ROBINSON & COLE LLP

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Via Hand Delivery

October 17, 2007

The Honorable Cristine A. Vogel
Commissioner
State of Connecticut
Office of Health Care Access
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

Dear Commissioner Vogel:

I am enclosing an original and three copies of Letter of Intent Form 2030 for Grove Hill Medical Center, P.C. for replacement of its existing CT scanner.

Please contact me at the above address or telephone if you have any questions regarding the enclosed. Thank you for your consideration.

Very truly yours,

Lisa M. Boyle

Enclosures
cc: Mr. Alan J. McGinnes

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	Grove Hill Medical Center, P.C.	
Doing Business As	Grove Hill Medical Center, P.C	
Name of Parent Corporation	None	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	300 Kensington Avenue New Britain, CT 06051	
What is the Applicant's Status: P for Profit or NP for Nonprofit	Profit	
Does the Applicant have Tax Exempt Status?	No	
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	Alan McGinnes Executive Director	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	300 Kensington Avenue New Britain, CT 06051	
Contact Person's Telephone Number	(860)224-6250	

Contact Person's Fax Number	(860)224-6260	
Contact Person's e-mail Address	amcginnes@grovehill.com	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Replacement of Existing 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

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

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

X Equipment Acquisition

☐ New X Replacement ☐ Major Medical (> $3,000,000)

X 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:
300 Kensington Avenue, New Britain, CT 06051

d. List each town this project is intended to serve: New Britain, Berlin, Bristol, Southington, Newington, Farmington, Plainville, Cromwell

e. Estimated starting date for the project: January 15, 2008

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 or (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Project Cost: $ 738,759

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

Medical Equipment Purchases	718,759
Major Medical Equipment Purchases	
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	20,000
Other (Non-Construction) Specify:	
Total Capital Expenditure	**738,759**
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	**738,759**
Total Project Cost	738,759
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
CT Scanner	GE	Bright Speed Elite 16 Slice	1	$718,759

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):

☐ Applicant's Equity x Capital Lease ☐ Conventional Loan

☐ Charitable Contributions ☐ Operating Lease ☐ CHEFA Financing

☐ Funded Depreciation ☐ Grant Funding x Other (specify): The equipment will be purchased by Investment Associates, LP, a limited partnership owned by the same shareholders as Grove Hill Medical Center, P.C. Investment Associates will then lease the equipment to Grove Hill Medical Center, P.C.

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

Applicant: Grove Hill Medical Center, P. C.

Project Title: Replacement of Existing CT Equipment

I, Alan McGinnes, Executive Director

of Grove Hill Medical Center, P.C. 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 Grove Hill Medical Center, P.C complies 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 _____ Date 10/16/07

Subscribed and sworn to before me on October 16, 2007

Notary Public/Commissioner of Superior Court

My commission expires: January 31, 2012

2007 OCT 17 PM 1:19

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

SECTION IV
PROJECT DESCRIPTION

1. List the types of services that are currently being provided.

Grove Hill Medical Center, PC ("Grove Hill") is a multi-specialty physician group practice that has been providing physician services for 61 years. For many years, Grove Hill has provided comprehensive imaging services in its existing location at 300 Kensington Avenue, New Britain, including plain radiography, ultrasound, CT, mammography, bone densitometry, and Magnetic Resonance Imaging ("MRI"). Grove Hill desires to replace its existing CT scanner.

2. List the types of services being proposed and what DPH licensure categories will be sought if applicable.

Grove Hill is seeking authorization to replace its existing single-slice GE HiSpeed Advantage Scanner. The existing CT Scanner was purchased refurbished in 1999 for $380,010. Grove Hill desires to improve the quality of its imaging services, the reliability of its imaging equipment and the efficiency of its CT services.

DPH licensure is not required for the replacement CT scanner.

3. Identify the current population served and who is that target population to be served?

Grove Hill currently serves patients in the central Connecticut area, primarily in those towns identified in Section II(d) of this Letter of Intent. The replacement CT scanner equipment will serve the same patient population.

4. Identify any unmet need and how this project will fulfill that need.

The GE Brightspeed is replacement equipment for Grove Hill's existing GE HiSpeed Advantage Scanner. The existing CT scanner is available Monday through Friday from 8:30 AM to 5:30 PM. Grove Hill has been performing approximately 12 CT procedures per day with the GE HiSpeed Advantage Scanner.

The replacement will provide higher quality images, improve diagnostic capability, increase operational efficiency and improve patient management. Grove Hill has been experiencing problems maintaining and repairing the GE HiSpeed Advantage scanner due to the age of the equipment. This has resulted in weeks of down time for repairs and maintenance of the equipment. In addition, Grove Hill desires to improve the quality of the CT imaging that it is providing and to provide some of the imaging services that are commonly performed with CT equipment but which Grove Hill has been unable to perform with the existing GE HiSpeed Advantage Scanner, such as pulmonary embolus studies (CTA lungs) and orthopedic work that requires 3D CT multiplanar reformatting. The replacement CT equipment will also reduce the amount of patient time spent in the CT and will allow Grove Hill to perform a CT study on patients greater than 350 pounds. Replacing the CT equipment will ensure that Grove Hill can continue to provide CT services at the standard of care for the patients in Grove Hill's service area.

5. Are there any similar existing service providers in the proposed geographic area?

Another provider of CT services in the geographic area set forth in Section II(d) of this Letter of Intent is The Hospital of Central Connecticut. The replacement CT scanner is only replacing existing CT equipment and is not expected to have an impact on any other imaging provider in the geographic area.

6. Describe the anticipated effect of this project on the health care delivery system in the State of Connecticut.

As discussed in Grove Hill's Response to Question 4 above, the replacement GE Brightspeed Elite 16 Slice CT Scanner will improve the health care delivery system in the State of Connecticut by providing higher quality images, improving diagnostic capability, increasing operational efficiency and improving patient management. Grove Hill proposes to replace its older CT equipment, which has presented maintenance challenges and provided lower quality imaging, with a higher quality CT scanner, which will reduce the exam time by up to 40%, thereby reducing patient motion artifact and thus improving detail and accuracy.

7. Who will be responsible for providing the service?

Grove Hill has an agreement with New Britain Radiology Group, P.C. ("NBRG") to provide board-certified radiologists with extensive experience and advanced CT training to supervise the CT certified technologists employed by Grove Hill and to interpret all CT studies. Grove Hill will handle all other aspects of providing the service, including all billing and reimbursement related matters.

8. Who are the current payers of this service? - and identify any anticipated payer changes when the proposed project becomes operational.

Grove Hill participates in all major insurance plans, including Medicare and Medicaid. Grove Hill anticipates a payer mix for the CT services of:

Medicare	26.5%
Medicaid	5.0%
Self Pay	1.0%
Commercial	67.5%

No payer mix changes are anticipated when the new CT scanner becomes operational.

GE Healthcare

QUOTATION

Quotation Number: P5-C18461 V 1

Grove Hill Radiology 300 Kensington Ave New Britain CT 06051	Attn: DR. GELBER 300 Kensington Ave New Britain CT 06051	Date: 09-05-2007

Qty	Catalog No.	Description
1		**BrightSpeed Elite 16 sl**
1	S7916BD	The BrightSpeed Elite CT Scanner with the Volara digital DAS (data acquisition system) and Xtream FX workflow enhance the reliable BrightSpeed platform. The BrightSpeed Series represents a new chapter in Multi-detector CT scanning. With a total of 16 slice acquisition per rotation, and 32 slices per second the BrightSpeed Elite Scanner provides tremendous scanning speed, excellent image quality, and productive workflow. Combining these new capabilities with proven reliability of the HiLight Matrix II detector and Performix X-ray tube make GE's Award Winning Compact Gantry the Ultimate choice for CT Clinical Value. Key Features: Excellent Image Quality: • Exclusive VariSpeed allows full 360 degree rotation in 0.5, 0.6, 0.7, 0.8, 0.9, 1, 2 seconds, ensuring short breath holds, more comfortable exams and flexibility to customize protocols for unique patients needs with minimal coverage impact • Routine thin slice scanning, as thin as 0.625mm optimizing lesion detection and facilitating the use of thinner images for sagittal, coronal, oblique, and volume image presentation and review • Highly efficient compact geometry design delivering optimum performance of the x-ray tube and generator • GE proprietary, non-linear interpolation algorithms, balance slice profile, helical pitch, image noise, and required technique • Image decomposition to: - Retrospective thin images from data sets where thicker images were initially reconstructed - Facilitates more detailed image analysis. - Improves 3D and reformat visualization. Fast Easy Simultaneous Workflow: • Xtream(TM)FX Workflow Platform, the next evolution of GE's workflow platform built to help you maximize productivity - Delivers 6(16 optional) full fidelity images per second (ips) reconstruction - Upto 16 ips network transfer rates - Direct Multiplanar Reformats (DMPR) that enables the move from 2D review to prospective 3D review of sagittal, coronal and oblique planes automatically - Data Export and Interchange that allow you easily share images with referring physicians and patients • Includes a complete set of clinically proven protocols and the ability to customize your

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Qty	Catalog No.	Description

own for a total of 4000 protocols

- Remote tilt from the operator console to increase exam speed.
- Built-in breathing lights with a countdown timer, so the patient does not have to guess how much longer to hold their breath.
- In room start button mounted on gantry with countdown display, facilitates single technologist operation and improved departmental productivity.
- GE software allows you to automate or build every task into the protocols to increase throughput.
- 250,000 uncompressed 512 image files storage capacity, and 2880 scan seconds of scan data storage capacity

Dose Management Leadership:

- OptiDose management features: full 3D dose modulation, color coding for kids, tracking collimator hardware and software for x-ray beam tracking, optional ECG dose modulation, to name a few of GE's dose optimization features, all based on the ALARA priniciple
- 3D Dose modulation. Before the scan, clinicians can select the desired Noise/IQ: CT then tailored automatically exposure parameters, patient to patient and real-time x-y-z during each scan, resulting in up to 30% dose reduction
- Tracking collimator hardware and software for x-ray beam tracking to minimize patient dose.
- Filtration of the x-ray beam is optimized independently for body and head applications
- DLP (dose length product), and dose efficiency display during scan prescription provides patient dose information to the operator

Clinical Benefits:

- Cardiac CT (option) allows ECG gated acquisitions of the heart in SnapShot mode
- Coronary artery calcification imaging with retrospective and prospective gating-option
- CTA runoffs
- More thin slices faster; routine use of thin slices without compromising IQ, coverage, or throughput
- Full organ coverage in arterial phase
- Longer helical scans
- Multi-phase organ studies
- Improved multi-planar reformats with isotropic microvoxel imaging
- Faster scanning with outstanding image quality and GE's proprietary cross beam and hyperplane reconstruction algorithms
- System designed for optimization of z-axis resolution and dose with 0.625 mm slice thickness

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Qty	Catalog No.	Description

- Direct 3D included

System components: Gantry: Advanced slip ring design continuously rotates the generator, Performix tube, Matrix II detector and Volora digital data acquisition system around the patient.

- Aperture: 70 cm
- Maximum SFOV: 50 cm
- Rotational speeds: 360 degrees in 0.5, 0.6, 0.7, 0.8, 0.9, 1.0, 2.0, 3.0, and 4.0 Seconds
- Tilt: +/- 30 degrees, speed: 1 degree/second
- Remote tilt from operator's console
- Integrated breathing lights & countdown timer
- Integrated start scan button with countdown timer to indicate when x-ray will turn on

Laser Alignment Lights:

- Defined internal and external scan planes to +/- 1 mm accuracy
- Operate over full range of gantry tilt
- Coronal light remains perpendicular to axial light as gantry tilts making visual readout easy from tableside or the operator console.

Table: Cantilever design for easy access,and stability

- Vertical range: 51.6 cm to 99.1 cm
- Vertical scannable range: 88 cm to 99.1 cm
- Horizontal range: 170 cm
- Horizontal scannable range: 170 cm (axial) and 160 cm (helical & scout)
- Horizontal speed: up to 100 mm/sec
- Table automatically re-centers on scan plane with changes in vertical position
- Table load capacity:
  - 180kg (400 lb) +/-0.25mm positional accuracy
  - 205 kg (450 lb) operation and +/- 1 mm positional accuracy

X-ray Tube: Performix metal-ceramic tube unit offers a optimized design for exams requiring a large number of scans without tube cooling. o Performix tube with 6.3 MHU of storage and capability of 53.2 kw operation provides increased helical performance with greater patient throughput and virtually no tube cooling. Advanced technology in the tube includes a metal ceramic frame and high speed bearing for long life at sub-second scanning, a high efficiency motor to accelerate the anode and efficient cooling for high throughput and superior helical performance. o Wide range of technique (10 ma to 440 ma, in 5 ma increments) gives technologist and physician flexibility to tailor protocols to specific patient needs, while optimizing patient dose, and providing the power needed to perform a broad spectrum examinations. o Heat storage capacity: 6.3 MHU o Heat dissipation:

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Qty	Catalog No.	Description

- Anode (Max) 840 KHU/min
- Casing (cont) 300 KHU/min
- Tube unit: 6.9 kW Continuous for 10 min.
- Dual Focal Spots:
  - Small Focal Spot: 0.7 (W) x 0.6 (L) Nominal Value; (IEC 336/93); 0.9 mm (W) 0.7 mm (L) (Traditional Methodology)
  - Large Focal Spot: 0.9 (W) x 0.9 (L) Nominal Value; (IEC 336/93); 1.2 mm (W) x 1.2 mm (L) (Traditional Methodology)
- Maximum power: 53.2 kW
- Beam collimated to 55 degree fan angle.

High Voltage Generator: High Frequency on-board generator allows for continuous operation during scan.

- 53.2 kW Output Power
- kVp: 80, 100, 120, 140 kVP
- mA: 10 to 440 mA, 5 mA Increments.

Maximum mA for Each kVp Selection:

- 400mA @ 80kVp
- 420mA @ 100kVp
- 440mA @ 120kVp
- 380mA @ 140kVp

HiLight Matrix II Detector: The HiLight Matrix II detector was designed for high performance imaging. The BrightSpeed Elite allows up to 16 slices per rotation, and 32 slices per second. The HiLight Matrix II detector benefits are:

- Increased coverage per rotation with thinner slices routine
- Solid Image Quality from the use of GE's patented HiLight material, a ceramic scintillator specifically engineered for CT applications. Leveraging over 12 years of GE HiLight detector production.
- 24 detector rows, each containing 880 active patient elements, 32 reference elements.
- 4 Modes of Data Output:
  - 16 x 0.625 mm or 1.25mm
  - 8 x 1.25 mm or 2.5 mm

Volara Digital DAS (Data Acquisition System): The Volara digital DAS dramatically reduces noise and improves image quality, especially in low dose exams, large patient, or areas of the anatomy that are difficult to image such as shoulder and hips

- 12,288 available input channels

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Qty	Catalog No.	Description

- 1968Hz maximum sample rate
- Effective analog to digital conversion range greater than 2,000,000:1

Operator Console: o Split tabletop allows unrestricted patient viewing while supporting 2 19 inch color LCD monitors. Each work surface can be adjusted to accommodate operator preferences and a wide variety of site requirements

- Xtream(TM)FX, the next evolution of GE's workflow platform built on the LINUX operating system and delivering fast reconstruction of 6 ips with full fidelity images and the industries fastest network transfer rates of up to 16 ips
- The 19 inch color LCD monitors support scan and recon, as well as image display, processing, analysis, and management.
- Size: 48in Wide x 40.5in Deep x 49.5in High

Image Networking: Exams can be selected and moved between the BrightSpeed Elite CT Scanner System and any imaging system supporting the DICOM 3.0 protocol for network send, receive and pull/query.

- Standard Auto-configuring Ethernet
- Direct Network Connection
- Supports 1GB or 10/100 BaseT
- Supported Protocols
  - DICOM 3.0 Network
  - Advantage Net
  - InSite Point-to-Point
  - TCP/IP (for System Administration)

DICOM Conformance Standards:

- DICOM 3.0 Storage Service Class
- Service Class User (SCU) for image send
- Service Class Provider (SCP) for receive
- DICOM 3.0 Query/Retrieve Service Class
- DICOM 3.0 MOD Media Service Class
- DICOM 3.0 Storage Commitment Class Push
- DICOM 3.0 Modality Worklist (incl: Performed Procedure Step) (through ConnectPro option)
- DICOM 3.0 Print

InSite Broadband includes: Hardware essential for systems to be connected to highspeed internet. Enables customer to access services designed to: improve quality, enhance performance, increase productivity, reduce costs, reduce downtime, expand imaging capabilities, and increase privacy and security of data transmissions

Qty	Catalog No.	Description

Applications and Clinical Performance: When selecting a CT scanner to meet your needs the primary concern should be the clinical performance of the system, not specifications. Specifications alone don't tell you how the scanner will perform. To understand true clinical performance of the system, you have to consider how well the scanner delivers three things - image quality, coverage, exam speed - and whether it can deliver all three at once. The BrightSpeed Elite CT scanner offers a balanced design enabling it to deliver clinical performance.

Image Quality

- Low Contrast Detectability (LCD) Statistical LCD: on 8 Inch CATPHAN Phantom
  - 5 mm @ 0.3% at 13.3 mGy
  - 3 mm @ 0.3% at 37.2 mGy
- Noise - on an AAPM Water Phantom or GE Quality Assurance Phantom
  - 0.32% +/- 0.03% at 28.5 mGy
- High Contrast Spatial Resolution - on GE Performance Phantom
  - Standard Algorithm - 8.5 lp/cm @ 0% MTF
  - Hi-res Algorithm - 15.4 lp/cm @ 0% MTF

Coverage: The key to MDCT is coverage, not slices The key measure of coverage performance is coverage per second:

- Coverage/sec = (Collimation x Pitch) / Rotation Speed

The BrightSpeed Elite provides outstanding performance with flexible collimation modes, extended helical pitches, fast rotation speeds. Pitches

- 0.5625:1, 0.9375:1, 1.375:1, and 1.75:1 Helical Pitches for 16 Slice Modes
- 0.625:1, 0.875:1, 1.35:1, and 1.675:1 Helical Pitches for 8 Slice Modes o Up to 70 mm per second coverage o Exclusive VariSpeed allows full 360 degree rotation in 0.5, 0.6, 0.7, 0.8, 0.9, 1, 2 seconds, ensuring short breath holds, more comfortable exams and flexibility to customize protocols for unique patients needs with minimal coverage impact

Exam Speed: Exam speed is critical to the performance of a multi-slice scanner. The BrightSpeed Elite CT delivers the most flexible and fast scan speeds by combining 16 slice acquisition, 1.75:1 helical pitch, and 0.5 s rotation. Because of these very quick exam speeds, scan speed is no longer what determines the systems throughput of a multi-slice scanner. Other tasks are equallu important to determine the real performance of the CT scanner:

- Scan Setup
- Image Reconstruction
- Reformat and 3D Processing
- Networking, Archiving, Filming

The BrightSpeed Elite with Xtream FX workflow platform is designed to deliver high performance

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in each of these tasks:

o SmartTools Simplifies Scan Setup and Includes All Reconstructions, Filming, Archiving, Transferring Prospectively Reducing Exam Time by Up to 40%.

- Xtream(TM)FX, the next evolution of GE's workflow platform built on the LINUX operating system delivers fast 6 ips (optional 16ips) reconstruction of full fidelity images and the fastest network transfer rates of up to 16 ips
- Data Export and Interchange allow you to easily share images with referring physicians and patients
- Direct MPR that enables the move from 2D review to 3D image review of axial, sagittal, coronal and oblique planes automatically
- Exam Split (optional) deliveriing the capability to"split" a series of patient images into seperate groups for networking
- Exam Rx desktop environment provides the clinical tools necessary fast, efficient control of patient studies. Exam Rx tools include patient scheduling and data entry, exam protocol selection, protocol viewing and editing, scan data acquisition, image reconstruction, image display and

  routine analysis, AutoTransfer, AutoStore, and AutoFilm o ImageWorks is a desktop environment designed to take advantage of the BrightSpeed Elite CT Scanner System advanced computer systems. Standard features include archive, network and manual film control, as well as some advanced image processing such as Direct multi-planar reformatting (DMPR), multi-projection volume rendering (MPVR) and display. The ImageWorks desktop also provides a gateway for DICOM 3.0 image transactions, either through a local are network, or via DICOM-formatted media.
- Five flexible Image Review Layouts are provided. Each image window can be further subdivided increasing the total number of images that can be displayed at once to 16.
- Multi-Projection Volume Reconstruction (MPVR): Quick and easy way to generate volumetric images for CT angiography without thresholding data or removing unwanted anatomy. An entire volume is used to generate images in any plane, creating real-time frames of reference at the same time; Clinical utility is extended via two additional modes: MIPS - enhances contrast and improves visualization of calcifications Average - generates 2D radiographic images
- VariViewer is an interactive axial review mode that can change the slice thickness reconstruction instantaneously
- Other Exam Rx Image display features: Zoom/Roam Explicit Magnify Flip/Rotate Ellipse ROI Measure Distance Grid On/Off Cross Reference User Annotation Hide Graphics Erase Screen Save Gray Scale Enhancement
- ProView visualization algorithms are available to enhance anatomical structures without additional reconstruction time:

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Quotation Number: P5-C18461 V 1

Qty	Catalog No.	Description

Scan Modes: The BrightSpeed Elite CT scanner system can perform virtually any clinical application due to its wide variety of scan modes. Helical scan mode offers continuous 360 degree scanning with table incrementation and no interscan delay. Axial scan mode allows for up to 16 contiguous axial planes to be acquired simultaneously.

Helical Scans: Simplified clinically proven pre-defined helical protocols make the BrightSpeed Elite CT scanner fast and efficient in patient set up. Contrast agents may be better utilized as well due to significantly faster scans.

Helical Multi-slice Modes: Helical scanning has been simplified by grouping all critical acquisition parameters within helical pitches optimized for image quality and speed - 0.5625:1, 0.9375:1, 1.375:1, 1.75:1 for 16 slice acquisition. These clinically derived helical scan modes offer a wide range of selections that carefully balance acquisition speed, image thickness, and provide table speeds up to 35 mm per rotation (70mm per second) enabling scan speeds that are up to 20 times faster than single slice helical scanners.

Prospective Multiple Thickness Reconstruction: For any helical scan modes, the operator can choose to reconstruct images prospectively in any of 7 nominal image thicknesses 0.625, 1.25, 2.5, 3.75, 5, 7.5, and 10 mm. The operator may also prospectively specify additional image sets to be reconstructed. These images can be reconstructed at any of the defined nominal image thicknesses available for a given table speed and scan mode. Direct MPR may also be prospectively specified which quickly enables the move from 2D review to prospective 3D image review of axial, sagittal, coronal and oblique planes automatically.

Helical scan parameters:

Scan speeds: 0.5, 0.6, 0.7, 0.8, 0.9 and 1.0 full 360 degree rotational scans

Scan Technique:

- kVp: 80, 100, 120, 140 kVp
- mA: 10 to 440 mA, 5 mA Increments
- Focal Spot Selection:
  - Small Spot for Up to 24 kW
  - Larger Spot for Greater Than 24 kW
- Max. Helical Scan Time: 120 sec
- Multiple scans can be acquired in one series to produce upto 3000 contiguous helical images
- Minimum Inter-group Delay (IGD): 5 sec
- Scan Fields-of-view:
  - 25 cm for Adult Head
  - 25, 50 cm for Body
  - 25 cm for Pediatric Head

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Qty	Catalog No.	Description

Helical Scan Enhancements: 6 ips reconstruction even while scanning. Xtream FX workflow allows, image reconstruction, display, processing and analysis, as well as networking, archival and filming all while scanning. Anatomical programmer: a ten region anatomical selector allows quick and easy access to user programmable protocols. Separate selector for adult and pediatric exams with greater than 4000 protocol storage available.

- Ten user-defined regions. Each region has default protocols displayed with the anatomical selector for fast access to frequently used protocols.
- Protocols include preset scan time, kVp, mA, scan mode, image thickness and spacing, table speed, scan FOV, display FOV and center, recon algorithm, and special image acquisition and processing options like DMPR
- Any scan parameters may be edited for each scan or all scans - either before or during an exam. The number of scans may also be easily changed.
- AutoScan: Automates table movement and start of each scan.
- AutoVoice: 3 preset (english) and 17 user defined messages automatically deliver patient breathing instructions, especially useful for multiple helical scanning.
- Trauma Patient: Allows patient scans and image display/analysis without entering patient data before scanning.

Axial Scans: Multi-slice axial acquisitions and short interscan delays significantly reduce potential misregistration between scans by increasing the number of scans in a single breath hold. Simplified scan prescriptions and Easy-to-use axial protocols make the BrightSpeed Elite CT scanner system fast & efficient. Axial protocols are nearly identical to helical protocols

Axial Multi-slice Modes The BrightSpeed Elite CT scanner system acquires axial scans in sets of up to 16 contiguous images in one 360 degree rotation. For each rotation of the gantry the system collects 16 rows of scan data. There are five reconstruction modes available for creating images from the multi-slice axial scan data

Examples: 8i Mode:

- Produces 8 Images per Rotation
- Nominal Thickness: 1.25, 2.5 mm

16i Mode:

- Produces 16 Images per Rotation
- Nominal Thickness: 0.625, 1.25 mm

Axial Scan Parameters:

Scan Time:

- Same as Helical, plus 2.0, 3.0 and 4.0 sec Full Scans (360 Degree Acquisition)

Scan Techniques:

Qty	Catalog No.	Description
		• Same as Helical Scan Plane Geometry: • +/- 30 Degree Angulation in .5 mm increments • Longitudinal Positioning in 0.01 mm per Slice Increment. Interscan Delay (ISD): • Minimum ISD:Table Moves of 0-10 mm: 1.0 sec • Minimum ISD:Table Moves of > 10 mm: 1.3 sec Intergroup Delay (IGD): • Minimum IGD is the Same as Minimum ISD; Scan-to-scan Cycle: • Minimum Scan-to-scan Cycle of 1 sec possible for 0.5 sec Scan Speed with Minimum ISD's. Scan with zero table increment, contiguous image location, or skipped image location. Overlapped axial scans are not possible. Axial Image Reconstruction Reconstruction Algorithms: Soft Tissue, Standard, Detail, Bone, Bone Plus, Lung, and Edge Axial Image Reconstruction Speed: 7 6 image per second Warranty The published Company warranty in effect on the date of shipment shall apply. The Company reserves the right to make changes. All specifications are subject to change. Regulatory compliance this product is designed to comply with applicable standards under the radiation control for health and safety act of 1968. This product is designed to comply with applicable standards under the Radiation Control for Health and Safety Act of 1968. Laser alignment devices contained within this product are appropriately labeled according to t requirements of the Center for Devices and Radiological Health. This product is a CE-compliant device which satisfies regulations regarding Electro Magnetic Compatibility (EMC) and Electro Magnetic Interference (EMI), pursuant to IEC 601. **********
1	B7800KE	English Language Keyboard and SCIM
1	B7816PS	Standard cable set for H Power systems
1	M81511FB	AW VolumeShare2 with Two Flat Panel Monitors and 4GB of RAM AW VolumeShare2 provides 3D visualization and analysis with exceptional stability, quality and flexibility for powerful multi-modality image management, review, comparison and processing. It features state of the art 64 bit technology and 2 dual core processors for superior performance and large thin slice data set handling. In addition, AW VolumeShare2 features dramatic user interface enhancements that makes processing routine cases easy and complex

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General Electric Company
General Electric Company, GE Medical Systems

Qty	Catalog No.	Description

cases simpler.

The AW software family improves diagnostic/treatment workflow and enhances clinician-patient communication. AW VolumeShare2 software includes:

- Volume Viewer 3: GE 3D software package that includes Volume Rendering, Volume Analysis, Navigator and other 3D visualization and analysis tools
- Advanced X-ray Analysis: Accommodates routine and special procedures, providing tools specifically for the review of DICOM x-ray images.
- 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
- 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, QuickTimey VR).

AW VolumeShare 2 ships with:

- Post-processing software platform, Patient List, database, and DICOM networking
- Volume Viewer 3(VA, VR, Navigator)
- 2D Viewer
- Filmer
- Data Export
- Advanced X-ray Analysis
- Two 19" flat panel monitors
- HP xw8400 Workstation:
  - 2 Intel Xeon Dual Core Processors @ 3.0GHz clock speed, 4MB shared L2 cache
  - 4GB DDR-2 RAM (expandable to 12GB)
  - 2 x 146 GB: SAS 15,000rpm hard disks (292 GB can be used for image storage)
  - 1 x 73 GB: SAS 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 inch floppy drive for service use and preset archive capability

DOES NOT INCLUDE AUTOBONE XPRESS SOFTWARE OR ANY OTHER ADVANCED APPLICATIONS NOT LISTED

PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

Quotation Number: P5-C18461 V 1

Qty	Catalog No.	Description
1	M81521AB	AutoBone Xpress AutoBone Express is a Software Package that provides Automatic Segmentation of Bony Structures and Calcified Plaques Optimized for the latest CTA Acquisition Techniques. AutoBone Xpress Clinical Benefits: • 0-Click Segmentation of Bony Structures to facilitate Vascular Structures Visualization for any Anatomy including Head and Neck CTA. • 1-Click Automatic Segmentation of Calcifications for Abdominal CTA and Run-Off Exams. Side-by-Side display of Vessels in 3D MIP with and without Calcifications provides a Direct Access to Calcified Plaques effect on Vessel Lumen. Operator Productivity Benefits Include: • Decreased time to First Clinically Relevant Image Segmenting Automatically Bony Structures and providing a Quick 3D MIP Overview of Vascular Structures. • Synchronized Viewports enabling Fast confirmation of Results on Reformatted and Native Images. • AutoSelect Segmentation Tools may be used to Refine Segmentation by Quickly Adding or Removing Structures. • The resulting Volume Rendered Image can be Manipulated to View Vessels Only. Transparent Bones can be Restored for Landmarks. Calcifications can also be Visualized in Transparency to Show Lumen. • Optimized Layouts for each Anatomy for Fast and Relevant Visualization. System Requirements: • VolumeViewer 3 for AW VolumeShare 2
1	B7500PL	ConnectPro HIS/RIS Interface Option for LightSpeed with Linux (includes bar code reader) ConnectPro Offers New Levels of Productivity to LightSpeed Users by Providing a Connection Between the Facilities Hospital (HIS) or Radiology (RIS) Information System. ConnectPro Simplifies and Eliminates Errors in Patient Data Entry. Data Available at the Operator Console When Using ConnectPro Includes: • Procedure Step Code/Description • Requested Procedure Code/Description • Performed Procedure Step Compatibility • Demographic Data - Name, ID, Age, Birthday, Sex, etc. • Study UID - Unique ID Number • Scheduling Info - Dept, Modality, Station Address, Accession #, Date, Time

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General Electric Company, GE Medical Systems

Quotation Number: P5-C18461 V 1

Qty	Catalog No.	Description
		The Operator has Three Convenient Ways to Enter Patient Information: • Scan Barcode • Type in Unique Identification Number • Select From a List of Patients All of This Results in: • Enhanced Productivity • Direct Patient Data Entry • On-line Access to Schedules • Display of Patients Scheduled for Current Time of Day • Full Simultaneity with All Scanner Operations • Eliminates Errors Critical for "Filmless" Operation • Enhances Quality of Care • Obtain Key Data From Your HIS/RIS via Modality Worklist - Allergies, Pregnancy Status, Medical Alerts • User-selectable Filtering and Sorting • Seamless Integration with LightSpeed • Performed Procedure Step Compatibility Note: May Require Interface Box for Conversion of HL7 to Dicom.
1	E8016AM	Slicker - CT Lightspeed Systems (2 pc Set) Protective table cover and cushion set for the CT LightSpeed systems. This two-piece, sealed slicker cushion set have comfort pads enclosed inside the slicker cover and extender cover. Durable, clear PVC plastic covers facilitate faster, more thorough cleanup of blood and fluids. Also help to increase system uptime by protecting table from spills and particulate contaminants, easy to install and comfortable for patients. Thermo-sealed seams and flaps prevent contaminate buildup in hard to clean areas. Includes table cushion, extender cushion and catheter bag holder...H
1	E8016AE	Footswitch Cover - HiSpeed Advantage/PET Advance Systems The footswitch slicker for CT HiSpeed Advantage and PET Advance systems is made of durable, clear PVC plastic that protects the footswitch and facilitates faster, more thorough cleanup of contamination caused by blood and other body fluids. Cover is held securely in place with Velcro...H
1	W0100CT	6 Day CT TiP Onsite System Training CT Onsite Training for a new CT system

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General Electric Company, GE Medical Systems

Quotation Number: P5-C18461 V 1

Qty	Catalog No.	Description

- One 4 day onsite visit to coincide with system start-up.
- One 2 day onsite follow-up visit 6-8 weeks post system start up.

During the first visit, the applications specialist will work with the medical and technical staff on system operation and patient procedures. The training produces the best results when a dedicated core group of 2-4 CT technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the protocol implementation and image quality review sessions. By the end of this visit, the core group should be able to perform the routine patient procedures.

The 2 day revisit is suggested after the staff has run the system for 6-8 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the customer. The training produces the best results when the same dedicated core group of 2-4 CT technologists from the initial visit complete the session with a modified patient schedule.

Quote Summary:

Total Quote Net Selling Price **$718,759.40**

(Quoted prices do not reflect state and local taxes if applicable)

If you would like to place an order for this equipment, a formal contract document will be prepared for your consideration. This quote is for budgetary use only; only a GE contract can become a binding order.

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Quotation Number: P5-C18461 V 1

Options

(These items are not included in the total quotation amount)

Qty	Catalog No.	Description	Ext Sell Price
1	B79011MA	Basic Advantage Sim MD Advantage Sim MD is used to prepare geometric and anatomical data relating to a proposed external beam radiotherapy treatment prior to dosimetry planning. Anatomical volumes can be defined automatically or manually in three dimensions using a set of CT images acquired with the patient in the proposed treatment position. The geometric parameters of a proposed treatment field are selected to allow non-dosimetric, interactive optimization of field coverage. Anatomical structures and geometric treatment fields are displayed on orthogonal plane CT images, or reformatted sagittal, coronal views structures are displayed with or without the digitally reconstructed radiograph. 3D contour interpolation: This allows the user to define a full volume contour with a minimum of 3 contours in orthogonal views. This may be particularly useful for bladder delineation. Speed: The package allows complete 3D volumes to be defined and manipulated using automatic thresholding tools, structure drawing with or without "Live Wire" to pixel value gradients and automatic interpolation. Beam placement is facilitated with automatic isocenter and beam's eye view. Ease of use: The package is mouse driven with a windows user interface. The press of a single button using pre-defined and configurable treatment plan templates linked to patient anatomy offers many functions. Protocol specific structure names and properties, beam geometry and field shape can be loaded from a palette of templates. Pre-defined sequences of actions can then be applied adding to the ease of use. Flexibility: Contouring and fiedl definition parameters can be modified on the fly to allow thresholds, margins and display characteristics to be tailored to a given patient data. Efficiency: The package is designed for use independently of a treatment planning system, enabling the physician to define volumes and select treatment technique at a dedicated workstation. Any plan can be saved and pushed to a RTP system as standard DICOM RT objects. DICOM RT Structure Set and RT Plan objects cam also be received from DICOM RT compliant systems and re-simulated in AdvantageSim MD.	$50,000.00

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QUOTATION

Quotation Number: P5-C18461 V 1

Qty	Catalog No.	Description	Ext Sell Price
1	B79821CR	AdvantageCTC Pro AdvantageCTC Pro is a CT Colonography (CTC) Advanced Application Software Package for the analysis of the colon and surrounding structures utilizing helical helical CT data. The physician centric design provides a complete reading workflow solution. Synchronized, index view of 2D, 3D and dissection views provide a fast complete analysis of the CT data. Key features include: • GE Exclusive 360 degree Dissection View-Aids in decreasing analysis and review time. • Prone and supine synchronized image review This feature provides a complete view of the the colon that may be filled with fluid. • Small Bowel Extraction- the software quickly segments and removes the small bowel for unobstructed viwing of the colon. • Polyp Color Display- Color marks polyps for easier tracking. • Movie Generator- Create moview views with just a few clicks. Movie may be saved in a MPEG format. • Patient Report- Customizable reports that offers complete flexibility. The report may be exported to CD, HTTP or printer. System Requirements: • AW VolumeShare2 • Two-monitor/flat panel configuration recommended Note: All software are Non-Transferable to other hardware and are Non-Returnable.	$45,500.00
1	B78121MG	Lung VCAR for AW VolumeShare2 Volume Computer Assisted Reading (VCAR) takes a new direction in application design, leveraging (exploiting) the power of high resolution, volume scanning. This new technology is enabled by the Automatic Detection, Precise Segmentation and Interactive Quantitative Analysis that enhances analytics and improves data management. The result being better informed decisions and improved patient management. Key features include: • Digital Contrast Agent (DCA)- Automatically visualizes and highlights abnormal and potentially cancerous pulmonary solid nodules • Bookmarking Tools for ease of image review and analysis • Correlated Workflow-Synchronized 2D, DCA and Segmented Analysis	$60,000.00

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Quotation Number: P5-C18461 V 1

Qty	Catalog No.	Description	Ext Sell Price
		• One Click Solid Nodule Segmentation from vessels and pleural wall • Segmentation Analysis of all nodule types Solid, Non-Solid and Part Solid • Automatic Nodule Analysis Provides: - Percent Growth - Doubling Time - Volumes • Automatic Segmentation of both the right and left lungs thus reducing the visual distractions associated with anatomy not of interest • Cross Reference/Correlation Bar Provides a quick reference to aid in the localization of a nodules global location • Image Display Tools for comparison of initial and follow-up exams • Automatic Bookmark Propagation from previous to current or current to previous exams • Automatic Image Registration for image review synchronization • Temporal Statistics Display for fast informed decisions • Customizable Personal Review Layouts • Interactive Patient Reporting (DICOM SR) Provides both sttructure and flexibility Lung VCAR requirements: AW VolumeShare2	
1	B77011PY	CT Perfusion 3-Neuro Package for Advantage Workstation 4.1 or Higher (Linux) Note: Host ID of Advantage Windows needed to accommodate Perfusion Software addition. CT Neuro Perfusion is an Image Analysis Software Package that allows the user to process Dynamic Image Data and to generate Information with Regard to Changes in Image Intensity over time. It supports the Analysis of CT Perfusion Images obtained by Dynamic CT after injection of contrast, by calculating the Parameters related to Brain Perfusion and Brain Tumor Perfusion and displays the results in a User Friendly Graphic Format and as Parametric (single image that is calculated from a set of time course images at a single location) Images. This Software runs on the Advantage Workstation (AW) Platform. Provides • Rapid Assessment of Patients Experiencing Brain Stroke • Assessment of Tumor Perfusion in the Brain • Quickly Determine Critical Parameters Including:	$30,300.00

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Quotation Number: P5-C18461 V 1

Qty	Catalog No.	Description	Ext Sell Price
		- Cerebral Blood Flow - Cerebral Blood Volume - Mean Transit Time - Permeability Surface Map System Requirements: • AW 4.1 or Higher (Linux)	
1	B77121BA	VesselIQ Xpress & AuoBone Xpress CT VesselIQ Xpress and Autobone Xpress is for AW VolumeShare2 VesselIQ Xpress provides an optimized non-invasive application to analyze vascular anatomy and pathology and aid in determining treatment plans from a set of CTA images. This software supports the physician in: • Assessment of aneurysms with or without thrombus (false lumen) for size and volume measurements with the capability to track the size and volume over time, stenosis analysis, pre/post stent and surgical planning and directional vessel tortuosity visualization. • Automatic tools for the segmentation of bony structures in the brain and neck and other vascular areas for accurate identification of the vessels, single or double click vessel analysis. • Sizing the vessel, analyzing calcified and non-calcified plaque to determine the densities of plaque within a vessel, measure areas of abnormalities within a vessel (like stenosis, plaque, thrombus, dissection or leakage). • Semi-automated detection and segmentation of thrombus for subsequent measurements within the application. • Dedicated anatomy based protocols for improved workflow. • Compare a patient's previous exam to their current exam in order to measure and track any changes over time of their vascular structures. • After review of the exams, there are multiple ways to film, archive and capture information for future review. System Requirements: • AW VolumeShare2 Note: All software are Non-Transferable to other hardware and are Non-Returnable.	$65,000.00
1	B7999ZA	Uninterruptible Power Supply	$18,600.00

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General Electric Company, GE Medical Systems

QUOTATION

Quotation Number: P5-C18461 V 1

Qty	Catalog No.	Description	Ext Sell Price
		Exide Uninterruptible Power Supply. Custom Designed Firmware to Interconnect with LightSpeed Pro, LightSpeed RT and BrightSpeed Systems. The UPS Primarily Backs Up the System Computer Functions. Bridges Short Power Outages and Provides Time for Crossover from Normal Main Power to Emergency Power. Must be Located Within Eight Feet of the PDU.	
1	E8007NG	Medrad Stellant DX Dual-Flow Ceiling Mount Injection System with Short Post. Floor to mounting plate is less than 9 in. Requires E8007NZ Mounting Plate be added to the order...E	$47,500.00
1	E4502AB	90 Amp Main Disconnect Panel for CT This 90 amp main disconnect panel for GEHC CT systems provides emergency shut down, undervoltage protection, overcurrent protection, local disconnect for the imaging system. It also reduces installation time and cost by providing a single-point power connection eliminating the need to mount and wire a number of individual components. The standardized design and testing assures high product quality and system reliability, and it is UL and cUL listed for compliance with National Electric Code. Panel can be surface or semi-flush mounted and includes one remote emergency off push button. Customer is responsible for rigging and arranging for installation by a licensed electrician. ITEM IS NON-RETURNABLE and NON NON-REFUNDABLE Warranty Code: Y	$6,999.00
1	W0008HC	TiP HQ Class CT LightSpeed 16 or BrightSpeed Level 2 - Full Service 3 day CT course held in the Milwaukee area. Includes travel and modest living expenses. This course will provide the technologists with information on how to acquire data sets as well as how to post process data on the Advantage Windows Workstation.	$3,800.00

(Quoted prices do not reflect state and local taxes if applicable)

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STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

October 18, 2007

Alan McGinnes
Executive Director
Grove Hill Medical Center, P.C.
300 Kensington Avenue
New Britain, CT 06051

Re: Letter of Intent, Docket Number 07-31051
Grove Hill Medical Center, P.C. and Investment Associates, LP
Replacement CT Scanner at New Britain Office Location
Notice of Letter of Intent

Dear Mr. McGinnes:

On October 17, 2007, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Grove Hill Medical Center, P.C. and Investment Associates, LP ("Applicants") for a Replacement CT Scanner at the New Britain office, at a total capital expenditure of $738,759.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Herald* in 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:lmg

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

October 18, 2007

Requisition # HCA08-074
Fax: 225-2611

The Herald
One Herald Square
New Britain, CT 06050

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 **Tuesday, October 23, 2007.**

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

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

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:AGF:lmg

c: Sandy Salus, OHCA

The Herald **Letter of Intent**
Docket Number 07-31051 **October 18, 2007**

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Grove Hill Medical Center, P.C. and Investment Associates, LP
Town:	New Britain
Docket Number:	07-31051
Proposal:	Replacement CT Scanner at New Britain Office Location
Capital Expenditure:	$738,759

The Applicant may file its Certificate of Need application between December 16, 2007 and February 14, 2008. 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.

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	2786
RECIPIENT ADDRESS	92252611
DESTINATION ID	
ST. TIME	10/18 16:10
TIME USE	00'43
PAGES SENT	2
RESULT	OK

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

October 18, 2007

Requisition # HCA08-074
Fax: 225-2611

The Herald
One Herald Square
New Britain, CT 06050

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KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

October 18, 2007

Alan McGinnes
Executive Director
Grove Hill Medical Center, P.C.
300 Kensuington Avenue
New Britain, CT 06051

RE: Certificate of Need Application Forms, Docket Number 07-31051-CON
Grove Hill Medical Center, P.C. and Investment Associates, LP
Replacement of CT Scanner in New Britain

Dear Mr. McGinnes:

Enclosed are the application forms for Grove Hill Medical Center, P.C. and Investment Associates, LP's Certificate of Need ("CON") proposal for the replacement of a CT scanner in New Britain, Connecticut, with and associated capital cost of $738,759. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes, the CON application may be filed between December 16, 2007 and February 14, 2008.

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

The analyst assigned to the CON application is Alexis G. Fedorjaczenko. Please feel free to contact her at (860) 418-7167, if you have any questions.

Sincerely,

Kimberly Martone
Certificate of Need Supervisor

Enclosure

cc: Lisa M. Boyle, Robinson & Cole

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 December 16, 2007, and may be submitted no later than February 14, 2008. The Analyst assigned to your application is Alexis G Fedorjaczenko; she may be reached at the Office of Health Care Access at (860) 418-7067.

Docket Number:	07-31051-CON
Applicant(s) Name:	Grove Hill Medical Center, P.C. Investment Associates, LP
Contact Person:	Alan McGinnes
Contact Title:	Executive Director, Grove Hill Medical Center, P.C.
Contact Address:	300 Kensington Avenue New Britain, CT 06051
Project Location:	New Britain
Project Name:	Replacement of CT Scanner
Type of Proposal:	Section 19a-639, C.G.S.
Estimated Total Capital Expenditure:	$738,759

1. Applicants

The Office of Health Care Access is deeming Investment Associates, LP an Applicant for this proposal. Please provide a signed Affidavit for *each* Applicant to the proposal (i.e. Grove Hill Medical Center, P.C. and Investment Associates, LP). Please be sure to complete this application with respect to both Applicants as applicable.

2. Expansion of Existing or New Service

What services are currently offered at your facility that the proposal will augment or replace? Please list.

Augment: _____

_____

Replace: _____

_____

3. State Health Plan

No questions at this time.

4. Applicant's Long Range Plan

Is this application consistent with your long-range plan?

☐ Yes ☐ No

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

5. Clear Public Need

A. Explain how it was determined there was a need for the proposal in your service area.

i) Provide the following information:

a) List the primary service area (PSA) towns. Provide a rationale for choosing the selected PSA towns.
b) List the secondary service area (SSA) towns. Provide a rationale for choosing the selected SSA towns.
c) The unit of service for the past three fiscal years by service area town.
d) Describe the population to be served. Include demographic Information, as appropriate.
e) Scheduling backlogs in service area.
f) Travel distance from the office location to service area towns.
g) Hours of operation of existing and proposed service.

ii) Provide the units of service projected for the first three years of operation of the service with the proposed new equipment. **Include the derivation/calculation.**

iii) Provide the current capacity of the existing CT scanner showing the method used to calculate the annual volume of scans.

iv) Provide the anticipated capacity of the proposed CT scanner showing the method used to calculate the annual volume of scans.

v) Identify the existing providers of CT services in your service area.

vi) What will be the effect of your proposal on existing providers (i.e. patient volume, financial stability, quality of care, etc.)?

vii) Provide the information as outlined in the following table concerning the existing providers in the Applicant's PSA and SSA:

Description of Service[1]	Provider Name and Location	Hours and Days of Operation[1]	Current Utilization[2]

[1] Specify days of the week and start and end time for each day.
[2] Service volume performed by Provider for the most recent 12 month period, if known.

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

☐ Cultural ☐ Transportation

☐ Geographic ☐ Economic

☐ None of the above ☐ Other (Identify) _____

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

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

☐ Epidemiological studies ☐ Needs assessments

☐ Public information reports ☐ Market share analysis

☐ Other (Identify) _____

☐ None: *explain* why no reports, studies or market share analysis was undertaken related to the proposal:

_____

6. 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:

☐ American College of Cardiology	☐ National Committee for Quality Assurance	☐ Public Health Code & Federal Corollary
☐ National Association of Child Bearing Centers	☐ American College of Obstetricians & Gynecologists	☐ American College of Surgeons
☐ Report of the Inter-Society Council for Radiation Oncology	☐ American College of Radiology	☐ Substance Abuse and Mental Health Services Administration

☐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, technicians, etc., related to the proposal and a copy of their Curriculum Vitae.

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

☐	DPH	☐	JCAHO
☐	Fire Marshall Report	☐	Other States Health Dept. Reports (new out-of-state providers)
☐	AAAHC	☐	AAAASF
☐	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 Applicant 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 Applicant and/or any staff related to the proposal.

H. Provide a copy of the related Quality Assurance plan (as applicable):

7. 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?

☐ Energy conservation ☐ Group purchasing

☐ Reengineering ☐ None of the above

☐ Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.)

☐ Other (identify)_____

8. Miscellaneous

A. Will this proposal result in any 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:

[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.

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.

D. Please explain what you plan to do with the existing CT scanner after acquiring the replacement scanner.

a. If planning to dispose the existing scanner, please explain how or to whom.
b. If planning to relocate the existing scanner, please explain where (provide name and address of the location).

9. Financial Information

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

☐ Corporation (Inc.) ☐ Limited Liability Company (LLC)

☐ Partnership ☐ Professional Corporation (PC)

☐ Joint Venture ☐ Other (Specify): _____

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

☐ Corporation (Inc.) ☐ Limited Liability Company (LLC)

☐ Partnership ☐ Professional Corporation (PC)

☐ Joint Venture ☐ Other (Specify): _____

C. Provide the following financial information:

i) Please submit the Applicant's audited financial statements for the most recently completed fiscal year. If the Applicant has no audited financial statements, please submit a compilation report or an unaudited Balance Sheet and Statement of Operations for the most recently completed fiscal year. These statements should be externally prepared and submitted on the preparer's letterhead.

ii) Please identify the entity that will be billing for the service.

10. Major Cost Components/Total Capital Expenditure

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

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

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

10. Construction Information

A. Provide a description of the proposed renovation including the related gross square feet of renovation.

B. Provide all schematic drawings related to the proposed floor plans.

C. Provide the following breakdown of the 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 renovations will affect the delivery of patient care.

E. Provide the following information regarding the schedule for renovation:

Building Commencement Date	
Building Completion Date	
Commencement of Operations Date	

11. Capital Equipment Lease/ Purchase

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

1.	What is the anticipated residual value at the end of the lease or loan term?	$_____
2.	What is the useful life of the equipment?	____Years
3.	Please submit a copy of the vendor quote or invoice as an attachment.	
4.	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 or TriCare				
Total Government Payers				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government Payers				
Total Payer Mix	100.0%	100.0%	100.0%	100.0%

*Includes managed care activity.

A.2. Please describe the basis for the projected payer mix.

A.3 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 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. **Please complete Financial Attachment 1, attached.** 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) 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.). Note: Include consideration of the Deficit Reduction Act of 2005 and the reduction of Medicaid and Medicare reimbursements in the development in the financial projections.

iii) 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.

iv) Please complete **Financial Attachment 2**, attached.

v) Provide a copy of the rate schedule for the service.

vi) Describe how this proposal is cost effective.

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	FOR OHCA USE ONLY: 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 $3,000,000 is checked above **OR** if both 19a-638 and 19a-639 are checked): a. Base fee: _____ b. Additional Fee: (Capital Expenditure Assessment)_____ (To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) ($_____ 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).	$ 1,000.00 $_____.00 $_____.00
SECTION B TOTAL FEE DUE: _____	$_____.00

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

GENERAL AFFIDAVIT

Applicant: _____

Project Title: _____

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

of _____ being duly sworn, depose and state that the (Facility Name) said facility complies 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 Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

12.C(ii). Please provide **three** years of projections of incremental revenue, expense and volume statistics **attributable to the proposal** in the following reporting format:

Type of Service Description
Type of Unit Description:
# of Months in Operation

FY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY Projected Incremental Total Incremental Expenses:		Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
Total Facility by Payer Category:				Col. 2 * Col. 3				Col.4 - Col.5 -Col.6 - Col.7	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
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
Commericial Insurers		$0	5	$0				$0	$0	$0
Uninsured		$0	2	$0				$0	$0	$0
Total NonGovernment		$0	7	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	7	$0	$0	$0	$0	$0	$0	$0

13. B 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:

Total Facility: Description	FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
NET PATIENT REVENUE										
Non-Government				$0			$0			$0
Medicare				$0			$0			$0
Medicaid and Other Medical Assistance				$0			$0			$0
Other Government				$0			$0			$0
Total Net Patient Patient Revenue	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Operating Revenue										
Revenue from Operations	$0	$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	$0
Depreciation/Amortization				$0			$0			$0
Interest Expense				$0			$0			$0
Lease Expense				$0			$0			$0
Total Operating Expenses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Income (Loss) from Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Non-Operating Income				$0			$0			$0
Income before provision for income taxes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Provision for income taxes										
Net Income	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, beginning of year		$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, end of year	$0	$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.