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Will tax dollars fund the new facility? If so, how much will this increase my taxes?

HCCH is grateful for the tax dollars we receive, which make up about 2.3% of our yearly budget of \$32 million from the previous year. That's roughly \$700,000 in tax receipts, covering about 7-8 days of our operating expenses. We usually spend this money on essential equipment like imaging and laboratory tools, as well as inpatient beds. Our plan is to keep using tax dollars for future equipment needs. The hospital district can charge up to \$0.50 for every \$100 of property value, but any increase in the tax rate needs approval from voters.

Will the costs of services increase?

Costs of services may rise due to natural inflation. We contract with insurance companies that set our reimbursement rates. Therefore, prices for services will only rise as our costs rise with inflation pressures.

Why purchase the 39th Street property?

The Board explored three different locations for a replacement hospital. While all three sites had advantages, the 39th Street property checked all the boxes to meet regulatory requirements and our budget. It was also the best location for visibility, accessibility, and future expansion of the campus.

Why is it necessary to relocate 39th Street to the east side of the property?

Moving 39th Street is part of our plan for a safer and more cohesive hospital campus. When designing a hospital campus that considered expansion options for the future, three factors were considered: 1) 39th Street posed a security issue for staff and patients as they would need to enter or cross the street to access the new hospital. 2) Moving the street allows moving the site location further north on the property and reduces the amount of fill work needed. It also provides greater expansion opportunities. 3) The new site provides a more cohesive campus with greater visibility. The new 39th Street is being built around the hospital campus towards the east and connects to the current 39th Street at the property's south and north ends.

What do you plan to do with the existing building?

That is still to be determined. We are currently working on different options. If no one is interested in the building, the board assures that the lot will be cleaned up and not become an eyesore.

What security measures will be in place for the new hospital?

We're prioritizing security during the design process, including additional card readers and bullet-resistant glass.

How is the hospital financed?

The project costs \$75 million in total. Most of the funding, \$57.5 million, comes from a low-interest loan provided by the USDA Community Facilities program, which has a 35-year term. Another \$12.7 million was raised through tax-exempt revenue bonds, with help from commercial and local banks. Additionally, the hospital district contributed \$5.5 million in cash equity.

What are the future plans for the medical clinic?

We recently renovated the medical clinic to accommodate more providers. The Board intends to keep the medical clinic for at least 10 years with eventual plans to build a physician's clinic adjacent to the new hospital.

Have any financial studies been performed to determine the financial viability of a new hospital?

In 2019, BKD, now known as Forvis, a financial accounting firm specializing in healthcare, completed an initial financial feasibility study. This study determined that the operations of a new hospital could cover its costs. When borrowing money, proof of repayment is required by both banks and the USDA. Forvis thoroughly reviewed our history, analyzed the potential of the local healthcare market, and considered projections for the healthcare industry. They compiled financial assumptions to complete their projection. Without this comprehensive feasibility study, building a new hospital would not be on the table today.

What is the timeline?

Construction has started and is scheduled to be completed by spring 2026.

What happens to the water runoff?

Civil engineers have conducted geotechnical studies and produced a thorough stormwater report, ensuring that all runoff will be efficiently contained within our designated pond area. The pond's capacity will be enlarged to accommodate extreme weather events, such as a once-in-a-100-year

rainfall. The site plan adheres to the stringent requirements outlined by the USDA for both design and environmental assessments.

Have local contractors been used?

The USDA funding required accepting the low bidder; therefore, the hospital district engaged a general contractor, MW Builders, who based their pricing on bids received from subcontractors. MW Builders has confirmed that local bids were received for certain specialized tasks. Regrettably, the bids from local contractors were much higher than those of the subcontractors awarded the work. In the interest of fiscal responsibility, MW Builders made the prudent decision to select the lowest bidder, thus safeguarding our project's financial integrity.

What enhancements or new services will the new facility offer?

Our current hospital has semi-private rooms that share a toilet between four patients. Additionally, there is only one shower available for patients in the current facility. The new facility will have private rooms with private bathrooms. Two of the rooms can be converted into semi-private rooms if needed.

Our MRI is currently located outside the existing hospital and requires patients to be transported between buildings in all types of weather. The new facility will house the MRI inside the imaging suite.

The emergency room will be enhanced to include a behavioral health safe room, decontamination entry, decontamination rooms, and a shared nurse's station.

The therapy department will have increased space for treatments and a larger gym area for patients' rehabilitation. The outpatient specialty clinics, where specialists such as cardiologists, nephrologists, and orthopedic physicians see patients, will also be expanded. An infusion area is planned to allow for IV therapy and future oncology services. The surgery suite will have a large operating room, a separate procedure room, and a separate gastroenterology room.

Will patients still need to be transferred to other hospitals?

As a small, rural hospital, HCCH has limited resources compared to a larger hospital. Larger hospitals have specialized departments and medical teams to handle more complex medical issues around the clock. As a Critical Access Hospital, our goal and job are to stabilize patients for transfer to the specialized team at a larger hospital. HCCH has a 24/7 emergency room staffed with a physician who has access to respiratory, imaging, and laboratory services.

Are there any staffing concerns for the new hospital?

Currently we are looking at adding 20 new positions across a variety of departments.

What current surgical services are available at HCCH?

Laparoscopic & Open:	Lesion Removal	Hemorrhoidectomy
Gallbladder	Colonoscopy	Knee Arthroscopes
Hernia	Upper GI scope (EGD)	Plantar release
Appendectomy	Epidural injections for pain	Diagnostic laparoscopy
Trigger Finger	Foot surgery	Prostrate biopsy
Carpal tunnel	Cystoscopies	Cataracts
Radio Frequency Ablations	SI Fusions	Trial and permanent stimulators
Discogram	Hammer Toes	Toe amputation
Port-a-Cath placement for chemo/antibiotic		