

November 17, 2006

Honorable Christine Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

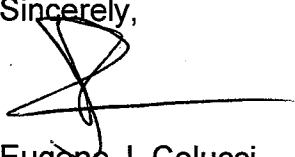
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HEALTH CARE ACCESS

Dear Commissioner Vogel:

Enclosed please find the original Letter of Intent from Greenwich Hospital for Radiology Special Procedures Equipment.

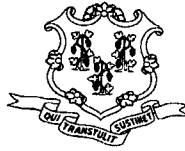
Thank you in advance for your consideration of this project. If you have any questions, please call me at (203) 863-3008.

Sincerely,



Eugene J. Colucci
Senior Vice President Finance/CFO

CC: Frank A. Corvino, Greenwich Hospital
Jeanette Schreiber, Wiggin and Dana



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

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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	
Doing Business As	Greenwich Hospital	
Name of Parent Corporation	Greenwich Health Care Services, Inc.	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	5 Perryridge Road Greenwich, CT 06830	
What is the Applicant's Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	Yes	
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	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	5 Perryridge Road Greenwich, CT 06830	

Contact Person's Telephone Number	203-863-3008	
Contact Person's Fax Number	203-863-2979	
Contact Person's e-mail Address	genec@greenhosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Radiology Special Procedures Equipment

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 \$ 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:

5 Perryridge Road, 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: Upon OHCA Approval

- f. Type of project: 1, 10, 23
(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
NA				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Project Cost: \$1,706,784
b. Please provide the following tentative capital expenditure/costs related to the proposal:

Medical Equipment Purchases	\$1,298,784
Major Medical Equipment Purchases	\$308,000
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	\$100,000
Other (Non-Construction) Specify: _____	
Total Capital Expenditure	\$1,706,784
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	\$1,706,784
Total Project Cost	\$1,706,784
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:

☒ 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
Innova 3100IQ Cardiovascular System			1	

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

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

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

☒ Applicant's Equity ☐ Capital Lease ☐ Conventional Loan
☐ Charitable Contributions ☐ Operating Lease ☐ CHEFA Financing
☐ Funded Depreciation ☐ Grant Funding ☐ 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?

The project description is included in Attachment II.

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. 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

ATTACHMENT I
VENDOR QUOTE

GE Healthcare

Greenwich Hospital
5 Perryridge Road
Greenwich, CT 06830
Attention: Peggy Martino

Date: October 24, 2006

Quotation Number: GTWC1DA

This agreement is by and between the customer and the GE Healthcare entity (referred to herein as "GE Healthcare"), each as identified in the applicable signature block below. GE Healthcare agrees to provide and customer agrees to pay for the products and/or services set forth in this agreement, all in accordance with the terms and conditions set forth herein. This agreement is comprised of:

- 1) This GE Healthcare Quotation (together with any applicable schedules referred to herein) that identifies the product and/or service offerings purchased or licensed by customer;
- 2) The attached (i) GE Healthcare Warranty documentation, (ii) GE Healthcare Additional Terms and Conditions documentation and (iii) GE Healthcare Statement of Service Deliverables documentation, as applicable; and
- 3) The attached GE Healthcare Standard Terms and Conditions - Sales and Service.

In the event of conflict among the foregoing items, the order of precedence is as numbered above. This agreement constitutes the complete agreement of the parties relating to GE Healthcare's delivery of the products and/or services identified in the GE Healthcare Quotation and supercedes all prior oral or written proposals, statements, agreements, commitments, or understandings with respect to the matters provided for herein.

- | | |
|------------------------------|--|
| • Terms of Delivery: | CIF, per attached standard Terms and Conditions - Sales and Service. |
| • Quotation Expiration Date: | December 24, 2006 |
| • Terms of Payment: | 10% Down with order, 70% Due on delivery of major components and prior to installation, Balance due upon completion of installation and/or availability for first use. |
| • Contract Price Protection: | 12 months from date of contract execution, subject to increase by .5% per month after such 12 month period |

Each party has caused this agreement to be executed by its duly authorized representative as of the date set forth below.

GENERAL ELECTRIC COMPANY:
by and through its GE Healthcare
business
• Submitted By:

BUYER:
Greenwich Hospital
• Agreed To By:

Andrew Dinitz
Sales Representative
GE Healthcare
3200 N. Grandview Boulevard
Waukesha, WI 53188 (WT-897)
Phone: (508) 870-5232

Date

Authorized Customer
Representative

Date

Title

• Accepted By:

Date

• Credit Approval By:

Date



GE Company Proprietary and Confidential Signature Page 1

P.O. Box 414, Milwaukee,
WI, 53202-0414
gehealthcare.com

General Electric Company

GE Healthcare

Greenwich Hospital
5 Perryridge Road
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Attention: Peggy Martino

Quotation

Date: October 24, 2006
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QTY	CATALOG	DESCRIPTION	PRICE
<u>INNOVA 3100 CARDIOVASCULAR SYSTEM</u>			
1	S18731AP	<p><i>Innova 3100IQ Cardiovascular System</i></p> <p>Innova 3100IQ Cardiovascular and Interventional Single Plane System</p> <p>Innova LC Positioner</p> <ul style="list-style-type: none"> o Floor Mounted L-Arm with Offset C-Arm Gantry o Patented 3-axis Isocentric Design o Vessel Profiling Capability o Anatomical and Mechanical Movement for Easy Gantry Positioning <p>Innova Digital Flat Panel Image Chain</p> <ul style="list-style-type: none"> o 31 cm Revolution Digital Flat Panel Imaging System o Completely Digital Imaging Chain o Amorphous Silicon Photodiode Array o Cesium Iodine Scintillator o 31 cm x 31 cm Active Area o 30, 20, 16, and 12 cm Fields of View (measurements are length per side) <p>Innova J Type SP 100 kW Multipulse Power Unit</p> <ul style="list-style-type: none"> o Automated Image Acquisition Provides Optimal Control of Image Quality at the Lowest Dose o Insite Remote Diagnostics during warranty and under GE Service Contract o Grid Pulsed Fluoroscopy <p>Performix 160A X-ray Tube:</p> <ul style="list-style-type: none"> o 1.0, 0.6 and 0.3 mm (Biased) Effective Focal Spots o Grid Pulsed Fluoroscopy o 3.7 MHU Anode Heat Storage Capacity o 3200 Watt Continuous Casing Heat Dissipation Rate o Continuous Water Cooling with External Chiller <p>Innova Angiographic Collimator</p> <ul style="list-style-type: none"> o Automated Spectral Filters <ul style="list-style-type: none"> - .1, .2, and .3 mm Thick o Three Independent Motorized Contour Filter Plates Including a Central Leg Filter o Functions Controlled From Tableside <p>Standard Innova 3100 User Interface Package</p> <ul style="list-style-type: none"> o 43 cm (18 Inch) Color LCD Flat Monitor with 	



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QTY	CATALOG	DESCRIPTION	PRICE
		Keyboard and Mouse - Integrated Generator, System, and DL Digital Controls on Monitor o System Keypad and Status Bar o Tableside TSSC with Contour Filter Controls, Collimation, 72 User Stored Gantry Positions, and Landscaped Roadmapping at Tableside o Tableside Smartbox Control o Auxillary Upright Table Panning Handle o Dual Footswitch with Table Unlock o InfraRed Remote Control for Tableside Review	
		Innova DL Digital Imaging Subsystem	
		o Conventional Angiographic Acquisition at .5 to 7.5 Frames per Second o Dynamic Cine Acquisition at 15 and 30 Frames per Second o Pulsed Fluoroscopy at 30 or 15 fps o On-the-fly Field of View Adjustment with Four Magnification Selections (30 cm, 20 cm, 16 cm, and 12 cm) o Integrated X-ray Dose Tracking with In-room Display of Cumulative Dose and Dose Area Product o Dose Information Stored on the Exam Browser o Image Storage of 36,000 1024 x 1024 Images o DICOM Image Output on 100 mbit Ethernet with Background Auto-send o Images may be Sent at Either 1024 x 1024 Acquisition Resolution or in a Standard 512 x 512 DICOM Format in Uncompressed o Automatic Background Transfer of Images to Either the AW Workstation or a Cardiac Review Station Depending on the Image Content o Automatic Injection Capability for Contrast Media Injector Initiation o User Defined Acquisition Protocols Via Procedure Edit	
		Image Display	
		o Control Room Display - Contains 1 x 43 cm (18 Inch) LCD Flat Panel Monochrome Display Monitors for the Live Image Display - Clear Vu Arm Support - Armboard HB 1 Horizontal with replacement PAD - Velcro Quick Straps - 7.6 x 9.14 cm	

Warranty: Full One Year Warranty on System



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		and Revolution Detector. Three Year Non-prorated Warranty on the X-Ray Tube as Detailed in Warranty Documentation.	
		Broadband Built In	
		Includes hardware install support essential for systems to be ready for high speed internet connection. Enables customer to access GE Healthcare Digital Services designed to: improve quality, enhance performance, increase productivity, reduce costs, reduce downtime, expand imaging capabilities, and increase privacy and security of data transmission.	
		Standard warranty coverage hours for this Innova system are 8 AM to 9 PM local time, Monday through Friday, excluding GE Healthcare holidays.	
1	S18061CE	Omega V Angiographic Table with Slicker Cover	
		The Omega V Angiographic Table is a Motorized, Full Featured Vascular Table that Allows Easy Patient Positioning.	
		<ul style="list-style-type: none"> o Mechanical Float for Complete Flexibility in Patient Positioning o 131 inches Long; 18 inches Wide; 67 inches Longitudinal Travel for Full Coverage of a Six Foot Six Inch Patient o Power Assist for Easy Longitudinal Movement of Heavy Patients o Motorized Longitudinal Travel for Use with Remote Bolus Chase o Motorized Variable Height From 30.5 inches to 42.5 inches Above Floor o Carbon Fiber Tabletop Provides Maximum Rigidity with Low Absorption and Scatter o +/-180 Degree Rotation Allows Fingertip to Fingertip Imaging without Moving the Patient on the Tabletop and Provides Easy Patient Access for Transfer or Emergency Situations. o 450 Pound Patient Weight Rating for Mask to Contrast Image Repositioning Accuracy with Tabletop Fully Extended o Includes GE Table Panning Device, a Table Mounted Vertical Grip for Faster and Easier Table Lock Release and Panning 	
		Includes Slicker Cover	



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QTY	CATALOG	DESCRIPTION	PRICE
1	S18751TS	The Touch Screen User Interface is a gateway to table-side integration of multiple work-flow enhancing features. The Touch Screen controls not only Innova functions, but also Maclab cardiolog functions (optional). In the future this centralized tableside platform is going to have ability to connect with, and control third-party devices as well.	
1	S18751SS	InnovaSense Patient Contouring Patient contouring feature leverages advanced capacitive sensor technology in real time to sense the distance of the patient from the detector. Ability to do so is critical in moving the detector rapidly near the patient, and also positioning it optimally close to the patient to reduce skin dose.	
1	S18751FS	FluroStore Lets you store and play fluoroscopic loops with a push of a button. Enables looping display and storage of the last 450 fluoroscopic images (60 seconds to 15 seconds depending on frame rate). The images are marked with a separate icon to identify them distinctly during the review.	
1	E8015JB	Omega V Tempurpedic Table Pad (1 in. Thick), 131 in. L GE has partnered with Tempurmedic to produce a 1 in. thick pad that improves patient comfort for long procedures. This mattress is designed for use in acute, sub-acute, and long-term care settings. It is a superior therapeutic adjunct that has been clinically demonstrated effective in supporting comprehensive plans of care intended to prevent and treat pressure ulcers. Healthcare facilities that have converted to this mattress have reported: significant reduction in wound incidence rates, desirable wound healing rates, and better patient comfort. This rectangular mattress is recommended for use with the Omega V Angio table, has a neutral gray color and measures 131 in. L x 22 in. W x 1 in. T...H	
1	S18061TH	Innova Optional Second SmartHandle Single-handed, Simultaneous Control of Positioner and Table Movements From the SmartHandle Operator Control o Anatomical and Mechanical Positioning	



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QTY	CATALOG	DESCRIPTION	PRICE
		<ul style="list-style-type: none"> o Independent or Simultaneous Movement of All Three Positioner Axes o Remote SID Control o Manual or Motor Assisted 4-way Table Panning o Ergonomic Design o Hermetically Sealed 	
1	S18061TS	<p>Not compatible with Tilt Table Option.</p> <p>Primary SmartBox</p> <p>New SmartBox for Simplified and Intuitive Joystick Control of Positioner and Table</p> <ul style="list-style-type: none"> o Anatomical and Mechanical Positioning o Independent or Simultaneous Movement of All Three Positioner Axes o Remote SID Control o Manual or Motor Assisted 4-way Table Panning o Ergonomic Design o Hermetically Sealed 	
1	S18751SA	<p>In Room Browser</p> <p>Enables a thumbnail display of acquired sequences and photos on the in room monitor for interactive table-side selection and review. With a press of a button, transfer the angulation information from a review image to positioner for auto-positioning of the gantry.</p>	
1	S18061F	<p>Single Plane Footswitch Cover</p> <p><i>Integrated Fluoro Only UPS</i></p>	
1	S18761PB	<p>Innova Main Disconnect Panel - UPS Ready</p> <p>This main disconnect panel provides emergency shut down, undervoltage protection, overcurrent protection, OSHA lockout tag provisions, and serves as a local disconnect for the GEHC Innova system. It reduces installation time and cost by providing a single-point power connection, eliminating the need to mount and wire a number of individual components, and its standardized design and testing assures high product quality and system reliability. It is UL and cUL listed for compliance with National Electric Code, and</p>	



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		it can be either surface or semi-flush mounted. Customer is responsible for rigging and arranging for installation with a certified electrician.	
1	S18751PC	GE Digital Energy 20 kVA UPS-Innova Single Plane Systems	
1	S18751PS	Innova UPS Interface	
		AW Workstation with Cardiac Analysis Module Advanced Applications	
1	M80521VE	AW VolumeShare with Two Flat Panel Monitors and 4GB of RAM	
		AW VolumeShare provides 3D visualization and analysis with exceptional stability, quality and flexibility for powerful multi-modality image management, review, comparison and processing.	
		The AW software family improves diagnostic/treatment workflow and enhances clinician-patient communication. AW VolumeShare software includes:	
		<ul style="list-style-type: none"> o Volume Viewer 2: GE 3D software package that includes Volume Rendering, Volume Analysis, Navigator and other 3D visualization and analysis tools o Advanced X-ray Analysis: Accommodates routine and special procedures, providing tools specifically for the review of DICOM x-ray images. o 2D image viewer that displays RT, CT, MR, CR X-Ray (Angio and R&F), Digital X-Ray (DX), MG, NM, PET, U/S, Secondary Capture, Secondary Capture Color DICOM Image Objects o Filmer: Multimedia export tool that creates standard or free-format electronic films in DICOM SR that can be saved, networked or printed to a DICOM, DICOM color or a supported postscript printer. Electronic films can also be exported out of the DICOM environment in a variety of multimedia formats (HTML, PDF, JPEG, PNG, MPEG, AVI, QuickTime VR). 	
		AW VolumeShare ships with:	
		<ul style="list-style-type: none"> o AW4.3 post-processing software platform, Patient List, database, and DICOM networking o Volume Viewer 2 (VA, VR, Navigator) o 2D Viewer 	



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QTY	CATALOG	DESCRIPTION	PRICE
		<ul style="list-style-type: none"> o Filmer o Data Export o Advanced X-ray Analysis o Two 19" flat panel monitors o HP xw8200 Workstation: <ul style="list-style-type: none"> - Dual Intel Xeon Processor 2 x 3.4GHz CPU clock speed, 1MB cache per CPU - 4GB DDR-2 RAM (expandable to 6GB) - 2 x 73 GB: Ultra320 SCSI 15,000rpm hard disks (144 GB can be used for image storage) - 1 x 36 GB: Ultra320 SCSI 15,000rpm hard disk for OS and system files - Internal DVD-ROM drive with CD burner (40x read/write) for DICOM media interchange and writing of DataExport electronic films - 10/100/1000 base-T network interface - USB Optical 3-button mouse - 3 	
1	S18021CB	<p>inch floppy drive for service use and preset archive capability DOES NOT INCLUDE AUTOBONE SOFTWARE (M80501AB) OR ANY OTHER ADVANCED APPLICATIONS NOT LISTED HERE.</p> <p>Cardiovascular Analysis Package for AW</p> <p>The Cardiovascular Analysis Package includes both the Stenosis Analysis Package and the Left Ventricular Analysis Package.</p> <p>The Stenosis Analysis Package is an application designed to estimate vessel dimensions and <u>relevant parameters of the arterial Stenosis</u> morphology in X-Ray angiography. The system is capable of automatic detection of vessel edges and display of stenosis severity.</p> <p>The Left Ventricular Analysis Package is an expert reporting tool designed to estimate wall motion dynamics of the left ventricle, and to perform Global Ejection Fraction analysis in X-Ray angiography. The system is capable providing Wall Motion and Global Ejection Fraction measurements. Wall Motion is built on the centerline method.</p> <p>GEF analysis is calculated using both Simpson's rule method and the Dodge-Sandler area-length method.</p>	
1	S18741TA	<p>Innova 3D Option</p> <p>This option includes the necessary hardware and software for the Innova 3D Option for</p>	



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		<p>acquiring and processing Innova Rotational Angiography and visualizing the results on the AW Workstation. The option also includes the capability of the acquiring 2D rotational spins (InnovaSpin). This option requires the Innova 3D calibration phantom kit and the Volume Viewer capability on the AW Workstation.</p> <p>The acquisition capability includes both the choice of InnovaSpin at 40 degrees per second with DRM applied and Innova 3D acquisition at 40 degrees per second with DRM turned off for reconstruction on the AW Workstation. The Acquisition in both cases spans approximately 200 degrees and takes approximately 5 seconds to complete. Acquisition fields of view are 32x32 cm, 20x20 cm, and 16x16 cm on the Innova 4100; 30x30 cm, 20x20 cm, 16x16 cm, and 12x12 cm on the Innova 3100; and 20x20 cm, 16x16 cm, and 12x12 cm on the Innova 2100. Data is automatically transferred to the AW Workstation for reconstruction and review.</p> <p>The option includes the necessary software on the AW Workstation for reconstruction of the acquired data with appropriate artifact correction applied into slice data sets that can be reviewed utilizing the full capabilities of the Volume Viewer application of the AW Workstation. These capabilities include 3D visualization structure as well as cross sectional slice review.</p>	
1	S18741BE	<p>Innova 3D results can be archived utilizing the AW archival capabilities or exported to external storage systems for long term archival.</p> <p>InnovaBreeze Peripheral Vascular Imaging Option</p> <ul style="list-style-type: none"> o InnovaBreeze Acquisition Software <ul style="list-style-type: none"> - Continuous panning while viewing subtracted contrast bolus o InnovaBreeze control handswitches with interface cables <ul style="list-style-type: none"> - Handles installed in control room o InnovaBreeze Advantage Paste Software on AW o Quickstrap Positioning Strap Kit 	
1	S18701VD	<p>Innova 4100IQ 3D Calibration Suitcase</p> <p>The set includes the necessary calibration phantoms for calibrating acquisition and post processing of Innova Rotational Angiography</p>	



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		on the Innova 4100IQ System. The set includes a secure storage case.	
		<i>Radiation Shields (Ceiling and Table Mounted)</i>	
1	E3053LH	Mavig Standard Track-Mounted Shield, 76 cm x 62 cm, 58 cm Column	
		The Mavig Portegra2 standard overhead lead acrylic radiation protection systems provide protection for medical personnel while allowing visual contact from practitioner to patient, and with Mavig's patented systems, these shields provide the utmost in safety and convenience. This standard track-mounted system includes a center-mounted 76 x 62 cm, 0.5 mm lead equivalent acrylic shield with contour cutout and MUL protection, a 58 cm Portegra2 standard ceiling column with trolley, and cable spooler. UL and CE marked...H	
1	E3053JA	Mavig Single Pivot Lower Body Protector provides convenience, flexibility and protection for medical personnel. 65 x 90cm, left and right mount with a single adapter . . .H	
		<i>4-LCD Monitor Suspension with 4 LCD Flat panel Monitors</i>	
1	S18391BF	Four LCD Monitor Suspension with 36M Cable	
		All Components Required for In-Room Support of Two 18-Inch LCD Monitors and two other monitors for Physiological Display and the repeater AW In-room Monitor	
		<ul style="list-style-type: none"> o Four Monitor Boom Suspension o Articulating Arm Allows Rotation/Pivot for Optimal Clearance o Pre-Cabled for Four Monitors and the Digital System Remote Receiver o Pre-Cabled for ECG Display Monitor o Accommodates AW In-room Display Option 	
1	S18461EA	Two 18 Inch Monochrome LCD Monitor Package	
		All Components Required for Two Monitor In-lab Viewing of High Quality Flicker Free Images. The Kit Includes:	
		<ul style="list-style-type: none"> o 2-18 Inch Premium LCD Monitors o 120Hz Scan Converter Kit 	
1	S18461ER	18 Inch Monochrome Flat (LCD) Reference Monitor	
		All Components Required for Viewing of High Quality Images. The Kit Includes:	



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GE Healthcare

Greenwich Hospital
5 Perryridge Road
Greenwich, CT 06830
Attention: Peggy Martino

Quotation

Date: October 24, 2006

Quotation Number: GTWC1DA

QTY	CATALOG	DESCRIPTION	PRICE
		<ul style="list-style-type: none"> o 18 Inch Monochrome LCD Control Room Monitor o All Required Cabling 	
2	S18381AW	18 inch In-room Color LCD Monitor	
		<ul style="list-style-type: none"> o 18 inch In-room Color LCD Monitor o Dual Input Video Splitter o Required cabling for 2 color inputs o Required cabling from AW to In Room Monitor 	
1	E6415AB	DSA-2 Digital Headholder/Skull Positioner	
		<p>This headholder is designed to easily clamp onto the head end of the Omega Angio or M-200 table, and most pedestal type tables. This headholder is an invaluable aid in producing digital images free of motion artifacts. It may also be used for positioning during conventional neurovascular studies. A single control provides for precise oblique positioning from 0 degrees through +/- 50 degrees. An angle indicator assures accurate repeatability from one exam to the next. The skull cradle is constructed of a highly radiolucent Kevlar based material that permits fluoroscopy and radiography at normal kVp and mAs. Headholder comes with two foam pads and two Velcro immobilization straps...H</p> <p>Education Tip Applications</p>	
2	W0003RA	3 DAYS XR ONSITE	
1	W0100RA	6 DAY XRAY ONSITE TRNG	
		Cable Selects and Installation	
1	S18051NF	Mark V+ Provis Table/Rack Mount Interface	
1	S18081KA	IVUS Ready Kit	
1	S18101SF	Anchor Kit - Above Grade and Through Bolts, 25 mm	
1	S18101SM	Vascular Base Plate Assembly	
1	S18101SP	Installation Template	
1	S18101SX	Rails and Cable Drapes	
1	S18111SB	9 foot 6 inch Inboard Monitor Bridge	
1	S18121TB	X-ray Digital Detector Coolant Kit	
1	S18131SB	228 inch/579 cm Inboard Rails	
1	S18741CB	Innova 3100/4100 Group 4-5 Cable	
1	S18741CD	Innova 3100/4100 Group 1 Cable - Maximum Length	
1	S18741CF	Innova Group 2 Cable- Maximum Length	



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QTY	CATALOG	DESCRIPTION	PRICE
1	S18741CG	Bolus Cable Set - 100 ft./30m	
1	S18741ET	Innova Omega 5 Table Elevator	
1	S18741TP	Omega V and Elegance Table Baseplate Assembly	
1	S18751CA	Innova 2100 Group 3 Cable	
1	S18751PM	Innova pre-installation manual	
		<i>Other</i>	
1	S18051NC	Mark V + Provis Pedastal Injector Interface	
TOTAL NET EQUIPMENT SELLING PRICE			1,298,784.08
<hr/>			
10% Down with order			129,878.41
70% Due on delivery of major components and prior to installation			909,148.86
Balance due upon completion of installation and/or availability for first use			259,756.81
<hr/>			



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Date: October 24, 2006

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QTY	CATALOG	DESCRIPTION	PRICE
<u>Equipment Options</u>			
1	S18751CB	<p>Control Room DL Analysis</p> <p>Cardiovascular Analysis Package</p> <p>The Cardiovascular Analysis Package includes both the Stenosis Analysis Package and the Left Ventricle Analysis Package.</p> <p>The Stenosis Analysis Package is an application designed to estimate vessel dimensions and relevant parameters of the arterial Stenosis morphology in X-Ray angiography. The system is capable of automatic detection of vessel edges and display of stenosis severity.</p> <p>The Left Ventricle Analysis Package is an expert reporting tool designed to estimate wall motion dynamics of the left ventricle, and to perform Global Ejection Fraction analysis in X-Ray angiography. The system is capable of providing Wall Motion and Global Ejection Fraction measurements. Wall Motion is built on the centerline method.</p> <p>GEF analysis is calculated using both Simpson's rule method and the Dodge-Sandler area-length method.</p>	21,280.00
1	S18741GS	<p>Tilt Table Upgrade</p> <p>Innova Tilt Table Field Upgrade to the Omega V Table</p> <p>The Innova Tilt Table Upgrade is a complete replacement of the Omega V Angiographic Table with a full featured angiographic table which includes extended features such as upward and downward tilt and motorized panning. It will install in the same physical space as the Omega V and is designed to install on the same table base to minimize installation time. The Innova Tilt Table provides complete positioning capability for the full range of interventional procedures.</p> <ul style="list-style-type: none"> o Mechanical float for complete flexibility in patient positioning o Powered table panning with dual speed proportional control for effortless panning over large areas and for precise small area movements o 20 degrees downward tilt, 12 degrees upward tilt. Isocenter and incidence angle 	57,000.00



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QTY	CATALOG	DESCRIPTION	PRICE
		<p>are automatically maintained during tilt. Full motorized panning is active during tilt.</p> <ul style="list-style-type: none"> o 131 inches long; 18 inches wide o 67 inches longitudinal travel for full coverage of a six foot six inch patient o Motorized longitudinal travel for use with InnovaBreeze Remote Bolus Chase o Motorized variable height from 30.5 inches to 42.5 inches above floor o Carbon fiber tabletop provides maximum rigidity with low absorption and scatter. o +/- 180 degree rotation allows fingertip to fingertip imaging without moving the patient on the tabletop and provides easy patient access for transfer or emergency situations. o 450 lb patient weight rating for mask to contrast image repositioning accuracy with tabletop fully extended o Includes GE Upright Panning Handle, a table mounted vertical grip for faster and easier table lock release and panning. <p>Innova Spin Advanced Application</p>	
1	S18751SR	<p>InnovaSpin Package for Innova 3100IQ and 4100IQ</p> <p>The offset C-arm permits fast spin rotational angiography over a total 200 degrees at variable speed from 20 degrees to 40 degrees per second, with cranial/caudal angulation. Each configurable spin trajectories are available. The acquisition protocol is driven entirely from tableside using the auto positioning module and test button.</p>	38,000.00
1	E7018JT	<p>MedRad Injectors</p> <p>Medrad Mark V Provis Ceiling Mount Injector</p> <p>The Medrad Mark V Provis ceiling mount injector a programmed microprocessor that helps protect against over-volume, over-flow and over pressure, as well as an exclusive mechanical stop that automatically sets and locks to physically limit injection to selected volume and is unaffected by electrical interruption. There is also a large, bright control panel for easy reading in any lighting situation, and common protocols are stored to save time. Multiple turret configurations offer different volume studies and a wide range of fast and slow loading speeds. Recommended for use with Angiography and Cardiology systems. On ceiling mount injectors, Medrad will install the OCS II, and GE will install the rest of the injector system. NOTE: REQUIRES E8007NZ MOUNTING PLATE</p>	28,800.00



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Quotation

Date: October 24, 2006

Quotation Number: GTWC1DA

QTY	CATALOG	DESCRIPTION	PRICE
		TO BE ADDED TO ORDER...E	
1	E7018JR	Medrad Mark V Provis Table Mount Injector, Remote Keyboard The Medrad Mark V Provis table mount injector with remote keyboard has a programmed microprocessor that helps protect against over volume, over-flow and over-pressure, as well as an exclusive mechanical stop that automatically sets and locks to physically limit injection to selected volume and is unaffected by electrical interruption. There is also a large, bright control panel for easy reading in any lighting situation, and common protocols are stored to save time. Multiple turret configurations offer different volume studies and a wide range of fast and slow loading speeds. Recommended for use with Angiography and Cardiology systems...E	25,600.00
1	E7018JP	Medrad Provis Pedestal Mount Injector The Medrad Mark V Provis pedestal injector has a programmed microprocessor that helps protect against over-volume, over-flow and over pressure, as well as an exclusive mechanical stop that automatically sets and locks to physically limit injection to selected volume and is unaffected by electrical interruption. There is also a large, bright control panel for easy reading in any lighting situation, and common protocols are stored to save time. Multiple turret configurations offer different volume studies and a wide range of fast and slow loading speeds. Recommended for use with GE Angiography and Cardiology systems...E	21,600.00
1	S18021KC	<i>Additional AVA License</i> X-Ray Advanced Vessel Analysis (AVA) Software For AW 4.1 or Higher Hardware Advanced Vessel Analysis (AVA) is a Post-processing Package for Advantage Workstation which Provides an Additional Tool for the Analysis of 3D X-ray Angiography Data. It Provides a Number of Display, Measurement and Report/Filming Features to Study User Selected Vessels. This Version of AVA works with AW 4.1 and Higher Systems. The Operator has a Variety of Different 3D and Reformatted Images From which to Perform Analysis Measurements. The Interaction Between a Unique 3D Enhanced Lumen Tracing and Flexible Measurement Tools Provides the Following Clinical Benefits:	22,800.00



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Quotation

Date: October 24, 2006

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QTY	CATALOG	DESCRIPTION	PRICE
		<ul style="list-style-type: none"> o Stenosis Analysis o Surgical/Interventional Planning o Post Intervention Assessment o Disease Progression o Stent Planning o Vessel Tortuosity Visualization 	
		Summary of Operation	
		<ul style="list-style-type: none"> o The User Defines the Vessel to be Analyzed by Marking Points Inside the Vessel. o The Software Automatically Detects the Vessel Centerline and Computes Cross Sectional Area; Minimum, Mean and Projected Diameters at Each Point. o Using the Lumen View, Vessel Dimensions are Graphically Displayed and Corresponding Numerical Values are Read at Any Given Point o The User Defines Key Anatomical Points of Interest for Measurements. o A Single Report is Generated which Provides a Complete 3D Context: Measurements, Cross References and 3D Views. o The Report can be Saved to the Workstation Disk or Queued for Filming. 	
		Measurements Included:	
		<ul style="list-style-type: none"> o Relative Percentage Stenosis o Minimum, Mean and Projected Diameter o Distance Measurement o Cross-sectional Area o Volume Measurement o Angle Measurement 	
		System Requirements:	
		<ul style="list-style-type: none"> o Advantage Workstation 4.1 or Higher. o Advantage 3D X-ray Analysis o Volume Analysis 2 or Higher 	
		All Software Purchases are Non-transferable to Other Hardware and are Non-returnable.	



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ATTACHMENT II
PROJECT DESCRIPTION

ATTACHMENT II - PROJECT DESCRIPTION

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. With this Letter of Intent, Greenwich Hospital is seeking approval to purchase a digital flat screen radiology imaging system called the Innova 3100IQ to be used in place of the Radiology Special Procedure Room C-arm currently located in the Greenwich Hospital Operating Department

Greenwich Hospital provides diagnostic cardiac, primary angioplasty, electrophysiology/device implantation, vascular imaging and radiology interventional services, all of which will use the proposed new imaging system. The digital flat screen radiology imaging system allows for higher quality imaging for a wider range of diagnostic procedures and is better able to support the services provided at Greenwich Hospital than the technology that is currently in use at the Hospital. The digital flat screen radiology imaging system would provide greater flexibility in scheduling procedures and more adequate back up for the services provided at Greenwich Hospital.

Currently, Greenwich Hospital is renovating a room for use as a second Radiology Special Procedures Room. Once the room is completed in January 2007, Greenwich Hospital plans to implement an interim strategy to share the C-arm currently located in the Operating Department with the Special Procedures Room. Upon approval of this Certificate of Need, Greenwich Hospital would then install the digital flat screen radiology imaging system in the Radiology Special Procedure Room and go back to using the C-arm solely in the Operating Department.

The C-arm is a mobile piece of equipment that provides basic fluoroscopy imaging. The C-arm imaging technology currently used at Greenwich Hospital is limited and does not allow the Radiology Special Procedure Room to be utilized for certain procedures. As a result, most patients can only be treated in one special procedure laboratory at the Hospital which potentially increases the wait times for patient scheduling and does not allow for needed flexibility in urgent situations. The proposed technology will assure patients in the service area of greater and more timely access as the technology can support the full range of cardiovascular and interventional radiology services currently provided at Greenwich Hospital and increase the ability of the Hospital to provide timely, convenient services to patients. The proposed digital flat screen radiology imaging system will support the Radiology Special Procedure and Electrophysiology device implantation programs. The system will also provide the necessary back up for the cardiac catheterization program procedures, an important feature for the primary angioplasty program where immediate access to cardiac catheterization is essential 24 hours a day, seven days a week.

Benefits of the digital flat screen radiology imaging system include improved image quality and minimization of radiation exposure for patients and staff. The proposed equipment would not impact other area providers. The payer source and target market would remain unchanged. The purchase of a digital flat screen radiology imaging system by Greenwich Hospital would enhance the State of Connecticut health care delivery system. Greenwich Hospital would 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.

ATTACHMENT III

AFFIDAVIT

AFFIDAVIT

To be completed by each Applicant

Applicant: Greenwich Hospital

Project Title: Radiology Special Procedures Equipment

I, Frank A. Corvino, President/CEO
(Name) (Position – CEO or CFO)

of Greenwich Hospital 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 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.



Signature

11/2/06

Date

Subscribed and sworn to before me on

November 2, 2006



Notary Public/Commissioner of Superior Court

SHEILA G. VENTO
NOTARY PUBLIC
COMMISSION EXPIRES MAR 31, 2007

My commission expires: _____

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, 2003. RENEWAL

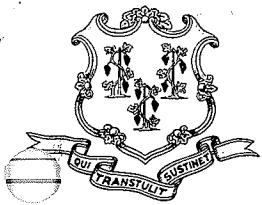
Satellites

The Endoscopy Center of Greenwich Hospital, 550 West Putnam Avenue, Greenwich, CT
Holy Hill Campus, 51 Holy Hill, Greenwich, CT



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

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



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

December 13, 2006

Eugene Colucci
Chief Financial Officer
Greenwich Hospital
5 Perryridge Road
Greenwich, CT 06830

RE: Certificate of Need Application Forms, Docket Number 06-30868-CON
Greenwich Hospital
Acquisition of Special Procedure Digital Imaging Equipment

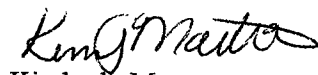
Dear Mr. Colucci:

Enclosed are the application forms for Greenwich Hospital's Certificate of Need ("CON") proposal for the acquisition of a special procedure digital imaging equipment with an associated capital expenditure of \$1,706,784. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes the CON application may be filed between January 19, 2007, and March 20, 2007.

When submitting your CON Application, please paginate and date each page contained in your submission. In addition, please submit one (1) original and three (3) hard copies; as well as a scanned copy of the complete Application, including all attachments, on CD or Diskette. OHCA requests a copy of the submission be in MS Word format and the scanned copy be in Adobe format. Please submit the Financial Attachment and other data as appropriate in MS Excel format.

The analyst assigned to the CON application is Steven Lazarus. Please feel free to contact him at (860) 418-7012, if you have any questions.

Sincerely,


Kimberly Martone
Certificate of Need Supervisor

Enclosures

HOSPITAL AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____,
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the (Hospital Name) information submitted in this Certificate of Need application is accurate and correct to the best of my knowledge. With respect to the financial impact related to this CON application, I hereby affirm that:

1. The proposal will have a capital expenditure in excess of \$15,000,000.

☐ Yes ☐ No

2. The combined total expenses for the proposal's first three years of operation will exceed one percent of the actual operating expenses of the Hospital for the most recently completed fiscal year as filed with the Office of Health Care Access.

☐ Yes ☐ No

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

OFFICE OF HEALTH CARE ACCESS

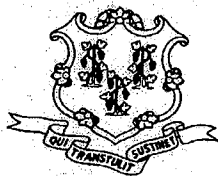
REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	FOR OHCA USE ONLY: <table> <thead> <tr> <th></th> <th>DATE</th> <th>INITIAL</th> </tr> </thead> <tbody> <tr> <td>1. Check logged (Front desk)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Check rec'd (Clerical/Cert.)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. Check correct (Superv.)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. Check logged (Clerical/Cert.)</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		DATE	INITIAL	1. Check logged (Front desk)	_____	_____	2. Check rec'd (Clerical/Cert.)	_____	_____	3. Check correct (Superv.)	_____	_____	4. Check logged (Clerical/Cert.)	_____	_____
	DATE	INITIAL														
1. Check logged (Front desk)	_____	_____														
2. Check rec'd (Clerical/Cert.)	_____	_____														
3. Check correct (Superv.)	_____	_____														
4. Check logged (Clerical/Cert.)	_____	_____														

SECTION A – NEW CERTIFICATE OF NEED APPLICATION 1. Check statute reference as applicable to CON application (see statute for detail): _____ 19a-638. Additional function or service, change of ownership, service termination. No Fee Required. _____ 19a-639 Capital expenditure exceeding \$3,000,000 or capital expenditure exceeding \$3,000,000 for major medical equipment, CT scanner, PET scanner, PET/CT scanner, MRI scanner, cineangiography equipment or linear accelerator. Fee Required. _____ 19a-638 and 19a-639. Fee Required.		
2. Enter \$0 on "Total Fee Due" line (SECTION B) if application is required pursuant to Section 19a-638 only, otherwise go on to line 3 of this section.		
3. Enter \$400 on "Total Fee Due" line (SECTION B) if application is for capital expenditure for major medical equipment, imaging equipment or linear accelerator less than \$3,000,000		
4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$3,000,000 or other capital expenditure exceeding \$3,000,000 is checked above <u>OR</u> if both 19a-638 and 19a-639 are checked): a. Base fee: _____ b. Additional Fee: (Capital Expenditure Assessment) _____ \$ 1,000.00 (To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) (\$ _____ x .0005) \$ _____ c. Sum of base fee plus additional fee: (Lines A4a + A4b) _____ d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).		\$ _____ \$ _____ \$ _____
SECTION B TOTAL FEE DUE: _____		\$ _____

ATTACH HERE CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)



State of Connecticut Office of Health Care Access Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than January 19, 2007, and may be submitted no later than March 20, 2007. The Analyst assigned to your application is Steven W. Lazarus and may be reached at the Office of Health Care Access at (860) 418-7001.

Docket Number: 06-30868-CON

Applicant(s) Name: Greenwich Hospital

Contact Person: Eugene Colucci
Contact Title: Chief Financial Officer
Greenwich Hospital

Contact Address: 5 Perryridge Road
Greenwich, CT 06830

Project Location: Greenwich

Project Name: Acquisition of Special Procedure Digital Imaging Equipment

Type proposal: Section 19a-639, C.G.S.

Est. Capital Expenditure: \$1,706,784

1. Expansion of Existing or New Service

What services are currently offered at your facility that the proposed expansion or new service will augment or replace? Please list.

Augment:

Replace:

2. State Health Plan

No questions at this time.

3. Applicant's Long Range Plan

Is this application consistent with your long-range plan?

☐ Yes ☐ No

If "No" is checked, please provide an explanation.

4. Clear Public Need

Note: Sections 19a-634 and 19a-637 of the Connecticut General Statutes specifically mandate that OHCA consider the availability, scope and need for services for the residents of Connecticut. Therefore, OHCA does not consider out-of-state volume in its evaluation of need for the proposed service.

- A. Explain how it was determined there was a need for the proposal in your service area.
- B. Provide the primary and secondary service area towns
- C. If existing facility/service, the unit of service (i.e. procedure, scan, visit, etc.) for the past three fiscal years by service area town
- D. If new facility/service, the population to be served, including the number of individuals to receive the proposed service(s). Include demographic information, as appropriate.
- E. Scheduling backlogs in service area
- F. Travel distance from proposed site to service area towns
- G. Hours of operation of existing/proposed service

- H. Identify the existing providers of the proposed service in your service area.
- I. What will be the effect of your proposal on existing providers (i.e. patient volume, financial stability, quality of care, etc.)?
- J. Provide the units of service projected for the first three years of operation of the proposed service. **Include the derivation/calculation.**
- K. Provide the information as outlined in the following table concerning the existing providers' (in the Applicant's PSA & SSA) current operations:

Primary Service Area:

Name of Provider	Similar Services Provided? (Y/N)	Affiliated Physicians

Secondary Service Area:

Name of Provider	Similar Services Provided? (Y/N)	Affiliated Physicians

- L. Will your proposal remedy any of the following barriers to access? Please provide an explanation.

- | | |
|--|---|
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Geographic | <input type="checkbox"/> Economic |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other (Identify) _____ |

If you checked other than None of the above, please provide an explanation.

M. Provide copies of any of the following plans, studies or reports related to your proposal:

- | | |
|--|--|
| <input type="checkbox"/> Epidemiological studies | <input type="checkbox"/> Needs assessments |
| <input type="checkbox"/> Public information reports | <input type="checkbox"/> Market share analysis |
| <input type="checkbox"/> Other (Identify) | |
| <input type="checkbox"/> None, <i>Explain</i> why no reports, studies or market share analysis was undertaken related to the proposal: | |

5. Quality Measures

A. If the proposal is for a new technology or procedure, have all appropriate agencies approved the proposed procedure (e.g., FDA etc.)?

☐ Yes ☐ No ☐ Not Applicable

If "No", please provide an explanation.

B. Check off all the Standard of Practice Guidelines that will be utilized by the Applicant for the proposed service. Please submit the most recent copy of each report related to the proposal:

- | | | |
|---|--|--|
| <input type="checkbox"/> American College of Cardiology | <input type="checkbox"/> National Committee for Quality Assurance | <input type="checkbox"/> Public Health Code & Federal Corollary |
| <input type="checkbox"/> National Association of Child Bearing Centers | <input type="checkbox"/> American College of Obstetricians & Gynecologists | <input type="checkbox"/> American College of Surgeons |
| <input type="checkbox"/> Report of the Inter-Council for Radiation Oncology | <input type="checkbox"/> American College of Radiology | <input type="checkbox"/> Substance Abuse Society and Mental Health Services Administration |
| <input type="checkbox"/> Other, Specify: | | |

C. Describe in detail how the Applicant plans to meet the each of the guidelines checked off above.

D. Submit a list of **all** key professional and administrative personnel, including the Applicant's Chief Executive Officer (CEO) and Chief Financial Officer (CFO), Medical Director, physicians, nurses, therapists, counselors, etc., related to the proposal and a copy of their Curriculum Vitae.

Note: For physicians, please provide a list of hospitals where the physicians have admitting privileges.

E. Provide a copy of the most recent inspection reports and/or certificate for your facility:

- | | |
|---|---|
| <input type="checkbox"/> DPH | <input type="checkbox"/> JCAHO |
| <input type="checkbox"/> Fire Marshall Report | <input type="checkbox"/> Other States Health Dept. Reports (New Out-of-State Providers) |
| <input type="checkbox"/> AAAHC | <input type="checkbox"/> AAAASF |
| <input type="checkbox"/> Other: | |

Note: Above referenced acronyms are defined below. ¹

- F. Provide copies of any Quarterly Action Reports, Consent Decrees or Statement of Charges against the Hospital (Applicant), Physicians and any staff related to the proposal, for the past five (5) years.
- G. Provide a copy of any plan of action which has been formulated to address the above action against the Hospital (Applicant), Physician(s) working at the Hospital and/or any staff related to the proposal.
- H. Provide a copy of the following (as applicable):

- ☐ A copy of the related Quality Assurance plan
- ☐ Protocols for service (new service only)
- ☐ Patient Selection Criteria/Intake form

6. Improvements to Productivity and Containment of Costs

In the past year has your facility undertaken any of the following activities to improve productivity and contain costs?

- | | |
|--|---|
| <input type="checkbox"/> Energy conservation | <input type="checkbox"/> Group purchasing |
| <input type="checkbox"/> Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.) | <input type="checkbox"/> Reengineering |
| <input type="checkbox"/> None of the above | |
| <input type="checkbox"/> Other (identify): | |

¹ DPH – Department of Public Health; JCAHO – Joint Commission on Accreditation of Hospitals Organization; AAAHC – Accreditation Association for Ambulatory Health Care, AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

7. Miscellaneous

- A. Will this proposal result in new (or a change to) your teaching or research responsibilities?

☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

- B. Are there any characteristics of your patient/physician mix that makes your proposal unique?

☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

- C. Provide the following licensing information:

i) If you are currently licensed, provide a copy of the State of Connecticut Department of Public Health license currently held.

ii) The DPH licensure category you are seeking.

iii) If not applicable, please explain why.

8. Financial Information

- A. Type of ownership: (Please check off all that apply)

<input type="checkbox"/> Corporation (Inc.)	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation (PC)
<input type="checkbox"/> Joint Venture	
<input type="checkbox"/> Other (Specify):	

- B. Provide the following financial information:

- i) Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the Applicant is a hospital that has filed its most recently completed fiscal year audited financial statements, the Applicant may reference that filing for this proposal.
- ii) Provide the total current assets balance as of the date of submission of this application.

- iii) Provide a copy of the most recently completed internal monthly financial statements, including utilization volume totals to date. (For new service only)
- iv) Provide the name and units of service for the new cost center to be established for the proposal.
- v) Identify the entity that will be billing for the proposed service.

9. Major Cost Components/Total Capital Expenditure

Submit a final version of all capital expenditures/costs as follows:

Medical Equipment (Purchase)	
Major Medical Equipment (Purchase)	
Non-Medical Equipment (Purchase)*	
Land/Building (Purchase)	
Construction/Renovation	
Other (Non-Construction) Specify: _____	
Total Capital Expenditure	
Medical Equipment (Lease (FMV))	
Major Medical Equipment (Lease (FMV))	
Non-Medical Equipment (Lease (FMV))*	
Fair Market Value of Space – (Capital Leases Only)	
Total Capital Cost	
Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	

* Provide an itemized list of all non-medical equipment.

10. Construction Information

- A. Provide a detailed description of the proposed new construction/renovation including the related gross square feet of new construction/renovation.
- B. Provide all schematic drawings related to the project that are available, including existing and proposed floor plans.

C. Provide the following breakdown of the new construction/renovation costs:

Item Designations	New Construction	Renovation	Total Cost
Total Building Work Costs			
Total Site Work Costs			
Total Off-Site Work Costs			
Total Arch. & Eng. Costs			
Total Contingency Costs			
Inflation Adjustment			
Other (Specify) _____			
Total Construction/Renov. Cost			

- D. Explain how the proposed new construction or renovations will affect the delivery of patient care.
- E. Provide the following information regarding the schedule for new construction/ renovation:

Construction Commencement Date	
Construction Completion Date	
DPH Licensure Date	
Commencement of Operations Date	

11. Capital Equipment Purchase

If the CON involves any capital equipment lease and/or purchase, please answer all of the following that apply:

What is the anticipated residual value at the end of the lease or loan term?	\$ _____
What is the useful life of the equipment?	____ Years
Please submit a copy of the vendor quote or invoice as an attachment.	
Please submit a schedule of depreciation for the purchased equipment as an attachment.	

For multiple items, please attach a separate sheet for each item in the above format.

12. Type of Financing

A. Check type of funding or financing source and identify the following anticipated requirements and terms: (Check all which apply)

☐ Applicant's equity:

Source and amount:

Operating Funds Source/Entity Name Available Funds	\$ _____
Contributions	\$ _____
Funded depreciation	\$ _____
Other	\$ _____

☐ Grant:

Amount of grant	_____
Funding institution/ entity	_____

☐ Conventional loan or
☐ Connecticut Health and Educational Facilities Authority (CHEFA)
financing:

Current CHEFA debt	_____
CON Proposed debt financing	_____
Interest rate	_____ %
Monthly payment	_____
Term	_____ Years
Debt service reserve fund	_____

☐ Lease financing or
☐ CHEFA Easy Lease Financing:

Current CHEFA Leases	_____
CON Proposed lease financing	_____
Fair market value of leased assets at lease inception	_____
Interest rate	_____ %
Monthly payment	_____
Term	_____ Years

☐ Other financing alternatives:

Amount	
Source (e.g., donated assets, etc.)	

B. Please provide copies of the following, if applicable:

- i. Letter of interest from the lending institution,
- ii. Letter of interest from CHEFA,
- iii. Amortization schedule (if not level amortization payments),
- iv. Lease agreement.

13. Revenue, Expense and Volume Projections

A.1. Payer Mix Projection

Please provide both the current payer mix and the projected payer mix with the CON proposal for the Total Facility based on Net Patient Revenue in the following reporting format:

Total Facility Description	Current Payer Mix	Year 1 Projected Payer Mix	Year 2 Projected Payer Mix	Year 3 Projected Payer Mix
Medicare*	%	%	%	%
Medicaid* (includes other medical assistance)				
CHAMPUS and TriCare				
Total Government Payers				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government Payers				
Payer Mix	100.0%	100.0%	100.0%	100.0%

*Includes managed care activity.

A.2. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

B. Does the Applicant(s) have Tax Exempt Status? ☐ Yes ☐ No

C. Provide the following for the financial and statistical projections:

- i) A summary of revenue, expense and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **See attached, Financial Attachment I.** Please note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.
- ii) Please complete the enclosed, OHCA's **Financial Attachment II.**
- iii) The assumptions utilized in developing the projections (e.g., FTE's by position, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).
- iv) An explanation for any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.
- v) Provide a copy of the rate schedule for the proposed service.
- vi) Describe how this proposal is cost effective.
- vii) Provide a copy of any "turn-around" plan which the Applicant/Hospital may have in place concerning the Applicant/Hospital current financial position.

Greenwich Hospital

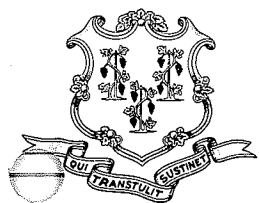
13. C (i). Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

<u>Total Facility:</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>
<u>Description</u>	<u>Actual</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>
	<u>Results</u>	<u>W/out CON</u>	<u>Incremental</u>	<u>With CON</u>	<u>W/out CON</u>	<u>Incremental</u>	<u>With CON</u>	<u>W/out CON</u>	<u>With CON</u>
NET PATIENT REVENUE									
Non-Government									
Medicare					\$0			\$0	\$0
Medicaid and Other Medical Assistance					\$0			\$0	\$0
Other Government					\$0			\$0	\$0
Total Net Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Operating Revenue									
Revenue from Operations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OPERATING EXPENSES									
Salaries and Fringe Benefits					\$0			\$0	\$0
Professional / Contracted Services					\$0			\$0	\$0
Supplies and Drugs					\$0			\$0	\$0
Bad Debts					\$0			\$0	\$0
Other Operating Expense					\$0			\$0	\$0
Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Depreciation/Amortization					\$0			\$0	\$0
Interest Expense					\$0			\$0	\$0
Lease Expense					\$0			\$0	\$0
Total Operating Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Gain/(Loss) from Operations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Plus: Non-Operating Revenue									
Revenue Over/(Under) Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FTEs					0			0	0

***Volume Statistics:**

Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

13.C(ii). Please provide three years of projections of <u>incremental</u> revenue, expense and volume statistics attributable to the proposal in the following reporting format:				Greenwich Hospital						
Type of Service Description Type of Unit Description: # of Months in Operation	(1)	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total *	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Year 1										
FY Projected Incremental										
Total Incremental Expenses:										
Total Facility by Payer Category:									Col. 4 / Col. 4 Total	
Medicare				\$0				\$0	\$0	\$0
Medicaid		\$0		\$0				\$0	\$0	\$0
CHAMPUS/TriCare		\$0		\$0				\$0	\$0	\$0
Total Governmental	0			\$0	\$0	\$0	\$0	\$0	\$0	\$0
Commercial Insurers		\$0	5	\$0				\$0	\$0	\$0
Uninsured		\$0	2	\$0				\$0	\$0	\$0
Total NonGovernment	7	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total All Payers	7	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

December 18, 2006

Requisition # HCA07-097
E-Mail: Lucy.Upright@scni.com

Greenwich Times
20 East Elm Street
Greenwich, CT 06830

Gentlemen/Ladies:

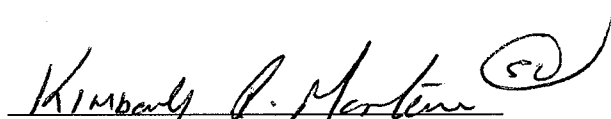
Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than Friday, December 22, 2006.

Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (full tear sheet is required) with the invoice.

If there are any questions regarding this legal notice, please contact Steven Lazarus at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,


Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:SL:dd

c: Sandy Salus, OHCA

An Equal Opportunity Employer

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

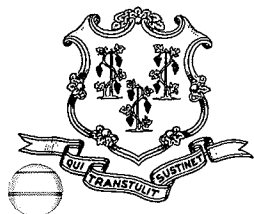
Fax: (860) 418-7053

PLEASE INSERT THE FOLLOWING:

Statute Reference: 19a-639
Applicant: Greenwich Hospital
Town: Greenwich
Docket Number: 06-30868-LOI
Proposal: Acquisition of Special Procedure Digital Imaging
Equipment
Total Capital Expenditure: \$1,706,784

The Applicant may file its Certificate of Need application between January 19, 2007 and March 20, 2007. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

December 18, 2006

Eugene Colucci
Chief Financial Officer
Greenwich Hospital
5 Perryridge Road
Greenwich, CT 06830


Re: Letter of Intent, Docket Number 06-30868
Greenwich Hospital
Acquisition of Special Procedure Digital Imaging Equipment
Notice of Letter of Intent

Dear Mr. Colucci:

On November 20, 2006, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Greenwich Hospital ("Applicant") for the acquisition of special procedure digital imaging equipment at a total capital expenditure of \$1,706,784.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Greenwich Times* pursuant to Section 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,


Kimberly R. Martone
Certificate of Need Supervisor

KRM:sl:dd

An Equal Opportunity Employer

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Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053