



30 Main Street, Suite 500 | P.O. Box 1489 | Burlington, VT 05402-1489

August 27, 2021

DELIVERED ELECTRONICALLY

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05602

Re: GMCB-016-21con: Rutland Regional Medical Center Replacement of Existing MRI

Dear Ms. Jerry:

We are writing on behalf of Rutland Regional Medical Center (“RRMC”) with respect to the pending application for a Certificate of Need (“CON”) to replace RRMC’s existing twenty year old magnetic resonance imaging (“MRI”) machine (the “Application”). The Project Summary included in the Application discusses RRMC’s need during the project to use a mobile MRI unit (the “Mobile MRI”). The Mobile MRI would provide the same quality and capacity as the existing MRI. The details and costs for the Mobile MRI appear in Appendix 4.b, p.79 of the Application.

Since the submission of the Application, RRMC has identified the need to secure and operate the Mobile MRI as soon as possible; to be used from the time of delivery (following set-up and training) through completion of the proposed MRI project.

Through this submission, RRMC is seeking interim approval from the Green Mountain Care Board to immediately enter into the lease for the Mobile MRI and begin operations upon delivery and proper training.

First, RRMC is experiencing increased downtime with the existing, twenty year old machine. As explained in the Application, (CON Standard 3.4), this MRI project has been included in RRMC’s planning process since 2018. Budget considerations in 2018 and 2019 supported plans to upgrade the existing MRI machine. In 2020, on the advice of RRMC’s radiologists, RRMC reconsidered the upgrade plans and opted instead to replace the entire magnet along with the new hardware and software. Utilizing the old magnet would have been prohibitive to any future technological advances that would provide improved image quality that are clinical industry standards. The project was included in capital plans as follows:

Budget 2018 – MRI Full Upgrade \$879,589, Included in FY 2019 on 4 Year Capital Plan
Budget 2019 – MRI Full Upgrade \$799,627, Included in FY 2020 in 4 Year Capital Plan
Budget 2020 – MRI Replacement \$3,059,885, Included for FY 2020 (delayed due to COVID)
Budget 2021 – MRI Replacement \$3,218,967, CON, included for FY 2021

Donna Jerry
August 27, 2021
Page 2

Of late, when the existing MRI is inoperable due to the need for an unanticipated repair, the period of inoperability lasts days, rather than hours. The parts necessary for repairs have become more difficult to find, and, when found by the manufacturer, invariably take longer to arrive at RRMC. Frequently, they are coming from outside the United States.

The consequences of these unanticipated and unscheduled down times include, but are not limited to:

- loss of confidence among patients, when their scans have to be rescheduled;
- repercussions to clinical service lines (for example, FCC, Ortho, Neuro) when delays in care result from rescheduling to a later date
- lengthened stays in some cases where inpatient scans are required; and
- the transfer of some ED patients to other facilities when an MRI is required but delayed.

Second, even without the occasional inoperability of the existing MRI, RRMC is currently experiencing an increased need for the Mobile MRI that is attributed to the backlog in health care services caused by the pandemic. Not only is there an increase in patients seeking delayed treatment from their primary care providers, which is resulting in increased MRI orders, but also RRMC's Emergency Department ("ED") is experiencing an increase in volume. An increase in ED patients places further demands on the already-taxed MRI schedule. RRMC, while operating the existing MRI 7 days a week, at 10 to 12 hours a day, is unable to keep up with the current demand, which RRMC expects will subside by the time the proposed project requires the existing MRI to shut down.

Being able to operate the Mobile MRI and the existing MRI simultaneously (while the Application is pending and before the project starts), is anticipated to have the following benefits for RRMC and the community it serves:

- Restoring access to services, so that outpatient MRIs are scheduled and completed within 3-5 days of the request, as opposed to the current delays, which have increased to up to two weeks (with a handful of appointments held open for more urgent cases);
- Providing for a back-up when the existing MRI has periods of inoperability; and
- Having staff fully trained on the Mobile MRI before the existing MRI goes offline permanently.

Included with this letter is a table reflecting the projected revenue and expenses that will result from the use of the Mobile MRI as described herein, with the per-month component reflected in Column F.

Based on the foregoing, RRMC seeks the Board's interim approval to proceed with the lease and operation of the Mobile MRI while the Application is pending.

Thank you and the Board for considering this request.

Respectfully submitted,

/s/ *Shireen T. Hart*

Shireen T. Hart

Enclosure

Date Reviewed:	_____
Date Approved:	_____
Score:	_____

Capital Request Worksheet and Approval Form

Department Name: _____

Requester Name: _____

Date Submitted: _____

Capital Request Name: _____

When answering the questions below, please be very clear in describing the consequences if this request is not approved.

1. Is this request Contingency, Planning, or a Capital Budget item? Contingency Planning Capital Budget
2. Is the item being requested new, replacement or an upgrade? New Replacement Upgrade
3. Provide a description of the capital request/project.

2. Duration of request/project

Capital Budget Request Year _____

Duration of Project (In Months) _____

Total Capital Budget Request Cost _____

3. Endowment /Grant Funding: Will the project be funded with Endowments or Grants? Yes No

If yes, please indicate the dollar amount of this project that will be funded by Endowments or Grants: \$ _____

Also, please have Traci Moore sign the "Reviews and Approvals" Section on Page 4

4. Estimated Costs: (Note: Education and training costs are not capitalized; these costs should be included in the Non-Capital Costs)
 Please outline costs by year below.

	COSTS INCURRED TO DATE	YEAR 1	YEAR 2	YEAR 3	TOTAL
a. Planning Costs	\$ -				\$ -
b. Equipment Costs: US machine, probes, printer If this request is for equipment and is greater than \$50,000, an MD Buyline analysis is required. Please allow Materials Management 2 weeks to provide this information. Will the item be purchased or leased? If leased, please contact Donna Cummings at x3845.					
c. Construction Costs: If this is a facility related project, indicate the dollar amount per the written cost estimate: Attach the written cost estimate to this form provided by the Facility Committee	\$ -				\$ -
d. Engineering/Architect Fees:	\$ -				\$ -
e. Information Technology Implementation Costs: For CoN level projects, please contact Finance to determine if implementation costs may be capitalized. Attach written cost estimate reviewed by IT Executive Chair Committee					\$ -
f. Information Technology/Telecommunication Costs:					\$ -
g. Building Improvements (painting, flooring, fixed cabinetry):	\$ -				\$ -

h. Furnishings:		\$ -			\$ -
i. Owner (RRMC/RRHS) Contingency:		\$ -			\$ -
j. Fair Market Value:					\$ -
TOTAL ESTIMATED CAPITAL COSTS:		\$ -	\$ -	\$ -	\$ -
k. Has an item with similar functionality or component to use with this piece of equipment been purchased in the last 12 months? If yes insert cost.					\$ -
l. Insert costs of items with similar functionality or components to use with this piece of equipment to be purchased in the next 12 months.					\$ -
m. Add service contract cost if purchased from the equipment vendor or entity wholly related to seller of equipment and purchased within 1 year of initial purchase of equipment.					\$ -
b. Financing Costs					\$ -
GRAND TOTAL COSTS FOR CoN LIMIT:		\$ -	\$ -	\$ -	\$ -
5. Is a CoN required (yes or no)?					
6. NON-CAPITAL COSTS:					\$ -
Service Contract for new equipment:					
Quote ID: 18B4F89	Terms				
Service Contract for current equipment:	Terms				
c. Training/Travel costs (not capital)					
Description of Training/Travel Costs					
d. Other Operating Expenses					\$ -
Description of FTE resources or other operating expenses or FTE resources that will be required for implementation and ongoing support.					

7. Were quotes obtained from at least two different sources?
If yes, indicate vendor names and dollar amount of quotes:

Vendor:	Quote #	Amount:
GE	\$	-
Sonosite		
Vendor Selected		

Comments:

Asking for this request to be prioritized for approval pending final demo from Sonosite.

If not a Contingency Request continue with 8-15.

If Contingency, fill out Page 5 and submit with request.

8. Regulatory Requirement: Provide reference to regulation requirement and effective date.

There is not a specific citation or change in regulation related to this request.

LD.04.01.11 states the hospital makes space and equipment available as needed for the provision of care, treatment, and services. The resources allocated to services provided by the hospital have a direct effect on patient outcomes. Leaders should place highest priority on high-risk or problem-prone processes that can affect patient safety. Examples include infection control, medication management, use of anesthesia, and others defined by the hospital.

At RWH the providers use ultrasound machines daily to assist in diagnostics and treatment plans for the obstetrical patients as well as gynecological patients. The ultrasound machine allows the providers to be precise and effective in their practice and they view the ultrasound machine as an extension of their physical exam.

9. Clinical Impact: Please describe how this request improves clinical experience in terms of outcomes, patient safety regulatory requirements, waiting times, throughput times, and general comfort. Provide documentation from Biomed if applicable. For clinical equipment with extensive repair history, attach documentation from Biomed and provide a summary below including range of dates, number of service calls, and the cost. Also indicate equipment age.

The new providers were trained in the use ultrasound imaging and utilize this equipment daily. On most days in the clinic, providers are waiting to use the one ultrasound machine on site. This makes continual adjustments to provider schedules to try to prevent conflict for use of the machine. The volume has only increased with the onset of COVID and the necessary workflow changes needed to provide obstetrical care to patients in the clinic. The increased volume is also related to standard of care frequency in antenatal testing of the obstetrical patients. Due to the frequency the timing is often unpredictable. By providing them the equipment they need, the patient wait times will improve and providers schedules will reduce wait times in patient care due to the availability of necessary equipment.

10. Financial Impact: Please describe how this request increases profitability through higher patient volumes, additional services, additional charge capture, reduced expense, or enhanced productivity. For new equipment, include return on investment (ROI) calculation and justification for upgrade/replacement especially if the item is still in support. For replacement equipment that does not have a return on investment, please provide current annual volume and gross revenue generated by the equipment.

The billable diagnostic services for ultrasound performed at RWH has significantly increased between 2019-2020. See attached document that shows FY19 to have a total of 29 US at RWH vs FY20 with 283 US at RWH

11. Access to Care: Please describe how this request enhances access to care by increasing the number of patients seen or increasing the ability to attract new patients. Include an ROI.

This affects the perception of access to care because there will be more available appointment slots when more than one provider can perform ultrasound imaging. This also enhances the providers access to perform urgent scans when determining a plan of care for delivery with onset of risk factors.

12. Routine Infrastructure: Please describe how this request improves or maintains the quality of the hospital, outside facilities, and equipment. This includes expenditures for safety, code, regulatory, and accreditation standards. For equipment with extensive repair history, attach documentation from Biomed and provide a summary below including range of dates, number of service calls, and the cost. Also indicate equipment age.

Having the appropriate amount of ultrasound machines when a provider needs it maintains the quality of care we are able to provide to our patients in our various locations in the RWH clinic, Laborist Suite and the Birthing Center.

13. Staff and Physician Relationships: Please describe how this request improves the ability of employees and medical staff to work effectively and productively or to fulfill a contractual obligation.

This additional machine will allow a streamlined workflow that ensures safe and efficient processing of equipment. The clinical staff have to clean the machine and allow the appropriate dry time to occur before they can use it on another patient. Waiting for the ultrasound machine to be ready reduces turnaround time to scan another patient.

14. Strategic Plan Impact: Please describe how this request impacts the organization's strategic and/or operating plan initiatives including the Corporate Action Plan.

It is our mission "To improve the health of the Rutland Region and surrounding communities by providing appropriate, superior, integrated, preventative, diagnostic and therapeutic health services in a caring environment through the strength of our people, technology and relationships." To achieve this, we set goals that include information excellence and customer service. Information excellence means to "support the organization's key processes by providing excellent information which results in effective delivery & coordination of care, informed clinical decision making, efficient operations, and improved patient involvement. Customer service means to "consistently deliver an exceptional customer experience which results in high levels of satisfaction." <https://www.rrmc.org/about/>

We want RRM to be a healthcare system that is a better place for employees to work, physicians to practice medicine and patients to receive care. Limiting the availability of having an additional ultrasound machine is putting these goals at risk. Having patients and providers wait and compete over one machine looks unprofessional, and causes frustration in our key customers (patients and physicians). As stated above this US machine would provide our physicians with a key tool to increase effective standard of care, coordination of care with RRM DI department, informed clinical decision making, efficient operations which will allow RWH providers to deliver exceptional patient care and experience.

15. ROI is required for all requests that include revenue enhancement, FTE savings, and/or expense savings. Attach ROI calculation, and provide information below explaining the revenue enhancement, FTE savings, and/or expense savings

For Finance and Facilities Use Only:

1. Will this capital request be funded with tax-exempt debt?

Yes

No

2. Will this capital request involve space or equipment previously funded with tax-exempt debt?

Yes

No

Reviews & Approvals

Business Case Review by VP	_____	_____
	Initials	Date Reviewed

Reviewed By Facilities Committee:	_____	_____
	Initials	Review Dates
Comments:		_____
		Final Review Date

Reviewed by IT Executive Chairs Committee:		
	_____	_____
	Initials	Review Dates
Comments:		_____
		Final Review Date

Reviewed ROI with Finance Dept.:		
	_____	_____
	Provide Finance Employee Name	Review Dates
Comments:		_____
		Final Review Date

Reviewed by Traci Moore if Project will be Funded through Endowments or Grants:		
	_____	_____
	Signature	Date
Comments:		

Requester:		
	_____	_____
	Signature	Date
Vice President Approval:		
	_____	_____
	Signature	Date

CFO/CEO Approval:		
	_____	_____
	Signature	Date

Executive Finance Approval:		
	_____	_____
	Signature	Date

Contingency Capital Request - Additional Information Required

In order to be considered for contingency funding, the request must meet one of the following criteria:

1. The item to be replaced is no longer functional, it is irreparable, and replacement is necessary in order to provide the same level of service.
2. The cost to repair the item is greater than the cost of replacement.
3. The item is required to be in compliance with a new regulation, that could not have been reasonably foreseen at the time of the Capital Budget Process.
4. The capital request is required to support a newly approved position.
5. The capital request is required to support a contractual obligation with a provider and/or the provision of new clinical and business services.

Indicate which of the above criteria is applicable to this request.

Explain how this request meets the criteria identified above.

When applicable, provide documentation of repair history, cost to repair, or a copy of the new regulation and effective date. For clinical equipment or computer related items, it is required that a signed letter of support from Biomedical Engineering or Information Systems be attached to this request form. For clinical risk related issues, endorsement of this contingency request by the Risk Management Committee via approved meeting minutes is required. Please attach a copy of the minutes to this request.

**Rutland Regional Medical Center
Statement of Revenue and Expenses**

40 additional Tests per week (M-F)

8/13/2021

*This worksheet will automatically calculate as all of the detailed
worksheets are completed. Do not add any data to this worksheet.*

	per 12 months
OPERATING REVENUE	
Inpatient Revenue	\$0.00
Outpatient Revenue	\$7,280,260.00
	\$7,280,260.00
TOTAL PATIENT SERVICE REVENUE	\$7,280,260.00
Less Deductions	-\$3,568,975.99
	-\$3,568,975.99
NET PATIENT SERVICE REVENUE	\$3,711,284.01
Other Operating Revenue	\$0.00
TOTAL OPERATING REVENUE	\$3,711,284.01
OPERATING EXPENSES	
Salaries-Other	\$114,708.00
Payroll Taxes	\$9,047.16
Fringe Benefits	\$22,368.06
Physician Commissions and Fees	\$0.00
Supplies	\$0.00
Utilities	\$0.00
Staff Education and Development	\$0.00
Other Expenses- Alliance MRI 12 months	\$354,000.00
	\$354,000.00
TOTAL OPERATING EXPENSE	\$500,123.22
NET INCOME FROM OPERATING	\$3,211,160.79
	\$3,211,160.79

Payback of investment in years	\$0.00
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GROSS AND NET REVENUE CALCULATIONS

40 additional Tests per week (M-F)
8/13/2021

Complete the areas shaded in blue only. If you have specific questions regarding this worksheet please contract the Financial Analyst that is assigned to your project.

Inpatient and Outpatient Percentages

Inpatient Utilization Percentage	
Outpatient Utilization Percentage	100%
<i>Total utilization must equal 100%.</i>	
	100%

Payer Mix Percentages

Medicare	28%
Medicare HMO	8%
Medicaid	16%
Blue Cross	29%
Self Pay	1%
Commercial Other	8%
MVP	4%
UHC	1%
Cigna	5%
<i>Total payer percentage must equal 100%</i>	
	100%

Analyst data notes

Payer mix percentage based on CPTs 73721, 73221, 70553 for FY 21
 Reimbursement using fee schedules FY 20 and FY 21 as available

Total units based on info from Leah Denton on number of addl tests per week
 Prior Auth needed for reimbursement

Can you please use the same CPT codes for an analysis of 8 patients a day Monday-Friday(40 per week, no weekends).

73721-2	10 per week	52 weeks per year	520 per year
73221-3	15 per week	52 weeks per year	780 per year
70553-3	15 per week	52 weeks per year	780 per year

Reimbursement By Charge Code

For help in completing this schedule contact the Reimbursement Analyst in the Finance Office

Charge Code	Description of Service	Medicare		Medicaid		Blue Cross		Commercial/other		Self Pay		MVP	
		Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
70553	MRI Brain w/ + w/o Contrast - \$	-	\$ 385.58	\$ -	\$ 339.86		\$ 3,222.13		\$ 4,152.00		\$ 648.75		\$ 4,325.00
73221	MRI Shoulder w/o Contrast R \$	-	\$ 241.04	\$ -	\$ 207.41		\$ 2,260.33		\$ 2,912.64		\$ 455.10		\$ 3,034.00
73721	MRI Ankle w/o Contrast Right \$	-	\$ 241.04	\$ -	\$ 207.41		\$ 2,206.69		\$ 2,843.52		\$ 444.30		\$ 2,962.00
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0	0												

GROSS REVENUE BY PAYOR

This schedule will automatically update, do not enter any information in this section.

Charge Code	Total		28.00% Medicare		16.00% Medicaid		29.00% Blue Cross		1.00% Self Pay		8.00% Commercial/Other	
	Units	Revenue	Units	Revenue	Units	Revenue	Units	Revenue	Units	Revenue	Units	Revenue
<i>Inpatient:</i>												
70553	MRI Brain w/ + w/o Contrast -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -
73221	MRI Shoulder w/o Contrast R	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -
73721	MRI Ankle w/o Contrast Right	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -
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<i>Outpatient:</i>												
70553	MRI Brain w/ + w/o Contrast -	780 \$ 3,373,500.00	218 \$ 942,850.00	125 \$ 540,625.00	226 \$ 977,450.00	8 \$ 34,600.00	62 \$ 268,150.00					
73221	MRI Shoulder w/o Contrast R	780 \$ 2,366,520.00	218 \$ 661,412.00	125 \$ 379,250.00	226 \$ 685,684.00	8 \$ 24,272.00	62 \$ 188,108.00					
73721	MRI Ankle w/o Contrast Right	520 \$ 1,540,240.00	146 \$ 432,452.00	83 \$ 245,846.00	151 \$ 447,262.00	5 \$ 14,810.00	41.6 \$ 123,219.20					
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<i>Total</i>												
70553	MRI Brain w/ + w/o Contrast -	780 \$ 3,373,500.00	218 \$ 942,850.00	125 \$ 540,625.00	226 \$ 977,450.00	8 \$ 34,600.00	62 \$ 268,150.00					
73221	MRI Shoulder w/o Contrast R	780 \$ 2,366,520.00	218 \$ 661,412.00	125 \$ 379,250.00	226 \$ 685,684.00	8 \$ 24,272.00	62 \$ 188,108.00					
73721	MRI Ankle w/o Contrast Right	520 \$ 1,540,240.00	146 \$ 432,452.00	83 \$ 245,846.00	151 \$ 447,262.00	5 \$ 14,810.00	42 \$ 123,219.20					
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CONTRACTUAL ALLOWANCES BY PAYER

This schedule will automatically update, do not enter any information in this section.

	Units	Total		Medicare		Medicaid		Blue Cross		Self Pay		Commercial/Other		
		Units	Contractual Allow	Units	Contractual Allow	Units	Contractual Allow	Units	Contractual Allow	Units	Contractual Allow	Units	Contractual Allow	
Inpatient:														
70553		MRI Brain w/ + w/o Contrast -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -
73221		MRI Shoulder w/o Contrast R	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -
73721		MRI Ankle w/o Contrast Right	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -
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Outpatient:														
70553		MRI Brain w/ + w/o Contrast -	780.00	\$ 1,646,322	218.00	\$ 858,794	125.00	\$ 498,142.50	226.00	\$ 249,249.75	8.00	\$ 29,410.00	62.00	\$ 10,726.00
73221		MRI Shoulder w/o Contrast R	780.00	\$ 1,165,194	218.00	\$ 608,865	125.00	\$ 353,323.75	226.00	\$ 174,849.42	8.00	\$ 20,631.20	62.00	\$ 7,524.32
73721		MRI Ankle w/o Contrast Right	520.00	\$ 757,460	146.00	\$ 397,260	83.00	\$ 228,630.97	151.00	\$ 114,051.81	5.00	\$ 12,588.50	41.60	\$ 4,928.77
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Total														
70553		MRI Brain w/ + w/o Contrast -	780.00	\$ 1,646,321.81	218.00	\$ 858,793.56	125.00	\$ 498,142.50	226.00	\$ 249,249.75	8.00	\$ 29,410.00	62.00	\$ 10,726.00
73221		MRI Shoulder w/o Contrast R	780.00	\$ 1,165,193.97	218.00	\$ 608,865.28	125.00	\$ 353,323.75	226.00	\$ 174,849.42	8.00	\$ 20,631.20	62.00	\$ 7,524.32
73721		MRI Ankle w/o Contrast Right	520.00	\$ 757,460.21	146.00	\$ 397,260.16	83.00	\$ 228,630.97	151.00	\$ 114,051.81	5.00	\$ 12,588.50	41.60	\$ 4,928.77
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Grand Total														
			2,080.00	\$ 3,568,976	582.00	\$ 1,864,919	333.00	\$ 1,080,097	603.00	\$ 538,151	21.00	\$ 62,630	165.60	\$ 23,179

Salary Costs
40 additional Tests per week (M-F)
8/13/2021

*List all staffing requirements related to the project or capital investment below. Use a separate line for each position type. (In example: RN, LNA, Accountant)
Fill in the areas shaded in blue only. *The salary, payroll tax and benefits expense will automatically calculate once the FTE and rate of pay cells are populated.*

Salary Costs										
Position Type	Grade	FTE	Rate of Pay	Differential	Salary	FICA	Unemploy	Benefits	Other Costs	Total Costs
Radiology Tech aide		1.00	\$ 35.00	\$ -	\$ 72,996	\$ 5,584	\$ 136	\$ 14,234		\$ -
		1.0	\$ 20.00		\$ 41,712	\$ 3,191	\$ 136	\$ 8,134		\$ 92,950
					\$ -	\$ -	\$ -	\$ -		\$ -
					\$ -	\$ -	\$ -	\$ -		\$ -
					\$ -	\$ -	\$ -	\$ -		\$ -
					\$ -	\$ -	\$ -	\$ -		\$ -
					\$ -	\$ -	\$ -	\$ -		\$ -
					\$ -	\$ -	\$ -	\$ -		\$ -
					\$ -	\$ -	\$ -	\$ -		\$ -
					\$ -	\$ -	\$ -	\$ -		\$ -
					\$ -	\$ -	\$ -	\$ -		\$ -
Total Costs of New Position(s)		2.00			\$ 114,708	\$ 8,775	\$ 272	\$ 22,368	\$ -	\$ 146,123

Explanation of Other Costs:

**Supplies & Other Expense
40 additional Tests per week (M-F)
8/13/2021**

List all of the expenses associated with the project or capital investment according to the type of expense. If you have an expense item that is not listed use the last category entitled "Other". Within each expense category below give the item description and the total annual cost. Complete the areas shaded in blue only.

Expense Account : Physician Commissions	<u>Annual Cost</u>
Detailed Description of Physician Commissions Expense	
Total	\$ -

Expense Account: Supplies	
Detailed Description of Supplies Expense	
Total	\$ -

Expense Account: Utilities	
Detailed Description of Utilities Expense	
Total	\$ -

Supplies & Other Expense
40 additional Tests per week (M-F)
8/13/2021

Expense Account: Travel & Education

Detailed Description of Travel and Education Expenses	

Total \$ -

Expense Account: All Other

Detailed Description of Other Expenses	

Total \$ -

Capital Costs and Depreciation

40 additional Tests per week (M-F)

8/13/2021

List each piece of equipment separately. You should complete this schedule in conjunction with your "Dedicated Buyer". A representative from the Finance team will provide you with the useful life of each piece of equipment. Complete the areas shaded in blue only

Equipment:	Estimated Capital Costs	Estimated Useful Life	Full Year Depreciation			
<div style="background-color: #ADD8E6; width: 100%; height: 100%;"></div>	<div style="background-color: #ADD8E6; width: 100%; height: 100%;"></div>	<div style="background-color: #ADD8E6; width: 100%; height: 100%;"></div>	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -			
			Renovations:	<div style="background-color: #ADD8E6; width: 100%; height: 100%;"></div>	<div style="background-color: #ADD8E6; width: 100%; height: 100%;"></div>	\$ - \$ - \$ - \$ - \$ -
			\$ -			\$ -