State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

RECEIVED
JUN 30 2015
Office of
HEALTHCARE ACCESS

June 29, 2015

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Dr. Mullen:

We are writing to express our concern regarding Yale New Haven Health System's (YNHHS) plan to close two outpatient health clinics in East Haven and Branford and to request that the Office of Health Care Access (OHCA) conduct a full Certificate of Need (CON) review, including public hearings, to carefully examine the impact these closures will have on access to care for patients in the affected communities.

The East Haven facility, which provides urgent care as well as occupational health and radiology services, opened just four years ago. At that time, YNHHS touted the facility as responding to the need for community based services in the Foxon area. The Urgent Care center was intended to provide immediate care for minor emergencies such as lacerations and sprains as well as convenient care for conditions such as cold and flu and ear infections. The argument was that such services would allow patients to obtain prompt medical attention while avoiding costly emergency room visits. The other services provided at the East Haven facility also meet critical needs, such as treatment and therapy for workplace injuries, mammograms and bone density scans for women in the community.

The Branford location offers occupational health services in addition to physical therapy and was well established in the community before the YNHHS takeover of the location.

Now, just a few years after the East Haven facility opened and the Branford facility was taken over by YNHHS, and all for a possible savings of perhaps one million dollars a year, YNHHS claims that these services are not needed. This possible savings must be viewed in the context of a health system that has seen its profits rise by 280% in just five years and that realized total "excess revenue over expenses" (i.e. profit) of over $240 million in 2013.

Printed on recycled paper

YNHHS blames state taxes and Medicaid cuts for the clinic closures. While we believe these taxes and reimbursement cuts may impact community hospitals, we question why Yale New Haven is choosing to offset these burdens by targeting certain communities for service reductions, while they continue to expand eastward into Old Saybrook and a possible affiliation with Lawrence & Memorial Hospital.

We have both raised concerns about the increasing consolidation of our health care system. As hospitals merge and buy up community based physician practices, the choices and options for care decrease. This horizontal and vertical integration gives just a few large health care systems, such as YNHHS, increasing control over the cost of and access to care.

This is why we both support legislation to require that certain physician practice acquisitions be subject to CON review and why we supported legislation this year to increase the market scrutiny of hospital sales and increase price transparency and consumer choice.

We are concerned that, having spent years buying physician practices and consolidating health care services in the greater New Haven area under the its umbrella, YNHHS now is choosing to deal with new burdens by terminating community services simply because it is not making as much money as it would like instead of making a decision based on maintaining access to care. Given the virtual monopoly that YNHHS has over many health care services, it is incumbent upon the state to ensure that it maintains adequate access to affordable care. Therefore, we are asking that OHCA subject these service termination requests to a rigorous review that includes ample opportunity for public comment and input.

Thank you for your time and attention.

Sincerely,

Len Fasano
Senate Minority Leader
34th District

Ted Kennedy, Jr.
State Senator
12th District

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

July 1, 2015

The Honorable Ted Kennedy, Jr.
State Senator - 12th District
State of Connecticut
General Assembly
State Capitol
Hartford, CT 06106-1591

Re: Certificate of Need
Yale-New Haven Health System-to close two outpatient health clinics

Dear Senator Kennedy:

On June 30, 2015, the Department of Public Health ("DPH") received your letter concerning the Certificate of Need ("CON") for the plan to close two outpatient health clinics in East Haven and Branford.

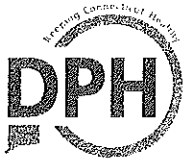
I welcome and appreciate your comments regarding this matter. Your letter will be made part of the Office of Health Care Access (OHCA) formal record of the CON application docket once it is received. Please be advised, that once a hearing has been scheduled it will be posted on OHCA's website at http:// www.ct.gov/dph/ohca. Meanwhile, OHCA's website maintains status reports that you may review at your convenience.

If you have any further concerns or questions, please feel free to contact Kimberly Martone, Director of Operations for OHCA at (860) 418-7029.

Sincerely,

Janet M. Brancifort

Janet M. Brancifort, MPH, RRT
Deputy Commissioner



Connecticut Department of Public Health

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

July 1, 2015

The Honorable Len Fasano
Senate Minority Leader - 34th District
State of Connecticut
General Assembly
State Capitol
Hartford, CT 06106-1591

Re: Certificate of Need
Yale-New Haven Health System-to close two outpatient health clinics

Dear Senator Fasano:

On June 30, 2015, the Department of Public Health ("DPH") received your letter concerning the Certificate of Need ("CON") for the plan to close two outpatient health clinics in East Haven and Branford.

I welcome and appreciate your comments regarding this matter. Your letter will be made part of the Office of Health Care Access (OHCA) formal record of the CON application docket once it is received. Please be advised, that once a hearing has been scheduled it will be posted on OHCA's website at http:// www.ct.gov/dph/ohca. Meanwhile, OHCA's website maintains status reports that you may review at your convenience.

If you have any further concerns or questions, please feel free to contact Kimberly Martone, Director of Operations for OHCA at (860) 418-7029.

Sincerely,

Janet M. Brancifort

Janet M. Brancifort, MPH, RRT
Deputy Commissioner

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

State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

June 29, 2015

RECEIVED
JUL - 6 2015
Department of Public Health
Office of the Commissioner

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Dr. Mullen:

We are writing to express our concern regarding Yale New Haven Health System's (YNHHS) plan to close two outpatient health clinics in East Haven and Branford and to request that the Office of Health Care Access (OHCA) conduct a full Certificate of Need (CON) review, including public hearings, to carefully examine the impact these closures will have on access to care for patients in the affected communities.

The East Haven facility, which provides urgent care as well as occupational health and radiology services, opened just four years ago. At that time, YNHHS touted the facility as responding to the need for community based services in the Foxon area. The Urgent Care center was intended to provide immediate care for minor emergencies such as lacerations and sprains as well as convenient care for conditions such as cold and flu and ear infections. The argument was that such services would allow patients to obtain prompt medical attention while avoiding costly emergency room visits. The other services provided at the East Haven facility also meet critical needs, such as treatment and therapy for workplace injuries, mammograms and bone density scans for women in the community.

The Branford location offers occupational health services in addition to physical therapy and was well established in the community before the YNHHS takeover of the location.

Now, just a few years after the East Haven facility opened and the Branford facility was taken over by YNHHS, and all for a possible savings of perhaps one million dollars a year, YNHHS claims that these services are not needed. This possible savings must be viewed in the context of a health system that has seen its profits rise by 280% in just five years and that realized total "excess revenue over expenses" (i.e. profit) of over $240 million in 2013.

Printed on recycled paper

YNHHS blames state taxes and Medicaid cuts for the clinic closures. While we believe these taxes and reimbursement cuts may impact community hospitals, we question why Yale New Haven is choosing to offset these burdens by targeting certain communities for service reductions, while they continue to expand eastward into Old Saybrook and a possible affiliation with Lawrence & Memorial Hospital.

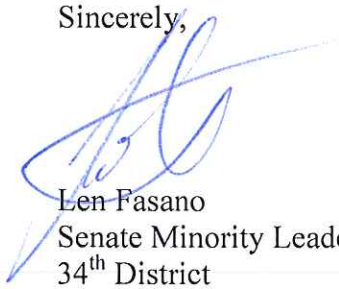
We have both raised concerns about the increasing consolidation of our health care system. As hospitals merge and buy up community based physician practices, the choices and options for care decrease. This horizontal and vertical integration gives just a few large health care systems, such as YNHHS, increasing control over the cost of and access to care.

This is why we both support legislation to require that certain physician practice acquisitions be subject to CON review and why we supported legislation this year to increase the market scrutiny of hospital sales and increase price transparency and consumer choice.

We are concerned that, having spent years buying physician practices and consolidating health care services in the greater New Haven area under the its umbrella, YNHHS now is choosing to deal with new burdens by terminating community services simply because it is not making as much money as it would like instead of making a decision based on maintaining access to care. Given the virtual monopoly that YNHHS has over many health care services, it is incumbent upon the state to ensure that it maintains adequate access to affordable care. Therefore, we are asking that OHCA subject these service termination requests to a rigorous review that includes ample opportunity for public comment and input.

Thank you for your time and attention.

Sincerely,



Len Fasano
Senate Minority Leader
34th District

Ted Kennedy, Jr.
State Senator
12th District

YALE NEW HAVEN HEALTH

July 2, 2015

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

Re: YNHH CON Submission
Termination of Yale-New Haven Hospital Urgent Care at Foxon

Dear Ms. Martone:

Please find enclosed one (1) original and four (4) copies of a Certificate of Need application for the termination of Yale-New Haven Hospital's (YNHH) urgent care center on Foxon Road in East Haven. In addition, a CD is provided that includes a scanned copy of the CON in its entirety as well as MS Word and MS Excel files.

Please feel free to contact me at (203) 863-3908 with any questions.

Sincerely,

Nancy Rosenthal
Senior Vice President, Strategy & Regulatory Planning

Enclosures

789 Howard Avenue
New Haven, CT 06519

Certificate of Need Application

Termination of Yale-New Haven Hospital Urgent Care At Foxon in East Haven, CT

July 6, 2015

TABLE OF CONTENTS

Exhibit I – Checklist & General Information 3
Exhibit II – Filing Fee Check 7
Exhibit III -- Evidence of Public Notice 9
Exhibit IV – Affidavit 11
Executive Summary 13
Project Description 14
Public Need and Access to Care 19
Financial Information 23
Utilization 25
Tables 28
- TABLE 1 29
- TABLE 2 29
- TABLE 3 30
- TABLE 4 30
- TABLE 5 31
- TABLE 6 31
- TABLE 7 32
- TABLE 8 33
- TABLE 9 34

Supplemental Application for Termination of a Service 36
ATTACHMENTS .....
- Attachment 1 40
- Attachment 2 43
- Attachment 3 67
- Attachment 4 70
- Attachment 5 72
- Attachment 6 89

EXHIBIT I

Checklist and General Information

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

☒ (**New**). A completed supplemental application specific to the proposal type, available on OHCA's website under "OHCA Forms." A list of supplemental forms can be found on page 2.

☒ 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.

☒ 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 completed Financial Attachment

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

☒ 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 applicant's responses in MS Word (the applications) and MS Excel (the financial attachment).

For OHCA Use Only:

Docket No.: 15-32011-CON **Check No.:** 1340003411
OHCA Verified by: KR **Date:** 7-6-15

General Information

Main Site*	MAIN SITE PFI	MEDICAID PROVIDER ID	TYPE OF FACILITY	MAIN SITE NAME
	N/A	004041836	Acute Care Hospital	Yale-New Haven Hospital
	STREET & NUMBER			
	20 York Street			
	TOWN			ZIP CODE
	New Haven			06510

*For additional sites

Project Site	PROJECT SITE PFI	MEDICAID PROVIDER ID	TYPE OF FACILITY	PROJECT SITE NAME
	N/A	004041836	Hospital Outpatient Dept.	Yale New Haven Hospital Urgent Care At Foxon
	STREET & NUMBER			
	317 Foxon Road			
	TOWN			ZIP CODE
	East Haven			06512

Operator	OPERATING CERTIFICATE NUMBER	TYPE OF FACILITY	LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator)
	1851568828 (NPI)	Acute Care Hospital	Yale-New Haven Hospital
	STREET & NUMBER		
	20 York Street		
	TOWN		ZIP CODE
	New Haven		06510

Chief Executive	NAME		TITLE	
	Marna Borgstrom		CEO	
	STREET & NUMBER			
	20 York Street			
	TOWN		STATE	ZIP CODE
	New Haven		CT	06510
	TELEPHONE	FAX	E-MAIL ADDRESS	
	203-688-2608	N/A	marna.borgstrom@ynhh.org	

		Title of Attachment:
Is the applicant an existing facility? If yes, attach a copy of the resolution of partners, corporate directors, or LLC managers, as the case may be, authorizing the project.	YES ☒ NO ☐	Not applicable.

Does the Applicant have non-profit status? If yes, attach documentation.	YES ☒ NO ☐	See Attachment 1
Identify the Applicant's ownership type.	PC ☐ LLC ☐ Corporation ☒	Other: _____
Applicant's Fiscal Year (mm/dd)	Start 10/01	End 09/30

Contact: Identify a single person that will act as the contact between OHCA and the Applicant.

Contact Information			
NAME		TITLE	
Nancy Rosenthal		SVP, Strategy and Regulatory Planning	
STREET & NUMBER			
5 Perryridge Road			
TOWN		STATE	ZIP CODE
Greenwich		CT	06830
TELEPHONE		FAX	E-MAIL ADDRESS
203-863-3908		203-863-4736	nancy.rosenthal@ynhh.org
RELATIONSHIP TO APPLICANT	Employee		

Identify the person primarily responsible for preparation of the application (optional):

Prepared by			
NAME		TITLE	
Mary Heffernan, Tannery Lane Partners, LLC		Principal	
STREET & NUMBER			
19 Tannery Lane North			
TOWN		STATE	ZIP CODE
Weston		CT	06883
TELEPHONE		FAX	E-MAIL ADDRESS
203-858-5840		203-226-8178	mary.heffernan@tannerylaneconsulting.com
RELATIONSHIP TO APPLICANT	Consultant		

EXHIBIT II

Bank of America

Cashier's Check

No. 1340003411

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

Void After 90 Days

30-1/1140
NTX

Date 06/26/15 12:07:34 PM

YALE NEW HAVEN HOSPITAL

0003 0021178 0068

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

To The Order Of TREASURER, STATE OF CONNECTICUT

Remitter (Purchased By): MATTHEW J MCKENNAN

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

AUTHORIZED SIGNATURE

⑈1340003411⑈ ⑆114000191⑆ 0016410055 94⑈

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

EXHIBIT III

AFFIDAVIT OF PUBLICATION

New Haven Register

STATE OF CONNECTICUT

County of New Haven

I Cleone P. Brandy of New Haven, Connecticut, being duly sworn, do depose and say that I am a ***Sales Representative*** of the New Haven Register, and that on the following date 6/6/15, 6/7/15 & 6/8/15 to wit

there was published in the regular daily edition of the said newspaper an advertisement,

PUBLIC NOTICE

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s): Yale-New Haven Hospital
Address: 317 Foxon Road
Town: East Haven, CT 06513

Proposal: Discontinuation of urgent care services at Foxon Road.
Estimated Total Project Cost/Expenditure: $0

And that the newspaper extracts hereto annexed were clipped from each of the

above-named issues of said newspaper.

Subscribed and sworn to this 16th day of June 2015 Before me.

My commission expires July 31, 2019

EXHIBIT IV

Affidavit

Applicant: Yale-New Haven Hospital

Project Title: Termination of Yale-New Haven Hospital Urgent Care At Foxon in East Haven, CT

I, James Staten (Name), CFO (Position – CEO or CFO)

of Yale-New Haven Hospital being duly sworn, depose and state that the said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature James Staten

Date 6/25/15

Subscribed and sworn to before me on 6.25.15

Rose Arminio

Notary Public/Commissioner of Superior Court

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

My commission expires:

Executive Summary

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

Yale-New Haven Hospital ("YNHH") is requesting approval from the Office of Health Care Access ("OHCA") to terminate the Yale-New Haven Hospital Urgent Care At Foxon in East Haven (the "Center").

YNHH has operated the Center since May of 2011. It offers urgent care services on a walk-in basis for non-life threatening conditions, primarily serving residents of New Haven, East Haven, North Branford and Branford. Northeast Medical Group ("NEMG"), the medical foundation affiliated with YNHH, provides the professional services at this site. Visits are primarily low-acuity (e.g., sinusitis, sore throat, and cough) which can be accommodated in other more cost-effective settings such as local walk-in clinics and primary care offices.

In 2012, YNHH acquired the Hospital of Saint Raphael, and, as reported to OHCA on a semiannual basis, has undertaken clinical and cultural integration, now focusing on ambulatory space and program optimization planning. Part of this planning process includes assessing outpatient program locations for potentially duplicative offerings in contiguous communities and identifying excess capacity that may lead to inefficiencies and increased cost. This is consistent with the State Health Plan issued by OHCA in 2014. YNHH is also examining each of its ambulatory care sites to ensure that clinical programs are appropriately located within the service area.

Within this context, the Center was identified as a site that performs below national benchmarks, in a market that is saturated with urgent care and walk-in clinics. Within Yale-New Haven Health System (YNHHS), NEMG offers walk-in services in North Haven and West Haven, 7.5 and 10 miles from the Center, respectively. NEMG also has several primary care offices within the service area that offer appointment-based visits for low-acuity patients. Outside of YNHHS, there are 12 urgent care sites, 2 orthopedic walk-in clinics, 1 privately operated walk-in clinic, and 3 CVS Minute Clinics, all within 10 miles or less of the Center. Nearly half of these sites became operational after the Center opened in May of 2011. All but 3 sites accept Medicare and Medicaid.

As demonstrated in this Certificate of Need application, closing the Center will not result in a reduction in access to services for patients in the service area due to the proliferation of similar providers, and will permit YNHH and NEMG to reallocate personnel to needed settings. Moreover, this proposal removes a duplicative service that charges facility fees, which is financially beneficial to patients, payers, and the state health care system.

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

Project Description

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

Response:

Yale-New Haven Hospital ("YNHH") is proposing to terminate the Yale-New Haven Hospital Urgent Care At Foxon in East Haven (the "Center"). A recent assessment has shown the abundance of duplicative urgent care services in the East Haven area, contributing to excess capacity in urgent care and walk-in services. East Haven and the immediate surrounding area are home to 12 urgent care centers, and several walk-in clinics. As a result, the Center has not met anticipated volume expectations.

Overview of YNHH and Yale New Haven Hospital Urgent Care At Foxon

YNHH is a 1,541 bed (including bassinets) teaching hospital with two integrated campuses in New Haven and a pediatric campus in Bridgeport. YNHH includes the Smilow Cancer Hospital, the Yale-New Haven Children's Hospital, the Yale-New Haven Psychiatric Hospital, and is the primary teaching hospital of the Yale School of Medicine. YNHH provides primary, secondary, tertiary and quaternary acute care services and is regularly ranked as one of the top hospitals in the country. Nationally recognized for its commitment to teaching and clinical research, YNHH is accredited by The Joint Commission.

YNHH is a corporate member of Yale-New Haven Health System (YNHHS), which also includes Bridgeport Hospital, Greenwich Hospital, and an affiliated medical foundation, Northeast Medical Group (NEMG). NEMG is a non-profit multi-specialty medical group (established under chapter 594b of the Connecticut General Statutes) that offers professional clinical services at various sites throughout the greater New Haven area, its surrounding towns, and the region. It offers enhanced collaboration among clinicians and practice management resources for local community-based physicians. YNHH and NEMG share the same corporate parent (Yale-New Haven Health Services Corporation) and are both members of YNHHS.

Since May 1, 2011, YNHH has operated an urgent care center at 317 Foxon Road in East Haven, pursuant to Docket Number: 09-31470-DTR. This Center offers urgent care services on a walk-in basis for non-life threatening conditions, primarily serving residents of New Haven, East Haven, North Branford and Branford. NEMG provides the professional services at this site.

A large portion of the conditions treated at the Center are low-acuity (such as sore throat, cough, sinusitis, and upper respiratory tract infection). The table below shows the top 20 diagnoses associated with visits to the Yale-New Haven Hospital Urgent Care At Foxon. This demonstrates the low acuity of these visits, which can be accommodated in a walk-in or primary care setting.

FY14	PRINCIPAL DIAGNOSIS	Visits (#)	Visits (%)	FY14	PRINCIPAL DIAGNOSIS	Visits (#)	Visits (%)
1	ACUTE PHARYNGITIS	631	6.74%	11	GENERALIZED PAIN (BEGIN 2006)	160	1.71%
2	ACUTE URI NOS	441	4.71%	12	ACUTE BRONCHITIS	148	1.58%
3	COUGH	260	2.78%	13	VIRAL INFECTION NOS (BEGIN 1993)	144	1.54%
4	CELLULITIS NOS	252	2.69%	14	CHEST PAIN NOS	124	1.32%
5	PAIN IN LIMB	236	2.52%	15	CONJUNCTIVITIS NOS	115	1.23%
6	ABDOM PAIN NOS (BEGIN 1994)	191	2.04%	16	DERMATITIS NOS	114	1.22%
7	DYSURIA	185	1.98%	17	ACUTE SINUSITIS NOS	110	1.18%
8	CHRONIC SINUSITIS NOS-	182	1.94%	18	JOINT PAIN-L/LEG	109	1.16%
9	BACKACHE NOS	179	1.91%	19	NONSPECIF SKIN ERUPT NEC	108	1.15%
10	OTITIS MEDIA NOS	164	1.75%	20	URIN TRACT INFECTION NOS	100	1.07%
					TOTAL TOP 20 DIAGNOSIS	2721	29%
					TOTAL OTHER DIAGNOSIS	6640	70.93%
					GRAND TOTAL	9361	100.00%

Notably, NEMG offers walk-in services at its North Haven Walk-in Clinic, which is located 7 miles from the Center (6 Devine Street, North Haven), and at its West Haven Walk-in Clinic, which is 10.5 miles from the Center (500 Elm Street, West Haven). NEMG also offers similar low acuity services by appointment at community-based primary care offices in the immediate vicinity. YNHH provides emergent care and fast track services within its Emergency Departments on the York Street and Chapel Street Campuses in New Haven, and the Shoreline Medical Center in Guilford. All of the YNHH sites and NEMG physician offices accept commercial insurance, governmental insurance, such as Medicare and Medicaid, and self-pay patients.

Background on Discontinuation of Urgent Care Services

In September of 2012, YNHH acquired Saint Raphael Health System, Inc., pursuant to Docket Number 12-31747-CON as modified by Docket Number 12-31747-MDF. YNHH has been engaged in a three year integration plan and submits progress reports to OHCA every six months. As documented in the most recent update provided to OHCA on May 29, 2015, clinical and cultural integration are near completion and YNHH is now focusing on ambulatory space and program optimization planning. (Please see Attachment 2). Part of this planning process includes assessing outpatient program locations for potentially duplicative offerings in contiguous communities and identifying excess capacity that may lead to inefficiencies and increased cost. YNHH is also examining each of its ambulatory care sites to ensure that clinical programs are appropriately located within the service area.

A walk-in center typically offers treatment for common non-life threatening injuries and infections such as sprains, pink eye, and a sore throat. Some offer vaccinations and pregnancy tests. The emphasis is on convenience and they do not accept appointments. One may be treated by a physician assistant or nurse practitioner. An urgent care center is like a walk-in center with enhanced capabilities. Physicians generally staff urgent care centers and they typically treat more serious non-life threatening injuries and illnesses to take some burden off emergency rooms.

As demonstrated in the table below, the utilization and visit volume at the Center is markedly lower than national benchmarks. YNHH's review of ambulatory programs in the immediate area served by the Center suggests an over-abundance of like services (please see OHCA Table 9) offered by non-YNHHS urgent care and walk-in providers and similar offerings by NEMG.

In fact, there are 12 urgent care centers (including 3 affiliated with a Federally Qualified Health Center) not affiliated with YNHHS located within approximately 10 miles or less from the Center. In addition, NEMG operates two walk-in clinics nearby in North Haven and West Haven (7 miles and 10.5 miles away respectively). NEMG also has several physician offices in the immediate area with well over 35 primary care physicians. Among non-YNHHS sites, there are 2 single specialty orthopedic walk-in clinics, 1 private, general walk-in clinic, and 3 CVS Minute Clinics, all less than 10 miles of the Center. Fast-track and emergency services are also offered within the 3 Emergency Departments (Goose Lane and New Haven) operated by YNHH. All sites accept Medicare and only the single specialty orthopedic walk-in clinics and the Concentra Urgent Care do not accept Medicaid.

Five of the 12 urgent care centers identified in OHCA Table 9 opened after May 1, 2011, (the date Foxon Urgent Care Center opened for business), and 1 other urgent care center listed in OHCA Table 9 opened around the same time period. Further, 3 of the 6 walk-in centers in the area opened after May 1, 2011. Thus, nearly half of the urgent care and walk-in sites in OHCA Table 9 commenced operation after May 2011.

This demonstrates the duplication of services in the service area, and may explain the Center's performance, which is less than half of industry standards as noted below.

FOXON URGENT CARE	FY12	FY13	FY14	FY15***
ACTUAL VISITS	6,968	8,284	9,361	10,042
ACTUAL VISITS PER DAY*	19.24	22.88	25.86	27.74
NATIONAL BENCHMARK**	42.35	49.37	56.51	60.46
VARIANCE (#)	-23.10	-26.48	-30.65	-32.72
ACTUAL / BENCHMARK (%)	45.43%	46.34%	45.76%	45.88%

* The Center is open 362 days a year (closed on Thanksgiving, Christmas, and Easter).
** Urgent Care Association of America, see Attachment 3. The benchmark shows the average number of visits per day within the first five years of operation of a typical urgent care center. Foxon Urgent Care Center opened in May of 2011, and FY12 was its first full year in operation. The benchmarks for a typical center in its 2nd, 3rd, 4th, and 5th year are compared to FY12, 13, 14, and 15, respectively.
*** FY 15 6-months annualized.

Closing the Center will not result in a reduction in access to services for patients in the service area due to the proliferation of similar providers in the area, and will permit YNHH to reallocate personnel to needed settings. All personnel employed at the Center will be offered identical or similar positions within YNHH. The NEMG walk-in site in North Haven, which is 7 miles from the YNHH urgent care site in East Haven, has the capacity to accommodate nearly all visits. Moreover, as result of this termination, the days and hours of the NEMG Walk-In Centers in both North Haven and West Haven sites may also expand based on patient demand.

YNHH plans to discontinue urgent care services at the Center within 30 days of approval from the Office of Health Care Access. Patients will be notified via a letter explaining alternative sites of service both within the YNHHS ambulatory network (including walk-in clinics, emergency department locations and appointment-based primary care settings operated by NEMG), as well as other privately operated urgent

care and walk-in settings in the service area. All patients will be notified of the procedure for transferring or picking up medical records. If a patient stays within the YNHHS network, his or her records are available instantaneously via the EPIC electronic medical record.

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

   Response:
   As noted previously, YNHH acquired the Hospital of Saint Raphael in 2012, and since that time has undertaken an internal review of ambulatory services in the service area. YNHH submits semi-annual reports to OHCA detailing integration activities. As part of this review, YNHH has identified duplication of services within the service area as well as those sites that are not performing according to national industry standards. As noted in the response to Question 1, YNHH has determined that the total number of urgent care and walk-in centers has proliferated in the Center's service area and that it is unlikely that the Center will reach expected visit benchmarks. In addition, NEMG offers similar walk-in services in North Haven and West Haven, and also operates several primary care practices in the local community. Internal discussions revealed that less costly settings with capacity already existing within YNHHS, and that several competitors offer similar services in the vicinity.

3. Provide the following information:

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

      Response:
      Please refer to OHCA Table 1.

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

      Response:
      Please refer to OHCA Table 2.

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

   Response:
   Not applicable. No change to license required.

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

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

      Response:
      Please refer to Attachment 4.

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

Response:
Please see below and refer to Attachment 5.

- **Chris O'Connor, Executive VP and Chief Operating Officer, YNHHS**
- **Rick D'Aquila, Executive VP, YNHHS; President, YNHH**
- **Amit Rastogi, M.D., Interim Chief Executive Office, NEMG**
- **Deborah Borisjuk, Associate Director of Occupational Health and Urgent Care Services at Foxon Road, YNHHS**

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

Response:
Not applicable. No new service is proposed.

d. letters of support for the proposal;

Response:
Not applicable.

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

Response:
Not applicable.

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

Response:
Not applicable.

Public Need and Access to Care

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

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

Response:
This proposal is consistent with the policies and standards adopted by the Connecticut Department of Public Health. It removes a duplicative service from the service area where many providers can accommodate care in a less costly setting.

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

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

Response:
This proposal is aligned with the Connecticut Department of Public Health Statewide Health Care Facilities and Services Plan, 2014 Supplement ("Plan"). In Chapter 2, pages 45 and 46, the Plan discusses the proliferation of urgent care and questions potential disruptions to the continuity of primary care (Please refer to Question 1). Applicant has identified a significant number of visits to the Center that could be best accommodated in a walk-in center or primary care setting, due to the low acuity of these visits. Reducing excess urgent care capacity and redirecting patients to walk-in and primary care settings will be beneficial to the patients and the health care system.

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

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

   a. identify the target patient population to be served;

Response:
Please refer to OHCA Tables 1 and 2.

   b. discuss how the target patient population is currently being served.

Response:
Please refer to OHCA Table 9, which lists the current providers of similar services located in the immediate region of the Foxon Urgent Care Center.

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

Response:
The market area is saturated with like providers. Please refer to OHCA Table 9.

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

Response:
Not applicable, the proposal is to close the Center.

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

Response:
Not applicable. Please refer to OHCA Table 9, which lists the current providers of similar services. The market area is saturated with like providers.

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

Response:
All YNHHS practices and facilities, including those affiliated with YNHH and NEMG, accept all patients regardless of race, sex, ethnicity, disability and economic status. Please refer to OHCA Table 9, which lists current providers of similar services, the vast majority of which serve low income and underserved populations. The market area is saturated with like providers.

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

Response:
Not applicable. See response to Question 1, and OHCA Table 9.

h. explain how access to care will be affected.

Response:
Access to care will not be affected. There are 12 urgent care centers (including 3 that are affiliated with a Federally Qualified Health Center) not affiliated with YNHHS within approximately 10 miles or less from the Center, and as noted previously NEMG operates walk-in clinics in North Haven and West Haven, 7 miles and 10.5 miles, respectively from the Center. NEMG also has several physician offices with well over 35 primary care physicians in the immediate vicinity. In addition, there are 2 single specialty orthopedic Walk-In Clinics, 1 private general Walk-In Clinic, and 3 CVS Minute Clinics in the area.

All sites in OHCA Table 9 accept Medicare and only the single specialty orthopedic Walk-In and Concentra Urgent Care do not accept Medicaid.

i. discuss any alternative proposals that were considered.

Response:
Given the saturation of the market, not meeting national benchmarks in the foreseeable future at the Center, and the availability and capacity at the nearby NEMG Walk-In Centers, YNHH decided to reduce the duplication of a non-core, low acuity site. This will not affect the accessibility of such services because both of the alternate NEMG walk-in centers, and other non-YNHHS urgent care and walk-in centers are located nearby as noted in OHCA Table 9.

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

9. Describe how the proposal will:

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

   Response:
   Quality of care will be improved in the region by providing the least intensive service in the most appropriate environment and reducing duplicative services. The low acuity of visits at the Center are better accommodated at the NEMG Walk-In Centers, located in North Haven and West Haven. NEMG also has several primary care practices in the area that accommodate low acuity patient visits.

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

   Response:
   YNHH and NEMG are committed to providing appropriate geographically deployed services to all patients, regardless of ability to pay. YNHH and NEMG have the ability to provide appropriate alternatives to patients currently utilizing the Center with the same level of accessibility in the area. Please refer to OHCA Table 9, which provides a list of all similar locations in the immediate vicinity. These are all located within approximately 10 miles of the Center, and all accept Medicare, and all but 3 sites accept Medicaid. All YNHHS sites accept Medicare and Medicaid.

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

   Response:
   The cost effectiveness of health care delivery in the region will be improved by ensuring that patients receive care in the least intensive, clinically appropriate environment. For example, for patients who convert to a primary care physician from the Center or seek care at a NEMG walk-in center in North Haven and West Haven, the health care system will experience savings by not incurring the facility fees currently imposed at the Yale-New Haven Hospital Urgent Care At Foxon.

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

Response:
As previously discussed, a significant number of Center patients seek urgent care for issues that can be appropriately provided by a less intensive care delivery site. YNHH and NEMG are committed to providing accessible, appropriate and affordable care at walk-In settings and primary care offices throughout the service area. All patients will be provided information about alternate sites of service, many of which include local primary care physicians, who are the most clinically appropriate and cost effective provider to manage and coordinate care for low-acuity visits. NEMG may also extend the days and hours of operation at its walk-in clinics in North Haven and West Haven dependent on patient demand.

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

Response:
This proposal will not negatively impact care for Medicaid recipients and indigent persons. As previously discussed, YNHH and NEMG provide commensurate services at any of its accessible locations for any Center patient in the region, regardless of ability to pay. This includes the NEMG North Haven and West Haven Walk-In Centers and a number of NEMG primary care physician practices. Both of these locations are accessible via bus routes. In the event that certain Center patients choose to seek care outside the YNHH ambulatory services network, there are 12 urgent care providers within approximately 10 miles of the Center (3 of which are affiliated with FQHCs), 1 proprietary walk-in center, 2 single specialty orthopedic Walk-In Centers, and 3 CVS Minute Clinics. All YNHHS and non-YNHHS sites accept Medicare, and all accept Medicaid except for the single specialty orthopedic centers and Concentra Urgent Care.

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

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

Response:
Not applicable. Applicant has demonstrated that adequate – perhaps over abundant – access exists in the Center's service area. See response to Question 11, and OHCA Table 9.

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

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

Response:
This proposal will not adversely affect patient health care costs. In fact, patient care received in physician practice settings, NEMG Walk-In Centers, and existing non-YNHH providers in the Center's service area will result in a cost savings resulting from the elimination of facility fees charged at the Center.

Financial Information

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

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

Response:
As noted in response to Questions 9c and 13, the NEMG Walk-In Clinics and primary care practices in the area are not provider-based departments of YNHH, as is Center, and therefore do not charge facility fees. This proposal will eliminate a site that charges facility fees, which will result in cost savings to the state's health care system as patients transition to NEMG Walk-In Centers and primary care sites, or other non-YNHH Urgent Care or Walk-In sites.

15. Provide a final version of all capital expenditure/costs for the proposal using **OHCA Table 3.**

Response:
Not applicable. No capital expenditures/costs will be realized.

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

Response:
Not applicable.

17. Include as an attachment:

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

    Response:
    The most recently audited financial statements are on file with OHCA.

    b. a complete Financial Worksheet A (not-for-profit entity) or B (for-profit entity), available on OHCA's website under "OHCA Forms," providing a summary of revenue, expense, and volume statistics, "without the CON project," "incremental to the CON project," and "with the CON project." Note: the actual results reported in the Financial Worksheet must match the audited financial statement that was submitted or referenced.

    Response:
    Please see Attachment 6.

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

    Response:
    Please see OHCA Table 4.

19. Explain all assumptions used in developing the financial projections reported in the Financial Worksheet.

    Response:
    Please see Attachment 6.

20. Explain any projected incremental losses from operations resulting from the implementation of the CON proposal.

    Response:
    The projected losses from operations resulting from the implementation of the CON proposal are based on the loss of revenue at this site and the redeployment of staff and physicians elsewhere within YNHH. There will be savings associated with the expiration of the lease at this site. In addition, there may be an increase in revenue at the NEMG sites as patients transition to walk-in and primary care settings. This transition is expected to occur without a material increase in labor or non-labor expenses at alternate sites.

21. Indicate the minimum number of units required to show an incremental gain from operations for each projected fiscal year.

    Response:
    Not applicable. The proposal is for termination.

Utilization

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

21. Complete **OHCA Table 5** and **OHCA Table 6** for the past three fiscal years ("FY"), current fiscal year ("CFY") and first three projected FYs of the proposal, for each of the Applicant's existing and/or proposed services. Report the units by service, service type or service level.

    Response:
    Please see OHCA Table 5 and OHCA Table 6.

22. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected service volume; explain any increases and/or decreases in volume reported in OHCA Tables 4 and 5.

    Response:
    Projected volume declines to 0 due to closure of the Center.

23. Provide the current and projected patient population mix (number and percentage of patients by payer) for the proposal using **OHCA Table 7** and provide all assumptions. Note: payer mix should be calculated from patient volumes, not patient revenues.

    Response:
    Please see OHCA Table 7.

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

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

    Response:
    Please see response to Question 1. There are numerous other providers in the service area as seen in OHCA Table 9. In addition, the acuity of the visit volume at this site is low (see response to Question 1) such that local walk-in clinics, urgent care centers, and primary care practices may accommodate this patient population.

25. Using **OHCA Table 8**, provide a breakdown of utilization by town for the most recently completed FY. Utilization may be reported as number of persons, visits, scans or other unit appropriate for the information being reported.

Response.
Please refer to OHCA Table 8.

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

26. Using **OHCA Table 9**, identify all existing providers in the service area and, as available, list the services provided, population served, facility ID, address, hours/days of operation and current utilization of the facility. Include providers in the towns served or proposed to be served by the Applicant, as well as providers in towns contiguous to the service area.

Response.
Please refer to OHCA Table 9.

27. Describe the effect of the proposal on these existing providers.

Response:
This proposal will have no adverse impact on other existing providers.

28. Describe the existing referral patterns in the area served by the proposal.

Response:
Not applicable. Urgent care is a self-referral service.

29. Explain how current referral patterns will be affected by the proposal.

Response:
Not applicable. Urgent care is a self-referral service.

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

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

Response:
Not applicable. No new service is proposed. See OHCA Table 9, which shows the existing significant duplication of services within the Center's service area.

> § *"Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region. . ." (Conn.Gen.Stat. § 19a-639(a)(11))*

31. How will the proposal impact the diversity of health care providers and patient choice or reduce competition in the geographic region?

Response:
As discussed previously, the Center's service area has 12 additional providers of urgent care (including 3 affiliated with FQHCs), 3 walk-in centers (including 2 NEMG sites), 2 single specialty orthopedic walk-in centers, 3 CVS Minute Clinics, over 35 NEMG primary care physicians, 1 primary care FQHC and 3 emergency departments with fast track services (Please refer to OHCA Table 9). More than adequate access for patient choice and provider competition exist in the Center's service area.

TABLES

TABLE 1
APPLICANT'S SERVICES AND SERVICE LOCATIONS

Service	Street Address, Town	Population Served	Days/Hours of Operation	New Service or Proposed Termination
Yale-New Haven Hospital Urgent Care At Foxon	317 Foxon Road East Haven, CT	Adults and children with sudden onset of acute illness or injury not requiring emergency care, regardless of ability to pay.	M – F: 8am – 7 pm Sa: 8am to 3:30 pm Su: 9 am to noon Closed Thanksgiving, Christmas, and Easter	Termination

[back to question]

TABLE 2
SERVICE AREA TOWNS

List the official name of town* and provide the reason for inclusion.

Town*	Reason for Inclusion
New Haven East Haven North Branford Branford	80% of the Center's patients originate from these towns

* Village or place names are not acceptable.

[back to question]

TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE

Purchase/Lease	Cost
Equipment (Medical, Non-medical Imaging)	$0
Land/Building Purchase*	$0
Construction/Renovation**	$0
Land/Building Purchase*	$0
Other (specify)	$0
Total Capital Expenditure (TCE)	**$0**
Lease (Medical, Non-medical Imaging)***	**$0**
Total Capital Cost (TCO)	**$0**
Total Project Cost (TCE+TCO)	**$0**

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

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

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

[back to question]

TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES

	FY 2016	FY 2017	FY 2018
Revenue from Operations	($426,700)	($435,800)	($443,700)
Total Operating Expenses	($268,700)	($275,700)	($283,300)
Gain/Loss from Operations	($158,000)	($160,200)	($160,400)

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

[back to question]

TABLE 5
HISTORICAL UTILIZATION BY SERVICE

Service	Actual Volume (Last 3 Completed FYs**)			CFY Volume*
	FY 2012	FY 2013	FY 2014	FY 2015***
Urgent Care Visits at Foxon	6,968	8,248	9,361	5,021 (6 month actual)
Total	6,968	8,248	9,361	5,021

*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 6 months, report actual volume and identify the period covered. **Fiscal Year runs from October 1 to September 30.

[back to question]

TABLE 6
PROJECTED UTILIZATION BY SERVICE

Service	Projected Volume		
	FY 2016	FY 2017	FY 2018
Urgent Care Visits at Foxon	0	0	0
Total	0	0	0

[back to question]

TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX

Payer	Most Recently Completed FY 2014		Projected					
			FY 2015**		FY 2016***		FY 2017***	
	VISITS	%	VISITS	%	VISITS	%	VISITS	%
Medicare*	1357	14.5%	1344	13.4%	0	0%	0	0%
Medicaid*	3458	36.9%	3690	39.4%	0	0%	0	0%
CHAMPUS & TriCare	32	0.3%	46	0.5%	0	0%	0	0%
Total Government	**4847**	**51.87%**	**5350**	**53.3%**	**0**	0%	**0**	0%
Commercial Insurers	4009	42.8%	4386	43.7%	0	0%	0	0%
Uninsured/Self-Pay	503	5.4%	292	2.9%	0	0%	0	0%
Workers Compensation	2	0.02%	14	0.1%	0	0%	0	0%
Total Non-Government	**4514**	**48.2%**	**4692**	**46.7%**	**0**	0%	**0**	0%
Total Payer Mix	**9361**	**100%**	**10042**	**100%**	**0**	0%	**0**	0%

*Includes Managed Care
**Annualized flat based on first 6 months volumes.
***Projection falls to 0 with closure of Foxon Urgent Care.

TABLE 8
UTILIZATION BY TOWN

FY14	TOWN	Cases (#)	Cases (%)
1	New Haven	3777	40.35%
2	East Haven	2951	31.52%
3	North Branford	612	6.54%
4	Branford	406	4.34%
5	Hamden	276	2.95%
6	West Haven	257	2.75%
7	North Haven	247	2.64%
8	Guilford	123	1.31%
9	Wallingford	70	0.75%
10	Madison	51	0.54%
11	Milford	44	0.47%
12	Meriden	33	0.35%
13	Clinton	28	0.30%
14	Orange	22	0.24%
15	Bridgeport	18	0.19%
16	Cheshire	18	0.19%
17	Stratford	14	0.15%
18	OTHER	414	4.42%
	TOTAL	9361	100.00%

[back to question]

TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Alternate Sites of Service -- Within Yale-New Haven Health System									
Count	Category	Service or Program Name	Population Served	Type of Service	Facility ID	Street Address and Town	Hours/Days of Operation	Current Utilization	Distance from Foxon Urgent Care
1	WALK-IN	NEMG North Haven Walk-In Medical Center	Commercially Insured, Medicare, Medicaid Children and Adults	Walk-In.	1043278351	6 Devine St. North Haven, CT	M-F (8am - 8pm) Sat. (8am - Noon)	~6,000 visits per year	7 miles
2		NEMG West Haven Walk-In Medical Center	Commercially Insured, Medicare, Medicaid Children and Adults	Walk-In.	1043278351	500 Elm St. West Haven, CT	M-F (8am - 8pm) Sat. (8am - Noon)	~6,000 visits per year	10.5 miles
3	EMERGENCY	YNHH York Street Emergency Department	Commercially Insured, Medicare, Medicaid Children and Adults	Emergency care.	1851568828	20 York Street New Haven, CT	24/7	~90,000 visits per year in the adult ED, and 34,000 visits per yer in pediatric ED	6.4 miles
4		YNHH Saint Raphael Emergency Department	Commercially Insured, Medicare, Medicaid Children and Adults	Emergency care.	1851568828	1450 Chapel Streeet New Haven, CT	24/7	~50,000 visits per year	7.4 miles
5		YNHH Shoreline Medical Center Emergency Department	Commercially Insured, Medicare, Medicaid Children and Adults	Emergency care.	1851568828	111 Goose Lane Guilford, CT	24/7	~19,000 visits per year	10.3 miles

NEMG also operates several primary care practices in the area, with well over 35 primary care physicians within 10 miles of the Foxon Urgent Care Center.

See the next page for alternate sites of service outside of Yale-New Haven Health System.

TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Alternate Sites of Service -- Outside of Yale - New Haven Health System

Count	Category	Service or Program Name	Population Served	Type of Service	Facility ID	Street Address and Town	Hours/Days of Operation	Current Utilization	Distance from Foxon Urgent Care
1	URGENT CARE	Cornell Scott Hill Health Center Urgent Care*	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	428 Columbus Avenue New Haven, CT	M, Tues, Thur. (8:30am - 8pm) Wed, Fri. (8:30am - 5pm) Sat. (8:30am - 12pm)	Proprietary.	6.5 miles
2		Cornell Scott Hill Health Center Urgent Care*	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	226 Dixwell Avenue New Haven, CT	Mon, Wed. (8:30am - 5pm) Tues, Thurs. (8:30am - 8pm)	Proprietary.	5.8 miles
3		Cornell Scott Hill Health Center Urgent Care*	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	911-913 State Street New Haven, CT	Mon, Thur, Fri. (8:30am - 4pm) Tues, Wed. (1pm - 7pm)	Proprietary.	4.5 miles
4		ASAP Urgent Care	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	79 Washington Ave North Haven, CT	M-F (11am - 7pm) Sat-Sun (9am - 5pm)	Proprietary.	6.5 miles
5		ASAP Urgent Care	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	2165 Dixwell Avenue Hamden, CT	M-F (8am - 8pm) Sat-Sun (9am - 5pm)	Proprietary.	8 miles
6		203 Urgent Care	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	163 Universal Drive North Haven, CT	M-F (8am - 8pm) Sat-Sun (8am - 6pm)	Proprietary.	4.3 miles
7		203 Urgent Care	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	109 Boston Post Road Orange, CT	M-F (8am - 8pm) Sat-Sun (8am - 6pm)	Proprietary.	10.4 miles
8		203 Urgent Care	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	636 Campbell Avenue West Haven, CT	M-F (8am - 8pm) Sat-Sun (10am - 4pm)	Proprietary.	8.7 miles
9		Stoney Creek Urgent Care	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	6 Business Park Drive Branford, CT	M-F (8am - 7:30pm) Sat-Sun (9am - 4:30pm)	Proprietary.	6.1 miles
10		Stoney Creek Urgent Care	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	236 Boston Post Road Orange, CT	M-F (8am - 7:30pm) Sat-Sun (9am - 2:30pm)	Proprietary.	10.9 miles
11		Express Care Urgent Care	Commercially insured, Medicare, Medicaid children and adults	Urgent care.	N/A	1700 Dixwell Ave Hamden, CT	7 days a week (8am - 8pm)	Proprietary.	7.2 miles
12		Concentra Urgent Care	Commercially insured, Medicare, children and adults. No Medicaid.	Urgent care.	N/A	370 James Street New Haven, CT	M-F (8am - 5pm)	Proprietary.	4 miles
13	WALK-IN	OrthoNow Walk-In Care	Commercially insured, Medicare, children and adults. No Medicaid.	Walk-In, orthopedics only.	N/A	2408 Whitney Avenue Hamden, CT	M-F (3pm - 8pm) Sat. (9am - 5pm) Sun (8am - Noon)	Proprietary.	9.6 miles
14		OrthoNow Walk-In Care	Commercially insured, Medicare, children and adults. No Medicaid.	Walk-In, orthopedics only.	N/A	84 North Main Street Branford, CT	M-F (3pm - 8pm) Sat. (9am - 5pm) Sun (1pm - 5pm)	Proprietary.	4.6 miles
15		New Haven Walk-In Medical Center	Commercially insured, Medicare, Medicaid children and adults	Walk-In.	N/A	77 Grande Avenue New Haven, CT	M-F (9am - 5pm) Sat. (9am -Noon)	Proprietary.	3.4 miles
16		CVS Minute Clinic	Commercially insured, Medicare, Medicaid children and adults	Walk-In.	N/A	162 Washington Ave North Haven, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)	Proprietary.	6.9 miles
17		CVS Minute Clinic	Commercially insured, Medicare, Medicaid children and adults	Walk-In.	N/A	2045 Dixwell Ave Hamden, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)	Proprietary.	9.5 miles
18		CVS Minute Clinic	Commercially insured, Medicare, Medicaid children and adults	Walk-In.	N/A	1057 Boston Post Road Guilford, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)	Proprietary.	9.3 miles
19	PRIMARY CARE	Fair Haven Community Health Center*	Commercially insured, Medicare, Medicaid children and adults	Primary care.	N/A	374 Grand Avenue New Haven, CT	M, W (8:30am - 5pm) Tues, Thur. (8:30am - 7pm) Fri. (9:30am - 5pm)	Proprietary.	4.0 miles

*Sites operated by Federally Qualified Health Centers.

Supplemental CON Application Form

Termination of a Service

Conn. Gen. Stat. § 19a-638(a)(5),(7),(8),(15)

Applicant: Yale-New Haven Hospital

Project Name: Termination of Yale-New Haven Hospital Urgent Care At Foxon in East Haven, CT

1. **Project Description: Service Termination**

   a. Please provide

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

      Response:
      Please see response to Question 1 in the Main CON Application Form. YNHH has provided urgent care services at Foxon Road in East Haven since May 1, 2011.

      ii. whether CON authorization was received and,

      Response:
      Pursuant to Docket Number 09-31470-DTR, CON authorization was not required to establish urgent care services at Foxon Road.

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

      Response:
      Not applicable.

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

      Response:
      Please see response to Question 1 in the Main CON Application Form. The termination of this service is a result of ongoing examination of duplicative services in the service area following acquisition of the Hospital of Saint Raphael in 2012. Integration activities are reported to OHCA on a semiannual basis, and YNHH is now focusing on ambulatory space and program optimization planning. This planning includes assessing outpatient program locations for potential duplicative program offerings in contiguous communities and excess capacity that may lead to inefficiencies and increased cost.

      Further, this site is not operating up to national benchmarks and faces increasing competition from multiple urgent care providers in the immediate area (see OHCA Table 9). It is within this context that YNHH has decided to terminate urgent care services at this site. With so many other providers in the area to accommodate care, this termination is expected to have no impact on the accessibility of care, while enabling YNHH to redeploy staff resources where needed. The state health care system will benefit by enabling low cost care in the most appropriate setting.

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

      Response:
      The termination did not require the vote of the Board of Directors.

2. Termination's Impact on Patients and Provider Community

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

Response:
Please see the list of providers in OHCA Table 9. Prior to closing, the Center will send written notification to all persons who have received care at the Center in the last year with a list of alternate sites of care. As this is an urgent care location, patients self-refer and often do not have the same relationship with the center as a primary care physician (meaning treatment is episodic in nature). Nevertheless, YNHH will make efforts to notify former patients about the alternate locations.

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

Response:
NEMG, the medical foundation affiliated with YNHH, will be able to accommodate any patients seeking urgent care services at either of its 2 Walk-In Clinics located in North Haven and West Haven. Former patients at the Center will also receive a list of primary care sites operated by NEMG in the local area.

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

Response:
YNHH has not identified any special populations utilizing the Center and this proposal will not negatively impact access to care for Medicaid recipients and indigent persons. As previously discussed in response to Questions 11 and 12 in the Main CON Application Form, YNHH and NEMG provide commensurate services at equally accessible locations for any Center patient, regardless of ability to pay. In the event certain Center patients choose to seek care outside the YNHH Ambulatory Services network, there are numerous other urgent care providers in the service area that accept Medicaid. See OHCA Table 9.

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

Response:
Urgent care is a self-referral, episodic service, and patients may obtain services at the Center one year and not the next. Nevertheless, all patients who have received care at the Center within the last year will receive written information about alternate sites of services, many of which include local primary care physicians, who are the most clinically appropriate and cost effective provider in managing low-acuity visits.

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

Response:
Not applicable.

Attachment 1

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0441981549
Nov. 01, 2010 LTR 4168C E0
06-0646652 000000 00
00029143
BODC: TE

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

025077

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

Dear Taxpayer:

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

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

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

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

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

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

Sincerely yours,

Rita A. Leete

Rita A. Leete
Accounts Management II

Internal Revenue Service

District
Director

Department of the Treasury
P.O. Box 9107
JFK Federal Bldg., Boston, Mass. 02203

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

Person to Contact: Daniel T. Valenzano

Telephone Number: (617) 223-1442

Refer Reply to: EO:Processing Unit

Date: JUL 10 1979

Name of Organization: Same

Gentlemen:

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

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

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

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

[x] Further, the organization is not a private foundation because it is an organization described under Section 170(b)(1)(a)(vi) and 509(a)(1).

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

I trust the foregoing information will serve your purpose.

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

Sincerely yours,

District Director

Attachment 2

YALE-NEW HAVEN
HOSPITAL

Yale New-Haven Hospital's Acquisition of the Saint Raphael Healthcare System, Inc. Docket No: 12-31747-CON

Three Year Integration Plan Narrative

May 2015

Yale New-Haven Hospital's Acquisition
of the Saint Raphael Healthcare System, Inc.
Docket No: 12-31747-CON

Three Year Integration Plan
Narrative

INTRODUCTION

This narrative report has been prepared as part of the reporting requirements for Yale-New Haven Hospital (YNHH) in accordance with the Agreed Settlement for Docket Number: (DN) 12-31747-CON, subsequently modified as DN: 12-31757-MDF for the acquisition of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael (HSR).

This report is structured into the following sections:

A. PROGRESS AGAINST THREE-YEAR INTEGRATION PLAN

B. SUMMARY OF BEDS & SERVICES BY CAMPUS

C. COST SAVINGS AND REVENUE ENHANCEMENTS

D. ONGOING REPORTING

A. PROGRESS AGAINST THREE-YEAR INTEGRATION PLAN

Consistent with the three-year integration plan submitted on March 31, 2013, the focus of the last fiscal year has been on developing one standard of care across all inpatient campuses and ambulatory operations. The clinical vision for its inpatient campuses for FY 2015 and a summary can be found below. Many of the activities described in this report were developed to support the successful implementation of the clinical vision.

YNHH Clinical Vision - 2015

York Street Campus	Both Campuses	Saint Raphael Campus
• Children's Hospital • High Risk OB • Major Trauma • Transplant • Cardiac Surgery	• Behavioral Health • Emergency Services • General Medicine • General Surgery • Heart & Vascular • Neurosciences • Oncology • Urology • Women's	• Musculoskeletal • Low-Risk, High Amenities OB • Specialty Geriatrics Care • Specialty Programs - GI Surgery - Neurovascular - Medical Heart Failure

Attachment I contains the updated Integration Workplan for FY 2013 through FY 2015 in Gantt chart format which is organized into five major sections including: (1) Major Strategic Initiatives; (2) Service Lines; (3) Clinical Areas; (4) Non-Clinical Areas; and (5) Corporate Services. The Integration Workplan includes specific activities for each of these five areas and the actual or estimated time frame by fiscal year for completion. Progress to date since the last submission in November 2014 as well as remaining focus areas for the next six months is detailed in the narrative below.

Section 1. Major Strategic Initiatives:

Major strategic initiatives pertain to activities with a broad impact throughout the organization. YNHH is focusing on ten key areas:

1. *Physician Integration*
   Consistent with the November 2014 submission, all hospital-based services have been integrated.

2. *Epic Implementation*
   Consistent with the November 2014 submission, Analytics (Epic reporting) was integrated across the medical center and health system. Epic optimization remains ongoing and will remain a key medical center priority in coming years.

3. *Patient Experience*
   As was reported in the November 2014 submission, the focus in recent months has been establishing physician/nursing leadership teams (dyads) to lead unit/service operations. The teams have yielded significant improvements in unit ownership and improved employee engagement, safety and quality outcomes and operational efficiencies. Creating a healing environment remains a key medical center goal, which is being supported by the roll out of clustered care designed to minimize patients' sleep interruptions between 10pm and 6am. The Departments of Pharmacy, Radiology, Laboratory Medicine, Respiratory Therapy and Environmental Services have begun implementing work flow changes and revised testing protocols to achieve this goal.

4. *Regulatory / Safety and Quality*
   Over 7,500 YNHH employees completed the 2015 safety culture survey; an 18% increase compared to the last survey in 2013. The results demonstrate the value of high reliability organization training our employees and medical staff members completed last year. We are now focusing on the steps to sustain high reliability organization safety behaviors, including continued training for current and new employees, leadership rounding, deployment of 400 volunteer unit safety coaches and implementation of an accountability program.

5. *Transforming Patient Care*
   Transforming Patient Care refers to a review of nursing workflows and supporting systems/processes to remove unnecessary activities. As was discussed in the November 2014 submission, a comprehensive roll-out of best practices from the York Street Campus began in FY 2014 and will continue in FY 2015. Further improvement activities remain ongoing at the York Street Campus.

Preparedness activities for Nursing Magnet recertification remain underway and will be completed in calendar 2016.

6. *Safe Patient Flow*
   Safe Patient Flow refers to throughput improvement activities and was instrumental in allowing YNHH to meet its patient care demand prior to the integration of the HSR. The Safe Patient Flow process was implemented at the Saint Raphael campus in FY 2014 and has already has resulted in significant improvements in inpatient throughput. Prior to implementation, the percentage of discharges by 11am was 15% and it is now at 25% (same level as York Street Campus). The diligent focus on Safe Patient Flow processes at both campuses remains ongoing and will help to ensure sufficient medical center inpatient capacity.

7. *Cultural Integration*
   As stated in the November 2014 submission, employee and medical staff open forums as well as management meetings remain ongoing. A President's Council has been established to continue to obtain direct feedback from front-line staff on ongoing integration efforts.

8. *Bed Management/Capacity*
   YNHH will be relocating its intensive rehabilitation unit from the Saint Raphael campus to Milford Hospital on July 1, 2015. The new unit at Milford Hospital is consistent with the musculoskeletal growth strategy outlined in previous OHCA submissions, and the vacated unit (Verdi 4 East) will be renovated to meet patient care needs.

   Consistent with the November 2014 submission, planning to relocate gastrointestinal surgery (bariatric and hernia) as well as neurovascular services at the Saint Raphael campus are underway. Main 6 is being renovated and will serve as the primary unit for non-oncological gastrointestinal surgery. The Cardiothoracic Intensive Care Unit will serve as the primary location for neurovascular and will be supported by interventional laboratories. The gastrointestinal surgery unit is expected to be online by late fall 2015 and the neurovascular service will be online by late fall 2016. Bed allocation by service is outlined in Section B "Summary of Beds and Services by Campus" of this report.

9. *Infrastructure*
   Consistent with the November 2014 submission, no additional care infrastructure changes have taken place.

10. *Care Management Across the Continuum*
    Consistent with the November 2014 submission, work remains ongoing to improve care coordination and handoffs across services.

Section 2. Service Lines

Vision, facility investments and integration activities for major clinical service lines comprise the second section of the Integration Workplan. It is important to note that the information provided below predominantly addresses inpatient services as ambulatory activities are currently being reviewed as part of a comprehensive ambulatory strategic planning exercise, discussed in Section 3.

The following service lines are included:

1. *Children's*
   Consistent with the November 2014 submission, construction of a new Neonatal Intensive Care Unit and Obstetrical Services at the York Street Campus began May 2015 with upgrading of the infrastructure of the West Pavilion, required to support the new facilities. The new NICU will feature a dedicated operating room, neonatal MRI, pharmacy and single rooms for neonates and for "couplets" of maternity patients and their babies who require lower levels of intensive care. Reconstruction of four floors in West Pavilion will begin late Fall 2015 and be completed fall 2017.

2. *Heart and Vascular*
   Consistent with the November 2014 submission, a medical heart failure cohort was established at the Saint Raphael campus, in order to provide appropriate care for this growing segment of the population. Work remains underway to optimize interventional laboratories (cardiac catheterization and electrophysiology).

3. *Musculoskeletal*
   In February 2015, we opened two state-of-the-art musculoskeletal operating rooms, housing the latest in infection control technology and designed with the input of key musculoskeletal surgeons. The transition of elective total joints to the Saint Raphael campus has been completed and the relocation of spine surgery to the Saint Raphael campus is underway and will be completed by Fall 2015. Mary O'Connor, M.D., former Chair of Orthopedics at the Mayo in Jacksonville, Florida joined the medical center in early May to serve as the inaugural Director of the Musculoskeletal Center. We are fortunate to have someone of her exceptional leadership stature join our senior leadership team and help us shape the future of musculoskeletal care delivery.

   As was discussed in the bed management section, the intensive rehabilitation unit will be relocated from the Saint Raphael campus to Milford Hospital on July 1, 2015.

4. *Neurosciences*
   As discussed in the bed management section, YNHH will be relocating its neurovascular service to the Saint Raphael campus in late 2016. The service will include inpatient beds and radiology services (including interventional radiology capabilities), and would have synergies with the advanced elderly inpatient services referenced earlier. Program planning is in the early stages and will be refined in coming months.

5. *Oncology*
   Consistent with the November 2014 submission, no additional service configurations have taken place in Oncology. Evaluation of technology consolidation opportunities remains ongoing.

6. *Transplant*
   Consistent with the November 2014 submission, no additional service configurations have taken place in Transplant.

Section 3. Clinical Areas

Additional clinical integration beyond the service lines described in Section 2 are described and listed below:

1. *Diagnostic Radiology*
   Consistent with the November 2014 submission, the assessment of radiology equipment and master planning for radiology services remains ongoing as the clinical vision for the campuses evolves.

2. *Emergency Department*
   Consistent with the November 2014 submission, Yale New Haven Health System and North Shore Long Island Jewish launched a helicopter transportation collaboration named Sky Health, focused predominantly on the I-95 corridor. To date, over 65 patients have been transported to YNHH via Sky Health. Sponsor hospital training opportunities are being identified and will be implemented in 2015. After a comprehensive evaluation process, YNHH also consolidated ground patient transportation services to one preferred vendor (AMR) to improve transportation times and cost effectiveness.

3. *Laboratory/Pathology*
   Consistent with the November 2014 submission, work is underway to consolidate core laboratory and blood bank systems at YNHH, Greenwich Hospital and Bridgeport Hospital by August 2016.

4. *Medicine*
   As it pertains to electronic ICU implementation referenced in the November 2014 submission, 26 rooms have been outfitted with the technology and a new control room will be completed by end of May 2015. Clinical workflows and shared goals have been established and training will begin in June. The service will be operational in August 2015.

5. *Nursing*
   As was referenced in section 1, YNHH will be undergoing its Magnet re-designation in 2016 and preparedness activities remain ongoing. The system-wide nursing standardization effort remains underway across all delivery network hospitals.

6. *Pharmacy*
   Consistent with the November 2014 submission, no additional changes have taken place in Pharmacy.

7. *Psychiatry*
   In April 2015, YNHH relocated its psychiatric observation unit to a newly constructed space in the Fitkin building. The new unit includes an 18-bed video camera monitored patient care area that provides patient comfort, privacy, and security.

8. *Surgical Services*
   Consistent with the November 2014 submission, a physician leader to co-lead perioperative services was recruited. William Nealon, M.D., nationally recognized surgeon joined the medical center, from Vanderbilt Medical Center, in April 2015. Under his leadership, a number of operational enhancements will be implemented across all perioperative services sites focused on safety and quality, pre-admission testing and Epic reporting. Optimization of perioperative resources remains a focus area in FY 2015.

   As was referenced earlier, a center of excellence for gastrointestinal surgery (bariatric and hernia) will be established at the Saint Raphael campus in late 2015. Main 6 will serve as the primary inpatient unit, and required operating room resources and ambulatory/clinical practice facilities will also be put in place to support program growth.

9. *Women's Services*
   Consistent with the November 2014 submission, the two Obstetrical Primary Care Centers located at the York Street and St. Raphael campuses which serve the local New Haven community were combined into a single site in January 2015.

10. *Ambulatory Services*
    Ambulatory space optimization and programmatic recommendations are currently being developed and consolidation opportunities will be identified by summer 2015. Consolidation opportunity execution will span at least 24-36 month, based on lease terms and other program considerations.

    Additionally, consistent with the November 2014 submission, YNHH will be opening a multidisciplinary physician specialty ambulatory center in Old Saybrook on June 1, 2015. The center will offer a broad array of clinical services including pediatric specialty services, a comprehensive Smilow Cancer Care Center, musculoskeletal services, urology and vascular services, among others. Supportive ancillary services will also be provided. Finally, planning for a New Haven ambulatory center is currently underway and will be completed later this summer.

Section 4. Non-Clinical Support Services

As it pertains to non-clinical support services, vendor consolidation opportunities were identified for Environmental Services, Food and Nutrition, Linen Services and Protective Services. Estimated savings can be found in Section C of this narrative.

Section 5. Corporate Services

Corporate services include seven key areas and integration activities for each are described on the following page.

1. *Accounting and Finance*
   Consistent with the November 2014 submission, no additional changes have taken place in Accounting and Finance.

2. *Compliance*
   Annual compliance training via Healthstream for all employees remains ongoing.

3. *Human Resources*
   Over 95.7% of Yale-New Haven employees took part in the recent employee engagement survey, conducted in April 2015. Results are expected by end of May and will lead to the development of targeted improvement plans to address any deficiencies.

4. *Information Technology and Information Systems*
   While the immediate focus was on the implementation of Epic, focus has shifted to optimizing the Epic system (reporting, analytics, etc.) and additional areas/opportunities for standardization include streamlining of technology applications for clinical services.

5. *Legal and Planning*
   Integration work with MCIC (malpractice insurance captive) remains ongoing.

6. *Marketing, Communications, Image and Community Wellness*
   The development of new employee and manager communication strategies employing new media (e.g. social media) remains ongoing. The organization remains a strong advocate with State and Federal government agencies for continued access to high quality healthcare services for Connecticut residents.

7. *Supply Chain*
   Consistent with the November 2014 submission, no additional changes have taken place in Supply Chain. Supply chain savings achieved through vendor contracts will be discussed in Section C (5).

B. SUMMARY OF SERVICES AND BEDS BY CAMPUS

As described in Section A above, integrating clinical services is still underway and specific campus locations and allocated beds continue to be adjusted. The two tables below summarize the current plan for the services and beds by location. This information is subject to change and any changes will be provided to OHCA in subsequent semi-annual reports.

Planned Services by Campus for 2015 (as of May 2015)

Services	York Street Campus	Saint Raphael Campus
Service Lines		
Children's	X	
Heart & Vascular	X (Tertiary/Quaternary)	X Medical Heart Failure
Musculoskeletal	X (Trauma / Pediatrics)	X
Neurosciences	X (Tertiary/Quaternary)	X Neurovascular
Oncology	X (Tertiary/Quaternary)	X
Transplant	X	
Clinical Areas		
Anesthesia	X	X
Diagnostic Radiology	X	X
Emergency Department	X	X
Laboratory/Pathology	X	X
Medicine	X	X Geriatrics
Psychiatry	Older Adolescents/Adult	Children's/ Younger Adolescents/Adult
Surgery	X	X GI Surgery (Bariatric)
Women's	Low & High Risk Maternity	Low Risk Maternity/ Midwifery Program

FY 2015 (as of May 2015)

Beds:	York Street Campus			Saint Raphael Campus		
	General Care	*ICU*	*Total*	*General Care*	*ICU*	*Total*
Adult Med/Surg	570	109	679	300	56	356
Rehabilitation				18		18
Maternity	56		56	19		19
Pediatric*	73	17	90			
Pediatric Psych Only	16		16	20		20
Adult Psych	73		73	25		25
Future Use				17	16	33
Total Beds	**788**	**126**	**914**	**399**	**72**	**471**
Bassinets	40	52	92	13	9	22

Note: Included in the YNHH license is ***another 22 pediatric beds and 20 bassinets*** *located at Bridgeport Hospital campus.*

C. COST SAVINGS AND REVENUE ENHANCEMENTS

Actual cost savings achieved in the first six months of FY 2015 have been provided according to the categories outlined by OHCA and Report 175.

Projected Cost Savings	Actual FY 2015 YTD Mar	Projected FY 2015 YTD Mar
Salaries & Wages	$19.8M	$14.0M
Fringe Benefits	$6.1M	$3.9M
Contractual Labor Fees	$0.6M	$0.6M
Medical Supplies & Pharmaceuticals	$4.8M	$6.6M
Malpractice	$0.3M	$0M
Utilities	$0.5M	$0.7M
Business Expenses	$6.7M	$9.0M
Other Operating Expenses	$0	$0
TOTAL	**$38.2M**	**$34.7M**

1. *Cost and Value Project*
   Consistent with the November 2014 submission the Saint Raphael's Campus has been fully integrated into the Cost and Value Project. As YNHH continues its goal to reduce cost and improve care, a process has been initiated to redesign and refocus effort on this project. In the first six months of this fiscal year, the hospital developed a-single internal consulting team focused on Salary, Non-Salary, Employee Benefits, and Clinical Redesign.

   These efforts will allow us to continue to maintain the savings achieved at the Saint Raphael's Campus relative to salaries, and enhance non-salary initiatives through supply standardization, contracting, and professional service utilization. In addition, in March 2015, a new clinical redesign program began with strong clinical leadership to identify and eliminate clinical processes that result in waste throughout the hospital.

2. *Salaries and Wages / Fringe Benefits*
   In fiscal year 2015, YNHH has continued its efforts to maintain salary savings achieved through the first two years of integration, as well as identify new opportunities throughout both campuses. Consistent with the November 2014 submission, the hospital now has a standard staffing model for inpatient nursing units.

   In addition to the inpatient nursing units, the hospital continues to explore and review improved staffing models in other areas such as outpatient settings, or areas that provide supportive services. In October 2014 a redesigned staffing model was implemented for the Emergency Departments on both campuses. Through aligning Registered Nurses (RN) and Advanced Practice Nurses (APN) shifts with peak volume times in the ED, the hospital was able to reduce staffing and achieve salary savings. Assessments of personnel utilization will continue and it is expected that additional synergies will be achieved through these efforts.

3. *Contractual Labor Fees*
   Please note that discussion of Contractual Labor and Legal Fees is included under Business expense consistent with previous submissions. This change was made in order to be consistent with OHCA Report 175.

   Professional Service Agreements (PSA)
   As mentioned in section 1.1, the physician integration of the two campuses has been completed for all hospital-based services. The savings achieved through clinical alignment and standardization of physician PSAs continues, and remains consistent with the November 2014 submission.

   Psychiatric MD Alignment
   A group of community physicians have historically supplemented the inpatient and outpatient psychiatric service at the Saint Raphael's Campus. This relationship has been strong and positive and continues to be a critical part of the clinical service. As the physician enterprise is further aligned, the process of adding of the community physicians to the employed staff is underway. While this will not result in additional savings, it will aid in the continued effort to improve care and generate savings through the aligning clinical services on a single platform.

4. *Malpractice Expense*
   As referenced in section 5.5, YNHH continues to work with the insurance captive MCIC and savings continue to be consistent with the November 2014 filing.

5. *Utilities*
   Cost reduction activities for electricity rate, electricity utilization, and other utilities remain consistent with the November 2014 submission.

6. *Medical/Surgical (Med/Surg) Supplies and Pharmaceuticals*
   Activities to continue to achieve non-salary savings through contracting efforts remain consistent with the November 2014 filing. Despite the large number of initiatives achieved through the integration to date, there are still a number of opportunities that YNHH continues to actively pursue, and utilize to generate savings.

   System Contracting/Cost and Value Non-Labor Team
   Consistent with the November 2014, filing efforts at the Saint Raphael's Campus have been fully integrated into the Non-Labor Teams within the Cost and Value Project, as well as the NPC (Northeast Purchasing Coalition).

   Pharmaceuticals
   Consistent with the November 2014 submission, YNHH successfully switched pharmaceutical distributers from Cardinal to McKesson. This project, which started in late fiscal year 2014, is now fully implemented and will provide a full year of savings in FY 2015.

   At the start of FY 2015 the Saint Raphael's Campus was able to register with HRSA to become a 340b eligible site. This initiative represents a tremendous opportunity to further reduce cost for pharmaceutical supplies, and is one of the largest current initiatives to

improve non-salary savings due to the integration. In order to appropriately administer this program on both campuses and meet all regulatory and compliance requirements the hospital implemented a new system to track 340b eligible patients. This system took several months to implement, and 340b savings were not achieved until the month of March 2015. Additional savings related to the 340b program are anticipated to provide additional savings for the latter half of fiscal year 2015.

Additional information for high impact initiatives for this category started in the first six months of FY 15.

Lithotripsy
After evaluating proposed pricing from various vendors, YNHHS remained with United Medical Systems (UMS) whose pricing offered the greatest savings. This initiative standardized pricing across the Health System and resulted in savings related to the Saint Raphael's Campus.

Drug Eluting Stents and Bare Metal Stents
This was a Northeast Purchasing Coalition (NPC) initiative which resulted in a dual award to Medtronic and Abbott. The NPC moved from three to two vendors, eliminating Boston Scientific. This process not only helped align clinical practice across the system, but generate savings.

7. *Business Expenses*
YNHH continues to achieve savings through the business expense initiatives generated through the first two years of the integration. As contracts expire and new consolidation efforts continue to be explored YNHH finds new ways to generate non-salary savings within this category. Consistent with the November filing, the hospital continues to focus on IT legacy system elimination, and consolidation utilizing the EPIC system integrated in Fiscal Year 2013. At the beginning of this fiscal year the contract associated with one of the largest portions of the legacy EMR provided by Quadramed came up for renewal. This contract ended up being eliminated and represents one of the top savings items of this year. Smaller legacy contracts continue to be pursued and are expected to improve savings efforts this year.

In addition to IT system related savings there have been some significant strides in service contracts that were made in the first six months of Fiscal Year 2015. YNHH was also able to include the Saint Raphael's Campus in the snow removal contract historically utilized by the York Street Campus. While the savings associated with the base component of this contract was small, the legacy Saint Raphael's contract contained a provision which required additional payments for each inch of snow. Through renegotiating this contract the hospital was able to avoid what would have been large payments due the severity of this past winter.

8. *Other Consolidation and Integration Savings*
Activities associated with incorporating the Temple Recovery Care Center into the Grimes Center remains consistent with the November 2014 Submission.

Below is a description of recent activities in Joint Venture Partnerships that were part of the Saint Raphael's integration efforts.

Renal Research Institute Dialysis Joint Venture
As reviewed in the November FY 2014 submission, the Renal Research Institute (RRI) continues to display strong financial performance. This year's improvement in the operations of the Joint Venture is consistent with the financial strength displayed in fiscal year 2014. Additional efforts to develop and enhance this clinical program are underway, and it is expected that this partnership with provide further benefits.

9. *Depreciation, Bad Debt, and Interest Expense*
Consistent with the information provided to follow-up questions in DN 12-31747-MDF, due to the financing needed to acquire the Hospital of Saint Raphael, required infrastructure investments at the Saint Raphael Campus and the unified Bad Debt and Charity Care policy, Yale-New Haven Hospital continues to see no savings related to these categories.

Revenue Enhancements
Consistent with the November 2014 submission, YNHH continues to focus on the revenue enhancement capabilities of the Epic system. The improvements seen through standardization of the master patient index, shared accounts receivables, bedside procedures, recovery room documentation and centralization of services all continue to show enhanced revenue capture in fiscal year 2015. In the first six months of this year, YNHH implemented a new system called Craneware to supplement the revenue cycle features of the EPIC system. Craneware will help the Saint Raphael's Campus with proactive charge capture and will assist with development of revenue improvement strategies.

The Clinical Documentation and Management Program continues to see success through the integrated system wide committee outlines in the November 2014 submission. Starting in late FY 2015, the health system will move to further integrate this program. These efforts will further enhance the improvements made in previous years to create a standardized central platform for the improvement of documentation at the Saint Raphael's Campus.

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
Integration Workplan
Certificate of Need Docket Number: 12-31747-CON
As of May 29, 2015

Key Activities	Pre-2013	FY 2013	FY 2014	FY 2015
1. Major Strategic Initiatives				
1a. Physician & Midlevel Integration				
A1. Consolidate Hospital Based Services				
1. Anesthesiology				
2. Diagnostic Radiology				
3. Emergency Medicine				
4. Laboratory/Pathology				
A2. Integrated ACGME Residency and Fellowship Programs				
1b. EPIC Implementation				
A1. EPIC Go-Live at York Street Campus				
A2. EPIC Go-Live at Chapel Street Campus				Ongoing
A3. Optimize Epic System				
1c. Patient Experience				
A1. Implement Patient Experience Workplan and Supporting Infrastructure at SRC				
1. Patient and Family Advisor Program				
2. Reward and Recognition Structure				
3. Service Recovery Training/On-line Certificates				
A2. Implementation of the "Quiet Plan" Across Both Campuses				
1. Implement Leader Rounding				
2. Managers Train Staff				
A3. Launch Patient Experience Forum				Ongoing
A4. FY 2014 Patient Experience Strategic Plan				Ongoing
1. Emphasis on "Every Patient, Every Time"				Ongoing
2. Physician and Nursing leadership training and engagement				
3. Developing a healing environment				
1d. Regulatory / Safety and Quality				
A1. Preparation for Department of Public Health and Joint Commission surveys				Ongoing
1. Environmental of Care (EOC)				Ongoing
2. Life Safety				Ongoing
3. Provision of Care/Record of Care				Ongoing
4. Adherence to Licensure				Ongoing
5. Infection Prevention				Ongoing
A2. Consistent Regulatory Compliance and Practices				
1. Audit of Polices and Procedures to Ensure Adherence				Ongoing
A3. Ongoing Regulatory Education and Improvements				Ongoing
1. Self-Review and Integrated Audits				Ongoing
2. Structure Implemented for Twice Monthly CMS/DPH Audits & Twice Yearly TJC Audits at SRC				Ongoing
A4. Clean and Safe Rounds				
A5. Achieve HPI High Reliability Level 3 and Ongoing Sustainability				
1e. Transforming Patient Care				
A1. Implement Bedside Nursing Transformation at SRC to Ensure Consistent Staffing Models/Caregiver Hours Across Both Campuses				Ongoing
A2. Medication Barcoding Process Implemented				
A3. Implement Second Generation Bedside Nursing Transformation at the York Street Campus				Ongoing
A4. Implement Magnet readiness plan				
1f. Safe Patient Flow				
A1. Implement Common Safe Patient Flow Throughput Improvement				Ongoing
A2. Identify Process Changes				
1g. Cultural Integration				
A1. Formation of Catholic Heritage Committee				
A2. Common Value System Defined				Ongoing
A3. Auxiliaries of Two Campuses Integrated in Operations				Ongoing
A4. Medical Staff Open Forums				
A5. Employee Open Forums and Management Meetings				

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
Integration Workplan
Certificate of Need Docket Number: 12-31747-CON
As of May 29, 2015

Key Activities	Pre-2013	FY 2013	FY 2014	FY 2015
1h. Bed Management/Capacity				
A1. Common Bed Management System -Optimization of Beds Across Campuses				
A2. Open Verdi 4 North				Ongoing
A3. Develop Strategies to Optimize Inpatient Bed Utilization Across Both Campuses				
A4. Realignment of Medicine and Surgery Beds at the Saint Raphael Campus				
A5. Open Verdi 4 West (new specialty Geriatrics unit)				
A6. Repurpose Main 6 for GI Surgery				
A7. Renovate V 4 East				
A8. Renovate CTICU for Neurovascular				
1i. 24/7 Infrastructure				
A1. Common Administrator on Call and Off-Shift Executive Model Implemented				
A2. Off-shift Department Management				
1j. Care Management to Integrate Services Across the Continuum				
A1. Common Care Management Structure Implemented				
A2. Transitional Care Rounds in all York Street campus inpatient units				
A3. Transitional Care Rounds consistency across both campuses				
2. Service Lines				
2a. Children				
A1. Vision				Ongoing
1. YNHCH is a destination of choice for pediatric care.				
A2. Facilities & Capital				
1. Develop and Implement the Plan for NNICU Expansion and Fundraising				
A3. Integration Activities				
1. Integrate Pediatrics Services Across Both Campuses				
2. Align Child and Adolescent Psychiatry Across Campuses				
3. Combine Hospitalist Programs at YNHCH Campuses				
2b. Heart & Vascular				
A1. Vision				
1. Integrate Heart and Vascular Operations Across Both Campuses and Outpatient Centers				
A2. Facilities & Capital				
1. Renovate Catheterization Laboratories				
A3. Integration Activities				
1. Development of Aortic Institute				
2. Expansion of the Interventional Radiology Program at SRC				
3. Consolidate cardiac surgery to York Street campus				
4. Development of a Heart Failure unit at SRC				
2c. Musculoskeletal				
A1. Vision				
1. Musculoskeletal Service Line Established and Recognized as leading program				Ongoing
A2. Facilities & Capital				
1. Operational and Capital Plan in Place				Ongoing
A3. Integration Activities				
1. Business plan definition and implementation				
2. Recruitment of physician leader				
3. Transition of elective joints and spine volume from York Street to Saint Raphael campus				
4. Relocation of Intensive Rehabilitation Unit (IRU) to Milford Hospital (New				
2d. Neurosciences				
A1. Vision				Ongoing
Leading Neurosciences program in CT				
A2. Facilities & Capital				Ongoing
1. Allocated appropriate number of beds to Neurosciences				
A3. Integration Activities				

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
Integration Workplan
Certificate of Need Docket Number: 12-31747-CON
As of May 29, 2015

	Pre-2013	FY 2013	FY 2014	FY 2015
Key Activities				
Telestroke at Saint Raphael Campus				
Relocation of Neurovascular Service to Saint Raphael Campus				
2e. Oncology				
A1. Vision				
1. Integrated Oncology Operations Across Both Campuses				
A3. Integration Activities				Ongoing
Chemotherapy and radiation therapy on both campuses				
2f. Transplant				
A1. Vision				Ongoing
1. Provide leading solid organ transplantation services in CT (ongoing				
A3. Integration Activities				
2. Organ Donation Committee consolidation				
3. Clinical Areas				
3a. Diagnostic Radiology				
A1. Staffing/Coverage				
1. Enterprise-wide Scheduling (Consolidation of Scheduling/Registration Functions				
A2. Facilities & Equipment				
1.CON for YNHH to acquire SRMRC Joint Venture				
2. Facilities Plan Completed				
A3. Integration Activities				Ongoing.
1. Assessment of all radiology services and equipment and Implementatior				
1. Professional readings available 24/7 at SRC				
3b. Emergency Department				
A1. Staffing/Coverage				
1. Realign ED Structure to Create an Integrated Model				
A3. Facilities & Equipment				Ongoing
1. Review Emergency Transportation (Ambulance and Helicopter)				Ongoing
2. Standardized Equipment (As Replacements Are Needed)				
A3. Integration Activities				
1. Consolidation of Major Trauma at York Street				
2. Review Sponsor Hospital Program Offering, Infrastructure, Costs and Opportunities				
3c. Laboratory and Pathology				
A1. Integration Activities				
a. Evaluate consolidation of Laboratory Services System-Wide (Integrated Lab and Shared LIS)				
b. Install and Operate SOFT Laboratory IS system on Both Campuses				
3d. Medicine				
A1. Review Hospitalist Staffing Model and Admission Criteria to Hospitalist Service				
A2. Develop Business Case for eICU				Ongoing
A3. Evaluate and implement Geriatrics Center of Excellence at the Saint Raphael campus				
A4. Complete MICU eICU deployment				
3e. Nursing				
A1. Quality				Ongoing
1. Implement Magnet Remediation Plans				
A2. Integration Activities				
1. Consistent Metrics and Standards and Creation of Unit/Service Line Dashboard				Ongoing
2. Achieve Reduction in Caregiver Hours (see Transforming Patient Care)				
3f. Pharmacy				
A1. Staffing/Coverage				
1. Establish staffing with YNHH employees (eliminate Cardinal Health contract)				
A2. Facilities & Equipment				

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
Integration Workplan
Certificate of Need Docket Number: 12-31747-CON
As of May 29, 2015

	Pre-2013	FY 2013	FY 2014	FY 2015
Key Activities				
1. Purchase and standardize Pyxis machines				
A3. Integration Activities				
1. Pharmacy Strategy Executed with Single Unified Product Formulary Cross Campuses				
3h. Psychiatry				
A1. Staffing/Coverage				
1. Develop a Standard Model of Care for Psychiatric Services at Both Campuses				
a. 12 Years Old and Under on Winchester One, YSC				
b. 13-15 Year Olds on Celantano 5, SRC				
c. 16-17 Year Olds on LV2, YSC				
2. One Standard Model of Care with One Psych ED				
A2. Quality & Regulatory				Ongoing
1. Participate in State Collaborative Regional Plan- Integrating Behavioral Health Service Payment and Delivery				
A3. Integration Activities				
2. Conduct Crisis Intervention Unit Assessment & Develop/Implement an Improvement Plan (w/ED				Ongoing
3. Develop Strategies to Reduce Long LOS for Psychiatry Patients				
3l. Surgical Services				
A1. Leadership				
1. Conduct an Assessment of Operating Room and Clinical Support Services				
2. Recruit physician leader to co-lead operating rooms				
3. Implement nursing clusters/specialty teams across all practice sites				
A2. Consistent Operations				
1. Integrate OR Operations Across Both Campuses, Temple and Shoreline				Ongoing
2. Optimize Utilization Across All Sites				Ongoing
3. GI Procedure Integration (YSC, SRC, and Temple)				
4. Develop a GI Surgery Center of Excellence (Bariatric and Hernia) at the Saint Raphael Campus				
5. Establish Common Set of Metrics				
6. Implement operational recommendations from consulting engagement				
7. Develop OR master plan				
3m. Women				
A1. Integration Activities				
1. Integrate OB-GYN Services Across Both Campuses				
2. Expand OB Residency to Cover SRC				
3. Establish low risk delivery service at SR Campus utilizing midwifery program				
3n. Ambulatory Services				
A1. Complete Ambulatory Strategic Plan				
1. Develop inventory of all ambulatory locations and services				
2. Develop and implement programmatic recommendations				
A1. Planning for new multidisciplinary satellites				
Old Saybrook opening				
New Haven satellite planning				
4. Non-Clinical Areas				
A1. Consolidation of Vendors for Environmental Services, Food/Nutrition, Linen and Protective Services				
5. Corporate Services				
5a. Accounting & Finance				
A1. Integrated Capital Budgeting Process Covering Both Campuses				
A2. Integrated Operating Budgeting Process Covering Both Campuses				
A3. Consolidation of Cost Accounting and Decision Support Systems				
A4. Combined Account Receivables for EPIC A/R with One Reserve Model				
A5. Maintain Individuals Accounts Receivable for Legacy SDX and Medipac Receivables				
A6. Replicate Financial Structure for Service Lines				
A7. Institute Flex Budgeting				
A8. Reduce Eliminate Fees Paid for Audit and Banking Operations at SRC				

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
Integration Workplan
Certificate of Need Docket Number: 12-31747-CON
As of May 29, 2015

Key Activities	Pre-2013	FY 2013	FY 2014	FY 2015
A9. Review All Membership and Fees for Both Campuses and Remove/Renegotiate Duplicates				
5b. Compliance				
A1. Ensure All Staff Receive Compliance Education Annually (Ongoing Communications and In-services)			Ongoing	Ongoing
A2. Billing, Coding, and Documentation Audits of Both Hospital and Physician Activities			Ongoing	Ongoing
A3. SRC Incorporated Into YNHHS Conflict of Interest Process				
5c. Human Resources				
A1. Standardize Career Ladders				
A2. Standardize Performance Management System and Process				
A3. Standardize Rewards, Recognition, and Leveraging Performance Based Pay				Ongoing
A5. Employee Engagement Survey				Ongoing
A6. Develop and Implement Saint Raphael Campus Manager Education Programs				
5d. Information Technology and Information Systems				
A1. Consolidation of Approved Applications				
1. Reduce Application Portfolio for EPIC Implementation				
2. Application Consolidation for The Following Areas: Laboratory – Anatomic Pathology, Cardiology, Radiation Oncology & Neurosciences				
3. Application Consolidation for The Following Areas: Gastroenterology, Dietary Services, POS & Sleep Center				
A2. Service Desk Standardized				
A3. Consolidation of Telecom Operator Services				
A4. Review Service Contracts for Systems Used Prior to EPIC Integration				
5e. Legal & Planning				
A1. Identify vendor consolidation opportunities			Ongoing	Ongoing
A2. Continue Integration Work with malpractice captive				
5f. Marketing, Communications, Image, and Community Wellness				
A1. Develop and Implement Community Revitalization Strategy			Ongoing	Ongoing
A2. Implement Communication Strategies for Managers and Employees			Ongoing	Ongoing
A3. Consolidate Advocacy Groups				
5g. Revenue Cycle				
A1. Transfers and Combined Accounts Seamless via EPIC				
A2. Identical CDMs and Charge Levels				
A3. Integrated Master Patient Indexes				
A4. Identical Billing Systems and Vendors to Support Revenue Cycle Functions				
A5. Revenue Cycle Functions Centralized Organizationally and Physically, Where Possible				
A6. Consistent Forms Throughout Entire Revenue Cycle				
A7. Revenue Cycle Opportunities Complete				
1. Pricing Strategies				
2. Denials				
3. Charge Capture				
5g. Reimbursement and Managed Care				
A1. Melded/Consistent Rates for All Payers Across Both Campuses				
5h. Supply Chain				Ongoing
A1. Contract renegotiations				
A2. Inventory management				
A3. Service Response Center consolidation				

YALE-NEW HAVEN HOSPITAL
TWELVE MONTH PRELIMINARY FILING
FISCAL YEAR 2015
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)
LINE	DESCRIPTION	Oct-Mar 2014 ACTUAL	Oct-Mar 2015 ACTUAL
I.	OPERATING EXPENSE BY CATEGORY		
A.	**Salaries & Wages:**		
1	Nursing Salaries	163,838,665	169,389,756
2	Physician Salaries	0	0
3	Non-Nursing, Non-Physician Salaries	236,516,515	236,009,960
	Total Salaries & Wages	**400,355,180**	**405,399,716**
B.	**Fringe Benefits:**		
1	Nursing Fringe Benefits	69,720,682	67,194,595
2	Physician Fringe Benefits	0	.0
3	Non-Nursing, Non-Physician Fringe Benefits	48,296,599	48,227,101
	Total Fringe Benefits	**118,017,281**	**115,421,696**
C.	**Contractual Labor Fees:**		
1	Nursing Fees	2,471,091	4,264,384
2	Physician Fees	38,722,596	46,057,910
3	Non-Nursing, Non-Physician Fees	18,265,189	22,312,793
	Total Contractual Labor Fees	**59,458,876**	**72,635,087**
D.	**Medical Supplies and Pharmaceutical Cost:**		
1	Medical Supplies	106,703,959	113,597,697
2	Pharmaceutical Costs	79,880,160	98,498,044
	Total Medical Supplies and Pharmaceutical Cost	**186,584,119**	**212,095,742**
E.	**Depreciation and Amortization:**		
1	Depreciation-Building	22,656,973	23,079,251
2	Depreciation-Equipment	35,963,915	37,655,620
3	Amortization	0	0
	Total Depreciation and Amortization	**58,620,888**	**60,734,871**
F.	**Bad Debts:**		
1	Bad Debts	0	0
G.	**Interest Expense:**		
1	Interest Expense	12,665,748	10,155,636
H.	**Malpractice Insurance Cost:**		
1	Malpractice Insurance Cost	714,855	8,196,077
I.	**Utilities:**		
1	Water	831,550	1,006,896
2	Natural Gas	1,046,700	1,054,333
3	Oil	0	0

YALE-NEW HAVEN HOSPITAL
TWELVE MONTH PRELIMINARY FILING
FISCAL YEAR 2015
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)
LINE	DESCRIPTION	Oct-Mar 2014 ACTUAL	Oct-Mar 2015 ACTUAL
4	Electricity	9,159,138	10,777,823
5	Telephone	2,202,016	1,886,236
6	Other Utilities	623,802	724,172
	Total Utilities	**13,863,206**	**15,449,460**
J.	**Business Expenses:**		
1	Accounting Fees	515,641	567,158
2	Legal Fees	1,706,089	1,638,001
3	Consulting Fees	37,762	184,657
4	Dues and Membership	1,068,160	739,887
5	Equipment Leases	3,574,656	3,447,061
6	Building Leases	9,135,869	10,568,414
7	Repairs and Maintenance	17,716,058	17,941,569
8	Insurance	1,526,132	1,259,282
9	Travel	775	2,775
10	Conferences	1,386,745	1,624,331
11	Property Tax	2,258,637	2,229,724
12	General Supplies	7,741,589	9,936,467
13	Licenses and Subscriptions	752,480	890,577
14	Postage and Shipping	769,827	371,301
15	Advertising	55,383	15,427
16	Corporate parent/system fees	14,003,376	14,579,324
17	Computer Software	0	0
18	Computer hardware & small equipment	2,566	3,418
19	Dietary / Food Services	1,461,061	1,798,175
20	Lab Fees / Red Cross charges	8,256,484	7,163,951
21	Billing & Collection / Bank Fees	458,771	542,115
22	Recruiting / Employee Education & Recognition	558,430	141,423
23	Laundry / Linen	2,847,033	3,100,118
24	Professional / Physician Fees	1,935,988	3,103,157
25	Waste disposal	691,808	913,345
26	Purchased Services - Medical	55,434,626	72,914,965
27	Purchased Services - Non Medical	139,846,673	133,980,557
28	Other Business Expenses	398,752	913,539
	Total Business Expenses	**274,141,371**	**290,570,716**
K.	**Other Operating Expense:**		
1	Miscellaneous Other Operating Expenses	0	0
	Total Operating Expenses - All Expense Categories*	**1,124,421,523**	**1,190,659,000**
	***A.- K. The total operating expenses amount above must agree with the total operating expens**		
II.	**OPERATING EXPENSE BY DEPARTMENT**		

YALE-NEW HAVEN HOSPITAL
TWELVE MONTH PRELIMINARY FILING
FISCAL YEAR 2015
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)
LINE	DESCRIPTION	Oct-Mar 2014 ACTUAL	Oct-Mar 2015 ACTUAL
A.	**General Services:**		
1	General Administration	38,057,838	37,527,197
2	General Accounting	2,925,371	2,884,426
3	Patient Billing & Collection	14,471,010	21,206,901
4	Admitting / Registration Office	7,331,207	7,957,340
5	Data Processing	0	0
6	Communications	3,028,760	2,970,789
7	Personnel	2,162,985	2,065,879
8	Public Relations	559,083	604,259
9	Purchasing	1,891,384	2,699,389
10	Dietary and Cafeteria	15,159,492	15,294,246
11	Housekeeping	13,464,845	12,858,466
12	Laundry & Linen	101,526	172,319
13	Operation of Plant	15,508,765	19,201,802
14	Security	5,336,472	5,243,593
15	Repairs and Maintenance	12,901,731	13,429,183
16	Central Sterile Supply	5,181,552	6,567,786
17	Pharmacy Department	31,371,873	48,408,533
18	Other General Services	224,186,619	218,632,136
	Total General Services	**393,640,513**	**417,724,244**
B.	**Professional Services:**		
1	Medical Care Administration	23,085,950	25,499,409
2	Residency Program	34,974,593	44,524,160
3	Nursing Services Administration	8,853,941	8,083,604
4	Medical Records	3,452,675	3,908,516
5	Social Service	3,046,004	4,250,781
6	Other Professional Services	0	0
	Total Professional Services	**73,413,163**	**86,266,470**
C.	**Special Services:**		
1	Operating Room	72,450,721	81,655,113
2	Recovery Room	5,494,048	5,691,856
3	Anesthesiology	10,033,530	13,634,798
4	Delivery Room	6,210,445	6,055,232
5	Diagnostic Radiology	18,606,885	18,813,561
6	Diagnostic Ultrasound	3,411,259	2,005,444
7	Radiation Therapy	7,749,588	9,182,538
8	Radioisotopes	18,397,466	21,102,669
9	CT Scan	3,017,593	3,265,495
10	Laboratory	34,531,372	37,543,462
11	Blood Storing/Processing	11,173,712	10,138,368
12	Cardiology	0	0
13	Electrocardiology	10,784,930	10,401,416

YALE-NEW HAVEN HOSPITAL
TWELVE MONTH PRELIMINARY FILING
FISCAL YEAR 2015
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)
LINE	DESCRIPTION	Oct-Mar 2014 ACTUAL	Oct-Mar 2015 ACTUAL
14	Electroencephalography	3,285,639	2,168,297
15	Occupational Therapy	0	0
16	Speech Pathology	0	0
17	Audiology	0	0
18	Respiratory Therapy	7,820,515	8,339,846
19	Pulmonary Function	1,520,652	1,766,585
20	Intravenous Therapy	536,189	670,880
21	Shock Therapy	0	0
22	Psychiatry / Psychology Services	2,790,014	3,782,872
23	Renal Dialysis	1,957,467	1,961,618
24	Emergency Room	32,397,885	32,656,830
25	MRI	3,595,854	3,731,793
26	PET Scan	0	0
27	PET/CT Scan	0	0
28	Endoscopy	1,617,510	952,885
29	Sleep Center	0	0
30	Lithotripsy	0	0
31	Cardiac Catheterization/Rehabilitation	3,253,940	2,968,710
32	Occupational Therapy / Physical Therapy	4,427,768	5,086,485
33	Dental Clinic	2,014,448	2,415,593
34	Other Special Services	2,737,232	2,236,706
	Total Special Services	**269,816,662**	**288,229,052**
D.	**Routine Services:**		
1	Medical & Surgical Units	107,489,738	116,495,947
2	Intensive Care Unit	27,645,620	25,016,787
3	Coronary Care Unit	5,076,888	4,890,249
4	Psychiatric Unit	12,782,972	13,736,305
5	Pediatric Unit	7,775,799	7,939,875
6	Maternity Unit	4,448,808	4,040,181
7	Newborn Nursery Unit	2,307,986	2,095,995
8	Neonatal ICU	9,602,946	9,780,496
9	Rehabilitation Unit	0	0
10	Ambulatory Surgery	5,051,154	6,540,894
11	Home Care	0	0
12	Outpatient Clinics	100,740,305	119,015,544
13	Other Routine Services	0	0
	Total Routine Services	**282,922,216**	**309,552,273**
E.	**Other Departments:**		
1	Miscellaneous Other Departments	104,628,969	88,886,961
	Total Operating Expenses - All Departments*	**1,124,421,523**	**1,190,659,000**

YALE-NEW HAVEN HOSPITAL
TWELVE MONTH PRELIMINARY FILING
FISCAL YEAR 2015
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

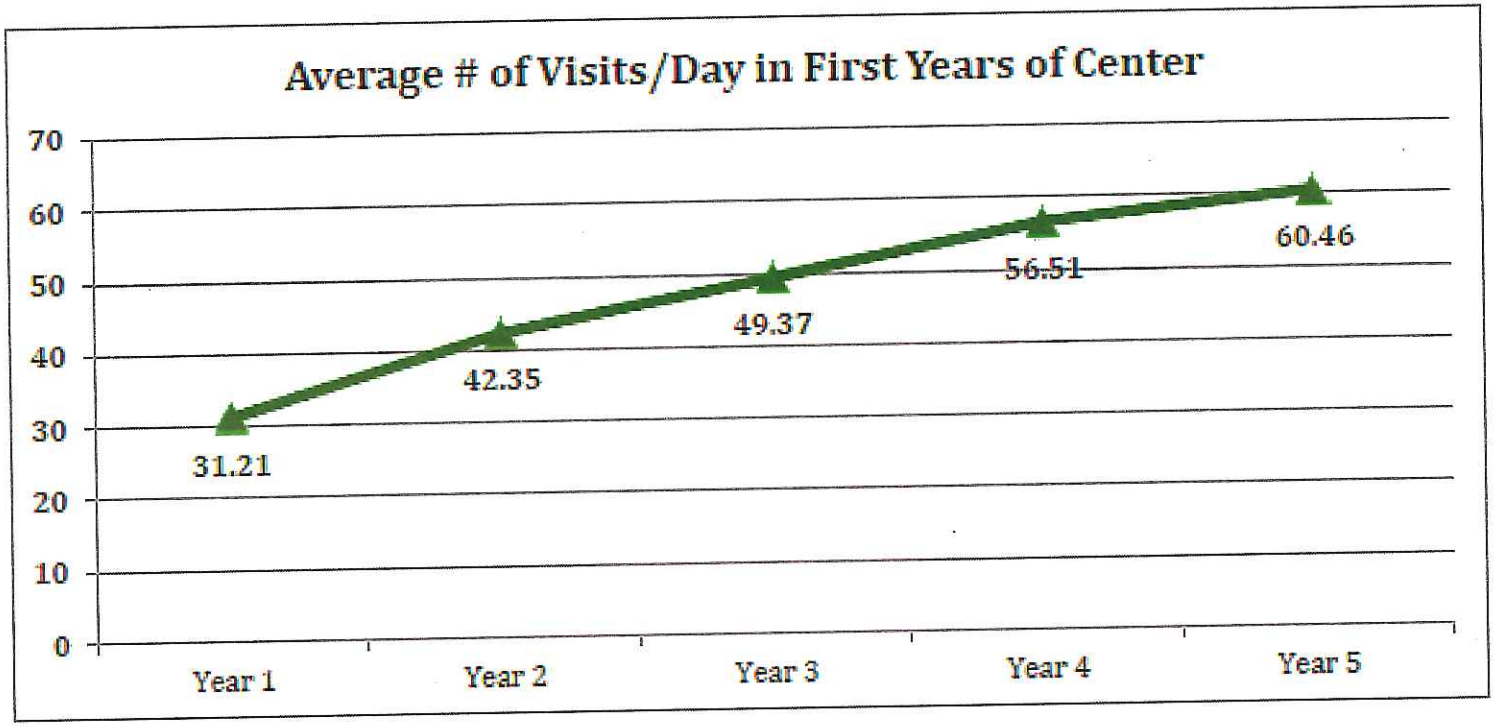
(1)	(2)	(3)	(4)
LINE	DESCRIPTION	Oct-Mar 2014 ACTUAL	Oct-Mar 2015 ACTUAL
	*A.- 0. The total operating expenses amount above must agree with the total operating expens		

Attachment 3

2012 Urgent Care Benchmarking Survey Results

INCLUDES SELECT COMPARATIVE INFORMATION
FROM 2010 AND 2008 SURVEYS

SOURCE: URGENT CARE ASSOCIATION OF AMERICA



Attachment 4

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0044

General Hospital

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

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

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

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

134 Bassinets
1407 General Hospital Beds

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

SATELLITES

Hill Regional Career High School, 140 Legion Avenue, New Haven, CT
Branford High School Based Health Center, 185 East Main Street, Branford, CT
Walsh Middle School, 185 Damascus Road, Branford, CT
James Hillhouse High School Based Health Center, 480 Sherman Parkway, New Haven, CT
Weller Building, 425 George Street, New Haven, CT
Yale-New Haven Psychiatric Hospital, 184 Liberty Street, New Haven, CT
Yale-New Haven Shoreline Medical Center, 111 Goose Lane, Guilford, CT
Pediatric Dentistry Center, 1 Long Wharf Drive, New Haven, CT
YNHASC Temple Surgical Center, 60 Temple Street, New Haven, CT
YNHASC Women's Surgical Center, 40 Temple Street, New Haven, CT
Mauro-Sheridan School Based Health Center, 191 Fountain Street, New Haven, CT
Yale-New Haven Hospital Dental Center, 2560 Dixwell Avenue, Hamden, CT
Murphy School Based Health Center, 14 Brushy Plain Road, Branford, CT
YNHCH at Bridgeport, 267 Grant Street, 6th Floor, Bridgeport, CT
Pediatric Primary Care Center, 226 Mill Hill Avenue, Bridgeport, CT
Yale-New Haven Hospital-Saint Raphael Campus, 1450 Chapel Street, New Haven, CT
Adolescent Day Hospital, 646 George Street, New Haven, CT
Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT
Children's Psychiatric Day Hospital, 1450 Chapel Street, New Haven, CT
Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT
Elder Care Clinic/Tower One, 18 Tower Lane, New Haven, CT
Elder Care Clinic/Casa Otonal, 135 Sylvan Avenue, New Haven, CT
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT
Adult Psychiatric PHP and Continuing Care, 1294 Chapel Street, New Haven, CT
Elder Care Clinic/Surfside, 200 Oak Street, West Haven, CT
Troup Magnet Academy School-Based Health Center, 259 Edgewood Avenue, New Haven, CT
Adult FHP, 1100 Sherman Avenue, Hamden, CT
Project MotherCare atWheat, 674 Washington Avenue, West Haven, CT
Barnard Environmental Studies Magnet School, 170 Derby Avenue, New Haven, CT
Project Eldercare, 2080 Whitney Avenue, Suite 150, Hamden, CT
Shoreline Child and Adolescent Mental Health Services, 21 Business Park Drive, Branford, CT

License Revised to Reflect:

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

Jewel Mullen, MD, MPH, MPA
Commissioner

Attachment 5

CHRISTOPHER M. O'CONNOR, FACHE

54 Connelly Hill Road
Hopkinton, MA 01748

oconnor.chris09@gmail.com

Tel: (508) 625-1487
Mobile: (203) 444-5789

PROFESSIONAL EXPERIENCE

YALE NEW HAVEN HEALTH SYSTEM, NEW HAVEN, CT
Large academic health system with nearly $3.4 billion in revenue, 2,130 beds and over 19,000 employeess located in southern Connecticut

Executive Vice President, Chief Operating Officer (2012 – present)
Responsible for system operations of this large, academic multihospital integrated delvery system including overseeing the 300+ physician medical foundation.

- Integrated the employee health, occupational medicine and corporate health components into a consolidated and aligned business unit with gains in efficiencies and revenue performance.
- Leading the system's cost and value positioning effort to to improve our annual cost performance by more that $125 million on an ongoing annual basis. Chair of the system implementation steering committee that coordinates the four committees driving this project.
- Coordinating the effort to improve the operations through a system approach in the laboratory, pharmacy, care management, medical staff credentialing – these areas are under system development to meet operational benchmark targets as well as business plan opportunities.
- Leading the "big data" effort across the health system to ensure the capability to manage data and produce information meets the changing needs across the health care spectrum.

SAINT RAPHAEL HEALTHCARE SYSTEM, NEW HAVEN, CT
Large community teaching hospital (511 beds) affiliated with the Yale School of Medicine encompassing over $500 million in revenue, long term care and other ancillary services

President and Chief Executive Officer (2009-2012)
Reporting to the Board, oversaw all aspects of the health care system up to and including the asset sale of the system to Yale-New Haven Hospital in September of 2012.

- Led the team to negotiate and ultimately execute a letter of intent and Asset Purchase Agreement with Yale-New Haven Hospital. This process included a full second request investigation by the Federal Trade Commission as well as a reviews by the Attorney General and the Office of Health Care Access regarding a Certificate of Need process.
- Implemented a broad strategy to investigate an opportunity to affiliate with a system that included national catholic systems, for-profit systems and systems within the state of Connecticut.
- Over the two year period managed to maintain operational focus and performance while managing through the purchase process while uncertain of the approval process.
- Improved profitability of the medical center by implementing widespread redesign and cost improvement targets.

CARITAS ST. ELIZABETH'S MEDICAL CENTER, BOSTON, MA
Flagship tertiary teaching hospital of a six-hospital system affiliated with Tufts School of Medicine, located in eastern Massachusetts with 340 licensed beds and 2,500 employees and nearly $400 million in net revenue.

President ***(2006 – 2009)***
Chief Operating Officer ***(2006)***
Responsible for medical center operations including strategic plan, operational performance and community engagement for this urban tertiary teaching hospital.

- Exceeded budgeted performance, earning progressively larger bottom-lines of 1.1%, 1.5% and 2% during the three fiscal years under my leadership.

- Successfully recruited more than 40 new physicians, including key leadership as well as clinical staff to facilitate clinical activity turnaround.
- Improved patient satisfaction from the 70th percentile to the 90th percentile by linking service, quality and access to leadership performance.
- Through a team approach, worked to improve quality goals in many areas including surgical care infection, cardiac outcomes, infection control and ventilator associated pneumonia. Facilitated the implementation of a transparent patient safety program with non-punitive reporting as well as a thorough root cause analysis process to ensure process improvements.
- Recognized as a Tompson Performance Improvement hospital in both 2007 and 2008 in the large teaching category.
- Improved quality outcomes, including benchmark performance in the surgical care infection program to over 95% compliance, and achieved distinction from the Institute of Healthcare Improvement.
- Facilitated programmatic expansion into hyperbaric wound care, neurosciences and robotic surgery. Oversaw milestone construction projects including: a new emergency department, operating suite renovations, a neuroscience and spine center and a multi-disciplinary wound center.
- Led the implementation of Leadership Development initiative across the system in conjunction with the "Achieving Exceptional Care" program – A Studer Group collaborative for over 600 system-wide leaders that focused on improving leadership tools.

OCHSNER HEALTH SYSTEM, NEW ORLEANS, LA

A non-profit, academic, multi-specialty healthcare delivery system dedicated to patient care, research and education. The system includes seven hospitals, more than 35 healthcare centers and 11,000 employees.

Vice President Clinical Operations (2003 – 2006)

Responsible for specialty clinical services including cardiac, oncology, digestive diseases, musculoskeletal, transplant, surgical and perioperative services. Included within these service lines are both clinic operations and hospital services for areas including infusion therapy, radiation therapy, endoscopy, cardiac cath labs and EP labs, 23 OR suites, 6 OR ASC, and 2 plastic surgical OR suites.

- Hurricane Katrina - Led the organization through its response to this national disaster. Ochsner was one of three hospitals to remain functional throughout the storm and flooding. Facilitated the emergency preparedness and response to this regional catastrophe including countless leadership and staff meetings and briefings for the 2,500 staff, patients and dependants sheltered at Ochsner. Assisted in communicating current operational status with media outlets. Assisted in coordination of assets and security needs with state and local emergency operations centers. Maintained a structured decision making process in the face of failing utilities, flooding, civil unrest and numerous operational and human resource issues.
- Assisted in the acquisition process that resulted in the purchase of three Tenet hospitals in the greater New Orleans region. Finalized planning for new cancer center and heart and vascular institute. Facilitated the operational opening of main campus ASC in January 2004.
- Facilitated the focus on patient satisfaction, patient safety and quality, including implementing quality metrics as well as improving patient satisfaction within the operating room setting by 50% over a 12-month period.
- Upon arrival, addressed significant resource shortage within Anesthesia. Implemented recruitment and retention tactics to increase CRNA staff, recruited a new chair and increased staffed anesthesia locations 20% within a year of implementation.
- Improved endoscopy scheduling by both resource allocation and process improvement that increased procedures from 50 to 70 per day.

HOSPITAL OF SAINT RAPHAEL, NEW HAVEN, CT

A 510 bed tertiary teaching hospital affiliated with the Yale School of Medicine in New Haven, Connecticut. St. Raphael's has more than 3,500 employees with a broad range of clinical programs with over $600 million in net patient revenue.

Vice President, Clinical Operations ***(2001 – 2003)***
Administrative Director, Departments of Surgery and Emergency Medicine ***(1999 – 2001)***
Administrator, St. Raphael Physician Organization ***(1997 – 1999)***

Progressive responsibility focused on operational performance of major clinical departments including surgery, emergency medicine, radiology, pathology, gastroenterology, cardiac and oncology services. Responsible for more than 400 FTE's and $200+ million in net patient service revenue.

- Following 9/11, established the first regional emergency response agreement in Connecticut in collaboration with Yale New Haven Hospital and other local healthcare providers.
- Improved OR efficiency by both adding supply (from 19 OR suites to 23) and increasing production by $25 million in gross revenue. Improved cost per case by 5%, and increased OR utilization (saving approximately $3 million in both med/surg supplies and implant costs).
- Implemented OR information system (ORSOS) following a difficult period for both scheduling and preference cards.
- Implemented a capitated defibrillator agreement with Medtronic that enabled savings of more than $1.2 million in pacemaker and defibrillator implants in one year.
- Coordinated the integration of additional subspecialties within the practice, increasing gross professional revenue to $1.5 million.

SINAI HOSPITAL OF BALTIMORE, BALTIMORE, MD **(1995 – 1997)**

A large acute tertiary teaching hospital with nearly 500 beds and affiliated with the Johns Hopkins School of Medicine. It is the flagship for Lifebridge Health an two-hospital integrated healthcare delivery system.

Coordinator, Emergency Medicine Operations ***(1996 – 1997)***
Administrative Resident ***(1995 – 1996)***

Following post graduate residency, worked with then CEO Warren Green and the senior leadership team. Remained and managed this large emergency department, which at the time was seeing 65,000 patients annually with more than 20 physicians and PA FTE's.

AFFILIATIONS / BOARD MEMBERSHIPS / RECOGNITIONS

CONNECTICUT HOSPITAL ASSOCIATION, **Board Member** (2010-present)
Diversified Network Services, Board Member (2010-present)
Financial Oversight Committee, Member (2010-present)

VHA, NORTHEAST PURCHASING COALITION, **Board Member** (2012-present)

AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES, **Fellow**
Member of Article of the Year Committee

AMERICAN HEART ASSOCIATION, Founders Affiliate, **Board Member** (2008)
Chair of the Heart Walk Leadership Committee

SAINT RAPHAEL LEADERSHIP AWARD, (September, 2012)

GOOD SCOUTING LEADERSHIP AWARD (October, 2012)

NEW HAVEN BUSINESS TIMES, **Forty under 40 Award** (September 2000)

EDUCATION

THE GEORGE WASHINGTON UNIVERSITY, Washington, DC - 1996
Masters in Health Service Administration

THE GEORGE WASHINGTON UNIVERSITY, Washington, DC - 1993
Bachelor of Arts, Economics

CURRICULUM VITAE

RICHARD D'AQUILA
282 Boston Post Road

Westbrook, CT 06498
Telephone (860) 669-0871

BUSINESS ADDRESS:

Yale-New Haven Hospital
20 York Street
New Haven, CT 06510
Telephone: (203)-688-2606

PROFESSIONAL EXPERIENCE:

June, 2014
President

President
Yale-New Haven Hospital
Executive Vice President
Yale-New Haven Health System

February, 2012
June, 2014

President and Chief Operating Officer
Yale-New Haven Hospital
Executive Vice President
Yale New Haven Health System

May, 2006 to
February, 2012

Executive Vice President and Chief Operating Officer
Yale-New Haven Hospital/Yale New Haven Health System

Organizational Profile
Yale New Haven Health System (YNHHS) is a 1597-bed delivery network formed in 1995 which consists of Yale-New Haven, Bridgeport and Greenwich Hospitals. YNHHS has revenues in excess of $2.3 billion in FY '11 based on 90,000 discharges and 1.3 million outpatient visits. Yale-New Haven Hospital is a 1,008-bed tertiary referral medical center that includes the 201-bed Yale New Haven Children's Hospital and the 76-bed Yale New Haven Psychiatric Hospital. Both Yale New Haven Health System and Yale-New Haven Hospital are formally affiliated with Yale University School of Medicine.

Responsibilities
Overall responsibility for all aspects of day to day operations for Yale-New Haven Hospital (YNHH) and the

senior network leader at the Yale New Haven Health System representing the YNHH delivery network. Hospital leadership responsibilities include direct accountability for the senior leadership team, strategic planning, organizational performance, quality improvement, labor relations and human resources management, system integrations, external relations and service line development. Senior leadership and implementation responsibility for all aspects of the hospital's annual business (operating) plan. Senior level oversight of the hospital's facility plan including construction of a 112-bed, $450 million Comprehensive Cancer Pavilion commencing construction in the fall of 2006.

August, 2000 to April, 2006

Senior Vice President/Chief Operating Officer
New York Presbyterian Hospital/
Weill Cornell Medical Center
New York, New York

Organizational Profile
New York Presbyterian Hospital is a 2,369 bed Academic Medical Center created from the merger between the New York Hospital and the Presbyterian Hospital in the City of New York. The Weill Cornell Medical Center consists of an 880 bed acute care facility in Manhattan and the 239 bed Westchester Division campus in White Plains specializing in behavioral health.

Responsibilities
Overall responsibility for all aspects of day to day operations for the Weill Cornell Medical Center and the Westchester Division, a two campus Academic Medical Center of 1120 beds. Direct responsibility for a total operating expense budget in excess of $450,000,000 and revenues of $850,000,000. Senior leadership and implementation for all aspects of the Medical Center's operating plan including quaternary and tertiary service development, medical staff relations and recruitment, employee relations and labor strategy. System level member of the Corporate Management Team with involvement in strategic and facilities planning, service line development, information technology and performance improvement.

May 1992 to June 2000

Executive Vice President/Chief Operating Officer
St. Vincent's Medical Center
Bridgeport, Connecticut

President
Vincentures, Inc.

President
St. Vincent's Development Corporation, Inc.

Chief Operating Officer of 391 bed, university-affiliated acute care hospital and health system. President/CEO of affiliated subsidiaries with management responsibility at the Medical Center and corporate level. Medical Center responsibilities including day to day operations oversight for patient care services; support services and facilities planning and development. Corporate responsibilities including information systems, ambulatory network development, managed care contracting network oversight and real estate/satellite facility development.

January 1987-April 1992

President/CEO
Health Initiatives Corporation
Providence, Rhode Island

Chief Executive Officer of a consulting practice specializing in strategic planning, business development and project implementation assistance for acute care and specialty hospitals, state planning agencies and private investors. Specific responsibilities included:

- Practice Leadership
- Engagement Planning and Management
- Project Supervision and Control
- Client Interface
- Practice Marketing and Business Development

June 1984-December 1986

Vice President
The Mount Sinai Hospital Corporation
Hartford, Connecticut

June 1981-June 1984

Vice President, Division of Planning and Community Services
The Mount Sinai Hospital
Hartford, Connecticut

June 1979-June 1981

Assistant Executive Director
The Mount Sinai Hospital
Hartford, Connecticut

January 1979-May 1979

Administrative Resident
The Mount Sinai Hospital
Hartford, Connecticut

OTHER APPOINTMENTS:

November 2000 To Present	**Member, Board of Directors** Voluntary Hospitals of America/Metro New York New Rochelle, New York
January 1995- June 2000	**Member, Board of Directors** Goodwill Industries Bridgeport, Connecticut
December 1993- June 2000	**Founding Board Member** Park City Primary Care Center Bridgeport, Connecticut
May, 1992- June 2000	**Member, Board of Directors** St. Vincent's Development Corporation Vincentures, Inc. Omicron, Inc. Connecticut Health Enterprises Bridgeport, Connecticut
January 1992- December 1994	**Member, Board of Directors** Visiting Nurses Association of Fairfield County Bridgeport, Connecticut
January 1989- December 1991	**Member, Board of Directors** Easter Seal Society/Meeting Street Rehabilitation Center, Inc. of Rhode Island Providence, Rhode Island
January 1980- December 1989	**Member, Board of Directors** Combined Hospitals Alcohol Program Hartford, Connecticut
September 1985- December 1986	**President, Board of Directors** Regional Alcohol and Drug Abuse Resources, Inc. Hartford, Connecticut
September 1981- December 1986	**Adjunct Faculty/Lecturer** University of Hartford, Barney School of Business and Public Administration West Hartford, Connecticut
January 2001 - Present	**Adjunct Faculty/Residency Preceptor and Lecturer** Robert F. Wagner Graduate School of Public Service New York University New York, N.Y.
December 2000 - Present	**Adjunct Faculty/Lecturer** Weill Medical College of Cornell University Department of Public Health, New York New York, N.Y.

January, 2009 to Present	**Member, Board of Directors** Habitat of Greater New Haven New Haven, Connecticut
February, 2012 to Present	**Member, Board of Trustees** Yale-New Haven Hospital New Haven, Connecticut
September 2012- May 2013	**Preceptor** Fairfield University School of Nursing

EDUCATION:

Yale University School of Medicine
Graduate Program in Hospital Administration
Academic Distinctions: Research Excellence Award (1979)
1979 Graduate

Central Connecticut State University
Bachelor of Arts: Economics/Business
Academic Distinctions: Omicron Delta Epsilon
Economics Honor Society
1977 Graduate

PUBLICATIONS:

1. *Evidence-Based Management in Healthcare*, Kovner, Anthony R., Fine, David J., and D'Aquila, Richard. Health Administration Press Textbook, 2009.

2. *Yale-New Haven Hospital's Asset Acquisition of the Hospital of St. Raphael: Pre-Close, Planning and Transition Activities*, D'Aquila, Richard; Aseltyne, William; Lopman, Abe; Jweinat, Jillian; Ciacco, Teresa; Comerford, Matthew; American Journal of Medicine, August 2013 (Accepted).

3. *Achieving Safe Patient Flow in an Academic Medical Center: A Quality Improvement Journey at Yale-New Haven Hospital;* The Joint Commission Journal on Quality and Patient Safety (Accepted).

PROFESSIONAL AFFILIATIONS:
Fellow, American College of Health Care Executives
Yale Hospital Administration Alumni Association
Connecticut Hospital Association

Amit Rastogi, MD

Curriculum Vitae

Administrative Office:

Northeast Medical Group
99 Hawley Lane, 3rd floor
Stratford, CT 06610
Phone: 203-502-6502 Fax: 203-502-6556
Amit.Rastogi@ynhh.org

Private Practice (Internal Medicine):

PriMed, LLC
112 Quarry Road, Suite 220
Trumbull, CT 06617 — 07/1998-06/2014

Research Consultant:

Clinical Research Consultants, Inc.
Trumbull, CT 06611 — 1998-2002

Executive Appointments:

Northeast Medical Group (Yale New Haven Health System)

- Interim Chief Executive Officer — 03/2015-present
- Chief Executive Officer Accountable Care Organization — 01/2015-present
- Chief Medical Officer — 06/2014-present
- Chief Operating Officer — 06/2014-present
- Vice-President — 06/2014-present

PriMed, LLC

- President and Chief Executive Officer — 03/2009-03/2015
- Board of Directors (Chairman) — 03/2009-03/2015
- ACO: Chief Executive Officer — 07/2012-03/2015
- Executive Committee (Secretary/Treasurer) — 03/2007–04/2009
- PriMed Finance Committee (Chairperson) — 03/2007–04/2009
- PriMed Osteoporosis Center (Medical Director) — 01/2006-04/2009
- PriMed Management Committee — 01/2002-03/2015

St. Vincent's Medical Center

- Chief of Medical Staff — 07/2013-02/2014
- Hospital Board of Directors — 07/2013-02/2014
- Chairman, Medical Executive Committee — 07/2013-02/2014
- Medical Staff, Vice President — 07/2010-06/2013
- Medical Executive Committee — 07/2007-02/2014
- Chairman, Peer Review Committee — 07/2010-06/2013
- Performance Improvement Committee — 07/2010-06/2013
- By-laws Committee — 07/2010-06/2012
- EMR Committee — 07/2009-06/2010
- Information Technology Physicians Advisory Group — 07/2009-06/2010
- Medical Staff, Secretary/Treasurer — 07/2008-05/2010
- Graduate Medical Education Committee — 1998-2002

Curriculum Vitae – Amit Rastogi, MD
Page 2

Fairfield County Medical Association
- Board of Directors 05/2013-present

NorthBridge Health Care
- Medical Director 07/2006-11/30/2007

Academic Appointments:
- UCONN School of Medicine, Farmington, Connecticut
  Clinical Instructor of Medicine 09/2006- 2011
- College of Physicians and Surgeons; Columbia University, Presbyterian Hospital, New York, NY
  Clinical Instructor of Medicine 2004 - 2006

Post Graduate Training
St. Vincent's Medical Center-Yale School of Medicine
Bridgeport, CT
Internal Medicine, 1996-1998

Brigham and Women's Hospital-Harvard Medical School
Boston, MA
Anesthesiology, 1995-1996

St. Vincent's Medical Center-Yale School of Medicine
Bridgeport, CT
Internal Medicine, 1994-1995

Education:
- Harvard University
  Boston, MA
  Master in Healthcare Management
  Degree candidate, 2016

- UMDNJ-New Jersey Medical School
  Newark, NJ
  Medical Degree, 1990-1994

- Farleigh Dickinson University
  Teaneck, NJ
  BS (Biology), Summa Cum Laude, 1986-1989

Professional Memberships:
- Fairfield County Medical Association 1998-present
- American Medical Association 1991-2001
- American College of Physicians 1996-2015
- American Society of Anesthesiology 1995-1996
- Massachusetts Medical Society 1995-1996
- American Medical Student Association 1990-1994

Curriculum Vitae – Amit Rastogi, MD
Page 3

Speaking Engagements:

"Value Based Healthcare – The Innovator's Dilemma" National Webinar	April 2014
"Accountable Care Organizations – Their role in post-acute care" National Senior Living Business Webinar	January 2014
"Value Based Healthcare – The Innovator's Dilemma" National Healthcare Leadership Conference Orlando, Florida	October 2013
"The Role of Medical Groups in the era of Healthcare Reform" National Healthcare Technology Conference Las Vegas, Nevada	May 15, 2013
"The Roadmap for Successfully Developing a Physician Led ACO: The Journey from Volume to Value based healthcare" American College of Physician Executives Annual Meeting New York, NY	April 27, 2013
"What is an Accountable Care Organization" Northeast Sleep Society Annual Meeting Trumbull, CT	April 5, 2013
"ACO's: Bringing Accountability to the Bedside" Connecticut State Medical Society New Haven, CT	October 23, 2012
"The Roadmap for Successfully Developing a Physician-led Accountable Care Organization: The Journey From Volume to Value-based Healthcare" 2012 National HealthCare Leadership Conference St. Thomas, Virgin Islands	October 11, 2012
"The Impact of the ACO's on Disease Management" Vitaphone International Shelton, CT	May 7, 2012
"Creating a Culture of Success Within a Physician Led ACO" National MGMA Annual Conference Las Vegas Convention Center Las Vegas, Nevada	October 23, 2011
"Physician Led Organizations at the Forefront of Healthcare Reform" National Healthcare Leaders Conference Palm Springs, CA	September 21, 2011

"The Advantages of a Physician Owned, Physician Governed Multispecialty Group" Norwalk, CT	July 20, 2011
"Why ACOs Should Be Physician Led" Nationally Syndicated Webinar	June 01, 2011
"Metric based Medical Peer Review" St. Vincent's Medical Center Bridgeport, CT	June 2011
"Accountable Care Organizations" Fairfield County Medical Association Annual Meeting Stamford, CT	April 28, 2011
"Medical Staff Leadership: Shaping the Future of Healthcare" St. Vincent's Medical Center Bridgeport, CT	April 2011
"Healthcare Reform and Its Impact on Medical Practice" Hudson County Medical Association Jersey City, NJ	March 16, 2011
"Medical Peer Review: Bringing Accountability to the Process" St. Vincent's Medical Center Bridgeport, CT	November 2010
"Medical Staff Leadership: A Real Life Perspective" St. Vincent's Medical Center Annual Retreat Mystic, CT	January 2009
"Healthcare Reform: A Primer" PriMed Annual Conference Trumbull, CT	October 2009

Research Experience:

- Department of Internal Medicine, St. Vincent's Medical Center, Bridgeport, CT
  Once Daily vs. Multiple Daily Aminoglycoside Dosing
  Principal Investigator: Amit Rastogi, MD (1997-1998)

- Department of Internal Medicine, New Jersey Medical School
  Amlodipine Study of the Angina Population
  Principal Investigator: Bunyad Haider, MD (1993)

- Department of Internal Medicine, New Jersey Medical School
  Trials of Hypertension Prevention (Phase II)
  Principal Investigator: Norman Lasser, MD, Ph.D. (1991)

Sub-investigator for the following protocols at Clinical Research Consultants:

- New Compound to Inhibit Cartilage Degradation in Patients with Osteoarthritis of the Knee (II) (1998-1999)
- OTC Switch Study to Investigate the Consumer Usage Patterns of a New Heartburn Medication (1999)
- Topical Anti-Inflammatory Treatment for Osteoarthritis of the Knee (1999)
- New Treatment for Heartburn Symptoms Following a Provocative Meal (1999)
- Searle-Comparison of COX-2 Inhibitors in Relieving Pain and Morning Stiffness of Osteoarthritis of the knee (1999)
- Medicated Patch for Treatment of Pain Associated with Osteoarthritis of the Knee or Hip (1999)
- Angiotensin II Receptor Antagonist for Treatment of Essential Hypertension as Determined by Ambulatory Monitoring of Blood Pressure (1999-2000)
- Solvent/Detergent Plasma Pharmacovigilance Study Healthy Volunteers (1999-2000)
- Anti-TNF in the Treatment of Patients with Rheumatoid Arthritis (1999-2000)
- Oral Interferon in the Treatment of Sjogren's Syndrome (1999-2000)
- New Compound for Treatment of Chronic Low Back Pain (1999-2000)
- New Compound for the Treatment of Subjects with Viral Respiratory Infections (1999-2000)
- New Compound for the Treatment of Rheumatoid Arthritis in Patients Receiving Methotrexate (1999-2000)
- Glaxo Wellcome-Alosetron for Male Subjects with Irritable Bowel Syndrome (1999-2000)
- Glaxo Wellcome-Alosetron for Female Subjects with Alternating Diarrhea/Constipation Irritable Bowel Syndrome (1999-2000)
- New Treatment for Hyperlipidemia in Post-Menopausal Women with Osteopenia (1999-2001)
- Long-Term Safety Study of New Treatment for Patients with Clinical Depression (1999-2000)
- Comparison of COX-2 Inhibitors in Treating Patients with Osteoarthritis and Hypertension (1999-2000)
- New Compound in Combination with Metformin for Treatment of Subjects with Diabetes Mellitus Type II) (1999-2001)
- Comparison of COX-2 Inhibitors in Treating Patients with Osteoarthritis of the Knee or Hip (2000)
- New Compound for the Treatment of Pain Associated with Diabetic Peripheral Polyneuropathy (2000-2001)
- New Compound for Treatment of Patients with Chronic Lower Back Pain (2000)
- Comparison Study to Investigate the Efficacy and Safety of a New Compound in the Treatment of Males with Erectile Dysfunction (2000-2001)
- An Open-Label Study of the Long-Term Safety of a New Compound for the Treatment of Rheumatoid Arthritis in Patients Receiving Methotrexate (2000-2001)
- Angiotensin II Receptor Antagonist for Treatment of Patients with Mild-to-Moderate Hypertension as Determined by Ambulatory Monitoring of Blood Pressure (2000-2001)
- A Single Dose Study of a New Compound for the Treatment of Subjects with Acute Migraine Attacks (2000)
- Evaluation of Solvent/Detergent-Treated Plasma in Normal Healthy Volunteers (2000-2001)
- Medicated Patch for the Treatment of Osteoarthritis of the Knee (2000)
- Human Anti-TNF Monoclonal Antibody in the Treatment of Patients with Active Rheumatoid Arthritis (2000-2001)

- New Compound for the Treatment of Viral Respiratory Infections in Adults (2000)
- A Comparison Study of a New Compound in the Acute Treatment of Major Depression (2000-2001)
- New Compound Versus Enalapril for the Treatment of Hypertensive Patients (2000-2001)
- A Study of the Safety and Efficacy of a New Compound for the Prevention of Bone Loss and for Lipid Lowering in Postmenopausal Women at risk for Osteoporosis (2000)
- A DNA Sampling Study to Determine the Efficacy of a New Test for the Evaluation of Patients with Breast Cancer (2000)
- A Study to Evaluate the Efficacy and Safety of Ranging Doses of a New Compound for the Treatment of Mild to Moderate Hypertension (2000-2001)
- Comparison of COX-2 Inhibitors in Treating Patients with Osteoarthritis and Hypertension (SUCCESS VII) (2000-2001)
- New Compound for Relief of Pain Associated with Diabetic Peripheral Neuropathy (2000-2001)
- Clinical Protocol to Evaluate the Safety and Effectiveness of a Device in the Treatment of Patients with Acute Epicondylitis (2000-2001)
- Clinical Protocol to Confirm the Safety and Efficacy of a Topical Lotion for the Treatment of the Osteoarthritic Knee (2000-2001)
- Long-Term Safety Study of a Human anti-TNF Antibody Administered as a Subcutaneous Injection in Patients with Rheumatoid Arthritis (2000)
- A Study to Evaluate the Effectiveness of a New Test as an Aid in the Early Detection of Prostate Cancer or in Monitoring Men with Prostate Cancer (2001-2001)
- Study of a New Topical Medication for the Treatment of Chronic Low Back Pain (2001)
- The Study of a Combination Therapy for the Treatment of Hyperlipidemia in Type 2 Diabetic Men and Women (FACTOR) (2001)
- Study of a New Compound in Combination with Metformin in Previously Treated OHA Monotherapy Obese Subjects with Type 2 Diabetes (2001)
- A Study of a New Narcotic Patch in the Management of Patients with Chronic Non-Malignant Pain Syndromes Responsive to Opioid Combination Therapy (2001)
- A Forced Titration Study of a New Angiotensin II Receptor Antagonist in Patients with Essential Hypertension (2001)
- Study of a New Compound as Monotherapy in Patients with Primary Hypercholesterolemia (2001)
- Merck Comparison of COX-2 Inhibitors in Treating Patients with Osteoarthritis of the Knee (2001)
- A Pilot Study to Evaluate the Efficacy and Safety of an Immediate-Release Opioid in Patients with Moderate to Severe Non-Malignant Pain (2001)
- An Open-Label Study of Drug Response in Relationship to Gene Variants in Adults with Primary Hypercholesterolemia (the STRENGTH Study) (2001)
- A Study of the Analgesic Efficacy and Safety of a New Compound for the Treatment of the Pain of Diabetic Neuropathy (2001)
- An Open-Label Comparison Study of a New Compound Versus Atorvastatin, Cerivastastin, Pravastatin and Simvastatin in Subjects with Hypercholesterolemia (2001)
- A Study to Evaluate the Safety and Efficacy of a New Compound in Subjects with Acute Migraine Attacks (2001)
- A Comparison Study of a New Compound in the Treatment of Chronic Pain in Patients with Diabetic Neuropathy (2001)

- A Dose Finding Study to Evaluate the Efficacy and Safety of a New Compound for the Treatment of Mild-to-Moderate Essential Hypertension (2001)
- A Study Comparing the Effects of Study Drug to Amlodipine and Benazepril on Systolic Blood Pressure and Pulse Pressure in Patients with Systolic Hypertension (2001)
- An Open-Label Study of Drug Response in Relationship to Gene Variants in Adults with Primary Hypercholesterolemia (The STRENGTH II Study) (2001)
- Clinical Protocol for the Study of the Analgesic Effect of a New Compound in Patients with Chronic Low Back pain (2001)
- A Study to Evaluate the Effectiveness of a Muscle Re-education Biofeedback Device for Home Use in Patients with Osteoarthritis of the Knee (2001)
- A Crossover Study Comparing Study Drug to Acetaminophen and Placebo in Patients with Osteoarthritis of the Hip or Knee (2001-2002)
- A Comparison Study of Two Medications for the Treatment of Osteoporosis in Postmenopausal Women (2001)
- Study of a New Topical Gel for the Treatment of Anogenital Herpes to Prevent Recurrences (2001)
- A Study Investigating the Clinical Effects of a New Compound in Patients with Perennial Allergic Rhinitis (2001-2002)
- Twelve-Week Study of the Analgesic Effect of a New Compound in Patients with Low Back Pain (2002)
- Clinical Protocol for the Study of a New Compound in the Treatment of Patients with Osteoarthritis Pain of the Hip or Knee (2002)
- Comparison Study of a New Compound to Treat Erectile Dysfunction in Males with a Diagnosis of Diabetes Mellitus and/or Hypertension and/or Hyperlipidemias (2002)
- Clinical Protocol for the Assessment of the Bone Resorption Activity of a Compound in Women with Osteopenia (2002)
- Clinical Study of the Weight Reducing Effect and Safety of a New Compound in Obese Patients with and without Comorbidities (2002)
- A Fifteen-Week Study of a New Compound for Efficacy and Quality of Life in Patients with Painful Diabetic Neuropathy (2002)
- Twelve-Week Study of the Analgesic Efficacy of a New Compound Compared to Placebo in Patients with Chronic Low Back Pain (2002)
- Clinical Study to Determine the Safety, Efficacy, Pharmocokinetics and Pharmacodynamics of a New Compound in Subjects with Moderate to Severe Rheumatoid Arthritis on a Stable Dose of Methotrexate (2002)
- Clinical Protocol to Assess the Efficacy and Safety of Middle of the Night Administration of a New Compound in Patients with Primary Insomnia (2002)
- Clinical Study to Evaluate the Tolerability and Efficacy of a Combination Therapy Compared to a Single Therapy for Treatment in Patients with Combined Hyperlipidemia (SAFARI) (2002)
- A Protocol for Blood Sample Collection from Healthy Subjects To Aid in the Study of In Vitro Diagnostic Devices (2002)
- A Second Crossover Study Comparing Study Drug to Acetaminophen and Placebo in Patients with Osteoarthritis of the Hip or Knee (2002)

DEBORAH D. BORISJUK, MBA, PT

EXPERIENCE

2013 to present: Yale New Haven Health — New Haven, CT
Associate Director Occupational Health and Urgent Care

- Directs, manages and improves operations of the Occupational Medicine and Urgent Care Centers across the Yale New Haven Health System: Foxon, Bridgeport Hospital Industrial Medicine and Greenwich Hospital Occupational Health Services
- Manages the strategic planning and implementation of the SYSTOC database

2010-2013: Yale-New Haven Hospital — New Haven, CT
Practice Manager, Urgent Care at Foxon

- Opened and operated the first Urgent Care practice in the Ambulatory Services Division of YNHH.
- Working collaboratively with management, physicians, and marketing, planned and developed the practice that grew to over 10.000 patient visits per year by end of year 2
- Expanded the Urgent Care model by adding to include retail Occupational Medicine services that added 180 visits per month to the first "blended model" in the YNHHS
- Increased volume to the Diagnostic Imaging and Blood Draw Station at the site/downstream revenue

1998 –2010 Hospital of Saint Raphael — New Haven, CT
Administrative Director, Saint Raphael's Occupational Health Plus™

- Supervised, managed and directed the operations of four ambulatory medical offices
- Employed more than 70 staff, including MDs, PA.s, RNs, COHNs, x-ray techs, billing staff, sales reps, physical therapists and paraprofessionals.
- Designed and opened two satellite occupational medicine and outpatient rehab offices
- Managed over $5 million in budgets
- Administered Employee Health Services for the Hospital's 4,000 employees
- Secured contracts with managed care companies and medical service subcontractors
- Developed new product offerings:
  Designed and implemented a comprehensive wellness program for the City of New Haven's 5,000 workers and their families that has proven to have a positive impact on the health and well-being of the population, and a decrease in insurance premiums
- Secured annual Connecticut Department of Labor Grant for Occupational Medicine Clinics-- 9 years

1996-1998 Hospital of Saint Raphael — New Haven, CT
Manager, Outpatient Rehabilitation Services

- Increased billed revenue by $1 million/yr. and staff productivity by 75%
- Redesigned physical lay out to increase efficiency
- Established Occupational Medicine Treatment protocols

1988-1996 Temple Physical Therapy — New Haven, CT
Supervisor, Work Hardening Program

- Created, developed and implemented a successful Work Hardening Program
- Marketed program to physician groups and insurance carriers
- Grew volume to 36 patients per day

EDUCATION

University of Connecticut — Storrs, CT
BS, Physical Therapy

University of New Haven — New Haven, CT
MBA

AFFILIATIONS

American College of Healthcare Executives, Member
Urgent Care Association of America
Board Member National Association of Occupational Medicine Providers
Past Vestry Member, St John's Episcopal Church, North Haven, CT
Alter Guild, Saint John's Episcopal Church, North Haven, CT

Attachment 6

NON-PROFIT

Applicant:

Financial Worksheet (A)

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

LINE	Total Entity: Description	(1) FY 2014 Actual Results	(2) FY 2015 Projected W/out CON	(3) FY 2015 Projected Incremental	(4) FY 2015 Projected With CON	(5) FY 2016 Projected W/out CON	(6) FY 2016 Projected Incremental	(7) FY 2016 Projected With CON	(8) FY 2017 Projected W/out CON	(9) FY 2017 Projected Incremental	(10) FY 2017 Projected With CON	(11) FY 2018 Projected W/out CON	(12) FY 2018 Projected Incremental	(13) FY 2018 Projected With CON
A.	OPERATING REVENUE													
1	Total Gross Patient Revenue	$ 8,676,814,000	$ 9,536,815,000	$ -	$ 9,535,180,800	$ 9,853,683,000	$ (1,653,800)	$ 9,852,029,200	$ 9,747,015,000	$ (1,670,300)	$ 9,745,344,700	$ 9,843,819,000	$ (1,687,000)	$ 9,842,132,000
2	Less: Allowances	6,203,146,000	7,090,464,000	-	7,089,249,800	7,163,560,000	(1,227,100)	7,162,332,900	7,206,184,000	(1,234,400)	7,204,949,600	7,252,324,000	(1,243,300)	7,251,080,700
3	Less: Charity Care	-	-	-	-	-	-	-	-	-	-	-	-	-
4	Less: Other Deductions	-	-	-	-	-	-	-	-	-	-	-	-	-
	Net Patient Service Revenue	$ 2,473,668,000	$ 2,446,351,000		$ 2,445,931,000	$ 2,490,123,000	$ (426,700)	$ 2,489,696,300	$ 2,540,831,000	$ (435,900)	$ 2,540,395,100	$ 2,591,495,000	$ (443,700)	$ 2,591,051,300
5	Medicare	$ 786,643,000	$ 782,985,000	$ -	$ 782,839,700	$ 790,293,000	$ (147,700)	$ 790,145,300	$ 809,501,000	$ (150,700)	$ 809,350,300	$ 833,798,000	$ (153,500)	$ 833,644,500
6	Medicaid	299,960,000	339,498,000	-	339,398,700	342,978,000	(100,900)	342,877,100	346,492,000	(103,100)	346,388,900	350,042,000	(104,900)	349,937,100
7	CHAMPUS & TriCare	-	-	-	(800)	-	(800)	(800)	-	(900)	(900)	-	(900)	(900)
8	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Government	1,086,603,000	1,122,483,000		1,122,237,600	1,133,271,000	(249,400)	1,133,021,600	1,155,993,000	(254,700)	1,155,738,300	1,183,840,000	(259,300)	1,183,580,700
9	Commercial Insurers	1,281,726,000	1,417,167,000	-	1,417,004,000	1,459,965,000	(165,600)	1,459,799,400	1,491,031,000	(169,200)	1,490,861,800	1,514,423,000	(172,200)	1,514,250,800
10	Uninsured	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Self Pay	41,788,000	85,260,000	-	85,254,300	86,112,000	(5,800)	86,106,200	86,973,000	(5,900)	86,967,100	87,843,000	(6,000)	87,837,000
12	Workers Compensation	-	-	-	(1,700)	-	(1,700)	(1,700)	-	(1,700)	(1,700)	-	(1,800)	(1,800)
13	Other	-	-	-	(4,200)	-	(4,200)	(4,200)	-	(4,300)	(4,300)	-	(4,400)	(4,400)
	Total Non-Government	$ 1,323,514,000	$ 1,502,427,000	$ -	$ 1,502,252,400	$ 1,546,077,000	$ (177,300)	$ 1,545,899,700	$ 1,578,004,000	$ (181,100)	$ 1,577,822,900	$ 1,602,266,000	$ (184,400)	$ 1,602,081,600
	Net Patient Service Revenue[a] (Government+Non-Government)	$ 2,410,117,000	$ 2,624,910,000	$ -	$ 2,624,490,000	$ 2,679,348,000	$ (426,700)	$ 2,678,921,300	$ 2,733,997,000	$ (435,800)	$ 2,733,561,200	$ 2,786,106,000	$ (443,700)	$ 2,785,662,300
14	Less: Provision for Bad Debts	71,764,000	69,549,000	-	69,549,000	67,418,000	-	67,418,000	68,092,000	-	68,092,000	68,773,000	-	68,773,000
	Net Patient Service Revenue less provision for bad debts	2,401,904,000	2,376,802,000	-	2,376,382,000	2,422,705,000	(426,700)	2,422,278,300	2,472,739,000	(435,900)	2,472,303,100	2,522,722,000	(443,700)	2,522,278,300
15	Other Operating Revenue	-	42,598,000	-	42,598,000	42,598,000	-	42,598,000	42,598,000	-	42,598,000	42,598,000	-	42,598,000
17	Net Assets Released from Restrictions			-	-		-	-		-	-		-	-
	TOTAL OPERATING REVENUE	$ 2,401,904,000	$ 2,419,400,000	$ -	$ 2,418,980,000	$ 2,465,303,000	$ (426,700)	$ 2,464,876,300	$ 2,515,337,000	$ (435,900)	$ 2,514,901,100	$ 2,565,320,000	$ (443,700)	$ 2,564,876,300
B.	OPERATING EXPENSES													
1	Salaries and Wages	$ 808,684,000	$ 819,504,000	$ -	$ 819,504,000	$ 849,463,000	$ -	$ 849,463,000	$ 876,083,000	$ -	$ 876,083,000	$ 905,847,000	$ -	$ 905,847,000
2	Fringe Benefits	225,961,000	240,776,000	-	240,776,000	249,606,000	-	249,606,000	257,506,000	-	257,506,000	266,310,000	-	266,310,000
3	Physicians Fees	567,135,000	569,793,000	-	569,697,900	606,887,000	(101,300)	606,785,700	625,093,000	(104,300)	624,988,700	643,846,000	(107,400)	643,738,600
4	Supplies and Drugs	407,750,000	420,089,000	-	420,041,800	435,726,000	(48,900)	435,677,100	451,955,000	(50,700)	451,904,300	468,797,000	(52,600)	468,744,400
5	Depreciation and Amortization	122,543,000	124,084,000	-	124,084,000	134,839,000	-	134,839,000	142,153,000	-	142,153,000	138,103,000	-	138,103,000
6	Provision for Bad Debts-Other[b]	-	-	-	-	-	-	-	-	-	-	-	-	-
7	Interest Expense	23,742,000	26,033,000	-	26,033,000	37,389,000	-	37,389,000	37,025,000	-	37,025,000	41,373,000	-	41,373,000
8	Malpractice Insurance Cost	14,809,000	21,010,000	-	21,010,000	21,640,000	-	21,640,000	22,290,000	-	22,290,000	22,958,000	-	22,958,000
9	Lease Expense	14,516,000	14,937,000	-	14,899,000	15,310,000	(39,000)	15,271,000	15,540,000	(39,600)	15,500,400	15,945,000	(40,600)	15,904,400
10	Other Operating Expenses	82,219,000	95,673,000	-	95,595,000	25,201,000	(79,500)	25,121,500	(3,364,000)	(81,100)	(3,445,100)	(30,723,000)	(82,700)	(30,805,700)
	TOTAL OPERATING EXPENSES	$ 2,267,359,000	$ 2,331,899,000	$ -	$ 2,331,540,700	$ 2,376,061,000	$ (268,700)	$ 2,375,792,300	$ 2,424,281,000	$ (275,700)	$ 2,424,005,300	$ 2,472,456,000	$ (283,300)	$ 2,472,172,700
	INCOME/(LOSS) FROM OPERATIONS	$ 134,545,000	$ 87,501,000	$ -	$ 87,339,300	$ 89,242,000	$ (158,000)	$ 89,084,000	$ 91,056,000	$ (160,200)	$ 90,895,800	$ 92,864,000	$ (160,400)	$ 92,703,600
	NON-OPERATING REVENUE	$ 30,155,000	$ 50,000,000	$ -	$ 50,000,000	$ 50,000,000	$ -	$ 50,000,000	$ 50,000,000	$ -	$ 50,000,000	$ 50,000,000	$ -	$ 50,000,000
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	$ 164,700,000	$ 137,501,000	$ -	$ 137,339,300	$ 139,242,000	$ (158,000)	$ 139,084,000	$ 141,056,000	$ (160,200)	$ 140,895,800	$ 142,864,000	$ (160,400)	$ 142,703,600
	Principal Payments				$0			$0			$0			$0
C.	PROFITABILITY SUMMARY													
1	Hospital Operating Margin	5.5%	3.5%	0.0%	3.5%	3.5%	37.0%	3.5%	3.5%	36.8%	3.5%	3.6%	36.2%	3.5%
2	Hospital Non Operating Margin	1.2%	2.0%	0.0%	2.0%	2.0%	0.0%	2.0%	1.9%	0.0%	1.9%	1.9%	0.0%	1.9%
3	Hospital Total Margin	6.8%	5.6%	0.0%	5.6%	5.5%	37.0%	5.5%	5.5%	36.8%	5.5%	5.5%	36.2%	5.5%
D.	FTEs	10,856	10,432	-	10,432	10,454	-	10,454	10,503	-	10,503	10,539	-	10,539
E.	VOLUME STATISTICS[c]													
1	Inpatient Discharges	78,315	80,531	-	80,531	81,336	-	81,336	82,150	-	82,150	82,971	-	82,971
2	Outpatient Visits	1,175,388	1,209,078	-	1,198,702	1,221,169	(10,480)	1,210,689	1,233,380	(10,585)	1,222,795	1,245,714	(10,691)	1,235,023
	TOTAL VOLUME	1,253,703	1,289,609		1,279,233	1,302,505	(10,480)	1,292,025	1,315,530	(10,585)	1,304,945	1,328,685	(10,691)	1,317,994

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

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

[c]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.

YALE-NEW HAVEN HOSPITAL

Proposal for the Termination of Urgent Care at Foxon
Yale-New Haven Hospital
Assumptions

Net Revenue Rate Increases	FY 2016	FY 2017	FY 2018
1) Government	0 - 1.4%	0 - 1.2%	0 - 2%
2) Non-Government	2.0%	2.0%	1.0%

		FY 2016	FY 2017	FY 2018
	EXPENSES			
A.	**Salaries and Fringe Benefits**	3.7%	3.1%	3.4%
B.	**Non-Salary**			
	1) Medical and Surgical Supplies	3.7%	3.7%	3.7%
	2) Pharmacy and Solutions	3.7%	3.7%	3.7%
	3) Malpractice Insurance	3.0%	3.0%	3.0%
	4) Professional and Contracted Services	6.5%	3.0%	3.0%
	5) All Other Expenses	2 - 3%	2 - 3%	2 - 3%

	FY 2016	FY 2017	FY 2018
FTEs			
1) Total estimated FTEs	10,454	10,503	10,539

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

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

August 5, 2015 VIA FAX ONLY

Nancy Rosenthal
Senior Vice President
Strategy and Regulatory Planning
5 Perryridge Rd
Greenwich, CT 06830

RE: Certificate of Need Application; Docket Number: 15-32011-CON
Yale New-Haven Hospital
Termination of Urgent Care Center at Foxon in East Haven, CT

Dear Ms. Rosenthal:

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of August 5, 2015.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7007 or Steven Lazarus at (860) 418-7012.

Sincerely,

A. Veyberman

Alla Veyberman
Health Care Analyst

* * * Communication Result Report (Aug. 5. 2015 3:11PM) * * *

1) OHCA-98604187054
2)

Date/Time: Aug. 5. 2015 3:10PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
0210	Memory TX OHCA	912038634736	P. 2	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: NANCY ROSENTHAL

FAX: 203.863.4736

AGENCY: YNHH

FROM: OHCA

DATE: 8/5/15 **Time:**

NUMBER OF PAGES: 1
(including transmittal sheet)

Comments:
Docket Number: 15-32011

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS

Phone: (860) 418-7001 Fax: (860) 418-7053

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

Greer, Leslie

From: Greer, Leslie
Sent: Thursday, September 10, 2015 4:44 PM
To: 'nancy.rosenthal@ynhh.org'
Cc: Lazarus, Steven; Huber, Jack; Riggott, Kaila; Hansted, Kevin; Martone, Kim
Subject: Hearing Notice
Attachments: 32011_201509101642.pdf

Tracking:

Recipient	Delivery
'nancy.rosenthal@ynhh.org'	
Lazarus, Steven	Delivered: 9/10/2015 4:44 PM
Huber, Jack	Delivered: 9/10/2015 4:44 PM
Riggott, Kaila	Delivered: 9/10/2015 4:44 PM
Hansted, Kevin	Delivered: 9/10/2015 4:44 PM
Martone, Kim	Delivered: 9/10/2015 4:44 PM

Nancy,
Attached is the hearing notice for DN: 15-32011-CON.

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

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

September 10, 2015

Nancy Rosenthal
SVP, Strategy and Regulatory Planning
Yale-New Haven Hospital
5 Perryridge Road
Greenwich, CT 06830

RE: Certificate of Need Application, Docket Number 15-32011-CON
Yale-New Haven Hospital
Termination of Yale-New Haven Hospital's Urgent Care Center on Foxon Road in East Haven, CT

Dear Ms. Rosenthal,

With the receipt of the completed Certificate of Need ("CON") application information submitted by Yale-New Haven Hospital ("Applicant") on August 5, 2015, the Office of Health Care Access ("OHCA") has initiated its review of the CON application identified above.

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

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

Applicant:	Yale-New Haven Hospital
Docket Number:	15-32011-CON
Proposal:	Termination of Yale-New Haven Hospital's Urgent Care Center on Foxon Road in East Haven, CT

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

Date: September 28, 2015

Time: 4:00 p.m.

Place: East Haven High School
35 Wheelbarrow Lane, Room S 106
East Haven, CT 06513

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

Sincerely,

Kimberly R. Martone
Director of Operations

Enclosure

cc: Henry Salton, Esq., Office of the Attorney General
Antony Casagrande, Department of Public Health
Kevin Hansted, Department of Public Health
Wendy Furniss, Department of Public Health
William Gerrish, Department of Public Health
Jill Kentfield, Department of Public Health
Chris Stan, Department of Public Health
DeVaughn Ward, Department of Public Health
Marielle Daniels, Connecticut Hospital Association

KRM:SWL:JAH:lmg

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

September 10, 2015 P.O. # 54772

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

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Monday, September 14, 2015**. Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Kaila Riggott at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Director of Operations

Attachment

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

KRM:SWL:JAH:lmg

New Haven Register **September 10, 2015**
Notice of Public Hearing, Docket Number 15-32011-CON

PLEASE INSERT THE FOLLOWING:

Office of Health Care Access Public Hearing

Statute Reference:	19a-638
Applicant:	Yale-New Haven Hospital
Town:	East Haven
Docket Number:	15-32011-CON
Proposal:	Termination of Yale-New Haven Hospital's Urgent Care Center on Foxon Road in East Haven, CT
Date:	September 28, 2015
Time:	4:00 p.m.
Place:	East Haven School 35 Wheelbarrow Lane, Room S 106 East Haven, CT 06513

Any person who wishes to request status in the above listed public hearing may file a written petition no later than September 23, 2015 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at **www.ct.gov/ohca** for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

Greer, Leslie

From: ADS <ADS@graystoneadv.com>
Sent: Thursday, September 10, 2015 2:40 PM
To: Greer, Leslie
Subject: Re: Hearing Notice DN: 15-32011-CON

Good day!

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

Don't forget to ask for ideas to expand your diversity coverage.

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

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

We sincerely appreciate your business.

Thank you,
Graystone Group Advertising

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

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

From: <Greer>, Leslie <Leslie.Greer@ct.gov>
Date: Thursday, September 10, 2015 2:23 PM
To: ads <ads@graystoneadv.com>
Cc: "Olejarz, Barbara" <Barbara.Olejarz@ct.gov>
Subject: Hearing Notice DN: 15-32011-CON

Please post the attached hearing notice in the New Haven Register by 9/14/15. If possible please publish in tomorrow's publishing, if not Monday will be fine. For billing purposes, please refer to P.O. #54772. In addition, please forward a copy of the "proof of publication" to me when it becomes available.

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

Greer, Leslie

From: Robert Taylor <RTaylor@graystoneadv.com>
Sent: Thursday, September 10, 2015 4:45 PM
To: Greer, Leslie
Subject: FW: Hearing Notice DN: 15-32011-CON
Attachments: 15-32011np NH Register.doc

Good afternoon,

This notice is set to publish tomorrow.
$420.42

Thanks,

Robert Taylor
Graystone Group Advertising
www.graystoneadv.com
2710 North Avenue, Suite 200
Bridgeport, CT 06604
Phone: 203-549-0060
Toll Free: 800-544-0005
Fax: 203-549-0061

From: ADS <ADS@graystoneadv.com>
Date: Thu, 10 Sep 2015 14:39:15 -0400
To: RTaylor <rtaylor@graystoneadv.com>
Subject: FW: Hearing Notice DN: 15-32011-CON

From: <Greer>, Leslie <Leslie.Greer@ct.gov>
Date: Thursday, September 10, 2015 2:23 PM
To: ads <ads@graystoneadv.com>
Cc: "Olejarz, Barbara" <Barbara.Olejarz@ct.gov>
Subject: Hearing Notice DN: 15-32011-CON

Please post the attached hearing notice in the New Haven Register by 9/14/15. If possible please publish in tomorrow's publishing, if not Monday will be fine. For billing purposes, please refer to P.O. #54772. In addition, please forward a copy of the "proof of publication" to me when it becomes available.

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

HELP WANTED GENERAL

- HVAC TECH AND
- OIL DRIVER NEEDED
Minimum B2 License.
CDL Hazmat & Twic required.
Dependable
Heating & Cooling
Call 203-488-8006

HELP WANTED FULL TIME

DIGITAL SALES MANAGER

We are seeking a Digital Sales Manager for our local digital sales effort. This role will work with our team of Sales Specialists as well as be an active seller of a number of digital products. This position is based in our Torrington, CT office.

Successful candidates will possess 3-5 years of outside sales management experience that includes at least 2 years of managing employees selling digital advertising.

We offer a competitive salary plus commission based on team performance and an incentive plan and a full benefits package. Interested candidtes should forward a copy of their resume and salary requirements to Teresa Spak, tspak@newhavenregister.com. Please place "Digital Sales Manager" in the subject line of your email. EOE.

HELP WANTED PART TIME

PRESSER NEEDED for small Seymour dry cleaner. PT mornings. Exp. a must! Call (203) 888-9921

HELP WANTED SEASONAL

NEW HAVEN/
HAMDEN AREA
STREET SALES
PLEASE CALL
RON AT
203-627-8760
FOR INFO.

LEGAL NOTICES

PUBLIC NOTICE

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s):
Yale-New Haven Hospital
Address:
84 North Main Street, Branford, CT 06405

Proposal:
Discontinuation of outpatient rehabilitation services in Branford, CT.

Estimated Total Project Cost/Expenditure:
$0

[Your Ad Here.]
Call to place your Classified ad:
1.800.922.7066
Mon–Fri • 8:00AM–5:00pm
Ads can also be placed through our website newhavenregister.com
or by emailing classifiedads@nhregister.com
NEW HAVEN REGISTER NewHavenRegister.com

Office of Health Care Access Public Hearing

Statute Reference: 19a-638
Applicant: Yale-New Haven Hospital
Town: East Haven
Docket Number: 15-32011-CON
Proposal: Termination of Yale-New Haven Hospital's Urgent Care Center on Foxon Road in East Haven, CT
Date: September 28, 2015
Time: 4:00 p.m.
Place: East Haven School
35 Wheelbarrow Lane, Room S 106
East Haven, CT 06513

Any person who wishes to request status in the above listed public hearing may file a written petition no later than September 23, 2015 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at www.ct.gov/ohca for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

Greater New Haven Water Pollution Control Authority

INVITATION for Constructing

PROJECT: 260 EAST STREET PARKING LOT IMPROVEMENTS
PROJECT NUMBER: SSF 2015-06

Sealed bids will be received at the Office of the Director of Finance and Administration of the Greater New Haven Water Pollution Control Authority located at 260 East Street, New Haven, Connecticut 06511 for **PROJECT: 260 East Street Parking Lot Improvements (SSF 2015-06) until 10:00 AM on Thursday, October 1, 2015** at which time and place said bids will be opened publicly and read aloud.

Contract is defined as a complete rehabilitation of the Authority's main building parking lot. Rehabilitation includes reclaiming the existing asphalt pavement section, and new landscaping adding 4 bioswales to mitigate the effect of storm water runoff from the property.

The information for Bidders, Proposal, Form of Contract, and Specifications may be examined at the Office of the Construction Administrator at the above address. Any one submitting a bid for this project must have in their possession a copy of **THE GREATER NEW HAVEN WATER POLLUTION CONTROL AUTHORITY STANDARD SPECIFICATIONS dated September 12, 2006.** The document can be obtained upon payment of One Hundred Dollars ($100.00). The "bid package" containing the Invitation; Proposal; Specifications and Plans can be obtained upon a **non-refundable payment** of Fifty Dollars ($50.00).

There will be a **non-mandatory pre-bid meeting on Monday, September 21, 2015 at 10:00 AM** at the Greater New Haven Water Pollution Control Authority Administration Building (260 East Street, New Haven, Connecticut 06511). **All questions from Bidders** must be received by the Authority via email by **Friday, September 25, 2015 at noon**, in order to receive consideration. **(emails to: engineering@gnhwpca.com).**

A certified check or bid bond in the amount of fifteen percent (15%) of the total bid amount must accompany the bid. Said checks or bid bonds will be returned to the unsuccessful bidders upon Award of the Contract to the selected firm and execution of the Agreement. If any bid is not accompanied by a bid bond or check at the specified time for the bid opening, the incomplete bid will not be read and this action will constitute automatic rejection of the bid.

The successful bidder will be required to furnish a performance bond and a labor and materials payment bond in the form as attached to the Bid Documents for the amount of the total bid. A certified check can not be substituted for either bond. The Greater New Haven Water Pollution Control Authority reserves the right to alter quantities and to accept or reject any or all bids or any portion of any bids, for any or no reason, including unavailability of appropriated funds as it may deem to be in its best interests.

Gabriel Varca
Director of Finance and Administration

LEGAL NOTICES

City of New Haven Notice of Availability for Public Comment Draft Consolidated Annual Performance and Evaluation Report CAPER: 2014-2015

In accordance with 91 CFR Part 520, the City of New Haven is required to submit a **Consolidated Annual Performance and Evaluation Report (CAPER)**, documenting its housing and community development performance to the U.S. Department of Housing and Urban Development (HUD) 90 days after the close of its grant program year. The City is the recipient of four (4) entitlement grants through HUD – they are the Community Development Block Grant Program (CDBG), HOME Investment Partnerships (HOME), Emergency Solutions Grant (ESG) (formerly the Emergency Shelter Grant), and Housing Opportunities for Persons with AIDS (HOPWA) programs. The CAPER summarizes the City's performance in implementing its HUD-funded Housing and Community Development programs over the past program year (July 1, 2014 - June 30, 2015).

Copies of the City's Draft CAPER will be made available for review on September 11, 2015 in the City's Office of Management and Budget located on the 3rd floor of 165 Church Street and will remain available through close of business on September 25, 2015. It is also posted on the City's website under Government/Budgets and Finances/Consolidated Plan.

The City invites all interested parties to comment on the Draft CAPER. Written comments will be received in the Office of Management and Budget, Attn: Elizabeth Smith, Third Floor, 165 Church Street, New Haven, CT, 06510. All comments will be reviewed and considered for inclusion in the final CAPER to be submitted to HUD. The final CAPER will be available for viewing on the City's web page, in the community police substations and the main library after submission to HUD.

LEGAL NOTICE CITY OF ANSONIA

NOTICE OF DECISIONS

At the Regular Meeting held August 31, 2015, Planning & Zoning Commission voted the following:

CLOSED THE PUBLIC HEARING FOR: 45 Silver Hill Rd. – Subdivision

APPROVED: 45 Silver Hill Rd. - Subdivision

CONTINUED: 23 Granite Terrace – Site Plan Modification; 230 Pershing Drive – Site Plan Approval; Pine Lot – 8-24 Referral, and 135 Hill Street – 8-24 Referral

ANSONIA PLANNING & ZONING COMMISSION
Joseph Jaumann,
Chairman

Dated at Ansonia, CT
This 11th day of September 2015

PUBLIC NOTICE

Notice is hereby given that Extra Space Storage will sell at public auction, to satisfy the lien of the owner, personal property described below belonging to those individuals listed below at location indicated: 488 Boston Post Road Orange CT 06477, 203-795-3759 September 17, 2015 1:00 P.M. Unit 1068 Craig Sharpe Stationary Bikes, Unit 1167 Kathy Williams Household Goods, Unit 1257 Tanya Dennis Household Goods, Unit 2081 Reinaldo Figueroa Household Goods, Unit 3086 Kylie Kallenbach Household Goods, Unit 3204 Osbert Woodly Household, Unit 3242 Dawn Tucker Household Goods. The auction will be listed and advertised on www.storagetreasures.com. Purchases must be made with cash only and paid at the above referenced facility in order to complete the transaction. Extra Space Storage may refuse any bid and may rescind any purchase up until the winning bidder takes possession of the personal property.

CLASSIFIED IS OPEN
8:00 AM - 5:00 PM
MON-FRI
Call 1.800.922.7066
or email:
CLASSIFIEDS@
NHREGISTER.COM

LEGAL NOTICES

LEGAL NOTICE

Pursuant to Conn. Gen. Stat. §§16-11 and 16-43, the Public Utilities Regulatory Authority (PURA) will conduct a public hearing at Ten Franklin Square, New Britain, Connecticut, on **Friday, September 18, 2015, at 9:00 a.m.**, concerning Docket No. 15-08-11 - Application of Yankee Gas Services Company d/b/a Eversource Energy Pursuant to Conn. Gen. Stat. §§16-11 & 16-43 and Conn. Agencies Reg. §16-43-3 for Approval of the Sale of the Advantage Protection Service Plan and the Discontinuance of Billable Services. The PURA may continue the hearing. For information and the Notice of Hearing filed with the Secretary of State's Office, contact: PUBLIC UTILITIES REGULATORY AUTHORITY, JEFFREY R. GAUDIOSI, ESQ., EXECUTIVE SECRETARY. The public may call the Authority's offices, at (860) 827-1553, option 4 (using a touch tone phone), commencing each day from 7:30 a.m., to be advised as to whether this hearing has been cancelled or postponed due to inclement weather. The Connecticut Department of Energy and Environmental Protection is an Affirmative Action and Equal Opportunity Employer that is committed to complying with the Americans with Disabilities Act. To request an accommodation contact us at (860) 418-5910 or deep.accommodations@ct.gov.

PUBLIC NOTICE

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s):
Yale-New Haven Hospital
Address 1:
317 Foxon Road,
East Haven, CT 06513
Address 2:
84 North Main Street,
Branford, CT 06405

Proposal:
Discontinuation of occupational medicine services in East Haven and Branford, CT.

Estimated Total Project Cost/Expenditure:
$0

STATE OF CONN Superior Court Juvenile Matters

NOTICE TO
Jeremiah Hargrove, father of minor children, born on 6/29/2001 and on 9/06/2002 to Deborah M., in the city of Derby, CT where the children were born.
OF PARTS UNKNOWN

A petition has been filed seeking: Commitment of minor child(ren) of the above named or vesting of custody and care of said child(ren) of the above named in a lawful, private or public agency or a suitable and worthy person. The petition, whereby the court's decision can affect your parental rights, if any, regarding minor child(ren) will be heard on 10/7/15 at 2:00 p.m. at SCJM, 7 Kendrick Ave, Waterbury, CT 06702
Therefore, ORDERED, that notice of the hearing of this petition be given by publishing this Order of Notice once, immediately upon receipt, in the New Haven Register, a newspaper having a circulation in the town/city of New Haven.
Hon. John Turner
Judge
Renee Polletta
Office Clerk
8/28/15
Right to Counsel: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense. Any such request should be made immediately at the court office where your hearing is to be held.

CARPENTERS!
PAINTERS!
LANDSCAPERS!
Place your ad in our Business Card Section or our Service Directory. Our readers will call you! They trust our advertisers to do the job right!
Call 203-850-6628

LEGAL NOTICES

STATE OF CONN Superior Court Juvenile Matters

NOTICE TO
Michael McKinney, father of female children, born on 4/30/04 and on 6/14/09 to Christine H, in the city of New Haven where the child was born
OF PARTS UNKNOWN

A petition has been filed seeking: Commitment of minor child(ren) of the above named or vesting of custody and care of said child(ren) of the above named in a lawful, private or public agency or a suitable and worthy person. The petition, whereby the court's decision can affect your parental rights, if any, regarding minor child(ren) will be heard on 10/1/15 at 9:00 a.m. at 239 Whalley Ave. New Haven, CT 06511
Therefore, ORDERED, that notice of the hearing of this petition be given by publishing this Order of Notice once, immediately upon receipt, in the New Haven Register, a newspaper having a circulation in the town/city of New Haven.
Hon. John F. Cronan
Judge
T. Bibeau
Dep Chief Clerk
8/20/15
Right to Counsel: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense. Any such request should be made immediately at the court office where your hearing is to be held.

STATE OF CONN Superior Court Juvenile Matters

NOTICE TO
Tymaine Sweets, father of male child, born on 3/24/2007 to Deborah M., in the city of Derby, CT where the child was born
OF PARTS UNKNOWN

A petition has been filed seeking: Commitment of minor child(ren) of the above named or vesting of custody and care of said child(ren) of the above named in a lawful, private or public agency or a suitable and worthy person. The petition, whereby the court's decision can affect your parental rights, if any, regarding minor child(ren) will be heard on 10/7/15 at 2:00 p.m. at SCJM, 7 Kendrick Ave, Waterbury, CT 06702
Therefore, ORDERED, that notice of the hearing of this petition be given by publishing this Order of Notice once, immediately upon receipt, in the New Haven Register, a newspaper having a circulation in the town/city of New Haven.
Hon. John Turner
Judge
Renee Polletta
Office Clerk
8/28/15
Right to Counsel: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense. Any such request should be made immediately at the court office where your hearing is to be held.

WEST HAVEN, CT LEGAL NOTICE PLANNING & ZONING COMMISSION

CITY OF WEST HAVEN, CONNECTICUT

The West Haven Planning and Zoning Commission will hold a Public Hearing and Regular Meeting on Tuesday, September 22, 2015 in the Harriett North Room, 2nd Floor, City Hall, 355 Main Street, West Haven, CT at 6:30 P.M. Please refer to the city website for further information: www.cityofwesthaven.com

Applications and supporting documents available for review in the office of Planning & Development, 355 Main Street, West Haven, CT.

Gene Sullivan
Chairman

CAN'T FIND what you're looking for? Find it the fast & easy, effective way by using the classifieds! Call and place a low cost classified ad under "Wanted To Buy" in next week's paper.

LEGAL NOTICES

STATE OF CONN Superior Court Juvenile Matters

NOTICE TO
John Doe,
of Parts Unknown

A petition has been filed seeking: Termination of parental rights of the above named in minor child(ren). The petition, whereby the court's decision can affect your parental rights, if any, regarding minor child(ren) will be heard on: 10/2/15 at 10:00A.M. at 239 Whalley Avenue, New Haven, CT 06511.
Therefore, ORDERED, that notice of the hearing of this petition be given by publishing this Order of Notice once, immediately upon receipt, in the New Haven Register, a newspaper having a circulation in the town/city of: New Haven, CT.
Hon. Marcus
Judge
M Lauder
Clerk
9/9/15
Right to Counsel: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense. Any such request should be made immediately at the court office where your hearing is to be held.

STATE OF CONN Superior Court Juvenile Matters

NOTICE TO
Christine Hedglin, mother of female children, born on 4/30/04 and on 6/14/09, with Michael M. in the city of New Haven, CT where the children were born
OF PARTS UNKNOWN

A petition has been filed seeking: Commitment of minor child(ren) of the above named or vesting of custody and care of said child(ren) of the above named in a lawful, private or public agency or a suitable and worthy person. The petition, whereby the court's decision can affect your parental rights, if any, regarding minor child(ren) will be heard on 10/1/15 at 9:00 a.m. at 239 Whalley Ave. New Haven, CT 06511
Therefore, ORDERED, that notice of the hearing of this petition be given by publishing this Order of Notice once, immediately upon receipt, in the New Haven Register, a newspaper having a circulation in the town/city of New Haven.
Hon. John F. Cronan
Judge
T. Bibeau
Dep Chief Clerk
8/20/15
Right to Counsel: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense. Any such request should be made immediately at the court office where your hearing is to be held.

STATE OF CONN Superior Court Juvenile Matters

NOTICE TO
Francisco Sanchez,
of Parts Unknown

A petition has been filed seeking: Termination of parental rights of the above named in minor child(ren). The petition, whereby the court's decision can affect your parental rights, if any, regarding minor child(ren) will be heard on: 10/2/15 at 10:00A.M. at 239 Whalley Avenue, New Haven, CT 06511.
Therefore, ORDERED, that notice of the hearing of this petition be given by publishing this Order of Notice once, immediately upon receipt, in the New Haven Register, a newspaper having a circulation in the town/city of: New Haven, CT.
Hon. Marcus
Judge
M Lauder
Clerk
9/9/15
Right to Counsel: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense. Any such request should be made immediately at the court office where your hearing is to be held.

Greer, Leslie

From: Veyberman, Alla
Sent: Tuesday, September 15, 2015 1:58 PM
To: 'nancy.rosenthal@greenwichhospital.org'
Cc: Riggott, Kaila; Hansted, Kevin; Lazarus, Steven; Greer, Leslie
Subject: RE: Request for Prefiled Testimony 15-32011
Attachments: Request for Prefile 15-32011.pdf

Mrs. Rosenthal,
Please see the attached PDF copy as well with the prefiled request and issues.

Thank you.

Alla Veyberman, MS
Health Care Analyst
CT Department of Public Health
Office of Health Care Access (OHCA)
Phone: 860.418.7007
Fax: 860.418.7053
Email: Alla.Veyberman@ct.gov

From: Veyberman, Alla
Sent: Tuesday, September 15, 2015 11:50 AM
To: nancy.rosenthal@greenwichhospital.org
Cc: Riggott, Kaila; Hansted, Kevin; Lazarus, Steven; Greer, Leslie
Subject: Request for Prefiled Testimony 15-32011

Hello Mrs. Rosenthal,

Attached you will find a copy of the letter requesting prefiled testimony of the Applicant in the matter referenced above. Please free to contact me or Steve, if you have any questions.

Thank you,

Alla Veyberman, MS
Health Care Analyst
CT Department of Public Health
Office of Health Care Access (OHCA)
Phone: 860.418.7007
Fax: 860.418.7053
Email: Alla.Veyberman@ct.gov

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

September 15, 2015

VIA EMAIL ONLY

Nancy Rosenthal
5 Perryridge Road
Greenwich, CT 06830

RE: Certificate of Need Application, Docket Number 15-32011-CON
Yale-New Haven Hospital
Termination of Yale-New Haven Hospital Urgent Care at Foxon

Dear Mrs. Rosenthal:

The Office of Health Care Access ("OHCA") will hold a public hearing on Monday, September 28, 2015 starting at 4:00 p.m. at the East Haven High School, Room S 106, 35 Wheelbarrow Lane, East Haven, CT regarding the Certificate of Need ("CON") application identified above. Pursuant to the Regulations of Connecticut State Agencies § 19a-9-29 (e), any party or other participant is required to prefile in written form all substantive, technical, or expert testimony that it proposes to offer at the hearing. The Applicant's prefiled testimony must be submitted to OHCA by 12:00 p.m. **on Wednesday, September 23, 2015.**

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

Additionally, please respond to the attached Issues in writing to OHCA **on September 23**, 2015.

Please contact Alla Veyberman at (860) 418-7007 or Steven W. Lazarus (860) 418-7012 if you have any questions concerning this request.

Sincerely,

Kevin T. Hansted
Hearing Officer

An Equal Opportunity Employer
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

Issues

Certificate of Need Application; Docket Number: 15-32011-CON

Yale-New Haven Hospital ("YNHH")

Termination of Yale-New Haven Hospital Urgent Care at Foxon ("Center") in East Haven

The Applicant should be prepared to present and discuss supporting evidence on the following issues:

1. Access to urgent care services for patients in the Center's service area.

2. Level and type of services offered by the Center and the other Urgent Care and Walk-In Clinic providers in the area.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

TO: Kevin Hansted, Hearing Officer

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

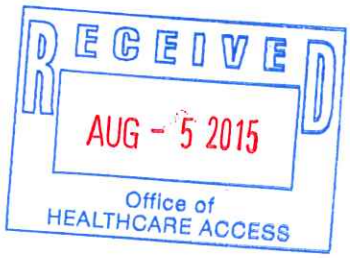
DATE: September 15, 2015

RE: Certificate of Need Application; Docket Number: 15-32011-CON
Yale-New Haven Hospital
Termination of Yale-New Haven Hospital Urgent Care at Foxon

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

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

ASAP URGENT CARE



Date: August 3, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

I am writing to express my support for Yale-New Haven Hospital's (YNHH) Certificate of Need (CON) Application to terminate its urgent care center located at 317 Foxon Road, East Haven, CT and its occupational medicine services located at 317 Foxon Road, East Haven and 84 Main Street, Branford, Connecticut. Since YNHH opened its urgent care and occupational medicine sites (one opened as part of the Hospital of Saint Raphael), there has been a doubling of the number of similar sites within a ten mile radius. Most of the urgent care centers, such as mine, handle occupational medicine injuries as well as non-occupational medicine walk in patients. The area's citizens and employers will be well served and will continue to have access and choice among alternate quality providers in the area.

We understand that YNHH's North Haven, New Haven and West Haven sites will remain open for those who choose to continue to use Yale-New Haven Hospital for urgent care and occupational medicine services.

Our sites are on bus lines, have sufficient free parking and accepts all payers (except Medicaid D). We have ample capacity and the ability and willingness to accommodate any YNHH patients who are displaced by the closure of these

services. We welcome the additional volume and opportunity to serve the area residents.

Thank you in advance.

Sincerely,

Tina LaRiviere
Chief Operating Officer
ASAP Urgent Care
tlariviere@asap-urgentcare.com

Greer, Leslie

From: Martone, Kim
Sent: Tuesday, September 22, 2015 8:14 AM
To: Hansted, Kevin; Riggott, Kaila
Cc: Greer, Leslie
Subject: FW: Yales Clinic Closing in East Haven

From: Carol & Bill Halkovic [mailto:seaquest@snet.net]
Sent: Tuesday, September 22, 2015 8:08 AM
To: Martone, Kim
Subject: Yales Clinic Closing in East Haven

I was very sad to learn of the possible closing of this Yale Clinic closing in East Haven. I know a lot of people who use this facility, including myself, and hope that they will reconsider this decision. It will be a great inconvenience for so many.

Carol Halkovic
94 Allison Way
East Haven, CT 06512

9/22/15

I am writing in reference to the closing of Yale NH Urgent Care facility on Foxon Rd. East Haven.

I am 81 years of age and have been going at 7 am on a Friday every 4 months for a few years now for blood draws. It is so convenient for me to get there. Without this facility I would have to either go into New Haven or center of East Haven which would not be convenient. I am hoping this will not occur as I've gotten to a point that I don't even mind having my Blood drawn and I am back home by 7:30 am.

Thank You

Sincerely.

Jeanne Brown
21 David Drive
East Haven, CT
06512
207-469-8531

RECEIVED
SEP 25 2015
Department of Public Health
Office of the Commissioner

State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

RECEIVED
OCT 1 2015
Office of
HEALTHCARE ACCESS

September 28, 2015

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

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

Dear Commissioner Mullen and Ms. Martone:

Thank you for the opportunity to offer testimony on the Certificate of Need (CON) application for the termination of Yale-New Haven Hospital's (YNHH) urgent care facility on Foxon Road in East Haven.

As elected officials representing the citizens of East Haven, we are gravely concerned about the impact of the closure of this facility on our community. This facility provides urgent care, occupational health, and radiology services to residents of East Haven and surrounding municipalities.

In addition to the impact on residents, closing this facility will directly affect the government of the Town of East Haven, as this site provides services the Town relies on for physical examinations, drug screenings, and worker's compensation for its employees.

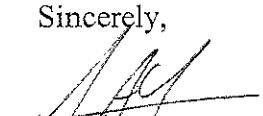
YNHH opened the East Haven facility just four years ago, and since then annual visits have risen by nearly 45%. Just over half of the facility's visits are from those on government assistance, including 37% of visits from Medicaid patients. The two facilities that the CON application recommends patients use should the application be approved, the North Haven and West Haven facilities, both have utilization that is *below* that of the East Haven facility. There is a clear need to maintain service at the East Haven location.

We also question YNHH's need for savings in light of the need for service at this location. While the savings are expected to be $1 million between the proposed closures of the East Haven and Branford facilities, YNHH made $240 million in profits in 2013 alone. Again, we question whether cuts to services are warranted in that context.

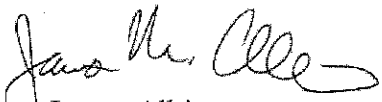
In the event that the CON application is approved, we respectfully ask that YNHH allow any other urgent care provider the right to open a facility at this location or any other area location without objection.

We urge the Office of Health Care Access to deny YNHH's CON application.

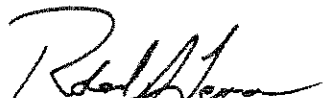
Sincerely,



Len Fasano
Senate Minority Leader, 34th District



James Albis
State Representative, 99th District



Roland Lemar
State Representative, 96th District

Joseph Maturo, Jr.
Mayor, East Haven

Greer, Leslie

Subject: FW: Foxon Pre-File Testimony
Attachments: 2015.09.23_ Cover Letter YNHH Urgent Care at Foxon_LRSD_IN.pdf; Pre-File Testimony 15-32011.pdf

Importance: High

From: Noel, Irene [mailto:Irene.Noel@ynhh.org]
Sent: Wednesday, September 23, 2015 11:06 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Cc: McKennan, Matthew <Matthew.McKennan@YNHH.ORG>; Willcox, Jennifer <Jennifer.Willcox@ynhh.org>
Subject: Foxon Pre-File Testimony
Importance: High

Good Morning,

The above referenced documents are attached. We have also sent out original and copies via Federal Express that should arrive tomorrow morning.

If you have any questions, please call me at 203 688-3781.

Thank you,

Irene Noel
Administrative Assistant to
Jennifer Willcox
Yale New Haven Health System

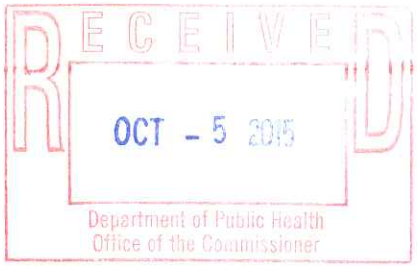
This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender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

101 Haverford St

Hamden CT 06517-1900

Thursday, September 24, 2015

Re: Yale-New Haven East Haven Foxxon Road proposal



Hon. Commissioner Jewel Mullen, M.D.

CT DPH—410 Capital Ave.

Dear Commissioner Mullen and Reviewers:

This is to recommend that the Commission direct Yale-New Haven's hospital administration submit a plan as follows: Before shuttering and emptying this Urgent Care clinic, YNH should, in cooperation with Commissioner, put out to bid, at its COST, the East Haven Foxxon Road provider facility. The facility could, if your Commission approves, remain open with reduced services for up to 15 mos. for transition purposes. The transition services should include, at least, orthopedic and stomach x-rays, ultrasound (kidneys etc)., limited pregnancy services, and ages four through 18 emergency, etc. Yale New Haven and Commission can exchange data as to which services are most needed. This would provide a way to evaluate and stabilize patients, and reassure their families, until transfer to a larger YNH facility is available. Further, for elderly skilled nursing facility (SNF) patients, especially evenings and weekends, this could be a real medical necessity.

This proposal takes into account: YNY need not always maintain a facility once it opens. However, having narrowed a market from other potential providers, the existing provider should promote a transfer bid. YNH could participate by contract in follow-up services, etc. Secondly, I have over 11 years of experience with travel on State Rt. 80, Foxxon Road area, AND Frontage Road areas (including Air Rights garage). These are areas I travel regularly. Traffice delays in BOTH areas are common, especially in the evening commute, beach weekends, shopping times, etc. Thus, stabilizing and assessing patients with urgent injury/accident/acute illness events is important. Thank you.

Gordon Fain 101 Haverford St. Hamden CT 06517 (frequent East Haven shopper, downtown New Haven parker in hospital area.)

Home Email yf 1973g@aol.com

YALE NEW HAVEN HEALTH

September 23, 2015

Kevin Hansted
Hearing Officer
CT Department of Public Health
Office of Health Care Access (OHCA)
410 Capitol Avenue
Hartford, CT 06134-0308

RE: Certificate of Need Application, Docket Number 15-32011-CON
Yale-New Haven Hospital
Termination of Yale-New Haven Hospital Urgent Care at Foxon

Dear Hearing Officer Hansted:

Attached please find Yale New Haven's pre-filed testimony in the above-referenced docket number, scheduled for a public hearing on Monday, September 28, 2015. Yale-New Haven Hospital also will have additional staff members present at the hearing to respond to any questions OHCA may have.

Sincerely,

Irene Noel
Administrative Assistant to
Jennifer Willcox
Deputy General Counsel
Yale New Haven Health System

Originals to follow via Federal Express

Yale New Haven Hospital

Termination of Yale New Haven Hospital Urgent Care at Foxon Road in East Haven, CT
Docket Number 15-32011-CON

Pre-file Testimony of Christopher O'Connor
Executive Vice President and Chief Operating Officer
Yale-New Haven Health System

Good Morning Hearing Officer Hansted and members of the Office of Health Care Access (OHCA) staff. My name is Christopher O'Connor and I am the Executive Vice President and Chief Operating Officer of Yale New Haven Health System (YNHHS). I am joined here today by my colleague, Dr. Amit Rastogi, who currently serves as the Interim Chief Executive Officer at Northeast Medical Group (NEMG), the non-profit medical foundation affiliated with YNHHS. I would first like thank you for the opportunity to speak with you today about our Certificate of Need (CON) application to terminate urgent care services at the Yale-New Haven Hospital Urgent Care at Foxon (the "Center").

As requested, we are both prepared to present and discuss ongoing access to urgent care services in the Center's service area, and the level and type of services offered at the Center and the 21 other urgent care and walk-in sites nearby. As you may have noticed, we listed 20 alternate urgent care and walk-in sites in our CON application, but, since the time of its filing, another urgent care site opened in Hamden, which brings the total to 21. An updated copy of OHCA Table 9 is appended to my testimony in Exhibit A, which includes the new site in Hamden, and information about the services provided and level of care at each of these locations.

Overview of the Center

Yale-New Haven Hospital (YNHH) began offering urgent care services at the Center in East Haven in May of 2011. The site provides walk-in services for non-life threatening conditions and serves primarily residents of New Haven, East Haven, North Branford, and Branford. In fact, 40% of the urgent care visits at this site originate from New Haven where there are currently 5 other urgent care and walk-in providers. It is staffed by two NEMG physicians, and the level of care offered at the Center includes predominately low acuity conditions such as sinusitis, sore through, and cough, which can be accommodated in alternate,

less costly, settings such as local walk-in clinics and appointment-based primary care offices. The professional services at the Center are provided by NEMG, which also operates walk-in centers in close proximity, in North Haven and West Haven. The Center offers basic radiology services and a blood draw. As of the end of August, the site was open 65 hours a week, but is now open Monday through Friday from 9am to 4pm. The hours have recently changed with one of the two full time physicians out under the Family Medical Leave Act.

As you may be aware, the Center also offers occupational health services, which we intend to consolidate into other YNHH sites, pending regulatory approval from OCHA. A public notice about this process has been posted and a separate CON will be forthcoming.

Context of Termination; Access to Care

Our decision to terminate urgent care services at Foxon Road arose in the context of ongoing planning efforts at YNHH to assess potentially duplicative offerings in nearby communities that may lead to inefficiencies and increased cost, while assuring that clinical programs are appropriately located within the Hospital's service area. This process began in earnest after YNHH acquired the Hospital of Saint Raphael in 2012 and administrative leadership undertook clinical and cultural integration, which included examining the existing ambulatory network of both hospitals as well as that of other providers in the local area. In addition, given the recent imposition of State tax increases and budget cuts, and declining reimbursements, YNHH has experienced additional financial pressures to right-size and re-examine its current service offerings.

Within this context, and as noted in the CON, the Center at Foxon was identified as an under-performing site in a geographic area that that has become increasingly saturated with urgent care and walk-in clinics. As mentioned earlier, there are two walk-in sites operated by NEMG nearby, one in North Haven and one in West Haven (7.5 miles and 10 miles from the Center, respectively). NEMG also has several primary care offices in the vicinity which offer appointment-based visits for low-acuity patients. Outside of YNHHS, there are 13 urgent care centers (three of which are operated by a Federally Qualified Health Center (FQHC)), 2 orthopedic walk-in clinics, 1 privately operated walk-in clinic, and 3 CVS minute clinics, all within 10 miles or less of the Center in East Haven. Moreover, there is also a primary care oriented FQHC located 4 miles from the Center in New Haven.

As mentioned previously, Exhibit A lists the location of each of these sites and their distance from the Center. All of the YNHHS sites accept both Medicare and Medicaid, and all but 3 of the urgent care and walk-in sites not affiliated with YNHHS also accept Medicare and Medicaid. These sites are also accessible via public transportation. We have attached a list of public transit options in Exhibit B to show the accessibility of many of these alternate locations.

Importantly, nearly half of these sites became operational after the Center opened in May of 2011, and one has actually opened after we filed this CON application. Thus, when examining the need for urgent care in the region, it seems quite apparent that there is extensive patient choice, and that closing the Center will not result in a reduction of access to services. Moreover, this proposal will enable YNHH and NEMG to re-allocate personnel to other needed settings within the health system, and is beneficial financially to patients because the alternate NEMG and non-YNHHS sites do not charge facility fees.

For your convenience, we have attached as Exhibit C a map of the existing providers in the market along with a boundary that shows the 15 minute drive time from the Center in East Haven. This map demonstrates that almost every alternative provider we have listed here is within a 15 minute drive time drive, and as previously mentioned, these sites are accessible via public transportation. My colleague Dr. Rastogi will provide more detail about the various types and levels of services offered by these alternate providers which, as he will explain, can accommodate the patients currently seen in East Haven.

Finally, I would also like to bring to your attention two letters of support from local urgent care providers in the area attached to this testimony in Exhibit D. These entities combined operate 6 local urgent care sites, two of which are only 5 miles from East Haven. Most importantly, both letters extend support for this project as these providers have ample capacity, accept governmental payers, including Medicaid, and have the ability to accommodate any patients who might be displaced by closing the Center in East Haven.

Summary

In conclusion, since the Center opened in 2011, YNHH has seen a proliferation of urgent care and walk-in centers near its Center in East Haven, and as we examined our ambulatory network in the local area, the most cost-efficient option was to eliminate this duplicative service. NEMG, our sister organization, operates two sites 7 and 10 miles from the Center in East Haven,

in North Haven and West Haven, respectively, that offer virtually identical services. These sites do not charge a facility fee, they accept all payers, and are accessible via public transportation. Moreover, there are 19 other urgent care and walk-in centers within 10 miles (or a 15 minute drive time) from the Center. Consistent with our strategy and the State Health Plan to focus on cost-efficient regionalization of services, the termination of urgent care services at the Center will not impact access to care while several alternative options exist in the local area for similar services. Finally, given the challenging environment in Connecticut, YNHH has had to re-examine the services it is able to offer in the region, in light of declining reimbursement, budget cuts, and additional taxes with a total burden of over $135M.

Thank you for your time today, and we would be happy to answer any questions. We urge you to approve this CON application. I would now like to introduce Dr. Amit Rastogi.

The foregoing is my sworn testimony.

Christopher O'Connor
Executive Vice President and Chief Operating Officer
Yale New Haven Health System

Yale New Haven Hospital

Termination of Yale New Haven Hospital Urgent Care at Foxon Road in East Haven, CT
Docket Number 15-32011-CON

Pre-file Testimony of Amit Rastogi, M.D.
Interim Chief Executive Officer of Northeast Medical Group

Hearing Officer Hansted and members of the Office of Health Care Access (OHCA) staff, thank you for the opportunity to speak with you today about this important Certificate of Need (CON) application to terminate urgent care services at Foxon Road in East Haven. My name is Dr. Amit Rastogi. I am a primary care physician and the Interim Chief Executive Officer of Northeast Medical Group (NEMG), the nonprofit medical foundation affiliated with Yale-New Haven Health System (YNHHS). I am here before you today because NEMG provides the professional services at the Yale-New Haven Hospital Urgent Care at Foxon (the "Center"), and also offers various primary care and walk-in services in the immediate vicinity of the Center. I am also here to discuss the different types and levels of care offered at the Center and other local alternatives in the region.

Overview of NEMG Locations

NEMG was founded in 2010 and is now a multispecialty physician group with more than 100 practice locations and 600 medical experts, including top primary care physicians and specialists in Fairfield and New Haven counties, as well as New York's Westchester County. NEMG physicians are linked via the EPIC electronic medical record, which includes innovative features that allows convenient patient access to test results and appointment information. Access to care is particularly important to NEMG: we operate a 24/7 toll-free physician referral center, accept all payers, and every day an increasing number of physicians offer patients the ability to easily schedule appointments via an online application, some with same-day appointments. NEMG is also committed to improving the coordination and cost-efficiency of care with 10 sites recognized by the National Committee for Quality Assurance as Level 3 Medical Homes, and was selected to participate in the Medicare Shared Savings Program as an Accountable Care Organization.

I provide this background to make it clear that NEMG has a robust network of physicians and clinical providers in the region who deliver high value, cost-effective care, including sites within the immediate area served by the Center in East Haven. In fact, NEMG operates two walk-in sites within approximately 10 miles of the Center which provide virtually the same exact services. Both sites have capacity, free parking, and are accessible via public transportation. In addition, there are several NEMG primary care practice locations in the same area. As noted by my colleague, outside of the YNHHS network, there are 19 other urgent care are walk-in centers nearby to the Center within approximately 10 miles.

Types and Levels of Care at Alternate Sites

As requested by OHCA, I would like to take a moment to explain the difference between urgent care and walk-in settings. These terms are often used interchangeably and differences, in many cases, are purely semantic. Anecdotally, a walk-in center typically offers treatment for common non-life threatening injuries and infections such as sprains, pink eye and sore threat. The emphasis is on convenience and they do not accept appointments. Instead of a physician, one may be treated by a physician assistant or nurse practitioner. An urgent care center, on the other hand, is like a walk-in center, but often with enhanced capabilities. They are usually staffed by a physician and they may treat more serious non-life threatening injuries and illnesses compared to a walk-in setting.

However, as noted in the 2014 Supplement to the Statewide Facilities and Services Plan, there is not a single licensure category for the urgent care setting or a statutory definition for this term. They can be licensed as outpatient clinics, as a satellite to a general hospital, or, like the vast majority in Connecticut, under a physician's license. As such, it remains difficult to fully inventory, categorize or discuss this level of service in Connecticut.

Nevertheless, in the case of the urgent care services offered in East Haven, and the walk-in services offered in North Haven and West Haven, the differences are fairly minimal. All of the sites are staffed by physicians and in fact, the same physicians may work at more than one site, if needed. Both sites are open similar hours, and from the physician standpoint, I believe there is little difference in the quality or type of care provided at the North Haven and West Haven sites compared to the Center in East Haven – both of which are staffed by NEMG physicians, and both of which offer ancillary services on site such as blood draw and basic

radiology. Please see Exhibit A which provides OCHA Table 9 with a list of alternate locations, as well as the level and type of services offered in the service area. This table shows that all 13 of the alternate urgent care sites outside of the YNHHS network are staffed by physicians and offer basic radiology (x-ray) and blood draw services, and 12 out of the 13 accept Medicaid.

I think it is also important to examine the types of conditions treated at each of these sites when discussing the type and level of care provided at the Center. Importantly, a large portion of the conditions treated at our Center in East Haven are low acuity, such as sore threat, cough, sinusitis and upper respiratory tract infections. The low acuity of these visits can best be seen in an alternate walk-in or primary care setting, such as the two NEMG sites not far from the East Haven location, or any of the numerous appointment-based NEMG offices in the area. These alternative sites offer access to care, and enhanced coordination in a primary care practice, as opposed to the episodic nature of urgent care, along with the benefits of the EPIC integrated electronic medical record. By doing so, our proposal help address this fragmentation of care resulting from the proliferation of urgent care sites, as discussed in the 2014 Supplement to the Statewide Facilities and Services Plan.

With OHCA's approval to terminate urgent care services at the Center, all patients will be provided information about alternate sites of service, including local primary care physicians, who may be the most clinically appropriate and cost-effective provider to manage and coordinate care for the low acuity patients. With this proposal, we intend to reduce a duplicative service in the area, while coordinating access at our existing NEMG sites, which may potentially increase accessibility with a consistent primary care provider. Patients, of course, will be free to seek services with any provider they choose, and I understand that several of the providers in the area have capacity and have indicated a willingness to accept patients who currently visits the Center.

Summary

In conclusion, YNHH and NEMG are committed to providing accessible, appropriate and affordable care at walk-in sites and primary care setting throughout the service area. A significant number of the urgent care patients at Center in East Haven seek care for issues that can be appropriately provided in a more cost-effective setting. I appreciate the opportunity to testify before you today and would happy to answer any questions. Thank you for your time and attention to this CON application.

The foregoing is my sworn testimony.

Amit Rastogi, M.D.

Interim Chief Executive Officer

Northeast Medical Group

Exhibit A

UPDATED TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Alternate Sites of Service -- Within Yale-New Haven Health System											
Count	Category	Service or Program Name	Population Served	Type of Service	Services Provided	Staffing	Facilty ID	Street Address and Town	Hours/Days of Operation	Current Utilization	Distance from Foxon Urgent Care
1	WALK-IN	NEMG North Haven Walk-In Medical Center	Commercially Insured, Medicare, Medicaid Children and Adults	Walk-In.	Walk-In, Urgent care X-ray; Blood Draw	MD	1043278351	6 Devine St. North Haven, CT	M-F (8am - 8pm) Sat. (8am - Noon)	~6,000 visits per year	7 miles
2		NEMG West Haven Walk-In Medical Center	Commercially Insured, Medicare, Medicaid Children and Adults	Walk-In.	Walk-In, Urgent care X-ray; Blood Draw	MD	1043278351	500 Elm St. West Haven, CT	M-F (8am - 8pm) Sat. (8am - Noon)	~6,000 visits per year	10.5 miles
3	EMERGENCY	YNHH York Street Emergency Department	Commercially Insured, Medicare, Medicaid Children and Adults	Emergency care.	Emergency; X-ray; Blood Draw, other diagnostic testing.	MD	1851568828	20 York Street New Haven, CT	24/7	~90,000 visits per year in the adult ED, and 34,000 visits per yer in pediatric ED	6.4 miles
4		YNHH Saint Raphael Emergency Department	Commercially Insured, Medicare, Medicaid Children and Adults	Emergency care.	Emergency; X-ray; Blood Draw, other diagnostic testing.	MD	1851568828	1450 Chapel Streeet New Haven, CT	24/7	~50,000 visits per year	7.4 miles
5		YNHH Shoreline Medical Center Emergency Department	Commercially Insured, Medicare, Medicaid Children and Adults	Emergency care.	Emergency; X-ray; Blood Draw, other diagnostic testing.	MD	1851568828	111 Goose Lane Guilford, CT	24/7	~19,000 visits per year	10.3 miles

NEMG also operates several primary care practices in the area, wich well over 35 primary care physicians within 10 miles for the Foxon Urgent Care Center.

See the next page for alternate sites of service outside of Yale-New Haven Health System.

UPDATED TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Alternate Sites of Service -- Outside of Yale-New Haven Health System											
Count	Category	Service or Program Name	Population Served	Type of Service	Services Provided	Staffing	Facility ID	Street Address and Town	Hours/Days of Operation	Current Utilization	Distance from Foxon Urgent Care
1	URGENT CARE	Cornell Scott Hill Health Center Urgent Care*	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Walk-in Urgent care adult and pediatric; X-ray; Blood Draw	MD/Physician Assistants/ Advanced Practice Registered Nurses	N/A	428 Columbus Avenue New Haven, CT	M, Tues, Thur. (8:30am - 8pm) Wed, Fri. (8:30am - 5pm) Sat. (8:30am - 12pm)	Proprietary.	6.5 miles
2		Cornell Scott Hill Health Center Urgent Care*	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Walk-in Urgent care adult and pediatric; X-ray; Blood Draw	MD/Physician Assistants/ Advanced Practice Registered Nurses	N/A	226 Dixwell Avenue New Haven, CT	Mon, Wed. (8:30am - 5pm) Tues, Thurs. (8:30am - 8pm)	Proprietary.	5.8 miles
3		Cornell Scott Hill Health Center Urgent Care*	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Walk-in Urgent care adult and pediatric; X-ray; Blood Draw	MD/Physician Assistants/ Advanced Practice Registered Nurses	N/A	911-913 State Street New Haven, CT	Mon, Thur, Fri. (8:30am - 4pm) Tues, Wed. (1pm - 7pm)	Proprietary.	4.5 miles
4		ASAP Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Lab Services	MD/Physician Assistants	N/A	79 Washington Ave North Haven, CT	M-F (11am - 7pm) Sat-Sun (9am - 5pm)	Proprietary.	6.5 miles
5		ASAP Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Lab Services	MD/Physician Assistants	N/A	2165 Dixwell Avenue Hamden, CT	M-F (8am - 8pm) Sat-Sun (9am - 5pm)	Proprietary.	8 miles
6		203 Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Blood draw	MD/Physician Assistants	N/A	163 Universal Drive North Haven, CT	M-F (8am - 8pm) Sat-Sun (8am - 6pm)	Proprietary.	4.3 miles
7		203 Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Blood draw	MD/Physician Assistants	N/A	109 Boston Post Road Orange, CT	M-F (8am - 8pm) Sat-Sun (8am - 6pm)	Proprietary.	10.4 miles
8		203 Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Blood draw	MD/Physician Assistants	N/A	636 Campbell Avenue West Haven, CT	M-F (8am - 8pm) Sat-Sun (10am - 4pm)	Proprietary.	8.7 miles
9		203 Urgent Care**	Commercially Insured, Medicare, Medicaid children and adults	Urgent care .	Urgent care adult and pediatric; X-ray; Blood draw	MD/Physician Assistants	N/A	1700 Dixwell Ave Hamden, CT	M-F (8am - 8pm) Sat-Sun (10am - 4pm)	Proprietary.	7.2 miles
10		Stony Creek Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; x-ray, blood draw, Diagnostic Testing	MD/Physician Assistants /Advanced Practice Registered Nurses	N/A	6 Business Park Drive Branford, CT	M-F (8am - 7:30pm) Sat-Sun (9am - 4:30pm)	Proprietary.	6.1 miles
11		Stony Creek Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; x-ray, blood draw, Diagnostic Testing	MD/Physician Assistants /Advanced Practice Registered Nurses	N/A	236 Boston Post Road Orange, CT	M-F (8am - 7:30pm) Sat-Sun (9am - 2:30pm)	Proprietary.	10.9 miles
12		Express Care Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; On-site Lab Services	MD/Physician Assistants	N/A	1650 Dixwell Ave Hamden, CT	7 days a week (8am - 8pm)	Proprietary.	7.2 miles
13		Concentra Urgent Care	Commercially Insured, Medicare, children and adults. No Medicaid.	Urgent care.	Urgent care; X-ray; Blood Draw	MD/Physician Assistants /Advanced Practice Registered Nurses	N/A	370 James Street New Haven, CT	M-F (8am - 5pm)	Proprietary.	4 miles
14	WALK-IN	OrthoNow Walk-In Care	Commercially Insured, Medicare, children and adults. No Medicaid.	Walk-In, orthopedics only.	Urgent orthopedic care adult and pediatric; X-ray; MRI	Physician Assistant	N/A	2408 Whitney Avenue Hamden, CT	M-F (3pm - 8pm) Sat. (9am - 5pm) Sun (8am - Noon)	Proprietary.	9.6 miles
15		OrthoNow Walk-In Care	Commercially Insured, Medicare, children and adults. No Medicaid.	Walk-In, orthopedics only.	Urgent orthopedic care adult and pediatric; X-ray; MRI	Physician Assistant	N/A	84 North Main Street Branford, CT	M-F (3pm - 8pm) Sat. (9am - 5pm) Sun (1pm - 5pm)	Proprietary.	4.6 miles
16		New Haven Walk-In Medical Center	Commercially Insured, Medicare, Medicaid children and adults	Walk-In.	Walk-in services. No x-ray.	MD	N/A	77 Grand Avenue New Haven, CT	M-F (9am - 5pm) Sat. (9am -Noon)	Proprietary.	3.4 miles
17		CVS Minute Clinic	Commercially Insured, Medicare, Medicaid children and adults	Walk-In.	Urgent visits for minor injuries and illnesses; X-ray is not available at Minute Clinic	Physician Assistants/ Advanced Practice Registered Nurses	N/A	162 Washington Ave North Haven, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)	Proprietary.	6.9 miles
18		CVS Minute Clinic	Commercially Insured, Medicare, Medicaid children and adults	Walk-In.	Urgent visits for minor injuries and illnesses; X-ray is not available at Minute Clinic	Physician Assistants/ Advanced Practice Registered Nurses	N/A	2045 Dixwell Ave Hamden, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)	Proprietary.	9.5 miles
19		CVS Minute Clinic	Commercially Insured, Medicare, Medicaid children and adults	Walk-In.	Urgent visits for minor injuries and illnesses; X-ray is not available at Minute Clinic	Physician Assistants/ Advanced Practice Registered Nurses	N/A	1057 Boston Post Road Guilford, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)	Proprietary.	9.3 miles
20	PRIMARY CARE	Fair Haven Community Health Center*	Commercially Insured, Medicare, Medicaid children and adults	Primary care.	Primary care for injury, illness, or well visits: adult, geriatric and pediatric	MD/Advanced Practice Registered Nurses	N/A	374 Grand Avenue New Haven, CT	M, W (8:30am - 5pm) Tues, Thur. (8:30am - 7pm) Fri. (9:30am - 5pm)	Proprietary.	4.0 miles

*Sites operated by Federally Qualified Health Centers.
**Opened in summer of 2015

Exhibit B

EXHIBIT B
PUBLIC TRANSPORTATION NEAR SITES THAT ACCEPT MEDICAID

						COPY AND PASTE INTO BROWSER					
						Bus Schedule Links					
Category:	Service/Program Name	Medicaid/Medicare	Street Address	Distance From Foxon Urgent Care (in miles):	Bus Route Accessabilty	Link 1	Link 2	Link 3	Link 4	link 5	Main Bus Schedule Link
Urgent Care	Cornell Scott Hill Health Center Urgent Care	Yes for both	428 Columbus Avenue New Haven, CT	6.5	Yes, the B, J5, J7, M1, and M2 bus stops are within about a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Jkimberly_wkdysched(19).pdf	http://www.cttransit.com/Uploads_Schedules/nh_M_wkdysched(14).pdf			http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Urgent Care	Cornell Scott Hill Health Center Urgent Care	Yes for both	226 Dixwell Aveue New Haven, CT	5.8	The D5, G3, and G4 buses stops are within a one block distance.	http://www.cttransit.com/Uploads_Schedules/nh_G_wkdysched(14).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Urgent Care	Cornell Scott Hill Health Center Urgent Care	Yes for both	911-913 State Street New haven, CT	4.5	The Q bus runs along State Street	http://www.cttransit.com/Uploads_Schedules/nh_Q_wkdysched(11).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Urgent Care	ASAP Urgent Care	Yes for both	79 Washington Avenue North Haven, CT	6.5	The C1 bus stops within a block from of the addres	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Urgent Care	ASAP Urgent Care	Yes for both	2165 Dixwell Avenue Hamden, CT	8	The D5, and J bus stops are within a one block distance of the address	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Jwhitney_wkdysched(21).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Urgent Care	203 Urgent Care	Yes for both	163 Universal Drive North Haven, CT	4.3	The C and D13 bus stops are within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Dgrand_wkdysched(15).pdf	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Urgent Care	203 Urgent Care	Yes for both	109 Boston Post Road Orange, CT	10.4	The B0, B4, and O bus stops are within a one block distance.	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Oroute1_wkdysched(18).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Urgent Care	203 Urgent Care	Yes for both	636 Campbell Avenue West Haven, CT	8.7	The B4, B5, B7, J5, and J7 bus stops are within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Jkimberly_wkdysched(19).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-
Urgent Care	203 Urgent Care	Yes for both	1700 Dixwell Avenue Hamden, CT	7.2	The D5 bus stop is within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-
Urgent Care	Stony Creek Urgent Care	Yes for both	6 Business Park Drive Branford, CT	6.1	The S/S1 bus stop is within a one block distance.	http://www.cttransit.com/Uploads_Schedules/nh_S_wkdysched(10).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Urgent Care	Stony Creek Urgent Care	Yes for both	236 Boston Post Road Orange, CT	10.9	the B4 and O2 bus stops are within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Oroute1_wkdysched(18).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Urgent Care	Express Care Urgent Care	Yes for both	1650 Dixwell Avenue Hamden, CT	7.2	The D5 bus stop is within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Walk-in	New haven Walk-in Medical Center	Yes for both	77 Grande Avenue New Haven, CT	3.4	The C1 and D13 bus stops are within a one block walking distance	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Dgrand_wkdysched(15).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Walk-in	CVS Minute Clinic	Yes for both	162 Washington Avenue North Haven, CT	6.9	The C1 bus stop is within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Walk-in	CVS Minute Clinic	Yes for both	2045 Dixwell Hamden, CT	9.5	The D5 bus stop is within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Walk-in	CVS Minute Clinic	Yes for both	1057 Boston Post Road Guilford, CT	9.3	The S bus stop is within a block distance	http://www.cttransit.com/Uploads_Schedules/nh_S_wkdysched(10).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Walk-in	NEMG North Haven Walk-in Medical Center	Yes for both	6 Devine st. North Haven, CT	7	The M3 bus stop is on the address.	http://www.cttransit.com/Uploads_Schedules/nh_M_wkdysched(14).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Walk-in	NEMG North Haven Walk-in Medical Center	Yes for both	500 Elm St. West haven, CT	10.5	The B4 and B5 bus stop is on the address	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}
Primary Care	Fair Haven Community Health Center	Yes for both	374 Grand Ave, New Haven, CT	4	The C1, D12, and D1 bus stops are within a one block radius of the address.	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Dgrand_wkdysched(15).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID={2F26F128-0D02-4B72-B7E2-4F47AF926BDC}

NEW HAVEN METRO AREA BUS SYSTEM MAP

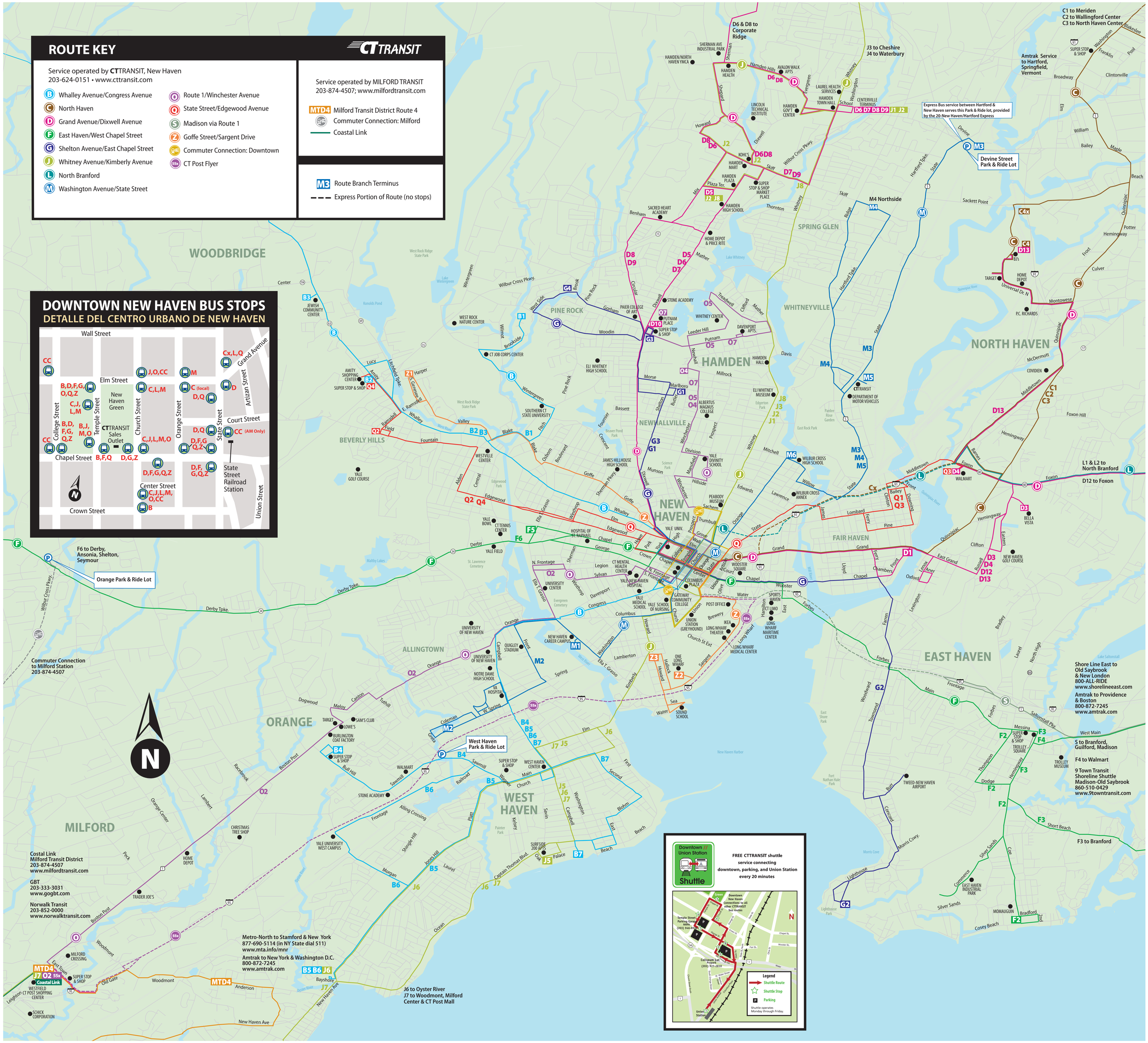


Exhibit C

MAP OF ALTERNATE LOCATIONS

YALE NEW HAVEN HEALTH

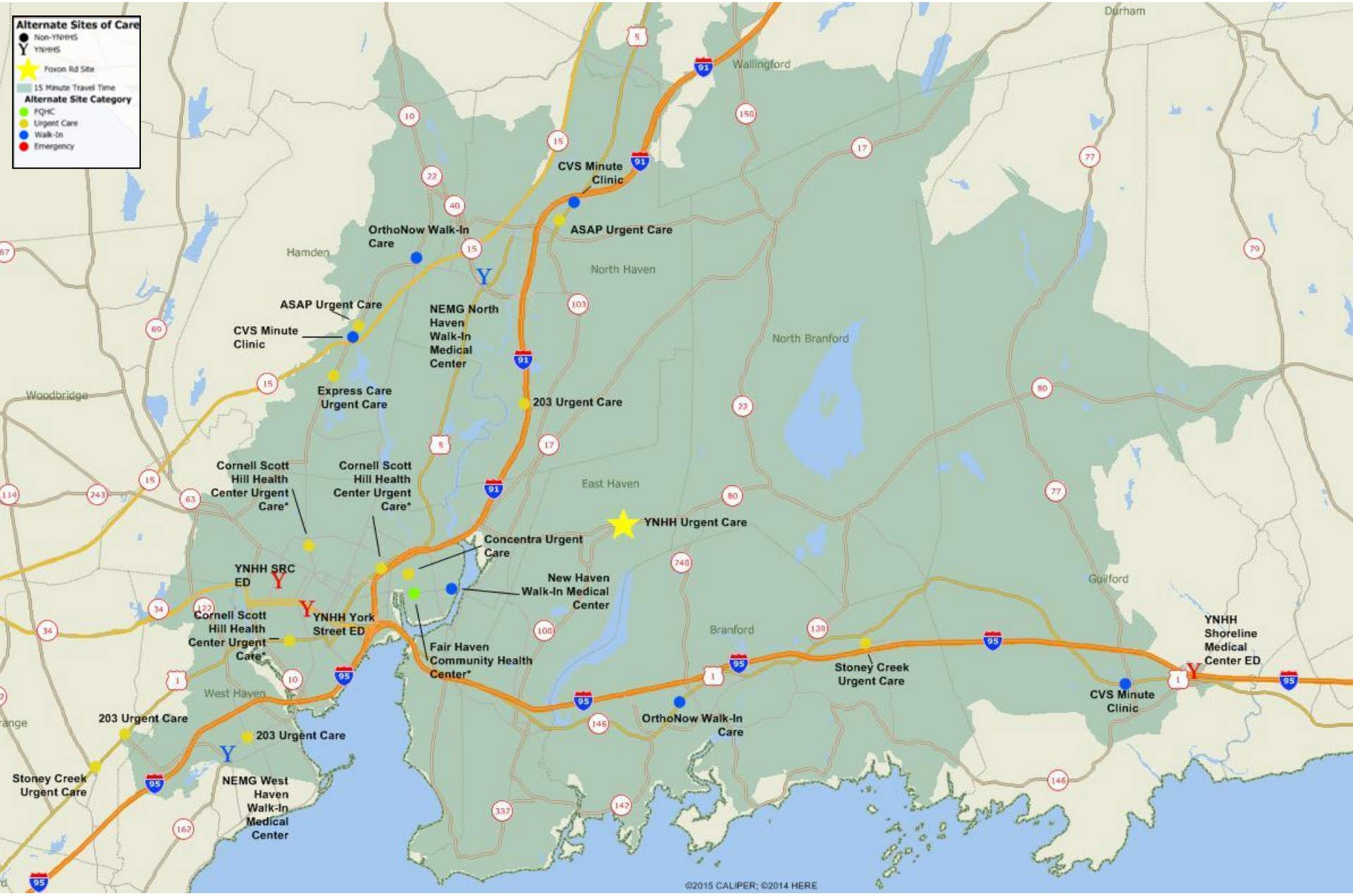


Exhibit D

ASAP URGENT CARE

Date: August 3, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

I am writing to express my support for Yale-New Haven Hospital's (YNHH) Certificate of Need (CON) Application to terminate its urgent care center located at 317 Foxon Road, East Haven, CT and its occupational medicine services located at 317 Foxon Road, East Haven and 84 Main Street, Branford, Connecticut. Since YNHH opened its urgent care and occupational medicine sites (one opened as part of the Hospital of Saint Raphael), there has been a doubling of the number of similar sites within a ten mile radius. Most of the urgent care centers, such as mine, handle occupational medicine injuries as well as non-occupational medicine walk in patients. The area's citizens and employers will be well served and will continue to have access and choice among alternate quality providers in the area.

We understand that YNHH's North Haven, New Haven and West Haven sites will remain open for those who choose to continue to use Yale-New Haven Hospital for urgent care and occupational medicine services.

Our sites are on bus lines, have sufficient free parking and accepts all payers (except Medicaid D). We have ample capacity and the ability and willingness to accommodate any YNHH patients who are displaced by the closure of these

services. We welcome the additional volume and opportunity to serve the area residents.

Thank you in advance.

Sincerely,

Tina LaRiviere
Chief Operating Officer
ASAP Urgent Care
tlariviere@asap-urgentcare.com

203-URGENTCARE

HAMDEN 1700 DIXWELL AVENUE
NORTH HAVEN 163 UNIVERSAL DRIVE NORTH
NORWALK 677 CONNECTICUT AVENUE
ORANGE 109 BOSTON POST ROAD
STRATFORD 200 EAST MAIN STREET
WATERBURY 279 CHASE AVENUE / 506 FROST ROAD
WEST HAVEN 636 CAMPBELL AVENUE

Date 8/6/2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

I am writing to express my support for Yale-New Haven Hospital's (YNHH) Certificate of Need (CON) Application to terminate its urgent care center located at 317 Foxon Road, East Haven, CT and its occupational medicine services located at 317 Foxon Road, East Haven and 84 Main Street, Branford, Connecticut. Since YNHH opened its urgent care and occupational medicine sites (one opened as part of the Hospital of Saint Raphael), there has been a doubling of the number of similar sites within a ten mile radius. Most of the urgent care centers, such as mine, handle occupational medicine injuries as well as non-occupational medicine walk in patients. The area's citizens and employers will be well served and will continue to have access and choice among alternate quality providers in the area.

We understand that YNHH's North Haven, New Haven and West Haven sites will remain open for those who choose to continue to use Yale-New Haven Hospital for urgent care and occupational medicine services.

My site is on a bus line, has sufficient free parking and accepts all payers. We have ample capacity and the ability and willingness to accommodate any YNHH patients who are displaced by the closure of these services. We welcome the additional volume and opportunity to serve the area residents.

Thank you in advance.

Sincerely,

JD Sidana
203URGENT CARE

YALE NEW HAVEN HEALTH

September 23, 2015

RECEIVED
SEP 24 2015
Office of HEALTHCARE ACCESS

Kevin Hansted
Hearing Officer
CT Department of Public Health
Office of Health Care Access (OHCA)
410 Capitol Avenue
Hartford, CT 06134-0308

RE: Certificate of Need Application, Docket Number 15-32011-CON
Yale-New Haven Hospital
Termination of Yale-New Haven Hospital Urgent Care at Foxon

Dear Hearing Officer Hansted:

Attached please find Yale New Haven's pre-filed testimony in the above-referenced docket number, scheduled for a public hearing on Monday, September 28, 2015. Yale-New Haven Hospital also will have additional staff members present at the hearing to respond to any questions OHCA may have.

Sincerely,

Irene Noel
Administrative Assistant to
Jennifer Willcox
Deputy General Counsel
Yale New Haven Health System

Originals to follow via Federal Express

Yale New Haven Hospital

Termination of Yale New Haven Hospital Urgent Care at Foxon Road in East Haven, CT Docket Number 15-32011-CON

Pre-file Testimony of Christopher O'Connor Executive Vice President and Chief Operating Officer Yale-New Haven Health System

Good Morning Hearing Officer Hansted and members of the Office of Health Care Access (OHCA) staff. My name is Christopher O'Connor and I am the Executive Vice President and Chief Operating Officer of Yale New Haven Health System (YNHHS). I am joined here today by my colleague, Dr. Amit Rastogi, who currently serves as the Interim Chief Executive Officer at Northeast Medical Group (NEMG), the non-profit medical foundation affiliated with YNHHS. I would first like thank you for the opportunity to speak with you today about our Certificate of Need (CON) application to terminate urgent care services at the Yale-New Haven Hospital Urgent Care at Foxon (the "Center").

As requested, we are both prepared to present and discuss ongoing access to urgent care services in the Center's service area, and the level and type of services offered at the Center and the 21 other urgent care and walk-in sites nearby. As you may have noticed, we listed 20 alternate urgent care and walk-in sites in our CON application, but, since the time of its filing, another urgent care site opened in Hamden, which brings the total to 21. An updated copy of OHCA Table 9 is appended to my testimony in Exhibit A, which includes the new site in Hamden, and information about the services provided and level of care at each of these locations.

Overview of the Center

Yale-New Haven Hospital (YNHH) began offering urgent care services at the Center in East Haven in May of 2011. The site provides walk-in services for non-life threatening conditions and serves primarily residents of New Haven, East Haven, North Branford, and Branford. In fact, 40% of the urgent care visits at this site originate from New Haven where there are currently 5 other urgent care and walk-in providers. It is staffed by two NEMG physicians, and the level of care offered at the Center includes predominately low acuity conditions such as sinusitis, sore through, and cough, which can be accommodated in alternate,

less costly, settings such as local walk-in clinics and appointment-based primary care offices. The professional services at the Center are provided by NEMG, which also operates walk-in centers in close proximity, in North Haven and West Haven. The Center offers basic radiology services and a blood draw. As of the end of August, the site was open 65 hours a week, but is now open Monday through Friday from 9am to 4pm. The hours have recently changed with one of the two full time physicians out under the Family Medical Leave Act.

As you may be aware, the Center also offers occupational health services, which we intend to consolidate into other YNHH sites, pending regulatory approval from OCHA. A public notice about this process has been posted and a separate CON will be forthcoming.

Context of Termination; Access to Care

Our decision to terminate urgent care services at Foxon Road arose in the context of ongoing planning efforts at YNHH to assess potentially duplicative offerings in nearby communities that may lead to inefficiencies and increased cost, while assuring that clinical programs are appropriately located within the Hospital's service area. This process began in earnest after YNHH acquired the Hospital of Saint Raphael in 2012 and administrative leadership undertook clinical and cultural integration, which included examining the existing ambulatory network of both hospitals as well as that of other providers in the local area. In addition, given the recent imposition of State tax increases and budget cuts, and declining reimbursements, YNHH has experienced additional financial pressures to right-size and re-examine its current service offerings.

Within this context, and as noted in the CON, the Center at Foxon was identified as an under-perming site in a geographic area that that has become increasingly saturated with urgent care and walk-in clinics. As mentioned earlier, there are two walk-in sites operated by NEMG nearby, one in North Haven and one in West Haven (7.5 miles and 10 miles from the Center, respectively). NEMG also has several primary care offices in the vicinity which offer appointment-based visits for low-acuity patients. Outside of YNHHS, there are 13 urgent care centers (three of which are operated by a Federally Qualified Health Center (FQHC)), 2 orthopedic walk-in clinics, 1 privately operated walk-in clinic, and 3 CVS minute clinics, all within 10 miles or less of the Center in East Haven. Moreover, there is also a primary care oriented FQHC located 4 miles from the Center in New Haven.

As mentioned previously, Exhibit A lists the location of each of these sites and their distance from the Center. All of the YNHHS sites accept both Medicare and Medicaid, and all but 3 of the urgent care and walk-in sites not affiliated with YNHHS also accept Medicare and Medicaid. These sites are also accessible via public transportation. We have attached a list of public transit options in Exhibit B to show the accessibility of many of these alternate locations.

Importantly, nearly half of these sites became operational after the Center opened in May of 2011, and one has actually opened after we filed this CON application. Thus, when examining the need for urgent care in the region, it seems quite apparent that there is extensive patient choice, and that closing the Center will not result in a reduction of access to services. Moreover, this proposal will enable YNHH and NEMG to re-allocate personnel to other needed settings within the health system, and is beneficial financially to patients because the alternate NEMG and non-YNHHS sites do not charge facility fees.

For your convenience, we have attached as Exhibit C a map of the existing providers in the market along with a boundary that shows the 15 minute drive time from the Center in East Haven. This map demonstrates that almost every alternative provider we have listed here is within a 15 minute drive time drive, and as previously mentioned, these sites are accessible via public transportation. My colleague Dr. Rastogi will provide more detail about the various types and levels of services offered by these alternate providers which, as he will explain, can accommodate the patients currently seen in East Haven.

Finally, I would also like to bring to your attention two letters of support from local urgent care providers in the area attached to this testimony in Exhibit D. These entities combined operate 6 local urgent care sites, two of which are only 5 miles from East Haven. Most importantly, both letters extend support for this project as these providers have ample capacity, accept governmental payers, including Medicaid, and have the ability to accommodate any patients who might be displaced by closing the Center in East Haven.

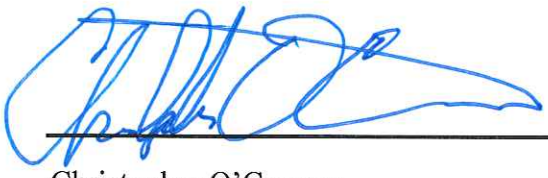
Summary

In conclusion, since the Center opened in 2011, YNHH has seen a proliferation of urgent care and walk-in centers near its Center in East Haven, and as we examined our ambulatory network in the local area, the most cost-efficient option was to eliminate this duplicative service. NEMG, our sister organization, operates two sites 7 and 10 miles from the Center in East Haven,

in North Haven and West Haven, respectively, that offer virtually identical services. These sites do not charge a facility fee, they accept all payers, and are accessible via public transportation. Moreover, there are 19 other urgent care and walk-in centers within 10 miles (or a 15 minute drive time) from the Center. Consistent with our strategy and the State Health Plan to focus on cost-efficient regionalization of services, the termination of urgent care services at the Center will not impact access to care while several alternative options exist in the local area for similar services. Finally, given the challenging environment in Connecticut, YNHH has had to re-examine the services it is able to offer in the region, in light of declining reimbursement, budget cuts, and additional taxes with a total burden of over $135M.

Thank you for your time today, and we would be happy to answer any questions. We urge you to approve this CON application. I would now like to introduce Dr. Amit Rastogi.

The foregoing is my sworn testimony.



Christopher O'Connor
Executive Vice President and Chief Operating Officer
Yale New Haven Health System

Yale New Haven Hospital

Termination of Yale New Haven Hospital Urgent Care at Foxon Road in East Haven, CT
Docket Number 15-32011-CON

Pre-file Testimony of Amit Rastogi, M.D.
Interim Chief Executive Officer of Northeast Medical Group

Hearing Officer Hansted and members of the Office of Health Care Access (OHCA) staff, thank you for the opportunity to speak with you today about this important Certificate of Need (CON) application to terminate urgent care services at Foxon Road in East Haven. My name is Dr. Amit Rastogi. I am a primary care physician and the Interim Chief Executive Officer of Northeast Medical Group (NEMG), the nonprofit medical foundation affiliated with Yale-New Haven Health System (YNHHS). I am here before you today because NEMG provides the professional services at the Yale-New Haven Hospital Urgent Care at Foxon (the "Center"), and also offers various primary care and walk-in services in the immediate vicinity of the Center. I am also here to discuss the different types and levels of care offered at the Center and other local alternatives in the region.

Overview of NEMG Locations

NEMG was founded in 2010 and is now a multispecialty physician group with more than 100 practice locations and 600 medical experts, including top primary care physicians and specialists in Fairfield and New Haven counties, as well as New York's Westchester County. NEMG physicians are linked via the EPIC electronic medical record, which includes innovative features that allows convenient patient access to test results and appointment information. Access to care is particularly important to NEMG: we operate a 24/7 toll-free physician referral center, accept all payers, and every day an increasing number of physicians offer patients the ability to easily schedule appointments via an online application, some with same-day appointments. NEMG is also committed to improving the coordination and cost-efficiency of care with 10 sites recognized by the National Committee for Quality Assurance as Level 3 Medical Homes, and was selected to participate in the Medicare Shared Savings Program as an Accountable Care Organization.

I provide this background to make it clear that NEMG has a robust network of physicians and clinical providers in the region who deliver high value, cost-effective care, including sites within the immediate area served by the Center in East Haven. In fact, NEMG operates two walk-in sites within approximately 10 miles of the Center which provide virtually the same exact services. Both sites have capacity, free parking, and are accessible via public transportation. In addition, there are several NEMG primary care practice locations in the same area. As noted by my colleague, outside of the YNHHS network, there are 19 other urgent care are walk-in centers nearby to the Center within approximately 10 miles.

Types and Levels of Care at Alternate Sites

As requested by OHCA, I would like to take a moment to explain the difference between urgent care and walk-in settings. These terms are often used interchangeably and differences, in many cases, are purely semantic. Anecdotally, a walk-in center typically offers treatment for common non-life threatening injuries and infections such as sprains, pink eye and sore threat. The emphasis is on convenience and they do not accept appointments. Instead of a physician, one may be treated by a physician assistant or nurse practitioner. An urgent care center, on the other hand, is like a walk-in center, but often with enhanced capabilities. They are usually staffed by a physician and they may treat more serious non-life threatening injuries and illnesses compared to a walk-in setting.

However, as noted in the 2014 Supplement to the Statewide Facilities and Services Plan, there is not a single licensure category for the urgent care setting or a statutory definition for this term. They can be licensed as outpatient clinics, as a satellite to a general hospital, or, like the vast majority in Connecticut, under a physician's license. As such, it remains difficult to fully inventory, categorize or discuss this level of service in Connecticut.

Nevertheless, in the case of the urgent care services offered in East Haven, and the walk-in services offered in North Haven and West Haven, the differences are fairly minimal. All of the sites are staffed by physicians and in fact, the same physicians may work at more than one site, if needed. Both sites are open similar hours, and from the physician standpoint, I believe there is little difference in the quality or type of care provided at the North Haven and West Haven sites compared to the Center in East Haven – both of which are staffed by NEMG physicians, and both of which offer ancillary services on site such as blood draw and basic

radiology. Please see Exhibit A which provides OCHA Table 9 with a list of alternate locations, as well as the level and type of services offered in the service area. This table shows that all 13 of the alternate urgent care sites outside of the YNHHS network are staffed by physicians and offer basic radiology (x-ray) and blood draw services, and 12 out of the 13 accept Medicaid.

I think it is also important to examine the types of conditions treated at each of these sites when discussing the type and level of care provided at the Center. Importantly, a large portion of the conditions treated at our Center in East Haven are low acuity, such as sore threat, cough, sinusitis and upper respiratory tract infections. The low acuity of these visits can best be seen in an alternate walk-in or primary care setting, such as the two NEMG sites not far from the East Haven location, or any of the numerous appointment-based NEMG offices in the area. These alternative sites offer access to care, and enhanced coordination in a primary care practice, as opposed to the episodic nature of urgent care, along with the benefits of the EPIC integrated electronic medical record. By doing so, our proposal help address this fragmentation of care resulting from the proliferation of urgent care sites, as discussed in the 2014 Supplement to the Statewide Facilities and Services Plan.

With OHCA's approval to terminate urgent care services at the Center, all patients will be provided information about alternate sites of service, including local primary care physicians, who may be the most clinically appropriate and cost-effective provider to manage and coordinate care for the low acuity patients. With this proposal, we intend to reduce a duplicative service in the area, while coordinating access at our existing NEMG sites, which may potentially increase accessibility with a consistent primary care provider. Patients, of course, will be free to seek services with any provider they choose, and I understand that several of the providers in the area have capacity and have indicated a willingness to accept patients who currently visits the Center.

Summary

In conclusion, YNHH and NEMG are committed to providing accessible, appropriate and affordable care at walk-in sites and primary care setting throughout the service area. A significant number of the urgent care patients at Center in East Haven seek care for issues that can be appropriately provided in a more cost-effective setting. I appreciate the opportunity to testify before you today and would happy to answer any questions. Thank you for your time and attention to this CON application.

The foregoing is my sworn testimony.

Amit Rastogi, M.D.

Interim Chief Executive Officer

Northeast Medical Group

Exhibit A

UPDATED TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Alternate Sites of Service -- Within Yale-New Haven Health System									
Count	Category	Service or Program Name	Population Served	Type of Service	Services Provided	Staffing	Facility ID	Street Address and Town	Hours/
1	WALK-IN	NEMG North Haven Walk-In Medical Center	Commercially Insured, Medicare, Medicaid Children and Adults	Walk-In.	Walk-In, Urgent care X-ray; Blood Draw	MD	1043278351	6 Devine St. North Haven, CT	M-F (8a Sat. (8a
2		NEMG West Haven Walk-In Medical Center	Commercially Insured, Medicare, Medicaid Children and Adults	Walk-In.	Walk-In, Urgent care X-ray; Blood Draw	MD	1043278351	500 Elm St. West Haven, CT	M-F (8a Sat. (8a
3	EMERGENCY	YNHH York Street Emergency Department	Commercially Insured, Medicare, Medicaid Children and Adults	Emergency care.	Emergency; X-ray; Blood Draw, other diagnostic testing.	MD	1851568828	20 York Street New Haven, CT	24/7
4		YNHH Saint Raphael Emergency Department	Commercially Insured, Medicare, Medicaid Children and Adults	Emergency care.	Emergency; X-ray; Blood Draw, other diagnostic testing.	MD	1851568828	1450 Chapel Street New Haven, CT	24/7
5		YNHH Shoreline Medical Center Emergency Department	Commercially Insured, Medicare, Medicaid Children and Adults	Emergency care.	Emergency; X-ray; Blood Draw, other diagnostic testing.	MD	1851568828	111 Goose Lane Guilford, CT	24/7

NEMG also operates several primary care practices in the area, with well over 35 primary care physicians within 10 miles for the Fusion Urgent Care Center.

See the next page for alternate sites of service outside of Yale-New Haven Health System.

UPDATED TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Alternate Sites of Service -- Outside of Yale-New Haven Health System									
Count	Category	Service or Program Name	Population Served	Type of Service	Services Provided	Staffing	Facility ID	Street Address and Town	Hours/Days of Operatio
1	URGENT CARE	Connell Scott Hill Health Center Urgent Care*	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Walk-in Urgent care adult and pediatric; X-ray; Blood Draw	MD/Physician Assistants/ Advanced Practice Registered Nurses	N/A	428 Columbus Avenue New Haven, CT	M, Tues, Thur. (8:30am - 8p Wed, Fri. (8:30am - 5pm) Sat. (8:30am - 12pm)
2		Connell Scott Hill Health Center Urgent Care*	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Walk-in Urgent care adult and pediatric; X-ray; Blood Draw	MD/Physician Assistants/ Advanced Practice Registered Nurses	N/A	226 Dixwell Avenue New Haven, CT	Mon, Wed. (8:30am - 5pm) Tues, Thurs. (8:30am - 8pm)
3		Connell Scott Hill Health Center Urgent Care*	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Walk-in Urgent care adult and pediatric; X-ray; Blood Draw	MD/Physician Assistants/ Advanced Practice Registered Nurses	N/A	911-913 State Street New Haven, CT	Mon, Thur, Fri. (8:30am - 4p Tues, Wed. (1pm - 7pm)
4		ASAP Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Lab Services	MD/Physician Assistants	N/A	79 Washington Ave North Haven, CT	M-F (11am - 7pm) Sat-Sun (9am - 5pm)
5		ASAP Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Lab Services	MD/Physician Assistants	N/A	2165 Dixwell Avenue Hamden, CT	M-F (8am - 8pm) Sat-Sun (9am - 5pm)
6		203 Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Blood draw	MD/Physician Assistants	N/A	163 Universal Drive North Haven, CT	M-F (8am - 8pm) Sun (8am - 6pm)
7		203 Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Blood draw	MD/Physician Assistants	N/A	109 Boston Post Road Orange, CT	M-F (8am - 8pm) Sat-Sun (8am - 6pm)
8		203 Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; Blood draw	MD/Physician Assistants	N/A	636 Campbell Avenue West Haven, CT	M-F (8am - 8pm) Sat-Sun (10am - 4pm)
9		203 Urgent Care**	Commercially Insured, Medicare, Medicaid children and adults	Urgent care .	Urgent care adult and pediatric; X-ray; Blood draw	MD/Physician Assistants	N/A	1700 Dixwell Ave Hamden, CT	M-F (8am - 8pm) Sat-Sun (10am - 4pm)
10		Stony Creek Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; x-ray, Blood draw, Diagnostic Testing	MD/Physician Assistants /Advanced Practice Registered Nurses	N/A	6 Business Park Drive Branford, CT	M-F (8am - 7:30pm) Sat-Sun (9am - 4:30pm)
11		Stony Creek Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; x-ray, Blood draw, Diagnostic Testing	MD/Physician Assistants /Advanced Practice Registered Nurses	N/A	236 Boston Post Road Orange, CT	M-F (8am - 7:30pm) Sat-Sun (9am - 2:30pm)
12		Express Care Urgent Care	Commercially Insured, Medicare, Medicaid children and adults	Urgent care.	Urgent care adult and pediatric; X-ray; On-site Lab Services	MD/Physician Assistants	N/A	1650 Dixwell Ave Hamden, CT	7 days a week (8am - 8pm)
13		Concentra Urgent Care	Commercially Insured, Medicare, children and adults. No Medicaid.	Urgent care.	Urgent care; X-ray; Blood Draw	MD/Physician Assistants /Advanced Practice Registered Nurses	N/A	370 James Street New Haven, CT	M-F (8am - 5pm)
14	WALK-IN	OrthoNow Walk-In Care	Commercially Insured, Medicare, children and adults. No Medicaid.	Walk-In, orthopedics only.	Urgent orthopedic care adult and pediatric; X-ray; MRI	Physician Assistant	N/A	2408 Whitney Avenue Hamden, CT	M-F (3pm - 8pm) Sat. (9am - 5pm) Sun (8am - Noon)
15		OrthoNow Walk-In Care	Commercially Insured, Medicare, children and adults. No Medicaid.	Walk-In, orthopedics only.	Urgent orthopedic care adult and pediatric; X-ray; MRI	Physician Assistant	N/A	84 North Main Street Branford, CT	M-F (3pm - 8pm) Sat. (9am - 5pm) Sun (1pm - 5pm)
16		New Haven Walk-In Medical Center	Commercially Insured, Medicare, Medicaid children and adults	Walk-In.	Walk-In services. No x-ray.	MD	N/A	77 Grand Avenue New Haven, CT	M-F (9am - 5pm) Sat. (9am -Noon)
17		CVS Minute Clinic	Commercially Insured, Medicare, Medicaid children and adults	Walk-In.	Urgent visits for minor injuries and illnesses; X-ray is not available at Minute Clinic	Physician Assistants/ Advanced Practice Registered Nurses	N/A	162 Washington Ave North Haven, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)
18		CVS Minute Clinic	Commercially Insured, Medicare, Medicaid children and adults	Walk-In.	Urgent visits for minor injuries and illnesses; X-ray is not available at Minute Clinic	Physician Assistants/ Advanced Practice Registered Nurses	N/A	2045 Dixwell Ave Hamden, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)
19		CVS Minute Clinic	Commercially Insured, Medicare, Medicaid children and adults	Walk-In.	Urgent visits for minor injuries and illnesses; X-ray is not available at Minute Clinic	Physician Assistants/ Advanced Practice Registered Nurses	N/A	1057 Boston Post Road Guilford, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)
20	PRIMARY CARE	Fair Haven Community Health Center*	Commercially Insured, Medicare, Medicaid children and adults	Primary care.	Primary care for injury, illness, or well visits; adult, geriatric and pediatric	MD/Advanced Practice Registered Nurses	N/A	374 Grand Avenue New Haven, CT	M, W (8:30am - 5pm) Tues, Thur. (8:30am - 7pm) Fri. (9:30am - 5pm)

*Sites operated by Federally Qualified Health Centers.
**Opened in summer of 2015

Exhibit B

EXHIBIT B

PUBLIC TRANSPORTATION NEAR SITES THAT ACCEPT MEDICAID

						COPY AND PASTE INTO BROWSER Bus Schedule Links					
Category:	Service/Program Name	Medicaid/Medicare	Street Address	Distance From Foxon Urgent Care (in miles):	Bus Route Accessability	Link 1	Link 2	Link 3	Link 4	link 5	Main Bus Schedule Link
Urgent Care	Cornell Scott Hill Health Center Urgent Care	Yes for both	428 Columbus Avenue New Haven, CT	6.5	Yes, the B, J5, J7, M1, and M2 bus stops are within about a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Jkimberly_wkdysched(19).pdf	http://www.cttransit.com/Uploads_Schedules/nh_M_wkdysched(14).pdf			http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Urgent Care	Cornell Scott Hill Health Center Urgent Care	Yes for both	226 Dixwell Aveue New Haven, CT	5.8	The D5, G3, and G4 buses stops are within a one block distance.	http://www.cttransit.com/Uploads_Schedules/nh_G_wkdysched(14).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Urgent Care	Cornell Scott Hill Health Center Urgent Care	Yes for both	911-913 State Street New haven, CT	4.5	The Q bus runs along State Street	http://www.cttransit.com/Uploads_Schedules/nh_Q_wkdysched(11).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Urgent Care	ASAP Urgent Care	Yes for both	79 Washington Avenue North Haven, CT	6.5	The C1 bus stops within a block from of the addres	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Urgent Care	ASAP Urgent Care	Yes for both	2165 Dixwell Avenue Hamden, CT	8	The D5, and J bus stops are within a one block distance of the address	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Jwhitney_wkdysched(21).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Urgent Care	203 Urgent Care	Yes for both	163 Universal Drive North Haven, CT	4.3	The C and D13 bus stops are within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Dgrand_wkdysched(15).pdf	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Urgent Care	203 Urgent Care	Yes for both	109 Boston Post Road Orange, CT	10.4	The B0, B4, and O bus stops are within a one block distance.	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Oroute1_wkdysched(18).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Urgent Care	203 Urgent Care	Yes for both	636 Campbell Avenue West Haven, CT	8.7	The B4, B5, B7, J5, and J7 bus stops are within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Jkimberly_wkdysched(19).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-
Urgent Care	203 Urgent Care	Yes for both	1700 Dixwell Avenue Hamden, CT	7.2	The D5 bus stop is within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf					outesSchedules/Display.asp?DivID=(2F26F128-0D02-
Urgent Care	Stony Creek Urgent Care	Yes for both	6 Business Park Drive Branford, CT	6.1	The S/S1 bus stop is within a one block distance.	http://www.cttransit.com/Uploads_Schedules/nh_S_wkdysched(10).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Urgent Care	Stony Creek Urgent Care	Yes for both	236 Boston Post Road Orange, CT	10.9	the B4 and O2 bus stops are within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Oroute1_wkdysched(18).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Urgent Care	Express Care Urgent Care	Yes for both	1650 Dixwell Avenue Hamden, CT	7.2	The D5 bus stop is within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Walk-In	New haven Walk-In Medical Center	Yes for both	77 Grande Avenue New Haven, CT	3.4	The C1 and D13 bus stops are within a one block walking distance	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Dgrand_wkdysched(15).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Walk-In	CVS Minute Clinic	Yes for both	162 Washington Avenue North Haven, CT	6.9	The C1 bus stop is within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Walk-In	CVS Minute Clinic	Yes for both	2045 Dixwell Hamden, CT	9.5	The D5 bus stop is within a one block distance	http://www.cttransit.com/Uploads_Schedules/nh_Ddixwell_wkdysched(19).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Walk-In	CVS Minute Clinic	Yes for both	1057 Boston Post Road Guilford, CT	9.3	The S bus stop is within a block distance	http://www.cttransit.com/Uploads_Schedules/nh_S_wkdysched(10).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Walk-In	NEMG North Haven Walk-In Medical Center	Yes for both	6 Devine st. North Haven, CT	7	The M3 bus stop is on the address.	http://www.cttransit.com/Uploads_Schedules/nh_M_wkdysched(14).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Walk-In	NEMG North Haven Walk-In Medical Center	Yes for both	500 Elm St. West haven, CT	10.5	The B4 and B5 bus stop is on the address	http://www.cttransit.com/Uploads_Schedules/nh_Bcongress_wkdysched(14).pdf					http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)
Primary Care	Fair Haven Community Health Center	Yes for both	374 Grand Ave, New Haven, CT	4	The C1, D12, and D1 bus stops are within a one block radius of the address.	http://www.cttransit.com/Uploads_Schedules/nh_C_wkdysched(22).pdf	http://www.cttransit.com/Uploads_Schedules/nh_Dgrand_wkdysched(15).pdf				http://www.cttransit.com/RoutesSchedules/Display.asp?DivID=(2F26F128-0D02-4B72-B7E2-4F47AF926BDC)

NEW HAVEN

ROUTE KEY

Service operated by **CT**TRANSIT, New Haven
203-624-0151 • www.cttransit.com

- B Whalley Avenue/Congress Avenue
- C North Haven
- D Grand Avenue/Dixwell Avenue
- F East Haven/West Chapel Street
- G Shelton Avenue/East Chapel Street
- J Whitney Avenue/Kimberly Avenue
- L North Branford
- M Washington Avenue/State Street
- O Route 1/Winchester Avenue
- Q State Street/Edgewood Avenue
- S Madison via Route 1
- Z Goffe Street/Sargent Drive
- Commuter Connection: Downtown
- 55x CT Post Flyer

Serv
203-

MTD

M3

WOODBRIDGE

Center 114

B3

JEWISH COMMUNITY CENTER

DOWNTOWN NEW HAVEN BUS STOPS
DETALLE DEL CENTRO URBANO DE NEW HAVEN

Wall Street

Cx,L,Q

Grand Avenue

CC

L,Q,CC

M

Exhibit C

MAP OF ALTERNATE LOCATIONS

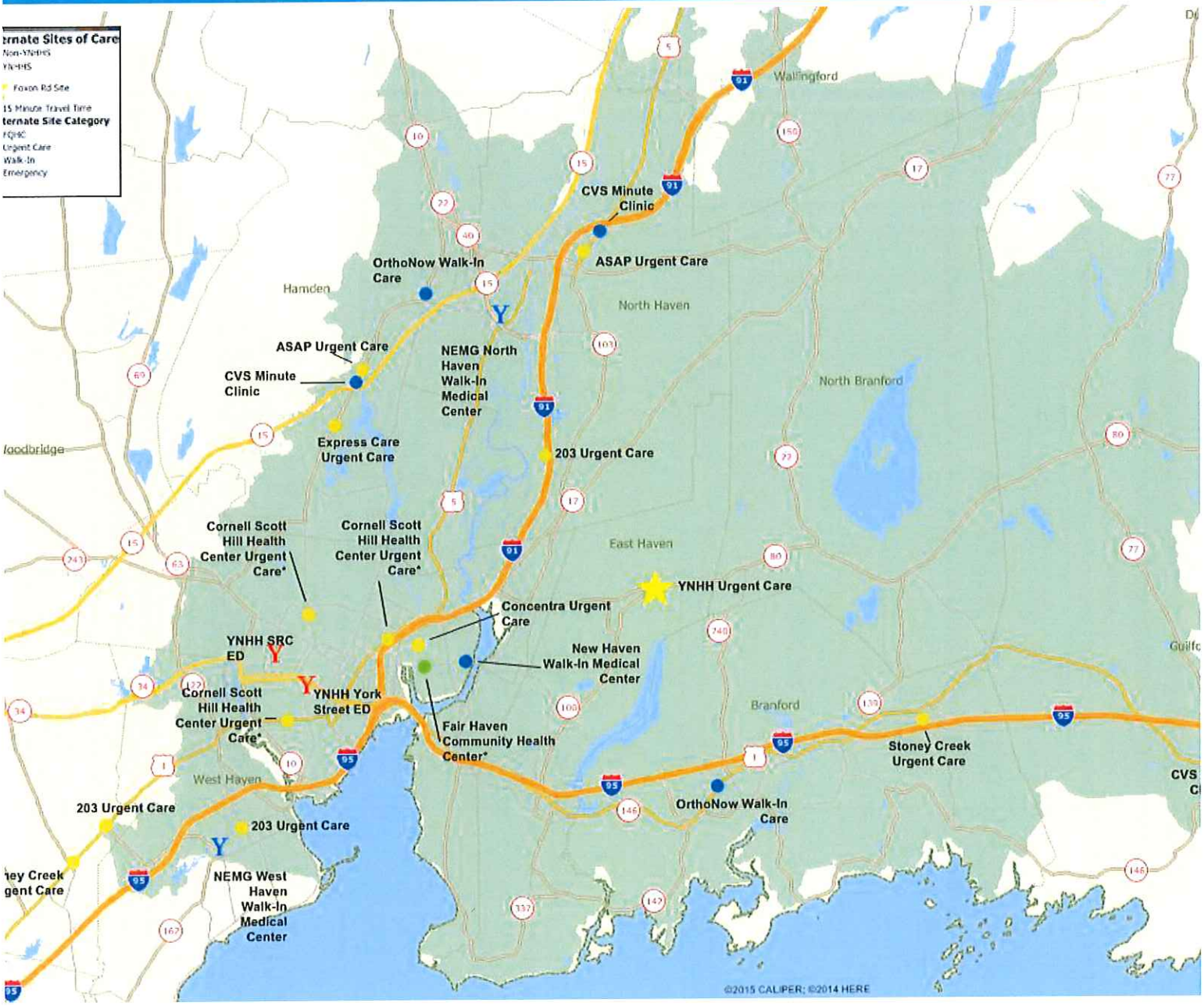


Exhibit D

ASAP URGENT CARE

Date: August 3, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

I am writing to express my support for Yale-New Haven Hospital's (YNHH) Certificate of Need (CON) Application to terminate its urgent care center located at 317 Foxon Road, East Haven, CT and its occupational medicine services located at 317 Foxon Road, East Haven and 84 Main Street, Branford, Connecticut. Since YNHH opened its urgent care and occupational medicine sites (one opened as part of the Hospital of Saint Raphael), there has been a doubling of the number of similar sites within a ten mile radius. Most of the urgent care centers, such as mine, handle occupational medicine injuries as well as non-occupational medicine walk in patients. The area's citizens and employers will be well served and will continue to have access and choice among alternate quality providers in the area.

We understand that YNHH's North Haven, New Haven and West Haven sites will remain open for those who choose to continue to use Yale-New Haven Hospital for urgent care and occupational medicine services.

Our sites are on bus lines, have sufficient free parking and accepts all payers (except Medicaid D). We have ample capacity and the ability and willingness to accommodate any YNHH patients who are displaced by the closure of these

services. We welcome the additional volume and opportunity to serve the area residents.

Thank you in advance.

Sincerely,

Tina LaRiviere
Chief Operating Officer
ASAP Urgent Care
tlariviere@asap-urgentcare.com

203-URGENTCARE

HAMDEN 1700 DIXWELL AVENUE
NORTH HAVEN 163 UNIVERSAL DRIVE NORTH
NORWALK 677 CONNECTICUT AVENUE
ORANGE 109 BOSTON POST ROAD
STRATFORD 200 EAST MAIN STREET
WATERBURY 279 CHASE AVENUE / 506 FROST ROAD
WEST HAVEN 636 CAMPBELL AVENUE

Date 8/6/2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

I am writing to express my support for Yale-New Haven Hospital's (YNHH) Certificate of Need (CON) Application to terminate its urgent care center located at 317 Foxon Road, East Haven, CT and its occupational medicine services located at 317 Foxon Road, East Haven and 84 Main Street, Branford, Connecticut. Since YNHH opened its urgent care and occupational medicine sites (one opened as part of the Hospital of Saint Raphael), there has been a doubling of the number of similar sites within a ten mile radius. Most of the urgent care centers, such as mine, handle occupational medicine injuries as well as non-occupational medicine walk in patients. The area's citizens and employers will be well served and will continue to have access and choice among alternate quality providers in the area.

We understand that YNHH's North Haven, New Haven and West Haven sites will remain open for those who choose to continue to use Yale-New Haven Hospital for urgent care and occupational medicine services.

My site is on a bus line, has sufficient free parking and accepts all payers. We have ample capacity and the ability and willingness to accommodate any YNHH patients who are displaced by the closure of these services. We welcome the additional volume and opportunity to serve the area residents.

Thank you in advance.

Sincerely,

JD Sidana
203URGENT CARE

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

IN RE: TERMINATION OF YALE-NEW HAVEN HOSPITAL URGENT CARE AT FOXON ROAD IN EAST HAVEN	)	DOCKET NO. 15-32011-CON
	)	SEPTEMBER 28, 2015

NOTICE OF APPEARANCE

In accordance with Section 19a-9-28 of the Regulations of Connecticut State Agencies, please enter the appearance of Updike, Kelly & Spellacy, P.C. ("Firm") in the above-captioned proceeding on behalf of Yale-New Haven Hospital ("YNHH"). The Firm will appear and represent YNHH at the public hearing on this matter, scheduled for September 28, 2015.

Respectfully Submitted,

YALE-NEW HAVEN HOSPITAL

By: Jennifer Groves Fusco /s/

JENNIFER GROVES FUSCO, ESQ.
Updike, Kelly & Spellacy, P.C.
265 Church Street
One Century Tower
New Haven, CT 06510
Tel: (203) 786-8300
Fax (203) 772-2037

STATE OF CONNECTICUT

BEFORE THE DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS	: :	DOCKET NO. 15-32011-CON
IN RE TERMINATION OF YALE-NEW HAVEN HOSPITAL URGENT CARE AT FOXON	: :	SEPTEMBER 25, 2015

NOTICE OF APPEARANCE

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

I intend to attend the hearing on Monday, September 28, 2015 on behalf of my client.

Respectfully submitted,

YALE-NEW HAVEN HOSPITAL

By: Jennifer N. Willcox, Deputy General Counsel
Legal & Risk Services Department
Yale New Haven Health System
789 Howard Avenue
New Haven, CT 06511
203-688-9966 (Telephone)
203-688-3162 (Fax)
Jennifer.Willcox@ynhh.org
Its Attorney

State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

September 28, 2015

Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

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

Dear Commissioner Mullen and Ms. Martone:

Thank you for the opportunity to offer testimony on the Certificate of Need (CON) application for the termination of Yale-New Haven Hospital's (YNHH) urgent care facility on Foxon Road in East Haven.

As elected officials representing the citizens of East Haven, we are gravely concerned about the impact of the closure of this facility on our community. This facility provides urgent care, occupational health, and radiology services to residents of East Haven and surrounding municipalities.

In addition to the impact on residents, closing this facility will directly affect the government of the Town of East Haven, as this site provides services the Town relies on for physical examinations, drug screenings, and worker's compensation for its employees.

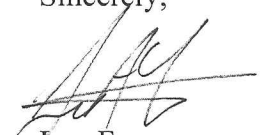
YNHH opened the East Haven facility just four years ago, and since then annual visits have risen by nearly 45%. Just over half of the facility's visits are from those on government assistance, including 37% of visits from Medicaid patients. The two facilities that the CON application recommends patients use should the application be approved, the North Haven and West Haven facilities, both have utilization that is *below* that of the East Haven facility. There is a clear need to maintain service at the East Haven location.

We also question YNHH's need for savings in light of the need for service at this location. While the savings are expected to be $1 million between the proposed closures of the East Haven and Branford facilities, YNHH made $240 million in profits in 2013 alone. Again, we question whether cuts to services are warranted in that context.

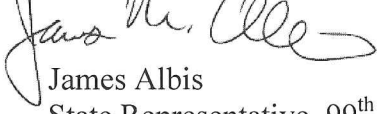
In the event that the CON application is approved, we respectfully ask that YNHH allow any other urgent care provider the right to open a facility at this location or any other area location without objection.

We urge the Office of Health Care Access to deny YNHH's CON application.

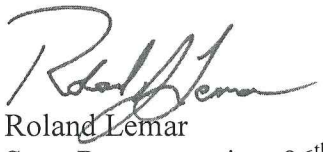
Sincerely,



Len Fasano
Senate Minority Leader, 34th District



James Albis
State Representative, 99th District



Roland Lemar
State Representative, 96th District

Joseph Maturo, Jr.
Mayor, East Haven

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

IN RE: Yale-New Haven Hospital

DOCKET NUMBER: 15-32011-CON

ORDER REGARDING LATE FILE

On September 28, 2015, the Office of Health Care Access ("OHCA") held a hearing in the above-referenced matter. At the hearing, Yale-New Haven Hospital was ordered to submit late file number 1 by October 2, 2015. The late file due date is hereby extended to October 9, 2015.

9/29/15
Date

Kevin T. Hansted
Hearing Officer

OHCA HEARINGS - EXHIBIT AND LATE FILE FORM

Applicants: Yale-New Haven Hospital

DN: 15-32011-CON

Hearing Date: September 28, 2015

Time: 4:00 p.m.

Proposal: Termination of Yale-New Haven Hospital Urgent Care at Foxon

OHCA Exhibit #	Description
1	
2	
3	
4	
5	

Applicant Late File #	Description	Due Date	Rec'd
1	Revised Financial Worksheet - to include 3yrs historical	10/2/15	
2			
3			
4			
5			
6			

Elected Public Officials

Yale-New Haven Hospital

PRINT NAME	Phone	Fax	Representing Organization
Roland Lemar	203-240-8135		State Representative

PUBLIC HEARING
PUBLIC OFFICIALS
SIGN UP SHEET

September28, 2015
4:00 p.m.

Docket Number: 15-32011-CON
Yale-New Haven Hospital
Termination of Yale-New Haven Hospital Urgent Care at Foxon

PRINT NAME	Phone	Fax	Representing Organization
Len Fusaro	203 640-1176		South
Joe Mastro			Mayor

PUBLIC HEARING
GENERAL PUBLIC
SIGN UP SHEET

September 28, 2015
4:00 p.m.

Docket Number: 15-32010-CON
Yale-New Haven Hospital
Termination of Yale-New Haven Hospital Urgent Care at Foxon

Ms. Caonigio in place of

PRINT NAME	Representing Self or Organization
→ Mary Ann Poleshek	
+ Maria A. Consiglio	
+ Peter McManus	5/8
+ Adeline McManus	5106

General Public Sign up

Yale-New Haven Hospital

PRINT NAME	Representing Self or Organization
Spoke first ✓ Frances L. Consiglio	Self -
✓ Vincent Acampore Jr.	Self

General Public Sign-up

Yale-New Haven Hospital

PRINT NAME	Representing Self or Organization
Valerie DellaCamera	Self
Michelle Tunare	Self

General Public Sign-up

Yale-New Haven Hospital

PRINT NAME	Representing Self or Organization
Chris Harrington	General Public
Mary McKinna	Self

General Public Sign-up

Yale-New Haven Hospital

PRINT NAME	Representing Self or Organization
Marianne Cesare	self

ORIGINAL

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF HEALTH CARE ACCESS

RECEIVED
OCT - 0 2015
Office of
HEALTHCARE ACCESS

YALE-NEW HAVEN HOSPITAL

TERMINATION OF YALE-NEW HAVEN HOSPITAL
URGENT CARE AT FOXON

DOCKET NO. 15-32011-CON

SEPTEMBER 28, 2015

4:05 P.M.

EAST HAVEN HIGH SCHOOL
35 WHEELBARROW LANE
EAST HAVEN, CONNECTICUT

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

1 . . .Verbatim proceedings of a hearing
2 before the State of Connecticut, Department of Public
3 Health, Office of Health Care Access, in the matter of
4 termination of Yale-New Haven Hospital Urgent Care at
5 Foxon, held at East Haven High School, 35 Wheelbarrow
6 Lane, East Haven, Connecticut, on September 28, 2015 at
7 4:05 p.m. . . .
8
9
10
11 HEARING OFFICER KEVIN HANSTED: Good
12 afternoon, everyone. We're going to get started here.
13 Thank you all for attending.
14 This public hearing before the Office of
15 Health Care Access, identified by Docket No. 15-32011-
16 CON, is being held on September 28, 2015 to consider
17 Yale-New Haven Hospital's application for the termination
18 of Yale-New Haven Hospital's Urgent Care at Foxon.
19 This public hearing is being held pursuant
20 to Connecticut General Statutes, Section 19a-639a, and
21 will be conducted as a contested case, in accordance with
22 the provisions of Chapter 54 of the Connecticut General
23 Statutes.
24 My name is Kevin Hansted, and I have been

1 designated by Commissioner Jewel Mullen of the Department
2 of Public Health to act as the Hearing Officer this
3 evening.
4 The staff members assigned to assist me
5 this evening are Karen Roberts and Steven Lazarus. The
6 hearing is being recorded by Post Reporting Services.
7 In making its decision, OHCA will consider
8 and make written findings concerning the principles and
9 guidelines set forth in Section 19a-639 of the
10 Connecticut General Statutes.
11 Yale-New Haven Hospital has been
12 designated as a party in this proceeding.
13 At this time, I will ask staff to read
14 into the record those documents already appearing in the
15 Table of the Record in this matter.
16 All documents have been identified in the
17 Table for reference purposes. Mr. Lazarus?
18 MR. STEVEN LAZARUS: Good afternoon.
19 Steven Lazarus. OHCA would like to enter into the record
20 Exhibits A through J.
21 HEARING OFFICER HANSTED: Thank you. And,
22 counsel, are there any objections?
23 MS. JENNIFER WILLCOX: What are I and J?
24 HEARING OFFICER HANSTED: Would you like a

1 copy?

2 MS. WILLCOX: I just see H. Oh, okay.

3 That's the updated one. Okay. Yes, no objection. Thank

4 you. I appreciate that.

5 HEARING OFFICER HANSTED: No objection,

6 counsel?

7 MS. JENNIFER GROVES FUSCO: No objection.

8 HEARING OFFICER HANSTED: Okay, thank you.

9 This evening, what we will do is first hear from the

10 Applicant for an overview of the application, and then I

11 understand we have some elected officials present, so we

12 will hear from them for a comment on the project, and

13 then we will go to the public portion of this evening's

14 hearing.

15 At this time, I would ask all individuals,

16 who are going to testify, to please stand, raise your

17 right hand, and be sworn in by the court reporter.

18 (Whereupon, the parties were duly sworn

19 in.)

20 HEARING OFFICER HANSTED: And just two

21 reminders for those folks who are testifying. Number

22 one, please state your name for the record before you

23 begin to testify, and, number two, please adopt your pre-

24 filed testimony for the record before you testify. Thank

1 you, all.
2 At this time, you may proceed.
3 MR. CHRIS O'CONNOR: Good afternoon,
4 Hearing Officer Hansted and the OHCA staff. My name is
5 Chris O'Connor. I'm the Executive Vice President and
6 Chief Operating Officer of Yale-New Haven Health System,
7 and I do ask to admit my, to adopt my pre-filed
8 testimony.
9 With me today is my colleague, Dr. Amit
10 Rastogi, who is the interim Chief Executive Officer of
11 Northeast Medical Group. Northeast Medical Group is the
12 medical foundation affiliated with the Yale-New Haven
13 Health system.
14 We are pleased to have the opportunity to
15 speak with you today regarding our Certificate of Need
16 application to terminate urgent care services at Yale-New
17 Haven Hospital Urgent Care on Foxon Road.
18 My pre-filed testimony lays out the
19 background and context for our decision to terminate
20 these services at the Foxon Road location, and, as OHCA
21 is aware, we are also filing separate Certificate of
22 Needs to terminate occupational health and rehabilitation
23 services at this and another location.
24 The major financial challenges faced by

1 Yale-New Haven Health System and Yale-New Haven Hospital,
2 as well as other acute care hospitals, is significant
3 motivating factor in our efforts to eliminate duplication
4 and provide the highest value care, but I know this
5 change is not easy for our patients and members of the
6 public, who certainly appreciate having the Yale-New
7 Haven Hospital urgent care facility right in their
8 neighborhood.
9 I want to assure OHCA, the patients and
10 public officials, who are here today, that Yale-New Haven
11 Hospital would not have planned for this termination if
12 we did not feel that our patients would have adequate
13 access to quality health care services at other
14 providers.
15 We also are taking steps to minimize the
16 impact of this change on staff by reappointing staff to
17 similar positions within the Yale-New Haven Hospital and
18 health system and are currently working to identify
19 vacant positions that many are appropriate for, and it's
20 our intention that all effected staff will be offered
21 jobs, although our work is not yet complete.
22 As noted in my pre-filed testimony, the
23 number of urgent care and walk-in providers in the area
24 has more than doubled since we opened the urgent care

1 facility at Foxon Road, and many of these providers have
2 ample capacity.
3 Attached to my pre-filed testimony is an
4 updated table of Table 9, showing that there are 24 sites
5 emergency urgent care walk-in providers located within
6 approximately a 15-minute drive from the Foxon Road
7 location.
8 Many of these providers offer more cost-
9 effective alternatives for many patients with low acuity
10 conditions.
11 I also want to clarify some misconceptions
12 that were included in a letter submitted by members of
13 the East Haven legislative delegation and the Mayor.
14 First, occupational health services are
15 subject to a separate CON proceeding in front of OHCA,
16 and, when the CON is filed, we will discuss the various
17 alternative resources that will be available to the Town
18 of East Haven for its employees.
19 Second, although Yale-New Haven Hospital
20 did not have an excess revenue over expenses in -- did
21 have an excess of revenue over expenses in the last
22 fiscal year, every additional dollar is reinvested in
23 maintaining and updating our physical plant, acquisition
24 of new technology, such as the Epic electronic record,

1 and implementing strategies designed to insure that Yale-
2 New Haven Hospital remains a destination hospital for
3 many critically-needed specialty services.
4 I would also note that the margin of
5 revenues over expenses for Yale-New Haven Hospital likely
6 will be significantly smaller in the next fiscal year as
7 we respond to the massive reductions and cuts imposed by
8 the State.
9 In summary, the closure of the urgent care
10 at Foxon Road is one piece of the Yale-New Haven health
11 system and is necessary to adapt to the changing health
12 care environment, reduce costs and eliminate duplication
13 while preserving our access to care.
14 The recent budget rescissions announced
15 within the last week make this case for closure all the
16 more pressing, as Yale-New Haven health system must find
17 additional ways to absorb the $50 million of additional
18 cuts of Medicare funding over the next fiscal year, after
19 the imposition of nearly $50 million in cuts and
20 additional taxes from just four months ago.
21 We have carefully structured this proposal
22 to meet the needs of Yale-New Haven Hospital over the
23 long-term, and I urge you to approve this CON
24 application.

1 Thank you for your careful attention
2 today, and I'd now like to introduce Dr. Amit Rastogi.
3 HEARING OFFICER HANSTED: Thank you, Mr.
4 O'Connor.
5 DR. AMIT RASTOGI: Thanks, Chris. Good
6 afternoon, Hearing Officer Hansted and the OHCA staff.
7 My name is Amit Rastogi. I'm a primary care physician
8 and, also, the interim Chief Executive Officer of
9 Northeast Medical Group.
10 I adopt my pre-filed testimony. Thank you
11 for the opportunity to speak today about Yale-New Haven
12 Hospital's Certificate of Need application to terminate
13 urgent care services at its Foxon Road site.
14 In my pre-filed testimony, I had provided
15 some detail about the scope of services offered at
16 Northeast Medical Group, at our primary care sites, and,
17 also, at our walk-in centers, and I also did provide some
18 detail about the levels of care provided at the Foxon
19 Road site, along with other Yale-New Haven health system
20 providers.
21 NEMG physicians staff the Foxon Road site,
22 and that's why I'm quite familiar with the services
23 provided at that location, as well as at the two NEMG
24 walk-in centers.

1 As OHCA knows, there's not a licensure
2 category for urgent care centers or any definition for
3 this type of provider in Connecticut statutes or the
4 Public Health Code.
5 That's why it's often times difficult to
6 make comparisons, but, from my standpoint, I know that
7 there's no difference between the quality of the care
8 delivered at the Foxon Road location and the quality of
9 the care delivered at the other NEMG walk-in sites.
10 All the locations are staffed by NEMG
11 physicians, and all the sites offer basic ancillary
12 services, which are pretty much the same.
13 In addition, although I didn't mention
14 this in my pre-filed testimony, it's also important to
15 mention that Northeast Medical Group physicians staff a
16 service called MD Live.
17 MD Live is a tele-health platform, which
18 provides instant access to a primary care physician for
19 patients via their computer or a Smartphone.
20 We believe that this type of technology,
21 which offers a service for around $50 a visit, will
22 increasingly provide enhanced access to care, without the
23 cost of a brick and mortar location.
24 I would also like to highlight the nature

1 of the conditions treated at the Foxon Road site. A
2 large proportion of the visits are for very low acuity
3 conditions, such as sore throats, cough, or sinusitis.
4 Even though these conditions are often
5 treated at walk-in centers, quite frankly, it's not the
6 optimal way for them to be treated, because these can
7 easily be treated at a primary care office, such as
8 NEMG's appointment-based primary care offices in the
9 vicinity of the Foxon site.
10 Our primary care offices offer the benefit
11 of enhanced coordination with primary care providers.
12 OHCA, itself, in the past has noted that fragmentation of
13 care can result from the proliferation of urgent care
14 centers, and I believe that our proposal helps to reduce
15 this fragmentation by moving low acuity patients to a
16 more appropriate and a cost-effective setting.
17 I believe that the closure of the urgent
18 care center at Foxon can be achieved without any impact
19 on access to care for our patients.
20 If this CON is approved, all of our
21 patients seen at the Foxon Road location within the last
22 year will be notified via letter about the location's
23 closing, given information about alternate providers,
24 including NEMG providers in the area and other private

1 and freestanding urgent care centers and walk-ins nearby.
2 For those patients, who choose to continue
3 their care within the Yale-New Haven health system, the
4 Epic electronic medical record will insure continuity of
5 care. However, if patients choose to see providers
6 outside of the Yale-New Haven health system, copies of
7 their records will be transferred to the provider of
8 their choice.
9 The attachments to our pre-filed testimony
10 detailed numerous other providers in the area, the types
11 of service that are provided, the hours, the locations,
12 the driving distance from the Foxon site, and, where
13 available, existing capacity, as well.
14 We've also provided exhibits mapping all
15 the locations, details about the ones that accept
16 Medicare and Medicaid, and information regarding
17 applicable bus routes, as most of the alternate sites are
18 accessible to public transportation.
19 Finally, we have provided letters from two
20 large urgent care providers in the area, explaining that
21 they have the capacity to absorb any patients seeking
22 care after the Foxon site closes.
23 I believe all of this information
24 demonstrates that there's ample capacity in the area, and

1 patient access to urgent care services will be
2 maintained.
3 As a physician, I have a deep interest in
4 insuring that patients get the most appropriate care in
5 the right setting, and, also, as a health system
6 executive, I am concerned about the long-term financial
7 stability of the health care system in Connecticut.
8 I believe that our proposal helps achieve
9 both of these priorities, and I urge you to approve this
10 CON application. Thank you for your careful attention
11 today.
12 HEARING OFFICER HANSTED: Thank you,
13 Doctor. Anything further? Okay. I know we have some
14 elected officials here, so we will allow them to give
15 comments at this point.
16 (Whereupon, the elected officials
17 commenced with comments regarding the application.)
18 HEARING OFFICER HANSTED: OHCA has some
19 questions on the application, so we'll start with Mr.
20 Lazarus.
21 MR. LAZARUS: Steven Lazarus. I just have
22 a couple of questions. First of all, just to clarify,
23 the list of services you have on your website, are they
24 up-to-date, as far as what you're offering at the

1 location? Has anything been already produced, or you
2 have added to that list?
3 MR. O'CONNOR: The services should be up-
4 to-date. The service hours, as I noted in my pre-filed
5 testimony, have been changed to some staffing challenges
6 that we have had recently.
7 MR. LAZARUS: Oh, okay. What type of
8 staffing challenges?
9 MR. O'CONNOR: So, as I noted --
10 DR. RASTOGI: So we had a physician, who
11 unexpectedly left on FMLA, and we tried to find an
12 internal candidate to try to fill that position, but we
13 were, unfortunately, not successful with that.
14 The challenge in finding an external
15 candidate is not just the time that it takes to recruit,
16 but, then, also, there's time it takes for credentialing,
17 both at the hospital and the payer side, which usually
18 takes somewhere between three and four months.
19 MR. LAZARUS: Okay, now, you had mentioned
20 in your testimony that you plan to send out a letter to
21 the existing patients that are in your system notifying
22 them, if this proposal is approved, of the closure.
23 What's the timeline on that one in respect to the actual
24 closure?

1 DR. RASTOGI: Thirty days.
2 MR. LAZARUS: Okay, so, you'll send a
3 letter out 30 days prior to the actual closure?
4 DR. RASTOGI: Yes.
5 HEARING OFFICER HANSTED: Beyond the
6 letter, obviously, that's going to the patients, who are
7 already in your computer system, what about folks, who
8 aren't in the computer system? What type of
9 advertisement will be done to show that the center is
10 closing?
11 MR. O'CONNOR: We'll certainly look at a
12 comprehensive way to communicate with our patients. As
13 we've noted in our testimony, our goal is not to leave
14 these patients behind.
15 We believe that there are more than
16 adequate resources around, and we are going to take a
17 pretty comprehensive approach, so we certainly will work.
18 We have a great database that allows us to capture the
19 vast majority of patients, who have gone there, so I
20 think it's going to be a pretty comprehensive list that
21 will originate from that original search that we will
22 send letters to, but, in addition to that, we'll take on
23 some other means, both internally and externally, to make
24 sure that folks are aware.

1 HEARING OFFICER HANSTED: Okay, thank you.
2 MR. LAZARUS: Regarding the overlap of the
3 level of services provided at NEMG walk-in clinics and at
4 the center, based on the top 20 diagnoses, such as the
5 ones you provided on page 15 of the application, what
6 percentage of patients currently served at the center can
7 be accommodated at the two NEMG walk-in clinics?
8 DR. RASTOGI: You mean what percentage of
9 the patients, or, I'm sorry, do you mean the diagnoses?
10 MR. LAZARUS: Diagnoses. Based on those
11 diagnoses, what percentage of the patients can be
12 accommodated?
13 DR. RASTOGI: Based on the diagnoses, all
14 of the diagnoses can be treated at the NEMG sites.
15 MR. LAZARUS: Okay and you have the
16 capacity to handle all the volume?
17 DR. RASTOGI: Yes.
18 MR. LAZARUS: Okay. In the application, I
19 think, specifically, on page 16, you had noted the number
20 of visits, and, looking at the historical visits, which,
21 in 2012, were around 6,969, and, for fiscal year 2015,
22 you're projecting the numbers to be around a little over
23 10,000, so that's been an increase of 40 percent in the
24 last four years, how does this increase actually support

1 the termination of this urgent care and your proposal?
2 MR. O'CONNOR: So it's not necessarily
3 visits that drive the capability to run a successful
4 operation, as you well know, so, while the volume has
5 gone up, our ability to maintain costs and services
6 within the challenging environments and both serve our
7 patients and retain staff is more costly, and, so, those
8 costs have added up, so, actually, we are not able to
9 turn a profit on that increased margin.
10 We've actually accelerated losses as a
11 result, so while the visits have gone up, our actual
12 performance has declined over that period of time.
13 MR. LAZARUS: And what type of efforts
14 have you made to rectify that prior to this proposal?
15 MR. O'CONNOR: So maybe I'm going to ask
16 one of my colleagues that's closer to the operations to
17 come in and reflect on that.
18 MR. LAZARUS: Sure.
19 HEARING OFFICER HANSTED: If you can
20 please identify yourself before you speak? Have you been
21 sworn in?
22 MS. DEBORAH BORISJUK: Yes.
23 HEARING OFFICER HANSTED: Thank you.
24 MS. BORISJUK: Hello. I'm Deborah

1 Borisjuk, and I am the program manager at the Foxon site,
2 and I have been since the inception of the program there.
3 Our business plan was built upon a certain
4 standard of care, as well as a projected volume increase
5 over the five years of the business plan, and though we
6 did go from 6,000 to 10,000 in a reasonable amount of
7 time, it has leveled off significantly, due to the
8 proliferation of urgent care centers that have opened up
9 within a 10-mile radius of our center.
10 According to, you know, Urgent Care
11 Association of America, there is a significant difference
12 in the benchmark projections that they would have you
13 reach over that period of time compared to what we were
14 able to reach in the four years that we have been in
15 business.
16 MR. LAZARUS: And were those the same
17 benchmarks that you were aiming for?
18 MS. BORISJUK: Yes. As a matter of fact,
19 they were.
20 MR. LAZARUS: Okay and within a five-year
21 period?
22 MS. BORISJUK: Yes.
23 MR. LAZARUS: That was part of the
24 business plan?

1 MS. BORISJUK: We've been in business for
2 four years, and, as I stated, we reached the 10,000 mark
3 within the framework of the first two to two and a half
4 years, however, we have leveled off, and, again, we
5 believe it's because the business plan was built upon
6 looking at the competition that we had in the area at the
7 time, and that was why the center was opened, and that
8 has, as stated earlier, more than doubled over that
9 period of time.
10 And, as a matter of fact, we just had one
11 open up in Hamden within the last four weeks. They
12 continue to open.
13 HEARING OFFICER HANSTED: And those
14 benchmarks, are those for financial purposes or for
15 quality purposes?
16 MS. BORISJUK: It's more operational,
17 based upon productivity of the clinical staff.
18 HEARING OFFICER HANSTED: Okay.
19 MR. LAZARUS: Thank you.
20 MS. BORISJUK: Thank you.
21 MR. LAZARUS: Appreciate it.
22 MS. BORISJUK: If your question was
23 answered.
24 MR. LAZARUS: Yes, it was. Thank you.

1 MS. BORISJUK: Thank you.
2 MR. LAZARUS: That's all the questions
3 that I have.
4 HEARING OFFICER HANSTED: I just have one
5 question. It's more of a clarification. We've read in
6 the application that the employees will be transferred to
7 other areas within the Yale system, and we've heard from
8 Senator Fasano that he's heard otherwise. Can you
9 clarify that?
10 MR. O'CONNOR: Sure. I'm not sure,
11 Hearing Officer Hansted, whether you're aware, but I was
12 the Chief Executive Officer of the Hospital of St.
13 Raphael during the acquisition process, and I will tell
14 you, any time you're going through a change, these are
15 very difficult communications to have with employees,
16 and, often times, as the employer, we probably are not
17 nearly as proficient in delivering exact messages, much
18 of which is because of the regulatory process that we
19 have to adhere to.
20 There are some uncertainties, obviously.
21 We are dependent upon the resolution of this application
22 to know what is definitively happening, so we have worked
23 diligently with our employees, and probably it's been
24 imperfect, and I'm sure that as part of the route of some

1 of the concerns that our employees have expressed, but I
2 will tell you, as I noted in my testimony, it is our
3 absolute intent, and I feel very confident standing in
4 front of Senator Fasano and the Mayor, saying that we
5 have every intention to offer equivalent positions within
6 the health system before the end of this process.
7 HEARING OFFICER HANSTED: And how many
8 employees are at the Foxon center? Do you know offhand?
9 MR. O'CONNOR: I think there are -- Jodi?
10 Twelve. About 12. And we believe we've resolved all,
11 but five, in the process.
12 HEARING OFFICER HANSTED: Okay. Thank
13 you. That was my last question. At this point, we're
14 going to take a short break, maybe five minutes, and then
15 we'll go to the public portion of the hearing, so we'll
16 go off the record at this point. Thank you.
17 (Off the record)
18 HEARING OFFICER HANSTED: Okay, we're
19 going back on the record.
20 MS. WILLCOX: Hearing Officer Hansted, if
21 we could, we would like to have an additional individual
22 to expand on your last question.
23 HEARING OFFICER HANSTED: Certainly.
24 MS. WILLCOX: Jodi Boldrighini, and she

1 will spell her name.
2 MS. JODI BOLDRIGHINI: Believe it or not,
3 that's the first time I've been asked that. Jodi
4 Boldrighini. It's B, as in boy, O-L-D, as in David, R-I-
5 G-H-I-N, as in Nancy, I, and, yes, I'm done.
6 HEARING OFFICER HANSTED: Thank you.
7 MS. BOLDRIGHINI: I'm the Director of
8 Occupational Health and employee of Population Health
9 Management.
10 So what I wanted to tell you is that we
11 have been working diligently with the employees in our
12 Human Resources Department to meet with the staff on a
13 weekly basis, and we have dedicated staff and a team
14 within H.R. that works on placement issues, such as this.
15 So what we do is meet with the staff, find
16 out what their interests are, what their geographical
17 area is, where they live, what a good location to work
18 would be, look through open positions, and do that on an
19 ongoing basis throughout the process.
20 Since we have to stay operating until the
21 regulatory process is complete, it is an ongoing basis,
22 it goes on on an ongoing basis, so I'm not sure at what
23 point in time the calls came in, but I can assure you
24 that we're meeting weekly to go through that list, to

1 make sure we identify positions that the employees are
2 interested in, instead of just placing them somewhere
3 where they may not be interested in going.
4 HEARING OFFICER HANSTED: Okay, thank you.
5 MS. BOLDRIGHINI: Any further questions?
6 HEARING OFFICER HANSTED: No, that's all.
7 Thank you for that follow-up.
8 (Whereupon, the public comment portion of
9 the hearing commenced.)

HEARING RE: YALE-NEW HAVEN HOSPITAL
SEPTEMBER 28, 2015

AGENDA

	PAGE
Convening of the Public Hearing	2
Applicant's Direct Testimony	5
OHCA's Questions - Applicant	13

$50 [3] 8:17 8:19 10:21
.Verbatim [1] 2:1
05 [2] 1:9 2:7
10,000 [3] 16:23 18:6 19:2
10-mile [1] 18:9
12 [1] 21:10
13 [1] 24:7
15 [1] 16:5
15-32011 [1] 2:15
15-32011-CON [1] 1:7
15-minute [1] 7:6
16 [1] 16:19
19a-639 [1] 3:9
19a-639a [1] 2:20
2 [1] 24:5
20 [1] 16:4
2012 [1] 16:21
2015 [5] 1:8 2:6 2:16 16:21 24:2
24 [1] 7:4
262-4102 [3] 1:14 23:9 24:9
28 [4] 1:8 2:6 2:16 24:2
30 [1] 15:3
35 [2] 1:11 2:5
4 [2] 1:9 2:7
40 [1] 16:23
5 [1] 24:6
54 [1] 2:22
6,000 [1] 18:6
6,969 [1] 16:21
800 [3] 1:14 23:9 24:9
9 [1] 7:4
ability [1] 17:5
able [2] 17:8 18:14
absolute [1] 21:3
absorb [2] 8:17 12:21
accelerated [1] 17:10
accept [1] 12:15
access [9] 1:3 2:3 2:15 6:13 8:13 10:18 10:22 11:19 13:1
accessible [1] 12:18
accommodated [2] 16:7 16:12
accordance [1] 2:21
According [1] 18:10
achieve [1] 13:8
achieved [1] 11:18
acquisition [2] 7:23 20:13
act [1] 3:2
actual [3] 14:23 15:3 17:11
acuity [3] 7:9 11:2 11:15
acute [1] 6:2
adapt [1] 8:11
added [2] 14:2 17:8
addition [2] 10:13 15:22
additional [5] 7:22 8:17 8:17 8:20 21:21
adequate [2] 6:12 15:16
adhere [1] 20:19
admit [1] 5:7
adopt [3] 4:23 5:7 9:10
advertisement [1] 15:9
affiliated [1] 5:12
afternoon [4] 2:12 3:18 5:3 9:6
again [1] 19:4
AGENDA [1] 24:3
ago [1] 8:20
aiming [1] 18:17
allow [1] 13:14
allows [1] 15:18
along [1] 9:19
alternate [2] 11:23 12:17
alternative [1] 7:17
alternatives [1] 7:9
America [1] 18:11
Amit [4] 5:9 9:2 9:5 9:7
amount [1] 18:6
ample [2] 7:2 12:24
ancillary [1] 10:11
announced [1] 8:14
answered [1] 19:23
appearing [1] 3:14
applicable [1] 12:17
Applicant [2] 4:10 24:7
Applicant's [1] 24:6
application [12] 2:17 4:10 5:16 8:24 9:12 13:10 13:17 13:19 16:5 16:18 20:6 20:21
appointment-based [1] 11:8
appreciate [3] 4:4 6:6 19:21
approach [1] 15:17
appropriate [3] 6:19 11:16 13:4
approve [2] 8:23 13:9
approved [2] 11:20 14:22
area [7] 6:23 11:24 12:10 12:20 12:24 19:6 22:17
areas [1] 20:7
assigned [1] 3:4
assist [1] 3:4
Association [1] 18:11
assure [2] 6:9 22:23
Attached [1] 7:3
attachments [1] 12:9
attending [1] 2:13
attention [2] 9:1 13:10
available [2] 7:17 12:13
aware [3] 5:21 15:24 20:11
B [1] 22:4
background [1] 5:19
based [4] 16:4 16:10 16:13 19:17
basic [1] 10:11
basis [4] 22:13 22:19 22:21 22:22
begin [1] 4:23
behind [1] 15:14
benchmark [1] 18:12
benchmarks [2] 18:17 19:14
benefit [1] 11:10
between [2] 10:7 14:18
Beyond [1] 15:5
Boldrighini [5] 21:24 22:2 22:4 22:7 23:5
Borisjuk [10] 17:22 17:24 18:1 18:18 18:22 19:1 19:16 19:20 19:22 20:1
boy [1] 22:4
break [1] 21:14
brick [1] 10:23
budget [1] 8:14
built [2] 18:3 19:5
bus [1] 12:17
business [6] 18:3 18:5 18:15 18:24 19:1 19:5
calls [1] 22:23
candidate [2] 14:12 14:15
capability [1] 17:3
capacity [5] 7:2 12:13 12:21 12:24 16:16
capture [1] 15:18
care [47] 1:3 1:6 2:3 2:4 2:15 2:18 5:16 5:17 6:2 6:4 6:7 6:13 6:23 6:24 7:5 8:9 8:12 8:13 9:7 9:13 9:16 9:18 10:2 10:7 10:9 10:18 10:22 11:7 11:8 11:10 11:11 11:13 11:13 11:18 11:19 12:1 12:3 12:5 12:20 12:22 13:1 13:4 13:7 17:1 18:4 18:8 18:10
careful [2] 9:1 13:10
carefully [1] 8:21
case [2] 2:21 8:15
category [1] 10:2
center [7] 11:18 15:9 16:4 16:6 18:9 19:7 21:8
centers [7] 9:17 9:24 10:2 11:5 11:14 12:1 18:8
certain [1] 18:3
certainly [4] 6:6 15:11 15:17 21:23
Certificate [3] 5:15 5:21 9:12
challenge [1] 14:14
challenges [3] 5:24 14:5 14:8
challenging [1] 17:6
change [3] 6:5 6:16 20:14
changed [1] 14:5
changing [1] 8:11
Chapter [1] 2:22
Chief [4] 5:6 5:10 9:8 20:12
choice [1] 12:8
choose [2] 12:2 12:5
Chris [3] 5:3 5:5 9:5
clarification [1] 20:5
clarify [3] 7:11 13:22 20:9
clinical [1] 19:17
clinics [2] 16:3 16:7
closer [1] 17:16
closes [1] 12:22
closing [2] 11:23 15:10
closure [6] 8:9 8:15 11:17 14:22 14:24 15:3
Code [1] 10:4
colleague [1] 5:9
colleagues [1] 17:16
commenced [2] 13:17 23:9
comment [2] 4:12 23:8
comments [2] 13:15 13:17
Commissioner [1] 3:1
communicate [1] 15:12
communications [1] 20:15
compared [1] 18:13
comparisons [1] 10:6
competition [1] 19:6
complete [2] 6:21 22:21
comprehensive [3] 15:12 15:17 15:20
computer [3] 10:19 15:7 15:8
CON [6] 2:16 7:15 7:16 8:23 11:20 13:10
concerned [1] 13:6
concerning [1] 3:8
concerns [1] 21:1
conditions [4] 7:10 11:1 11:3 11:4
conducted [1] 2:21
confident [1] 21:3
Connecticut [9] 1:1 1:12 2:2 2:6 2:20 2:22 3:10 10:3 13:7
consider [2] 2:16 3:7
contested [1] 2:21
context [1] 5:19
continue [2] 12:2 19:12
continuity [1] 12:4
Convening [1] 24:5
coordination [1] 11:11
copies [1] 12:6
copy [1] 4:1
cost [2] 7:8 10:23
cost-effective [1] 11:16
costly [1] 17:7
costs [3] 8:12 17:5 17:8
cough [1] 11:3
counsel [2] 3:22 4:6
couple [1] 13:22
court [1] 4:17
credentialing [1] 14:16
critically-needed [1] 8:3
CT [3] 1:14 23:9 24:9
cuts [3] 8:7 8:18 8:19
database [1] 15:18
David [1] 22:4
days [2] 15:1 15:3
Deborah [2] 17:22 17:24

decision [2] 3:7 5:19
declined [1] 17:12
dedicated [1] 22:13
deep [1] 13:3
definition [1] 10:2
definitively [1] 20:22
delegation [1] 7:13
delivered [2] 10:8 10:9
delivering [1] 20:17
demonstrates [1] 12:24
Department [4] 1:2 2:2 3:1 22:12
dependent [1] 20:21
designated [2] 3:1 3:12
designed [1] 8:1
destination [1] 8:2
detail [2] 9:15 9:18
detailed [1] 12:10
details [1] 12:15
diagnoses [6] 16:4 16:9 16:10 16:11 16:13 16:14
difference [2] 10:7 18:11
difficult [2] 10:5 20:15
diligently [2] 20:23 22:11
Direct [1] 24:6
Director [1] 22:7
discuss [1] 7:16
distance [1] 12:12
Docket [2] 1:7 2:15
Doctor [1] 13:13
documents [2] 3:14 3:16
dollar [1] 7:22
done [2] 15:9 22:5
doubled [2] 6:24 19:8
Dr [9] 5:9 9:2 9:5 14:10 15:1 15:4 16:8 16:13 16:17
drive [2] 7:6 17:3
driving [1] 12:12
due [1] 18:7
duly [1] 4:18
duplication [2] 6:3 8:12
during [1] 20:13
easily [1] 11:7
East [6] 1:10 1:12 2:5 2:6 7:13 7:18
easy [1] 6:5
effected [1] 6:20
effective [1] 7:9
efforts [2] 6:3 17:13
elected [3] 4:11 13:14 13:16
electronic [2] 7:24 12:4
eliminate [2] 6:3 8:12
emergency [1] 7:5
employee [1] 22:8
employees [8] 7:18 20:6 20:15 20:23 21:1 21:8 22:11 23:1
employer [1] 20:16
end [1] 21:6
enhanced [2] 10:22 11:11
enter [1] 3:19
environment [1] 8:12
environments [1] 17:6
Epic [2] 7:24 12:4
equivalent [1] 21:5
evening [3] 3:3 3:5 4:9
evening's [1] 4:13
exact [1] 20:17
excess [2] 7:20 7:21
executive [5] 5:5 5:10 9:8 13:6 20:12
exhibits [2] 3:20 12:14
existing [2] 12:13 14:21
expand [1] 21:22
expenses [3] 7:20 7:21 8:5
explaining [1] 12:20
expressed [1] 21:1
external [1] 14:14
externally [1] 15:23
faced [1] 5:24
facility [2] 6:7 7:1
fact [2] 18:18 19:10
factor [1] 6:3
familiar [1] 9:22
far [1] 13:24
Fasano [2] 20:8 21:4
filed [2] 4:24 7:16
filing [1] 5:21
fill [1] 14:12
Finally [1] 12:19
financial [3] 5:24 13:6 19:14
finding [1] 14:14
findings [1] 3:8
first [5] 4:9 7:14 13:22 19:3 22:3
fiscal [4] 7:22 8:6 8:18 16:21
five [3] 18:5 21:11 21:14
five-year [1] 18:20
FMLA [1] 14:11
folks [3] 4:21 15:7 15:24
follow-up [1] 23:7
forth [1] 3:9
foundation [1] 5:12
four [6] 8:20 14:18 16:24 18:14 19:2 19:11
Foxon [20] 1:6 2:5 2:18 5:17 5:20 7:1 7:6 8:10 9:13 9:18 9:21 10:8 11:1 11:9 11:18 11:21 12:12 12:22 18:1 21:8
fragmentation [2] 11:12 11:15
framework [1] 19:3
frankly [1] 11:5
freestanding [1] 12:1
front [2] 7:15 21:4
funding [1] 8:18
FUSCO [1] 4:7
G-H-I-N [1] 22:5
General [3] 2:20 2:22 3:10
geographical [1] 22:16
given [1] 11:23
goal [1] 15:13
goes [1] 22:22
gone [3] 15:19 17:5 17:11
good [5] 2:11 3:18 5:3 9:5 22:17
great [1] 15:18
Group [5] 5:11 5:11 9:9 9:16 10:15
GROVES [1] 4:7
guidelines [1] 3:9
H [1] 4:2
H.R [1] 22:14
half [1] 19:3
Hamden [4] 1:14 19:11 23:9 24:9
hand [1] 4:17
handle [1] 16:16
Hansted [28] 2:11 2:24 3:21 3:24 4:5 4:8 4:20 5:4 9:3 9:6 13:12 13:18 15:5 16:1 17:19 17:23 19:13 19:18 20:4 20:11 21:7 21:12 21:18 21:20 21:23 22:6 23:4 23:6
happening [1] 20:22
Haven [31] 1:4 1:5 1:10 1:12 2:4 2:5 2:6 2:17 2:18 3:11 5:6 5:12 5:17 6:1 6:1 6:7 6:10 6:17 7:13 7:18 7:19 8:2 8:5 8:10 8:16 8:22 9:11 9:19 12:3 12:6 24:1
health [25] 1:2 1:3 2:3 2:3 2:15 3:2 5:6 5:13 5:22 6:1 6:13 6:18 7:14 8:10 8:11 8:16 9:19 10:4 12:3 12:6 13:5 13:7 21:6 22:8 22:8
hear [2] 4:9 4:12
heard [2] 20:7 20:8
hearing [37] 2:1 2:11 2:14 2:19 3:2 3:6 3:21 3:24 4:5 4:8 4:14 4:20 5:4 9:3 9:6 13:12 13:18 15:5 16:1 17:19 17:23 19:13 19:18 20:4 20:11 21:7 21:12 21:18 21:20 21:23 22:6 23:4 23:6 23:9 24:1 24:5
held [3] 2:5 2:16 2:19
Hello [1] 17:24
helps [2] 11:14 13:8
High [2] 1:10 2:5
highest [1] 6:4
highlight [1] 10:24
historical [1] 16:20
hospital [17] 1:4 1:5 2:4 3:11 5:17 6:1 6:7 6:11 6:17 7:19 8:2 8:2 8:5 8:22 14:17 20:12 24:1
Hospital's [3] 2:17 2:18 9:12
hospitals [1] 6:2
hours [2] 12:11 14:4
Human [1] 22:12
identified [2] 2:15 3:16
identify [3] 6:18 17:20 23:1
impact [2] 6:16 11:18
imperfect [1] 20:24
implementing [1] 8:1
important [1] 10:14
imposed [1] 8:7
imposition [1] 8:19
inception [1] 18:2
included [1] 7:12
including [1] 11:24
increase [3] 16:23 16:24 18:4
increased [1] 17:9
increasingly [1] 10:22
individual [1] 21:21
individuals [1] 4:15
information [3] 11:23 12:16 12:23
instant [1] 10:18
instead [1] 23:2
insure [2] 8:1 12:4
insuring [1] 13:4
intent [1] 21:3
intention [2] 6:20 21:5
interest [1] 13:3
interested [2] 23:2 23:3
interests [1] 22:16
interim [2] 5:10 9:8
internal [1] 14:12
internally [1] 15:23
introduce [1] 9:2
issues [1] 22:14
itself [1] 11:12
J [2] 3:20 3:23
JENNIFER [2] 3:23 4:7
Jewel [1] 3:1
jobs [1] 6:21
Jodi [4] 21:9 21:24 22:2 22:3
Karen [1] 3:5
Kevin [2] 2:11 2:24
knows [1] 10:1
Lane [2] 1:11 2:6
large [2] 11:2 12:20
last [7] 7:21 8:15 11:21 16:24 19:11 21:13 21:22
lays [1] 5:18
Lazarus [23] 3:5 3:17 3:18 3:19 13:20 13:21 13:21 14:7 14:19 15:2 16:2 16:10 16:15 16:18 17:13 17:18 18:16 18:20 18:23 19:19 19:21 19:24 20:2
leave [1] 15:13

left [1] 14:11
legislative [1] 7:13
letter [5] 7:12 11:22 14:20 15:3 15:6
letters [2] 12:19 15:22
level [1] 16:3
leveled [2] 18:7 19:4
levels [1] 9:18
licensure [1] 10:1
likely [1] 8:5
list [4] 13:23 14:2 15:20 22:24
live [3] 10:16 10:17 22:17
located [1] 7:5
location [9] 5:20 5:23 7:7 9:23 10:8 10:23 11:21 14:1 22:17
location's [1] 11:22
locations [3] 10:10 12:11 12:15
long-term [2] 8:23 13:6
look [2] 15:11 22:18
looking [2] 16:20 19:6
losses [1] 17:10
low [3] 7:9 11:2 11:15
maintain [1] 17:5
maintained [1] 13:2
maintaining [1] 7:23
major [1] 5:24
majority [1] 15:19
Management [1] 22:9
manager [1] 18:1
mapping [1] 12:14
margin [2] 8:4 17:9
mark [1] 19:2
massive [1] 8:7
matter [4] 2:3 3:15 18:18 19:10
may [2] 5:2 23:3
Mayor [2] 7:13 21:4
MD [2] 10:16 10:17
mean [2] 16:8 16:9
means [1] 15:23
Medicaid [1] 12:16
medical [7] 5:11 5:11 5:12 9:9 9:16 10:15 12:4
Medicare [2] 8:18 12:16
meet [3] 8:22 22:12 22:15
meeting [1] 22:24
members [3] 3:4 6:5 7:12
mention [2] 10:13 10:15
mentioned [1] 14:19
messages [1] 20:17
million [2] 8:17 8:19
minimize [1] 6:15
minutes [1] 21:14
misconceptions [1] 7:11
months [2] 8:20 14:18
mortar [1] 10:23
most [2] 12:17 13:4
motivating [1] 6:3
moving [1] 11:15
MS [17] 3:23 4:2 4:7 17:22 17:24 18:18 18:22 19:1 19:16 19:20 19:22 20:1 21:20 21:24 22:2 22:7 23:5
Mullen [1] 3:1
must [1] 8:16
name [5] 2:24 4:22 5:4 9:7 22:1
Nancy [1] 22:5
nature [1] 10:24
nearby [1] 12:1
nearly [2] 8:19 20:17
necessarily [1] 17:2
necessary [1] 8:11
Need [2] 5:15 9:12
needs [2] 5:22 8:22
neighborhood [1] 6:8
NEMG [8] 9:21 9:23 10:9 10:10 11:24 16:3 16:7 16:14
NEMG's [1] 11:8
new [2] 7:24 8:2
next [2] 8:6 8:18
Northeast [5] 5:11 5:11 9:9 9:16 10:15
note [1] 8:4
noted [7] 6:22 11:12 14:4 14:9 15:13 16:19 21:2
notified [1] 11:22
notifying [1] 14:21
now [2] 9:2 14:19
number [4] 4:21 4:23 6:23 16:19
numbers [1] 16:22
numerous [1] 12:10
O'Connor [10] 5:3 5:5 9:4 14:3 14:9 15:11 17:2 17:15 20:10 21:9
O-L-D [1] 22:4
objection [3] 4:3 4:5 4:7
objections [1] 3:22
obviously [2] 15:6 20:20
occupational [3] 5:22 7:14 22:8
off [4] 18:7 19:4 21:16 21:17
offer [4] 7:8 10:11 11:10 21:5
offered [2] 6:20 9:15
offering [1] 13:24
offers [1] 10:21
offhand [1] 21:8
office [4] 1:3 2:3 2:14 11:7
Officer [32] 2:11 3:2 3:21 3:24 4:5 4:8 4:20 5:4 5:6 5:10 9:3 9:6 9:8 13:12 13:18 15:5 16:1 17:19 17:23 19:13 19:18 20:4 20:11 20:12 21:7 21:12 21:18 21:20 21:23 22:6 23:4 23:6
offices [2] 11:8 11:10
officials [4] 4:11 6:10 13:14 13:16
often [3] 10:5 11:4 20:16
OHCA [10] 3:7 3:19 5:4 5:20 6:9 7:15 9:6 10:1 11:12 13:18
OHCA's [1] 24:7
one [7] 4:3 4:22 8:10 14:23 17:16 19:10 20:4
ones [2] 12:15 16:5
ongoing [3] 22:19 22:21 22:22
open [3] 19:11 19:12 22:18
opened [3] 6:24 18:8 19:7
operating [2] 5:6 22:20
operation [1] 17:4
operational [1] 19:16
operations [1] 17:16
opportunity [2] 5:14 9:11
optimal [1] 11:6
original [1] 15:21
originate [1] 15:21
otherwise [1] 20:8
outside [1] 12:6
overlap [1] 16:2
overview [1] 4:10
p.m [2] 1:9 2:7
page [3] 16:5 16:19 24:4
part [2] 18:23 20:24
parties [1] 4:18
party [1] 3:12
past [1] 11:12
patient [1] 13:1
patients [21] 6:5 6:9 6:12 7:9 10:19 11:15 11:19 11:21 12:2 12:5 12:21 13:4 14:21 15:6 15:12 15:14 15:19 16:6 16:9 16:11 17:7
payer [1] 14:17
percent [1] 16:23
percentage [3] 16:6 16:8 16:11
performance [1] 17:12
period [4] 17:12 18:13 18:21 19:9
physical [1] 7:23
physician [4] 9:7 10:18 13:3 14:10
physicians [3] 9:21 10:11 10:15
piece [1] 8:10
placement [1] 22:14
placing [1] 23:2
plan [5] 14:20 18:3 18:5 18:24 19:5
planned [1] 6:11
plant [1] 7:23
platform [1] 10:17
pleased [1] 5:14
point [4] 13:15 21:13 21:16 22:23
Population [1] 22:8
portion [3] 4:13 21:15 23:8
position [1] 14:12
positions [5] 6:17 6:19 21:5 22:18 23:1
Post [4] 1:13 3:6 23:9 24:8
pre [1] 4:23
pre-filed [9] 5:7 5:18 6:22 7:3 9:10 9:14 10:14 12:9 14:4
present [1] 4:11
preserving [1] 8:13
President [1] 5:5
pressing [1] 8:16
pretty [3] 10:12 15:17 15:20
primary [7] 9:7 9:16 10:18 11:7 11:8 11:10 11:11
principles [1] 3:8
priorities [1] 13:9
private [1] 11:24
proceed [1] 5:2
proceeding [2] 3:12 7:15
proceedings [1] 2:1
process [6] 20:13 20:18 21:6 21:11 22:19 22:21
produced [1] 14:1
productivity [1] 19:17
proficient [1] 20:17
profit [1] 17:9
program [2] 18:1 18:2
project [1] 4:12
projected [1] 18:4
projecting [1] 16:22
projections [1] 18:12
proliferation [2] 11:13 18:8
proportion [1] 11:2
proposal [6] 8:21 11:14 13:8 14:22 17:1 17:14
provide [3] 6:4 9:17 10:22
provided [8] 9:14 9:18 9:23 12:11 12:14 12:19 16:3 16:5
provider [2] 10:3 12:7
providers [12] 6:14 6:23 7:1 7:5 7:8 9:20 11:11 11:23 11:24 12:5 12:10 12:20
provides [1] 10:18
provisions [1] 2:22
public [13] 1:2 2:2 2:14 2:19 3:2 4:13 6:6 6:10 10:4 12:18 21:15 23:8 24:5
purposes [3] 3:17 19:14 19:15
pursuant [1] 2:19
quality [4] 6:13 10:7 10:8 19:15
questions [5] 13:19 13:22 20:2 23:5 24:7
quite [2] 9:22 11:5
R-I [1] 22:4
radius [1] 18:9
raise [1] 4:16
Raphael [1] 20:13
Rastogi [10] 5:10 9:2 9:5 9:7 14:10 15:1 15:4 16:8 16:13 16:17
RE [1] 24:1

reach [2] 18:13 18:14
reached [1] 19:2
read [2] 3:13 20:5
reappointing [1] 6:16
reasonable [1] 18:6
recent [1] 8:14
recently [1] 14:6
record [10] 3:14 3:15 3:19 4:22 4:24 7:24 12:4 21:16 21:17 21:19
recorded [1] 3:6
records [1] 12:7
recruit [1] 14:15
rectify [1] 17:14
reduce [2] 8:12 11:14
reductions [1] 8:7
reference [1] 3:17
reflect [1] 17:17
regarding [4] 5:15 12:16 13:17 16:2
regulatory [2] 20:18 22:21
rehabilitation [1] 5:22
reinvested [1] 7:22
remains [1] 8:2
reminders [1] 4:21
reporter [1] 4:17
Reporting [4] 1:13 3:6 23:9 24:8
rescissions [1] 8:14
resolution [1] 20:21
resolved [1] 21:10
resources [3] 7:17 15:16 22:12
respect [1] 14:23
respond [1] 8:7
result [2] 11:13 17:11
retain [1] 17:7
revenue [2] 7:20 7:21
revenues [1] 8:5
right [3] 4:17 6:7 13:5
Road [11] 5:17 5:20 7:1 7:6 8:10 9:13 9:19 9:21 10:8 11:1 11:21
Roberts [1] 3:5
route [1] 20:24
routes [1] 12:17
run [1] 17:3
School [2] 1:10 2:5
scope [1] 9:15
search [1] 15:21
Second [1] 7:19
Section [2] 2:20 3:9
see [2] 4:2 12:5
seeking [1] 12:21
Senator [2] 20:8 21:4
send [3] 14:20 15:2 15:22
separate [2] 5:21 7:15
September [4] 1:8 2:6 2:16 24:2
serve [1] 17:6
served [1] 16:6
service [7] 1:13 10:16 10:21 12:11 14:4 23:9 24:8
services [16] 3:6 5:16 5:20 5:23 6:13 7:14 8:3 9:13 9:15 9:22 10:12 13:1 13:23 14:3 16:3 17:5
set [1] 3:9
setting [2] 11:16 13:5
short [1] 21:14
show [1] 15:9
showing [1] 7:4
side [1] 14:17
significant [2] 6:2 18:11
significantly [2] 8:6 18:7
similar [1] 6:17
sinusitis [1] 11:3
site [8] 9:13 9:19 9:21 11:1 11:9 12:12 12:22 18:1
sites [6] 7:4 9:16 10:9 10:11 12:17 16:14
smaller [1] 8:6
Smartphone [1] 10:19
somewhere [2] 14:18 23:2
sore [1] 11:3
sorry [1] 16:9
speak [3] 5:15 9:11 17:20
specialty [1] 8:3
specifically [1] 16:19
spell [1] 22:1
St [1] 20:12
stability [1] 13:7
staff [14] 3:4 3:13 5:4 6:16 6:16 6:20 9:6 9:21 10:15 17:7 19:17 22:12 22:13 22:15
staffed [1] 10:10
staffing [2] 14:5 14:8
stand [1] 4:16
standard [1] 18:4
standing [1] 21:3
standpoint [1] 10:6
start [1] 13:19
started [1] 2:12
state [4] 1:1 2:2 4:22 8:8
statutes [4] 2:20 2:23 3:10 10:3
stay [1] 22:20
steps [1] 6:15
Steven [4] 3:5 3:18 3:19 13:21
strategies [1] 8:1
structured [1] 8:21
subject [1] 7:15
submitted [1] 7:12
successful [2] 14:13 17:3
such [5] 7:24 11:3 11:7 16:4 22:14
summary [1] 8:9
support [1] 16:24
sworn [3] 4:17 4:18 17:21
system [16] 5:6 5:13 6:1 6:18 8:11 8:16 9:19 12:3 12:6 13:5 13:7 14:21 15:7 15:8 20:7 21:6
table [4] 3:15 3:17 7:4 7:4
takes [3] 14:15 14:16 14:18
taking [1] 6:15
taxes [1] 8:20
team [1] 22:13
technology [2] 7:24 10:20
tele-health [1] 10:17
terminate [4] 5:16 5:19 5:22 9:12
termination [5] 1:5 2:4 2:17 6:11 17:1
testify [3] 4:16 4:23 4:24
testifying [1] 4:21
testimony [14] 4:24 5:8 5:18 6:22 7:3 9:10 9:14 10:14 12:9 14:5 14:20 15:13 21:2 24:6
thank [21] 2:13 3:21 4:3 4:8 4:24 9:1 9:3 9:10 13:10 13:12 16:1 17:23 19:19 19:20 19:24 20:1 21:12 21:16 22:6 23:4 23:7
Thanks [1] 9:5
Thirty [1] 15:1
three [1] 14:18
throats [1] 11:3
through [4] 3:20 20:14 22:18 22:24
throughout [1] 22:19
timeline [1] 14:23
times [2] 10:5 20:16
to-date [1] 14:4
today [6] 5:9 5:15 6:10 9:2 9:11 13:11
top [1] 16:4
Town [1] 7:17
transferred [2] 12:7 20:6
transportation [1] 12:18
treated [5] 11:1 11:5 11:6 11:7 16:14
tried [1] 14:11
try [1] 14:12
turn [1] 17:9
Twelve [1] 21:10
two [7] 4:20 4:23 9:23 12:19 16:7 19:3 19:3
type [5] 10:3 10:20 14:7 15:8 17:13
types [1] 12:10
uncertainties [1] 20:20
understand [1] 4:11
unexpectedly [1] 14:11
unfortunately [1] 14:13
up [6] 14:3 17:5 17:8 17:11 18:8 19:11
up-to-date [1] 13:24
updated [2] 4:3 7:4
updating [1] 7:23
urge [2] 8:23 13:9
urgent [20] 1:6 2:4 2:18 5:16 5:17 6:7 6:23 6:24 7:5 8:9 9:13 10:2 11:13 11:17 12:1 12:20 13:1 17:1 18:8 18:10
usually [1] 14:17
vacant [1] 6:19
value [1] 6:4
various [1] 7:16
vast [1] 15:19
via [2] 10:19 11:22
Vice [1] 5:5
vicinity [1] 11:9
visit [1] 10:21
visits [5] 11:2 16:20 16:20 17:3 17:11
volume [3] 16:16 17:4 18:4
walk-in [8] 6:23 7:5 9:17 9:24 10:9 11:5 16:3 16:7
walk-ins [1] 12:1
ways [1] 8:17
website [1] 13:23
week [1] 8:15
weekly [2] 22:13 22:24
weeks [1] 19:11
Wheelbarrow [2] 1:11 2:5
WILLCOX [4] 3:23 4:2 21:20 21:24
within [13] 6:17 7:5 8:15 11:21 12:3 17:6 18:9 18:20 19:3 19:11 20:7 21:5 22:14
without [2] 10:22 11:18
worked [1] 20:22
works [1] 22:14
written [1] 3:8
Yale [2] 8:1 20:7
Yale-New [24] 1:4 1:5 2:4 2:17 2:18 3:11 5:6 5:12 5:16 6:1 6:1 6:6 6:10 6:17 7:19 8:5 8:10 8:16 8:22 9:11 9:19 12:3 12:6 24:1
year [5] 7:22 8:6 8:18 11:22 16:21
years [5] 16:24 18:5 18:14 19:2 19:4
yet [1] 6:21
yourself [1] 17:20

reach [2] 18:13 18:14
reached [1] 19:2
read [2] 3:13 20:5
reappointing [1] 6:16
reasonable [1] 18:6
recent [1] 8:14
recently [1] 14:6
record [10] 3:14 3:15 3:19 4:22 4:24 7:24 12:4 21:16 21:17 21:19
recorded [1] 3:6
records [1] 12:7
recruit [1] 14:15
rectify [1] 17:14
reduce [2] 8:12 11:14
reductions [1] 8:7
reference [1] 3:17
reflect [1] 17:17
regarding [4] 5:15 12:16 13:17 16:2
regulatory [2] 20:18 22:21
rehabilitation [1] 5:22
reinvested [1] 7:22
remains [1] 8:2
reminders [1] 4:21
reporter [1] 4:17
Reporting [4] 1:13 3:6 23:9 24:8
rescissions [1] 8:14
resolution [1] 20:21
resolved [1] 21:10
resources [3] 7:17 15:16 22:12
respect [1] 14:23
respond [1] 8:7
result [2] 11:13 17:11
retain [1] 17:7
revenue [2] 7:20 7:21
revenues [1] 8:5
right [3] 4:17 6:7 13:5
Road [11] 5:17 5:20 7:1 7:6 8:10 9:13 9:19 9:21 10:8 11:1 11:21
Roberts [1] 3:5
route [1] 20:24
routes [1] 12:17
run [1] 17:3
School [2] 1:10 2:5
scope [1] 9:15
search [1] 15:21
Second [1] 7:19
Section [2] 2:20 3:9
see [2] 4:2 12:5
seeking [1] 12:21
Senator [2] 20:8 21:4
send [3] 14:20 15:2 15:22
separate [2] 5:21 7:15
September [4] 1:8 2:6 2:16 24:2
serve [1] 17:6
served [1] 16:6
service [7] 1:13 10:16 10:21 12:11 14:4 23:9 24:8
services [16] 3:6 5:16 5:20 5:23 6:13 7:14 8:3 9:13 9:15 9:22 10:12 13:1 13:23 14:3 16:3 17:5
set [1] 3:9
setting [2] 11:16 13:5
short [1] 21:14
show [1] 15:9
showing [1] 7:4
side [1] 14:17
significant [2] 6:2 18:11
significantly [2] 8:6 18:7
similar [1] 6:17
sinusitis [1] 11:3
site [8] 9:13 9:19 9:21 11:1 11:9 12:12 12:22 18:1
sites [6] 7:4 9:16 10:9 10:11 12:17 16:14
smaller [1] 8:6
Smartphone [1] 10:19
somewhere [2] 14:18 23:2
sore [1] 11:3
sorry [1] 16:9
speak [3] 5:15 9:11 17:20
specialty [1] 8:3
specifically [1] 16:19
spell [1] 22:1
St [1] 20:12
stability [1] 13:7
staff [14] 3:4 3:13 5:4 6:16 6:16 6:20 9:6 9:21 10:15 17:7 19:17 22:12 22:13 22:15
staffed [1] 10:10
staffing [2] 14:5 14:8
stand [1] 4:16
standard [1] 18:4
standing [1] 21:3
standpoint [1] 10:6
start [1] 13:19
started [1] 2:12
state [4] 1:1 2:2 4:22 8:8
statutes [4] 2:20 2:23 3:10 10:3
stay [1] 22:20
steps [1] 6:15
Steven [4] 3:5 3:18 3:19 13:21
strategies [1] 8:1
structured [1] 8:21
subject [1] 7:15
submitted [1] 7:12
successful [2] 14:13 17:3
such [5] 7:24 11:3 11:7 16:4 22:14
summary [1] 8:9
support [1] 16:24
sworn [3] 4:17 4:18 17:21
system [16] 5:6 5:13 6:1 6:18 8:11 8:16 9:19 12:3 12:6 13:5 13:7 14:21 15:7 15:8 20:7 21:6
table [4] 3:15 3:17 7:4 7:4
takes [3] 14:15 14:16 14:18
taking [1] 6:15
taxes [1] 8:20
team [1] 22:13
technology [2] 7:24 10:20
tele-health [1] 10:17
terminate [4] 5:16 5:19 5:22 9:12
termination [5] 1:5 2:4 2:17 6:11 17:1
testify [3] 4:16 4:23 4:24
testifying [1] 4:21
testimony [14] 4:24 5:8 5:18 6:22 7:3 9:10 9:14 10:14 12:9 14:5 14:20 15:13 21:2 24:6
thank [21] 2:13 3:21 4:3 4:8 4:24 9:1 9:3 9:10 13:10 13:12 16:1 17:23 19:19 19:20 19:24 20:1 21:12 21:16 22:6 23:4 23:7
Thanks [1] 9:5
Thirty [1] 15:1
three [1] 14:18
throats [1] 11:3
through [4] 3:20 20:14 22:18 22:24
throughout [1] 22:19
timeline [1] 14:23
times [2] 10:5 20:16
to-date [1] 14:4
today [6] 5:9 5:15 6:10 9:2 9:11 13:11
top [1] 16:4
Town [1] 7:17
transferred [2] 12:7 20:6
transportation [1] 12:18
treated [5] 11:1 11:5 11:6 11:7 16:14
tried [1] 14:11
try [1] 14:12
turn [1] 17:9
Twelve [1] 21:10
two [7] 4:20 4:23 9:23 12:19 16:7 19:3 19:3
type [5] 10:3 10:20 14:7 15:8 17:13
types [1] 12:10
uncertainties [1] 20:20
understand [1] 4:11
unexpectedly [1] 14:11
unfortunately [1] 14:13
up [6] 14:3 17:5 17:8 17:11 18:8 19:11
up-to-date [1] 13:24
updated [2] 4:3 7:4
updating [1] 7:23
urge [2] 8:23 13:9
urgent [20] 1:6 2:4 2:18 5:16 5:17 6:7 6:23 6:24 7:5 8:9 9:13 10:2 11:13 11:17 E

CERTIFICATE

I, Paul Landman, a Notary Public in and for the State of Connecticut, and President of Post Reporting Service, Inc., do hereby certify that, to the best of my knowledge, the foregoing record is a correct and verbatim transcription of the audio recording made of the proceeding hereinbefore set forth.

I further certify that neither the audio operator nor I are attorney or counsel for, nor directly related to or employed by any of the parties to the action and/or proceeding in which this action is taken; and further, that neither the audio operator nor I are a relative or employee of any attorney or counsel employed by the parties, thereto, or financially interested in any way in the outcome of this action or proceeding.

In witness whereof I have hereunto set my hand and do so attest to the above, this 5th day of October, 2015.

Paul Landman
President

Post Reporting Service
1-800-262-4102

Greer, Leslie

From: Roberts, Karen
Sent: Friday, October 09, 2015 10:04 AM
To: Veyberman, Alla; Riggott, Kaila; Greer, Leslie
Cc: Lazarus, Steven
Subject: FW: Late File - Docket 15-32011-CON
Attachments: Late File - 3 Year Prior Financial.xlsx

Yale's late file from their hearing on 9/28th. Karen

From: McKennan, Matthew [mailto:Matthew.McKennan@YNHH.ORG]
Sent: Friday, October 09, 2015 9:33 AM
To: Hansted, Kevin; Lazarus, Steven; Roberts, Karen
Cc: Willcox, Jennifer; Rosenthal, Nancy; Jennifer Groves Fusco
Subject: Late File - Docket 15-32011-CON

Good morning.

Please find attached the Late File requested for Docket No. 15-32011-CON (Foxon Urgent Care). Tab 1 shows the Financial Attachment A submitted with the CON, and Tab 2 includes the prior 3 FYs with the urgent care service isolated in the incremental column. Please let me know if you have any questions.

Thanks, and have a nice weekend.

Matt

Matthew McKennan
Senior Planner - Yale New Haven Health

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

Matthew.McKennan@YNHH.ORG
www.greenwichhospital.org

Please consider the environment
before printing this email.

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

NON-PROFIT

Applicant:

Financial Worksheet (A)

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

		1	4	5	6	7	8	9	10	11	12	13	14	15
LINE	Total Entity:	FY 2014	FY 2015	FY 2015	FY 2015	FY 2016	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2018	FY 2018	FY 2018
		Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
	Description	Results	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$ 8,676,814,000	$ 9,536,815,000	$ -	$ 9,536,815,000	$ 9,653,683,000	$ (1,653,800)	$ 9,652,029,200	$ 9,747,015,000	$ (1,670,300)	$ 9,745,344,700	$ 9,843,819,000	$ (1,687,000)	$ 9,842,132,000
2	Less: Allowances	6,203,146,000	7,090,464,000	-	7,090,464,000	7,163,560,000	(1,227,100)	7,162,332,900	7,206,184,000	(1,234,400)	7,204,949,600	7,252,324,000	(1,243,300)	7,251,080,700
3	Less: Charity Care	-	-	-	-	-	-	-	-	-	-	-	-	-
4	Less: Other Deductions	-	-	-	-	-	-	-	-	-	-	-	-	-
	Net Patient Service Revenue	**$ 2,473,668,000**	**$ 2,446,351,000**		**$ 2,446,351,000**	**$ 2,490,123,000**	**$ (426,700)**	**$ 2,489,696,300**	**$ 2,540,831,000**	**$ (435,900)**	**$ 2,540,395,100**	**$ 2,591,495,000**	**$ (443,700)**	**$ 2,591,051,300**
5	Medicare	$ 786,643,000	$ 782,985,000	$ -	$ 782,985,000	$ 790,293,000	$ (147,700)	$ 790,145,300	$ 809,501,000	$ (150,700)	$ 809,350,300	$ 833,798,000	$ (153,500)	$ 833,644,500
6	Medicaid	299,960,000	339,498,000	-	339,498,000	342,978,000	(100,900)	342,877,100	346,492,000	(103,100)	346,388,900	350,042,000	(104,900)	349,937,100
7	CHAMPUS & TriCare	-	-	-	-	-	(800)	(800)	-	(900)	(900)	-	(900)	(900)
8	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Government	**1,086,603,000**	**1,122,483,000**		**1,122,483,000**	**1,133,271,000**	**(249,400)**	**1,133,021,600**	**1,155,993,000**	**(254,700)**	**1,155,738,300**	**1,183,840,000**	**(259,300)**	**1,183,580,700**
9	Commercial Insurers	1,345,277,000	1,238,608,000	-	1,238,608,000	1,270,740,000	(165,600)	1,270,574,400	1,297,865,000	(169,200)	1,297,695,800	1,319,812,000	(172,200)	1,319,639,800
10	Uninsured	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Self Pay	41,788,000	85,260,000	-	85,260,000	86,112,000	(5,800)	86,106,200	86,973,000	(5,900)	86,967,100	87,843,000	(6,000)	87,837,000
12	Workers Compensation	-	-	-	-	-	(1,700)	(1,700)	-	(1,700)	(1,700)	-	(1,800)	(1,800)
13	Other	-	-	-	-	-	(4,200)	(4,200)	-	(4,300)	(4,300)	-	(4,400)	(4,400)
	Total Non-Government	**$ 1,387,065,000**	**$ 1,323,868,000**	**$ -**	**$ 1,323,868,000**	**$ 1,356,852,000**	**$ (177,300)**	**$ 1,356,674,700**	**$ 1,384,838,000**	**$ (181,100)**	**$ 1,384,656,900**	**$ 1,407,655,000**	**$ (184,400)**	**$ 1,407,470,600**
	Net Patient Service Revenuea (Government+Non-Government)	**$ 2,473,668,000**	**$ 2,446,351,000**	**$ -**	**$ 2,446,351,000**	**$ 2,490,123,000**	**$ (426,700)**	**$ 2,489,696,300**	**$ 2,540,831,000**	**$ (435,800)**	**$ 2,540,395,200**	**$ 2,591,495,000**	**$ (443,700)**	**$ 2,591,051,300**
14	Less: Provision for Bad Debts	71,764,000	69,549,000	-	**69,549,000**	67,418,000	-	**67,418,000**	68,092,000	-	**68,092,000**	68,773,000	-	**68,773,000**
	Net Patient Service Revenue less provision for bad debts	**2,401,904,000**	**2,376,802,000**	**-**	**2,376,802,000**	**2,422,705,000**	**(426,700)**	**2,422,278,300**	**2,472,739,000**	**(435,900)**	**2,472,303,100**	**2,522,722,000**	**(443,700)**	**2,522,278,300**
15	Other Operating Revenue	-	42,598,000	-	**42,598,000**	42,598,000	-	**42,598,000**	42,598,000	-	**42,598,000**	42,598,000	-	**42,598,000**
17	Net Assets Released from Restrictions			-	**-**		-	**-**		-	**-**		-	**-**
	TOTAL OPERATING REVENUE	**$ 2,401,904,000**	**$ 2,419,400,000**	**$ -**	**$ 2,419,400,000**	**$ 2,465,303,000**	**$ (426,700)**	**$ 2,464,876,300**	**$ 2,515,337,000**	**$ (435,900)**	**$ 2,514,901,100**	**$ 2,565,320,000**	**$ (443,700)**	**$ 2,564,876,300**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$ 808,684,000	$ 819,504,000	$ -	$ 819,504,000	$ 849,463,000	$ -	$ 849,463,000	$ 876,083,000	$ -	$ 876,083,000	$ 905,847,000	$ -	$ 905,847,000
2	Fringe Benefits	225,961,000	240,776,000	-	240,776,000	249,606,000	-	249,606,000	257,506,000	-	257,506,000	266,310,000	-	266,310,000
3	Physicians Fees	567,135,000	569,793,000	-	569,793,000	606,887,000	(101,300)	606,785,700	625,093,000	(104,300)	624,988,700	643,846,000	(107,400)	643,738,600
4	Supplies and Drugs	407,750,000	420,089,000	-	420,089,000	435,726,000	(48,900)	435,677,100	451,955,000	(50,700)	451,904,300	468,797,000	(52,600)	468,744,400
5	Depreciation and Amortization	122,543,000	124,084,000	-	124,084,000	134,839,000	-	134,839,000	142,153,000	-	142,153,000	138,103,000	-	138,103,000
6	Provision for Bad Debts-Otherb	-	-	-	-	-	-	-	-	-	-	-	-	-
7	Interest Expense	23,742,000	26,033,000	-	26,033,000	37,389,000	-	37,389,000	37,025,000	-	37,025,000	41,373,000	-	41,373,000
8	Malpractice Insurance Cost	14,809,000	21,010,000	-	21,010,000	21,640,000	-	21,640,000	22,290,000	-	22,290,000	22,958,000	-	22,958,000
9	Lease Expense	14,516,000	14,937,000	-	14,937,000	15,310,000	(39,000)	15,271,000	15,540,000	(39,600)	15,500,400	15,945,000	(40,600)	15,904,400
10	Other Operating Expenses	82,219,000	95,673,000	-	95,673,000	25,201,000	(79,500)	25,121,500	(3,364,000)	(81,100)	(3,445,100)	(30,723,000)	(82,700)	(30,805,700)
	TOTAL OPERATING EXPENSES	**$ 2,267,359,000**	**$ 2,331,899,000**	**$ -**	**$ 2,331,899,000**	**$ 2,376,061,000**	**$ (268,700)**	**$ 2,375,792,300**	**$ 2,424,281,000**	**$ (275,700)**	**$ 2,424,005,300**	**$ 2,472,456,000**	**$ (283,300)**	**$ 2,472,172,700**
	INCOME/(LOSS) FROM OPERATIONS	**$ 134,545,000**	**$ 87,501,000**	**$ -**	**$ 87,501,000**	**$ 89,242,000**	**$ (158,000)**	**$ 89,084,000**	**$ 91,056,000**	**$ (160,200)**	**$ 90,895,800**	**$ 92,864,000**	**$ (160,400)**	**$ 92,703,600**
	NON-OPERATING REVENUE	**$ 30,155,000**	**$ 50,000,000**	**$ -**	**$ 50,000,000**	**$ 50,000,000**	**$ -**	**$ 50,000,000**	**$ 50,000,000**	**$ -**	**$ 50,000,000**	**$ 50,000,000**	**$ -**	**$ 50,000,000**
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	**$ 164,700,000**	**$ 137,501,000**	**$ -**	**$ 137,501,000**	**$ 139,242,000**	**$ (158,000)**	**$ 139,084,000**	**$ 141,056,000**	**$ (160,200)**	**$ 140,895,800**	**$ 142,864,000**	**$ (160,400)**	**$ 142,703,600**
	Principal Payments				**$0**			**$0**			**$0**			**$0**
C.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**5.5%**	**3.5%**	**0.0%**	**3.5%**	**3.5%**	**37.0%**	**3.5%**	**3.5%**	**36.8%**	**3.5%**	**3.6%**	**36.2%**	**3.5%**
2	Hospital Non Operating Margin	**1.2%**	**2.0%**	**0.0%**	**2.0%**	**2.0%**	**0.0%**	**2.0%**	**1.9%**	**0.0%**	**1.9%**	**1.9%**	**0.0%**	**1.9%**
3	Hospital Total Margin	**6.8%**	**5.6%**	**0.0%**	**5.6%**	**5.5%**	**37.0%**	**5.5%**	**5.5%**	**36.8%**	**5.5%**	**5.5%**	**36.2%**	**5.5%**
D.	**FTEs**		10,432	-	**10,432**	10,454	-	**10,454**	10,503	-	**10,503**	10,539	-	**10,539**
E.	**VOLUME STATISTICSc**													
1	Inpatient Discharges	78,315	80,531	-	**80,531**	81,336	-	**81,336**	82,150	-	**82,150**	82,971	-	**82,971**
2	Outpatient Visits	1,175,388	1,209,078	-	**1,209,078**	1,221,169	(10,480)	**1,210,689**	1,233,380	(10,585)	**1,222,795**	1,245,714	(10,691)	**1,235,023**
	TOTAL VOLUME	**1,253,703**	**1,289,609**		**1,289,609**	**1,302,505**	**(10,480)**	**1,292,025**	**1,315,530**	**(10,585)**	**1,304,945**	**1,328,685**	**(10,691)**	**1,317,994**

aTotal amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

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

cProvide 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.

YALE- NEW HAVEN HOSPITAL
Urgent Care at Foxon Road CON

Prior 3 Year Analysis- Full YNHH - Service (Foxon Urgent Care) - YNHH w/o Foxon Urgent Care for FY 2012 thru FY 2014

		1	2	3	4	5	6	7	8	9
LINE	Total Entity:	FY 2012	FY 2012	FY 2012	FY 2013	FY 2013	FY 2013	FY 2014	FY 2014	FY 2014
		Actual	Urgent Care	Actual w / o	Actual	Urgent Care	Actual w / o	Actual	Urgent Care	Actual w / o
	Description	Results	Service	Service	Results	Service	Service	Results	Service	Service
A.	**OPERATING REVENUE**									
1	Total Gross Patient Revenue	$ 5,740,304,100	$ 1,105,000	$ 5,739,199,100	$ 8,243,052,900	$ 1,244,600	$ 8,241,808,300	$ 8,676,814,000	$ 1,372,600	$ 8,675,441,400
2	Less: Allowances	4,027,033,100	775,700	4,026,257,400	5,897,700,200	889,900	5,896,810,300	6,203,146,000	981,400	6,202,164,600
3	Less: Charity Care	-	-	-	-	-	-	-	-	-
4	Less: Other Deductions	-	-	-	-	-	-	-	-	-
	Net Patient Service Revenue	**$ 1,713,271,000**	**$ 329,300**	**$ 1,712,941,700**	**$ 2,345,352,700**	**$ 354,700**	**$ 2,344,998,000**	**$ 2,473,668,000**	**$ 391,200**	**$ 2,473,276,800**
5	Medicare	$ 546,533,400	$ 113,900	$ 546,419,500	$ 748,167,500	$ 122,700	$ 748,044,800	$ 786,643,000	$ 135,300	$ 786,507,700
6	Medicaid	246,711,000	77,900	246,633,100	337,730,800	83,900	337,646,900	299,960,000	92,500	299,867,500
7	CHAMPUS & TriCare	-	600	(600)	-	600	(600)	-	700	(700)
8	Other	-	-	-	-	-	-	-	-	-
	Total Government	**793,244,400**	**192,400**	**793,052,000**	**1,085,898,300**	**207,200**	**1,085,691,100**	**1,086,603,000**	**228,500**	**1,086,374,500**
9	Commercial Insurers	892,614,300	127,700	892,486,600	1,221,928,800	137,600	1,221,791,200	1,345,277,000	151,800	1,345,125,200
10	Uninsured	-	-	-	-	-	-	-	-	-
11	Self Pay	27,412,300	4,500	27,407,800	37,525,600	4,800	37,520,800	41,788,000	5,300	41,782,700
12	Workers Compensation	-	1,400	(1,400)	-	1,500	(1,500)	-	1,600	(1,600)
13	Other	-	3,500	(3,500)	-	3,700	(3,700)	-	4,000	(4,000)
	Total Non-Government	**$ 920,026,600**	**$ 136,900**	**$ 919,889,500**	**$ 1,259,454,400**	**$ 147,500**	**$ 1,259,306,800**	**$ 1,387,065,000**	**$ 162,700**	**$ 1,386,902,300**
	Net Patient Service Revenuea (Government+Non-Government)	**$ 1,713,271,000**	**$ 329,300**	**$ 1,712,941,500**	**$ 2,345,352,700**	**$ 354,700**	**$ 2,344,997,900**	**$ 2,473,668,000**	**$ 391,200**	**$ 2,473,276,800**
14	Less: Provision for Bad Debts	-	-	-	62,436,600	-	62,436,600	71,764,000	-	71,764,000
	Net Patient Service Revenue less provision for bad debts	**1,713,271,000**	**329,300**	**1,712,941,700**	**2,282,916,100**	**354,700**	**2,282,561,400**	**2,401,904,000**	**391,200**	**2,401,512,800**
15	Other Operating Revenue	47,560,300	-	47,560,300	58,633,000	-	58,633,000	-	-	-
17	Net Assets Released from Restrictions			-			-			-
	TOTAL OPERATING REVENUE	**$ 1,760,831,300**	**$ 329,300**	**$ 1,760,502,000**	**$ 2,341,549,100**	**$ 354,700**	**$ 2,341,194,400**	**$ 2,401,904,000**	**$ 391,200**	**$ 2,401,512,800**
B.	**OPERATING EXPENSES**									
1	Salaries and Wages	$ 585,246,900	$ 303,600	$ 584,943,300	$ 790,319,400	$ 383,600	$ 789,935,800	$ 808,684,000	$ 479,100	$ 808,204,900
2	Fringe Benefits	172,016,200	95,500	171,920,700	235,369,600	119,500	235,250,100	225,961,000	144,400	225,816,600
3	Physicians Fees	248,959,100	136,700	248,822,400	393,234,300	98,000	393,136,300	567,135,000	104,400	567,030,600
4	Supplies and Drugs	294,363,400	56,300	294,307,100	396,090,500	42,800	396,047,700	407,750,000	39,700	407,710,300
5	Depreciation and Amortization	73,100,600	-	73,100,600	91,913,500	-	91,913,500	122,543,000	-	122,543,000
6	Provision for Bad Debts-Otherb	32,622,100	-	32,622,100	-	-	-	-	-	-
7	Interest Expense	17,719,700	-	17,719,700	23,920,200	-	23,920,200	23,742,000	-	23,742,000
8	Malpractice Insurance Cost	13,017,600	-	13,017,600	13,750,600	-	13,750,600	14,809,000	-	14,809,000
9	Lease Expense	14,368,700	30,600	14,338,100	22,279,800	35,100	22,244,700	14,516,000	39,500	14,476,500
10	Other Operating Expenses	202,837,200	184,000	202,653,200	269,795,800	243,200	269,552,600	82,219,000	391,400	81,827,600
	TOTAL OPERATING EXPENSES	**$ 1,654,251,500**	**$ 806,700**	**$ 1,653,444,800**	**$ 2,236,673,700**	**$ 922,200**	**$ 2,235,751,500**	**$ 2,267,359,000**	**$ 1,198,500**	**$ 2,266,160,500**
	INCOME/(LOSS) FROM OPERATIONS	**$ 106,579,800**	**$ (477,400)**	**$ 107,057,200**	**$ 104,875,400**	**$ (567,500)**	**$ 105,442,900**	**$ 134,545,000**	**$ (807,300)**	**$ 135,352,300**
	NON-OPERATING REVENUE	**$ 24,029,000**	**$ -**	**$ 24,029,000**	**$ 73,846,000**	**$ -**	**$ 73,846,000**	**$ 30,155,000**	**$ -**	**$ 30,155,000**
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	**$ 130,608,800**	**$ (477,400)**	**$ 131,086,200**	**$ 178,721,400**	**$ (567,500)**	**$ 179,288,900**	**$ 164,700,000**	**$ (807,300)**	**$ 165,507,300**
	Principal Payments									
C.	**PROFITABILITY SUMMARY**									
1	Hospital Operating Margin	**6.0%**	**-145.0%**	**6.0%**	**4.3%**	**-160.0%**	**4.4%**	**5.5%**	**-206.4%**	**5.6%**
2	Hospital Non Operating Margin	**1.3%**	**0.0%**	**1.3%**	**3.1%**	**0.0%**	**3.1%**	**1.2%**	**0.0%**	**1.2%**
3	Hospital Total Margin	**7.3%**	**-145.0%**	**7.3%**	**7.4%**	**-160.0%**	**7.4%**	**6.8%**	**-206.4%**	**6.8%**
D.	**FTEs**									
E.	**VOLUME STATISTICSc**									
1	Inpatient Discharges	61,958	-	61,958	80,503	-	80,503	78,315	-	78,315
2	Outpatient Visits	774,085	6,906	767,179	1,085,738	8,539	1,077,199	1,175,388	9,722	1,165,666
	TOTAL VOLUME	**836,043**	**6,906**	**829,137**	**1,166,241**	**8,539**	**1,157,702**	**1,253,703**	**9,722**	**1,243,981**

Greer, Leslie

From: Lazarus, Steven
Sent: Tuesday, October 20, 2015 7:08 AM
To: Greer, Leslie
Subject: FW: Docket Number 15-32011 Close of Public Hearing
Attachments: 15-32011-CON CLose of Hearing.pdf

Please add this Closure Letter I emailed to Nancy in the record.

Thank you,
Steve

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

From: Lazarus, Steven
Sent: Monday, October 19, 2015 2:02 PM
To: Nancy Rosenthal (Nancy.Rosenthal@greenwichhospital.org)
Subject: Docket Number 15-32011 Close of Public Hearing

Good Afternoon Ms. Rosenthal,

Please see the attached correspondence, closing the public hearing, held under Docket Number: 15-32011-CON. Please feel free to contact me if you have any questions.

Thank you,
Steve

Steven W. Lazarus
Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

October 16, 2015

VIA EMAIL ONLY

Nancy Rosenthal
Yale-New Haven Health System
5 Perryridge Road
Greenwich, CT 06830

RE: Certificate of Need Application, Docket Number 15-32011-CON
Yale-New Haven Hospital
Termination of Yale-New Haven Hospital Urgent Care at Foxon
Closure of Public Hearing

Dear Ms. Rosenthal:

Please be advised, by way of this letter, the public hearing held on September 28, 2015, in the above referenced matter is hereby closed as of October 16, 2015. OHCA will receive no additional public comments or filings.

If you have any questions regarding this matter, please feel free to contact Alla Veyberman at (860) 418-7007 or Steven W. Lazarus at (860) 418-7012.

Sincerely,

Kevin T. Hansted
Hearing Officer

KTH:swl,av

Greer, Leslie

From: Greer, Leslie
Sent: Wednesday, November 18, 2015 3:42 PM
To: 'nancy.rosenthal@ynhh.org'
Cc: Huber, Jack; Roberts, Karen; Lazarus, Steven; Veyberman, Alla
Subject: Yale-New Haven Hospital CON Decision
Attachments: 32011 (2).pdf

Tracking:

Recipient	Delivery	Read
'nancy.rosenthal@ynhh.org'		
Huber, Jack	Delivered: 11/18/2015 3:42 PM	
Roberts, Karen	Delivered: 11/18/2015 3:42 PM	
Lazarus, Steven	Delivered: 11/18/2015 3:42 PM	
Veyberman, Alla	Delivered: 11/18/2015 3:42 PM	Read: 11/18/2015 3:47 PM

Ms. Rosenthal,
Attached is the CON decision for the termination of services at Yale-New Haven Hospital's urgent care at Foxon in East Haven, CT.

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

Department of Public Health
Office of Health Care Access
Certificate of Need Application

Final Decision

Applicant: **Yale-New Haven Hospital**
20 York Street, New Haven, CT 06510

Docket Number: **15-32011-CON**

Project Title: **Termination of Services at Yale-New Haven Hospital Urgent Care at Foxon in East Haven, CT**

Project Description: Yale-New Haven Hospital ("Hospital" or "Applicant") seeks authorization to terminate its urgent care services provided at Yale-New Haven Hospital Urgent Care at Foxon located at 317 Foxon Road in East Haven with no associated capital expenditure.

Procedural History: The Hospital published notice of its intent to file a Certificate of Need ("CON") application in the *New Haven Register* (New Haven) on June 6, 7 and 8, 2015. On July 6, 2015, the Office of Health Care Access ("OHCA") received the CON application from the Hospital for the above-referenced project. OHCA deemed the application complete on August 5, 2015.

On September 10, 2015, the Hospital was notified of the date, time, and place of the public hearing. On September 11, 2015, a notice to the public announcing the hearing was published in the *New Haven Register*. Thereafter, pursuant to Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e), a public hearing regarding the CON application was held on September 28, 2015.

Commissioner Jewel Mullen designated Attorney Kevin T. Hansted as the hearing officer in this matter. The hearing was conducted in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Conn. Gen. Stat.) and Conn. Gen. Stat. § 19a-639a(e). The public hearing record was closed on October 16, 2015. Deputy Commissioner Brancifort considered the entire record in this matter.

Findings of Fact and Conclusions of Law

1. Yale-New Haven Hospital ("Hospital" or "Applicant") is a 1,541 bed (including bassinets) non-profit, acute care teaching hospital with two integrated campuses located in New Haven, Connecticut. The Hospital is a corporate member of Yale-New Haven Health Services Corporation ('YNHHS"). Ex. B, pp. 14, 41, 71

2. The Hospital has operated Yale-New Haven Hospital Urgent Care at Foxon ("Foxon Center"), located at 317 Foxon Road in East Haven, since May 1, 2011. The Foxon Center offers urgent care services on an episodic, walk-in basis for non-life threatening, low acuity conditions such as sore throat, cough, sinusitis and upper respiratory infection. Ex. B, pp. 13-15, 38

3. The Hospital proposes to terminate its urgent care services at the Foxon Center. Ex. B, p. 13

4. The proposal is the result of the Hospital's assessment of its outpatient program locations to determine duplicative offerings in contiguous communities and to identify excess capacity that leads to inefficiencies and increased costs. The Foxon Center was identified as an underperforming site in an area that has become saturated with urgent care and walk-in clinics. Ex. B, p. 13

5. Table 1 illustrates that more than 75 percent of the patients who received services at the Foxon Center in fiscal year ("FY") 2014 were from the towns of New Haven, East Haven and North Branford.

TABLE 1
FOXON CENTER'S SERVICE AREA TOWNS

Town	Percentage Utilization by Town
New Haven	40.35%
East Haven	31.52%
North Branford	6.54%

Ex. B, pp. 14, 33

6. There are 13 urgent care centers, 6 walk-in clinics (which include two that are specific to orthopedic services) and 1 community health center primary care site, not affiliated with YNHHS and located within 11 miles of the Foxon Center, as illustrated by Table 2 below. These sites offer similar services to the Foxon Center.

TABLE 2
LOCATION OF EXISTING PROVIDERS

Service	Count	Program Name	Town	Distance from the Foxon Center in Miles
Urgent Care	1	Cornell Scott Hill Health Center Urgent Care*	New Haven	6.5
	2	Cornell Scott Hill Health Center Urgent Care*	New Haven	5.8
	3	Cornell Scott Hill Health Center Urgent Care*	New Haven	4.5
	4	ASAP Urgent Care	North Haven	6.5
	5	ASAP Urgent Care	Hamden	8.0
	6	203 - Urgent Care	North Haven	4.3
	7	203 - Urgent Care	Orange	10.4
	8	203 - Urgent Care	West Haven	8.7
	9	203 - Urgent Care**	Hamden	7.2
	10	Stony Creek Urgent Care	Branford	6.1
	11	Stony Creek Urgent Care	Orange	10.9
	12	Express Care Urgent Care	Hamden	7.2
	13	Concentra Urgent Care	New Haven	4.0
Walk-in Care	1	OrthoNow Walk-in Center	Hamden	9.6
	2	OrthoNow Walk-in Center	Branford	4.6
	3	New Haven Walk-in Medical Center	New Haven	3.4
	4	CVS Minute Clinic	North Haven	6.9
	5	CVS Minute Clinic	Hamden	9.5
	6	CVS Minute Clinic	Guilford	9.3
Primary Care	1	Fair Haven Community Health Center*	New Haven	4.0

Notes: * Sites are operated by Federally Qualified Health Centers.
** Opened in the summer of 2015.

Ex. H, p.12

7. Nearly half of urgent care and walk-in sites in the area served by the Foxon Center commenced operation after the Foxon Center's start of operations in May of 2011. Ex. B, p. 16, Testimony of Christopher O'Connor, Executive Vice President and Chief Operating Officer, pp. 6-7

8. The Hospital provides emergent care and fast track services within its Emergency Departments ("ED") on its York Street and Chapel Street campuses in New Haven and at its Shoreline Medical Center in Guilford. The distance between the York Street ED, Chapel Street ED and the Shoreline Medical Center from the Foxon Center are 6.4 miles, 7.4 miles and 10.3 mile, respectively. Ex. B, p. 15; Ex. H, p.11

9. YNHHS's affiliated medical foundation, Northeast Medical Group (NEMG), is a non-profit multi-specialty medical group that provides professional services at the Foxon Center, as well as other YNHHS affiliated sites throughout the greater New Haven area and the region. Ex. B, pp. 13-14

10. NEMG offers walk-in services at clinics it operates in North Haven and West Haven, 7 miles and 10.5 miles from the Foxon Center, respectively. Both clinics are accessible via public transportation. Ex. B, pp. 15, 22

11. NEMG offers similar low acuity services by appointment at several of its primary care offices in the immediate area of the Foxon Center with over 35 NEMG primary care physicians. Ex. B, pp. 15-16

12. NEMG's North Haven walk-in clinic has the capacity to accommodate nearly all of the Foxon Center's urgent care visits. As a result of this proposed termination, the days and hours of the North Haven and West Haven walk-in clinics may be expanded based on patient demand. Ex. B, p. 16

13. Two other Urgent Care providers have confirmed they have the capacity and ability to accommodate Foxon Center patients: ASAP Urgent Care and 203 - Urgent Care. Ex. H, pp.19-22

14. Table 3 shows the Foxon Center's historical volumes for FYs 2012 through 2015and the percentage change between years. The table demonstrates that, while the Foxon Center did experience continuing increases in volume, the percentage of volume growth has significantly slowed each year.

TABLE 3
FOXON CENTER'S HISTORICAL UTILIZATION
FISCAL YEARS 2012-2015

	Actual Volume*						
Service	FY 2012	FY 2013	% change FY12-13	FY 2014	% change FY13-14	FY 2015**	% change FY14-15
Visits	6,968	8,284	18.9%	9,361	13.0%	10,042	7.3%

Notes: * The Center is open 362 days a year.
** Annualized, October 2014-May 2015

Ex. B, pp. 16, 31

15. The Applicant indicates that the leveling off of volume is due to the proliferation of urgent care centers that have opened up within a ten mile radius of the Foxon Center. Testimony of Deborah Borisjuk, Project Manager of the Foxon Center, p.18

16. Table 4 illustrates that the Foxon Center's revenue increases are not keeping pace with its expense increases, resulting in increasing operating losses over the last three fiscal years, 2012 through 2014.

TABLE 4
FOXON CENTER'S ACTUAL REVENUES AND EXPENSES
FISCAL YEARS 2012-2014

Description	FY 2012	FY 2013	% change FY12-13	FY 2014	% change FY13-14
Revenue from Operations	$329,300	$354,700	7.7%	$391,200	10.3%
Total Operating Expenses	$806,700	$922,200	14.3%	$1,198,500	30.0%
Gain/(Loss) from Operations	**($477,400)**	**($567,500)**	**Increasing Loss of 18.9%**	**($807,300)**	**Increasing Loss of 42.2%**

Ex. M, p. 2

17. The Hospital projects overall gains in operations in each of the first three full fiscal years, FY 2016 through FY 2018, following the proposed termination.

TABLE 5
HOSPITAL'S PROJECTED REVENUES AND EXPENSES
FISCAL YEARS 2016-2018*

Description	FY 2016	FY 2017	FY 2018
Revenue from Operations	$2,464,876	$2,514,901	$2,564,876
Total Operating Expenses	$2,375,792	$2,424,005	$2,472,172
Gain/(Loss) from Operations	**$89,084**	**$90,895**	**$92,703**

Ex. M, p. 3
*in thousands

18. The Foxon Center's current payer mix for FY 2014 and projected payer mix for FY2015 are as follows:

TABLE 6
FOXON CENTER'S CURRENT & PROJECTED PAYER MIX
FISCAL YEARS 2014 & 2015

Payer	FY 2014*		FY 2015*	
	Visits	%	Visits	%
Medicare**	1,357	14.5%	1,344	13.4%
Medicaid**	3,458	36.9%	3,690	39.4%
CHAMPUS & TriCare	32	0.3%	46	0.5%
Total Government	**4,847**	**51.87%**	**5,350**	**53.3%**
Commercial Insurers	4,009	42.8%	4,386	43.7%
Uninsured	503	5.4%	292	2.9%
Workers Compensation	2	0.02%	14	0.01%
Total Non-Government	**4,514**	**48.2%**	**4,692**	**46.7%**
Total Payer Mix	**9,361**	**100%**	**10,042**	**100%**

Notes: * Numbers and percentages may reflect rounding
**Includes managed care activity

Ex. B, p. 32

19. There is no capital expenditure associated with termination of urgent care services at the Foxon Center. Ex. B, pp. 23, 30

20. This proposal will not negatively impact care for Medicaid recipients and indigent persons. YNHH and NEMG provide services for any patient in the region, regardless of their ability to pay and all but three of the non-YNHHS sites in the area (i.e. Concentra Urgent Care in New Haven and the OrthoNow Walk-in Centers in Hamden & Branford) accept Medicaid patients. Ex. B, pp. 15, 22, Ex. H, p. 14

21. The cost effectiveness of care in the region will be improved by ensuring that patients receive these low acuity services in the least intensive, yet clinically appropriate setting and by reducing duplicative service. Ex. B, p. 21

22. Foxon Center patients will be notified about the closure of the Center and provided information on the existing alternative sites both within the YNHHS ambulatory network, including emergency department locations, walk-in clinics and appointment-based primary care settings operated by NEMG, as well as other non-YNHHS urgent care and walk-in sites in the service area. Ex. B, pp. 16-17

23. Center patients choosing to stay within the YNHHS network will have their records available via the network's electronic medical record system which will insure continuity of care. Ex. B, p. 17, Testimony of Amit Rastogi, interim Chief Executive Officer of NEMG, p.12

24. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))

25. The CON application is consistent with the Statewide Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2))

26. The Hospital has established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3))

27. The Hospital has satisfactorily demonstrated that its proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))

28. The Hospital has satisfactorily demonstrated that access to services, cost effectiveness and the quality of health care delivery will be maintained. (Conn. Gen. Stat. § 19a-639(a)(5))

29. The Hospital has shown that there will be no adverse change in the provision of health care services to the relevant populations and payer mix, including Medicaid patients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6))

30. The Hospital has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7))

31. The Applicant has sufficiently demonstrated that there are other providers in the area being utilized by the public and that can continue to be utilized by the public. (Conn. Gen. Stat. § 19a-639(a)(8))

32. The Hospital has satisfactorily demonstrated that the proposal will not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

33. The Hospital has satisfactorily demonstrated that access to services for Medicaid recipients and indigent persons will be maintained. (Conn. Gen. Stat. § 19a-639(a)(10))

34. The Hospital has satisfactorily demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region. (Conn. Gen. Stat. § 19a-639(a)(11))

35. The Hospital has satisfactorily demonstrated that its proposal will not result in any consolidation that would affect health care costs or accessibility to care. (Conn. Gen. Stat. § 19a-639(a)(12))

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in Conn. Gen. Stat. § 19a-639(a). The Hospital bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board, 309 Conn. 727 (2013).*

Yale-New Haven Hospital ("Hospital" or "Applicant") is a non-profit acute care teaching hospital located in New Haven, Connecticut and is a corporate member of Yale-New Haven Health Services Corporation ('YNHHS"). *FF1* Since May 1, 2011, the Hospital has operated Yale-New Haven Hospital Urgent Care at Foxon ("Foxon Center") in East Haven. *FF2* The Foxon Center offers urgent care services on an episodic, walk-in basis for non-life threatening, low-acuity conditions. *FF2* Professional services are provided by the Northeast Medical Group ("NEMG"), YNHHS's affiliated medical foundation. *FF9* The Foxon Center has primarily served the towns of East Haven, New Haven, and North Branford. *FF5*

The Hospital proposes to terminate its urgent care services at the Foxon Center. *FF3* The proposal is the result of the Hospital's assessment of its outpatient services to determine duplicative offering in contiguous communities. The rate of volume increases at the Foxon Center has been steadily declining each year since FY 2012 and the Center has realized a loss from operations for each year since FY 2012. *FF14, 16* The Foxon Center was identified as an underperforming outpatient services site in a market that has become saturated with urgent care and walk-in clinics providers. *FF4*

Access to services will be maintained by the proposal, as alternative urgent care and walk-in providers and sites are available for patient choice. Within the YNHHS network, the Hospital provides emergent care and fast track services within its two Emergency Departments in New Haven and one in Guilford, 6, 7.4 and 10.3 miles from the Foxon Center, respectively and NEMG operates walk-in clinics in North Haven and West Haven, 7 and 10.5 miles from the Foxon Center, respectively. *FF8, 10* NEMG's North Haven walk-in clinic currently has the capacity to accommodate nearly all of the Foxon Center urgent care visits. *FF12* In addition, NEMG offers appointment-based visits at several of its primary care offices located within the immediate area of the Foxon Center. *FF10* Further, there are 13 urgent care centers, 6 walk-in clinics and 1 community health center primary care site, not affiliated with YNHHS and offering similar services to the Foxon Center. All are located within 11 miles from the Foxon site. *FF6* Two urgent care providers, ASAP Urgent Care and 203 - Urgent Care, indicated that they also have the capacity and the ability to accommodate urgent care patients that may have previously utilized the Foxon Center. *FF13* Therefore, the Hospital has satisfactorily demonstrated that the closing of Yale-New Haven Hospital Urgent Care at Foxon will not result in a reduction in the access to urgent care services available to patients in this area.

The Hospital's proposal will not negatively impact care for Medicaid recipients and indigent persons as the majority of the providers that offer this level of care in the area, including those both within and outside of YNHHS, accept Medicaid patients. *FF20*

There is no capital expenditure associated with terminating the Foxon Center. *FF19* The Hospital projects overall gains from operations in each of the first three years following the proposed termination. *FF17* Therefore, the Hospital has demonstrated that the proposal is financially feasible.

Access to urgent care services for residents of this area in need of episodic, walk-in services for non-life threatening low acuity conditions will continue despite the proposed closing of Yale-New Haven Urgent Care at Foxon. Further, the majority of urgent care and walk-in care sites remaining in the area provide services to Medicaid and indigent patients. The Hospital has demonstrated that the proposal is consistent with the Statewide Health Care Facilities and Services Plan by reducing unnecessary duplication of services.

Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of Yale-New Haven Hospital for the termination of urgent care services at Yale-New Haven Hospital Urgent Care at Foxon Road in East Haven is hereby **APPROVED**.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Department of Public Health
Office of Health Care Access

November 18, 2015
Date

Janet M. Brancifort
Janet M. Brancifort, MPH, RRT
Deputy Commissioner