Existing | \$ 25,000.00 | \$ - |
| ERBE - Integrated VIO Cart | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor, Mobile | Existing | \$ 1,000.00 | \$ - |
| ERBE - VIO ElectroSurgery Unit (ESU) | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Major | 1 | 0 | 1 | 5 | On cart | Existing | \$ 15,000.00 | \$ - |
| Glove Box Dispenser (3) | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Wall Mounted | New | \$ 37.43 | \$ 74.86 |
| Hand Sanitizer Dispenser | | Procedure Large, Anesthesia | H5271 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| IV Pole | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pump - Plum 360 | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| Large Endo Scope Cart | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor, Mobile | Existing | \$ 2,100.00 | \$ - |
| Linen Cart (clean linens) | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Hamper (triangle) | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Bar Code Medication Administration(BCMA) + docking station | | Procedure Large, Anesthesia | H5271 | Technology | IT | 1 | 1 | 1 | 5 | WOW | New | \$ 828.52 | \$ 828.52 |
| Overhead light - double ceiling mount | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Ceiling | New | \$ 3,000.00 | \$ 6,000.00 |
| Paper Towel Dispenser | | Procedure Large, Anesthesia | H5271 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Phillips Monitor | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 2 | 0 | 1 | 5 | Stand | Existing | \$ 17,000.00 | \$ - |
| Phillips Monitor Stand | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 2 | 0 | 1 | 5 | Wall mounted | Existing | \$ - | \$ - |
| Topaz Pad | | Procedure Large, Anesthesia | H5271 | Technology | IT | 1 | 1 | 1 | 5 | On WOW | New | \$ 350.00 | \$ 350.00 |
| Phone | | Procedure Large, Anesthesia | H5271 | Technology | IT | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Processor EBUS | Research Cost | Procedure Large, Anesthesia | H5271 | Medical Equipment | Major | 1 | 0 | 1 | 5 | On Large Endo Sc | Existing | | \$ - |
| Provider Stool | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Minor | 3 | 3 | 1 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 825.00 |
| Seating, Folding Chair | | Procedure Large, Anesthesia | H5271 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 50.00 |
| Stretcher | | Procedure Large, Anesthesia | H5271 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor | New | \$ 10,000.00 | \$ - |
| Waste Bin | | Procedure Large, Anesthesia | H5271 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin (with lid) | | Procedure Large, Anesthesia | H5271 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Mobile | New | \$ 15.00 | \$ 15.00 |
| Biohazard Bin | | Procedure Medium | H5261 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Chemo/sharps bin trolley | | Procedure Medium | H5261 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Clock | | Procedure Medium | H5261 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| CO2 tank (regular cylinder) | | Procedure Medium | H5261 | Medical Equipment | Minor | 1 | 0 | 1 | 5 | Mobile, on carts | Existing | \$ - | \$ - |
| Computer (WOW) | | Procedure Medium | H5261 | Technology | IT | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer - Wall mount | | Procedure Medium | H5261 | Technology | IT | 1 | 1 | 1 | 5 | Wall | New | \$ 869.00 | \$ 869.00 |
| Cubicle Curtain + Track | | Procedure Medium | H5261 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Emergency drug box (tackle box) | | Procedure Medium | H5261 | Medical Equipment | Minor | 1 | 0 | 1 | 5 | Inside lock box | Existing | \$ 100.00 | \$ - |
| ERBE - Argon Plasma Coagulator | | Procedure Medium | H5261 | Medical Equipment | Major | 1 | 0 | 1 | 5 | On cart | Existing | \$ 25,000.00 | \$ - |
| ERBE - Integrated VIO Cart | | Procedure Medium | H5261 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor, Mobile | Existing | \$ 1,000.00 | \$ - |
| ERBE - VIO ElectroSurgery Unit (ESU) | | Procedure Medium | H5261 | Medical Equipment | Major | 1 | 0 | 1 | 5 | On cart | Existing | \$ 15,000.00 | \$ - |
| Glove Box Dispenser (3) | | Procedure Medium | H5261 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Wall Mounted | New | \$ 37.43 | \$ 74.86 |
| Hand Sanitizer Dispenser | | Procedure Medium | H5261 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | | Procedure Medium | H5261 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| IV Pole | | Procedure Medium | H5261 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pump - Plum 360 | | Procedure Medium | H5261 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| Large Endo Scope Cart | | Procedure Medium | H5261 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|---------------|------------------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|------------------|----------|---------------------|---------------|
| Linen Cart (clean linens) | | Procedure Medium | H5261 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Hamper (triangle) | | Procedure Medium | H5261 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Mayo Stand | | Procedure Medium | | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 200.00 | \$ 200.00 |
| Bar Code Medication Administration(BCMA) + docking station | | Procedure Medium | H5261 | Technology | IT | 1 | 1 | 1 | 5 | WOW | New | \$ 828.52 | \$ 828.52 |
| Overhead light - double ceiling mount | | Procedure Medium | H5261 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Ceiling | New | \$ 3,000.00 | \$ 6,000.00 |
| Paper Towel Dispenser | | Procedure Medium | H5261 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Phillips Monitor | | Procedure Medium | H5261 | Medical Equipment | Minor | 2 | 0 | 1 | 5 | Stand | Existing | \$ 17,000.00 | \$ - |
| Phillips Monitor Stand | | Procedure Medium | H5261 | Medical Equipment | Minor | 2 | 0 | 1 | 5 | Wall mounted | Existing | \$ - | \$ - |
| Topaz Pad | | Procedure Medium | H5261 | Technology | IT | 1 | 1 | 1 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Phone | | Procedure Medium | H5261 | Technology | IT | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Processor Endo (for both small and large cart) | Research Cost | Procedure Medium | H5261 | Medical Equipment | Major | 1 | 1 | 1 | 5 | On Large Endo Sc | New | \$ 20,000.00 | \$ 20,000.00 |
| Provider Stool | | Procedure Medium | H5261 | Medical Equipment | Minor | 3 | 3 | 1 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 825.00 |
| Seating, Folding Chair | | Procedure Medium | H5261 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 50.00 |
| Slave Monitor (for Endo Cart) "Surgical Monitor" | TV Monitor | Procedure Medium | H5261 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Wall mounted | New | | \$ - |
| Stretcher | | Procedure Medium | H5261 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor | New | \$ 10,000.00 | \$ - |
| Supply Cabinet | | Procedure Medium | H5261 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 4,000.00 | \$ 4,000.00 |
| Tech Cart | | Procedure Medium | H5261 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Waste Bin | | Procedure Medium | H5261 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin (with lid) | | Procedure Medium | H5261 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Mobile | New | \$ 15.00 | \$ 15.00 |
| Mayo Stand | | Procedure Medium w/ Anesth | | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 200.00 | \$ 200.00 |
| Slave Monitor (for Endo Cart) "Surgical Monitor" | TV Monitor | Procedure Medium w/ Anesth | H5250 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Wall mounted | New | | \$ - |
| Anesthesia Equipment | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Mobile | Existing | \$ 2,100.00 | \$ - |
| Anesthesia Equipment Cart | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Mobile | Existing | \$ 2,100.00 | \$ - |
| Biohazard Bin | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Chemo/sharps bin trolley | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Clock | | Procedure Medium, Anesthesia | H5265 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| CO2 tank (regular cylinder) | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile, on carts | New | \$ - | \$ - |
| Computer (WOW) | | Procedure Medium, Anesthesia | H5265 | Technology | IT | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer - Wall mount | | Procedure Medium, Anesthesia | H5265 | Technology | IT | 1 | 1 | 1 | 5 | Wall | New | \$ 869.00 | \$ 869.00 |
| Cubicle Curtain + Track | | Procedure Medium, Anesthesia | H5265 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Ceiling | New | \$ 2,000.00 | \$ 2,000.00 |
| Emergency drug box (tackle box) | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 1 | 0 | 1 | 5 | Inside lock box | Existing | \$ 100.00 | \$ - |
| ERBE - Argon Plasma Coagulator | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Major | 1 | 0 | 1 | 5 | On cart | Existing | \$ 25,000.00 | \$ - |
| ERBE - Integrated VIO Cart | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor, Mobile | Existing | \$ 1,000.00 | \$ - |
| ERBE - VIO ElectroSurgery Unit (ESU) | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Major | 1 | 0 | 1 | 5 | On cart | Existing | \$ 15,000.00 | \$ - |
| Glove Box Dispenser (3) | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Wall Mounted | New | \$ 37.43 | \$ 74.86 |
| Hand Sanitizer Dispenser | | Procedure Medium, Anesthesia | H5265 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | | Procedure Medium, Anesthesia | H5265 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| IV Pole | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pump - Plum 360 | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Mobile | New | \$ 1,600.00 | \$ 1,600.00 |
| Large Endo Scope Cart | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor, Mobile | Existing | \$ 2,100.00 | \$ - |
| Linen Cart (clean linens) | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Hamper (triangle) | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Bar Code Medication Administration(BCMA) + docking station | | Procedure Medium, Anesthesia | H5265 | Technology | IT | 1 | 1 | 1 | 5 | WOW | New | \$ 828.52 | \$ 828.52 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|---------------|------------------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|------------------|----------|---------------------|---------------|
| Overhead light - double ceiling mount | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 2 | 2 | 1 | 5 | Ceiling | New | \$ 3,000.00 | \$ 6,000.00 |
| Paper Towel Dispenser | | Procedure Medium, Anesthesia | H5265 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Phillips Monitor | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 2 | 0 | 1 | 5 | Stand | Existing | \$ 17,000.00 | \$ - |
| Phillips Monitor Stand | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 2 | 0 | 1 | 5 | Wall mounted | Existing | \$ - | \$ - |
| Topaz Pad | | Procedure Medium, Anesthesia | H5265 | Technology | IT | 1 | 1 | 1 | 5 | On WOW | | \$ 350.00 | \$ 350.00 |
| Phone | | Procedure Medium, Anesthesia | H5265 | Technology | IT | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Processor Endo (for both small and large cart) | Research Cost | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Major | 1 | 1 | 1 | 5 | On Large Endo Sc | New | \$ 20,000.00 | \$ 20,000.00 |
| Provider Stool | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Minor | 3 | 3 | 1 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 825.00 |
| Seating, Folding Chair | | Procedure Medium, Anesthesia | H5265 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 50.00 |
| Slave Monitor (for Endo Cart) "Surgical Monitor" | TV Monitor | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Wall mounted | New | | \$ - |
| Stretcher | | Procedure Medium, Anesthesia | H5265 | Medical Equipment | Major | 1 | 0 | 1 | 5 | Floor | New | \$ 10,000.00 | \$ - |
| Waste Bin | | Procedure Medium, Anesthesia | H5265 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin (with lid) | | Procedure Medium, Anesthesia | H5265 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Mobile | New | \$ 15.00 | \$ 15.00 |
| Biohazard Bin | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Biohazard Bin | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor, Mobile | New | \$ 350.00 | \$ 350.00 |
| Ceiling Mounted Light | | Procedure Small | H5253 | Medical Equipment | Minor | 2 | 2 | 2 | 5 | Ceiling | New | \$ 3,400.00 | \$ 6,800.00 |
| Ceiling Mounted Light | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Ceiling | New | \$ 3,400.00 | \$ 3,400.00 |
| Chemo/sharps bin trolley | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Chemo/sharps bin trolley | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Mobile | New | \$ 250.00 | \$ 250.00 |
| Clock | | Procedure Small | H5251 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Clock | | Procedure Small | H5253 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Wall | New | \$ 25.00 | \$ 25.00 |
| Computer (WOW) | | Procedure Small | H5253 | Technology | IT | 1 | 1 | 2 | 5 | Mobile | New | \$ 1,300.00 | \$ 1,300.00 |
| Computer - Wall mount | | Procedure Small | H5251 | Technology | IT | 1 | 1 | 2 | 5 | Wall | New | \$ 869.00 | \$ 869.00 |
| Computer - Wall mount | | Procedure Small | H5253 | Technology | IT | 1 | 1 | 2 | 5 | Wall | New | \$ 869.00 | \$ 869.00 |
| Bar Code Medication Administration(BCMA) | | Procedure Small | H5253 | Technology | IT | 1 | 1 | 2 | 5 | WOW | New | \$ 828.52 | \$ 828.52 |
| Emergency drug box (tackle box) | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 0 | 2 | 5 | Inside lock box | Existing | \$ 100.00 | \$ - |
| Emergency drug box (tackle box) | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 0 | 2 | 5 | Inside lock box | Existing | \$ 100.00 | \$ - |
| Endo Slave Monitor | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Wall mounted | New | \$ 17,000.00 | \$ 17,000.00 |
| Endo Slave Monitor | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | | New | \$ 17,000.00 | \$ 17,000.00 |
| Glove Box Dispenser (3) | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Glove Box Dispenser (3) | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Wall Mounted | New | \$ 37.43 | \$ 37.43 |
| Hand Sanitizer Dispenser | | Procedure Small | H5251 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | | Procedure Small | H5251 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | | Procedure Small | H5253 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | | Procedure Small | H5253 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hand Sanitizer Dispenser | | Procedure Small | H5253 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Hook for folding chair | | Procedure Small | H5251 | Furniture | Furniture | 1 | 1 | 2 | 5 | Wall | New | \$ 10.00 | \$ 10.00 |
| Hook for folding chair | | Procedure Small | H5253 | Furniture | Furniture | 1 | 1 | 2 | 5 | Wall | New | \$ 10.00 | \$ 10.00 |
| IV Pole | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pole | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Mobile | New | \$ 300.00 | \$ 300.00 |
| IV Pump - Plum 360 | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | IV Pole | New | \$ 1,600.00 | \$ 1,600.00 |
| IV Pump - Plum 360 | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | IV Pole | New | \$ 1,600.00 | \$ 1,600.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|----------------------|-------------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|---------------|--------|---------------------|---------------|
| Linen Cart | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Cart | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Floor, Mobile | New | \$ 2,100.00 | \$ 2,100.00 |
| Linen Hamper | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Linen Hamper | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Floor, Mobile | New | \$ 280.00 | \$ 280.00 |
| Bar Code Medication Administration(BCMA) | | Procedure Small | H5251 | Technology | IT | 1 | 1 | 2 | 5 | WOW | New | \$ 828.52 | \$ 828.52 |
| Paper Towel Dispenser | | Procedure Small | H5251 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Paper Towel Dispenser | | Procedure Small | H5253 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Wall, Mounted | New | \$ 55.00 | \$ 55.00 |
| Phillips Monitor | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | IV Pole | New | \$ 17,000.00 | \$ 17,000.00 |
| Phillips Monitor | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | IV Pole | New | \$ 17,000.00 | \$ 17,000.00 |
| Phone | | Procedure Small | H5251 | Technology | IT | 1 | 1 | 2 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Phone | | Procedure Small | H5253 | Technology | IT | 1 | 1 | 2 | 5 | Wall, Mounted | New | \$ 225.00 | \$ 225.00 |
| Provider Stool | | Procedure Small | H5251 | Medical Equipment | Minor | 3 | 3 | 2 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 825.00 |
| Provider Stool | | Procedure Small | H5253 | Medical Equipment | Minor | 3 | 3 | 2 | 5 | Floor, Mobile | New | \$ 275.00 | \$ 825.00 |
| Seating, Folding Chair | | Procedure Small | H5251 | Furniture | Furniture | 1 | 1 | 2 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 50.00 |
| Seating, Folding Chair | | Procedure Small | H5253 | Furniture | Furniture | 1 | 1 | 2 | 5 | Floor, Mobile | New | \$ 50.00 | \$ 50.00 |
| Stretcher | | Procedure Small | H5251 | Medical Equipment | Major | 1 | 0 | 2 | 5 | Floor | New | \$ 10,000.00 | \$ - |
| Stretcher | | Procedure Small | H5253 | Medical Equipment | Major | 1 | 0 | 2 | 5 | Floor | New | \$ 10,000.00 | \$ - |
| Supply Cabinet | | Procedure Small | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Mobile | New | \$ 4,000.00 | \$ 4,000.00 |
| Supply Cabinet | | Procedure Small | H5253 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Mobile | New | \$ 4,000.00 | \$ 4,000.00 |
| Waste Bin | | Procedure Small | H5253 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Floor, Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin | | Procedure Small | H5253 | Non Medical | Accessory | 1 | 1 | 2 | 5 | Mobile | New | \$ 6.00 | \$ 6.00 |
| Waste Bin, Large | | Procedure Small | H5251 | Non Medical | Accessory | 2 | 2 | 2 | 5 | Floor, Mobile | New | \$ 20.00 | \$ 40.00 |
| Waste Bin, Large | | Procedure Small | H5251 | Non Medical | Accessory | 2 | 2 | 2 | 5 | Mobile | New | \$ 20.00 | \$ 40.00 |
| Seating, Promenade | Furniture Allowance | Promenade | H5120 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor | New | \$ 25,000.00 | \$ 25,000.00 |
| Seating, Task Chair | | RN Quiet Work | H5307 | Furniture | Furniture | 10 | 10 | 1 | 5 | Floor | New | \$ 541.42 | \$ 5,414.20 |
| Workstation, Desk | | RN Quiet Work | H5307 | Furniture | Furniture | 10 | 10 | 1 | 5 | Floor | New | \$ 1,800.00 | \$ 18,000.00 |
| Overhead light - single ceiling mount | | SM Procedure Room | H5251 | Medical Equipment | Minor | 1 | 1 | 2 | 5 | Ceiling | New | \$ 3,000.00 | \$ 3,000.00 |
| Hand Sanitizer Dispenser | | Soiled Utility | H5308 | Non Medical | Accessory | 1 | 1 | 1 | 5 | Wall, Mounted | New | \$ - | \$ - |
| Mop Sink | Connfirm GLY Cost | Soiled Utility | H5308 | Non Medical | Minor | 1 | 1 | 1 | 5 | Floor | New | | \$ - |
| Soiled Instrument Container | | Soiled Utility | H5308 | | Minor | 1 | 1 | 1 | 5 | Counter | | | |
| Specimen box for courier pickup | | Soiled Utility | H5308 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Counter | New | | \$ - |
| Microwave | | Staff Lounge | H5142 | Furniture | Furniture | 2 | 2 | 1 | 5 | Counter | New | | |
| Fridge, Full | | Staff Lounge | H5142 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor | New | | |
| Fridge/Freezer | | Staff Lounge | H5142 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor | New | | |
| Keurig | | Staff Lounge | H5142 | Furniture | Furniture | 1 | 1 | 1 | 5 | Counter | New | | |
| Mail Cubbies | Outside staff lounge | Staff Lounge | H5142 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor | New | | |
| Seating, Staff Lounge | Furniture Allowance | Staff Lounge | H5142 | Furniture | Furniture | 1 | 1 | 1 | 5 | Floor | New | \$ 8,000.00 | \$ 8,000.00 |
| Computer | | Team Space | H5250 | Technology | IT | 4 | 4 | 3 | 5 | Workstation | New | \$ 869.00 | \$ 3,476.00 |
| Blanket Warmer | Full size | Team Space | H5270 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor | New | \$ 6,500.00 | \$ 6,500.00 |
| Blanket Warmer | Full size | Team Space | H5250 | Medical Equipment | Minor | 1 | 1 | 1 | 5 | Floor | New | \$ 6,500.00 | \$ 6,500.00 |
| Computer | | Team Space | H5270 | Technology | IT | 1 | 1 | 3 | 5 | Workstation | New | \$ 869.00 | \$ 869.00 |
| Computer | | Team Space | H5280 | Technology | IT | 1 | 1 | 3 | 5 | Workstation | New | \$ 869.00 | \$ 869.00 |
| Crash Cart | | Team Space | H5250 | Medical Equipment | Major | 1 | 1 | 3 | 5 | Floor | New | \$ 2,000.00 | \$ 2,000.00 |
| Crash Cart | | Team Space | H5280 | Medical Equipment | Major | 1 | 1 | 3 | 5 | Floor | New | | |
| Freezer, Undercounter | | Team Space | H5250 | Non Medical | Appliance | 1 | 1 | 1 | 5 | | New | \$ 1,100.00 | \$ 1,100.00 |
| Monitor, Computer | | Team Space | H5270 | Technology | IT | 2 | 2 | 3 | 5 | Workstation | New | \$ 352.00 | \$ 704.00 |
| Monitor, Computer | | Team Space | H5280 | Technology | IT | 2 | 2 | 3 | 5 | Workstation | New | \$ 352.00 | \$ 704.00 |
| Printer, Epic Label | | Team Space | H5270 | Technology | IT | 1 | 1 | 1 | 5 | Workstation | New | \$ 661.00 | \$ 661.00 |
| Printer, Epic Label | | Team Space | H5280 | Technology | IT | 1 | 1 | 1 | 5 | Workstation | New | \$ 661.00 | \$ 661.00 |
| Phone | | Team Space | H5270 | Technology | IT | 2 | 2 | 2 | 5 | Workstation | New | \$ 225.00 | \$ 450.00 |

| Name / Description | Notes | Room Name | Room Number | FF&E Type | Equipment Cat. | Quantity in Room | Quantity to Buy/Room | Quantity of Room Type | Floor | Location | Source | Pricing Placeholder | Pricing Total |
|--|------------------------------------|------------|-------------|-------------------|----------------|------------------|----------------------|-----------------------|-------|------------------|--------|---------------------|---------------|
| Phone | | Team Space | H5280 | Technology | IT | 2 | 2 | 2 | 5 | Workstation | New | \$ 225.00 | \$ 450.00 |
| Monitor, Computer Dual | | Team Space | H5270 | Technology | IT | 1 | 1 | 1 | 5 | Workstation | New | \$ 352.00 | \$ 352.00 |
| Monitor, Computer Dual | | Team Space | H5280 | Technology | IT | 1 | 1 | 1 | 5 | Workstation | New | \$ 352.00 | \$ 352.00 |
| Printer (regular) | | Team Space | H5280 | Technology | IT | 1 | 1 | 2 | 5 | Counter | New | \$ 275.00 | \$ 275.00 |
| POCT | | Team Space | H5250 | Medical Equipment | Major | 1 | 1 | 1 | 5 | Counter | New | \$ 20,000.00 | \$ 20,000.00 |
| Recycle Bin | | Team Space | H5270 | Non Medical | Accessories | 1 | 1 | 2 | 5 | Floor | New | \$ 6.00 | \$ 6.00 |
| Recycle Bin | | Team Space | H5280 | Non Medical | Accessories | 1 | 1 | 2 | 5 | Floor | New | \$ 6.00 | \$ 6.00 |
| Refridgerator Counter Top (storage of POCT cartridges) | | Team Space | H5270 | Non Medical | Appliances | 1 | 1 | 3 | 5 | Fixed | New | \$ 1,200.00 | \$ 1,200.00 |
| Refridgerator Counter Top (storage of POCT cartridges) | | Team Space | H5280 | Non Medical | Appliances | 1 | 1 | 3 | 5 | Fixed | New | \$ 1,200.00 | \$ 1,200.00 |
| Refrigerator, Undercounter | Snacks | Team Space | H5270 | Non Medical | Appliances | 1 | 1 | 3 | 5 | Fixed, Counter | New | \$ 1,200.00 | \$ 1,200.00 |
| Refrigerator, Undercounter | Snacks | Team Space | H5280 | Non Medical | Appliances | 1 | 1 | 3 | 5 | Fixed, Counter | New | \$ 1,200.00 | \$ 1,200.00 |
| Refrigerator, Undercounter | POCT Supplies | Team Space | H5270 | Non Medical | Appliances | 1 | 1 | 3 | 5 | Fixed | New | \$ 1,200.00 | \$ 1,200.00 |
| Refrigerator, Undercounter | POCT Supplies | Team Space | H5280 | Non Medical | Appliances | 1 | 1 | 3 | 5 | Fixed | New | \$ 1,200.00 | \$ 1,200.00 |
| Refrigerator, Undercounter | Snacks | Team Space | H5250 | Medical Equipment | Major | 1 | 0 | 3 | 5 | Counter | New | \$ 6,000.00 | \$ - |
| Refrigerator, Undercounter | POCT Supplies | Team Space | H5250 | | Minor | 1 | 1 | 3 | 5 | Counter | New | | |
| Seating, Task Chair | | Team Space | H5250 | Furniture | Furniture | 4 | 4 | 3 | 5 | Floor | New | \$ 541.42 | \$ 2,165.68 |
| Seating, Task Chair | | Team Space | H5270 | Furniture | Furniture | 2 | 2 | 3 | 5 | Floor | New | \$ 541.42 | \$ 1,082.84 |
| Seating, Task Chair | | Team Space | H5280 | Furniture | Furniture | 2 | 2 | 3 | 5 | Floor | New | \$ 541.42 | \$ 1,082.84 |
| Shelving with plugs for Phillips brains | standard shelving cart | Team Space | H5270 | Furniture | Furniture | 1 | 1 | | 5 | Wall mounted (al | New | | \$ - |
| Shelving with plugs for Phillips brains | standard shelving cart | Team Space | H5280 | Furniture | Furniture | 1 | 1 | | 5 | Wall mounted (al | New | | \$ - |
| Slave Monitoring Unit | | Team Space | H5270 | Medical Equipment | Major | 1 | 1 | 3 | 5 | Desk | New | \$ 17,000.00 | \$ 17,000.00 |
| Slave Monitoring Unit | | Team Space | H5280 | Medical Equipment | Major | 1 | 1 | 3 | 5 | Desk | New | \$ 17,000.00 | \$ 17,000.00 |
| Storage with drawers below | | Team Space | H5270 | | | 1 | 1 | 1 | 5 | Cabinet | New | \$ 1,000.00 | \$ 1,000.00 |
| Storage with drawers below | | Team Space | H5280 | | | 1 | 1 | 1 | 5 | Cabinet | New | \$ 1,000.00 | \$ 1,000.00 |
| Monitor, Computere Dual | | Team Space | H5250 | Technology | IT | 4 | 4 | 3 | 5 | Counter | New | | |
| Ultrasound Mobile | | Team Space | H5280 | Medical Equipment | Imaging | 1 | 1 | 1 | 5 | Mobile | New | \$ 21,000.00 | \$ 21,000.00 |
| Workstation, Desk | | Team Space | H5250 | Furniture | Furniture | 4 | 4 | 3 | 5 | Floor | New | \$ 1,300.00 | \$ 5,200.00 |
| Workstation, Desk | | Team Space | H5270 | Furniture | Furniture | 2 | 2 | 3 | 5 | Floor | New | \$ 1,300.00 | \$ 2,600.00 |
| Workstation, Desk | | Team Space | H5280 | Furniture | Furniture | 2 | 2 | 3 | 5 | Floor | New | \$ 1,300.00 | \$ 2,600.00 |
| Seating, Waiting | Furniture Allowance | Waiting | H5110 | Furniture | Furniture | 2 | 2 | 1 | 5 | Floor | New | \$ 25,000.00 | \$ 50,000.00 |
| Kronos Time Clock | | | | Technology | IT | 3 | 3 | 1 | 5 | Wall | New | \$ 3,000.00 | \$ 9,000.00 |
| Crash Cart | Confirm location in Alcove and 7th | | | Medical Equipment | Major | 2 | 2 | 3 | 5 | Mobile | New | \$ 2,000.00 | \$ 4,000.00 |

Exhibit 12
Staff List

| Staff Name | License Number | |
|------------------------------|---------------------------------|----------|
| Procedure Suite RN | | |
| Alexander, Janet M | RN | 60307187 |
| Ananda, Deva | RN | 00111238 |
| Anderson, Patricia G (Trish) | RN | 00133763 |
| Asfaw, Asmeret | RN | 00157124 |
| Barrett, Elise | RN | 60297703 |
| Childs, Cheryl | RN | 00102299 |
| Dean, Anya (May) | RN | 60479706 |
| Abad, Zaira | RN | 60699857 |
| Driver, Dinah | RN | 00168183 |
| Golban, Tristan | RN | 60760258 |
| Glen, Cerialta B | RN | 00163045 |
| Greene, Joanne | CNC | 00088410 |
| Kronschabel, Cheree | RN | 60179282 |
| Jarosz, Alicja | RN | 00116144 |
| Keller, Larry | RN | 00067982 |
| Kim, Hee Jung | RN | 00134632 |
| Luedecker, Carrie | RN | 60699857 |
| Poynter, Melissa | RN | 60260000 |
| Kao, Daravan | RN | 00152392 |
| Steiner, Grace | RN | 00081594 |
| Mondi, Jeanna | RN | 60639105 |
| Walenkamp, Christine | RN | 00123855 |
| Zenger, Pamela | RN | 00114332 |
| Procedure Suite MA | MA's have no DOH License Number | |
| Grant, Terazhya | | |
| Navlet, Alexandra | | |
| Jimenez, Gabriel | | |
| Alas, Leo | | |

Exhibit 13
Transfer Policy



Current Status: Active

PolicyStat ID: 7099505



Original Approval: 10/1/2011
 Effective: 7/31/2020
 Approval: 7/31/2020
 Next Review: 7/31/2023
 Owner: *Jennifer Singer: Registered Nurse*
 Policy Area: *Nursing - Clinic Wide*
 References: *SLU*
 Applicability: *Seattle Cancer Care Alliance Outpatient Policies*

Admission to UWMC for General Oncology Patients: Unplanned & Planned

SUMMARY OF CHANGES:

- Updated planned admission process to include SCCA transition coordinator role.
- Attached job aid for unplanned admission, AMR Physician Certification form, and planned admission request form template.

PURPOSE

- To outline Clinical Nurse Coordinator's (CNC's) responsibilities transitioning patients from the SCCA General Oncology Clinics to UWMC inpatient services.

SUPPORTIVE POLICIES AND PROCEDURES:

- [Admission of Patients Guidelines \(APOP\)](#)
- [SCCA Admissions \(APOP\)](#)
- [Discharge and Transfer of Patients \(APOP\)](#)
- [Admission to UWMC for ADULT BMT Patients: Planned and Unplanned](#)
- [Admission to UWMC for Immunotherapy Patients: Planned and Unplanned](#)

PATIENT EDUCATION RESOURCES:

- [Instructions for a Safe Admission \(COVID19 Response\)](#)

PROCEDURE:

UNPLANNED ADMISSION (≤ 24 hrs. prior to admission date)

1. Determine Inpatient Service/Attending: DONE BY PROVIDER

Heme/medical patients:

1. SCCA Provider contacts the inpatient triage provider:
 - A. Call directly: 206-598-5520 to speak with the Admitting Triage provider (Platinum Service)
 - B. OR Call the paging operator (206-598-6190) and request admitting Platinum provider be paged
 - C. OR Directly page the Platinum provider who is assigned to triage admissions (available on inpatient admitting provider schedule)
2. The patient will be assigned to an inpatient service (e.g. Housestaff Leukemia, Housestaff Solid

Tumor Oncology, Platinum, or Med O)

3. Provider needs to obtain name of admitting inpatient service and inpatient attending

Surgical patients:

1. SCCA Provider contacts UW Admitting Attending Surgical Services (i.e. Surg A, Surg B, Surg S, Surg O, or Surg P)

A. Call the paging operator (206-598-6190) and ask for the resident on call for the specific service

2. Provider needs to obtain name of admitting inpatient service and inpatient attending

2. Request Bed Assignment: DONE BY CNC (cannot be done until inpatient service/attending is known)

1. CNC contacts the UWMC Patient Throughput Coordinator (PTC) at 206-598-9090 to request a bed

2. Need to provide:

- Patient name and U#
- Name of admitting inpatient service and inpatient attending
- Diagnosis/reason for admit with ICD 10 code
- Cancer diagnosis
- Brief overview of current problem or condition
- Contact number to call back should a bed assignment not be readily available.

3. PTC notifies CNC of admission details (admit unit and time to admit)

- If CNC does not hear back from PTC in 30 minutes, CNC should call again to determine admission plan.

3. Transfer Care to Inpatient Service

1. CNC collaborates with SCCA provider to determine mode of transportation based on patient condition (family, BLS, ACLS) & ensures transportation arranged.

- BLS transport provided via AMR, telephone number 206-444-4444.
 - BLS transport can administer oxygen.
 - BLS cannot administer intravenous fluids or medications through central venous catheter.
- ACLS transport provided via AMR, telephone number 206-444-4444.
 - ACLS transport can administer intravenous fluids and medications.

2. CNC ensures documentation prepared to be transported with patient via ambulance.

- Required documentation includes:
 - Copy of demographics (face) sheet
 - Copy of current medication list
 - EKG (if obtained)
 - POLST, if applicable
 - AMR Physician Certification Statement, if applicable (form attached)

- If the patient is stable, please direct them to arrive to the Admitting Office on the 3rd floor of UWMC*
 - *During COVID19 response, patient should follow directions on patient education document [Instructions for a Safe Admission](#) for arrival to UWMC.
- 3. If inpatient bed and/or hospital transportation are not available for > 30 minutes, CNC communicates with Team to determine appropriate holding areas based on patient status, nursing care required, and availability.
 - Options for holding patient include:
 - Hold patient in clinic exam room (Charge Nurse or Primary Team Nurse should notify MA/LPN team)
 - Transfer to infusion to initiate intervention (ie fluids, STAT pack)
 - To coordinate holding in infusion, complete [Same Day Request Form](#) and contact infusion charge nurse at x2157
 - If stable, send patient home
 - Transfer to UWMC Emergency Department via appropriate transport.
- 4. CNC calls report to primary RN or charge nurse on patient's inpatient assigned floor.
 - Report should include but is not limited to:
 - Patient Name & U number
 - Age
 - Diagnosis/Reason for Admit
 - Expected Time of Admission and mode of transport
 - Isolation needs
 - Allergies
 - Social/Caregiver Issues
 - Current Problems
 - Vascular Access
 - Interventions patient received in SCCA Clinic (time/dose of antibiotics, antiemetics, or pain medications, etc).
 - If patient is transferred to Infusion for holding, CNC should call report to both:
 - Infusion Charge Nurse
 - Primary RN or Charge Nurse on patient's assigned inpatient floor
 - If the patient has a consulting CNC (e.g., Pain) involved in their care, the consulting service CNC should also call report to the primary RN or charge nurse. It is highly recommended to collaborate with the primary CNC and call report together.
- 5. If patient has been boarded in infusion, primary infusion nurse should call report to RN or charge nurse on patient's inpatient assigned floor upon discharge from infusion.
 - Patient status can change over time and the last SCCA nurse to care for an admitting patient should give an updated report to supplement the CNC report.
- 6. CNC documents admission in EMR including handoff report.

- The admitting provider is responsible for documenting a note indicating need for admission and clinical assessment.

PLANNED ADMISSION (> 24 hours prior to admission)

1. CNC e-mails SCCA transition coordinator at transitioncoord@seattlecca.org using the attached template for admission requests
 - For any questions during business hours, call 206-606-2379 (desk phone) or 206-327-2036 (cell) if urgent.
 - The transition coordinator creates a planned admission encounter in Epic.
 - All pre-admission requests require 14-day processing time for financial clearance. This is especially true for patients with out-of-state insurance and research protocol admissions. If less than 14-day notice is provided, the patient admit date may be delayed/postponed and/or the patient will be asked to sign a Notice of Non-Coverage.
2. Transition coordinator will notify the requestor/clinical team about date/time of admit; at this juncture the admit is pending insurance authorization.
3. Another e-mail will be sent by the transition coordinator to the requester to inform of insurance determination (prior to admit date).
4. The transition coordinator placed a reminder call to the patient the day prior to admit unless otherwise specified on the pre-admission request.
5. Provider to complete orders for inpatient chemotherapy on inpatient encounter.
6. Special considerations:
 - Hickman Line or Port Placements on the same day as admit:
 - Transition coordinator communicates with UW IR for scheduling – patient will check-in for placement; after the procedure is completed, they are transferred to admitting floor.
 - Requires outpatient order for Hickman/Port placement entered prior to admission.
 - PICC Placements on the same day as admit:
 - If PICC to be placed inpatient: the transition coordinator will contact a PICC RN at UW to arrange PICC placement for when the patient admits into UWMC/SCCA hospital the same day.
 - IL-2 (Interleukin-2) Therapy (location: 6SA – ICU):
 - Only 1 IL-2 admit per day; up to 2 IL-2 patients per week max; bed availability varies each day

Attachments



[AMR Physician Certification Statement](#)

[image1.jpeg](#)

[PreAdmit Request Form Template](#)

[Unplanned Admission Job Aid.pdf](#)

Approval Signatures

| Approver | Date |
|--|-----------|
| Terry McDonnell: Chief Nurse Exec, VP-Clin Ops | 7/31/2020 |
| Martha Read: Advanced Practice RN | 7/31/2020 |
| Jennifer Singer: Registered Nurse | 7/30/2020 |

Applicability

Seattle Cancer Care Alliance Outpatient Policies

COPY

Appendix 1
Audited Financials



SEATTLE CANCER CARE ALLIANCE

Financial Statements

June 30, 2020 and 2019

(With Independent Auditors' Report Thereon)



KPMG LLP
Suite 2900
1918 Eighth Avenue
Seattle, WA 98101

Independent Auditors' Report

The Board of Directors
Seattle Cancer Care Alliance:

Report on the Financial Statements

We have audited the accompanying financial statements of Seattle Cancer Care Alliance, which comprise the balance sheets as of June 30, 2020 and 2019, and the related statements of operations and changes in net assets without donor restrictions, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Seattle Cancer Care Alliance as of June 30, 2020 and 2019, and the results of its operations and changes in net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.



Emphasis of Matter

As discussed in note 2 to the financial statements, for the year ended June 30, 2020, Seattle Cancer Care Alliance adopted Accounting Standards Codification Topic 842, *Leases*. Our opinion is not modified with respect to this matter.

KPMG LLP

Seattle, Washington
October 8, 2020

SEATTLE CANCER CARE ALLIANCE

Balance Sheets

June 30, 2020 and 2019

| Assets | 2020 | 2019 |
|--|-------------------------|--------------------|
| Current assets: | | |
| Cash and cash equivalents | \$ 165,575,000 | 75,799,000 |
| Short-term investments | 343,045,000 | 346,670,000 |
| Patient accounts receivable, net | 90,141,000 | 100,003,000 |
| Due from related parties | 3,894,000 | 6,573,000 |
| Other receivables | 6,802,000 | 6,466,000 |
| Current portion of assets whose use is limited | 13,000 | 33,000 |
| Supplies inventory, at cost | 15,361,000 | 13,027,000 |
| Prepaid expenses | 12,612,000 | 5,785,000 |
| Total current assets | 637,443,000 | 554,356,000 |
| Noncurrent portion of assets whose use is limited | 10,892,000 | 9,415,000 |
| Property, plant, and equipment, net of accumulated depreciation | 197,483,000 | 167,722,000 |
| Operating lease right-of-use assets | 142,575,000 | — |
| Investments, noncurrent | 5,633,000 | 6,147,000 |
| Goodwill and intangible assets, net of accumulated amortization of \$24,098,000 and \$22,857,000 in 2020 and 2019, respectively | 7,539,000 | 8,780,000 |
| Other assets | 18,596,000 | 6,891,000 |
| Total assets | \$ 1,020,161,000 | 753,311,000 |
| Liabilities and Net Assets | | |
| Current liabilities: | | |
| Current portion of long-term debt | \$ 3,219,000 | 3,074,000 |
| Current portion of operating right-of-use lease liabilities | 9,906,000 | — |
| Accounts payable and accrued expenses | 60,627,000 | 57,471,000 |
| Due to related parties | 17,874,000 | 17,910,000 |
| Third-party payor settlements payable | 17,087,000 | 14,816,000 |
| Deferred Medicare advance payments | 35,852,000 | — |
| Accrued interest payable | 1,225,000 | 1,286,000 |
| Total current liabilities | 145,790,000 | 94,557,000 |
| Long-term debt, net of current portion | 91,677,000 | 95,576,000 |
| Long-term operating right-of-use lease liabilities, net of current portion | 144,631,000 | — |
| Other long-term liabilities | 812,000 | 812,000 |
| Total liabilities | 382,910,000 | 190,945,000 |
| Net assets: | | |
| Without donor restrictions | 626,359,000 | 552,951,000 |
| With donor restrictions | 10,892,000 | 9,415,000 |
| Total net assets | 637,251,000 | 562,366,000 |
| Total liabilities and net assets | \$ 1,020,161,000 | 753,311,000 |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Statements of Operations and Changes in Net Assets without Donor Restrictions

Years ended June 30, 2020 and 2019

| | 2020 | 2019 |
|--|----------------|-------------|
| Operating revenues: | | |
| Net patient service revenue | \$ 753,028,000 | 698,054,000 |
| Other operating revenue | 32,461,000 | 36,854,000 |
| Net assets released from restriction used for operations | 17,513,000 | 2,431,000 |
| Total operating revenues | 803,002,000 | 737,339,000 |
| Operating expenses: | | |
| Salaries, wages, and benefits | 177,562,000 | 164,593,000 |
| Purchased services | 202,601,000 | 190,064,000 |
| Supplies | 277,647,000 | 258,759,000 |
| Depreciation and amortization | 23,098,000 | 23,611,000 |
| Interest | 3,312,000 | 3,460,000 |
| Other | 50,713,000 | 44,179,000 |
| Total operating expenses | 734,933,000 | 684,666,000 |
| Net income from operations | 68,069,000 | 52,673,000 |
| Nonoperating income: | | |
| Investment income | 2,901,000 | 16,402,000 |
| Other income, net | 2,237,000 | 1,377,000 |
| Excess of revenues over expenses | 73,207,000 | 70,452,000 |
| Net assets released from restrictions for capital acquisitions | 201,000 | 467,000 |
| Change in net assets without donor restrictions | 73,408,000 | 70,919,000 |
| Net assets without donor restrictions, beginning of year | 552,951,000 | 482,032,000 |
| Net assets without donor restrictions, end of year | \$ 626,359,000 | 552,951,000 |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Statements of Changes in Net Assets

Years ended June 30, 2020 and 2019

| | Without donor restriction | With donor restriction | Total |
|--|--------------------------------------|-----------------------------------|--------------|
| Balance, June 30, 2018 | \$ 482,032,000 | 7,877,000 | 489,909,000 |
| Excess of revenues over expenses | 70,452,000 | — | 70,452,000 |
| Restricted contributions, grants, and other | — | 4,436,000 | 4,436,000 |
| Net assets released from restrictions for capital acquisitions | 467,000 | (467,000) | — |
| Net assets released from restriction for operations | — | (2,431,000) | (2,431,000) |
| Change in net assets | 70,919,000 | 1,538,000 | 72,457,000 |
| Balance, June 30, 2019 | 552,951,000 | 9,415,000 | 562,366,000 |
| Excess of revenues over expenses | 73,207,000 | — | 73,207,000 |
| Restricted contributions, grants, and other | — | 19,191,000 | 19,191,000 |
| Net assets released from restrictions for capital acquisitions | 201,000 | (201,000) | — |
| Net assets released from restrictions for operations | — | (17,513,000) | (17,513,000) |
| Change in net assets | 73,408,000 | 1,477,000 | 74,885,000 |
| Balance, June 30, 2020 | \$ 626,359,000 | 10,892,000 | 637,251,000 |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Statements of Cash Flows

Years ended June 30, 2020 and 2019

| | 2020 | 2019 |
|---|----------------|--------------|
| Cash flows from operating activities: | | |
| Change in net assets | \$ 74,885,000 | 72,457,000 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: | | |
| Net realized and change in unrealized (gains) losses on investments | 9,819,000 | (3,460,000) |
| Losses on disposal of property, plant, and equipment | 59,000 | 657,000 |
| Depreciation and amortization | 23,098,000 | 23,611,000 |
| Amortization of operating lease right-of-use assets | 11,962,000 | — |
| Amortization of premium on issuance of long-term debt | (734,000) | (809,000) |
| (Increase) decrease in: | | |
| Patient accounts receivable | 9,862,000 | (33,835,000) |
| Due from related parties | 2,679,000 | (493,000) |
| Other receivables | (336,000) | 1,838,000 |
| Supplies inventory | (2,334,000) | (1,934,000) |
| Prepaid expenses | (6,827,000) | (1,051,000) |
| Assets whose use is limited | (1,872,000) | (189,000) |
| Other long-term assets | (1,048,000) | (48,000) |
| Increase (decrease) in: | | |
| Accounts payable and accrued expenses | 4,837,000 | 22,647,000 |
| Due to related parties | (36,000) | (4,835,000) |
| Third-party payor settlements payable | 2,271,000 | 13,168,000 |
| Medicare advance payments | 35,852,000 | — |
| Accrued interest payable | (61,000) | (40,000) |
| Net cash provided by operating activities | 162,076,000 | 87,684,000 |
| Cash flows from investing activities: | | |
| Purchases of property, plant, and equipment | (53,111,000) | (30,555,000) |
| Proceeds from sale of property, plant, and equipment | — | 25,000 |
| Purchase of acquired assets | — | (6,794,000) |
| Net purchases of trading securities | (5,680,000) | (19,985,000) |
| Purchase of investment, noncurrent | — | (6,147,000) |
| Purchases of other assets | (10,411,000) | (4,495,000) |
| Net cash used in investing activities | (69,202,000) | (67,951,000) |
| Cash flows from financing activities: | | |
| Payment of debt issuance costs | (439,000) | — |
| Principal payments on long-term debt | (3,074,000) | (2,974,000) |
| Net cash used in financing activities | (3,513,000) | (2,974,000) |
| Net increase in cash, cash equivalents, and restricted cash | 89,361,000 | 16,759,000 |
| Cash, cash equivalents, and restricted cash at beginning of year | 81,139,000 | 64,380,000 |
| Cash, cash equivalents, and restricted cash at end of year | \$ 170,500,000 | 81,139,000 |
| Supplemental disclosure of cash flow information: | | |
| Cash paid during the year for interest | \$ 4,097,000 | 4,312,000 |
| Supplemental disclosure of noncash activities: | | |
| Purchase of property, plant, and equipment included in accounts payable | \$ 4,889,000 | 6,570,000 |
| Conversion of other receivable to a note receivable | — | 2,032,000 |
| Fair value of acquired assets | — | 2,855,000 |
| Right-of-use assets obtained in exchange for operating lease liabilities | 152,283,000 | — |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

(1) Organization

Seattle Cancer Care Alliance (SCCA) is a nonprofit corporation organized in 1998 by Seattle Children's Hospital, the University of Washington through UW Medicine, and Fred Hutchinson Cancer Research Center (FHCRC) for the purpose of developing and offering a comprehensive program of integrated cancer care services. SCCA operates a 20-bed licensed hospital inside the University of Washington Medical Center (UWMC), a member organization of UW Medicine, and operates ambulatory cancer care service facilities. In addition to providing inpatient and outpatient cancer care services, SCCA provides programmatic direction to the adult inpatient cancer services provided by UWMC and the pediatric inpatient and outpatient cancer services provided by Seattle Children's Hospital. As members of SCCA, Seattle Children's Hospital, the University of Washington, and Fred Hutchinson Cancer Research Center share equally in the results of operations.

(2) Summary of Significant Accounting Policies

(a) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(b) Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with original maturities of three months or less at the date of purchase. SCCA maintains cash balances that may exceed federally insured limits. Management does not believe that this results in any significant credit risk to SCCA.

The reconciliation of cash, cash equivalents, and restricted cash within the balance sheet that comprise the amount reported on the statements of cash flows at June 30, 2020 and 2019 is as follows:

| | <u>2020</u> | <u>2019</u> |
|--|-----------------------|-------------------|
| Cash and cash equivalents | \$ 165,575,000 | 75,799,000 |
| Restricted cash in current portion of assets whose use is limited | 13,000 | 33,000 |
| Restricted cash in noncurrent portion of assets whose use is limited | <u>4,912,000</u> | <u>5,307,000</u> |
| Total cash, cash equivalents, and restricted cash | <u>\$ 170,500,000</u> | <u>81,139,000</u> |

Restricted cash in the current and noncurrent portion of assets whose use is limited is cash held due to restricted use by donors and SCCA's trust indenture (Note 2(d) – *Assets Whose Use is Limited*). As of June 30, 2020 and 2019, cash equivalents were \$43,818,000 and \$36,736,000, respectively.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

(c) *Supplies Inventory*

Inventory, consisting principally of surgical, medical, and pharmaceutical supplies, is carried at the lower of cost (first-in, first-out method) or net realizable value.

(d) *Assets Whose Use is Limited*

These assets consist of funds held under the terms of SCCA's trust indenture and net assets with donor restrictions. Amounts required to meet current liabilities have been reclassified as current assets in the balance sheet as of June 30, 2020 and 2019. These funds have been invested in various money market funds.

(e) *Short-term Investments*

Investments consist principally of U.S. government obligations, corporate bonds, collateralized mortgage and debt obligations, and equity mutual funds that are stated at fair market value. All investment transactions are traded and valued in U.S. dollars. Management classifies investments expected to mature or be sold within the following year and not restricted for other purposes as short-term investments. SCCA has designated \$343,045,000 and \$346,670,000 of investments as trading securities for the years ended June 30, 2020 and 2019, respectively.

Investment income or loss is included in the excess of revenue over expenses unless the income or loss is restricted by donor or law.

(f) *Noncurrent Investments*

SCCA provides professional services to Seattle Proton Center, LLC (Opco), a wholly owned subsidiary of Seattle Proton Center Holdings (SPC). SCCA has representation on the SPC Board but does not retain a controlling interest in either entity.

SPC entered into a debt restructuring in 2018 in which it issued senior lien (Series 2018A) taxable revenue bonds, and subordinate lien (Series 2018B Bonds) taxable revenue bonds through the Wisconsin Public Finance Authority. As a provision of the restructuring, SCCA purchased and holds subordinated lien bonds in the amount of \$6,000,000. These are repayable in installments from December 1, 2021 through December 1, 2048 and are subject to certain debt service coverage and days cash-on-hand requirements.

As a condition to the restructuring, in 2018, SCCA also agreed to accept a \$2,032,000 note payable from Opco (Junior Loan Agreement), accruing 5% interest on the actual number of days elapsed and an assumed 360-day year, as payment for previous professional services. The amount of principal and interest of \$2,184,000 and \$2,081,000 is included in other noncurrent assets in the accompanying balance sheets for the years ended June 30, 2020 and 2019, respectively. SCCA converted its previous affiliate receivable to a note receivable, which will be repaid subject to the same terms and provisions on the Series 2018B Bonds described above.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

(g) Property, Plant, and Equipment

Property, plant, and equipment are stated at cost, net of accumulated depreciation. Improvements and replacements of plant and equipment are capitalized, and repairs and maintenance are expensed. The cost and related accumulated depreciation of property, plant, and equipment sold or retired are removed from the accounts and the resulting gain or loss is recognized.

(h) Goodwill and Intangible Assets

Intangible assets other than goodwill are stated at the value assigned to them upon contribution to SCCA. All intangible assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Intangible assets are amortized over the expected life of the asset.

Goodwill is an asset representing the future economic benefits arising from the difference in the fair value of the business acquired and the fair value of the identifiable and intangible net assets acquired in a business combination. SCCA evaluates goodwill for impairment annually or when indicators of a triggering event exist.

In 2020 and 2019, there were no impairment charges.

(i) Leases

SCCA determines whether an arrangement is a lease at inception. Leases are classified as either operating or financing lease. As of June 30, 2020, all leases are classified as operating leases. SCCA has operating leases for clinics, office space, parking, and equipment. SCCA elected not to record leases with an initial term of 12 months or less (short-term leases) on its balance sheet, rather rent for these leases is expensed in the period they are incurred. Options that SCCA is reasonably certain of exercising are considered in determining the lease term used to establish the right-of-use assets and lease liabilities. The right-of-use lease liability represents the lessee's obligation to make lease payments arising from the lease measured on a discounted basis and the right-of-use asset represents the lessee's right to use or control the use of a specified asset for a lease term. The operating lease right-of-use asset includes any lease payments made prior to commencement and is recorded net of any right-of-use lease incentives received to date. These lease agreements do not contain any material residual value guarantees or material restrictive covenants. Leasehold improvements are capitalized at cost and amortized over the lesser of their expected useful life or the lease term.

Since most of SCCA's leases do not provide an implicit rate of return, SCCA uses an incremental borrowing rate based on information available at the commencement date in determining the present value of lease payments. The incremental borrowing rate is a hypothetical rate based on SCCA's implicit credit rating.

Certain lease agreements contain both lease and non-lease components. SCCA accounts for lease and non-lease components separately. Payments for the lease and non-lease (service) components are allocated based on estimated stand-alone prices.

SCCA has leases that include variable payments based on measures such as level of use. These payments are expensed as incurred and reported in other operating expenses.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

(j) Deferred Financing Costs

Costs incurred to secure financing are presented as a direct deduction from the carrying amount of debt and are amortized on a straight-line basis over the shorter of the life of the debt or the initial bank loan tender term for private issue debt.

(k) Net Assets

Gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. These donor restrictions may be limited to a specific time period, purpose, or to be maintained in perpetuity. When restricted funds to be used for operations are expended for their restricted purposes, these amounts are reflected in net assets without donor restrictions as net assets released from restrictions for operations and are included in operating revenues. When restricted funds are expended for the acquisition of property, plant, and equipment, these amounts are reflected in net assets without donor restrictions as net assets released from restrictions for capital acquisitions.

Net assets that are available for use in general operations and not subject to donor (or certain grantor) restrictions are reported as increases in net assets without donor restrictions.

(l) Functional Expense Allocation Methodology

SCCA financial statements report certain categories of expenses that are attributable to more than one function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. These allocations include:

- Occupancy costs related to building and security allocated based on square footage
- Equipment depreciation and amortization allocated to the function using the asset in operations
- Information technology department costs, and other natural costs allocated based on the usage of the computer equipment.

Management believes these allocation bases allocate the costs to the related program function or supporting function in a reasonable manner.

(m) Depreciation

Depreciation is computed using the straight-line method, which allocates the cost of depreciable assets over the following estimated useful lives:

| | |
|-----------------------------------|------------|
| Land improvements | 2–25 Years |
| Buildings and fixed equipment | 3–40 Years |
| Major movable and minor equipment | 2–20 Years |
| Leasehold improvements | 2–10 Years |

(n) Patient Services Revenue

SCCA treats contracts with similar characteristics as a portfolio for the patient services revenue stream under *Accounting Standards Update No. 2014-09 – Revenue from Contracts with Customers*

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

(Topic 606) as the revenue represents a large volume of similar contracts with similar classes of customers. Patient services revenues are comprised of two primary portfolios: clinical services and retail pharmacy operations.

Patient service revenue is reported at the estimated net realizable amount from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive agreements are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Clinical services are the services performed by physicians and other medical professionals to aid in the diagnosis and treatment of cancer. SCCA satisfies clinical service performance obligations over time as services are rendered and thus, recognizes revenue for clinical services over time based on actual charges incurred. SCCA believes that this method provides a useful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. SCCA bills patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility.

The transaction price is based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors and discounts provided to uninsured patients in accordance with SCCA policy and implicit price concessions provided to the uninsured patient. SCCA estimates the contractual adjustment for unpaid accounts based on contractual agreements, its discounts policies, and historical experience by class of patient. SCCA analyzes the discounts on patient service revenue by portfolio of inpatient and outpatient clinical services and payor classification. SCCA has sufficient historical information on these payor groups' collection rates and other information that allows SCCA to analyze these statistics against the portfolio and conclude that the revenue for a given portfolio would not be materially different than if accounting for revenue on a contract-by-contract basis.

Retail pharmacy operations consist of sales of prescription and over-the-counter drugs. These revenues are recognized at a point in time, upon delivery of prescription and over-the-counter drugs to the patient. SCCA sends billing information to the insurance companies at the time of prescription fulfillment. Patient-responsible portion is billed at the time of prescription pick-up.

SCCA has elected to apply the optional exemption in ASC 606-10-50-14a as all of SCCA's performance obligations relate to contracts with a duration of less than one year. As such, SCCA is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period as permitted in FASB Accounting Standards Codification 606-10-50-14a. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient clinical services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within one and a half weeks after the end of the reporting period.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

For patients that do not qualify for financial assistance, SCCA recognizes that a portion of their patients will be unable or unwilling to pay for the services provided. SCCA determines its estimate of implicit price concessions based on historical collection experience by primary payor class of patients. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts SCCA expects to collect based on its collection history with those patients.

Changes to the initial estimate of the transaction price are recorded as adjustments to patient service revenue in the period of the change while subsequent changes that are determined to be the result of an adverse change in the payor's ability to pay are recorded as bad debt expense.

(o) COVID-19

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) enacted on March 27, 2020 authorizes \$100 billion in funding to hospitals and other healthcare providers to be distributed through the Provider Relief Fund (PRF). Payments from the PRF are intended to compensate healthcare providers for lost revenues and incremental expenses incurred in response to the COVID-19 pandemic. These funds are not required to be repaid provided the recipients attest to and comply with certain terms and conditions, including limitations on balance billing and not using PRF funds to reimburse expenses or losses that other sources are obligated to reimburse. The U.S. Department of Health and Human Services (the HHS) allocated the funding proportional to the providers' share of 2019 net patient revenue. HHS indicated that distributions of the remaining \$50 billion were targeted primarily to hospitals in COVID-19 high-impact areas, to rural providers, and to reimburse providers for COVID-19-related treatment of uninsured patients. SCCA received approximately \$14,675,000 in payments from the PRF program, all of which was recognized as revenue for the year ended June 30, 2020 as net assets released from restriction used for operations.

The CARES Act also sought to increase cash flow to providers through the Medicare Accelerated and Advance Payment Program. This program, administered by the Centers for Medicare & Medicaid Services (CMS), allowed certain cancer hospitals an advance of up to 100% of the Medicare Payment of a six-month period. In April 2020, SCCA received approximately \$35,852,000 of accelerated payments, which are reported on the consolidated balance sheet as of June 30, 2020 as third-party payor settlements payable. These advance payments will be automatically withheld from claims made 120 days following the initial advance payment.

The CARES Act provides for deferred payment of the employer portion of social security taxes between March 27, 2020 and December 31, 2020, with 50% of the deferred amount due December 31, 2021 and the remaining 50% due December 31, 2022. SCCA began deferring the employer portion of social security taxes in mid-April 2020. As of June 30, 2020, SCCA deferred \$2,049,000 of social security tax payments.

Due to the recent enactment of the CARES Act, there is still a high degree of uncertainty surrounding its implementation, and the public health emergency continues to evolve. SCCA will continue to assess the potential impact of the CARES Act, the potential impact of future stimulus measures, if any, and the impact of other laws, regulations, and guidance related to COVID-19 on its business, results of operations, financial condition, and cash flows.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

(p) Charity

SCCA provides care to patients who meet certain criteria under its financial assistance policy without charge or at amounts less than its established rates. Because SCCA does not pursue collection of amounts determined to qualify as financial assistance, they are not reported as revenue. The estimated net cost of financial assistance provided was approximately \$8,211,000 and \$5,699,000 in 2020 and 2019, respectively. The net cost of financial assistance was calculated using a percentage of cost to charges, which was 52% in 2020 and 53% in 2019. The number of financial assistance patients served was 2,420 in 2020 and 2,155 in 2019.

(q) Investment Income

Investment income includes (1) interest, dividends, and realized gains and losses on SCCA's cash equivalents, short-term investments, and assets whose use is limited, (2) changes in unrealized gains and losses on short-term investments, and (3) investment management expense.

(r) Excess of Revenues over Expenses

The statements of operations and changes in net assets without donor restrictions include excess of revenues over expenses. Changes in net assets without donor restrictions that are excluded from excess of revenues over expenses include capital acquisitions related to grants and contributions of long-lived assets (including assets acquired using contributions, which by donor restrictions were to be used for the purposes of acquiring such assets).

(s) Taxes

SCCA has obtained a determination letter from the Internal Revenue Service indicating that it is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, except for unrelated business income tax. SCCA recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

(t) Recently Adopted or Newly Issued Accounting Standards

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (Topic 842) with amendments issued in 2018, which requires lessees to recognize a lease liability and a right-of-use (ROU) asset for all lease obligations, with exception to short-term leases, and provide enhanced disclosures surrounding the amount, timing, and uncertainty of cash flows arising from leasing arrangements. Topic 842 supersedes the lease accounting guidance under *Leases* (Topic 840). The lease liability represents the lessee's obligation to make lease payments arising from the lease measured on a discounted basis and the right-of-use asset represents the lessee's right to use or control the use of a specified asset for a lease term. The lease guidance also simplifies accounting for sale-leaseback transactions. On July 1, 2019, SCCA adopted Topic 842 by applying the new lease standard to all leases existing at the date of initial application. Results and disclosure requirements for reporting periods beginning after July 1, 2019 are presented under Topic 842 while prior period amounts have not been adjusted and continue to be reported in accordance with historical accounting under Topic 840. Upon adoption, SCCA recognized total ROU assets and corresponding lease liabilities of \$122,035,000 on the balance sheet. The adoption did not impact SCCA's total net assets. For more information, see the *Leases* section (Note 2(i)) of the *Summary of Significant Accounting Policies* and the corresponding *Leases* Footnote (Note 10).

In November 2016, FASB issued ASU 2016-18, *Statement of Cash Flows* (Topic 230). This ASU requires entities to show the changes in the total of cash, cash equivalents, and restricted cash in the statement of cash flows and reconcile those amounts to the balance sheet. SCCA adopted ASU 2016-18 on June 30, 2020 and applied the provisions retrospectively to all periods presented in the financial statements. For the years ended June 30, 2020 and 2019, SCCA added \$4,925,000 and \$5,340,000, respectively, of restricted cash to the total cash, cash equivalents, and restricted cash presented in the consolidated statements of cash flows.

In August 2018, the FASB issued ASU No. 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software, Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement that is a Service Contract*. This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software. The ASU is effective for annual reporting periods beginning after December 15, 2020, and interim periods beginning after December 15, 2021, with early adoption permitted. SCCA is currently assessing the impact that ASU 2018-15 will have on its financial statements.

(3) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by SCCA in estimating the fair value of its financial instruments:

Cash and Cash Equivalents – The carrying amount reported in the balance sheets for cash and cash equivalents approximates its fair value.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

Short-term and Noncurrent Investments, Current and Noncurrent portion of assets whose use is limited – Investments in fixed-income securities and equity securities with a readily determinable fair value are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

(b) Fair Value Hierarchy

In accordance with Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 – Valuation is based upon quoted prices for identical assets in active markets.
- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and independent pricing models or other model-based valuation techniques, such as present value of future cash flows and adjusted for the security's credit rating, prepayment assumptions, and other factors such as credit loss assumptions for which all significant assumptions are observable in the market.
- Level 3 – Inputs are unobservable inputs for the asset or liability. Level 3 investments include pooled investments related to net assets with donor restrictions that are perpetual in nature and managed by two of SCCA's member organizations.

The level in the fair value hierarchy within which a fair value measurement falls, in its entirety, is based on the lowest-level input that is significant to the fair value measurement.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

The following table presents assets that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at June 30, 2020:

| | | Fair value measurements at reporting date using | | |
|--|----------------|---|---|--|
| | | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
| | June 30, 2020 | | | |
| Assets: | | | | |
| Investments: | | | | |
| U.S. Treasury notes and bills | \$ 19,015,000 | 19,015,000 | — | — |
| Equity mutual funds: | | | | |
| Domestic | 104,771,000 | 104,771,000 | — | — |
| International (U.S. dollar denominated) | 39,305,000 | 39,305,000 | — | — |
| U.S. government inflation protection bonds | 6,545,000 | — | 6,545,000 | — |
| Foreign government bonds | 4,477,000 | — | 4,477,000 | — |
| Corporate debt securities: | | | | |
| Domestic – financial services | 73,407,000 | — | 73,407,000 | — |
| Domestic – utilities | 18,767,000 | — | 18,767,000 | — |
| Domestic – healthcare | 10,240,000 | — | 10,240,000 | — |
| Domestic – consumer goods | 4,028,000 | — | 4,028,000 | — |
| Domestic – other | 5,473,000 | — | 5,473,000 | — |
| International (U.S. dollar denominated) | 8,082,000 | — | 8,082,000 | — |
| U.S. mortgage-backed securities – residential | 10,659,000 | — | 10,659,000 | — |
| Collateralized debt securities | 37,722,000 | — | 37,722,000 | — |
| Municipal bonds | 6,187,000 | — | 6,187,000 | — |
| Total investments | \$ 348,678,000 | 163,091,000 | 185,587,000 | — |
| Assets whose use is limited | | | | |
| Restricted cash | \$ 4,924,000 | 4,924,000 | — | — |
| Pooled Investments and other | 5,981,000 | — | — | 5,981,000 |
| Total assets whose use is limited | \$ 10,905,000 | 4,924,000 | — | 5,981,000 |

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

The following table presents assets that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at June 30, 2019:

| | June 30, 2019 | Fair value measurements at reporting date using | | |
|--|----------------|---|---|--|
| | | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
| Assets: | | | | |
| Investments: | | | | |
| U.S. Treasury notes and bills | \$ 26,950,000 | 26,950,000 | — | — |
| Equity mutual funds: | | | | |
| Domestic | 106,268,000 | 106,268,000 | — | — |
| International (U.S. dollar denominated) | 41,788,000 | 41,788,000 | — | — |
| U.S. government inflation protection bonds | 7,439,000 | — | 7,439,000 | — |
| Foreign government bonds | 5,030,000 | — | 5,030,000 | — |
| Corporate debt securities: | | | | |
| Domestic – financial services | 75,565,000 | — | 75,565,000 | — |
| Domestic – utilities | 12,066,000 | — | 12,066,000 | — |
| Domestic – healthcare | 11,134,000 | — | 11,134,000 | — |
| Domestic – consumer goods | 5,829,000 | — | 5,829,000 | — |
| Domestic – other | 6,341,000 | — | 6,341,000 | — |
| International (U.S. dollar denominated) | 9,573,000 | — | 9,573,000 | — |
| U.S. mortgage-backed securities – residential | 10,773,000 | — | 10,773,000 | — |
| Collateralized debt securities | 27,108,000 | — | 27,108,000 | — |
| Municipal bonds | 6,953,000 | — | 6,953,000 | — |
| Total investments | \$ 352,817,000 | 175,006,000 | 177,811,000 | — |
| Assets whose use is limited | | | | |
| Restricted cash | \$ 5,340,000 | 5,340,000 | — | — |
| Pooled Investments and other | 4,108,000 | — | — | 4,108,000 |
| Total assets whose use is limited | \$ 9,448,000 | 5,340,000 | — | 4,108,000 |

There were no Level 3 transfers into or out of Level 1 or Level 2 financial instruments during the years ended June 30, 2020 or 2019.

The financial statements as of and for the years ended June 30, 2020 and 2019 do not contain any nonrecurring fair value measurements relating to assets or liabilities that require disclosure under the provisions of ASC Topic 820.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

(4) Investment Income

Investment income comprises the following for the years ended June 30:

| | <u>2020</u> | <u>2019</u> |
|--|---------------------|-------------------|
| Investment income: | | |
| Interest and dividend income | \$ 13,038,000 | 13,369,000 |
| Changes in net unrealized (loss) on trading securities | (10,299,000) | (541,000) |
| Realized gain on investments, net | 481,000 | 4,001,000 |
| Investment management expense | (319,000) | (427,000) |
| Total investment income | <u>\$ 2,901,000</u> | <u>16,402,000</u> |

(5) Liquidity and Availability of Financial Assets

SCCA's financial assets available within one year for general expenditures, liabilities, and other obligations as of June 30, 2020 are as follows:

| | <u>2020</u> | <u>2019</u> |
|---|-----------------------|--------------------|
| Cash and cash equivalents | \$ 165,575,000 | 75,799,000 |
| Short-term investments | 343,045,000 | 346,670,000 |
| Patient accounts receivable | 90,141,000 | 100,003,000 |
| Due from related parties | 3,894,000 | 6,573,000 |
| Other receivables | 6,802,000 | 6,466,000 |
| Noncurrent Investments | 5,633,000 | 6,147,000 |
| Assets whose use is limited | 10,905,000 | 9,448,000 |
| Other assets | 2,032,000 | 2,032,000 |
| Total financial assets | 628,027,000 | 553,138,000 |
| Less those unavailable for general expenditure within one year, due to: | | |
| Contractual or donor-imposed restrictions: | | |
| Funds held under the terms of SCCA's trust indenture | (13,000) | (33,000) |
| Restricted by donor with time or purpose restrictions | (10,892,000) | (9,415,000) |
| Noncurrent investments and other assets with redemption limitations over one year | (7,665,000) | (8,179,000) |
| Financial assets available for general expenditures within one year | <u>\$ 609,457,000</u> | <u>535,511,000</u> |

In addition, SCCA invests daily cash in excess of near-term requirements in short-term investments. In the event of unanticipated liquidity needs, SCCA has a committed line of credit in the amount of \$3,000,000.

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(6) Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes:

| | 2020 | 2019 |
|--|----------------------|------------------|
| Subject to expenditure for specified purpose: | | |
| Patient housing | \$ 76,000 | 107,000 |
| Research | 2,076,000 | 2,130,000 |
| Specific clinics or treatment programs | 168,000 | 416,000 |
| Supportive care services | 2,580,000 | 2,678,000 |
| Other | 11,000 | 10,000 |
| | <u>4,911,000</u> | <u>5,341,000</u> |
| Endowments perpetual in nature, distributions available to support the following purposes: | | |
| Supportive care services | 5,888,000 | 3,970,000 |
| Research | 93,000 | 104,000 |
| | <u>5,981,000</u> | <u>4,074,000</u> |
| Total net assets with donor restrictions | <u>\$ 10,892,000</u> | <u>9,415,000</u> |

(7) Net Assets Released from Restriction

Net assets were released from restrictions for the following purposes for the years ended June 30:

| | 2020 | 2019 |
|--|----------------------|------------------|
| Patient housing | \$ 35,000 | 32,000 |
| Capital equipment for Patient Housing | 66,000 | 93,000 |
| Research | 2,129,000 | 1,982,000 |
| Capital equipment for Research | 136,000 | 374,000 |
| Specific clinics or treatment programs | 33,000 | 55,000 |
| Supportive care services | 630,000 | 362,000 |
| CARES Act Provider Relief Fund | 14,675,000 | — |
| Other | 10,000 | — |
| | <u>\$ 17,714,000</u> | <u>2,898,000</u> |

(8) Endowments

SCCA's endowment fund consists of donor-restricted funds that are perpetual in nature. Earnings on these funds are subject to the spending policy and appropriation as stipulated by the donor.

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The endowment funds are invested in pooled investments managed by two of SCCA's member organizations. As such, SCCA does not have the ability to exert significant influence in the endowment fund investment process.

Occasionally, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor standards require SCCA to retain as a fund of perpetual duration. At June 30, 2020, no donor-restricted endowment funds have fallen below the required level.

The following table summarizes the changes in endowment net assets for the years ended June 30, 2020 and 2019:

| | <u>2020</u> | <u>2019</u> |
|---|---------------------|------------------|
| Endowment net assets, beginning of year | \$ 4,074,000 | 3,885,000 |
| Investment income | 97,000 | 220,000 |
| Contributions | 2,000,000 | 150,000 |
| Appropriation of endowment assets for expenditure | <u>(190,000)</u> | <u>(181,000)</u> |
| Endowment net assets, end of year | <u>\$ 5,981,000</u> | <u>4,074,000</u> |

Net assets with donor restrictions that are perpetual in nature included net accumulated earnings of \$536,000 and \$629,000 as of June 30, 2020 and 2019, respectively.

(9) Property, Plant, and Equipment

Property, plant, and equipment consist of the following as of June 30:

| | <u>2020</u> | <u>2019</u> |
|-----------------------------------|-----------------------|----------------------|
| Land and improvements | \$ 28,254,000 | 28,166,000 |
| Buildings and fixed equipment | 179,386,000 | 152,510,000 |
| Major movable and minor equipment | 119,504,000 | 106,124,000 |
| Leasehold improvement | 28,850,000 | 14,267,000 |
| Construction in progress | <u>30,614,000</u> | <u>35,621,000</u> |
| | 386,608,000 | 336,688,000 |
| Less accumulated depreciation | <u>(189,125,000)</u> | <u>(168,966,000)</u> |
| | <u>\$ 197,483,000</u> | <u>167,722,000</u> |

Depreciation expense for the fiscal years ended June 30, 2020 and 2019 amounted to approximately \$21,610,000 and \$18,713,000, respectively. No interest was capitalized during the years ended June 30, 2020 or 2019.

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(10) Leases

Lessee

SCCA leases equipment and office space under operating leases expiring at various dates through February 2044. Many of these leases contain options under which SCCA can extend the term for five to fifteen years. Rental expense for operating, variable, and short-term lease costs is included in other expenses in June 30, 2020 and 2019, respectively, and is composed of the following:

| | <u>2020</u> | <u>2019</u> |
|-----------------------|----------------------|------------------|
| Operating lease cost | \$ 12,418,000 | 7,364,000 |
| Variable lease cost | 2,156,000 | 1,560,000 |
| Short-term lease cost | <u>96,000</u> | <u>99,000</u> |
| Total lease cost | <u>\$ 14,670,000</u> | <u>9,023,000</u> |

See Note 15 – *Related Party Transactions* for details on operating and variable lease costs attributed to related parties.

Future maturities of long-term operating lease liabilities as of June 30, 2019, prior to the adoption of ASU 2016-02, are presented in the following table:

| | |
|------------|----------------------|
| 2020 | \$ 7,218,000 |
| 2021 | 7,451,000 |
| 2022 | 7,132,000 |
| 2023 | 4,706,000 |
| 2024 | 2,329,000 |
| Thereafter | <u>11,758,000</u> |
| | <u>\$ 40,594,000</u> |

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The following is a schedule, by year, of future minimum lease payments under operating leases, including options for lease extensions, as of June 30, 2020, which have initial or remaining lease terms in excess of one year:

| | | |
|------------------------------------|----|--------------------|
| 2021 | \$ | 10,302,000 |
| 2022 | | 10,589,000 |
| 2023 | | 9,973,000 |
| 2024 | | 10,516,000 |
| 2025 | | 10,550,000 |
| Thereafter | | <u>106,177,000</u> |
| Total undiscounted cash flows | | 158,107,000 |
| Less: Imputed Interest | | <u>(3,570,000)</u> |
| Present value of lease liabilities | \$ | <u>154,537,000</u> |

Real estate obligations exclude legally binding minimum lease payments for leases signed but not yet commenced as of June 30, 2020 of \$12,869,000 for operating leases and \$30,060,000 for finance lease. See Note 20 – *Subsequent Events* for more information on the finance lease.

Supplemental cash flow information and noncash activity related to operating leases are as follows:

| | <u>2020</u> |
|---|---------------|
| Cash paid for amounts included in the measurement of lease liabilities: | |
| Operating cash flows from operating leases | \$ 8,337,000 |
| Noncash activity: | |
| Operating lease liabilities arising from obtaining right-of-use assets | \$ 33,422,000 |

Weighted-average remaining lease term and discount rates are as follows:

| | <u>2020</u> |
|---|-------------|
| Weighted average remaining lease term in years: | |
| Operating lease | 15.64 |
| Weighted average discount rate: | |
| Operating lease | 3.19 % |

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June 30, 2020 and 2019

(11) Goodwill and Intangible Assets

At inception, SCCA acquired a ground lease and contributed outpatient businesses, which are reported as intangible assets. The ground lease was contributed by FHCRC. It relates to land upon which SCCA's South Lake Union outpatient facility was constructed and has a term of 99 years. The outpatient businesses were contributed by FHCRC and by UWMC with the designation that SCCA be a site of practice for certain oncology-related outpatient activities.

During the year ended June 30, 2019, SCCA completed an asset purchase agreement, which qualified as a business combination under ASC Section 954-805, *Not-for-Profit Business Combinations*, for the Peninsula Cancer Center for consideration in the amount of \$6,794,000. This purchase resulted in goodwill of \$3,939,000.

Amortization expense for intangible assets is calculated using the straight-line method and for the fiscal years ended June 30, 2020 and 2019 amounted to \$1,241,000 and \$1,242,000, respectively.

Goodwill and the unamortized balance of the intangible assets consists of the following as of June 30:

| | 2020 | 2019 | Amortization period |
|-----------------------|---------------------|------------------|---------------------|
| Goodwill | 3,939,000 | 3,939,000 | NA |
| Ground lease | \$ 2,897,000 | 2,934,000 | 99 Years |
| Outpatient businesses | 703,000 | 1,907,000 | 20 Years |
| | <u>\$ 7,539,000</u> | <u>8,780,000</u> | |

The estimated amortization expense related to these intangible assets is as follows:

| | |
|------------|---------------------|
| 2021 | \$ 739,000 |
| 2022 | 37,000 |
| 2023 | 36,000 |
| 2024 | 36,000 |
| 2025 | 36,000 |
| Thereafter | <u>2,716,000</u> |
| | <u>\$ 3,600,000</u> |

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(12) Long-Term Debt

Long-term debt consists of the following as of June 30:

| | <u>2020</u> | <u>2019</u> |
|---|----------------------|-------------------|
| Washington Health Care Facility Authority, Fixed Rate Demand Revenue Bonds, Series 2014, at an average fixed interest rate of 4.62% and 4.59% for the years ended June 30, 2020 and 2019, respectively, maturing on March 1, 2038, net of unamortized bond premium of \$5,231,000, and at increasing principal amounts of \$2,630,000 to \$22,225,000 | \$ 78,521,000 | 81,760,000 |
| Washington Health Care Facility Authority, Weekly Rate Demand Revenue Bonds, Series 2010, at an average variable interest rate of 1.84% and 2.33% for the years ended June 30, 2020 and 2019, respectively | <u>16,786,000</u> | <u>17,355,000</u> |
| | 95,307,000 | 99,115,000 |
| Less current portion | (3,219,000) | (3,074,000) |
| Less deferred financing costs | <u>(411,000)</u> | <u>(465,000)</u> |
| Long-term debt, net | <u>\$ 91,677,000</u> | <u>95,576,000</u> |

The maturities by year of the long-term debt obligations are as follows:

| | |
|-------------------------------|----------------------|
| 2021 | \$ 3,219,000 |
| 2022 | 3,365,000 |
| 2023 | 3,535,000 |
| 2024 | 3,675,000 |
| 2025 | 3,927,000 |
| Thereafter | <u>72,355,000</u> |
| | 90,076,000 |
| Plus unamortized net premiums | <u>5,231,000</u> |
| | <u>\$ 95,307,000</u> |

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(a) Washington Health Care Facility Authority, Revenue Bonds, Series 2014

In fiscal year 2015, SCCA borrowed the proceeds of the Washington Health Care Facility Authority's \$86,950,000 Revenue Bonds, Series 2014 (the 2014 Bonds). The bonds are issued for the purpose of providing the funds necessary to advance refund and defease all of the Washington Health Care Facility Authority, Revenue Bonds, Series 2008, and pay certain costs in connection with the issuance of the 2014 Bonds. Principal is paid upon maturity of the bond and interest is paid semiannually. SCCA has the option to redeem outstanding bonds prior to their maturity dates, provided certain conditions are met.

Under SCCA's master trust, SCCA is subject to certain covenants, including a requirement to maintain a minimum debt service coverage ratio of 1.10 to 1.00.

SCCA has pledged as collateral its gross receivables. Payments on the 2014 Bonds will be made solely by SCCA; the member organizations do not guaranty any of SCCA's financial obligations, including repayment of the 2014 Bonds.

(b) Washington Health Care Facility Authority, Weekly Rate Demand Revenue Bonds, Series 2010

In fiscal year 2011, SCCA borrowed the proceeds of the Washington Health Care Facility Authority's \$21,415,000 Variable Rate Revenue Bonds, Series 2010 (the 2010 Bonds) to provide a portion of the funds necessary to refund bonds issued to fund the Seattle Cancer Care Alliance House and to pay a portion of the costs of issuing the 2010 Bonds. The initial interest rate was calculated as 65% of the sum of LIBOR plus 1.88% effective November 1, 2012 or LIBOR plus 2.15% prior to November 2012. Effective December 1, 2014, the interest rate was renegotiated as 65.01% of the sum of the one-month LIBOR plus 1.20%.

Upon issuance, SCCA entered into a private placement agreement with KeyBank National Association (Key), which was in effect as of June 30, 2012. Under the agreement, the initial bank tender date was November 1, 2013, and has since been extended to November 18, 2024.

Under the terms of the credit agreement with Key, SCCA is subject to certain covenants, including a requirement to maintain a minimum debt service coverage ratio of 1.10 to 1.00, long-term indebtedness to sum of long-term indebtedness plus net assets without donor restrictions to not exceed 0.70 to 1.00, and 75 days of cash on hand.

Obligations issued under the master indenture, including the obligation issued to secure the 2010 Bonds, are secured by a pledge of SCCA's gross receivables. Payments on the 2010 Bonds will be made solely by SCCA; the member organizations do not guaranty any of SCCA's financial obligations, including repayment of the 2010 Bonds.

The 2010 bonds were retired on July 8th, 2020. See Note 20 – *Subsequent Events* for more details.

(c) Line of Credit

SCCA entered into a line of credit in the amount of \$3,000,000 with an expiration date of December 1, 2020. SCCA shall pay interest on the outstanding principal balance of this line of credit at the rate per annum equal to the daily LIBOR plus 2.5%. No funds have been drawn on this line of credit during the year ended June 30, 2020 or 2019.

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(13) Patient Services Revenue

SCCA has agreements with third-party payors that provide for payments to SCCA at amounts different from its established rates. Patient services revenues were billed to the following payors for the year ended June 30, 2020:

| | <u>2020</u> | <u>2019</u> |
|--------------------------------|-----------------------|--------------------|
| Commercial | \$ 500,506,000 | 482,879,000 |
| Medicare | 221,861,000 | 184,936,000 |
| Medicaid | 23,853,000 | 20,501,000 |
| Self-pay and other | <u>6,808,000</u> | <u>9,738,000</u> |
| Total patient services revenue | <u>\$ 753,028,000</u> | <u>698,054,000</u> |

For the years ended June 30, 2020 and 2019, revenue recognized from performance obligations related to prior periods (for example, due to changes in transaction price) was insignificant.

A summary of the payment arrangements with major third-party payors is as follows:

(a) Commercial

SCCA negotiates contracts for reimbursement of care provided to patients with commercial third-party insurance payors.

For certain commercial payors, SCCA has negotiated a single payment (case rate) for a defined period of care (case rate period) related to providing a bone marrow or stem cell transplant. All of SCCA's case rate contracts specify a minimum and maximum payment calculation based on a review of actual gross charges provided during the case rate period. In addition to the case rate payments, the case rate contracts also specify negotiated fee-for-service rates for services performed outside of the case rate period. Case rate contracts extend to SCCA related parties. With the exception of pediatric cases, SCCA serves as the collection agent for the case rate payments. For pediatric cases, Seattle Children's Hospital serves as the collection agent. All case rate payments, except for pediatric cases, are remitted to SCCA, which in turn remits payments to each respective related party for its proportionate share of services rendered. Payments for pediatric cases are to be remitted to Seattle Children's Hospital, which in turn remits payments to each respective party for its proportionate share of services. Any liability to related parties has been accrued in accounts payable and accrued expenses at June 30, 2020 and 2019.

(b) Medicare

Medicare pays for inpatient hospital services under the prospective payment system (PPS) unless the provider is statutorily exempt from PPS (Exempt Hospital). PPS hospitals are paid a predetermined flat rate for inpatient care that is based on the patient's diagnosis at discharge while Exempt Hospitals are paid based on the "reasonable cost" of the services provided subject to an annual rate of increase limit. Exempt Hospitals receive an interim payment based on a percentage of charges submitted that is adjusted based on the filed cost report. Certain types of cancer hospitals are currently included among the Exempt Hospitals. SCCA's inpatient facility is recognized by Medicare as an Exempt Hospital.

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Medicare has historically paid for outpatient services on the basis of the cost of or a portion of the cost of providing the services. The Balanced Budget Act of 1997 required a phased in prospective payment system for outpatient services (OP PPS). The Centers for Medicare and Medicaid Services (CMS), an agency of the United States Department of Health and Human Services, issued regulations implementing OP PPS, which became effective as of August 1, 2000. Before the effective date of OP PPS, the Balanced Budget Refinement Act of 1999 established a "hold harmless" provision for cancer hospitals ensuring that they would be supplemented for certain covered services incurred under OP PPS. Under the hold harmless provision, if the amount of payment the cancer hospital would receive under OP PPS is less than what it would have received before OP PPS' implementation, the amount of payment due to the cancer hospital will be increased by the amount of such difference. As an Exempt Hospital, SCCA qualifies for payment under the hold harmless provision.

The Budget Control Act of 2011 requires automatic spending reductions beginning April 1, 2013 to reduce the federal deficit, including Medicare spending reductions of up to 2% for a fiscal year, with a uniform percentage reduction across all Medicare programs. In 2013, the CMS notified SCCA that Medicare fee-for-service claims with dates of service or dates of discharge on or after April 1, 2013 will incur a 2% reduction in Medicare payments.

Settlements with third-party payors for retroactive adjustments due to audits, review or investigations are considered variable consideration and are included in the determination of estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the SCCA's historic settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments from finalizations of prior-year cost reports and other third-party settlement estimates resulted in an increase of net patient service revenues of approximately \$2,648,000 in 2020 and a decrease of net patient service revenues of \$310,000 in 2019.

(c) Medicaid

SCCA is paid for services provided to Medicaid patients under the state's fee schedule, which is based on a modification of Medicare's prospective payment systems for inpatient and outpatient care. In 2009, the State of Washington enacted a safety net assessment program involving Washington State hospitals to increase funding from other sources and obtain additional federal funds to support increased payments to providers for Medicaid services.

(d) Self-Pay & Other Insurers

Self-pay patients are those who do not qualify for government program payments, such as Medicare and Medicaid, do not have some form of private insurance, and therefore are responsible for their own medical bills. Despite comprising a smaller percent of SCCA's patient service revenues, the risk of collectability is higher with self-pay accounts. Any increases in uninsured individuals or changes to the payor mix could increase amounts due from individuals.

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Other Insurers are patients whose funding stem from TRICARE and other insurers such as workers' compensation. TRICARE is the Department of Defense's health care program for members of the armed forces. For inpatient clinical services, TRICARE reimburses SCCA based on a Diagnosis Related Group (DRG) system modeled on the Medicare inpatient PPS. For outpatient clinical services, TRICARE reimburses SCCA based on a PPS that is similar to that utilized for services provided to Medicare beneficiaries.

(14) Concentration of Credit Risk

SCCA grants credit without collateral to its patients, most of which are insured under third-party payor agreements. Percentage of outstanding patient accounts receivable by third-party payor and patients are as follows as of June 30, 2020 and 2019:

| | 2020 | 2019 |
|------------------------------|------|------|
| Patient accounts receivable: | | |
| Commercial | 58% | 57% |
| Medicare | 30 | 30 |
| Medicaid | 9 | 8 |
| Self-pay and other | 3 | 5 |
| Total | 100% | 100% |

(15) Related Party Transactions

Members of SCCA share equally in the capital contributions and in the results of operations. The initial capital contributions of the members were based on a contribution schedule in accordance with the Members Agreement dated June 15, 1998. Contributions in 1998 consisted of cash payments, contributed equipment, a ground lease, and the fair value of existing businesses. The fair value of existing businesses was recorded as intangible assets at the time that the related programs were transferred to the SCCA. No contributions have been made since fiscal year 2001.

(a) Outpatient and Other Services

SCCA and its member organizations have entered into various affiliate agreements in order to optimize the use of clinical and support functions available from member organizations. Certain affiliate agreements relate to support functions, including human resources, information technology, and cover the cost of staff, purchased services, and supplies, including pharmaceuticals and medical supplies. Affiliate agreements are based upon negotiated fixed monthly amounts or other specified terms and conditions for each prescribed service. Such amounts are renegotiated annually. In addition, SCCA leases out lab space to UW Medicine under a noncancelable operating lease and leases space and equipment under several operating lease agreements from its member organizations. SCCA purchased support functions from affiliates totaling \$136,793,000 and \$256,536,000 in fiscal years 2020 and 2019, respectively, which are included in purchased services and supplies on the statements of operations and changes in net assets without donor restrictions. In fiscal year 2020, the majority of pharmaceuticals were no longer purchased under affiliate agreements. SCCA sold support functions to member organizations in the amount of \$23,674,000 and \$27,978,000 in fiscal years 2020 and 2019, respectively, which are included in other operating revenue on the statements of operations and

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changes in net assets without donor restrictions. Because the performance obligations are satisfied over time, revenues related to sold support functions are recognized over time, on a pro rata basis over the term of the agreements, as services are rendered. This method provides a reasonable recognition of the transfer of services over the term of the performance obligation based on the inputs/outputs needed to satisfy the obligation. The transaction price is based on the agreed upon charges for the services provided.

(b) Inpatient Services

Under the Pediatric and Adult Inpatient Services Agreement, SCCA operates certain ambulatory cancer care services and facilities, and obtains inpatient clinical services from Seattle Children's Hospital for pediatric patients and UWMC for adult patients. SCCA provides programmatic direction for the inpatient cancer services at UWMC and Seattle Children's Hospital as set forth in the respective agreements. UWMC and Seattle Children's Hospital make their personnel and facilities available to FHCRC, as set forth in the respective agreements, to enable FHCRC to meet its requirements in connection with pediatric and adult cancer research and obtain certain research and related services. The Adult Inpatient Services Agreement was amended and restated effective July 1, 2019.

In addition, SCCA operates a 20-bed adult inpatient unit within UWMC's facility. SCCA has received notification from the fiscal intermediary that this inpatient unit is designated as a hospital within a hospital. Therefore, gross revenues for these inpatient clinical services are recorded by SCCA, which provides medical oversight and management for the inpatient unit. See *Footnote 2 – Summary of Significant Accounting Policies: Patient Services Revenue* for more information on the timing of patient service revenue recognition. UWMC provides patient care services to SCCA, including necessary personnel, equipment, and ancillary services. SCCA pays UWMC for services provided to SCCA inpatients based upon the agreement. SCCA incurred \$44,072,000 and \$47,396,990 of expenses related to these services in fiscal years 2020 and 2019, respectively, which are included in purchased services in the statements of operations and changes in net assets without donor restrictions.

SCCA also makes its personnel and facilities available to FHCRC, to enable FHCRC to meet its requirements in connection with adult cancer research. SCCA purchases from FHCRC certain research and development support, data collection and analysis, physician assistant services, consulting services, and license rights to use the FHCRC name in connection with the inpatient cancer services program. SCCA incurred \$8,314,000 and \$8,243,000 in expenses related to these services in fiscal years 2020 and 2019, respectively, which are included in purchased services in the statements of operations and changes in net assets without donor restrictions.

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(c) Due from/Due to Related Parties

SCCA has amounts due from or due to related parties for the various transactions described above, which are as follows as of June 30:

| | 2020 | | 2019 | |
|-----------------------------|--------------------------------|------------------------------|--------------------------------|------------------------------|
| | Due from related parties | Due to related parties | Due from related parties | Due to related parties |
| FHCRC | \$ 257,000 | 960,000 | 209,000 | 2,424,000 |
| Seattle Children's Hospital | 232,000 | — | 225,000 | 15,000 |
| UW Medicine | 3,405,000 | 16,914,000 | 6,139,000 | 15,471,000 |
| | <u>\$ 3,894,000</u> | <u>17,874,000</u> | <u>6,573,000</u> | <u>17,910,000</u> |

In addition, prepaid expense, on the balance sheet, includes \$6,246,000 paid to UW Medicine as of June 30, 2020 for future services. Due from related parties, on the balance sheet, includes payments of \$4,318,000 to UW Medicine as of June 30, 2019 for future services.

(16) Functional Expenses

SCCA provides inpatient and outpatient healthcare services. SCCA also has Community (Clinic) Sites outside of the South Lake Union area that also provide outpatient cancer care to patients. The following tables present expenses by both their nature and function for the years ended June 30, 2020 and 2019 (in thousands):

| | 2020 | | | | | |
|-------------------------------|------------------|----------------|-----------------|------------------------|----------------------------|----------------|
| | Inpatient | Outpatient | Community sites | Total program services | General and administrative | Grand total |
| Salaries, wages, and benefits | \$ 477 | 124,270 | 13,302 | 138,049 | 39,513 | 177,562 |
| Purchased services | 52,402 | 117,076 | 8,909 | 178,387 | 24,214 | 202,601 |
| Supplies | 11,196 | 223,755 | 41,954 | 276,905 | 742 | 277,647 |
| Depreciation and amortization | — | 17,507 | 1,466 | 18,973 | 4,125 | 23,098 |
| Interest expenses | — | 3,312 | — | 3,312 | — | 3,312 |
| Other expenses | 1,880 | 20,843 | 5,114 | 27,837 | 22,876 | 50,713 |
| Total operating expenses | <u>\$ 65,955</u> | <u>506,763</u> | <u>70,745</u> | <u>643,463</u> | <u>91,470</u> | <u>734,933</u> |

| | 2019 | | | | | |
|-------------------------------|------------------|----------------|-----------------|------------------------|----------------------------|----------------|
| | Inpatient | Outpatient | Community sites | Total program services | General and administrative | Grand total |
| Salaries, wages, and benefits | \$ 550 | 112,984 | 10,523 | 124,057 | 40,536 | 164,593 |
| Purchased services | 52,089 | 111,044 | 4,370 | 167,503 | 22,581 | 190,084 |
| Supplies | 7,096 | 212,723 | 37,300 | 257,119 | 1,640 | 258,759 |
| Depreciation and amortization | — | 19,009 | 998 | 20,007 | 3,604 | 23,611 |
| Interest expenses | — | 3,460 | — | 3,460 | — | 3,460 |
| Other expenses | 1,988 | 17,207 | 3,912 | 23,107 | 21,072 | 44,179 |
| Total operating expenses | <u>\$ 61,723</u> | <u>476,427</u> | <u>57,103</u> | <u>595,253</u> | <u>89,413</u> | <u>684,666</u> |

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(17) Commitments and Contingencies

(a) Litigation

SCCA is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on SCCA's future financial position or results from operations.

(b) Regulatory Environment

- (i) Washington State's Department of Health conducted a survey at SCCA between April 4 and April 12, 2018 on behalf of the Centers for Medicare and Medicaid Services (CMS). In a letter dated May 16, 2018 and accompanying Statement of Deficiencies and Plan of Correction Form CMS 2567 (2567), CMS asserted that SCCA had "failed to be primarily engaged in providing inpatient services by depending on another hospital to meet the CMS Conditions of Participation." Through conversation with CMS, SCCA understands that the stated deficiencies do not relate to patient quality or safety. Rather, the 2567 identifies deficiencies relating to a lack of distinct physical space for SCCA beds, and insufficient oversight by SCCA of inpatient policies and support services, such as nursing, pharmaceutical, Medical records and Medical Staff. Failure to timely remediate these deficiencies would result in loss of SCCA's participating provider status with Medicare, which would result in a decrease in future revenues. SCCA submitted a Plan of Correction ("POC") on June 8, 2018 and in response to CMS' additional comments, submitted a Revised Plan of Correction ("RPOC") on July 31, 2019 to address the stated deficiencies. CMS accepted SCCA's RPOC on January 15, 2020. SCCA has continued to meet and implement the remediations stated in the RPOC. Additionally, on July 15, 2020 SCCA provided CMS a written update confirming its progress pursuant to the RPOC, which was accepted by CMS. SCCA will provide additional updates to CMS in six (6) months.
- (ii) The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, governmental healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government agencies are actively conducting investigations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Through its compliance program, SCCA maintains an effective and safe program for reporting and addressing potential regulatory concerns. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions known or unasserted at this time.

(18) Professional Liability

SCCA maintains professional liability insurance coverage on a claims-made basis through commercial insurance carriers. The policies providing primary and excess coverage for 2019 had limits of \$41,000,000 per occurrence and \$43,000,000 in the aggregate. The policies for 2020 have limits of \$41,000,000 per occurrence and \$45,000,000 in the aggregate.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

SCCA has recorded a liability that represents an estimate for the ultimate settlement for claims incurred but not reported. The professional liability was estimated at approximately \$812,000 for both June 30, 2020 and 2019, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

(19) Retirement Plans

SCCA has a defined contribution plan for its paid employees. Employees are generally eligible after one year and 1,000 hours of service. SCCA contributes 7% of each eligible employee's compensation up to the Social Security wage base limit and 12% on compensation above the limit. SCCA also has a Supplemental Executive Retirement Plan for eligible members of the executive team. Contributions for the years ended June 30, 2020 and 2019 were \$8,112,000 and \$7,301,000, respectively, and are presented in salaries, wages, and benefits in the statements of operations and changes in net assets without donor restrictions.

(20) Subsequent Events

SCCA has performed an evaluation of subsequent events through October 8, 2020, which is the date these financial statements were issued.

(a) Long-Term Debt

In July 2020, SCCA borrowed the proceeds of the Washington Health Care Facility Authority's \$232,925,000 Revenue Bonds, Series 2020 (the 2020 Bonds). The bonds are issued for the purposes of providing the funds necessary to finance, refinance, or reimburse a portion of the costs of acquisition, construction, remodeling, renovating, and equipping of certain health care facilities owned and operated by SCCA. In addition, the bonds will reimburse SCCA for a portion of the costs thereof, advance refund and defease all of the Washington Health Care Facility Authority, Revenue Bonds, Series 2010, fund capitalized interest, and pay certain costs in connection with the issuance of the 2010 Bonds. Principal is paid upon maturity of the bond and interest is paid semiannually. SCCA has the option to redeem outstanding bonds prior to their maturity dates, provided certain conditions are met.

SCCA has pledged as collateral its gross receivables. Payments on the 2020 Bonds will be made solely by SCCA; the member organizations do not guaranty any of SCCA's financial obligations, including repayment of the 2020 Bonds.

(b) Land swap

On June 2, 2020, SCCA entered into a reciprocal lease agreement with Fred Hutchinson Cancer Research Center for the purpose of facilitating expansion of SCCA's existing cancer care center in Seattle, Washington.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2020 and 2019

Under the terms of the agreement, SCCA entered into a finance lease with FHCRC on July 28, 2020 for real property with a fair market value of \$30,060,000 located adjacent to existing SCCA facilities referred to in the agreement as the Aloha and Valley land and improvements ("Hutch Parcel") for a period of eighty years ending January 23, 2100. Concurrently, SCCA entered into a sales-type lease with FHCRC of its real property at 1213 Valley ("SCCA Parcel"), with a fair market value of \$29,500,000. Rent obligations under this agreement were equalized with a one-time payment of \$560,000 from SCCA to FHCRC on July 28, 2020. The terms of the agreement provides a right of occupancy for SCCA with the Hutch Parcel and FHCRC with the SCCA Parcel, respectively, in lieu of rental payments.

(c) Medicare Advance Payments

On October 1, 2020, as part of the enactment of the extension of United States Government funding through December 11, 2020, Congress delayed the beginning of recoupment of the accelerated payments to one year from when the payment was issued. The Advance payments are now required to be repaid in full 29 months from the date of the first accelerated payment.

(d) Provider Relief Funds

On September 19, 2020, the Department of Health and Human Services (HHS) published its Provider Reporting Guidelines. The Guidelines include the reporting timing and deadlines and methodology for calculating lost revenues attributable to COVID-19. This new guidance is effective on the date of enactment. SCCA is evaluating the potential impacts, as such, an estimate of the financial effect, if any, cannot be made.



SEATTLE CANCER CARE ALLIANCE

Financial Statements

June 30, 2019 and 2018

(With Independent Auditors' Report Thereon)



KPMG LLP
Suite 2900
1918 Eighth Avenue
Seattle, WA 98101

Independent Auditors' Report

The Board of Directors
Seattle Cancer Care Alliance:

Report on the Financial Statements

We have audited the accompanying financial statements of Seattle Cancer Care Alliance, which comprise the balance sheets as of June 30, 2019 and 2018, and the related statements of operations and changes in net assets without donor restrictions, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Seattle Cancer Care Alliance as of June 30, 2019 and 2018, and the results of its operations and changes in net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.



Emphasis of Matters

As discussed in note 1 to the financial statements, in 2019, Seattle Cancer Care Alliance adopted Financial Accounting Standards Board Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers* (Topic 606) and ASU 2016-14, *Presentation of Financial Statements for Not-for-Profit Entities* (Topic 958) our opinion is not modified with respect to these matters.

KPMG LLP

Seattle, Washington
October 10, 2019

SEATTLE CANCER CARE ALLIANCE

Balance Sheets

June 30, 2019 and 2018

| Assets | 2019 | 2018 |
|---|-----------------------|--------------------|
| Current assets: | | |
| Cash and cash equivalents | \$ 75,799,000 | 60,390,000 |
| Short-term investments | 346,670,000 | 323,225,000 |
| Patient accounts receivable, net of allowance for uncollectible accounts \$1,900,000 in 2018 | 100,003,000 | 66,168,000 |
| Due from related parties | 6,573,000 | 6,080,000 |
| Other receivables | 6,466,000 | 8,304,000 |
| Current portion of assets whose use is limited | 33,000 | 32,000 |
| Supplies inventory, at cost | 13,027,000 | 11,093,000 |
| Prepaid expenses | 5,785,000 | 4,734,000 |
| Total current assets | 554,356,000 | 480,026,000 |
| Noncurrent portion of assets whose use is limited | 9,415,000 | 7,877,000 |
| Property, plant, and equipment, net of accumulated depreciation | 167,722,000 | 150,080,000 |
| Investments, noncurrent | 6,147,000 | — |
| Goodwill and Intangible assets, net of accumulated amortization of \$22,857,000 and \$21,615,000 in 2019 and 2018, respectively | 8,780,000 | 6,082,000 |
| Other assets | 6,891,000 | 3,915,000 |
| Total assets | \$ 753,311,000 | 647,980,000 |
| Liabilities and Net Assets | | |
| Current liabilities: | | |
| Current portion of long-term debt | \$ 3,074,000 | 2,974,000 |
| Accounts payable and accrued expenses | 57,471,000 | 31,197,000 |
| Due to related parties | 17,910,000 | 20,713,000 |
| Third-party payor settlements payable | 14,816,000 | 1,648,000 |
| Accrued interest payable | 1,286,000 | 1,326,000 |
| Total current liabilities | 94,557,000 | 57,858,000 |
| Long-term debt, net of current portion | 95,576,000 | 99,401,000 |
| Other long-term liabilities | 812,000 | 812,000 |
| Total liabilities | 190,945,000 | 158,071,000 |
| Net assets: | | |
| Without donor restrictions | 552,951,000 | 482,032,000 |
| With donor restrictions | 9,415,000 | 7,877,000 |
| Total net assets | 562,366,000 | 489,909,000 |
| Total liabilities and net assets | \$ 753,311,000 | 647,980,000 |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Statements of Operations and Changes in Net Assets without Donor Restrictions

Years ended June 30, 2019 and 2018

| | <u>2019</u> | <u>2018</u> |
|---|-----------------------|--------------------|
| Operating revenues: | | |
| Patient service revenue (net of contractual allowances and discounts) | \$ | 605,209,000 |
| Allowance for uncollectible accounts | | (2,260,000) |
| Net patient service revenue | 698,054,000 | 602,949,000 |
| Other operating revenue | 36,854,000 | 36,787,000 |
| Net assets released from restriction used for operations | 2,431,000 | 1,589,000 |
| Total operating revenues | <u>737,339,000</u> | <u>641,325,000</u> |
| Operating expenses: | | |
| Salaries, wages, and benefits | 164,593,000 | 150,409,000 |
| Purchased services | 190,064,000 | 181,802,000 |
| Supplies | 258,759,000 | 211,745,000 |
| Depreciation and amortization | 23,611,000 | 22,387,000 |
| Interest | 3,460,000 | 3,407,000 |
| Other | 44,179,000 | 37,977,000 |
| Total operating expenses | <u>684,666,000</u> | <u>607,727,000</u> |
| Net income from operations | 52,673,000 | 33,598,000 |
| Nonoperating income: | | |
| Investment income | 16,402,000 | 14,469,000 |
| Other income, net | 1,377,000 | 1,165,000 |
| Excess of revenues over expenses | 70,452,000 | 49,232,000 |
| Net assets released from restrictions for capital acquisitions | 467,000 | — |
| Change in net assets without donor restrictions | 70,919,000 | 49,232,000 |
| Net assets without donor restrictions, beginning of year | <u>482,032,000</u> | <u>432,800,000</u> |
| Net assets without donor restrictions, end of year | <u>\$ 552,951,000</u> | <u>482,032,000</u> |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Statements of Changes in Net Assets

Years ended June 30, 2019 and 2018

| | Without donor restriction | With donor restriction | Total |
|--|------------------------------|---------------------------|-------------|
| Balance, June 30, 2017 | \$ 432,800,000 | 6,469,000 | 439,269,000 |
| Excess of revenues over expenses | 49,232,000 | — | 49,232,000 |
| Restricted contributions, grants, and other | — | 2,997,000 | 2,997,000 |
| Net assets released from restriction for operations | — | (1,589,000) | (1,589,000) |
| Change in net assets | 49,232,000 | 1,408,000 | 50,640,000 |
| Balance, June 30, 2018 | 482,032,000 | 7,877,000 | 489,909,000 |
| Excess of revenues over expenses | 70,452,000 | — | 70,452,000 |
| Restricted contributions, grants, and other | — | 4,436,000 | 4,436,000 |
| Net assets released from restrictions for capital acquisitions | 467,000 | (467,000) | — |
| Net assets released from restrictions for operations | — | (2,431,000) | (2,431,000) |
| Change in net assets | 70,919,000 | 1,538,000 | 72,457,000 |
| Balance, June 30, 2019 | \$ 552,951,000 | 9,415,000 | 562,366,000 |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Statements of Cash Flows

Years ended June 30, 2019 and 2018

| | <u>2019</u> | <u>2018</u> |
|---|----------------------|---------------------|
| Cash flows from operating activities: | | |
| Change in net assets | \$ 72,457,000 | 50,640,000 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: | | |
| Net realized and change in unrealized gains on investments | (3,460,000) | (5,893,000) |
| (Gains) and Losses on disposal of property, plant, and equipment | 657,000 | (2,000) |
| Depreciation and amortization | 23,611,000 | 22,387,000 |
| Amortization of premium on issuance of long-term debt | (809,000) | (890,000) |
| Provision for bad debts | — | 2,260,000 |
| (Increase) decrease in: | | |
| Patient accounts receivable | (33,835,000) | (5,474,000) |
| Due from related parties | (493,000) | (4,268,000) |
| Other receivables | 1,838,000 | (1,521,000) |
| Supplies inventory | (1,934,000) | (2,315,000) |
| Prepaid expenses | (1,051,000) | (832,000) |
| Assets whose use is limited | (1,539,000) | (1,416,000) |
| Other long-term assets | (48,000) | — |
| Increase (decrease) in: | | |
| Accounts payable and accrued expenses | 22,647,000 | 3,619,000 |
| Due to related parties | (4,835,000) | 5,437,000 |
| Third-party payor settlements payable | 13,168,000 | (135,000) |
| Accrued interest payable | (40,000) | (30,000) |
| Net cash provided by operating activities | <u>86,334,000</u> | <u>61,567,000</u> |
| Cash flows from investing activities: | | |
| Purchases of property, plant, and equipment | (30,555,000) | (30,720,000) |
| Proceeds from sale of property, plant, and equipment | 25,000 | — |
| Purchase of acquired assets | (6,794,000) | — |
| Net purchases of trading securities | (19,985,000) | (8,322,000) |
| Purchase of investment, non current | (6,147,000) | — |
| Purchases of other assets | (4,495,000) | — |
| Net cash used in investing activities | <u>(67,951,000)</u> | <u>(39,042,000)</u> |
| Cash flows from financing activities: | | |
| Principal payments on long-term debt | (2,974,000) | (2,742,000) |
| Net cash used in financing activities | <u>(2,974,000)</u> | <u>(2,742,000)</u> |
| Net increase in cash and cash equivalents | 15,409,000 | 19,783,000 |
| Cash and cash equivalents at beginning of year | <u>60,390,000</u> | <u>40,607,000</u> |
| Cash and cash equivalents at end of year | <u>\$ 75,799,000</u> | <u>60,390,000</u> |
| Supplemental disclosure of cash flow information: | | |
| Cash paid during the year for interest | \$ 4,295,000 | 4,312,000 |
| Supplemental disclosure of noncash activity: | | |
| Purchase of property, plant, and equipment included in accounts payable | \$ 6,570,000 | 2,943,000 |
| Conversion of other receivable to a note receivable | 2,032,000 | — |
| Fair value of acquired assets | 2,855,000 | — |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

(1) Organization

Seattle Cancer Care Alliance (SCCA) is a nonprofit corporation organized in 1998 by Seattle Children's Hospital, the University of Washington through UW Medicine, and Fred Hutchinson Cancer Research Center (FHCRC) for the purpose of developing and offering a comprehensive program of integrated cancer care services. SCCA operates a 20-bed licensed hospital inside the University of Washington Medical Center (UWMC), a member organization of UW Medicine, and operates ambulatory cancer care service facilities. In addition to providing inpatient and outpatient cancer care services, SCCA provides programmatic direction to the adult inpatient cancer services provided by UWMC and the pediatric inpatient and outpatient cancer services provided by Seattle Children's Hospital. Members of SCCA share equally in the results of operations.

(2) Summary of Significant Accounting Policies

(a) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(b) Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with original maturities of three months or less at the date of purchase. SCCA maintains cash balances that may exceed federally insured limits. Management does not believe that this results in any significant credit risk to SCCA. As of June 30, 2019, and 2018, cash equivalents were \$36,736,000 and \$43,658,000, respectively.

(c) Supplies Inventory

Inventory, consisting principally of surgical, medical, and pharmaceutical supplies, is carried at the lower of cost (first-in, first-out method) or net realizable value.

(d) Assets Whose Use is Limited

These assets consist of funds held under the terms of SCCA's trust indenture and net assets with donor restrictions. Amounts required to meet current liabilities have been reclassified as current assets in the balance sheets as of June 30, 2019 and 2018. These funds have been invested in various money market funds.

(e) Short-term Investments

Investments consist principally of U.S. government obligations, corporate bonds, collateralized mortgage and debt obligations, and equity mutual funds that are stated at fair market value. All investment transactions are traded and valued in U.S. dollars. Management classifies investments expected to mature or be sold within the following year and not restricted for other purposes as short-term investments. SCCA has designated \$346,670,000 and \$323,225,000 of investments as trading securities for the years ended June 30, 2019 and 2018 respectively.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

Investment income or loss is included in the excess of revenue over expenses unless the income or loss is restricted by donor or law.

(f) Investments, noncurrent

SCCA provides professional services to Seattle Proton Center, LLC (Opco), a wholly owned subsidiary of Seattle Proton Center Holdings (SPC). SCCA has representation on the SPC Board but does not retain a controlling interest in either entity.

SPC entered into a debt restructuring in 2018 in which it issued senior lien (Series 2018A) taxable revenue bonds, and subordinate lien (Series 2018B Bonds) taxable revenue bonds through the Wisconsin Public Finance Authority. As a provision of the restructuring, SCCA purchased and holds subordinated lien bonds in the amount of \$6,000,000. These are repayable in installments from December 1, 2021 through December 1, 2048 and are subject to certain debt service coverage and days cash on hand requirements.

As a condition to the restructuring, SCCA also agreed to accept a \$2,032,000 note payable from Opco (Junior Loan Agreement), accruing 5% interest on the actual number of days elapsed and an assumed 360 day year, as payment for previous professional services. The amount of principal and interest of \$2,081,000 is included in other non current assets in the accompanying balance sheet as of June 30, 2019. SCCA converted its previous affiliate receivable to a note receivable which will be repaid subject to the same terms and provisions on the Series 2018B Bonds described above.

(g) Property, Plant, and Equipment

Property, plant, and equipment are stated at cost, net of accumulated depreciation. Improvements and replacements of plant and equipment are capitalized, and repairs and maintenance are expensed. The cost and related accumulated depreciation of property, plant, and equipment sold or retired are removed from the accounts and the resulting gain or loss is recognized.

(h) Goodwill and Intangible Assets

Intangible assets other than goodwill are stated at the value assigned to them upon contribution to SCCA. All intangible assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Intangible assets are amortized over the expected life of the asset.

Goodwill is an asset representing the future economic benefits arising from the difference in the fair value of the business acquired and the fair value of the identifiable and intangible net assets acquired in a business combination. SCCA evaluates goodwill for impairment annually or when indicators of a triggering event exist.

In 2019 and 2018, there were no impairment charges.

(i) Deferred Financing Costs

Costs incurred to secure financing are presented as a direct deduction from the carrying amount of debt and are amortized on a straight-line basis over the earlier of life of the debt or the initial bank loan tender term for private issue debt.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

(j) Net Assets

Gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. These donor restrictions may be limited to a specific time period, purpose, or to be maintained in perpetuity. When restricted funds to be used for operations are expended for their restricted purposes, these amounts are reflected in net assets without donor restrictions as net assets released from restrictions for operations and are included in operating revenues. When restricted funds are expended for the acquisition of property, plant, and equipment, these amounts are reflected in net assets without donor restrictions as net assets released from restrictions for capital acquisitions.

Net assets that are available for use in general operations and not subject to donor (or certain grantor) restrictions are reported as increases in net assets without donor restrictions.

(k) Functional Expense Allocation Methodology

SCCA financial statements report certain categories of expenses that are attributable to more than one function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. These allocations include:

- Occupancy costs related to building and security allocated based on square footage,
- Equipment depreciation and amortization allocated to the function using the asset in operations, and
- Information technology department costs, and other natural costs allocated based on the usage of the computer equipment.

Management believes these allocation bases allocate the costs to the related program function or supporting function in a reasonable manner.

(l) Depreciation

Depreciation is computed using the straight-line method, which allocates the cost of depreciable assets over the following estimated useful lives:

| | |
|-----------------------------------|------------|
| Land improvements | 2–25 Years |
| Buildings and fixed equipment | 3–40 Years |
| Major movable and minor equipment | 2–20 Years |
| Leasehold improvements | 2–10 Years |

(m) Net Patient Services Revenue

Effective July 1, 2018, SCCA adopted ASU 2014-09 "Revenue from Contracts with Customers (Topic 606)." ASU 2014-09 was issued to clarify the principles for recognizing revenue, remove inconsistencies and weaknesses in revenue recognition requirements, and to provide a more robust framework for recognizing revenue. SCCA's accounting practices related to revenues were reviewed and updated accordingly, as discussed below. Certain financial statement captions related to patient

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

accounts receivable, patient service revenue, and allowance for uncollectible accounts for fiscal 2019 are not presented since they are no longer applicable under FASB ASC 606.

SCCA elected the practical expedient under FASB ASC 606-10-10-4 to treat contracts with similar characteristics as a portfolio for the patient services revenue stream as the revenue stream represents a large volume of similar contracts with similar classes of customers. Patient services revenues are comprised of two primary portfolios: clinical services and retail pharmacy operations.

Patient service revenue is reported at the estimated net realizable amount from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive agreements are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Clinical services are the services performed by physicians and other medical professionals to aid in the diagnosis and treatment of cancer. SCCA satisfies clinical service performance obligations over time as services are rendered and thus, recognizes revenue for clinical services over time based on actual charges incurred. SCCA believes that this method provides a useful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. SCCA bills patients and third-party payers several days after the services are performed and/or the patient is discharged from the facility.

The transaction price is based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers and discounts provided to uninsured patients in accordance with SCCA policy and implicit price concessions provided to the uninsured patient. SCCA estimates the contractual adjustment for unpaid accounts based on contractual agreements, its discounts policies, and historical experience by class of patient. SCCA analyzes the discounts on patient service revenue by portfolio of inpatient and outpatient clinical services and payor classification. SCCA has sufficient historical information on these payor groups' collection rates and other information that allows SCCA to analyze these statistics against the portfolio and conclude that the revenue for a given portfolio would not be materially different than if accounting for revenue on a contract-by-contract basis.

Retail pharmacy operations consist of sales of prescription and over-the-counter drugs. These revenues are recognized at a point in time, concurrent with the receipt of payment for the pharmacy goods, and when SCCA does not believe it is required to provide additional goods or services to the patient. SCCA sends billing information to the insurance companies at the time of prescription fulfillment. Patient-responsible portion is billed at the time of prescription pick-up.

SCCA has elected to apply the optional exemption in ASC 606-10-50-14a as all of SCCA's performance obligations relate to contracts with a duration of less than one year. As such, SCCA is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period as permitted in FASB ASC 606-10-50-14a. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient clinical services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within one and a half weeks after the end of the reporting period.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

SCCA has elected the practical expedient allowed under FASB ASC 606-10-32-18 and did not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to SCCA's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, SCCA does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

For patients that do not qualify for financial assistance, SCCA recognizes that a portion of their patients will be unable or unwilling to pay for the services provided. SCCA determines its estimate of implicit price concessions based on historical collection experience by primary payer class of patients. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts SCCA expects to collect based on its collection history with those patients.

Changes to the initial estimate of the transaction price are recorded as adjustments to patient service revenue in the period of the change while subsequent changes that are determined to be the result of an adverse change in the payor's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended June 30, 2019 and 2018 was not significant.

(n) Charity

SCCA provides care to patients who meet certain criteria under its financial assistance policy without charge or at amounts less than its established rates. Because SCCA does not pursue collection of amounts determined to qualify as financial assistance, they are not reported as revenue. The estimated net cost of financial assistance provided was approximately \$5,699,000 and \$5,145,000 in 2019 and 2018, respectively. The net cost of financial assistance was calculated using a percentage of cost to charges, which was 53% in 2019 and 56% in 2018. The number of financial assistance patients served was 2,155 in 2019 and 2,193 in 2018.

(o) Investment Income

Investment income includes (1) interest, dividends, and realized gains and losses on SCCA's cash equivalents, short-term investments, and assets whose use is limited, (2) changes in unrealized gains and losses on trading securities, and (3) investment management expense.

(p) Excess of Revenues over Expenses

The statements of operations and changes in net assets without donor restrictions include excess of revenues over expenses. Changes in net assets without donor restrictions that are excluded from excess of revenues over expenses include changes in unrealized gains and losses on investments of other-than-trading securities, and capital acquisitions related to grants and contributions of long-lived assets (including assets acquired using contributions, which by donor restrictions were to be used for the purposes of acquiring such assets).

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

(q) Taxes

SCCA has obtained a determination letter from the Internal Revenue Service indicating that it is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, except for unrelated business income tax. SCCA recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs.

(r) Recently Adopted or Newly Issued Accounting Standards

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, to clarify the principles for recognizing revenue and to improve financial reporting by creating common revenue recognition guidance for U.S. GAAP and International Financial Reporting Standards. The core principle of the new guidance is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. SCCA adopted ASU 2014-09 on July 1, 2018 using the modified retrospective method of transition. SCCA performed an analysis into the portfolio approach as a practical expedient to group patient contracts with similar characteristics, such that revenue for a given portfolio would not be materially different than if it were evaluated on a contract-by-contract basis. On adoption, the majority of what was previously classified as provision for uncollectible accounts and presented as a reduction to net patient service revenue on the statement of operations and changes in net assets without donor restrictions is treated as a price concession that reduces the transaction price, which is reported as net patient service revenue. The new standard also requires enhanced disclosures related to the disaggregation of revenue and significant judgments made in measurement and recognition. The adoption of FASB ASC 606 did not result in any reported cumulative effect nor did it have any significant impact to the the financial statements for the year ended June 30, 2019.

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*, which requires lessees to recognize a lease liability and a right-of-use asset for all lease obligations with exception to short-term leases. The lease liability will represent the lessee's obligation to make lease payments arising from the lease measured on a discounted basis and the right-of-use asset will represent the lessee's right to use or control the use of a specified asset for a lease term. The lease guidance also simplifies accounting for sale-leaseback transactions. SCCA has evaluated the impact of ASU No. 2016-02, which is effective for the fiscal year beginning on July 1, 2019. At the date of adoption, SCCA will record a right-of-use asset and corresponding liability of \$120,925,000.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, to reduce diversity in reporting practice, reduce complexity, and enhance understandability of not-for-profit financial statements. This standard was adopted for SCCA's fiscal year 2019 financial statements and applied retrospectively to all periods presented. The impact of adoption reduced the number of net asset classes presented from three to two: with donor restrictions and without donor restrictions. SCCA also added disclosures for the liquidity and availability of financial assets to meet cash needs within one year of the balance sheet date and included a presentation of its functional expense classifications, disaggregated by their natural expense classification.

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In June 2018, the FASB issued ASU No. 2018-08, *Not-for-Profit Entities, Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU intends to clarify and improve current accounting guidance to determine when a transaction should be accounted for as a contribution or as an exchange transaction and provides additional guidance about how to determine whether a contribution is conditional. The ASU is effective for SCCA for annual reporting periods beginning after June 15, 2018 for contributions received and after December 15, 2018 for contributions made, and interim periods beginning after December 31, 2019 with early adoption permitted. This standard was adopted for SCCA's fiscal year 2019 financial statements and had no material impact to SCCA's financial statements.

(3) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by SCCA in estimating the fair value of its financial instruments:

Cash and Cash Equivalents – The carrying amount reported in the balance sheets for cash and cash equivalents approximates its fair value.

Short-Term and Long-Term Investments and Assets Whose Use is Limited – Investments in fixed-income securities and equity securities with a readily determinable fair value are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

(b) Fair Value Hierarchy

In accordance with Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 – Valuation is based upon quoted prices for identical assets in active markets.
- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and independent pricing models or other model-based valuation techniques, such as present value of future cash flows and adjusted for the security's credit rating, prepayment assumptions, and other factors such as credit loss assumptions for which all significant assumptions are observable in the market.
- Level 3 – Inputs are unobservable inputs for the asset or liability. Level 3 investments include pooled investments related to net assets with donor restrictions that are perpetual in nature and managed by two of SCCA's member organizations.

The level in the fair value hierarchy within which a fair value measurement falls, in its entirety, is based on the lowest-level input that is significant to the fair value measurement.

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Notes to Financial Statements

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The following table presents assets that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at June 30, 2019:

| | | Fair value measurements at reporting date using | | |
|--|-----------------------|---|---|--|
| | | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
| | June 30, 2019 | | | |
| Assets: | | | | |
| Investments: | | | | |
| U.S. Treasury notes and bills | \$ 26,950,000 | 26,950,000 | — | — |
| Equity mutual funds: | | | | |
| Domestic | 106,268,000 | 106,268,000 | — | — |
| International (U.S. dollar denominated) | 41,788,000 | 41,788,000 | — | — |
| U.S. government inflation protection bonds | 7,439,000 | — | 7,439,000 | — |
| Foreign government bonds | 5,030,000 | — | 5,030,000 | — |
| Corporate debt securities: | | | | |
| Domestic – financial services | 75,565,000 | — | 75,565,000 | — |
| Domestic – utilities | 12,066,000 | — | 12,066,000 | — |
| Domestic – healthcare | 11,134,000 | — | 11,134,000 | — |
| Domestic – consumer goods | 5,829,000 | — | 5,829,000 | — |
| Domestic – other | 6,341,000 | — | 6,341,000 | — |
| International (U.S. dollar denominated) | 9,573,000 | — | 9,573,000 | — |
| U.S. mortgage-backed securities – residential | 10,773,000 | — | 10,773,000 | — |
| Collateralized debt securities | 27,108,000 | — | 27,108,000 | — |
| Municipal bonds | 6,953,000 | — | 6,953,000 | — |
| Total investments | <u>\$ 352,817,000</u> | <u>175,006,000</u> | <u>177,811,000</u> | <u>—</u> |
| Assets whose use is limited | | | | |
| Restricted Cash | \$ 5,340,000 | 5,340,000 | — | — |
| Pooled Investments and other | 4,108,000 | — | — | 4,108,000 |
| Total assets whose use is limited | <u>\$ 9,448,000</u> | <u>5,340,000</u> | <u>—</u> | <u>4,108,000</u> |

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The following table presents assets that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at June 30, 2018:

| | | Fair value measurements at reporting date using | | |
|--|----------------|---|---|--|
| | | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
| | June 30, 2018 | | | |
| Assets: | | | | |
| Investments: | | | | |
| U.S. Treasury notes and bills | \$ 54,146,000 | 54,146,000 | — | — |
| Equity mutual funds: | | | | |
| Domestic | 88,142,000 | 88,142,000 | — | — |
| International (U.S. dollar denominated) | 56,695,000 | 56,695,000 | — | — |
| U.S. government agency bonds | 2,516,000 | — | 2,516,000 | — |
| Corporate debt securities: | | | | |
| Domestic – financial services | 20,833,000 | — | 20,833,000 | — |
| Domestic – utilities | 14,198,000 | — | 14,198,000 | — |
| Domestic – consumer goods | 8,726,000 | — | 8,726,000 | — |
| Domestic – other | 12,579,000 | — | 12,579,000 | — |
| International (U.S. dollar denominated) | 23,405,000 | — | 23,405,000 | — |
| U.S. mortgage-backed securities – residential | 17,305,000 | — | 17,305,000 | — |
| Collateralized debt securities | 23,853,000 | — | 23,853,000 | — |
| Municipal bonds | 827,000 | — | 827,000 | — |
| Total investments | \$ 323,225,000 | 198,983,000 | 124,242,000 | — |
| Assets whose use is limited | \$ | | | |
| Restricted Cash | 3,990,000 | 3,990,000 | — | — |
| Pooled Investments and other | 3,919,000 | — | — | 3,919,000 |
| Total assets whose use is limited | \$ 7,909,000 | 3,990,000 | — | 3,919,000 |

There were no Level 3 transfers into or out of Level 1 or Level 2 financial instruments during the years ended June 30, 2019 or 2018.

The financial statements as of and for the years ended June 30, 2019 and 2018 do not contain any nonrecurring fair value measurements relating to assets or liabilities that require disclosure under the provisions of ASC Topic 820.

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Notes to Financial Statements

June 30, 2019 and 2018

(4) Investment Income

Investment income comprises the following for the years ended June 30:

| | <u>2019</u> | <u>2018</u> |
|---|----------------------|-------------------|
| Investment income: | | |
| Interest and dividend income | \$ 13,369,000 | 9,042,000 |
| Changes in net unrealized (loss) gain on trading securities | (541,000) | 7,335,000 |
| Realized gain (loss) on investments, net | 4,001,000 | (1,442,000) |
| Investment management expense | (427,000) | (466,000) |
| Total investment income | <u>\$ 16,402,000</u> | <u>14,469,000</u> |

(5) Liquidity and Availability of Financial Assets

SCCA's financial assets available within one year for general expenditures, liabilities and other obligations come due within one year of June 30, 2019 are as follows:

| | <u>2019</u> |
|---|-----------------------|
| Cash and cash equivalents | \$ 75,799,000 |
| Short-term investments | 346,670,000 |
| Patient accounts receivable, net | 100,003,000 |
| Due from related parties, net | 6,573,000 |
| Other receivables, net | 6,466,000 |
| Investments, Noncurrent | 6,147,000 |
| Assets whose use is limited | 9,448,000 |
| Other assets | <u>2,032,000</u> |
| Total financial assets | 553,138,000 |
| Less those unavailable for general expenditure within one year, due to: | |
| Contractual or donor-imposed restrictions: | |
| Restricted by donor with time or purpose restrictions | (9,448,000) |
| Noncurrent assets with redemption limitations of greater than one year | <u>(8,179,000)</u> |
| Financial assets available for general expenditures within one year | <u>\$ 535,511,000</u> |

SCCA has a goal to maintain financial assets, which consist of cash and short-term investments, on hand to meet 200 days of normal operating expenses. As of June 30, 2019, SCCA had 233 days cash and investments on hand.

In addition, SCCA invests daily cash in excess of near-term requirements in short term investments. In the event of unanticipated liquidity needs, SCCA has a committed line of credit in the amount of \$3,000,000.

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Notes to Financial Statements

June 30, 2019 and 2018

(6) Net Assets With Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes:

| | 2019 | 2018 |
|--|---------------------|------------------|
| Subject to expenditure for specified purpose: | | |
| Patient housing | \$ 107,000 | 96,000 |
| Research | 2,130,000 | 2,588,000 |
| Specific clinics or treatment programs | 416,000 | 389,000 |
| Supportive care services | 2,678,000 | 909,000 |
| Other | 10,000 | 10,000 |
| | <u>5,341,000</u> | <u>3,992,000</u> |
| Endowments perpetual in nature, distributions available to support the following purposes: | | |
| Supportive care services | 3,970,000 | 3,780,000 |
| Research | 104,000 | 105,000 |
| | <u>4,074,000</u> | <u>3,885,000</u> |
| Total Net Assets With Donor Restrictions | <u>\$ 9,415,000</u> | <u>7,877,000</u> |

(7) Net Assets Released from Restriction

Net assets were released from restrictions for the following purposes for the years ended June 30:

| | 2019 | 2018 |
|--|---------------------|------------------|
| Patient housing | \$ 32,000 | 34,000 |
| Capital equipment for Patient Housing | 93,000 | — |
| Research | 1,982,000 | 1,007,000 |
| Capital equipment for Research | 374,000 | — |
| Specific clinics or treatment programs | 55,000 | 130,000 |
| Supportive care services | 362,000 | 418,000 |
| | <u>\$ 2,898,000</u> | <u>1,589,000</u> |

(8) Endowments

SCCA's endowment fund consists of donor-restricted funds that are perpetual in nature. Earnings on these funds are subject to the spending policy and appropriation as stipulated by the donor.

The endowment funds are invested in pooled investments managed by two of SCCA's member organizations. As such, SCCA does not have the ability to exert significant influence in the endowment fund investment process.

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Occasionally, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor standards require SCCA to retain as a fund of perpetual duration. At June 30, 2019, no donor-restricted endowment funds have fallen below the required level.

The following table summarizes the changes in endowment net assets for the years ended June 30, 2019 and 2018:

| | <u>2019</u> | <u>2018</u> |
|---|---------------------|------------------|
| Endowment net assets, beginning of year | \$ 3,885,000 | 3,754,000 |
| Investment income | 220,000 | 298,000 |
| Contributions | 150,000 | — |
| Appropriation of endowment assets for expenditure | <u>(181,000)</u> | <u>(167,000)</u> |
| Endowment net assets, end of year | <u>\$ 4,074,000</u> | <u>3,885,000</u> |

Net assets with donor restrictions that are perpetual in nature included net accumulated earnings of \$629,000 and \$590,000 as of June 30, 2019 and 2018 respectively.

(9) Property, Plant, and Equipment

Property, plant, and equipment consist of the following as of June 30:

| | <u>2019</u> | <u>2018</u> |
|-----------------------------------|-----------------------|----------------------|
| Land and improvements | \$ 28,166,000 | 28,166,000 |
| Buildings and fixed equipment | 152,510,000 | 147,508,000 |
| Major movable and minor equipment | 106,124,000 | 98,015,000 |
| Leasehold improvement | 14,267,000 | 9,383,000 |
| Construction in progress | <u>35,621,000</u> | <u>23,392,000</u> |
| | 336,688,000 | 306,464,000 |
| Less accumulated depreciation | <u>(168,966,000)</u> | <u>(156,384,000)</u> |
| | <u>\$ 167,722,000</u> | <u>150,080,000</u> |

Depreciation expense for the fiscal years ended June 30, 2019 and 2018 amounted to approximately \$18,713,000 and \$16,813,000, respectively. No interest was capitalized during the years ended June 30, 2019 or 2018.

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Notes to Financial Statements

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(10) Goodwill and Intangible Assets

At inception, SCCA acquired a ground lease and contributed outpatient businesses, which are reported as intangible assets. The ground lease was contributed by FHCRC. It relates to land upon which SCCA's South Lake Union outpatient facility was constructed and has a term of 99 years. The outpatient businesses were contributed by FHCRC and by UWMC with the designation that SCCA be a site of practice for certain oncology-related outpatient activities.

During the year ended June 30, 2019, SCCA completed an asset purchase agreement, which qualified as a business combination under ASC Section 954-805, *Not-for-Profit Business Combinations*, for the Peninsula Cancer Center for consideration in the amount of \$6,794,000. This purchase resulted in goodwill of \$3,939,000.

Amortization expense for intangible assets is calculated using the straight-line method and for the fiscal years ended June 30, 2019 and 2018 amounted to \$1,242,000 and \$1,241,000, respectively.

The unamortized balance of the intangible assets consists of the following as of June 30:

| | <u>2019</u> | <u>2018</u> | <u>period</u> |
|-----------------------|---------------------|------------------|---------------|
| Ground lease | \$ 2,934,000 | 2,970,000 | 99 Years |
| Outpatient businesses | 1,907,000 | 3,112,000 | 20 Years |
| Goodwill | <u>3,939,000</u> | <u>—</u> | NA |
| | <u>\$ 8,780,000</u> | <u>6,082,000</u> | |

The estimated amortization expense for the next five years related to these intangible assets is as follows:

| | |
|------------|---------------------|
| 2020 | \$ 1,241,000 |
| 2021 | 739,000 |
| 2022 | 37,000 |
| 2023 | 36,000 |
| 2024 | 36,000 |
| Thereafter | <u>2,752,000</u> |
| | <u>\$ 4,841,000</u> |

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Notes to Financial Statements

June 30, 2019 and 2018

(11) Long-Term Debt

Long-term debt consists of the following as of June 30:

| | <u>2019</u> | <u>2018</u> |
|---|----------------------|-------------------|
| Washington Health Care Facility Authority, Fixed Rate Demand Revenue Bonds, Series 2014, at an average fixed interest rate of 4.59% and 4.55% for the years ended June 30, 2019 and 2018, respectively, maturing on March 1, 2038, net of unamortized bond premium of \$5,965,000, and at increasing principal amounts of \$2,505,000 to \$22,225,000 | \$ 81,760,000 | 84,954,000 |
| Washington Health Care Facility Authority, Weekly Rate Demand Revenue Bonds, Series 2010, at an average variable interest rate of 2.33% and 1.79% for the years ended June 30, 2019 and 2018, respectively, maturing on February 1, 2038, and at increasing principal amounts of \$569,000 to \$1,371,000 | <u>17,355,000</u> | <u>17,944,000</u> |
| | 99,115,000 | 102,898,000 |
| Less current portion | (3,074,000) | (2,974,000) |
| Less deferred financing costs | <u>(465,000)</u> | <u>(523,000)</u> |
| Long-term debt, net | <u>\$ 95,576,000</u> | <u>99,401,000</u> |

The maturities by year of the long-term debt obligations are as follows:

| | |
|-------------------------------|----------------------|
| 2020 | \$ 3,074,000 |
| 2021 | 3,219,000 |
| 2022 | 3,365,000 |
| 2023 | 3,535,000 |
| 2024 | 3,675,000 |
| Thereafter | <u>76,282,000</u> |
| | 93,150,000 |
| Plus unamortized net premiums | <u>5,965,000</u> |
| | <u>\$ 99,115,000</u> |

(a) Washington Health Care Facility Authority, Revenue Bonds, Series 2014

In fiscal year 2015, SCCA borrowed the proceeds of the Washington Health Care Facility Authority's \$86,950,000 Revenue Bonds, Series 2014 (the 2014 Bonds). The bonds are issued for the purpose of providing the funds necessary to advance refund and defease all of the Washington Health Care Facility Authority, Revenue Bonds, Series 2008, and pay certain costs in connection with the issuance

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of the 2014 Bonds. Principal is paid upon maturity of the bond and interest is paid semiannually. SCCA has the option to redeem outstanding bonds prior to their maturity dates, provided certain conditions are met.

Under SCCA's master trust, SCCA is subject to certain covenants, including a requirement to maintain a minimum debt service coverage ratio of 1.10 to 1.00.

SCCA has pledged as collateral its gross receivables. Payments on the 2014 Bonds will be made solely by SCCA; the member organizations do not guaranty any of SCCA's financial obligations, including repayment of the 2014 Bonds.

(b) *Washington Health Care Facility Authority, Weekly Rate Demand Revenue Bonds, Series 2010*

In fiscal year 2011, SCCA borrowed the proceeds of the Washington Health Care Facility Authority's \$21,415,000 Variable Rate Revenue Bonds, Series 2010 (the 2010 Bonds) to provide a portion of the funds necessary to refund bonds issued to fund the Seattle Cancer Care Alliance House and to pay a portion of the costs of issuing the 2010 Bonds. The initial interest rate was calculated as 65% of the sum of LIBOR plus 1.88% effective November 1, 2012 or LIBOR plus 2.15% prior to November 2012. Effective December 1, 2014, the interest rate was renegotiated as 65.01% of the sum of the one-month LIBOR plus 1.20%.

Upon issuance, SCCA entered into a private placement agreement with KeyBank National Association (Key), which was in effect as of June 30, 2012. Under the agreement, the initial bank tender date was November 1, 2013, and has since been extended to November 18, 2024. Unless the tender date is extended to a later date, the bonds could be tendered for repayment on November 18, 2024.

Under the terms of the credit agreement with Key, SCCA is subject to certain covenants, including a requirement to maintain a minimum debt service coverage ratio of 1.10 to 1.00, long-term indebtedness to sum of long-term indebtedness plus net assets without donor restrictions to not exceed 0.70 to 1.00, and 75 days of cash on hand.

Obligations issued under the master indenture, including the obligation issued to secure the 2010 Bonds, are secured by a pledge of SCCA's gross receivables. Payments on the 2010 Bonds will be made solely by SCCA; the member organizations do not guaranty any of SCCA's financial obligations, including repayment of the 2010 Bonds.

(c) *Line of Credit*

SCCA entered into a line of credit in the amount of \$3,000,000 with an expiration date of December 1, 2019. SCCA shall pay interest on the outstanding principal balance of this line of credit at the rate per annum equal to the daily LIBOR plus 2.5%. No funds have been drawn on this line of credit during the years ended June 30, 2019 or 2018.

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(12) Net Patient Services Revenue

SCCA has agreements with third-party payors that provide for payments to SCCA at amounts different from its established rates. Net patient services revenues were billed to the following payors for the year ended June 30, 2019:

| | <u>2019</u> |
|------------------------------------|-----------------------|
| Commercial | \$ 482,879,000 |
| Medicare | 184,936,000 |
| Medicaid | 20,501,000 |
| Self-Pay & Other | <u>9,738,000</u> |
| Total Net Patient Services Revenue | <u>\$ 698,054,000</u> |

For the year ended June 30, 2019, revenue recognized from performance obligations related to prior periods (for example, due to changes in transaction price) was insignificant.

SCCA had no material bad-debt expense and there were no material contract assets, contract liabilities, or deferred contract costs recorded on the Balance Sheet as of June 30, 2019. Revenue recognized that was included in the contract liability balance at the beginning of June 30, 2019 was insignificant.

A summary of the payment arrangements with major third-party payors is as follows:

(a) Commercial

SCCA negotiates contracts for reimbursement of care provided to patients with commercial third-party insurance payors.

For certain commercial payors, SCCA has negotiated a single payment (case rate) for a defined period of care (case rate period) related to providing a bone marrow or stem cell transplant. All of SCCA's case rate contracts specify a minimum and maximum payment calculation based on a review of actual gross charges provided during the case rate period. In addition to the case rate payments, the case rate contracts also specify negotiated fee-for-service rates for services performed outside of the case rate period. Case rate contracts extend to SCCA related parties. With the exception of pediatric cases, SCCA serves as the collection agent for the case rate payments. For pediatric cases, Seattle Children's serves as the collection agent. All case rate payments, except for pediatric cases, are remitted to SCCA, which in turn remits payments to each respective related party for its proportionate share of services rendered. Payments for pediatric cases are to be remitted to Seattle Children's, which in turn remits payments to each respective party for its proportionate share of services. Any liability to related parties has been accrued in accounts payable and accrued expenses at June 30, 2019 and 2018.

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(b) Medicare

Medicare pays for inpatient hospital services under the prospective payment system (PPS) unless the provider is statutorily exempt from PPS (Exempt Hospital). PPS hospitals are paid a predetermined flat rate for inpatient care that is based on the patient's diagnosis at discharge while Exempt Hospitals are paid based on the "reasonable cost" of the services provided subject to an annual rate of increase limit. Exempt Hospitals receive an interim payment based on a percentage of charges submitted that is adjusted based on the filed cost report. Certain types of cancer hospitals are currently included among the Exempt Hospitals. SCCA's inpatient facility is recognized by Medicare as an Exempt Hospital.

Medicare has historically paid for outpatient services on the basis of the cost of or a portion of the cost of providing the services. The Balanced Budget Act of 1997 required a phased in prospective payment system for outpatient services (OP PPS). The Centers for Medicare and Medicaid Services (CMS), an agency of the United States Department of Health and Human Services, issued regulations implementing OP PPS, which became effective as of August 1, 2000. Before the effective date of OP PPS, the Balanced Budget Refinement Act of 1999 established a "hold harmless" provision for cancer hospitals ensuring that they would be supplemented for certain covered services incurred under OP PPS. Under the hold harmless provision, if the amount of payment the cancer hospital would receive under OP PPS is less than what it would have received before OP PPS' implementation, the amount of payment due to the cancer hospital will be increased by the amount of such difference. As an Exempt Hospital, SCCA qualifies for payment under the hold harmless provision.

The Budget Control Act of 2011 requires automatic spending reductions beginning April 1, 2013 to reduce the federal deficit, including Medicare spending reductions of up to 2% for a fiscal year, with a uniform percentage reduction across all Medicare programs. In 2013, the CMS notified SCCA that Medicare fee-for-service claims with dates of service or dates of discharge on or after April 1, 2013 will incur a 2% reduction in Medicare payments.

Settlements with third-party payers for retroactive adjustments due to audits, review or investigations are considered variable consideration and are included in the determination of estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and the SCCA's historic settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews and investigations. Adjustments from finalizations from prior-year cost reports and other third-party settlement estimates resulted in a decrease of net patient service revenues of approximately \$310,000 in 2019 and an increase of net patient services revenues of approximately \$2,208,000 in 2018.

(c) Medicaid

SCCA is paid for services provided to Medicaid patients under the state's fee schedule, which is based on a modification of Medicare's prospective payment systems for inpatient and outpatient care. In 2009, the State of Washington enacted a safety net assessment program involving Washington State hospitals to increase funding from other sources and obtain additional federal funds to support increased payments to providers for Medicaid services.

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(d) Self-Pay & Other Insurers

Self-pay patients are those who do not qualify for government program payments, such as Medicare and Medicaid, do not have some form of private insurance, and therefore are responsible for their own medical bills. Despite comprising a smaller percent of SCCA's patient service revenues, the risk of collectability is higher with self-pay accounts. Any increases in uninsured individuals or changes to the payer mix could increase amounts due from individuals.

Other Insurers are patients whose funding stem from TRICARE and other insurers such as workers' compensation. TRICARE is the Department of Defense's health care program for members of the armed forces. For inpatient clinical services, TRICARE reimburses SCCA based on a Diagnosis Related Group (DRG) system modeled on the Medicare inpatient PPS. For outpatient clinical services, TRICARE reimburses SCCA based on a PPS that is similar to that utilized for services furnished to Medicare beneficiaries.

(13) Concentration of Credit Risk

SCCA grants credit without collateral to its patients, most of which are insured under third-party payor agreements. Percentage of outstanding net patient accounts receivable by third party payor and patients are as follows as of June 30, 2019 and 2018:

| | 2019 | 2018 |
|--------------------------------------|------|------|
| Patient Service Revenue Receivables: | | |
| Commercial | 57% | 50% |
| Medicare | 30 | 37 |
| Medicaid | 8 | 11 |
| Self-Pay & Other | 5 | 2 |
| Total | 100% | 100% |

(14) Related Party Transactions

Members of SCCA share equally in the capital contributions and in the results of operations. The initial capital contributions of the members were based on a contribution schedule in accordance with the Members Agreement dated June 15, 1998. Contributions in 1998 consisted of cash payments, contributed equipment, a ground lease, and the fair value of existing businesses. The fair value of existing businesses was recorded as intangible assets at the time that the related programs were transferred to the SCCA. No contributions have been made since fiscal year 2001.

(a) Outpatient and Other Services

SCCA and its member organizations have entered into various affiliate agreements in order to optimize the use of clinical and support functions available from member organizations. Certain affiliate agreements relate to support functions, including human resources, information technology, and cover the cost of staff, purchased services, and supplies, including pharmaceuticals and medical supplies. Affiliate agreements are based upon negotiated fixed monthly amounts or other specified terms and conditions for each prescribed service. Such amounts are renegotiated annually. In addition, SCCA leases out lab space to UW Medicine under a noncancelable operating lease and leases space and

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

equipment under several operating lease agreements from its member organizations. SCCA purchased support functions from affiliates totaling \$256,536,000 and \$298,111,000 in fiscal years 2019 and 2018, respectively, which are included in purchased services and supplies on the statements of operations and changes in net assets without donor restrictions. SCCA sold support functions to member organizations in the amount of \$27,978,000 and \$27,720,000 in fiscal years 2019 and 2018, respectively, which are included in other operating revenue on the statements of operations and changes in net assets without donor restrictions. Because the performance obligations are satisfied over time, revenues related to sold support functions are recognized over time, on a pro rata basis over the term of the agreements, as services are rendered. This method provides a reasonable recognition of the transfer of services over the term of the performance obligation based on the inputs/outputs needed to satisfy the obligation. The transaction price is based on the agreed upon charges for the services provided.

(b) Inpatient Services

Under the Pediatric and Adult Inpatient Services Agreement, SCCA operates certain ambulatory cancer care services and facilities, and obtains inpatient clinical services from Seattle Children's Hospital for pediatric patients and UWMC for adult patients. SCCA provides programmatic direction for the inpatient cancer services at UWMC and Seattle Children's Hospital as set forth in the respective agreements. UWMC and Seattle Children's Hospital make their personnel and facilities available to FHCRC, as set forth in the respective agreements, to enable FHCRC to meet its requirements in connection with pediatric and adult cancer research and obtain certain research and related services. The Adult Inpatient Services Agreement was amended and restated effective July 1, 2017.

In addition, SCCA operates a 20-bed adult inpatient unit within UWMC's facility. SCCA has received notification from the fiscal intermediary that this inpatient unit is designated as a hospital within a hospital. Therefore, gross revenues for these inpatient clinical services are recorded by SCCA, which provides medical oversight and management for the inpatient unit. See *Footnote 2 – Summary of Significant Accounting Policies: Net Patient Services Revenue* for more information on the timing of patient service revenue recognition. UWMC provides patient care services to SCCA, including necessary personnel, equipment, and ancillary services. SCCA pays UWMC for services provided to SCCA inpatients based upon the agreement. SCCA recognized \$47,396,990 and \$46,667,000 of expenses related to these services in fiscal years 2019 and 2018, respectively, which are included in purchased services in the statements of operations and changes in net assets without donor restrictions.

SCCA also makes its personnel and facilities available to FHCRC, to enable FHCRC to meet its requirements in connection with adult cancer research. SCCA purchases from FHCRC certain research and development support, data collection and analysis, physician assistant services, consulting services, and license rights to use the FHCRC name in connection with the inpatient cancer services program. SCCA incurred \$8,243,000 and \$8,001,000 in expenses related to these services in fiscal years 2019 and 2018, respectively, which are included in purchased services in the statements of operations and changes in net assets without donor restrictions.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

(c) Due from/Due to Related Parties

SCCA has amounts due from or due to related parties for the various transactions described above, which are as follows as of June 30:

| | 2019 | | 2018 | |
|-----------------------------|--------------------------------|------------------------------|--------------------------------|------------------------------|
| | Due from related parties | Due to related parties | Due from related parties | Due to related parties |
| FHCRC | \$ 209,000 | 2,424,000 | 27,000 | 2,020,000 |
| Seattle Children's Hospital | 225,000 | 15,000 | 397,000 | 799,000 |
| UW Medicine | 6,139,000 | 15,471,000 | 5,656,000 | 17,894,000 |
| | <u>\$ 6,573,000</u> | <u>17,910,000</u> | <u>6,080,000</u> | <u>20,713,000</u> |

(15) Functional Expenses

SCCA provides inpatient and outpatient healthcare services. SCCA also has Community (Clinic) Sites outside of the South Lake Union area that also provide outpatient cancer care to patients. The following table presents expenses by both their nature and function for the years ended June 30, 2019 and 2018:

| | 2019 | | | | | |
|-----------------------------|------------------|----------------|--------------------|---------------------------|-------------------------------|----------------|
| | Inpatient | Outpatient | Community Sites | Total Program Services | General and Administrative | Grand Total |
| Salaries, Wages & Benefits | \$ 550 | 112,984 | 10,523 | 124,057 | 40,536 | 164,593 |
| Purchased Services | 52,089 | 111,044 | 4,370 | 167,503 | 22,561 | 190,064 |
| Supplies | 7,096 | 212,723 | 37,300 | 257,119 | 1,640 | 258,759 |
| Depreciation & Amortization | — | 19,009 | 998 | 20,007 | 3,604 | 23,611 |
| Interest Expenses | — | 3,460 | — | 3,460 | — | 3,460 |
| Other Expenses | 1,988 | 17,207 | 3,912 | 23,107 | 21,072 | 44,179 |
| | <u>—</u> | <u>—</u> | <u>—</u> | <u>—</u> | <u>—</u> | <u>—</u> |
| Total Operating Expenses | <u>\$ 61,723</u> | <u>476,427</u> | <u>57,103</u> | <u>595,253</u> | <u>89,413</u> | <u>684,666</u> |

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

| | 2018 | | | | | |
|-----------------------------|-----------|------------|-----------------|------------------------|----------------------------|-------------|
| | Inpatient | Outpatient | Community Sites | Total Program Services | General and Administrative | Grand Total |
| Salaries, Wages & Benefits | \$ 473 | 104,456 | 9,352 | 114,281 | 36,128 | 150,409 |
| Purchased Services | 54,668 | 102,896 | 3,258 | 160,822 | 20,980 | 181,802 |
| Supplies | 2,984 | 174,471 | 33,617 | 211,072 | 673 | 211,745 |
| Depreciation & Amortization | — | 17,762 | 694 | 18,456 | 3,931 | 22,387 |
| Interest Expenses | — | 3,407 | — | 3,407 | — | 3,407 |
| Other Expenses | 2,035 | 16,520 | 3,256 | 21,811 | 16,166 | 37,977 |
| | — | — | — | — | — | — |
| Total Operating Expenses | \$ 60,160 | 419,512 | 50,177 | 529,849 | 77,878 | 607,727 |

(16) Commitments and Contingencies

(a) Operating Leases

SCCA leases equipment and office space under operating leases expiring at various dates through July 2029. Total rental expense in fiscal years 2019 and 2018 for all operating leases was approximately \$9,023,000 and \$7,219,000, respectively, and is included in other expenses.

The following is a schedule, by year, of future minimum lease payments under operating leases as of June 30, 2019, which have initial or remaining lease terms in excess of one year:

| | |
|------------|----------------------|
| 2020 | \$ 7,218,000 |
| 2021 | 7,451,000 |
| 2022 | 7,132,000 |
| 2023 | 4,706,000 |
| 2024 | 2,329,000 |
| Thereafter | 11,758,000 |
| | <u>\$ 40,594,000</u> |

(b) Litigation

SCCA is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on SCCA's future financial position or results from operations.

(c) Regulatory Environment

- (i) Washington State's Department of Health conducted a survey at SCCA between April 4 and April 12, 2018 on behalf of the Centers for Medicare and Medicaid Services (CMS). In a letter dated May 16, 2018 and accompanying Statement of Deficiencies and Plan of Correction Form CMS 2567 (2567), CMS asserted that SCCA had "failed to be primarily engaged in providing inpatient services by depending on another hospital to meet the CMS Conditions of Participation." Through conversation with CMS, SCCA understands that the stated deficiencies do not relate to

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Notes to Financial Statements

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patient quality or safety. Rather, the 2567 identifies deficiencies relating to a lack of distinct physical space for SCCA beds, and insufficient oversight by SCCA of inpatient policies and support services, such as nursing, pharmaceutical, Medical records and Medical Staff. Failure to timely remediate these deficiencies would result in loss of SCCA's participating provider status with Medicare which would result in a decrease in future revenues. SCCA is cooperating with CMS and submitted a Plan of Correction (the Plan) on June 8, 2018 and in response to CMS' additional comments, submitted a Revised Plan of Correction on July 31, 2019 to address the stated deficiencies. CMS has stated that its review of the Revised Plan of Correction will not be complete until January 30, 2020. When CMS approves the Plan, SCCA management will take necessary actions to comply with that Plan so SCCA continues to participate in the Medicare program. Notwithstanding anything to the contrary, SCCA has begun to implement the remediations identified in the Revised Plan of Correction.

- (ii) The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, governmental healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government agencies are actively conducting investigations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Through its compliance program, SCCA maintains an effective and safe program for reporting and addressing potential regulatory concerns. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions known or unasserted at this time.

(17) Professional Liability

SCCA maintains professional liability insurance coverage on a claims-made basis through commercial insurance carriers. The policies in effect for fiscal years 2019 and 2018 have a \$1,000,000 limit per occurrence, and a limit in the aggregate of \$3,000,000. SCCA has purchased \$40,000,000 of excess coverage.

SCCA has recorded a liability that represents an estimate for the ultimate settlement for claims incurred but not reported. The professional liability was estimated at approximately \$812,000 for both June 30, 2019 and 2018, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

(18) Retirement Plans

SCCA has a defined contribution plan for its paid employees. Employees are generally eligible after one year and 1,000 hours of service. SCCA contributes 7% of each eligible employee's compensation up to the Social Security wage base limit and 12% on compensation above the limit. SCCA also has a Supplemental Executive Retirement Plan for eligible members of the executive team. Contributions for the years ended June 30, 2019 and 2018 were \$7,301,000 and \$6,581,000, respectively, and are presented in salaries, wages, and benefits in the statements of operations and changes in net assets without donor restrictions.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2019 and 2018

(19) Subsequent Events

SCCA has performed an evaluation of subsequent events through October 10, 2019, which is the date these financial statements were issued. There were no subsequent events.



SEATTLE CANCER CARE ALLIANCE

Financial Statements

June 30, 2018 and 2017

(With Independent Auditors' Report Thereon)



KPMG LLP
Suite 2900
1918 Eighth Avenue
Seattle, WA 98101

Independent Auditors' Report

The Board of Directors
Seattle Cancer Care Alliance:

Report on the Financial Statements

We have audited the accompanying financial statements of Seattle Cancer Care Alliance, which comprise the balance sheets as of June 30, 2018 and 2017, and the related statements of operations and changes in unrestricted net assets, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Seattle Cancer Care Alliance as of June 30, 2018 and 2017, and the results of its operations and changes in net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Seattle, Washington
October 11, 2018

SEATTLE CANCER CARE ALLIANCE

Balance Sheets

June 30, 2018 and 2017

| Assets | 2018 | 2017 |
|--|----------------|-------------|
| Current assets: | | |
| Cash and cash equivalents | \$ 60,390,000 | 40,607,000 |
| Short-term investments | 323,225,000 | 309,010,000 |
| Patient accounts receivable, net of allowance for doubtful accounts of \$1,900,000 and \$1,563,000 in 2018 and 2017, respectively | 66,168,000 | 62,954,000 |
| Due from related parties | 6,080,000 | 1,788,000 |
| Other receivables | 8,304,000 | 6,783,000 |
| Current portion of assets whose use is limited | 32,000 | 24,000 |
| Supplies inventory, at cost | 11,093,000 | 8,778,000 |
| Prepaid expenses | 4,734,000 | 3,902,000 |
| Total current assets | 480,026,000 | 433,846,000 |
| Noncurrent portion of assets whose use is limited | 7,877,000 | 6,469,000 |
| Property, plant, and equipment, net of accumulated depreciation | 150,080,000 | 137,306,000 |
| Intangible assets, net of accumulated amortization of \$21,615,000 and \$20,374,000 in 2018 and 2017, respectively | 6,082,000 | 7,323,000 |
| Other assets | 3,915,000 | 8,186,000 |
| Total assets | \$ 647,980,000 | 593,130,000 |
| Liabilities and Net Assets | | |
| Current liabilities: | | |
| Current portion of long-term debt | \$ 2,974,000 | 2,742,000 |
| Accounts payable and accrued expenses | 31,197,000 | 28,689,000 |
| Due to related parties | 20,713,000 | 15,276,000 |
| Third-party payor settlements payable | 1,648,000 | 1,783,000 |
| Accrued interest payable | 1,326,000 | 1,356,000 |
| Total current liabilities | 57,858,000 | 49,846,000 |
| Long-term debt, net of current portion | 99,401,000 | 103,203,000 |
| Other long-term liabilities | 812,000 | 812,000 |
| Total liabilities | 158,071,000 | 153,861,000 |
| Net assets: | | |
| Unrestricted | 482,032,000 | 432,800,000 |
| Temporarily restricted | 4,581,000 | 3,173,000 |
| Permanently restricted | 3,296,000 | 3,296,000 |
| Total net assets | 489,909,000 | 439,269,000 |
| Total liabilities and net assets | \$ 647,980,000 | 593,130,000 |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Statements of Operations and Changes in Unrestricted Net Assets

Years ended June 30, 2018 and 2017

| | <u>2018</u> | <u>2017</u> |
|---|-----------------------|--------------------|
| Operating revenues: | | |
| Patient service revenue (net of contractual allowances and discounts) | \$ 605,209,000 | 517,696,000 |
| Provision for bad debts | (2,260,000) | (1,613,000) |
| Net patient service revenue less provision for bad debts | 602,949,000 | 516,083,000 |
| Other operating revenue | 36,787,000 | 30,402,000 |
| Net assets released from restriction used for operations | 1,589,000 | 1,678,000 |
| Total operating revenues | <u>641,325,000</u> | <u>548,163,000</u> |
| Operating expenses: | | |
| Salaries, wages, and benefits | 150,409,000 | 134,133,000 |
| Purchased services | 181,802,000 | 168,141,000 |
| Supplies | 211,745,000 | 164,456,000 |
| Depreciation and amortization | 22,387,000 | 22,308,000 |
| Interest | 3,407,000 | 3,342,000 |
| Other | 37,977,000 | 34,462,000 |
| Total operating expenses | <u>607,727,000</u> | <u>526,842,000</u> |
| Net income from operations | 33,598,000 | 21,321,000 |
| Nonoperating income: | | |
| Investment income | 14,469,000 | 21,201,000 |
| Other income, net | 1,165,000 | 2,233,000 |
| Excess of revenues over expenses | <u>49,232,000</u> | <u>44,755,000</u> |
| Change in unrestricted net assets | 49,232,000 | 44,755,000 |
| Unrestricted net assets, beginning of year | 432,800,000 | 388,045,000 |
| Unrestricted net assets, end of year | <u>\$ 482,032,000</u> | <u>432,800,000</u> |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Statements of Changes in Net Assets

Years ended June 30, 2018 and 2017

| | <u>Unrestricted</u> | <u>Temporarily restricted</u> | <u>Permanently restricted</u> | <u>Total</u> |
|---|-----------------------|-----------------------------------|-----------------------------------|--------------------|
| Balance, June 30, 2016 | \$ 388,045,000 | 2,239,000 | 3,196,000 | 393,480,000 |
| Excess of revenues over expenses | 44,755,000 | — | — | 44,755,000 |
| Restricted contributions, grants, and other | — | 2,612,000 | 100,000 | 2,712,000 |
| Net assets released from restriction for operations | — | (1,678,000) | — | (1,678,000) |
| Change in net assets | <u>44,755,000</u> | <u>934,000</u> | <u>100,000</u> | <u>45,789,000</u> |
| Balance, June 30, 2017 | <u>432,800,000</u> | <u>3,173,000</u> | <u>3,296,000</u> | <u>439,269,000</u> |
| Excess of revenues over expenses | 49,232,000 | — | — | 49,232,000 |
| Restricted contributions, grants, and other | — | 2,997,000 | — | 2,997,000 |
| Net assets released from restriction for operations | — | (1,589,000) | — | (1,589,000) |
| Change in net assets | <u>49,232,000</u> | <u>1,408,000</u> | <u>—</u> | <u>50,640,000</u> |
| Balance, June 30, 2018 | <u>\$ 482,032,000</u> | <u>4,581,000</u> | <u>3,296,000</u> | <u>489,909,000</u> |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Statements of Cash Flows

Years ended June 30, 2018 and 2017

| | <u>2018</u> | <u>2017</u> |
|---|----------------------|---------------------|
| Cash flows from operating activities: | | |
| Change in net assets | \$ 50,640,000 | 45,789,000 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: | | |
| Net realized and change in unrealized (gains) on investments | (5,893,000) | (14,314,000) |
| (Gains) and Losses on disposal of property, plant, and equipment | (2,000) | 77,000 |
| Depreciation and amortization | 22,387,000 | 22,308,000 |
| Amortization of premium on issuance of long-term debt | (890,000) | (977,000) |
| Receipt of endowment investments | — | (100,000) |
| Provision for bad debts | 2,260,000 | 1,613,000 |
| (Increase) decrease in: | | |
| Patient accounts receivable | (5,474,000) | (3,410,000) |
| Due from related parties | (4,268,000) | 2,013,000 |
| Other receivables | (1,521,000) | 793,000 |
| Supplies inventory | (2,315,000) | (1,101,000) |
| Prepaid expenses | (832,000) | (74,000) |
| Assets whose use is limited | (1,416,000) | (941,000) |
| Other long-term assets | — | 1,046,000 |
| Increase (decrease) in: | | |
| Accounts payable and accrued expenses | 3,619,000 | (4,269,000) |
| Due to related parties | 5,437,000 | 3,584,000 |
| Third-party payor settlements payable | (135,000) | (3,198,000) |
| Accrued interest payable | (30,000) | (29,000) |
| Other long-term liabilities | — | 3,000 |
| Net cash provided by operating activities | <u>61,567,000</u> | <u>48,813,000</u> |
| Cash flows from investing activities: | | |
| Purchases of property, plant, and equipment | (30,720,000) | (25,946,000) |
| Proceeds from sale of property, plant, and equipment | — | 6,000 |
| Net purchases of trading securities | <u>(8,322,000)</u> | <u>(6,878,000)</u> |
| Net cash used in investing activities | <u>(39,042,000)</u> | <u>(32,818,000)</u> |
| Cash flows from financing activities: | | |
| Principal payments on long-term debt | <u>(2,742,000)</u> | <u>(2,658,000)</u> |
| Net cash used in financing activities | <u>(2,742,000)</u> | <u>(2,658,000)</u> |
| Net increase in cash and cash equivalents | 19,783,000 | 13,337,000 |
| Cash and cash equivalents at beginning of year | <u>40,607,000</u> | <u>27,270,000</u> |
| Cash and cash equivalents at end of year | <u>\$ 60,390,000</u> | <u>40,607,000</u> |
| Supplemental disclosure of cash flow information: | | |
| Cash paid during the year for interest | \$ 4,312,000 | 4,334,000 |
| Supplemental disclosure of noncash activity: | | |
| Purchase of property, plant, and equipment included in accounts payable | \$ 2,943,000 | 4,054,000 |

See accompanying notes to financial statements.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2018 and 2017

(1) Organization

Seattle Cancer Care Alliance (SCCA) is a nonprofit corporation organized in 1998 by Seattle Children's Hospital, the University of Washington Medicine (UW Medicine), and Fred Hutchinson Cancer Research Center (FHCRC) for the purpose of developing and offering a comprehensive program of integrated cancer care services. SCCA operates a 20-bed licensed hospital inside the University of Washington Medical Center (UWMC), a member organization of UW Medicine, and operates ambulatory cancer care service facilities. In addition to providing inpatient and outpatient cancer care services, SCCA provides programmatic direction to the adult inpatient cancer services provided by UWMC and the pediatric inpatient and outpatient cancer services provided by Seattle Children's Hospital. Members of SCCA share equally in the results of operations.

(2) Summary of Significant Accounting Policies

(a) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(b) Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with original maturities of three months or less at the date of purchase. SCCA maintains cash balances that may exceed federally insured limits. Management does not believe that this results in any significant credit risk to SCCA. As of June 30, 2018 and 2017, cash equivalents were \$43,658,000 and \$13,501,000, respectively.

(c) Supplies Inventory

Inventory, consisting principally of surgical, medical, and pharmaceutical supplies, is carried at the lower of cost (first-in, first-out method) or net realizable value.

(d) Assets Whose Use is Limited

These assets consist of funds held under the terms of SCCA's trust indenture and restricted net assets. Amounts required to meet current liabilities have been reclassified as current assets in the balance sheets as of June 30, 2018 and 2017. These funds have been invested in various money market funds.

(e) Investments

Investments consist principally of U.S. government obligations, corporate bonds, collateralized mortgage obligations, and equity mutual funds that are stated at fair market value. All investment transactions are traded and valued in U.S. dollars. Management classifies investments expected to mature or be sold within the following year and not restricted for other purposes as short-term investments. SCCA has designated all investments as trading securities.

Investment income or loss is included in the excess of revenue over expenses unless the income or loss is restricted by donor or law.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2018 and 2017

(f) Property, Plant, and Equipment

Property, plant, and equipment are stated at cost, net of accumulated depreciation. Improvements and replacements of plant and equipment are capitalized, and repairs and maintenance are expensed. The cost and related accumulated depreciation of property, plant, and equipment sold or retired are removed from the accounts and the resulting gain or loss is recognized.

(g) Intangible Assets

Intangible assets are stated at the value assigned to them upon contribution to SCCA, and are subject to amortization. Intangible assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. In 2018 and 2017, there were no impairment charges on intangible assets.

(h) Deferred Financing Costs

Costs incurred to secure financing are presented as a direct deduction from the carrying amount of debt and are amortized on a straight-line basis over the earlier of life of the debt or the initial bank loan tender term for private issue debt.

(i) Temporarily and Permanently Restricted Net Assets

Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. Temporarily restricted net assets are those whose use by SCCA has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by SCCA in perpetuity. When restricted funds to be used for operations are expended for their restricted purposes, these amounts are reflected in unrestricted net assets as net assets released from restrictions for operations and are included in operating revenues. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support. When restricted funds are expended for the acquisition of property, plant, and equipment, these amounts are reflected in unrestricted net assets as net assets released from restriction used for capital acquisitions.

(j) Depreciation

Depreciation is computed using the straight-line method, which allocates the cost of depreciable assets over the following estimated useful lives:

| | |
|-----------------------------------|------------|
| Land improvements | 2–25 Years |
| Buildings and fixed equipment | 3–40 Years |
| Major movable and minor equipment | 2–20 Years |
| Leasehold improvements | 2–10 Years |

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2018 and 2017

(k) Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amount from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive agreements are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Net patient service revenue is recognized in the period in which the services are performed.

(l) Allowance for Doubtful Accounts

The allowance for doubtful accounts represents management's best estimate of probable losses inherent in the patient accounts receivable balance. This estimate is based on known, troubled accounts and historical experience. Activity in the allowance for doubtful accounts was as follows for the years ended:

| | <u>2018</u> | <u>2017</u> |
|---------------------------------|---------------------|--------------------|
| Balance as of beginning of year | \$ 1,563,000 | 1,581,000 |
| Provision for bad debts | 2,260,000 | 1,613,000 |
| Write-offs | <u>(1,923,000)</u> | <u>(1,631,000)</u> |
| Balance as of end of year | <u>\$ 1,900,000</u> | <u>1,563,000</u> |

(m) Investment Income

Investment income includes (1) interest, dividends, and realized gains and losses on SCCA's cash equivalents, short-term investments, and assets whose use is limited, (2) changes in unrealized gains and losses on trading securities, and (3) investment management expense.

(n) Excess of Revenues over Expenses

The statements of operations and changes in unrestricted net assets include excess of revenues over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses include changes in unrealized gains and losses on investments of other-than-trading securities, and capital acquisitions related to grants and contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets).

(o) Taxes

SCCA has obtained a determination letter from the Internal Revenue Service indicating that it is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, except for unrelated business income tax. SCCA recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs.

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Notes to Financial Statements

June 30, 2018 and 2017

(p) Recently Adopted or Newly Issued Accounting Standards

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, to clarify the principles for recognizing revenue and to improve financial reporting by creating common revenue recognition guidance for U.S. GAAP and International Financial Reporting Standards. The core principle of the new guidance is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The amendments in the ASU can be applied either retrospectively to each prior reporting period presented or retrospectively with the cumulative effect of initially applying the update recognized at the date of the initial application along with additional disclosures. SCCA has evaluated the impact of ASU 2014-09 and will be implementing this ASU beginning July 1, 2018. Management will include new disclosures in fiscal year 2019 in accordance with Topic 606. The adoption of 606 will not have a significant impact on SCCA's results of operations.

In April 2015, the FASB issued ASU No. 2015-03, *Interest – Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs*. ASU No. 2015-03 requires debt issuance costs related to a recognized debt liability to be presented on the balance sheet as a deduction from the carrying amount of the debt, consistent with debt discounts. This standard was implemented for SCCA's fiscal year 2017 financial statements.

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*, which requires lessees to recognize a lease liability and a right-of-use asset for all lease obligations with exception to short-term leases. The lease liability will represent the lessee's obligation to make lease payments arising from the lease measured on a discounted basis and the right-of-use asset will represent the lessee's right to use or control the use of a specified asset for a lease term. The lease guidance also simplifies accounting for sale-leaseback transactions. SCCA is currently evaluating the impact of ASU No. 2016-02, which is effective for the fiscal year beginning on July 1, 2019 with retrospective application to the earliest presented period.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, to reduce diversity in reporting practice, reduce complexity, and enhance understandability of not-for-profit financial statements. This ASU contains the following key aspects: (A) reduces the number of net asset classes presented from three to two: with donor restrictions and without donor restrictions; (B) requires all not-for-profit entities to present expenses by their functional and their natural classifications in one location in the financial statements; (C) requires NFPs to provide quantitative and qualitative information about management of liquid resources and availability of financial assets to meet cash needs within one year of the balance sheet date; and (D) retains the option to present operating cash flows in the statement of cash flows using either the direct or indirect method. This standard is effective for SCCA's fiscal year 2019 financial statements.

(q) Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2018 and 2017

(3) Fair Value Measurements

(a) *Fair Value of Financial Instruments*

The following methods and assumptions were used by SCCA in estimating the fair value of its financial instruments:

Cash and Cash Equivalents – The carrying amount reported in the balance sheets for cash and cash equivalents approximates its fair value.

Short-Term Investments and Assets Whose Use is Limited – Investments in fixed-income securities and equity securities with a readily determinable fair value are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

(b) *Fair Value Hierarchy*

In accordance with Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 – Valuation is based upon quoted prices for identical assets in active markets.
- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and independent pricing models or other model-based valuation techniques, such as present value of future cash flows and adjusted for the security's credit rating, prepayment assumptions, and other factors such as credit loss assumptions for which all significant assumptions are observable in the market.
- Level 3 – Inputs are unobservable inputs for the asset or liability. Level 3 investments include pooled investments related to permanently restricted net assets that are managed by two of SCCA's member organizations.

The level in the fair value hierarchy within which a fair value measurement falls, in its entirety, is based on the lowest-level input that is significant to the fair value measurement.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2018 and 2017

The following table presents assets that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at June 30, 2018:

| | | Fair value measurements at reporting date using | | |
|--|----------------|---|---|--|
| | | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
| | June 30, 2018 | | | |
| Assets: | | | | |
| Short-term investments: | | | | |
| U.S. Treasury notes and bills | \$ 54,146,000 | 54,146,000 | — | — |
| Equity mutual funds: | | | | |
| Domestic | 88,142,000 | 88,142,000 | — | — |
| International (U.S. dollar denominated) | 56,695,000 | 56,695,000 | — | — |
| U.S. government agency bonds | 2,516,000 | — | 2,516,000 | — |
| Corporate debt securities: | | | | |
| Domestic – financial services | 20,833,000 | — | 20,833,000 | — |
| Domestic – utilities | 14,198,000 | — | 14,198,000 | — |
| Domestic – consumer goods | 8,726,000 | — | 8,726,000 | — |
| Domestic – other | 12,579,000 | — | 12,579,000 | — |
| International (U.S. dollar denominated) | 23,405,000 | — | 23,405,000 | — |
| U.S. mortgage-backed securities – residential | 17,305,000 | — | 17,305,000 | — |
| Collateralized debt securities | 23,853,000 | — | 23,853,000 | — |
| Municipal bonds | 827,000 | — | 827,000 | — |
| Total short-term investments | \$ 323,225,000 | 198,983,000 | 124,242,000 | — |
| Assets whose use is limited | | | | |
| Restricted Cash | \$ 3,990,000 | 3,990,000 | — | — |
| Pooled Investments and other | 3,919,000 | — | — | 3,919,000 |
| Total assets whose use is limited | \$ 7,909,000 | 3,990,000 | — | 3,919,000 |

SEATTLE CANCER CARE ALLIANCE

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June 30, 2018 and 2017

The following table presents assets that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at June 30, 2017:

| | June 30, 2017 | Fair value measurements at reporting date using | | |
|--|-----------------------|---|---|--|
| | | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
| Assets: | | | | |
| Short-term investments: | | | | |
| U.S. Treasury notes and bills | \$ 47,289,000 | 47,289,000 | — | — |
| Equity mutual funds: | | | | |
| Domestic | 76,112,000 | 76,112,000 | — | — |
| International (U.S. dollar denominated) | 53,914,000 | 53,914,000 | — | — |
| U.S. government agency bonds | 3,028,000 | — | 3,028,000 | — |
| Corporate debt securities: | | | | |
| Domestic – financial services | 22,904,000 | — | 22,904,000 | — |
| Domestic – utilities | 15,009,000 | — | 15,009,000 | — |
| Domestic – consumer goods | 9,096,000 | — | 9,096,000 | — |
| Domestic – other | 12,550,000 | — | 12,550,000 | — |
| International (U.S. dollar denominated) | 22,596,000 | — | 22,596,000 | — |
| U.S. mortgage-backed securities – residential | 17,156,000 | — | 17,156,000 | — |
| Collateralized debt securities | 28,489,000 | — | 28,489,000 | — |
| Municipal bonds | 867,000 | — | 867,000 | — |
| Total short-term investments | <u>\$ 309,010,000</u> | <u>177,315,000</u> | <u>131,695,000</u> | <u>—</u> |
| Assets whose use is limited | \$ | | | |
| Restricted Cash | 2,705,000 | 2,705,000 | — | — |
| Pooled Investments and other | 3,788,000 | — | — | 3,788,000 |
| Total assets whose use is limited | <u>\$ 6,493,000</u> | <u>2,705,000</u> | <u>—</u> | <u>3,788,000</u> |

There were no Level 3 transfers into or out of Level 1 or Level 2 financial instruments during the years ended June 30, 2018 or 2017.

The financial statements as of and for the years ended June 30, 2018 and 2017 do not contain any nonrecurring fair value measurements relating to assets or liabilities that require disclosure under the provisions of ASC Topic 820.

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2018 and 2017

(4) Investment Income

Investment income comprises the following for the years ended June 30:

| | <u>2018</u> | <u>2017</u> |
|---|----------------------|-------------------|
| Investment income: | | |
| Interest and dividend income | \$ 9,042,000 | 7,334,000 |
| Changes in net unrealized gains on trading securities | 7,335,000 | 17,832,000 |
| Realized losses on investments, net | (1,442,000) | (3,518,000) |
| Investment management expense | (466,000) | (447,000) |
| Total investment income | <u>\$ 14,469,000</u> | <u>21,201,000</u> |

(5) Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30:

| | <u>2018</u> | <u>2017</u> |
|--|---------------------|------------------|
| Patient housing | \$ 96,000 | 100,000 |
| Research | 2,584,000 | 1,617,000 |
| Specific clinics or treatment programs | 389,000 | 275,000 |
| Supportive care services | 544,000 | 506,000 |
| Other | 968,000 | 675,000 |
| | <u>\$ 4,581,000</u> | <u>3,173,000</u> |

(6) Net Assets Released from Restriction

Net assets were released from restriction for the following purposes for the years ended June 30:

| | <u>2018</u> | <u>2017</u> |
|--|---------------------|------------------|
| Patient housing | \$ 34,000 | 70,000 |
| Research | 1,007,000 | 1,260,000 |
| Specific clinics or treatment programs | 130,000 | 152,000 |
| Supportive care services | 388,000 | 165,000 |
| Other | 30,000 | 31,000 |
| | <u>\$ 1,589,000</u> | <u>1,678,000</u> |

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Notes to Financial Statements

June 30, 2018 and 2017

(7) Property, Plant, and Equipment

Property, plant, and equipment consist of the following as of June 30:

| | <u>2018</u> | <u>2017</u> |
|-----------------------------------|-----------------------|----------------------|
| Land and improvements | \$ 28,166,000 | 28,166,000 |
| Buildings and fixed equipment | 147,508,000 | 141,877,000 |
| Major movable and minor equipment | 98,015,000 | 87,128,000 |
| Leasehold improvement | 9,383,000 | 8,484,000 |
| Construction in progress | 23,392,000 | 12,464,000 |
| | <u>306,464,000</u> | <u>278,119,000</u> |
| Less accumulated depreciation | <u>(156,384,000)</u> | <u>(140,813,000)</u> |
| | <u>\$ 150,080,000</u> | <u>137,306,000</u> |

Depreciation expense for the fiscal years ended June 30, 2018 and 2017 amounted to approximately \$16,813,000 and \$16,043,000, respectively. No interest was capitalized during the years ended June 30, 2018 or 2017.

(8) Intangible Assets

Intangible assets consist of the value assigned to a ground lease and contributed outpatient businesses. The ground lease was contributed by FHCRC. It relates to land upon which SCCA's South Lake Union outpatient facility was constructed and has a term of 99 years. The outpatient businesses were contributed by FHCRC and by UWMC with the designation that SCCA be a site of practice for certain oncology-related outpatient activities.

Amortization expense for intangible assets is calculated using the straight-line method and for the fiscal years ended June 30, 2018 and 2017 amounted to \$1,241,000 and \$1,227,000, respectively. The unamortized balance of the intangible assets consists of the following as of June 30:

| | <u>2018</u> | <u>2017</u> | <u>Amortization period</u> |
|-----------------------|---------------------|------------------|--------------------------------|
| Ground lease | \$ 2,970,000 | 3,006,000 | 99 Years |
| Outpatient businesses | <u>3,112,000</u> | <u>4,317,000</u> | 20 Years |
| | <u>\$ 6,082,000</u> | <u>7,323,000</u> | |

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Notes to Financial Statements

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The estimated amortization expense for the next five years related to these intangible assets is as follows:

| | |
|------------|---------------------|
| 2019 | \$ 1,241,000 |
| 2020 | 1,241,000 |
| 2021 | 739,000 |
| 2022 | 37,000 |
| 2023 | 36,000 |
| Thereafter | <u>2,788,000</u> |
| | <u>\$ 6,082,000</u> |

(9) Long-Term Debt

Long-term debt consists of the following as of June 30:

| | <u>2018</u> | <u>2017</u> |
|---|----------------------|--------------------|
| Washington Health Care Facility Authority, Fixed Rate Demand Revenue Bonds, Series 2014, at an average fixed interest rate of 4.55% and 4.52% for the years ended June 30, 2018 and 2017, respectively, maturing on March 1, 2038, net of unamortized bond premium of \$6,774,000, and at increasing principal amounts of \$2,385,000 to \$22,225,000 | \$ 84,954,000 | 88,114,000 |
| Washington Health Care Facility Authority, Weekly Rate Demand Revenue Bonds, Series 2010, at an average variable interest rate of 1.79% and 1.26% for the years ended June 30, 2018 and 2017, respectively, maturing on February 1, 2038, and at increasing principal amounts of \$569,000 to \$1,371,000 | <u>17,944,000</u> | <u>18,416,000</u> |
| | 102,898,000 | 106,530,000 |
| Less current portion | (2,974,000) | (2,742,000) |
| Less deferred financing costs | <u>(523,000)</u> | <u>(585,000)</u> |
| Long-term debt, net | <u>\$ 99,401,000</u> | <u>103,203,000</u> |

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The maturities by year of the long-term debt obligations are as follows:

| | | |
|-------------------------------|----|---------------------------|
| 2019 | \$ | 2,974,000 |
| 2020 | | 3,074,000 |
| 2021 | | 3,219,000 |
| 2022 | | 3,365,000 |
| 2023 | | 3,535,000 |
| Thereafter | | <u>79,957,000</u> |
| | | 96,124,000 |
| Plus unamortized net premiums | | <u>6,774,000</u> |
| | \$ | <u><u>102,898,000</u></u> |

(a) Washington Health Care Facility Authority, Revenue Bonds, Series 2014

In fiscal year 2015, SCCA borrowed the proceeds of the Washington Health Care Facility Authority's \$86,950,000 Revenue Bonds, Series 2014 (the 2014 Bonds). The bonds are issued for the purpose of providing the funds necessary to advance refund and defease all of the Washington Health Care Facility Authority, Revenue Bonds, Series 2008, and pay certain costs in connection with the issuance of the 2014 Bonds. Principal is paid upon maturity of the bond and interest is paid semiannually. SCCA has the option to redeem outstanding bonds prior to their maturity dates, provided certain conditions are met.

Under SCCA's master trust, SCCA is subject to certain covenants, including a requirement to maintain a minimum debt service coverage ratio of 1.10 to 1.00.

SCCA has pledged as collateral its gross receivables. Payments on the 2014 Bonds will be made solely by SCCA; the member organizations do not guaranty any of SCCA's financial obligations, including repayment of the 2014 Bonds.

(b) Washington Health Care Facility Authority, Weekly Rate Demand Revenue Bonds, Series 2010

In fiscal year 2011, SCCA borrowed the proceeds of the Washington Health Care Facility Authority's \$21,415,000 Variable Rate Revenue Bonds, Series 2010 (the 2010 Bonds) to provide a portion of the funds necessary to refund bonds issued to fund the Seattle Cancer Care Alliance House and to pay a portion of the costs of issuing the 2010 Bonds. The initial interest rate was calculated as 65% of the sum of LIBOR plus 1.88% effective November 1, 2012 or LIBOR plus 2.15% prior to November 2012. Effective December 1, 2014, the interest rate was renegotiated as 65.01% of the sum of the one-month LIBOR plus 1.20%.

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Upon issuance, SCCA entered into a private placement agreement with KeyBank National Association (Key), which was in effect as of June 30, 2012. Under the agreement, the initial bank tender date was November 1, 2013, and has since been extended to November 18, 2024. Unless the tender date is extended to a later date, the bonds could be tendered for repayment on November 18, 2024.

Under the terms of the credit agreement with Key, SCCA is subject to certain covenants, including a requirement to maintain a minimum debt service coverage ratio of 1.10 to 1.00, long-term indebtedness to sum of long-term indebtedness plus unrestricted net assets to not exceed 0.70 to 1.00, and 75 days of cash on hand.

Obligations issued under the master indenture, including the obligation issued to secure the 2010 Bonds, are secured by a pledge of SCCA's gross receivables. Payments on the 2010 Bonds will be made solely by SCCA; the member organizations do not guaranty any of SCCA's financial obligations, including repayment of the 2010 Bonds.

(c) Line of Credit

SCCA entered into a line of credit in the amount of \$3,000,000 with an expiration date of December 1, 2018. SCCA shall pay interest on the outstanding principal balance of this line of credit at the rate per annum equal to the daily LIBOR plus 2.5%. No funds have been drawn on this line of credit during the years ended June 30, 2018 or 2017.

(10) Patient Service Revenue

SCCA has agreements with third-party payors that provide for payments to SCCA at amounts different from its established rates. Gross patient service revenues were billed to the following payors for the years ended June 30, 2018 and 2017:

| | 2018 | 2017 |
|------------|-------|-------|
| Commercial | 50 % | 52 % |
| Medicare | 37 | 35 |
| Medicaid | 11 | 11 |
| Other | 2 | 2 |
| Total | 100 % | 100 % |

SEATTLE CANCER CARE ALLIANCE

Notes to Financial Statements

June 30, 2018 and 2017

Outstanding gross patient accounts receivable are as follows as of June 30, 2018 and 2017:

| | 2018 | 2017 |
|------------|-------|-------|
| Commercial | 54 % | 59 % |
| Medicare | 31 | 26 |
| Medicaid | 11 | 12 |
| Other | 4 | 3 |
| Total | 100 % | 100 % |

Net patient service revenue consists of the following for the years ended June 30:

| | 2018 | 2017 |
|--|------------------|---------------|
| Gross patient service revenue | \$ 1,087,661,000 | 927,981,000 |
| Deductions from gross patient service revenue | (482,452,000) | (410,285,000) |
| Patient service revenue, net | 605,209,000 | 517,696,000 |
| Provision for bad debts | (2,260,000) | (1,613,000) |
| Net patient service revenue less provision for bad debts | \$ 602,949,000 | 516,083,000 |

A summary of the payment arrangements with major third-party payors is as follows:

(a) Medicare

Medicare pays for inpatient hospital services under the prospective payment system (PPS) unless the provider is statutorily exempt from PPS (Exempt Hospital). PPS hospitals are paid a predetermined flat rate for inpatient care that is based on the patient's diagnosis at discharge while Exempt Hospitals are paid based on the "reasonable cost" of the services provided subject to an annual rate of increase limit. Exempt Hospitals receive an interim payment based on a percentage of charges submitted that is adjusted based on the filed cost report. Certain types of cancer hospitals are currently included among the Exempt Hospitals. SCCA's inpatient facility has been recognized by Medicare as an Exempt Hospital.

SEATTLE CANCER CARE ALLIANCE

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Medicare has historically paid for outpatient services on the basis of the cost of or a portion of the cost of providing the services. The Balanced Budget Act of 1997 required a phased in prospective payment system for outpatient services (OP PPS). The Centers for Medicare and Medicaid Services (CMS), an agency of the United States Department of Health and Human Services, issued regulations implementing OP PPS, which became effective as of August 1, 2000. Before the effective date of OP PPS, the Balanced Budget Refinement Act of 1999 established a "hold harmless" provision for cancer hospitals ensuring that they would be supplemented for certain covered services incurred under OP PPS. Under the hold harmless provision, if the amount of payment the cancer hospital would receive under OP PPS is less than what it would have received before OP PPS' implementation, the amount of payment due to the cancer hospital will be increased by the amount of such difference. As an Exempt Hospital, SCCA qualifies for payment under the hold harmless provision.

The Budget Control Act of 2011 requires automatic spending reductions beginning April 1, 2013 to reduce the federal deficit, including Medicare spending reductions of up to 2% for a fiscal year, with a uniform percentage reduction across all Medicare programs. In 2013, the CMS notified SCCA that Medicare fee-for-service claims with dates of service or dates of discharge on or after April 1, 2013 will incur a 2% reduction in Medicare payments.

Adjustments from finalizations from prior-year cost reports and other third-party settlement estimates resulted in an increase of net patient service revenues of approximately \$2,208,000 in 2018 and \$254,000 in 2017.

(b) Medicaid

SCCA is paid for services provided to Medicaid patients under the state's fee schedule, which is based on a modification of Medicare's prospective payment systems for inpatient and outpatient care. In 2009, the State of Washington enacted a safety net assessment program involving Washington State hospitals to increase funding from other sources and obtain additional federal funds to support increased payments to providers for Medicaid services.

(c) Commercial Case Rate Contracts

For certain commercial payors, SCCA has negotiated a single payment (case rate) for a defined period of care (case rate period) related to providing a bone marrow or stem cell transplant. All of SCCA's case rate contracts specify a minimum and maximum payment calculation based on a review of actual gross charges provided during the case rate period. In addition to the case rate payments, the case rate contracts also specify negotiated fee-for-service rates for services performed outside of the case rate period. Case rate contracts extend to SCCA related parties. With the exception of pediatric cases, SCCA serves as the collection agent for the case rate payments. For pediatric cases, Seattle Children's serves as the collection agent. All case rate payments, except for pediatric cases, are remitted to SCCA, which in turn remits payments to each respective related party for its proportionate share of services rendered. Payments for pediatric cases are to be remitted to Seattle Children's, which in turn remits payments to each respective party for its proportionate share of services. Any liability to related parties has been accrued in accounts payable and accrued expenses at June 30, 2018 and 2017.

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Notes to Financial Statements

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(d) Financial Assistance

SCCA provides care to patients who meet certain criteria under its financial assistance policy without charge or at amounts less than its established rates. Because SCCA does not pursue collection of amounts determined to qualify as financial assistance, they are not reported as revenue. Approximately \$9,208,000 and \$6,691,000 in gross charges were provided for financial assistance in 2018 and 2017, respectively. The estimated net cost of financial assistance provided was approximately \$5,145,000 and \$3,796,000 in 2018 and 2017, respectively. The net cost of financial assistance was calculated using a percentage of cost to charges, which was 56% in 2018 and 57% in 2017. The number of financial assistance patients served was 2,193 in 2018 and 1,929 in 2017.

(e) Bad Debt

For patients that do not qualify for financial assistance, SCCA recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a portion of SCCA's patients will be unable or unwilling to pay for the services provided. Thus, SCCA records a provision for bad debts related to patients in the period the services are provided.

(11) Related Party Transactions

Members of SCCA share equally in the capital contributions and in the results of operations. The initial capital contributions of the members were based on a contribution schedule in accordance with the Members Agreement dated June 15, 1998. Contributions in 1998 consisted of cash payments, contributed equipment, a ground lease, and the fair value of existing businesses. The fair value of existing businesses was recorded as intangible assets at the time that the related programs were transferred to the SCCA. No contributions have been made since fiscal year 2001.

(a) Outpatient and Other Services

SCCA and its member organizations have entered into various affiliate agreements in order to optimize the use of clinical and support functions available from member organizations. Certain affiliate agreements relate to support functions, including human resources, information technology, and cover the cost of staff, purchased services, and supplies, including pharmaceuticals and medical supplies. Affiliate agreements are based upon negotiated fixed monthly amounts or other specified terms and conditions for each prescribed service. Such amounts are renegotiated annually. In addition, SCCA leases out lab space to UW Medicine under a noncancelable operating lease and leases space and equipment under several operating lease agreements from its member organizations. SCCA purchased support functions from affiliates totaling \$298,111,000 and \$242,213,000 in fiscal years 2018 and 2017, respectively, which are included in purchased services and supplies on the statements of operations and changes in unrestricted net assets. SCCA sold support functions to member organizations in the amount of \$27,720,000 and \$22,059,000 in fiscal years 2018 and 2017, respectively, which are included in other operating revenue on the statements of operations and changes in unrestricted net assets.

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June 30, 2018 and 2017

(b) Inpatient Services

Under the Pediatric and Adult Inpatient Services Agreement, SCCA operates certain ambulatory cancer care services and facilities, and obtains inpatient services from Seattle Children's Hospital for pediatric patients and UWMC for adult patients. SCCA provides programmatic direction for the inpatient cancer services at UWMC and Seattle Children's Hospital as set forth in the respective agreements. UWMC and Seattle Children's Hospital make their personnel and facilities available to FHCRC, as set forth in the respective agreements, to enable FHCRC to meet its requirements in connection with pediatric and adult cancer research and obtain certain research and related services. The Adult Inpatient Services Agreement was amended and restated effective July 1, 2017.

In addition, SCCA operates a 20-bed adult inpatient unit within UWMC's facility. SCCA has received notification from the fiscal intermediary that this inpatient unit is designated as a hospital within a hospital. Therefore, gross revenues for these inpatient services are recorded by SCCA, which provides medical oversight and management for the inpatient unit. UWMC provides patient care services to SCCA, including necessary personnel, equipment, and ancillary services. SCCA pays UWMC for services provided to SCCA inpatients based upon the agreement. SCCA recognized \$46,667,000 and \$43,376,000 of expenses related to these services in fiscal years 2018 and 2017, respectively, which are included in purchased services in the statements of operations and changes in unrestricted net assets.

SCCA also makes its personnel and facilities available to FHCRC, to enable FHCRC to meet its requirements in connection with adult cancer research. SCCA purchases from FHCRC certain research and development support, data collection and analysis, physician assistant services, consulting services, and license rights to use the FHCRC name in connection with the inpatient cancer services program. SCCA incurred \$8,001,000 and \$7,170,000 in expenses related to these services in fiscal years 2018 and 2017, respectively, which are included in purchased services in the statements of operations and changes in unrestricted net assets.

(c) Due from/Due to Related Parties

SCCA has amounts due from or due to related parties for the various transactions described above, which are as follows as of June 30:

| | | 2018 | | 2017 | |
|-----------------------------|----|--------------------------------|------------------------------|--------------------------------|------------------------------|
| | | Due from related parties | Due to related parties | Due from related parties | Due to related parties |
| FHCRC | \$ | 27,000 | 2,020,000 | 36,000 | 2,026,000 |
| Seattle Children's Hospital | | 397,000 | 799,000 | 193,000 | — |
| UW Medicine | | 5,656,000 | 17,894,000 | 1,559,000 | 13,250,000 |
| | \$ | <u>6,080,000</u> | <u>20,713,000</u> | <u>1,788,000</u> | <u>15,276,000</u> |

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(12) Commitments and Contingencies

(a) Operating Leases

SCCA leases equipment and office space under operating leases expiring at various dates through December 2022. Total rental expense in fiscal years 2018 and 2017 for all operating leases was approximately \$7,219,000 and \$5,964,000, respectively, and is included in other expenses.

The following is a schedule, by year, of future minimum lease payments under operating leases as of June 30, 2018, which have initial or remaining lease terms in excess of one year:

| | |
|------------|----------------------|
| 2019 | \$ 5,170,000 |
| 2020 | 4,923,000 |
| 2021 | 4,993,000 |
| 2022 | 4,625,000 |
| 2023 | 2,321,000 |
| Thereafter | <u>282,000</u> |
| | <u>\$ 22,314,000</u> |

(b) Litigation

SCCA is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on SCCA's future financial position or results from operations.

(c) Regulatory Environment

- (i) Washington State's Department of Health conducted a survey at SCCA between April 4 and April 12, 2018 on behalf of the Centers for Medicare and Medicaid Services (CMS). In a letter dated May 16, 2018 and accompanying Statement of Deficiencies and Plan of Correction Form CMS 2567 (2567), CMS asserted that SCCA had "failed to be primarily engaged in providing inpatient services by depending on another hospital to meet the [CMS] Conditions of Participation." Through conversation with CMS, SCCA understands that the stated deficiencies do not relate to patient quality or safety. Rather, the 2567 identifies deficiencies relating to a lack of distinct physical space for SCCA beds, and insufficient oversight by SCCA of inpatient policies and support services, such as nursing, pharmaceutical, Medical records and Medical Staff. SCCA has until November 15, 2018 to remediate these stated deficiencies, although CMS has discretion to extend this termination date. Failure to timely remediate these deficiencies will result in loss of SCCA's participating provider status with Medicare. SCCA is cooperating with CMS and submitted a Plan of Correction (the Plan) on June 8, 2018 and is actively pursuing steps to address the stated deficiencies. CMS is currently reviewing the proposed Plan. When CMS approves the Plan, SCCA management will take necessary actions to comply with that Plan so SCCA continues to participate in the Medicare program.

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- (ii) The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, governmental healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government agencies are actively conducting investigations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Through its compliance program, SCCA maintains an effective and safe program for reporting and addressing potential regulatory concerns. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions known or unasserted at this time.

(13) Professional Liability

SCCA maintains professional liability insurance coverage on a claims-made basis through commercial insurance carriers. The policies in effect for fiscal years 2018 and 2017 have a \$1,000,000 limit per occurrence, and a limit in the aggregate of \$3,000,000. SCCA has purchased \$40,000,000 of excess coverage.

SCCA has recorded a liability that represents an estimate for the ultimate settlement for claims incurred but not reported. The professional liability was estimated at approximately \$812,000 for both June 30, 2018 and 2017, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

(14) Retirement Plans

SCCA has a defined contribution plan for its paid employees. Employees are generally eligible after one year and 1,000 hours of service. SCCA contributes 7% of each eligible employee's compensation up to the Social Security wage base limit and 12% on compensation above the limit. SCCA also has a Supplemental Executive Retirement Plan for eligible members of the executive team. Contributions for the years ended June 30, 2018 and 2017 were \$6,581,000 and \$5,887,000, respectively, and are presented in salaries, wages, and benefits in the statements of operations and changes in unrestricted net assets.

(15) Subsequent Events

SCCA has performed an evaluation of subsequent events through October 11, 2018, which is the date these financial statements were issued. There were no subsequent events.