

November 13, 2013

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

RE: Termination of Services at 196 Parkway South, Waterford, CT

Dear Ms. Martone,

Enclosed please find the signed affidavit and \$500 check for Lawrence + Memorial Hospital's certification of need (CON) application filed electronically through email on 11/13/2013. The CON application outlines our proposal to terminate services at 196 Parkway South, Waterford, CT.

We look forward to working with you and your staff during the review process.

Please do not hesitate to contact me at (860) 442-0711 x. 2073 if you have any questions regarding this application.

Sincerely,

A handwritten signature in black ink that reads "Crista Durand".

Crista Durand
Vice President, Strategic Planning

Cc:
Shraddha Patel, Director, Business Development and Planning

AFFIDAVIT

Applicant: Lawrence + Memorial Hospital

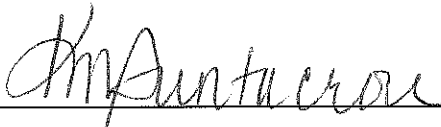
Project Title: Discontinuation of Outpatient Cardiac Testing Services at
196 Parkway South, Waterford, CT 06385

I, Bruce Cummings, President and Chief Executive Officer of Lawrence + Memorial Hospital, being duly sworn, depose and state that Lawrence + Memorial Hospital's information submitted in this Certificate of Need Application is accurate and correct to the best of my knowledge.

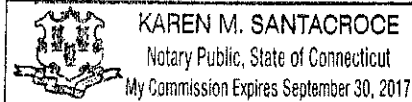

Signature

10/15/13
Date

Subscribed and sworn to before me on October 15, 2013


Notary Public/Commissioner of Superior Court

My commission expires: _____



Greer, Leslie

From: Martone, Kim
Sent: Wednesday, November 13, 2013 8:28 PM
To: Riggott, Kaila; Hansted, Kevin
Cc: Greer, Leslie
Subject: Fw: Certificate of Need (CON) application for Lawrence + Memorial Hospital's proposal to terminate cardiac testing services at 196 Parkway South, Waterford, CT
Attachments: L+M Hospital - CON Termination of Services - Waterford Cardiac Testing.pdf

From: Patel, Shraddha [<mailto:spatel@lmhosp.org>]
Sent: Wednesday, November 13, 2013 05:44 PM
To: User, OHCA
Cc: Martone, Kim; Durand, Crista <cdurand@lmhosp.org>
Subject: Certificate of Need (CON) application for Lawrence + Memorial Hospital's proposal to terminate cardiac testing services at 196 Parkway South, Waterford, CT

Dear OHCA staff:

Attached please find the electronic copy of the Certificate of Need (CON) application for Lawrence + Memorial Hospital's proposal to terminate cardiac testing services at 196 Parkway South, Waterford, CT.

The signed affidavit and \$500 check has been mailed via Fed Ex and should arrive at your office on 11/14/13.

We look forward to working with you and your staff during the review process.

Please do not hesitate to contact me at (860) 912-5324 or via email if you have any questions regarding this application.

Sincerely,

Shraddha Patel

Shraddha Patel, FACHE
Director of Business Development and Planning
L+M Healthcare
365 Montauk Avenue
New London, CT 06320
Phone: (860) 912-5324
Email: spatel@lmhosp.org

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Application Checklist

Instructions:

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

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

For OHCA Use Only:

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

- Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. *(OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)*

- Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.

- Attached are completed Financial Attachments I and II.

- Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.

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

November 13, 2013

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

RE: Termination of Services at 196 Parkway South, Waterford, CT


Dear Ms. Martone,

Enclosed please find the electronic copy of the Certificate of Need (CON) application for Lawrence + Memorial Hospital's proposal to terminate services at 196 Parkway South, Waterford, CT.

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Please do not hesitate to contact me at (860) 442-0711 x. 2073 if you have any questions regarding this application.

Sincerely,



Crista Durand
Vice President, Strategic Planning

Cc:
Shraddha Patel, Director, Business Development and Planning

LAWRENCE & MEMORIAL HOSPITAL

L009000 DATE: 10/15/13
CHECK NO: 324452

INVOICE NO.	DATE	DESCRIPTION	GROSS AMT.	DISCOUNT	NET AMOUNT	
CARDIAC SERV	10/15/13		500.00	0.00	500.00	
VENDOR NO: L009000 ACCOUNTS PAYABLE			TOTALS	500.00	0.00	500.00

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

LAWRENCE & MEMORIAL HOSPITAL
New London, CT 06320

51-57
119

DATE: 10/15/13 CHECK NUMBER: 324452

PAY FIVE HUNDRED 00/100

AMOUNT
*****\$500.00
VOID OVER 60 DAYS

TO THE ORDER OF TREASURER STATE OF CONNECTICUT

CITIZENS BANK

[Signature]
AUTHORIZED SIGNATURE

⑈ 324452⑈ ⑆ 211170114⑆ 2202493780⑈

MADE IN U.S.A. 1102 (11/07) PRINTED BY STANDARD REGISTER U.S.A.

Security Features include: Details on the back

WATER SERVICE
 Water Service of the City of New London, CT, is seeking applications for the position of **Water Utility Superintendent**. The position is responsible for the day-to-day operations of the water utility, including the maintenance and repair of water mains, valves, and hydrants. The Superintendent will also be responsible for the financial management of the utility, including budgeting and cost control. The position is a full-time, permanent position. For more information, please contact the City of New London, Human Resources Department, at (860) 546-3333.

REQUEST FOR PROPOSALS
 CITY OF NEW LONDON, CT
 The Town of New London is seeking proposals for the construction of a new **Public Safety Building**. The building will be used for the housing of the police and fire departments. The building is to be located on the corner of Main Street and Water Street. For more information, please contact the City of New London, Public Works Department, at (860) 546-3333.

RESEARCHER
 The City of New London is seeking a **Researcher** to assist in the development of a new **Public Safety Building**. The Researcher will be responsible for conducting research on the building's design, construction, and cost. The position is a full-time, permanent position. For more information, please contact the City of New London, Public Works Department, at (860) 546-3333.

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 WE CAN HELP YOU WITH YOUR BUSINESS. Call 860-546-3333.

AFFIDAVIT

Applicant: Lawrence + Memorial Hospital

Project Title: Discontinuation of Outpatient Cardiac Testing Services at
196 Parkway South, Waterford, CT 06385

I, Bruce Cummings, President and Chief Executive Officer of Lawrence + Memorial Hospital, being duly sworn, depose and state that Lawrence + Memorial Hospital's information submitted in this Certificate of Need Application is accurate and correct to the best of my knowledge.

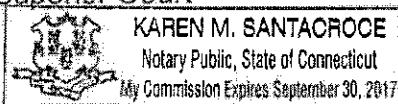
Bruce Cummings
Signature

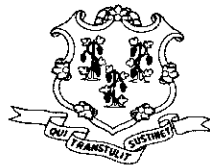
10/15/13
Date

Subscribed and sworn to before me on October 15, 2013

Karen M. Santacroce
Notary Public/Commissioner of Superior Court

My commission expires: _____





**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: 13-31863

Applicant: Lawrence + Memorial Hospital, Inc.

Contact Person: Ms. Shraddha Patel

Contact Person's Title: Director of Business Development and Planning

Contact Person's Address: 365 Montauk Avenue, New London, CT 06320

Contact Person's Phone Number: (860) 912-5324

Contact Person's Fax Number: (860) 444-3716

Contact Person's Email Address: spatel@lmhosp.org

Project Town: Waterford, CT

Project Name: Termination of Services at 196 Parkway South, Waterford

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

**Estimated Total
Capital Expenditure:** \$0

Project Description: Service Termination (Behavioral Health/Substance Abuse)**a. Provide a narrative detailing the proposal.**

Lawrence + Memorial Hospital, Inc. (the "Hospital") is a not-for-profit acute care general hospital with its main campus located at 365 Montauk Avenue, New London, Connecticut. The Hospital offers outpatient services at various locations within its primary service area including, but not limited to, nuclear and non-nuclear cardiac stress testing services at the Crossroads Professional Building, 196 Parkway South, Suite 103, Waterford, Connecticut ("Waterford Location"). Nuclear and non-nuclear cardiac testing is performed at the request of a patient's provider to diagnose certain cardiology conditions.

Upon the Department of Public Health Division of Office of Health Care Access (OHCA) approval, the Hospital proposes to relocate all non-nuclear stress testing services and equipment at the Waterford Location to the main Hospital campus and proposes to terminate nuclear cardiac testing at the Waterford Location. Nuclear and non-nuclear cardiac testing is already provided at the Hospital's main campus and will be maintained at the Hospital.

Patient access to non-nuclear stress testing and nuclear cardiac testing will not be affected as both services continue to be provided by the Hospital. The Hospital has sufficient capacity to accommodate all of the nuclear and non-nuclear cardiac testing patients from the Waterford Location. The Hospital's capacity at this time is such that it can easily serve Waterford Location patients without inconvenience; patients will not be subject to added waiting periods for appointments. The change will eliminate the unnecessarily duplicative equipment and services at the Waterford Location without patient disruption and within the same continuum and system of care.

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

The Hospital started offering the nuclear and non-nuclear cardiac stress testing services approximately eighteen (18) months ago. Both the nuclear and non-nuclear cardiac stress testing services are provided at Crossroads Professional Building, 196 Parkway South, Suite 103, Waterford, Connecticut. The non-nuclear stress testing and nuclear cardiac testing offered at the Waterford Location serve outpatients in the service area who elect to go to the Waterford Location. The Hospital's primary service area includes the towns of East Lyme, Groton, Ledyard, Lyme, Montville, New London, Old Lyme, Stonington, North Stonington, and Waterford. The hours of operation have varied over the 18 months in which the services have been provided. Hours of operation have been adjusted down on account of lack of demand/need. It has not been cost effective to run operations with limited volume.

As indicated above, the non-nuclear stress testing equipment will be relocated to the main campus and the nuclear cardiac testing services will be terminated at the Waterford Location but nuclear cardiac testing is already provided at the Hospital's main campus.

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

Nuclear and non-nuclear cardiac stress testing services at the Waterford Location commenced in May of 2012.

d. 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.

The decision to terminate the services is based on the small number of patients utilizing these services at the Waterford Location. An internal review of the provision of nuclear and non-nuclear stress testing was conducted at the Waterford Location to determine the utilization of these services at the Waterford Location and how and where such services could be provided in the most efficient and cost effective manner for the Hospital and the community. The internal review determined that the limited and decreasing number of patients warranted consolidation of services, elimination of unnecessary duplicative services, consideration of the long term viability of the Hospital and controlling health care costs weighed in favor of discontinuing nuclear and non-nuclear stress testing at the Waterford Location. Further, these are the facts that warrant regionalization of these services: (i) nuclear and non-nuclear stress testing services are provided to patients at irregular intervals; (ii) the Waterford Location does not reach a different or expanded patient population then that serviced at the main campus that would benefit the community; and (iii) the continuum of care remains within the L+M system. The Hospital is a reliable and stable institutional provider which must offer all services and maintain its equipment to serve the needs of the community regardless, making the main campus the ideal location to absorb the limited and shrinking Waterford patient population seeking these cardiac testing services.

The Hospital determined that the nuclear and non-nuclear cardiac stress testing services were unnecessarily duplicative and consolidation of such duplicative services is appropriate. The physical locations are duplicative because they are both within the primary services area of the Hospital and do not offer expanded service area to patients as the two locations are only separated by seven (7) miles.

Further, the Hospital main campus has excess capacity and can maintain consistent and accessible nuclear and non-nuclear stress testing services in the Hospital service area. For nuclear stress testing, the Hospital's outpatient capacity is 1,750 tests per year (7 tests per day at 250 days per year). For fiscal year 2013, nuclear stress testing at the Hospital was only at 34% capacity (591 tests). The projected outpatient volume shifting from Waterford to the main campus is 671 tests per year resulting in a projected

capacity at the Hospital of only 72%. Even with the Waterford shift to the main campus, the nuclear stress testing capacity is easily manageable.

For non-nuclear stress testing, the Hospital's capacity is 2,008 tests per year. For fiscal year 2013, non-nuclear stress testing at the Hospital was only at 54% capacity (1,087 tests). The projected outpatient volume shifting from Waterford to the main campus is 403 tests per year resulting in a projected capacity at the Hospital of only 74%. The non-nuclear testing equipment that will be moved from the Waterford Location to the Hospital will be placed in a vacant room and will serve as a back-up to the Hospital's current equipment. The non-nuclear stress testing capacity is manageable at 74% projected capacity with the possibility of utilizing the backup equipment if necessary.

The nuclear and non-nuclear stress testing equipment at the Waterford Location is nearing the end of its useful life. Substantial upgrades to this equipment would be required to continue nuclear stress testing at the Waterford Location at a significant financial cost. To maintain underutilized duplicative services at the Waterford Location (adding expenses, licensure fees, staff expenses and physicist service expenses) at no additional patient or community benefit is not in the best interest of the Hospital and the community it serves. The maintenance of unnecessary duplicative equipment undermines the long term viability of the Hospital and the needs of the community.

- e. 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.**

The termination did not require the vote of the Hospital Board of Directors.

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.**

The Hospital is an existing provider of nuclear and non-nuclear stress testing in its provision of comprehensive cardiology services and care as a community provider. Such comprehensive cardiac care includes, but is not limited to, electrocardiogram testing, blood pressure monitoring, echocardiograms, elective and emergency angioplasty, cardiac catheterization, pacemaker and defibrillator implantation, non-nuclear cardiac stress testing, and nuclear cardiac testing. As stated before, the Hospital is located less than seven (7) miles from the Waterford Location.

The Hospital currently has sufficient excess capacity to absorb all patients from the Waterford Location needing nuclear and non-nuclear stress testing. The Hospital has three imaging cameras equipped for nuclear stress testing with excess capacity. The Hospital also has all equipment necessary for non-nuclear stress testing with excess capacity and adequate space to accommodate the non-nuclear stress testing equipment.

The Hospital has sufficient staff and providers to accommodate the proposed capacity from the relocation while maintaining comprehensive care and without causing any gaps in service. The Hospital's equipment has been upgraded more recently than the Waterford Location equipment.

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

Nuclear and non-nuclear stress testing is only performed upon the written order of a health professional and is scheduled through the Hospital's centralized scheduling system. To maintain patient familiarity, the scheduling process and point of contact will remain the same for all patients who primarily accessed these services at the Waterford Location and such patients will not have to contact the Hospital to schedule services. Upon approval of this CON, all future patients will be scheduled at the Hospital location ensuring continued access.

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.

None of the services will need to be transferred to a different provider. The Hospital is the current provider of these services and such services will be transferred internally.

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.

Not applicable. There are no special populations utilizing this service.

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.

As stated above, no outside providers are needed to absorb nuclear and non-nuclear cardiac stress testing patients from Waterford Location. The Hospital is staffed and equipped to accept all such patients from the Waterford Location. The Hospital's current nuclear and non-nuclear cardiac testing facilities have excess capacity and both services have back-up options in case any future capacity exceeds current projected capacity. The Hospital's staff is capable of absorbing the nuclear and non-nuclear cardiac stress testing patients from the Waterford Location.

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

Patients will not have to change providers; they will be able to continue to see their cardiac physicians at the Waterford Location. Nuclear and non-nuclear stress testing services are performed based on medical necessity and clinical indications that support nuclear and non-nuclear stress testing. Not all cardiac patients require such services. Patients who are referred for nuclear and non-nuclear stress testing will be notified they will be provided such services at the Hospital main campus as they become medically necessary.

Further, the Hospital did not and does not advertise the provision of non-nuclear and nuclear cardiac testing at the Waterford Location on its website but does advertise such services for the main campus. Thus, any new patients will not be affected.

3. Actual and Projected Volume

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

See Exhibit A for nuclear stress testing volumes by town for fiscal year 2013. See Exhibit B for non-nuclear stress testing volumes by town for fiscal year 2013.

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) ¹			CFY Volume*
	FY 2011	FY 2012	FY 2013	FY 2014
Service**				
Nuclear cardiac testing	n/a	296 (4 months)	671 (12 months)	13 ²
Non-nuclear cardiac testing	n/a	165 (4 months)	403 (12 months)	8 ³
Total	n/a	461	1074	21

* 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.

** Identify each service type and add lines as necessary. Provide both number of visits and number of admissions for each service listed.

*** Fill in years. In a footnote, identify the period covered by the Applicant’s FY (e.g. July 1-June 30, calendar year, etc.).

¹ The fiscal year is from October 1 to September 30.

² Monthly volume for October, 2013.

³ Monthly volume for October, 2013.

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

There are no volume figures available for fiscal year 2011 because the Hospital did not commence these services until May 1, 2012. Volume increased for both nuclear and non-nuclear cardiac stress testing from fiscal year 2012 to fiscal year 2013 because fiscal year 2012 only represents five (5) months of service (May 1, 2012 to September 30, 2012). Volume decreased from fiscal year 2013 to the first month of fiscal year 2014. Fiscal year 2014 represents one month of service (October 1, 2013 to October 31, 2013).

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.

Key professional, administrative, clinic and direct service personnel related to the proposal include:

- Bruce Cummings, President/Chief Executive Officer, Lawrence + Memorial Hospital
- Daniel Rissi, M.D., Vice President/Chief Medical and Clinical Operations Director, Lawrence + Memorial Hospital
- Lugene Inzana, Vice President/Chief Financial Officer, Lawrence + Memorial Hospital
- Donna Blakely, Administrative Director of Diagnostic Imaging, Lawrence + Memorial Hospital
- Max Gorski, Director of Patient Care Services, Lawrence + Memorial Hospital
- Darcy Phillips, Lawrence + Memorial Hospital Manager of Nuclear Medicine Department, Cardiac Diagnostic Imaging, PET/CT Imaging Services and Site Manager of Lawrence + Memorial Imaging Center
- Gerry Mulholland, Manager, Invasive and Non Invasive Cardiology, Lawrence + Memorial Hospital

See attached Exhibit C for their Curriculum Vitae.

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

The main campus of the Hospital has comprehensive cardiac services and numerous providers, staff and resources are available to continue to provide quality nuclear and non-nuclear cardiac testing services to all patients in the Hospital service area including those who accessed them at the Waterford Location. The Waterford Location nuclear stress testing imaging machine is nearing the end of its useful life and will need to be completely replaced within one to two years. By consolidating services, the Hospital avoids spreading resources to maintain unnecessarily underutilized duplicative equipment and services at locations within the same service area.

Further, the Hospital equipment has been upgraded more recently than Waterford which offers the most up-to-date clinical benefits to patients. This ensures that equipment and resources are used in the most efficient manner for the community.

- 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.**

There is no requested change in DPH licensure.

- d. **Describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.**

Consumers of health care services in the primary services area are not negatively affected by the termination of nuclear and non-nuclear stress testing services at the Waterford Location as they have access to the same services within seven (7) miles. Consumers of health care services that include nuclear and non-nuclear cardiac stress testing are benefiting from the Hospital's location where they have access to newer equipment, centralized location and care coordination.

The payors of the services will not be impacted. Reimbursement rates will remain the same.

5. Organizational and Financial Information

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

- 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.
- 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. There are no capital expenditures/costs associated with this project.

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. No funding or financial sources are required.

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

The L+M system offers comprehensive care to patients in its community and by maintaining its own financial strength it improves the overall financial strength of the state's health care system.

The Hospital provides certain services free or at a reduced charge to uninsured or underinsured individuals who cannot afford to pay for medical care and financial counselor services are available for all Hospital patients. By consolidating unnecessarily duplicative services and cutting excess costs, the Hospital has additional resources available for the community. By focusing on providing nuclear and non-nuclear cardiac stress testing at one location, the Hospital has more resources to keep up with technological developments and provide the most advanced care to patients at the most efficient cost to the payors.

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.**

See Exhibit D for Financial Attachment I.

- 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.**

See Exhibit E for Financial Attachment II.

- 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.).**

Not applicable. No assumptions made, no new services proposed.

- 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).**

Not applicable. No new services proposed.

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

The applicant is being reimbursed by payers for these services. Reimbursement levels did not influence the determination to terminate services. In addition, it is Hospital policy that the Hospital and all outpatient locations, including the Waterford Location, offer services to patients regardless of payor status or ability to pay. This policy does not change based on location or service and is available to all nuclear and non-nuclear stress testing patients regardless of the location at which patients receive services.

- 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. No losses are projected.

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

There is no capital expenditure associated with these proposed changes and all expenses associated with offering unnecessarily duplicative nuclear and non-nuclear cardiac stress testing services at the Waterford Location, including lease and service expenses, licensure fees, staff expenses and physicist service expenses, are avoided. The volume at the Waterford Location of nuclear and non-nuclear cardiac stress testing services does not warrant such costs. In addition, in today's health care field, health care reform requires consolidation and removal of excess costs to keep up with decreasing provider reimbursement rates, increased regulation, integrated delivery systems and emphasis on collaborative care.

Exhibit A to Question 3(a)

Nuclear stress testing volumes by town for fiscal year 2013

FY 2013 - Nuclear Stress Test			
ZIP	CITY	NUMBER OF PROCEDURES	
06385	WATERFORD	129	19.2%
06320	NEW LONDON	76	11.3%
06340	GROTON	76	11.3%
06357	NIANTIC	66	9.8%
06333	EAST LYME	36	5.4%
06355	MYSTIC	36	5.4%
06370	OAKDALE	34	5.1%
06335	GALES FERRY	31	4.6%
06339	LEDYARD	29	4.3%
06382	UNCASVILLE	29	4.3%
06371	OLD LYME	17	2.5%
06375	QUAKER HILL	14	2.1%
06420	SALEM	14	2.1%
06359	NORTH STONINGTON	10	1.5%
06360	NORWICH	9	1.3%
06340	NOANK	7	1.0%
06413	CLINTON	7	1.0%
06230	NEW LONDON	5	0.7%
06371	LYME	5	0.7%
06378	STONINGTON	5	0.7%
06351	JEWETT CITY	3	0.4%
06379	PAWCATUCK	3	0.4%
06380	TAFTVILLE	3	0.4%
06384	VOLUNTOWN	3	0.4%
06239	TAFTVILLE	2	0.3%
06249	LEBANON	2	0.3%
06260	PUTNAM	2	0.3%
06330	BALTIC	2	0.3%
06340	GROTON LONG POINT	2	0.3%
06351	GRISWOLD	2	0.3%
06365	PRESTON	2	0.3%
06374	PLAINFIELD	2	0.3%
06412	CHESTER	2	0.3%
06415	COLCHESTER	2	0.3%
06426	ESSEX	2	0.3%
06442	IVORYTON	2	0.3%
	TOTAL	671	100.0%

Exhibit B to Question 3(a)

Non-nuclear stress testing volumes by town for fiscal year 2013

FY 2013 - Non-Nuclear Stress Test			
ZIP	CITY	NUMBER OF PROCEDURES	
06385	WATERFORD	68	16.9%
06340	GROTON	45	11.2%
06357	NIANTIC	41	10.2%
06333	EAST LYME	30	7.4%
06320	NEW LONDON	27	6.7%
06371	OLD LYME	24	6.0%
06355	MYSTIC	21	5.2%
06335	GALES FERRY	17	4.2%
06339	LEDYARD	17	4.2%
06370	OAKDALE	17	4.2%
06378	STONINGTON	11	2.7%
06420	SALEM	10	2.5%
06375	QUAKER HILL	9	2.2%
06379	PAWCATUCK	8	2.0%
06382	UNCASVILLE	8	2.0%
06360	NORWICH	5	1.2%
06475	OLD SAYBROOK	5	1.2%
06340	NOANK	4	1.0%
06359	NORTH STONINGTON	4	1.0%
06415	COLCHESTER	4	1.0%
06371	LYME	3	0.7%
06384	VOLUNTOWN	3	0.7%
06334	BOZRAH	2	0.5%
06374	PLAINFIELD	2	0.5%
06443	MADISON	2	0.5%
06234	BROOKLYN	1	0.2%
06235	CHAPLIN	1	0.2%
06351	GRISWOLD	1	0.2%
06351	WATERFORD	1	0.2%
06365	PRESTON	1	0.2%
06388	WEST MYSTIC	1	0.2%
06390	FISHERS ISLAND	1	0.2%
06412	CHESTER	1	0.2%
06417	DEEP RIVER	1	0.2%
06419	KILLINGWORTH	1	0.2%
06423	EAST HADDAM	1	0.2%
06424	E HAMPTON	1	0.2%
06438	HADDAM	1	0.2%
10552	MT VERNON	1	0.2%
18661	WHITE HAVEN	1	0.2%
19002	AMBLER	1	0.2%
	TOTAL	403	100.0%

Exhibit C to Question 4(a)**Curriculum Vitae**

1. Bruce Cummings, President/Chief Executive Officer, Lawrence + Memorial Hospital

Lawrence & Memorial Hospital
President / Chief Executive Officer

Bruce D. Cummings

Mr. Cummings was named Chief Executive Officer at Lawrence & Memorial Hospital on October 31, 2005. Prior to that, he served as President and Chief Executive Officer of Olean General Hospital in Olean, New York. From September 1990 to March 2002, Mr. Cummings served as the CEO of Blue Hill Memorial Hospital in Maine. Mr. Cummings also spent 10 years at Mid-Maine Medical Center in Waterville, Maine as Director of Ambulatory Care; and from November 1985 to 1990 as Vice President for Strategic Planning, Marketing and Corporate Development. From 1978 to 1980, Mr. Cummings served as the City of Danbury's first full-time Director of Health.

Mr. Cummings received a Bachelor of Arts in Sociology from Colby College and a Master of Public Health degree from Yale University School of Medicine, Department of Epidemiology and Public Health. He is board-certified in healthcare management through the American College of Healthcare Executives, a member of the Board of Directors of the Connecticut Hospital Association, a director of the Visiting Nurse Association of Southeastern Connecticut, and a delegate to the American Hospital Association's Regional (New England) Policy Board.

Exhibit C to Question 4(a)**Curriculum Vitae**

2. Daniel Rissi, M.D., Vice President/Chief Medical and Clinical Operations
Director, Lawrence + Memorial Hospital

Daniel Rissi, MD

365 Montauk Avenue

New London, CT 06320

(860) 442-0711

Professional Experience

February 2008 to present; Lawrence & Memorial Hospital; Vice President/Chief Medical & Clinical Operations Officer

June 2006 to February 2008; Lawrence and Memorial Hospital; Vice President and Chief Operating Officer

October 2005 to January 2006; Olean General Hospital; Interim President and Chief Executive Officer

January 2003 to June 2006; Olean General Hospital; Vice President for Medical Affairs

March 2002 to August 2002; Blue Hill Memorial Hospital; Interim Chief Executive Officer

1990 to 2002; Blue Hill Memorial Hospital; Medical Director (full time since 1998); Chief of Staff

1996 to 2002; Maine Network for Health; Medical Director (1998-2002)

Additional Professional Activities

2003-2006: Olean General Hospital, Olean, New York; active medical staff

1980-2003: Blue Hill Memorial Hospital, Blue Hill, Maine; active medical staff

1980-2003: Eastern Maine Medical Center, Bangor, Maine; affiliate medical staff

1980-1994: Island Medical Center Doctors, Stonington, Maine; physician, managing partner

Education and Training

American Board of Family Medicine; certified 1980, recertified 1986,1992, 1998, 2004

Certificate of added Qualification in Geriatrics, AAFP; certified 1988; recertified 1998

Medical Review Officer; certified by AAMRO 2003

Aviation Medical Examiner (FAA); certified 1981, recertified 1986, 1991

State of Maine Medical Examiner; certified 1977

1977-1980 Eastern Maine Medical Center; Residency in Family Medicine

1973-1977 Johns Hopkins University School of Medicine; MD

1969-1973 Yale University; BA

Professional Memberships

American College of Physician Executives; member since 1996

American Academy of Family Physicians; member since 1980; Fellowship 1994

American Geriatrics Society; member since 1989

National Board of Medical Examiners; diplomate 1977

American College of Healthcare Executives; member since 2006

Exhibit C to Question 4(a)**Curriculum Vitae**

3. Lugene Inzana, Vice President/Chief Financial Officer Lawrence + Memorial Hospital

Lawrence & Memorial Hospital**Vice President / Chief Financial Officer****Lugene Inzana, MBA, CPA**

Mr. Inzana became Vice President/Chief Financial Officer at Lawrence & Memorial Hospital in January 2008. Prior to joining Lawrence & Memorial, he served as Vice President of Finance/CFO 2004-2007 at Olean General Hospital, a 186 bed Rural Referral Center located in Olean, NY. From 2002-2004, Mr. Inzana was Vice President Finance – MIS/CFO at Jones Memorial Hospital in Wellsville, NY. From 1991 to 2002 he served as Controller of Olean General Hospital and from 1989 to 1991 he served as Controller of St. Francis Hospital in Olean, NY.

Mr. Inzana holds an Associate's Degree in Accounting from the State University of New York, a Bachelors Degree in Accounting and a Masters Degree in Finance, both from St. Bonaventure University and is a Certified Public Accountant.

Mr. Inzana is the Past President of the Western New York Chapter of Healthcare Financial Management Association, representing approximately 200 financial executives across Western New York.

Exhibit C to Question 4(a)

Curriculum Vitae

4. Donna Blakely, Administrative Director of Diagnostic Imaging, Lawrence + Memorial Hospital

Donna-Marie Blakely

104 Satari Drive
 Coventry, CT 06238
 (860) 742-0743
 Cell: 860-841-5384

Objective: Director Diagnostic Radiology
Professional Experience

Administrative Director, 09/06 to Present

Lawrence + Memorial Hospital, New London, CT and Westerly Hospital, Westerly, RI.

- Returned to Lawrence and Memorial Hospital in my previous position after 3 plus years at Jefferson Radiology.
- Assumed responsibility in 2013 for second hospital in LM System with purchase of Westerly Hospital in Rhode Island
- Responsible for 18 cost centers in two hospital systems including: 3 satellite out patient centers, MRI (4), Radiology, Ultrasound (cardiac, vascular, Ob, GYN, Abdominal), CAT Scan (4), Nuclear Medicine (general and cardiac), Special Procedures, Fixed PET/CT and Digital Mammography.
- Over 220,000 procedures performed annually.
- Participate in strategic planning, renovations, CON, equipment/vendor negotiation and selection.
- Operational reorganization and improvements.
- Human resource issues for over 120 FTE. (Union environment in two hospitals).
- Direct supervision of 6 Modality/Hospital Managers.
- Supervision of student education and rotation through hospital with the Gateway Community College (US and Nuclear Med), Quinnipiac College (US and Radiology), University of Hartford (MRI and CT), and Windham Hospital School or Radiologic Technology (Radiology) Rhode Island Community College.
- Digital film-less environment. Sectra PACS, , Fuji PACS (Westerly), McKesson CPACS and Fuji CR and DR.

Director of Operations, 06/03 to 08/06

Jefferson Radiology Group, P.C., East Hartford, CT

- Responsible for overseeing day-to-day operational activities of 175 FTEs in 6 full service offices and for overall operational success in meeting quality, productivity and financial goals. Equipment and operations include 6 MRIs, 5 CT Scanners, 7 digital mammography units, 11 ultrasound units, 4 nuclear medicine cameras and numerous other x-ray and fluoroscopy systems. Total volume in excess of 150,000 procedures per year.
- Ensure optimal work environment for JXR physicians and staff, ensuring that appropriate facilities, equipment, and other required resources are available to support service delivery goals in the most cost-effective manner.
- Manage staff of 10-15 supervisors and/or managers. Handle day to day human resource issues for staff of 175 FTEs.

- Strong financial analysis skills and experience with corporate budget management and business plans. Negotiate all capital equipment purchases and non salary contracts system wide.
- Strategic thinker, strong decision maker, knowledgeable of trends in healthcare industry. Participate in Certificate of Need process and Performa development for new projects and offices.
- Successfully implemented new RIS. Participated in PACS selection and implementation team. PACS go live Fall 2005.
- Oversaw opening of new Enfield Office and significant expansion of an existing office in Wethersfield. In the planning stages for additional full service office in Farmington.
- Co-Chairman of the Operations Committee. Member of the Planning and IT committees.
- ACR and FDA Accreditation process.
- Introduced student rotations with University of Hartford (MRI and CT), Windham Hospital and Hartford Hospital Schools of Radiologic Technology, resulting in lower recruitment costs and filled positions.

Administrative Director, 01/01 to 05/03

Lawrence and Memorial Hospital, New London, CT

- See current job responsibilities
- Passed Diagnostic and Nuclear Medicine State, JCAHO, Medicare and NRC inspections with no recommendations or citations including Quality Improvement initiatives.
- Salary, non-salary and capital budgets and cost containment.
- Pro forma/business plan development.
- C.P.T. Coding/Reimbursement.
- PACs Committee Co-chair.

Executive Director 5/98 to 12/00

Women's Center for Wellness, Vernon, CT

Separate Corporation under ECHN umbrella

- Services include: Gynecological well women exams, mammography, bone density, massage, nutritional counseling, behavioral health, exercise, educational programs, and complementary therapy.
- Billing, CPT4, ICD9 and E&M coding.
- Computerized billing and scheduling systems; selection and implementation.
- Planning and marketing of Center.
- FDA and ACR accreditation of mammography program.
- Pro forma/business development.
- Complete financial responsibility for Center.
- Human Resource issues.
- State inspections.
- Direct Board responsibility.

Education

July 2002 - **Certified Radiology Administrator** Boards by the American Healthcare Radiology Administrators.

October 1995 - **Mammography Certification Boards** by American Registry of Radiologic Technology

Hartford Graduate Center, Hartford, CT GPA: 4.0.

June 1994 - **Master of Science**, Health Care Management

New Hampshire College, Springfield, MA

May 1989 - **Bachelor of Science**, Human Services; Administration

New Britain General Hospital, School of Radiologic Technology

May 1980 - **Registered** by American Registry of Radiologic Technology

Personal Achievements and Professional Affiliations

2013 Member, American Healthcare Radiology Administrators (AHRA)
Member, American Society of Radiologic Technology (ASRT)

2010 – 2012 AHRA Liaison to RSNA Conference

Exhibit C to Question 4(a)

Curriculum Vitae

5. Max Gorski, Director of Patient Care Services, Lawrence + Memorial Hospital

40 Courtland Drive
Groton, CT 06340

(C) 860 908-9657
(W) 860 442-0711 X 5078
E-Mail Maxgorski@att.net

Max J. Gorski

Summary Over twenty years of progressive management experience in health care and human services, supported by graduate degrees in Rehabilitation Services and Business Administration. Work experience includes but is not exclusively limited to: strategic planning and program development, budget preparation and fiscal management, facility and human resource administration, quality improvement and program evaluation, marketing, public relations and fundraising, contracting, grant writing, advocacy, accreditation and licensure.

Experience 03/2000 – present **Lawrence & Memorial Hospital**
New London, Connecticut

Director of Patient Care Services within a 280 bed multi-service community hospital, serving the southeastern region of Connecticut. Responsibilities include administrative oversight of four clinical service lines with over 200 employees and a combined operating budget in excess of \$50M.

07/99 – 02/2000 **Horizon Mental Health Management, Inc.**
Lewisville, Texas

Interim Program Director for behavioral health services at *North Adams Regional Hospital* in North Adams, Massachusetts.

02/97 - 06/99 **Orange County ARC, Inc.**
Anaheim, California

Vice-President Specialized Programs for this fifty year old non-profit habilitation organization which provides vocational and educational services to adults diagnosed with a developmental disability, residing in the greater Orange County area.

01/95 - 01/97 **Chestnut Hill Mental Health Center, Inc.**
Greenville, South Carolina

President/Chief Executive Officer for a proprietary owned, for profit, 88 bed, inpatient/outpatient hospital and residential treatment facility, offering comprehensive psychiatric and substance abuse services to children, adolescents, adults and geriatric patients.

12/90 - 1/95 **Harbor Foundation, Inc.**
Harbor City, California

President/Chief Executive Officer for this fifty five year old non-profit human service organization which provides educational and vocational services to developmentally challenged children and adults residing in the greater South Bay area of the city of Los Angeles.

09/89 - 12/90 **Horizon Mental Health Management, Inc.**
Lewisville, Texas

Program Director for behavioral health services located at *Coastal Communities Hospital* in Costa Mesa, CA.

10/87 - 08/89

Monarch Health Corporation, Inc.
Marblehead, Massachusetts

Administrative Director for the Department of Psychiatry at *Saint Vincent Hospital*, a 568 bed affiliated teaching hospital of the University of Massachusetts Medical School, in Worcester, Massachusetts. The department consisted of a 20 bed, secure unit and a 31 bed, adult unlocked unit. Additionally, outpatient and crisis intervention services are offered.

07/84 - 09/87

Mental Health Management, Inc.
McLean, Virginia

Program Manager for the adult inpatient psychiatric program at *Noble Hospital in Westfield, Massachusetts*. The program consists of a 20 bed secure unit located within a 162 bed acute care general hospital.

07/79 - 07/84

Greater Enfield ARC, Inc.
Enfield, Connecticut

Program Administrator for the Counseling and Placement Center, a supported work program serving a six town area with a population of over 1200 developmentally challenged children, adolescents and adults.

1980 - 1981

Chicopee Boy's Club
Chicopee, Massachusetts

Residential Manager for a group home housing six developmentally challenged adolescent boys

1977 - 1980

Chicopee Boy's Club
Chicopee, Massachusetts

Residential Aid (part time) for a group home housing seven developmentally challenged children

1976 - 1977

Friend's of the Retarded, Inc.
Chicopee, Massachusetts

Production Supervisor for 15 developmentally challenged adults in a sheltered workshop setting.

Education

MBA - Marketing/Finance

American International College
Springfield, Massachusetts

M.Ed. - Rehabilitation Services

Springfield College
Springfield, Massachusetts

BA - Rehabilitation Services

Springfield College
Springfield, Massachusetts

Exhibit C to Question 4(a)**Curriculum Vitae**

6. Darcy Phillips, Lawrence + Memorial Hospital Manager of Nuclear Medicine Department, Cardiac Diagnostic Imaging, PET/CT Imaging Services and Site Manager of Lawrence + Memorial Imaging Center

Darcy M. Phillips, CNMT
255 Wolf Neck Road, Mystic, Connecticut 06355
Phillipsfamily.dd@gmail.com 860-867-7889

PROFESSIONAL SUMMARY:

28 years experience in Nuclear Medicine in outpatient and hospital settings. Specialized in Nuclear Cardiology.

CERTIFICATION:

CNMT 1984-present; ACLS

EDUCATION:

Charter Oak State College, New Britain, CT. Pursuing a Bachelor's Degree, Concentration: Health Care Administration, Minor in Nuclear Medicine Technology. Anticipated Graduation: September 2016

Quinnipiac University, Associates Degree in Nuclear Medicine Technology 1984

PROFESSIONAL EXPERIENCE:

Lawrence + Memorial Hospital, New London, CT

12/2012-present: Manager of Nuclear Medicine Department, Cardiac Diagnostic Imaging, PET/CT Imaging Services and Site Manager of L+M Diagnostic Imaging Center. Critical responsibilities include:

1. Consistently monitors all activities so that quality services are provided in an efficient manner.
2. Develop and maintain department quality and productivity standards within benchmark levels.
3. Provides coaching, counseling and other forms of support to staff that helps them to achieve their quality goals.
4. Provides business expertise to help hospital to achieve its goals.
5. Complete performance reviews and employee records in a timely manner.
6. Maintain high level of competency in patient exams. Is a resource to the department.
7. Perform Nuclear Medicine exams if needed.
8. Schedule staff to maintain optimum staffing, patient safety, and within budgetary guidelines.
9. Submits, monitors, and maintains operating and capital budgets. Develops strategies that positively impact results.

10. Interpret market data trends to help market department.
11. Translate department and hospital financials into specific departmental goals and strategies.
12. Develop and execute department specific business plans.
13. Maintain appropriate level of supplies for each area.
14. Being a source of contact for patient and physician complaints, resolving all issues to satisfactory level.

5/2012-12/2012 Staff Technologist

1. Perform all types of nuclear medicine exams and provide healthcare in a professional, compassionate, and cost-effective manner.

Eastern CT Cardiology Group, Waterford, CT

5/2009-5/2012 Technical Director of Nuclear Cardiology Department. Critical responsibilities include:

1. Maintained high NRC and IAC standards while maintaining high level of patient care.
2. Responsible for day-to-day operations to include staffing, maximizing patient flow.
3. Responsible for training technologists and ancillary staff.
4. Demonstrated the ability to assertively pursue necessary information and to function independently to secure resolution on patient issues.

2/2004-5/2009 Staff Technologist:

1. Responsible for acquiring and processing cardiac scans.
2. Reviewing results with the Cardiology Team in a timely manner.

Lawrence & Memorial Hospital, New London, CT

9/2003-2/2004 Staff Technologist

1. Responsible for acquiring all levels of nuclear medicine exam.
2. Enter and maintain data into Radiology Computerized Imaging system.

Specialized Skills:

Advanced Cardiac Life Support

EKG interpretation

Professional References: Available upon request.

Exhibit C to Question 4(a)**Curriculum Vitae**

7. Gerry Mulholland, Manager, Invasive and Non Invasive Cardiology, Lawrence + Memorial Hospital

CURRICULUM VITAE

Name: Gerry Mulholland

Address: 21 Milton Road

Quaker Hill, Ct. 06375

Telephone: Work 860 442-077 x2699

Email: gmulholland@lmhosp.org

Professional Education:

MSN

University of Rhode Island
Kingston, Rhode Island 02881
September 1978 - May 1981

BSN

University of Connecticut
Storrs, Connecticut 06268
January 1973 - May 1976

Diploma

Hospital of St. Raphael's School of Nursing
New Haven, Connecticut 06500
September 1967 - June 1970

Professional Work Experiences:

May 1989 - Present	Manager, Invasive & Non Invasive Cardiology Lawrence & Memorial Hospital New London, Connecticut 06320
June 1980 - May 1989	Critical Care Instructor Staff Development Department Lawrence & Memorial Hospital
July 1978 - June 1980	Staff Nurse, ICU Lawrence & Memorial Hospital
Dec. 1976 - July 1978	Staff Nurse, ICU Hospital of St. Raphael New Haven, Connecticut 06500
Jan. 1973 - Dec. 1976	IV and ICU Nurse (PT) (To complete BSN) Lawrence & Memorial Hospital
Sept. 1972 - Jan. 1973	Assistant Head Nurse, ICU Lawrence & Memorial Hospital

July 1970 - Sept. 1972 Staff Nurse, ICU Lawrence & Memorial Hospital

Memberships:

1. Sigma Theta Tau
2. American Association of Critical Care (AACN)
3. American Nurses Association (ANA)
4. Heart Rhythm Society (HRS)
5. Affiliate member of American College of Cardiology (ACC)
6. American Organization of Nurse Executive (AONE)
7. Association of perioperative Registered Nurses (AORN)

Certificates:

1. Coronary Care Nursing Completed 1971
2. Respiratory Care Nursing Completed 1971
3. Nursing Management from Fairfield University Completed in December 1988.

Certifications:

1. Certified in Adult Critical Care Nursing (CCRN)
2. Certified in AHA Basic Cardiac Life Support (BCLS)
3. Certified in AHA Advanced Cardiac Life Support (ACLS)
4. Certified Nurse Manager and Leader AONE (CNML)

Lectures + Publications:

1. Mulholland, Gerry. Pocket Guide in 12-Lead ECG Interpretation. Williams & Wilkins. 1998 (Textbook)
2. Mulholland and Brewer. Improving Your Skills in 12-Lead ECG Interpretation. Williams & Wilkins. 1990. (Textbook)
3. "The Role of the IABP in a Community Hospital" presented at the National Teaching Conference of the American Association of Critical Care Nurses May 1987 in New Orleans. (Lecture)
4. Regional Advanced Cardiac Life Support Resource Consortium Concept" presented at the Emergency Cardiac Care Conference on ACLS Education June 15-16, 1984 in Providence, R.I. (Lecture)

Exhibit D to Question 6(a)

Financial Attachment I

12. C (I). Please provide one year of actual results and three years of projections of Total Facility revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Total Facility Description	FY 2012 Actual Results	FY 2013		FY 2014		FY 2014		FY 2015		FY 2015	
		Projected W/out CON	Projected With CON	Projected W/out CON	Projected With CON	Projected W/out CON	Projected With CON	Projected W/out CON	Projected With CON	Projected Incremental	Projected With CON
NET PATIENT REVENUE											
Non-Government	\$167,645,418	\$161,790,682	\$181,790,682	\$170,111,724	\$170,111,724	\$170,111,724	\$170,111,724	\$170,111,724	\$170,111,724	\$0	\$170,111,724
Medicare	\$106,986,563	\$103,259,906	\$103,259,906	\$108,570,657	\$108,570,657	\$108,570,657	\$108,570,657	\$108,570,657	\$108,570,657	\$0	\$108,570,657
Medicaid and Other Medical Assistance	\$35,800,213	\$34,549,950	\$34,549,950	\$36,326,886	\$36,326,886	\$36,326,886	\$36,326,886	\$36,326,886	\$36,326,886	\$0	\$36,326,886
Other Government	\$13,200,963	\$12,739,961	\$12,739,961	\$13,395,188	\$13,395,188	\$13,395,188	\$13,395,188	\$13,395,188	\$13,395,188	\$0	\$13,395,188
Total Net Patient Patient Revenue	\$323,643,197	\$312,340,499	\$312,340,499	\$328,404,455	\$328,404,455	\$328,404,455	\$328,404,455	\$328,404,455	\$328,404,455	\$0	\$328,404,455
Other Operating Revenue	\$15,433,709	\$22,616,005	\$22,616,005	\$25,535,185	\$25,535,185	\$25,535,185	\$25,535,185	\$25,535,185	\$25,535,185	\$0	\$25,535,185
Revenue from Operations	\$339,076,906	\$334,956,504	\$334,956,504	\$353,939,640	\$353,939,640	\$353,939,640	\$353,939,640	\$353,939,640	\$353,939,640	\$0	\$353,939,640
OPERATING EXPENSES											
Salaries and Fringe Benefits	\$187,629,515	\$188,721,630	\$188,721,630	\$188,924,322	\$188,924,322	\$188,924,322	\$188,924,322	\$188,924,322	\$188,924,322	\$0	\$188,924,322
Professional / Contracted Services	\$23,562,645	\$25,838,409	\$25,838,409	\$25,911,323	\$25,911,323	\$25,911,323	\$25,911,323	\$25,911,323	\$25,911,323	\$0	\$25,911,323
Supplies and Drugs	\$45,760,367	\$45,298,908	\$45,298,908	\$47,603,533	\$47,603,533	\$47,603,533	\$47,603,533	\$47,603,533	\$47,603,533	\$0	\$47,603,533
Bad Debts	\$11,930,619	\$12,024,838	\$12,024,838	\$10,436,892	\$10,436,892	\$10,436,892	\$10,436,892	\$10,436,892	\$10,436,892	\$0	\$10,436,892
Other Operating Expense	\$27,700,394	\$32,655,014	\$32,655,014	\$34,718,960	\$34,718,960	\$34,718,960	\$34,718,960	\$34,718,960	\$34,718,960	\$0	\$34,718,960
Subtotal	\$296,603,560	\$305,538,799	\$305,538,799	\$307,595,030	\$307,595,030	\$307,595,030	\$307,595,030	\$307,595,030	\$307,595,030	\$0	\$307,595,030
Depreciation/Amortization	\$18,825,589	\$20,518,716	\$20,518,716	\$21,689,943	\$21,689,943	\$21,689,943	\$21,689,943	\$21,689,943	\$21,689,943	\$0	\$21,689,943
Interest Expense	\$2,315,982	\$2,705,026	\$2,705,026	\$3,288,803	\$3,288,803	\$3,288,803	\$3,288,803	\$3,288,803	\$3,288,803	\$0	\$3,288,803
Lease Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Operating Expense	\$317,745,141	\$328,762,541	\$328,762,541	\$332,573,776	\$332,573,776	\$332,573,776	\$332,573,776	\$332,573,776	\$332,573,776	\$0	\$332,573,776
Gain/(Loss) from Operations	\$21,331,765	\$6,193,963	\$6,193,963	\$21,365,864	\$21,365,864	\$21,365,864	\$21,365,864	\$21,365,864	\$21,365,864	\$0	\$21,365,864
Plus: Non-Operating Revenue	\$4,684,564	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Revenue Over/(Under) Expense	\$25,916,329	\$6,193,963	\$6,193,963	\$21,365,864	\$21,365,864	\$21,365,864	\$21,365,864	\$21,365,864	\$21,365,864	\$0	\$21,365,864
FTEs	1954.81	1924.56	1924.56	1945.35	1945.35	1945.35	1945.35	1945.35	1945.35	\$0	1945.35

*Volume Statistics:

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.

Exhibit E to Question 6(b)

Financial Attachment II

12.C(ii). Please provide three years of projections of incremental revenue, expense and volume statistics attributable to the proposal in the following reporting format:

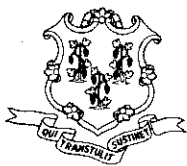
Type of Service Description	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:										
# of Months in Operation										
FY 2013										
FY Projected Incremental										
Total Incremental Expenses:	\$0									
Total Facility by Payer Category:										
Medicare				\$0				\$0		\$0
Medicaid		\$0		\$0				\$0		\$0
CHAMPUS/Tricare		\$0		\$0				\$0		\$0
Total Governmental			0	\$0	\$0	\$0	\$0	\$0		\$0
Commercial Insurers		\$0	0	\$0				\$0		\$0
Uninsured		\$0	0	\$0				\$0		\$0
Total NonGovernmental			0	\$0	\$0	\$0	\$0	\$0		\$0
Total All Payers			0	\$0	\$0	\$0	\$0	\$0		\$0

12.C(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	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:		Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
# of Months in Operation				Col. 2 * Col. 3				Col. 4 - Col. 5	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
FY 2014										
FY Projected Incremental										
Total Incremental Expenses:	\$0		0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Facility by Payer Category:										
Medicare				\$0				\$0	\$0	\$0
Medicaid				\$0				\$0	\$0	\$0
CHAMPUS/Tricare				\$0				\$0	\$0	\$0
Total Governmental			0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Commercial Insurers				\$0				\$0	\$0	\$0
Uninsured				\$0				\$0	\$0	\$0
Total NonGovernment			0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total All Payers			0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

12.C.(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	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:		Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
# of Months in Operation	\$0			Col. 2 * Col. 3				Col. 4 - Col. 5 -Col. 6 - Col. 7	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
FY 2015										
FY Projected Incremental										
Total Incremental Expenses:										
Total Facility by Payer Category:										
Medicare				\$0				\$0	\$0	\$0
Medicaid		\$0	0	\$0				\$0	\$0	\$0
CHAMPUS/Tricare		\$0	0	\$0				\$0	\$0	\$0
Total Governmental			0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Commercial Insurers		\$0	0	\$0				\$0	\$0	\$0
Uninsured		\$0	0	\$0				\$0	\$0	\$0
Total Non Government			0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total All Payers		\$0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



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

December 12, 2013

VIA FAX ONLY

Shraddha Patel
Director of Business Development and Planning
Lawrence & Memorial Hospital, Inc.
365 Montauk Avenue
New London, CT 06320

RE: Certificate of Need Application, Docket Number 13-31874-CON
Lawrence & Memorial Hospital, Inc.
Termination of Outpatient Cardiac Testing Services (nuclear and non-nuclear stress testing)
at 196 Parkway South, Waterford, CT

Dear Ms. Patel:

On November 14, 2013, the Office of Health Care Access ("OHCA") received your initial Certificate of Need application filing on behalf of Lawrence & Memorial Hospital, Inc. ("Applicant") for the termination of outpatient cardiac testing services (nuclear and non-nuclear stress testing) at 196 Parkway South, Waterford, CT, with no associated capital expenditure.

OHCA has reviewed the CON application pursuant to Section 19a-639a(c) and requests the following additional information:

1. Please address the following:
 - a. Did the Applicant seek CON authorization prior to establishing the outpatient cardiac testing service at 196 Parkway South, Waterford?
 - b. How the Applicant determined "clear public need" to establish the outpatient cardiac testing service at 196 Parkway South, Waterford?
2. On page 11 of the CON Application, the Applicant states that the nuclear and non-nuclear stress testing equipment at the Waterford location is nearing the end of its useful life. Please provide documentation to the above statement since the facility has been in operation for only 18 months.

3. List all existing providers (names, 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.
4. Please provide the timeline of when the Applicant will terminate the proposed nuclear and non-nuclear cardiac stress testing services at 196 Parkway South, Waterford.
5. Please provide the current utilization (November 1, 2013 – to the present) for nuclear and non-nuclear cardiac stress testing services at 196 Parkway South, Waterford.
6. Please report the patient/payer mix for the last two fiscal years and the current fiscal year.
7. Please provide further details to the following statement located on page 18 of the CON application “ by focusing on providing nuclear and non-nuclear cardiac stress testing at one location, the Hospital has more resources to keep up with technological developments and provide the most advanced care to patients at the most efficient cost to payors.”

In responding to the questions contained in this letter, please repeat each question before providing your response. Paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using Page 48 and reference “Docket Number: 13-31874-CON.” Submit one (1) original and two (2) hard copies of your response. In addition, please submit a scanned copy of your response, in an Adobe format (.pdf) including all attachments on CD. If available, a copy of the response in MS Word should also be copied to the CD.

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information not later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than February 12, 2014, otherwise your application will be automatically considered withdrawn. If you have any questions concerning this letter, please feel free to contact me by email or at (860) 418-7035.

Sincerely,



Paolo Fiducia

Associate Health Care Analyst

*** TX REPORT ***

TRANSMISSION OK

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RECIPIENT ADDRESS 918604443716
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: SHRADDHA PATEL

FAX: 18604443716

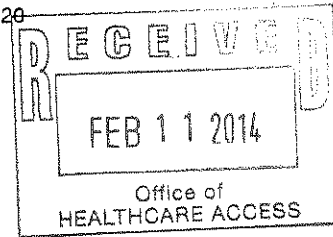
AGENCY: LAWRENCE & MEMORIAL HOSPITAL

FROM: PAOLO FIDUCIA

DATE: 12/12/2013 Time: 11:15 am

NUMBER OF PAGES: 3
(including transmittal sheet)

Comments:
13-31874-
CON
Completeness
Letter



To: Paola Fiducia, Associate Health Care Analyst
Office of Health Care Access

From: Shraddha Patel, Director of Planning and Business Development

Date: February 11, 2014

Fax: 860-418-7053

Re: Docket Number 13-31874-CoN

Pages: 10 (including cover)

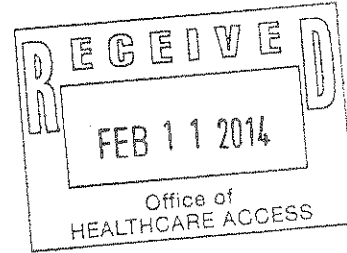
An original and three copies as well as a CD have been sent via Fed Ex Priority Overnight.

If you have any questions, please call me.



February 11, 2014
Via Facsimile and FedEx

Paolo Fiducia
Associate Health Care Analyst
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308



Re: Certificate of Need Application Docket Number 13-31874-CON
Lawrence & Memorial Hospital Inc.
Termination of Outpatient Cardiac Testing Services (nuclear and non-nuclear
stress testing) at 196 Parkway South, Waterford, CT

Dear Mr. Fiducia:

Below are the responses to the Department of Public Health Office of Health Care Access's ("OHCA's") letter dated December 12, 2013 (Questions 1-7) and the responses to the Supplemental Questions in your email dated January 28, 2014 (Questions 8-10).

1. Please address the following:

- a. Did the Applicant seek CON authorization prior to establishing the outpatient cardiac testing service at 196 Parkway South, Waterford?**

CON authorization was not required so therefore no CON was sought prior to establishing the outpatient cardiac testing service at 196 Parkway South, Waterford. Public Act 10-179 eliminated the previous requirement for a CON for the addition of a service or function at a health care facility.

- b. How the Applicant determined "clear public need" to establish the outpatient cardiac testing service at 196 Parkway South, Waterford?**

No clear public need analysis was performed nor was it required to establish the outpatient cardiac testing service at 196 Parkway South, Waterford because a CON was not required for the addition of a service or function at a health care facility pursuant to changes under Public Act 10-179.

- 2. On page 11 of the CON Application, the Applicant state that the nuclear and non-nuclear stress testing equipment at the Waterford location is nearing the end of its useful life. Please provide documentation to the above statement since the facility has been in operation for only 18 months.**

Although the facility has only been in operation since May 1, 2012, the nuclear cardiac stress testing equipment at 196 Parkway South, Waterford was purchased from a previous owner. The nuclear cardiac stress testing equipment was originally purchased by the previous owner in 2003. As the equipment is over eleven (11) years old, its useful life is limited.

Non-nuclear cardiac stress testing equipment at 196 Parkway South, Waterford was included in the same purchased from the previous owner as described above. However, this equipment required immediate replacement and the equipment was replaced with spare equipment from the main campus in May 2012 and the old equipment was discarded. The equipment from the main campus was purchased in 2010. See Exhibit F for documentation regarding the non-nuclear stress testing equipment.

- 3. List all existing providers (names, addresses, 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.**

The Applicant provides nuclear and non-nuclear cardiac stress testing at its main location at 365 Montauk Avenue, New London, Connecticut. Both nuclear and non-nuclear cardiac testing are available at the Hospital's main campus during regular business hours. For the current Fiscal Year, the current utilization of the Waterford Location is approximately twenty seven (27) nuclear cardiac stress tests for the past two months of data and fifteen (15) non-nuclear cardiac stress tests for the past two months of data. The current utilization of the main campus is approximately one hundred and forty (140) nuclear cardiac stress tests per month and one hundred and thirty eight (138) non-nuclear cardiac stress tests per month. This proposal has no impact on other providers of nuclear and non-nuclear cardiac stress testing services in the towns served by the Applicant and in nearby towns.

Upon information and belief, Backus Hospital also provides nuclear and non-nuclear cardiac testing.

- 4. Please provide the timeline of when the Applicant will terminate the proposed nuclear and non-nuclear stress testing services at 196 Parkway South, Waterford.**

The termination of nuclear and non-nuclear stress testing services at 196 Parkway South, Waterford will occur upon the approval of this CON.

5. Please provide the current utilization (November 1, 2013 – to present) for nuclear and non-nuclear cardiac stress testing services at 196 Parkway South, Waterford.

Service/Date	November 1, 2013 to December 31, 2013
Nuclear cardiac testing	27
Non-nuclear cardiac testing	15
Total	42

6. Please report the patient/payor mix for the last two fiscal years and current fiscal year.

Please see Exhibit G.

7. Please provide further details to the following statement located on page 18 of the CON application “by focusing on providing nuclear and non-nuclear cardiac stress testing at one location, the Hospital has more resources to keep up with technological developments and provide the most advanced care to patients at the most efficient cost to payors.”

Because the volume does not warrant two locations, consolidating locations allows the Applicant to save costs such as equipment, upkeep, maintenance and office space resources and achieves efficiencies in operations without any adverse impact on patients. The Applicant does not need to spread valuable resources to keep two locations running when volume does not support a second location. The main campus gamma cameras offer attenuation correction and have better imaging resolution than the Waterford gamma camera. The main campus gamma cameras are 2004, 2006 and 2012 models while the Waterford Location is a 2003 model. These factors increase diagnostic accuracy, provide more advanced care and reduce the need for additional or repetitive testing at the same cost to patients and payors. Further, the Applicant’s resources for both sites can be consolidated to ensure streamlined care at the main campus site. Because the patient volume adjusts daily, relocating the services to the main campus allows the Applicant to achieve efficiencies in staff management as staff can be flexed daily as the various main campus volume demands fluctuate. Efficient staff management saves on overall hospital costs. Thus, by reducing unnecessary duplication and consolidating operating costs, the Hospital contributes to reducing unnecessary costs of

delivery of health care in the community and has a positive impact on its own financial performance from which patients, the community and payors benefit from its stability and reliability, its investments in health of the community and through its trickle down effects.

8. Please address the following regarding the Applicant's Medicaid population:

a. Provide evidence as to how the Applicant has demonstrated how this proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including but not limited to:

i. Provision of any change in the access to services for Medicaid recipients and indigent persons, and

There will be no change in access to the provision of services to Medicaid recipients. The previous owners maintained a very limited Medicaid patient load. As a result, there was an extremely small Medicaid population at the Waterford location when L+M's services began. The Applicant's policy is to provide services regardless of a patient's payor status and applies to all L+M locations. The current L+M Medicaid population primarily seeks nuclear and non-nuclear cardiac testing services at the main campus. As with all L+M patients, Medicaid patients can continue to obtain the nuclear and non-nuclear cardiac testing services from the main campus. None of the patients will need to be transferred to a different provider.

ii. The impact upon the cost effectiveness of providing access to services provided under the Medicaid program.

By focusing on providing nuclear and non-nuclear cardiac stress testing at one location, the Hospital has more resources to keep up with technological developments and provide the most advanced care to patients at the most efficient cost to the payors, including Medicaid. By consolidating unnecessarily duplicative services, the Applicant's equipment and resources are used in the most efficient manner for the community. Please see response to question number 7.

9. Provide 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.

The past and current payor mix for patients receiving nuclear and non-nuclear cardiac testing services at the Waterford Location is provided in Exhibit G. No proposed payor mix is provided as the nuclear and non-nuclear cardiac testing services will be discontinued at the Waterford location.



10. If the Applicant has failed to provide or reduced access to services to Medicaid recipients or indigent persons, demonstrate how the Applicant has done this due to good cause or demonstrate that it was not solely on the basis of differences in reimbursement rates between Medicaid and other health care payers.

The Applicant has not failed to provide or reduced access to services to Medicaid recipients or indigent persons because the services are not being terminated by the Applicant as they will continue to be provided at the Hospital main campus. As stated in the CON Application, the Applicant will transfer all patients to the main campus. All patients, regardless of payor, will still be, and always have been, able to receive services at the main campus. Insofar as the services are being transferred from the Waterford location, the decision was not based on differences in reimbursement rates between Medicaid and other payors. The Waterford Location Medicaid patient population currently represents less than 4% of the total Waterford population since L+M began providing the services. As stated in the CON Application, the services are being terminated because they are unnecessarily duplicative and not based on any reimbursement rates or payor mix.

Please contact the undersigned at 860.442.0711 extension 2073 if you have any questions or require additional information.

Thank you.

Very truly yours,

Crista Durand
Vice President, Strategic Planning

Cc: Bruce Cummings, President and Chief Executive Officer
Michele M. Volpe, Esq.

Exhibit F to Question 2

Non-Nuclear Stress Testing Equipment Documentation

Exhibit G to Question 6

Patient/Payor Mix

	Fiscal Year 2012 ¹	Fiscal Year 2013 ²	Current Fiscal Year 2014 (current) ³
Medicare	56.8%	50.9%	60.5%
Medicaid	1.7%	4.6%	3.5%
CHAMPUS & TriCare	1.9%	2.8%	1.2%
Total Government	60.3%	58.3%	65.1%
Commercial Insurers	39.0%	41.3%	34.9%
Uninsured	0.2%	0.4%	0.0%
Workers Compensation	0.5%	0.1%	0.0%
Total Non-Government	39.7%	41.7%	34.9%
Total Payer Mix	100.0%	100.0%	100.0%

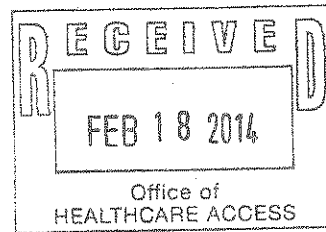
¹ Fiscal year 2012 (October 1, 2011 to September 30, 2012) only represents five (5) months of service as the Hospital did not commence these services until May 1, 2012.

² October 1, 2012 to September 30, 2013.

³ Fiscal Year 2014 (October 1, 2013 to September 30, 2014), the current fiscal year, only represents the period from October 1, 2013 to December 31, 2013.

February 11, 2014
Via Facsimile and FedEx

Paolo Fiducia
Associate Health Care Analyst
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308



Re: Certificate of Need Application Docket Number 13-31874-CON
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The past and current payor mix for patients receiving nuclear and non-nuclear cardiac testing services at the Waterford Location is provided in Exhibit G. No proposed payor mix is provided as the nuclear and non-nuclear cardiac testing services will be discontinued at the Waterford location.



10. If the Applicant has failed to provide or reduced access to services to Medicaid recipients or indigent persons, demonstrate how the Applicant has done this due to good cause or demonstrate that it was not solely on the basis of differences in reimbursement rates between Medicaid and other health care payers.

The Applicant has not failed to provide or reduced access to services to Medicaid recipients or indigent persons because the services are not being terminated by the Applicant as they will continue to be provided at the Hospital main campus. As stated in the CON Application, the Applicant will transfer all patients to the main campus. All patients, regardless of payor, will still be, and always have been, able to receive services at the main campus. Insofar as the services are being transferred from the Waterford location, the decision was not based on differences in reimbursement rates between Medicaid and other payors. The Waterford Location Medicaid patient population currently represents less than 4% of the total Waterford population since L+M began providing the services. As stated in the CON Application, the services are being terminated because they are unnecessarily duplicative and not based on any reimbursement rates or payor mix.

Please contact the undersigned at 860.442.0711 extension 2073 if you have any questions or require additional information.

Thank you.

Very truly yours,

Crista Durand
Vice President, Strategic Planning

Cc: Bruce Cummings, President and Chief Executive Officer
Michele M. Volpe, Esq.

Exhibit F to Question 2

Non-Nuclear Stress Testing Equipment Documentation

L&M Hospital - Biomedical Asset Detail Report

Print Date: 1/6/2014 11:53:54

Asset #:	19124	STRESS TEST SYSTEM, EST 1
-----------------	--------------	----------------------------------

Preventive Maintenance Information

PM #	Description	Skill	Freq	Next Due	Last Comp	Unique
6234	ANNUAL PM for STRESS TEST MONITOR	BIO	Annual	9/1/2014	10/29/2013	No

Work Order Information

WO # - Description	Priority	Date	Status	Cost	Comments
314902 - ANNUAL PM for STRESS TEST MONITOR	3	10/29/2013	CMPLT	\$50.00	(TC 10/29/2013, ENG.YOV) cleaned, greased, and tested
305279 - Called in.	3	9/24/2012	CMPLT	\$50.00	(TC 9/22/2012, ENG.EVF) Called in. Unit unable to bring up work list. Reboot system, worklist returned. Verified traces with simulator and placed back in service.
304974 - ANNUAL PM for STRESS TEST MONITOR	3	9/27/2012	CMPLT	\$12.50	(TC 9/27/2012, eng.ged) completed PM
295993 - ANNUAL PM for STRESS TEST MONITOR	3	9/20/2011	CMPLT	\$10.00	(TC 9/20/2011, ENG.BADA) completed
291756 - work with Mortara	3	2/8/2011	CMPLT	\$20.00	(TC 2/7/2011, ENG.BADA) gathering data for Mortara rep
287024 - Incoming Inspection	3	9/10/2010	CMPLT	\$10.00	(TC 9/10/2010, ENG.BADA) installed, tested and turned over to rep for inservice

Exhibit G to Question 6

Patient/Payor Mix

	Fiscal Year 2012 ¹	Fiscal Year 2013 ²	Current Fiscal Year 2014 (current) ³
Medicare	56.8%	50.9%	60.5%
Medicaid	1.7%	4.6%	3.5%
CHAMPUS & TriCare	1.9%	2.8%	1.2%
Total Government	60.3%	58.3%	65.1%
Commercial Insurers	39.0%	41.3%	34.9%
Uninsured	0.2%	0.4%	0.0%
Workers Compensation	0.5%	0.1%	0.0%
Total Non-Government	39.7%	41.7%	34.9%
Total Payer Mix	100.0%	100.0%	100.0%

¹ Fiscal year 2012 (October 1, 2011 to September 30, 2012) only represents five (5) months of service as the Hospital did not commence these services until May 1, 2012.

² October 1, 2012 to September 30, 2013.

³ Fiscal Year 2014 (October 1, 2013 to September 30, 2014), the current fiscal year, only represents the period from October 1, 2013 to December 31, 2013.

Greer, Leslie

From: Greci, Laurie
Sent: Wednesday, July 09, 2014 2:32 PM
To: Greer, Leslie
Cc: Riggott, Kaila
Subject: FW: Certificate of Need Updated volume for the Waterford location

Leslie, please add this email to the .pdf file for 13-31874

From: Riggott, Kaila
Sent: Wednesday, July 09, 2014 1:40 PM
To: Greci, Laurie
Subject: FW: Certificate of Need Updated volume for the Waterford location

Here is updated data for L&M

From: Gladstone, David [<mailto:dgladstone@lmhosp.org>]
Sent: Monday, June 30, 2014 1:44 PM
To: Riggott, Kaila
Cc: Durand, Crista; Patel, Shraddha; Bourque, Karen; Heap, Mary
Subject: RE: Certificate of Need Updated volume for the Waterford location

Volume from November 1, 2013 (the date in our last submission) – May 31, 2014

Nuclear Cardiac Testing – 99
Non-Nuclear Cardiac Testing – 56

Total – 155

We'll get you payer mix data shortly. Please advise should you need anything further.

Dave Gladstone

David A. Gladstone
860-442-0711 X3858
Direct Dial – 860-271-4878
Mobile – 860-817-5044

From: Riggott, Kaila [<mailto:Kaila.Riggott@ct.gov>]
Sent: Monday, June 30, 2014 12:09 PM
To: Gladstone, David
Subject: RE: Certificate of Need Updated volume for the Waterford location

Yes, just volume broken out by nuclear and non-nuclear stress testing per question 5. I believe the highlighted column below reflects what was submitted in the initial CON application plus what was submitted in response to the Feb. 11th letter. So, I am looking for data from 10/1/13 through 5/31/14, if that is available. Thanks again so much for your help and let me know if there is any further clarification you need!

From: Gladstone, David [<mailto:dgladstone@lmhosp.org>]
Sent: Monday, June 30, 2014 11:52 AM
To: Riggott, Kaila
Cc: Heap, Mary
Subject: RE: Certificate of Need Updated volume for the Waterford location

Kaila – I received this. We will run payer mix data through May 31 and volume data through May 31. Do you want total volume in Waterford (as per below) or only volume of cardiac stress testing (nuclear vs. non-nuclear) as per question 5 of the February 11, 2014 letter? If you give me better clarity, I can respond accordingly. Thank you,

Dave Gladstone

David A. Gladstone
860-442-0711 X3858
Direct Dial – 860-271-4878
Mobile – 860-817-5044

From: Riggott, Kaila [<mailto:Kaila.Riggott@ct.gov>]
Sent: Monday, June 30, 2014 11:33 AM
To: Gladstone, David
Subject: FW: Certificate of Need Updated volume for the Waterford location
Importance: High

From: Riggott, Kaila
Sent: Monday, June 30, 2014 8:52 AM
To: 'spatel@lmhosp.org'
Subject: Certificate of Need Updated volume for the Waterford location
Importance: High

Good Morning Shraddha,

Would you be able to provide me with more up to date numbers for the highlighted column?

Table 2: Historical and Current Number of Visits at the Waterford Location

Cardiac Test	Period Reported		
	May 1, 2012 – Sept. 30, 2012*	Oct. 1, 2012 – Sept. 30, 2013	Oct. 1, 2013 – Dec. 31, 2013
Nuclear	296	671	40
Non-nuclear	165	403	33
Total	461	1,074	42

* The facility opened May 1, 2012.
Ex. A, p. 13 and Ex. C, p. 49

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>

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Greer, Leslie

From: Hansted, Kevin
Sent: Thursday, July 17, 2014 8:43 AM
To: Greer, Leslie
Cc: Riggott, Kaila; Martone, Kim
Subject: FW: Certificate of Need Updated volume for the Waterford location
Attachments: CON Waterford Updated Payer Mix.docx

Leslie, please add this to the record.

Thanks.

Kevin T. Hansted
Staff Attorney
Department of Public Health
Office of Health Care Access
410 Capitol Ave., MS #13HCA
P.O. Box 340308
Hartford, CT 06134
Phone: 860-418-7044

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

From: Patel, Shraddha [mailto:spatel@lmhosp.org]
Sent: Wednesday, July 16, 2014 4:06 PM
To: Hansted, Kevin
Cc: Riggott, Kaila
Subject: RE: Certificate of Need Updated volume for the Waterford location

Hi Mr. Hansted,

Attached please find the updated payer mix information for FY 2014 through May 31, 2014. Apologies for the delay. Please let me know if you have any questions.

Thank you,
Shraddha

Shraddha Patel, FACHE
Director of Business Development and Planning
L+M Healthcare
365 Montauk Avenue
New London, CT 06320
Phone: (860) 912-5324
Email: spatel@lmhosp.org

From: Riggott, Kaila [<mailto:Kaila.Riggott@ct.gov>]
Sent: Friday, July 11, 2014 3:08 PM
To: Gladstone, David
Cc: Patel, Shraddha; Hansted, Kevin
Subject: RE: Certificate of Need Updated volume for the Waterford location

Hi David/Shraddha,
Per my phone message, please have the updated payer mix data sent to Kevin Hansted, who is copied above.
Thank you,
Kaila

From: Gladstone, David [<mailto:dgladstone@lmhosp.org>]
Sent: Monday, June 30, 2014 1:44 PM
To: Riggott, Kaila
Cc: Durand, Crista; Patel, Shraddha; Bourque, Karen; Heap, Mary
Subject: RE: Certificate of Need Updated volume for the Waterford location

Volume from November 1, 2013 (the date in our last submission) – May 31, 2014

Nuclear Cardiac Testing – 99
Non-Nuclear Cardiac Testing – 56

Total – 155

We'll get you payer mix data shortly. Please advise should you need anything further.

Dave Gladstone

David A. Gladstone
860-442-0711 X3858
Direct Dial – 860-271-4878
Mobile – 860-817-5044

From: Riggott, Kaila [<mailto:Kaila.Riggott@ct.gov>]
Sent: Monday, June 30, 2014 12:09 PM
To: Gladstone, David
Subject: RE: Certificate of Need Updated volume for the Waterford location

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Dave Gladstone

David A. Gladstone
860-442-0711 X3858
Direct Dial – 860-271-4878
Mobile – 860-817-5044

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Sent: Monday, June 30, 2014 11:33 AM
To: Gladstone, David
Subject: FW: Certificate of Need Updated volume for the Waterford location
Importance: High

From: Riggott, Kaila
Sent: Monday, June 30, 2014 8:52 AM
To: 'spatel@lmhosp.org'
Subject: Certificate of Need Updated volume for the Waterford location
Importance: High

Good Morning Shraddha,

Would you be able to provide me with more up to date numbers for the highlighted column?

Table 2: Historical and Current Number of Visits at the Waterford Location

Cardiac Test	Period Reported		
	May 1, 2012 – Sept. 30, 2012*	Oct. 1, 2012 – Sept. 30, 2013	Oct. 1, 2013 – Dec. 31, 2013
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Non-nuclear	165	403	33
Total	461	1,074	42

* The facility opened May 1, 2012.
Ex. A, p. 13 and Ex. C, p. 49

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
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such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please promptly delete this message and notify the sender by e-mail.

Waterford CON
Patient/Payor Mix

	Current Fiscal Year 2014 (current) ¹
Medicare	64.8%
Medicaid	2.8%
CHAMPUS & TriCare	1.9%
Total Government	69.4%
Commercial Insurers	29.6%
Uninsured	0.9%
Workers Compensation	0.0%
Total Non-Government	30.6%
Total Payer Mix	100.0%

¹ Fiscal Year 2014 (October 1, 2013 to September 30, 2014), the current fiscal year, only represents the period from October 1, 2013 to May 31, 2014.

Greer, Leslie

From: Greer, Leslie
Sent: Thursday, July 24, 2014 1:25 PM
To: 'spatel@lmhospital.org'
Cc: Fiducia, Paolo; Riggott, Kaila; Hansted, Kevin; Martone, Kim
Subject: Lawrence & Memorial Hospital Completeness Questions
Attachments: 31874_201407241317.pdf

Mr. Patel,

Attached are completeness questions for DN: 13-31874-CON. Our office has tried several attempts to fax it to the number provided with no success.

Leslie M. Greer 

CT Department of Public Health

Office of Health Care Access

410 Capitol Avenue, MS#13HCA

Hartford, CT 06134

Phone: (860) 418-7013

Fax: (860) 418-7053

Website: www.ct.gov/ohca

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

July 23, 2014

VIA FAX ONLY

Shraddha Patel
Director of Business Development and Planning
Lawrence & Memorial Hospital, Inc.
365 Montauk Avenue
New London, CT 06320

RE: Certificate of Need Application, Docket Number 13-31874-CON
Lawrence & Memorial Hospital, Inc.
Termination of Outpatient Cardiac Testing Services (nuclear and non-nuclear stress testing)
at 196 Parkway South, Waterford, CT

Dear Ms. Patel:

Please complete the following questions:

1. Please explain the reasons for the drop in volume at the Waterford site from 2013 to 2014.

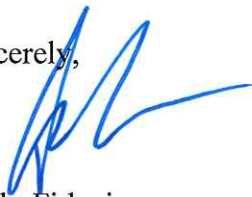
Historical and Current Number of Tests at Waterford

Cardiac Test	Period Reported		
	Oct. 1, 2012 – Sept. 30, 2013	Oct. 1, 2013 – June 30, 2014	
	Actual	Actual	Annualized
Nuclear	671		
Non-nuclear	403		
Total	1,074		

2. Are other services in addition to cardiac nuclear and non-nuclear testing offered at the Waterford site? If so, please provide a list of all services.
3. What was the original rationale for offering these services at the Waterford site?
4. Is the fee structure for cardiac nuclear and non-nuclear testing the same for the Waterford and Main Campus sites? If not, please explain the differences.

Please respond by July 30, 2014. If you have any questions regarding the above, please contact me at (860) 418-7035.

Sincerely,



Paolo Fiducia
Associate Health Care Analyst

* * * COMMUNICATION RESULT REPORT (JUL. 23. 2014 1:08PM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 23. 2014 1:01PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

502 MEMORY TX

918604443716

E-3) 3)

0/3

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

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



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

FAX SHEET

TO: SHRADDHA PATEL
FAX: 18604443716
AGENCY: LAWRENCE 7 MEMORIAL HOSPITAL
FROM: PAOLO FIDUCIA
DATE: 07/23/2014 Time: 1:00 pm
NUMBER OF PAGES: 3
(including transmittal sheet)

Comments:
13-31874-
CON
Additional
Questions

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

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

* * * COMMUNICATION RESULT REPORT (JUL. 24. 2014 7:44AM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 24. 2014 7:37AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

503 MEMORY TX

98604443716

E-3) 3)

0/3

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

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



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

FAX SHEET

TO: SHRADDHA PATEL
FAX: 18604443716
AGENCY: LAWRENCE 7 MEMORIAL HOSPITAL
FROM: PAOLO FIDUCIA
DATE: 07/23/2014 Time: 1:00 pm
NUMBER OF PAGES: 3
(including transmittal sheet)

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13-31874-
CON
Additional
Questions

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Phone: (860) 418-7001

Fax: (860) 418-7053

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

Greer, Leslie

From: Patel, Shraddha <spatel@lmhosp.org>
Sent: Tuesday, July 29, 2014 11:23 AM
To: Greer, Leslie
Subject: RE: Lawrence & Memorial Hospital Completeness Questions

Hi Leslie,

Yes, I received. I see the mix up. Email is spatel@lmhosp.org vs. @lmhospital.org.

Apologies for the fax issues. Not sure why the fax number is not working, but I will look into that.

Thank you,
Shraddha

From: Greer, Leslie [<mailto:Leslie.Greer@ct.gov>]
Sent: Tuesday, July 29, 2014 11:21 AM
To: Patel, Shraddha
Subject: Lawrence & Memorial Hospital Completeness Questions

Please respond that you've received this email.

Thanks,
Leslie Greer

From: Greer, Leslie
Sent: Thursday, July 24, 2014 1:25 PM
To: 'spatel@lmhospital.org'
Cc: Fiducia, Paolo; Riggott, Kaila; Hansted, Kevin; Martone, Kim
Subject: Lawrence & Memorial Hospital Completeness Questions

Ms. Patel,

Attached are completeness questions for DN: 13-31874-CON. Our office has tried several attempts to fax it to the number provided with no success.

Leslie M. Greer 

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

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Greer, Leslie

From: Patel, Shraddha <spatel@lmhosp.org>
Sent: Wednesday, July 30, 2014 12:33 PM
To: Greer, Leslie; Fiducia, Paolo
Subject: RE: Lawrence & Memorial Hospital Completeness Questions
Attachments: Response to 7 23 14 OHCA Letter re 13-31874-CON (7.30.14).pdf

Ms. Greer and Mr. Fiducia,

Attached please find the L+M response to OHCA's letter dated 7-23-14 for 13-31874-CON.

My apologies again for the issues with our fax number. I have not yet been able to resolve this issue. Should you need to fax documents related to this CON, please send to 860-444-3741.

Thank you,
Shraddha

Shraddha Patel, FACHE

Director of Business Development and Planning
L+M Healthcare
365 Montauk Avenue
New London, CT 06320
Phone: (860) 912-5324
Fax: (860) 444-3741
Email: spatel@lmhosp.org

From: Greer, Leslie [<mailto:Leslie.Greer@ct.gov>]
Sent: Tuesday, July 29, 2014 11:26 AM
To: Patel, Shraddha
Cc: Fiducia, Paolo
Subject: RE: Lawrence & Memorial Hospital Completeness Questions

Yes, we realized the difference also.

From: Patel, Shraddha [<mailto:spatel@lmhosp.org>]
Sent: Tuesday, July 29, 2014 11:23 AM
To: Greer, Leslie
Subject: RE: Lawrence & Memorial Hospital Completeness Questions

Hi Leslie,

Yes, I received. I see the mix up. Email is spatel@lmhosp.org vs. @lmhospital.org.

Apologies for the fax issues. Not sure why the fax number is not working, but I will look into that.

Thank you,
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Please respond that you've received this email.

Thanks,
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Attached are completeness questions for DN: 13-31874-CON. Our office has tried several attempts to fax it to the number provided with no success.

Leslie M. Greer 
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Office of Health Care Access
410 Capitol Avenue, MS#13HCA
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Phone: (860) 418-7013
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July 30, 2014

Via Email

Paolo Fiducia
Associate Health Care Analyst
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

Re: Certificate of Need Application Docket Number 13-31874-CON
Lawrence + Memorial Hospital Inc.
Termination of Outpatient Cardiac Testing Services (nuclear and non-nuclear stress testing) at 196 Parkway South, Waterford, CT

Dear Mr. Fiducia:

Below is the response to the Department of Public Health Office of Health Care Access's ("OHCA's") letter dated July 23, 2014.

1. Please explain the reasons for the drop in volume at the Waterford site from 2013 to 2014.

The Waterford site has experienced a drop in volume for a number of reasons. First, the Hospital has seen a decline in nuclear and non-nuclear cardiac stress testing irrespective of location. Additionally, the Hospital facilities are newer, are of higher quality and have attenuation correction unlike the Waterford location. As important, certain patients need to receive their cardiac nuclear or non-nuclear testing at the Hospital if they are high risk or heavier patients. The Waterford facilities are older and do not have the aforementioned capabilities and thus cannot service this patient population as well. As the population ages, these types of patients compose a higher percentage of the population. Further, some physicians prefer their patients be scheduled at the Hospital on account of their medical condition and the safety of performing cardiac testing at a hospital facility in the event of complication. This results in volume shifting from Waterford to the Main Campus. As stated above, the L+M system has had an overall decrease of nuclear and non-nuclear stress testing at all locations. This has contributed to the decrease at the Waterford location.

2. Are there other services in addition to cardiac nuclear and non-nuclear testing offered at the Waterford site? If so, please provide a list of all services.

The Waterford Location, 196 Parkway South, Suite 103, also offers cardiology physician services. In a separate suite at the same address, Suite 102, L+M offers various diagnostic imaging services including, but not limited to, CT, PET/CT, MRI, ultrasound, cardiovascular ultrasound, radiology, mammography and bone density scanning. No services in Suite 102 are currently proposed for termination.

3. What was the original rationale for offering these services at the Waterford site?

The nuclear and non-nuclear services were already located in Waterford and were absorbed into L+M Hospital as part of a larger business acquisition.

4. Is the fee structure for cardiac nuclear and non-nuclear testing the same for the Waterford and Main Campus sites? If not, please explain the differences.

The fee structure is the same for the Waterford and Main Campus sites. Additionally, as stated in our response to CON Application question 6(e), it is Hospital policy that the Hospital and all outpatient locations, including the Waterford Location, offer services to patients regardless of payor status or ability to pay.

Please contact the undersigned at 860-912-5324 if you have any questions or require additional information.

Thank you.

Very truly yours,



Shraddha Patel
Director of Business Development and Planning

Cc: Bruce Cummings, President and Chief Executive Officer
Michele M. Volpe, Esq.

Greer, Leslie

From: Patel, Shraddha <spatel@lmhosp.org>
Sent: Wednesday, July 30, 2014 3:45 PM
To: Greer, Leslie; Fiducia, Paolo
Subject: RE: Lawrence & Memorial Hospital Completeness Questions
Attachments: Response to 7 23 14 OHCA Letter re 13-31874-CON (7.30.14) (2).pdf

Mr. Fiducia,

I received your voice message. Attached please find L+M's revised response with the completed table.

Thank you,
Shraddha

From: Patel, Shraddha
Sent: Wednesday, July 30, 2014 12:33 PM
To: 'Greer, Leslie'; Fiducia, Paolo
Subject: RE: Lawrence & Memorial Hospital Completeness Questions

Ms. Greer and Mr. Fiducia,

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Thank you,
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Shraddha Patel, FACHE

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Cc: Fiducia, Paolo
Subject: RE: Lawrence & Memorial Hospital Completeness Questions

Yes, we realized the difference also.

From: Patel, Shraddha [<mailto:spatel@lmhosp.org>]
Sent: Tuesday, July 29, 2014 11:23 AM

To: Greer, Leslie
Subject: RE: Lawrence & Memorial Hospital Completeness Questions

Hi Leslie,

Yes, I received. I see the mix up. Email is spatel@lmhosp.org vs. @lmhospital.org.

Apologies for the fax issues. Not sure why the fax number is not working, but I will look into that.

Thank you,
Shraddha

From: Greer, Leslie [<mailto:Leslie.Greer@ct.gov>]
Sent: Tuesday, July 29, 2014 11:21 AM
To: Patel, Shraddha
Subject: Lawrence & Memorial Hospital Completeness Questions

Please respond that you've received this email.
Thanks,
Leslie Greer

From: Greer, Leslie
Sent: Thursday, July 24, 2014 1:25 PM
To: 'spatel@lmhospital.org'
Cc: Fiducia, Paolo; Riggott, Kaila; Hansted, Kevin; Martone, Kim
Subject: Lawrence & Memorial Hospital Completeness Questions

Ms. Patel,
Attached are completeness questions for DN: 13-31874-CON. Our office has tried several attempts to fax it to the number provided with no success.

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

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July 30, 2014

Via Email

Paolo Fiducia
Associate Health Care Analyst
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

Re: Certificate of Need Application Docket Number 13-31874-CON
Lawrence + Memorial Hospital Inc.
Termination of Outpatient Cardiac Testing Services (nuclear and non-nuclear stress testing) at 196 Parkway South, Waterford, CT

Dear Mr. Fiducia:

Below is the response to the Department of Public Health Office of Health Care Access's ("OHCA's") letter dated July 23, 2014.

1. Please explain the reasons for the drop in volume at the Waterford site from 2013 to 2014.

The Waterford site has experienced a drop in volume for a number of reasons. First, the Hospital has seen a decline in nuclear and non-nuclear cardiac stress testing irrespective of location. Additionally, the Hospital facilities are newer, are of higher quality and have attenuation correction unlike the Waterford location. As important, certain patients need to receive their cardiac nuclear or non-nuclear testing at the Hospital if they are high risk or heavier patients. The Waterford facilities are older and do not have the aforementioned capabilities and thus cannot service this patient population as well. As the population ages, these types of patients compose a higher percentage of the population. Further, some physicians prefer their patients be scheduled at the Hospital on account of their medical condition and the safety of performing cardiac testing at a hospital facility in the event of complication. This results in volume shifting from Waterford to the Main Campus. As stated above, the L+M system has had an overall decrease of nuclear and non-nuclear stress testing at all locations. This has contributed to the decrease at the Waterford location.

The table on the following page includes historical and current volume of tests at Waterford.

Cardiac Test	Period Reported		
	Oct. 1 2012 - Sept. 30, 2013	Oct. 1 2013 - June 30, 2014	Oct. 1 2013 - Sept. 30, 2014
	Actual	Actual	Annualized
Nuclear	671	67	90
Non-Nuclear	403	123	164
Total	1,074	190	254

2. Are there other services in addition to cardiac nuclear and non-nuclear testing offered at the Waterford site? If so, please provide a list of all services.

The Waterford Location, 196 Parkway South, Suite 103, also offers cardiology physician services. In a separate suite at the same address, Suite 102, L+M offers various diagnostic imaging services including, but not limited to, CT, PET/CT, MRI, ultrasound, cardiovascular ultrasound, radiology, mammography and bone density scanning. No services in Suite 102 are currently proposed for termination.

3. What was the original rationale for offering these services at the Waterford site?

The nuclear and non-nuclear services were already located in Waterford and were absorbed into L+M Hospital as part of a larger business acquisition.

4. Is the fee structure for cardiac nuclear and non-nuclear testing the same for the Waterford and Main Campus sites? If not, please explain the differences.

The fee structure is the same for the Waterford and Main Campus sites. Additionally, as stated in our response to CON Application question 6(e), it is Hospital policy that the Hospital and all outpatient locations, including the Waterford Location, offer services to patients regardless of payor status or ability to pay.

Please contact the undersigned at 860-912-5324 if you have any questions or require additional information.

Thank you.

Very truly yours,



Shraddha Patel
 Director of Business Development and Planning

Cc: Bruce Cummings, President and Chief Executive Officer
 Michele M. Volpe, Esq.

Greer, Leslie

From: Greci, Laurie
Sent: Monday, August 04, 2014 2:16 PM
To: Riggott, Kaila; Hansted, Kevin
Cc: Greer, Leslie
Subject: FW: CON 13-31874

Importance: High

From: Patel, Shraddha [<mailto:spatel@lmhosp.org>]
Sent: Monday, August 04, 2014 2:16 PM
To: Greci, Laurie
Subject: RE: CON 13-31874

Dear Ms. Greci:

On 8/1/14 you phoned requesting additional information regarding L+M's letter emailed to OHCA on 7/30/14, which was sent in response to OHCA's letter dated 7/23/14. You specifically asked for detail regarding the "larger business acquisition" noted on Page 2 of L+M's letter sent on 7/30/14.

On May 1, 2012, Lawrence + Memorial Medical Group ("L+MMG"), which is a tax-exempt medical foundation affiliated with Lawrence + Memorial Hospital, acquired Eastern Connecticut Cardiology Group, P.C. ("ECCG"), a cardiology practice. Prior to May 1, 2012, the cardiac testing services under consideration for termination as part of Docket Number 13-31874-CON, were owned and operated by the ECCG cardiology practice. Upon acquisition of ECCG by L+MMG on May 1, 2012, L+M Hospital assumed ownership and operation of the cardiac testing equipment and service. The "larger business acquisition" referenced in L+M's 7/30/14 letter related to the acquisition of ECCG by L+MMG.

The acquisition of the nuclear and non-nuclear cardiac testing equipment in 2012 was not subject to OHCA approval as CON equipment defined under Conn. Gen. Stat 19a-638(a)(8): "*the acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners...*" or any other subsection of Conn. Gen. Stat. 19a-638(a). Additionally, pursuant to Public Act 10-179, a CON was not required for the addition of a service or function at a health care facility in 2012. Especially since the Hospital was already providing these same outpatient services in the Hospital service area.

We trust this is responsive to the questions you posed to me over the phone.

Thank you.

Shraddha Patel, FACHE

Director of Business Development and Planning
L+M Healthcare
365 Montauk Avenue
New London, CT 06320
Phone: (860) 912-5324
Email: spatel@lmhosp.org




From: Greci, Laurie [<mailto:Laurie.Greci@ct.gov>]
Sent: Monday, August 04, 2014 12:10 PM
To: Patel, Shraddha
Subject: CON 13-31874
Importance: High

Shraddha,

Last we spoke on Friday, you were going to email me a brief explanation concerning the “larger business acquisition” being a medical foundation. This is the one last piece of information needed to complete the documentation for the application concerning the termination of services in Waterford.

Please forward this information as soon as possible today. It will be greatly appreciated.

Regards,
Laurie

Laurie K. Greci
Associate Research Analyst
Department of Public Health
Health Care Access
 laurie.greci@ct.gov
 860 418-7032
 860 418-7053

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