

## Olejarz, Barbara

---

**From:** Carannante, Vincenzo <VCarannante@goodwin.com>  
**Sent:** Thursday, June 22, 2017 11:25 AM  
**To:** Lazarus, Steven; Carney, Brian  
**Cc:** Durdy, Barbara (Barbara.Durdy@hhchealth.org); Tarr, Adam (Adam.Tarr@hhchealth.org); Olejarz, Barbara; Riggott, Kaila  
**Subject:** RE: CON Application Submission/Filing for Backus Hospital - Termination of Laboratory Services  
**Attachments:** Backus-Lab term3.pdf

I apologize for the confusion Steven. I wanted to send you the old and new one just in case you needed both. It looks like I did not include the new one in my email to you. It's attached.

Thanks,  
Vin

**Shipman & Goodwin** LLP  
COUNSELORS AT LAW

**Vincenzo Carannante**  
Partner  
One Constitution Plaza  
Hartford, CT 06103-1919

Tel (860) 251-5096  
Fax (860) 251-5211  
vcarannante@goodwin.com  
www.shipmangoodwin.com

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 please consider the environment before printing this message

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**From:** Lazarus, Steven [mailto:Steven.Lazarus@ct.gov]  
**Sent:** Thursday, June 22, 2017 11:21 AM  
**To:** Carannante, Vincenzo; Carney, Brian  
**Cc:** Durdy, Barbara (Barbara.Durdy@hhchealth.org); Tarr, Adam (Adam.Tarr@hhchealth.org); Olejarz, Barbara; Riggott, Kaila  
**Subject:** RE: CON Application Submission/Filing for Backus Hospital - Termination of Laboratory Services

Hi Vin,

The ones you sent seem to be the old notices, can you provide us with the new updated newspaper notices. Also, did you send in an updated cover letter for the new CON. Forgive me if I missed something, as I am going off the attachments to this email, not to anything you may have filed officially through [OHCA@CT.GOV](mailto:OHCA@CT.GOV). I don't have direct access to that inbox.

Thanks,

Steven

*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



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**From:** Carannante, Vincenzo [<mailto:VCarannante@goodwin.com>]  
**Sent:** Thursday, June 22, 2017 10:56 AM  
**To:** Lazarus, Steven <[Steven.Lazarus@ct.gov](mailto:Steven.Lazarus@ct.gov)>; Carney, Brian <[Brian.Carney@ct.gov](mailto:Brian.Carney@ct.gov)>  
**Cc:** Durdy, Barbara ([Barbara.Durdy@hhchealth.org](mailto:Barbara.Durdy@hhchealth.org)) <[Barbara.Durdy@hhchealth.org](mailto:Barbara.Durdy@hhchealth.org)>; Tarr, Adam ([Adam.Tarr@hhchealth.org](mailto:Adam.Tarr@hhchealth.org)) <[Adam.Tarr@hhchealth.org](mailto:Adam.Tarr@hhchealth.org)>  
**Subject:** FW: CON Application Submission/Filing for Backus Hospital - Termination of Laboratory Services  
**Importance:** High

Hi Steven and Brian: Please see attached for the Backus Hospital CON application we just re-filed a few minutes ago. As discussed and requested, we re-ran the newspaper notices with the correct addresses and the only change we made to the application we filed on May 22 was to replace the newspaper/notification sheets. Everything else is exactly the same. We would really appreciate the completeness questions as soon as possible as we need to close this deal by September 30, 2017.

Thank you,  
Vin

**Shipman & Goodwin** LLP  
C O U N S E L O R S   A T   L A W

**Vincenzo Carannante**  
Partner  
One Constitution Plaza  
Hartford, CT 06103-1919

Tel (860) 251-5096  
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[vcarrannante@goodwin.com](mailto:vcarrannante@goodwin.com)  
[www.shipmangoodwin.com](http://www.shipmangoodwin.com)

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**From:** Carannante, Vincenzo  
**Sent:** Thursday, June 22, 2017 10:49 AM  
**To:** 'OHCA@ct.gov'  
**Subject:** FW: CON Application Submission/Filing for Backus Hospital - Termination of Laboratory Services

Hello: Attached please find the CON application for Backus Hospital. We delivered the \$500.00 filing fee for this application on May 22.

Thank you,  
Vin

**Shipman & Goodwin** LLP  
C O U N S E L O R S   A T   L A W

**Vincenzo Carannante**  
Partner  
One Constitution Plaza  
Hartford, CT 06103-1919

Tel (860) 251-5096  
Fax (860) 251-5211  
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Vincenzo Carannante  
Phone: (860) 251-5096  
Fax: (860) 251-5311  
[vcarannante@goodwin.com](mailto:vcarannante@goodwin.com)  
Admitted in Massachusetts, Connecticut and Rhode Island

June 22, 2017

**VIA EMAIL**

Kimberly R. Martone  
Director of Operations  
Office of Health Care Access  
Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134

**Re: CON Application**

Dear Ms. Martone:

On behalf of the William W. Backus Hospital (“Backus Hospital”), enclosed please find a Certificate of Need Application for the termination of Backus Hospital’s outreach laboratory services.

Please do not hesitate to contact me at 860-251-5096 if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "V. Carannante", written over a horizontal line.

Vincenzo Carannante

VZC/kad

Enclosures

# Checklist

## Instructions:

Review each item below and check box when completed. [Checklist **must** be submitted as the first page of the CON application.]

- A completed CON Main Form, including an affidavit signed and notarized by the appropriate individuals. CON forms can be found at [OHCA Forms](#).
- A completed Supplemental Form specific to the proposal type (see next page to determine which Supplemental Form to include in the application).
- Attached is the CON application filing fee in the form of a certified, cashier or business check in the amount of \$500 paid to “**Treasurer State of Connecticut.**”
- Attached is evidence demonstrating that public notice has been published for 3 consecutive days in a newspaper that covers the location of the proposal. Use the following link to help determine the appropriate publication: [Connecticut newspapers](#). **The application must be submitted no sooner than 20 days, but no later than 90 days from the last day of the newspaper notice.**

The following information **must** be included in the public notice:

- A statement that the applicant is applying for a certificate of need pursuant to section § 19a-638 of the Connecticut General Statutes;
- A description of the scope and nature of the project;
- The street address where the project is to be located; and
- The total capital expenditure for the project.

(Please fax (860-418-7053) or email ([OHCA@ct.gov](mailto:OHCA@ct.gov)) a courtesy copy of the newspaper order confirmation to OHCA at the time of publication.)

- A completed Financial Worksheet specific to the application type.
- All confidential or personally identifiable information (e.g., Social Security number) has been redacted.
- Submission includes one USB flash drive containing:
  1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
  2. An electronic copy of the applicant’s responses in MS Word (the application) and MS Excel (the Financial Worksheet).

**Note: OHCA hereby waives requirement to file any paper copies.**

- All submissions should be emailed to [OHCA@ct.gov](mailto:OHCA@ct.gov).

---

**For OHCA Use Only:**

**Docket No.:** \_\_\_\_\_ **Check No.:** \_\_\_\_\_

**OHCA Verified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Affidavit

**Applicant:** William W. Backus Hospital

**Project Title:** Termination of Outreach Laboratory Services

I, Bimal Patel, the SVP Hartford HealthCare & President Hartford HealthCare East Region, being duly sworn, depose and state that the William W. Backus Hospital complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.



5/18/17

Signature

Date

Subscribed and sworn to before me on 5/18/17

 Adam Tarr Juris # 433030

~~Notary Public~~/Commissioner of Superior Court

My commission expires: N/A

Check Date:	Entity:	Supplier Number:	Check No.:		
05/22/2017	30100 - Hartford HealthCare Corp.	1000004913	076904		
Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Taken	Paid Amount
C05181750000BACKUS BACKUS CERTIFICATION FEE	05/18/2017	00031079	\$500.00	\$0.00	\$500.00
<b>Totals</b>			\$500.00	\$0.00	\$500.00

THIS CHECK IS VOID WITHOUT A BLUE BACKGROUND

076904

HARTFORD HEALTHCARE  
ATTN: ACCOUNTS PAYABLE  
P.O. BOX 5037  
HARTFORD, CT 06102-5037

BANK OF AMERICA N.A.

52-153/112

Date 05/22/2017

Pay Amount \$500.00\*\*\*  
VOID AFTER 120 DAYS

Pay \*\*\*\*FIVE HUNDRED AND 00/100 DOLLARS\*\*\*\*

To The Order Of  
TREASURER, STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH SYSTEMS REGULATIONS  
PO BOX 1080  
HARTFORD, CT 06143-1080

  
Authorized Signature

⑈076904⑈ ⑆011201539⑆ 2220269260⑈

# Hartford Courant

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## AFFIDAVIT OF PUBLICATION

State of Connecticut

June 02, 2017

County of Hartford

I, Alyssa Smith, do solemnly swear that I am a Sales Assistant of the Hartford Courant, printed and published daily, in the state of Connecticut and that from my own personal knowledge and reference to the files of said publication the advertisement of Public Notices was inserted in the regular edition.

On Dates as Follows:

05/31/2017 145.95; 05/31/2017 10.00; 06/01/2017 145.95;  
06/02/2017 145.95

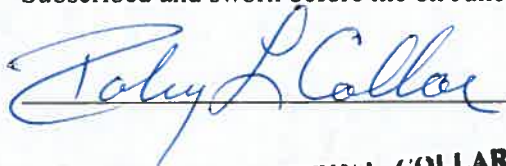
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Sales Assistant,  
Alyssa Smith

Subscribed and sworn before me on June 02, 2017



Notary Public

ROBIN L. COLLAR  
NOTARY PUBLIC  
MY COMMISSION EXPIRES MAR 31, 2021



Order # - 4993528

0004

# Hartford Courant

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Public Notice Filing for William W. Backus  
Hospital

Statutory Reference:  
Connecticut General Statutes § 19a-638  
Applicant:

William W. Backus Hospital

Proposal/Project Address:  
The Applicant intends to file a Certificate  
of Need application with the State of  
Connecticut Office of Health Care Access to  
transfer to Quest Diagnostics the Applicant's  
outpatient laboratory service operations  
located at the following addresses:

1. 111 Salem Turnpike, Norwich, CT
2. 330 Washington St., Norwich, CT
3. 55 Town St., Norwich, CT
4. 582 Norwich Rd., Plainfield, CT
5. 163 Broadway, Colchester, CT
6. 80 Norwich New London Turnpike,  
Uncasville, CT
7. 70 Main St., Jewett City, CT

Capital Expenditure: none

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Order # - 4993528

0005





Public Notice Filing for William W. Backus Hospital Statutory Reference: Connecticut General Statutes § 19a-638 Applicant: William W. Backus Hospital Proposal/Project Address: The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to transfer to Quest Diagnostics the Applicant's outpatient laboratory service operations located at the following addresses: 1. 111 Salem Turnpike, Norwich, CT 2. 330 Washington St., Norwich, CT 3. 55 Town St., Norwich, CT 4. 582 Norwich Rd., Plainfield, CT 5. 163 Broadway, Colchester, CT 6. 80 Norwich New London Turnpike, Uncasville, CT 7. 70 Main St., Jewett City, CT Capital Expenditure: none

Appeared in: **Hartford Courant** on 05/31/2017 and 06/02/2017

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**PUBLISHER'S CERTIFICATE**

State of Connecticut,

ss. Norwich

County of New London,

On this 2<sup>nd</sup> day of June 2017

personally appeared before the undersigned, a Notary Public, within and for said County and State

**Jim Coletti, Proof of Publication**

of the "THE BULLETIN" a daily newspaper published at Norwich, County of New London, State of Connecticut, who, being duly sworn, states on oath that

Public Notice Filing for William W. Backus Hospital  
Statutory Reference:  
Connecticut General Statutes § 19a-638  
Applicant:  
William W. Backus Hospital

a true copy of which is hereto annexed, was published in said newspaper in its issue of the

31<sup>st</sup> day of May 2017

1<sup>st</sup> day of June 2017

2<sup>nd</sup> day of JUne 2017

Subscribed and sworn to before me this 2 day  
of June A.D. 2017

*Muhelo Kafur*

Notary Public

My Commission Expires 9/30/2020



**Public Notice Filing for William W. Backus Hospital**  
Connecticut General Statutes § 19a-638  
Applicant: William W. Backus Hospital  
Proposal/Project Address: The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to transfer to Quest Diagnostics the Applicant's outpatient laboratory service operations located at the following addresses:  
1. 111 Salem Turnpike, Norwich, CT  
2. 330 Washington St., Norwich, CT  
3. 55 Town St., Norwich, CT  
4. 582 Norwich Rd., Plainfield, CT  
5. 163 Broadway, Colchester, CT  
6. 80 Norwich New London Turnpike, Uncasville, CT  
7. 70 Main St., Jewett City, CT  
Capital Expenditure: none

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**TOWN OF SPRAGUE  
PLANNING AND ZONING COMMISSION  
NOTICE OF PUBLIC HEARING**

The Sprague Planning and Zoning Commission will hold a public hearing on June 7, 2017 at 7:00 p.m. in the Sprague Town Hall, 1 Main Street, Baltic on the following application:

Brian Ducharme and Meghan Charter - Residential re-subdivision for property located at 2 Lincoln Lane

This application is available for inspection in the Sprague Town Hall.

At this hearing interested persons may appear and be heard and written communications will be received.

Sandor Britman, Chairman  
Dated at Sprague, Connecticut this 24th day of May 2017

**Legals**

**TOWN OF PLAINFIELD  
PLANNING AND ZONING COMMISSION  
NOTICE OF PUBLIC HEARING**

The Planning and Zoning Commission will conduct a Public Hearing and Regular Meeting on Tuesday, June 13, 2017, at 7:00 pm in the Plainfield Town Hall, 8 Community Avenue, Plainfield.

**PUBLIC HEARING**  
Interested persons may appear and be heard and written communications received at these hearings. All applications and accompanying information are filed and available for review in the Planning and Engineering Office, Plainfield Town Hall. Office hours are 8:30 a.m. to 4:30 p.m., M-F.

a. Z2017-1867 - Continuation of Nu-Stone Permits for an existing stone quarry at property located on Armo Drive, Moosup; Map 30, Block 113A, Lot 7 - RA-60 Zoning District.

b. Z2017-1114 - Of Chris Daoust, requesting a Special Permit for an Accessory Apartment on property located at 18 Highland St., Ext. Moosup; Map 3M, Block 102, Lot 6; RA-19 Zoning District.

c. Z2017-1126 - Of Town of Plainfield Planning & Zoning Commission, requesting a Text Amendment for proposed regulations for Breweries, Brew Pubs and Brew Pub Restaurants.

d. Z2017-1121 - Of Fred Stavropoulos, requesting a Special Permit for earth excavation on property located at 195 North Sterling Rd., Moosup; Map 37, Block 113, Lot 3; RA-60 Zoning District.

Dated at Plainfield, CT  
This 25th day of May 2017

**PLANNING & ZONING COMMISSION**  
Karta E. Desjardins, Chairman

**Legals**

**Legal Notice**  
Town of Sprague  
Annual Budget Meeting

The electors and citizens qualified to vote in the Town of Sprague are hereby warned that the Annual Budget Meeting of said Town will be held at the Sprague Senior Center, 1 Main Street, Baltic, CT at 7:00 PM on June 5, 2017 to hear and act on the following:

1. Shall the 2017-2018 budget, totaling \$8,985,480 with \$2,812,723 for total General Operation and \$6,172,737 for the Board of Education, be approved?

Note: Pursuant to C.G.S. 7-7, the Board of Selectmen has voted that item #1 shall be removed to a referendum. The Selectmen have set the date for the referendum to be held on Tuesday, June 12, 2017 at the Baltic Firehouse, Rt. 138, Bushnell Hollow Road, Baltic, CT. Paper Ballots will be used. A vote of "YES" being a vote for approval, and a vote of "NO" being a vote for disapproval.

2. To discuss the 2017/2018 Budget

The polls will be opened from 8:00am to 8:00pm. Absentee ballots are available in the office of the Sprague Town Clerk, 1 Main Street, Baltic, CT

Citizens qualified to vote, in accordance with Sec. 7-6 are: Any person who is an elector of the Town of Sprague and any citizen of the age of eighteen years or more, who is liable to the Town for taxes on an assessment of not less than \$1,000 on any last completed grand list.

Copies of the perfected budget are available in the office of the Town Clerk, 1 Main Street, Baltic during normal business hours and at www.ctsprague.org.

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
William B. Barker, Jr.  
(17-00116)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 14, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Raymond E. Barker  
c/o James K. Kelley  
Esq., Law Offices of  
James K. Kelley &  
Associates, LLC,  
51 Broad Street,  
Danbury, CT 06229

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**NOTICE TO CREDITORS**  
ESTATE OF  
Richard G. Lukens  
(17-00179)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated May 15, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Richard G. Lukens, c/o  
Christina G.  
Sarantopoulos, Esq.  
Sarantopoulos,  
143 Broad Street,  
Danbury, CT 06229

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
Yvonne L. Smith  
(17-00117)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 10, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Jean M. Peterson, c/o  
Nicholas A. Longo,  
Esq.,  
160 Main Street,  
P.O. Box 528  
Putnam, CT 06260

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
Yvonne L. Smith  
(17-00117)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 10, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Jean M. Peterson, c/o  
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**NOTICE TO CREDITORS**  
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(17-00117)

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**Legals**

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Karyn Broca, Assistant Clerk

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**Legals**

**NOTICE TO CREDITORS**  
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Karyn Broca, Assistant Clerk

The fiduciary is:  
Jean M. Peterson, c/o  
Nicholas A. Longo,  
Esq.,  
160 Main Street,  
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**Legals**

**NOTICE TO CREDITORS**  
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Jean M. Peterson, c/o  
Nicholas A. Longo,  
Esq.,  
160 Main Street,  
P.O. Box 528  
Putnam, CT 06260

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
Yvonne L. Smith  
(17-00117)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 10, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Jean M. Peterson, c/o  
Nicholas A. Longo,  
Esq.,  
160 Main Street,  
P.O. Box 528  
Putnam, CT 06260

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
William B. Barker, Jr.  
(17-00116)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 14, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Raymond E. Barker  
c/o James K. Kelley  
Esq., Law Offices of  
James K. Kelley &  
Associates, LLC,  
51 Broad Street,  
Danbury, CT 06229

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
Richard G. Lukens  
(17-00179)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated May 15, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Richard G. Lukens, c/o  
Christina G.  
Sarantopoulos, Esq.  
Sarantopoulos,  
143 Broad Street,  
Danbury, CT 06229

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
Yvonne L. Smith  
(17-00117)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 10, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Jean M. Peterson, c/o  
Nicholas A. Longo,  
Esq.,  
160 Main Street,  
P.O. Box 528  
Putnam, CT 06260

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
Yvonne L. Smith  
(17-00117)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 10, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Jean M. Peterson, c/o  
Nicholas A. Longo,  
Esq.,  
160 Main Street,  
P.O. Box 528  
Putnam, CT 06260

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
Yvonne L. Smith  
(17-00117)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 10, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Jean M. Peterson, c/o  
Nicholas A. Longo,  
Esq.,  
160 Main Street,  
P.O. Box 528  
Putnam, CT 06260

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
Yvonne L. Smith  
(17-00117)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 10, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Jean M. Peterson, c/o  
Nicholas A. Longo,  
Esq.,  
160 Main Street,  
P.O. Box 528  
Putnam, CT 06260

**Legals**

**NOTICE TO CREDITORS**  
ESTATE OF  
Yvonne L. Smith  
(17-00117)

The Hon. Charles K. Norms, Judge of the Court of Probate District of Plainfield, Kilgory Probate Court, by decree dated April 10, 2017, 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.

Karyn Broca, Assistant Clerk

The fiduciary is:  
Jean M. Peterson, c/o  
Nicholas A. Longo,  
Esq.,  
160 Main Street,  
P.O. Box 528  
Putnam, CT 06260

**TOWN OF PLAINFIELD  
ZONING BOARD OF APPEALS**

The Zoning Board of Appeals will conduct a Public Hearing and a Regular Meeting on Tuesday, June 6, 2017 at 7:00 p.m. at the Plainfield Town Hall 8 Community Avenue Plainfield, CT

a. Z2017-1129 - Of CDLS Mobile Repair, requesting a Location Approval for a Used Dealer/Repairer License on property located at 114 Commercial Dr. Plainfield, CT 06374. Map 5, Block 4, Lot 41C. C-2 Zoning District.

b. Z2017-130 - Of NuStone Mig & Dist. LLC, request appeal of Zoning Officer's Notice of Violation pertaining to earth excavation for property located on Arnie Dr., Moosup. Map 30, Block 113A, Lot 7

Interested persons may appear and be heard and written communications received at these hearings. All applications and accompanying information are on file and available for review in the Planning and Engineering Office, Town Hall. Office hours are 8:30 a.m. to 4:30 p.m., Monday through Friday.

Dated at Plainfield, CT this 22nd day of May 2017

**ZONING BOARD OF APPEALS**  
William E. Knight, Chairman  
Frank A. Zak, Jr., Secretary

**Public Notice Filing for William W. Backus Hospital**

Statutory Reference: Connecticut General Statutes § 19a-638

Applicant: William W. Backus Hospital

Proposal/Project Address: The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to transfer to Quest Diagnostics. The Applicant's outpatient laboratory service operations located at the following addresses:

1 111 Salem Turnpike, Norwich, CT  
2 330 Washington St., Norwich, CT  
3 35 Town St., Norwich, CT  
4 582 Norwich Rd., Plainfield, CT  
5 183 Broadway, Colchester, CT  
6 80 Norwich New London Turnpike, Uxbridge, CT  
7 70 Main St., Jewett City, CT

**TOWN OF PRESTON  
NOTICE OF ANNUAL TOWN MEETING  
TO BE HELD  
THURSDAY, June 8, 2017  
And REFERENDUM, TUESDAY, June 20, 2017**

The Annual Town Meeting of the electors & citizens qualified to vote in Town Meetings of the Town of Preston will be held at the Preston Veterans Memorial School on Thursday, June 8th, 2017 at 7:30 p.m. for the following purposes:

1. To act on and to adopt the expenditure budget of the Board of Education for the Fiscal Year July 1, 2017 to June 30, 2018 in the amount of \$11,690,889.00 as recommended by the Board of Finance
2. To act on and to adopt the expenditure budget of the General Government for the Fiscal Year July 1, 2017 to June 30, 2018. In the amount of \$3,397,143.00 as recommended by the Board of Finance
3. To act on and to adopt the Revenues Budget, including any revenue from the Morgan/Mashantucket Request for Grant, for the Fiscal Year July 1, 2017 to June 30, 2018, as recommended by the Board of Finance
5. To authorize the Board of Selectmen to expend the greater of \$199,882.00 or the amount granted to the Town by the State of Connecticut, plus interest, on the Town Aid Road Account, upon receipt of such funds from the State of Connecticut, for the Fiscal Year July 1, 2017 to June 30, 2018.
6. To authorize the Board of Selectmen to expend the greater of \$81,893.00 or the amount granted to the Town by the State of Connecticut, plus interest, on the Local Capital Improvement Program (LCIP) Account, upon receipt of such funds from the State of Connecticut, for the Fiscal Year July 1, 2017 through June 30, 2018
7. To ratify and authorize the Treasurer to expend, \$319,525.00 for the Fiscal Year July 1, 2017 to June 30, 2018 to pay debt service on the School Construction Bonds approved at the June 8th, 2016 Referendum; \$164,625.00 to pay debt service on Capital Projects approved at the September 21st, 2004 Referendum; \$148,000.00 to pay debt service on the Preston Rerewalk Project approved at the December 18th, 2012 Referendum; and \$148,875.00 to pay debt service on the Five-Year Capital Projects Plan approved at the April 23rd, 2013 Referendum; and
8. To adopt the following Resolution:

**Resolved,** that upon recommendation of the Board of Finance that the Board of Selectmen and Treasurer are authorized, pursuant to the Connecticut General Statutes, to borrow upon the note or notes of the Town, such sums in such manner as in their judgment shall be required to pay expenses and obligations of the Town for the Fiscal Year July 1, 2017 to June 30, 2018. In anticipation of the receipt of state collectors water rents or charges, or any federal or state grants with respect to a project or program

Pursuant to the Town Ordinance adopted on May 16, 1995 items 1 and 2 of the Call of the Meeting will be put to a machine or paper ballot Referendum vote to be held at the Preston Town Hall on Tuesday, June 20, 2017 from 12:00 Noon to 8:00 p.m. Absentee Ballots will be available at the Town Clerk's Office

Copies of the Proposed Budgets are available at the Preston Town Hall, Preston Veterans Memorial School and on the website at www.preston-ct.org

Dated at Preston, CT this 25th Day of May, 2017

Robert Congdon Lywood Cray  
First Selectman Selectman

Michael Slinko  
Selectman

**PROPERTY AUCTION**

The tax collector of the Town of Putnam has levied upon the following properties in Putnam and slated them for public auction to satisfy delinquent taxes and charges under C.G.S. § 12-157. Volume and page numbers refer to the town's land records. Unless paid, these properties will be auctioned in "as is" condition at 10:00 a.m. on August 15, 2017 at the Putnam Town Hall at 128 Church Street

67 Perry Street Unit 120 and Garage Unit 4-3 (Volume 740 Page 322) owned by Sharon Allain, owing \$7,898.50. Heritage Pines Condominium Association, Inc. may have interests which will be extinguished by the sale

437 Woodstock Avenue (Volume 206 Page 15) owned by the Estate of Holly Beaudouin-Tarr owing \$2,458.98. Easthampton Savings Bank as successor to The Citizens National Bank; the Rural Development Agency as successor to Farmers Home Administration; the United States Internal Revenue Service; the Connecticut Department of Revenue Services; and the surviving spouse and heirs of Holly Beaudouin-Tarr may claim interests which will be extinguished by the sale

28 Lacombe Avenue (Volume 797 Page 253) owned by Edward B. Bleik, owing \$10,042.65. KeyBank, N.A. as successor to Cargill Bank of Connecticut may have interests which will be extinguished by the sale

74-76 Mill Street (Volume 505 Page 158) owned by Michael P. Blanchard, owing \$1,881.82. Sand Canyon Corporation as successor to Option One Mortgage Corporation may have interests which will be extinguished by the sale

10-12 Smith Street (Volume 118 Page 884) owned by Theodore C. Briens, Jr. and Jo-Ann S. Martel, owing \$18,087.51. Credit Suisse Group as successor to First Boston Mortgage Capital Corp., Wells Fargo Bank, N.A. as successor to First Union National Bank, Trustee; and Day Kimball Hospital may have interests which will be extinguished by the sale

148 Church Street (Volume 656 Page 273) owned by Amer Choudhry, owing \$18,747.44.

60 Battery Street (Volume 112 Page 518) owned by Leonie M. Daughnins, owing \$6,744.63.

34 Underwood Road (Volume 801 Page 58) owned by Federal National Mortgage Association, Inc., owing \$3,049.35.

81 Battery Street (Volume 678 Page 229) owned by Elissa M. Gigliotti, owing \$6,428.87. J.G. Weinworth Home Lending, Inc., the Secretary of Housing and Urban Development; and the Connecticut Department of Revenue Services may have interests which will be extinguished by the sale

47 Church Street (Volume 632 Page 131) owned by HillWinds Energy Development Corporation, owing \$5,766.51. Abundance D'Ennergie LLC may have interests which will be extinguished by the sale

35 Hurbit Street (Volume 310 Page 65) owned by John W. Keith, owing \$28,825.35. Charter Oak Federal Credit Union may have interests which will be extinguished by the sale

2-12 Lyon Street (Volume 634 Page 3) owned by LIS Properties LLC, owing \$9,283.80. Nexus Commercial Funding, LLC may have interests which will be extinguished by the sale

34 Marshall Street (Volume 634 Page 1) owned by LIS Properties LLC, owing \$7,782.77. Nexus Commercial Funding, LLC may have interests which will be extinguished by the sale

17 Sunnyside Avenue (Volume 663 Page 58) owned by L.L. Holding Corporation, owing \$12,038.55

403 School Street (Volume 691 Page 136) owned by Paula Long, owing \$6,441.20. The Connecticut Department of Administrative Services and the Connecticut Department of Social Services may have interests which will be extinguished by the sale

111-115 Woodstock Avenue (Volume 701 Page 14) owned by LVG Holding, owing \$14,515.28

267 269 School Street (Volume 183 Page 187) owned by Joseph Mancini, owing \$11,054.87. Charter Oak Federal Credit Union; Savings Institute; William W. Backus Hospital; Masonicare Home Health & Hospice, Inc. the Estate of Joseph T. Mancini, Sr.; the Connecticut Department of Revenue Services; and the surviving spouse and heirs of Joseph T. Mancini, Sr. may claim interests which will be extinguished by the sale

508 Sabin Street (Volume 707 Page 200 less portions in Woodstock, Connecticut) owned by Nanagamsett Indian Tribal Historic Preservation Office, owing \$1,011.07. Life Users Lloyd G. Wilcox and Muriel T. Wilcox may have interests which will be extinguished by the sale

23 Mechanics Street #102 (Volume 656 Page 141) owned by the Estate of Richard H. Peaslee, owing \$3,693.44. Raymond C. Green, Inc., Trustee of the Raymond C. Green Trust; Builders First Financial, LLC (Tavern Brook Condominium Association, Inc.); the United States Internal Revenue Service; the Connecticut Department of Revenue Services; and the surviving spouse and heirs of Richard H. Peaslee may claim interests which will be extinguished by the sale

415 School Street (Volume 772 Page 218) owned by U.S. Bank Trust, N.A., Trustee for LSPF Master Participation Trust, owing \$5,521.89.

The dollar amounts listed are through the end of last month. Additional taxes, interest, fees, and other charges authorized by law accruing after the last day of the month immediately preceding this notice are owed in addition to the amount indicated as due and owing in this notice

Bidders must present \$5,000 per property in cash or certified check payable to "Putnam & Comley, Trustees" on the day of the sale, and the winning bidder must pay the balance of the sale price within 5 days or forfeit that deposit. Absent a redemption, the purchaser will take title "free and clear" six months after the auction except for certain encumbrances. Details at www.cttaxsales.com

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**Legals**

**LIQUOR PERMIT**  
Notice of Application  
This is to give notice that I, CHRISTOPH ACHIMATOW 382 ROUND HILL RD SALEM, CT, 06420-3822 Have filed an application placarded 5/25/2017 with the Department of Consumer Protection for RESTAURANT LIQUOR PERMIT for the sale of alcoholic liquor on the premises at 1100 NORWICH-NEW LONDON PKE, UNCAVILLE, CT 06382-1817  
The business will be owned by SNAKOSH LLC Entertainment will consist of Acoustic (Not Amplified) Disc Jockeys Live Bands  
Objections must be filed by 07-05-2017 CHRISTOPH ACHIMATOW

**Liquor Permit**  
Notice of Application  
This is to give notice that I, ALEX BEKARIS 213 W TOWN ST NORWICH CT, 06360-2113  
Have filed an application placarded 5/31/2017 with the Department of Consumer Protection for CAFE LIQUOR PERMIT for the sale of alcoholic liquor on the premises at 1 AMERICAN WARFAR NORWICH CT 06360-5600  
The business will be owned by MARINA LLC Entertainment will consist of Acoustic (Not Amplified)  
Objections must be filed by 07-12-2017 ALEX BEKARIS

**LEGALS Starts Here**

**LEGALS Starts Here**

**TOWN OF PLAINFIELD NOTICE OF PUBLIC HEARING**  
PLAINFIELD TOWN HALL  
June 5, 2017  
In accordance with Town Charter requirements, the Board of Finance will hold a public hearing on the proposed budget for fiscal year 2017-2018 at 7:00 p.m. Monday, June 5, 2017 in the Plainfield Town Hall  
All electors of the Town and eligible property owners who wish to be heard will be allowed to do so at the hearing.  
From the Board of Finance  
Vice Mayor

**NOTICE TO CREDITORS**  
ESTATE OF Mary Ellen Herrmann, AKA Mary E. Herrmann (17-02220)  
The Hon. Charles K. Norris, Judge of the Court of Probate, District of Norwich Probate Court, by decree dated May 25, 2017 ordered that all claims must be presented to the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.  
Barbara A. Palm, Clerk  
The fiduciary is: Melissa A. Kraus, 207 Ross Hill Road, Lebanon, CT 06351

**LEGAL NOTICE**  
The foregoing, having been CONSIDERED by the Court, is hereby ORDERED  
**NOTICE TO: HEIRS AND ASSIGNS OF MARY SNYDER**  
The plaintiff has named you as a defendant in the complaint brought to the above named court seeking foreclosure of the property at 13 FORD AVENUE, NORWICH CT, 06360. This complaint was returnable to the above named court on 1/27/2015 and is now pending therein.  
The court finds that the defendant(s) listed below have not appeared in this action, and, so far as the plaintiff knows, have not received actual notice of the institution or pendency of it; that so far as is known each resides at address unknown.  
Now therefore, it is hereby ordered that further notice of the institution and pendency of this action be given to each such defendant by some proper officer (or person) causing a true and attested copy of this order to be published in THE BULLETIN ON a week for 2 successive weeks, commencing on or before 6/8/2017 and that return of such service be made to the court.  
JOHN JOSEPH NAZZARO

**LEGALS**

**CITY OF NORWICH PUBLIC NOTICE**  
An application is pending to demolish a structure(s) located at 401 North Main Street, Norwich, CT. For Additional Information, Contact: James K. Troeger, Building Official

**TOWN OF FRANKLIN NOTICE OF DECISION**  
At their Regular Meeting held Tuesday, May 23, 2017, The Franklin Zoning Board of Appeals acted on the following application:  
ZBA #17-01 Cynthia Crecichia Property located at 2 Cedar Lane Assessor's Map 23, Lot 20, Zoned R80 requesting variance to Section 4.4.4 Dimensional Requirements for Side and Rear Set Backs for the purpose of constructing a 12' X 16' Garden Shed.  
ACTION: APPROVED  
Chairman Bruce Dougherty

**TOWN OF POMFRET, CONNECTICUT 5 HAVEN ROAD POMFRET, CONNECTICUT 06259 INVITATION TO BID**  
The Town of Pomfret, Connecticut will receive sealed bids for "Route 169/44 Sidewalk Construction" project until 10:00 a.m. local time on Monday, June 26, 2017 in Town Hall in the First Selectman's Office, which is located at 5 Haven Road, Pomfret, Connecticut 06259, after which no bids will be accepted and at which time and place they will be publicly opened and read aloud. Bids must be sealed and marked "Route 169/44 Sidewalk Construction."  
Work under this contract includes construction of a bituminous concrete sidewalk and Portland cement concrete ramp with detectable warning strips along portions of the east and west sides of Route 169/44 (Pomfret Road) located between "Drowsenow Road" and the entrance to the "Most Holy Trinity Church," in Pomfret, Connecticut. The information for Bidders Form of Bid, Specifications, and other contract documents may be obtained for a \$25.00 non-refundable fee per set, or examined at the First Selectman's Office, 5 Haven Road, Pomfret, Connecticut, Monday thru Thursday 9:00 a.m. - 3:00 p.m. Sets of documents will be mailed to prospective bidders upon request, for an additional \$15.00 fee. Checks are to be made payable to the Town of Pomfret.  
Bidders shall submit two (2) original copies of their Proposal on the forms provided, in a sealed envelope plainly marked with the appropriate project title.  
The Town of Pomfret hereby notifies all bidders that this contract is subject to state set-aside and contract compliance requirements.  
Attention of bidders is directed to certain requirements of this contract which require that minimum rates to be paid for labor of the various classifications shall be in accordance with the current schedule of wages established by the Connecticut Department of Labor as provided in the General Statutes of Connecticut, as revised. This is a state funded project.  
A pre-bid conference to review the project will be held at Pomfret Town Hall, 5 Haven Road, Pomfret, Connecticut, Thursday, June 8, 2017, at 10:00 a.m. All prospective bidders are urged to attend.  
A satisfactory Bid Bond or Certified Check in the amount equal to five percent (5%) of the base bid shall be submitted with each bid. The Bid Bond shall be made payable to the Town of Pomfret and shall be properly escrowed by the Bidder. A 100% Performance, Labor and Material Bond is also required. All sureties must be listed on the most recent IRS Circular 570.  
Bids, to receive consideration, must be in the hands of the authorized representative of the town, no later than the day and hour at the location mentioned above. The Town of Pomfret reserves the right to accept or reject any or all bids; to waive informality; or, to accept any bid deemed in the best interests of the Town of Pomfret. Bidders are requested to note that the award of this Contract is subject to the following conditions and contingencies:  
1) The approval of such governmental agencies as may be required by law.  
2) The appropriation of adequate funds by the proper agencies.  
All bids will be considered valid for a period of ninety (90) days. No bidder may withdraw their bid within nine (90) days after the actual date of the bid opening. Additionally, the contract documents require the prompt commencement of the work.  
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER  
MBE's, WBE's AND SBE's AND SECTION 3 DESIGNATED ENTERPRISES ARE ENCOURAGED TO APPLY  
Dated at Pomfret, Connecticut  
This 1st Day of June, 2017  
Craig W Baldwin  
First Selectman

**Public Notice Filing for William W. Backus Hospital**

**Statutory Reference:** Connecticut General Statutes § 19a-638

**Applicant:** William W Backus Hospital

**Proposal/Project Address:** The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to transfer to Quest Diagnostics the Applicant's outpatient laboratory service operations located at the following addresses:  
1 111 Salem Turnpike, Norwich, CT  
2 330 Washington St., Norwich, CT  
3 55 Town St., Norwich, CT  
4 582 Norwich Rd., Plainfield, CT  
5 163 Broadway, Colchester, CT  
6 80 Norwich New London Turnpike, Uncasville, CT  
7 70 Main St., Jewett City, CT

**Capital Expenditure:** none

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**860-425-4336**  
www.jschiavone@norwichbulletin.com

# PROPEL MARKETING

The Bulletin  
www.NorwichBulletin.com

**TOWN OF COLCHESTER ANNUAL BUDGET MEETING - June 6, 2017 REFERENDUM - June 13, 2017**

The legal voters of the Town of Colchester and those qualified to vote at town meetings of said Town are hereby warned to meet for the Annual Budget Meeting on Tuesday, June 6, 2017 at 7:00 p.m., to be held at the Town Hall, 127 Norwich Avenue, Colchester, CT for the following purposes:

- To consider and act upon the 2017-2018 fiscal year budget of the Board of Selectmen in the amount of \$14,708,683 as recommended by the Board of Finance.
- To consider and act upon the 2017-2018 fiscal year budget of the Board of Education in the amount of \$40,616,405 as recommended by the Board of Finance.
- To adjourn said Annual Budget Meeting, pursuant to Section 7-344 of the Connecticut State Statutes and the Colchester Town Charter Sections C-1002 and C-1101 for a Referendum vote on Tuesday, June 13, 2017 between the hours of 6:00 a.m. and 8:00 p.m. to be held at the Colchester Town Hall, 127 Norwich Ave., Colchester, CT.
- Any other business to come before said meeting.

Dated at Colchester, CT this 30th day of May 2017  
Gayle Furman, Town Clerk

Arthur Szalensky, 1st Selectman  
Rosemary Coyle, Selectman  
John Jimes, Selectman  
Denise Mizzi, Selectman  
Stan Soby, Selectman

**Budget Summary**

Revenue	FY 2015-2016 Actual	FY 2016-2017 Adopted	FY 2016-2017 Projected	FY 2017-2018 Proposed
Property Taxes	37,712,051	38,130,697	38,351,328	39,468,561
Intergovernmental - Town	316,205	598,934	586,845	175,177
Intergovernmental - Education	14,328,495	14,041,055	14,134,732	13,953,310
Charges for Services	550,432	501,500	512,735	512,750
Revenue from Use of Money	81,129	55,000	60,000	60,000
Licenses/Permits/Fees	860,650	708,290	793,374	747,490
Other Revenues	120,547	59,300	121,655	427,200
Use of Fund Balance	87,500	0	541,200	0
<b>Total Revenues</b>	<b>54,017,029</b>	<b>54,094,776</b>	<b>55,101,849</b>	<b>55,344,488</b>
<b>Expenditures</b>				
General Government	3,152,093	3,694,918	3,563,380	3,573,234
Public Safety	2,676,389	2,689,100	2,737,668	2,859,187
Public Works	3,127,856	3,377,938	3,344,991	3,518,788
Community & Human Services	1,480,902	1,566,434	1,539,019	1,507,328
Debt Service	1,901,465	1,842,266	1,842,266	1,791,566
Transfers to Other Funds	1,085,980	1,219,056	1,710,256	1,357,870
<b>Total Town Expenditures</b>	<b>13,434,687</b>	<b>14,389,712</b>	<b>14,737,670</b>	<b>14,708,683</b>
Education Expenditures	38,648,488	38,705,064	39,705,064	40,636,405
<b>Total Expenditures</b>	<b>53,074,175</b>	<b>54,094,776</b>	<b>54,442,634</b>	<b>55,344,488</b>

**MILL RATE CALCULATION**

Appropriations	Education	Town	Debt Service	Transfers	Total
40,836,405	11,568,547	1,791,666	1,357,870	65,344,488	
Estimated Revenue	14,321,210	2,179,717	0	0	16,500,927
Amount to be Raised by Taxpayers	26,315,195	9,378,830	1,791,666	1,357,870	38,843,561
Mills	2.62	7.71	1.47	1.12	31.92
Amount to be Raised by Taxation					38,843,561
Reserve for Uncollected Revenue (estimated 88.9% collection rate)					543,919
<b>Total Tax Warrant</b>					<b>39,387,479</b>
Grand List	1,199,528,100		2017-18 Proposed Mill Rate		32.37
Estimated Prorates	3,500,000				
M. & S. Supplement	18,800,000		2016-17 Mill Rate		30.91
Less Estimated BAA & adjustments (2,500,000)			Increase in Mill Rate		1.46
<b>List Net</b>	<b>1,217,128,100</b>				

Revenue estimates reflect Governor's revised budget proposals with the exception of reductions to ECS funding.  
Expenditure estimates do not include Governor's revised budget proposal to charge municipalities for a share of State Teachers Retirement contributions.

**Yard / Tag Sale**

Windham  
21 Sheucket Drive  
Sat. 8/3 & Sun. 6/4  
9am - 3pm  
**HUGE NEIGHBORHOOD SALE**  
Includes Welden & Riverdale Dr. off Jerusalem Rd.  
10+ FAMILIES  
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**Legals**

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**Legals**

**Public Notice Filing for William W. Backus Hospital**

Statutory Reference: Connecticut General Statutes § 19a-638  
Applicant: William W. Backus Hospital  
Proposed/Project Address: The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to transfer to Quest Diagnostics the Applicant's outpatient laboratory service operations located at the following addresses:  
1 111 Salem Turnpike, Norwich, CT  
2 330 Washington St., Norwich, CT  
3 55 Town St., Norwich, CT  
4 582 Norwich Rd., Plainfield, CT  
5 163 Broadway, Colchester, CT  
7 70 Norwich New London Turnpike, Uncasville, CT  
7 10 Main St., Jewett City, CT

Capital Expenditure: none

DOCKET NO. TTD-CV17-6012053-S : SUPERIOR COURT  
THINA N. COOPER VS. J.D. OF TOLLAND AT ROCKVILLE

ESTATE OF PEARL A. KIENHOLZ, HER HEIRS REPRESENTATIVES AND CREDITORS, ESTATE OF JOAQUIN B. KIENHOLZ, HIS HEIRS REPRESENTATIVES AND CREDITORS, ESTATE OF SHIRLEY C. KIENHOLZ, HER HEIRS REPRESENTATIVES AND CREDITORS, ESTATE OF BERT K. KUSSEROW, HIS HEIRS REPRESENTATIVES AND CREDITORS, SUZANNE KUSSEROW, PAUL KUSSEROW, ADRIE KUSSEROW, KARL KUSSEROW, AND ALL UNKNOWN PERSONS CLAIMING OR WHO MAY CLAIM ANY RIGHTS, TITLE, INTEREST OR ESTATE IN OR LIEN OR ENCUMBRANCE UPON THE REAL PROPERTY DESCRIBED IN THIS COMPLAINT, ADVERSE TO THE PLAINTIFF WHETHER SUCH CLAIM OR POSSIBLE CLAIM BE VESTED OR CONTINGENT. : MAY 8, 2017

**AMENDED ORDER OF NOTICE**

Notice to: Estate of Pearl A. Kienholz, Her Heirs, Representatives and Creditors  
Estate of Joaquin B. Kienholz, His Heirs, Representatives and Creditors Estate of Shirley C. Kienholz, Her Heirs, Representatives and Creditors Estate of Bert K. Kusserow, His Heirs, Representatives and Creditors.  
All Unknown Persons Claiming or Who May Claim. Any Rights, Title, Interest or Estate in or Lien or Encumbrance Upon the Real Property Described in this Complaint, Adverse to the Plaintiff, Whether such Claim or Possible Claim be Vested or Contingent.

The Plaintiff has named you as a party Defendant in the Complaint which she is bringing to the above named court seeking to Quiet Title to property known as 204-208 North Eagleville Road, Mansfield, Connecticut. This Complaint is returnable to that court on April 11, 2017, and will be pending therein after that date.

The subscribing authority finds that the identity and/or location of each of the following Defendants either has not been conclusively determined or is unknown, and that all reasonable efforts have been made to ascertain the same and have failed:

Estate of Pearl A. Kienholz, Her Heirs, Representatives and Creditors Estate of Joaquin B. Kienholz, His Heirs, Representatives and Creditors Estate of Shirley C. Kienholz, Her Heirs, Representatives and Creditors Estate of Bert K. Kusserow, His Heirs, Representatives and Creditors.

All Unknown Persons Claiming or Who May Claim. Any Rights, Title, Interest or Estate in or Lien or Encumbrance Upon the Real Property Described in this Complaint, Adverse to the Plaintiff, Whether such Claim or Possible Claim be Vested or Contingent.

**Legals**

TOWN OF CANTERBURY  
NOTICE OF ACTION TAKEN BY THE CANTERBURY INLAND WETLAND AND WATERCOURSES COMMISSION  
Notice is hereby given that the Canterbury Inland Wetland and Watercourses Commission at a regular meeting on Wednesday, May 24, 2017 approved the following application with conditions  
A. WVC #17-4-SOLAR, Katherine Weeks & Jason Otto, ground mount solar, 125 Bingham Road, Assessor's Map 4, Lot 13.  
Dated at Canterbury, Connecticut this 31st day of May, 2017  
Thomas Brummett Chairman J. Sangermano Secretary

**Legals**

**Legals**

**Legals**

TOWN OF KILLINGLY  
REQUEST FOR PROPOSALS  
The Town of Killingly through its Permanent Building Commission, is seeking proposals from qualified individuals/firms to perform construction monitoring services for the School Road Replacement Project. The Town expects to replace the Killingly Memorial School, 339 Main Street, Danielson, Killingly Central School, 60 Soap Street, Dayville, and Goodyear Early Childhood Center, 22 Williamsville Road, Rogers roads during the summer of 2017.

An informational package may be obtained by visiting the Connecticut D&S Bureau website under Town of Killingly. Proposals will be received until 3:00 p.m. on Thursday June 15, 2017. AA/EEOE

Town of Lebanon  
Zoning Board of Appeals  
LEGAL NOTICE

The Lebanon Zoning Board of Appeals will hold a public hearing at Town Hall, 575 Eriest Road, Lebanon, CT on Thursday, June 15, 2017, 7:00 p.m. for:

ZBA-17-6250: Dean Tine owner 282 Lakeside Drive, Lebanon, CT 06249. Assessor's Map 107, Lot 33. Request variance from Section 5.2 to reduce rear yard setback from the lake from 75 feet required to 10 feet requested for construction of a deck.

Interested parties may appear and be heard and written testimony received.  
Application and plans on file in Land Use Office.  
Dated at Lebanon, CT this 30th day of May, 2017.  
Hoffi E. Planka, Recording Secretary

**Legal Notice**

TOWN OF GRISWOLD  
ZONING BOARD OF APPEALS

The Griswold Zoning Board of Appeals will conduct a Public Hearing on June 7, 2017 at 7:00 p.m. in the first floor meeting room of the Griswold Town Hall, 28 Main Street, Jewett City, CT to hear and act on the following application(s):

ZBA 04-17 IMPERATO, FRANK & KELLY, PROPERTY AT 88 LEE AVENUE, GRISWOLD, CT. Requesting relief from Griswold Zoning Regulations Section 10.4 to reduce right side yard requirement from 30 feet to 1 foot in order to construct a 15 ft. by 15 ft. deck and relief from Section 10.4.1 to reduce the right side yard requirement from 15 feet and 1 foot in order to install a 15 ft. by 30 ft. above-ground pool. Property is zoned R-60

ZBA 05-17 LEE, JOHN F & MARY M, PROPERTY AT 43 TALLCOTT AVENUE, JEWETT CITY, CT. Requesting relief from Borough Zoning Regulations Section 9.4 to reduce the side yard requirement from 10 feet to 4.5 feet and Section 9.5 to reduce the rear yard requirement from 20 ft. to 5 feet in order to construct a 12 ft. x 16 ft. shed. Property is in the R zone

ZBA 06-17 KINEO PROPERTIES, LLC, 1 A - F BROWN AVENUE, JEWETT CITY, CT. Requesting relief from Section 9.4, 9.8, 9.9, 10.1.2 and 12.6.1 in order to convert a B residential unit into one commercial unit mixed use building to an 8 unit multi-family residential building and to construct an ADA compliant Access ramp on the south side of the building. Property is located in a BFC zone.

Dated at Griswold, Connecticut this 23rd day of May 2017  
Theodore A. Faulise Chairman

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11 am - 3 pm

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# PUBLISHER'S CERTIFICATE

State of Connecticut  
County of New London, ss. New London

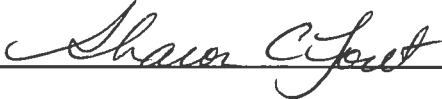
Personally appeared before the undersigned, a Notary Public within and for said County and State, Sharon Foret, Legal Advertising Clerk, of The Day Publishing Company Classifieds dept, a newspaper published at New London, County of New London, state of Connecticut who being duly sworn, states on oath, that the Order of Notice in the case of

23719 Public Notice Filing for William W. Backus Hospital

A true copy of which is hereunto annexed, was published in said newspaper in its issue(s) of

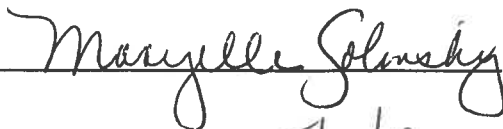
05/31/2017, 06/01/2017, 06/02/2017

Cust: Shipman & Goodwin LLP  
Ad #: d00724386



Subscribed and sworn to before me

This Friday, June 02, 2017



Notary Public

My commission expires

5/31/19

23719  
Public Notice Filing for William W. Backus Hospital

Statutory Reference: Connecticut General Statutes § 19a-638  
Applicant: William W. Backus Hospital  
Proposal/Project Address: The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to transfer to Quest Diagnostics the Applicant's outpatient laboratory service operations located at the following addresses:

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5. 163 Broadway, Colchester, CT
6. 80 Norwich New London Turnpike, Uncasville, CT
7. 70 Main St., Jewett City, CT

Capital Expenditure: none

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5. 163 Broadway, Colchester, CT
6. 80 Norwich New London Turnpike, Uncasville, CT
7. 70 Main St., Jewett City, CT

Capital Expenditure: none

23719  
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6. 80 Norwich New London Turnpike, Uncasville, CT
7. 70 Main St., Jewett City, CT

Capital Expenditure: none





**23719 PUBLIC NOTICE FILING FOR WILLIAM W. BACKUS HOSPITAL**

23719 Public Notice Filing for William W. Backus Hospital Statutory Reference: Connecticut General Statutes ["] 19a-638 Applicant: William W. Backus Hospital Proposal/Project Address: The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to transfer to Quest Diagnostics the Applicant["]s outpatient laboratory service operations located at the following addresses: 1. 111 Salem Turnpike, Norwich, CT 2. 330 Washington St., Norwich, CT 3. 55 Town St., Norwich, CT 4. 582 Norwich Rd., Plainfield, CT 5. 163 Broadway, Colchester, CT 6. 80 Norwich New London Turnpike, Uncasville, CT 7. 70 Main St., Jewett City, CT Capital Expenditure: none

Appeared in: **The Day** on Wednesday, 05/31/2017

[Back](#)





## Supplemental Forms

In addition to completing this **Main Form** and **Financial Worksheet (A, B or C)**, the applicant(s) must complete the appropriate **Supplemental Form** listed below. Check the box of the **Supplemental Form** to be submitted with the application, below. If unsure which form to select, please call the OHCA main number (860-418-7001) for assistance. All CON forms can be found on OHCA's website at [OHCA Forms](#).

Check form included	Conn. Gen. Stat. Section 19a-638(a)	Supplemental Form
<input type="checkbox"/>	(1)	<b>Establishment of a new health care facility (mental health and/or substance abuse) - see note below*</b>
<input type="checkbox"/>	(2)	<b>Transfer of ownership of a health care facility</b> (excludes transfer of ownership/sale of hospital – see "Other" below)
<input type="checkbox"/>	(3)	<b>Transfer of ownership of a group practice</b>
<input type="checkbox"/>	(4)	<b>Establishment of a freestanding emergency department</b>
<input checked="" type="checkbox"/>	(5) (7) (8) (15)	<b>Termination of a service:</b> <ul style="list-style-type: none"> <li>- inpatient or outpatient services offered by a hospital</li> <li>- surgical services by an outpatient surgical facility**</li> <li>- emergency department by a short-term acute care general hospital</li> <li>- inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended</li> </ul>
<input type="checkbox"/>	(6)	<b>Establishment of an outpatient surgical facility</b>
<input type="checkbox"/>	(9)	<b>Establishment of cardiac services</b>
<input type="checkbox"/>	(10)  (11)	<b>Acquisition of equipment:</b> <ul style="list-style-type: none"> <li>- acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners</li> <li>- acquisition of nonhospital based linear accelerators</li> </ul>
<input type="checkbox"/>	(12)	<b>Increase in licensed bed capacity</b> of a health care facility
<input type="checkbox"/>	(13)	<b>Acquisition of equipment utilizing [new] technology</b> that has not previously been used in the state
<input type="checkbox"/>	(14)	<b>Increase of two or more operating rooms</b> within any three-year period by an outpatient surgical facility or short-term acute care general hospital
<input type="checkbox"/>	Other	<b>Transfer of Ownership / Sale of Hospital</b>

\*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other "health care facilities," as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

\*\*If termination is due to insufficient patient volume, or it is a subspecialty being terminated, a CON is not required.

## Proposal Information

Select the appropriate proposal type from the dropdown below. If unsure which item to select, please call the OHCA main number (860-418-7001) for assistance.

<b>Proposal Type</b>	Termination of inpatient or outpatient services offered by a hospital
<b>Brief Description</b>	The applicant seeks approval to terminate certain outpatient laboratory service operations
<b>Proposal Address</b>	<ul style="list-style-type: none"> <li>111 Salem Turnpike, Norwich, CT</li> <li>330 Washington St., Norwich, CT</li> <li>55 Town St., Norwich, CT</li> <li>582 Norwich Rd., Plainfield, CT</li> <li>163 Broadway, Colchester, CT</li> <li>80 Norwich New London Turnpike, Uncasville, CT</li> <li>70 Main St., Jewett City, CT</li> </ul>
<b>Capital Expenditure</b>	\$ 0.00
<p><b>Is this Application the result of a Determination indicating a CON application must be filed?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Docket Number: <a href="#">Click here to enter text.</a></p>	

## Applicant(s) Information

	Applicant One	Applicant Two* (if applicable)
<b>Applicant: Name &amp; Address</b>	The William W. Backus Hospital 326 Washington Street Norwich, CT 06360	
<b>Parent Corporation: Name &amp; Address (if applicable)</b>	Hartford HealthCare One State Street, Suite 19 Hartford, CT 06103	
<b>Contact Person: Name, Title, Address</b>	Barbara A. Durdy Director, Strategic Planning 181 Patricia M. Genova Blvd. Newington, CT 06111	
<b>Company</b>	Hartford HealthCare	
<b>Email Address</b>	<a href="mailto:barbara.durdy@hhchealth.org">barbara.durdy@hhchealth.org</a>	
<b>Phone</b>	860.972.4231	
<b>Fax Number</b>	860.972.9025	
<b>Tax Status</b> (check one box)	<input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Not-for-Profit	<input type="checkbox"/> For Profit <input type="checkbox"/> Not-for-Profit

*\*For more than two Applicants, attach a separate sheet with the above information*

<b>FOR OFFICE USE ONLY</b>	
Docket #:	Staff Assigned :
Date Received:	

## Executive Summary

The purpose of the Executive Summary is to give the reviewer a conceptual understanding of the proposal. In the space below, provide a succinct overview of your proposal (this may be done in bullet format). Summarize the key elements of the proposed project. Details should be provided in the appropriate sections of the application that follow.

- Backus Hospital operates seven (7) laboratory outreach locations at the following addresses:
  - 1) 111 Salem Turnpike, Norwich, CT
  - 2) 330 Washington St., Norwich, CT
  - 3) 55 Town St., Norwich, CT
  - 4) 582 Norwich Rd., Plainfield, CT
  - 5) 163 Broadway, Colchester, CT
  - 6) 80 Norwich New London Turnpike, Uncasville, CT
  - 7) 70 Main St., Jewett City, CT
- Backus Hospital has filed the present application to seek approval to terminate outreach laboratory services at these seven (7) locations.

Pursuant to Section 19a-639 of the Connecticut General Statutes, the Office of Health Care Access is required to consider specific criteria and principles when reviewing a Certificate of Need application. Text marked with a “§” indicates it is actual text from the statute and may be helpful when responding to prompts.

## Project Description

1. Provide a detailed narrative describing the proposal. Explain how the Applicant(s) determined the necessity for the proposal and discuss the benefits to the public and for each Applicant, separately. Include all key elements, including the parties involved, what the proposal will entail, the equipment/service location(s), the geographic area the proposal will serve, the implementation timeline and why the proposal is needed in the community.

The William W. Backus Hospital (“**Backus Hospital**” or “**Applicant**”) is a 233 bed/bassinets acute care hospital located in Norwich, CT and is a member of Hartford HealthCare Corporation, an integrated health care delivery system (“**HHC**”). Backus Hospital operates seven (7) laboratory outreach locations at the following addresses:

- 1) 111 Salem Turnpike, Norwich, CT
- 2) 330 Washington St., Norwich, CT
- 3) 55 Town St., Norwich, CT
- 4) 582 Norwich Rd., Plainfield, CT
- 5) 163 Broadway, Colchester, CT
- 6) 80 Norwich New London Turnpike, Uncasville, CT
- 7) 70 Main St., Jewett City, CT<sup>1</sup>

Laboratory outreach locations, which are also commonly referred to as “**Patient Service Centers**” or “**PSCs**”, are essentially satellite blood drawing stations that health care providers establish and operate in order to provide physicians and patients with another location or option for patients to get their blood drawn for eventual testing by the laboratory that supports said PSC. In other words, a phlebotomist at the PSC draws or obtains a patient’s blood or other bodily fluid (e.g. urine) at the PSC and then the specimen is sent to a laboratory for testing.

Backus Hospital, like many health care providers, has been and is actively pursuing and implementing major initiatives, structures, affiliations and transactions in order to better position themselves for the changing health care payment and regulatory landscape. This includes pursuing transactions that will permit Backus Hospital to focus on core strengths and services and shed those that can be performed better and more efficiently by other parties, such as Quest Diagnostics (“**Quest**”).

Quest is the world leader in diagnostic information services. Quest provides thousands of test services, including high-end genomic and genetic tests. It operates dozens of laboratories and more than 2,200 PSCs. With about 45,000 employees, Quest serves half of the doctors and hospitals in the U.S.

---

<sup>1</sup> The location in Jewett City was identified during the due diligence process subsequent to filing public notice.



Backus Hospital has filed the present Certificate of Need application (this "**Application**" or "**Proposal**") to seek approval to terminate outreach laboratory services at these seven (7) locations. The Applicant intends to transfer the operation/services of all seven (7) locations to Quest. For any of the seven (7) PSCs that Backus Hospital is not able to transfer to Quest, Backus Hospital shall cease operating/close such PSC. In addition, and most significantly, please note that this Proposal does not include any of Backus Hospital's actual laboratories and it does not impact, affect, limit, reduce and/or terminate any of the laboratory testing services offered by Backus Hospital and/or provided by Backus Hospital to its patients. This Proposal specifically and only relates to these seven (7) locations.

The approval of this Application will permit Backus Hospital to redeploy valuable resources to core clinical services and operations.

**2. Provide the history and timeline of the proposal (i.e., When did discussions begin internally or between Applicant(s)? What have the Applicant(s) accomplished so far?).**

- In early 2017, Quest and Backus Hospital began to discuss and negotiate a deal for Quest to purchase the outreach clinical laboratory services business of Backus Hospital.
- Pending OHCA's approval, Backus Hospital and Quest intend to negotiate, draft and execute a mutually agreeable asset purchase agreement to effectuate this transaction.

**3. Provide the following information:**

- a. **utilizing OHCA Table 1, list all services to be added, terminated or modified, their physical location (street address, town and zip code), the population to be served and the existing/proposed days/hours of operation;**

Please see Table 1.

- b. **identify in OHCA Table 2 the service area towns (i.e., use only official town names) and explain the reason for their inclusion (e.g., provider availability, increased/decreased patient demand for service, market share);**

Please see Table 2.

**4. List the health care facility license(s) that will be needed to implement the proposal.**

The Applicant will not need any health care facility licenses to implement the Proposal.

**5. Submit the following information as attachments to the application:**

- a. **a copy of all State of Connecticut, Department of Public Health license(s) currently held by the Applicant(s);**

Please see Exhibit 1 for the DPH licenses related to Backus Hospital's laboratory services and related PSCs.

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

List of Key Personnel:

- Bimal Patel: President, Hartford HealthCare East Region Senior Vice President, Hartford HealthCare
- Anthony Mastroianni: Vice President, Finance, Hartford HealthCare East Region
- Timothy K. Shizume, MT (ASCP), D.C: Regional Director, Laboratory Services
- Gengsheng Yu, MD, Ph.D: Chief Pathologist, Backus Hospital

Please see **Exhibit 2** for their relevant resumes/CVs.

- c. copies of any scholarly articles, studies or reports that support the need to establish the proposed service, along with a brief explanation regarding the relevance of the selected articles;

Not applicable to this Proposal/Application as no new service is being proposed.

- d. letters of support for the proposal;

Please see **Exhibit 3** for copies of letters of support related to this proposal.

- e. the protocols or the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet the protocols or guidelines.

Not applicable to this Proposal.

- f. copies of agreements (e.g., memorandum of understanding, transfer agreement, operating agreement) related to the proposal. If a final signed version is not available, provide a draft with an estimated date by which the final agreement will be available.

Not applicable to this Proposal. The Applicant seeks to terminate services.

## Public Need and Access to Care

§ "Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health;" (Conn. Gen. Stat. § 19a-639(a)(1))

6. Describe how the proposed project is consistent with any applicable policies and standards in regulations adopted by the Connecticut Department of Public Health.

This Proposal is consistent with the policies and standards adopted by the Connecticut Department of Public Health, as it seeks to achieve efficiencies and allow Backus Hospital to redeploy resources and focus its attention on core clinical services. This termination of services will not result in any duplication of services.

§ "The relationship of the proposed project to the statewide health care facilities and services plan;" (Conn.Gen.Stat. § 19a-639(a)(2))

**7. Describe how the proposed project aligns with the Connecticut Department of Public Health Statewide Health Care Facilities and Services Plan, available on [OHCA's website](#).**

As identified on page 1 of the Statewide Health Care Facilities and Services Plan (2014 Supplement), Backus Hospital has identified this Proposal as a vehicle to achieve efficiencies in health care administration and delivery. Moreover, if approved, this Proposal will permit Backus Hospital to redeploy resources and focus its attention on core clinical services.

§ "Whether there is a clear public need for the health care facility or services proposed by the applicant;" (Conn.Gen.Stat. § 19a-639(a)(3))

**8. With respect to the proposal, provide evidence and documentation to support clear public need:**

In general, all of Question 8 does not apply to this Proposal as the Applicant is not proposing a new service and/or health care facility.

**a. identify the target patient population to be served;**

The Applicant is not proposing a new service or health care facility and, thus, this question is not applicable to this Proposal. However, please see [Table 2](#) for the service area towns currently being served by the seven (7) Backus PSCs.

**b. discuss if and how the target patient population is currently being served;**

The Applicant is not proposing a new service or health care facility and, thus, this question is not applicable to this Proposal. However, please see [Table 1](#) for the seven (7) Backus PSCs that are providing the laboratory outreach services to the patient populations identified in [Table 2](#).

**c. document the need for the equipment and/or service in the community;**

The Applicant is not proposing a new service or health care facility and, thus, this question is not applicable to this Proposal.

**d. explain why the location of the facility or service was chosen;**

The Applicant is not proposing a new service or health care facility and, thus, this question is not applicable to this Proposal. The locations were chosen solely as a result of being a PSC of Backus Hospital.

- e. **provide incidence, prevalence or other demographic data that demonstrates community need;**

The Applicant is not proposing a new service or health care facility and, thus, this question is not applicable to this Proposal.

- f. **discuss how low income persons, racial and ethnic minorities, disabled persons and other underserved groups will benefit from this proposal;**

The Applicant is not proposing a new service or health care facility and, thus, this question is not applicable to this Proposal.

- g. **list any changes to the clinical services offered by the Applicant(s) and explain why the change was necessary;**

If this Proposal is approved, Backus Hospital expects to terminate its services at the seven (7) Backus PSCs and transfer those to Quest. As noted above, the Proposal does not change the clinical laboratory services that Backus Hospital offers to Backus Hospital's inpatients and outpatients. This change is necessary so that Backus Hospital can focus on the provision of its core clinical services and improve its operational efficiencies.

- h. **explain how access to care will be affected; and**

Backus Hospital expects that patient access to PSCs and blood drawing stations will not be negatively impacted as there are many other PSCs in the applicable service area (Please see Table 9).

- i. **discuss any alternative proposals that were considered.**

The only other alternative that was considered was the simple closure of the seven (7) Backus PSCs.

*§ "Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including, but not limited to, (A) provision of or any change in the access to services for Medicaid recipients and indigent persons; (Conn.Gen.Stat. § 19a-639(a)(5))*

**9. Describe how the proposal will:**

- a. **improve the quality of health care in the region;**

The approval of this Application will permit Backus Hospital to redeploy valuable resources to and improve Backus Hospital's provision of core clinical services. In addition, for any of the seven (7) locations that are transferred to Quest, please also note that Quest is the world leader in diagnostic information services. Quest provides thousands of test services, including high-end genomic and genetic tests. It operates dozens of laboratories and more than 2,200 patient service centers. Accordingly, the provision of PSC services by Quest at any of the seven (7) Backus Hospital locations

can only improve the quality of these services for the relevant patients.

Moreover, a program offered by Quest called “MyQuest,” allows patients to use their computer or smartphone to access their test results, schedule appointments 24/7 for testing, and track health conditions. Once a patient has a MyQuest account, he/she can get Advanced Access, which allows him/her to see test results as far back as seven (7) years, including graphic representations of how one’s health is trending over time.

**b. improve accessibility of health care in the region; and**

Backus Hospital expects that patient access to PSCs and blood drawing stations will not be negatively impacted as there are many other PSCs in the applicable service area (Please see Table 9).

**c. improve the cost effectiveness of health care delivery in the region.**

As opposed to Backus Hospital, Quest’s core services are laboratory services. Accordingly, Quest is able to provide said services in a much more efficient and cost effective manner than Backus Hospital. This will also allow Backus Hospital to focus on its core clinical services and use its valuable and limited resources in a more cost efficient manner for said services.

**10. How will the Applicant(s) ensure that future health care services provided will adhere to the National Standards on culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality and help eliminate health care disparities in the projected service area? (More details on CLAS standards can be found at <http://minorityhealth.hhs.gov/>).**

Not applicable to this Proposal. The Applicant seeks to terminate services.

**11. How will this proposal help improve the coordination of patient care (explain in detail regardless of whether your answer is in the negative or affirmative)?**

If this Proposal is approved, Backus Hospital expects to terminate its services at the seven (7) Backus PSCs and transfer those to Quest. As a result of its anticipated conversion to the EPIC electronic health record (“EHR”) system in October 2017, Backus Hospital will be able to complete a bi-directional EHR interface with Quest that will connect the EHR systems of Backus Hospital and Quest so that laboratory requests, results and reports can be quickly accessed and transmitted by and to both parties all of which benefits the patients of each. This interface with Quest already exists at Hartford HealthCare Medical Group locations. It is also in place at all HHC acute care hospitals other than Backus Hospital.

**12. Describe how this proposal will impact access to care for Medicaid recipients and indigent persons.**

If this Proposal is approved, Backus Hospital expects to terminate its services at the seven (7) Backus PSCs and transfer those to Quest. Backus Hospital expects that access to care for Medicaid recipients and indigent persons will not be negatively impacted. Quest is enrolled in and a participating service provider in Connecticut’s Medicaid program.

Please also note that Quest offers all patients with the option to apply to participate in the

“Quest Diagnostics Patient Assistance Program.” Patients can call Quest’s “Billing Customer Service” at 1-(800) 933-2009 with questions or visit its website for the patient assistance program and policy. Please see link and web address below.

<http://www.questdiagnostics.com/home/about/corporate-citizenship/community-giving/assistance.html>

**13. Provide a copy of the Applicant’s charity care policy and sliding fee scale applicable to the proposal.**

Please see **Exhibit 4** for HHC’s charity care policy that applies to all of its member hospitals including, Backus Hospital.

**14. If charity care policies will be changed as a result of the proposal, list all changes and describe how the new policies will affect patients.**

Backus Hospital’s charity care policy (i.e. HHC’s charity care policy) will not be changed as a result of this Proposal.

*§ “Whether an applicant, who has failed to provide or reduced access to services by Medicaid recipients or indigent persons, has demonstrated good cause for doing so, which shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers;” (Conn.Gen.Stat. § 19a-639(a)(10))*

**15. If the proposal fails to provide or reduces access to services by Medicaid recipients or indigent persons, provide explanation of good cause for doing so.**

This Proposal does not fail to provide or reduce access to services by Medicaid recipients or indigent persons.

*§ “Whether the applicant has satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care.” (Conn.Gen.Stat. § 19a-639(a)(12))*

**16. Will the proposal adversely affect patient health care costs in any way? Quantify and provide the rationale for any changes in price structure that will result from this proposal, including, but not limited to, the addition of any imposed facility fees.**

If this Proposal is approved, the services provided at the seven (7) Backus PSC locations will no longer be hospital-based locations and, thus, any facility fees will be eliminated.

## Financial Information

§ "Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant;" (Conn. Gen. Stat. § 19a-639(a)(4))

**17. Provide the Applicant's fiscal year: start date (mm/dd) and end date (mm/dd).**

October 1<sup>st</sup> - September 30<sup>th</sup>

**18. Describe the impact of this proposal on the financial strength of the state's health care system or demonstrate that the proposal is financially feasible for the applicant.**

There are zero dollars (\$0) in capital expenditures for the Applicant as it relates to this Proposal and, thus, it is financially feasible for the Applicant.

**19. Provide an estimate of the capital expenditure/costs for the proposal using [OHCA Table 3](#).**

Please see [Table 3](#).

**20. 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.**

Not applicable to this Proposal.

**21. Include as an attachment:**

- a. audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, provide other financial documentation (e.g., unaudited balance sheet, statement of operations, statement of cash flow, tax return, or other set of books). Connecticut hospitals required to submit annual audited financial statements may reference that filing, if current;**

Backus Hospital has already filed its audited financial statement with OHCA. Please refer to said filing.

- b. completed Financial Worksheet A (non-profit entity), B (for-profit entity) or C (§19a-486a sale), available at [OHCA Forms](#), providing a summary of revenue, expense, and volume statistics, "without the CON project," "incremental to the CON project," and "with the CON project." Note: the actual results reported in the Financial Worksheet must match the audited financial statements previously submitted or referenced. In addition, please make sure that the fiscal years reported on the Financial Worksheet are the same fiscal years reported for the financial projections, utilization and payer mix tables (OHCA Tables 4, 6 and 7).**

Please see [Exhibit 5](#) for Financial Worksheet A.

**22. Complete OHCA Table 4 utilizing the information reported in the attached Financial Worksheet.**

Please see Table 4.

**23. Fully identify and explain all assumptions used in the projections reported in the Financial Worksheet. In providing these detailed assumptions, please include the following:**

- a. Identify general assumptions for projected amounts that are estimated to be the same, both with or without this proposed project (i.e., project-neutral increases or decreases that occur between years). Explain significant variances (+/- 25% variances) that occur between years for the project neutral changes;**

Year over year, neutral to the sale of the lab business, the Applicant assumed small incremental increases in revenue and expenses that will not significantly impact profitability. The Applicant also assumed that the payer mix both overall, and within the lab outreach business, would be similar in the next few years.

- b. Identify specific assumptions for all projected amounts that are estimated to change as a result of implementation of the proposed project (i.e., project-specific increases or decreases). Address projected changes in revenue, payer mix, expense categories and FTEs. In addition, connect any service, volume (utilization) or payer mix changes described elsewhere in the CON application narrative or tables with these financial assumptions;**

The lab outreach revenue, expense, FTEs and volume will change as a result of the sale, and the projected amounts are based upon the FY16 actuals and FY17 performance thus far. The assumption is that lab outreach volume and payer mix in future years will remain similar to FY16, and the Applicant assumed small incremental increases in revenue and expense.

- c. If the Applicant does not project any specific increases or decreases with the project in the Financial Worksheet, please explain why.**

Not applicable.

**24. Explain any projected incremental losses from operations resulting from the implementation of the CON proposal. Provide an estimate of the timeframe needed to achieve incremental operational gains.**

The approval of this transaction will have a negative impact on Backus Hospital income from operations. The proceeds from the sale of the PSC business units will be recorded "above the line" as other operating income. Overall the approval of this transaction will not cause Backus Hospital to be in a loss position.



## Utilization

§ “The applicant’s past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons;”  
(Conn. Gen. Stat. § 19a-639(a)(6))

25. Complete [OHCA Table 5](#) and [OHCA Table 6](#) for the past three fiscal years (“FY”), current fiscal year (“CFY”) and first three projected FYs of the proposal, for each of the Applicant’s existing and/or proposed services. Note: for OHCA Table 6, if the first year of the proposal is only a partial year, provide the partial year and then provide projections for the first three complete FYs. In addition, please make sure that the fiscal years reported on OHCA Table 6 are the same fiscal years reported for the financial projections and payer mix tables (OHCA Tables 4 and 7).

Please see [Table 5](#).

Table 6 is not applicable to this Proposal as Backus Hospital is terminating the provision of PSC services at these seven (7) locations and, thus, there are no service projections.

26. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected service volume; explain any increases and/or decreases in volume reported in OHCA Table 5 and 6.

Not applicable to this Proposal as there are no projected services (i.e. Table 6 does not apply).

27. Provide the current and projected patient population mix (number and percentage of patients by payer) for the proposal using [OHCA Table 7](#) and provide all assumptions. Note: payer mix should be calculated from patient volumes, not patient revenues. Also, current year should be the most recently completed fiscal year.

Please see [Table 7](#).

§ “Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services;”  
(Conn. Gen. Stat. § 19a-639(a)(7))

28. Describe the population (as identified in question 8(a)) by gender, age groups or persons with a specific condition or disorder and provide evidence (i.e., incidence, prevalence or other demographic data) that demonstrates a need for the proposed service or proposal. Please note: if population estimates or other demographic data are submitted, provide only publicly available and verifiable information (e.g., U.S. Census Bureau, Department of Public Health and Connecticut State Data Center) and document the source.

Not applicable to this Proposal.

29. Using [OHCA Table 8](#), provide a breakdown of utilization by town for the most recently completed fiscal year. Utilization may be reported as the number of persons, visits, scans or other unit appropriate for the information being reported.

Please see [Table 8](#).

§ "The utilization of existing health care facilities and health care services in the service area of the applicant;" (Conn. Gen. Stat. § 19a-639(a)(8))

30. Using [OHCA Table 9](#), identify all existing providers in the service area and, as available, list the services provided, population served, facility ID (see table footnote), address, hours/days of operation and current utilization of the facility. Include providers in the towns served or proposed to be served by the Applicant, as well as providers in towns contiguous to the service area.

Please see [Table 9](#).

31. Will this proposal shift volume away from existing providers in the area? If not, explain in detail why the proposal will have no impact on existing provider volumes.

The PSC service volumes will be shifted away from Backus Hospital if this Proposal is approved.

32. If applicable, describe what effect the proposal will have on existing physician referral patterns in the service area.

This Proposal will not have any impact on existing physician referral patterns as it is up to the patient to determine where he/she wants to get his/her blood drawn.

§ "Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities;" (Conn. Gen. Stat. § 19a-639(a)(9))

33. If applicable, explain why approval of the proposal will not result in an unnecessary duplication of services.

This Proposal will not result in the unnecessary duplication of services as the Applicant is seeking to terminate PSC services.

§ "Whether the applicant has satisfactorily 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))

34. Explain in detail how the proposal will impact (i.e., positive, negative or no impact) the diversity of health care providers and patient choice in the geographic region.

There will be no impact on diversity of health care providers and patient choice besides the removal of Backus Hospital-operated PSCs.

## Tables

**TABLE 1  
APPLICANT'S SERVICES AND SERVICE LOCATIONS**

Service	Street Address, Town	Population Served	Days/Hours of Operation	New Service or Proposed Termination
Lab Outreach Services	111 Salem Turnpike, Norwich CT	See Table 2	M - F 6:00 AM - 5:00 PM, Sat. 6:00 AM - 12:00 PM	Proposed Termination
Lab Outreach Services	330 Washington St. Norwich CT	See Table 2	M - F 7:00 AM - 5:00 PM	Proposed Termination
Lab Outreach Services	55 Town St. Norwich CT	See Table 2	M - F 6:00 AM - 5:00 PM, Sat. 6:00 AM - 12:00 PM	Proposed Termination
Lab Outreach Services	582 Norwich Rd. Plainfield CT	See Table 2	M - F 6:00 AM - 5:00 PM, Sat. 7:00 AM - 11:00 AM	Proposed Termination
Lab Outreach Services	163 Broadway, Colchester CT	See Table 2	M - F 7:00 AM - 4:30 PM, Sat. 9:00 AM - 12:00 PM	Proposed Termination
Lab Outreach Services	80 Norwich New London Tpk. Uncasville, CT	See Table 2	M - F 8:00 AM - 4:30 PM	Proposed Termination
Lab Outreach Services	70 Main St., Jewett City, CT	See Table 2	M - F 7:00 AM - 9:00 AM	Proposed Termination

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**TABLE 2  
SERVICE AREA TOWNS**

Town*	Reason for Inclusion
Bozrah Brooklyn Canterbury Colchester Franklin Griswold Groton Killingly Lebanon Ledyard Lisbon Montville New London Norwich Plainfield Preston Salem Sprague Sterling Voluntown Waterford	These are the service area towns that are serviced by the seven (7) Backus PSCs.**

\*List official town name only - village or place names are not acceptable.

\*\* Ninety (90%) of patients come from the cities/towns listed above.

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**TABLE 3  
TOTAL PROPOSAL CAPITAL EXPENDITURE**

<b>Purchase/Lease</b>	<b>Cost</b>
Equipment (Medical, Non-medical, Imaging)	N/A
Land/Building Purchase*	N/A
Construction/Renovation**	N/A
Other (specify)	N/A
<b>Total Capital Expenditure (TCE)</b>	N/A
Lease (Medical, Non-medical, Imaging)***	N/A
<b>Total Lease Cost (TLC)</b>	N/A
<b>Total Project Cost (TCE+TLC)</b>	<b>\$0.00</b>

\*If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.

\*\*If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.

\*\*\*If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

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**TABLE 4  
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	<b>FY 2017</b>	<b>FY 2018*</b>	<b>FY 2019*</b>	<b>FY 2020*</b>
Revenue from Operations	15,000,000	(\$10,896,565)	(\$11,005,531)	(\$11,115,586)
Total Operating Expenses	240,286	(\$3,745,024)	(\$3,789,324)	(\$3,834,204)
<b>Gain/Loss from Operations</b>	14,759,714	(\$7,151,541)	(\$7,216,207)	(\$7,281,382)

\*Fill in years using those reported in the Financial Worksheet attached.

Note: please make sure that the fiscal years reported on the Financial Worksheet are the same fiscal years reported for the financial projections, utilization and payer mix tables (OHCA Tables 4, 6 and 7).

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**TABLE 5  
HISTORICAL UTILIZATION BY SERVICE\*\*\*\***

Location (Lab outreach services)	Actual Volume (Last 3 Completed FYs)			CFY Volume* Mar FY17 YTD
	FY 2014	FY 2015	FY 2016	FY 2017***
163 Broadway, Colchester CT	7390	7474	7566	3432
111 Salem Turnpike, Norwich CT	28339	28647	30674	14313
55 Town St. Norwich CT	18614	18570	18928	9118
330 Washington St. Norwich CT	12072	16047	16630	8471
80 Norwich New London Tpk. Uncasville Ct	4704	4969	4630	2233
70 Main St., Jewett City, CT	3743	3138	3538	1449
582 Norwich Rd. Plainfield CT	12210	12495	13939	7022
<b>Total</b>	87072	91340	95905	46038

\*For periods greater than 6 months, report annualized volume, **identify the months covered** and the method of annualizing. For periods less than 6 months, report actual volume and **identify the months covered**.

\*\*Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for each service type and level listed.

\*\*\*Fill in years. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

\*\*\*\*Volume data based on the number of patient visits.

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**TABLE 6  
PROJECTED UTILIZATION BY SERVICE**

Service*	Projected Volume		
	FY 20__**	FY 20__**	FY 20__**
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
<b>Total</b>	N/A	N/A	N/A

\*Identify each service type by location and add lines as necessary. Provide the number of visits/discharges as appropriate for each service listed.

\*\*If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

Note: please make sure that the fiscal years reported on the Financial Worksheet are the same fiscal years reported for the financial projections, utilization and payer mix tables (OHCA Tables 4, 6 and 7).

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TABLE 7

APPLICANT'S CURRENT & PROJECTED PAYER MIX\*\*\*

Payer	Current		Projected					
	FY 2016**		FY 2018**		FY 2019**		FY 2020**	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	37043	38.6	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid*	15809	16.5	N/A	N/A	N/A	N/A	N/A	N/A
CHAMPUS & TriCare	1300	1.4	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Government</b>	<b>54152</b>	<b>56.5</b>	N/A	N/A	N/A	N/A	N/A	N/A
Commercial Insurers	40732	42.5	N/A	N/A	N/A	N/A	N/A	N/A
Uninsured	679	0.7	N/A	N/A	N/A	N/A	N/A	N/A
Workers Compensation	342	0.4	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Non-Government</b>	<b>41735</b>	<b>43.5</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Payer Mix</b>	<b>95,905</b>	<b>100.0</b>	N/A	N/A	N/A	N/A	N/A	N/A

\*Includes managed care activity.

\*\*Fill in years. Current year should be the most recently **completed** fiscal year. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.

Note: please make sure that the fiscal years reported on the Financial Worksheet are the same fiscal years reported for the financial projections, utilization and payer mix tables (OHCA Tables 4, 6 and 7).

\*\*\* Data based on the number of patient visits.

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**TABLE 8  
UTILIZATION BY TOWN**

Town	Utilization FY 2016**
Ashford	27
Bozrah	1938
Brooklyn	998
Canterbury	2856
Chaplin	57
Colchester	5345
Columbia	150
Coventry	39
East Lyme	810
Eastford	20
Franklin	1410
Griswold/Lisbon	11652
Groton	2061
Hampton	144
Hebron	119
Killingly	1260
Lebanon	2000
Ledyard	2641
Lyme	5
Mansfield	140
Montville	8725
New London	1020
N. Stonington	450
Norwich	29499
Old Lyme	128
Plainfield	6979
Pomfret	101
Preston	3547
Putnam	156
Salem	1627
Scotland	136
Sprague	2227
Sterling	1006
Stonington	410
Thompson	105
Voluntown	1494
Waterford	1537

Willington	10
Windham	890
Woodstock	97
Other CT Town	1350
Out of State	815
<b>Total</b>	<b>95,905***</b>

\*List inpatient/outpatient/ED volumes separately, if applicable

\*\*Fill in most recently **completed** fiscal year.

\*\*\* This utilization is for the Backus Hospital PSC lab outreach services volume only. The data represents the number of patient visits.

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**TABLE 9  
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS**

<b>Service or Program Name</b>	<b>Population Served</b>	<b>Facility ID*</b>	<b>Facility's Provider Name, Street Address and Town</b>	<b>Hours/Days of Operation</b>	<b>Current Utilization</b>
Quest	Unknown	Unknown	118 New London Tpk, Norwich CT	Unknown	Unknown
Quest	Unknown	Unknown	85 Poheganut Dr. Groton CT	Unknown	Unknown
Quest	Unknown	Unknown	721 Bank Street New London CT	Unknown	Unknown
Quest	Unknown	Unknown	4 Shaws Cove New London CT	Unknown	Unknown
Lab Corp	Unknown	Unknown	12 Case Street Norwich CT	Unknown	Unknown

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

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# **EXHIBIT 1**

**STATE OF CONNECTICUT**

**Department of Public Health**

**Approval**

**Approval No. DS-0726**

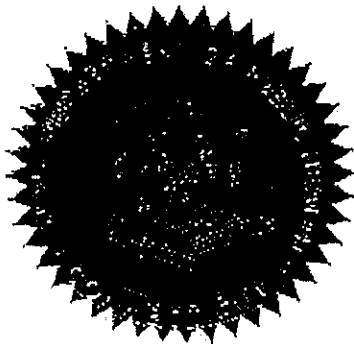
**Approved Blood Collection Facility**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-30  
**THE WILLIAM W BACKUS HOSPITAL LABORATORY** is hereby approved to maintain  
and operate a Blood Collection Facility.

**THE BACKUS OUTPATIENT CARE CENTER - BLOOD COLLECTION FACILITY** is  
located at 111 SALEM TURNPIKE, NORWICH, CT. 06360  
with:

Timothy Pal, M.D., as Director

Dated at Hartford, Connecticut, August 22, 2016  
\*Amended license to reflect new director



*Raul Pino*

Raul Pino, MD, MPH  
Commissioner.

STATE OF CONNECTICUT  
Department of Public Health  
Registration and Approval

Registration No. HP-0230

Approved Public Health Laboratory

In accordance with the provisions of the General Statutes of Connecticut Section 19a-30:

**WILLIAM W. BACKUS HOSPITAL** is hereby registered to maintain and operate an Approved Public Health Laboratory.

**THE WILLIAM W. BACKUS HOSPITAL LABORATORY** is located at 326 WASHINGTON STREET, NORWICH, CT. 06360 with:

Robert Sidman, M.D. as Licensee/Registrant

This license expires **MARCH 31, 2018** and may be revoked for cause at any time.

Dated at Hartford Connecticut, **APRIL 01, 2016**



*Raul Pino*

Raul Pino, MD, MPH  
Commissioner

**STATE OF CONNECTICUT  
Department of Public Health**

**Approval**

**Approval No. DS-0923**

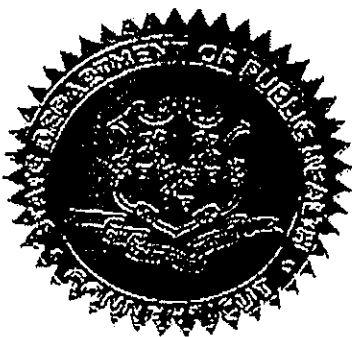
**Approved Blood Collection Facility**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-30  
**THE WILLIAM W BACKUS HOSPITAL LABORATORY** is hereby approved to maintain  
and operate a Blood Collection Facility.

**THE NORWICH TOWN PATIENT SERVICE CENTER - BLOOD COLLECTION  
FACILITY** is located at 55 TOWN STREET, NORWICH, CT. 06360  
with:

Timothy Pal, M.D., as Director

Dated at Hartford, Connecticut, August 22, 2016  
\*Amended license to reflect new director



*Raul Pino*

Raul Pino, MD, MPH  
Commissioner



**STATE OF CONNECTICUT**

**Department of Public Health**

**License No. CL-0766**

**Licensed Clinical Laboratory**

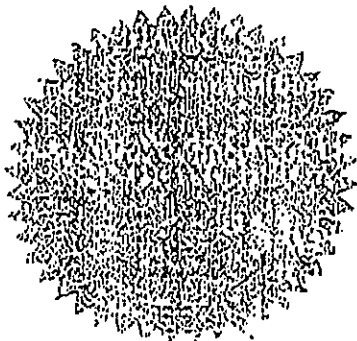
In accordance with the provisions of the General Statutes of Connecticut Section 19a-30:  
**WILLIAM W. BACKUS HOSPITAL** is hereby licensed to maintain and operate a Clinical Laboratory.

The **WILLIAM W. BACKUS PLAINFIELD EMERGENCY CENTER LABORATORY** is located at **582 NORWICH ROAD, PLAINFIELD, CT 06374** with:

**Robert Sidman, M.D.** as Licensee/Registrant.

This license expires **September 30, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, **October 1, 2016**



**Raul Pino, MD, MPH**  
Commissioner



STATE OF CONNECTICUT  
Department of Public Health

Approval

Approval No. DS-0710

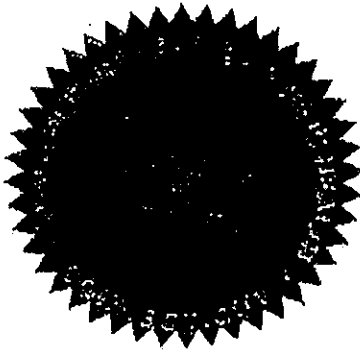
Approved Blood Collection Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-30  
THE WILLIAM W BACKUS HOSPITAL LABORATORY is hereby approved to maintain  
and operate a Blood Collection Facility.

THE COLCHESTER BACKUS HEALTH CENTER- BLOOD COLLECTION  
FACILITY is located at 163 BROADWAY, COLCHESTER, CT. 06415  
with:

Timothy Pal, M.D., as Director

Dated at Hartford, Connecticut, August 22, 2016  
\*Amended license to reflect new director



*Raul Pino*

Raul Pino, MD, MPH  
Commissioner.

STATE OF CONNECTICUT  
Department of Public Health

Approval

Approval No. DS-0709

Approved Blood Collection Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-30  
THE WILLIAM W BACKUS HOSPITAL LABORATORY is hereby approved to maintain and operate a Blood Collection Facility.

THE MONTVILLE BACKUS HEALTH CENTER - BLOOD COLLECTION FACILITY is located at 80 NORWICH NEW LONDON TURNPIKE, UNCASVILLE, CT. 06382 wi

Timothy Pal, M.D., as Director

Dated at Hartford, Connecticut, August 22, 2016  
\*Amended license to reflect new director



A handwritten signature in cursive script, appearing to read "Raul Pino".

Raul Pino, MD, MPH  
Commissioner.



STATE OF CONNECTICUT  
Department of Public Health

Approval

Approval No. DS-0797

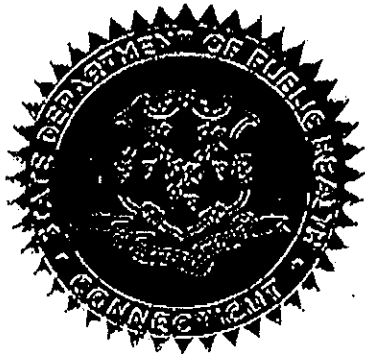
Approved Blood Collection Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-30  
THE WILLIAM W BACKUS HOSPITAL LABORATORY is hereby approved to maintain  
and operate a Blood Collection Facility.

THE JEWETT CITY DRAWING STATION - BLOOD COLLECTION FACILITY is  
located at 70 MAIN STREET, JEWETT CITY, CT. 06351  
with:

Timothy Pal, M.D., as Director

Dated at Hartford, Connecticut, August 22, 2016  
\*Amended license to reflect new director



*Raul Pino*  
Raul Pino, MD, MPH  
Commissioner

# EXHIBIT 2

**Bimal Patel**

**President, East Region  
Backus and Windham Hospitals  
&  
Senior Vice President  
Hartford Healthcare**

**Organizational Description:**

**Hartford Healthcare:** Operating company holding 6 hospitals, Physicians organization, Senior Services, Clinical Ancillary services, over \$2.5B Net Revenue, 1600 acute care beds, 600 long-term care beds, and 16000+ FTEs

**Hartford Hospital:** Level 1 Trauma center - 867 Beds Acute Care Teaching Hospital, 5400 FTEs, \$1.2 B net revenue

**Mid-State Medical Center  
Hospitals of Central Connecticut**

**Backus Hospital and Windham Hospital:** Level III Trauma center – 450 beds, Medical Foundation, Free standing Emergency Services

**Post-Acute Services:** Senior care, Home care, Rehab services

**Behavioral Health Services:** Institute of Living, Natchaug Hospital and Rushford Hospital

**Hartford Healthcare Medical Group**

**My Personal Purpose**

Build a vibrant culture, develop leaders and help them find their best by using visionary, balanced and practical approach to deliver better quality of healthcare at affordable price point with un-matched service excellence and highest integrity.

**Experiences**

**President, East Region and SVP HHC  
Backus and Windham Hospitals**

**January 2016- Present**

Executive and leadership responsibility of the East Region of HHC including Backus and Windham hospitals, Plainfield emergency and ambulatory center, various outpatient clinics and urgent care centers, Backus physician organization and Conn Care network.

HHC responsibilities include Real Estate, Master planning and Contraction projects for the system.

**Harford Healthcare, SVP Operational Integration  
Regional VP of Operations  
Hartford Hospital, VP of Operations and Support**

**Dec 2014- Dec 2015  
August 2013- Nov 2014  
Feb 2009 – July 2013**

Responsibilities include operational integration reporting to EVP-COO of HHC System, I lead administration and management of major healthcare system initiatives such as Hospitals integration, System consolidation for efficiency and cost benefit, Spin-off key service line to leverage capital, HHC 2020- infrastructure master plan and HHC Thrive-cost reduction.

Hartford Healthcare Thrive – cost reduction strategy, executive project leadership and Lean methodology:

- Responsible for the system Operating Margin goal via Balance Scorecard
- Reduced \$195M in three years via partnership with Huron Healthcare Consulting largely focused on administrative services
- On target with additional \$165M in one year improvement over \$2.4B cost structure via administrative and clinical transformation work
- Productivity and efficiency infrastructure deployment to help achieve 25<sup>th</sup> percentile benchmark of these resources which resulted in over 500 FTEs reduction.
- HHC real estate portfolio
- HHC Lab Strategy deployment
- HHC Radiology Strategy leader
- Key administrative leader for all physicians driven clinical councils across HHC

Lead Healthcare System via following teams:

- Clinical and support integration of hospital operations – VP OPs
- Managing outsourcing and selling of clinical and support services for the system – M&A
- Develop Bone and Joint Institute in partnership with Orthopedic Physician Group(s).
- Build key strategic partnership with GE, Stanley, Siemens, CVS, Commercial labs - Strategy
- Develop retail healthcare via pharmacy, 340b, specialty and long-term care- Growth
- Help building HHC command center - Operations

Capital budget experiences and responsibilities:

- HHC2020 and routine Capital deployment annually at \$ 100M
- \$250M Strategic capital which included parking facility, ED expansion, and planning for Special Surgical Hospital for Ortho-Neuro-Spine.
- Facilities Master plan and support system growth initiatives
- Public utility company funds to improve power plant and fuel cell deployment

Key operational integration, leverage supply chain, engagement of physician leaders across the system and partner with nursing to horizontally integrate and deploy plan to improve efficiency, safety and quality.

Physicians and Nursing leadership experiences over ten years:

- Administrative member of Medical Executive Committee
- Clinical Chiefs council member

- Administrative leader for the Departments of Cardiology, Neurology, Radiation Oncology, Nephrology, Pulmonary, Pathology and Radiology.
- Management of service line leadership agreements
- Hospital Quality board and Safety Council
- Clinical nursing leadership in clinical ancillary and procedural areas
- Leadership of cardiac, vascular and endo-vascular platform
- Lead EPIC - EMR physician advisory committee and executive sponsor for EPIC rollout, bedside bar code, pharmacy systems, nursing and respiratory documentation

Board and non-profit community experiences:

- Member of Board Quality Committee
- Board of Governors for the hospital
- Connecticut Health Council member, a consortium of payers, providers, educators, suppliers, manufacturers, and consultants.
- Achieve Hartford Board member: Hartford Public Schools
- SINA (Southside institution of neighborhood alliance of hospitals and Trinity College) board member: community board for revitalization of neighborhood

Fund Development experiences:

- Meet and educate donors in and outside hospital
- Chair various fund raising committees
- Black and Red events raised \$1M on annual basis
- Golf committee chair annual \$400k raised
- Hospital Auxiliary Executive: annually raise and give \$1.5M to hospital
- Open personal home for awareness and fund development

Community and Government experiences:

- Meet local leaders, Neighborhood Revitalization Zones, historical commission
- Interact with Mayor and administrative leadership of city including Planning & Zoning
- Interact with local senators and house representatives to build support and nurture relationship to promote organizational interests
- Attend political support functions as appropriate
- Emerging as a key executive for community connection

**Achieved Objectives**

- Hospital patient satisfaction has improved by 40 percentile points in 3 years after establishing Patient Experience Officer in a cost neutral method.
- Established productivity model for the hospital and system including position review committee structure and shift management tool.
- Became part of a team lead Hartford Hospital from \$8M loss to gain of \$53M over 4 years period from 2008 to 2012.



- Improve cost structure by \$195M in first three years for the hospital and system while working towards a goal of new \$165M over current year.
- Improved the food service program to ensure it is providing the highest level of quality, while minimizing costs. Patient Satisfaction scores went up by 70%.
- Prioritize and manage the various capital projects approximately \$350 million over past five years including \$150M Bone and Joint Institute
- Built CESI (center for education, simulation and innovation) and obtained grant of \$15M from the state
- Wrote and received NIH grant of \$3.5M construction for expanding neuro-psych research

**Robert Packer Hospital – Guthrie Health System** **March 2006 – Jan 2009**  
**Administrative Director Professional and Support Services**  
**230 Beds Acute Care Teaching Hospital**  
**Level II Trauma Center**

Professional and Support Services responsibility included the administration and management of both clinical and support service functions for the Robert Packer Hospital. **Clinical areas** of responsibility included Cardiology, Oncology, Nephrology, Neurology, Radiology, Pathology and Critical care via oversight of Cardiac Cath lab, EP lab, Radiology, Neurology, Sleep services, Dialysis, Radiation Oncology, Respiratory Services and Pharmacy. Support services included Engineering and facilities, Environmental services, Biomedical Engineering, Laundry and Food Services, Patient Transport, Switch-board and Security.

Key achievements during three years were as follows.

- Solucient Top 100 hospital for 2 of the 3 years
- Top 100 Cardiovascular hospital for all 3 years
- Profitable operation with operating margin of 8-10 % annually for 3 years
- Employee satisfaction changed to top quintile
- Lead value analysis as a chair of the committee for the Guthrie Health System for two years with savings of 2 plus million each year above budget
- Help flatten the administrative structure with reorganization
- Stabilized the for-profit division of hospital during crisis
- Executive sponsor and successful implementation for the EPIC ® bed-side bar-coding, nursing documentation, e-MAR and pharmacy systems.

**Robert Packer Hospital – Guthrie Health System** **June 2004 – Feb 2006**  
**Administrative Director Pharmacy Services**  
**230 Beds Acute Care Teaching Hospital**  
**Level II Trauma Center**  
**200 Beds long term care facility**

Pharmacy services chief for both acute care hospital and long-term care. Total employees 40 with drug budget of 20 million.

Key achievements during two years period were as follows.

- Merge the long term care pharmacy in to retail operation during Medicare Part D and made profitable as well as compliant to regulations
- Renegotiated system contract with pharmaceutical venders and generated additional savings of \$1.5 – 2 million annually for two year
- Stabilized the CPOE system which was failing due to pharmacy interface
- Cleaned CDM and revenue cycle processes
- Changed service orientation of pharmacy

**Good Samaritan Hospital – GHS  
Supervisor Pharmacy and Home Infusion Services  
200 Beds Acute Care Teaching Hospital  
35 Beds TCU, Rehab and Oncology Services**

**December 1999 – May 2004**

Pharmacy services supervisor of two sites. Delivered care to variety of services including acute care hospital, long-term care, rehab in-patients, home infusion and oncology outpatient infusion services.

Key achievements during four year period were as follows.

- Expanded home infusion services
- Rebuilt oncology service model
- Cleaned up inventory with 16 inventory turns and process improvements in contract compliance
- Service excellence superior status of pharmacy from customer base of nursing and patients

**For Profit Experiences as follows:**

**Owen Healthcare- Cardinal Health  
Clinical Staff Pharmacist  
On-call Special projects for north-east**

**July 1996-December 1999**

During this time period, I worked at various North-East US hospitals for different reasons including start ups, close outs, staffing needs, administrative needs, regulation preparedness, information technology roll-out and program set ups.

**Owen Healthcare- Cardinal Health  
Director in Training  
Management Fellowship**

**January 1995 - June 1996**

One and half years of both corporate and local hands on experience as well as curriculum based formal fellowship training with Owen Healthcare. A national hospital pharmacy management company with 300 plus hospital pharmacies in forty plus states. During this period learned various aspects of pharmacy services including financials, clinical, IT and technical, managements and contracts, regulatory and P&T.

**Owen Healthcare- Cardinal Health  
Staff Pharmacist**

**March 1993 – December 1994**

During this period I functioned as a staff pharmacist for acute care hospital working directly with nursing, physicians and other clinical services. This experience helped build the quintessential base needed for future growth and development.

**Education**

BS in Pharmacy, LMCP, India 1990

Management Fellowship, Owen Healthcare, 1995

Certified in Long Term Care, Penn State University, 2003

Masters in Health Administration, Penn State University, 2004

References upon request from current and past work will be available.

# ANTHONY MASTROIANNI, MBA

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## PROFESSIONAL SUMMARY

Dynamic and innovative senior executive offering progressive achievement driving organizational growth, performance and profitability. Leverage business acumen to shape and execute high impact short and long-term strategies. Possess strong analytical, collaborative and decisive leadership skills. Proven ability to lead and manage large cross-functional teams and develop individual talents. Direct experience resolving complex business issues and enhancing year-over-year profit margin. Build strong working relationships with all clients, colleagues and fellow C-level executives.

## AREAS OF EXPERTISE

• Strategic Planning • Financial Analysis • Forecasting • Budget Planning & Management • Full Project Lifecycle Management • Revenue Cycle Management • Reimbursement • Cash Management • ERP System Implementation • Continuous Process Improvements • Hyperion Consolidation System • Technical Presentations • Employee Engagement & Development • Six Sigma • Corporate Restructuring & Turnaround

## PROFESSIONAL EXPERIENCE

- 2006-Present     **Hartford HealthCare**  
*Connecticut's most comprehensive health care network (\$2.5 billion entity.)*
- Senior Financial Leader with increasing responsibilities
- 2016-Present     Regional Vice President Finance – Backus and Windham Hospital
- Part of Hospital leadership team; direct report to President.
  - Provide strategic financial leadership.
- 2006-2016        Vice President Finance for Clinical Laboratory Partners
- Provide strategic organizational leadership; direct report to CEO.
  - Led successful corporate restructuring and turnaround effort, resulting in \$10M net margin improvement and 200% revenue growth during tenure.
  - Achieved \$5M in savings through innovative expense reduction program.
  - Accomplished an \$8M pay down towards line of credit through cash flow improvements.
  - Provided strategic direction for expanding distribution network. Added 30 new Patient Draw Stations, located throughout CT.
  - Increased revenue \$800K by personally negotiating contracts with health plans.
  - Improved revenue cycle process that increased reimbursement by \$3.5M annually.
  - Project Manager for laboratory consolidation yielding \$3.5m in cost savings.
- 2002 – 2006        **QUEST DIAGNOSTICS, INC.** – Wallingford, CT  
*The largest national provider of diagnostic testing information services.*
- Controller – Connecticut Business Unit**
- Key member of senior leadership team responsible for shaping and executing immediate and long-term growth strategies. Directly responsible for 100 employees across the accounting, revenue management, billing, purchasing, and facilities functions.
  - Increased cash flow by \$2M through innovative bad debt improvement plans; won “Bad Debt Improvement” award.
  - Eliminated \$300K in outside contract services by streamlining work processes in the billing cycle.
  - Led effort to improve internal controls, directly resulting in successfully passing the Sarbanes-Oxley (SOX) audit.
  - Provided financial and strategic oversight for 20K sq. ft. addition; project completed on time and within budget.
  - Selected to serve as Interim Regional Controller for three months, with P&L responsibility of \$1B.

Achievement Award, Revenue Enhancement -- Quest Diagnostics

**PROFESSIONAL AFFILIATIONS**

Member, Health Care Financial Management Association, Connecticut Chapter  
Board of Directors (former), Community Health Services

*Timothy K. Shizume, MT (ASCP), DC*  
*24 Woodmont Circle*  
*East Haddam, CT 06423*  
*\*Tel (860) 759-2211*  
*\*email [nyrfan2000@hotmail.com](mailto:nyrfan2000@hotmail.com)*

**OBJECTIVE:** *To leverage the experience that I have garnered from having worked at a variety of hospitals and laboratories to provide mentoring, direction, and leadership.*

**EDUCATION:** *Bachelor of Science (Medical Technology)*  
SUNY at Stony Brook, Stony Brook, New York  
Graduation: June, 1981 (class valedictorian)

*Doctorate, Chiropractic*  
New York Chiropractic College, Seneca Falls, New York  
Graduation: December, 1987 (class salutatorian)

**EXPERIENCE:** *Regional Director, Laboratories*  
Hartford HealthCare, East Region  
October, 2013 to present.

*Director, Laboratory Services*  
The William W. Backus Hospital, Norwich, Connecticut  
June 2008 to October, 2013

*Operations Manager*  
UMass Memorial Medical Center, Worcester, Massachusetts  
October, 2005 to June 2008

*Laboratory Manager, Clinical Chemistry*  
YALE-NEW HAVEN HOSPITAL, New Haven, Connecticut  
March, 2003 to October, 2005

*Operations Manager*  
DIANON Systems, Inc., Woodbury, New York  
May 1999 to March, 2003

*Supervisor, Clinical Chemistry*  
Kyto Meridien Diagnostics, Woodbury, New York  
June 1997 to May 1999  
Department: Clinical Chemistry

**REGISTRIES:** *American Society of Clinical Pathology*  
Registered, 1981 (MT 143484)

## **KEY SKILLS:**

- Financial skills include- management of a \$ 20 million operating budget; successful implementation of numerous cost-savings initiatives resulting in a decrease in operational costs of 10% per year for three successive years; participated in the creation of an annual MAP (management action plan) process to reduce costs on an annual basis in all hospital departments.
- HHC East Region Laboratories acted as beta site for a new, shared-management paradigm which resulted in improved operational efficiencies and concomitant cost reductions.
- Committee member for implementing High Reliability project and daily Safety Huddles in the hospital.
- Participated in the roll-out of LEAN Daily Management Huddles in all departments throughout HHC (ongoing);
- HHC East Region was the beta site for implementation of weekly Leadership Rounding to drive staff/employee engagement- I was one of twenty executives/directors who participated in this successful project.
- I was a member of the CSR (continuous survey readiness) team to address Joint Commission and State DPH inspection readiness at each facility; I have participated in numerous inspections over the years, both in the Lab (CAP, DPH, CLIA) and in the Hospital (TJC, DPH, DEP).
- Participated in the planning and development of the Plainfield Emergency Center design/construction, as well as numerous laboratory construction/renovation projects.
- I have managed staff at all levels of management, from groups as small as 20 to as large as 400. I have extensive experience in most HR-related aspects, including progressive disciplinary actions, terminations, hiring, and promotions.
- I was a member of the hospital Patient Experience committee, focusing on outpatient services; I worked with my staff to develop plans to improve the patient experience through scripting, immediate service recovery, employee training, and creation of a patient/family council.
- Currently, I am a member of the HHC Lab Steering Committee, tasked with the job of redesigning the laboratory structure for Hartford HealthCare in order to gain maximum efficiencies while maintaining the highest levels of quality, safety, and patient satisfaction.

## **KEY ROLES:**

- Past chair of the Connecticut Hospital Association Laboratory Administrator's group;
- Past member of the Board of the Amerinet Northeast Alliance (Lab representative);
- Member of the HHC East Region leadership team for the statewide High Reliability Organization project directed by the Connecticut Hospital Association.

*References Available Upon Request*

# Gengsheng Yu, MD, Ph.D

## PERSONAL INFORMATION

Current Working Address: Department of Pathology  
Backus Hospital  
326 Washington Street, Norwich, CT 06360

## EDUCATION

1990-1993 Ph.D Pharmacology  
Beijing Medical University, China  
1987-1990 M.S. Pathophysiology  
Tianjing Medical University, China  
1982-1987 M.D.  
Shihezi Medical College, China

## Clinical Training

7/2008 – 6/2009 Cytopathology Fellow  
Department of Pathology, William Beaumont Hospital, Royal Oak, MI  
7/2004 – 6/2008 Resident in Pathology  
AP/CP Residency Program, SUNY at Buffalo, Buffalo, NY

## LICENSURE AND CERTIFICATION

10/2013-present Full unrestricted physician license, Board of Medicine, CT  
6/2009-Present Full unrestricted physician license, Board of Medical Licensure and Discipline, RI  
3/2008-Present Full unrestricted physician license, Board of Medicine, MI.  
6/2008 AP/CP Board Certification of American Board of Pathology  
10/2009 Cytopathology Board Certification of American Board of Pathology

## ACADEMIC APPOINTMENTS

12/1999-5/2004 Instructor in Medicine, Mass General Hospital/Harvard Medical School,  
Boston, MA  
10/2009-10/2013 Assistant Professor in Pathology, Rhode Island Hospital/Alpert Medical School  
of Brown University, Providence, RI

## EMPLOYMENT EXPERIENCES

May 2017 – Present: Pathologist, interim chief  
Department of pathology, Backus Hospital, Norwich, CT  
10/2013 – 2017: Surgical pathologist/Cytopathologist  
Department of Pathology, Day Kimball Hospital, Putnam, CT 06260  
University Pathologists, LLC, 300 Centerville Rd, Warwick, RI  
7/2009 – 10/2013 Attending pathologist  
Department of Anatomic Pathology, Rhode Island Hospital, Providence, RI  
7/2008 – 6/2009 Cytopathology Fellow



## Gengsheng Yu, MD, Ph.D

Department of Pathology, William Beaumont Hospital, Royal Oak, MI  
7/2004 – 6/2008 Resident in Pathology  
AP/CP Residency Program, SUNY at Buffalo, Buffalo, NY  
12/1999 – 5/2004 Instructor in Medicine  
Diabetes Research Unit, Mass. General Hospital, Harvard Medical School, Boston, MA  
11/ 1996 – 11/1999 Research Fellow in Medicine  
Diabetes Research Unit, Mass. General Hospital, Harvard Medical School, Boston, MA  
1/1995 – 10/1996 Research Fellow in Medicine  
Cardiovascular Division, Brigham Woman's Hospital and Boston Medical Center, Boston, MA  
7/1993 - 12/1994 Research Fellow  
Cardiovascular Division, 3rd Hospital of Beijing Medical Univ., China

### LEADERSHIP POSITIONS

2007 - 2008 Co-Chief resident, AP/CP Residency Program, SUNY at Buffalo, Buffalo, NY  
2007 - 2008 Resident Representative, Resident Council, SUNY at Buffalo, Buffalo, NY  
2007 - 2008 New York State Resident Representative, CAP Resident Forum, College of American Pathologist

### PUBLICATIONS:

1. Yu GS, Goodloe Jr S, D'Angelis A, McGrath BE and Chen, F: Giant clear cell hidradenoma of the knee. *J Cutan Path* 2010, 37:e37-41.
2. Yu GS\*, Ramachandran B, Li S, Zhu B and Gulick T. Myocyte enhancer factor 2A is transcriptionally autoregulated. *J Biol Chem*. 2008 Apr 18;283(16):10318-29.
3. Yu GS\*, Ramachandran B and Gulick T. Nuclear respiratory factor 1 controls myocyte enhancer factor 2A transcription to provide a mechanism for coordinate expression of respiratory chain subunits. *J Biol Chem*. 2008 May 2;283(18):11935-46.
4. Kim JY, Koves TR, Yu GS, Gulick T, Cortright RN, Dohm GL and Muoio D: Evidence of a malonyl-CoA-insensitive carnitine palmitoyltransferase I activity in red skeletal muscle. *Am J Physiol Endocrinol Metab*. 2002, 282(5):E1014-22.
5. Yu GS, Lu YC and Gulick T: Co-regulation of tissue-specific alternative human carnitine palmitoyltransferase Ib gene promoters by fatty acid enzyme substrate. *J Biol Chem* 1998, 273(49):32091-9.
6. Yu GS, Lu YC and Gulick T: Rat carnitine palmitoyltransferase Ib mRNA splicing isoforms. *Biochim Biophys Acta* 1998, 1393(1): 166-72.
7. Yu GS, Lu YC and Gulick T: Expression of novel isoforms of carnitine palmitoyltransferase I(CPT1) generated by alternative splicing of the CPT-Ib gene. *Biochem J* 1998, 334: 225-31.
8. Lu YC, Yu GS and Gulick T: Control of alternative human CPT-Ib promoters by MEF-2 and nuclear receptors. *Proceedings of the fourth international fatty acid oxidation and ketogenesis conference*, Quant P and Eaton S, eds, Plenum Press, 1998, London.
9. Yu GS, Lu YC and Gulick T: CPT-I isoforms result from alternative pre-mRNA splicing. *Proceedings of the fourth international fatty acid oxidation and ketogenesis conference*, Quant P and Eaton S, eds, Plenum Press, 1998, London.
10. Han C and Yu GS: Selectivity of naftotidial for subtypes of alpha-adrenergic receptor. *Pharmacol Comm* 1996, 7:125-130.

## Gengsheng Yu, MD, Ph.D

11. Xu KM, Qu P, Yu GS and Han C: Regulation of thyroid hormone on cardiac adrenoceptors. Chinese Science Bulletin 1996, 41(9):829-832.
12. Han C, Yu GS, Zhang YY, Lu ZZ, Xu K, Qu P and Dong ED: Alterations of alpha1-adrenoceptor subtypes in the hearts of thyroxine-treated rats. Eur J Pharmacol 1995, 294:593-599.
13. Wang LF, Yu GS, Zhang YY, Lu ZZ and Han C: Effects of long-term atenolol treatment on beta-adrenoceptor subtypes in rat heart. Acta Physiologica Sinica 1995, 47(4):381-386.
14. Wang LF, Yu GS and Han C: Distribution and inotropic response of beta-2 adrenoceptor in rat ventricle. J Beijing Med Univ 1995, 27(6):411-413.
15. Xu KM, Qu P, Yu GS and Han C: Effects of plasma concentration of thyroxines on cardiac alpha-1D adrenoceptors at mRNA level in rat. Chinese J of Pharmacol and Toxicol 1995, 9(3):199-202.
16. Yu GS, Chen MZ and Han C: Alterations of subtypes of cardiac adrenoceptors in old rat. Acta Pharmacologica Sinica 1995, 16(5):452-454.
17. Yu GS and Han C: Role of alpha1A- and alpha1B-adrenoceptors in phenylephrine-induced positive inotropic response in isolated rat left atrium. J Cardiovasc Pharmacol 1994, 24:745-60.
18. Yu GS, Chen MZ and Han C: The distribution of different alpha-1 adrenoceptor subtypes in rat heart. J Beijing Med Univ 1994, 26(4):246-248.
19. Zhang YY, Yu GS, Chen MZ and Han C: Effect of alpha-1 adrenoceptor mediated positive inotropic response in rat left atria. Acta Physiologica Sinica 1994, 46(5):473-479.
20. Yu GS, Han C, Li ZP and Chen MZ: Changes of adrenoceptors in heart of long-term diabetic rat. Chinese J Pathophysiology 1994, 10(5):469-472.
21. Yu GS, Chen MZ and Han C: Distribution of alpha-1 adrenergic receptor subtypes in dog thoracic aorta smooth muscle. J Beijing Med Univ 1994, 26(1):35-37.
22. Yu GS, Han C and Chen MZ: A new alpha-1 adrenergic receptor subtype with low affinity for 5-methyl-urapidil but insensitive to chlorethylclonidine. Acta Pharmacologica Sinica 1993, 14(6):492-495.

\*: Co-first author

### ABSTRACTS:

1. Chaump M, Stachurski D and Yu GS: When should we send a cellular lymphoid effusion for lymphoma work-up. Annual meeting of USCAP, Mar 2 – Mar 8, 2013, Baltimore, MD.
2. Lu SL, Bassam Aswad, Pisharodi L and Yu GS: Cytologic Features of Metastatic Papillary Thyroid Carcinoma in Cervical Lymph Nodes on ThinPrep Based FNA Preparations.. Annual meeting of USCAP, Feb 26 – Mar 4, 2011, San Antonio, TX.
3. Lu SL, Pisharodi L and Yu GS: Retrospective study of 71 cases of Fine Needle Aspiration Biopsies of Cystic lesions of the Head and Neck. Annual meeting of American Society of Cytopathology, Nov. 12-16, 2010, Boston, MA.
4. G Yu, G Nolan, M Amin, M de Peralta-Venturina: P16 Expression in Biopsies with Tubal Metaplasia from Patients with Atypical Glandular Cells on Pap Smear. Annual Meeting of USCAP, March 7-13, 2009, Boston, MA.
5. Gengsheng Yu<sup>1</sup>, Lucia Balos, Mariza de Peralta-Venturina<sup>1</sup>, Tomi J Kuntzman<sup>1</sup>, Rajwant Malhotra<sup>1</sup>, Edward G Bernacki<sup>1</sup> and M Amin: Altered Expression Pattern of Myocyte Enhancer

## Gengsheng Yu, MD, Ph.D

- Factor (MEF2) in Benign and Malignant Cartilaginous Tumors. Annual Meeting of USCAP, March 7-13, 2009, Boston, MA.
6. Yu GS, Gulick T and Balos L: The Expression Pattern of Myocyte Enhancer Factor (MEF2) Isoforms in Brain Glial Tumor. USCAP 2008 Annual Meeting, March, 1-7, 2008, Denver, CO.
  7. Yu GS, Goodloe, Jr S, McGrath Band and Chen F: The morphological and immunohistochemical features of giant clear cell hidradenom of knee. 11<sup>th</sup> Joint Meeting of The International Society of Dermatopathology. January 30-31, 2008, San Antonio, TX.
  8. Yu GS, Gulick, T and Balos L: Differential expression of myocyte enhancer factor (MEF2) isoforms in rhabdomyosarcom. Poster presentation on United States and Canadian Academy of Pathology Annual Meeting, March 24-30, 2007; San Diego, CA.
  9. Gulick T and Yu GS: An evolutionarily conserved transcriptional cascade involving NRF1 and MEF2. ASBMB annual Meeting and 8<sup>th</sup> IUBMB conference, Boston, MA. The FASEB J 2004, 18(8):C167.
  10. Yu GS, Pan X and Gulick T: Mitochondrial carriers of nucleoside reverse transcriptase inhibitor(NRI)-phosphates. American Heart Association Scientific Sessions, 2002, Chicago, IL. Circulation 2002, 106(19):490.
  11. Yu GS, and Gulick T: Expression of COX subunit heart/muscle isoforms via NRF1:MEF2 interaction. American Heart Association Scientific Sessions, 2002, Chicago, IL. Circulation 2002 106(19):489.
  12. Yu GS, Li S, Zhu B and Gulick T: NRF1 and MEF2 coordinately control MEF2A gene expression. American Heart Association Scientific Sessions, 2002, Chicago, IL. Circulation 2002, 106(19):833.
  13. Zhu B, Yu GS and Gulick T: Alternative splicing isoforms of MEF2s are functionally distinct. American Heart Association Scientific Sessions, 2002, Chicago, IL. Circulation 2002 106(19):535.
  14. Hellerstein MS, Yu GS and Gulick T: OMC-3, an orphan mitochondrial metabolite carrier required for OXPHOS. ASBMB annual meeting and ASPET conference, Boston, MA. The FASEB J 2000,14(8):A1415.
  15. Yu GS, Hurier AM, Lu YC and Gulick T: Regulation of Carnitine palmitoyltransferase IB expression during the fetal-neonatal transition. ASBMB annual meeting and ASPET conference, Boston, MA. The FASEB J 2000, 14(8):A1367.

## RESEARCH GRANTS

- 2006-2007 Principal investigator, Evidence Based Medicine/Quality Improvement (EBM/QI) Award, GME Office of SUNY at Buffalo  
*Diagnostic evaluation of MEF2 isoform specific antibodies in neurogenic and musculogenic tumors*
- 2000-2004 Principal investigator, Scientist Development Grant. American Heart Association  
*A novel cardiac orphan mitochondrial metabolite transporter required for OXPHOS.*
- 2000-2001 Principal investigator, NIH Training Grant, Dept. of Endocrinology in Mass. General Hospital  
*Autoregulation of MEF2A gene expression*
- 1998-2000 Principal investigator, Research Fellowship. American Heart Association  
*Cardiac carnitine palmitoyltransferase I isoform expression*

## HOSPITAL TEACHING ROLES

## **Gengsheng Yu, MD, Ph.D**

2009-2013 Resident training/teaching in surgical pathology and cytopathology.

2011-2013 Coordinator for Journal Club Conference among pathology resident.

# **EXHIBIT 3**



## ***West Side Medical Center, LLC***

606 West Main Street • Norwich, Connecticut 06360  
(860) 889-1400 • FAX (860) 889-3163

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May 12, 2017

State of Connecticut

Department of Public Health Office of Health Care Access 410 Capitol Avenue

Hartford, CT 06134

Re: Certificate of Need Transfer to Quest Diagnostics the Applicant's outpatient laboratory service operations

To whom it may concern:

I am writing today in support of William W. Backus Hospital's proposal to transfer outpatient laboratory services to Quest Diagnostics.

As a physician, I have witnessed an increasing demand for high value, cost-effective lab services which will be best met by Quest Diagnostics. This proposal will also ensure that the region have increased access to laboratory services.

This project exemplifies how William W. Backus Hospital is committed to providing the highest quality services in an ever-changing environment where integration, coordination and increased access are all of the utmost importance.

Sincerely,

Kartik K Viswanathan MD FACP.

# OB GYN SERVICES

17 Case Street, Norwich, CT 06360  
860.886.2461 • F. 860.887.8530

[www.obgynct.com](http://www.obgynct.com)

DAVID KALLA, M.D.  
STEPHEN E. BRIGGS, M.D.  
SUZELLE A. HENDSON, M.D.  
MELISSA J. WILCOX, M.D.  
MAY THUY W. BROWN, M.D.  
JULIE Z. BEUCHER, M.D.  
KELLY SIKORA, M.D.

KRISTIN SCARLATA, A.P.R.N.  
MELISSA BERGFELD, A.P.R.N.  
TYANN NORDNESS, L.N.M.  
MAURFEN DAVIS, L.N.M.  
CAROL RINZLER, L.N.M.  
KATHLEEN GAUTHIER, L.N.M.

May 11, 2017  
State of Connecticut  
Department of Public Health Office of Health Care Access  
410 Capitol Avenue  
Hartford, CT 06134

Re: Certificate of Need Transfer to Quest Diagnostics the Applicant's outpatient laboratory service operations

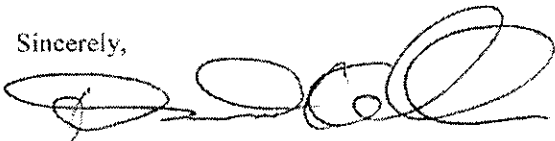
To whom it may concern:

I am writing today in support of William W. Backus Hospital's proposal to transfer outpatient laboratory services to Quest Diagnostics.

As (Title), I have witnessed an increasing demand for high value, cost-effective lab services which will be best met by Quest Diagnostics. This proposal will also ensure that the region have increased access to laboratory services.

This project exemplifies how William W. Backus Hospital is committed to providing the highest quality services in an ever-changing environment where integration, coordination and increased access are all of the utmost importance.


Sincerely,



David Kalla, M.D.

# **EXHIBIT 4**



	<b>Subject:</b>  <b>Financial Assistance Policy</b>	
<b>Issuing Department:</b>  <b>Finance/Revenue Cycle Services</b>  <b>Subject Matter Consultation:</b> Legal Services	<b>File Under:</b> _____ <b>Section -</b> _____	<b>Original Date:</b> 12/16/2010
<b>Latest Revision Date:</b> January 1, 2016 September 20, 2016	1) <b>Page 1 of 13</b>	<b>Approved By:</b>  <hr/> Charles L. Johnson, III HHC Executive Vice President & Chief Financial Officer

**Purpose:** The purpose of this Policy is to set forth the Hartford HealthCare (HHC) policy for the provision of free or discounted Health Care Services to patients who meet the criteria for Financial Assistance. This Policy describes: (i) the eligibility criteria for Financial Assistance, and whether such assistance includes free or discounted Health Care Services; (ii) the basis for calculating amounts charged to patients; (iii) the method for applying for Financial Assistance; (iv) the collection actions that may be initiated in the event of non-payment, including civil collections actions and reporting to consumer credit reporting agencies; and (v) the Hospital's approach to presumptive eligibility determinations and the types of information that the Hospital will use to assess presumptive eligibility.

This Policy is intended to comply with Section 501(r) of the Internal Revenue Code and the billing and collection requirements described in Chapter 368z of the Connecticut General Statutes and any regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This Policy will be adopted by the governing body of Hartford HealthCare on behalf of its affiliates.

**Scope:** This Policy applies to all Health Care Services provided by a Hartford HealthCare hospital facility. (Facilities listed in Appendix D)

**Definitions:**

*"Eligibility Criteria"* means the criteria set forth in this Policy to determine whether a patient qualifies for Financial Assistance for the Health Care Services provided.

*"EMTALA"* means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd.

*"Extraordinary Collection Activity" (ECA)* means a collection action requiring a legal or judicial process, involving selling debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under HHC's Financial Assistance Policy. The actions that require legal or judicial process for this purpose include 1) placing a lien; 2) foreclosing on real property; 3) attaching or seizing of bank accounts or other personal property; 4) commencing a civil action against an individual; 5) taking actions that cause an individual's arrest; 6) taking actions that cause an individual to be subject to body attachment; and 7) garnishing wages.

*"Family"* means, pursuant to the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption. For purposes of this Policy, if the patient claims someone as a dependent on the patient's income tax return, that person may be considered a dependent for purposes of the provision of Financial Assistance.

*"Family Income"* means the following income when calculating Federal Poverty Level Guidelines of liquid assets: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, business income, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources of income.

*"Federal Poverty Level Guidelines"* means the federal poverty level guidelines established by the United States Department of Health and Human Services in effect on the date of the provision of the Health Care Service for awards of Financial Assistance under this Policy.

*"Financial Assistance"* means free or discounted Health Care Services provided to persons who, pursuant to the Eligibility Criteria, HHC has determined to be unable to pay for all or a portion of such Health Care Services and to be eligible for free or discounted Health Care Services under this Policy.

*"Free Bed Funds"* means any gift of money, stock, bonds, financial instruments or other property made by any donor to a HHC hospital facility for the purpose of establishing a fund to provide medical care to a patient.

*"Health Care Services"* means (i) emergency medical services as defined by EMTALA; (ii) services for a condition which, if not promptly treated, will result in adverse change in the health status of the individual; (iii) non-elective services provided in response to life-

threatening circumstances in a non-emergency department setting; and (iv) medically necessary services as determined by HHC on a case-by-case basis at the provider's discretion.

*"Liquid Assets"* refers to how easily an asset can be exchanged for cash on short notice, without losing value. Items such as cash, gold or marketable securities are examples. On the converse, nonliquid asset examples are real estate (land and housing) and automobiles.

*"Medically Indigent"* means a person who HHC has determined to be unable to pay some or all of his or her medical bills because the medical bills exceed a certain percentage of the person's Family Income or Family Assets even though they have income or assets that otherwise exceed the generally applicable eligibility criteria for free or discounted care under the policy. Refer to Appendix A.

*"Patient"* means person receiving or registered to receive medical treatment or in context of the policy refers to the person liable for payment.

*"Uninsured"* means a patient who has no level of insurance or third party assistance to assist in meeting his or her payment obligations for Health Care Services and is not covered by Medicare, Medicaid, Tricare, or any other health insurance program of any nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to workers' compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

*"Underinsured"* means the patient has some level of insurance or third-party assistance but still has out-of-pocket Health Care Service expenses such as high deductible plans that exceed the patient's level of financial resources.

**Policy:** Consistent with its mission, it is Hartford HealthCare's policy to provide Financial Assistance to all eligible individuals who are Uninsured or Underinsured, ineligible for a government payer program, and otherwise unable to pay for Health Care Services due to their limited financial resources. It is also HHC's policy to provide without discrimination care for emergency medical conditions (as defined by EMTALA) to individuals regardless of their eligibility for Financial Assistance under this Policy or for government assistance. Finally, it is the policy of HHC to prohibit any action that discourages individuals from seeking emergency medical care, such as by demanding that Emergency Department patients pay before receiving treatment for emergency medical conditions. Nothing in this Policy shall be deemed to limit the Hospital's obligations under EMTALA to treat patients with emergency medical conditions.

## **I. Determining Eligibility.**

In determining eligibility for Financial Assistance, it is important that both HHC and the patient work collaboratively. Specifically, HHC will do its best to apply the Eligibility Criteria in a reasonable manner and the patient will do his or her best in responding to requests for information in a timely, complete, and accurate manner. If the documentation provided by the patient or his/her family is incomplete or inconsistent with the application we will request clarification to assist in making a decision about eligibility for financial assistance.

**1. Eligibility for Financial Assistance.** Individuals who are Uninsured or Underinsured, ineligible for any government health care benefit program and unable to pay for their Health Care Services may be eligible for Financial Assistance pursuant to this Policy. Financial Assistance also may be available for individuals who are Medically Indigent. The granting of Financial Assistance shall be based upon an individualized determination of financial need, and shall not take into account age, gender, race, color, national origin, marital status, social or immigrant status, sexual orientation or religious affiliation. The Financial Assistance Application outlines the documents required to verify family size and income.

Further, to be eligible for Financial Assistance, an individual must cooperate with HHC, provide the requested information and documentation in a timely manner, complete the required application form truthfully, and notify HHC promptly of any change in his or her financial situation so that HHC can assess the change's impact on the individual's eligibility for financial assistance.

**2. Process for Determining Eligibility for Financial Assistance.** In connection with determining eligibility for Financial Assistance, HHC (i) will require that the patient complete an application for Financial Assistance and provide other financial information and documentation relevant to making a determination of financial eligibility; (ii) may rely upon publicly available information and resources to verify the financial resources of the patient or a potential guarantor; (iii) may pursue alternative sources of payment from public and private payment benefit programs; and (iv) may review the patient's prior payment history.

**3. Processing Requests.** HHC will use its best efforts to facilitate the determination process before rendering services so long as the determination process does not interfere with the provision of emergency medical services as defined under federal law. However, eligibility determinations can be made at any time during the revenue cycle. During the eligibility determination process, HHC will at all times treat the patient or their authorized representative with dignity and respect and in accordance with all state and federal laws.

**4. Financial Assistance Guidelines.** Eligibility criteria for Financial Assistance may include family size, liquid and non-liquid assets, employment status, financial obligations, amount and frequency of healthcare expense (i.e. Medically Indigent) and other financial resources available to the patient. Family size is determined based upon the number of dependents living in the household. Information collected will be used to corroborate information generated by predictive analytical software used in making a determination of financial assistance. In particular, eligibility for Financial Assistance will be determined in accordance with the following guidelines:

**(a) Uninsured Patients:**

- (i) Published rates will be reduced by the percentage defined by the IRS as the amount generally billed using a “look back” retrospective calculation to calculate the amount allowed by governmental (Medicare and Medicaid) and commercially insured patients. This percentage will be updated on an annual basis. The annual calculation methodology and the percentages are located in Appendix A of this policy.
- (ii) If Family Income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount of the amount generally billed.
- (iii) If Family income is verified between 250% and 400% of the Federal Poverty Level Guidelines, the patient will qualify for a 25-75% discount of the amount generally billed.
- (iv) A patient may also qualify for Free Bed Funds in accordance with the Hospital’s Free Bed Funds criteria.
- (vi) Payment plans will be extended for any patient liability identified in a manner consistent with the Hartford HealthCare’s Payment Plan Policy, a copy of which is available from the Financial Assistance team as provided below and on the Hartford HealthCare and subsidiary websites.
- (vii) Refunds will be issued for any payments of \$5.00 or more that exceed the patient’s personal liability.

**(b) Underinsured Patients:**

- (i) If Family Income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount against the patient's account balance after insurance payments from third-party payors are applied. Underinsured patients will not be billed more than amounts generally billed (AGB) to insured patients.
- (ii) If Family Income is verified between 250% and 400% of the Federal Poverty Level Guidelines, the patient will qualify for a 25-75% discount against the patient's account balance after insurance payments from third-party payers are applied.
- (iii) A patient also may qualify for Free Bed Funds in accordance with the Hospital's Free Bed Funds criteria.
- (v) Payment plans will be extended for any patient liability identified in a manner consistent with HHC's Payment Plan Policy, a copy of which is available from the Financial Assistance team as provided below.
- (vi) Refunds will be issued for any payments of \$5.00 or more that exceed the patient's personal liability

(c) ***Medically Indigent:***

A Patient will be required to submit a Financial Assistance Application along with other supporting documentation, such as medical bills, drug and medical device bills and other evidence relating to high-dollar medical liabilities, so that Hartford Health Care can determine whether the patient qualifies for Financial Assistance due to the patient's medical expenses and liabilities. This discount will be considered after other discounts have been applied and the patient is still unable pay for the Health Care Service provided. This discount will be applied as described in Appendix A.

(d) ***Presumptive Eligibility:*** Eligibility for Financial Assistance may be presumed based on the patient's life circumstances. The list below is representative of circumstances under which a patient is deemed to be eligible for a 100% discount without further need to complete a Financial Assistance Application:

1. The patient's receipt of state-funded prescription programs
2. Participation in Women, Infants and Children programs
3. Food stamp eligibility (SNAP)
4. Subsidized school lunch program eligibility
5. Subsidized housing or other public assistance eligibility

6. Patient states that he/she is homeless and additional due diligence on such status performed and documented
7. Patient is identified to have an income of 250% of the Federal Poverty Level or less, as verified by electronic industry standard software

**II. Method for Applying for Financial Assistance.** Copies of the Financial Assistance Application and instructions are available online at [[www.HarfordHealthCare.org](http://www.HarfordHealthCare.org), or on each hospital facility's website], by requesting a copy in person at any of the HHC hospitals' patient admission or registration areas as identified in Appendix B, or by requesting a free copy by mail by contacting the HHC hospitals' Patient Access Services department. Additional contact information is provided in Appendix B of this policy. In addition, patients may ask any nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Office of Professional Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process.

To apply for Financial Assistance, a patient must complete HHC's Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income described below.

Patients may submit an application up to 240 days from the date on which HHC issues its first, post-discharge billing statement. If an individual has not submitted an application within the first 120 days from the date on which HHC issues its first, post-discharge billing statement, then HHC may begin engaging in the collection actions described below.

Before HHC initiates any collection actions, it will issue a written notice to the last known address of record for the patient (or his/her family) that describes the specific collection activities it intends to initiate (or resume), provides a deadline after which such action(s) will be initiated (or resumed), and includes a plain-language summary of this Policy. HHC may initiate collection activities no sooner than 30 days from the date on which it transmits this written initiation notice, either by mail or electronic mail.

If HHC receives an incomplete application form, it will provide the patient (or his or her legal representative) with a list of the missing information or documentation and give the patient 30 days to provide the missing information. Extraordinary collection activities (ECA's) will be suspended during this 30 day period. If the patient does not provide the missing information within this period, HHC may commence collection actions including ECA's (assuming it has provided the written notice described above).

If HHC receives a completed application form, it will make and document eligibility determinations in a timely manner. If an application is deemed complete HHC will provide to the patient or his or her legal representative, a written determination of financial eligibility within fifteen (15) business days. Decisions by HHC that the patient does not qualify for Financial Assistance may be appealed by the patient, or his or her legal representative, within fourteen (14) calendar days of the date of the written determination.

If the patient or his or her legal representative appeals the determination, the Director of Patient Access (or designee) will review the determination along with any new information and make a final decision within fifteen (15) business days. During this review and decision making period, Hartford Healthcare will suspend any ECA's. If financial assistance is not approved, Hartford Healthcare will resume its collection activities after the 14 calendar days afforded for appeal.

Signage and written information regarding how to apply for Financial Assistance will be available in the Hospital emergency service departments and patient registration areas.

Once a patient or his or her legal representative requests information about Financial Assistance, a financial counselor will provide the patient or his or her legal representative with the Financial Assistance Application along with a list of the required documents that must be provided to process the application.

Approved Financial Assistance Applications will be valid for six months from the date HHC's makes its eligibility determination.

Patients may apply for Financial Assistance at any time during the collection cycle process or within 240 days from the date of the first Self Pay notice.

### **III. Calculating Amounts Charged to Patients**

Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed to individuals who have insurance covering such care. The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable).

### **IV. Relationship to Hartford HealthCare's Collection Practices.**

In the event a patient fails to qualify for Financial Assistance or fails to timely pay his or her portion of discounted charges pursuant to this Policy, HHC reserves the right to institute and pursue Extraordinary Collection Actions (ECA) and remedies such as imposing wage garnishments or filing liens on primary or secondary residences, bank or investment accounts, or other assets, instituting and prosecuting legal actions and reporting the matter to one or more credit rating agencies. For those patients who qualify for Financial Assistance and who, in HHC's sole determination, are cooperating in good faith to resolve the outstanding accounts, HHC may offer extended payment plans to eligible patients. For patients who meet the terms of the payment plan HHC will not impose wage garnishments or liens on primary residences, and will not send unpaid bills that are part of the payment plan to outside collection agencies.

No ECA will be initiated during the first 120 days following the first post-discharge billing statement to a valid address or during the time that the patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event.



If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed.

**V. Publication and Education.** HHC will provide information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas; (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection written communications; (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both by mail and in public locations in the hospital facility, including the emergency room (if any) and admissions areas; (iii) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the HHC's home page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (v) include the tag line "Please ask about our Financial Assistance Policy" in HHC written publications.

**VI. Covered/Non-Covered Provider List.** Attached as Appendix C to this Policy is a list of providers independent of HHC that deliver emergency or other medically necessary care in HHC's facility and identifies whether the care they provide is (or is not) covered by this Policy. The Board of Directors of HHC delegates the authority to update Appendix C as needed to the Executive Vice President and Chief Financial Officer.

**VII. Relation to Free Bed Funds.** If a patient applies for Financial Assistance, the Hospital will determine his or her eligibility for Financial Assistance and or Free Bed Funds.

**VIII. Regulatory Compliance.** The Hospital will comply with all state and federal laws, rules and regulations applicable to the conduct described in this Policy.

APPENDIX A

Federal Poverty Guidelines Effective January 2015

		250%** FPG	275%** FPG	300%** FPG	325%** FPG	400%** FPG
Size of Family	Poverty Guideline	100% Awarded	75% Awarded	50% Awarded	25% Awarded	25% Awarded
1	\$11,770	\$29,425	\$32,368	\$35,310	\$38,253	\$47,080
2	\$15,930	\$39,825	\$43,808	\$47,790	\$51,773	\$63,720
3	\$20,090	\$50,225	\$55,248	\$60,270	\$65,293	\$80,360
4	\$24,250	\$60,625	\$66,688	\$72,750	\$78,813	\$97,000
5	\$28,410	\$71,025	\$78,128	\$85,230	\$92,333	\$113,640
6	\$32,570	\$81,425	\$89,568	\$97,710	\$105,853	\$130,280
7	\$36,730	\$91,825	\$101,008	\$110,190	\$119,373	\$146,920
8	\$40,890	\$102,225	\$112,448	\$122,670	\$132,893	\$163,560

\*In no case will the Patient's Balance Due after Discount is applied be more than 10% of annual gross family income

\*\*For families with more than 8 members, add \$4,160 (\*\* multiplying factor) for each additional member

Medically Indigent/Catastrophic Financial Assistance\*

Medically Indigent/Catastrophic Eligibility:	
Balance Due	Discount
Balance due is $\geq$ 100% of patient's annual gross family	90% of balance due
Balance due is $\geq$ 90% of patient's annual gross family	85% of balance due
Balance due is $\geq$ 80% of patient's annual gross family	80% of balance due
Balance due is $\geq$ 70% of patient's annual gross family	75% of balance due
Balance due is $\geq$ 60% of patient's annual gross family	70% of balance due
Balance due is $\geq$ 50% of patient's annual gross family	65% of balance due

\*In no case will the Patient's Balance Due after Discount is applied be more than 10% of annual gross family income

**Average Generally Billed\* (AGB's) by Facility/Group**

<b>Facility/Physician Group</b>	<b>Average Generally Billed (AGB)</b>	<b>Uninsured Discount as of 1/1/16</b>
<b>Backus Hospital</b>	41%	59%
<b>Hospital of Central Connecticut</b>	41%	59%
<b>Hartford Hospital</b>	40%	60%
<b>Hartford Healthcare Medical Group</b>	40%	60%
<b>Midstate Medical Center</b>	41%	59%
<b>Windham Hospital</b>	41%	59%
<b>Natchaug</b>	64%	36%
<b>Rushford</b>	66%	34%

\*AGB rates calculated using all allowable claims including commercial, Medicare and Medicaid claims using period YTD September 2015. Each facility AGB will be calculated annually and effective on 1/1 of the next year.

## APPENDIX B

### Contact Information for Financial Assistance

Hartford HealthCare  
Customer Service  
1-877-HHC-Bill  
hartfordhealthcare.org

Hartford Hospital  
Financial Assistance Clearance Team  
Main Admitting Department  
80 Seymour Street  
Hartford, CT 06102  
1-877-545-3914  
hartfordhospital.org

The Hospital of Central Connecticut  
Financial Counselors  
Main Admitting Department  
100 Grand Street  
New Britain, CT 06050  
860-224-5181  
thocc.org

MidState Medical Center Financial Counselors Main Admitting Department 435 Lewis Avenue Meriden, CT 06451 203-694-8213 midstatemedical.org	or	455 Lewis Avenue Meriden, CT 06451 203-694-8456 midstatemedical.org
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William W. Backus Hospital  
Financial Counselors  
Financial Counseling Unit  
326 Washington Street  
Norwich, CT 06030  
860-889-8331 x 2917  
backushospital.org

Windham Memorial Hospital  
Financial Counselors

Main Admitting Department  
112 Mansfield Avenue  
Willimantic, CT 06226  
860.456.6706 or 860.456.6109  
windhamhospital.org

Natchaug Hospital  
189 Storrs Road  
Mansfield, CT 06250  
1-800-426-7792  
nathaug.org

Rushford  
1250 Silver Street  
Middletown, CT 06457  
1-877-577-3233  
rushford.org

## APPENDIX C

### List of Providers Independent of HHC Which Are Covered/Not Covered by the HHC Financial Assistance Policy

With respect to the provision of emergency and medically necessary care in HHC's facility, care provided by the following independent providers is covered by this Policy:

1. Hartford Medical Group (HHCMG)
2. Employed Physicians of Hartford Healthcare including all hospitalists and ED providers at Hartford Hospital, The Hospital of Central Connecticut and William W. Backus Hospital.

With respect to the provision of emergency and medically necessary care in HHC's facility, care provided by the following independent providers is not covered by this Policy:

1. Services provided by Hartford Healthcare affiliates other than those listed in Appendix B are not covered by this policy.
2. Providers providing the following services are excluded from this policy: Radiology, Pathology, Anesthesia and ED providers at Midstate Medical Center and Windham Memorial Hospital.
3. If you have questions regarding the status of your provider, please call your hospital contact listed in Appendix B.

**Appendix D: Hartford Healthcare Facilities covered by this policy**

**Backus Hospital**

**Hospital of Central Connecticut**

**Hartford Hospital**

**MidState Medical Center**

**Natchaug Hospital**

**Rushford**

**Windham Hospital**

# **EXHIBIT 5**



NON-PROFIT

Applicant:  
Financial Worksheet (A)

Please provide one year of actual results and three years of projections of Total Entity revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

LINE	Total Entity/ Description	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
		FY16 Actual Results	FY17 Projected Without CON	FY17 Projected Incremental	FY17 Projected With CON	FY18 Projected Without CON	FY18 Projected Incremental	FY18 Projected With CON	FY19 Projected Without CON	FY19 Projected Incremental	FY19 Projected With CON	FY20 Projected Without CON	FY20 Projected Incremental	FY20 Projected With CON
<b>A. OPERATING REVENUE</b>														
1	Total Gross Patient Revenue	\$788,477,289	\$824,982,873		\$824,982,873	\$833,232,702	(\$6,984,156)	\$776,248,546	\$841,565,029	(\$57,553,998)	\$784,011,031	\$849,980,679	(\$58,129,538)	\$791,851,141
2	Less: Allowances	\$475,414,888	\$513,396,045		\$513,396,045	\$518,530,005	(\$45,231,616)	\$473,298,389	\$523,715,306	(\$45,683,932)	\$478,031,373	\$528,952,459	(\$46,140,771)	\$482,811,687
3	Less: Charity Care	\$4,770,269	\$4,265,964		\$4,265,964	\$4,308,624	(\$285,104)	\$4,023,520	\$4,351,710	(\$287,955)	\$4,063,755	\$4,395,227	(\$290,835)	\$4,104,392
4	Less: Other Deductions				\$0			\$0			\$0			\$0
	<b>Net Patient Service Revenue</b>	<b>\$308,292,132</b>	<b>\$307,320,864</b>	<b>\$0</b>	<b>\$307,320,864</b>	<b>\$310,394,073</b>	<b>(\$11,467,436)</b>	<b>\$298,926,637</b>	<b>\$313,498,013</b>	<b>(\$11,582,110)</b>	<b>\$301,915,903</b>	<b>\$316,632,994</b>	<b>(\$11,697,931)</b>	<b>\$304,935,062</b>
5	Medicare	\$100,345,528	\$100,029,389		\$100,029,389	\$101,029,683	(\$2,783,471)	\$98,246,212	\$102,039,980	(\$2,811,306)	\$99,228,674	\$103,060,380	(\$2,839,419)	\$100,220,981
6	Medicaid	\$39,055,903	\$38,932,858		\$38,932,858	\$39,322,187	(\$1,114,163)	\$38,208,024	\$39,715,408	(\$1,125,305)	\$38,590,104	\$40,112,563	(\$1,138,558)	\$38,976,005
7	CHAMPUS & Tricare	\$3,421,906	\$3,411,125		\$3,411,125	\$3,445,236	(\$143,002)	\$3,302,234	\$3,479,689	(\$144,432)	\$3,335,257	\$3,514,485	(\$145,876)	\$3,368,809
8	Other				\$0			\$0			\$0			\$0
	<b>Total Government</b>	<b>\$142,823,335</b>	<b>\$142,373,372</b>	<b>\$0</b>	<b>\$142,373,372</b>	<b>\$143,797,106</b>	<b>(\$4,040,636)</b>	<b>\$139,756,470</b>	<b>\$145,235,077</b>	<b>(\$4,081,042)</b>	<b>\$141,154,034</b>	<b>\$146,687,428</b>	<b>(\$4,121,853)</b>	<b>\$142,565,575</b>
9	Commercial Insurers	\$154,329,511	\$153,843,299		\$153,843,299	\$155,381,732	(\$7,199,757)	\$148,181,975	\$156,935,549	(\$7,271,755)	\$149,663,795	\$158,504,905	(\$7,344,472)	\$151,160,433
10	Uninsured				\$0			\$0			\$0			\$0
11	Self Pay	\$5,475,335	\$5,458,085		\$5,458,085	\$5,512,666	(\$133,254)	\$5,379,412	\$5,567,793	(\$134,587)	\$5,433,206	\$5,623,470	(\$135,932)	\$5,487,538
12	Workers Compensation	\$5,663,951	\$5,646,108		\$5,646,108	\$5,702,569	(\$93,789)	\$5,608,780	\$5,759,595	(\$94,727)	\$5,664,868	\$5,817,191	(\$95,674)	\$5,721,517
13	Other				\$0			\$0			\$0			\$0
	<b>Total Non-Government</b>	<b>\$165,468,797</b>	<b>\$164,947,492</b>	<b>\$0</b>	<b>\$164,947,492</b>	<b>\$166,596,967</b>	<b>(\$7,428,800)</b>	<b>\$159,170,167</b>	<b>\$168,262,937</b>	<b>(\$7,501,068)</b>	<b>\$160,761,869</b>	<b>\$169,945,566</b>	<b>(\$7,576,079)</b>	<b>\$162,369,487</b>
	<b>Net Patient Service Revenue* (Government+Non-Government)</b>	<b>\$308,292,132</b>	<b>\$307,320,864</b>	<b>\$0</b>	<b>\$307,320,864</b>	<b>\$310,394,073</b>	<b>(\$11,467,436)</b>	<b>\$298,926,637</b>	<b>\$313,498,013</b>	<b>(\$11,582,110)</b>	<b>\$301,915,903</b>	<b>\$316,632,994</b>	<b>(\$11,697,931)</b>	<b>\$304,935,062</b>
14	Less: Provision for Bad Debts	\$8,148,488	\$7,474,274		\$7,474,274	\$7,549,017	(\$570,871)	\$6,978,146	\$7,586,762	(\$578,580)	\$7,010,182	\$7,624,696	(\$582,346)	\$7,042,350
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$300,143,644</b>	<b>\$299,846,590</b>	<b>\$0</b>	<b>\$299,846,590</b>	<b>\$302,845,056</b>	<b>(\$10,896,565)</b>	<b>\$291,948,491</b>	<b>\$305,911,252</b>	<b>(\$11,005,531)</b>	<b>\$294,905,721</b>	<b>\$309,008,298</b>	<b>(\$11,115,586)</b>	<b>\$297,892,712</b>
15	Other Operating Revenue	\$4,737,171	\$7,731,351	\$15,000,000	\$22,731,351	\$8,091,353		\$8,091,353	\$8,131,810		\$8,131,810	\$8,172,469		\$8,172,469
17	Net Assets Released from Restrictions	\$507,782	\$339,735		\$339,735	\$439,735		\$439,735	\$441,934		\$441,934	\$444,143		\$444,143
	<b>TOTAL OPERATING REVENUE</b>	<b>\$305,388,597</b>	<b>\$307,917,676</b>	<b>\$15,000,000</b>	<b>\$322,917,676</b>	<b>\$311,376,144</b>	<b>(\$10,898,565)</b>	<b>\$300,479,579</b>	<b>\$314,484,995</b>	<b>(\$11,005,531)</b>	<b>\$303,479,464</b>	<b>\$317,624,910</b>	<b>(\$11,115,586)</b>	<b>\$306,509,324</b>
<b>B. OPERATING EXPENSES</b>														
1	Salaries and Wages	\$107,459,658	\$108,078,730	\$198,536	\$108,277,266	\$110,240,305	(\$684,977)	\$109,555,328	\$112,445,111	(\$698,677)	\$111,746,434	\$114,894,013	(\$712,650)	\$113,981,383
2	Fringe Benefits	\$30,312,131	\$30,276,557	\$41,750	\$30,318,307	\$30,579,323	(\$157,120)	\$30,422,203	\$30,732,219	(\$158,691)	\$30,573,528	\$30,885,880	(\$180,278)	\$30,725,602
3	Physicians Fees	\$3,220,279	\$3,870,615		\$3,870,615	\$3,909,321		\$3,909,321	\$3,928,868		\$3,928,868	\$3,948,512		\$3,948,512
4	Supplies and Drugs	\$42,847,762	\$46,670,207		\$46,670,207	\$47,136,909	(\$1,032,743)	\$46,104,166	\$47,372,594	(\$1,043,070)	\$46,329,523	\$47,609,457	(\$1,053,501)	\$46,555,955
5	Depreciation and Amortization	\$13,878,122	\$13,343,331		\$13,343,331	\$13,476,764		\$13,476,764	\$13,544,148		\$13,544,148	\$13,611,889		\$13,611,889
6	Provision for Bad Debts-Other <sup>b</sup>				\$0	\$0		\$0	\$0		\$0	\$0		\$0
7	Interest Expense	\$3,369,912	\$3,823,054		\$3,823,054	\$3,861,285		\$3,861,285	\$3,880,591		\$3,880,591	\$3,899,994		\$3,899,994
8	Malpractice Insurance Cost	\$2,185,052	\$3,468,489		\$3,468,489	\$3,503,174		\$3,503,174	\$3,520,690		\$3,520,690	\$3,538,293		\$3,538,293
9	Lease Expense	\$2,268,362	\$2,659,540		\$2,659,540	\$2,686,135		\$2,686,135	\$2,699,566		\$2,699,566	\$2,713,064		\$2,713,064
10	Other Operating Expenses	\$63,316,117	\$64,603,099		\$64,603,099	\$65,249,130	(\$1,870,184)	\$63,378,946	\$65,575,376	(\$1,888,886)	\$63,686,490	\$65,903,253	(\$1,907,775)	\$63,995,478
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$268,857,395</b>	<b>\$276,793,622</b>	<b>\$240,286</b>	<b>\$277,033,908</b>	<b>\$280,642,346</b>	<b>(\$3,748,024)</b>	<b>\$276,897,322</b>	<b>\$283,699,162</b>	<b>(\$3,789,324)</b>	<b>\$279,909,838</b>	<b>\$286,804,334</b>	<b>(\$3,834,204)</b>	<b>\$282,970,130</b>
	<b>INCOME/(LOSS) FROM OPERATIONS</b>	<b>\$36,531,202</b>	<b>\$31,124,054</b>	<b>\$14,759,714</b>	<b>\$45,883,768</b>	<b>\$30,733,798</b>	<b>(\$7,151,541)</b>	<b>\$23,582,257</b>	<b>\$30,785,833</b>	<b>(\$7,216,207)</b>	<b>\$23,569,627</b>	<b>\$30,820,576</b>	<b>(\$7,281,382)</b>	<b>\$23,539,194</b>
	<b>NON-OPERATING REVENUE</b>	<b>\$32,483,113</b>	<b>\$12,814,665</b>		<b>\$12,814,665</b>	<b>\$12,942,812</b>		<b>\$12,942,812</b>	<b>\$13,007,526</b>		<b>\$13,007,526</b>	<b>\$13,072,563</b>		<b>\$13,072,563</b>
	<b>EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>\$69,014,315</b>	<b>\$43,938,719</b>	<b>\$14,759,714</b>	<b>\$58,698,433</b>	<b>\$43,676,610</b>	<b>(\$7,151,541)</b>	<b>\$36,525,069</b>	<b>\$43,793,359</b>	<b>(\$7,216,207)</b>	<b>\$36,577,152</b>	<b>\$43,893,139</b>	<b>(\$7,281,382)</b>	<b>\$36,611,757</b>
	Principal Payments	\$389,931	\$432,914		\$432,914	\$469,484		\$469,484	\$510,553		\$510,553	\$556,933		\$556,933
<b>C. PROFITABILITY SUMMARY</b>														
1	Hospital Operating Margin	10.8%	9.7%	98.4%	13.7%	9.5%	65.6%	7.5%	9.4%	65.6%	7.4%	9.3%	65.5%	7.4%
2	Hospital Non Operating Margin	9.6%	4.0%	0.0%	3.8%	4.0%	0.0%	4.1%	4.0%	0.0%	4.1%	4.0%	0.0%	4.1%
3	Hospital Total Margin	20.4%	13.7%	98.4%	17.5%	13.5%	65.6%	11.7%	13.4%	65.6%	11.6%	13.3%	65.5%	11.5%
<b>D. FTEs</b>														
		1,407	1,425		1,425	1,425	(16)	1,409	1,425	(16)	1,409	1,425	(16)	1,409
<b>E. VOLUME STATISTICS<sup>c</sup></b>														
1	Inpatient Discharges	10,607	10,434		10,434	10,538		10,538	10,486		10,486	10,591		10,591
2	Outpatient Visits	444,994	440,939		440,939	445,348	(96,680)	348,668	447,575	(97,163)	350,412	449,813	(97,649)	352,164
	<b>TOTAL VOLUME</b>	<b>455,601</b>	<b>451,373</b>	<b>0</b>	<b>451,373</b>	<b>455,887</b>	<b>(96,680)</b>	<b>359,207</b>	<b>458,061</b>	<b>(97,163)</b>	<b>360,897</b>	<b>460,404</b>	<b>(97,649)</b>	<b>352,754</b>

\*Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

<sup>b</sup>Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July 2011.

<sup>c</sup>Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.



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Supplemental CON Application Form  
**Termination of a Service**  
Conn. Gen. Stat. § 19a-638(a)(5),(7),(8),(15)

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**Applicant:** The William W. Backus Hospital

**Project Name:** Termination of Outreach Laboratory Services

# Affidavit

**Applicant:** William W. Backus Hospital

**Project Title:** Termination of Outreach Laboratory Services

I, Bimal Patel, the SVP Hartford HealthCare & President Hartford HealthCare East Region, being duly sworn, depose and state that the William W. Backus Hospital complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.



Signature

5/18/17

Date

Subscribed and sworn to before me on 5/18/17

Adam Tarr Adam Tarr Juris # 433030

~~Notary Public~~/Commissioner of Superior Court

My commission expires: N/A

**1. Project Description: Service Termination**

**a. Please provide**

- i. a description of the history of the services proposed for termination, including when they commenced,**

Backus Hospital has PSCs at the locations listed below. As described in the Main Application, any person can show up to said PSC location and have their blood drawn or provide some other bodily fluid that is to be sent to a laboratory for testing.

<b>PSC LOCATION</b>	<b>COMMENCEMENT YEAR</b>
111 Salem Turnpike, Norwich, CT	2006
330 Washington St., Norwich, CT	1998
55 Town St., Norwich, CT	2012
582 Norwich Rd., Plainfield, CT	2012
163 Broadway, Colchester, CT	2004
80 Norwich New London Turnpike, Uncasville, CT	2012
70 Main St., Jewett City, CT	2008

- ii. whether CON authorization was received and,**

CON authorization was not needed and, thus, not received for said PSC locations.

- iii. if CON authorization was required, the docket number for that approval.**

Not applicable to this Proposal.

- b. 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.**

Laboratory outreach businesses/operations require significant investment in billing, marketing, client services and logistics, among other things to help support the business and to facilitate a convenient and efficient experience for the business' customers and clients. Backus Hospital, like many health care providers, has been and is actively pursuing and implementing major initiatives, structures, affiliations and transactions in order to better position itself for the changing health care payment and regulatory landscape. This includes pursuing

transactions that will permit Backus Hospital to focus on core clinical strengths and services and shed those that can be performed better and more efficiently by other parties, such as Quest.

- c. **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.**

No, this Proposal did not require the vote of the Applicant's Board of Directors.

**2. Termination's Impact on Patients and Provider Community**

- a. **For each provider to which the Applicant proposes transferring or referring clients, provide the below information for the last completed fiscal year and current fiscal year.**

This question and Table 2.a. are not applicable to this Proposal as Backus Hospital will not be transferring or referring patients to anyone or any party. Patients can seek to obtain their blood drawing or PSC services at any location they prefer.

**TABLE A**  
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY XX**	Utilization Current CFY***
N/A	N/A	N/A	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.

\*\* Fill in year and identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.). Label and provide the number of visits or discharges as appropriate.

\*\*\* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

- b. **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.**

This question is not applicable as there will be no displaced patients.

- 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.**

The first part of this question is not applicable to this Proposal because there are no special populations that utilize the blood draw/PSC services provided at the aforementioned locations. As to Medicaid and indigent persons, the Applicant expects that access to care for Medicaid recipients and indigent persons will not be negatively impacted. Quest is enrolled in and a participating service provider in Connecticut's Medicaid program. Also, as noted above, Quest offers all patients the option to apply to participate in the "Quest Diagnostics Patient Assistance Program" as described in the Main Application.

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

The Applicant expects to notify local providers by letter, and notify patients through notices/signs at each of the PSC sites.

- e. For DMHAS-funded programs only, attach 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.**

Not applicable to this Proposal.

## Olejarz, Barbara

---

**From:** Carney, Brian  
**Sent:** Friday, July 07, 2017 1:47 PM  
**To:** 'Barbara.Durdy@hhchealth.org'; VCarannante@goodwin.com  
**Cc:** Riggott, Kaila; Rival, Jessica; Olejarz, Barbara  
**Subject:** Completeness letter for Docket 17-32173-CON  
**Attachments:** CON 17-32173 Completeness Letter Final.docx; CON 17-32173 Completeness Letter Final.pdf

Good afternoon Barbara,

Please see the attached completeness letter in the above referenced matter. Please **confirm receipt** of this email and provide your written responses to OHCA no later than **September 5, 2017, 4:30 pm**.

Sincerely,  
Brian A. Carney

Brian Carney, MBA  
Associate Research Analyst  
Connecticut Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
Hartford, CT 06134-0308  
Phone - 860-418-7014  
[brian.carney@ct.gov](mailto:brian.carney@ct.gov)



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

Via Email Only

July 7, 2017

Ms. Barbara A. Durdy  
Director of Strategic Planning  
181 Patricia M. Genova Blvd.  
Newington, CT 06111  
[Barbara.durdy@hhchealth.org](mailto:Barbara.durdy@hhchealth.org)

RE: Certificate of Need Application: Docket Number: 17- 32173-CON  
Termination of PSC services  
Certificate of Need Completeness Letter

Dear Ms. Durdy:

On June 22, 2017, OHCA received the Certificate of Need application from The William W. Backus Hospital (“Applicant” or “Hospital”) seeking authorization to terminate services at seven (7) Patient Service Centers; 111 Salem Turnpike, Norwich, CT; 330 Washington St. Norwich, CT; 582 Norwich Rd. Plainfield, CT; 163 Broadway, Colchester, CT; 80 Norwich New London Turnpike, Uncasville, CT; and 70 Main St. Jewett City, CT. OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). *Please “reply all” to electronically confirm receipt of this email as soon as you receive it.* Provide responses to the questions below in both a Word document and PDF format as an attachment to a responding email. *Please email your responses to both of the following email addresses: [OHCA@ct.gov](mailto:OHCA@ct.gov) and [Kaila.Riggott@ct.gov](mailto:Kaila.Riggott@ct.gov).*

Paginate and date your response (i.e., each page in its entirety). Repeat each OHCA question before providing your response. Information filed after the initial CON application submission (e.g., completeness response letter, prefiled testimony, late file submissions, etc.) must be numbered sequentially from the Applicant’s preceding document. Begin your submission using **Page 92** and reference “**Docket Number: 17-32173-CON.**”



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

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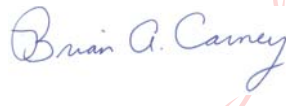
Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information no later than sixty days after the date this request was transmitted. Therefore, please provide your written responses to OHCA no later than **September 5, 2017, 4:30 p.m.**, otherwise your application will be automatically considered withdrawn.

- 1) Page 15 of the application refers to the development of an asset purchase agreement between the Hospital and Quest. Please submit a copy or a draft copy of this agreement. Describe any potential barriers to the finalization of this agreement.
- 2) If the proposal is approved, when approximately do you anticipate the transfer to Quest to occur?
- 3) What is the asset purchase price for the seven (7) PSCs?
- 4) Page 14 of the application notes that if the Hospital and Quest do not finalize an asset purchase agreement, one or more of the PSCs will be closed. Which locations are identified for possible closure? Please describe how patients will have continued access to PSC services in the areas covered by the PSCs to be closed.
- 5) Pages 18 and 19 of the application state that the termination of services at the seven PSCs will allow the Hospital to achieve efficiencies and allow the redeployment of resources. Please explain how these resources will be reallocated and expound upon the benefits of these efficiencies to the patients.
- 6) Page 19 of the application briefly describes a bi-directional data sharing interface implementation between the Hospital and Quest. Please explain in greater detail how the interface will benefit patients. Please describe the improvements in patient care experienced at other HHC facilities as a result of implementing the interface.
- 7) Pages 19-20 of the application refer to Hartford Healthcare Corporation's ("HHC's") charity care policy. Please submit a copy of Quest's policy on providing services to the uninsured, indigent, and underserved populations of the region. If Quest's policy differs from HHC's, please describe how it will be adjusted to ensure that financial assistance for the underserved and uninsured populations will continue at the same or improved levels.
- 8) Page 22 of the application notes that the proposal does not include any of the Hospital's actual laboratories or lab testing services. Describe the lab testing and/or blood drawing services that will continue to be owned and/or operated by the Hospital and their locations.
- 9) Does Table 5 on page 36 of the application, Historical Utilization by Service, include actual data through March 31, 2017? Please update the table to reflect data through June 30, 2017.

- 10) Page 20 of the application states “if this Proposal is approved, the services provided at the seven (7) Backus PSC locations will no longer be hospital-based locations and, thus, any facility fees will be eliminated.” Will Quest impose any additional fees upon patients that use their services? Will the cost to patients for blood drawing services increase or decrease as a result of this proposal?
- 11) Page 89 of the Application states PSCs require significant investment in billing, marketing, client services and logistics to help support the business and to facilitate a convenient and efficient experience for the business’ customers and clients. Please define and quantify these expenses.

If you have any questions concerning this letter, please contact Kaila Riggott at (860) 418-7037.

Sincerely,

 Digitally signed by  
Brian Carney  
Date: 2017.07.07  
13:42:03 -04'00'

Brian A. Carney  
Associate Research Analyst

## Olejarz, Barbara

---

**From:** Durdy, Barbara <Barbara.Durdy@hhchealth.org>  
**Sent:** Friday, July 07, 2017 2:05 PM  
**To:** Carney, Brian; VCarannante@goodwin.com  
**Cc:** Riggott, Kaila; Rival, Jessica; Olejarz, Barbara  
**Subject:** RE: Completeness letter for Docket 17-32173-CON

Thank you Brian

---

**From:** Carney, Brian [mailto:Brian.Carney@ct.gov]  
**Sent:** Friday, July 07, 2017 1:47 PM  
**To:** Durdy, Barbara; VCarannante@goodwin.com  
**Cc:** Riggott, Kaila; Rival, Jessica; Olejarz, Barbara  
**Subject:** Completeness letter for Docket 17-32173-CON

Good afternoon Barbara,

Please see the attached completeness letter in the above referenced matter. Please **confirm receipt** of this email and provide your written responses to OHCA no later than **September 5, 2017, 4:30 pm**.

Sincerely,  
Brian A. Carney

Brian Carney, MBA  
Associate Research Analyst  
Connecticut Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
Hartford, CT 06134-0308  
Phone - 860-418-7014  
[brian.carney@ct.gov](mailto:brian.carney@ct.gov)



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## User, OHCA

---

**From:** Carannante, Vincenzo <VCarannante@goodwin.com>  
**Sent:** Monday, July 31, 2017 3:04 PM  
**To:** User, OHCA; Riggott, Kaila  
**Cc:** Carney, Brian  
**Subject:** Backus Hospital Completeness Question Responses (DN - 32173)  
**Attachments:** DN 17-32173-CON.PDF; Completeness Responses - Backus Hospital (Lab Termination).DOCX

**Importance:** High

Hi Kaila and Brian: Attached please find our completeness question responses.  
Thank you, Vin

**Shipman & Goodwin** LLP  
C O U N S E L O R S   A T   L A W

**Vincenzo Carannante**  
Partner  
One Constitution Plaza  
Hartford, CT 06103-1919

Tel (860) 251-5096  
Fax (860) 251-5211  
vcarannante@goodwin.com  
www.shipmangoodwin.com

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 please consider the environment before printing this message



Vincenzo Carannante, Esq.  
Phone: (860) 251-5096  
vcarannante@goodwin.com

July 31, 2017

**VIA EMAIL**

Ms. Kaila Riggott  
Associate Research Analyst  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue, MS #13 HCA,  
Hartford, Connecticut 06134  
**OHCA@ct.gov**  
**Kaila.Riggott@ct.gov**

RE: Certificate of Need Application: Docket Number: 17- 32173-CON  
Termination of PSC services  
Responses to Certificate of Need Completeness Letter

Dear Ms. Riggott:

Enclosed please find The William W. Backus Hospital's responses to the Office of Health Care Access's completeness questions dated July 7, 2017. Please do not hesitate to contact me if you need additional information or have any further questions.

Sincerely,

Vincenzo Carannante

VZC/tja

0092 (07/31/17)

- 1) Page 15 of the application refers to the development of an asset purchase agreement between the Hospital and Quest. Please submit a copy or a draft copy of this agreement. Describe any potential barriers to the finalization of this agreement.

**Response: The parties are currently negotiating and drafting the APA. The Applicant will submit a redacted form of the APA to OHCA as soon as it is available.**

- 2) If the proposal is approved, when approximately do you anticipate the transfer to Quest to occur?

**Response: Hartford HealthCare intends to complete this transfer in Fiscal Year 2017, which ends on September 30, 2017.**

- 3) What is the asset purchase price for the seven (7) PSCs?

**Response: The purchase price for this transaction is approximately thirty million dollars (\$30,000,000). Please note, however, that the specific amounts to be allocated for the PSCs at The Hospital of Central Connecticut and Backus Hospital, respectively, have not been determined.**

- 4) Page 14 of the application notes that if the Hospital and Quest do not finalize an asset purchase agreement, one or more of the PSCs will be closed. Which locations are identified for possible closure? Please describe how patients will have continued access to PSC services in the areas covered by the PSCs to be closed.

**Response: If the parties are not able to successfully negotiate an Asset Purchase Agreement with Quest, Backus Hospital will begin an evaluation to determine which locations can be consolidated and or closed to improve organizational efficiencies and to reduce cost. If any PSCs are closed, patients will have continued access to PSC services through existing providers in the service area including, those set forth on Table 9 of this Application. In addition, please see the list below for additional providers (i.e. in addition to those set forth in Table 9) that the Applicant has located in the service areas referenced in Tables 2 and 9 of the Application.**

- Quest Diagnostics - (23 Clara Dr #204, Mystic CT 06355-1959)
- Quest Diagnostics - (15 Chesterfield Road, East Lyme CT 06333-1730)
- LABCORP - (12 Case St. Ste. 302, Norwich, CT 06360)
- Quest Diagnostics - (5 Founders Street, Willimantic CT 06226-0000)
- Quest Diagnostics - (21 Liberty Drive 2A, Hebron CT 06248-0000)
- Quest Diagnostics - (3-5 E Hampton Rd Unit 8, Marlborough CT 06447-1402)
- Yale New Haven Health - Wood River Health Services – Outpatient Laboratory Services (823 Main Street, Hope Valley, RI 02832)

- 5) Pages 18 and 19 of the application state that the termination of services at the seven PSCs will allow the Hospital to achieve efficiencies and allow the redeployment of resources. Please explain how these resources will be reallocated and expound upon the benefits of these efficiencies to the patients.

**Response: The Applicant intends to reinvest the proceeds from the sale into core hospital services in accordance with community needs and the strategic plan for Backus Hospital. As Hartford HealthCare's system consolidated operating margin is significantly challenged, the funds from this transaction will be used to support overall organizational liquidity. This will allow Backus Hospital to fund capital at a rate approximating annual depreciation. Items that are prioritized during the capital allocation process include items that allow for reduced operating costs or streamlined delivery of care.**

- 6) Page 19 of the application briefly describes a bi-directional data sharing interface implementation between the Hospital and Quest. Please explain in greater detail how the interface will benefit patients. Please describe the improvements in patient care experienced at other HHC facilities as a result of implementing the interface.

**Response: A bi-directional interface securely and efficiently exchanges patient lab orders and results. The provider is able to electronically order lab tests for one visit, or multiple future visits. When a patient presents to any of the Quest Diagnostics Patient Service Centers, the phlebotomist is able to download the test order at the time the patient presents. This electronic transmission of test orders minimizes errors, improves efficiency and turnaround time of results. When the testing is performed and completed at Quest Diagnostics, the results are electronically transmitted back via the bi-directional interface into the EHR. The result is immediately available to the physician and allows for expedited patient treatment and improved patient care, as well as coordinated care. HHC's other facilities, and their patients, have experienced the aforementioned efficiencies.**

- 7) Pages 19-20 of the application refer to Hartford Healthcare Corporation's ("HHC's") charity care policy. Please submit a copy of Quest's policy on providing services to the uninsured, indigent, and underserved populations of the region. If Quest's policy differs from HHC's, please describe how it will be adjusted to ensure that financial assistance for the underserved and uninsured populations will continue at the same or improved levels.

**Response: Please see Exhibit 6 for Quest's Patient Assistance Program documents including, its "QNatal" policy that offers financial assistance for non-invasive prenatal testing. While Quest's policy will not be adjusted to match HHC's policy, the benefits and procedures of HHC's charity care policy, which applies to Backus Hospital, and Quest's Patient Assistance Program, are similar in that patients qualify for their applicable level of discount based on how their or their family income compares to federal poverty level guidelines.**

- 8) Page 22 of the application notes that the proposal does not include any of the Hospital's actual laboratories or lab testing services. Describe the lab testing and/or blood drawing services that will continue to be owned and/or operated by the Hospital and their locations.

**Response:** The following lab testing and/or blood draw services will continue to be owned/operated by Backus Hospital:

- Backus Hospital Laboratory (full-service lab testing facility) - 326 Washington St, Norwich, CT 06360
- Backus Plainfield Emergency Care Center Laboratory (rapid response lab testing facility) - 582 Norwich Road, Plainfield, CT 06374
- Backus Hospital - (inpatient and outpatient phlebotomy services) - 326 Washington St, Norwich, CT 06360

- 9) Does Table 5 on page 36 of the application, Historical Utilization by Service, include actual data through March 31, 2017? Please update the table to reflect data through June 30, 2017.

**Response:** Table 5 on page 36 of the application reflects utilization data through March 31, 2017. Please see below for an updated Table 5 with data through June 30, 2017.

TABLE 5  
HISTORICAL UTILIZATION BY SERVICE\*\*\*\*

Revised Table 5 - Historical Utilization					
Location (Lab outreach services)	Actual Volume (Last 3 Completed FYs)			CFY Volume*	CFY Volume*
	FY 2014	FY 2015	FY 2016	Jun FY17 YTD	Jun FY17 YTD
				FYTD 2017***	Annualized
163 Broadway, Colchester CT	7390	7474	7566	5421	7228
111 Salem Turnpike, Norwich CT	28339	28647	30674	21670	28893
55 Town St. Norwich CT	18614	18570	18928	13876	18501
330 Washington St. Norwich CT	12072	16047	16630	12854	17139
80 Norwich New London Tpk. Uncasville Ct	4704	4969	4630	3434	4579
70 Main St., Jewett City, CT	3743	3138	3538	2234	2979
582 Norwich Rd. Plainfield CT	12210	12495	13939	10929	14572
Total	87072	91340	95905	70418	93891

\*For periods greater than 6 months, report annualized volume, identify the months covered and the method of annualizing.  
For periods less than 6 months, report actual volume and identify the months covered.  
\*\*Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for each service type and level listed.  
\*\*\*Fill in years. If the time period reported is not identical to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.  
\*\*\*\*Volume data based on the number of patient visits.



10) Page 20 of the application states “if this Proposal is approved, the services provided at the seven (7) Backus PSC locations will no longer be hospital-based locations and, thus, any facility fees will be eliminated.” Will Quest impose any additional fees upon patients that use their services? Will the cost to patients for blood drawing services increase or decrease as a result of this proposal?

**Response: Because Quest is not a hospital, it cannot charge a separate facility fee (i.e. provider-based fee). Quest will bill for the services it provides according to the testing fee schedule negotiated with payers. Due to antitrust restrictions, the parties have not shared or disclosed pricing information with/to each other. The Applicant is not aware of Quest’s charges.**

11) Page 89 of the Application states PSCs require significant investment in billing, marketing, client services and logistics to help support the business and to facilitate a convenient and efficient experience for the business’ customers and clients. Please define and quantify these expenses.

**Response: As described in the application on page 89, PSCs require a significant investment in billing, marketing and other support services to ensure effective operations. The Hospital estimates that the expense related to supporting and operating the PSCs identified in this application are as follows:**

**Billing / Patient accounts - \$130,950 (per year)  
Courier Services - \$180,000 (\$15,000 x 12 months)  
Marketing Expenses - \$1,000 (approximately per year)**

**Total Estimated Expenses listed above for PSCs = approximately \$312,000 (per year)**

# Exhibit 6



[Homepage](#) » [Our Company](#) » [Corporate Citizenship](#) » [Community and Giving](#) » [Patient Assistance](#)

## Quest Diagnostics Patient Assistance Program

We are committed to providing clinical laboratory services regardless of your ability to pay. Through our Patient Assistance Program, we tailor solutions for uninsured or underinsured patients based on individual circumstances and may adjust some or all laboratory charges if you cannot afford to pay for your testing.

### Payment Plans

We offer payment plans, which allow those who are unable to pay their full balance by the due date, to make monthly installment payments

### Financial Assistance Program

We offer tiered discounts that take into account your income and family unit size. Discounts are based on guidelines provided by the US Department of Health and Human Services and can be as much as 100% of your amount due

#### Eligibility

We will determine your eligibility based on your income and the U.S. Department of Health and Human Services poverty guidelines. The guidelines are updated annually and are available at the [HHS website](#).

#### How to Obtain Assistance

To take advantage of a payment plan, call the customer service phone number listed on your invoice. If you do not have an invoice, contact [Billing Customer Service](#).



To apply for our Financial Assistance Program, [download an application](#) and mail it to the address listed on your invoice, or, call the Customer Service phone number listed on your invoice.

For additional questions please contact [Billing Customer Service](#)

	<p>Make a difference in your career Join a healthcare industry leader and help to change lives</p>	 <p>MyQuest by Quest360</p>	<p>Make better decisions about your health Use the MyQuest™ patient portal and mobile health app to help you make better decisions about your health</p>		<p>Important and timely Quest Diagnostics Health Trends™ reports track allergies, diabetes, heart health and more</p>
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Dear Patient,

Thank you for your interest in our Patient Financial Assistance Program. So that we can determine your eligibility, please complete the attached application form and return it to the correspondence address listed on your invoice, along with one or more of the required documents listed below:

- A copy of last year's W2 form
- A copy of last year's income tax return
- A copy of your most recent pay stub (s)
- A proof source indicating that you are eligible for local, state, or federal assistance programs.

Once we receive your completed application and documentation, we will determine if you meet the established criteria. Please allow approximately two weeks for your application to be processed. Do not make any payments until you receive notification regarding the status of your request. Applying for acceptance into our Financial Assistance Program does not guarantee reduced charges.

If you have any additional questions or concerns, please do not hesitate to contact us. Thank you for using Quest Diagnostics. We look forward to serving you in the future.

Sincerely,

*Patient Billing Customer Service*



**Patient Financial Assistance Form**

**Patient Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Patient Date of Birth:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Invoice Number(s):** \_\_\_\_\_ **Lab Code:** \_\_\_\_\_

**Please complete all information accurately. The signature of the patient or patient's guardian is required. Please make sure to attach the required supporting documentation.**

- Does the patient have sufficient resources to pay for the testing and/or the deductible and coinsurance?
  - Yes If answer is "Yes", you are financially responsible for payment.
  - No If answer is "No", complete form below.

- Is any source, other than the patient, legally responsible for the patient's medical bills (e.g., Medicaid, local welfare agency, guardian or other insurance program)?

Yes  No If answer is "Yes" list:

**Insurance Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Member I.D.:** \_\_\_\_\_

**Other Source:** \_\_\_\_\_

- Patient/legal guardian's monthly resources:

Salary	\$	_____
Social Security	\$	_____
Cash/Welfare Payment	\$	_____
Family Contribution	\$	_____
Income from Savings Accounts, CDs, etc.	\$	_____
Other	\$	_____

**Total \$** \_\_\_\_\_

- Number of family members in household: \_\_\_\_\_

I hereby acknowledge that the above information is true and correct according to the best of my knowledge and belief. I also authorize the release of any and all financial records necessary to verify the above information. I understand that if I do not qualify, I will be notified and Quest Diagnostics will bill me. I hereby acknowledge that I am neither related to nor employed by the physician who ordered the testing.

**Patient Name (Print):** \_\_\_\_\_

**Guardian Name (Print):** \_\_\_\_\_

**Responsible Party Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Official Use Only:**

Bill Number	Amount \$	Approved	Denied
Date Received:			
PCS Rep:			
Supervisor (signature):			



Homepage » Contact » Customer Service Billing

## Contact Us

Need Assistance? Please choose from the topics below

Contact Billing Customer Service

Call one of our Patient Billing Customer Service Centers based on your area of interest below

LOCATION	CITY	TELEPHONE NUMBER
CANADA		
		1 (866)930-3718 (calls from Canada only)
CA	Sacramento	1 (855)324-2016
CA	West Hills	1 (800)758-8047
CO	Denver	1 (800)433-4986
CT	Wallingford	1 (800)933-2009
FL	Miami	1 (800)743-7440
FL	Tampa	1 (800)488-8890
GA	Atlanta	1 (800)366-6635
IL	Wood Dale	1 (800)888-8333
KS	Lenexa	1 (800)759-2789
LA	New Orleans	1 (800)759-2758
MA	Cambridge	1 (800)253-2743
MD	Baltimore	1 (844)750-4024
MI	Auburn Hills	1 (800)888-8333
MN	Minneapolis	1 (800)888-8333
NJ	Teterboro	1 (800)631-1388
NV	Las Vegas	1 (855)619-4056
NY	Syosset	1 (866)865-2805
OH	Cincinnati	1 (800)888-8333

<http://www.questdiagnostics.com/home/contact/billing-telephone.html>

6/25/2017

PA	Philadelphia	1 (800)766-2604
PA	Pittsburgh	1 (800)837-3177
TN	Nashville	1 (800)766-0595
TX	Dallas	1 (800)694-0247
TX	Houston	1 (866)846-4021
WA	Seattle	1 (866)846-4027

Quest Diagnostics Employer Customer Service  
Please call our Employer Customer Service number at 1(800) 877-7484

Quest Diagnostics Nichols Institute  
Please call our Nichols Institute San Juan Capistrano at 1(800) 436-4702 or Nichols Institute Valencia at 1(800) 421-7110 (options 2# 7, 2) or Nichols Institute Chantilly at 1(800) 336-3718 (option 4)

Quest Diagnostics Clinical Trials  
Please call our Clinical Trials Customer Service number at 1(800) 877-7004



What's new at Quest Diagnostics?

What's new at Quest Diagnostics? We've introduced over 100 new tests and continue to advance the science and delivery of diagnostics



Make a difference in your career

Join a healthcare industry leader and help to change lives



MyQuest  
by Care360

Make better decisions about your health

Use the MyQuest™ patient portal and mobile health app to help you make better decisions about your health

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## QNatal™ Advanced NIPS Financial Assistance

Ensure all of your patients receive the testing they require. Quest Diagnostics offers flexible and easy-to-use financial assistance for those who cannot afford Noninvasive Prenatal Screening (NIPS). Affordability shouldn't stand in the way of diagnostic insights. Let's help find every patient a solution that fits their financial need.

- For uninsured and underinsured patients who meet or fall below the federal poverty level, testing is provided at no charge
- Uninsured and underinsured patients that meet income requirements (household incomes of greater than 100% and at or less than 400% of the federal poverty level) will qualify for an out-of-pocket maximum of \$200
- Financial criteria information is available on the U.S. Department of Health and Human Services (HHS) website at <http://aspe.hhs.gov/poverty>

### To Qualify:

- Patient must meet income requirements. See the 2015 HHS financial guidelines on the back of this page
- If insured, patients must meet their insurance provider's requirements for this testing, such as obtaining preauthorization for testing

### How to apply:

- Download the application at the URL below and mail it to the address listed on your invoice, or call the Customer Service phone number listed on your invoice

For patients who require additional financial assistance, Quest Diagnostics offers payment plans of 0% financing for a 12-month period.

[QuestDiagnostics.com/financialassistance](http://QuestDiagnostics.com/financialassistance)

# QNatal™ Advanced NIPS Financial Assistance

2015 HHS Poverty Guidelines

Income Requirements for Eligibility						
Persons in Family/ Household	48 Contiguous States & Washington, DC		Alaska		Hawaii	
	Poverty level	x 400%	Poverty level	x 400%	Poverty level	x 400%
1	\$11,770	\$47,080	\$14,720	\$58,880	\$13,550	\$54,200
2	\$15,930	\$63,720	\$19,920	\$79,680	\$18,330	\$73,320
3	\$20,090	\$80,360	\$25,120	\$100,480	\$23,110	\$92,440
4	\$24,250	\$97,000	\$30,320	\$121,280	\$27,890	\$111,560
5	\$28,410	\$113,640	\$35,520	\$142,080	\$32,670	\$130,680
6	\$32,570	\$130,280	\$40,720	\$162,880	\$37,450	\$149,800
7	\$36,730	\$146,920	\$45,920	\$183,680	\$42,230	\$168,920
8	\$40,890	\$163,560	\$51,120	\$204,480	\$47,010	\$188,040
	For families/households with more than 8 persons, add \$4,160 for each additional person.		For families/households with more than 8 persons, add \$5,200 for each additional person.		For families/households with more than 8 persons, add \$4,780 for each additional person.	

The financial assistance application is available at:  
[QuestDiagnostics.com/financialassistance](http://QuestDiagnostics.com/financialassistance)

Please contact your sales representative for additional information.

**Note:** The financial criteria above are based upon the United States Department of Health & Human Services (HHS) Poverty Guidelines 2015. Our illustration provides an estimate of the poverty level multiplied times 400%, which are subject to change when these levels change each year. Quest Diagnostics reserves the right to modify or terminate this program at any time.

For more information please access the HHS website at <http://aspe.hhs.gov/poverty>

**QuestDiagnostics.com**

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## User, OHCA

---

**From:** Riggott, Kaila  
**Sent:** Tuesday, August 01, 2017 7:33 AM  
**To:** Carannante, Vincenzo; User, OHCA  
**Cc:** Carney, Brian  
**Subject:** RE: Backus Hospital Completeness Question Responses (DN - 32173)

Thank you Vin.

### **Kaila Riggott, MPA**

Planning Specialist  
State of Connecticut  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13-HCA  
Hartford, CT 06134  
phone: 860.418.7037  
fax: 860.418.7053  
<http://www.ct.gov/ohca>



---

**From:** Carannante, Vincenzo [mailto:VCarannante@goodwin.com]  
**Sent:** Monday, July 31, 2017 3:04 PM  
**To:** User, OHCA <OHCA@ct.gov>; Riggott, Kaila <Kaila.Riggott@ct.gov>  
**Cc:** Carney, Brian <Brian.Carney@ct.gov>  
**Subject:** Backus Hospital Completeness Question Responses (DN - 32173)  
**Importance:** High

Hi Kaila and Brian: Attached please find our completeness question responses.  
Thank you, Vin

**Shipman & Goodwin** LLP  
C O U N S E L O R S   A T   L A W

**Vincenzo Carannante**  
Partner  
One Constitution Plaza  
Hartford, CT 06103-1919

Tel (860) 251-5096  
Fax (860) 251-5211  
[vcarrannante@goodwin.com](mailto:vcarrannante@goodwin.com)  
[www.shipmangoodwin.com](http://www.shipmangoodwin.com)

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## Olejarz, Barbara

---

**From:** Rival, Jessica  
**Sent:** Tuesday, August 15, 2017 4:18 PM  
**To:** VCarannante@goodwin.com; Barbara.Durdy@hhchealth.org  
**Cc:** Riggott, Kaila; Carney, Brian; Olejarz, Barbara  
**Subject:** 17-32173-CON  
**Attachments:** 32173-CON Notification of Application Deemed Complete.pdf

Good afternoon Ms. Durdy,

On August 15, 2017, OHCA deemed complete William W. Backus Hospital's application seeking authorization to terminate seven Patient Service Centers; Docket Number: [17-32173-CON](#). Attached you will find a PDF of your letter of notification. Please confirm your receipt of this e-mail at your earliest convenience.

Thank you,

*Jessica Rival*

CCT Health Care Analyst  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue MS#13HCA  
Hartford, CT 06134  
Phone: 860-418-7035  
Fax: 860-418-7053  
<http://www.ct.gov/ohca>



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

August 15, 2017

Via Email Only

Barbara A. Durdy  
Director, Strategic Planning  
Hartford HealthCare  
181 Patricia M. Genova Blvd  
Newington, CT 06111  
[Barbara.Durdy@hhchealth.org](mailto:Barbara.Durdy@hhchealth.org)


RE: Certificate of Need Application: Docket Number: 17-32173-CON  
Termination of Seven Patient Service Centers

Dear Ms. Durdy:

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 August 15, 2017.

If you have any questions concerning this letter, please feel free to contact me at (860) 418-7035.

Sincerely,

 Digitally signed  
by Jessica Rival  
Date: 2017.08.15  
15:11:30 -04'00'

Jessica Rival  
CCT-Health Care Analyst

Cc: Vincenzo Carannante, Esq., Shipman & Goodwin LLP



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

## Olejarz, Barbara

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**From:** Carannante, Vincenzo <VCarannante@goodwin.com>  
**Sent:** Tuesday, August 15, 2017 4:20 PM  
**To:** Rival, Jessica; Barbara.Durdy@hhchealth.org  
**Cc:** Riggott, Kaila; Carney, Brian; Olejarz, Barbara  
**Subject:** RE: 17-32173-CON

Confirming receipt. Thank you so much for the quick turnaround. We really appreciate it!  
Vin

**Shipman & Goodwin** LLP  
COUNSELORS AT LAW

**Vincenzo Carannante**  
Partner  
One Constitution Plaza  
Hartford, CT 06103-1919

Tel (860) 251-5096  
Fax (860) 251-5211  
vcarannante@goodwin.com  
www.shipmangoodwin.com

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 please consider the environment before printing this message

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**From:** Rival, Jessica [mailto:Jessica.Rival@ct.gov]  
**Sent:** Tuesday, August 15, 2017 4:18 PM  
**To:** Carannante, Vincenzo <VCarannante@goodwin.com>; Barbara.Durdy@hhchealth.org  
**Cc:** Riggott, Kaila <Kaila.Riggott@ct.gov>; Carney, Brian <Brian.Carney@ct.gov>; Olejarz, Barbara <Barbara.Olejarz@ct.gov>  
**Subject:** 17-32173-CON

Good afternoon Ms. Durdy,

On August 15, 2017, OHCA deemed complete William W. Backus Hospital's application seeking authorization to terminate seven Patient Service Centers; Docket Number: [17-32173-CON](#). Attached you will find a PDF of your letter of notification. Please confirm your receipt of this e-mail at your earliest convenience.

Thank you,

*Jessica Rival*

CCT Health Care Analyst  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue MS#13HCA  
Hartford, CT 06134  
Phone: 860-418-7035  
Fax: 860-418-7053  
<http://www.ct.gov/ohca>



## Olejarz, Barbara

---

**From:** Durdy, Barbara <Barbara.Durdy@hhchealth.org>  
**Sent:** Tuesday, August 15, 2017 4:59 PM  
**To:** Rival, Jessica; VCarannante@goodwin.com  
**Cc:** Riggott, Kaila; Carney, Brian; Olejarz, Barbara  
**Subject:** RE: 17-32173-CON

Thank you Jessica

---

**From:** Rival, Jessica [mailto:Jessica.Rival@ct.gov]  
**Sent:** Tuesday, August 15, 2017 4:18 PM  
**To:** VCarannante@goodwin.com; Durdy, Barbara  
**Cc:** Riggott, Kaila; Carney, Brian; Olejarz, Barbara  
**Subject:** 17-32173-CON

Good afternoon Ms. Durdy,

On August 15, 2017, OHCA deemed complete William W. Backus Hospital's application seeking authorization to terminate seven Patient Service Centers; Docket Number: [17-32173-CON](#). Attached you will find a PDF of your letter of notification. Please confirm your receipt of this e-mail at your earliest convenience.

Thank you,

*Jessica Rival*

CCT Health Care Analyst  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue MS#13HCA  
Hartford, CT 06134  
Phone: 860-418-7035  
Fax: 860-418-7053  
<http://www.ct.gov/ohca>



*Reminder: This e-mail and any attachments are subject to the current HHC email retention policies. Please save or store appropriately in accordance with policy.*

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August 15, 2017

State of Connecticut  
Department of Public Health  
Office of Healthcare Access  
410 Capitol Avenue  
Hartford, CT 06106

Dear OHCA Members:

I would like to take this opportunity to voice my support of the proposed Asset Purchase Agreement of Hartford Healthcare Corporation, Hospital of Central Connecticut and Bradley Memorial Hospital with Quest Diagnostics.

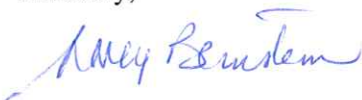
Women's Health Connecticut, which represents a group of over 200 physicians and 30+ collaborative providers at nearly 80 locations across Connecticut, has successfully partnered with Quest to provide operational support services to our physician-owned lab. This arrangement has allowed us to work closely with Quest on all facets of lab operations – from specimen collection through accreditation of our laboratory, from proficiency testing through reporting of results into our EMR, and everything in between. It is from this perspective that I can speak to the level of quality, sophistication, and technical expertise that Quest provides.

But this expertise expands beyond our own lab, as Quest processes thousands of specimens each month for tests ordered by our physicians that cannot be processed at our own lab. This includes a wide array of routine tests and highly-specialized ones as well. While the turnaround times for specimens processed by Quest are outstanding, in those urgent situations where more rapid response times are needed, Quest can direct these STAT tests to one of several "rapid response" labs located within the state, thus ensuring that patient care is not delayed when critical situations arise.

Further, we know that lab testing is critical to the appropriate diagnosis and treatment for patients, yet lab testing often requires specimens that must be collected by a trained phlebotomist at a drawing station. Having convenient access to drawing stations is therefore crucial in ensuring that patients get the testing they need; patients who cannot easily access a drawing station are less likely to have their testing completed. Quest offers more than 100 drawing stations across the state; no other lab offers anywhere near the number of drawing stations that Quest does. And patients who live across the border in other states, or who may be traveling, can access any Quest drawing station across the country.

I see this Asset Purchase Agreement as a win-win for patients, physicians and the healthcare system overall by promoting access to high-quality, convenient testing. Feel free to contact me at 860-678-3404 with any questions.

Sincerely,



Nancy Bernstein  
President and CEO, Women's Health Connecticut



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

### Certificate of Need Final Decision

**Applicant:** The William W. Backus Hospital  
326 Washington Street  
Norwich, CT 06360

**Docket Number:** 17-32173-CON

**Project Title:** Termination of Seven Blood Collection Facilities

**Project Description:** The William W. Backus Hospital (“Backus” or “Applicant”), seeks authorization to terminate its provision of services at seven Blood Collection Facilities whereupon Quest Diagnostics will assume ownership and operation.

**Procedural History:** The Applicant published notice of its intent to file a Certificate of Need (“CON”) application in *The Hartford Courant* (Hartford) on May 31, 2017, June 1, 2017 and June 2, 2017. On, June 22, 2017, the Office of Health Care Access (“OHCA”) received the CON application from the Applicant for the above-referenced project and deemed the application complete on August 15, 2017. OHCA received no responses from the public concerning the proposal and no hearing requests were received from the public per Connecticut General Statutes (“Conn. Gen. Stat.”) § 19a-639a(e). Deputy Commissioner Addo considered the entire record in this matter.



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## Findings of Fact and Conclusions of Law

1. The Applicant is an acute care hospital and member of Hartford HealthCare Corporation (“Hartford HealthCare”) with its main campus located at 326 Washington Street, Norwich. Ex. A, p. 21
2. The Applicant offers, among other services, laboratory testing and outpatient specimen collection at its main campus. It currently also performs blood drawing and specimen collection services at seven satellite patient outreach centers, also known as blood collection facilities, (“BCFs”) in Eastern CT. Blood and other bodily fluid samples are collected at the BCFs and transferred to Backus-owned laboratories for testing. Ex. A, p. 21
3. Due to the costs of running its outreach operation, including billing, marketing, client services and logistics, the Applicant determined a provider focused solely on sample collection and testing could more efficiently provide BCF services. Ex. A p. 21, 89
4. The Applicant estimates that the expense related to supporting and operating the BCFs identified in this application are as follows:
  - Billing / Patient accounts - \$130,950 (per year)
  - Courier Services - \$180,000 (\$15,000 x 12 months)
  - Marketing Expenses - \$1,000 (approximately per year)
  - Total Estimated Expenses listed above for BCFs = approximately \$312,000 (per year)Ex. A, pp. 89, 96
5. The Applicant is seeking authorization to terminate its ownership and operation of all seven of its satellite BCFs at the following locations:
  - 163 Broadway, Colchester
  - 111 Salem Turnpike, Norwich
  - 55 Town Street Norwich
  - 330 Washington Street Norwich
  - 80 Norwich New London Turnpike. Uncasville,
  - 70 Main Street, Jewett City
  - 582 Norwich Road PlainfieldEx. A, pp. 14, 22, 26

6. Historical utilization volumes are shown in the table below:

<b>HISTORICAL UTILIZATION BY SERVICE</b>					
<b>Lab Outreach Service Locations</b>	<b>Patient Visits (Last 3 Completed FYs)</b>			<b>CFY Volume June FY17 YTD</b>	<b>CFY Volume June FY17 YTD Annualized</b>
	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017<sup>1</sup></b>	<b>FY 2017</b>
163 Broadway, Colchester	7,390	7,474	7,566	5,421	7,228
111 Salem Turnpike, Norwich	28,339	28,647	30,674	21,670	28,893
55 Town St. Norwich	18,614	18,570	18,928	13,876	18,501
330 Washington St. Norwich	12,072	16,047	16,630	12,854	17,139
80 Norwich New London Tpk. Uncasville	4,704	4,969	4,630	3,434	4,579
70 Main St., Jewett City	3,743	3,138	3,538	2,234	2,979
582 Norwich Rd. Plainfield	12,210	12,495	13,939	10,929	14,572
<b>Total</b>	<b>87,072</b>	<b>91,340</b>	<b>95,905</b>	<b>70,418</b>	<b>93,891</b>

<sup>1</sup> Volume represents actual visits from October 1, 2016 through June 31, 2017 (9 months)

Ex. A, p. 29

7. The termination of services at the seven BCFs will not impact its own laboratory or laboratory testing services, and will continue to perform drawings for outpatients, Emergency Department (“ED”) patients and for scheduled surgical services. The following lab testing and/or blood draw services will continue to be owned/operated by the Applicant:

- Backus Hospital Laboratory (full-service lab testing facility) – 326 Washington St, Norwich;
- Backus Plainfield Emergency Care Center Laboratory (rapid response lab testing facility) - 582 Norwich Road, Plainfield;
- Backus Hospital (inpatient and outpatient phlebotomy services) - 326 Washington St, Norwich.

Ex. A, pp. 22, 95

8. The Applicant and Hartford Healthcare, in conjunction with an independent third party, issued a request for proposals to identify a purchaser for the seven BCFs that are the subject of this proposal, as well as those of other Hartford Healthcare owned hospitals. It sought a purchaser that is an expert in laboratory sciences and capable of handling the large volume of testing required by the Applicant and Hartford Healthcare as a whole. Docket 17-32170-CON Ex. BB, Transcript Dr., Bimel Patel, Senior Vice President, Hartford Healthcare, pp 38-39

9. The Applicant identified Quest Diagnostics (“Quest”) as its preferred purchaser. Quest is a publicly traded company headquartered in Madison, NJ that operates more than 2,200 BCFs nationwide, with at least 187 in Connecticut. Ex. A, pp. 21, 25. Quest Diagnostics, *Fact Sheet* available at <http://newsroom.questdiagnostics.com/index.php?s=30664> (last accessed May 2017); DPH, BCF Licensing and Inspection Records.

10. There will be no change to the services offered at the BCFs subsequent to implementation of the proposal. The same services will be provided in the same locations by Quest. Docket 17-32170-CON Ex. S, Pre-filed Testimony, Joseph Vaccarelli, Administrative Director, HoCC, p. 6
11. Following implementation of the proposal, patients visiting one of the seven BCFs will have blood or urine samples collected by Quest and transported to a Quest-owned laboratory for testing. Results will be entered into an electronic health records (“EHR”) system and be immediately accessible by Backus physicians. Docket 17-32170-CON Ex. S, Pre-file Testimony, Kabawat, p. 3-4. Ex. BB, Testimony, Dr. Spencer Erman, Chief Medical Informatics Officer for Hartford HealthCare, p. 51.
12. Quest maintains an electronic mobile application titled “My Quest,” providing consumers with the ability to view their test results online, schedule appointments any time of the day and track their healthcare over time. Ex. A, p. 19
13. As a result of the planned conversion to the EPIC EHR system in October 2017, the Applicant and Quest will coordinate patients’ requisitions and results using a bi-directional data sharing interface. This software is currently in place at other Hartford Healthcare Corporation facilities. Ex. A, pp. 19, 94
14. Hartford HealthCare has implemented quarterly Steering Committee meetings, during which the Applicant’s pathologists may directly communicate to Quest’s medical leadership any concerns or insights that may arise regarding Quest’s operation of the BCFs. Docket 17-32170-CON Ex. BB, Transcript, Patel, p. 49
15. In addition to the seven BCFs that are the subject of this proposal, Quest has nine BCFs in Backus’ primary service area (“PSA”). Physicians have the ability to electronically submit requisition orders to Quest, which may then be accessed and completed by any Quest BCF at which the patient presents. Docket 17- 32170-CON Ex. BB, Transcript, Kabawat, p. 58.

16. There are twelve existing BCFs located in the Applicant’s primary service area (“PSA”) as shown in the table below.

**EXISTING BCFs IN BACKUS’ PSA**

Provider Name	Address
Quest	118 New London Turnpike, Norwich 85 Poheganut Drive, Groton 721 Bank Street, New London 4 Shaws Cove, New London 23 Clara Drive #204, Mystic 15 Chesterfield Road, East Lyme 5 Founders Street, Willimantic 21 Liberty Drive 2A, Hebron 3-5 E Hampton Road, Marlborough
Lab Corp.	12 Case Street #302, Norwich
Yale New Haven Health – Wood River Health Services	823 Main Street, Hope Valley, RI

Ex. A, pp. 33, 93

17. The purchase price of Hartford HealthCare’s BCF services, of which Backus’ BCFs are a part, is \$30 million. Ex. A, p. 93
18. Despite the incremental gain in FY 2017, which is largely due to including the proceeds from the sale of the BCF business units as other operating income, the proposal projects incremental yearly losses of approximately \$7M in FY 2018, FY 2019 and FY 2020.

**PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	FY 2017	FY 2018	FY 2019	FY 2020
Revenue from Operations	\$15,000,000	(\$10,896,565)	(\$11,005,531)	(\$11,115,586)
Total Operating Expenses	\$240,286	(\$3,745,024)	(\$3,789,324)	(\$3,834,204)
Gain/Loss from Operations	\$14,759,714	(\$7,151,541)	(\$7,216,207)	(\$7,281,382)

Ex. A, pp. 22, 28

19. Despite the incremental losses related to the proposal, the Applicant will still achieve overall gains.

**PROJECTED OVERALL GAINS WITH CON**

	FY 2017	FY 2018	FY 2019	FY 2020
Revenue From Operations	\$322,917,676	\$300,479,579	\$303,479,464	\$306,509,324
Total Operating Expenses	\$277,033,908	\$276,897,322	\$279,909,838	\$282,970,130
Gain (Loss) From Operations	\$45,883,768	\$23,582,257	\$23,569,626	\$23,539,194

Financial Worksheet A

20. Quest has a charity care policy in place that qualifies patients for discounts based on their income compared to federal poverty level guidelines and patients may submit an application for billing relief. Quest provides no-charge Noninvasive Prenatal Screening for patients who meet or fall below the federal poverty level and an out-of-pocket maximum charge of \$200 for those with incomes between 100% and 400%. Ex. A, p. 94. Quest Diagnostics, *Financial Assistance*, [www.questdiagnostics.com/home/about/corporate-citizenship/community-giving/assistance.html](http://www.questdiagnostics.com/home/about/corporate-citizenship/community-giving/assistance.html) (last accessed Aug. 2017). <http://www.questdiagnostics.com/dms/Documents/Insurance-Lists/connecticut.pdf> (last accessed Aug. 2017).
21. Medicaid payers currently comprise 16.5% of the Applicant’s patients.

**APPLICANT’S LAST COMPLETED PAYER MIX**

Payer	FY 2016	
	Visits	%
Medicare*	37,043	38.6
Medicaid*	15,809	16.5
CHAMPUS & TriCare	1,300	1.4
<b>Total Government</b>	<b>54,152</b>	<b>56.5</b>
Commercial Insurers	40,732	42.5
Uninsured	679	0.7
Workers Compensation	342	0.4
<b>Total Non-Government</b>	<b>4,1735</b>	<b>43.5</b>
<b>Total Payer Mix</b>	<b>95,905</b>	<b>100.0</b>

\*Includes managed care activity  
Ex. A, p.30

22. Quest is enrolled in and a participating service provider in Connecticut’s Medicaid program and there is no expected change in the payer mix. Ex. A, p. 94. <http://www.questdiagnostics.com/dms/Documents/Insurance-Lists/connecticut.pdf> (last accessed Aug. 2017).
23. 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))
24. The Statewide Health Care Facilities and Service Plan does not address BCFs and, as such, there is currently no relationship between them. (Conn. Gen. Stat. § 19a-639(a)(2)) (Ex. A p. 24)
25. The Applicant has not proposed a health care facility or service for which a demonstration of clear public need is applicable. (Conn. Gen. Stat. § 19a-639(a)(3)) (Ex. A pp. 24-25)
26. The Applicant has demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4)) (Ex. A pp. 28-29)
27. The Applicant has demonstrated that the proposal will maintain quality and accessibility and cost effectiveness of health care delivery in the region. (Conn. Gen. Stat. § 19a-639(a)(5)) (Ex. A pp. 25-26)

28. The Applicant has shown that there would be no change in the provision of health care services to the relevant populations and payer mix, including access to services by Medicaid recipients. (Conn. Gen. Stat. § 19a-639(a)(6)) (Ex. A pp. 26-27)
29. The Applicant has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7)) (Ex. A pp. 30-31)
30. The Applicant's historical provision of treatment in the service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8)) (Ex. A pp. 30-31)
31. The Applicant has satisfactorily demonstrated that the proposal would not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9)) (Ex. A p. 31)
32. The Applicant has demonstrated that there will be no reduction in access to services by Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10)) (Ex. A pp. 26-27)
33. The Applicant has not demonstrated that the proposal will not negatively impact the diversity of health care providers, but patient choice will still exist in the region. (Conn. Gen. Stat. § 19a-639(a)(11)) (Ex. A p. 31)
34. The Applicant has satisfactorily demonstrated that the proposal will not result in any consolidation that would affect health care costs or access to care. (Conn. Gen. Stat. § 19a-639(a)(12)) (Ex. A pp. 25-27)

## 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 § 19a-639(a) of the Statutes. The Applicants bear the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

The Applicant, a member of Hartford HealthCare, is an acute care hospital with its primary campus in Norwich. Among other services, the Applicant provides laboratory testing and outpatient specimen collection at this location. It additionally performs blood drawing and specimen collection services at seven (7) satellite patient outreach centers, also known as blood collection facilities (“BCFs”), in Eastern Connecticut. *FF1-FF2*.

Due to the cost of operating the BCFs, including billing, marketing, and client services and logistics, the Applicant determined a provider focused solely on sample collection and testing could more efficiently provide BCF services. As a result, the Applicant is proposing terminating its ownership and operation of all seven BCFs. *FF3-FF5, FF 7*.

The Applicant sought a purchaser for the BCFs with an expertise in laboratory sciences that would also be capable of handling the large volume of testing required by the Applicant and Hartford HealthCare as a whole. Through a request for proposals process, and with assistance from an independent third party, the Applicant identified Quest as its preferred purchaser for \$30 million.<sup>1</sup> Quest is a publicly traded company headquartered in Madison, NJ that operates more than 2,200 BCFs nationwide, at least 187 of which are located throughout Connecticut. *FF8-FF9*,

Conn. Gen. Stat. sec. 19a-638(a)(5) requires that a hospital terminating outpatient services obtain a CON. It is the Applicant’s proposed termination of its BCFs that trigger the provision and CON review. The Applicant has stated that the proposal will not impact, affect, limit, reduce and/or terminate any of the laboratory testing services offered and/or provided by Backus to its patients. *FF5, FF7*

In addition to the seven BCFs that are the subject of this proposal, Quest also owns and operates nine other BCFs in the Applicant’s primary service area. Physicians can electronically submit requisition orders to Quest’s electronic medical records system, which can be accessed and completed by any Quest BCF at which a patient presents. Similarly, patients of the Applicant with limited transportation options may have access to more conveniently located BCF options that are electronically connected to Backus’ physicians. For the above reasons, access will be maintained and potentially improved for patients. *FF12-FF13, FF15-FF16*,

The BCFs will continue to be subject to the same Department of Public Health quality review<sup>2</sup> under Quest’s ownership as they have been under the Applicant’s. Dr. Kabawat confirmed that all of Quest’s BCFs are inspected by DPH.<sup>3</sup> Hartford HealthCare has also implemented quarterly Steering Committee meetings, during which the Applicant’s pathologists may directly

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<sup>1</sup> Price includes Quest’s purchase of additional Hartford HealthCare-owned BCFs.

<sup>2</sup> See CONN. AGENCIES REGS. §§ 19a-36A-47 through 36A-49.

<sup>3</sup> Docket 17- 32170-CON Ex. BB, Transcript, Kabawat, p. 43.



communicate to Quest's medical leadership any concerns or insights that may arise regarding Quest's operation of the BCFs. *FF14* Consequently, OHCA expects that the quality of blood drawing and specimen collection at the BCFs will be maintained.

The diversity of providers in the area will, however, be impacted. There are currently twelve BCFs in the Applicant's service area, nine of which are Quest owned. Lab Corporation in Norwich owns one; and Yale New Haven Health's Wood River Health Services owns one. The Applicant terminating its ownership of the seven BCFs will inevitably reduce the diversity of providers in the area. However, there are at least two other locations that are owned by entities other than Quest in the primary service area. *FF16*

Medicaid payers currently comprise 16.5% of the Applicant's patients. Quest is enrolled in and a participating service provider in Connecticut's Medicaid program, and there is no expected change to the payer mix. *FF21-FF22*

Quest has a charity care policy in place that qualifies patients for discounts based on their income compared to federal poverty level guidelines and patients may submit an application for billing relief. Therefore, there will be no reduction in services to Medicaid recipients or indigent persons. *FF20*

Furthermore, the Applicant has satisfactorily identified the patient population it serves and shown there is unlikely to be any impact upon it as a result of the proposal. Since there are no new BCFs or services being proposed, the utilization of existing facilities in the area will not be affected and there will be no duplication of services. The Applicant will incur no cost or expenditure and has shown it is financially feasible. *FF6, FF10, FF21-FF22*

Although the diversity of providers in the area is inevitably negatively impacted by a termination, this proposal will maintain access to all payers with no anticipated impact on the cost to consumers, including those who are indigent or covered by Medicaid. *FF20-FF22*

## Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application requesting authorization to terminate the seven (7) Blood Collection Facilities requested 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



9/28/2017

Date

Yvonne T. Addo, MBA  
Deputy Commissioner

## Olejarz, Barbara

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**From:** Microsoft Outlook  
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**Subject:** Relayed: Final Decision

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Subject: Final Decision

## Olejarz, Barbara

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**From:** Carannante, Vincenzo <VCarannante@goodwin.com>  
**Sent:** Thursday, September 28, 2017 9:15 AM  
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**Subject:** RE: Final Decision

Thank you so much! Vin

**Shipman & Goodwin** LLP  
C O U N S E L O R S   A T   L A W

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**Subject:** Final Decision

9/28/17

Barbara Durdy and Vincenzo Carannante,

Please see attached final decision for the William W. Backus Hospital for the termination of seven blood collection facilities under Docket Number 17-32173-CON

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## Olejarz, Barbara

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Thank you Barbara

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**From:** Olejarz, Barbara [mailto:Barbara.Olejarz@ct.gov]  
**Sent:** Thursday, September 28, 2017 9:10 AM  
**To:** Durdy, Barbara; VCarannante@goodwin.com  
**Subject:** Final Decision

9/28/17

Barbara Durdy and Vincenzo Carannante,

Please see attached final decision for the William W. Backus Hospital for the termination of seven blood collection facilities under Docket Number 17-32173-CON

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