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GROUP

EQR2024-001

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Dec. 22, 2023

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

FILED: shpda.online@shpda.alabama.gov

December 22, 2023

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Southeast Health Medical Center
Equipment Replacement

Dear Ms. Marsal:

Attached please find an executed Request for Determination of Exemption Status for Replacement of Existing Equipment for Southeast Health Medical Center in Houston County.

The document has been properly signed and notarized and the filing fee was received in your office today.

Please let me know if you have any questions or need any additional information at this time.

Sincerely,

Stephen D. Preston

State Health Planning and Development Agency

Mailing address: Post Office Box 303025, Montgomery, Alabama 36130-3025
Street address: 100 North Union Street, Suite 870, Montgomery, Alabama 36104

Request # _____
Date Rec. _____
Received by: _____

REQUEST FOR DETERMINATION OF EXEMPTION STATUS FOR REPLACEMENT OF EXISTING EQUIPMENT

A filing fee in the amount of \$ 1,928.22 has been submitted with this application.

REQUESTER IDENTIFICATION (Check One) HOSPITAL (X) NURSING HOME (___)
OTHER (___) (Specify) _____

A. Houston County Healthcare Authority dba Southeast Health

Name of requester

1108 Ross Clark Circle Dothan Houston
Address **City** **County**
Alabama 36301 (334) 793-8111
State **Zip** **Phone**

B. _____
Name of Facility/Organization (if different from A)

Address **City** **County**

State **Zip** **Phone**

C. Houston County Healthcare Authority dba Southeast Health
Name of Legal Owner (if different from A or B)

1108 Ross Clark Circle Dothan Houston
Address **City** **County**
Alabama 36301 (334)793-8111
State **Zip** **Phone**

D. Rick Sutton, Chief Executive Officer

Name and Title of Person Representing Proposal and With Whom SHPDA Should Communicate

1108 Ross Clark Circle Dothan Houston
Address **City** **County**
Alabama 36301 (334)793-8111
State **Zip** **Phone**

DESCRIPTION OF EQUIPMENT TO BE REPLACED DESCRIPTION OF PROPOSED NEW EQUIPMENT

A. **Manufacturer:**
 Philips

Philips

Serial #

2332

B. **Model:**

Allura Xper FD20

Azurion 7 M20

C. **Name of equipment:**

Allura Xper FD20

Azurion 7 M20

D. **Fair market value of equipment at present:**

\$10,000

E. **Cost of equipment (include written price quote):**

\$974,109.80

F. Describe use of current equipment:

The current equipment has been used to perform diagnostic and interventional cardiac catheterizations/procedures

Describe use of proposed equipment:

The proposed equipment will be used to perform diagnostic and interventional cardiac catheterizations/procedures.

G. List any attachments or additional procedures associated with this equipment that could not be performed by old equipment:

The proposed equipment will not perform any additional procedures from what the current equipment can perform

H. Can any procedures be performed with the proposed new equipment that cannot be performed with the replaced equipment? If yes, describe in detail:

The proposed equipment will not perform any additional procedures from what the current equipment can perform

I. Location of existing equipment (include room #):

Existing equipment is located on the 1st floor of the Southeast Health Heart & Vascular Center. More specifically the equipment is located in Room 2 of Invasive Cardiology Department.

J. List specially trained or qualified personnel necessary for operation of equipment:

Current Invasive Cardiology staff: Registered Nurses, Radiology Technicians, and Cardiologist are trained to operate this equipment.

**K. What use will be made of old equipment when replaced?
(Trade in on new equipment, used as back up, save for parts, etc.)**

The old equipment will be traded in on new equipment.

L. List job titles of any additional personnel that will be required to operate the new equipment.

Not applicable

M. Describe any renovation or new construction that will be necessary for the installation of the replacement equipment and cost.

For the installation of the replacement equipment alterations will occur. The alterations include replacing cabinetry/countertops in the room, replacing the floor, and the electrical work in room 5. The renovation cost should not exceed \$172,900

N. Describe any new annual operating cost associated with this project such as maintenance contracts, salaries of new employees hired due to equipment, etc.

There should not be any new annual operating cost associated with this replacement.

III. COST

- A. Equipment costs \$ 974,109.80
(Costs have to be supported by price quote on manufacturer's stationery or letterhead.) Cost of equipment only; do not list lease cost.
- B. Less trade-in of old equipment \$ 10,000.00
- C. Total cost of equipment \$ 964,109.80

Calculation of fee for this determination:

Multiply dollar amount in III.C. (total cost of equipment) times 1% (the application fee for a Certificate of Need); 20% of this amount is the application fee for non-rural hospitals. For rural hospitals, the application fee is 25% of the application fee as calculated above for non-rural hospitals.

Include manufacturer's literature on old equipment, if available, and on the new equipment.

Include any other information pertinent to the determination.

The Executive Director may request any other information, which is relevant to his decision.

IV. CERTIFICATION

I certify that the information provided herein is true and correct and that there is no additional information, which would be pertinent to this application, which has not been provided. Further, I understand that any misrepresentation on this application or failure to include relevant information may void any favorable determination secured by such misrepresentation or omission.



Signature of Applicant

Richard O. Sutton CEO

Applicant's Name and Title
(Type or Print)

Sworn to and subscribed before me this

18th day of December, 20 23.



Notary Public (affix seal on original)

**Sold to:**

Southeast Health
1108 Ross Clark Cir
Dothan, AL 36301-3024

Presented By

Justin Helms
Philips Healthcare a division of Philips North
America LLC
414 Union Street
Nashville, Tennessee 37219
Email: justin.helms@philips.com

Ship to:

Southeast Health
1108 Ross Clark Cir
Dothan, AL 36301-3024

Quote #: Q-00228849**Customer #:** 94030293**Quote Date:** 10/02/23**Valid Until:** 01/03/24

Southeast Health Azurion 7 Lab 2 Catalyst for SID 51923910

Dear Zane Kelly,

Please see the updated quote with new CAA agreement applied. I am pleased to submit the attached proposal for your consideration. I trust this meets your expectation, however should you have any queries or require further information or clarification, please do not hesitate to contact me using the details shown at the bottom of this letter. Orders relating to this proposal should be sent to the email address at the top of this document.

Thank you,
Justin Helms

This quotation contains confidential and proprietary information of Philips Healthcare, a division of Philips North America LLC ("Philips") and is intended for use only by the customer whose name appears on this quotation. It may not be disclosed to third parties without the prior written consent of Philips.

IMPORTANT NOTICE: Health care providers are reminded that if the transactions herein include or involve a loan or discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including but not limited to 42 CFR 1001.952(h).





Table of Content

1. Financial Overview.....3

2. Quote Summary.....4

3. Quote Overview.....6

4. Quote Details.....8

5. Local Sales Terms and Conditions.....39

6. Signature Page.....40

7. Philips Standard Terms and Conditions.....41

8. Warranty.....47



1. Financial Overview

Line	Article No.	Description	Qty	List Price	Net Price
1	722224	Azurion 7 M20	1	\$ 2,249,380.00	\$ 932,239.60
2	100133	CV Third Party Products	1	\$ 22,310.00	\$ 9,370.20
3	SP00410_RE	Trade In: Allura Xper FD20	1	\$ -10,000.00	\$ -10,000.00
4	SP005	NATID Charge to Remove	1	\$ 12,500.00	\$ 12,500.00
5	SP059R	Installation and Rigging	1	\$ 20,000.00	\$ 20,000.00

Discount Amount:

\$ -1,330,080.20

Total Section Price:

\$ 974,109.80

Total Section Trade In:

\$ -10,000.00

	Total Price
Contract Discount	\$ -1,313,118.20
Promotion Discount	\$ -12,500.00
Additional Discount	\$ -4,462.00
Trade In	\$ -10,000.00
Total Net Price	\$ 964,109.80

(Optional Items)

Line	Article No.	Description	Qty	Net Price
1	722224	Azurion 7 M20		
	NCVC542	(Opt) Dynamic Coronary Roadmap	1	\$ 25,971.15

2. Quote Summary

Line	Article No.	Description	Qty	Unit List Price	Contract Disc	Additional Discount	Net Price
1	722224	Azurion 7 M20					
1.1	NNAT214	Azurion 7 C20 Catalyst Upgrade	1	\$ 1,053,610.00	58.00%	0.00%	\$ 442,516.20
1.2	989801229902	Low Load Fluoro (LLF) UPS - 5	1	\$ 89,150.00	58.00%	0.00%	\$ 37,443.00
1.3	NNAE675	Azurion Clinical Education Pkg	1	\$ 0.00	0.00%	0.00%	\$ 0.00
1.4	NCVD069	ClarityIQ.	1	\$ 277,500.00	58.00%	0.00%	\$ 116,550.00
1.5	NCVD220	MRC200+ GS 04/07	1	\$ 122,110.00	58.00%	0.00%	\$ 51,286.20
1.6	NCVD032	FlexVision XL HD + 2 LCD's	1	\$ 238,760.00	58.00%	0.00%	\$ 100,279.20
1.7	FCV0834	coupling to video switching	1	\$ 15,610.00	58.00%	0.00%	\$ 6,556.20
1.8	NCVD061	optional ref monoplane	1	\$ 11,020.00	58.00%	0.00%	\$ 4,628.40
1.9	NCVD064	extension to FlexVision Pro	1	\$ 83,510.00	58.00%	0.00%	\$ 35,074.20
1.10	FCV0588	Isolated Wall Connection Box	6	\$ 3,290.00	58.00%	0.00%	\$ 8,290.80
1.11	NCVA694	Subtracted Bolus Chase	1	\$ 46,360.00	58.00%	0.00%	\$ 19,471.20
1.12	NCVD072	SmartMask Monoplane	1	\$ 24,730.00	58.00%	0.00%	\$ 10,386.60
1.13	NCVD076	extension to 30Fr/sec (mono)	1	\$ 33,650.00	58.00%	0.00%	\$ 14,133.00
1.14	NCVD078	FD Dual Fluoro monoplane	1	\$ 40,600.00	58.00%	0.00%	\$ 17,052.00
1.15	NCVA258	CO2 VIEW TRACE	1	\$ 6,610.00	58.00%	0.00%	\$ 2,776.20
1.16	NCVD099	Quantitative Coronary Analysis	1	\$ 16,200.00	58.00%	0.00%	\$ 6,804.00
1.17	NCVA082	Intercom	1	\$ 4,420.00	58.00%	0.00%	\$ 1,856.40
1.18	NCVC199	Wireless footswitch: mono-plane version	1	\$ 16,230.00	58.00%	0.00%	\$ 6,816.60
1.19	NCVD081	Touch Screen Module Pro	1	\$ 57,990.00	58.00%	0.00%	\$ 24,355.80
1.20	NCVA101	Peripheral X-ray filter	1	\$ 2,910.00	58.00%	0.00%	\$ 1,222.20
1.21	NCVA783	Pivot for table base.	1	\$ 10,300.00	58.00%	0.00%	\$ 4,326.00
1.22	NCVD138	table tilt option	1	\$ 42,260.00	58.00%	0.00%	\$ 17,749.20
1.23	FCV0510	Long mattress cardio	1	\$ 1,240.00	58.00%	0.00%	\$ 520.80
1.24	FCV0625	Table mounted radiation shield	1	\$ 4,820.00	58.00%	0.00%	\$ 2,024.40
1.25	459801079651	Cabinet Rear Cover	4	\$ 1,050.00	58.00%	0.00%	\$ 1,764.00
1.26	989600205302	FLOORPLATE AD5/AD7(NONSWIVEL)	1	\$ 1,930.00	58.00%	0.00%	\$ 810.60
1.27	459800660501	Clip rail 390 cm G-Stand	1	\$ 5,950.00	58.00%	0.00%	\$ 2,499.00



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1.28	459800938361	Clip rails for Monitor Ceiling Carriage (390cm, 153.5")	1	\$ 2,890.00	58.00%	0.00%	\$ 1,213.80
1.29	459800706722	MONITOR CEILING CARRIAGE	1	\$ 15,080.00	58.00%	0.00%	\$ 6,333.60
Promotion Discount:							\$ -12,500.00
• IGTS CATALYST 10K TRADE IN PROMOTION							\$ 932,239.60
• IGTS CATALYST 2.5K TRADE IN PROMOTION							
2	100133	CV Third Party Products					
2.1	989801220012	Cable Spooler	1	\$ 810.00	38.00%	20.00%	\$ 340.20
2.2	989801220397	Lamp Y LED 1F	1	\$ 6,000.00	38.00%	20.00%	\$ 2,520.00
2.3	989801229910	RAD SHIELD W/ARM (CONTOURED) 61X76	1	\$ 5,880.00	38.00%	20.00%	\$ 2,469.60
2.4	989801220273	Ceiling Track w/Column & Handle Ext	1	\$ 8,820.00	38.00%	20.00%	\$ 3,704.40
2.5	989801220375	Black Anti-fatigue Floor Mat w/logo.	2	\$ 400.00	38.00%	20.00%	\$ 336.00
							\$ 9,370.20
3	SP00410_RE	Trade In: Allura Xper FD20	1	\$ -10,000.00	0.00%	0.00%	\$ -10,000.00
4	SP005	NATID Charge to Remove	1	\$ 12,500.00	0.00%	0.00%	\$ 12,500.00
5	SP059R	Installation and Rigging	1	\$ 20,000.00	0.00%	0.00%	\$ 20,000.00
Total Section Price:							\$ 974,109.80
Total Section Trade In:							\$ -10,000.00

							Total Price
Contract Discount							\$ -1,313,118.20
Promotion Discount							\$ -12,500.00
Additional Discount							\$ -4,462.00
Trade In							\$ -10,000.00
Total Net Price							\$ 964,109.80

(Optional Items)

Line	Article No.	Description	Qty	Unit List Price	Contract Disc	Promo & Add'l Disc	Net Price
1	722224	Azurion 7 M20					
	NCVC542	(Opt) Dynamic Coronary Roadmap	1	\$ 61,836.06	58.00%	0.00%	\$ 25,971.15



3. Quote Overview

Line	Description	Qty	Included	Optional
1	Azurion 7 M20			
1.1	Azurion 7 C20 Catalyst Upgrade	1	●	
1.2	Low Load Fluoro (LLF) UPS - 5	1	●	
1.3	Azurion Clinical Education Pkg	1	●	
1.4	ClarityIQ.	1	●	
1.5	MRC200+ GS 04/07	1	●	
1.6	FlexVision XL HD + 2 LCD's	1	●	
1.7	coupling to video switching	1	●	
1.8	optional ref monoplane	1	●	
1.9	extension to FlexVision Pro	1	●	
1.10	Isolated Wall Connection Box	6	●	
1.11	Subtracted Bolus Chase	1	●	
1.12	SmartMask Monoplane	1	●	
1.13	extension to 30Fr/sec (mono)	1	●	
1.14	FD Dual Fluoro monoplane	1	●	
1.15	CO2 VIEW TRACE	1	●	
1.16	Quantitative Coronary Analysis	1	●	
1.17	Intercom	1	●	
1.18	Wireless footswitch: mono-plane version	1	●	
1.19	Touch Screen Module Pro	1	●	
1.20	Peripheral X-ray filter	1	●	
1.21	Pivot for table base.	1	●	
1.22	table tilt option	1	●	
1.23	Long mattress cardio	1	●	
1.24	Table mounted radiation shield	1	●	
1.25	Cabinet Rear Cover	4	●	
1.26	FLOORPLATE AD5/AD7(NONSWIVEL)	1	●	
1.27	Clip rail 390 cm G-Stand	1	●	
1.28	Clip rails for Monitor Ceiling Carriage (390cm, 153.5")	1	●	
1.29	MONITOR CEILING CARRIAGE	1	●	
	(Opt) Dynamic Coronary Roadmap	1		●
2	CV Third Party Products			
2.1	Cable Spooler	1	●	
2.2	Lamp Y LED 1F	1	●	
2.3	RAD SHIELD W/ARM (CONTOURED) 61X76	1	●	
2.4	Ceiling Track w/Column & Handle Ext	1	●	

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2.5	Black Anti-fatigue Floor Mat w/logo.	2	●
3	Trade In: Allura Xper FD20	1	●
4	NATID Charge to Remove	1	●
5	Installation and Rigging	1	●

