Certificate of Need Program

NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Mercy Hospital-St. Francis Project No: 6204 HS

Project Description: Add a Magnetom Altea MRI system. They have been utilizing a mobile MRI, so this will be new equipment for this hospital to have a stationary unit.

Done	Page	N/A	Description
	Divider I.		**Application Summary:**
✔	3		1. Applicant Identification and Certification (Form MO 580-1861)
✔	4		2. Representative Registration (From MO 580-1869)
✔	5		3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.
	Divider II.		**Proposal Description:**
✔	7, 10-46		1. Provide a complete detailed project description and include equipment bid quotes.
✔	7		2. Provide a timeline of events for the project, from CON issuance through project completion.
✔	47		3. Provide a legible city or county map showing the exact location of the project.
✔	7, 48		4. Define the community to be served and provide the geographic service area for the equipment.
✔	8		5. Provide other statistics to document the size and validity of any user-defined geographic service area.
✔	8		6. Identify specific community problems or unmet needs the proposal would address.
✔	8		7. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) **FULL** years of operation of the new equipment.
✔	8		8. Provide the methods and assumptions used to project utilization.
✔	9		9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
✔	9, 49-50		10. Provide copies of any petitions, letters of support or opposition received.
✔	9, 51		11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
✔	9		12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.
	Divider III.		**Service Specific Criteria and Standards:**
✔	53		1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
		✔	2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
✔	53		3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
		✔	4. For evolving technology address the following:
		✔	- Medical effects as described and documented in published scientific literature;
		✔	- The degree to which the objectives of the technology have been met in practice;
		✔	- Any side effects, contraindications or environmental exposures;
		✔	- The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
		✔	- Food and Drug Administration approval;
		✔	- The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;
		✔	- The degree of partnership, if any, with other institutions for joint use and financing.
	Divider IV.		**Financial Feasibility Review Criteria and Standards:**
✔	55, 56-103		1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
✔	55, 104-105		2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
✔	55		3. Document how patient charges are derived.
✔	55,106-107		4. Document responsiveness to the needs of the medically indigent.