

State of Connecticut

Office of Health Care Access

Letter of Intent Form

Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by an Applicant, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 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 this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	Greenwich Hospital	Greenwich Endoscopy, LLC
Doing Business As	Greenwich Hospital	Greenwich Endoscopy, LLC
Name of Parent Corporation	Greenwich Health Care Services, Inc.	N/A
Applicant's Mailing Address, if Post Office (PO Box, include a street mailing address for Certified Mail)	5 Perryridge Road Greenwich, CT 06830	c/o Greenwich Hosp. 5 Perryridge Rd. Greenwich, CT 06830
What is the Applicant's Status: P for Profit or NP for Nonprofit	NP	P
Does the Applicant have Tax Exempt Status?	Yes	No
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	Gene Colucci Chief Financial Officer	Gene Colucci Chief Financial Officer Greenwich Hospital and Michele Volpe Attorney for physician members

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STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	5 Perryridge Road Greenwich, CT 06830	Gene Colucci Greenwich Hospital 5 Perryridge Road Greenwich, CT 06830 and Michele Volpe Bershtein, Volpe and McKeon 105 Court Street New Haven, CT 06511
Contact Person's Telephone Number	203-863-3008	Gene Colucci 203-863-3008 Michele Volpe: (203)777-5800
Contact Person's Fax Number	203-863-2979	Gene Colucci 203-863-2979 Michele Volpe: (203)777-5806
Contact Person's e-mail Address	genec@greenhosp.org	Gene Colucci: genec@greenhosp.org Michele Volpe: michelemvolpe@aol.com

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title: Establish a Freestanding Gastroenterology Center in Greenwich

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.:

<input checked="" type="checkbox"/> New (F, S, Fnc)	<input type="checkbox"/> Replacement	<input type="checkbox"/> Additional (F, S, Fnc)
<input type="checkbox"/> Expansion (F, S, Fnc)	<input type="checkbox"/> Relocation	<input type="checkbox"/> Service Termination
<input type="checkbox"/> Bed Addition	<input type="checkbox"/> Bed Reduction	<input type="checkbox"/> Change in Ownership/Control

Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

Project expenditure/cost greater than \$ 3,000,000

Equipment Acquisition

New Replacement Major Medical
(> \$3,000,000)

Imaging Linear Accelerator

Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$3,000,000

c. Location of proposal, identifying Street Address, Town and Zip Code:

500 West Putnam Street, Greenwich, CT 06830

d. List each town this project is intended to serve:

This project would serve the patients currently served by Greenwich Hospital. Towns in Connecticut include: Greenwich, Stamford, Darien, New Canaan, Norwalk, Westport, Weston and Wilton. Towns in New York include: Port Chester, Rye, White Plains, Harrison, Bedford, Mamaroneck, New Rochelle, Larchmont, Pound Ridge and Scarsdale.

e. Estimated starting date for the project: **June 1, 2007**

f. Type of project: **11, 30**

(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 or (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Project Cost: **\$ 300,000**

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Medical Equipment Purchases	
Medical Equipment Purchases	300,000
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	
Other (Non-Construction) Specify: _____	
Total Capital Expenditure	
Medical Equipment – Fair Market Value of Leases	
Major Medical Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
Total Capital Cost	
Total Project Cost	300,000
Capitalized Financing Costs (Informational Purpose Only)	

* Provide an itemized list of all non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost of \$20,000,000 or more, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check the your preference as follows: N/A

No Yes

If you checked "Yes" above, please check the appropriate box below:

Energy Fire Safety Code Non Substantive

If you checked "Yes" to the Waiver of Public Hearing, please provide the following:

a) Supporting documentation from elected town officials
(i.e. letter from Mayor's Office).

Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

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

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

<input checked="" type="checkbox"/> Applicant's Equity	<input type="checkbox"/> Capital Lease	<input type="checkbox"/> Conventional Loan
<input type="checkbox"/> Charitable Contributions	<input type="checkbox"/> Operating Lease	<input type="checkbox"/> CHEFA Financing
<input type="checkbox"/> Funded Depreciation	<input type="checkbox"/> Grant Funding	<input type="checkbox"/> Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

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

AFFIDAVIT

To be completed by each Applicant

Applicants: Greenwich Hospital and Greenwich Endoscopy, LLC

Project Title: Establish a Freestanding Gastroenterology Center in Greenwich

I, Frank A. Corvino, President/CEO of Greenwich Hospital, and Greenwich Health Care Services, Inc, a member of Greenwich Endoscopy, LLC being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that Greenwich Hospital and Greenwich Endoscopy, LLC comply with the appropriate and 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.



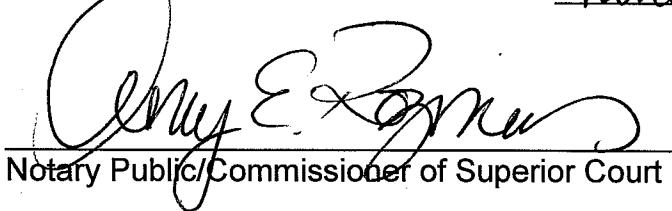
Signature

11/8/06

Date

Subscribed and sworn to before me on

November 8, 2006



Notary Public/Commissioner of Superior Court

AMY E. ROZMUS
NOTARY PUBLIC
MY COMMISSION EXPIRES JAN. 31, 2008

My commission expires:

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 Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. PET/CT Scanner
23. Other Imaging Services
24. Lithotripsy
25. Other Medical Equipment
26. Mobile Services
27. Other Outpatient
28. Central Services Facility
29. Occupational Health

Non-Clinical

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

Project Description

Applicant Greenwich Hospital is a progressive medical center offering a wide range of medical, surgical, diagnostic and preventive programs. A member of the Yale New Haven Health System, Greenwich Hospital is a community teaching hospital, affiliated with the Yale University School of Medicine. Greenwich Hospital is committed to providing the highest quality of care to the communities it serves. Greenwich Hospital's Department of Public Health License is presented in Appendix I. Applicant Greenwich Endoscopy, LLC, is a joint venture limited liability company established by Greenwich Health Care Services, Inc. (the parent company of Greenwich Hospital) and a group of gastroenterology ("GI") physicians practicing in Greenwich Hospital's service area.

The Applicants intend to establish a freestanding gastroenterology center (the "GI Center"), which will provide colonoscopies and other endoscopies to patients in Greenwich Hospital's service area. The GI Center will be located at 500 West Putnam Street in Greenwich, Connecticut. This space is already fitted out for GI procedures, so the capital cost associated with this project are limited, approximately [\$300,000]. The site currently has four procedure rooms, and the Applicants expect to fit out one additional procedure room. It is expected that a for-profit management company with demonstrated expertise in achieving operational efficiency and quality management will be engaged to manage the proposed GI Center and will be permitted to purchase a small equity interest in the joint venture of up to 15%. Greenwich Hospital will no longer provide endoscopy services at the 500 West Putnam Street location.

This joint venture effort reflects a priority of the Greenwich Hospital Board of Trustees' strategic plan of engaging in appropriate joint ventures with physicians as necessary to advance clinical and financial alignment in the best interest of the community. The proposed GI Center will enable Greenwich Hospital, its participating GI physicians, and a selected specialty management company to work cooperatively to maintain access to gastroenterology services, quality of care and efficiency in service delivery.

Payor sources for the GI Center's services are expected to be the same as for Greenwich Hospital, including government as well as commercial payors. The proposed GI Center will not impact the other area providers, which include a physician-owned endoscopy center in Stamford and the endoscopy center at the Stamford Hospital's Tully Health Center ambulatory care facility.

This project will complement Greenwich Hospital's current services and will enhance the health care delivery system in the State of Connecticut. Greenwich Hospital and Greenwich Endoscopy, LLC will be able to provide patients with state-of-the-art, easily accessible, excellent quality care when they need it, as soon as they need it.

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APPENDIX I

HOSPITAL LICENSE

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0045

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Greenwich Hospital of Greenwich, CT, d/b/a Greenwich Hospital is hereby licensed to maintain and operate a General Hospital.

Greenwich Hospital is located at 5 Perryridge Rd, Greenwich, CT 06830

The maximum number of beds shall not exceed at any time:

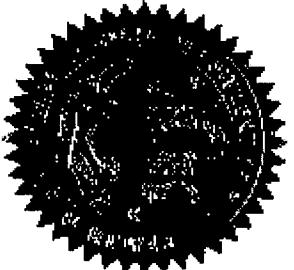
32 Bassinets
174 General Hospital beds

This license expires September 30, 2007 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.

Satellites

The Radiology Center of Greenwich Hospital, 526 West Putnam Avenue, Greenwich, CT
Holly Hill Campus, 11 Holly Hill Greenwich, CT



J Robert Galvin M.D., M.P.H.

**J Robert Galvin, M.D., M.P.H.,
Commissioner**