



December 23, 2014

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06106

Re: Yale-New Haven Hospital (YNHH)
Certificate of Need Application
Reconfiguration and Consolidation of Outpatient Oncology Services
offered by Smilow Cancer Hospital in Sharon, CT

Dear Ms. Martone:

As requested, enclosed please find the original, four hard copies in report binders, and an electronic copy on CD of Yale-New Haven Hospital's Certificate of Need application regarding the reconfiguration and consolidation of outpatient oncology services offered by Smilow Cancer Hospital in Sharon, CT. A check for the filing fee of \$500.00 is also enclosed herein.

Please do not hesitate to contact me with any questions or concerns.

Thank you for your time and support of this project.

Sincerely,

A handwritten signature in blue ink that reads 'Nancy Rosenthal'.

Nancy Rosenthal
Senior Vice President – Health Systems Development

Enclosures

cc: Jennifer Willcox, Esq.

789 Howard Avenue
New Haven, CT 06519

YALE-NEW HAVEN HOSPITAL

Reconfiguration and Consolidation of
Outpatient Oncology Services offered by
Smilow Cancer Hospital in Sharon, CT

December 23, 2014

YALE-NEW HAVEN HOSPITAL

**RECONFIGURATION AND CONSOLIDATION OF OUTPATIENT ONCOLOGY SERVICES
OFFERED BY SMILOW CANCER HOSPITAL IN SHARON, CT**

CERTIFICATE OF NEED APPLICATION

TABLE OF CONTENTS

	ITEM	PAGE(S)
	CON Public Notice	4 - 5
	Affidavit	6 - 7
	CON Filing Fee	8 - 9
	CON Application	10 - 28
EXHIBITS		
I	Regulatory History	29 - 38
II	Retirement Letter	39 - 41
III	Curriculum Vitae	42 - 53
IV	Documentation of Non-Profit Status	54 - 57
V	Financial Attachments	58 - 64

CON PUBLIC NOTICE

AFFIDAVIT OF PUBLICATION

STATE OF CONNECTICUT
County of New Haven

Waterbury

October 20nd 2017

The subscriber, being duly sworn, deposes and says that he (she) is the Duckkeeper
of the Republican-American and that the foregoing notice for

MASON INC

was published in said Republican-American in 3 editions of said newspaper issued between 10/09/14 and 10/10/14, 10/8/14

John K. [Signature]

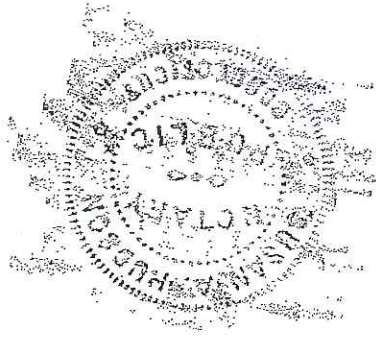
SUBSCRIBED AND SWORN BEFORE ME THIS THE 22nd

day of October 2014

Susan [Signature]

Notary Public

My Commission Expires: 3/31/18



PUBLIC NOTICE:
Pursuant to section 19a-338 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application: Applicant(s): Yale-New Haven Hospital, Smilow Cancer Hospital at Sharon, Service Town: Sharon, CT 06069 Service Address: 50 Hospital Hill Road
Proposal: Discontinuation of curative oncology services at the Smilow Cancer Hospital location in Sharon, CT
Estimated Total Project Cost/Expenditure: 50
PA 10/8/14

AFFIDAVIT

AFFIDAVIT

Applicant: Yale-New Haven Hospital

Project Title: Reconfiguration and Consolidation of Outpatient Oncology Services offered by Smilow Cancer Hospital in Sharon, CT

I, Jim Staten, CFO
(Individual's Name) (Position Title – CEO or CFO)

of Yale-New Haven Hospital being duly sworn, depose and state that
(Hospital or Facility Name)

Yale-New Haven Hospital's information submitted in this Certificate of
(Hospital or Facility Name)

Need Application is accurate and correct to the best of my knowledge.

Jim Staten 12/17/14
Signature Date

Subscribed and sworn to before me on 12/17/14

Rose Arminio

Notary Public/Commissioner of Superior Court

My commission expires: _____

ROSE ARMINIO
NOTARY PUBLIC
State of Connecticut
My Commission Expires
February 28, 2018

CON FILING FEE

OFFICE OF HEALTH CARE ACCESS
REQUEST FOR CERTIFICATE OF NEED
FILING FEE FORM

APPLICANT: <u>Yale-New Haven Hospital</u> PROJECT TITLE: <u>Reconfiguration and Consolidation of Outpatient Oncology Services offered by Smilow Cancer Hospital in Sharon, CT</u> DATE: [INSERT DATE]	FOR OHCA USE ONLY: <table border="1"> <thead> <tr> <th></th> <th>DATE</th> <th>INITIAL</th> </tr> </thead> <tbody> <tr> <td>1. Check logged (Front desk)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Check rec'd (Clerical/Cert.)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. Check correct (Superv.)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. Check logged (Clerical/Cert.)</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		DATE	INITIAL	1. Check logged (Front desk)	_____	_____	2. Check rec'd (Clerical/Cert.)	_____	_____	3. Check correct (Superv.)	_____	_____	4. Check logged (Clerical/Cert.)	_____	_____
	DATE	INITIAL														
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2. Check rec'd (Clerical/Cert.)	_____	_____														
3. Check correct (Superv.)	_____	_____														
4. Check logged (Clerical/Cert.)	_____	_____														

NEW CERTIFICATE OF NEED APPLICATION	
TOTAL FEE DUE:	<u>\$500.00</u>

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



Cashier's Check

No. 1420802193

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days 30-1/1140 Date 12/23/14 11:12:51 AM
NTX

TRUMBULL CENTER

0001 0080475 0054

Pay **BANK OF AMERICA** **500.00**
FIVE ZERO ZERO CTSCTS ***\$500.00

To The Order Of **TREASURER STATE OF CONNECTICUT**

Remitter (Purchased By): **MATTHEW J. MCKENNAN**

Bank of America, N.A.
SAN ANTONIO, TX

AUTHORIZED SIGNATURE

⑈ 14 2080 2193 ⑈ ⑆ 114000019⑆ 001641005594⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. ■ HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS. ■

CON APPLICATION

Application Checklist

Instructions:

1. Please check each box below, as appropriate; and
2. The completed checklist **must** be submitted as the first page of the CON application.

- Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of \$500.

For OHCA Use Only:

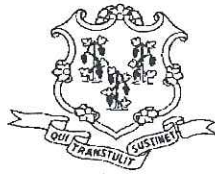
Docket No.: _____ Check No.: _____
 OHCA Verified by: _____ Date: _____

- Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. *(OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)*
- Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.
- Attached are completed Financial Attachments I and II.
- Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.

Note: A CON application may be filed with OHCA electronically through email, if the total number of pages submitted is 50 pages or less. In this case, the CON Application must be emailed to the following email addresses:
steven.lazarus@ct.gov and leslie.greer@ct.gov.

Important: For CON applications (less than 50 pages) filed electronically through email, the signed affidavit and the check in the amount of \$500 must be delivered to OHCA in hardcopy.

- The following have been submitted on a CD
1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
 2. An electronic copy of the documents in MS Word and MS Excel as appropriate.



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

Instructions: Please complete all sections of the Certificate of Need ("CON") application. If any section or question is not relevant to your project, a response of "Not Applicable" may be deemed an acceptable answer. If there is more than one applicant, identify the name and all contact information for each applicant. OHCA will assign a Docket Number to the CON application once the application is received by OHCA.

Docket Number:

Applicant: Yale-New Haven Hospital

Applicant's Facility ID*: 1336139500

Contact Person: Nancy Rosenthal

Contact Title: Senior VP Health Systems Development

Contact Address: 20 York Street, New Haven, CT 06510

Contact Person's Phone Number: 203-863-3908

Contact Person's Fax Number: 203-863-4736

Contact Person's Email Address: nancy.rosenthal@greenwichhospital.org

Project Town: Sharon, CT

Project Name: Reconfiguration and Consolidation of Outpatient Oncology Services offered by Smilow Cancer Hospital in Sharon, CT

Statute Reference: Section 19a-638, C.G.S.

Estimated Total Capital Expenditure: \$0

*Please provide either the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier.

1. Project Description: Service Termination

- a. For each of the Applicant's programs, identify the location, population served, hours of operation, and whether the program is proposed for termination.

Response:

Yale-New Haven Hospital (YNHH) is a 1,541 bed (including bassinets) teaching hospital with two integrated campuses located in New Haven and a pediatric campus in Bridgeport. YNHH includes the Smilow Cancer Hospital, the Yale-New Haven Children's Hospital, the Yale-New Haven Psychiatric Hospital, and is the primary teaching hospital of the Yale School of Medicine. YNHH provides primary, secondary, tertiary and many quaternary acute care services.

The Smilow Cancer Hospital (Smilow) opened in 2009, and is a 14 story, 500,000 square-foot cancer center located in New Haven. It offers comprehensive oncology services including chemotherapy, radiation therapy, advanced imaging, and other support care services. Smilow is affiliated with the Yale Cancer Center which is one of a select network of 41 comprehensive cancer centers in the country designated by the National Cancer Institute.

In addition to its flagship location in New Haven, Smilow also operates a network of community-based cancer care centers across Connecticut, including sites in Derby, Fairfield, Guilford, Greenwich, North Haven, Orange, Sharon, Torrington, Trumbull and Waterbury. All sites offer chemotherapy services and physician visits, and are operated in close collaboration with board-certified physicians at the Yale School of Medicine (YSM).

The Smilow site in Sharon is physically located in space that YNHH/Smilow leases at Sharon Hospital. The Sharon site is a satellite, or extension, of a larger Smilow location in Torrington which is staffed by a five member group of YSM physicians. The Sharon site is open three and a half days per week and the Torrington site is open five days a week. One physician practices two and one-half days in Sharon, and another physician sees patients there one day per week, with the remainder of their time spent in Torrington. The other three physicians in this group practice exclusively in Torrington. The Smilow site in Torrington is physically located in space that YNHH/Smilow leases from Charlotte Hungerford Hospital. Unlike the Sharon site, the Torrington site provides a full range of diagnostic, treatment and support services for cancer patients housing a medical oncology clinic, radiation therapy center and complementary care services. These sites are linked via the YNHHS Epic electronic medical record.

Notably, the primary physician at the satellite Sharon site will retire at the end of the 2014 calendar year and the secondary physician has given us notice that he is retiring in the Spring of 2015. Due to the impending retirement of the oncology physicians at the Sharon site, and the difficulty in recruiting board-certified medical oncologists for this location, YNHH/Smilow proposes to consolidate the oncology services offered in Sharon with those offered in Torrington. It is important to note that one of the remaining three physicians has also communicated his plans to retire in the summer of 2015. As a result, YSM is focusing its recruitment efforts on replacing all of the needed board-certified

medical oncologists at the Torrington site which is a busier location and offers more comprehensive services and supports a broader service area.

The Smilow site at Sharon offers physician services (oncology, hematology and general medicine) and limited treatments such as infusions and injections (both oncology and non-oncology services). In FY14, these services were provided for 535 patients, 187 of which visited the site for a non-oncology purpose. These non-oncology patients will continue to have access to the same services locally at Sharon Hospital and with local internal medicine physicians in the area. The remaining 348 oncology patients will have access to the same oncology services with the same group of YSM physicians at the Smilow site in Torrington. Overall, approximately 49% of the patients at the Sharon site reside in Connecticut, 49% within New York State, and the remainder in Massachusetts.

This proposal does not impact any of the services offered at any of the other Smilow locations.

- b. Describe the history of the services proposed for termination, including when they were begun and whether CON authorization was received.

Response:

In 2012, YNHH acquired an existing five physician private medical practice that offers oncology services in Sharon and Torrington, Connecticut, and the physicians joined the Yale School of Medicine (YSM). The physician group has provided physician office visits and treatments services such as infusion therapy at these two sites for several years. The physicians in Sharon also see a fair number of non-oncology patients that could be cared for by a general internal medicine physician. In FY12, approximately 40% of the visit volume at the Smilow site in Sharon was comprised of non-oncology visits. Since its acquisition of this group, Smilow and the YSM oncology physicians have continued to offer outpatient cancer services at both of these locations. There was no CON authorization needed for this service. Please see Exhibit I for the Determination Letter and Report about this proposal.

- c. Explain in detail the Applicant's rationale for this termination of services, and the process undertaken by the Applicant in making the decision to terminate.

Response:

As noted earlier, all of the cancer care centers in the Smilow network are operated in collaboration with board-certified physicians. The oncology services provided at these sites cannot be offered without the supervision and medical direction of a board-certified medical oncologist/hematologist. Since a board-certified physician will not be present on site, Smilow will no longer be able to offer oncology services in Sharon. The rationale for this termination is based on the retirement of the physicians at the Sharon site.

Furthermore, this is a low volume site due to its geographic location and, despite efforts, this has made it difficult for YSM to recruit and staff the location with a replacement physician. As noted earlier, the Sharon site offers limited services

and does not offer comprehensive oncology care such as radiation therapy and support care services.

The same group of YSM physicians practice in Torrington which is their primary practice location. This site collaborates with Charlotte Hungerford Hospital to provide a full range of diagnostic, treatment and support services for cancer patients. The cancer program in Torrington houses a medical oncology clinic, radiation therapy and complementary care services. Smilow and YSM are actively recruiting replacement medical oncology/hematology physicians who will practice at the Torrington site. This site can accommodate all of the patients of the retiring physicians currently in Sharon. See Table 2.

- d. Did the proposed termination require the vote of the Board of Directors of the Applicant? If so, provide copy of the minutes (excerpted for other unrelated material) for the meeting(s) the proposed termination was discussed and voted on.

Response:

This proposal did not require the vote of the Board of Directors.

- e. Explain why there is a clear public need for the proposal. Provide evidence that demonstrates this need.

Response:

There is clear public need for the closure of the Smilow satellite site in Sharon due to the retirement of the board-certified medical oncologists/hematologists that practice in Sharon, the inability to recruit a physician to that site, and limited volume. The low volume at this site demonstrates limited need for these services and hinders the ability to recruit specialty physicians to this geographic area. The site also lacks radiation therapy which is often critical to an oncology patient's treatment regimen. Patients in need of radiation therapy travel to Torrington or New Milford, Connecticut, Poughkeepsie NY or elsewhere for care.

2. Termination's Impact on Patients and Provider Community

- a. Identify the name and location (i.e. address, town and state), facility ID and hours of operation (as available) of existing providers in the towns listed above and in nearby towns;

TABLE 1
EXISTING SERVICE PROVIDERS

The services currently offered at the Smilow satellite site in Sharon include physician visits and related treatments. The physician and treatment services are offered for both oncology and non-oncology patients.

The oncology services offered at Sharon will continue to be offered at the Smilow site in Torrington. Patients will be redirected to Torrington, but will also be provided options, with similar travel times, to non-Smilow physicians and treatment centers in New York, Massachusetts, and elsewhere in Connecticut.

The non-oncology services (such as infusions that do not involve chemotherapy and general medicine physician visits) will continue to be offered at Sharon Hospital and by local community-based internal medicine physicians.

Facility Name ¹	Facility ID*	Facility Address	Service	Days/Hours of Operation
Smilow at Sharon	1336139500	50 Hospital Hill Road, Sharon, CT 06069	Oncology/hematology physician visits and treatment such as chemotherapy infusion.	M,W,T,F, 9am-5pm
Smilow at Torrington	1336139500	200 Kennedy Drive, Torrington, CT 06790	Oncology/hematology physician visits and treatment such as chemotherapy infusion.	M-F, 8am-5pm
New Milford Hospital	N/A	21 Elm Street, New Milford, CT 06776	Oncology/hematology physician visits, treatment, chemotherapy infusion, radiation therapy, etc.	IP – 24/7 OP – M-F 8am-4:30pm
Vassar Brothers Medical Center	N/A	45 Reade Place, Poughkeepsie, NY 12601	Oncology/hematology physician visits, treatment, chemotherapy infusion, radiation therapy, etc.	IP – 24/7 OP – M-F 8am-4:30pm
Berkshire Medical Center	N/A	725 North Street, Pittsfield, MA 01201	Oncology/hematology physician visits, treatment, chemotherapy infusion, radiation therapy, etc.	IP – 24/7 OP – M-F 7am-4:30pm

*Please provide either the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.

¹ Please note that in FY14 approximately 35% (187 of 535) of the patients who visited the Smilow site at Sharon are non-oncology patients and will continue to have access to general internal medicine services locally in Sharon. These services are offered by community-based physicians and at Sharon Hospital. The oncology services will continue to be offered in Torrington and at the other facilities listed in the table above. Charlotte Hungerford Hospital offers radiation therapy services in Torrington in collaboration with the Smilow site in Torrington. Radiation therapy services are not currently available in Sharon and patients in need of these services often travel to Torrington or elsewhere for comprehensive oncology care.

- b. For each provider to whom the Applicant proposes to transfer or refer clients, provide the facility ID, total capacity, current available capacity, as well as the utilization for the last completed year and for the current year.

TABLE 2
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

The total capacity and utilization data for these outpatient services is to our knowledge not publicly available. The Smilow site at Torrington has sufficient capacity to absorb new patients. As a result of the retirements at these sites, YNHH/Smilow are focusing their efforts on recruiting board-certified medical hematology/oncology physicians to replace all of the retiring physicians to staff the busier and more comprehensive Torrington location.

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY 14	Utilization Current CFY15
Smilow at Sharon	1336139500	50 Hospital Hill Road, Sharon, CT 06069	>350 visits per month	>350 visits per month	~275 visits per month	~275 visits per month
Smilow at Torrington	1336139500	200 Kennedy Drive, Torrington, CT 06790	>2500 visits per month	>2500 visits per month	~1500 visits per month	~1500 visits per month
New Milford Hospital	N/A	21 Elm Street, New Milford, CT 06776	N/A	N/A	N/A	N/A
Vassar Brothers Medical Center	N/A	45 Reade Place, Poughkeepsie, NY 12601	N/A	N/A	N/A	N/A
Berkshire Medical Center	N/A	725 North Street, Pittsfield, MA 01201	N/A	N/A	N/A	N/A

*Please provide either the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.

- c. Identify any special populations that utilize the service(s) and explain how these populations will maintain access to the service following termination at the specific location; also, specifically address how the termination of this service will affect access to care for Medicaid recipients and indigent persons.

Response:

In FY14, the Medicaid visit volume at the Smilow site in Sharon was 1.78%. These patients will continue to have access to care at the Smilow site in Torrington and at various other locations in Connecticut, New York and Massachusetts with similar drive times as the Torrington location. Notably, these alternate sites also offer radiation therapy and other support care services that are not offered at the Smilow site in Sharon, and patients in need of these services are already required to travel to these alternate sites for comprehensive care.

In FY14, there were sixteen Medicaid patients who received care at the Smilow site in Sharon. Six of these patients visited the site for a non-oncology purpose and will continue to have access to the same care locally in Sharon at Sharon Hospital and with community-based internal medicine physicians. Of the remaining ten Medicaid patients who visited the Sharon site for oncology purposes, three reside

in Torrington and seven reside in Northwest Connecticut. All of these patients live in similar proximately to both the Sharon and Torrington sites.

The following table shows the Medicaid patients in FY14 who visited the Smilow site in Sharon for oncology services along with their town of origin and travel distance to the Smilow sites in Sharon and Torrington. The distances traveled by these patients will not significantly change.

FY14 MEDICAID PATIENTS AT THE SMILOW SITE AT SHARON					
DIAGNOSIS	CITY	STATE	PATIENTS	Miles to Sharon	Miles to Torrington
Oncology	TORRINGTON	CT	3	25	0
	CANAAN	CT	2	14	19
	FALLS VILLAGE	CT	2	12	19
	LAKEVILLE	CT	2	7	27
	WEST CORNWALL	CT	1	13	16
Oncology Total			10		

SOURCE: EPIC

- d. What impact will the proposal have upon the cost effectiveness of providing access to services provided under the Medicaid program? If not applicable to the proposal, explain why it is not applicable.

Response:

Please see 2c. As noted previously, in FY14, the Medicaid visit volume at the Smilow site in Sharon was 1.78%. These patients will continue to have access to oncology services at the Smilow site in Torrington, and non-oncology services will continue to be offered locally at Sharon Hospital and by community-based internal medicine physicians.

- e. Provide evidence (e.g. written agreements or memorandum of understanding) that other providers in the area are willing and able to absorb the displaced patients.

Response:

The Smilow sites in Torrington and Sharon are staffed by the same group of physicians who are part of YSM. The Torrington location has the ability to absorb the patients currently seen in Sharon. As a result of the retirements at these sites, YNHHS/Smilow are focusing their efforts on recruiting board-certified medical hematology/oncology physicians to replace all of the retiring physicians to staff the busier and more comprehensive Torrington location. Patient visits will be rescheduled to the Smilow site in Torrington. All medical records of the Smilow Sharon patients are available, via the YNHHS Epic electronic medical record system, at the Torrington location. For those patients who choose not to be rescheduled to Torrington, a copy of the patient's medical record will be made available to the patient or provider of choice per the patient's request. Please see Exhibit II for a letter to patients about the transition and physician retirement.

- f. Describe how clients will be notified about the termination and transfer to other providers.

Response:

Current patients of the physician who is retiring in January of 2015 have already received a letter about his impending retirement. See Exhibit II. This letter explains that his colleagues in the Torrington office will continue to provide the same high quality hematology and oncology care. Staff members in Sharon are currently coordinating with patients to ensure no interruption in care and treatment. The second physician retiring, in Spring of 2015, will continue to see a limited number of patients in Sharon until the site closes. Patients have also been made aware of this retirement, and as the practice winds down these patients are being rescheduled, per their direction, in Torrington. YNHH/Smilow is also coordinating communication efforts with Sharon Hospital to ensure that the community is properly informed of these changes and that future referrals to appropriate centers for oncology care are handled efficiently. The patient medical records are available in Torrington via the same EPIC electronic medical record used in Sharon. Patients will receive information, upon their request, about alternate providers in Connecticut, New York, and Massachusetts based on their residence.

Actual and Projected Volume

a. Provide volumes for the most recently completed FY by town.

Response:

The first table below shows the number of visits at the Smilow satellite site in Sharon in FY14 by town of origin, and the second tables show visits by state. In FY14, approximately 49% of the visits at this site originated from NY State.

**TABLES 3*
UTILIZATION BY TOWN AND STATE**

TOTAL VISITS TO SMILOW AT SHARON BY TOWN			TOTAL VISITS TO SMILOW AT SHARON BY TOWN			TOTAL VISITS TO SMILOW AT SHARON BY TOWN		
CITY	STATE	VISITS	CITY	STATE	VISITS	CITY	STATE	VISITS
DOVER PLAINS	NY	375	NEWTOWN	CT	6	GOSHEN	CT	1
MILLERTON	NY	334	NORFOLK	CT	6	HUDSON	FL	1
SHARON	CT	334	NEW YORK	NY	5	MORRIS	CT	1
LAKEVILLE	CT	310	SHERMAN	CT	5	NEW HARTFORD	CT	1
CANAAN	CT	294	VERBANK	NY	5	NEW PRESTON	CT	1
AMENIA	NY	290	CARMEL	NY	4	OSSINING	NY	1
SALISBURY	CT	228	CLINTON CORNERS	NY	4	PALM COAST	FL	1
MILLBROOK	NY	201	GREAT BARRINGTON	MA	4	POUGHQUAG	NY	1
PINE PLAINS	NY	128	PLEASANT VALLEY	NY	4	RED HOOK	NY	1
FALLS VILLAGE	CT	115	ANCRAM	NY	3	SHEFFIELD	MA	1
JACKSONVILLE	FL	75	CANAJOHARIE	NY	3	SOUTHBURY	CT	1
WASSAIC	NY	70	GAYLORDSVILLE	CT	3	STRATFORD	CT	1
KENT	CT	65	NEW PALTZ	NY	3	TIVOLI	NY	1
COPAKE	NY	47	PAWLING	NY	3	UNIONVILLE	CT	1
LITCHFIELD	CT	43	SALT POINT	NY	3	WASHINGTON DEPOT	CT	1
WINGDALE	NY	42	THOMASTON	CT	3	WOODBURY	CT	1
CORNWALL BRIDGE	CT	37	WARREN	CT	3	Grand Total		3307
TACONIC	CT	33	CANASTOTA	NY	2			
STANFORDVILLE	NY	28	COPAKE FALLS	NY	2			
ELIZAVILLE	NY	23	EAST CANAAN	CT	2			
WEST CORNWALL	CT	22	LEE	MA	2			
ANCRAMDAL	NY	15	MAPLEWOOD	NJ	2			
SOUTH KENT	CT	15	NEW HAVEN	CT	2			
CORNWALL	CT	14	NEW PRESTON MARBLE DALE	CT	2			
SOUTHFIELD	MA	12	ORLANDO	FL	2			
TORRINGTON	CT	12	ROXBURY	CT	2			
NEW MILFORD	CT	10	WINSTED	CT	2			
HILLSDALE	NY	8	ASHLEY FALLS	MA	1			
LAGRANGEVILLE	NY	7	BANTAM	CT	1			
RHINEBECK	NY	7	BROOKFIELD	CT	1			
BROOKLYN	NY	6	BURLINGTON	CT	1			

TOTAL VISITS TO SMILOW AT SHARON BY STATE	
STATE	VISITS
NY	1626
CT	1580
OTHER	101
TOTAL	3307

TOTAL VISITS TO SMILOW AT SHARON BY STATE	
STATE	VISITS
NY	49%
CT	48%
OTHER	3%
TOTAL	100%

*SOURCE: EPIC

The following tables show the number of unique patients who visited the Smilow site in Sharon in FY14 by town of origin, state of origin, and diagnosis.*

In FY14, 535 patients visited the Smilow site in Sharon for a physician visit and/or treatment services. Approximately 65% (348 out of 535) of these patients had an oncology diagnosis, while the remaining 35% (187 out of 535) were non-oncology patients who will continue to have access to the same services locally at Sharon Hospital and with community-based internal medicine physicians. The other 348 oncology patients can all be accommodated in Torrington.

Patients often have multiple visits each year which explains why the total number of visits to the site in FY14 (3307) is higher than total patient count in FY14 (535).

TOTAL PATIENTS AT SMILOW AT SHARON BY TOWN			TOTAL PATIENTS AT SMILOW AT SHARON BY TOWN			TOTAL PATIENTS AT SMILOW AT SHARON BY TOWN		
CITY	STATE	PATIENTS	CITY	STATE	PATIENTS	CITY	STATE	PATIENTS
SHARON	CT	54	SHERMAN	CT	2	POUGHQUAG	NY	1
DOVER PLAINS	NY	50	SOUTH KENT	CT	2	RED HOOK	NY	1
MILLERTON	NY	42	TACONIC	CT	2	RHINEBECK	NY	1
AMENIA	NY	41	WARREN	CT	2	SALT POINT	NY	1
SALISBURY	CT	40	WINSTED	CT	2	SHEFFIELD	MA	1
CANAAN	CT	37	ASHLEY FALLS	MA	1	SOUTHURBY	CT	1
LAKEVILLE	CT	33	BANTAM	CT	1	STRATFORD	CT	1
MILLBROOK	NY	30	BROOKFIELD	CT	1	THOMASTON	CT	1
WASSAIC	NY	21	BROOKLYN	NY	1	TIVOLI	NY	1
PINE PLAINS	NY	18	BURLINGTON	CT	1	UNIONVILLE	CT	1
FALLS VILLAGE	CT	17	CANAJOHARIE	NY	1	WASHINGTON DEPOT	CT	1
KENT	CT	11	CANASTOTA	NY	1	WOODBURY	CT	1
TORRINGTON	CT	10	CARMEL	NY	1	Grand Total		535
STANFORDVILLE	NY	9	COPAKE FALLS	NY	1			
WEST CORNWALL	CT	9	ELIZAVILLE	NY	1			
COPAKE	NY	7	GOSHEN	CT	1			
WINGDALE	NY	7	GREAT BARRINGTON	MA	1			
CORNWALL BRIDGE	CT	6	HILLSDALE	NY	1			
ANCRAMDAL	NY	5	HUDSON	FL	1			
CORNWALL	CT	4	JACKSONVILLE	FL	1			
LAGRANGEVILLE	NY	4	LEE	MA	1			
NEW MILFORD	CT	4	MAPLEWOOD	NJ	1			
CLINTON CORNERS	NY	3	MORRIS	CT	1			
NORFOLK	CT	3	NEW HARTFORD	CT	1			
SOUTHFIELD	MA	3	NEW HAVEN	CT	1			
VERBANK	NY	3	NEW PALTZ	NY	1			
ANCRAM	NY	2	NEW PRESTON	CT	1			
EAST CANAAN	CT	2	NEW PRESTON MARBLE DALE	CT	1			
GAYLORDSVILLE	CT	2	NEWTOWN	CT	1			
LITCHFIELD	CT	2	ORLANDO	FL	1			
NEW YORK	NY	2	OSSINING	NY	1			
PLEASANT VALLEY	NY	2	PALM COAST	FL	1			
ROXBURY	CT	2	PAWLING	NY	1			

TOTAL PATIENTS AT SMILOW AT SHARON BY STATE	
STATE	PATIENTS
CT	262
NY	261
OTHER	12
Grand Total	535

TOTAL PATIENTS AT SMILOW AT SHARON BY STATE	
STATE	PATIENTS
CT	49%
NY	49%
OTHER	2%
Grand Total	100%

TOTAL PATIENTS AT SMILOW AT SHARON BY DIAGNOSIS		
Diagnosis	PATIENTS	%
Non-Oncology	187	35%
Oncology	348	65%
TOTAL	535	100%

*SOURCE: EPIC

- b. Complete the following table for the past three fiscal years (“FY”) and current fiscal year (“CFY”), for the number of visits/discharges, as appropriate, by service.

Response:

The following tables show the number of visits to the Smilow satellite site at Sharon for the last three fiscal years (FY12-14) and the current fiscal year (FY15). The YNH fiscal year runs from October 1 through September 30. The visit volume is broken out by service, which includes the physician MD visit volume and the related treatments such as infusions and injections. To clarify, if a patient visits a physician and also receives a treatment (such as a chemotherapy infusion) they are counted once in the MD visit line, and once in the treatment line.

Importantly, the tables also show the reason for each visit. As noted previously, the physicians at this site maintained a general medicine practice (in addition to the oncology practice). The non-oncology visits and treatments can still be accommodated locally by internal medicine physicians in the area. A fairly large portion of the total visits (around 26% or 864 visits in FY14) do not involve an oncology patient and will continue to be treated in Sharon. The remainder of these visits can be accommodated by the same physician group in Torrington.

TABLE 4*
HISTORICAL AND CURRENT VISITS/DISCHARGES

TOTAL VISIT VOLUME AT THE SMILOW SITE AT SHARON					
VISIT TYPE	VISIT REASON	FY12**	FY13	FY14	FY15***
MD VISIT	Oncology	330	1311	1412	269
	Non-Oncology	251	653	541	88
	TOTAL MD VISITS	581	1964	1953	357
INFUSION/TREATMENT	Oncology	141	571	1031	242
	Non-Oncology	64	211	323	42
	TOTAL INFUSION/TREATMENTS	205	782	1354	284
GRAND TOTAL		786	2746	3307	641

*SOURCE: EPIC. **FY12 includes only 4 months of data. YNH acquired this site in June of 2012; therefore, the visit volume reported here only includes June through September of 2012. ***FY15 includes 2 months of data – Oct-Nov of 2014.

TOTAL VISIT VOLUME AT THE SMILOW SITE AT SHARON					
VISIT TYPE	VISIT REASON	FY12	FY13	FY14	FY15
MD VISIT	Oncology	57%	67%	72%	75%
	Non-Oncology	43%	33%	28%	25%
	TOTAL MD VISITS	100%	100%	100%	100%
INFUSION/TREATMENT	Oncology	69%	73%	76%	85%
	Non-Oncology	31%	27%	24%	15%
	TOTAL INFUSION/TREATMENTS	100%	100%	100%	100%

TOTAL VISIT VOLUME AT THE SMILOW SITE AT SHARON				
VISIT REASON	FY12	FY13	FY14	FY15
Oncology	471	1882	2443	511
Non-Oncology	315	864	864	130
TOTAL	786	2746	3307	641

TOTAL VISIT VOLUME AT THE SMILOW SITE AT SHARON				
VISIT REASON	FY12	FY13	FY14	FY15
Oncology	60%	69%	74%	80%
Non-Oncology	40%	31%	26%	20%
TOTAL	1	1	1	1

*SOURCE: EPIC

c. Explain any increases and/or decreases in volume seen in the table(s) above.

Response:

As noted previously, the FY12 data includes only 4 months of visit volume because YNHH acquired this site in June of 2012; therefore, the visit volume reported here only includes June through September of 2012. FY15 includes 2 months of data – October through November of 2014 – the most recent data we are able to provide at this time.

- d. For DMHAS-funded programs only, provide a report that provides the following information for the last three full FYs and the current FY to-date:
- i. Average daily census;
 - ii. Number of clients on the last day of the month;
 - iii. Number of clients admitted during the month; and
 - iv. Number of clients discharged during the month.

Response:

Not applicable.

3. Projected Patient Population Mix:

- a. Provide the current and projected volume (and corresponding percentages) by patient population mix; including, but not limited to, access to services by Medicaid recipients and indigent persons for the proposed program.

Response:

The following table shows the historical payer mix for all MD and treatment visits to the site from FY12-FY14, and the projected payer mix for FY15-17.

TABLE 5*
APPLICANT'S CURRENT & PROJECTED PAYER MIX

PAYER MIX	Actual		Actual		Most Recently Completed FY		Projected					
	FY12		FY13		Actual FY14		FY15		FY16		FY17	
	Volume	%	Volume	%	Volume	%	Volume	%	Volume	%	Volume	%
Medicare**	519	66.03%	1962	71.45%	2427	73.39%	2427	73.39%	2427	73.39%	2427	73.39%
Medicaid	15	1.91%	56	2.04%	59	1.78%	59	1.78%	59	1.78%	59	1.78%
CHAMPUS & TriCare	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total Government	534	67.94%	2018	73.49%	2486	75.17%	2486	75.17%	2486	75.17%	2486	75.17%
Commercial	190	24.17%	690	25.13%	820	24.80%	820	24.80%	820	24.80%	820	24.80%
Other***	62	7.89%	38	1.38%	1	0.03%	1	0.03%	1	0.03%	1	0.03%
Workers Compensation	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total Non-Government	252	32.06%	728	26.51%	821	24.83%	821	24.83%	821	24.83%	821	24.83%
Total Payer Mix	786	100.00%	2746	100.00%	3307	100.00%	3307	100.00%	3307	100.00%	3307	100.00%

* SOURCE: EPIC

**Includes managed care activity.

***Include uninsured and self-pay.

- b. Provide the basis for/assumptions used to project the patient population mix.

Response:

The patient population mix was projected flat based on FY14 data.

- c. For the Medicaid population only, provide the assumptions and actual calculation used to determine the projected patient volume.

Response:

The Medicaid population of 1.78% was projected flat based on FY14 data.

- d. If the proposal fails to provide or reduces access to services by Medicaid recipients or indigent persons, provide explanation for good cause for doing so.
Note: good cause shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers.

Response:

Please see 2c. This proposal will not reduce access to services by Medicaid recipients. The same oncology services currently offered at the Smilow site in Sharon will continue to be offered by Yale School of Medicine physicians in Torrington. The same non-oncology services will continue to be offered locally in Sharon. In FY14, there were 16 unique Medicaid patients who received care in at the Smilow site in Sharon. Six of these patients were not oncology patients, and will continue to have access to the same care locally in Sharon via general internal medicine physicians. Of the remaining ten oncology patients, three reside in Torrington and seven reside in Connecticut. These patients will continue to have access to oncology care in their local community at the Smilow site in Torrington. The table below shows the Medicaid patients who received services at the Smilow site in Sharon in FY14, with their town of origin and the purpose or reasons for their visit to this site.

FY14 MEDICAID PATIENTS AT THE SMILOW SITE AT SHARON			
DIAGNOSIS	CITY	STATE	PATIENTS
Oncology	TORRINGTON	CT	3
	CANAAN	CT	2
	FALLS VILLAGE	CT	2
	LAKEVILLE	CT	2
	WEST CORNWALL	CT	1
Oncology Total			10
Non-Oncology	DOVER PLAINS	NY	2
	COPAKE FALLS	NY	1
	FALLS VILLAGE	CT	1
	LAKEVILLE	CT	1
	SALISBURY	CT	1
Non-Oncology Total			6
SOURCE: EPIC		TOTAL	16

4. Quality Measures

- a. Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.

Response:

Please see Exhibit III which includes the CVs of the following:

- Dr. Gerard Kruger, Medical Oncology Physician, Smilow at Sharon
 - Dr. Ivan Lowenthal, Medical Oncology Physician, Smilow at Torrington
 - Dr. Ann Chiang, Chief Medical Officer, Smilow Cancer Hospital Network
 - Lisa Shomsky, RN, BSN, MBA, Program Manager, Smilow Care Centers
- b. Explain how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including but not limited to, (1) provision of or any change in the access to services for Medicaid recipients and indigent persons, and (2) the impact upon the cost effectiveness of providing access to services provided under the Medicaid program

Response:

This proposal will continue to provide the same high quality, accessible and cost effective oncology care that is provided in Sharon, CT to residents of the northwest region of Connecticut. Instead of being offered in Sharon (a community of 2,800 residents) with part-time medical oncology specialists serving a low volume site, more extensive services provided by the same group of board-certified YSM physicians will be offered at the more comprehensive and full-time Smilow site in Torrington, CT. These physicians currently do and will continue to have access to each current Sharon, CT patients' electronic medical record via the YNHH Epic EMR. If patients choose to continue their care at a site other than an alternate YNHHS site, staff will assist in the transition of their medical records.

Many oncology patients typically require radiation therapy in addition to chemotherapy as part of the treatment regimen. Radiation therapy is not offered in Sharon. Patients in need of this service would typically be required to travel to Torrington, New Milford, New York, or Massachusetts to get this service. Surgical oncology procedures are also offered in Torrington.

With the retirement of the physicians in Sharon, YNHH seeks to coordinate and improve the quality of care offered at one comprehensive location. This is cost-effective because a full continuum of cancer treatment services will be offered for patients at the fully staffed Torrington location.

- c. Identify when the Applicants' funding and/or licensing agencies (e.g. DPH, DMHAS) were notified of the proposed termination, and when the Applicants' licenses will be returned.

Response:

Not applicable.

5. Organizational and Financial Information

- a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

Response:

Y-NHH is a non-profit corporation.

- b. Does the Applicant have non-profit status?
 Yes (Provide documentation) No

Response:

Please see Exhibit IV.

- c. Financial Statements

- i. If the Applicant is a Connecticut hospital: Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.

Response:

YNHH's most recently audited financial statements are on file with OHCA.

- ii. If the Applicant is not a Connecticut hospital (other health care facilities): Audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, in lieu of audited financial statements, provide other financial documentation (e.g., unaudited balance sheet, statement of operations, tax return, or other set of books).
- d. Submit a final version of all capital expenditures/costs.

Response:

Not applicable.

- e. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

Response:

Not applicable.

- f. Demonstrate how this proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant.

Response:

As stated previously, this proposal consolidates a low volume satellite location into an existing location due to the retirement of two hematology/oncology physicians who are a part of a YSM oncologic medical practice with a full-service program in Torrington and a part time satellite in Sharon. The same services will be provided by the same group of physicians in Torrington, and patients will have enhanced access to related radiation therapy and support services at the Torrington location.

6. Financial Attachments I

- a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **Complete Financial Attachment I.** (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.

Response:

Please see Exhibit V for Financial Attachment I and II.

- b. Provide the assumptions utilized in developing **Financial Attachment I** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

Response:

Please see Exhibit V for a list of assumptions.

- c. Was the Applicant being reimbursed by payers for these services? Did reimbursement levels enter into the determination to terminate?

Response:

Yes, payers reimburse YNHH for these services. Reimbursements levels did not enter into the determination to terminate.

- d. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.

Response:

Not applicable.

- e. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

Response:

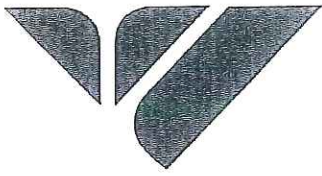
Not applicable.

- f. Describe how this proposal is cost effective.

Response:

As stated previously, this proposal is cost effective because it consolidates a low volume site into an existing comprehensive service location due to the impending retirement of two hematology/oncology physicians who practice part-time in both Torrington and Sharon. The same services will be provided by the remaining members of the same medical group in Torrington, and patients will have enhanced access to related radiation therapy and support services at the Torrington site. The limited number of patients at the Sharon site can be accommodated in Torrington while reducing the costs of having similar services at two sites. The ability to have comprehensive care including patient-centered support services such as psycho-social, family, and complementary services at one site is beneficial for patients.

CON REGULATORY HISTORY



YALE NEW HAVEN HEALTH

Planning
2 Howe Street, 3rd Floor
New Haven, CT 06519
Phone: (203) 863-3908
Fax: (203) 863-4736

Fax Transmission Sheet

TO: Office of Health Care Access
FROM: Nancy Rosenthal, SR. VP Health Systems Development
DATE: September 30, 2014
RE: Determination Request

This message originates from Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient, you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.



September 30, 2014

VIA FACSIMILE & REGULAR MAIL

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134

RE: Yale-New Haven Hospital

Dear Ms. Martone:

Please find enclosed a CON Determination Form from Yale-New Haven Hospital regarding the retirement of certain oncology physicians in a group with sites in Sharon and Torrington. A hard copy of the CON Determination Form is also being delivered to OHCA by regular mail.

Please contact me at 203-863-3908 with any questions. Thank you for your prompt consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy Rosenthal'.

Nancy Rosenthal
Sr. VP, Health Systems Development

Enclosures



**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020**

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner
Full Legal Name	Yale-New Haven Hospital
Doing Business As	Yale-New Haven Hospital Smilow Cancer Hospital
Name of Parent Corporation	Yale-New Haven Health Services Corporation
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06510
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP
Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Nancy Rosenthal Senior VP Health System Development

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06510
Contact Person's Telephone Number	(203) 863-3908
Contact Person's Fax Number	(203) 863-4736
Contact Person's e-mail Address	nancy.rosenthal@greenwichhospital.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Reconfiguration and Consolidation of Outpatient Oncology Services offered by Smilow Cancer Hospital in Sharon, CT
- b. Estimated Total Project Cost: \$0
- c. Location of proposal, identifying Street Address, Town and Zip Code: Sharon Hospital, 50 Hospital Hill Road, Sharon, CT 06069
- d. List each town this project is intended to serve: Sharon, Sharon, Torrington, Salisbury, Canaan, Goshen, Litchfield, Warren, Cornwall, Kent
- e. Estimated starting date for the project: Upon confirmation from OHCA

SECTION IV. PROPOSAL 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 elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.

Yale-New Haven Hospital (YNHH) is a 1,541 bed (including bassinets) teaching hospital with two integrated campuses located in New Haven and a pediatric campus in Bridgeport. YNHH includes the Smilow Cancer Hospital, the Yale-New Haven Children's Hospital, the Yale-New Haven Psychiatric Hospital, and is the primary teaching hospital of the Yale School of Medicine. Y-NHH provides primary, secondary, tertiary and many quaternary acute care services. A copy of the Department of Public Health license for YNHH is attached in Exhibit A.

The Smilow Cancer Hospital (Smilow) opened in 2009, and is a 14 story, 500,000 square-foot cancer center located in New Haven. It offers comprehensive oncology services including chemotherapy, radiation therapy, advanced imaging, and other support care services. Smilow is affiliated with the Yale Cancer Center which is one of a select network of 41 comprehensive cancer centers in the country designated by the National Cancer Institute.

In addition to its flagship location in New Haven, Smilow also operates a network of community based cancer care centers across the region, including sites in Derby, Fairfield, Guilford, Greenwich, North Haven, Orange, Sharon, Torrington, Trumbull and Waterbury. All of these sites offer chemotherapy services and physician visits, and are operated in close collaboration with board certified physicians.

In 2012, YNHH/Smilow acquired an existing five physician private medical practice that offers oncology services in Sharon and Torrington, Connecticut, and the physicians joined the Yale School of Medicine (YSM). The physician group has provided physician office visits and infusion therapy at these two sites for several years. Since its acquisition of this group, Smilow and the YSM oncology physicians have continued to offer outpatient cancer services at both of these locations. The Smilow site in Sharon is physically located in space that YNHH/Smilow leases at Sharon Hospital, and the Smilow site in Torrington is physically located in space that YNHH/Smilow leases from Charlotte Hungerford Hospital.

One of the YSM physicians in the group practices primarily in Sharon, and one other physician sees patients once per week in Sharon. The remaining three physicians practice exclusively in Torrington. The Sharon site is open three and a half days per week and the Torrington site is open five days a week. Notably, the primary physician at the Sharon site will retire at the end of the calendar year and the secondary physician has given us notice that he is retiring in the Spring of 2015.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

Due to the impending retirement of the oncology physicians at the Sharon site, YNH/Smilow proposes to consolidate the outpatient oncology services offered in Sharon with those offered in Torrington.

As noted earlier, all of the cancer care centers in the Smilow network are operated in collaboration with board-certified physicians. Importantly, the oncology services provided at these sites cannot be offered without the supervision and medical direction of a board certified medical oncologist/hematologist.

With the retirement of the physicians at the Sharon site, Smilow will no longer be able to offer oncology services in Sharon. However, over 40% of the treatments/visits at this site are non-oncology related and these patients will continue to be offered services locally by Sharon Hospital. This is a low volume site due to its geographic location which has made it difficult for YSM to recruit and staff the location with a replacement physician. In addition, the site does not offer radiation therapy which is critical for oncology patients. Patients in need of this service must travel to Torrington, New Milford, Poughkeepsie NY or elsewhere to receive radiation therapy. Nearly 40% of the patients at the Sharon site are from out-of-state, and will continue to have access to the same services in New York and Massachusetts. The remaining physicians in the group will continue to provide services in Torrington.

Current patients of the retiring physicians will receive a written notice about the impending retirement and staff will assist in scheduling or rescheduling any future appointments at the patient's direction. Patients may be redirected to the Smilow practice in Torrington, but will also be provided options, with similar travel times, in New York, Massachusetts, and elsewhere in Connecticut where the same services are offered. Patients in need of non-oncology treatments such as infusions that do not involve chemotherapy will continue to have access to these services at Sharon Hospital. The site in Sharon uses the same electronic medical record as the Smilow site in Torrington ensuring an efficient transition of patient appointments and access to medical records.

It is our understanding that pursuant to Sec. 19a-638(a)(4) of the Connecticut General Statutes, a Certificate of Need is required for the termination of hospital services.

With this Determination Request, YNH and Smilow seek confirmation from the Office of Health Care Access that the consolidation of two outpatient oncology sites staffed by the same group of physicians does not require Certificate of Need approval based on the retirement of physicians at one site. Smilow will continue to provide the same oncology services in the region, including at its site in Torrington, where the same group of physicians continues to practice.

3. Identify the current population served and the target population to be served.

The current population served includes outpatient oncology patients seeking chemotherapy infusion, physician services, and related cancer care at the Smilow site in Sharon. The current patient population originates from: Sharon, Salisbury, Torrington, Canaan, Litchfield, Kent, New Milford, 40% from towns in New York, and 1% from towns in Massachusetts. The total payor mix includes less than 5% Medicaid.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Yale-New Haven Hospital

Project Title: Reconfiguration and Consolidation of Outpatient Oncology Services offered by Smilow Cancer Hospital in Sharon, CT


I, Nancy Rosenthal, Sr. VP Health Systems Deveopment
(Name) (Position – CEO or CFO)

of Yale-New Haven Health System being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my knowledge.

 9-30-2014
Signature Date

Subscribed and sworn to before me on September 30, 2014


Notary Public/Commissioner of Superior Court

My commission expires:

AMY E ROZMUS Notary Public My Commission Expires Oct. 31, 2018

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0044

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Yale-New Haven Hospital, Inc. of New Haven, CT d/b/a Yale-New Haven Hospital, Inc. is hereby licensed to maintain and operate a General Hospital.

Yale-New Haven Hospital, Inc. is located at 20 York Street, New Haven, CT 06510-3220.

The maximum number of beds shall not exceed at any time:

134 Bassinets
1407 General Hospital Beds

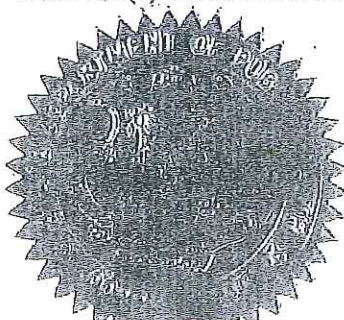
This license expires **September 30, 2015** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, October 1, 2013.

SATELLITES

Hill Regional Career High School, 180 Legion Avenue, New Haven, CT
Branford High School Based Health Center, 185 East Main Street, Branford, CT
Walsh Middle School, 183 Damascus Road, Branford, CT
James Hillhouse High School Based Health Center, 430 Sherman Parkway, New Haven, CT
Weller Building, 423 George Street, New Haven, CT
Yale-New Haven Psychiatric Hospital, 184 Liberty Street, New Haven, CT
Yale-New Haven Shoreline Medical Center, 111 Goose Lane, Guilford, CT
Pediatric Dentistry Center, 1 Long Wharf Drive, New Haven, CT
YNHASC Temple Surgical Center, 60 Temple Street, New Haven, CT
YNHASC Women's Surgical Center, 40 Temple Street, New Haven, CT
Mairo-Sheridan School Based Health Center, 191 Fountain Street, New Haven, CT
Yale-New Haven Hospital Dental Center, 2560 Dixwell Avenue, Hamden, CT
Murphy School Based Health Center, 14 Brushy Plain Road, Branford, CT
YNHCH at Bridgeport, 267 Grant Street, 6th Floor, Bridgeport, CT
Pediatric Primary Care Center, 226 Mill Hill Avenue, Bridgeport, CT
Yale-New Haven Hospital-Saint Raphael Campus, 1450 Chapel Street, New Haven, CT
Adolescent Day Hospital, 646 George Street, New Haven, CT
Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT
Children's Psychiatric Day Hospital, 1450 Chapel Street, New Haven, CT
Elder Care Clinic, Anwater Clinic, 26 Anwater Street, New Haven, CT
Elder Care Clinic/Tower One, 18 Tower Lane, New Haven, CT
Elder Care Clinic/Casa Ottonal, 135 Sylvan Avenue, New Haven, CT
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT
Adult Psychiatric PHP and Continuing Care, 1294 Chapel Street, New Haven, CT
Elder Care Clinic/Sunrise, 200 Oak Street, West Haven, CT
Troup Magnet Academy School-Based Health Center, 299 Edgewood Avenue, New Haven, CT
Adult PHP, 1100 Sherman Avenue, Hamden, CT
Project MotherCare at Wheat, 674 Washington Avenue, West Haven, CT
Barnard Environmental Studies Magnet School, 170 Derby Avenue, New Haven, CT
Project Eldercare, 2080 Whitney Avenue, Suite 130, Hamden, CT
Shoreline Child and Adolescent Mental Health Services, 21 Business Park Drive, Branford, CT

License Revised to Reflect:

*Removed (1) Satellite effective 10/3/13



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

October 1, 2014

VIA FACSIMILE ONLY

Nancy Rosenthal
Senior VP Health System Development
Yale-New Haven Hospital
20 York Street
New Haven, CT 06510

RE: Certificate of Need Determination Report Number 14-31950-DTR
Termination of Oncology Services

Dear Ms. Rosenthal:

On September 30, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Yale-New Haven Hospital ("Petitioner") with respect to the termination of oncology services in Sharon, Connecticut.

The Petitioner is a 1,541 bed teaching hospital with two integrated campuses located in New Haven and a pediatric campus in Bridgeport. The Petitioner also operates the Smilow Cancer Hospital. The Smilow Cancer Hospital operates a network of community based cancer care centers, including sites in Derby, Fairfield, Guilford, Greenwich, North Haven, Orange, Sharon, Torrington, Trumbull and Waterbury. All of these sites offer chemotherapy services and physician visits. The oncology services provided at these sites cannot be offered without the supervision and medical direction of a board certified medical oncologist/hematologist. The Sharon site includes two such physicians who are scheduled to retire in the near future. As a result, cancer treatment services provided by the Petitioner at the Sharon site will be eliminated and consolidated into the Torrington location. Patients currently being treated at the Sharon site will be referred to the Torrington location, as well as other sites.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(4), a certificate of need is required for the "termination of inpatient or outpatient services offered by a hospital..." The Petitioner is a hospital that is proposing the termination of cancer treatment services at its Sharon, Connecticut location. Therefore, a *CON is required* for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

Physician Retirement Letter

October 8, 2014

Patient Name

Patient Address

City, State, Zip

Dear Patient First Name,

At the end of this year, I will retire from the practice of medicine after forty years as a physician. The practice of this wonderful profession has been a gift and I have been blessed to have had the privilege of being involved in peoples' lives in such an intimate way. Each person I have met has reinforced my decision to choose this profession. I appreciate and thank you for all that you have given me.

Beginning in January, my colleagues at the Smilow Cancer Care Center in Torrington will continue to provide you with the high quality oncology and hematology care that you deserve. My general medical practice patients will be able to choose from several excellent physicians in the Sharon area.

Our staff will coordinate your future appointments and ensure that you have no interruptions in your care and treatment. If you currently have an appointment scheduled with me after January 1, 2015, our staff will contact you and reschedule your appointment with one of my colleagues or confirm your decision to transfer your care to another physician.

If you have any questions about your new physician or appointment schedule, please call 860-364-0531. I remain available to help you in any way and welcome the opportunity to answer any questions or concerns that you may have prior to my departure.

My best wishes for good health in the future.

Sincerely,

Gerard Kruger, MD

December 26, 2013

Thomas Lynch, M.D
Director, Yale Cancer Center
25 York Street
New Haven, Connecticut 06510-3221

Dear Dr. Lynch,

After careful consideration, I have decided to retire from the practice of Medicine on December 31, 2014. This letter will serve as a one year notice to discontinue my employment as required by the agreement between Yale University and Connecticut Oncology Hematology.

I have enjoyed the association with Yale and have benefited from the expertise and interaction with the physicians and professional staff at Smilow Cancer Center.

Thank you for your exemplary leadership of the Smilow Cancer Center and in allowing me to continue my career in the practice of Oncology and Hematology.

Sincerely,


Gerard Kruger, M. D.

cc: Roy Herbst, M.D.

CVs

CURRICULUM VITAE

Date of this revision: March 26, 2014

Name: Gerard Kruger, M.D., F.A.C.P.

School: Yale University School of Medicine (and the Graduate School)

Education:

B.S. Bachelor of Science, Mathematics, Manhattan College, Bronx, NY, 1970
 M.D. Downstate Medical Center, S.U.N.Y., Brooklyn, NY, 1974

Career/Academic Appointments:

1974-1977 Straight Medical Internship and Medical Residency, St. Vincent's Hospital and Medical Center, New York, NY

1977-1979 Staff Physician, Captain, Department of Medicine, United States Air Force, Clark USAF Base, Philippines

1979-1981 Staff Physician, Major, Department of Medicine, United States Air Force, Malcolm Grow USAF Medical Center, Andrews Air Force Base, Washington, DC

1980-1981 Assistant Professor, Department of Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD

1981-1983 Clinical and Research Fellowship, Division of Hematology-Oncology, Memorial Sloan-Kettering Cancer Center, New York, NY

1983-1994 Assistant Clinical Professor, Division of Oncology, Department of Medicine Westchester Medical Center/New York Medical College, Valhalla, NY

1983-1995 Physician, Private Medical Oncology Practice, Sharon, CT

1983-present Attending Physician, Department of Medicine, Sharon Hospital, Sharon CT

1995-present Attending Physician, Department of Medicine, Charlotte Hungerford Hospital, Torrington, CT

1995-2012 Physician, Connecticut Oncology & Hematology, LLP, Torrington, CT

2000-present Attending Physician, Department of Medicine, New Milford Hospital, New Milford, CT

2012-present Clinician, Yale University School of Medicine, Department of Internal Medicine, Section of Medical Oncology, Smilow Cancer Hospital, Torrington & Sharon Care Center, Torrington & Sharon, CT

Board Certification:

American Board of Internal Medicine, Internal Medicine, 1977
 American Board of Internal Medicine, Medical Oncology, 1983
 Connecticut State Licensure, 1983

PROFESSIONAL SERVICE

Clinical Trials:

Participates in Phase II, III and IV pharmaceutical and cooperative group Oncology and Hematology clinical trials

Professional Organizations:

Member, Eastern Cooperative Oncology Group
Member, USOncology
Member, American Society of Clinical Oncology
Fellow, American College of Physicians
Member, Litchfield County Medical Society
Member, Connecticut Medical Society

Medical School Committee:

Affiliate Member, Yale Oncology Network, Yale Cancer Center, New Haven, CT, 1997-2002

CURRICULUM VITAE

Date of this revision: January 24, 2014

Name: Anne Chiang, M.D., Ph.D.

School: Yale University School of Medicine

Education:

A.B. Princeton University (Molecular Biology) 1987

Ph.D. Harvard University (Molecular Genetics) 1995

M.D. Cornell University Medical College 1999

Career/Academic Appointments:

- 1999-2000 Intern, Internal Medicine, NY Presbyterian Hospital-Columbia Medical Center, NY, NY
- 2000-2002 Assistant and Senior Resident, Internal Medicine, NY Presbyterian Hospital-Columbia Medical Center, NY, NY
- 2002-2003 Instructor in Clinical Medicine, Assistant Attending Physician, Dept. of Medicine, NY
- 2003-2006 Fellow in Oncology, Memorial Sloan Kettering Cancer Center, NY, NY
- 2006-2008 Assistant Member, Assistant Attending Physician, Dept. of Medicine, Memorial Sloan Kettering Cancer Center, NY, NY
- 2008-2011 Attending Physician, Dept. of Medicine, New Milford Hospital, New Milford, CT
- 2011-present Assistant Professor, Dept. of Medicine, Yale University School of Medicine, New Haven, CT
- 2011-present Chief Medical Officer, Smilow Cancer Hospital Care Centers, New Haven, CT

Administrative Positions:

- 2011-present Chief Medical Officer, Smilow Cancer Hospital Network
- 2013-present Smilow Greenwich Hospital Advisory Council
- 2012-present Physician Lead for EPIC Implementation and Optimization
- 2012-2013 Chair – EPIC Steering Committee
- 2013-present Chair – EPIC Optimization Committee, Member
- 2011-present Smilow Cancer Hospital Care Center Physician Council
Greater New Haven Co Chair
- 2011-present Smilow Cancer Hospital Care Centers Physician Council
Torrington, CT – Co chair
- 2012-present Smilow Cancer Hospital Care Center Clinical Research
Working Group – Co-Chair
- 2012-present Smilow Cancer Hospital Care Center Quality Safety Practice Working Group –
Co-Chair
- 2008-2011 Medical Director, New Milford Regional Cancer Center, New Milford, CT

Teaching Positions:

2012-2014 Attending Physician Inpatient Service
 2013-2014 Clinic Teaching Attending Fellow
 2013-2014 QOPI for Fellow – Mentor
 2013-2014 Medical Student Oncology Workshops

Board Certification:

American Board of Internal Medicine, Internal Medicine, 2002
 American College of Internal Medicine, Certification in Medical Oncology, 2006

Professional Honors & Recognition**National**

2013-2014 ASCO QTP Participant
 2011-2013 ASCO Leadership Development Program Participant
 2007-2010 ASCO CDA Award
 2005-2006 ASCO YIA Recipient
 2005-2007 Clinical Scholars Award, Charles Dana Foundation
 2004-2005 NIH Cancer Chemotherapy Training Program Grantee
 1987-1988 Fulbright Fellowship Award

Editorial Boards:

Editor: Reviewer of Journal of Oncology Practice

Grant/Clinical Trials History:**Current:**

Agency: Onyx Pharmaceuticals
 I.D.#: Protocol SC1308LNG028
 Title: **Protocol Title:** Phase 1b/2, Multicenter, Open-label Study of Carfilzomib, Carboplatin and Etoposide in Subjects with Previously Untreated Extensive-stage Small-cell Lung Cancer
 P.I.: Anne Chiang

Agency: Boehringer Ingelheim Pharmaceuticals, In
 I.D.#: Protocol SC0312HN002
 Title: Protocol Title: A randomised, double-blind, placebo-controlled, phase III study to evaluate the efficacy and safety of afatinib (BIBW 2992) as adjuvant therapy after chemo-radiotherapy in primary unresected patients with stage III, IVa, or IVb loco-regionally advanced head and neck squamous cell carcinoma
 P.I.: Anne Chiang

Pending

Agency: OncoMed Pharmaceuticals Inc
 I.D.#: Protocol 59R5-003
 Title: **Protocol Title:** "A Phase 1b/2 Study of OMP-59R5 in Combination with Etoposide and Cisplatin in Subjects with Untreated Extensive Stage Small Cell Lung Cancer
 (PINNACLE: Phase 1b/2 INvestigation of anti-Notch Antibody Therapy with Cisplatin and Etoposide in Small Cell Lung Carcinoma Safety and Efficacy)
 P.I.: Anne Chiang

Completed

Agency: American Society of Clinical Oncology
 Career Development Award
 Title: "Targeting Brain-Specific Metastases Genes in Lung Cancer"
 P.I.: Anne Chiang MD PhD
 Percent effort: 100%
 Total costs for project period: \$200,000
 Project period: 7/7-6/10

Agency: Charles Dana Foundation
 Clinical Scholars Award
 Title: "Targeting Brain-Specific Metastases Genes in Lung Cancer"
 P.I.: Anne Chiang MD PhD
 Percent effort: 100%
 Total costs for project period: \$80,000
 Project period: 7/005-6/07

Agency: American Society of Clinical Oncology
 Young Investigator Award
 Title: "Identifying Tumor-specific Metastases Genes in Lung Cancer"
 P.I.: Anne Chiang, MD PhD
 Percent effort: 100%
 Total costs for project period: \$40,000
 Project Period: 7/05-6/06

Professional Services for Professional Organizations

2003-present American Society of Clinical Oncology
 2003-2004 American Society of Hematology
 2004-2005 American Association for Cancer Research
 2012-present Yale Cancer Center Quality, Safety and Practice Committee
 2012-present ASCO QCC Committee Member
 2012-present ASCO QCP Committee Member
 2013-present QCC Measure and Pro Subgroup Member

BIBLIOGRAPHY**Original Research**

1. Malone E.A., Clark C. D., **Chiang A.**, Winston F. Mutations in SPT/CDC68 suppress cis-and trans- acting mutations that affect promoter function in *Saccharomyces cerevisiae*. *Molecular & Cell Biology*. 1991, 11:5710-7.
2. Simon J., **Chiang A.**, Bender W. Ten different Polycomb group genes are required for spatial control of the *abdA* and *AbdB* homeotic products. *Development*. 1992, 2:495-505.
3. Simon J., **Chiang A.**, Bender W., Shimell M. J., O'Connor M. Elements of the *Drosophila bithorax* complex that mediate repression by Polycomb group products. *Developmental Biology*. 1993, 10:131-144.
4. **Chiang A.**, O'Connor M., Simon J., Paro R., Bender W. Discrete Polycomb binding sites in each parasegmental domain in the *bithorax* complex. *Development*. 1995, 121:1681-89.
5. Kermani P., Rafii D., Jin D.K., Whitlock P., Schaffer W., **Chiang A.**, Vincent L., Friedrich F., Shido K., Hackett N.R., Crystal R. G., Rafii S., Hempstead B. Neurotrophins promote revascularization by local recruitment of TrkB+ endothelial cells and systemic mobilization of hematopoietic progenitors. *JCI*. 2005, 115:653-663.
6. Balak M.N., Gong Y., Riely G.J., Somwar R., Li A.R., Zakowski M.F., **Chiang A.**, Yang G., Ouerfelli O., Kris M.G., Ladanyi M., Miller V.A., Pao W. Novel D761Y and common secondary T790M mutations in epidermal growth factor receptor-mutant lung adenocarcinomas with acquired resistance to kinase inhibitors. *Clin Cancer Res*. 2006, 21:6494-501.
7. Gupta G.P., Nguyen D.X., **Chiang A.C.**, Bos P.D., Kim J.Y., Nadal C., Gomis R.R., Manova-Todorova K., Massague J. Mediators of vascular remodelling co-opted for sequential steps in lung metastasis. *Nature*. 2007, 7137:765-70.
8. Rodina, A., Vilenchik, M., Moulick, K., Aguirre, J., Kim, J., **Chiang, A.C.**, Litz, J., Clement, C.C., Kang, Y., She, Y., Wu, N., Felts, S., Wipf, P., Massague, J., Jiang, X., Bordsky, J.L., Krystal, G.W., and G. Chiosis. Selective compounds define Hsp90 as a major inhibitor of apoptosis in small-cell lung cancer. *Nat Chem Biol*. 2007, 8:498-507.
9. Nguyen, D, **Chiang, A.C**, Zhang, X., Kim, J., Kris, M., Ladanyi, M. Gerald, W., and J. Massague. WNT/TCF signaling through LEF1 and HOXB9 mediates lung adenocarcinoma metastasis. *Cell*. 2009, 138:1-12.
10. Jagsi R, **Chiang A**, Polite BN, Medeiros BC, McNiff K, Abernethy AP, Zon R, Loehrer PJ Sr., Qualitative Analysis of Practicing Oncologists' Attitudes and Experiences

Regarding Collection of Patient-Reported Outcomes. *J Oncol Pract.* 2013 Aug 6. [Epub ahead of print] PMID: 23943890

Reviews, Chapters, Books

1. **Chiang A.** The Interaction of Polycomb Protein with the bithorax complex in *Drosophila Melanogaster*. Doctoral Thesis. Harvard University 1995.
2. **Chiang, A.C**, Massague, J. Molecular Basis of Metastasis. *NEJM.* Dec 25; 359(26):2814-2823.

CURRICULUM VITAE

Date of this revision: June 4, 2014

Name: Ivan Stephen Lowenthal, M.D.

School: Yale University School of Medicine (and the Graduate School)

Education:

B.S. College of William and Mary, Williamsburg, VA 1966

M.D. Summa Cum Laude, Downstate Medical Center, Brooklyn, NY 1970

Career/Academic Appointments:

1970-1971 Medical Intern, University of California School of Medicine, San Francisco, CA

1971-1972 Medical Resident, University of California School of Medicine, San Francisco, CA

1972-1974 Clinical Associate, Medicine Branch, National Cancer Institute, National Institutes of Health, Bethesda, MD

1973-1974 Clinical Associate, Laboratory of Tumor Cell Biology, National Cancer Institute, National Institutes of Health, Bethesda, MD

1974-1975 Nuclear Medicine Resident, Peter Bent Brigham Hospital, Boston, MA

1975-1977 Assistant in Medicine, Peter Bent Hospital, Boston, MA

1975-1977 Fellow, Medical Oncology, Dana Farber Cancer Institute, Harvard Medical School, Boston, MA

1977-1980 Associated Internists, Medical Oncology and Internal Medicine, Sand Pit Road, Danbury, CT

1978-1987 Clinical Instructor, Yale University School of Medicine, New Haven, CT

1980-2012 Physician, Connecticut Oncology & Hematology, LLP, Torrington, CT

2012-present Clinician, Yale University School of Medicine, Department of Internal Medicine, Section of Medical Oncology, Smilow Cancer Hospital, Torrington Care Center

Board Certification:

American Board of Internal Medicine, Internal Medicine, 1972

American Board of Internal Medicine, Medical Oncology, 1979

Connecticut State Licensure, current

Professional Honors & Recognition:International/National/Regional

Phi Beta Kappa, 1966

Alpha Omega Alpha, 1967

Mosby Award for Scholastic Excellence, 1967-1970

General Excellence Prize, Downstate Medical Center, 1970

PROFESSIONAL SERVICE**Clinical Trials:**

Participates in Phase II, III and IV pharmaceutical and cooperative group Oncology and Hematology clinical trials

Professional Organizations:

Board of Directors, Connecticut Oncology Network, 1997-present

President, Connecticut Oncology Association, 1997-1999

BIBLIOGRAPHY:

1. Josephson, A.S., Levere, R., **Lowenthal, I.S.**, Swerdlow, F. and Ginsberg, M. Prophyrin Synthesis by Cultured Lymphocyte. *Blood* 39 : 568-574, 1972.
2. **Lowenthal, I.S.**, Parisi, A.F., Tow, D.E., et al. Diagnosis of Acute Myocardial Infarction in Patients, Undergoing Open Heart Surgery: A Comparison of Serial Myocardial Imaging to Cardiac Enzymes Electrocardiography and Vectorcardiography.
3. **Lowenthal, I.S.**, Parker, L.M., Greenblatt, D.J., et al. Pharmacokinetic Analysis of Neocarzinostatin in Normal and Tumor-bearing Rodents. *Cancer Research* 39 : 1547-1551, 1977.

Case Reports

Lowenthal, I.S., Tow, D.E., and Chang, Y.C. Accumulation of ^{99m}Tc- Polyphosphate in Two Squamous Cell Carcinomas of the Lung. Case Report. *J. Nuclear Medicine* 16: 1021- 1023, 1975.

Chapters

Lowenthal, I.S., Fischer, D.S. "Soft Tissue and Bone Sarcomas". In "Cancer Therapy". Fischer, D., Marsh, J., G.K. Hall, Boston, MA 63 : 677-685, 1982.

ABSTRACTS:

1. Swerdlow, F., **Lowenthal, I.S.**, Ginsberg, M., Levere, R.D., and Josephson, A.S., Prophyrin Synthesis by Cultured Lymphocytes. *Clinical Res.* 18 : 686, 1970.
2. **Lowenthal, I.**, Parisi, A.F., Tow, D.E., Barsamian, E.M., Clemson, H.C., and McCaughan, D., Detection of Myocardial Damage with ^{99m}Tc , Pyrophosphate after Open Heart Surgery. *Clin. Res.* 23 : 567, 1975.
3. **Lowenthal, I.**, Parisi, A.F., Tow, D.E., Barsamian, E.M., Clemson, H.C., and McCaughan, D., Detection of Myocardial Damage with ^{99m}Tc Pyrophosphate after Open Heart Surgery. *Clin. Res.* 24: 228A, 1976.
4. **Lowenthal, I.**, Parker, L.M., In Vivo Distribution of ¹²⁵I Neocarzinostatin in Tumor-bearing Animals. *Proc. AACR.* 18 : 124, 1977.
5. Pitman, S., Minor, R., Papac, R. Knopf, T., **Lowenthal, I.**, Nystrom, S., Bertino, J. Sequential Methotrexate-Leucovorin and Cis-platin in Head and Neck Cancer. *Proc. Amer. Soc. Clin. Onc.* 20 : 419, 1979.

LISA A. SHOMSKY RN, BSN, MBA
11 Reed Lane, Shelton, CT 06484
203-929-2277

PROFESSIONAL EXPERIENCE:

6/18/12– Present Clinical Program Manager
 Yale-New Haven Hospital - Smilow Cancer Care Centers
 New Haven, CT

Responsible for oversight and supervision of clinical operations and practices in all network outpatient practices and hospital sites, ensuring achievement of the YNHH strategic objectives and mission in the fields of patient service, teaching, research, and community service. In addition, is responsible for bridging among SCH, program affiliates and regional satellite sites to ensure alignment across the network. Ensures compliance with provider-based regulations, exceptional oncology standards of practice, and efficient and cost effective operations, promotes a culture of safe and exemplary patient and family centered care, and facilitates the conduct of community based-clinical research.

5/05 – 11/06 Practice Administrator
 US Oncology, (AOR Mgmt. Co of PA, Inc.), Houston, TX

5/99 – 6/12 Practice Administrator
 Northwestern Connecticut Oncology/Hematology, Torrington, CT

Northwestern Connecticut Oncology/Hematology (merged with US Oncology). A management company with a network of 8,000 plus physicians across the United States.

Responsible for all administrative and management functions including management of fiscal resources, human resources, facilities, compliance, quality assurance, marketing, contracting with Managed Care Organizations, planning, organizing and projecting business needs for a 13 provider Oncology/Hematology practice, operating in three locations.

Direct oversight of the reimbursement staff that are responsible for charge entries, payment postings, postings and accounts receivable. Management of four treatment facilities in Litchfield and New Haven counties which provide physician services, laboratory services and chemotherapy infusion services. The staff includes Administrative, Clerical, Medical Assistants, LPN's, RN's and Medical Technologists.

1/90- 5/99 Branch Manager
 Coram Healthcare, (formerly T2 Medical, Inc.), Wallingford, CT

Coram Healthcare was the result of a four-way merger of T2 Medical, Inc, Health Infusion, Curaflex and Medisys. In addition, Coram Healthcare purchased Caremark Home Infusion Division in April 1994. As the Branch Manager for Coram Healthcare, responsibilities remained as below. In addition, was also responsible for the successful merger and integration of the Coram and Caremark branches in Connecticut into one facility.

Managed and directed operations of the branch office administrative, reimbursement, nursing and pharmacy departments. Ensured meeting or exceeding annual established revenue growth, clinical and service quality, customer satisfaction, cash flow and profit contribution goals. Directed and participated in all field marketing activities, education and marketing of company service capabilities and development of contracts to payor groups, discharge planners, case managers, and physicians.

LISA A. SHOMSKY**Page 2**

- 7/90 – 12/91 Nurse Manager
Connecticut Home Therapeutics, New Haven, CT
- Managed all nursing activities including department budget, coordinating care with the Pharmacy Department, all aspects of nursing personnel issues, ensuring center complies with all T2 Medical Inc. nursing policies and procedures as well as JCAHO requirements.
- 1/90 – 6/90 Nurse/Clinician
- Responsible for the clinical management of home infusion therapy patients, including maintenance of intravenous catheters, blood drawing, medical records, and patient/caregiver education.
- 1987 EXTRA NURSING CARE, Trumbull, CT
- Administration of patient care to those persons requiring specialized nursing care. Also staff relief for Extended Care Facilities who need agency nurse to supplement nursing staff.
- 1982 – 1990 Various positions:
Student Tutor, Staff Nurse, Nursing Supervisor, Respiratory Unit
St. Vincent's Medical Center, Bridgeport, CT

EDUCATION:

- 1987 – 1990 University of New Haven
New Haven, CT
MBA, Minor: Health care administration
- 1984 – 1986 Bachelor of Science in Nursing – Cum Laude
Sacred Heart University
Fairfield, CT
- 1981 – 1984 3 Year Diploma Graduate – Cum Laude
St. Vincent's Medical Center, School of Nursing
Bridgeport, CT
License # B43860

REFERENCES:*Available Upon Request*

DOCUMENTATION OF NON-PROFIT STATUS

OGDEN UT 84201-0038

In reply refer to: 0441981549
Nov. 01, 2010 LTR 4168C E0
06-0646652 000000 00

00029143
BODC: TE

YALE NEW HAVEN HOSPITAL
% LAURIE CAHILL
20 YORK ST
NEW HAVEN CT 06510-3220

025077

Employer Identification Number: 06-0646652
Person to Contact: Mr. Ludlow
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 21, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in November 1966.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(iii).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

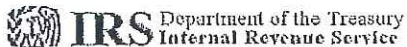
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Rita A. Leete
Accounts Management II



OGDEN UT 84201-0038

025077.788528.0120.003 1 MB 0.382.540



YALE NEW HAVEN HOSPITAL
% LAURIE CAHILL
20 YORK ST
NEW HAVEN CT 06510-3220

025077

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

Use for payments

BODCD-TE

0441981549

Letter Number: LTR4168C
Letter Date : 2010-11-01
Tax Period : 000000

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0038



060646652

YALE NEW HAVEN HOSPITAL
% LAURIE CAHILL
20 YORK ST
NEW HAVEN CT 06510-3220

060646652 00 YALE 00 2 000000 670 000000000000

Internal Revenue Service

District
DirectorYale-New Haven Hospital Inc.
789 Howard Avenue
New Haven, Ct. 06504

Department of the Treasury

P.O. Box 9107
JFK Federal Bldg., Boston, Mass. 02203

Person to Contact: Daniel T. Valenzano

Telephone Number: (617) 223-1442

Refer Reply to: EO:Processing Unit

Date: JUL 10 1979

Name of Organization: Same

Gentlemen:

This is in reply to your recent letter requesting a copy of an exemption letter for the above-named organization.

Due to our records retention program, a copy of the original letter is not available.

However, records in this office show that a determination letter was issued in November 1966 ruling that the organization was exempt from Federal Income Tax under Section (now) 501(C)(3) of the Internal Revenue Code of 1954.

However, records in this office show that the organization is exempt under Section (now) of the Internal Revenue Code as part of a group ruling issued to _____

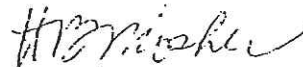
Further, the organization is not a private foundation because it is an organization described under Section 170(b)(1)(a)(vi) and

509(a)(1). This ruling remains in effect as long as there are no changes in the character, purposes, or method of operation of the organization.

I trust the foregoing information will serve your purpose.

If you have any questions, you may contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

FINANCIAL ATTACHMENTS

Yale New Haven Hospital
 Attachment I
 Reconfiguration and Consolidation of Outpatient
 Oncology Services offered by Smilow Cancer Hospital
 in Sharon, CT

Description	FY 2014	FY 2015	FY 2015	FY 2015	FY 2015	FY 2016	FY 2016	FY 2016	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2018	FY 2018	FY 2018
	Actual Results	Projected without CON	Projected Incremental	Projected with CON	Projected without CON	Projected Incremental	Projected with CON	Projected without CON	Projected Incremental	Projected with CON	Projected without CON	Projected Incremental	Projected with CON	Projected without CON	Projected Incremental	Projected with CON
Net Patient Revenue																
Non-Government	\$ 1,323,514,463	\$ 1,374,165,445	\$ 261,054	\$ 1,375,904,391	\$ 1,465,232,804	\$ 532,550	\$ 1,464,700,254	\$ 1,561,250,851	\$ 543,201	\$ 1,560,707,650	\$ 1,655,700,608	\$ 554,065	\$ 1,655,145,742	\$ 1,655,700,608	\$ 554,065	\$ 1,655,145,742
Medicare	797,352,305	754,503,911	263,563	754,245,328	788,116,175	597,708	787,576,467	805,519,591	546,462	804,971,519	850,917,569	559,432	850,358,136	850,917,569	559,432	850,358,136
Medicaid and Other Medical Assistance	298,980,335	310,936,945	933	310,936,012	314,138,598	1,932	314,138,695	328,266,181	1,940	328,266,240	344,102,751	1,979	344,100,772	344,102,751	1,979	344,100,772
Other Government																
Total Net Patient Revenue	2,420,827,103	2,439,611,301	525,570	2,439,085,731	2,547,487,576	1,072,161	2,546,415,416	2,685,037,013	1,083,604	2,683,943,409	2,850,721,127	1,115,476	2,849,605,651	2,850,721,127	1,115,476	2,849,605,651
Other Operating Revenue	63,550,529	49,338,170	-	49,338,170	49,338,170	-	49,338,170	49,338,170	-	49,338,170	49,338,170	-	49,338,170	49,338,170	-	49,338,170
Revenue from Operations	2,484,377,632	2,488,949,471	525,570	2,488,423,901	2,596,825,746	1,072,161	2,595,753,586	2,744,375,183	1,093,604	2,743,281,579	2,900,059,297	1,115,476	2,898,943,821	2,900,059,297	1,115,476	2,898,943,821
Expenses																
Salaries and Fringe Benefits	\$ 1,034,645,268	\$ 1,060,280,000	-	\$ 1,060,280,000	\$ 1,102,315,606	-	\$ 1,102,315,606	\$ 1,140,383,004	-	\$ 1,140,383,004	\$ 1,182,761,170	-	\$ 1,182,761,170	\$ 1,182,761,170	-	\$ 1,182,761,170
Professional / Contracted Services	567,134,798	601,403,000	-	601,403,000	639,445,090	-	639,445,090	718,944,443	-	718,944,443	801,441,776	-	801,441,776	801,441,776	-	801,441,776
Supplies and Drugs	414,472,153	420,089,000	-	420,089,000	432,172,177	-	432,172,177	444,604,891	-	444,604,891	457,397,311	-	457,397,311	457,397,311	-	457,397,311
Bad Debts	71,764,282	69,549,469	-	69,549,469	71,283,236	-	71,283,236	76,123,579	-	76,123,579	81,292,700	-	81,292,700	81,292,700	-	81,292,700
Other Operating Expense	83,304,553	116,237,000	-	116,237,000	119,724,110	-	119,724,110	123,315,833	-	123,315,833	127,015,308	-	127,015,308	127,015,308	-	127,015,308
Subtotal	2,171,321,054	2,267,558,469	-	2,267,558,469	2,364,940,219	-	2,364,940,219	2,503,351,751	-	2,503,351,751	2,649,906,266	-	2,649,906,266	2,649,906,266	-	2,649,906,266
Depreciation/Amortization	122,542,877	92,474,000	-	92,474,000	78,393,465	-	78,393,465	70,630,610	-	70,630,610	57,851,585	-	57,851,585	57,851,585	-	57,851,585
Interest Expense	23,742,086	26,033,000	-	26,033,000	26,033,000	-	26,033,000	26,033,000	-	26,033,000	26,033,000	-	26,033,000	26,033,000	-	26,033,000
Lease Expense	14,516,264	15,383,000	-	15,383,000	15,844,430	-	15,844,430	16,319,825	38,133	16,281,692	16,808,419	38,133	16,771,285	16,808,419	38,133	16,771,285
Total Operating Expense	2,332,122,279	2,401,448,469	-	2,401,448,469	2,485,211,194	-	2,485,211,194	2,616,335,186	38,133	2,616,297,053	2,750,602,280	38,133	2,750,564,147	2,750,602,280	38,133	2,750,564,147
Gain/(Loss) from Operations	\$ 152,255,353	\$ 87,501,002	\$ 525,570	\$ 86,975,432	\$ 111,614,552	\$ 1,072,161	\$ 110,542,392	\$ 128,039,998	\$ 1,055,471	\$ 126,984,527	\$ 149,457,017	\$ 1,077,343	\$ 148,379,674	\$ 149,457,017	\$ 1,077,343	\$ 148,379,674
Plus: Non-Operating Revenue	30,155,407	50,000,000	-	50,000,000	50,000,000	-	50,000,000	50,000,000	-	50,000,000	50,000,000	-	50,000,000	50,000,000	-	50,000,000
Revenue Over/(Under) Expense	\$ 182,410,760	\$ 137,501,002	\$ 525,570	\$ 136,975,432	\$ 161,614,552	\$ 1,072,161	\$ 160,542,392	\$ 178,039,998	\$ 1,055,471	\$ 176,984,527	\$ 199,457,017	\$ 1,077,343	\$ 198,379,674	\$ 199,457,017	\$ 1,077,343	\$ 198,379,674
Statistics																
Number of FTEs	10,856	11,078	-	11,078	11,123	-	11,123	11,201	-	11,201	11,288	-	11,288	11,288	-	11,288
Inpatient Cases	78,315	80,531	-	80,531	81,819	-	81,819	83,129	-	83,129	84,459	-	84,459	84,459	-	84,459
Patient Days	408,568	435,708	-	435,708	442,679	-	442,679	449,762	-	449,762	456,958	-	456,958	456,958	-	456,958
Outpatient encounters	1,175,388	1,209,078	602	1,209,680	1,231,204	1,204	1,232,408	1,253,735	1,204	1,254,939	1,276,679	1,204	1,277,893	1,276,679	1,204	1,277,893

Notes To Schedule
 The FY14 audited financials are not yet available but this schedule is based on most recent available data.
 The FY15 projected incremental revenue assumes loss of half of year of NY-based volume while absorbing 100% of the CT-based volume in Torrington.
 The FY16-18 projected incremental revenue assumes loss of NY-based volume and absorbing 100% CT-based volume in Torrington.

YALE-NEW HAVEN HOSPITAL
Reconfiguration and Consolidation of Outpatient
Oncology Services offered by Smilow Cancer Hospital
in Sharon, CT
Yale-New Haven Hospital
Assumptions

<u>Net Revenue Rate Increases</u>		<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
1) Government		0 - 1.4%	0 - 1.4%	0 - 1.2%
2) Non-Government		0 - 2.0%	0 - 2.0%	0 - 2.0%
<u>EXPENSES</u>		<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
A. Salaries and Fringe Benefits		3.0%	3.0%	3.0%
B. Non-Salary				
1) Medical and Surgical Supplies		3.0%	3.0%	3.0%
2) Pharmacy and Solutions		3.0%	3.0%	3.0%
3) Malpractice Insurance		3.0%	3.0%	3.0%
4) Professional and Contracted Services		3.0%	3.0%	3.0%
5) All Other Expenses		3.0%	3.0%	3.0%
<u>FTEs</u>		<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
1) Total estimated FTEs		<u>11,078.0</u>	<u>11,123.0</u>	<u>11,201.0</u>

Note - The above increase projections reflect all changes relating to Medicare and Medicaid reimbursement regulations.

Yale-New Haven Hospital

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	(1) Oncology Encounters 6	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col. 4 - Col. 5 -Col. 6 - Col. 7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Year 1 - 2015 (full year) FY Projected Incremental Total Incremental Expenses:	\$									
Total Facility by Payer Category:										
Medicare	\$	1,455	302	\$439,305	\$175,722			\$263,583	\$0	\$263,583
Medicaid	\$	1,455	1	\$1,555	\$622			\$933	\$0	\$933
CHAMPUS/Tricare	\$	1,455	-	\$0	\$0			\$0	\$0	\$0
Total Governmental			303	\$440,860	\$176,344	\$0	\$0	\$264,516	\$0	\$264,516
Commercial Insurers	\$	1,455	299	\$435,090	\$174,036			\$261,054	\$0	\$261,054
Uninsured	\$	1,455	-	\$0	\$0			\$0	\$0	\$0
Total NonGovernment			299	\$435,090	\$174,036	\$0	\$0	\$261,054	\$0	\$261,054
Total IP All Payers	\$	1,455	602	\$875,950	\$350,380	\$0	\$0	\$525,570	\$0	\$525,570

Note: No changes in expenses for FY 15

Yale-New Haven Hospital

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	(1) Oncology Encounters 12	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Year 2 - 2016										
FY Projected Incremental										
Total Incremental Expenses:	\$ -									
Total Facility by Payer Category:										
Medicare		\$ 1,484	604	\$896,181	\$358,472			\$537,708	\$0	\$537,708
Medicaid		\$ 1,484	2	\$3,171	\$1,268			\$1,902	\$0	\$1,902
CHAMPUS/TRICare		\$ 1,484	-	\$0	\$0			\$0	\$0	\$0
Total Governmental			606	\$899,351	\$359,740	\$0	\$0	\$539,611	\$0	\$539,611
Commercial Insurers		\$ 1,484	598	\$887,584	\$355,033			\$532,550	\$0	\$532,550
Uninsured		\$ 1,484	-	\$0	\$0			\$0	\$0	\$0
Total NonGovernment			598	\$887,584	\$355,033	\$0	\$0	\$532,550	\$0	\$532,550
Total All Payers		\$ 1,484	1,204	\$1,786,935	\$714,774	\$0	\$0	\$1,072,161	\$0	\$1,072,161

Note: No change in expenses for FY 16

Yale-New Haven Hospital

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	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:	Encounters	Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss)
# of Months in Operation	12			Col. 2 * Col. 3				Col. 4 - Col. 5 -Col. 6 - Col. 7	Col. 4 / Col. 4 Total	Col. 8 - Col. 9
Year 3 - 2017										
FY Projected Incremental										
Total Incremental Expenses:	\$ 38,133									
Total Facility by Payer Category:										
Medicare		1,514	604	\$914,104	\$365,642			\$548,462	\$19,124	\$529,338
Medicaid		1,514	2	\$3,234	\$1,294			\$1,940	\$68	\$1,873
CHAMPUS/TriCare		1,514	-	\$0	\$0			\$0	\$0	\$0
Total Governmental			606	\$917,338	\$366,935	\$0	\$0	\$550,403	\$19,192	\$531,211
Commercial Insurers		1,514	598	\$905,335	\$362,134			\$543,201	\$18,941	\$524,260
Uninsured		1,514	-	\$0	\$0			\$0	\$0	\$0
Total NonGovernment			598	\$905,335	\$362,134	\$0	\$0	\$543,201	\$18,941	\$524,260
Total All Payers			1,204	\$1,822,673	\$729,069	\$0	\$0	\$1,093,604	\$38,133	\$1,055,471

Note: There is no incremental volume for this Termination

Yale-New Haven Hospital

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	Oncology
Type of Unit Description:	Encounters
# of Months in Operation	12

Year 4 - 2018	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY Projected Incremental	Rate	Units	Gross Revenue	Allowances/Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss)	
Total Incremental Expenses:	\$ 38,133		Col. 2 * Col. 3				Col. 4 - Col. 5	Col. 1 Total *	Col. 8 - Col. 9	

Total Facility by Payer Category:

Medicare	\$ 1,544	604	\$932,386	\$372,954			\$559,432	\$19,124	\$540,307
Medicaid	\$ 1,544	2	\$3,299	\$1,319			\$1,979	\$68	\$1,911
CHAMPUS/TriCare	\$ 1,544	-	\$0	\$0			\$0	\$0	\$0
Total Governmental		606	\$935,685	\$374,274	\$0	\$0	\$561,411	\$19,192	\$542,219
Commercial Insurers	\$ 1,544	598	\$923,442	\$369,377			\$554,065	\$18,941	\$535,124
Uninsured	\$ 1,544	-	\$0	\$0			\$0	\$0	\$0
Total NonGovernment		598	\$923,442	\$369,377	\$0	\$0	\$554,065	\$18,941	\$535,124
Total All Payers	\$ 1,544	1,204	\$1,859,127	\$743,651	\$0	\$0	\$1,115,476	\$38,133	\$1,077,343

Note: There is no incremental volume for this Termination



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

January 21, 2015

VIA FAX ONLY

Nancy Rosenthal
Sr. V.P. Health Systems Development
Yale-New Haven Hospital
20 York Street
New Haven, CT 06510

RE: Certificate of Need Application; Docket Number: 14-31969-CON
Termination of Oncology Services in Sharon
CON Completeness Letter

Dear Ms. Rosenthal:

On December 23, 2014, the Department of Public Health ("DPH"), Office of Health Care Access ("OHCA") received Yale-New Haven Hospital's ("Hospital" or "Applicant") initial Certificate of Need ("CON") application proposing to terminate oncology services in Sharon.

OHCA has reviewed the CON application and requests the following additional information pursuant to General Statutes §19a-639a(c). The page numbers given in each question refer to the submitted initial CON application.

1. On page 15, the Hospital states that it has been unable to recruit a physician to the Smilow site in Sharon. Please provide a discussion of the efforts made to recruit an oncological physician for the Sharon site.
2. Please describe the recent history of oncological services at Sharon Hospital. Was the Applicant the first to provide such services at Sharon Hospital?
3. On page 13 of the application, the Hospital states that the physicians are at the Sharon office for a combined 3 1/2 days each week. In the table on page 16, however, the office is listed as being open M, W, T, F from 9 am to 5 pm. Please explain the discrepancy.
4. On page 13 of the application, the Hospital describes the Torrington site as offering radiation therapy. Radiation therapy is not listed as a service available in Torrington, though, according to the table on page 16. Please explain the discrepancy.

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O. Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

5. Please indicate which of the following oncology services are offered at each location:

Service	Smilow Sharon	Sharon Hospital (excl. Smilow)	Smilow Torrington	Charlotte Hungerford Hospital (excl Smilow)
Medical Oncology				
Surgical Oncology				
Chemotherapy				
Radiation Oncology				
IMRT and/or IGRT*				
Interventional Radiology				
Biopsies				
Endoscopy				
Diagnostic Radiology (CT, MRI, PET)**				
Palliative Care				
Other (list)				

*Intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT)

** Computed tomography (CT), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET)

- Indicate how many of the 262 Connecticut residents treated at the Sharon site in FY 2014 received oncological treatment.
- Provide a breakdown of the towns of origin for the Connecticut residents who received oncological treatment in FY 2014 at the Sharon site.

8. For FY 14, complete the table below for Connecticut patients of Sharon Smilow who also received oncological services (e.g., radiation) elsewhere (Smilow and non-Smilow).

Patients' Town of Residence	Number of Sharon Smilow Patients Also Receiving Oncological Care Elsewhere
Salisbury	
Sharon	
Canaan	
Cornwall	
Kent	
Torrington	
New Milford	
Other (list)	
TOTAL	

9. Provide a response to the following question (Question 2d on page 18); please be sure to address the issue of cost effectiveness:

"What impact will the proposal have upon the cost effectiveness of providing access to services provided under the Medicaid program?"

10. Regarding Financial Attachment I on page 59, respond to the following:

- a. The projected incremental for the proposal reports gains from operations for FYs 2016, 2017 and 2018. Based on information reported in the application, the oncology services will no longer be provided once the remaining physician retires in FY 2015. Please explain the projected net revenue for those years.
- b. Explain why there is a lease payment due included in the expenses for FYs 2017 and 2018.
- c. OHCA's standard format for the financial projections ("Attachment I & II," available at www.ct.gov/dph/cwp/view.asp?a=3902&q=276934&dphNav=|) has the first and third columns for each year as "Projected Without the CON" and "Projected With the CON" respectively. The middle "Projected Incremental" field should reflect the difference between the values in the first and third columns. The Hospital has not provided the financial projections in this manner. Please resubmit the information in the correct format.

11. Resubmit Table 5, on page 23 of the application, reflecting the payer-mix by patient rather than number of scans.

12. Question 2c of the application asks, in part, "...how the termination of this service will affect access to care for Medicaid recipients and *indigent persons*," (emphasis added). On pages 17 and 18 of the application, the Hospital addresses the impact on Medicaid recipients but fails to address

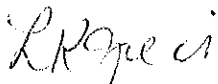
indigent persons. Please describe the proposal's impact, if any, on indigent persons.

13. On page 19 of the application, the Hospital states that patients of the physician who is retiring in January of 2015 received a letter notifying them of his departure. How will the remaining patients be notified of the Sharon office's closing and how far in advance of its closure will they be notified?
14. When, approximately, do you anticipate terminating services at the Sharon site?
15. Discuss whether the proposal will negatively impact the diversity of health care providers and patient choice in the geographic region?
16. Explain whether any consolidation resulting from the proposal will adversely affect health care costs or accessibility to care?


In responding to the questions contained in this letter, please repeat each question before providing your response. Information filed after the initial CON application submission (e.g., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. **Paginate and date** your response (i.e., each page in its entirety) beginning with page number 65. Please reference "Docket Number: 14-31969-CON." Submit one (1) original and four (4) hard copies of your response. Each copy must be fully paginated. In addition, please submit a scanned copy of your response paginated and including all attachments on CD in an Adobe format (.pdf) and in an MS Word format.

Pursuant to Section 19a-639a(c) you must submit your response to this request for additional information not later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than **March 22, 2015**, otherwise your application will be automatically considered withdrawn. If you have any questions concerning this letter, please feel free to contact us at (860) 418-7001.

Sincerely,



Laurie K. Greci
Associate Research Analyst



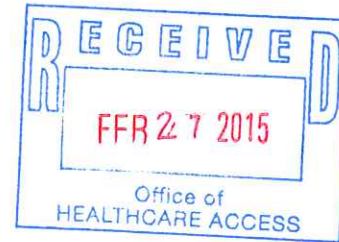
Jessica Schaeffer-Helmecki
Planning Analyst (CCT)



VIA COURIER DELIVERY

February 27, 2015

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06106



Re: Yale-New Haven Hospital (YNHH)
Certificate of Need Application
Docket No. 14-31969-CON

Dear Ms. Martone:

As requested, enclosed please find the original, four hard copies, and an electronic copy of the response to completeness questions regarding the Smilow site in Sharon.

Please do not hesitate to contact me with any questions or concerns.

Thank you for your time and support of this project.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Nancy Rosenthal', written over a horizontal line.

Nancy Rosenthal
Senior Vice President – Health Systems Development

Enclosures

cc: Jennifer Willcox, Esq.

Yale-New Haven Hospital

Reconfiguration and Consolidation of Outpatient Oncology Services
offered by Smilow Cancer Hospital in Sharon, CT

Docket Number: 14-31969-CON

Response to Completeness Questions

February 27, 2015

Yale-New Haven Hospital

**Certificate of Need Application
Docket Number: 14-31969-CON**

**Reconfiguration and Consolidation of Outpatient Oncology Services
offered by Smilow Cancer Hospital in Sharon, CT**

Response to Completeness Questions

1. On page 15, the Hospital states that it has been unable to recruit a physician to the Smilow site in Sharon. Please provide a discussion of the efforts made to recruit an oncological physician for the Sharon site.

Response:

The Yale School of Medicine (YSM) has employed its routine recruitment efforts to replace the retiring physicians at the Sharon site as undertaken to replace any other physicians. This includes posting advertisements in professional journals and networking with both internal and external physicians/fellows. YSM has posted advertisements online and in print editions of the Journal of Clinical Oncology. The online advertisements ran in August/September of 2014 and will continue to run through March of 2015. The print advertisements ran in three issues of the Journal of Clinical Oncology in September of 2014 and will run in three additional issues in February and March of 2015. A copy of these advertisements is attached in Exhibit A. As a result of these efforts, one physician was hired for the Torrington site, and started in September of 2014, and two additional offers have been extended for that location. However, there has been no interest in the Sharon site. Physician leadership has discussed the opportunity in Sharon with internal and external physicians, including an out-of-state oncology fellow who moonlighted at Sharon Hospital. This physician secured a position elsewhere and was also not interested in the Sharon site. Despite these efforts, YSM has been unable to recruit a board-certified oncology physician to the Sharon location.

2. Please describe the recent history of oncological services at Sharon Hospital. Was the Applicant the first to provide such services at Sharon Hospital?

Response:

Yale-New Haven Hospital (YNHH) is not familiar with the complete history of oncology services at Sharon Hospital. As noted on page 14 of the Certificate of Need application, in 2012, YNHH acquired an existing five physician medical group that offers oncology services in Sharon and Torrington. These physicians joined the Yale Medical Group (YMG). Prior to that date, however, YNHH did not offer oncology services in Sharon. Since this acquisition, YNHH has relocated the oncology practice from a small home in Sharon to a more appropriately equipped space that YNHH leases from Sharon Hospital, and YNHH continues to offer oncology services at this site.

3. On page 13 of the application, the Hospital states that the physicians are at the Sharon office for a combined 3 1/2 days each week. In the table on page 16, however, the office is listed as being open M, W, T, F from 9 am to 5 pm. Please explain the discrepancy.

Response:

The physicians are available 3 1/2 days each week at the Sharon office -- Monday, Thursday, Friday (9 am to 5 pm), and Wednesday (9 am to 1 pm). The office is open four days a week -- Monday, Wednesday, Thursday, and Friday from 9 am to 5 pm. Patients can visit the office for non-physician services on the half day on Wednesday when the physicians are not available on site.

4. On page 13 of the application, the Hospital describes the Torrington site as offering radiation therapy. Radiation therapy is not listed as a service available in Torrington, though, according to the table on page 16. Please explain the discrepancy.

Response:

As noted in footnote 1 on page 16, the radiation therapy services offered in Torrington are a service offered by Charlotte Hungerford Hospital in collaboration with YNHH. The radiation therapy services in Torrington are not a YNHH service, and are therefore not listed as a service available at the Smilow site in Torrington. Nevertheless, we regret any confusion here, and note that radiation therapy services are available in Torrington by Charlotte Hungerford Hospital. These services are available Monday through Friday from 8 am to 4:30 pm. The table on the following page provides additional detail regarding which providers offer which services in each location.

5. Please indicate which of the following oncology services are offered at each location:

Service	Smilow Sharon	Sharon Hospital (excl. Smilow)	Smilow Torrington	Charlotte Hungerford Hospital (excl Smilow)
Medical Oncology	x		x	x
Surgical Oncology				x
Chemotherapy	x		x	x
Radiation Oncology				x
IMRT and/or IGRT*				x
Interventional Radiology		x		x
Biopsies		x		x
Endoscopy		x		x
Diagnostic Radiology (CT, MRI, PET)**		MRI, CT		MRI, CT, PET
Palliative Care	x	x	x	x
Other (list)	General Medicine, Hematology		Hematology	

*Intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT)

** Computed tomography (CT), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET)

6. Indicate how many of the 262 Connecticut residents treated at the Sharon site in FY 2014 received oncological treatment.

Response:

In FY14, 184 of the 262 patients who resided in Connecticut and visited the site in Sharon had an oncologic diagnosis. This represents 70% of the total Connecticut residents who visited the site.

FY14 CT RESIDENTS AT SHARON SITE BY DIAGNOSIS		
Diagnosis	Patients	%
Oncology	184	70%
Non-Oncology	78	30%
TOTAL CT	262	100%

7. Provide a breakdown of the towns of origin for the Connecticut residents who received oncological treatment in FY 2014 at the Sharon site.

Response:

The table below shows a breakdown of the towns of origin for the Connecticut residents with an oncology diagnosis who received treatment at the Smilow site in Sharon in FY14.

FY14 CT RESIDENTS AT SHARON SITE BY DIAGNOSIS			
Diagnosis	TOWN	Patients	%
Oncology	SHARON	34	18%
	CANAAN	31	17%
	SALISBURY	24	13%
	LAKEVILLE	19	10%
	FALLS VILLAGE	15	8%
	TORRINGTON	9	5%
	WEST CORNWALL	7	4%
	KENT	7	4%
	CORNWALL BRIDGE	6	3%
	NORFOLK	3	2%
	CORNWALL	3	2%
	NEW MILFORD	3	2%
	WARREN	2	1%
	EAST CANAAN	2	1%
	TACONIC	2	1%
	WINSTED	2	1%
	LITCHFIELD	2	1%
	MORRIS	1	1%
	ROXBURY	1	1%
	GAYLORDSVILLE	1	1%
	WOODBURY	1	1%
	THOMASTON	1	1%
	NEW HARTFORD	1	1%
	UNIONVILLE	1	1%
	SOUTHBURY	1	1%
	STRATFORD	1	1%
	NEW HAVEN	1	1%
	SHERMAN	1	1%
BANTAM	1	1%	
NEWTOWN	1	1%	
Total CT Oncology Patients		184	100%

8. For FY 14, complete the table below for Connecticut patients of Sharon Smilow who also received oncological services (e.g., radiation) elsewhere (Smilow and non-Smilow).

Response:

Please see Exhibit B for a table that shows the number of oncology patients from Connecticut (by town) who visited Sharon Smilow in FY14 and also received oncological services at another site within the Smilow or YNHH network. YNHH does not have data within its EPIC electronic medical record about patients who went to a location outside of the Smilow and YNHH network for care.

In FY14, 77 of the 184 oncology patients from Connecticut (42%) who visited Smilow at Sharon received oncological services elsewhere within the Smilow and YNHH network, including 62 patients (34%) who visited the larger and more comprehensive site in Torrington. And 16% of these patients (30 out of 184) travelled to the flagship Smilow site in New Haven, including 5 patients who travelled to New Haven for radiation therapy. See Exhibit B. This demonstrates that a large percentage of patients who visit the Smilow site in Sharon are familiar with the Smilow site in Torrington and often are required to travel elsewhere for comprehensive oncology care.

9. Provide a response to the following question (Question 2d on page 18); please be sure to address the issue of cost effectiveness:

"What impact will the proposal have upon the cost effectiveness of providing access to services provided under the Medicaid program?"

Response:

As stated on page 28 of the Certificate of Need application, this proposal is cost effective because it consolidates a low volume site into an existing location that offers enhanced access to radiation therapy and support care services not offered in Sharon. The ability to offer comprehensive care, including patient-centered support services, psycho-social, family, and complementary services at one site is beneficial for patients. The offerings available at the Torrington site are expanded compared to the site in Sharon, which should enhance coordination of care, benefiting all patients, including Medicaid.

10. Regarding Financial Attachment I on page 59, respond to the following:

- a. The projected incremental for the proposal reports gains from operations for FYs 2016, 2017 and 2018. Based on information reported in the application, the oncology services will no longer be provided once the remaining physician retires in FY 2015. Please explain the projected net revenue for those years.

Response:

Please see the updated Financial Attachment I in Exhibit C. The projected incremental for the proposal should represent a loss in net patient service revenue based on the assumptions provided in the notes section to Financial Attachment I. The formula used to calculate the incremental column in the original attachment has been revised throughout. The following tables show an example as to how this column was calculated in the original submission and the revised Exhibit C.

Original Submission	FY16 Total Net Patient Revenue	Formula
Projected Without CON (A)	\$ 2,547,487,576	equals A
Projected Incremental	\$ 1,072,161	equals A - B
Projected With CON (B)	\$ 2,546,415,416	equals B

Revised Submission	FY16 Total Net Patient Revenue	Formula
Projected Without CON (A)	\$ 2,547,487,576	equals A
Projected Incremental	\$ (1,072,161)	equals B - A
Projected With CON (B)	\$ 2,546,415,416	equals B

- b. Explain why there is a lease payment due included in the expenses for FYs 2017 and 2018.

Response:

As noted on page 13 of the Certificate of Need application, YNHH leases space at Sharon Hospital to operate the Smilow site in Sharon. The term of this lease extends through 2018. At the time YNHH submitted this Certificate of Need application, it was unclear whether it would be able to terminate this lease early. Therefore, this expense remained in the financial model. However, it appears that Sharon Hospital will likely allow YNHH to end the lease term early, but this agreement is not yet final at this time so YNHH has conservatively left this expense in Financial Attachment I.

- c. OHCA’s standard format for the financial projections (“Attachment I & II,” available at www.ct.gov/dph/cwp/view.asp?a=3902&q=276934&dphNav=|) has the first and third columns for each year as “Projected Without the CON” and “Projected With the CON” respectively. The middle “Projected Incremental” field should reflect the difference between the values in the first and third columns. The Hospital has not provided the financial projections in this manner. Please resubmit the information in the correct format.

Response:

Please see the response to Question 10a and the revised Financial Attachment I in Exhibit C.

11. Resubmit Table 5, on page 23 of the application, reflecting the payer-mix by patient rather than number of scans.

Response:

The table below shows the payer mix by patient rather than visits.

TABLE 5*
 APPLICANT'S CURRENT & PROJECTED PAYER MIX

PAYER MIX	Actual		Most Recently Completed FY	Projected			
	FY12	FY13	Actual FY14	FY15	FY16	FY17	
	Volume %	Volume %	Volume %	Volume %	Volume %	Volume %	
Medicare**	200 68.49%	370 68.39%	366 68.41%	366 68.41%	366 68.41%	366 68.41%	
Medicaid	5 1.71%	13 2.40%	16 2.99%	16 2.99%	16 2.99%	16 2.99%	
CHAMPUS & TriCare	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	
Total Government	205 70.21%	383 70.79%	382 71.40%	382 71.40%	382 71.40%	382 71.40%	
Commercial	55 18.84%	140 25.88%	152 28.41%	152 28.41%	152 28.41%	152 28.41%	
Other***	32 10.96%	18 3.33%	1 0.19%	1 0.19%	1 0.19%	1 0.19%	
Workers Compensation	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	
Total Non-Government	87 29.79%	158 29.21%	153 28.60%	153 28.60%	153 28.60%	153 28.60%	
Total Payer Mix	292 100.00%	541 100.00%	535 100.00%	535 100.00%	535 100.00%	535 100.00%	

*SOURCE: EPIC
 **Includes managed care activity.
 ***Includes uninsured and self-pay.

12. Question 2c of the application asks, in part, "...how the termination of this service will affect access to care for Medicaid recipients and *indigent persons*," (emphasis added). On pages 17 and 18 of the application, the Hospital addresses the impact on Medicaid recipients but fails to address indigent persons. Please describe the proposal's impact, if any, on indigent persons.

Response:

As seen in the response to Question 11, there was only one uninsured self-pay patient who visited the Smilow site in Sharon in FY14. This one patient had one visit for a non-oncology purpose and resides in New York. Any patients seeking care for a non-oncology purpose, including Medicaid and indigent care patients, will continue to have access to these services either at Sharon Hospital or with local internal medicine physicians. Oncology services will continue to be offered in Torrington.

13. On page 19 of the application, the Hospital states that patients of the physician who is retiring in January of 2015 received a letter notifying them of his departure. How will the remaining patients be notified of the Sharon office's closing and how far in advance of its closure will they be notified?

Response:

Patients will be notified about the closing in the same manner they were notified about the retirement of the departing physician in January of 2015. A letter will be mailed to patients at least thirty days before the site closes, and patients will be rescheduled, per their direction, in Torrington, where medical records are available via the same EPIC electronic medical record used in Sharon.

14. When, approximately, do you anticipate terminating services at the Sharon site?

Response:

YNHN anticipates ending services at the Sharon site 60-90 days after approval from OHCA.

15. Discuss whether the proposal will negatively impact the diversity of health care providers and patient choice in the geographic region?

Response:

This proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region because YNHH will continue to offer the same oncology services to residents of the region at the Torrington location. One board-certified oncology physician has been hired for the Torrington site and two additional offers are pending. These physicians will staff a site with comprehensive oncology services for all patients in Northwest Connecticut. Similar services are also available across the region in New Milford, New York, and Massachusetts.

16. Explain whether any consolidation resulting from the proposal will adversely affect health care costs or accessibility to care?

Response:

The consolidation of services from the Sharon site into Torrington will not adversely affect healthcare costs or accessibility to care because the same oncology services will be offered in the region at the same cost to patients. Approximately 34% of the oncology patients from Connecticut who visit the Sharon site also visit the site in Torrington. See Exhibit B. Physicians are being recruited to staff the more comprehensive site in Torrington, and patients will also continue to have access to oncology services in the region in New Milford, New York and Massachusetts. Access and cost will not be adversely affected because YNHH has committed to recruiting physicians for the Torrington site where comprehensive oncology care will continue to be delivered.

Exhibit A

Board-certified/Eligible Hematologists and Medical oncologists

Yale Cancer Center and Smilow Cancer Hospital

Hematology -- Oncology

[Apply Now](#) or [Save Job](#)

Smilow Cancer Hospital Care Center

Yale Cancer Center

The Yale Cancer Center and Smilow Cancer Hospital invite applications from board-certified/board eligible hematologists and medical oncologists for positions at a Smilow Cancer Hospital Care Center. Experience in clinical care in community-based settings and active engagement in multidisciplinary disease teams is highly valued. Clinical research activities are emphasized as well as expectations for participating in the teaching mission of the institution. Faculty appointments in the Sections of Medical Oncology and Hematology at the Yale Medical School will be commensurate with scholarly record. Women and minority candidates are urged to apply. Please submit a letter describing qualifications, with a CV and names of three references to:

Dr. Rogerio Lilenbaum

Professor of Medical Oncology

Chief Medical Officer

Yale Cancer Center

c/o Kadisha Recalde

333 Cedar St., PO Box 208032

New Haven, CT 06520-8028

or via email to yccrecruitment@yale.edu

and kadisha.recalde@yale.edu

Yale University is an Equal Opportunity/Affirmative Action Employer

Posted:

January 20, 2015

Location:

New Haven, Connecticut

Salary:

Open

Categories:

Hematologic Oncology, Medical Oncology

Required Education:

BC/BE Hematologist / Oncologist

Yale Cancer Center and Smilow Cancer Hospital



**Hematology – Oncology
Smilow Cancer Hospital Care Center
Yale Cancer Center**

The Yale Cancer Center and Smilow Cancer Hospital invite applications from board-certified/eligible hematologists and medical oncologists for positions at a Smilow Cancer Hospital Care Center. Experience in clinical care in community-based settings and active engagement in multidisciplinary disease teams is highly valued. Clinical research activities are emphasized as well as expectations for participating in the teaching mission of the institution. Faculty appointments in the Sections of Medical Oncology and Hematology at the Yale Medical School will be commensurate with scholarly record. Women and minority candidates are urged to apply. Please submit a letter describing qualifications, with a CV and names of three references to: Dr. Rogerio Lilenbaum, Professor of Medical Oncology, Chief Medical Officer, Yale Cancer Center, c/o Kadisha Recalde, 333 Cedar St., PO Box 208032, New Haven, CT 06520-8028 or via email to yccrecruitment@yale.edu and kadisha.recalde@yale.edu. Yale University is an Equal Opportunity/Affirmative Action Employer.

Exhibit B

QUESTION 8

FY14 CT RESIDENTS AT SHARON SITE BY DIAGNOSIS AND ADDITIONAL SITES OF ONCOLOGY CARE		1		2		3		4		5		6		7		8		9		
		Diagnosis	TOWN	Patients	%	Number of Smilow Sharon Oncology Care Elsewhere (#)	Percent of Smilow Sharon Oncology Care Elsewhere (%)	Number of Smilow Sharon Oncology Patients Who Went to Torrington Site for Oncology (#)	Percent of Smilow Sharon Oncology Patients Who Went to Torrington Site for Oncology (%)	Number of Smilow Sharon Oncology Patients Who Went to New Haven Smilow Site (#)	Percent of Smilow Sharon Oncology Patients Who Went to New Haven Smilow Site (%)	Number of Smilow Sharon Oncology Patients Who Went to Torrington Site for Oncology (#)	Percent of Smilow Sharon Oncology Patients Who Went to Torrington Site for Oncology (%)	Number of Smilow Sharon Oncology Patients Who Went to New Haven Smilow Site (#)	Percent of Smilow Sharon Oncology Patients Who Went to New Haven Smilow Site (%)	Number of Smilow Sharon Oncology Patients Who Went to Torrington Site for Oncology (#)	Percent of Smilow Sharon Oncology Patients Who Went to Torrington Site for Oncology (%)	Number of Smilow Sharon Oncology Patients Who Went to New Haven Smilow Site (#)	Percent of Smilow Sharon Oncology Patients Who Went to New Haven Smilow Site (%)	
A	Oncology	SHARON	34	18%	9	26%	8	24%	3	9%	3	9%	3	9%	3	9%	3	9%	3	9%
B		CANAAN	31	17%	13	42%	12	39%	2	6%	12	39%	2	6%	12	39%	2	6%	12	39%
C		SALISBURY	24	13%	4	17%	4	17%	4	17%	4	17%	4	17%	4	17%	4	17%	4	17%
D		LAKEVILLE	19	10%	10	53%	7	37%	7	37%	7	37%	7	37%	7	37%	7	37%	7	37%
E		FALLS VILLAGE	15	8%	7	47%	6	41%	6	41%	6	41%	6	41%	6	41%	6	41%	6	41%
F		TORRINGTON	9	5%	8	89%	7	78%	7	78%	7	78%	7	78%	7	78%	7	78%	7	78%
G		WEST CORNWALL	7	4%	3	43%	2	29%	2	29%	2	29%	2	29%	2	29%	2	29%	2	29%
H		KENT	7	4%	1	14%	1	14%	1	14%	1	14%	1	14%	1	14%	1	14%	1	14%
I		CORNWALL BRIDGE	6	3%	2	33%	1	17%	1	17%	1	17%	1	17%	1	17%	1	17%	1	17%
J		NORFOLK	3	2%	2	67%	1	33%	1	33%	1	33%	1	33%	1	33%	1	33%	1	33%
K		CORNWALL	3	2%	2	67%	2	67%	2	67%	2	67%	2	67%	2	67%	2	67%	2	67%
L		NEW MILFORD	3	2%	2	67%	1	33%	1	33%	1	33%	1	33%	1	33%	1	33%	1	33%
M		WARREN	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
N		EAST CANAAN	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
O		TACONIC	2	1%	1	50%	0	0%	1	50%	0	0%	1	50%	0	0%	1	50%	0	0%
P		WINSTED	2	1%	2	100%	2	100%	2	100%	2	100%	2	100%	2	100%	2	100%	2	100%
Q		LITCHFIELD	2	1%	2	100%	2	100%	2	100%	2	100%	2	100%	2	100%	2	100%	2	100%
R		MORRIS	1	1%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
S		ROXBURY	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
T		GAYLORDSVILLE	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
U		WOODBURY	1	1%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
V		THOMASTON	1	1%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
W		NEW HARTFORD	1	1%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
X		UNIONVILLE	1	1%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
Y		SOUTHURBY	1	1%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
Z		STRAITFORD	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
AA		NEW HAVEN	1	1%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
BB		SHERMAN	1	1%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
CC		BANTAM	1	1%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
DD		NEWTOWN	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
EE	Total CT Oncology Patients		184	100%	77	42%	62	34%	30	16%	62	34%	30	16%	62	34%	30	16%	62	34%

Source: EPIC

*This column (9) shows the number of Smilow Sharon oncology patients from CT who visited New Haven for radiation oncology in FY14. As noted previously, radiation therapy is also available from Charlotte Hungerford Hospital in Torrington, in New Milford, and in NY and MA. These are not YNH services, therefore the patient date regarding who arrived at a completed visit at Charlotte Hungerford Hospital for radiation therapy (or in New Milford, NY, MA) is not captured within the YNH EPIC electronic medical record. However, this shows that patients do travel for comprehensive oncology care including radiation therapy in New Haven which is not available in Sharon.

Exhibit C

Yale New Haven Hospital
 Attachment I
 Reconfiguration and Consolidation of Outpatient
 Oncology Services offered by Smilow Cancer Hospital
 in Sharon, CT

Description	FY 2014 Actual Results	FY 2015 Projected without CON	FY 2015 Projected Incremental	FY 2015 Projected with CON	FY 2016 Projected without CON	FY 2016 Projected Incremental	FY 2016 Projected with CON	FY 2017 Projected without CON	FY 2017 Projected Incremental	FY 2017 Projected with CON	FY 2018 Projected without CON	FY 2018 Projected Incremental	FY 2018 Projected with CON
Net Patient Revenue	\$ 1,323,514,463	\$ 1,374,055,445	\$ (261,054)	\$ 1,373,904,391	\$ 1,465,232,004	\$ (532,550)	\$ 1,464,700,254	\$ 1,561,250,851	\$ (543,201)	\$ 1,560,707,650	\$ 1,655,700,808	\$ (654,065)	\$ 1,655,046,742
Non-Government	797,352,305	754,506,911	(263,589)	754,243,329	768,116,175	(537,708)	767,578,467	805,519,981	(948,462)	804,571,519	850,917,568	(659,432)	850,258,136
Medicare	299,960,335	310,936,946	(933)	310,936,013	314,136,695	(1,902)	314,136,695	328,266,181	(1,940)	328,264,240	344,102,751	(1,979)	344,100,772
Medicaid and Other Medical Assistance	2,420,827,103	2,439,611,301	(625,569)	2,439,085,731	2,547,467,576	(1,072,161)	2,546,415,416	2,695,037,013	(1,083,604)	2,693,943,409	2,850,721,127	(1,115,476)	2,849,605,651
Other Government													
Total Net Patient Revenue	\$ 63,550,929	\$ 49,338,170	\$ -	\$ 49,338,170	\$ 49,338,170	\$ -	\$ 49,338,170	\$ 49,338,170	\$ -	\$ 49,338,170	\$ 49,338,170	\$ -	\$ 49,338,170
Other Operating Revenue	\$ 2,484,377,632	\$ 2,488,948,471	\$ (524,569)	\$ 2,488,423,901	\$ 2,588,825,748	\$ (1,072,161)	\$ 2,587,753,586	\$ 2,744,375,183	\$ (1,083,604)	\$ 2,743,291,579	\$ 2,900,059,297	\$ (1,115,476)	\$ 2,898,943,821
Revenue from Operations	\$ 1,064,645,288	\$ 1,080,280,000	\$ -	\$ 1,080,280,000	\$ 1,102,315,695	\$ -	\$ 1,102,315,695	\$ 1,140,363,004	\$ -	\$ 1,140,363,004	\$ 1,192,781,170	\$ -	\$ 1,192,781,170
Expenses	\$ 567,134,796	\$ 601,403,000	\$ -	\$ 601,403,000	\$ 639,445,090	\$ -	\$ 639,445,090	\$ 718,944,443	\$ -	\$ 718,944,443	\$ 801,441,776	\$ -	\$ 801,441,776
Salaries and Fringe Benefits	414,472,153	420,089,000	-	420,089,000	492,172,177	-	492,172,177	444,604,891	-	444,604,891	457,397,311	-	457,397,311
Professional / Contracted Services	71,764,282	69,546,469	-	69,546,469	71,283,236	-	71,283,236	76,123,579	-	76,123,579	81,292,700	-	81,292,700
Supplies and Drugs	63,304,653	116,237,000	-	116,237,000	119,724,110	-	119,724,110	123,315,833	-	123,315,833	127,015,308	-	127,015,308
Bad Debts	2,171,321,054	\$ 2,267,556,469	\$ -	\$ 2,267,556,469	\$ 2,364,940,219	\$ -	\$ 2,364,940,219	\$ 2,503,351,751	\$ -	\$ 2,503,351,751	\$ 2,648,908,266	\$ -	\$ 2,648,908,266
Other Operating Expense	122,542,877	\$ 92,474,000	-	\$ 92,474,000	\$ 78,383,465	-	\$ 78,383,465	\$ 70,650,610	-	\$ 70,650,610	\$ 57,851,595	-	\$ 57,851,595
Subtotal	23,742,098	26,033,000	-	26,033,000	26,033,000	-	26,033,000	26,033,000	-	26,033,000	26,033,000	-	26,033,000
Depreciation/Amortization	14,515,254	15,983,000	-	15,983,000	15,844,450	-	15,844,450	16,318,825	(38,133)	16,280,692	16,609,419	(38,133)	16,541,566
Interest Expense	2,332,122,279	\$ 2,401,446,469	\$ -	\$ 2,401,446,469	\$ 2,465,211,194	\$ -	\$ 2,465,211,194	\$ 2,616,335,186	\$ (88,133)	\$ 2,616,247,053	\$ 2,750,602,280	\$ (98,133)	\$ 2,750,504,147
Lease Expense	\$ 152,255,353	\$ 87,301,002	\$ (625,570)	\$ 86,675,432	\$ 111,674,552	\$ (1,072,161)	\$ 110,602,391	\$ 128,039,988	\$ (1,085,471)	\$ 126,954,517	\$ 149,457,017	\$ (1,077,343)	\$ 148,379,674
Total Operating Expense	\$ 30,155,407	\$ 50,000,000	\$ -	\$ 50,000,000	\$ 50,000,000	\$ -	\$ 50,000,000	\$ 50,000,000	\$ -	\$ 50,000,000	\$ 50,000,000	\$ -	\$ 50,000,000
Gain/(Loss) from Operations	\$ 182,410,780	\$ 137,501,002	\$ (625,570)	\$ 136,875,432	\$ 161,674,552	\$ (1,072,161)	\$ 160,602,391	\$ 178,039,988	\$ (1,055,471)	\$ 176,984,517	\$ 199,457,017	\$ (1,077,343)	\$ 198,379,674
Plus: Non-Operating Revenue													
Revenue Over/(Under) Expense													
Subtotal	10,655	11,078	-	11,078	11,233	-	11,233	11,201	-	11,201	11,268	-	11,268
Number of FTEs	76,315	80,531	-	80,531	81,129	-	81,129	83,123	-	83,123	84,459	-	84,459
Inpatient Cases	408,558	435,708	-	435,708	442,579	-	442,579	449,762	-	449,762	458,958	-	458,958
Patient Days	1,175,388	1,209,078	(602)	1,208,476	1,231,204	(1,204)	1,230,000	1,253,795	(1,204)	1,252,591	1,276,679	(1,204)	1,275,475
Outpatient encounters													

Notes To Schedule

The FY14 audited financials are not yet available but this schedule is based on most recent available data.
 The FY15 projected incremental revenue assumes loss of half of year of NY-based volume while absorbing 100% of the CT-based volume in Torrington.
 The FY16-18 projected incremental revenue assumes loss of NY-based volume and absorbing 100% CT-based volume in Torrington.

YALE-NEW HAVEN HOSPITAL
Reconfiguration and Consolidation of Outpatient
Oncology Services offered by Smilow Cancer Hospital
in Sharon, CT
Yale-New Haven Hospital
Assumptions

<u>Net Revenue Rate Increases</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
1) Government	0 - 1.4%	0 - 1.4%	0 - 1.2%
2) Non-Government	0 - 2.0%	0 - 2.0%	0 - 2.0%

<u>EXPENSES</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>0</u>	<u>FY 2017</u>
A. Salaries and Fringe Benefits	3.0%	3.0%		3.0%
B. Non-Salary				
1) Medical and Surgical Supplies	3.0%	3.0%		3.0%
2) Pharmacy and Solutions	3.0%	3.0%		3.0%
3) Malpractice Insurance	3.0%	3.0%		3.0%
4) Professional and Contracted Services	3.0%	3.0%		3.0%
5) All Other Expenses	3.0%	3.0%		3.0%

	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
<u>FTEs</u>			
1) Total estimated FTEs	<u>11,078.0</u>	<u>11,123.0</u>	<u>11,201.0</u>

Note - The above increase projections reflect all changes relating to Medicare and Medicaid reimbursement regulations.

Yale-New Haven Hospital

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	(1) Oncology Encounters 6	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Year 1 - 2015 (full year)										
FY Projected Incremental										
Total Incremental Expenses:	\$ -									
Total Facility by Payer Category:										
Medicare		\$ 1,455	(302)	(\$439,305)	(\$175,722)			(\$263,583)	\$0	(\$263,583)
Medicaid		\$ 1,455	(1)	(\$1,555)	(\$622)			(\$933)	\$0	(\$933)
CHAMPUS/TriCare		\$ 1,455	-	\$0	\$0			\$0	\$0	\$0
Total Governmental			(303)	(\$440,860)	(\$176,344)	\$0	\$0	(\$264,516)	\$0	(\$264,516)
Commercial Insurers		\$ 1,455	(299)	(\$435,090)	(\$174,036)			(\$261,054)	\$0	(\$261,054)
Uninsured		\$ 1,455	-	\$0	\$0			\$0	\$0	\$0
Total NonGovernment			(299)	(\$435,090)	(\$174,036)	\$0	\$0	(\$261,054)	\$0	(\$261,054)
Total IP All Payers		\$ 1,455	(602)	(\$875,950)	(\$350,380)	\$0	\$0	(\$525,570)	\$0	(\$525,570)

Note: No changes in expenses for FY 15

Yale-New Haven Hospital

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	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:	Encounters	Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
# of Months in Operation	12			Col. 2 * Col. 3				Col.4 - Col.5 -Col.6 - Col.7	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
Year 2 - 2016										
FY Projected Incremental										
Total Incremental Expenses:	\$									
Total Facility by Payer Category:										
Medicare		\$ 1,484	(604)	(\$896,181)	(\$358,472)			(\$537,708)	\$0	(\$537,708)
Medicaid		\$ 1,484	(2)	(\$3,171)	(\$1,268)			(\$1,902)	\$0	(\$1,902)
CHAMPUS/TriCare		\$ 1,484	-	\$0	\$0			\$0	\$0	\$0
Total Governmental			(606)	(\$899,351)	(\$359,740)	\$0	\$0	(\$539,611)	\$0	(\$539,611)
Commercial Insurers		\$ 1,484	(598)	(\$887,584)	(\$355,033)			(\$532,550)	\$0	(\$532,550)
Uninsured		\$ 1,484	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total NonGovernment		\$ 1,484	(598)	(\$887,584)	(\$355,033)	\$0	\$0	(\$532,550)	\$0	(\$532,550)
Total All Payers		\$ 1,484	(1,204)	(\$1,786,935)	(\$714,774)	\$0	\$0	(\$1,072,161)	\$0	(\$1,072,161)

Note: No change in expenses for FY 16

Yale-New Haven Hospital

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	Oncology Encounters 12	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			Rate	Units	Gross Revenue Col. 2 * Col. 3	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue Col.4 - Col.5 -Col.6 - Col.7	Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	Gain/(Loss) from Operations Col. 8 - Col. 9
Year 3 - 2017											
FY Projected Incremental											
Total Incremental Expenses:		\$	(38,133)								
Total Facility by Payer Category:											
Medicare		\$	1,514	(604)	(\$914,104)	(\$365,642)			(\$548,462)	(\$19,124)	(\$529,338)
Medicaid		\$	1,514	(2)	(\$3,234)	(\$1,294)			(\$1,940)	(\$68)	(\$1,873)
CHAMPUS/TriCare		\$	1,514	-	\$0	\$0			\$0	\$0	\$0
Total Governmental				(606)	(\$917,338)	(\$366,935)	\$0	\$0	(\$550,403)	(\$19,192)	(\$531,211)
Commercial Insurers		\$	1,514	(598)	(\$905,335)	(\$362,134)			(\$543,201)	(\$18,941)	(\$524,260)
Uninsured		\$	1,514	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total NonGovernment				(598)	(\$905,335)	(\$362,134)	\$0	\$0	(\$543,201)	(\$18,941)	(\$524,260)
Total All Payers		\$	1,514	(1,204)	(\$1,822,673)	(\$729,069)	\$0	\$0	(\$1,093,604)	(\$38,133)	(\$1,055,471)

Note: There is no incremental volume for this Termination

Yale-New Haven Hospital

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	Oncology Encounters 12	(1)	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Year 4 - 2018											
FY Projected Incremental											
Total Incremental Expenses:	\$	(38,133)									
Total Facility by Payer Category:											
Medicare			\$ 1,544	(604)	(\$932,386)	(\$372,954)			(\$559,432)	(\$19,124)	(\$540,307)
Medicaid			\$ 1,544	(2)	(\$3,299)	(\$1,319)			(\$1,979)	(\$68)	(\$1,911)
CHAMPUS/TriCare			\$ 1,544	-	\$0	\$0			\$0	\$0	\$0
Total Governmental				(606)	(\$935,685)	(\$374,274)	\$0	\$0	(\$561,411)	(\$19,192)	(\$542,219)
Commercial Insurers			\$ 1,544	(598)	(\$923,442)	(\$369,377)			(\$554,065)	(\$18,941)	(\$535,124)
Uninsured			\$ 1,544	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total NonGovernment				(598)	(\$923,442)	(\$369,377)	\$0	\$0	(\$554,065)	(\$18,941)	(\$535,124)
Total All Payers			\$ 1,544	(1,204)	(\$1,859,127)	(\$743,651)	\$0	\$0	(\$1,115,476)	(\$38,133)	(\$1,077,343)

Note: There is no incremental volume for this Termination

Olejarz, Barbara

From: Schaeffer-Helmecki, Jessica
Sent: Thursday, April 23, 2015 3:55 PM
To: Olejarz, Barbara
Subject: FW: Doc 14-31926-CON Termination of Sharon Smilow

From: Schaeffer-Helmecki, Jessica
Sent: Friday, March 13, 2015 12:36 PM
To: 'nancy.rosenthal@greenwichhospital.org'
Subject: Doc 14-31926-CON Termination of Sharon Smilow

Dear Nancy,

Thank you for your responses to our completeness questions regarding Yale-New Haven Hospital's proposed termination of services at the Sharon Smilow site. To avoid a second completeness letter, I was hoping you could clarify a few things about the modified financial attachment on page 81.

- The header states these figures are just for the Smilow Sharon site. Is that accurate?
- The spreadsheet shows decreasing revenue associated with reduced patient volume but there appears to be no corresponding reduction in expenses. Why is that?

Additionally, the advertisement for an the oncologist positions on page 76 states the positions are in New Haven rather than Sharon. Were there any ads that specifically recruited physicians for Sharon?

Thank you and please let me know if you have any questions,

Jessica Schaeffer-Helmecki
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

(860) 509-8075

Greer, Leslie

Subject: FW: Doc 14-31926-CON Termination of Sharon Smilow

From: McKennan, Matthew [<mailto:Matthew.McKennan@YNHH.ORG>]

Sent: Tuesday, March 24, 2015 4:10 PM

To: Schaeffer-Helmecki, Jessica

Cc: Rosenthal, Nancy

Subject: RE: Doc 14-31926-CON Termination of Sharon Smilow

Jessica –

As we discussed, please see responses to your questions in **bold** below. I hope this is helpful to clarify these issues. If you have any other questions, just let me know. Thank you.

Matt

Matthew McKennan

Senior Planner - Yale New Haven Health

Greenwich Hospital

5 Perryridge Rd.

Greenwich, CT 06830

Phone:(203) 863-3458

Mob:(203) 907-9858

Matthew.McKennan@YNHH.ORG

www.greenwichhospital.org

Please consider the **environment**
before printing this email.

From: Schaeffer-Helmecki, Jessica [<mailto:Jessica.Schaeffer-Helmecki@ct.gov>]

Sent: Tuesday, March 24, 2015 8:50 AM

To: McKennan, Matthew

Subject: FW: Doc 14-31926-CON Termination of Sharon Smilow

Hi Matt, below please find my original questions. Thank you,

Jessica

From: Schaeffer-Helmecki, Jessica

Sent: Friday, March 13, 2015 12:36 PM

To: 'nancy.rosenthal@greenwichhospital.org'

Subject: Doc 14-31926-CON Termination of Sharon Smilow

Dear Nancy,

Thank you for your responses to our completeness questions regarding Yale-New Haven Hospital's proposed termination of services at the Sharon Smilow site. To avoid a second completeness letter, I was hoping you could clarify a few things about the modified financial attachment on page 81.

- The header states these figures are just for the Smilow Sharon site. Is that accurate? **These figures are for Yale-New Haven Hospital (YNHH), which includes Smilow Cancer Hospital and Smilow at Sharon. To clarify, the column "w/out the CON" shows the YNHH financials including the Smilow Sharon site, whereas the column "with the CON" shows the YNHH financials after the Smilow Sharon site closes and**

is consolidated into the site in Torrington. The “incremental” column shows the change in revenues and expenses due to the consolidation.

- The spreadsheet shows decreasing revenue associated with reduced patient volume but there appears to be no corresponding reduction in expenses. Why is that? **The Smilow Sharon business is effectively being transferred to Torrington. As noted on page 67 of the Completeness Questions, physician recruits have been/are being hired for the site in Torrington. The expectation is that the newly hired physicians will be ramping up volume over the next year and thus, the variable costs related to staffing and supplies will not change over the course of the next twelve months. Supply costs will vary with volume but the expenses are immaterial. To be conservative in the overall model, revenue associated with any increased new volume in Torrington was omitted, although the transfer of Connecticut volume currently seen in Sharon was included. In summary, the labor expenses remain constant because the staff at the Sharon Smilow site are being redeployed to Torrington. On the non-labor side, although it appears that Sharon Hospital will likely allow YNHH to end the lease term early, the lease payment was conservatively left in the Financial Attachment because the agreement is not yet final. There will be savings related to the lease expense when the agreement is complete. Other non-labor expenses such as supplies are minimal and will likely be incurred in Torrington when the Smilow Sharon business is consolidated to that site.**

Additionally, the advertisement for an the oncologist positions on page 76 states the positions are in New Haven rather than Sharon. Were there any ads that specifically recruited physicians for Sharon? **No, the recruiting office for the Yale School of Medicine and Smilow Cancer Hospital is based in New Haven, and all physicians are recruited through this flagship site. During the recruitment process, the various community-based sites are discussed with incoming physicians who are then hired and assigned to a community practice. There was no interest by any recruits in staffing the site in Sharon because it was a low volume site that lacks a full complement of oncology services and is open only a few days a week.**

Thank you and please let me know if you have any questions,

Jessica Schaeffer-Helmecki
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

(860) 509-8075

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Monday, March 30, 2015 9:39 AM
To: Greer, Leslie
Subject: FW: CON 15-3196 - Sharon Smilow follow-up question
Attachments: Letter to Patients Sharon.pdf

Hi Leslie, below is correspondence for CON 15-31969. Thank you.

From: McKennan, Matthew [<mailto:Matthew.McKenna@YHH.ORG>]
Sent: Friday, March 27, 2015 4:48 PM
To: Schaeffer-Helmecki, Jessica
Cc: Rosenthal, Nancy
Subject: FW: CON 15-3196 - Sharon Smilow follow-up question

Jessica –

Per our discussion, please see the response to your questions in **bold** below.

Thank you and have a nice weekend.

Matt

Matthew McKennan
Senior Planner - Yale New Haven Health

Greenwich Hospital
5 Perryridge Rd.
Greenwich, CT 06830
Phone:(203) 863-3458
Mob:(203) 907-9858

Matthew.McKenna@YHH.ORG
www.greenwichhospital.org

Please consider the [environment](#)
before printing this email.

From: Schaeffer-Helmecki, Jessica [<mailto:Jessica.Schaeffer-Helmecki@ct.gov>]
Sent: Friday, March 27, 2015 10:53 AM
To: Rosenthal, Nancy; McKennan, Matthew
Subject: CON 15-3196 - Sharon Smilow follow-up question

Hi Matt and Nancy,

As more people have reviewed your application, a couple more questions came up.

1. Have you drafted any communication notifying current/past patients of Sharon's closure? We did see the retirement letter from Dr. Kruger, but have you prepared anything for all the patients giving more specific information about the other offices? If so, please submit a copy. **Please see the attached letter in draft form. As noted on page 73 of the Completeness Response, a letter will be mailed to patients at least thirty days before the site closes, and patients will be rescheduled, per their direction, in Torrington, where medical records are available via the same EPIC electronic medical record used in Sharon. As you have**

mentioned, a similar letter from Dr. Kruger was previously sent to patients of the site about his retirement in January of 2015. This letter was attached on page 40 of the initial CON application.

2. Table 2 on page 17 shows the available capacity and utilization for FY14 and FY15. The utilization numbers are approximated. We'd like to have the actual per month average for both Sharon and Torrington with updated numbers for FY15. **The actual per month average for both Sharon and Torrington is as follows: the average number of visits per month at Sharon was 275 in FY14 and 216 in FY15 YTD (Oct-Feb); the average number of visits per month at Torrington was 1515 in FY14 and 1524 in FY15 YTD (Oct-Feb).**

I apologize for the last-minuteness of this but we need this information today or Monday. Would that be possible? I'm available to answer any questions or clarify.

Thank you,

Jessica Schaeffer-Helmecki
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

(860) 509-8075

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.

[INSERT LETTERHEAD]

DRAFT v1

MONTH xx, 2015

Patient Name

Patient Address

City, State, Zip

Dear Patient First Name,

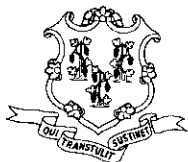
With the recent retirement of a couple of our physicians, Smilow Cancer Hospital will consolidate its Northwest Connecticut outpatient cancer services in a single location. The Smilow Cancer Care Center at Sharon Hospital will close on XXXXXXXX XX, 2015, and all follow-up care for patients will take place at the Smilow Cancer Care Center in Torrington.

Our physicians and staff in Torrington will continue to provide you with the high quality oncology and hematology care that you deserve. The Smilow staff will coordinate your future appointments and ensure that you have no interruptions in your care and treatment.

If you have any questions about your new physician or appointment schedule, please call 860-364-0531.

Sincerely,

Anne Chiang, MD, PhD
Assistant Professor of Medicine, Yale School of Medicine
Chief Network Officer and Deputy Chief Medical Officer, Smilow Cancer Network



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

VIA FACSIMILE ONLY

March 30, 2015

Nancy Rosenthal
Senior V.P. Health Systems Development
Yale-New Haven Hospital
20 York Street
New Haven, CT 06510

RE: Certificate of Need Application, Docket Number 14-31969-CON
Yale-New Haven Hospital
Termination of Outpatient Oncology Services Offered by Smilow Cancer Hospital in
Sharon, CT

Dear Ms. Rosenthal:

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of March 30, 2015.

If you have any questions regarding this matter, please feel free to contact me at (860) 509-8075.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jessica Schaeffer-Helmecki".

Jessica Schaeffer-Helmecki
Planning Analyst

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * * COMMUNICATION RESULT REPORT (MAR. 30. 2015 9:59AM) * * *

FAX HEADER:

TRANSMITTED/STORED FILE MODE	MAR. 30. 2015 9:59AM OPTION	ADDRESS	RESULT	PAGE
981 MEMORY TX		912038634736	OK	2/2

REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER
 E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT
 OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: MS. NANCY ROSENTHAL
SENIOR VP HEALTH SYSTEMS DEVELOPMENT

FAX: (203) 863-4736

AGENCY: YALE-NEW HAVEN HOSPITAL

FROM: OHCA

DATE: 03/30/2015 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
Docket Number: 14-31969-CON
Deemed Complete

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

Phone: (860) 509-8075

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
 P.O.Box 340308
 Hartford, CT 06134

Greer, Leslie

From: Lazarus, Steven
Sent: Tuesday, March 31, 2015 9:14 AM
To: Greer, Leslie
Cc: Schaeffer-Helmecki, Jessica; Riggott, Kaila; Martone, Kim; Hansted, Kevin
Subject: FW: Deemed Complete: Yale Smilow Sharon Cancer Center termination

Please add to the record.

Steve

Steven W. Lazarus

Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7012
Fax: 860-418-7053

From: Wysocki, Richard
Sent: Tuesday, March 31, 2015 8:47 AM
To: Lazarus, Steven
Subject: RE: Deemed Complete: Yale Smilow Sharon Cancer Center termination

DSS has reviewed the Applicant's information as provided by OHCA, and based on this information, it appears that there may not be any impact to the Medicaid program. Thanks.

Wysocki, Richard
rich.wysocki@ct.gov

DSS
25 Sigourney St. 11th Flr. Rate Setting & CON unit
Hartford, CT 06106
860-424-5103 Direct

www.ct.gov/dss

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From: Lazarus, Steven
Sent: Tuesday, March 31, 2015 8:33 AM
To: Wysocki, Richard
Cc: Martone, Kim; Hansted, Kevin; Riggott, Kaila
Subject: FW: Deemed Complete: Yale Smilow Sharon Cancer Center termination

Rich,

Please see the email below containing details for the CON application being deemed Complete by OHCA. Please let us know if DSS expects any impact on the Medicaid program, as a result of this proposal.

Thank you,

Steve

Steven W. Lazarus

Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7012
Fax: 860-418-7053

From: Schaeffer-Helmecki, Jessica
Sent: Tuesday, March 31, 2015 8:23 AM
To: Lazarus, Steven
Subject: Deemed Complete: Yale Smilow Sharon Cancer Center termination

Hi Steve,

DN 14-31926 was deemed complete yesterday and I believe needs to be sent to DSS? Yale-New Haven Smilow cancer center seeks to terminate their services located in Sharon Hospital. Two doctors currently treat oncology and non-oncology patients out of that office and both will be retired by mid-2015. The applicant intends to schedule patients in its Torrington office (located within Charlotte Hungerford), which offers more comprehensive oncological care including radiation therapies. In FY14, 16 of the Applicant's patients had Medicaid—6 of which were for non-oncology services and could continue to receive care in Sharon Hospital.

Below are the historical and projected payer mixes for Connecticut-based patients. The figures include both oncology and non-oncology patients. Do you need any additional information?

HISTORICAL PAYER MIX BY FISCAL YEAR*

Payer	FY 2012**		FY 2013		FY 2014		
	Patients	%	Patients	%	Patients	%	
Medicare	200	68%	370	68%	366	68%	
Medicaid	5	2%	13	2.0%	16	3%	
CHAMPUS & TriCare	0	0%	0	0%	0	0%	
Total Government	205	70%	383	70%	382	71%	
Commercial Insurers	22	19%	140	26%	152	28%	
Other (incl uninsured and self-pay)	32	11%	18	3%	1	0%	

Workers Compensation	0	0%	0	0%	0	0%	
Total Non-Government	87	30%	158	29%	153	28%	
Total Payer Mix	292	100%	541	99%	535	99%	

* The fiscal year is from October 1 to September 30

** Includes only 4 months of data as Applicant acquired the site in July

PROJECTED PAYER MIX BY FISCAL YEAR

Payer	Projected					
	FY2015		FY2016		FY2017	
	Patients	%	Patients	%	Patients	%
Medicare*	510	42%	510	42%	510	42%
Medicaid*	216	18%	216	18%	216	18%
Total Government	726	60%	726	60%	726	60%
Commercial	421	35%	421	35%	421	35%
Uninsured	63	5%	63	5%	63	5%
Total Non-Government	484	40%	484	40%	484	40%
Total Payer Mix	1,210	100%	1,210	100%	1,210	100%

Jessica Schaeffer-Helmecki
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

(860) 509-8075

Greer, Leslie

From: Greer, Leslie
Sent: Thursday, April 16, 2015 11:34 AM
To: Nancy Levitt Rosenthal
Cc: Schaeffer-Helmecki, Jessica; Riggott, Kaila; Hansted, Kevin; Martone, Kim
Subject: Hearing Notices
Attachments: 31969_201504161125.pdf

Nancy,
Attached is the May 6th hearing notice that has been submitted to publish on 4/20/15.

Leslie M. Greer 

CT Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
Hartford, CT 06134
Phone: (860) 418-7013
Fax: (860) 418-7053

Website: www.ct.gov/ohca

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

April 16, 2015

Nancy Rosenthal
Senior VP Health Systems Development
Yale-New Haven Health Systems
20 York Street
New Haven, CT 06510

RE: Certificate of Need Application, Docket Number 14-31969-CON
Yale-New Haven Hospital
Termination of Outpatient Oncology Services Offered by Smilow Cancer
Center

Dear Ms. Rosenthal,

With the receipt of the completed Certificate of Need ("CON") application information submitted by Yale-New Haven Hospital ("Applicant") on March 30, 2015, the Office of Health Care Access ("OHCA") has initiated its review of the CON application identified above.

Pursuant to General Statutes § 19a-639a (f), OHCA may hold a hearing with respect to any Certificate of Need application.

This hearing notice is being issued pursuant to General Statutes § 19a-639a (f)

Applicant: Yale-New Haven Hospital

Docket Number: 14-31969-CON

Proposal: Termination of Outpatient Oncology Services Offered by Smilow
Cancer Center Hospital at Sharon Hospital

Notice is hereby given of a public hearing to be held in this matter to commence on:

Date: May 6, 2015
Time: 4:00 – 6:00 p.m.
Place: Sharon Town Hall, Chapin Meeting Hall
63 Main Street,
Sharon, CT 06069

The Applicant is designated as party in this proceeding. Enclosed for your information is a copy of the hearing notice for the public hearing that will be published in the *New Haven Register* pursuant to General Statutes § 19a-639a (f).

Sincerely,



Kimberly R. Martone
Director of Operations

Enclosure

cc: Henry Salton, Esq., Office of the Attorney General
Antony Casagrande, Department of Public Health
Kevin Hansted, Department of Public Health
Wendy Furniss, Department of Public Health
Marielle Daniels, Connecticut Hospital Association

KRM: JSC:lmg



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

April 16, 2015

Requisition #48419

New Haven Register
40 Sargent Street
New Haven, CT 06531-0715

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 **Monday, April 20, 2015**. 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 Kaila Riggott at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kim Martone".

Kimberly R. Martone
Director of Operations

Attachment

cc: Danielle Pare, DPH
Marielle Daniels, Connecticut Hospital Association

KRM:JSC:img

PLEASE INSERT THE FOLLOWING:

Office of Health Care Access Public Hearing

Statute Reference: 19a-639
Applicant: Yale-New Haven Hospital
Town: Sharon
Docket Number: 14-31969-CON
Proposal: Termination of Outpatient Oncology Services Offered by Smilow
Cancer Hospital at Sharon Hospital
Date: May 6, 2015
Time: 4:00 – 6:00 p.m.
Place: Sharon Town Hall
63 Main Street
Sharon, CT 06069

Any person who wishes to request status in the above listed public hearing may file a written petition no later than May 1, 2015 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at www.ct.gov/ohca for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

Greer, Leslie

From: ADS <ADS@graystoneadv.com>
Sent: Thursday, April 16, 2015 11:36 AM
To: Greer, Leslie
Subject: Re: Hearing Request

Good day!

Thanks so much for your ad submission.
We will be in touch shortly and look forward to serving you.

*Consider adding a **Priority Job Upgrade** to your **Higheredjobs** listing.*

PLEASE NOTE: New Department of Labor guidelines allow web based advertising when hiring foreign nationals. To provide required documentation Graystone will retrieve & archive verification for the 1st and 30th days of posting for \$115.00/web site. If required, notify Graystone when ad placement is approved.

If you have any questions or concerns, please don't hesitate to contact us at the number below.

We sincerely appreciate your business.

Thank you,
Graystone Group Advertising

2710 North Avenue
Bridgeport, CT 06604
Phone: 800-544-0005
Fax: 203-549-0061

E-mail new ad requests to: ads@graystoneadv.com
<http://www.graystoneadv.com/>

From: <Greer>, Leslie <Leslie.Greer@ct.gov>
Date: Thursday, April 16, 2015 11:13 AM
To: ads <ads@graystoneadv.com>
Cc: "Olejarz, Barbara" <Barbara.Olejarz@ct.gov>
Subject: Hearing Request

To Whom it May Concern,
Please post the two attached hearing notices in the New Haven Register by 4/20/15. For billing purposes, refer to requisition 48419. In addition, please provide me the "proof of publication" when they are available.

Thanks,

Leslie M. Greer 
CT Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
Hartford, CT 06134
Phone: (860) 418-7013
Fax: (860) 418-7053
Website: www.ct.gov/ohca

 Please consider the environment before printing this message

Greer, Leslie

From: Laurie <Laurie@graystoneadv.com>
Sent: Friday, April 17, 2015 5:33 PM
To: Greer, Leslie
Cc: Olejarz, Barbara
Subject: FW: Hearing Request
Attachments: 14-31964np NH Register.doc; 14-31969np NH Register[2].doc

Your legal notice is all set to run as follows:

14-31964 New Haven Register, 4/20 issue - \$461.93
14-31969 New Haven Register, 4/20 issue - \$447.92

Thanks,
Laurie Miller

Graystone Group Advertising

2710 North Ave., Ste 200, Bridgeport, CT 06604
Ph: 203-549-0060, ext 319, Fax: 203-549-0061, Toll free: 800-544-0005
email: laurie@graystoneadv.com
www.graystoneadv.com

From: "Greer, Leslie" <Leslie.Greer@ct.gov>
Date: Thu, 16 Apr 2015 16:03:37 +0000
To: Laurie Miller <laurie@graystoneadv.com>
Cc: "Olejarz, Barbara" <Barbara.Olejarz@ct.gov>
Subject: RE: Hearing Request

Laurie,
I've attached the correct one.
Thanks,
Leslie

From: Laurie [<mailto:Laurie@graystoneadv.com>]
Sent: Thursday, April 16, 2015 12:01 PM
To: Greer, Leslie
Cc: Olejarz, Barbara
Subject: FW: Hearing Request

Leslie:

The 1st Attachment for 14-31964 is in letter form, not legal notice form. I don't know what part of it is to be published. The 2nd attachment (14-31969np NH Register) is fine. Please resend the correct attachment for 14-31964.

Thanks,
Laurie

Graystone Group Advertising

2710 North Ave., Ste 200, Bridgeport, CT 06604
Ph: 203-549-0060, ext 319, Fax: 203-549-0061, Toll free: 800-544-0005
email: laurie@graystoneadv.com
www.graystoneadv.com

From: <Greer>, Leslie <Leslie.Greer@ct.gov>
Date: Thursday, April 16, 2015 11:13 AM
To: ads <ads@graystoneadv.com>
Cc: "Olejarz, Barbara" <Barbara.Olejarz@ct.gov>
Subject: Hearing Request

To Whom it May Concern,

Please post the two attached hearing notices in the New Haven Register by 4/20/15. For billing purposes, refer to requisition 48419. In addition, please provide me the "proof of publication" when they are available.

Thanks,

Leslie M. Greer 

CT Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
Hartford, CT 06134
Phone: (860) 418-7013
Fax: (860) 418-7053

Website: www.ct.gov/ohca

 Please consider the environment before printing this message


STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

TO: Kevin Hansted, Hearing Officer

FROM: Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner 

DATE: April 17, 2015

RE: Certificate of Need Application; Docket Number: 14-31969-CON
Yale-New Haven Hospital
Termination of Outpatient Oncology Services Offered by Smilow Cancer Hospital at Sharon Hospital

I hereby designate you to sit as a hearing officer in the above-captioned matter to rule on all motions and recommend findings of fact and conclusions of law upon completion of the hearing.



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

April 21, 2015

VIA FAX ONLY

Ms. Nancy Rosenthal
Yale-New Haven Hospital
20 York Street
New Haven, CT 06510

RE: Certificate of Need Application; Docket Number: 14-31969-CON
Termination of Yale-New Haven Sharon Smilow Cancer Hospital

Dear Ms. Rosenthal:

The Office of Health Care Access (OHCA) will hold a public hearing on Wednesday, May 6, 2015 at 4 p.m. at the Sharon Town Hall, Chapin Meeting Hall, 63 Main Street, Sharon, CT regarding the Certificate of Need application identified above. Pursuant to the regulations of Connecticut State Agencies § 19a-9-29 (e), any party or other participant is required to prefile in written form all substantive, technical, or expert testimony that it proposes to offer at the hearing. The applicant's prefiled testimony must be submitted to OHCA no later than **12:00 pm on Friday, May 1, 2015.**

All persons providing prefiled testimony must be present at the public hearing to adopt their written testimony under oath and must be available for cross-examination for the entire duration of the hearing. If you are unable to meet the specified time for filing the prefiled testimony you must request a time extension in writing detailing the reasons for not being able to meet the deadline.

Please contact Jessica Schaeffer-Helmecki at (860) 509-8075 if you have any questions concerning this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kevin T. Hansted", written over a blue oval stamp.

Kevin T. Hansted
Hearing Officer

* * * COMMUNICATION RESULT REPORT (APR. 21. 2015 1:35PM) * * *

FAX HEADER:

TRANSMITTED/STORED : APR. 21. 2015 1:34PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

012 MEMORY TX

912038633908

OK

2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: MS. NANCY ROSENTHAL

FAX: (203) 863-3908

APPLICANT: YALE-NEW HAVEN SMILOW

FROM: OHCA

DATE: 4/21/2015 Time: _____

NUMBER OF PAGES: 2

(including transmittal sheet)

Comments:

Prefiling request for 14-31969

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA

P.O.Box 340308

Hartford, CT 06134

HELP WANTED GENERAL

Publishers Circulation Fulfillment, Inc. is seeking **DELIVERY SERVICE PROVIDERS (DSPs)** for newspaper home delivery routes. DSPs are independently contracted. Most routes are 7 days, 2-3 hours daily, starting around 3AM. \$350-500/bi-weekly. No \$\$ collections. Routes in **New Haven County including the shoreline and greater Waterbury area and surrounding towns.**

Must be 18+ years old. DSPs are independently contracted.

Call **PCF Inc: 1-800-515-8000** or online **www.pcfcorp.com/dsp.php**



HELP WANTED FULL TIME

HANDY PERSON
Experience needed. Someone needed to do light maintenance and cleaning for 2 residences. Please send Resume to PO Box 373, Middlefield, CT 06455.

AUTOMOTIVE

Experienced Auto Body Techs needed for high volume, high quality body shop. Techs must have own tools, sheet metal & frame experience. Excellent pay and working environment. Please call 203.932.1200 to schedule an interview.

CONSTRUCTION

UTILITY CONTRACTOR
Seeks experienced Laborer for above/below ground work, includes confined space. Call 203-934-5009.

LEGAL NOTICES

INVITATION TO BID TENNIS FOUNDATION OF CONNECTICUT. The Tennis Foundation of Connecticut is seeking competitive bids for certain repairs and improvements to the Connecticut Tennis Center at 45 Yale Avenue in New Haven including the following:
•The construction of a concrete and steel support structure for one 40 ton HVAC unit
•Spray foam thermal insulation to be installed in the crawlspace of the TFC office and locker facility
•EPDM roofing over the TFC locker rooms
•Exterior Insulated Finish System for the office and locker facility
•Metal mesh bird screen at the roof level of the office and locker facility
•Caulking and joint sealant replacement at the concourse level of the stadium
•Electrical lighting upgrades to the public areas of the stadium.

Sealed bids will be received at the offices of the Construction Manager, ServiceMaster Restoration Services, 307 Welton St, Hamden, CT 06517, until 3:00 pm on, May 11, 2015, at which time and place they will be opened and publicly read. Drawings and Specifications are available electronically from the Construction Manager, please call the office at 203-535-0370. After bids are received, the Foundation may analyze whether vendors have submitted comparable bids and meet the requirements called for. In reviewing the bids, the Foundation may consider the past performance, financial responsibility, and service experience of the vendors. The Foundation reserves the right to reject any or all bids, to waive any defects in same, or to choose to make awards other than strictly in accordance with price considerations, and/or to choose other than the lowest bidder, if it be deemed in the best interest of the Tennis Foundation of Connecticut.

There will be a walk through for all bidders at the site, 45 Yale Avenue, New Haven, at 10 AM on Wednesday, April 22, 2015. Please meet at the Tennis Center's office entrance on the lower level, rear of the stadium. Enter the gate on Yale Avenue closest to Chapel St.

An Affirmative Action/Equal Opportunity Employer. Minority/Women's Business Enterprises are encouraged to apply.

CLASSIFIEDS WIN!!
When it comes to saving time, energy and money. Classifieds are in first place! Place your classified and see how easy it is to be a winner!

LEGAL NOTICES

LEGAL NOTICE TOWN OF GUILFORD SALE OF 12 TOWN-OWNED PARCELS BID#10-1415 (Shore Drive and Woodland Road area)

The Town of Guilford is soliciting offers for the purchase of twelve Town-owned parcels of land located in the Shore Drive and Woodland Road area. The parcels are identified, respectively, as lots #1, 2, 141, 163, 167, 177 and 178 on Assessor Map #57; and lots # 83, 88, 91, 132 and 194 on Assessor Map #55. Bidders may bid on any combination of parcels. Sealed Bids will be due on Friday May 15, 2015 at 2:00 p.m. at the office of the First Selectman, on the second floor of Town Hall, 31 Park Street, Guilford, CT 06437. Bids received after this date and time will be rejected. Sealed Bid envelopes (including overnight packaging) should be clearly labeled with bid number, bid title and marked "time sensitive". In accordance with Chapter 94 of the Guilford Town Code, all sealed offers will be opened at the Board of Selectmen (BOS) meeting held on Monday May 18, 2015 at 8:30 a.m.

Within 5 business days of bid award, the successful bidder will be required to execute a Purchase and Sale Agreement on the Town form and deliver an initial deposit in the amount of ten percent (10%) of the bid (purchase price). At closing, the Town will deliver title by quit claim deed. The Bid proposal form, and Purchase and Sale Agreement are available on the Town website at www.ci.guilford.ct.us.

Any questions regarding the properties may be directed, in writing only, to the Purchasing Department at millmanp@ci.guilford.ct.us. The Town of Guilford reserves the right to reject any or all bids; or to waive defects in same, if it deems such to be in the best interest of the Town.

Joseph S. Mazza
First Selectman

NEW HAVEN CITY PLAN COMMISSION NOTICE OF DECISIONS 4/15/15

Approve with conditions:
285 NICOLL STREET. Coastal Site Plan Review and Site Plan Review for conversion of warehouse space to office. (Owner/Applicant/Agent: Rakesh Narang of Narang New Haven Co., LLC)

260 CROWN STREET. Site Plan Review for conversion of vacant space to residential units. (Owner: Metro 260 LLC; Applicant/Agent: James Segaloff of Susman, Duffy & Segaloff, P.C.)

NOTICE TO CREDITORS
ESTATE OF Darrell F. Tyson

The Hon. Edward C. Burt, Jr., Judge of the Court of Probate, District of Hamden - Bethany Probate District, by decree dated April 8, 2015, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Valerie A. Dondi, Clerk

The fiduciary is:
Ralph Gatison
c/o Keisha S. Gatison, Esq.
Gatison Law Firm
110 Washington Avenue
3rd Floor
North Haven, CT 06473
577279

NOTICE TO CREDITORS
ESTATE OF William Robert O'Connor

The Hon. Edward C. Burt, Jr., Judge of the Court of Probate, District of Hamden - Bethany Probate District, by decree dated April 1, 2015, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Valerie A. Dondi, Clerk

The fiduciary is:
Linda M. O'Connor
c/o Noah Eisenhandler, Esq.
Law offices of
Noah Eisenhandler
11264 Townsend Avenue
New Haven, CT 06512
560586

LEGAL NOTICES

Public Notice to Bus and Taxi Operators

The Town of Orange Community Services Department is applying for a capital grant under Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities of the Federal Transit Act, as amended in the Moving Ahead for Progress in the 21st Century [MAP-21] legislation, to replace a vehicle to be used in meeting the special transportation needs of seniors and/or individuals with disabilities in the Town of Orange.

Any interested transit or paratransit operator in the proposed service area may review the proposed application by contacting Joan Cretella Director of Orange Community Services Department 525 Orange Center Raod, Orange, CT 06477 or call at 203-891-4786.

A public hearing will be held if requested by interested parties.

Any comments should then be sent to the Town of Orange Community Services Department with a copy to the South Central Regional Council of Governments, 127 Washington Avenue, 4th floor West, North Haven, CT 06473.

The West Haven Planning and Zoning Commission made the following decisions Tuesday, April 14, 2015 in the Harriet North Room, 2nd Floor, City Hall, 355 Main Street, West Haven, CT at 6:30 P.M.

5 Industry Drive Extension: Special Permit application to allow the use of a 12x60; 720 sq. ft. office trailer and outdoor storage facility of non hazardous goods in the (Industrial Planned Development) IPD zone under sections 85,92 and table 39.2 of the West Haven Zoning Regulations Applicant: JB HUNT Owner: Borrelli Reality LLC File SP 15-113 **CONTINUED**

5 Industry Drive Extension: Site Plan application to allow a 12x 60; 720 sq. ft. office trailer and outdoor storage facility of non-hazardous goods in the (Industrial Planned Development) IPD zone under section 75 and table 39.2 of the West Haven Zoning Regulations Applicant: JB HUNT Owner: Borrelli Reality LLC File SR 15-114 **CONTINUED**

Gene Sullivan
Chairman

TOWN OF HAMDEN, CONNECTICUT LEGISLATIVE COUNCIL NOTICE OF PUBLIC HEARING

Notice is hereby given of a Public Hearing to be held by the Economic & Development Committee on Monday, April 27, 2015, at 7:20 P.M. in the Legislative Council Chambers at the Memorial Town Hall, 2372 Whitney Avenue, for the following purpose: **Resolution authorizing the sale of property at 560 Newhall Street - Hamden Middle School**

April 20, 2015
Kim Renta
Clerk of the Council

CLASSIFIEDS hold many, many opportunities. They give opportunity for you to buy items, meet people, sell unwanted items, find housing, save money, earn a couple bucks, and much, much more.

HOW TO WRITE a classified ad that sells: First - Be complete. Second - Include the price. And third - Be available. Call today and we will be happy to help you write the most effective ad.

PUBLIC NOTICE Office of Health Care Access Public Hearing

Statute Reference: 19a-639
Applicant: Yale-New Haven Hospital
Town: Sharon
Docket Number: 14-31969-CON
Proposal: Termination of Outpatient Oncology Services Offered by Smilow Cancer Hospital at Sharon Hospital
Date: May 6, 2015
Time: 4:00 - 6:00 p.m.
Place: Sharon Town Hall 63 Main Street Sharon, CT 06069

Any person who wishes to request status in the above listed public hearing may file a written petition no later than May 1, 2015 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at www.ct.gov/ohca for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

LEGAL NOTICES

WOODBIDGE WARNING: NOTICE OF PUBLIC HEARING

PRELIMINARY BUDGET HEARING

The Board of Finance of the Town of Woodbridge will hold a Public Hearing on the Preliminary Budget for the fiscal year ending June 30, 2016, and on the budget requests contained therein on:

MONDAY, APRIL 27, 2015 AT 7:30 P.M. IN THE CENTER GYMNASIUM 4 MEETINGHOUSE LANE WOODBRIDGE, CT

Dated at Woodbridge, Connecticut, this 20th day of April 2015.

Board of Finance
Town of Woodbridge

PROBATE NOTICES

NOTICE TO CREDITORS
ESTATE OF Ruth Savitt

The Hon. Edward C. Burt, Jr., Judge of the Court of Probate, District of Hamden - Bethany Probate District, by decree dated April 8, 2015, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Valerie A. Dondi, Clerk

The fiduciary is:
Raith Rosenthal
c/o Stuart A. Margolis, Esq.
Berdon, Young & Margolis P.C.,
132 Temple Street
New Haven, CT 06510
568300

BIRDS

Baby Parrots-African Greys-Cockatoos 203-824-1717

DOGS

Bull Dogs, Poodles Standard & Mixes. Bengal Kittens. Health guaranteed. Vet checked, shots. \$250+. 860-930-4001

APPLIANCES

Affordable Washers, Dryers, Stoves, Refrigs. Delivery Available 203 - 284 - 8986

FURNITURE

Tan 7 Piece Living Room set incl couch w/queen bed. \$300 Lt Brown 4 piece bedroom set \$200, all in good condition Moving, must sell Call 203-287-9244

DIRT, SAND & SHELL

FARM FRESH TOP SOIL AND FILL
BEST QUALITY!
REASONABLE DELIVERY RATES.
CALL 203-488-7929

AUTOS WANTED



NICHOLS Salvage - Will buy your scrap steel, cars, trucks, alum., trailers, copper, batteries, heavy equip. 46 Meadow Rd. Clinton CT. 860-669-2808

BUSINESS OPPORTUNITIES

GOING OUT OF BUSINESS
Entire Contents of Working Laundromat. Buyer must take all. \$25,000. Call 203-377-3782

Pet Shop biz, Orange, CT for sale. Est 1972. Owner retiring. 2500 sf. Long term lease option avail. \$89,000 203-232-3404

YOU'LL NEVER KNOW how effective a classified ad is until you use one yourself! Reach the entire area without leaving the comfort of your home. Call and place your classified today to sell those unwanted items.

CLASSIFIEDS help new families find new homes.

PUBLIC NOTICE Office of Health Care Access Public Hearing

Statute Reference: 19a-639
Applicant: Shoreline Wellness Behavioral Health Clinic, LLC
Town: West Haven
Docket Number: 14-31964-CON
Proposal: Establishment of a Freestanding Behavioral Health Clinic
Date: May 20, 2015
Time: 10:00 a.m.
Place: Department of Public Health, Office of Health Care Access 410 Capitol Avenue, 3rd Floor Hearing Room Hartford, CT 06134

Any person who wishes to request status in the above listed public hearing may file a written petition no later than May 15, 2015 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at www.ct.gov/ohca for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

STATE OF CONNECTICUT

RETURN DATE: MAY 12, 2015 :SUPERIOR COURT

THE BANK OF NEW YORK MELLON, FKA THE BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATE-, HOLDERS OF THE CWABS, INC., ASSET-BACKED CERTIFICATES, SERIES 2005-11 :JUDICIAL DISTRICT :OF NEW HAVEN

V :AT NEW HAVEN

THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF JOSEPH LACASSE A/K/A JOSEPH LACASSE, JR., ET AL. :MARCH 18, 2015

NOTICE TO THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF JOSEPH LACASSE A/K/A JOSEPH LACASSE, JR., AND ALL UNKNOWN PERSONS, CLAIMING OR WHO MAY CLAIM, ANY RIGHTS, TITLE, INTEREST OR ESTATE IN OR LIEN OR ENCUMBRANCE UPON THE PROPERTY DESCRIBED IN THIS COMPLAINT, ADVERSE TO THE PLAINTIFF, WHETHER SUCH CLAIM OR POSSIBLE CLAIM BE VESTED OR CONTINGENT.

The Plaintiff has named as a Defendant, THE WIDOW, HEIRS AND/OR CREDITORS, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living, as a party defendant(s) in the complaint which it is bringing to the above-named Court seeking a foreclosure of its mortgage upon premises known as 15 WEYBOSSET STREET, HAMDEN, CT 06514.

The Plaintiff has represented to the said Court, by means of an affidavit annexed to the Complaint, that, despite all reasonable efforts to ascertain such information, it has been unable to determine the identity and/or whereabouts of the WIDOW, HEIRS AND OR CREDITORS, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living.

Now, Therefore, it is hereby ORDERED that notice of the institution of this action be given to said THE WIDOW, HEIRS AND/OR CREDITORS and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, by some proper officer causing a true and attested copy of this Order of Notice to be published in the New Haven Register, once a week for two successive weeks, commencing on or before April 22, 2015, and that return of such service be made to this Court.

BY THE COURT
By JUDGE ECKER
April 7, 2015

A TRUE COPY ATTEST:
Edward DiLieto State Marshal
New Haven County

STATE OF CONNECTICUT

RETURN DATE: MAY 26, 2015 :SUPERIOR COURT

WELLS FARGO BANK N.A. :JUDICIAL DISTRICT :OF NEW HAVEN

V :AT NEW HAVEN

THE WIDOWERS, HEIRS AND/OR CREDITORS OF THE ESTATE OF MYRTLE E. BRUCE,, ET AL. :MARCH 27, 2015

NOTICE TO THE WIDOWERS, HEIRS AND/OR CREDITORS OF THE ESTATE OF MYRTLE E. BRUCE AND ALL UNKNOWN PERSONS, CLAIMING OR WHO MAY CLAIM, ANY RIGHTS, TITLE, INTEREST OR ESTATE IN OR LIEN OR ENCUMBRANCE UPON THE PROPERTY DESCRIBED IN THIS COMPLAINT, ADVERSE TO THE PLAINTIFF, WHETHER SUCH CLAIM OR POSSIBLE CLAIM BE VESTED OR CONTINGENT.

The Plaintiff has named as a Defendant, THE WIDOWERS, HEIRS AND/OR CREDITORS OF THE ESTATE OF MYRTLE E. BRUCE, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living, as a party defendant(s) in the complaint which it is bringing to the above-named Court seeking a foreclosure of its mortgage upon premises known as 3 Brockett Place, East Haven, CT 06512.

The Plaintiff has represented to the said Court, by means of an affidavit annexed to the Complaint, that, despite all reasonable efforts to ascertain such information, it has been unable to determine the identity and/or whereabouts of the WIDOWERS, HEIRS AND OR CREDITORS OF THE ESTATE OF MYRTLE E. BRUCE, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living.

Now, Therefore, it is hereby ORDERED that notice of the institution of this action be given to said THE WIDOWER, HEIRS AND/OR CREDITORS OF THE ESTATE OF MYRTLE E. BRUCE and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, by some proper officer causing a true and attested copy of this Order of Notice to be published in the New Haven Register, once a week for two successive weeks, commencing on or before May 6, 2015, and that return of such service be made to this Court.

BY THE COURT
By JUDGE ECKER
April 7, 2015

A TRUE COPY ATTEST:
Edward DiLieto State Marshal
New Haven County

Yale-New Haven Hospital

**Reconfiguration and Consolidation of Outpatient Oncology Services Offered by Smilow
Cancer Hospital in Sharon, CT
Docket Number 14-31969-CON**

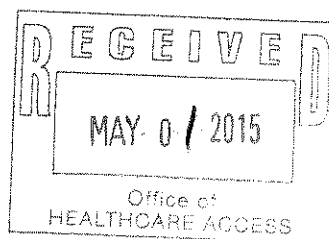
**Pre-file Testimony of Debra Brandt, DO
Medical Director, Smilow Cancer Hospital Torrington Site**

Hearing Officer Hanstead and members of the OHCA staff, my name is Dr. Debra Brandt and I am the Medical Director of the Smilow Cancer Hospital site in Torrington. I am a board certified oncologist and hematologist and treat a wide variety of malignancies. Thank you for the opportunity to speak about our Certificate of Need (CON) application to consolidate Smilow's cancer location in Sharon with the location in Torrington.

History of Sharon site

I was a member of Connecticut Oncology & Hematology, which in 2012 made the decision to join Smilow and the Yale Medical Group. The transaction allowed our patients to get access to world-class cancer care in their communities, and I believe it has been a great success. One of the reasons we chose to affiliate with a larger organization was a desire to be connected to an academic medical center like Smilow, but also because we recognized it was getting increasingly difficult to recruit young oncologists to join practices like ours – community physician practices located outside of major urban centers, and without access to advanced treatment options. The physicians coming out of training now want to be part of a larger, academic-oriented enterprise, an enterprise with access to the latest clinical trials and with world-renowned subspecialist experts just a phone call or a short drive away. Faced with the likely retirement of four out of our five physicians within a short period of time, our practice knew that the best way to ensure continuity of care for our patients and our communities was to connect with a larger organization, and given Smilow's reputation and the network of community cancer centers it was creating, Smilow and Yale Medical Group were the obvious choice.

Recruitment Efforts



Our affiliation with Yale and Smilow has enhanced our practice, and we have been pleased with the relationship with our new partners and the support Smilow has provided. Recruiting new oncologists to the Sharon site to replace my colleague, Dr. Kruger, has presented challenges for Yale and Smilow, however. The low visit volume and lack of the full continuum of cancer treatment services make the position less attractive to today's Board-certified oncologists. As detailed in our completeness responses, we have engaged in the following:

- On-line and print advertisements in the Journal of Clinical Oncology from the August/September 2014 issue through March 2015;
- Networking with internal and external physicians and fellows;
- Efforts to recruit an oncology fellow who moonlighted at the Sharon site.

As a result of these efforts, we made a number of offers, and have retained one board-certified oncology physician for the Torrington site who started in September 2014, and another board-eligible physician who will start at the Torrington site in July 2015. The remainder of our offers were declined, however, as the physicians chose to work in large, urban centers or prominent academic communities. These candidates felt that even our Torrington site was too remote. We have not identified any appropriate candidates who are interested in the Sharon position. If OHCA is interested in further details about our recruiting program, my colleague Dr. Chiang has been immersed in these efforts and can provide you with specific statistics.

As I noted earlier, oncologists today want to practice in collaboration with colleagues, and have access to a comprehensive range of treatment modalities in close proximity. Another key to a rewarding professional career is a busy practice, and the low volume of oncology visits and limited services at the Sharon site are not attractive to job seekers.

Impact on Sharon Community

As detailed in our CON application, oncology patients at the Sharon site are used to traveling to other locations for their cancer care, including the 42% of patients who already travel to Torrington for radiation and other services.

Those patients who currently use the Sharon site for non-oncology medicine services have been able to find suitable physician services in Sharon at a number of internal medicine practices. Prior to Dr. Kruger's retirement at the end of 2014, he and the office staff at the

Sharon site worked with his medicine patients to ensure a seamless transition to other providers in the area, as indicated in the letter attached to our CON application. As for oncology patients, our Torrington site stands ready to accommodate all Sharon patients, and we have the capacity to provide both physician services and advanced treatments such as radiation therapy and medical oncology.

I have spoken with the Chief Medical Officer of Sharon Hospital, as well as some local physicians, and I understand there is some concern about Smilow leaving the community. Other physicians at Sharon Hospital have benefited from Smilow's presence, as patients from the site have been referred for other services such as laboratory and radiology. I have pledged to continue to work with these physicians to identify ways we can address these concerns, and to ensure that patients are directed back to providers in Sharon for their primary care treatment and other specialty services that can be appropriately provided here.

Conclusion

As detailed in our CON submission, the residents in Northwestern Connecticut will continue to have access to high quality and cost-effective oncology care. Instead of part-time medical oncology specialists serving a low-volume site that also provides general internal medicine services, the patients will have access to more extensive services provided by the same group of board-certified Yale physicians at the comprehensive and full-time site operated in Torrington. As both sites are staffed by the same physicians on the Epic electronic medical record, the transition for patients will be largely seamless. This proposal seeks to coordinate and improve the quality of care for patients in this region, and I urge OHCA to approve it.

Several colleagues are with me today, including Anne Chiang, the Chief Network Officer and Deputy Chief Medical Officer of Smilow and Lisa Shomsky, the Program Manager for the Smilow Cancer Care Center in Sharon. All of us would be happy to answer any questions you may have regarding our application. Thank you for your attention, and I urge you to grant this CON.

The foregoing is my sworn testimony.

A handwritten signature in black ink, appearing to read "Debra Brandt, DO". The signature is written in a cursive style with a large, looping initial "D".

Debra Brandt, DO

Medical Director, Smilow Cancer Hospital, Torrington

* * * COMMUNICATION RESULT REPORT (MAY. 1. 2015 2:46PM) * * *

FAX HEADER:

TRANSMITTED/STORED : MAY. 1. 2015 2:45PM	FILE MODE	OPTION	ADDRESS	RESULT	PAGE
034	MEMORY TX		912036885013	OK	1/1

REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER
 E-2) BUSY
 E-4) NO FACSIMILE CONNECTION

**THIS WILL ACKNOWLEDGE RECEIPT OF:
CERTIFICATE OF NEED APPLICATION**

Date: 5/1/15

Ms. Kimberly Martone
Director of Operations
Office of Healthcare Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06106

Re: **Yale-New Haven Hospital**

**Reconfiguration and Consolidation of Outpatient Oncology Services Offered by
Smilow Cancer Hospital in Sharon, CT
Docket Number 14-31969-CON**

Signed Barbara Olajide
Date 5/1/15
Time 2:48 p.m

Please return via fax to Rose Arminio at YNHHS, 203-688-5013. Thank you!



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

TENTATIVE AGENDA

HEARING

Docket Number: 14-31969

Yale-New Haven Hospital

**Termination of Outpatient Oncology Services Offered by Smilow
Cancer Hospital at Sharon Hospital**

May 6, 2015 at 4:00 p.m.

- I. Convening of the Public Hearing
- II. Applicant's Direct Testimony
- III. OHCA's Questions-Applicant
- IV. Public Comment
- V. Closing Remarks
- VI. Public Hearing Adjourned

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

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

Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

TABLE OF THE RECORD

APPLICANT: Yale-New Haven Hospital

DOCKET NUMBER: 14-31969-CON

PUBLIC HEARING: May 6, 2015 at 4:00 p.m.

PLACE: Sharon Town Hall
63 Main Street
Sharon, CT 06069

EXHIBIT	DESCRIPTION
A	Letter from Yale New Haven Hospital (Applicant) dated December 23, 2014, enclosing the CON application for the Termination of Outpatient Oncology Services Offered by Smilow Cancer Hospital at Sharon Hospital under Docket Number 14-31969, received by OHCA on December 23, 2014. (64 Pages)
B	OHCA's letter to the Applicant dated January 21, 2015, requesting additional information and/or clarification in the matter of the CON application under Docket Number 14-31969. (4 Pages)
C	Applicant's responses to OHCA's letter of January 21, 2015, dated February 27, 2015, in the matter of the CON application under Docket Number 14-31969, received by OHCA on February 27, 2015. (21 Pages)
D	OHCA's email to the Applicant dated March 13, 2015, requesting additional information and/or clarification in the matter of the CON application under Docket Number 14-31969. (1 Page)
E	Applicant's email responses to OHCA's email of March 13, 2015, dated March 24, 2015, in the matter of the CON application under Docket Number 14-31969, received by OHCA on March 24, 2015. (2 Pages)
F	OHCA's email to the Applicant dated March 24, 2015, requesting additional information and/or clarification and Applicants response dated March 24, 2015 in the matter of the CON application under Docket Number 14-31969. (3 Pages)

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(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

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

Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

G	OHCA's letter to the Applicant dated March 30, 2015 deeming the application complete as of March 30, 2015 in the matter of the CON application under Docket Number 14-31969. (1 page)
H	OHCA's email to the Department of Social Services (DSS) dated March 31, 2015 and DSS response dated March 31, 2015 in the matter of the CON application under Docket Number 14-31960 (3 pages)
I	OHCA's request for legal notification in the <i>New Haven Register</i> and OHCA's Notice to the Applicant of the public hearing scheduled for May 6, 2015 in the matter of the CON application under Docket Number 14-31969, dated April 16, 2015. (7 pages)
J	Designation letter dated April 21, 2015 of Hearing Officer in the matter of the CON application under Docket Number 14-31969. (1 page)
K	OHCA's letter to the Applicant dated April 21, 2015 requesting prefile testimony in the matter of the CON application under Docket Number 14-31969. (1 page)
L	Proof of newspaper publication for the hearing scheduled on May 6, 2015, in the matter of the CON application under Docket Number 14-31969. (1 page)
M	Letter from the Applicant enclosing Prefile Testimony dated May 1, 2015 in the matter of the CON application under Docket Number 14-31969, received by OHCA on May 1, 2015. (4 pages)

* * * COMMUNICATION RESULT REPORT (MAY. 5. 2015 3:27PM) * * *

FAX HEADER:

TRANSMITTED/STORED FILE MODE	MAY. 5. 2015 3:26PM OPTION	ADDRESS	RESULT	PAGE
042	MEMORY TX	912038634736	OK	4/4

REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER

E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



**STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF HEALTH CARE ACCESS**

FAX SHEET

TO: NANCY ROSENTHAL

FAX: 203 863-4736

AGENCY: YALE-NEW HAVEN HOSPITAL

FROM: OHCA

DATE: 5/5/15 **Time:** _____

NUMBER OF PAGES: _____
(including transmittal sheet)

Comments:

See attached information regarding tomorrow's hearing for
 DN: 14-31969 in Sharon CT.

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

**410 Capitol Ave., MS#13HCA
 P.O.Box 340308
 Hartford, CT 06134**

STATE OF CONNECTICUT

BEFORE THE DEPARTMENT OF PUBLIC HEALTH : DOCKET NO. 14-31969-CON
OFFICE OF HEALTH CARE ACCESS :
:
IN RE RECONFIGURATION AND CONSOLIDATION : May 6, 2015
OF OUTPATIENT ONCOLOGY SERVICES OFFERED :
BY SMILOW CANCER HOSPITAL IN SHARON :

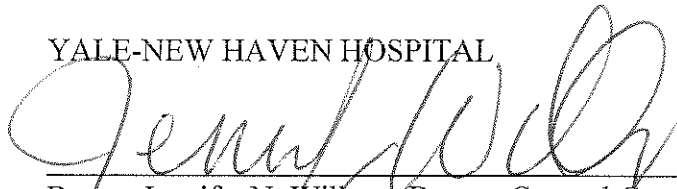
NOTICE OF APPEARANCE

Please enter the appearance of Jennifer Willcox, of the Yale New Haven Health System Legal & Risk Services Department, on behalf of Yale-New Haven Hospital.

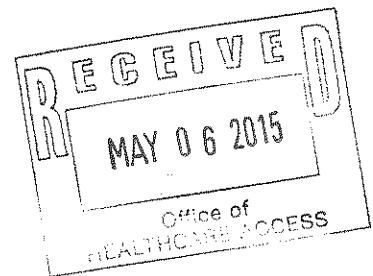
I intend to attend the hearing on Wednesday, May 6, 2015 on behalf of my client.

Respectfully submitted,

YALE-NEW HAVEN HOSPITAL



By: Jennifer N. Willcox, Deputy General Counsel
Legal & Risk Services Department
Yale New Haven Health System
789 Howard Avenue
New Haven, CT 06511
203-688-2291(Telephone)
203-688-3162 (Fax)
Jennifer.Willcox@ynhh.org
Its Attorney



OHCA HEARINGS - EXHIBIT AND LATE FILE FORM

Applicants: Yale-New Haven Hospital
DN: 14-31969-CON
Hearing Date: May 6, 2015
Time: 4:00 p.m.
Proposal: Termination of Outpatient Oncology Services Offered by Smilow Cancer Hospital at Sharon Hospital

OHCA Exhibit #	Description
1	
2	
3	
4	
5	

Exhibit N - Notice of appearance
Late file 2 script May 8th
2 Medicaid patients 5/8/2015

**PUBLIC HEARING
APPLICANT
SIGN UP SHEET**

May 6, 2015
4:00 p.m.

Docket Number: 14-31969-CON
Yale-New Haven Hospital
Termination of Outpatient Oncology Services Offered by Smilow Cancer Hospital at Sharon Hospital

PRINT NAME	Phone	Fax	Representing Organization
Lisa Shomsky	203-305-0092	860-489-1799	Smilow
Mike Loftis	203 502 6533	203 502 6556	Smilow
Nancy Rosenthal	203-863-3908		YMHHS YMHHS
Arthur Lemay	203-305-9088		Smilow
Matt McKenna	203 863 3458		YMHHS

Yale New Haven Hospital

PRINT NAME	Phone	Fax	Representing Organization
Kyle Ballou	203 688-2503		YNHHS
Debra Brandt	860 567-8927		Yale New Haven-Smilow
Abe LOPMAN	203 200 1412		Yale New Haven
Anne Chiang	203- 500-8035		Yale/Smilow

**PUBLIC HEARING
GENERAL PUBLIC
SIGN UP SHEET**

May 6, 2015
4:00 p.m.

Docket Number: 14-31969-CON
Yale-New Haven Hospital
Termination of Outpatient Oncology Services Offered by Smilow Cancer Hospital at Sharon Hospital

PRINT NAME	Representing Self or Organization
Peter Cordeau	Sharon Hospital
Jim Hutchison	SHARON HOSPITAL
Jill Muselman	Sharon Hospital
Peter Schura MD	Sharon Hospital chief medical officer

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Tuesday, May 12, 2015 11:46 AM
To: Willcox, Jennifer
Cc: Greer, Leslie; Riggott, Kaila; Hansted, Kevin
Subject: Late Files: YNHH Sharon Smilow 14-31969

Hi Jennifer—

We had two late files come out of our May 6th hearing:

1. The script employees are using to communicate the office's closure to patients
2. The number of non-oncology Connecticut residents with Medicaid for most recent two fiscal years

We were expecting them on Friday, May 8th. Will you be able to submit them soon?

Thanks much,

Jessica

Jessica Schaeffer-Helmecki
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

(860) 509-8075

Greer, Leslie

From: Noel, Irene <Irene.Noel@ynhh.org>
Sent: Tuesday, May 12, 2015 11:57 AM
To: Willcox, Jennifer; Schaeffer-Helmecki, Jessica
Cc: Greer, Leslie; Riggott, Kaila; Hansted, Kevin
Subject: RE: Late Files: YNHH Sharon Smilow 14-31969
Attachments: 2015 08 05_ Sharon OHCA CON request_LRSD_JW.pdf

Attached as requested.

From: Willcox, Jennifer
Sent: Tuesday, May 12, 2015 11:49 AM
To: 'Schaeffer-Helmecki, Jessica'
Cc: Greer, Leslie; Riggott, Kaila; Hansted, Kevin; Noel, Irene
Subject: RE: Late Files: YNHH Sharon Smilow 14-31969

Cc'ing Irene Noel, so that she has everyone's email address, and she will forward what was submitted on Friday (the hard copies were mailed on Friday, and so might not have been received, but the electronic copies should have arrived). We will re-send. Thanks.

Jennifer N. Willcox, Deputy General Counsel
Legal & Risk Services Department
Yale New Haven Health System
789 Howard Avenue, CB 230
New Haven, CT 06511
203-688-2291
203-688-3162 (fax)
Jennifer.Willcox@ynhh.org

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Department of Public Health
410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

(860) 509-8075

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.

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410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

(860) 509-8075

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May 8, 2015

VIA ELECTRONIC & REGULAR MAIL

Kevin Hansted
Hearing Officer
Office of Health Care Access
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06106

Re: Yale-New Haven Hospital (YNHH)
Certificate of Need Application – Late File
Docket Number 14-31969-CON

Dear Hearing Officer Hansted:

Please find enclosed the late file documents requested at the Certificate of Need hearing held on May 6, 2015, under Docket Number 14-31969-CON.

Late File #1 is a script that was prepared to guide office staff at the Sharon site when communicating with patients about the retirement of the oncology physicians at the site and the potential closure of the site. Lisa Shomsky, the Clinical Program Manager for the Sharon and Torrington sites, has informed me that in November 2014 she emailed the attached script to Josephine Heacox, the primary nurse in Sharon. Ms. Shomsky and Ms. Heacox reviewed this script, discussed its content, and then shared it with other staff at the site (including another nurse, the receptionist, and a patient care assistant). All of the office staff in Sharon used this script as guidance, beginning in December of 2014, when speaking with patients to ensure a seamless transition of care.

Late File #2 shows the number of Medicaid patients from Connecticut who visited the Sharon site for a non-oncology purpose from FY12 through FY14.

Should you need anything further, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Willcox'.

Jennifer Willcox, Esq.
Deputy General Counsel
Yale-New Haven Health System

Enclosures

789 Howard Avenue
New Haven, CT 06519

Yale-New Haven Hospital

Reconfiguration and Consolidation of Outpatient Oncology Services
offered by Smilow Cancer Hospital in Sharon, CT

Docket Number: 14-31969-CON

Late File Testimony

May 8, 2015

Docket Number: 14-31969-CON
May 8, 2015

Yale-New Haven Hospital

**Certificate of Need Application
Docket Number: 14-31969-CON**

**Reconfiguration and Consolidation of Outpatient Oncology Services
offered by Smilow Cancer Hospital in Sharon, CT**

Late File Testimony

1. Please provide a copy of the script used by staff at the Sharon site to communicate with patients about its impending closure.

Response:

See Exhibit A.

2. Please provide a table that shows the number of Medicaid patients from Connecticut who visited the Sharon site for a non-oncology purpose from FY12 through FY14.

Response:

See the table below.

CT NON-ONCOLOGY MEDICAID PATIENTS AT THE SMILOW SITE AT SHARON*					
FY	DIAGNOSIS	CITY	STATE	PATIENTS	FY TOTAL
FY14	Non-Oncology	FALLS VILLAGE	CT	1	3
		LAKEVILLE	CT	1	
		SALISBURY	CT	1	
FY13	Non-Oncology	CORNWALL BRIDGE	CT	1	5
		LAKEVILLE	CT	1	
		SALISBURY	CT	1	
		SHARON	CT	2	
FY12	Non-Oncology	LAKEVILLE	CT	1	2
		SALISBURY	CT	1	

*Source: EPIC

EXHIBIT A

SHARON OFFICE CLOSURE

SCRIPTING FOR STAFF

For new referrals:

Beginning in February, we will be changing our hours of operation and will be open only one day per month for routine visits. Our physicians and staff would be happy to see and treat you in our Torrington, CT location. I would be happy to assist in making an appointment for you at that time. If that is not convenient for you, we can also provide you with the names of other similar providers in Massachusetts and New York that you may want to contact. ”

For existing patients of Dr. Kruger:

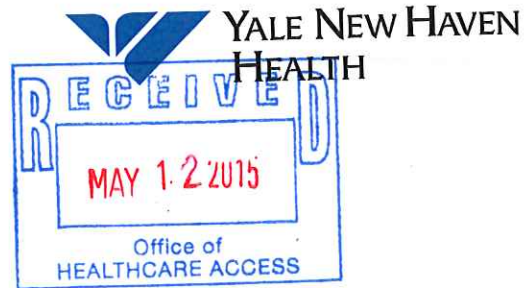
“As you are already aware, Dr. Kruger is retiring effective January 16, 2015. Upon his retirement, we will be changing our hours of operation and will be open only one day per month, beginning in February, 2015, for routine visits. Our physicians and staff would be happy to take over your care in our Torrington location. I would be happy to assist in making an appointment for you at that time.”

For existing patients of Dr. Lowenthal:

Beginning in February 2015, we will be changing our hours of operation and Dr. Lowenthal will only be seeing patients one day per month in Sharon for routine visits. We will no longer provide chemotherapy treatment in our Sharon office. However, he will continue to provide your care full time in our Torrington location. I would be happy to assist in making an appointment for you in Torrington at that time, so you can continue your treatment and care uninterrupted.

If there is a question about the office closing eventually, or people are inquiring about lack of oncologic availability of services in Sharon, the staff may reply;

Because of the retirement of Dr. Kruger, we are seeking regulatory approval to close this location. We anticipate receiving approval in four to six months. So, it is very important to plan for your care.



May 8, 2015

VIA ELECTRONIC & REGULAR MAIL

Kevin Hansted
Hearing Officer
Office of Health Care Access
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06106

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Deputy General Counsel
Yale-New Haven Health System

Enclosures

789 Howard Avenue
New Haven, CT 06519

Yale-New Haven Hospital

Reconfiguration and Consolidation of Outpatient Oncology Services
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Docket Number: 14-31969-CON

Late File Testimony

May 8, 2015

Docket Number: 14-31969-CON
May 8, 2015

Yale-New Haven Hospital

**Certificate of Need Application
Docket Number: 14-31969-CON**

**Reconfiguration and Consolidation of Outpatient Oncology Services
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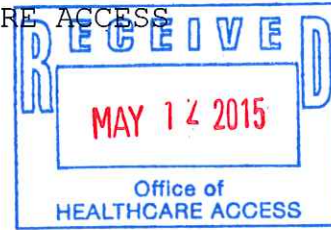
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ORIGINAL

1

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS



YALE-NEW HAVEN HOSPITAL

TERMINATION OF OUTPATIENT ONCOLOGY
SERVICES OFFERED BY SMILOW CANCER HOSPITAL
AT SHARON HOSPITAL

DOCKET NO. 14-31969-CON

MAY 6, 2015

4:00 P.M.

63 MAIN STREET
SHARON, CONNECTICUT

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 . . .Verbatim proceedings of a hearing
2 before the State of Connecticut, Department of Public
3 Health, Office of Health Care Access, in the matter of
4 Yale-New Haven Hospital, Termination of Outpatient
5 Oncology Services Offered by Smilow Cancer Hospital at
6 Sharon Hospital, held at 63 Main Street, Sharon,
7 Connecticut, on May 6, 2015 at 4:00 p.m. . . .

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11 HEARING OFFICER KEVIN HANSTED: This
12 public hearing before the Office of Health Care Access,
13 identified by Docket No. 14-31969-CON, is being held on
14 May 6, 2015 to consider Yale-New Haven Hospital's
15 application for the termination of outpatient oncology
16 services currently offered by Smilow Cancer Hospital in
17 Sharon, Connecticut.

18 This public hearing is being held pursuant
19 to Connecticut General Statute, Section 19a-639a, and
20 will be conducted as a contested case, in accordance with
21 the provisions of Chapter 54 of the Connecticut General
22 Statutes.

23 My name is Kevin Hansted, and I have been
24 designated by Commissioner Jewel Mullen of the Department

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 of Public Health to serve as the Hearing Officer for this
2 matter.

3 The staff members assigned to assist me in
4 this case are Kaila Riggott and Jessica Schaeffer-
5 Helmecki. The hearing is being recorded by Post
6 Reporting Services.

7 In making its decision, OHCA will consider
8 and make written findings concerning the principles and
9 guidelines set forth in Section 19a-639 of the
10 Connecticut General Statutes.

11 Yale-New Haven Hospital has been
12 designated as a party in this proceeding.

13 At this time, I will ask staff to read
14 into the record those documents already appearing in
15 OHCA's Table of the Record in this matter.

16 All documents have been identified in the
17 Table of Record for reference purposes. Ms. Riggott?

18 MS. JESSICA SCHAEFFER-HELMECKI: Hi. Good
19 afternoon. My name is Jessica Schaeffer-Helmecki, OHCA
20 staff, and, on behalf of OHCA, I'd like to enter into the
21 record Exhibits A through M.

22 HEARING OFFICER HANSTED: And we have one
23 further exhibit, which is the appearance on behalf of
24 Yale-New Haven Hospital by Jennifer Willcox. We'll add

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 that, and that will be the next exhibit alphabetically.

2 MS. SCHAEFFER-HELMECKI: So that would be
3 Exhibit N.

4 HEARING OFFICER HANSTED: Okay, thank you.
5 Are there any objections to any of the exhibits?

6 MS. JENNIFER WILLCOX: No objections.
7 Thank you.

8 HEARING OFFICER HANSTED: Thank you,
9 counsel. And, today, we will first hear from the
10 Applicant for an overview of the project, and then OHCA
11 will ask its questions, and then we will move to the
12 public portion of tonight's proceeding.

13 At this time, I would ask all the
14 individuals, who are going to testify, to please stand,
15 raise your right hand, and be sworn in.

16 (Whereupon, the parties were duly sworn
17 in.)

18 HEARING OFFICER HANSTED: Thank you,
19 everyone. And I would remind you, before you testify at
20 any time this evening, please state your full name. And
21 for any of you folks, who have submitted pre-filed
22 testimony, please adopt that pre-filed testimony on the
23 record for me tonight. Thank you.

24 And, at this time, Yale-New Haven Hospital

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 may proceed.

2 MS. WILLCOX: Yes. Thank you very much,
3 Hearing Officer Hansted and members of the OHCA staff.

4 We have two individuals here, who will
5 provide testimony, but, as you can see, we have quite a
6 number of individuals available, should you have
7 questions at the conclusion of our formal presentation.

8 HEARING OFFICER HANSTED: Okay.

9 MS. WILLCOX: So we wanted to keep our
10 presentations short and to the point, but be able to
11 respond to any concerns you might have.

12 So, with that, I will turn it over to Abe
13 Lopman, who is the Senior Vice President of Operations
14 for Smilow Cancer Hospital.

15 HEARING OFFICER HANSTED: Okay, thank you.

16 MR. ABE LOPMAN: Abe Lopman, Senior Vice
17 President for Operations for Smilow Cancer Hospital.
18 Hearing Officer Hansted and OHCA staff, I'm pleased to be
19 here today in support of Yale-New Haven Hospital's CON
20 application.

21 HEARING OFFICER HANSTED: Would you just
22 adopt your pre-filed testimony for me?

23 MR. LOPMAN: I adopt my pre-filed
24 testimony.

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 HEARING OFFICER HANSTED: Thank you.

2 MR. LOPMAN: Thank you for your time this
3 afternoon to present our proposal to consolidate our
4 Torrington and Sharon treatment centers into one.

5 I will summarize the proposal, and then
6 you will hear from my colleague, Dr. Debra Brandt, the
7 Medical Director of Smilow Cancer in Torrington.

8 We also have a number of our staff members
9 here, both from the Yale School of Medicine and Smilow,
10 available today if you have any further questions.

11 As discussed in our application and my
12 pre-filed testimony, the main impetus for our proposal is
13 the fact that we have been unable to recruit Board
14 Certified oncologists to staff the Sharon location.

15 Dr. Krueger is a beloved member of the
16 Sharon community and had a substantial medicine practice,
17 in addition to his oncology and hematology patients, but
18 the Sharon site is not attractive to oncologists coming
19 out of training today, and we believe the most
20 responsible option is to consolidate the services at the
21 Sharon site with our most expansive site in Torrington.

22 As detailed in our CON application,
23 certain patients will be required to travel longer
24 distances to access the Torrington site, but the care in

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 Torrington will be comprehensive and better integrated.
2 Patients will have access to a wider array of therapeutic
3 and support services, such as radiation therapy, medical
4 oncology, and clinical transition, will largely be
5 seamless, as both locations are under Epic electronic
6 medical records and practice management platform, and the
7 same clinical and office staff will care for these
8 patients, the ones that certainly are providing those
9 services here.

10 Should any of our patients choose to
11 transfer their care to another provider, such as one of
12 the other hospitals detailed in our CON, of course we
13 will support that choice, by providing copies of records
14 and other transitional services.

15 We also have committed to returning
16 patients in the Sharon community for primary care and
17 other appropriate services, as Smilow firmly believes
18 care should be provided locally whenever possible.

19 In our pre-filed testimony, I reviewed a
20 number of the statutory factors that OHCA must consider
21 when deciding the CON application and explained how this
22 proposal meets all the relevant statutory criteria.

23 Diversity of health care providers in the
24 region, access to care, and the cost of care will not be

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 impacted, nor will access to services to Medicaid
2 beneficiaries, and the financial services of the health
3 care system will not be affected.

4 I would like to emphasize the point I made
5 in the pre-filed testimony. Although Yale-New Hospital,
6 like all hospitals in the state, face these financial
7 challenges, given the reimbursement changes and the
8 proposed cuts to Medicaid payment and programs
9 consolidating the Sharon site into Torrington, is not a
10 budget mitigation measure.

11 This is not being done to reduce costs,
12 and, in fact, you will see a slight negative impact on
13 our financials as a result of this change, but we know
14 it's the right thing to do for our patients.

15 In terms of capacity at Torrington, the
16 site is ready and able to take all of our oncology
17 patients from the Sharon site and provide them with
18 expanded services.

19 OHCA has noted in its Statewide Healthcare
20 Facilities and Services Plan that cancer care is
21 increasingly provided on an outpatient basis, but that
22 advanced treatments, such as linear accelerators in
23 chemotherapy, are also required, as are connections to
24 comprehensive cancer centers with clinical research

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 trials and teaching programs. All of these will be
2 available in Torrington, along with other support
3 services.

4 Finally, I'd like to make OHCA aware of
5 the coming changes to the model of how cancer care is
6 delivered, due to technology and medical advances.

7 We anticipate the development of more
8 targeted therapies, based on genetic and molecular
9 testing and other complex patient profiling that only can
10 be done at larger comprehensive centers, like Torrington,
11 and we are building up our research staff and
12 infrastructure, in order to prepare for these
13 developments.

14 Many new oral chemotherapeutic agents are
15 also in their research pipeline, and several are
16 available to patients now, which will decrease the need
17 to travel for chemotherapy and effusions.

18 These trends mean that centers, like
19 Smilow, need the flexibility to innovate and reconfigure,
20 as in the case with the proposal before you today.

21 In conclusion, we believe the proposed
22 consolidation of the Smilow location of Sharon and
23 Torrington is a carefully calibrated response to the loss
24 of a number of physicians serving the area and the

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 challenge we have experienced recruiting qualified
2 physicians to a low volume limited service site.

3 The proximity of the Torrington site will
4 ensure that the patients from the community continue to
5 have access to quality cancer care and a full range of
6 diagnostic, therapeutic and supportive services.

7 I urge you to approve the Smilow CON
8 application to consolidate the Sharon site with
9 Torrington.

10 Thank you, and I'd like to introduce my
11 colleague, Dr. Debra Brandt, the Medical Director of our
12 Torrington center.

13 HEARING OFFICER HANSTED: Thank you.

14 DR. DEBRA BRANDT: Good afternoon, Hearing
15 Officer Hansted and OHCA staff.

16 HEARING OFFICER HANSTED: Good afternoon.

17 DR. BRANDT: My name is Dr. Debra Shaw-
18 Brandt. I'm the Medical Director at the Smilow Cancer
19 Hospital site in Torrington, and I adopt my pre-filed
20 testimony.

21 HEARING OFFICER HANSTED: Thank you.

22 DR. BRANDT: Thank you for the opportunity
23 to speak about our Certificate of Need application to
24 consolidate the Smilow's cancer location in Sharon with

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 its location in Torrington.

2 As I described in my pre-filed testimony,
3 I was a partner in Connecticut Oncology and Hematology.
4 We were a private oncology group, which chose to join
5 Smilow and Yale in 2012.

6 Our affiliation with Smilow and Yale has
7 enhanced our practice, and we have been pleased with our
8 relationship with our new partners, and we are now linked
9 with a larger academic enterprise, and that has brought
10 us more clinical research, clinical trials, and more
11 access to renowned subspecialists.

12 One of the reasons that we chose to join a
13 larger academic institution was the fear that, as the
14 physicians, who are part of our private practice, chose
15 to retire, that we would have trouble recruiting to a
16 semi-remote area, given the changes in medicine.

17 I described in my pre-filed testimony the
18 steps we have taken and the number of candidates we have
19 sought to recruit.

20 If you have further questions about the
21 recruiting efforts, I have my colleague with me, Dr. Anne
22 Chiang, who is the Chief Network Officer of the Smilow
23 Cancer Network, who can provide you with the statistics.

24 I can relate that we were successful in

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 recruiting two physicians so far. One physician started
2 in September of 2014, and we have another physician, who
3 will be starting in July of this year.

4 I can also tell you that, in addition to
5 Dr. Krueger retiring, three other of my partners are
6 leaving within this year, as well.

7 We have been less successful directly
8 replacing Dr. Krueger here in the Sharon site. Dr.
9 Krueger has been a longstanding presence in the Sharon
10 community. He had a significant general medicine
11 practice, in addition to his oncology and hematology
12 patients.

13 When Smilow and Yale acquired our
14 practice, we discussed the possibility at that time of
15 closing the Sharon site, but because of Dr. Krueger's
16 long history in the community and our commitment to
17 serving this community, after going through much
18 discussion, we decided to retain this location.

19 The Sharon site, however, lacks full
20 continuum of cancer care services and has low volume
21 visit.

22 When Dr. Krueger retired, we've been
23 attempting to recruit more physicians, but this is very
24 challenging, because this type of community practice is

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 much less attractive today to Board Certified oncologists
2 than it was a number of years ago, and, as a result, we
3 have not been able to identify a candidate, who is
4 willing to work in the Sharon community.

5 Closing the Sharon site is the only viable
6 and responsible option, and I believe we can consolidate
7 our two sites into one site in Torrington, with minimal
8 impact on our patients in the community.

9 As detailed in our CON application and my
10 pre-filed testimony, the patients from the Sharon site
11 are used to traveling to other sites for their cancer
12 care. Forty-two percent of the Sharon patients travel to
13 Torrington for their radiation services. The other
14 previously traveled to New Milford and New York
15 predominately for their radiation services.

16 Our Torrington site has the capacity to
17 provide both physician services and advanced treatment,
18 such as radiation therapy, along with clinical trials.

19 We can accommodate all of the Sharon
20 patients at our Torrington site, where they will also
21 have access to extra supportive services, like social
22 work, dietary consultation and support groups.

23 After Dr. Krueger's retirement in January
24 of this year, many patients have already transitioned

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 their care to the Torrington site, and as the same
2 clinical and office staff work in the Torrington location
3 and both sites already are in the Epic system, that has
4 made that transition easier.

5 Two of the nurses, who previously worked
6 in the Sharon office, work in Torrington, and the
7 patients love seeing them there, and the front desk
8 person also works in our Torrington office, and she's a
9 contact for them, as well.

10 I've spoken with the Chief Medical Officer
11 at Sharon Hospital, as well as some of the other local
12 physicians, and have assured them that the Torrington
13 site will work to redirect patients back to Sharon.

14 It's Smilow's philosophy that care should
15 be provided locally whenever possible, and I have
16 committed to insuring that patients are directed back to
17 their providers in the Sharon area for their primary care
18 treatment and other specialty services that can be
19 provided here locally.

20 Earlier this week, I met with a number of
21 Sharon physicians to reiterate this commitment, and we
22 are ongoing in discussion and participation in Sharon
23 Hospital Tumor Boards, offering CME lectures and trying
24 to continue our services.

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 I understand that the additional distance
2 will cause a hardship for patients, and I sincerely wish
3 that we could have identified a physician willing to work
4 in Sharon and provide care right here in the community.

5 I do believe, however, that patients will
6 receive more coordinated care and equal, if not better,
7 care in the Torrington site.

8 In conclusion, I believe that our proposal
9 demonstrates our efforts to coordinate and improve the
10 quality of cancer care for patients in the region, and I
11 urge OHCA to approve it.

12 Several colleagues are in attendance
13 today, including Dr. Anne Chiang, who I introduced
14 earlier, Lisa Shomsky, who was our office manager where
15 we're in private practice and continues to be our office
16 manager locally. She's now considered the Program
17 Manager for the Smilow Cancer Care Center.

18 Any of us are happy to answer questions.
19 Thank you for your attention.

20 HEARING OFFICER HANSTED: Thank you,
21 Doctor. Okay, OHCA does have some questions, unless you
22 have any further witnesses.

23 MS. WILLCOX: No. I just wanted to let
24 you know who we have available. As Dr. Brandt explained,

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 we also have representatives from Finance and from the
2 Yale School of Medicine, so, hopefully, we will have the
3 person available to respond to your questions.

4 HEARING OFFICER HANSTED: Okay, thank you.
5 Do you want to start? Okay.

6 MS. SCHAEFFER-HELMECKI: Hi. Jessica
7 Schaeffer-Helmecki again. Have you looked into any
8 alternatives, besides terminating the Sharon site?

9 MS. WILLCOX: Abe, could you respond?

10 MR. LOPMAN: Sure. The question was --

11 MS. SCHAEFFER-HELMECKI: Any alternatives,
12 besides the recruitment aspect.

13 MR. LOPMAN: So Dr. Brandt indicated that,
14 early on, knowing that we were going to have these
15 retirements, it was at that time that we thought about
16 consolidating, as the alternative has been to continue to
17 operate and try to build a practice, and it just hasn't
18 been successful, so this was the alternative.

19 MS. WILLCOX: And I would just add, and,
20 Abe, correct me if I'm wrong, in order to provide the
21 services that have been provided there, you need to have
22 a physician on site. That's a standard of care and a
23 requirement, so we couldn't provide them in any other
24 way.

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 HEARING OFFICER HANSTED: Right. And just
2 a quick follow-up. Doctor, you had stated that you had
3 recruited two physicians. Another one is starting this
4 July. You had one starting in September 2014. Those two
5 physicians were not willing to practice in Sharon? Is
6 that accurate?

7 DR. BRANDT: So those two physicians are
8 needed to replace the four physicians that are retiring
9 in the group, and, so, it would be impossible to run the
10 practice with three physicians between two places.

11 MS. WILLCOX: And maybe, Dr. Chiang, you
12 could address some of the recruitment issues and your
13 discussions with candidates about the Sharon site. Would
14 that be okay?

15 HEARING OFFICER HANSTED: That's fine.

16 DR. ANNE CHIANG: Sure. So I do have some
17 numbers. The answer to your question is, yes, they did
18 not want to go to Sharon, those specific, to answer your
19 question.

20 HEARING OFFICER HANSTED: Okay, thank you.

21 DR. CHIANG: But we did -- we recruited
22 one physician. That was September. And then, since
23 then, we put two ads out, and I did want to tell you we
24 got a total of 67 applicants, and I phone interviewed 21.

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 We brought seven of them or eight applicants to come in
2 and interview in person, that's a two-step interview
3 process, and extended four offers, and only one accepted
4 from that group of people.

5 And I think that, in general, most of the
6 young folks, who are, people, who are looking for jobs
7 nowadays, they really are looking for several things.

8 Number one, they are looking for a
9 collaborative environment, someplace where they can
10 interact with colleagues, especially if they're coming
11 out of their fellowship. That's really important to
12 them.

13 Secondly, they're looking for clinical
14 research, the opportunity to offer clinical research
15 trials to their patients, and they're also looking for an
16 atmosphere, where they can -- an academic atmosphere,
17 where they can partner with a larger institution and
18 offer that whole range of services to their patients.

19 Their focus is definitely oncology, so
20 none of the applicants had an internal medicine, an
21 interest in internal medicine and practicing in both
22 subjects, general medicine and oncology.

23 And, finally, not only have many of them
24 expressed to me directly reservations about the

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 remoteness of Torrington, so not even Sharon, but
2 Torrington, that was a key issue that continued to come
3 up, but they were also worried about volume.

4 In a place like Sharon, the volume of the
5 practice would translate directly into productivity and
6 compensation, so those are the kind of issues coming up,
7 which are making it challenging, not impossible, but
8 challenging to find really great people for this kind of
9 a setup in a remote area.

10 MS. WILLCOX: And, just for the record,
11 Dr. Chiang is the Chief Network Officer for Smilow,
12 correct?

13 DR. CHIANG: Correct.

14 MS. WILLCOX: And, so, she has
15 responsibility for all of these sites.

16 DR. CHIANG: Right.

17 MS. SCHAEFFER-HELMECKI: So, currently,
18 are patients receiving treatment at the Sharon Smilow
19 site?

20 DR. BRANDT: No. They're not receiving
21 treatment at the Sharon site, because there's not a
22 physician to oversee the treatments and the treatments
23 moved to Torrington.

24 MS. SCHAEFFER-HELMECKI: So the second

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 physician has already retired?

2 DR. BRANDT: The second physician is
3 retiring next week.

4 MS. SCHAEFFER-HELMECKI: Okay and --

5 DR. BRANDT: Two weeks. The 29th.

6 HEARING OFFICER HANSTED: Are there any
7 other services being offered at the Sharon site, besides
8 oncology, or is that completely shut down? Come on up to
9 a microphone, please.

10 MS. LISA SHOMSKY: My name is Lisa
11 Shomsky. I'm the Clinical Program Manager.

12 HEARING OFFICER HANSTED: Good afternoon.

13 MS. SHOMSKY: So, currently, the patients
14 that are being seen are being seen for return follow-up
15 visits, but not for active treatment.

16 HEARING OFFICER HANSTED: Okay, thank you.

17 MS. SCHAEFFER-HELMECKI: And how were
18 patients notified of the site's closing?

19 MS. SHOMSKY: So, last October, patients
20 that were in active treatment were notified personally by
21 Dr. Krueger, and all patients received a letter,
22 notifying them of his pending retirement at the end of
23 the year.

24 MS. SCHAEFFER-HELMECKI: And, so, I know

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 they were notified about the retirements, but were they
2 actually notified when the whole office was being closed
3 down? Because I believe you originally said it was going
4 to be done six days before the closure, so was that done?

5 MS. WILLCOX: Just to clarify, the office
6 hasn't closed yet. There is still a space there. We
7 still have staff there for these follow-up consultations,
8 and we do have a plan, I think attached to our CON, with
9 the draft letter that we plan to send out if the CON is
10 granted, and there was also a script that was prepared
11 for the staff when patients phoned in, where patients
12 were informed about being directed to Torrington and
13 things like that.

14 MS. SHOMSKY: But his original retirement
15 letter also talked about transitioning their care to the
16 Torrington site for treatment.

17 HEARING OFFICER HANSTED: Counsel, can you
18 provide OHCA with a copy of the script that you reference
19 for the --

20 MS. WILLCOX: As a late file?

21 HEARING OFFICER HANSTED: Yes, if you
22 would do that. That would be Late File No. 1. How much
23 time do you need to submit that?

24 MS. WILLCOX: A day.

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 HEARING OFFICER HANSTED: Okay. I can
2 give you more.

3 MS. WILLCOX: No, no. Yes, we can provide
4 that. And, Abe, I don't know if you have further to say
5 about the notification process.

6 MR. LOPMAN: No. It's a standard
7 notification process. It's well-articulated, and we use
8 one standard throughout, so there's appropriate lead time
9 for notification. We follow that everywhere.

10 HEARING OFFICER HANSTED: Okay.

11 MR. LOPMAN: It's standard.

12 MS. WILLCOX: Maybe I spoke a little soon
13 on it. A day getting the script, but in terms of talking
14 to people about how the script was implemented and rolled
15 out, we can get that to you by the end of the week.

16 HEARING OFFICER HANSTED: Okay, that's
17 fine. So Late File No. 1 will be due on May 8, 2015 by
18 the end of the business day.

19 MS. SCHAEFFER-HELMECKI: Dr. Brandt, on
20 page two of your pre-filed testimony, it states that all
21 non-oncology patients were able to seamlessly transition
22 to a number of internal medicine practices.

23 How were you able to verify that they were
24 placed in other medical practices?

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 DR. BRANDT: Well I suppose I can't 100
2 percent verify it, but Dr. Krueger, before he left,
3 personally called the primary care doctors in the
4 community that the patients wanted to transition to, and
5 their files were sent out.

6 We haven't had patients call us back and
7 say, hey, you know, Dr. Krueger is not here, and I can't
8 find a doctor. What am I supposed to do? So I guess
9 that's kind of the best I can say.

10 MS. SCHAEFFER-HELMECKI: Oh, and, also, on
11 page 16 of the application, it states non-oncological
12 services will still be provided to patients at Sharon
13 Hospital. Has Sharon Hospital been treating the non-
14 oncological patients?

15 MS. WILLCOX: I'm sorry. That thing came
16 on when you were speaking.

17 MS. SCHAEFFER-HELMECKI: Sure. So, on
18 page 16 of the application, it states the non-oncological
19 services will still be provided to patients at Sharon
20 Hospital. Has Sharon Hospital been accepting and
21 treating those patients?

22 DR. BRANDT: So the answer is yes. A lot
23 of our patients are still being admitted. They're coming
24 for their radiology services, so if they are seeing a

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 provider in Torrington, but their scans have been in
2 Sharon, they have come back to get their follow-up scans,
3 we'll call the radiologist if they need a biopsy, if
4 they're local and they go to the ER, they're admitted,
5 and the hospitalists here treat the patients, and they'll
6 call us and keep us involved and ask opinions and things
7 like that, if needed.

8 MS. RIGGOTT: Are you asking about non-
9 oncological patients?

10 DR. BRANDT: Am I not answering the right
11 question?

12 MS. RIGGOTT: Were you referring to the
13 oncology patients?

14 DR. BRANDT: No. You said non-oncology.

15 MS. RIGGOTT: Non-oncology. Okay. I
16 heard you mention biopsies.

17 DR. BRANDT: Well we see hematology
18 patients, as well, so I think it depends on your
19 definition of oncology.

20 MS. RIGGOTT: Okay.

21 DR. BRANDT: So I apologize. Maybe we
22 have a slightly different definition. And then the
23 internal medicine patients are not being seen by us
24 anymore, so, as far as I know, they have all been

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 transitioned to local primary care providers in the
2 community, so they should be getting their care locally.

3 HEARING OFFICER HANSTED: So, at this
4 point, you don't have patients going to Torrington and
5 then to Sharon Hospital to be treated?

6 DR. BRANDT: They're not getting like
7 chemotherapy infusions at Sharon Hospital. Is that what
8 you're asking?

9 HEARING OFFICER HANSTED: Well for any
10 procedure that might have been done at the Sharon site.
11 I'm just trying to get a picture.

12 DR. BRANDT: The only procedures that were
13 done in the office were chemotherapy infusions. Patients
14 always were, it's actually upstairs, they were always
15 subject to the outpatient infusion area of the hospital
16 for transfusions.

17 We did some antibiotics in the office, and
18 the only real other procedure we did was bone marrow
19 biopsies, so if a patient needs a thoracentesis, which is
20 removing fluid from the lung, or a paracentesis removing
21 fluid from the belly, then we would refer those patients
22 to the Radiology Department.

23 If they need a blood transfusion, they're
24 referred. We write the orders. We still write orders,

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 and patients are still being transfused. If they're
2 getting their chemotherapy on the day in Torrington, but
3 the next day they just need IV fluids and maybe some
4 anti-nausea medicines and that can be done at Sharon
5 Hospital, we're arranging for them to come to the
6 outpatient infusion area at Sharon Hospital to get those
7 services, because it's closer to their home. We have a
8 number of patients that are doing that.

9 HEARING OFFICER HANSTED: Okay and how is
10 that working out with respect to the Epic medical
11 records? Does Sharon Hospital have access to that?

12 DR. BRANDT: No, Sharon doesn't, but, I
13 mean, if you think about it, we never shared complete
14 records in the past, so we do what we've always done, and
15 we sign orders, we write a little note.

16 Sharon Hospital uses MEDITECH, and they
17 have an order entry system, but if you're not in that
18 system, you can write orders, you can still send a paper
19 copy of the electronic written note with the patient, so
20 that, if the nurses have an issue or a problem, they
21 call, and they have access to that information.

22 HEARING OFFICER HANSTED: Okay, so,
23 they're going to --

24 DR. BRANDT: But that's not really

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 different if they were in the Sharon office and went
2 upstairs, because they still didn't have the Epic access.

3 HEARING OFFICER HANSTED: Right, so,
4 they're going to Sharon Hospital for services that don't
5 really require a complete medical record traveling with
6 them?

7 DR. BRANDT: Right. And, if they do, they
8 can call, and we can give them. If they went to the ER
9 and we called and said, no, this is their history, and we
10 share the information the way we always do, verbally and
11 on paper.

12 HEARING OFFICER HANSTED: All right, thank
13 you, Doctor.

14 MS. SCHAEFFER-HELMECKI: And, then, on
15 page two of your testimony, Dr. Brandt, and on page 71 of
16 the application, it states that 42 percent of Sharon
17 Smilow oncology patients are currently traveling to
18 Torrington to receive oncological treatment, such as
19 radiation.

20 MS. WILLCOX: I'm sorry. What page was
21 that?

22 MS. SCHAEFFER-HELMECKI: Page 71 of the
23 application.

24 DR. BRANDT: Forty-two percent of

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 patients, who need radiation, are going to Torrington for
2 radiation. It's always been in this community that
3 patients go in different directions.

4 MS. SCHAEFFER-HELMECKI: However, on page
5 79 of the application, the footnote under Table B states
6 that, because radiation is provided by Charlotte
7 Hungerford, you do not have access to the number of
8 Smilow patients actually receiving radiation there.

9 Please explain how you arrived at that 42
10 percent figure, without access to the number of Smilow
11 patients receiving radiation there.

12 MS. WILLCOX: I'm sorry. So you're
13 talking about page 79, that table that's marked --

14 MS. SCHAEFFER-HELMECKI: -- the 42 percent
15 figure, that 42 percent of the Sharon Smilow oncology
16 patients are receiving radiation treatment basically
17 elsewhere.

18 You're saying that you don't have access
19 to the radiation numbers, since it's a Charlotte
20 Hungerford operation, essentially, so I was wondering how
21 you arrived at that 42 percent figure, without access to
22 Charlotte's information.

23 MR. LOPMAN: This is Abe Lopman. So I
24 will ask my colleagues to confirm. So the 42 percent of

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 patients we know, because we write orders for radiation
2 therapy and receive at the Charlotte Hungerford site,
3 which is the same facility. What we don't know is what
4 the full number of Charlotte Hungerford patients are in
5 radiation. We know those 42 percent of the patients,
6 because we write orders.

7 DR. BRANDT: So if Dr. Krueger sees a
8 patient and they have lung cancer or prostate cancer and
9 they need radiation, he knows where they've been directed
10 to, so he will directly refer a patient to radiation in
11 Torrington, radiation in New Milford, or radiation in New
12 York, based on their insurance and where they're willing
13 to drive, you know, what the unique characteristics of
14 that patient is, so we did have those numbers.

15 MS. SCHAEFFER-HELMECKI: Okay, so,
16 essentially, you're saying you know how many orders
17 you've written by --

18 DR. BRANDT: I guess we can't 100 percent
19 confirm that they actually --

20 MS. SCHAEFFER-HELMECKI: -- billed.

21 DR. BRANDT: I guess we could go back to
22 the charts and we would know that they actually followed
23 up, because we get follow-up notes that they did receive
24 their radiation.

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 MS. WILLCOX: If you could give us one
2 minute? I'm sorry. We're just looking at this chart
3 here.

4 HEARING OFFICER HANSTED: Sure.

5 MR. LOPMAN: If I could just add?

6 HEARING OFFICER HANSTED: Hold on one
7 second. We're not on the record yet. Wait until we go
8 back on the record.

9 MS. WILLCOX: I'm sorry. We were just
10 clarifying that table in response to question eight on
11 79, because we did note in our testimony we don't know
12 when they go outside of Yale-New Haven health system, so
13 when it says elsewhere, number of patients that went
14 elsewhere, that means within Yale-New Haven health
15 system, so it is not elsewhere, outside of, so it is
16 going to New Haven or going to our services at
17 Torrington, but it does not include going to New Milford
18 or other hospitals.

19 HEARING OFFICER HANSTED: Okay.

20 MR. LOPMAN: But, for clarity, the point
21 of the 42 percent is to acknowledge that 42 percent
22 already seek treatment outside, that Sharon patients
23 already travel to the point of, whether it's inconvenient
24 or convenient, 42 percent are already traveling to

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 Torrington for that other service that they have to get,
2 so it's not as if there's an additional travel, if you
3 will.

4 HEARING OFFICER HANSTED: All right.

5 MS. WILLCOX: And you know, you heard
6 earlier, that we are writing orders for some to go
7 outside, so we do, but it's not tracked within Epic.

8 HEARING OFFICER HANSTED: Thank you for
9 that clarification.

10 MS. SCHAEFFER-HELMECKI: I just have one
11 more question. How many of the non-oncology patients
12 from Connecticut that were seen during the previous three
13 fiscal years had Medicaid insurance?

14 HEARING OFFICER HANSTED: You just have to
15 come up to a microphone. Do you have that information
16 available here tonight? You can submit that as a late
17 file.

18 MS. WILLCOX: We might have to do it as a,
19 yeah. Just so I can understand, you want all Medicaid
20 beneficiaries, who receive internal medicine care, not,
21 as we were talking earlier, when you say non-oncology,
22 you mean non-oncology and non-hematology, right?

23 MS. SCHAEFFER-HELMECKI: Whatever the
24 classification that you use throughout the application,

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 just to keep it standard with the measures that you used
2 previously.

3 MS. WILLCOX: I think we provided the
4 current number of Medicaid beneficiaries, but you want us
5 to go back for the last three years? It was a small
6 number, so we detailed in -- let me just find it.

7 You're right. We talked about oncology,
8 so we took out the non-oncology, and we gave the number
9 of oncology patients and described them. You want the
10 non-oncology?

11 MS. SCHAEFFER-HELMECKI: Non-oncology and,
12 just to clarify, too, just Connecticut patients.

13 MS. WILLCOX: Connecticut.

14 MS. SCHAEFFER-HELMECKI: Exclude New York.

15 MS. WILLCOX: Over the last three years,
16 so total numbers? Total numbers over the last three
17 years? I'm sorry.

18 HEARING OFFICER HANSTED: Total numbers
19 over the last three years. And that will be Late File
20 No. 2, and how long do you think you need to prepare
21 that?

22 MS. WILLCOX: So my colleague is pointing
23 to page 24. Now this is just one year's worth of
24 information, so the table that's at the bottom of page

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 24, which is Medicaid Recipients for Non-Oncology. Well
2 just sort of the bottom three rows, which appear to be
3 just Connecticut. You want that for '12 and '13, as
4 well?

5 MS. SCHAEFFER-HELMECKI: Please.

6 MS. WILLCOX: Okay. We can do that by the
7 end of the week.

8 HEARING OFFICER HANSTED: By the end of
9 the week? Okay, so, Late File No. 2 will be also due by
10 May 8, 2015.

11 MS. RIGGOTT: I just have a few additional
12 questions, and the first one is probably just to clarify
13 something when we are looking at the application.

14 When we look, and I'll give you an example
15 on page 22, when we're looking at the label non-oncology,
16 does that equate to non-oncology, non-hematology?

17 MS. WILLCOX: I believe that's correct. I
18 think we use non-oncology to mean internal medicine.

19 MS. RIGGOTT: Okay, thank you. My next
20 question is for Dr. Brandt. You mentioned in your pre-
21 filed testimony that the Chief Medical Officer of Sharon
22 Hospital and local physicians had some concerns about
23 Smilow leaving the community.

24 Can you talk specifically about what those

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 concerns are and how, specifically, they would be
2 addressed? I know you've talked briefly about it. I'm
3 wondering if you might be able to elaborate.

4 DR. BRANDT: So their concerns are
5 focused, I think, on three or four different areas. One
6 is, if they need a consultant in the hospital and we're
7 not in the community, sort of how do they access that,
8 and they didn't initially feel that they were going to
9 miss that as much, and we met with them earlier this
10 week, and they do feel that that service has been really
11 important.

12 The second concern that they have is the
13 patient travel time, and the outpatients are sick, and
14 it's a far area for them to travel.

15 Their third concern is losing patients
16 outside of the community, not so much when they come to
17 Torrington, but, if they leave the Sharon area and go to
18 New York, they find that the patients often really don't
19 come back to the area.

20 I think that those are really their main
21 concerns, and, so, when we met with them, we were trying
22 to figure out how can we bring some of our services back
23 and be more accessible, and the things that we talked
24 about is continuing to call into the Tumor Board, which

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 they have monthly, so that we can help review cases and
2 educate, that we can come to some of the medical staff
3 meetings and help continue to offer, or not continue,
4 because we never offered, but to arrange CMEs.

5 We also talked about we've always been
6 available by phone, and they were I think not using the
7 phone as much, because they felt that we had sort of been
8 distanced, and I can say, even since this meeting, I got
9 six phone calls yesterday from Sharon providers, asking
10 for phone call consultations and felt clearly much more
11 comfortable calling and asking.

12 And we're discussing other avenues of ways
13 that we can be present, without physically being as
14 present as we were.

15 Delivering the actual chemotherapy will be
16 more challenging, but continuing to serve the community
17 in other ways I think we should be able to do.

18 MS. RIGGOTT: I'm just going to skip
19 around a bit with my questions, but you mentioned
20 transportation as being a concern.

21 Do the towns in this area provide special
22 transportation from Sharon to Torrington, or is there
23 public transportation, or is --

24 DR. BRANDT: So there's no public

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 transportation. Sharon Hospital, they informed us when
2 we met with them the other day that they're actually
3 looking at transportation for lots of things, because
4 it's not just an issue for oncology, it's an issue for a
5 lot of patients around here, and, so, we're looking into
6 that service.

7 The American Cancer Society does offer
8 volunteers that give patients rides, and we've always
9 used that throughout the community.

10 MS. WILLCOX: I would just, and, Hearing
11 Officer Hansted, you may very well know this, but we are
12 severely limited as a hospital to discuss Medicare and
13 Medicaid. We cannot provide benefits or inducements by
14 providing free transportation or anything like that, so
15 we are severely limited in what we can do, unfortunately.

16 MS. RIGGOTT: Okay. Going back to the
17 concerns of the physicians, have you personally heard
18 from any patients of the community physicians or the
19 hospital regarding the concerns? I know you've heard
20 from the physicians.

21 DR. BRANDT: I mean we see a number of the
22 patients that have transitioned their care to Torrington.
23 Yes, it still comes up in conversation. Can you come
24 back to the community? This is distant. How can we work

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 it out? And, so, that's one of the ways why we'll do day
2 two, you know, IV fluids in Sharon rather than having
3 them come back to Torrington.

4 We try very hard to work with them to get
5 them as much care locally as we can. They'll do their
6 radiology services here still, so that they can maintain
7 to be part of their comfortable care and community.

8 And we use the local internal medicine
9 providers, too, if they can't drive over and they're not
10 feeling well, and then we'll call and discuss cases that
11 way.

12 MS. RIGGOTT: Okay. Dr. Brandt, you also
13 mentioned in your pre-filed testimony that the proposal
14 seeks to coordinate and improve the quality of care for
15 patients in the region.

16 I understand the coordination aspect. Can
17 you elaborate a little bit on how it will improve the
18 care for patients?

19 DR. BRANDT: So even when we were in
20 private practice, it was very challenging, actually
21 impossible to offer clinical trials in Sharon. Prior to
22 joining Smilow and Yale, we were very active in clinical
23 research, and the pharmaceutical companies, they're the
24 supporters of a good portion of the research that we do

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 in oncology, would not have the multiple offices, and
2 they wouldn't allow a smaller office to participate, so
3 patients will have better access for sure to clinical
4 trials, and clinical trials that involve, you know,
5 radiation and chemo, were absolutely impossible.

6 I think the other benefit is that there's
7 more support type services in Torrington. While
8 Torrington is still a small facility and small office, we
9 have a social worker that's there, nutritionist, massage
10 therapist, Reiki, Yoga and those services.

11 Those complimentary services really could
12 not be provided here locally, and, so, patients have more
13 access to those things.

14 MS. RIGGOTT: Just one last question. Is
15 there anything else that anyone would want to add about
16 how the travel distance, in terms of time, might be
17 addressed?

18 MR. LOPMAN: I would only add that Dr.
19 Brandt's testimony, about trying to use as many of the
20 non-specific services that are required for patient care
21 that can be delivered in Sharon will be directed to
22 Sharon providers, so if it's cancer-specific related, it
23 will be in Torrington, but those services that in other
24 centers we may ask a patient to come to, some of the

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 radiologic procedures, some of the others that non-
2 oncologists can perform, will be directed back to Sharon
3 if the patient lives in the Sharon area.

4 I think that's our best way to minimize
5 those multi-day travels and focus just on the oncology
6 needs of the patient.

7 MS. WILLCOX: And I would just point out,
8 just as a point of law, but for Smilow purchasing this
9 practice and making it part of the Smilow cancer network
10 in the Yale School of Medicine, had it stayed as a
11 private oncology practice, there would have been no need
12 for a CON.

13 They could have just retired and closed
14 their practice, and, so, the fact that they chose to join
15 with the larger institution I think showed some concern
16 about the continuity of care for their patients, but
17 there are a number of oncology practices out there like
18 that, that the physicians will retire, they will close
19 their doors, and their patients will be, even without the
20 efforts that Smilow is now trying to make to arrange for
21 their care.

22 MS. RIGGOTT: I don't have any further
23 questions.

24 HEARING OFFICER HANSTED: Okay. I don't

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 have any further questions. Are there any members of the
2 public here this evening that would like to comment on
3 the application?

4 Okay. It's only about quarter to 5:00
5 right now. Given that this is a public hearing, I would
6 like to go off the record at this point, and we will
7 reconvene at about 5:30 to see if any members from the
8 public do arrive, and we can take their comment at that
9 time.

10 MS. WILLCOX: All right, and then we might
11 have a closing statement at that point.

12 HEARING OFFICER HANSTED: I'll let you do
13 your closing statement at that point, yes. All right,
14 thank you. At this point, we're off the record.

15 (Off the record)

16 HEARING OFFICER HANSTED: Okay, counsel,
17 you wanted to clear up some testimony on the record?

18 MS. WILLCOX: Yes. Thank you for the
19 opportunity, Hearing Officer Hansted.

20 We would like to correct a statement in
21 the record regarding the number of patients, who went to
22 Sharon for oncology services and who then sought
23 services, cancer care services elsewhere within the
24 system.

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 We noted on page 71 of our CON that we
2 don't have access to data outside of the Yale-New Haven
3 health system, but, however, the table on page 79 in our
4 CON talks about 42 percent of Connecticut residents, who
5 went to Sharon, who came to our Sharon site for oncology
6 services, but also sought services elsewhere in Yale-New
7 Haven health system for oncology care, and that footnote
8 specifically says it excludes the other hospitals,
9 because we don't have that data, so when it says
10 elsewhere, it means elsewhere within Yale-New Haven
11 health system.

12 And, also, I just wanted to clarify that
13 the statement in the last full paragraph of Dr. Brandt's
14 testimony, statement in the last full paragraph at the
15 bottom on page two, I'm sorry, where she says, "As
16 detailed in our CON application, oncology patients at the
17 Sharon site are used to traveling to other locations for
18 their cancer care, including the 42 percent of patients,
19 who already travel to," it should have said "other Yale-
20 New Haven health system sites for radiation and other
21 services," and that's, I think, where some of the
22 confusion came in, because we put in our footnote that we
23 didn't note the data for Torrington and for Charlotte
24 Hungerford.

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 So I would just ask Dr. Brandt if she
2 could just adopt her revised pre-filed testimony.

3 DR. BRANDT: Yes.

4 MS. WILLCOX: That's accurate? Thank you.

5 HEARING OFFICER HANSTED: Thank you, both.

6 And, counsel, if you want to give your closing statement
7 at this time, you can do so.

8 MS. WILLCOX: I actually will turn it over
9 Abe Lopman.

10 HEARING OFFICER HANSTED: Absolutely.

11 MR. LOPMAN: Thank you. Hearing Officer
12 Hansted and OHCA staff, thank you for your courteous
13 attention to our presentation today.

14 It's always difficult to contract a
15 service, close a site, or otherwise make a change that
16 disrupts the established patterns for patients.

17 We understand this change will present a
18 hardship to some patients, who sincerely wish that we can
19 maintain this site in Sharon, but, unfortunately, given
20 the realities of how cancer care is evolving and how
21 health care is delivered, we cannot provide every
22 specialty in every town.

23 To provide these services in Sharon, we
24 need the supervision of a Board Certified oncologist, and

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 we have been unable to identify or recruit someone, who
2 is willing to relocate.

3 Dr. Brandt outlined the substantial
4 efforts that Yale has made to hire a physician for this
5 site, though we cannot compel someone to work for us or
6 manufacture a qualified physician to those
7 specifications.

8 As we outlined in our presentation today,
9 we have done the best we can with a bad situation. I
10 feel confident we will be able to provide continuity of
11 care to our cancer patients from the Sharon area.

12 They will have access to additional
13 supportive services in Torrington, as well as advanced
14 diagnostic and therapeutic technologies, though we have
15 committed to redirecting them back to Sharon whenever
16 possible for services, such as basic radiology,
17 laboratory tests and the like.

18 We have worked closely with Sharon
19 Hospital and area physicians to maintain this transition,
20 and I believe we have if not their support, then at least
21 their understanding of the need for this change.

22 We will continue to work with our patients
23 to ease any burden the consolidation may present, and
24 they will have the support of the same excellent staff

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 that cared for them here in Sharon.

2 I would also point you back to my pre-
3 filed testimony, where I discussed the new oral
4 chemotherapy medicine and the trend towards oral
5 medication, which we believe will have a great impact on
6 patients' travel.

7 That therapy will eliminate the kind of
8 travel we're talking about, and we see great hope for
9 that in the future, so I urge you to approve this CON and
10 allow us to move forward with our consolidation plans.
11 Thank you for your time.

12 HEARING OFFICER HANSTED: Thank you, sir.
13 Anything further, counsel?

14 MS. WILLCOX: If I can just confirm the
15 late files and the deadline for providing, time frame for
16 providing those?

17 HEARING OFFICER HANSTED: The deadline is
18 May 8, 2015, and, Jessica, if you could just go through
19 the pre-files? I'm sorry. The late files.

20 MS. SCHAEFFER-HELMECKI: So Late File 1,
21 due May 8th, would be a script used by the Smilow
22 employees when communicating the closure to patients.

23 Late File 2, also due May 8, 2015, is the
24 number of Medicaid patients seen over the last three

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 fiscal years at Sharon Smilow that were receiving non-
2 oncology treatment.

3 MS. WILLCOX: Connecticut Medicaid,
4 correct?

5 MS. SCHAEFFER-HELMECKI: Connecticut, yes.
6 Thank you. Similar to what was provided, I believe you
7 said, on --

8 MS. WILLCOX: That table. We'll just go
9 back for three years, two previous years for that. That
10 was 2014. We'll provide 2013 and '12, eliminating the
11 lines for New York.

12 MS. SCHAEFFER-HELMECKI: Great. Thank
13 you.

14 MS. WILLCOX: Okay. Great. I just wanted
15 to confirm that. Thank you.

16 MS. SCHAEFFER-HELMECKI: And those are the
17 two late files by May 8th.

18 HEARING OFFICER HANSTED: Thank you. And
19 just before we adjourn this evening, are there any
20 members of the public here that would like to give public
21 comment on this matter before us?

22 And let the record reflect that there is
23 no one, and it is about 5:45, and this hearing is hereby
24 adjourned. Thank you, all.

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

1 MS. WILLCOX: Thank you.
2 (Whereupon, the hearing adjourned at 5:45
3 p.m.)

HEARING RE: YALE-NEW HAVEN HOSPITAL
MAY 6, 2015

AGENDA	PAGE
Convening of the Public Hearing	2
Applicant's Direct Testimony	6
OHCA's Questions	16
Closing Statement	42
Public Hearing Adjourned	46

'12 [2]	33:3	45:10	accelerators [1]	8:22	28:2	35:5	36:8	bad [1]	43:9	36:7	39:9	40:23
'13 [1]	33:3		accepted [1]	18:3	42:14			based [2]	9:8	29:12	41:18	42:20
Verbatim [1]	2:1		accepting [1]	23:20	American [1]	36:7		basic [1]	43:16		cancer-specific [1]	
00 [3]	1:10	2:7	access [22]	1:3	Anne [3]	11:21		basis [1]	8:21		38:22	
40:4			2:3	2:12	15:13	17:16		behalf [2]	3:20		candidate [1]	13:3
1 [3]	21:22	22:17	7:2	7:24	8:1			believes [1]	7:17		candidates [2]	11:18
44:20			10:5	11:11	13:21			beloved [1]	6:15		17:13	
100 [2]	23:1	29:18	26:11	26:21	27:2			beneficiaries [3]	8:2	31:20	32:4	
14-31969-CON [2]			28:7	28:10	28:18			benefit [1]	38:6		2:12	6:24
1:8	2:13		28:21	34:7	38:3			benefits [1]	36:13		7:11	7:16
16 [3]	23:11	23:18	38:13	41:2	43:12			best [3]	23:9	39:4	7:23	7:24
47:7			accessible [1]	34:23				43:9			8:3	8:20
19a-639 [1]	3:9		accommodate [1]	13:19				better [3]	7:1		10:5	12:20
19a-639a [1]	2:19		accordance [1]	2:20				15:6	38:3		14:1	14:14
2 [4]	32:20	33:9	accurate [2]	17:6				between [1]	17:10		15:4	15:6
44:23	47:5		42:4					billed [1]	29:20		15:10	15:17
2012 [1]	11:5		acknowledge [1]	30:21				biopsies [2]	24:16		21:15	23:3
2013 [1]	45:10		acquired [1]	12:13				25:19			25:2	31:20
2014 [3]	12:2	17:4	active [3]	20:15				biopsy [1]	24:3		37:5	37:7
45:10			20:20	37:22				bit [2]	35:19		37:18	38:20
2015 [8]	1:9	2:7	actual [1]	35:15				blood [1]	25:23		39:21	40:23
2:14	22:17	33:10	add [5]	3:24	16:19			Board [4]	6:13		41:18	42:20
44:18	44:23	47:2	30:5	38:15	38:18			13:1	34:24	42:24	43:11	
21 [1]	17:24		addition [3]	6:17				Boards [1]	14:23		cared [1]	
22 [1]	33:15		12:4	12:11				bone [1]	25:18		44:1	
24 [2]	32:23	33:1	additional [4]	15:1				bottom [3]	32:24		carefully [1]	
262-4102 [3]	1:14		31:2	33:11	43:12			33:2	41:15		9:23	
46:3	47:11		address [1]	17:12				Brandt [38]	6:6		2:20	3:4
29th [1]	20:5		addressed [2]	34:2				10:11	10:14	10:17	cases [2]	
30 [1]	40:7		38:17					10:18	10:22	15:24	35:1	37:10
4 [2]	1:10	2:7	adjoin [1]	45:19				16:13	17:7	19:20	center [2]	10:12
42 [13]	27:16	28:9	adjourned [3]	45:24				20:2	20:5	22:19	15:17	
28:14	28:15	28:21	46:2	47:9				23:1	23:22	24:10	centers [5]	
28:24	29:5	30:21	admitted [2]	23:23				24:14	24:17	24:21	8:24	9:10
30:21	30:24	41:4	24:4					25:6	25:12	26:12	38:24	
41:18	47:8		adopt [5]	4:22				26:24	27:7	27:15	certain [1]	
45 [2]	45:23	46:2	5:22	5:23	10:19			27:24	29:7	29:18	6:23	
46 [1]	47:9		42:2					29:21	33:20	34:4	certainly [1]	
5 [4]	40:4	40:7	ads [1]	17:23				35:24	36:21	37:12	7:8	
45:23	46:2		13:17	43:13				37:19	42:1	42:3	Certificate [1]	
54 [1]	2:21		advanced [3]	8:22				43:3			10:23	
6 [5]	1:9	2:7	13:17	43:13				Brandt's [2]	38:19		Certified [3]	
2:14	47:2	47:6	advances [1]	9:6				41:13			6:14	
63 [2]	1:11	2:6	affected [1]	8:3				briefly [1]	34:2		13:1	42:24
67 [1]	17:24		affiliation [1]	11:6				bring [1]	34:22		challenge [1]	
71 [3]	27:15	27:22	afternoon [5]	3:19				brought [2]	11:9		challenges [1]	
41:1			6:3	10:14	10:16			18:1			8:7	
79 [4]	28:5	28:13	20:12					budget [1]	8:10		challenging [5]	
30:11	41:3		again [1]	16:7				build [1]	16:17		19:7	19:8
8 [4]	22:17	33:10	AGENDA [1]	47:3				building [1]	9:11		37:20	
44:18	44:23		agents [1]	9:14				burden [1]	43:23		change [4]	
800 [3]	1:14	46:3	ago [1]	13:2				business [1]	22:18		42:15	42:17
47:11			allow [2]	38:2				calibrated [1]	9:23		43:21	
8th [2]	44:21	45:17	44:10					calls [1]	35:9		changes [3]	
Abe [8]	5:12	5:16	along [2]	9:2				cancer [25]	1:6		9:5	11:16
5:16	16:9	16:20	13:18					2:5	2:16	5:14	Chapter [1]	
22:4	28:23	42:9	alphabetically [1]	4:1				5:17	6:7	8:20	2:21	
able [8]	5:10	8:16	alternative [2]	16:16				8:24	9:5	10:5	characteristics [1]	
13:3	22:21	22:23	16:18					10:18	10:24	11:23	29:13	
34:3	35:17	43:10	alternatives [2]	16:8				12:20	13:11	15:10	Charlotte [5]	28:6
absolutely [2]	38:5		16:11					15:17	29:8	29:8	28:19	29:2
academic [3]	11:9		always [8]	25:14				Charlotte's [1]	28:22		41:23	
11:13	18:16		25:14	26:14	27:10			chart [1]	30:2		chemo [1]	

44:4	35:16 36:9 36:18	43:10	dietary [1]	13:22	33:9 44:21 44:23			
Chiang [8]	11:22	36:24 37:7	continuum [1]	12:20	duly [1]	4:16		
15:13 17:11 17:16	companies [1]	37:23	contract [1]	42:14	during [1]	31:12		
17:21 19:11 19:13	compel [1]	43:5	convenient [1]	30:24	early [1]	16:14		
19:16	compensation [1]		Convening [1]	47:5	ease [1]	43:23		
Chief [4]	19:6		conversation [1]		easier [1]	14:4		
14:10 19:11 33:21	complete [2]	26:13	36:23	directed [5]	14:16	educate [1]	35:2	
choice [1]	27:5		37:14	21:12 29:9 38:21	39:2	efforts [4]	11:21	
choose [1]	7:10		coordinate [2]	15:9	directions [1]	15:9 39:20 43:4		
chos [4]	11:4		37:14	coordinated [1]	15:6	effusions [1]	9:17	
11:12 11:14 39:14	complex [1]	9:9	coordination [1]		37:16	eight [2]	18:1 30:10	
clarification [1]	complimentary [1]	38:11	copies [1]	7:13	Director [3]	elaborate [2]	34:3	
31:9	comprehensive [3]	7:1 8:24 9:10	copy [2]	21:18 26:19	10:11 10:18	37:17	electronic [2]	7:5
clarify [4]	CON [13]	5:19	correct [6]	16:20	discuss [2]	26:19	eliminate [1]	44:7
32:12 33:12 41:12	6:22 7:12 7:21	10:7 13:9 21:8	19:12 19:13 33:17	40:20 45:4	37:10	eliminating [1]	45:10	
clarifying [1]	10:7 13:9 21:8	21:9 39:12 41:1	cost [1]	7:24	discussed [3]	12:14 44:3	elsewhere [8]	28:17
clarity [1]	41:4 41:16 44:9	concern [4]	costs [1]	8:11	12:14 44:3	discussion [2]	30:13 30:14 30:15	
classification [1]		34:15 35:20 39:15	counsel [5]	4:9	14:22	discussions [1]	40:23 41:6 41:10	
31:24	concerning [1]	3:8	21:17 40:16 42:6	44:13	disrupts [1]	17:13	41:10	
clear [1]	40:17	concerns [7]	44:13	course [1]	42:16	distance [2]	8:4	
clearly [1]	35:10	33:22 34:1 34:4	courteous [1]	42:12	38:16	distanced [1]	44:22	
clinical [14]	7:4	34:21 36:17 36:19	criteria [1]	7:22	distances [1]	35:8	22:18 33:7 33:8	
7:7 8:24 11:10	7:7 8:24 11:10	conclusion [3]	CT [3]	1:14 46:3	distant [1]	6:24	enhanced [1]	11:7
11:10 13:18 14:2	11:10 13:18 14:2	9:21 15:8	47:11	current [1]	36:24	Diversity [1]	ensure [1]	10:4
18:13 18:14 20:11	18:13 18:14 20:11	conducted [1]	cuts [1]	8:8	Docket [2]	7:23	enter [1]	3:20
37:21 37:22 38:3	37:21 37:22 38:3	confident [1]	data [3]	41:2 41:9	2:13	doctor [4]	enterprise [1]	11:9
close [2]	39:18 42:15	confirm [4]	41:23	days [1]	15:21	17:2 23:8 27:13	entry [1]	26:17
closed [3]	21:2	29:19 44:14 45:15	deadline [2]	44:15	23:3	doctors [1]	environment [1]	18:9
21:6 39:13	confusion [1]	41:22	44:17	Debra [4]	3:14	documents [2]	Epic [5]	7:5 14:3
closely [1]	43:18	Connecticut [16]	decided [1]	12:18	3:16	3:16	26:10 27:2 31:7	
closer [1]	26:7	1:1 1:12 2:2	deciding [1]	7:21	doesn't [1]	26:12	equal [1]	15:6
closing [7]	12:15	2:7 2:17 2:19	decision [1]	3:7	done [9]	8:11 9:10	equate [1]	33:16
13:5 20:18 40:11	13:5 20:18 40:11	2:21 3:10 11:3	decrease [1]	9:16	21:4 21:4 25:10	21:4 21:4 25:10	ER [2]	24:4 27:8
40:13 42:6 47:8	40:13 42:6 47:8	31:12 32:12 32:13	definitely [1]	18:19	25:13 26:4 26:14	25:13 26:4 26:14	especially [1]	18:10
closure [2]	21:4	33:3 41:4 45:3	definition [2]	24:19	43:9	doors [1]	essentially [2]	28:20
44:22	CME [1]	45:5	24:22	delivered [3]	39:19	down [2]	29:16	
CMEs [1]	35:4	connections [1]	delivered [3]	9:6	20:8	21:3	established [1]	42:16
collaborative [1]	18:9	8:23	38:21 42:21	Delivering [1]	6:15	Dr [59]	evening [3]	4:20
18:9	consider [3]	2:14	demonstrates [1]	35:15	6:6 6:15	6:6 6:15	40:2 45:19	
colleague [4]	3:7 7:20	15:16	15:9	Department [4]	10:11 10:14 10:17	10:11 10:14 10:17	everywhere [1]	22:9
10:11 11:21 32:22	considered [1]	15:16	10:11 10:14 10:17	2:2 2:24 25:22	10:17 10:22 11:21	10:17 10:22 11:21	evolving [1]	42:20
colleagues [3]	6:3	6:20 10:8 10:24	decided [1]	12:18	12:5 12:8 12:8	12:5 12:8 12:8	example [1]	33:14
18:10 28:24	consolidate [5]	6:3	deciding [1]	7:21	12:15 12:22 13:23	12:15 12:22 13:23	excellent [1]	43:24
comfortable [2]	35:11	13:6	decision [1]	3:7	15:13 15:24 16:13	15:13 15:24 16:13	Exclude [1]	32:14
37:7	coming [5]	6:18	decrease [1]	9:16	17:7 17:11 17:16	17:7 17:11 17:16	excludes [1]	41:8
coming [5]	9:5 18:10 19:6	23:23	definitely [1]	18:19	17:21 19:11 19:13	17:21 19:11 19:13	exhibit [3]	3:23
9:5 18:10 19:6	23:23	comment [3]	definition [2]	24:19	19:16 19:20 20:2	19:16 19:20 20:2	4:1 4:3	
23:23	comment [3]	40:2	24:22	delivered [3]	20:5 20:21 22:19	20:5 20:21 22:19	exhibits [2]	3:21
comment [3]	40:2	40:8 45:21	delivered [3]	9:6	23:1 23:2 23:7	23:1 23:2 23:7	4:5	
40:8 45:21	Commissioner [1]	2:24	38:21 42:21	Delivering [1]	23:22 24:10 24:14	23:22 24:10 24:14	expanded [1]	8:18
Commissioner [1]	2:24	consultant [1]	demonstrates [1]	35:15	24:17 24:21 25:6	24:17 24:21 25:6	expansive [1]	6:21
commitment [2]	12:16 14:21	consultation [1]	15:9	Department [4]	25:12 26:12 26:24	25:12 26:12 26:24	experienced [1]	10:1
12:16 14:21	committed [3]	13:22	designated [2]	2:24 25:22	27:7 27:15 27:24	27:7 27:15 27:24	explain [1]	28:9
committed [3]	7:15	consultations [2]	3:12	described [3]	29:7 29:7 29:18	29:7 29:7 29:18	explained [2]	7:21
14:16 43:15	14:16 43:15	21:7 35:10	desk [1]	14:7	29:21 33:20 34:4	29:21 33:20 34:4	15:24	
communicating [1]	44:22	contact [1]	detailed [5]	6:22	35:24 36:21 37:12	35:24 36:21 37:12	expressed [1]	18:24
44:22	community [21]	14:9	7:12 13:9 32:6	41:16	37:19 38:18 41:13	37:19 38:18 41:13	extended [1]	18:3
community [21]	6:16	contested [1]	41:16	development [1]	42:1 42:3 43:3	42:1 42:3 43:3	extra [1]	13:21
7:16 10:4 12:10	7:16 10:4 12:10	2:20	development [1]	9:7	draft [1]	21:9		
12:16 12:17 12:24	12:16 12:17 12:24	continues [1]	9:13	developments [1]	drive [2]	29:13 37:9		
13:4 13:8 15:4	13:4 13:8 15:4	15:15	diagnostic [2]	10:6	due [5]	9:6 22:17		
23:4 25:2 28:2	23:4 25:2 28:2	continuing [2]	43:14					
33:23 34:7 34:16	33:23 34:7 34:16	34:24						

face [1] 8:6	general [6] 2:19	21:17 21:21 22:1	41:18	23:9 44:7
Facilities [1] 8:20	2:21 3:10 12:10	22:10 22:16 25:3	inconvenient [1] 30:23	knowing [1] 16:14
facility [2] 29:3	18:5 18:22	25:9 26:9 26:22	increasingly [1] 8:21	knows [1] 29:9
38:8	genetic [1] 9:8	27:3 27:12 30:4	indicated [1] 16:13	Krueger [9] 6:15
fact [3] 6:13 8:12	given [4] 8:7	30:6 30:19 31:4	individuals [3] 4:14	12:5 12:8 12:9
39:14	11:16 40:5 42:19	31:8 31:14 32:18	5:4 5:6	12:22 20:21 23:2
factors [1] 7:20	good [5] 3:18 10:14	33:8 36:10 39:24	inducements [1] 36:13	Krueger's [2] 12:15
far [3] 12:1 24:24	10:16 20:12 37:24	40:5 40:12 40:16	information [5] 26:21	13:23
34:14	granted [1] 21:10	40:19 42:5 42:10	27:10 28:22 31:15	label [1] 33:15
fear [1] 11:13	great [5] 19:8 44:5	42:11 44:12 44:17	32:24	laboratory [1] 43:17
feeling [1] 37:10	44:8 45:12 45:14	45:18 45:23 46:2	informed [2] 21:12	lacks [1] 12:19
fellowship [1] 18:11	group [3] 11:4	47:1 47:5 47:9	36:1	largely [1] 7:4
felt [2] 35:7 35:10	17:9 18:4	held [3] 2:6 2:13	infrastructure [1] 9:12	larger [5] 9:10
few [1] 33:11	groups [1] 13:22	Helmcecki [1] 3:5	infusion [2] 25:15	11:9 11:13 18:17
figure [4] 28:10	guess [3] 23:8	help [2] 35:1 35:3	26:6	last [9] 20:19 32:5
28:15 28:21 34:22	29:18 29:21	hematology [4] 6:17	infusions [2] 25:7	32:15 32:16 32:19
file [8] 21:20 21:22	guidelines [1] 3:9	11:3 12:11 24:17	25:13	38:14 41:13 41:14
22:17 31:17 32:19	HAMDEN [3] 1:14	hereby [1] 45:23	innovate [1] 9:19	44:24
33:9 44:20 44:23	46:3 47:11	hey [1] 23:7	institution [3] 11:13	late [11] 21:20 21:22
filed [2] 33:21 44:3	hand [1] 4:15	Hi [2] 3:18 16:6	18:17 39:15	22:17 31:16 32:19
files [4] 23:5 44:15	Hansted [54] 2:11	hire [1] 43:4	insurance [2] 29:12	33:9 44:15 44:19
44:19 45:17	2:23 3:22 4:4	history [2] 12:16	31:13	44:20 44:23 45:17
finally [2] 9:4	4:8 4:18 5:3	27:9	insuring [1] 14:16	law [1] 39:8
18:23	5:8 5:15 5:18	Hold [1] 30:6	integrated [1] 7:1	lead [1] 22:8
Finance [1] 16:1	5:21 6:1 10:13	home [1] 26:7	interact [1] 18:10	least [1] 43:20
financial [2] 8:2	10:15 10:16 10:21	hope [1] 44:8	interest [1] 18:21	leave [1] 34:17
8:6	15:20 16:4 17:1	hopefully [1] 16:2	internal [7] 18:20	leaving [2] 12:6
financials [1] 8:13	17:15 17:20 20:6	hospital [35] 1:4	18:21 22:22 24:23	33:23
findings [1] 3:8	20:12 20:16 21:17	1:6 1:7 2:4	31:20 33:18 37:8	lectures [1] 14:23
fine [2] 17:15 22:17	21:21 22:1 22:10	2:5 2:6 2:16	interview [2] 18:2	left [1] 23:2
firmly [1] 7:17	22:16 25:3 25:9	3:11 3:24 4:24	18:2	less [2] 12:7 13:1
first [2] 4:9 33:12	26:9 26:22 27:3	5:14 5:17 8:5	interviewed [1] 17:24	letter [3] 20:21 21:9
fiscal [2] 31:13	27:12 30:4 30:6	10:19 14:11 14:23	introduce [1] 10:10	21:15
45:1	30:19 31:4 31:8	23:13 23:13 23:20	introduced [1] 15:13	limited [3] 10:2
flexibility [1] 9:19	31:14 32:18 33:8	23:20 25:5 25:7	involve [1] 38:4	36:12 36:15
fluid [2] 25:20 25:21	36:11 39:24 40:12	25:15 26:5 26:6	involved [1] 24:6	linear [1] 8:22
fluids [2] 26:3	40:16 40:19 42:5	26:11 26:16 27:4	issue [4] 19:2 26:20	lines [1] 45:11
37:2	42:10 42:12 44:12	33:22 34:6 36:1	36:4 36:4	linked [1] 11:8
focus [2] 18:19	happy [1] 15:18	36:12 36:19 43:19	issues [2] 17:12	Lisa [3] 15:14 20:10
39:5	hard [1] 37:4	Hospital's [2] 2:14	19:6	20:10
focused [1] 34:5	hardship [2] 15:2	5:19	IV [2] 26:3 37:2	lives [1] 39:3
folks [2] 4:21 18:6	Haven [15] 1:4	hospitalists [1] 24:5	January [1] 13:23	local [5] 14:11 24:4
follow [1] 22:9	2:4 2:14 3:11	hospitals [4] 7:12	Jennifer [2] 3:24	25:1 33:22 37:8
follow-up [5] 17:2	3:24 4:24 5:19	8:6 30:18 41:8	4:6	locally [7] 7:18
20:14 21:7 24:2	30:12 30:14 30:16	Hungerford [5] 28:7	Jessica [5] 3:4	14:15 14:19 15:16
29:23	41:2 41:7 41:10	28:20 29:2 29:4	3:18 3:19 16:6	25:2 37:5 38:12
followed [1] 29:22	41:20 47:1	41:24	44:18	location [6] 6:14
footnote [3] 28:5	health [15] 1:2	identified [3] 2:13	Jewel [1] 2:24	9:22 10:24 11:1
41:7 41:22	1:3 2:3 2:3	3:16 15:3	jobs [1] 18:6	12:18 14:2
formal [1] 5:7	2:12 3:1 7:23	identify [2] 13:3	join [3] 11:4 11:12	locations [2] 7:5
forth [1] 3:9	8:2 30:12 30:14	43:1	39:14	41:17
Forty-two [2] 13:12	41:3 41:7 41:11	impact [3] 8:12	joining [1] 37:22	longer [1] 6:23
27:24	41:20 42:21	13:8 44:5	July [2] 12:3 17:4	longstanding [1] 12:9
forward [1] 44:10	Healthcare [1] 8:19	impacted [1] 8:1	Kaila [1] 3:4	look [1] 33:14
four [3] 17:8 18:3	hear [2] 4:9 6:6	impetus [1] 6:12	keep [3] 5:9 24:6	looked [1] 16:7
34:5	heard [4] 24:16	implemented [1] 22:14	32:1	looking [10] 18:6
frame [1] 44:15	31:5 36:17 36:19	important [2] 18:11	Kevin [2] 2:11	18:7 18:8 18:13
free [1] 36:14	hearing [64] 2:1	34:11	2:23	18:15 30:2 33:13
front [1] 14:7	2:11 2:12 2:18	impossible [4] 17:9	key [1] 19:2	33:15 36:3 36:5
full [6] 4:20 10:5	3:1 3:5 3:22	19:7 37:21 38:5	2:23	Lopman [16] 5:13
12:19 29:4 41:13	4:4 4:8 4:18	improve [3] 15:9	kind [4] 19:6 19:8	5:16 5:16 5:23
41:14	5:3 5:8 5:15	37:14 37:17		6:2 16:10 16:13
future [1] 44:9	5:18 5:21 6:1	include [1] 30:17		
	10:13 10:14 10:16	including [2] 15:13		
	10:21 15:20 16:4			
	17:1 17:15 17:20			
	20:6 20:12 20:16			

22:6 22:11 28:23	35:19 37:13	non-specific [1]	42:5 42:10 42:11	overview [1]	4:10
28:23 30:5 30:20	met [4] 14:20 34:9	38:20	44:12 44:17 45:18	p.m [3]	1:10 2:7
38:18 42:9 42:11	34:21 36:2	none [1] 18:20	offices [1]	46:3	
losing [1]	microphone [2] 20:9	nor [1] 8:1	often [1] 34:18	page [16]	22:20
loss [1] 9:23	31:15	note [4] 26:15 26:19	OHCA [14]	23:11 23:18 27:15	27:15
lots [1] 36:3	might [6] 5:11	30:11 41:23	3:19 3:20 4:10	27:15 27:20 27:22	27:22
love [1] 14:7	25:10 31:18 34:3	noted [2] 8:19	5:3 5:18 7:20	28:4 28:13 32:23	32:23
low [2] 10:2 12:20	38:16 40:10	41:1	8:19 9:4 10:15	32:24 33:15 41:1	41:1
lung [2] 25:20 29:8	Milford [3] 13:14	notes [1] 29:23	15:11 15:21 21:18	41:3 41:15 47:4	47:4
M [1] 3:21	29:11 30:17	notification [3] 22:5	42:12	paper [2]	26:18
main [4] 1:11 2:6	minimal [1] 13:7	22:7 22:9	OHCA's [2] 3:15	27:11	
6:12 34:20	minimize [1] 39:4	notified [4] 20:18	47:7	paracentesis [1]	
maintain [3] 37:6	minute [1] 30:2	20:20 21:1 21:2	oncological [3] 23:14	25:20	
42:19 43:19	miss [1] 34:9	notifying [1] 20:22	24:9 27:18	paragraph [2]	41:13
management [1]	mitigation [1] 8:10	now [6] 9:16 11:8	oncologist [1] 42:24	41:14	
7:6	model [1] 9:5	15:16 32:23 39:20	oncologists [4] 6:14	part [3]	11:14 37:7
manager [4] 15:14	molecular [1] 9:8	40:5	6:18 13:1 39:2	39:9	
15:16 15:17 20:11	monthly [1] 35:1	nowadays [1] 18:7	oncology [28]	participate [1]	38:2
manufacture [1]	most [3] 6:19 6:21	number [21]	1:5	participation [1]	
43:6	18:5	6:8 7:20 9:24	2:5 2:15 6:17	14:22	
marked [1] 28:13	move [2] 4:11	11:18 13:2 14:20	7:4 8:16 11:3	parties [1]	4:16
marrow [1] 25:18	44:10	18:8 22:22 26:8	11:4 12:11 18:19	partner [2]	11:3
massage [1] 38:9	moved [1] 19:23	28:7 28:10 29:4	18:22 20:8 24:13	18:17	
matter [4] 2:3	Mullen [1] 2:24	30:13 32:4 32:6	24:19 27:17 28:15	partners [2]	11:8
3:2 3:15 45:21	multi-day [1] 39:5	32:8 36:21 39:17	32:7 32:9 36:4	12:5	
may [14] 1:9 2:7	multiple [1] 38:1	40:21 44:24	38:1 39:5 39:11	party [1] 3:12	
2:14 5:1 22:17	must [1] 7:20	numbers [6] 17:17	39:17 40:22 41:5	past [1] 26:14	
33:10 36:11 38:24	N [1] 4:3	28:19 29:14 32:16	41:7 41:16 45:2	patient [11]	9:9
43:23 44:18 44:21	name [5] 2:23 3:19	32:16 32:18	42:12	25:19 26:19 29:8	29:8
44:23 45:17 47:2	4:20 10:17 20:10	nurses [2] 14:5	45:23	29:10 29:14 34:13	34:13
mcan [5] 9:18 26:13	need [15] 9:16	nutritionist [1] 38:9	31:10 32:23 33:12	38:20 38:24 39:3	39:3
31:22 33:18 36:21	9:19 10:23 16:21	objections [2] 4:5	34:5 37:1 38:14	39:6	
means [2] 30:14	21:23 24:3 25:23	4:6	ones [1] 7:8	patients' [1]	44:6
41:10	26:3 28:1 29:9	October [1] 20:19	ongoing [1] 14:22	patterns [1]	42:16
measure [1] 8:10	32:20 34:6 39:11	off [3] 40:6 40:14	operate [1] 16:17	payment [1]	8:8
measures [1] 32:1	42:24 43:21	40:15	operation [1] 28:20	pending [1]	20:22
Medicaid [9] 8:1	needed [2] 17:8	offer [5] 18:14 18:18	Operations [2] 5:13	people [4]	18:4
8:8 31:13 31:19	24:7	35:3 36:7 37:21	5:17	18:6 19:8 22:14	22:14
32:4 33:1 36:13	needs [2] 25:19	offered [5] 1:6	opinions [1] 24:6	percent [16]	13:12
44:24 45:3	39:6	2:5 2:16 20:7	opportunity [3] 10:22	23:2 27:16 27:24	27:24
medical [12] 6:7	negative [1] 8:12	35:4	18:14 40:19	28:10 28:14 28:15	28:15
7:3 7:6 9:6	network [4] 11:22	offering [1] 14:23	option [2] 6:20	28:21 28:24 29:5	29:5
10:11 10:18 14:10	11:23 19:11 39:9	offers [1] 18:3	13:6	29:18 30:21 30:21	30:21
22:24 26:10 27:5	never [2] 26:13	office [16]	oral [3] 9:14 44:3	30:24 41:4 41:18	41:18
33:21 35:2	35:4	2:3 2:12 7:7	44:4	perform [1]	39:2
Medicare [1] 36:12	new [13] 9:14 11:8	14:2 14:6 14:8	order [3] 9:12 16:20	person [3]	14:8
medication [1] 44:5	13:14 13:14 29:11	15:14 15:15 21:2	26:17	16:3 18:2	
medicine [15] 6:9	29:11 30:16 30:17	21:5 25:13 25:17	orders [8]	personally [3]	20:20
6:16 11:16 12:10	32:14 34:18 41:20	27:1 38:2 38:8	25:24 26:15 26:18	23:3 36:17	
16:2 18:20 18:21	44:3 45:11	Officer [58]	29:1 29:6 29:16	pharmaceutical [1]	
18:22 22:22 24:23	next [4] 4:1 20:3	2:11	31:6	37:23	
31:20 33:18 37:8	26:3 33:19	3:1 3:22 4:4	original [1] 21:14	philosophy [1]	14:14
39:10 44:4	non [4] 23:13 24:8	4:8 4:18 5:3	originally [1] 21:3	phone [5]	17:24
medicines [1] 26:4	39:1 45:1	5:8 5:15 5:18	otherwise [1] 42:15	35:6 35:7 35:9	35:9
MEDITECH [1]	non-hematology [2]	5:21 6:1 10:13	outlined [2] 43:3	35:10	
26:16	31:22 33:16	10:15 10:16 10:21	43:8	phoned [1]	21:11
meeting [1] 35:8	non-oncological [2]	11:22 14:10 15:20	outpatient [6]	physically [1]	35:13
meetings [1] 35:3	23:11 23:18	16:4 17:1 17:15	1:5	physician [11]	12:1
meets [1] 7:22	non-oncology [13]	17:20 19:11 20:6	2:4 2:15 8:21	12:2 13:17 15:3	15:3
member [1] 6:15	22:21 24:14 24:15	20:12 20:16 21:17	25:15 26:6	16:22 17:22 19:22	19:22
members [6] 3:3	31:11 31:21 31:22	21:21 22:1 22:10	outpatients [1] 34:13	20:1 20:2 43:4	43:4
5:3 6:8 40:1	32:8 32:10 32:11	22:16 25:3 25:9	outside [6]	physicians [18]	9:24
40:7 45:20	33:1 33:15 33:16	26:9 26:22 27:3	30:15 30:22 31:7	10:2 11:14 12:1	12:1
mention [1] 24:16	33:18	27:12 30:4 30:6	34:16 41:2	12:23 14:12 14:21	14:21
mentioned [3] 33:20		30:19 31:4 31:8	oversee [1] 19:22	17:3 17:5 17:7	17:7
		31:14 32:18 33:8			
		33:21 36:11 39:24			
		40:12 40:16 40:19			

17:8 17:10 33:22	private [5] 11:4	15:18 15:21 16:3	referring [1] 24:12	reviewed [1] 7:19
36:17 36:18 36:20	11:14 15:15 37:20	33:12 35:19 39:23	reflect [1] 45:22	revised [1] 42:2
39:18 43:19	39:11	40:1 47:7	regarding [2] 36:19	rides [1] 36:8
picture [1] 25:11	problem [1] 26:20	quick [1] 17:2	40:21	Riggott [13] 3:4
pipeline [1] 9:15	procedure [2] 25:10	quite [1] 5:5	region [3] 7:24	3:17 24:8 24:12
place [1] 19:4	25:18	radiation [2] 7:3	15:10 37:15	24:15 24:20 33:11
placed [1] 22:24	procedures [2] 25:12	13:13 13:15 13:18	Reiki [1] 38:10	33:19 35:18 36:16
places [1] 17:10	39:1	27:19 28:1 28:2	reimbursement [1]	37:12 38:14 39:22
plan [3] 8:20 21:8	proceed [1] 5:1	28:6 28:8 28:11	8:7	right [15] 4:15
plans [1] 44:10	proceeding [2] 3:12	28:16 28:19 29:1	reiterate [1] 14:21	8:14 15:4 17:1
platform [1] 7:6	4:12	29:5 29:9 29:10	relate [1] 11:24	19:16 24:10 27:3
pleased [2] 5:18	proceedings [1] 2:1	29:11 29:11 29:24	related [1] 38:22	27:7 27:12 31:4
point [12] 5:10	process [3] 18:3	38:5 41:20	relationship [1] 11:8	31:22 32:7 40:5
8:4 25:4 30:20	22:5 22:7	radiologic [1] 39:1	relevant [1] 7:22	40:10 40:13
30:23 39:7 39:8	productivity [1]	radiologist [1] 24:3	relocate [1] 43:2	rolled [1] 22:14
40:6 40:11 40:13	19:5	radiology [4] 23:24	remind [1] 4:19	rows [1] 33:2
40:14 44:2	profiling [1] 9:9	25:22 37:6 43:16	remote [1] 19:9	run [1] 17:9
pointing [1] 32:22	Program [2] 15:16	raise [1] 4:15	remoteness [1] 19:1	says [4] 30:13 41:8
portion [2] 4:12	20:11	range [2] 10:5	removing [2] 25:20	41:9 41:15
37:24	programs [2] 8:8	rather [1] 37:2	25:20	scans [2] 24:1
possibility [1] 12:14	9:1	RE [1] 47:1	renowned [1] 11:11	Schaeffer [1] 3:4
possible [3] 7:18	project [1] 4:10	read [1] 3:13	replace [1] 17:8	Schaeffer-Helmecki
14:15 43:16	proposal [7] 6:3	ready [1] 8:16	replacing [1] 12:8	[29] 3:18 3:19
Post [4] 1:13 3:5	6:5 6:12 7:22	real [1] 25:18	Reporting [4] 1:13	4:2 16:6 16:7
46:3 47:10	9:20 15:8 37:13	realities [1] 42:20	3:6 46:3 47:10	16:11 19:17 19:24
practice [16] 6:16	proposed [2] 8:8	really [9] 18:7	representatives [1]	20:4 20:17 20:24
7:6 11:7 11:14	9:21	18:11 19:8 26:24	16:1	22:19 23:10 23:17
12:11 12:14 12:24	prostate [1] 29:8	27:5 34:10 34:18	require [1] 27:5	27:14 27:22 28:4
15:15 16:17 17:5	provide [15] 5:5	34:20 38:11	required [3] 6:23	28:14 29:15 29:20
17:10 19:5 37:20	8:17 11:23 13:17	reasons [1] 11:12	8:23 38:20	31:10 31:23 32:11
39:9 39:11 39:14	15:4 16:20 16:23	receive [5] 15:6	requirement [1] 16:23	32:14 33:5 44:20
practices [3] 22:22	21:18 22:3 35:21	27:18 29:2 29:23	8:23 38:20	45:5 45:12 45:16
22:24 39:17	36:13 42:21 42:23	31:20	research [8] 8:24	School [3] 6:9
practicing [1] 18:21	43:10 45:10	received [1] 20:21	9:11 9:15 11:10	16:2 39:10
pre [2] 33:20 44:2	provided [11] 7:18	receiving [6] 19:18	18:14 18:14 37:23	script [5] 21:10
pre-filed [14] 4:21	8:21 14:15 14:19	19:20 28:8 28:11	37:24	21:18 22:13 22:14
4:22 5:22 5:23	16:21 23:12 23:19	28:16 45:1	reservations [1]	44:21
6:12 7:19 8:5	28:6 32:3 38:12	Recipients [1] 33:1	18:24	seamless [1] 7:5
10:19 11:2 11:17	provider [2] 7:11	reconfigure [1] 9:19	residents [1] 41:4	seamlessly [1] 22:21
13:10 22:20 37:13	24:1	reconvenc [1] 40:7	respct [1] 26:10	second [4] 19:24
42:2	providers [6] 7:23	record [15] 3:14	respond [3] 5:11	20:2 30:7 34:12
pre-files [1] 44:19	14:17 25:1 35:9	3:15 3:17 3:21	16:3 16:9	Secondly [1] 18:13
predominately [1]	37:9 38:22	4:23 19:10 27:5	response [2] 9:23	Section [2] 2:19
13:15	providing [5] 7:8	30:7 30:8 40:6	30:10	3:9
prepare [2] 9:12	7:13 36:14 44:15	40:14 40:15 40:17	responsibility [1]	see [6] 5:5 8:12
32:20	44:16	40:21 45:22	19:15	24:17 36:21 40:7
prepared [1] 21:10	provisions [1] 2:21	recorded [1] 3:5	responsible [2] 6:20	44:8
presence [1] 12:9	proximity [1] 10:3	records [4] 7:6	13:6	seeing [2] 14:7
present [5] 6:3	public [15] 1:2	7:13 26:11 26:14	result [2] 8:13	23:24
35:13 35:14 42:17	2:2 2:12 2:18	recruit [4] 6:13	13:2	scek [1] 30:22
43:23	3:1 4:12 35:23	11:19 12:23 43:1	retain [1] 12:18	sceks [1] 37:14
presentation [3]	35:24 40:2 40:5	recruited [2] 17:3	retire [2] 11:15	sees [1] 29:7
5:7 42:13 43:8	40:8 45:20 45:20	17:21	39:18	semi-remote [1]
presentations [1]	47:5 47:9	recruiting [4] 10:1	retired [3] 12:22	11:16
5:10	purchasing [1] 39:8	11:15 11:21 12:1	20:1 39:13	scnd [2] 21:9 26:18
President [2] 5:13	purposes [1] 3:17	recruitment [2] 16:12	20:22 21:14	Senior [2] 5:13
5:17	pursuant [1] 2:18	17:12	retirements [2] 16:15	5:16
previous [2] 31:12	put [2] 17:23 41:22	redirect [1] 14:13	21:1	sent [1] 23:5
45:9	qualified [2] 10:1	redirecting [1] 43:15	retiring [3] 12:5	September [3] 12:2
previously [3] 13:14	43:6	reduce [1] 8:11	17:8 20:3	17:4 17:22
14:5 32:2	quality [3] 10:5	refer [2] 25:21 29:10	return [1] 20:14	serve [2] 3:1 35:16
primary [4] 7:16	15:10 37:14	reference [2] 3:17	returning [1] 7:15	service [8] 1:13
14:17 23:3 25:1	quarter [1] 40:4	21:18	review [1] 35:1	10:2 31:1 34:10
principles [1] 3:8	questions [12] 4:11	referred [1] 25:24		36:6 42:15 46:3
	5:7 6:10 11:20			47:10

services [47]	1:6	5:17	6:7	6:9	7:22	47:6	training [1]	6:19		
2:5	2:16	7:17	9:19	9:22	stayed [1]	39:10	transfer [1]	7:11		
6:20	7:3	10:7	10:18	11:5	steps [1]	11:18	transfused [1]	26:1		
7:14	7:17	11:6	11:22	12:13	still [12]	21:6	transfusion [1]	25:23		
8:2	8:18	15:17	19:11	19:18	23:12	23:19	transfusions [1]	25:16		
9:3	10:6	27:17	28:8	28:10	25:24	26:1	transition [5]	7:4		
13:13	13:15	28:15	33:23	37:22	27:2	36:23	14:4	22:21	23:4	
13:21	14:18	39:8	39:9	39:20	38:8		43:19			
16:21	18:18	44:21	45:1		Street [2]	1:11	transitional [1]	7:14		
23:12	23:19	Smilow's [2]	10:24		2:6		transitioned [3]	13:24		
26:7	27:4	14:14			subject [1]	25:15	25:1	36:22		
34:22	37:6	social [2]	13:21		subjects [1]	18:22	transitioning [1]	21:15		
38:10	38:11	38:9			submit [2]	21:23	translate [1]	19:5		
38:23	40:22	Society [1]	36:7		31:16		transportation [6]	35:20	35:22	35:23
40:23	41:6	someone [2]	43:1		submitted [1]	4:21	36:1	36:3	36:14	
41:21	42:23	43:5			subspecialists [1]	11:11	travel [11]	6:23		
43:16		someplace [1]	18:9		substantial [2]	6:16	9:17	13:12	30:23	
servicing [2]	9:24	soon [1]	22:12		43:3		31:2	34:13	34:14	
12:17		sorry [8]	23:15	27:20	successful [3]	11:24	38:16	41:19	44:6	
set [1]	3:9	28:12	30:2	30:9	12:7	16:18	44:8			
setup [1]	19:9	32:17	41:15	44:19	such [6]	7:3	traveled [1]	13:14		
seven [1]	18:1	sort [3]	33:2	34:7	8:22	13:18	traveling [5]	13:11		
several [3]	9:15	35:7			43:16		27:5	27:17	30:24	
severely [2]	36:12	sought [3]	11:19		summarize [1]	6:5	41:17			
36:15		40:22	41:6		supervision [1]	42:24	travels [1]	39:5		
share [1]	27:10	space [1]	21:6		support [8]	5:19	treat [1]	24:5		
shared [1]	26:13	speak [1]	10:23		7:3	7:13	treated [1]	25:5		
Shaw [1]	10:17	speaking [1]	23:16		13:22	38:7	treating [2]	23:13		
Shomsky [6]	15:14	special [1]	35:21		43:24		23:21			
20:10	20:11	specialty [2]	14:18		supporters [1]	37:24	treatment [12]	6:4		
20:19	21:14	42:22			supportive [3]	10:6	13:17	14:18	19:18	
short [1]	5:10	specific [1]	17:18		13:21	43:13	19:21	20:15	20:20	
showed [1]	39:15	specifically [3]	33:24		suppose [1]	23:1	21:16	27:18	28:16	
shut [1]	20:8	34:1	41:8		supposed [1]	23:8	30:22	45:2		
sick [1]	34:13	specifications [1]	43:7		sworn [2]	4:15	treatments [3]	8:22		
sign [1]	26:15	spoke [1]	22:12		4:16		19:22	19:22		
significant [1]	12:10	spoken [1]	14:10		system [11]	8:3	trend [1]	44:4		
Similar [1]	45:6	staff [16]	3:3		14:3	26:17	trends [1]	9:18		
sincerely [2]	15:2	3:13	3:20	5:3	30:12	30:15	trials [7]	9:1	11:10	
42:18		5:18	6:8	6:14	41:3	41:7	13:18	18:15	37:21	
site [36]	6:18	7:7	9:11	10:15	41:20		38:4	38:4		
6:21	6:24	14:2	21:7	21:11	table [8]	3:15	trouble [1]	11:15		
8:16	8:17	35:2	42:12	43:24	28:5	28:13	try [2]	16:17	37:4	
10:3	10:8	stand [1]	4:14		32:24	41:3	trying [5]	14:23		
12:8	12:15	standard [5]	16:22		talks [1]	41:4	25:11	34:21	38:19	
12:8	12:15	22:6	22:8	22:11	targeted [1]	9:8	39:20			
13:5	13:7	32:1			teaching [1]	9:1	Tumor [2]	14:23		
13:16	13:20	start [1]	16:5		technologies [1]	43:14	34:24			
14:13	15:7	started [1]	12:1		technology [1]	9:6	turn [2]	5:12	42:8	
16:22	17:13	starting [3]	12:3		terminating [1]	16:8	two [16]	5:4	12:1	
19:21	20:7	17:3	17:4		termination [3]	1:5	13:7	14:5	17:3	
25:10	29:2	state [4]	1:1	2:2	2:4	2:15	17:4	17:7	17:10	
41:17	42:15	4:20	8:6		terms [3]	8:15	17:23	20:5	22:20	
43:5		statement [7]	40:11		22:13	38:16	27:15	37:2	41:15	
site's [1]	20:18	40:13	40:20	41:13	testify [2]	4:14	45:9	45:17		
sites [5]	13:7	41:14	42:6	47:8	4:19		two-step [1]	18:2		
14:3	19:15	states [5]	22:20	27:16	testimony [23]	4:22	type [2]	12:24	38:7	
situation [1]	43:9	23:11	23:18	27:16	4:22	5:5	unable [2]	6:13		
six [2]	21:4	28:5			4:22	5:22	43:1			
skip [1]	35:18	Statewide [1]	8:19		5:24	6:12	under [2]	7:5		
slight [1]	8:12	statistics [1]	11:23		8:5	10:20	28:5			
slightly [1]	24:22	Statute [1]	2:19		11:17	13:10	understand [4]	15:1		
small [3]	32:5	Statutes [2]	2:22		27:15	30:11	31:19	37:16	42:17	
38:8	38:8	3:10			37:13	38:19				
smaller [1]	38:2	statutory [2]	7:20		41:14	42:2				
Smilow [30]	1:6									
2:5	2:16									
5:14										

unfortunately [2] 36:15 42:19	works [1] 14:8		
unique [1] 29:13	worried [1] 19:3		
unless [1] 15:21	worth [1] 32:23		
up [8] 9:11 19:3 19:6 20:8 29:23 31:15 36:23 40:17	write [6] 25:24 25:24 26:15 26:18 29:1 29:6		
upstairs [2] 25:14 27:2	writing [1] 31:6		
urge [3] 10:7 15:11 44:9	written [3] 3:8 26:19 29:17		
used [5] 13:11 32:1 36:9 41:17 44:21	wrong [1] 16:20		
uses [1] 26:16	Yale [9] 6:9 11:5 11:6 12:13 16:2 37:22 39:10 41:19 43:4		
using [1] 35:6	Yale-New [14] 1:4 2:4 2:14 3:11 3:24 4:24 5:19 8:5 30:12 30:14 41:2 41:6 41:10 47:1		
verbally [1] 27:10	year [4] 12:3 12:6 13:24 20:23		
verify [2] 22:23 23:2	year's [1] 32:23		
viable [1] 13:5	years [9] 13:2 31:13 32:5 32:15 32:17 32:19 45:1 45:9 45:9		
Vice [2] 5:13 5:16	yesterday [1] 35:9		
visit [1] 12:21	yet [2] 21:6 30:7		
visits [1] 20:15	Yoga [1] 38:10		
volume [4] 10:2 12:20 19:3 19:4	York [5] 13:14 29:12 32:14 34:18 45:11		
volunteers [1] 36:8	young [1] 18:6		
Wait [1] 30:7			
ways [3] 35:12 35:17 37:1			
week [6] 14:20 20:3 22:15 33:7 33:9 34:10			
weeks [1] 20:5			
well-articulated [1] 22:7			
whole [2] 18:18 21:2			
wider [1] 7:2			
Willcox [39] 3:24 4:6 5:2 5:9 15:23 16:9 16:19 17:11 19:10 19:14 21:5 21:20 21:24 22:3 22:12 23:15 27:20 28:12 30:1 30:9 31:5 31:18 32:3 32:13 32:15 32:22 33:6 33:17 36:10 39:7 40:10 40:18 42:4 42:8 44:14 45:3 45:8 45:14 46:1			
willing [5] 13:4 15:3 17:5 29:12 43:2			
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within [5] 12:6 30:14 31:7 40:23 41:10			
without [4] 28:10 28:21 35:13 39:19			
witnesses [1] 15:22			
wondering [2] 28:20 34:3			
worked [2] 14:5 43:18			
worker [1] 38:9			

CERTIFICATE

I, Paul Landman, a Notary Public in and for the State of Connecticut, and President of Post Reporting Service, Inc., do hereby certify that, to the best of my knowledge, the foregoing record is a correct and verbatim transcription of the audio recording made of the proceeding hereinbefore set forth.

I further certify that neither the audio operator nor I are attorney or counsel for, nor directly related to or employed by any of the parties to the action and/or proceeding in which this action is taken; and further, that neither the audio operator nor I are a relative or employee of any attorney or counsel employed by the parties, thereto, or financially interested in any way in the outcome of this action or proceeding.

In witness whereof I have hereunto set my hand and do so attest to the above, this 11th day of May, 2015.


Paul Landman
President

Post Reporting Service
1-800-262-4102



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

May 19, 2015

VIA FAX ONLY

Jennifer N. Wilcox, Esq.
Yale-New Haven Health Systems
789 Howard Avenue
New Haven, CT 06511

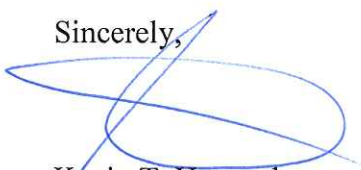
RE: Certificate of Need Application; Docket Number: 14-31969-CON
Yale-New Haven Hospital Termination of Outpatient Oncology Services Offered by
Smilow Cancer Center in Sharon.
Closure of Public Hearing

Dear Attorney Wilcox:

On May 6, 2015 a public hearing was held in the above-referenced matter. As the late files have been received and the public comment period expired, the hearing on the above application is hereby closed.

If you have any questions regarding this matter, please feel free to contact Jessica Schaeffer-Helmecki at (860) 509-80751.

Sincerely,



Kevin T. Hansted
Hearing Officer

KH:jsh

An Equal Opportunity Provider
(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * * COMMUNICATION RESULT REPORT (MAY. 19. 2015 2:33PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	MAY. 19. 2015 2:33PM OPTION	ADDRESS	RESULT	PAGE
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REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER

E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



**STATE OF CONNECTICUT
 OFFICE OF HEALTH CARE ACCESS**

FAX SHEET

TO: JENNIFER WILCOX

FAX: (203) 863-4736

APPLICANT: YALE NEW HAVEN SHARON SMILOW

FROM: OHCA

DATE: 5/19/2015 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Hearing closure notice 14-31969

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

*Phone: (860) 418-7001
 Fax: (860) 418-7053*

*410 Capitol Ave., MS#13HCA
 P.O.Box 340308
 Hartford, CT 06134*

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Wednesday, July 15, 2015 1:45 PM
To: Greer, Leslie
Subject: FW: 15-31969-CON Final Decision
Attachments: 15-31969 Final Decision.pdf

Please add this to the record. Thank you!

From: Schaeffer-Helmecki, Jessica
Sent: Wednesday, July 15, 2015 1:45 PM
To: 'Rosenthal, Nancy'
Cc: 'Jennifer.Willcox@ynhh.org'
Subject: 15-31969-CON Final Decision

Dear Ms. Rosenthal,

Attached please find the final decision in the matter of Yale-New Hospital's application to terminate outpatient oncology services in Sharon, CT (docket number 15-31969).

Best Regards,

Jessica Schaeffer-Helmecki
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

(860) 509-8075



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

July 15, 2015

IN THE MATTER OF:

An Application for a Certificate of Need
filed Pursuant to Section 19a-638, C.G.S.
by:
Yale-New Haven Hospital

Notice of Decision
Office of Health Care Access
Docket Number: 14-31969-CON

Termination of Outpatient Oncology Services
in Sharon, CT

To: Nancy Rosenthal
Yale-New Haven Hospital
20 York Street
New Haven, CT 06510

Dear Ms. Rosenthal:

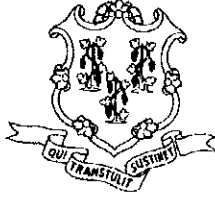
Enclosed please find a copy of the decision issued in the above-referenced matter pursuant to Connecticut General Statutes § 19a-639a on July 14, 2015.

A handwritten signature in black ink, appearing to read "Kim Martone", written over a horizontal line.

Kimberly R. Martone
Director of Operations

Enclosure
KRM:jsh

Cc: Jennifer Willcox, Esq.



**Department of Public Health
Office of Health Care Access
Certificate of Need Application**

Final Decision

Applicant: Yale-New Haven Hospital
20 York Street, New Haven, CT 06510

Docket Number: 14-31969-CON

Project Title: Termination of Yale-New Haven's Outpatient Oncology Services at its Satellite Site in Sharon, CT

Project Description: Yale New-Haven Hospital ("Hospital" or "Applicant") seeks authorization to terminate its oncology services at its satellite location in Sharon Hospital. There is no associated capital expenditure.

Procedural History: The Hospital published notice of its intent to file a Certificate of Need ("CON") application in *Republican-American* (Waterbury) on October 8, 9 and 10, 2014. On December 23, 2014, OHCA received the CON application from the Hospital for the above-referenced project. The application was deemed complete on March 30, 2015.

On April 20, 2015, a notice to the public announcing the hearing was published in *The New Haven Register*. Thereafter a hearing was held pursuant to Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e) on May 6, 2015.

Commissioner Jewel Mullen designated Attorney Kevin T. Hansted as the hearing officer in this matter. The hearing was conducted in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Conn. Gen. Stat.) and Conn. Gen. Stat. § 19a-639a. The public hearing record was closed on May 19, 2015. Deputy Commissioner Brancifort considered the entire record in this matter.

Findings of Fact and Conclusions of Law

1. The Applicant is a 1,541-bed teaching and primary, secondary, tertiary and quaternary care non-profit hospital located at 20 York Street, New Haven. Ex. A, p. 13.
2. Smilow Cancer Hospital (“Smilow” or “Applicant”) is affiliated with Yale-New Haven Hospital and offers oncology services including chemotherapy, radiation therapy, advanced imaging and other support care services. In addition to its main campus in New Haven, Smilow operates a network of community-based cancer centers across Connecticut including sites in Derby, Fairfield, Guilford, Greenwich, North Haven, Orange, Sharon, Torrington, Trumbull and Waterbury. Ex. A, p. 13.
3. The Applicant proposes terminating all oncology and non-oncology services at its Sharon site, located in Sharon Hospital at 50 Hospital Hill Road, approximately 60 to 90 days after receiving OHCA approval. Ex. C, p. 74.
4. The Sharon site currently offers both oncology and non-oncology services. Non-oncology services offered include general medicine and non-chemotherapy infusions. Oncology services offered at this site include medical oncology, chemotherapy, hematology and palliative care. Ex. A, p. 13-14. Ex. C, p. 69.
5. Both physicians who practiced out of the Sharon site have retired. Due to low patient volume and limited services, the Hospital has been unable to attract qualified replacements. Ex. P, Testimony of Dr. Annie Chiang, Chief Network Officer, pp. 17-18; Ex. A, p.13-14. Ex. C, p. 67.
6. The Applicant has posted advertisements online and in professional journals in August and September of 2014 but was unable to attract a replacement oncologist for the Sharon site. Ex. B, p. 67; Ex. C, p. 2.
7. An oncology practice cannot provide services without the supervision of a Board Certified oncologist. Ex. P, Testimony of Mr. Abe Lopman, Senior Vice President for Operations, p. 42
8. The Applicant expects to transfer oncology patients primarily to its office in Torrington, which collaborates with Charlotte Hungerford Hospital. Patients will also be provided information about other, non-Smilow locations. Ex. A, p. 13, 18.
9. Sharon Smilow patients’ records are currently available at other Smilow sites via the Epic electronic medical system. Alternatively, if patients wish to be treated at a non-Smilow site, the Applicant will provide patients with their records. Ex. A, p. 18; Ex. P, Testimony of Mr. Lopman, p. 7.
10. The Sharon site does not offer comprehensive oncology care or radiation. More than 42 percent of Sharon Smilow patients travel to other Smilow sites to receive services not offered in Sharon, such as radiation therapy. Ex. A, p. 15, 28; Ex. C, p. 68.

11. The Torrington site provides a full range of diagnostic, treatment and ancillary services, including radiation, psycho-social and family support services, for cancer patients through its collaboration with Charlotte Hungerford Hospital. Ex P, Testimony of Dr. Debra Brandt, Medical Director of Smilow Cancer Center in Torrington, pp 29-31.
12. Pharmaceutical companies that fund oncology research conducted by the Applicant bar smaller offices, like Sharon Smilow, from participating in clinical trials. Ex. P, Testimony of Mr. Lopman, p. 38.
13. The Applicant anticipates the development of more targeted therapies based on genetic and molecular testing that can only be conducted at more comprehensive treatment centers such as the Torrington Smilow site. Ex. P, Testimony of Mr. Lopman, p.9.
14. The Torrington site can accommodate all oncology patients whose treatment may be impacted by the closing of the Sharon office. Ex. A, p. 17; Ex. B, p. 68.
15. Sharon Smilow's non-oncology patients may continue to receive general care at Sharon Hospital. Alternatively, they may transfer to other local physicians. Ex. A, p. 16; Ex. P, Testimony of Mr. Lopman, p. 7, 14; Ex. P, Testimony of Dr. Brandt p. 37.
16. The Applicant's oncologists have made themselves available to local Sharon healthcare providers via phone consultations. Ex. P, Testimony of Dr. Brandt, pp. 34-35.
17. The Applicant treated 535 patients at the Sharon site in FY14.

TABLE 1
SHARON SMILOW'S CT PATIENTS BY TOWN OF ORIGIN
(FY 2014*)

Town	Oncology	Non-Oncology	Total** Patients	Percent
Salisbury	45	30	75	29%
Sharon	34	20	54	21%
Canaan	48	6	54	21%
Cornwall	16	3	19	7%
Kent	7	6	13	5%
Torrington	9	1	10	4%
New Milford	4	2	6	2%
Other	22	9	31	8%
TOTAL	184	78	262	

* Fiscal year: October 1st through September 30th

** In FY14, an additional 273 New York residents were treated
Ex. A, p. 21; Ex. C. p. 70.

18. More than a quarter of FY14 patient visits were for non-oncology services. The historical utilization by service type for the total visit volume is shown below.

TABLE 2
TOTAL VISIT VOLUME AT SMILOW SHARON SITE BY FISCAL YEAR

	Fiscal Year*			
	2012**	2013	2014	2015***
Oncology	471 (60%)	1882 (69%)	2443 (74%)	511 (80%)
Non-Oncology	315 (40%)	864 (31%)	864 (26%)	130 (20%)
	786	2746	3307	641

* The fiscal year is from October 1 to September 30
** Includes only 4 months of data as Applicant acquired the site in July
*** Volume reflects retirement of two physicians
Ex. A, p. 22-23.

19. There is no capital expenditure associated with this proposal. Ex. A, p. 12
20. With the termination of services at Sharon Smilow, the Applicant projects increasing gains from operations in each of the three fiscal years of the proposal. As shown in the table below, there are no overall losses associated with this proposal.

TABLE 3
PROJECTED SMILOW GAIN / (LOSS)*

	FY 2014** (Actual)	FY 2015	FY 2016	FY 2017
Revenue from Operations	\$2,484,377,632	\$2,488,423,901	\$2,595,753,586	\$2,743,281,579
Total Operating Expenses	\$2,332,122,279	\$2,401,448,469	\$2,485,211,194	\$2,616,297,053
Gain/(Loss) from Operations	\$152,255,353	\$86,975,432	\$110,542,392	\$126,984,527

* The fiscal year is from October 1 to September 30
** Break out of solely Sharon site not available
Ex. C, p. 81.

21. The payor mix at the Sharon Smilow site for FY12 through CFY14 is as follows:

TABLE 4
HISTORICAL PAYER MIX BY FISCAL YEAR*

Payer	FY 2012**		FY 2013		FY 2014	
	Patients	%	Patients	%	Patients	%
Medicare	200	68%	370	68%	366	68%
Medicaid	5	2%	13	2.0%	16	3%
CHAMPUS & TriCare	0	0%	0	0%	0	0%
Total Government	205	70%	383	70%	382	71%
Commercial Insurers	22	19%	140	26%	152	28%
Other (incl uninsured and	32	11%	18	3%	1	0%

self-pay)						
Workers Compensation	0	0%	0	0%	0	0%
Total Non-Government	87	30%	158	29%	153	28%
Total Payer Mix***	292	100%	541	99%	535	99%

* The fiscal year is from October 1 to September 30

** Includes only 4 months of data as Applicant acquired the site in July

*** Includes both NY and CT patients

Ex. C, p. 73.

22. Smilow will continue to offer Medicaid patients the same level treatment by Yale School of Medicine physicians at all its sites remaining in operation. Ex. A, p. 18; Ex. C, p. 74.
23. The Applicant will continue to offer oncology services, previously provided in Sharon, at other Smilow sites at the same cost to patients. Ex. C, p. 74.
24. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1)).
25. This CON application is consistent with the overall goals of the Statewide Health Care Facilities and Service Plan. (Conn. Gen. Stat. § 19a-639(a)(2)).
26. The Applicant has established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3)).
27. The Applicant has demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4)).
28. The Applicant has satisfactorily demonstrated that access to and the quality and cost-effectiveness of services in the region will be maintained for all relevant patient populations. (Conn. Gen. Stat. § 19a-639(a)(5)).
29. The Applicant has shown that there would be no adverse change in the provision of health care services to the relevant populations and payer mix, including Medicaid patients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6)).
30. The Applicant has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7)).
31. The Applicant's historical provision of care in the service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8)).

32. The Applicant has satisfactorily demonstrated that this proposal will not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9)).
33. The Applicant has demonstrated access to services for Medicaid recipients and indigent persons will be maintained. (Conn. Gen. Stat. § 19a-639(a)(10)).
34. The Applicant has demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region. (Conn. Gen. Stat. § 19a-639(a)(11)).
35. The Applicant has satisfactorily demonstrated that the consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care. (Conn. Gen. Stat. § 19a-639(a)(12)).

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in Conn. Gen. Stat. § 19a-639(a). The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

Yale-New Haven Hospital is a 1,541-bed teaching and primary, secondary, tertiary and quaternary care not-for-profit hospital located at 20 York Street, New Haven, Connecticut. *FF1*. Smilow Cancer Hospital (“Smilow” or “Applicant”) is affiliated with Yale-New Haven Hospital and offers oncology services including chemotherapy, radiation therapy, advanced imaging and other support care services. *FF2*. In addition to its main campus in New Haven, Smilow operates a network of cancer centers across Connecticut, including sites in Derby, Fairfield, Guilford, Greenwich, North Haven, Orange, Sharon, Torrington, Trumbull and Waterbury. *FF 2*.

The Applicant proposes terminating all services at its Sharon site within 60 to 90 days of receiving OHCA approval. *FF 3*. The Sharon site, located within Sharon Hospital at 50 Hospital Road, offers both oncology and non-oncology services. *FF 4*. Non-oncology services include general medicine and non-chemotherapy infusions. Oncology services offered at the Sharon site include medical oncology, chemotherapy, hematology and palliative care. It does not, however, offer radiation treatment. *FF 4*.

Both physicians who staffed the Sharon site have retired and the Applicant has been unable to recruit replacement physicians due to its low patient-volume and remote location. *FF 5,6*. An oncology practice cannot legally provide services without the supervision of a Board Certified oncologist and, as such, the Applicant has opted to terminate services in Sharon. *FF 7*.

Access to services will be maintained by the proposal, as alternative health care providers are available. The Applicants’ non-oncology patients, of which there were 78 from Connecticut in FY14, can receive general medical care from other, local physicians or from Sharon Hospital. Oncology patients, of which there were 184 from Connecticut in FY14, will likely transfer to the closest Smilow site, which is in Torrington. *FF8, 17*. Patients will also have the option to visit another Smilow location or a different provider entirely for oncology treatment. *FF15*. Notably, at least 42 percent of Sharon Smilow oncology patients are already travelling to another Smilow location as the Sharon site does not offer radiation treatment. *FF10*. Patients’ records are available via the Epic record management system at all Smilow sites and the Applicant will also make records available for transfer to non-Smilow providers at a patient’s request. *FF 9*.

Additionally, the Applicant has satisfactorily demonstrated that the proposal will maintain the quality of care offered to patients. The Torrington site provides a full range of diagnostic, treatment and ancillary services, including radiation, psycho-social and family support services for cancer patients through its collaboration with Charlotte Hungerford Hospital. *FF 11*. The Torrington site is a larger location offering more services and Smilow’s oncology patients may

benefit from access to more advanced treatments available there but not in Sharon. Pharmaceutical companies that fund the Applicant's oncology research bar smaller offices, like Sharon Smilow, from participating in clinical trials. *FF12*. Additionally, the Applicant anticipates the development of more targeted therapies based on genetic and molecular testing that can only be conducted at more comprehensive treatment centers, such as the Torrington site. *FF13*.

The Applicant has also satisfactorily demonstrated that the proposal will not change access to services for Medicaid recipients and indigent persons. The Applicant currently accepts and treats Medicaid patients at its Sharon site and will continue to do so at its other locations. *FF22*.

Smilow is projecting a slight incremental loss from FY14 to FY15 as it anticipates a decline in patients from other states. However, the proposal requires no capital expenditure and is financially feasible. *FF19, 20*. Additionally, the costs to oncology patients for services previously provided at the Sharon site will be the same as at other Smilow sites. *FF23*.

Smilow has, despite its recruitment efforts, no physicians available to treat patients in the Sharon site and an oncology provider must have a supervising oncological physician to supervise treatment. *FF7*. The Applicant has demonstrated that other comparable services are available in the area that will maintain the quality of and access to health care. Furthermore, the Applicant's proposal is consistent with the Statewide Health Care Facilities and Services Plan given the collaboration between health care providers resulting in a regional approach to oncological services.

Order

Based upon the foregoing Findings of Fact and Discussion, the Certificate of Need application of Yale-New Haven Hospital to terminate the operation of its outpatient Smilow center in New Sharon, Connecticut, is hereby **APPROVED**.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Department of Public Health
Office of Health Care Access

7/14/15
Date

Janet M. Brancifort
Janet M. Brancifort, MPH, RRT
Deputy Commissioner

Huber, Jack

From: Huber, Jack
Sent: Thursday, August 27, 2015 1:11 PM
To: Rosenthal, Nancy (Nancy.Rosenthal@greenwichhospital.org)
Cc: Roberts, Karen
Subject: Notice of CON Expiration Date for the Decision Rendered under Docket Number: 14-31969-CON

Dear Ms. Rosenthal:

On July 15, 2015, in a final decision under Docket Number: 14-31969-CON, the Office of Health Care Access authorized a Certificate of Need ("CON") to Yale-New Haven Hospital for terminating the operation of the Hospital's outpatient Smilow Cancer Center in Sharon, Connecticut. Pursuant to Section 19a-639b of the Connecticut General Statutes ("C.G.S."), *"a certificate of need shall be valid for two years from the date of issuance by this office."*

With this letter, please be advised that pursuant to Section 19a-639b, C.G.S., the current CON authorization issued under Docket Number: 14-31969-CON will expire on July 15, 2017. Please contact me at (860) 418-7069 or Karen Roberts, Principal Health Care Analyst at (860) 418-7041, if you have any questions regarding this notification.

Sincerely,

Jack A. Huber

Jack A. Huber
Health Care Analyst
Department of Public Health | Office of Health Care Access | 410 Capitol Avenue
P.O. Box 340308 MS #13HCA | Hartford, CT 06134 | Ph: 860-418-7069 | Fax: 860-418-7053 | email: Jack.Huber@ct.gov