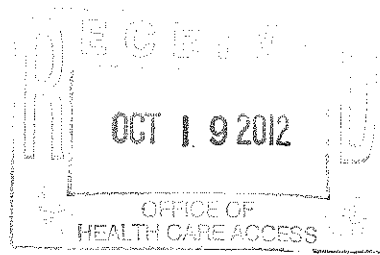




WESTERN CONNECTICUT
HEALTH NETWORK

DANBURY HOSPITAL • NEW MILFORD HOSPITAL



24 Hospital Ave.
Danbury, CT 06810
203.739.4903

WesternConnecticutHealthNetwork.org
DanburyHospital.org
NewMilfordHospital.org

October18, 2012

Kimberly R. Martone
Director of Operations
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: CON Submission

Dear Ms. Martone,

Pursuant to Section 19a-638, C.G.S., please find enclosed a Certificate of Need for New Milford Hospital (NMH), Danbury Hospital (DH), and Western Connecticut Health Network (WCHN). NMH is requesting approval to terminate its mobile PET CT vendor agreement and refer patients to DH's Danbury Medical Arts Center located in Danbury, CT.

If you have any questions that the attached submission does not answer, please contact me so that we may provide whatever additional information you need in your deliberations. I can be reached directly at 203-739-4903, or sally.herlihy@wchn.org.

Sincerely,

Sally F. Herlihy, FACHE
Vice President, Planning
Western Connecticut Health Network

cc: Enclosure

Application Checklist

Instructions:

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

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

For OHCA Use Only:

Docket No.: 12-31796 Check No.: 805236
 OHCA Verified by: [Signature] Date: 10/22/12

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

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

steven.lazarus@ct.gov and leslie.greer@ct.gov.

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

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

CHECK IMAGE HAS A COLORED BACKGROUND ON WHITE PAPER



WESTERN CONNECTICUT
HEALTH NETWORK

DANBURY HOSPITAL • NEW MILFORD HOSPITAL

Accounts Payable Telephone: 203-739-7169

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TO THE ORDER OF
TREASURER STATE OF CT
410 CAPITOL AVE
HARTFORD, CT 06134

10262

Wachovia Bank of Delaware, NA
62-22311

Check No. 805236

CHECK DATE
10/17/2012

CHECK AMOUNT
\$ *****500.00

Jean S. Swartz

⑆00805236⑆ ⑆031100225⑆ 2079960001550⑆

Order Confirmation

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<u>Sales Rep.</u> dsc07am	<u>Customer Account</u> 197666	<u>Payor Account</u> 197666
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<u>Ordered By</u> andrea	<u>Customer Phone</u> 203-739-7919	<u>Payor Phone</u> 203-739-7919
<u>Order Source</u> E-mail	<u>Customer Fax</u> 203-739-1689	<u>Customer Email</u> Andrea.Rynn@wchhealthnetwork.org

Ad Content Proof

PUBLIC NOTICE
 Statute of Reference: Section 19a-638 of the Connecticut General Statutes
 Applicants: New Milford Hospital, Inc. and Western Connecticut Health Network, Inc.
 Address: New Milford Hospital, 21 Elm Street, New Milford, CT 06776
 Proposal: Formation of the vendor agreement for mobile PET CT scanning service at NMH and relocation to affiliate partner at Danbury Medical Arts Center, 111 Osborn Street, Danbury, CT 06810

<u>Tear Sheets</u>	<u>Proofs</u>	<u>Affidavits</u>	<u>Special Pricing</u>	<u>Promo Type</u>
0	0	0	None	

Order Notes: \$129.00 per day

Invoice Text:

<u>Blind Box</u>	<u>Materials</u>	<u>Payment Method</u>		
<u>Net Amount</u> \$367.00	<u>Tax Amount</u> \$0.00	<u>Total Amount</u> \$387.00	<u>Payment Amt</u> \$0.00	<u>Amount Due</u> \$387.00

<u>Ad Number</u> 0001785889-01	<u>Ad Type</u> Legal Liners	<u>Ad Size</u> 1.0 X 20 LI	<u>Pick Up Number</u>
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<u>External Ad #</u>	<u>Ad Released</u> No	<u>Ad Attributes</u>
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<u>Color</u> <NONE>	<u>Production Method</u> AdBooker	<u>Production Notes</u>
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<u>Product</u>	<u>Placement/Class</u>	<u># Inserts</u>	<u>Cost</u>
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7/20/2012, 7/21/2012, 7/22/2012			
PUBLICNOTICESTATUTEOFREFERENCESECTION19A638OFTHECONNECTICUTGENERALST.			
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newstimes.com:	Public Notices	3	\$30.00
7/20/2012, 7/21/2012, 7/22/2012			
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<p>PUBLIC NOTICES</p> <p>PUBLIC NOTICE Statute of Reference: Section 16a-286 of the Connecticut General Statutes Applicants: New Milford Hospital, Inc. and "Variation" Pharmaceutical Health Network, Inc. Address: New Milford Hospital, 27 Fair Street, New Milford, CT 06858 Proposed Termination of the vesting agreement for certain PEU of certain services at NMH and its relation to affiliate partner of Danbury Medical Arts Center, 111 Belmont Street, Danbury, CT 06810</p> <hr/> <p>SITUATIONS WANTED</p> <hr/> <p>ATTENTION For advertisers in this classification are provided a service</p> <hr/> <p>ADVERTISING OPPORTUNITIES Buy/Sell a Business? IDENTIFY GROUP BUSINESS REQUIRED</p>	<p>HEATING AND FIREWOOD</p> <p>FIREWOOD Split 1/4000, Round 110000 2678-618-4864 or 262-470-9439</p> <p>ORDER Your Firewood NOW! \$250 per cord Split & delivered! Call 262-786-6766</p> <p>MERCHANDISE FOR SALE</p> <p></p> <p>15" TV Great in the sun, kitchen, bedroom. With remote. Good working condition. 323-270-6582</p> <p>16 Picture Frames Assorted sizes. Wood, metal and plastic. \$1.00 262-528-1672</p> <p></p> <p>32" TV. Same as good working condition with remote. Free with choice. 262-597-0562</p> <p>40 Denon DVD-A Assorted collection of Dances DVD's. Call 262-762-1787</p>	<p>MERCHANDISE FOR SALE</p> <p>ANTIQUE FRAMED PRINT of Landmark Patients. Investors include Mince & Infarm. 262-265-758-5714</p> <p>ANTIQUE BEDROOM SET full bedroom dresser & troni, bureau, table, washstand, matching headboard, very solid and in with unique carved motifs. 262-41-74119</p> <p>Antiques Antiques antique dresser. made dresser w. 8" top headboard 176/261 262-778-1416</p> <p>AQUARIUM with elated 20 gallon with many accessories, excellent condition. 262-656-262-994-6768</p> <p></p> <p>State Ord. Mocha Sanremo High Land Piano Side Entry. \$19000 262-417-1732</p> <p>BACKPACK LEAF BLOWER (Harpo) with blade \$125. 258-250-7749</p> <p>BED Dresser Pine wood Mistress & Becking. Brand New. \$265 in perfect condition. 262-581-0647</p> <p>BEDROOM CHERRY solid sleighbed, matching mirror chest, night stands. Over 30000. \$699.95 262-581-0647</p>	<p>MERCHANDISE FOR SALE</p> <p>COMPAQ DESKTOP only desktop with up fresh (great printer or \$100). 262-682-8610</p> <p>COMPAQ LADTOP PRESARIO V6000 used but perfect windows xp 20 64 bit (great). \$150. 262-628-2610</p> <p>COMPRESSOR - 1/2 hp compressor. 262-782-6426</p> <p>COMPUTER MEMORY STICKS 4GB 512MB SUPPLIES \$1.00 EACH. 262-482-6472</p> <p>Condo card color micro stereo fabric, clean easy \$875. 262-778-0518</p> <p>COUCH- SECTIONAL w/sofa or bed. \$409 c/o. 262-706-6472 (Thursday)</p> <p></p> <p>Customer last makes 4.8 for 1000 New Cord. Now just \$1.99. Call 262-792-2281</p> <p>CRAFTSMAN GART PULL (great) from 1/2 lb to 5 lb. (great) Condition. 262-265-742-0545</p> <p>BIODIATIVE TREE SILK FLOWERS 100. Perfect. Please call. 262</p>	<p>MERCHANDISE FOR SALE</p> <p>DINING ROOM TABLE 4 chairs and mirror. \$125. call 262-648-6240</p> <p>DINING TABLE COUNTRY FOR PRESSED BLACK TABLE 6X6X4 LIKE NEW (PICKUP AVAILABLE). SEE LISTING INCLUDED. GLASS TOP. 8004466666. CALL 262-778-3064</p> <p>See Code 2 4371 262-778-3064</p> <p>DOG CRATE extra large. call 262-628-2610 or 262-628-2610</p> <p>DOOR REFRIGERATOR (great) 1 1/2 cubic feet. 262-778-3064</p> <p>DRESSERS 2 dresser with 4 drawers. 2 mirror w/ black accents. \$500. 262-782-1467</p> <p>ATTENTION</p> <p>ELECTRIC BIE with 3000. (great) new case. \$410. 262-265-742-0545 or 262-648-6240</p>	<p>MERCHANDISE FOR SALE</p> <p></p> <p>Jordan Potting Cast. Sun for making soil. has 2 trays. 262-628-2610 \$89. 262-778-3064</p> <p>GE GAS STOVE 5 1/2" CLEANING EXTRA LARGE OVEN. 8004466666 \$259. 262-778-3064</p> <p>GOLF BALLS 120 for \$16. Other brands also. All brand names. 262-262-628-2610 or 262-262-628-2610</p> <p>Golf Set with bag, driver & (great) iron. Good condition. Asking \$125. Call 262-648-6240</p> <p>GOLF, discuss after 6430 comes out (thanks) 262-778-3064</p> <p>Hand New Book. 262-648-6240</p> <p>HIGH CHAIR Maple Wood. \$38. 262-648-6240</p> <p>HOMES/ANERS BARNACK 48" with bottom window. Low front. \$350. 262-648-6240</p> <p>HOT TUB 2012 Model. 6'x6'x4' 1/2". 262-778-3064</p> <p>HOT TUB 2012 Model. 6'x6'x4' 1/2". 262-778-3064</p>
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AFFIDAVIT

Applicant: New Milford Hospital, Inc.

Project Title: Termination of Vendor Agreement and Relocation of PET CT Services to Affiliate Partner

I, John Murphy, MD, President and CEO of Western Connecticut Health Network, Inc. being duly sworn, depose and state that the information provided in this CON application form is true and accurate and correct to the best of my knowledge.

John R. Murphy, MD
Signature

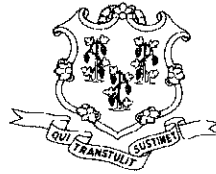
10/15/12
Date

Subscribed and sworn to before me on 10/15/12

Carol Freeman

Notary Public/Commissioner of Superior Court

My commission expires: 4-30-2014



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

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

Docket Number:

Applicant: New Milford Hospital, Inc. and Western Connecticut Health Network

Contact Person: Sally F. Herlihy, FACHE

Contact Person's Title: VP, Planning, Western Connecticut Health Network

Contact Person's Address: 24 Hospital Avenue, Danbury, CT 06810

Contact Person's Phone Number: 203-739-4903

Contact Person's Fax Number: 203-739-1974

Contact Person's Email Address: sally.herlihy@wchn.org

Project Town: New Milford, CT

Project Name: Termination of Vendor Agreement and Relocation of PET CT Services to Affiliate Partner

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

Estimated Total Capital Expenditure: \$0

1. Project Description: Service Termination

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

This project addresses provision of PET CT service at New Milford Hospital (NMH), a member of the Western Connecticut Health Network, Inc. (WCHN). Services at NMH are accessed primarily by the towns of New Milford, CT and its adjacent communities, Bridgewater, Brookfield, Kent, Roxbury, Sherman, Warren and Washington, CT and nearby Dover, Pawling and Wingdale, NY.

The mobile PET service is currently being scheduled with a vendor, Alliance Imaging, Inc. (AI) at NMH once per week (on Mondays) from 7 AM–5 PM.

The primary service area encompasses approximately 17 towns-mostly in mid-western CT but 4 in adjacent NY State. This translates to a market population of about 275,000 residents.

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

NMH received CON authorization to provide positron emission tomography services (PET) on November 20, 2001 under Docket No. 01-509. Included in the Final Decision to establish a mobile PET scanning service with AI were six (6) other Connecticut hospitals. Since its execution, the original contract with AI has been modified five times to address changing circumstances for delivery of services at NMH.

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

This request to terminate the PET CT services at NMH is based on the following:

- The average test volume is <3 patients per day of service
- There are less than five regularly referring physicians for the service
- The vendor has indicated a need to terminate the mobile service to NMH because of consistently declining program volumes
- There are increasingly stringent payer restrictions for covering test expense
- An alternative patient access for PET CT is available due to the affiliation of NMH with Danbury Hospital

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

This decision to terminate the vendor agreement and consolidate services within the network involved operational discussions at the leadership level but did not require a formal vote.

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

NMH desires to effectively utilize its resources to support the health care delivery system. The volume for the PET CT mobile service has been consistently declining at NMH, to its current projected level of approximately 120 exams this fiscal year:

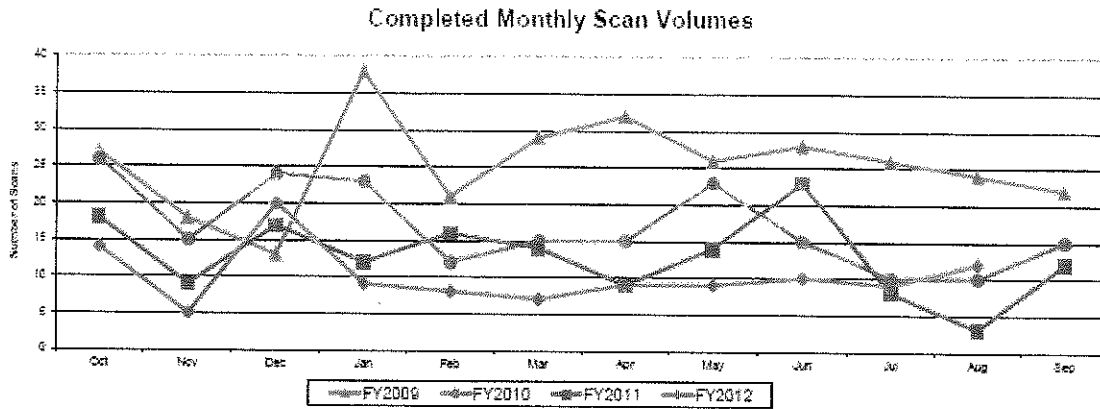
- FY 2009 to FY 2010 – 33.2% decline
- FY 2010 to FY 2011 – 23.6% decline
- FY 2011 to FY 2012 – 21.7% decline (projected)
- 3-year cumulative decline is 63.2%

NMH was originally contractually obligated to AI for a minimum of 16 exams per month for one visit per week. With declining volumes contract addendums have been executed that eliminated the minimum per month obligation and revised pricing to accommodate total scan volume <8 procedures per day. However, with a current volume of less than 3 scans per day of service, we believe that an anticipated price increase associated with this lower volume would make the program economically not viable for the long-term. The NMH PET CT service has primarily been used by medical oncologists for the staging and re-staging of cancer patients. Exams have declined due to payer requirements as patients must have a positive CT scan prior to the authorization of a PET CT. Furthermore, most insurance companies now limit the number of PET CT's to 2 per year per patient.

Scan Volumes	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total	% Change YTD
FY2009	27	18	13	38	21	29	32	26	28	26	24	22	304	
FY2010	26	15	24	23	12	15	15	23	15	10	10	15	203	-33.2%
FY2011	18	9	17	12	16	14	9	14	23	8	3	12	155	-23.6%
FY2012	14	5	20	9	8	7	9	9	10	9	12		112	-21.7%*

* Change from FY2011 – FY2012 is based on 11 months

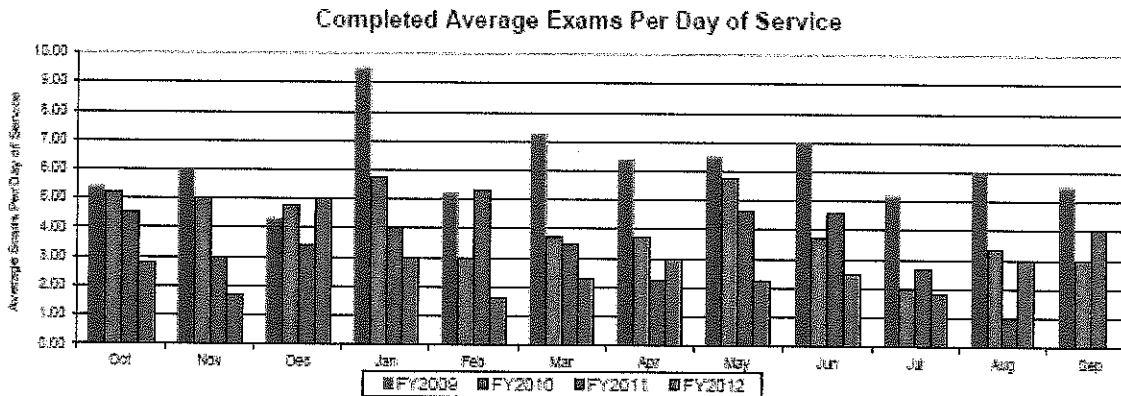
Because PET CT scanning is not performed on patients often or at regular intervals, it is the type of service that lends itself to being a regional resource.



#scans/day*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Average YTD
FY2009	5.40	6.00	4.33	9.50	5.25	7.25	6.40	6.50	7.00	5.20	6.00	5.50	6.19
FY2010	5.20	5.00	4.80	5.75	3.00	3.75	3.75	5.75	3.75	2.00	3.33	3.00	4.09
FY2011	4.50	3.00	3.40	4.00	5.33	3.50	2.25	4.67	4.60	2.67	1.00	4.00	3.58
FY2012	2.80	1.67	5.00	3.00	1.60	2.33	3.00	2.25	2.50	1.80	3.00		**2.63

*per day of service

** average based on 11 months



2. Termination’s Impact on Patients and Provider Community

- a. List all existing providers (name, address, services provided, hours and days of operation, and current utilization) of the services proposed for termination in the towns served by the Applicant, and in nearby towns.

A fixed 64-slice PET CT scanner is available at The Danbury Medical Arts Center (DMAC), a Western Connecticut Health Network affiliate, Monday-Friday 8:00 AM – 4:00 PM, at 11 Osborne Street, Danbury CT 06810. Approximately 640 PET CT scans are performed annually at this center.

- b. Discuss what steps the Applicant has undertaken to ensure continued access to the services proposed for termination for the Applicant's patients.**

Discussions have been held within the network to determine how patients can continue to receive necessary PET CT scanning services. The operational plan will include communication to existing physicians and future patients the date the PET CT service is no longer available at NMH, and any patient who requires a test will be able to access one through scheduling at DH's PET CT located at the DMAC facility. Clients will also be able to call the current existing scheduling office at NMH to access services. We will be coordinating with the DMAC offices to provide these services so there is no change in contact point from the clients or the referring physician's perspectives.

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

Clients will be referred to DMAC. This center operated at 49% capacity during 2011 (836 tests/1700 total capacity) and at 38% capacity in 2012 (630 tests/1700 total capacity).

- d. Identify any special populations that utilize the services and explain how these clients will continue to access this service after the service location closes.**

There are no special populations that utilize the services identified. Primary clients are medical oncology patients undergoing treatment at the NMH Regional Cancer center.

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

Correspondence related to the DMAC facility's ability and willingness to accept NMH patients is provided in Attachment I. While DMAC could absorb 100% of the NMH patients who require PET CT scanning, we are conservatively projecting that 80% of the volume from NMH will go to DMAC in the financial proforma. There is an assumption that some patients will go to facilities other than DMAC

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

Clients will be notified directly when they call/contact NMH to schedule tests. Currently, NMH provides one centralized scheduler who organizes and coordinates all such tests. This same individual will, in the future, provide support

for clients by providing direct connection to convenient scheduled appointments, directions to the service in Danbury and offer any required paperwork or other details.

Physicians who refer patients to this service will be contacted individually one-on-one so they are aware of the relocation of the service site. Additionally, physicians will be provided the centralized scheduler contact information (above) to support their patients in obtaining required tests.

3. Actual and Projected Volume

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

NMH FY2011 PET Volume by City/Town – Total 155

City	FY2011
New Milford- CT	62
Bridgewater- CT	9
Dover Plains- NY	8
Kent- CT	8
Danbury- CT	7
Sherman- CT	7
Washington Depot- CT	7
Roxbury- CT	5
Bantam- CT	4
Marble Dale- CT	4
Brookfield Center- CT	3
East End- CT	2
Millerton- NY	2
Newburgh- NY	2
Pawling- NY	2
Southbury- CT	2
Torrington- CT	2
unspecified	1

City	FY2011
Amenia- NY	1
Bethel- CT	1
Canaan- CT	1
Cornwall Bridge- CT	1
Cornwall- CT	1
Gallatin- NY	1
Gaylordsville- CT	1
Glenbrook- CT	1
Harwinton- CT	1
Hotchkiss School- CT	1
Lakeside- CT	1
Newtown- CT	1
Ridgefield- CT	1
Ross Corners- NY	1
Sharon Valley- CT	1
Verbank- NY	1
Wassaic- NY	1
Wingdale- NY	1

b. Complete the following table for the past three fiscal years (“FY”) and current fiscal year (“CFY”), for both number of visits and number of admissions, by service.

Table 1: Historical and Current Visits & Admissions

	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2009	FY 2010	FY 2011	FY 2012
PET CT**	304	203	155	122
Total	304	203	155	122

* FY12 volume annualized using FY 12, financial periods 1-11

** Reported data is for outpatient PET CT services performed at NMH

*** Fiscal Year is October 1-September 30

c. Explain any increases and/or decreases in volume seen in the tables above.

The explanations for volume changes are included in response to Questions 1.c. and 1.e. above.

d. For DMHAS-funded programs only, provide a report that provides the following information for the last three full FYs and the current FY to-date:

- i. Average daily census;
- ii. Number of clients on the last day of the month;
- iii. Number of clients admitted during the month; and
- iv. Number of clients discharged during the month.

The PET CT scanning service is not a DMHAS-funded program.

4. Quality Measures

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

The CVs for Fatejeet Sandhu, MD, Chairman of the Department of Radiology at Danbury Hospital and Toni Ann Marchione, Director of Diagnostic Imaging are enclosed as Attachment II.

- b. Explain how the proposal contributes to the quality of health care delivery in the region.**

With the declining volume at NMH causing uncertainty as to whether the hospital will be able to continue PET CT service with a mobile provider, this proposal will eliminate the uncertainty of PET CT service in the future. This is a financially viable alternative for provision of PET CT services (for both NMH and DH) as DMAC is capable of absorbing all of the NMH scans into their existing workload (an approximate 19% increase) without any modification to staffing, and a total network projected savings of approximately \$54,000 annually will be realized. The quality of scanning at DMAC will improve the service as it will not be mobile;

patients will receive scanning inside the facility. Health care dollars saved through this solution can be utilized to continue to improve the quality of health care in the service area.

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

Appropriate notifications with regulatory agencies will occur following CON approval to terminate the PET CT scanning service at NMH.

5. Organizational and Financial Information

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

New Milford Hospital is a not-for profit corporation.

- b. **Does the Applicant have non-profit status?**

Yes (Provide documentation) No

- c. **Financial Statements**

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

The audited financial statements for NMH are on file with OHCA as part of the OHCA Annual Reporting.

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

- d. **Submit a final version of all capital expenditures/costs.**

Not Applicable.

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

Not Applicable.

- f. Demonstrate how this proposal will affect the financial strength of the state's health care system.**

This proposal will not result in an unnecessary duplication of services as it is relocating an existing program patient base within the service area to a network partner. It will strengthen the state's health care system because there will be an operational savings for NMH that has been experiencing a negative margin to maintain the service - the relocation will reduce overall costs through opportunities for shared resources.

6. Financial Attachments I & II

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

Financial Attachments I, II and the associated assumptions are enclosed as Attachment III.

- b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. Complete Financial Attachment II. The projections must include the first three full fiscal years of the project.**

Financial Attachments I, II and the associated assumptions are enclosed as Attachment III.

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

Financial Attachments I, II and the associated assumptions are enclosed as Attachment III.

- d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the proposed service(s).**

A list of the rates for the PET CT service is enclosed in Attachment IV.

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

Yes, WCHN was being reimbursed by payers for this service. Reimbursement did not have any impact into the determination of this service.

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

Not Applicable.

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

Not Applicable.

- h. Describe how this proposal is cost effective.**

This is a financially viable alternative for provision of PET CT services (for both NMH and DH) as DMAC is capable of absorbing all of the NMH scans into their existing workload (an approximate 19% increase) without any modification to staffing, and a total network projected savings of approximately \$54,000 annually will be realized because DMAC owns the PET CT that operates there. NMH will no longer have the expense of leasing PET CT technology, making this proposal very cost effective.

Attachment I

DMAC Letter

WESTERN CONNECTICUT HEALTH NETWORK

DANBURY HOSPITAL

24 Hospital Ave
Danbury, CT 06810
203.739.7000
DanburyHospital.org

October 17, 2012

State of Connecticut
Office of Health Care Access
Hartford, CT

To Whom It May Concern:

This letter is in reference to the Certificate of Need Application regarding the Termination of Vendor Agreement and Relocation of PET CT Services to Affiliate Partner.

We welcome the opportunity to provide all New Milford Hospital patients PET CT services at the Danbury Medical Arts Center (DMAC), a Western Connecticut Health Network affiliate, located at 11 Osborne Street, Danbury, CT 06810. The hours of operation are Monday - Friday 8:00 am - 4:00 pm. We have the capacity to absorb 100% of the testing currently done at New Milford without any modification to staffing.

We fully support New Milford's decision to relocate PET CT services, as this will serve to further the elimination of any duplicate services within our network service area.

Sincerely,



Richard Rigling
Director of Clinical Operations
Non Invasive Cardiology Lab

Attachment II

Fatejeet Singh Sandhu, M.D.
Danbury Hospital Department of Radiology, 3rd Floor
24 Hospital Ave, Danbury, CT 06810
Office (203) 797-7291

Current Appointment

Chairman, Department of Radiology, Danbury Hospital, Danbury CT, 3/2011-
Present

Attending Radiologist, Danbury Radiological Associates, Danbury CT,
7/2002- Present

Attending Radiologist, Putnam Imaging Associates, Putnam Hospital,
Carmel, NY 1/2003- present

Past Appointments

Attending Physician, Department of Radiology, University of North Carolina
Hospitals, Chapel Hill, NC 1996-2002

Assistant Professor of Radiology, Section of Vascular and Interventional
Radiology, University of North Carolina, 1996-2002

Chief, Interventional Radiology, San Francisco General Hospital, 1993-1996
Assistant Director, Vascular Access Clinic, San Francisco General Hospital,
1993-1996

Attending Physician, VA Medical Center, San Francisco, CA 1992-1993
Attending Physician, Mt. Zion Hospital, San Francisco, CA 1991-1992

Post Graduate Medical Training

Interventional Radiology Fellowship 1992-1993
Emory Hospital/ Grady Hospital
Emory University School of Medicine, Atlanta, GA

Body Imaging Fellowship 1991-1992
San Francisco General Hospital
University of California, San Francisco

Radiology Resident 1987-1991
University of California, San Francisco

Internal Medicine Internship 1986-87
Yale University School of Medicine, New Haven, CT

Medical Education

Emory University School of Medicine, Atlanta, GA
Doctor of Medicine, June 1986.

Undergraduate Education

Duke University, Durham, NC
B.A. Chemistry with Biological Specialization

Honors and Awards

Phi Eta Sigma, 1981
Phi Beta Kappa, 1982
Magna Cum Laude Duke University, 1982
Alpha Omega Alpha, 1985
Lange Book Award, Awarded to the most Outstanding Medical Student, 1986
Cum Laude Emory University, 1986
Hideyo Minagi Award, Outstanding Teacher of the Year Award, 1995
Distinguished Reviewer Award, Journal of Vascular and Interventional Radiology, 1996, 1997
Outstanding Workshop Faculty Member, SCVIR Annual Meeting, 1997, 1998
Charles Bream Award, Outstanding Teacher of the Year Award, 1999
Distinguished Faculty Award, SVIR Annual Meeting, 2000

Licensure and Certification

American Board of Radiology, 1991
CAQ, Vascular and Interventional Radiology, 1996, Recertified 2006
Connecticut State License
New York State License
California State License
Georgia State License
North Carolina State License

Memberships

American College of Radiology
American Roentgen Ray Society
Connecticut Radiological Society
Radiological Society of North America
Society of Interventional Radiology

Selected Publications

Sandhu JS, Goodman PC: "Pulmonary cysts associated with pneumocystis carinii pneumonia in patients with AIDS." *Radiology* 173:33-35, 1989.

Sandhu JS, Dillon WP: "MR demonstration of leukoencephalopathy associated with mitochondrial encephalomyopathy: a case report." *AJNR* 12: 375-79, 1991.

Sandhu JS, Wilson MW: "Use of a stone basket to treat lysis-resistant clot after pulse-spray thrombolysis of an occluded hemodialysis graft." *AJR*. 163: 957-959, 1994.

Cello JP, Ring EJ, Olcott EW, Koch J, Gordon R, **Sandhu J**, Morgan DR, Ostroff JW, Rockey DC, LaBerge J, Lake JR, Somberg K, Doherty C, Davila M, McQuaid K, Wall SD: "Endoscopic Sclerotherapy versus percutaneous transjugular intrahepatic portosystemic shunt (TIPS) after initial sclerotherapy in cirrhotic patients with acute variceal hemorrhage: a randomized controlled trial." *Ann Intern Med*. 1997; 126: 858-865.

Gordon RL, Ahi KL, Kerlan RK, Wilson MW, LaBerge JM, **Sandhu JS**, Ring EJ, Welton ML: "Selected arterial embolization for the control of lower gastrointestinal bleeding." *Am Journal of Surgery*. 1997; 14: 24-28.

Toni Ann Marchione L.R.T. (M)**Education**

Florida Hospital College of Health Sciences
Orlando, Fla.
BS – Radiologic Science 2012

United Hospital School of Radiology
Port Chester, NY
Certification in Radiologic Technology

Work Experience

Director of Diagnostic Services 2010 – Present
Manager of Operations (Rad) 2007 – 2010
Manager RDI – Imaging Facility 2006 - 2007

Danbury Hospital
Danbury, CT

Assistant Administrator 2003 – 2006
Chief Technologist 1998 – 2003
Floor Supervisor 1995 – 1998
Staff Technologist 1993 – 1995

Rye Radiology Associates
Rye Brook, NY**Professional**

Member, American Society of Radiologic Technologists

Attachment III

Financial Attachments I, II and Assumptions

New Milford Hospital - PET/CT CON

U.A. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project.

(Dollars are in thousands)

	FY 2011 Actual Status	FY 2012 Projected W/OUT CON	FY 2012 Projected Incremental W/OUT CON	FY 2012 Projected W/OUT CON	FY 2013 Projected W/OUT CON	FY 2013 Projected Incremental W/OUT CON	FY 2014 Projected W/OUT CON	FY 2014 Projected Incremental W/OUT CON	FY 2014 Projected W/OUT CON	FY 2015 Projected Incremental W/OUT CON	FY 2015 Projected W/OUT CON
NET PATIENT REVENUE											
Non-Government	39,628	55,482	25,461	34,507	39,790	5,283	59,781	24,273	55,474	20,950	54,524
Medicare	73,043	52,346	5,067	34,507	38,771	3,264	24,833	24,745	24,833	1,081	24,752
Medicaid and Other Medical Assistance	5,500	55,067	83	5,915	411	349	5,985	5,934	5,934	111	6,045
Other Government	112	882	83	84	84	84	84	84	84	85	85
Total Net Patient Revenue	118,283	163,776	30,697	75,813	83,056	10,311	90,683	56,720	86,375	22,227	84,148
Other Operating Revenue	22,216	54,398	48,136	54,398	54,352	54,352	54,352	54,352	54,352	54,352	54,352
Revenue from Operations	140,499	218,174	78,833	130,211	137,408	15,663	145,035	111,072	140,727	76,579	138,500
OPERATING EXPENSES											
Salaries and Fringe Benefits	52,259	44,462	44,462	44,462	44,462	44,462	44,462	44,462	44,462	44,462	44,462
Professional/Contractor Services	16,910	30,706	30,706	30,706	30,706	30,706	30,706	30,706	30,706	30,706	30,706
Supplies and Drugs	17,401	370,544	10,544	10,544	10,544	10,544	10,544	10,544	10,544	10,544	10,544
Bad Debt	2,548	37,797	2,797	2,797	2,797	2,797	2,797	2,797	2,797	2,797	2,797
Other Operating Expenses	12,353	815,570	15,570	15,570	15,570	15,570	15,570	15,570	15,570	15,570	15,570
Support	927,307	522,178	382,178	382,178	382,178	382,178	382,178	382,178	382,178	382,178	382,178
Immunization/Vaccination	3,094	56,180	6,180	6,180	6,180	6,180	6,180	6,180	6,180	6,180	6,180
Interest Expense	488	5285	285	285	285	285	285	285	285	285	285
Lease Expense	572	4459	416	416	416	416	416	416	416	416	416
Total Operating Expenses	553,953	849,188	485,188	485,188	485,188	485,188	485,188	485,188	485,188	485,188	485,188
Income (Loss) from Operations	(159,754)	(631,014)	(159,754)	(159,754)	(159,754)	(159,754)	(159,754)	(159,754)	(159,754)	(159,754)	(159,754)
Non Operating Income	11	3283	3283	3283	3283	3283	3283	3283	3283	3283	3283
Income before provision for income taxes	(159,743)	(627,731)	(156,471)	(156,471)	(156,471)	(156,471)	(156,471)	(156,471)	(156,471)	(156,471)	(156,471)
Provision for income taxes	(504)	(5,059)	(5,059)	(5,059)	(5,059)	(5,059)	(5,059)	(5,059)	(5,059)	(5,059)	(5,059)
Net Income	(160,247)	(632,790)	(161,530)	(161,530)	(161,530)	(161,530)	(161,530)	(161,530)	(161,530)	(161,530)	(161,530)
FTEE	463.8	435.0	435.0	435.0	435.0	435.0	435.0	435.0	435.0	435.0	435.0
Volume Detail:											
Outpatient	154	112	112	112	112	112	112	112	112	112	112
Outpatient	154	112	112	112	112	112	112	112	112	112	112
Total	308	224	224	224	224	224	224	224	224	224	224

Revised 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 remain due to the proposal.

Sanjour Hospital - PETCT CON

6.A Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project.

(Colors are as necessary)

DESCRIPTION	FY 2011 Actual Results	FY 2012 Projected MEDICAL	FY 2012 Projected Incremental	FY 2013 Projected MEDICAL	FY 2013 Projected Incremental	FY 2014 Projected MEDICAL	FY 2014 Projected Incremental	FY 2014 Requested MEDICAL	FY 2015 Projected MEDICAL	FY 2015 Projected Incremental	FY 2016 Projected MEDICAL
NET PATIENT REVENUE											
Non-Government	300,050	486,878	-	537,206	5728	596,974	3210	527,370	692,452	977	817,600
Medicare	954,317	1,161,628	-	1,033,214	70	1,043,977	71	1,043,977	1,065,525	5	1,065,525
Medicaid and Other Medical Assistance	31,952	532,312	-	32,943	5	32,957	5	32,972	33,789	5	33,710
Other Government	1,221	1,598	-	1,514	-	1,630	-	1,630	1,648	-	1,648
Total Net Patient Revenue	\$497,540	\$2,182,416	-	\$1,603,377	\$603	\$1,665,538	\$316	\$1,605,952	\$1,823,614	\$107	\$1,830,736
Other Operating Revenue	513,882	614,322	-	622,463	507	622,463	507	622,463	622,463	507	622,463
Reservices/Re-Operatives	\$509,518	\$537,338	-	\$546,767	\$67	\$558,605	\$110	\$558,605	\$571,875	\$13	\$571,888
OPERATING EXPENSES											
Salaries and Fringe Benefits	5162,632	5031,859	-	5108,082	-	5173,970	-	5270,370	5270,370	-	5270,370
Professional / Contracted Services	45,608	574,870	-	56,596	-	56,247	-	56,247	56,576	-	56,576
Supplies and Drug	77,641	572,389	-	77,289	20	76,635	21	80,412	87,898	21	92,306
Good Debit	19,483	518,203	-	18,058	10	18,074	10	19,516	20,540	10	21,017
Other Operating Expenses	51,183	557,721	-	52,731	58,855	59,389	-	59,389	59,438	-	59,438
Depreciation	5655,917	5400,442	-	5481,224	30	5485,756	31	5485,756	5485,857	31	5485,857
Depreciation/Amortization	27,330	380,214	-	30,804	-	32,879	-	32,879	33,032	-	33,117
Interest Expense	4,885	58,274	-	4,846	-	4,939	-	5,015	50,887	-	51,402
Lease Expense	5,832	57,252	-	7,233	-	7,439	-	7,439	7,568	-	7,568
Total Operating Expenses	\$403,544	\$512,641	-	\$414,841	\$41	\$423,374	\$39	\$433,364	\$453,344	\$12	\$463,336
Initial (Loss) from Operations	\$18,774	\$92,860	-	\$20,536	\$72	\$20,536	\$72	\$20,536	\$17,785	\$75	\$18,000
Net-Operating Income	13,862	513,779	-	516,001	-	518,006	5279	519,004	519,006	-	520,007
Income before provision for income taxes	\$40,061	\$48,449	\$0	\$53,505	\$372	\$58,373	\$279	\$59,351	\$57,756	\$16	\$59,719
Provision for income taxes											
Net Income	\$39,041	\$48,449	\$0	\$53,505	\$372	\$58,373	\$279	\$59,351	\$57,756	\$16	\$59,719
Other	2,854.0	2,400.1	-	2,071.1	-	2,426.0	-	2,426.0	2,430.8	-	2,430.8
Volume Statistics:	867	649	649	451	99	618	108	766	582	81	730

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.

PET CT 56516

	FY 2011 Actual Results	FY 2012 Projected Without CON	FY 2012 Projected With CON	FY 2013 Projected Without CON	FY 2013 Projected With CON	FY 2014 Projected Without CON	FY 2014 Projected With CON	FY 2015 Projected Without CON	FY 2015 Projected With CON	FY 2016 Projected Without CON	FY 2016 Projected With CON
<p>Notes are in brackets</p>											
Distribution	3.2%										
Operating Margin		4.6%	4.6%	4.3%	4.3%	4.5%	4.5%	3.5%	3.5%	3.5%	3.5%
Revenue Assumptions:											
Reimbursements Chg. Non-Governmental		2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Reimbursements Chg. Medicare		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Reimbursements Chg. Medicaid and Other Medicare Assistance		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Volume		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Calculated Impact		3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%
Expense Assumptions:											
Other Op Income		-10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Salaries and Fringe Benefits		2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
FTEs		0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
Professional/Contracted Services		2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Supplies and Drugs		2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Bad Debt		2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
As % of Net Revenue		3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
Other Operating Expense		2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Lease Expense		2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Depreciation	21,370	30,834	30,834	30,834	30,834	30,834	30,834	30,834	30,834	30,834	30,834
Assets Acquired		667	667								
New Equip. \$20M / 5Yrs Pct											
New Tower/Project											
Interest Assumption											
Outstanding Balance											
Principal											
Interest Expense											
<p>Note: Income was projected - used for % changes</p>											

New Milford Hospital - PET/CT CON

(Dollars are in thousands)

B.B. Financial Attachment II.
Please provide three years of projections of incremental revenue, expense and volume statistics attributable to the proposal in the following reporting format:

Type of Service Description Type of Unit Description: # of Months in Operation	PET/CT Discharges 12 months									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
FY Projected Incremental Total Incremental Expenses:	Rate	Units	Gross Revenue Col. 2 * Col. 3	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue Col.4 - Col.5 -Col.6 - Col.7	Operating Expenses Col. 1 Total *	Gain/Loss from Operations Col. 9 Col. 9	
Total Facility by Payer Category:										
Medicare	(7.49)	67	(\$509)	(416)			(\$87)	(\$81)	(\$/)	
Medicaid	(7.49)	6	(41)	(30)			(11)	171	(4)	
CHAMPUS/Tricare	(7.49)									
Total Governmental		73	(\$545)	(\$446)	\$0	\$0	(\$98)	(\$67)	(\$11)	
Commercial Insurers	(7.49)	48	(\$33)	(87)	(3)	(8)	(264)	(58)	(254)	
Uninsured	(7.49)	2	(17)	(10)	(3)	(3)	(2)	(3)	(1)	
Total NonGovernment		51	(\$50)	(\$97)	(\$13)	(\$12)	(\$267)	(\$61)	(\$237)	
Total All Payers		123	(\$504)	(\$544)	(\$13)	(\$13)	(\$365)	(\$128)	(\$348)	

Type of Service Description Type of Unit Description: # of Months in Operation	PET/CT Discharges 12 months									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
FY Projected Incremental Total Incremental Expenses:	Rate	Units	Gross Revenue Col. 2 * Col. 3	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue Col.4 - Col.5 -Col.6 - Col.7	Operating Expenses Col. 1 Total *	Gain/Loss from Operations Col. 9 Col. 9	
Total Facility by Payer Category:										
Medicare	(7.49)	68	(\$508)	(420)			(\$88)	(\$92)	(\$9)	
Medicaid	(7.49)	6	(42)	(31)			(11)	(7)	(4)	
CHAMPUS/Tricare	(7.49)									
Total Governmental		73	(\$550)	(\$451)	\$0	\$0	(\$99)	(\$99)	(\$13)	
Commercial Insurers	(7.49)	49	(\$367)	(83)	(3)	(9)	(272)	(59)	(212)	
Uninsured	(7.49)	2	(17)	(10)	(3)	(3)	(2)	(3)	(1)	
Total NonGovernment		51	(\$383)	(\$93)	(\$13)	(\$13)	(\$275)	(\$62)	(\$213)	
Total All Payers		123	(\$933)	(\$544)	(\$13)	(\$13)	(\$574)	(\$161)	(\$354)	

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Rate	Units	Gross Revenue Col. 2 * Col. 3	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue Col. 4 - Col. 5 -Col. 6 - Col. 7	Operating Expenses Col. 1 Total *	Gain/Loss from Operations Col. 8 - Col. 9
	(3154)			Col. 2 * Col. 3				Col. 4 - Col. 5 -Col. 6 - Col. 7	Col. 1 Total *	Col. 8 - Col. 9
FY 2015										
FY Projected Incremental										
Total Incremental Expenses:	(3154)									
Total Facility by Payer Category:										
Medicare		(7.45)	69	(5133)	(424)			(555)	(584)	(34)
Medicaid		(7.45)	6	(447)	(33)			(480)	(7)	(4)
CHAMPUS/Title		(7.45)								
Total Governmental			74	(5580)	(457)			(603)	(591)	(38)
Commercial Insurers		(7.45)	49	(370)	(78)	(3)	(2)	(453)	(62)	(22)
Uninsured		(7.45)	2	(17)		(1)	(1)	(19)	(3)	(1)
Total NonGovernment			51	(387)	(78)	(4)	(3)	(481)	(65)	(23)
Total All Payers		(7.45)	125	(945)	(535)	(7)	(5)	(1084)	(116)	(61)

New Milford Hospital - PET/CT CON

6.C. FINANCIAL ASSUMPTIONS

Net Patient Revenue:	
Without Project:	Decreased using historical payment experience with 0% annual increase in Govt rates and 2% annual increase in private rates.
With Project:	Decreased using historical payment experience with 0% annual increase in Govt rates and 2% annual increase in private rates after removing volume for PET/CT.
Volume:	
Without Project:	Assumptions is based on 1% volume increase per year. No change in occupancy.
With Project:	Assumption is based on 1% volume increase per year. No change in occupancy after removing volume for PET/CT.
Other Operating Revenue:	
Without Project:	Assumes 0% increase annually.
With Project:	Assumes 0% increase annually.
Salaries and Fringe Benefits:	
Without Project:	Assumption is based on inflationary increases approx 3% annually with no FTE increase.
With Project:	Assumption is based on inflationary increases approx 3% annually with no FTE increase.
Professional / Contracted Staff:	
Without Project:	Based on historical expense plus 2% annual inflation increase per year.
With Project:	Based on historical expense plus 2% annual inflation increase per year after removing expense for PET/CT.
Supplies and Drugs:	
Without Project:	Assumption is based on historical expenses plus 2% inflation increase per year.
With Project:	Assumption is based on historical expenses plus 2% inflation increase per year.
Real Estate:	
Without Project:	Assumption is based on 1.25% of Net Revenue consistent annually.
With Project:	Assumption is based on 1.25% of Net Revenue consistent annually after removing Real Estate expense for PET/CT.
Other Cap Expense:	
Without Project:	Includes a 2% annual increase on expenses annually.
With Project:	Includes a 2% annual increase on expenses annually.
Renovation:	
Without Project:	Based on assumption that capital spending will remain flat.
With Project:	Based on assumption that capital spending will remain flat.
Interest:	
Without Project:	Based on current interest of existing debt rolled forward annually.
With Project:	Based on current interest of existing debt rolled forward annually.
Lease Expense:	
Without Project:	Includes a 2% annual increase on expenses annually.
With Project:	Includes a 2% annual increase on expenses annually.
FFS:	
Without Project:	Based on assumption that FTE will remain flat.
With Project:	Based on assumption that FTE will remain flat.

Danbury Hospital - PET/CT CON

(Dollars are in thousands)

Question 6b. Financial Attachment II.
Please provide three years of projections of incremental revenues, expense and volume statistics attributable to the proposal in the following reporting format:

Type of Service Description	(1) Discharges 12 months	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 - Col.6 - Col.7	(9) Operating Expenses Col. 1 Total *	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
FY 2013										
FY Projected Incremental										
Total Incremental Expenses:										
Total Facility by Payer Category:										
Medicare		7.49	54	\$409	333	-	-	\$70	\$11	\$59
Medicaid		7.49	4	\$30	74	-	-	\$	-	\$
CHAMPUS/Tricare		7.49								
Total Governmental			58	\$439	357	\$0	\$0	\$70	\$11	\$59
Commercial Insurers Uninsured		7.49	39	\$290	70	2	7	\$14	\$	\$23
Total NonGovernmental		7.49	41	\$309	70	\$10	\$10	\$23	\$8	\$23
Total All Payers		7.49	99	\$739	347	\$10	\$10	\$93	\$20	\$82

Type of Service Description	(1) Discharges 12 months	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 - Col.6 - Col.7	(9) Operating Expenses Col. 1 Total *	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
FY 2014										
FY Projected Incremental										
Total Incremental Expenses:										
Total Facility by Payer Category:										
Medicare		7.49	54	\$409	336	-	-	\$71	\$11	\$59
Medicaid		7.49	4	\$30	74	-	-	\$	-	\$
CHAMPUS/Tricare		7.49								
Total Governmental			58	\$440	356	\$0	\$0	\$71	\$11	\$59
Commercial Insurers Uninsured		7.49	39	\$290	66	2	7	\$17	\$	\$23
Total NonGovernmental		7.49	41	\$307	66	\$10	\$10	\$20	\$	\$23
Total All Payers		7.49	100	\$747	347	\$10	\$10	\$93	\$20	\$82

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	FY 2015	Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/Loss
				Col. 2 * Col. 3				Col. 4 - Col. 5 - Col. 6 - Col. 7	Col. 1 Total *	Col. 8 - Col. 9
Total Facility by Payer Category:										
Medicare		7.49	55	\$412	339	-	-	\$71	\$42	\$29
Medicaid		7.40	4	\$29	25	-	-	4	1	3
CHAMPUS/Tricare		7.40								
Total Governmental			59	\$441	\$364	\$0	\$0	\$80	\$43	\$37
Commercial Insurers		7.49	40	\$299	57	2	3	224	8	216
Uninsured		7.49	7	\$52		9	3	3	3	0
Total Non-Governmental			47	\$351	\$62	\$10	\$10	\$227	\$11	\$216
Total All Payers		7.49	101	\$792	\$426	\$10	\$10	\$307	\$54	\$253

Daanbury Hospital - PET/CT CON

6.C. FINANCIAL ASSUMPTIONS

Net Patient Revenue:	
Without Project:	Determined using historical payment experience with 0% annual increase in gavi rates and 2% annual increase in non-gavi rates.
With Project:	Utilized historic payment experience combined with PET/CT anticipated volume shift.
Volume:	
Without Project:	Assumption is based on 1% volume increase per year. No change in pharmacy.
With Project:	Assumption is based on 1% volume increase per year combined with 80% of anticipated PET/CT volume shift from RMV to DH.
Other Operating Revenue:	
Without Project:	Assumes 0% increase annually adjusted for one time sale of Dialysis in FY12
With Project:	Same as above
Salaries and Fringe Benefits:	
Without Project:	Assumption is based on historic and blended expense combined with inflationary increases of 2% annually.
With Project:	Same as above with no expected increase in staffing to accommodate PET/CT volume.
Professional / Contracted Svc:	
Without Project:	Based on projected trend
With Project:	Based on projected trend
Supplies and Drugs:	
Without Project:	Assumption is based on historical expenses plus 2% inflation increases per year.
With Project:	Projected using historical actuals plus inflation applied to incremental PET/CT volume.
Bad Debt:	
Without Project:	Based on actual trend
With Project:	Based on actual trend
Other Op Expense:	
Without Project:	Based on history trend combined
With Project:	Based on historic trend combined
Depreciation:	
Without Project:	Assumption is based on historic and planned annual capital spending
With Project:	Assumption is based on historic and planned annual capital spending
Interest:	
Without Project:	Based on current interest of existing debt rolled forward annually.
With Project:	Based on current interest of existing debt rolled forward annually.
Lease Expense:	
Without Project:	Includes a 2% annual increase on expenses annually.
With Project:	Includes a 2% annual increase on expenses annually.
FTEs:	
Without Project:	Includes annual increase in variable staffing required to support growth combined with continued productivity initiatives currently underway.
With Project:	No expected change in staffing

Attachment IV

PET CT Rates

Description	Rate	CPT
PET/CT DX;LUNG CA NONSMALL CEL	\$ 6,561.00	78815PI
PET/CT INIT STG LUNG NONSML CEL	\$ 6,561.00	78815PI
PET/CT RESTAGE/LUNG,NONSML CEL	\$ 6,561.00	78815PS
PET/CT DX/COLORECTAL	\$ 6,561.00	78815PI
PET/CT INIT STAGE/COLORECTAL	\$ 6,561.00	78815PI
PET/CT RESTAGE/COLORECTAL CA	\$ 6,561.00	78815PS
PET/CT DX/MELANOMA	\$ 6,561.00	78815PI
PET/CT INIT STAGE/MELANOMA	\$ 6,561.00	78815PI
PET/CT RESTAGE/MELANOMA	\$ 6,561.00	78815PS
PET/CT MELANOMA N/C INDICATION	\$ 6,561.00	78815
PET/CT DX/LYMPHOMA	\$ 6,561.00	78815PI
PET/CT INIT STAGE/LYMPHOMA	\$ 6,561.00	78815PI
PET/CT RESTAGING; LYMPHOMA	\$ 6,561.00	78815PS
PET/CT DX/HEAD & NECK	\$ 6,561.00	78815PI
PET/CT INIT STAGE/HEAD&NECK	\$ 6,561.00	78815PI
PET/CT RESTAGE/HEAD&NECK	\$ 6,561.00	78815PS
PET/CT DX/ESOPHAGEAL	\$ 6,561.00	78815PI
PET/CT INIT STAGE/ESOPHAGEAL	\$ 6,561.00	78815P1
PET/CT RESTAGE/ESOPHAGEAL	\$ 6,561.00	78815PS
PET/CT SNGL PULMONARY NOD	\$ 6,561.00	78815PI
PET/CT TUMOR IMAGING, NOS	\$ 6,561.00	78815PI
PET/CT INIT DX, BREAST	\$ 6,561.00	78815PI
PET/CT RESTAGE, BREAST	\$ 6,561.00	78815PS
PET/CT BREAST, TRMT RESPONSE	\$ 6,561.00	78815PS
PER/CT NOPR LIMITED	\$ 6,561.00	78814Q0
PET/CT NOPR SKULL TO MID THIGH	\$ 6,561.00	78815Q0
PET/CT NOPR WHOLE BODY	\$ 6,561.00	78816Q0
PET NOPR INIT TX STRAT - 78814	\$ 6,561.00	78814Q0
PET NOPR INIT TX STRAT - 78815	\$ 6,561.00	78815Q0
PET NOPR INIT TX STRAT - 78816	\$ 6,561.00	78816Q0
PET NOPR BONE NAF-18	\$ 6,561.00	78815Q0
PET HEART, METABOLIC INITIAL	\$ 6,103.00	78459
PET HEART, PERF, SINGLE	\$ 6,103.00	78491
PET HEART, PERF, MULT	\$ 6,103.00	78492
PET BRAIN, METABOLIC EVAL	\$ 6,103.00	78608
PET BRAIN, PERFUSION EVAL	\$ 6,103.00	78609
FDG RADIOPHARMACEUTICAL	\$ 1,306.00	A9552
RUBIDIUM RB-82 PER DOSE <60MCL	\$ 2,082.00	A9555
NAF-18 PER DOSE < 31 MCI	\$ 579.00	A9580
PET TUMOR INIT TX STRAT 78814	\$ 6,561.00	78814PI
PET TUMOR INIT TX STRAT 78815	\$ 6,561.00	78815PI
PET TUMOR INIT TX STRAT 78816	\$ 6,561.00	78816PI
PET TUMOR SUBSQ TX STRAT 78814	\$ 6,561.00	78814PS
PET TUMOR SUBSQ TX STRAT 78815	\$ 6,561.00	78815PS
PET TUMOR SUBSQ TX STRAT 78816	\$ 6,561.00	78816PS



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

December 11, 2012

VIA FAX ONLY

Sally F. Herlihy, FACHE
Vice President, Planning
Western Connecticut Health Network
24 Hospital Avenue
Danbury, CT 06810

RE: Certificate of Need Application, Docket Number 12-31796-CON
Western Connecticut Health Network d/b/a New Milford Hospital
Proposal to Terminate PET-CT Services at New Milford Hospital

Dear Ms. Herlihy:

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 determined that the above-referenced application has been deemed complete as of November 18, 2012.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7012.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Lazarus".

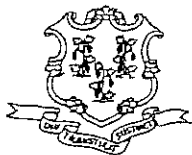
Steven W. Lazarus
Associate Health Analyst,

Copy:

*** TX REPORT ***

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

FAX SHEET

TO: Sally Herlihy
FAX: (203) 739-4903 739-1974
AGENCY: _____
FROM: Steven Lazarus
DATE: 12/11/12 TIME: 1:15 pm
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Deemed Complete Enclosure



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

March 14, 2013

IN THE MATTER OF:

An Application for a Certificate of Need filed
Pursuant to Section 19a-638, C.G.S. by:

Notice of Final Decision
Office of Health Care Access
Docket Number: 12-31796-CON

**New Milford Hospital, Inc. and
Western Connecticut Health Network, Inc.**

**Termination of PET-CT Scanning Services at
New Milford Hospital, Inc.**

To: Sally F. Herlihy, FACHE
VP, Planning
Western Connecticut Health Network
24 Hospital Avenue
Danbury, CT 06810

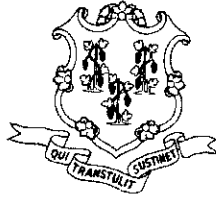
Dear Ms. Herlihy:

This letter will serve as notice of the Final Decision of the Office of Health Care Access in the above matter, as provided by Section 19a-638, C.G.S. On March 14, 2013, the Final Decision was rendered as the finding and order of the Office of Health Care Access. A copy of the Final Decision is attached hereto for your information.

Kimberly R. Martone
Director of Operations

Enclosure
KRM:swl

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



Office of Health Care Access Certificate of Need Application

Final Decision

Applicants: New Milford Hospital, Inc. and Western Connecticut Health Network
24 Hospital Avenue, Danbury, CT 06810

Docket Number: 12-31796-CON

Project Title: Termination of PET-CT Scanning Services at New Milford Hospital, Inc.

Project Description: New Milford Hospital, Inc. (“New Milford Hospital”) and Western Connecticut Health Network (Western Connecticut Health Network and New Milford Hospital are hereinafter collectively referred to as the “Applicants”) are proposing the termination of Positron Emission Tomography-Computed Tomography (“PET-CT”) services at New Milford Hospital.

Procedural History: The Office of Health Care Access (“OHCA”) received a Certificate of Need (“CON”) application from New Milford Hospital on October 19, 2012 for the above-referenced project and deemed the application complete on November 18, 2012. New Milford Hospital published notice of its intent to file the CON Application in *The News-Times* (Danbury), on July 20, 21 and 22, 2012. OHCA received no responses from the public concerning New Milford Hospital’s proposal and no hearing requests were received per Conn. Gen. Stat. § 19a-639a.

FINDINGS OF FACT

1. New Milford Hospital is a 95 bed, acute care hospital located at 21 Elm Street, New Milford. OHCA's 2012 Twelve Months Actual Filing.
2. Western Connecticut Health Network is the parent corporation of New Milford Hospital; Danbury Hospital located at 24 Hospital Avenue, Danbury; and The Danbury Medical Arts Center, located at 11 Osborne Street, Danbury. Ex. A, p. 7 and OHCA's 2012 Hospital Reporting System.
3. A 16-slice mobile PET scanner, leased through a vendor, Alliance Imaging, Inc. ("Alliance Imaging"), provides PET-CT services at New Milford Hospital. This service is currently offered one day per week. Ex. A, p. 7.
4. The service area for New Milford Hospital's PET-CT services is comprised of the Connecticut towns of New Milford, Bridgewater, Kent, Danbury, Roxbury, Bantam, Brookfield, Southbury and Torrington. Additionally, it includes the towns of Dover Plains, Newburgh and Pawling, New York. Ex. A, pp.7 &11.
5. The Applicants are proposing the termination of New Milford Hospital's PET-CT scanning services and, going forward, utilizing Danbury Hospital's PET-CT scanner, located at the Danbury Medical Arts Center. The Applicants' proposal is based on multiple factors, including:
 - a. The current average test volume at New Milford Hospital is fewer than three patients per day;
 - b. There are fewer than five regularly referring physicians for this service;
 - c. Alliance Imaging has indicated a need to terminate the mobile service due to a consistent decline in volume;
 - d. There are increasingly stringent payer restrictions for covering test expenses; and
 - e. PET-CT services are available at Danbury Hospital. Ex. A, p. 7.
6. New Milford Hospital's PET-CT scans have declined due to payers requiring positive CT-scans before authorizing PET-CT scans and most insurance companies now limiting the number of PET-CT scans to two per year per patient. Ex. A, p. 8.

7. New Milford Hospital reported declining PET-CT utilization, as shown in Table 2. Overall, PET-CT utilization declined 63% from FY2009 to 2012.

Table 2: New Milford Hospital's Historical PET-CT Volume, FY 2009-2012

PET-CT	FY 2009	FY 2010	FY 2011	FY 2012
Scans	305	202	165	112
% change from prior year		-34%	-18%	-32%
% change FY 2009-2012				-63%

Source: FYs 2009-2011, OHCA's Hospital Reporting System and FY 2012, Ex. A, p. 8

8. Originally, New Milford Hospital was contractually obligated to Alliance Imaging for a minimum of 16 exams per month. However, due to declining scan volume, contract addendums were executed to eliminate the obligation for a minimum number of scans per month and to revise pricing to accommodate lower scan volume. Ex. A, p. 8.
9. New Milford Hospital anticipates a price increase due to the current volume of fewer than three scans per day of service, which would render the service economically unfeasible in the long-term. Ex. A, p. 8.
10. According to the Applicants, because PET-CT scans are not performed on patients often or at regular intervals, it is the type of service that lends itself to being a regional resource. Ex. A, p. 8.
11. There is a fixed 64-slice PET-CT scanner available to New Milford Hospital patients at The Danbury Medical Arts Center. Ex. A, p. 9.
12. The fixed PET-CT scanner at The Danbury Medical Arts Center is available Monday through Friday 8:00 am-4:00 pm and is currently performing 640 PET-CT scans annually. Ex. A, p. 9.
13. The PET-CT scanner at The Danbury Arts Medical Center operated at 49% capacity during FY2011 (836 scans/1,700 total capacity) and at 38% capacity in FY2012 (630 scans/1,700 total capacity). Ex. A, p. 10.
14. The Applicants have projected level PET-CT volumes for FYs 2014-2015, as shown in Table 3:

Table 3: Projected PET-CT Volume*, FYs 2012-2015

PET-CT	FY 2013	FY 2014	FY 2015
Scans	95	103	103
% change from prior year		-8%	0%

Ex A, p. 24

*Projected PET-CT scans at Danbury Medical Arts Center for former New Milford Hospital patients.

15. Although the PET-CT scanner at The Danbury Arts Medical Center has the capacity to accept 100% of New Milford Hospital's patients that require a PET-CT scan, the Applicants have based their projected volumes on 80% of New Milford Hospital's PET-CT volume, accounting for up to 20% of New Milford Hospital patients that might choose to receive their PET-CT service elsewhere. Ex. A, p. 10.
16. According to the Applicants, Danbury Medical Arts Center is capable of absorbing all of New Milford Hospital's projected PET-CT scan volume into the existing workload without any modification to staffing. Ex. A, p. 12.
17. Other than the PET-CT scanner at The Danbury Medical Arts Center (14 miles away), there are no other existing providers of PET-CT scanning service in New Milford Hospital's service area. The closest provider of PET-CT scanning service is The Harold Leever Regional Cancer Center in Waterbury (22 miles away). Connecticut's Statewide Health Care Facilities and Services Plan, November 2012 and Google Maps.
18. To ensure that New Milford Hospital's patients have continued access to PET-CT services, the Applicants' operational plan includes communicating to physicians and existing patients the date the mobile PET-CT service is no longer available at New Milford Hospital. Patients who require a test will have the option of scheduling one through The Danbury Medical Arts Center. Scans may also be scheduled via New Milford Hospital's scheduling office, so there will be no change in contact point from either the patient or referring physician's perspective. Ex. A, p. 10.
19. The Applicants do not expect any change in the payer mix as the patient population remains the same. The payer mix is as follows: Medicare 54%, Medicaid 5% for a total government payer mix of 59%. The total non-government payer mix is 41%, which is comprised of 39% commercial payers and 2% uninsured. Ex. A, pp. 29-30.
20. The Applicants project the proposal will result in savings of \$54,000 annually for Western Connecticut Health Network. Ex. A, p. 12.
21. There is no capital expenditure associated with this proposal. Ex. A, p. 13.
22. 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 policies and standards not yet adopted as regulations by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
23. This CON application was deemed complete by OHCA prior to the statewide health care facilities and services plan being published. Therefore, OHCA has not made any findings as to the relationship between this CON application and the statewide health care facilities and services plan. (Conn. Gen. Stat. § 19a-639(a)(2))

24. The Applicants have demonstrated a clear public need for the change in services as proposed. (Conn. Gen. Stat. § 19a-639(a)(3))
25. The Applicants have demonstrated that this proposal will be financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))
26. The Applicants have satisfactorily demonstrated that their proposal would maintain the accessibility of health care delivery in the region and have satisfactorily demonstrated a potential improvement in quality and cost effectiveness. (Conn. Gen. Stat. § 19a-639(a)(5))
27. The Applicants have shown that there would be no change to the provision of health care services to the relevant populations and payer mix. (Conn. Gen. Stat. § 19a-639(a)(6))
28. The Applicants have satisfactorily identified the population to be served by their proposal. (Conn. Gen. Stat. § 19a-639(a)(7))
29. The declining historical utilization of New Milford Hospital's PET-CT scanner in the service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
30. The Applicants have satisfactorily demonstrated that their proposal would not result in an unnecessary duplication of existing imaging services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

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 General Statutes § 19a-639(a). The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Goldstar Medical Services, Inc., et al. v. Department of Social Services, 288 Conn. 790 (2008)*.

The Applicants, New Milford Hospital and Western Connecticut Health Network, are proposing the termination of New Milford Hospital's PET-CT services, which are currently offered one day per week, and referring patients to Danbury Hospital's Danbury Medical Arts Center to utilize its PET-CT services going forward. *FF1-3 & 5*. There has been a steady decline in PET-CT utilization volume at New Milford Hospital. This low volume is reflected in a 32% decline in the most recent fiscal year reported and a 63% cumulative decline from FY 2009 to 2012. *FF7*. PET-CT scans have declined, in part, due to payer requirements; since patients must have a positive CT scan prior to the authorization of a PET-CT scan. Furthermore, most insurance companies now limit the number of PET-CT scans to two per year per patient. *FF6*. Due to the low volume of PET-CT scans, a price increase by New Milford Hospital's PET-CT vendor, Alliance Imaging, is now anticipated. Such an increase would render the service economically unfeasible. *FF9*.

Because PET-CT scans are not performed on patients often or at regular intervals, it is the type of service that lends itself to regionalization. *FF10*. The Danbury Medical Arts Center PET-CT scanner has the capacity to fully absorb New Milford Hospital's PET-CT patients. *FF16*. To ensure that New Milford Hospital's patients have uninterrupted and continued access to PET-CT services, the Applicants will communicate to referring physicians and existing patients the date the mobile PET-CT service ceases at New Milford Hospital. Patients requiring a scan will have the option of scheduling one through The Danbury Medical Arts Center or via New Milford Hospital's scheduling office; so there will be no change in contact point from either the patient or referring physician's perspective. *FF18*.

OHCA concludes that access to PET-CT imaging services will be maintained for New Milford Hospital patients. Moreover, both quality and accessibility will be improved for the patients through the use of a faster, higher resolution scanner and the additional days the PET-CT services are available at The Danbury Medical Arts Center. *FF11 & 12*.

There is no capital expenditure associated with this proposal. *FF21*. Terminating the one-day per week service at New Milford Hospital and scheduling all scans on the PET-CT at the Danbury Medical Arts Center will result in annual savings of \$54,000 for Western Connecticut Health Network. *FF20*. Thus, OHCA finds this proposal is financially feasible and cost effective.

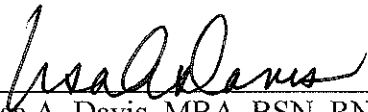
Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of New Milford Hospital, Inc. and Western Connecticut Health Network for the termination of PET-CT services at New Milford Hospital, with no associated capital expenditure, 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

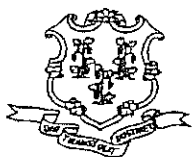
3/14/2013
Date


Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner

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

FAX SHEET

TO: Sally F. Herlihy, FACAE
FAX: (203) 739-1974
AGENCY: _____
FROM: Steven Lazarus
DATE: 3/15/13 TIME: 10:55 a
NUMBER OF PAGES: 9
(including transmittal sheet)

Comments: Final Decision under DN: 12-31796-Copy
Encl

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