



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

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 CONNECTICUT OFFICE OF
 HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Jefferson X-Ray Group P.C.	
Doing Business As		
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	941 Farmington Avenue West Hartford, CT 06107	
Applicant type (e.g., profit/non-profit)	For-profit professional corporation	
Contact person, including title or position	Jean Conover Chief Financial Officer	
Contact person's street mailing address	111 Founders Plaza Suite 400 East Hartford, CT 06108	

Contact person's phone #, fax # and
e-mail address

(860) 291-6511 (PH)
(860) 291-6594 (Fax)
Jconover@JXray.com

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Replacement of single slice CT scanner with multi-slice CT scanner

b. Type of Proposal, please check all that apply:

- Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- New (F, S, Fnc) Replacement Additional (F, S, Fnc)
- Expansion (F, S, Fnc) Relocation Service Termination
- Bed Addition Bed Reduction Change in Ownership/Control
- Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:
- Project expenditure/cost cost greater than \$ 1,000,000
- Equipment Acquisition greater than \$ 400,000
- New Replacement Major Medical
- Imaging Linear Accelerator
- Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

941 Farmington Avenue, West Hartford, CT 06107

d. List all the municipalities this project is intended to serve:

- **The West Hartford office principally serves CT scan patients who live in the following towns: West Hartford, Hartford, Bloomfield, Farmington, Newington, Windsor, New Britain, and Bristol. Residents of these communities comprise more than 80% of JXR's CT volume in the West Hartford location.**

- e. Estimated starting date for the project: July 2006
- f. Type of project: 20 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$1,790,267
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$110,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	\$95,109
Delivery & Installation	
Total Capital Expenditure	\$205,109
Fair Market Value of Leased Equipment	\$1,585,158
Total Capital Cost	\$1,790,267

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
General Electric	Multi-slice CT Scanner	Light Speed VCT	1	\$1,585,158

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

A copy of the vendor quote is provided in Attachment I.

c. Type of financing or funding source (more than one can be checked):

- Applicant's Equity Lease Financing Conventional Loan
 Charitable Contributions CHEFA Financing Grant Funding
 Funded Depreciation Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- This request is for Replacement Equipment.
 - The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - The cost of the equipment is not to exceed \$2,000,000.
 - The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Jefferson X-Ray Group, P.C.

Project Title: Replacement of single slice CT scanner with multi-slice CT scanner

I, Jean Conover, Chief Financial Officer
(Name) (Position – CEO or CFO)

of Jefferson X-Ray Group, P.C. being duly sworn, depose and state that the

information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to

the best of my knowledge, and that Jefferson X-Ray Group, P.C. complies with the appropriate and

(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486

and/or 4-181 of the Connecticut General Statutes.

Jean L Conover.
Signature

December 8 2005
Date

Subscribed and sworn to before me on December 8, 2005

Barbara B. Peracchio
Notary Public/Commissioner of Superior Court

My commission expires: _____



Barbara B. Peracchio
Notary Public, State of CT
My Commission Expires:
June 30, 2010

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

PROJECT DESCRIPTION

Jefferson X-Ray Group (JXR) is a group of 38 radiologists, offering sub-specialized diagnostic and interventional imaging services. All the physicians in JXR are licensed in the State of Connecticut and Board Certified. They are committed to delivering high quality radiology services. Jefferson X-Ray Group, established in 1963, is the largest radiology private practice group in Connecticut. The Group provides radiology services to Hartford Hospital, a premier tertiary care center in Hartford Connecticut, as well as Johnson Memorial Hospital in Stafford Springs, Connecticut, and Connecticut Children's Medical Center. Additionally, JXR has six private offices located in Avon, Glastonbury, Hartford, West Hartford, Enfield, and Wethersfield. JXR provides MRI, CT, ultrasound, mammography, nuclear medicine, and diagnostic imaging services. JXR prides itself on offering state of the art equipment, friendly and compassionate staff and a team of physicians dedicated to providing the highest quality of care.

The West Hartford office currently offers MRI, CT, ultrasound, digital mammography, fluoroscopy, bone densitometry (DEXA), and diagnostic x-ray. CT (computed tomography), uses special x-ray equipment to obtain image data from different angles around the body and then uses computer processing of the information to show a cross-section of body tissues and organs. CT imaging is particularly useful because it can show several types of tissue—lung, bone, soft tissue and blood vessels—with great clarity. Using specialized equipment and expertise to create and interpret CT scans of the body, radiologists can more easily diagnose problems such as cancers, cardiovascular disease, infectious disease, trauma and musculoskeletal disorders.

The CT scanner in the West Hartford office is a single slice CT scanner that was leased in December 2002. The cost of this scanner was below \$400,000 and therefore did not require CON approval. The equipment was financed through a capital lease which will expire in November 2007. The equipment does not offer state-of-the-art features and functionality, such as angiography. The image quality and resolution do not meet current standards of practice. Therefore, JXR is requesting approval from the Office of Health Care Access (OHCA) to obtain a multi-slice CT scanner.

JXR is committed to providing the highest standard of care and continually updates its equipment to ensure that it offers patients and referring physicians state-of-the-art diagnostic imaging services. This is the only remaining single slice CT scanner in the practice since all others have been replaced. Multi-slice CT scanners have become the standard of care in the industry and produce the level of image quality necessary to serve a wide range of patients. The proposed equipment will provide better image quality, faster scanning time, thinner sliced scans and permit JXR to offer CT angiography in its West Hartford office. The proposed equipment will be financed through an operating lease

JXR has been providing CT services since 1982 and since 1991 in the West Hartford office. CT volumes in the West Hartford office have grown from 2,300 in 2001 and are projected to exceed 3,500 in 2005. The target population to be served includes primarily residents of West Hartford, Hartford, Bloomfield, Farmington, Newington, Windsor, New Britain and Bristol who require CT scanning services.

Other providers of CT services in the proposed service area are included in *Attachment II*. This proposal is not expected to have any impact on other providers as the replacement equipment is intended to serve JXR's established CT patient/referral base. This project will have a positive effect on the health care delivery system in the State of Connecticut as the proposed equipment will improve image quality, reduce exam time, increase efficiency and therefore improve the quality of patient care.

JXR will provide professional and technical CT services from its West Hartford office. Payers of the service include all major third party payors and patients. JXR is a participating provider with most major insurance plans in Connecticut as well as Medicaid and Medicare. The proposed equipment will provide improved CT images, faster throughput, and new imaging capabilities and will have a positive impact on the quality of health care services provided in the proposed service area.

ATTACHMENT I

VENDOR QUOTES

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GE Healthcare

Preliminary Proposal

To: JEFFERSON X-RAY GROUP
85 SEYMOUR ST #200
Hartford, CT 06106

From: Rachel Del Mauro
1400 Computer Drive
Westborough, MA 01581-5088
(508) 870-5200

KYSC29.GB404 Wednesday, November 09, 2005

<u>Qty</u>	<u>Catalog#</u>	<u>Description</u>	<u>Price</u>
GE LightSpeed VCT 64-Slice Scanner			
Base System			
1	B7864SS	VCT system - must also select table, cable set and keyboard	
1	B77202GT	GLOBAL TABLE 2000 JPN	
1	B7864JA	VOL-STD LENGTH CABLE SET	
1	B7800KE	English Keyboard	
1	B7540RB	Excellent Solution To Any Departments Productivity Needs.	
Cardiac Hardware/Software for VCT Gantry			
1	B7840DD	Gating Hardware for Hpower platform - also used in Adv 4D option	
1	B7850PL	SmartScore Acquisition Software ONLY for LINUX Operator's Console	
1	B7710LS	SnapShot Software ONLY for LINUX Operator's Console	
1	B7866CD	Ivy 3150 EKG Monitor	
1	B7864KA	0.35 SEC ROTATION SW OPT	
1	B7864KC	ECG TRACE ON OC SW OPT	
1	B7864KD	CARDIAC ENHANCEMENT FILTR	
Hardware			

1 E4502AE

Features/Benefits

Custom panel serves as the main power disconnect between the CT system and the facility 400-480V power source
 Panel provides short circuit, overload, undervoltage release, automatic restart, and emergency shut down for the CT system
 Reduces installation time and cost by providing a single-point power connection eliminating the need to mount and wire a number of individual components
 Standardized design and testing assures high product quality and system reliability
 On systems where the optional 12.5 KVA partial system UPS is ordered, the Main Disconnect Panel also provides mandated emergency power off control via a UPS output disconnect function included in the panel design
 Provides a standardized platform for future UPS or other GE engineered modifications or upgrades
 Please consult your GE Medical Systems Field Engineer to determine if this is the appropriate product for your needs before purchasing

Specifications
 Each Main Disconnect Panel sold individually
 Partial system UPS sold separately (B7999PP)
 Dimensions (Height x Width): 30.24 in. x 19.78 in. (768.1mm x 502.4mm)
 Enclosure Depth: 7.05 in. (179.1mm)
 Handle Depth: 10.3 in. (261.6mm)
 Weight: 110 lbs. (49.9 kg)
 UL, cUL and CE labeled
 Panel disconnect provides OSHA lockout/tagout provisions
 Surface or semi-flush mounting

Compatibility
 GE Medical Systems LightSpeed Pro 16 and LightSpeed RT CT systems
 GE directly provides replacement of non-conforming components for 1 year
 Customer is responsible for arranging for installation with a certified electrician
ITEM IS NON-RETURNABLE AND NON-REFUNDABLE

1 E4502JN

Features/Benefits

The use of uninterruptible power enables the system imaging to be completed after the loss of supply power, and allows for saving of valuable data and orderly system shutdown
 The Double Conversion Online UPS eliminates all power anomalies such as noise, transients, overvoltage, and undervoltage, which could damage the imaging system's sensitive computer components
 Standard Static Bypass and Manual Bypass Switches mean zero transfer time
 Improves imaging system reliability, reduces service costs, and increases system up time.
 Bundled with LanSafe III/FailSafe III power management software to ensure data integrity
 Advanced Battery Management Plus uses sophisticated battery sensing technology to double battery service life and provides up to 60 days notice of the end of useful battery service life
 1 year warranty - 24 hours a day 7 days a week included in price
 Please consult your GE Medical Systems Field Engineer to determine if this is the appropriate product for your needs before purchasing

Specifications
 Each UPS sold individually
 Voltage Range: 85 -146 Volts per phase
 Surge Protection: tested to ANSI C62.41 Categories A & B, EN 50091-2, and EN 50082-2
 Frequency: 50/60 Hz auto sensing
 CE marked
 Dimensions (Height x Width x Depth): 28 in. x 16 in. x 29.5 in. (711.2mm x 406.4mm x 749.3mm)
 Weight: 719 lbs. (326 kg)
 Safety Markings: UL 1778, cUL, CAN/CSA C22.02 NO. 107.1-M91 listed EN 50091-1

Compatibility
 Tested for use with GE Medical Systems CTi and LightSpeed CT Systems
 Please note this is a Partial System UPS
 Locate UPS away from patient area
 Customer is responsible for rigging and arranging for installation with a certified electrician
ITEM IS NON-RETURNABLE AND NON-REFUNDABLE

MedRad injector

1 E8007NJ

Medrad Stellant DX DualFlow Injector - Ceiling Mount (Long Post)

Applications Training

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- 2 W0008HC TIP HQ Class CT LightSpeed Level 2 - Full Service
3 day CT course held in the Milwaukee area. Includes travel and modest living expenses.
- 2 W0009HC TIP HQ Class CT Cardiac Imaging - Full Service
3.5 day CT course held in the Milwaukee area. Includes travel and modest living expenses.
- 2 W5007HC TIP HQ Class CT/AW 4.2 - Full Service
3.5 day TIP CT/AW course held in the Milwaukee area. Includes travel and modest living expenses.
- 3 W0951CT CT AW TIP Virtual Assist 10 Hrs
10 hours of remote CT AW Workstation training using TIP Virtual Assist.
- 5 B7600MZ 1 Day CT Masters Series Course

TOTAL NET EQUIPMENT SELLING PRICE**\$1,585,158.40****EQUIPMENT OPTIONS**

AW 4.2P Workstation

- | | | | |
|---|----------|---|-------------|
| 1 | M80501FL | AW 4.2P with 2 LCD Monitors

Advantage Workstation 4.2P provides 3D visualization and analysis with exceptional stability, quality and flexibility for powerful multi-modality image management, review, comparison and processing. | \$85,000.00 |
| 1 | M80501AB | Autobone Software Options for AW 4.1/4.2/4.2P

Automatically segment bone from CTA abdominal and extremity acquisition. Transparency control allows operator to dial in bony landmarks for Vascular surgeon. | \$15,000.00 |
| 1 | M80501RN | Additional 2GB RAM for AW Xw8200 | \$2,550.00 |

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PRICING PROPOSAL

General Electric Company is pleased to submit this Pricing Proposal for budgetary purposes only. This Pricing Proposal will be valid until December 31, 2005, unless otherwise indicated herein. If you would like to place an order for the equipment listed herein, your GE Sales Representative will arrange for the preparation and submission to you of a formal GE Quotation, including applicable GE Terms and Conditions, Warranties, and Payment Terms, for your consideration. Only a formal GE Quotation may be used to create a binding order for this equipment. Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

"GE Company Proprietary and Confidential"

ATTACHMENT II

CT PROVIDERS IN SERVICE AREA

JEFFERSON X-RAY GROUP
CT REPLACEMENT – WEST HARTFORD OFFICE
CT PROVIDERS IN PROPOSED SERVICE AREA

SERVICE AREA TOWN	CT PROVIDERS
West Hartford	<input type="checkbox"/> Imaging Center of West Hartford
Hartford	<input type="checkbox"/> Hartford Hospital <input type="checkbox"/> St. Francis Medical Center <input type="checkbox"/> CT Children's Medical Center <input type="checkbox"/> CT Valley Radiology PC
Farmington	<input type="checkbox"/> University of Connecticut Health Center/John Dempsey Hospital <input type="checkbox"/>
Newington	None
Windsor	None
New Britain	<input type="checkbox"/> Grove Hill Medical Center <input type="checkbox"/> New Britain General Hospital
Bristol	<input type="checkbox"/> Bristol Radiology Center <input type="checkbox"/> Bristol Hospital

Source: Yellow pages, OHCA web site