



Certificate of Need Application

**Alignment of Yale-New Haven Hospital
Occupational Medicine Services
In East Haven and Branford**

November 17, 2015

Exhibit I

Checklist

Instructions:

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

OHCA Verified by: _____

Check No.: _____

Date: _____

1321105814
11/18/29

SL

General Information

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

Project Site 1	PROJECT SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	PROJECT SITE NAME
	Occupational Medicine and Wellness Services	N/A	Hospital Outpatient Department	Yale-New Haven Hospital Occupational Medicine and Wellness Services at East Haven
	STREET & NUMBER			
	317 Foxon Road			
	TOWN			ZIP CODE
East Haven			06512	

Project Site 2	PROJECT SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	PROJECT SITE NAME
	Occupational Medicine and Wellness Services	N/A	Hospital Outpatient Department	Yale-New Haven Hospital Occupational Medicine and Wellness Services at Branford
	STREET & NUMBER			
	84 N. Main Street, 2nd Floor			
	TOWN			ZIP CODE
Branford			06405	

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		Chief Executive Officer		
	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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Not applicable.
Does the Applicant have non-profit status? If yes, attach documentation.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	See Attachment 1
Identify the Applicant's ownership type.	PC <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>	Other: _____
Applicant's Fiscal Year (mm/dd)	Start 10/1	End 9/30

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
	Jennifer Fusco		Principal, Updike, Kelly & Spellacy, P.C.
	STREET & NUMBER		
	One Century Tower, 265 Church Street		
	TOWN	STATE	ZIP CODE
	New Haven	CT	06510
	TELEPHONE	FAX	E-MAIL ADDRESS
	(203) 786-8316	(203) 772-2037	jfusco@uks.com
	RELATIONSHIP TO APPLICANT	Legal Counsel	

EXHIBIT II

Cashier's Check - Customer Copy No. 1321105814

Date 09/29/15 10:16:37 AM

30-1/1140

Void After 90 Days

NTX

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.

GREENWICH TRUST

0901 0001397 0030



Pay

***\$500.00

To The TREASURER STATE OF CONNECTICUT
Order Of

Not-Negotiable
Customer Copy

Retain for your Records

Remitter (Purchased By): MATTHEW J MCKENNAN

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

001641005594

00-53-3364B 11-2010



Cashier's Check

No. 1321105814

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.

GREENWICH TRUST

0901 0001397 0030



Pay

***\$500.00

To The TREASURER STATE OF CONNECTICUT
Order Of

Remitter (Purchased By): MATTHEW J MCKENNAN

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

AUTHORIZED SIGNATURE

Date 09/29/15 10:16:37 AM

30-1/1140

Void After 90 Days

NTX

00-53-3364B 11-2010

⑆ 1321105814⑆ ⑆ 14000019⑆ 001641005594⑆

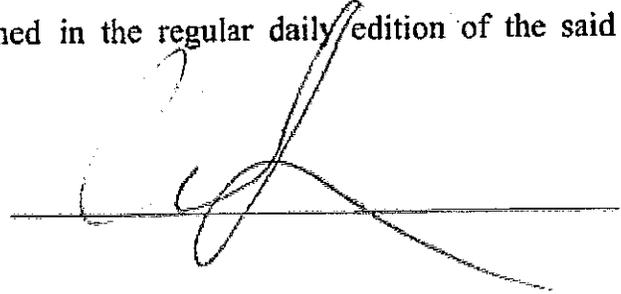
Exhibit III

AFFIDAVIT OF PUBLICATION

NEW HAVEN REGISTER

STATE OF CONNECTICUT, County of New Haven

I Christopher Gilson 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 9/9, 10, 11/15..... there was published in the regular daily edition of the said newspaper an advertisement,



PUBLIC NOTICE
Pursuant to section 19a-63B 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

And that the newspaper extracts hereto annexed were clipped from each of the above-named issues of said newspaper. Subscribed and sworn to this 28th.... day of October, 2015... Before me.



My commission expires July 31, 2019

**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 candidates should forward a copy of their resume and salary requirements to Teresa Spak, tsapak@newhavenregister.com. Please place "Digital Sales Manager" in the subject line of your email. EOE.

**HELP WANTED
SEASONAL**

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

**CLERICAL/
ADMINISTRATIVE
BOOKKEEPER**

LEGAL NOTICES

**Legal Notice -
Request
for Proposals,
Integrated Basic
Education and Skills
Training for
the Ex-offender**

The Connecticut Department of Labor (DOL) is soliciting proposals for the implementation of the "Integrated Basic Education and Skills Training, Second Chance" (I-BEST-SC) program targeting ex-offenders in Hartford County as administered by the Department of Labor. The program intent is to help ex-offenders compete in today's labor market by providing relevant training and support that in turn reduces the threat of recidivism. Interested parties will find pertinent solicitation information at <http://www.ctdol.state.ct.us/> listed under "News and Announcements". A Letter of Intent must be received no later than 3:30 p.m. on Tuesday September 15, 2015.

**NOTICE OF DECISION
BETHANY
PLANNING & ZONING
COMMISSION
REGULAR MEETING
OF SEPTEMBER 2, 2015**

Granted the approval of Appl #2015-015 submitted by CT Basement Finishing for a Special Exception Permit for accessory apartment located at 67 Antonia Marek, PZC Clerk

**The West Haven
Planning and Zoning**

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

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

LEGAL NOTICES

**STATE OF CONN
Superior Court
Juvenile Matters
NOTICE TO
Khalif Kierce,
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 11:00A.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. John Cronan
Judge
M Lauder
Clerk
9/3/15
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.

**MAKE YOUR WALLET
HAPPY** shopping the classifieds. They offer a variety of affordable goods & services.

LEGAL NOTICES

**STATE OF CONNECTICUT
Court of Probate, District
of New Haven Regional
Children's Probate Court**

NOTICE TO: Victor M. Cas-tillo, whose last known residence was in the town of New Haven, CT.

Pursuant to an order of Hon. Beverly K. Streit-Kefalas, Judge of the Probate District, by decree dated July 24, 2015, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Nabil E. Valencia,
Assistant Clerk
The fiduciary is:
Ian S. Shackleton
c/o Joseph J. Mager Jr.
Esq.
Mager & Mager,
Attorneys at Law,
87 River St.,
Milford, CT 06460
701677

RIGHT TO COUNSEL: If the above-named person wishes to have an attorney, but is unable to pay for one, the Court will provide an attorney upon proof of inability to pay. Any such request should be made immediately by contacting the court office where the hearing is to be held.

PROBATE NOTICES

By Order of the Court
John A. Keyes, Judge

**NOTICE TO
CREDITORS
ESTATE OF
Marcella C. Koproski**

The Hon. Michael R. Brandt, Judge of the Court of Probate, District of East Haven - North Haven pro-

PROBATE NOTICES

**NOTICE TO
CREDITORS
ESTATE OF
Mary E. Shackleton**

The Hon. Beverly K. Streit-Kefalas, Judge of the District of Milford - Orange Probate District, by decree dated July 24, 2015, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Nabil E. Valencia,
Assistant Clerk
The fiduciary is:
Ian S. Shackleton
c/o Joseph J. Mager Jr.
Esq.
Mager & Mager,
Attorneys at Law,
87 River St.,
Milford, CT 06460
701677

**NOTICE TO
CREDITORS
ESTATE OF
Robert C. Rittner**

The Hon. Edward C. Burt, Jr., Judge of the District of Probate, District of Hamden - Bethany Probate District, by decree dated September 2, 2015, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Valerie A. Dondi, Clerk

LEGAL NOTICES

INVITATION TO BID

The Town of Madison Board of Education reserves the right to waive any informalities, irregularities or defects in bids, to reject any and all bids and to accept a bid that, in its sole discretion, is in the best interest of the Board of Education. Questions regarding the bid should be addressed to Laina Piscitelli, Construction Manager, 284 Green Hill Road, Madison, Connecticut, 06443, 203-245-5697 or by email at piscitella@madisonct.org.

A site visit can be arranged by contacting Laina Piscitelli, 284 Green Hill Road, Madison, Connecticut, 06443, 203-245-5697 or by email at piscitella@madisonct.org.

The Town of Madison reserves the right to waive any informalities, irregularities or defects in bids, to reject any and all bids and to accept a bid that, in its sole discretion, is in the best interest of the Town. Questions regarding the project should be addressed to Laina Piscitelli, Construction Manager, 284 Green Hill Road, Madison, Connecticut, 06443, 203-245-5697 (telephone) and 203-245-6713 (fax).

Legal Notice - Request for Proposals, Integrated Basic Education and Skills Training for the Ex-offender

The Connecticut Department of Labor (DOL) is soliciting proposals for the implementation of "Integrated Basic Education and Skills Training, Second Chance" (I-BEST-SC) program targeting ex-offenders in Hartford County as administered by the Department of Labor. The program intent is to help ex-offenders compete in today's labor market by providing relevant training and support that in turn reduces the threat of recidivism. Interested parties will find pertinent solicitation information at <http://www.ctdol.state.ct.us/> listed under "News and Announcements". A Letter of Intent must be

LEGAL NOTICES

Legal Notice

The Connecticut Department of Energy and Environmental Protection

Notice of Permit Application Municipality: New Haven, CT

Notice is hereby given that Murphy Road Recycling, LLC (the "applicant") has submitted to the Department of Energy & Environmental Protection an application under Connecticut General Statutes Section 22a-208a for renewal of an existing permit for operation of solid waste facilities. The facility is located at 19 Wheeler Street, New Haven, CT.

The existing permit to operate this solid waste facility is set to expire on January 18, 2016.

The solid waste operations for this permit are conducted in the on-site buildings at this facility. The operations at the Facility, under this permit renewal, will remain essentially unchanged from the current permit conditions and regulatory requirements.

Interested persons may obtain copies of the application from Anchor Engineering Services, Inc., 41 Sequin Drive, Glastonbury, CT 06033, (860) 633-8770, contact T.J. Therriault, at cost.

The application is available for inspection at the Department of Energy & Environmental Protection, Waste Engineering & Enforcement Division, 79 Elm Street, Hartford, CT 06106-5127, telephone (860) 424-3366 from 8:30 to 4:30 Monday through Friday.

LEGAL NOTICES

NOTICE OF SALE Secured Self Storage

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

PUBLIC NOTICE

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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.

CANT FIND what you're looking for?

LEGAL NOTICES

The Zoning Board of Appeals, Town of Hamden, will hold a Public Hearing & Regular Meeting on September 10, 2015.

Section 654.b to allow outdoor storage of trucks that exceed the height of the screening or fencing, T-4 zone, Kyle DeLucia, Applicant
15-6573 2101 Dixwell Ave, Requesting variance to allow a 25ft high free standing sign where only 20ft is permitted; Section 550.2.1.d, to permit 4 signs where only 2 signs are permitted; Section 550.2.1.e, to allow 241.66 sf of signage where only 64 sf is permitted; Section 550.2.4.a, to permit a wall sign of 3ft 4 inches where only 3ft is permitted, T-5 zone, Tracey Diehl, Applicant.

15-6574 265 Lane St, Requesting variance: Section 220, Table 2.3 to allow a side yard of 2ft where 12ft is required for a garage and sided, R-4 zone, Jorge Mendoza, Applicant
15-6575 65 Hodder St, Requesting variance: Section 620.b to permit an 894sf accessory apartment where only 600sf is permitted, R-4 zone, M9-named Taroua, Applicant
Regular Meeting: Action on the items heard during the Public Hearing. Submitted: Stacy Sheppard, Commission Clerk

TOWN OF ORANGE NOTICE IS HEREBY GIVEN
THAT administrative approval was given to R.D. Scinto, Inc. for the construction of an 80,378 sq.ft. office building and associated parking and all utilities located at 161 Marsh Hill Rd. on September 3, 2015. A copy of ap-

LEGAL NOTICES

TOWN OF EAST HAVEN NOTICE OF DOGS

AKC-YELLOW LABS 3 MO.
OLD \$500: Call 203-219-8886.
Bulldogs \$950+, Yorkie \$550+, Chih \$450+, Shih-Tzu \$650+, Bengal Kittens \$250+. Health guar. shots. 860-930-4001

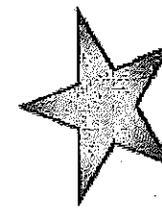
FURNITURE

DINING ROOM SET with glass top, 6 brown chairs, 2 captain chairs with glass hutch, \$475/obo.; **TRIPLE DRESSER** with mirror, 9 drawers, men's chest, 2 night stands \$300. Call 203-997-5056

DIRT, SAND & SHELL FARM FRESH TOP SOIL AND FILL

BEST QUALITY!
REASONABLE DELIVERY RATES
CALL 203-488-7929

AUTOS WANTED



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

CLASSIFIED IS OPEN

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

REMEMBER - when placing

**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 candidates 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

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Proposal:
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Estimated Total Project Cost/Expenditure:
\$0

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**

LEGAL NOTICES

LEGAL NOTICE

Pursuant to Conn. Gen. Stat. §516-11 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.

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Yale-New Haven Hospital
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East Haven, CT 06513
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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

[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...

EXHIBIT IV

Affidavit

Applicant: Yale-New Haven Hospital

Project Title: Alignment of Yale-New Haven Hospital Occupational Medicine Services In East Haven and Branford

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

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

James Staten 11-11-15
Signature Date

Subscribed and sworn to before me on 11-11-15

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.

This proposal involves discontinuance of the Yale-New Haven Hospital (“YNHH” or the “Hospital”) Occupational Medicine and Wellness Services located at 317 Foxon Road in East Haven and 84 North Main Street in Branford.

As part of its ambulatory space and program optimization planning around the acquisition of St. Raphael’s Health System, YNHH reviewed all of its occupational health locations and identified potential service improvement opportunities and cost savings. The Hospital determined that there is duplication of services among its occupational health locations and capacity at each of its occupational health sites.

YNHH occupational health services are available *exclusively* for employees of companies and municipalities that make arrangements with the Hospital for this type of care. These services are not available to the general public.

Access to occupational health services will be maintained for existing employers and patients, even with termination of the YNHH sites in East Haven and Branford. The Hospital will continue to offer these services at locations in New Haven and Hamden, which have ample capacity to absorb any displaced patients. These alternate locations are, in many instances, located closer to the employers that arrange with YNHH for occupational health services and the employees who use the services. In addition, there are numerous non-YNHH occupational health providers in the East Haven and Branford service areas that can care for patients going forward.

Consolidation of the East Haven and Branford occupational health sites into alternate locations is consistent with the Statewide Healthcare Facilities and Services Plan (“SHP”) requirement that duplicative services be avoided. It will also result in cost savings for the Hospital at a time when it faces additional taxes and lower reimbursement. In order to ensure that the community has continued access to YNHH’s core services, the Hospital must determine the most efficient way to deliver services to its patients. This proposal is consistent with that objective.

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: YNHH is proposing to terminate its Occupational Medicine and Wellness Services in East Haven and Branford and consolidate patients from these locations to YNHH occupational health sites in New Haven and Hamden. This consolidation is part of YNHH's plan to optimize ambulatory space and programming following its acquisition of the Hospital of St. Raphael ("HSR") in September of 2012. The proposal will help to achieve a more cost-effective delivery of occupational health care and avoid the unnecessary duplication of services by YNHH. At the same time, access to the high-quality care provided by YNHH Occupational Medicine and Wellness Services will be preserved for area employers and patients.

Overview of Services

YNHH is a 1,541-bed (including bassinets) teaching hospital with two integrated campuses located in New Haven, as well as a pediatric campus in Bridgeport. YNHH includes the Smilow Cancer Hospital, the Yale-New Haven Children's Hospital, and the Yale-New Haven Psychiatric Hospital, and is the primary teaching hospital of the Yale School of Medicine. YNHH provides primary, secondary, tertiary, and many quaternary acute-care services. A copy of the Department of Public Health license for YNHH is included as Attachment 2.

YNHH currently provides occupational health services at the following locations: 175 Sherman Avenue, New Haven; 84 North Main Street, Branford; 317 Foxon Road, East Haven; and 2080 Whitney Avenue, Hamden. All four sites are operated as hospital outpatient departments under YNHH's acute-care hospital license. The Branford site (f/k/a Occupational Health Plus™) was established in 1996, and was originally owned and operated by HSR. It became part of YNHH when the Hospital acquired HSR in September of 2012. The East Haven site (f/k/a Worker Health Solutions) opened in September of 2012, as part of an outpatient facility operated by YNHH that includes an urgent care center. YNHH is also seeking Certificate of Need ("CON") approval to terminate the East Haven urgent care service (see Docket No. 15-32011-CON).

Services at the YNHH Occupational Medicine and Wellness sites (specifically East Haven and Branford) include treatment and follow-up care for injuries received on the job,

workers' compensation case management, pre-employment physicals, drug testing, Department of Transportation ("DOT") examination certifications, fitness for duty assessments, return to work assessments, respirator clearance and fit testing, as well as various health screening services. Occupational health services in East Haven and Branford are provided by NEMG and YNHH physicians and staff.

YNHH Occupational Medicine and Wellness Services are available *exclusively* for employees of companies and municipalities that make arrangements with the Hospital for this type of care. These services are not available to the general public. As a result, payers for YNHH occupational health services are limited primarily to the companies/municipalities under arrangement with YNHH and workers' compensation. Neither Medicare nor Medicaid provides reimbursement for YNHH's occupational health services. These pricing arrangements are non-exclusive, meaning employers can make arrangements with non-YNHH providers as well and offer their employees a choice for occupational healthcare.

Branford and East Haven occupational health staff (some of which are shared with the urgent care service at East Haven that is also intended for closure) will be redeployed to other Yale-New Haven Health System ("YNHHS") sites once these locations are closed. Accordingly, this proposal will not result in any job losses.

Reasons for Termination of East Haven & Branford Occupational Health Sites

Pursuant to the Agreed Settlement in Docket No. 12-31747-CON, as modified by Docket No. 12-31747-MDF, YNHH's Acquisition of Saint Raphael's Health System, Inc., YNHH has been engaged in a three-year integration plan. As documented in the 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 (see Attachment 3).

As part of this planning process, YNHH has reviewed all of its occupational health locations and identified potential service improvement opportunities and cost savings. The Hospital identified duplication of services and determined that capacity exists at all four occupational health sites and that operational efficiencies can increase throughput, creating even greater capacity.

Further, employers located near the occupational health sites in Branford and East Haven do not have a large enough employment base to sustain dedicated occupational health services and significant employer growth is not projected in these areas. A substantial number of patients using each site reside in towns other than East Haven and Branford. Towns of origin include New Haven and points west (i.e. West Haven, Milford & Bridgeport) and Hamden and surrounding communities (i.e. North Haven & Wallingford). For these patients, the YNHH Occupational Medicine and Wellness Services in New Haven and Hamden will provide better access than the sites in East Haven and Branford.

In addition, many of the employers who utilize the occupational health services in East

Haven and Branford are located in other towns and cities. For example, the largest numbers of companies using each site are located in New Haven. In East Haven, only 16 percent of visit volume originates from companies located in East Haven (compared to 29 percent from New Haven companies). In Branford, only 21 percent of visit volume originates from companies located in Branford (compared to 29 percent from New Haven companies). Further, at both sites YNHH itself is the highest utilizer in terms of occupational health visits.

Access to occupational health services will be maintained, even with termination of the YNHH sites in East Haven and Branford. First and foremost, YNHH will continue to offer Occupational Medicine and Wellness Services at locations in New Haven and Hamden, which have ample capacity to absorb East Haven and Branford patients and are located in closer proximity to the employers that make arrangements with YNHH for occupational health services and the employees who use the services. Employers and patients who opt to use alternate YNHH sites will be ensured the same high-quality occupational health services that they currently receive in East Haven and Branford. YNHH's consolidation plan will avoid the unnecessary duplication of services and eliminate underutilized sites, which is consistent with the goals of the SHP.

In addition, there are numerous non-YNHH occupational health providers in the East Haven and Branford service areas. Many of these providers entered the market after the YNHH services opened and they have always existed as alternatives for patients. These providers are listed in OHCA Table 9. At least two providers are located in Branford or other towns on the shoreline east for patients who would rather not travel to New Haven and points north and west. Others are located in the New Haven and Hamden areas and offer more accessible services for these growing markets, as discussed above. Although utilization and capacity data for most of these providers is unavailable to the public, YNHH has procured letters of support for its proposal from several occupational health providers who state that they are willing and able to accept any displaced YNHH patients and/or employers (see Attachment 4). Note also that many of the existing YNHH and non-YNHH providers are located along public transportation lines and offer ample parking for patients who choose to drive.

Lastly, as discussed in greater detail below, consolidation of the YNHH East Haven and Branford occupational health sites into the New Haven and Hamden locations will result in cost savings for the Hospital. These cost savings are critical at a time when hospitals are facing additional taxes and lower reimbursement. In order to ensure that the community has continued access to YNHH's core services, the Hospital must determine the most efficient way to deliver these and other services to its patients. This includes consolidating services and closing locations that offer duplicate services within close geographic proximity, which is the case with YNHH's Occupational Wellness and Medicine Services.

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: The Branford occupational health service was established by HSR in 1996, as part of an outpatient facility that includes rehabilitation and other services. It became part of YNHH when the Hospital acquired HSR in September of 2012. The East Haven occupational health service was established by YNHH in 2012, as part of an outpatient facility that also includes urgent care. Both the Branford outpatient rehabilitation service and the East Haven urgent care service are the subject of separate CON filings to terminate.

Discussions around termination of the East Haven and Branford Occupational Medicine and Wellness Services began within the last 6-12 months. As previously mentioned, pursuant to an Agreed Settlement in the YNHH-HSR acquisition CON proceeding, the Hospital has been engaged in a three-year integration plan. As set forth in the May 2015 update to OHCA, clinical and cultural integration of the two institutions is near completion and YNHH is now focusing on ambulatory space and program optimization planning (see Attachment 3). This has included a thorough review of the capacity, utilization and cost of occupational health services across the system. Out of these analyses, YNHH determined that the most cost-effective approach, which guarantees continued access for patients, is to consolidate the East Haven and Branford locations into the YNHH Occupational Medicine and Wellness sites in New Haven and Hamden.

YNHH has notified some of its larger employers that it intends to close the East Haven and Branford sites, subject to regulatory approval. All employers will be given formal notice that regulatory approval has been obtained. This notice will include the dates on which the East Haven and Branford sites will be closing. At least 30-days' notice will be given to all employers. YNHH will work with employers to ensure seamless care for patients. YNHH has also made arrangements, pending OHCA approval, to terminate its lease in East Haven and is evaluating possible repurposing of the space in Branford for outpatient cardiology services.

YNHH intends to implement this proposal upon receipt of CON approval.

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: See 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: See OHCA Table 2. The service area towns represent approximately 80% of

visit volume for each location (East Haven and Branford) for FY 2014. These also include many of the municipalities that arrange with YNHHS for Occupational Medicine and Wellness Services and the towns where employers who use these services for their employees are located.

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

RESPONSE: Not applicable. This CON Application is for the termination of services provided as part of a hospital outpatient department. No licensure action is 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: See Attachment 2.

- 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: The following Curriculum Vitae are included as Attachment 5:

- **Richard D'Aquila, Executive Vice President, YNHHS; President, YNHHS**
- **Chris O'Connor, Executive Vice President & Chief Operating Officer, YNHHS**
- **Linda F. Pettine, MBA, PT, Associate Director of Occupational Medicine and Wellness Services, YNHHS**
- **Jodie Boldrighini, Director of Occupational and Employee Population Health Solutions, 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 services are proposed.

- d. letters of support for the proposal;

RESPONSE: See Attachment 4.

- 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. No new services are proposed.

- 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: See letters of support from existing providers with the capacity to absorb any displaced patients included as Attachment 4.

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 in that it removes duplicative services from the market while ensuring continued access to quality care and achieving cost savings for YNHH.

§ "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: The SHP is intended to examine access, utilization and distribution of healthcare services, to ensure sustained hospital and health care system financial viability, and to improve patient access to services. Some of the ways in which the SHP accomplishes these objectives are by:

- Helping to prevent excess capacity and underutilization of medical facilities;
- Providing better access to services through planned geographic distribution; and
- Lowering overall cost to the healthcare system by limiting duplication of services.

SHP, Section 1.1.

The proposal to consolidate the YNHH Occupational Medicine and Wellness Services in East Haven and Branford with Hospital sites in New Haven and Hamden is consistent with each of these goals. The result will be removal from the market of two occupational health sites that are underutilized in an area where similar providers have excess capacity as well. The YNHH sites that remain will offer patients access to the high-quality care they have come to expect at facilities located closer to their workplaces and homes. In addition, there are numerous non-YNHH facilities in the East Haven and Branford areas and beyond that can accommodate any displaced patients. To have low-volume, underutilized occupational health services in East Haven and Branford with substantial excess capacity is counter to the SHP's intentions regarding capacity. Discontinuing these duplicative services will lower overall costs to the healthcare system, as the SHP anticipates.

§ "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: The target population for the East Haven and Branford Occupational Medicine and Wellness Services is employees of companies and municipalities that make arrangements with YNHH for occupational health services. These services include treatment and follow-up care for job-related injuries, workers' compensation case management, pre-employment physicals, drug testing, DOT examination certifications, fitness for duty assessments, return to work assessments, respirator clearance and fit testing, and various health screening services.

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

RESPONSE: The target population is currently being served by the YNHH Occupational Medicine and Wellness sites in East Haven, Branford, New Haven, and Hamden. In addition, please refer to OHCA Table 9 for a list of existing non-YNHH providers in the immediate area that offer occupational health services. These providers, as well as the New Haven and Hamden YNHH sites, will remain open and available for occupational health services once the East Haven and Branford YNHH sites are closed.

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

RESPONSE: The East Haven and Branford markets are saturated with occupational health providers (see OHCA Table 9). Any demand for occupational health services that is currently being filled by the YNHH facilities in East Haven and Branford can be met by the YNHH facilities in New Haven and Hamden, both of which have excess capacity, or by any of the existing non-YNHH providers in the area.

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

RESPONSE: Not applicable. The CON Application is for termination of a service.

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

RESPONSE: Not applicable. Please refer to OHCA Table 9, which lists a number of occupational health providers operating in the immediate area. The market is saturated with like providers that have their own patient bases.

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

RESPONSE: All YNHH facilities accept all patients regardless of race, sex, ethnicity, disability, and economic status. Occupational health services are paid for primarily by patients' employers and/or workers' compensation. Upon closure of the East Haven and Branford sites, patients will have continued access to YNHH occupational health services at their facilities in New Haven and Hamden.

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

RESPONSE: See OHCA Table 1 for clinical services provided at the East Haven and Branford occupational health sites. More specifically, the following clinical services are provided at all locations, including Branford, East Haven, New Haven, and Hamden:

Audiograms
Blood-borne Pathogen Exposure
Breath Alcohol Testing
DOT Physicals and Follow-up Exams
Drug Testing
Firefighter Physicals
Fitness for Duty Exams
Injury Care
Periodic Physicals
Pre-placement Physicals
Pulmonary Function Testing
Respirator Fit Testing
Tuberculosis Surveillance
Vaccinations
X-rays

See Response to Question 1 (Project Description) regarding the need to consolidate East Haven and Branford occupational health services with other YNHH occupational health locations.

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

RESPONSE: Access to care will not be impacted by this proposal. There are Occupational Medicine and Wellness Services operated by YNHH in New Haven and Hamden, which will remain open once the East Haven and Branford sites close. The New Haven site is 6.8 miles from the current East Haven site and 8.1 miles from the current Branford site. The Hamden site is 7.4 miles from the current East Haven site and 11.8 miles from the current Branford site. Driving times range from 16 to 19 minutes. As OHCA Tables 2 and 8

demonstrate, a significant number of patients who use the East Haven and Branford facilities actually live in and around Hamden and New Haven. In addition, many of the corporations and municipalities that arrange for services for their employees through YNHH Occupational Medicine and Wellness Services are located in and around New Haven. For these employers/patients, access to occupational health services will be improved when considering geographic proximity to service sites.

In addition, there are several non-YNHH occupational health sites located in New Haven, to the north of New Haven (i.e. Hamden, North Haven), to the west of New Haven (i.e. West Haven, Orange) and to the east of New Haven where the YNHH facilities scheduled for closure are located (i.e. Branford, Guilford). See OHCA Table 9. Employers who elect not to continue their arrangements with YNHH will be able to send their employees to these non-YNHH sites. In fact, many may already offer these sites as an alternative to the YNHH services so that their employees have a choice in provider. Several providers have submitted letters of support for this proposal attesting to their capacity and willingness to take on any displaced YNHH patients (see Attachment 4). Note that many of the existing YNHH and non-YNHH providers are located along public transportation lines and offer ample parking for patients who choose to drive.

- i. discuss any alternative proposals that were considered.

RESPONSE: YNHH considered consolidating the East Haven and Branford Occupational Medicine and Wellness sites into a single site located in East Haven. However, YNHH determined that the immediate areas of East Haven and Branford were not experiencing a growth in employers in need of occupational health services. Nor were there sufficient employee patients in the area to sustain either location or a combined location.

§ "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: Ensuring continued access to occupational health services for corporations and municipalities in the area will improve the overall quality of healthcare in the region. This will be done through existing YNHH sites in New Haven and Hamden, which have ample capacity to absorb any displaced East Haven and Branford patients and provide the same exceptional quality of care provided at all YNHH ambulatory facilities. Employers who elect to continue with YNHH Occupational Medicine and Wellness Services will

experience a seamless transition of care for their employees. Care will be provided by the same or comparable staff and health records will be available through the Hospital's electronic medical record systems.

In addition, there are many existing providers of occupational health services in the area who have the availability and willingness to absorb any patients displaced by the closure of YNHH's sites in East Haven and Branford (see Attachment 4). Employers will have the option of making arrangements with any of these non-YNHH providers to maintain access to quality care for their employees at whichever locations are most convenient.

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

RESPONSE: The proposal has been structured to ensure continued access to occupational health services for corporations and municipalities at locations within the YNHH system. Patients will be able to access Occupational Medicine and Wellness Services at existing YNHH sites in New Haven and Hamden, which have ample capacity to absorb any displaced East Haven and Branford patients and provide the same exceptional quality of care provided at all YNHH ambulatory facilities. Employers who elect to continue with YNHH Occupational Medicine and Wellness Services will experience a seamless transition of care for their employees. Care will be provided by the same or comparable staff and health records will be available through the Hospital's electronic medical record systems.

In addition, there are many existing providers of occupational health services in the service area who have the availability and willingness to absorb any patients displaced by the closure of YNHH's sites in East Haven and Branford (see Attachment 4). Employers will have the option of making arrangements with any of these non-YNHH providers to maintain access to quality care for their employees at whichever locations are most convenient.

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

RESPONSE: The closure of underutilized, duplicative occupational health sites in East Haven and Branford, and the consolidation of patients from these sites to existing YNHH facilities in New Haven and Hamden, will result in cost savings for the Hospital and improve the cost-effectiveness of healthcare delivery in the region.

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: This proposal will maintain access to occupational health services for patients within the YNHH system. Patients who are currently seen in East Haven and Branford will have the option of transitioning care to YNHH sites in New Haven and Hamden. These facilities have ample capacity to absorb any displaced patients and provide the same exceptional quality of care provided at all YNHH ambulatory facilities.

Employers who elect to continue with YNHH Occupational Medicine and Wellness Services will experience a seamless transition of care for their employees. Care will be provided by the same or comparable staff and health records will be available through the Hospital's electronic medical record systems.

YNHH has notified some of its larger employers that it intends to close the East Haven and Branford sites, subject to regulatory approval. All employers will be given formal notice that regulatory approval has been obtained. This notice will include the dates on which the East Haven and Branford sites will be closing. At least 30-days' notice will be given to all employers. YNHH will work with employers to ensure seamless care for patients.

In addition, there are many existing providers of occupational health services in the service area who have the availability and willingness to absorb any patients displaced by the closure of YNHH's sites in East Haven and Branford (see Attachment 4). Employers will have the option of making arrangements with any of these non-YNHH providers to maintain access to quality care for their employees at whichever locations are most convenient.

The Hospital is committed to working with employers and patients to ensure that patients have continued, coordinated access to occupational health services in locations of their choosing.

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

RESPONSE: Not applicable. The YNHH Occupational Medicine and Wellness Services in East Haven and Branford are exclusively for the use of employers who make arrangements with YNHH for these services. Services are paid for either by the employers themselves or through workers' compensation (or in limited instances self-pay, i.e. drivers who require DOT physicals for their commercial driver's licenses). These facilities do not serve any Medicaid or indigent persons. Therefore, no Medicaid beneficiaries or indigent persons will be displaced by the proposed closure of these sites.

§ "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.

§ "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: The proposal will not adversely impact healthcare costs in any way. Employers will have continued access to YNH Occupational Medicine and Wellness Services for their employees at alternate sites in New Haven and Hamden. The cost for services will be identical to the cost at the East Haven and Branford facilities. No facility fees are charged for occupational health services.

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: Consolidation of the East Haven and Branford occupational health sites with YNHH Occupational Medicine and Wellness sites in New Haven and Hamden will result in cost savings for YNHH. These savings will arise from elimination of lease expenses in East Haven and the removal of underutilized, duplicative occupational health sites in markets without sufficient employee bases or growth. The cost-savings strengthens the Hospital and statewide health system as a whole.

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 incurred.

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. No capital expenditures/costs will be incurred.

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: YNHH's most recent 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: See Attachment 6.

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

RESPONSE: See **OHCA Table 4**.

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

RESPONSE: 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 this CON proposal are based on the loss of a portion of the revenue at these sites as some patients choose to find alternative care elsewhere outside of the YNHH network, and the redeployment of staff elsewhere within the YNHHS. There will be savings associated with the redeployment of staff to vacant positions and elimination of lease payments due to the reconfiguration of services.

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

RESPONSE: Not applicable. This CON Application is for termination of a service.

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: See **OHCA Tables 5**, which includes historical visit volume for both the East Haven and Branford sites. **OHCA Table 6** is not applicable given that this is a termination of services.

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: There is no projected volume because this is a termination of services.

There are various reasons for the increases and decreases in occupational health volume seen at both the East Haven and Branford sites. The East Haven location has experienced slow growth since FY 2012. The Branford location saw a decrease in volume between FY 2012 and 2013, and has since experienced modest growth. Neither site is operating at or near optimal capacity.

Low volume at these sites can be attributed, in part, to the fact that employers located near the occupational health sites in Branford and East Haven do not have a large enough employee base to sustain dedicated occupational health sites and significant employer growth is not projected in these areas (versus the New Haven and Hamden markets).

In addition, issues with the economy have been at the forefront of volume decreases in occupational health services at YNHH. There are fewer employers in general to arrange with for occupational health services. Moreover, employees tend to underreport work-related injuries and illnesses in difficult economic times because they are concerned about potentially losing their jobs.

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: See **OHCA Table 7**. There is no projected payer mix or assumptions because this is a termination of services.

§ "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: See OHCA Table 1 and response to Question 8(a) (Public Need & Access to Care) regarding the population served by the East Haven and Branford Occupational Medicine and Wellness Services. See Response to Question 1 (Project Description) regarding the need to consolidate YNHH Occupational Medicines and Wellness Services locations and how access to care will be ensured via other YNHH occupational health providers in the immediate area that can provide care to any displaced patients.

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: See OHCA Table 8. Utilization is reported as visits by patient town of origin.

Note also that many of the employers who utilize the occupational health services in East Haven and Branford are located in other towns and cities. For example, the largest numbers of companies using each site are located in New Haven. In East Haven, only 16 percent of visit volume originates from companies located in East Haven (compared to 29 percent from New Haven companies). In Branford, only 21 percent of visit volume originates from companies located in Branford (compared to 29 percent from New Haven companies). Further, at both sites YNHH itself is the highest utilizer in terms of occupational health visits.

§ "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 (see table footnote), address, hours/days of operation and current utilization of the facility. Include providers in the towns served or proposed to be served by the Applicant, as well as providers in towns contiguous to the service area.

RESPONSE: See **OHCA Table 9**.

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

RESPONSE: The proposal to consolidate the East Haven and Branford Occupational Medicine and Wellness Services with YNHH sites in New Haven and Hamden will have a positive impact on existing providers, if any impact at all. It is YNHH's expectation that a majority of employers and their employees who use the East Haven and Branford sites will simply transition their care to YNHH's New Haven and Hamden locations. This will allow for continuity of care, maintaining both access to and quality of services for the existing patient population.

To the extent that employers decide not to list YNHH as option for employees to obtain occupational health services, or that patients opt to use non-YNHH providers rather than transition their care to other YNHH sites, existing providers may benefit from increased patient volume and revenue. This should contribute to the financial stability of these providers.

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

RESPONSE: Occupational medicine patients are referred exclusively by their employers. Typically, an employer will give an employee several providers to choose from, each of which is approved by the employer and/or its workers' compensation carrier.

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

RESPONSE: Current referral patterns will not be affected by the proposal. Employers will still have a number of YNHH and non-YNHH occupational health sites available in the area to serve their employees (see **OHCA Table 9**).

§ "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: This proposal will in fact eliminate the unnecessary duplication of occupational health services in the East Haven and Branford markets. As previously noted, YNHH has determined that each of its four Occupational Medicine and Wellness sites has capacity and, therefore, these sites are unnecessarily duplicative of each other. Closing East Haven and Branford and consolidating the patients from these sites at locations in New Haven and Hamden will avoid this duplication. In addition, there are numerous non-YNHH providers (most of which were established after the East Haven and Branford sites opened) that duplicate the services provided by YNHH in East Haven and Branford and that have the capacity and willingness to absorb any displaced patients (see Attachment 4).

§ "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: The proposal will not adversely impact the diversity of healthcare providers or patient choice in the service area. Employers and their patients will still have access to YNHH Occupational Medicine and Wellness sites within a short travel distance. In addition, as is the case presently, these employers and patients have access to a number of non-YNHH occupational health providers in the service area (15 locations total). There remains sufficient diversity of providers to ensure patient choice and competition for services, even with closure of the YNHH sites in East Haven and Branford.

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 Occupational Medicine and Wellness Services at East Haven	317 Foxon Road East Haven, CT 06512	Both sites serve employees of companies and municipalities that make arrangements with YNH for occupational health services, including treatment and follow up care for job-related injuries, workers' compensation case management, pre-employment physicals, drug testing, DOT examination	M-F, 9am – 4pm	Termination
Yale-New Haven Occupational Medicine and Wellness Services at Branford	84 North Main Street 2 nd Floor Branford, CT 06405	certifications, fitness for duty assessments, return to work assessments, respirator clearance and fit testing, and various health screening services.	M-F, 8:30 am – 5 pm	Termination

[back to question]

TABLE 2
SERVICE AREA TOWNS (EAST HAVEN LOCATION)

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

Town*	Reason for Inclusion
<p> East Haven West Haven New Haven Branford Hamden Northford North Haven Wallingford North Branford Bridgeport Milford Guilford </p>	<p> These towns represent approximately 80% of occupational medicine and wellness visit volume at East Haven for FY 2014. </p>

* Village or place names are not acceptable.

[back to question]

**TABLE 2
SERVICE AREA TOWNS (BRANFORD LOCATION)**

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

Town*	Reason for Inclusion
<p> East Haven Branford Guilford West Haven New Haven North Branford Madison Hamden Clinton Wallingford North Haven Milford Northford Bridgeport </p>	<p> These towns represent approximately 80% of occupational medicine and wellness visit volume at Branford for FY 2014. </p>

* Village or place names are not acceptable.

[back to question]

**TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE (EAST HAVEN & BRANFORD LOCATIONS)**

Purchase/Lease	Cost
Equipment (Medical, Non-medical, Imaging)	\$0
Land/Building Purchase*	
Construction/Renovation**	
Other (specify)	
Total Capital Expenditure (TCE)	\$0
Lease (Medical, Non-medical, Imaging)***	\$0
Total Capital Cost (TCC)	\$0
Total Project Cost (TCE+TCC)	\$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	(\$246,000)	(\$248,000)	(\$250,900)
Total Operating Expenses	(\$148,000)	(\$150,600)	(\$154,400)
Gain/Loss from Operations	(\$97,900)	(\$97,800)	(\$96,500)

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

[back to question]

**TABLE 5
HISTORICAL UTILIZATION BY SERVICE (EAST HAVEN LOCATION)**

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2012***	FY 2013***	FY 2014***	FY 2015***
Occupational Medicine and Wellness (Visits)	223 ¹	1,477	2,382	2,311 actual
Total	223	1,477	2,382	2,311

* 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.

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

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

[back to question]

**TABLE 5
HISTORICAL UTILIZATION BY SERVICE (BRANFORD LOCATION)**

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2012***	FY 2013***	FY 2014***	FY 2015***
Occupational Medicine and Wellness (Visits)	4,891	4,252	5,087	5,420 actual
Total	4,891	4,252	5,087	5,420

* 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.

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

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

[back to question]

¹ The Occupational Medicine and Wellness Service at East Haven opened in May of 2012. This number, therefore, reflects approximately 4 months (May – September, 2012) of actual volume.

**TABLE 6
PROJECTED UTILIZATION BY SERVICE (EAST HAVEN & LOCATIONS)**

Service*	Projected Volume		
	FY 2016**	FY 2017**	FY 2018**
Occupational Medicine and Wellness (Visits)	0	0	0
Total	0	0	0

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

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

[back to question]

**TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX (EAST HAVEN LOCATION)**

Payer	Current FY 2015**		Projected					
	Discharges	%	FY 2016**		FY 2017**		FY 2018**	
			Discharges	%	Discharges	%	Discharges	%
Medicare*	0	0%	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid*	0	0%						
CHAMPUS & TriCare	0	0%						
Total Government	0	0%						
Commercial Insurers	0	0%						
Uninsured	0	0%						
Workers Compensation	1,002	43%						
Other (Company/Municipality; Self-pay; Drug Lab)	1,309	57%						
Total Non-Government	2,311	100%						
Total Payer Mix	2,311	100%						

* Includes managed care activity.

** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.

[back to question]

**TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX (BRANFORD LOCATION)**

Payer	Current FY 2015**		Projected					
	Discharges	%	FY 2016**		FY 2017**		FY 2018**	
			Discharges	%	Discharges	%	Discharges	%
Medicare*	0	0%	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid*	0	0%						
CHAMPUS & TriCare	0	0%						
Total Government	0	0%						
Commercial Insurers	0	0%						
Uninsured	0	0%						
Workers Compensation	1,585	29%						
Other (Company/Municipality; Self-pay; Drug lab)	3,835	71%						
Total Non- Government	5,420	100%						
Total Payer Mix	5,420	100%						

* Includes managed care activity.

** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.

[back to question]

**TABLE 8
UTILIZATION BY TOWN (EAST HAVEN LOCATION)**

Town	Utilization FY 14** (Visits & Percentage)
East Haven	800 (33.58%)
West Haven	278 (11.67%)
New Haven	189 (7.93%)
Branford	121 (5.08%)
Hamden	101 (4.24%)
Northford	90 (3.78%)
North Haven	83 (3.48%)
Wallingford	71 (2.98%)
North Branford	69 (2.90%)
Bridgeport	44 (1.85%)
Milford	41 (1.72%)
Guilford	34 (1.43%)
OTHER	461 (19.36%)
<u>TOTAL</u>	2,382 (100%)

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

** Fill in year if the time period reported is not *identical* to the fiscal year reported on pg. 2 of the application; provide the date range using the mm/dd format as a footnote to the table.

[back to question]

**TABLE 8
UTILIZATION BY TOWN (BRANFORD LOCATION)**

Town	Utilization FY 14** (Visits & Percentages)
East Haven	916 (18.01%)
Branford	890 (17.50%)
Guilford	433 (8.51%)
West Haven	345 (6.78%)
New Haven	242 (4.76%)
North Branford	203 (3.99%)
Madison	190 (3.74%)
Hamden	174 (3.42%)
Clinton	164 (3.22%)
Wallingford	129 (2.54%)
North Haven	120 (2.36%)
Milford	101 (1.99%)
Northford	98 (1.93%)
Bridgeport	80 (1.57%)
OTHER	1,002 (19.68%)
TOTAL	5,087 (100%)

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

** Fill in year if the time period reported is not *identical* to the fiscal year reported on pg. 2 of the application; provide the date range using the mm/dd format as a footnote to the table.

[back to question]

TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Alternate Sites of Service – Within Yale-New Haven Health System									
Count	Service or Program Name	Population Served	Type of Service	Facility ID	Street Address and Town	Hours/Days of Operation	Current Utilization	Distance from YNHH at Branford	Distance from YNHH at Foxon
1	YNHH Occupational Health Services at Branford	Employers/employees.	Occupational health.	1851568828	84 North Main Street, Suite 200 Branford, CT	M-F (8:30am - 5pm)	5000 visits / year	0 miles	4.7 miles
2	YNHH Occupational Health Services at East Haven	Employers/employees.	Occupational health.	1851568828	317 Foxon Road East Haven, CT	M-F (9am - 4pm)	2000 visits / year	4.7 miles	0 miles
3	YNHH Occupational Health Services at New Haven	Employers/employees.	Occupational health.	1851568828	175 Sherman Avenue New Haven, CT	M-F (8am - 5:00pm)	16000 visits / year	8.1 miles	7.8 miles
4	YNHH Occupational Health Services at Hamden	Employers/employees.	Occupational health.	1851568829	2080 Whitney Avenue Hamden, CT	M-F (8:30am - 5pm)	8000 visits / year	11.8 miles	7.4 miles

TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Alternate Sites of Service – Outside of Yale-New Haven Health System									
Count	Service or Program Name	Population Served	Type of Service	Facility ID	Street Address and Town	Hours/Days of Operation	Current Utilization	Distance from YNHH at Branford	Distance from YNHH at Foxon
1	ACAP Urgent Care	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	79 Washington Ave North Haven, CT	M-F (11am - 7pm) Sat-Sun (9am - 5pm)	Proprietary.	10.1 miles	6.5 miles
2	ASAP Urgent Care	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	2165 Dixwell Avenue Hamden, CT	M-F (8am - 8pm) Sat-Sun (9am - 5pm)	Proprietary.	11.5 miles	8.0 miles
3	203 Urgent Care	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	163 Universal Drive North Haven, CT	M-F (8am - 9pm) Sat-Sun (8am - 6pm)	Proprietary.	8.6 miles	4.6 miles
4	203 Urgent Care	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	109 Boston Post Road Orange, CT	M-F (8am - 9pm) Sat-Sun (8am - 6pm)	Proprietary.	11.0 miles	10.4 miles
5	203 Urgent Care	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	636 Campbell Avenue West Haven, CT	M-F (8am - 8pm) Sat-Sun (10am - 4pm)	Proprietary.	9.3 miles	8.7 miles
6	203 Urgent Care	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	1700 Dixwell Ave Hamden, CT	M-F (8am - 9pm) Sat-Sun (10am - 4pm)	Proprietary.	10.8 miles	7.2 miles
7	Express Care Urgent Care	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	1650 Dixwell Ave Hamden, CT	7 days a week (8am - 8pm)	Proprietary.	10.4 miles	7.3 miles
8	Concraza Urgent Care	Employers, employees, commercially insured, Medicare.	Occupational health, urgent care.	N/A	370 James Street New Haven, CT	M-F (8am - 5pm)	Proprietary.	7.9 miles	4.0 miles
9	Stony Creek Urgent Care	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	6 Business Park Drive Branford, CT	M-F (8am - 7:30pm) Sat-Sun (9am - 4:30pm)	Proprietary.	3.1 miles	6.1 miles
10	Stony Creek Urgent Care	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	236 Boston Post Road Orange, CT	M-F (8am - 7:30pm) Sat-Sun (9am - 2:30pm)	Proprietary.	11.6 miles	11.0 miles
11	CVS Minute Clinic	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	162 Washington Ave North Haven, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)	Proprietary.	10.3 miles	6.9 miles
12	CVS Minute Clinic	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	2045 Dixwell Ave Hamden, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)	Proprietary.	11.4 miles	7.8 miles
13	CVS Minute Clinic	Employers, employees, commercially insured, Medicare, Medicaid children and adults	Occupational health, urgent care.	N/A	1057 Boston Post Road Gulfport, CT	M-F (8:30am - 7:30pm) Sat. (9am - 5:30pm) Sun. (10am - 5:30pm)	Proprietary.	8.0 miles	9.3 miles



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: Alignment of Occupational Medicine Services

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: YNHH currently provides occupational health services at the following locations: 175 Sherman Avenue, New Haven; 84 North Main Street, Branford; 317 Foxon Road, East Haven; and 2080 Whitney Avenue, Hamden. All four sites are operated as hospital outpatient departments under YNHH's acute-care hospital license.

The Branford Occupational Medicine and Wellness site (f/k/a Occupational Health Plus TM) was established in 1996, and was originally owned and operated by HSR. It became part of YNHH when the Hospital acquired HSR in September of 2012.

The East Haven Occupational Medicine and Wellness site (f/k/a Worker Health Solutions) opened in September of 2012, as part of an outpatient facility operated by YNHH that includes an urgent care center. YNHH is also seeking CON approval to terminate the East Haven urgent care service (see Docket No. 15-32011-CON).

Although YNHH is requesting permission to close two of its Occupational Medicine and Wellness locations, sites in New Haven and Hamden will remain open. The Hospital is not terminating occupational health services altogether.

- ii. whether CON authorization was received and,

RESPONSE: To the best of YNHH's knowledge, HSR did not require or receive CON approval to establish the Branford Occupational Medicine and Wellness Service (f/k/a Occupational Health Plus TM). YNHH received a determination from OHCA that no CON was required to establish the East Haven Occupational and Wellness Service (see Docket No. 09-31470-DTR).

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

RESPONSE: To the best of YNHH's knowledge, HSR did not require or receive CON approval to establish the Branford Occupational Medicine and Wellness Service (f/k/a Occupational Health Plus TM). YNHH received a determination from OHCA that no CON was required to establish the East Haven Occupational and Wellness Service (see Docket No. 09-31470-DTR).

- 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: As noted in the Main CON Application Form, pursuant to the Agreed Settlement in Docket No. 12-31747-CON, as modified by Docket No. 12-31747-MDF, YNHH's Acquisition of Saint Raphael's Health System, Inc., YNHH has been engaged in a three-year integration plan. As documented in the 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 (see Attachment 3).

As part of this planning process, which has taken place over the last 6-12 months, YNHH has reviewed all of its occupational health locations and identified potential service improvement opportunities and cost savings. The Hospital determined that capacity exists at all four occupational health sites and that operational efficiencies can increase throughput, creating even greater capacity while removing cost and expenses in underutilized satellite locations.

Further, employers located near the occupational health sites in Branford and East Haven do not have a large enough employee base to sustain dedicated occupational health sites and significant employer growth is not projected in these areas (versus the New Haven and Hamden markets). A significant number of patients using each site reside in towns other than East Haven and Branford. Towns of origin include New Haven and points west (i.e. West Haven, Milford & Bridgeport) and Hamden and surrounding communities (i.e. North Haven & Wallingford). For these patients, the YNHH Occupational Medicine and Wellness Services in New Haven and Hamden will provide better access than the sites in East Haven and Branford.

Access to occupational health services will be ensured, even with termination of the YNHH sites in East Haven and Branford. First and foremost, YNHH will continue to offer Occupational Medicine and Wellness Services at locations in New Haven and Hamden, which have ample capacity to absorb East Haven and Branford patients and are located in closer proximity to the employers that arrange with YNHH for occupational health services and the employees who use the services. Employers and patients who opt to use alternate YNHH sites will be ensured the same high-quality occupational health services that they currently receive in East Haven and Branford.

In addition, there are numerous non-YNHH occupational health providers in the East Haven and Branford areas. Many of these providers entered the market after the YNHH services opened and they have always existed as an alternative for patients. Employers typically offer employees a choice among several providers for their occupational health services. These providers are listed in OHCA Table 9. Some are located in the immediate Branford and East Haven areas for patients who would rather not travel to New Haven and points north and west. Others are located in the New Haven area and offer more accessible services for these growing markets, as discussed above. Although utilization and capacity data for most of these providers is unavailable to the public, YNHH has procured letters of support for its proposal from several occupational health providers who state that they are

willing and able to accept any displaced YNHH patients and/or employers (see Attachment 6).

Lastly, as discussed in greater detail in the Main CON Application Form, consolidation of the YNHH East Haven and Branford occupational health sites into the New Haven and Hamden locations will result in cost savings for the Hospital. These cost savings are critical at a time when hospitals are facing additional taxes and lower reimbursement. In order to ensure that the community has continued access to YNHH's core services, the Hospital must determine the most efficient way to deliver these and other services to its patients. This includes consolidating services and closing locations that offer duplicate services within close geographic proximity, which is the case with YNHH's Occupational Wellness and Medicine Services. Note that all displaced employees will be relocated to other YNHH positions.

- 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 proposed terminations did not require a vote of the YNHH 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, YNHH will notify all employers who have arrangements with the Hospital for occupational health services that the East Haven and Branford sites will be discontinued. These employers will then notify their employees and make alternate arrangements for care with YNHH and/or non-YNHH providers.

- a. 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: See Attachment 6.

- b. 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: The Occupational Medicine and Wellness Services in East Haven and Branford are utilized exclusively by employees of corporations and municipalities that arrange with YNHH for these services. These employees will be able to obtain services going forward at YNHH locations in New Haven and Hamden. Employers can also arrange for their employees to access occupational health services from the numerous non-YNHH providers in the area. See OHCA Table 9.

Medicaid does not reimburse for occupational health services at YNHH. See Main CON Application Form for more details on how this proposal will have no impact on access to care for Medicaid recipients and indigent persons.

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

RESPONSE: Because the Occupational Medicine and Wellness Services are provided through arrangements with employers, the employers will be notified of the change in service availability. YNHH has already notified some of its larger employers that it intends to close the East Haven and Branford sites, subject to regulatory approval. All employers will be given formal notice that regulatory approval has been obtained. This notice will include the dates on which the East Haven and Branford sites will be closing. YNHH will contact these employers by telephone or letter and advise them that the New Haven and Hamden sites will remain available for their employees. Employers will then communicate with their employees about whether they can continue to receive occupational health services at YNHH or if the company/municipality will be making arrangements with alternate providers. All employers will be given at least 30-days' notice prior to closing the East Haven and Branford occupational health sites.

- d. 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

Internal Revenue Service

Department of the Treasury

District
Director

P.O. Box 9107

JFK Federal Bldg., Boston, Mass. 02203

Yale-New Haven Hospital Inc.
769 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 1978

Name of Organization: Same

Gentlemen:

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

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

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

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

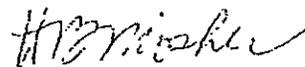
Further, the organization is not a private foundation because it is an organization described under Section 170(b)(1)(a)(vi) and

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

I trust the foregoing information will serve your purpose.

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

Sincerely yours,



District Director

ATTACHMENT 2

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.

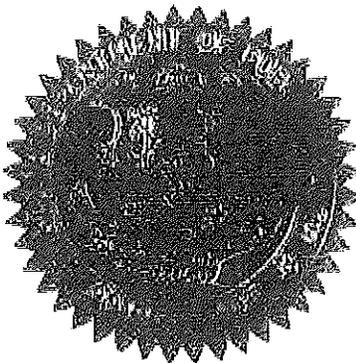
Dated at Hartford, Connecticut, October 1, 2013.

SATELLITES

Hill Regional Career High School, 140 Legion Avenue, New Haven, CT
 Branford High School Based Health Center, 185 East Main Street, Branford, CT
 Welsh 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, 1430 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, 1430 Chapel Street, New Haven, CT
 Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT
 Elder Care Clinic/Tower One, 13 Tower Lane, New Haven, CT
 Elder Care Clinic/Casa Otonal, 135 Sylvan Avenue, New Haven, CT
 Elder Care Clinic/Edith Johnson Tower, 134 Bristol Street, New Haven, CT
 Adult Psychiatric PHP and Continuing Care, 1294 Chapel Street, New Haven, CT
 Elder Care Clinic/Sunside, 209 Oak Street, West Haven, CT
 Troup Magnet Academy School-Based Health Center, 259 Edgewood Avenue, New Haven, CT
 Adult PHP, 1100 Sherman Avenue, Hamden, CT
 Project MotherCare at Wheat, 674 Washington Avenue, West Haven, CT
 Barnard Environmental Studies Magnet School, 170 Derby Avenue, New Haven, CT
 Project Eldercare, 2080 Whitney Avenue, Suite 130, Hamden, CT
 Shoreline Child and Adolescent Mental Health Services, 21 Business Park Drive, Branford, CT

License Revised to Reflect:

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



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
 Commissioner

ATTACHMENT 3



**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

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

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 YNH 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 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*

YNH 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, YNH 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 Mar, 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 YNH 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 distributors 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 YNHHS 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. YNHHS 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 will 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.

Key Activities	Pre-2013	FY 2013	FY 2014	FY 2015
1. Medical Planning & Delivery				
1A. Facility & Information Programs				
A1. Consolidate Hospital Based Services				
1. Anesthesiology				
2. Diagnostic Radiology				
3. Emergency Medicine				
4. Laboratory/Pathology				
A2. Integrated ACGME Residency and Fellowship Programs				
1B. EHR Implementation				
A1. EHR Go-Live at York Street Campus				
A2. EHR Go-Live at Chapel Street Campus				Ongoing
A3. Optimize EHR System				
2. Patient Experience				
A1. Implement Patient Experience Workplan and Supporting Infrastructure at SAC				
1. Patient and Family Advisor Program				
2. Reception and Registration Structure				
3. Service Recovery Training/On-Us Consultants				
A2. Implementation of the "Quiet Place" across both Campuses				
1. Implement Leader Roundings				
2. Manager Train Staff				
A3. Launch Patient Experience Forum				
A4. FY 2014 Patient Experience Strategic Plan				Ongoing
1. Emphasis on "Every Patient, Every Time"				
2. Physician and Nurse Leadership Training and Engagement				Ongoing
3. Developing a healing environment				
3. Regulatory, Safety and Quality				
A1. Preparation for Department of Public Health and Joint Commission surveys				
1. Enhancements of Care [JCR]				Ongoing
2. Live Safety				Ongoing
3. Provision of Care/Records of Care				Ongoing
4. Adherence to Hours				Ongoing
5. Infection Prevention				Ongoing
A2. Complete Regulatory Compliance and Practices				Ongoing
1. Audit of Policies and Procedures to Ensure Adherence				
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 TIC Audits at SAC				Ongoing
A4. Clean and Safe Hospital				Ongoing
A5. Achieve H1H1 High Reliability Level 3 and Ongoing Sustainability				Ongoing
4. Emergency Preparedness				
A1. Implement Evidence Based Nursing Transformation at SAC to Ensure Core/Intensive Nursing Models/Overlapping Hours Across Both Campuses				Ongoing
A2. Medication Reconciliation Process Implemented				
A3. Implement Second Generation Bedside Nursing Transformation at the York Street Campus				Ongoing
A4. Implement Magnet readiness plan				
5. Core Facilities				
A1. Implement Common Safe Patient Flow Throughput Improvement				Ongoing
A2. Identify Process Changes				
6. Cultural Integration				
A1. Formation of Catholic Heritage Committee				
A2. Common Value System Defined				
A3. Audiences at Two Campuses Integrated in Operations				Ongoing
A4. Medical Staff Open Forums				Ongoing
A5. Employee Open Forums and Management Meetings				Ongoing

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	FY 2013	FY 2014	FY 2015	FY 2016
2b. Bed Management/Capacity				
A1. Common Bed Management System-Optimization of Beds Across Campuses				
A2. Open Vent 4 North				Complete
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 Vent 4 West (very specialty beds) at HSH				
A6. Repurpose V4 E for GI Surgery				
A7. Renovate V4 East				
A8. Renovate CHCU for Neurovascular				
2c. IT Infrastructure				
A1. Common Admissions on Call and Off-Site Executive Model Implemented				
A2. Unified Department Management				
2d. Care Management to Integrate Services Across the Campuses				
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				
3. Services Unit				
3a. Children				
A1. Vision				
1. YHCH is a destination of choice for pediatric care.				Complete
A2. Facilities & Capital				
1. Develop and implement the Plan for MCHU Expansion and Funding				
A3. Integration Activities				
1. Integrate Pediatric Services Across Both Campuses				
2. Align Child and Adolescent Psychiatry Across Campuses				
3. Combine Hospital Programs at YHCH Campuses				
3b. 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				
3c. Hospitalist/telet				
A1. Vision				
1. Multispecialty) Hospitalist Established and recognized as leading program				
A2. Facilities & Capital				
1. Operational and Capital Plan in Place				Complete
A3. Integration Activities				
1. Business plan definition and implementation				Complete
2. Recruitment of physician leader				
3. Transfer of elective jobs and appt volume from York Street to Saint Raphael campus				
4. Relocation of Intensive Rehabilitation Unit (IRU) to Saint Raphael (New)				
3d. Neurosciences				
A1. Vision				
Leading Neurosciences program in CT				Complete
A2. Facilities & Capital				
1. Allocated appropriate number of beds to Neurosciences				Complete
A3. Integration Activities				

	FY 2014	FY 2015	FY 2016	FY 2017
1. Clinical Areas				
1A. Radiology				
Relocation of Saint Raphael Campus Relocation of Nucleonuclear Service to Saint Raphael Campus				
2A. Oncology				
A1. Vision				
1. Integrated Oncology Operations Across Both Campuses				
A2. Integration Activities				Complete
Chemotherapy and radiation therapy on both campuses				
2B. Transplant				
A1. Vision				
1. Provide leading solid organ transplantation services in CT (ongoing)				Complete
A2. Integration Activities				
2. Organ Donation Campaign consolidation				
1B. Diagnostic Radiology				
A1. Staffing/Coverage				
1. Enterprise-wide Scheduling (Consolidation of Scheduling/Registration Functions)				
A2. Facilities & Equipment				
1. COH for YNH to acquire SRHSC Joint Venture				
2. Facilities Plan Completed				
A3. Integration Activities				Complete
1. Assessment of all radiology services and equipment and implementation				
1. Professional readiness available 2A/7 at SRC				
1C. Emergency Department				
A1. Staffing/Coverage				
1. Realign ED Structure to Create an Integrated Model				
A2. Facilities & Equipment				Complete Complete
1. Review Emergency Transportation (Ambulance and Helicopter)				
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				
1D. Laboratory and Pathology				
A1. Integration Activities				
1. Evaluate consolidation of Laboratory Services System-wide (Integrated Lab and Shared LIS)				
1. Install and Operate SOFT Laboratory IS system on Both Campuses				
1E. Maternity				
A1. Review Hospitalist Staffing Model and Admission Criteria to Hospital Services				
A2. Develop Business Case for nCU				Complete
A3. Evaluate and Implement Geriatric Center of Excellence at the Saint Raphael campus				
A4. Complete MCH nCU deployment				
1F. Nursing				
A1. Quality				Complete
1. Implement Magnet Reimbursement Plans				
A2. Integration Activities				Complete
1. Consistent Metrics and Standards and Creation of Unit/System Line Dashboard				
2. Achieve Reduction in Caregiver Hours (see Transforming Patient Care)				
1G. Pharmacy				
A1. Staffing/Coverage				
2. Establish staffing with YNH employees (abolish Cardinal Health contract)				
A2. Facilities & Equipment				

	FY 2013	FY 2014	FY 2015
1. Purchases and standardize product mix/lines			
AS, Integrating Activities			
1. Pharmacy Strategy Essential with Single Unified Product Formulary Cross Campus			
2. Psychiatric			
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. 13-19 Year Old on Celentano 5, SRC			
c. 20-27 Year Old on LM2, YSC			
2. One Standard Model of Care with One Psych ED			
A2. Quality & Regulatory			
1. Participate in State Collaborative Regional Plan- Integrating Behavioral Health Service Payment and Delivery			Ongoing
A3. Integration Activities			
1. Conduct Crisis Intervention Unit Assessment & Develop/Implement an Improvement Plan for IED			Ongoing
2. Develop Strategies to Reduce Long LOS for Psychiatric Patients			
2. Surgical Services			
A1. Leadership			
1. Conduct an Assessment of Operating Rooms and Clinical Support Services			
2. Recruit physician leader to co-lead operating rooms			
3. Implement nursing clinical leadership in areas across all practice sites			
A2. Core/Key Operations			
1. Integrate OR Operations Across Both Campuses, Temple and Shoreline			
2. Optimize Utilization Across all Sites			
3. Optimize Integration (SIC, SRC, and Temple)			
4. Develop a 24 Surgery Center of Excellence (Anesthesia/Hours) at the Saint Raphael Campus			
5. Establish Common Set of Metrics			
6. Implement operational recommendations from consulting engagement			
7. Develop OR master plan			
3. Women			
A1. Integration Activities			
1. Integrate OB-GYN Services Across Both Campuses			
2. Expand OB Residency to Cover SRC			
3. Establish low threshold service at SR Campus utilizing midwifery program			
4. Ambulatory Services			
A1. Complete Ambulatory Strategic Plan			
1. Develop Inventory of all ambulatory locations and services			
2. Develop and implement programmatic recommendations			
A2. Planning for new multi-specialty ambulatory			
Old Site/retrofit opening			
New Site/retrofit planning			
5. Non-Clinical Areas			
A1. Consolidation of Vendors for Environmental Services, Food/Nutrition, Linen and Protective Services			
6. Corporate Services			
A1. Accounting & Finance			
A1. Integrated Capital Budgeting Process Covering Both Campuses			
A2. Integrated Operating Budgeting Process Covering Both Campuses			
A3. Consolidation of Cost Accounting and Billing Support Systems			
A4. Combined Account Receivable for HSC A/R with New Haven Medical			
A5. Maintain In-House Accounts Receivable for legacy SDX and Medpac Receivables			
A6. Replicate Financial Structure for Service Lines			
A7. Institute Flex Budgeting			
A8. Reduce Electronic Fees Paid for Audit and Banking Operations at SHC			

Vale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
 Integration Workplan
 Certificate of Need Docket Number: 12-01747-CD01
 As of May 29, 2015

	Pre-2013	FY 2013	FY 2014	FY 2015
SA. Review All Membership and Fees for Both Companies and Remove/Re negotiate Duplicates				
SB. Compliance				
A1. Epixize All Staff (Baylor Compliance, Education Activity) (Ongoing Communications and In-services)			Ongoing	Ongoing
A2. Billing Codes and Documentation Audit of Both Hospital and Physician Activities			Critical	Critical
A3. EHR Incorporated into WHHS Conflict of Interest Process				
SC. Human Resources				
A1. Standardize Career Ladders				
A2. Standardize Performance Management System and Process				
A3. Standardize Rewards, Recognition, and Incentive Performance Based Pay				
A4. Employee Engagement Survey				Complete
A5. Develop and Implement Saint Raphael Campus Manager Education Programs				Complete
SD. Information Technology and Information Systems				
A1. Consolidation of Approval of Applications				
1. Reduce Application Portfolio for EPIC Implementation				
2. Application Consolidation for The Following Areas: Laboratory - Anatomic Pathology, Cardiology, Radiation Oncology & Hemat/Onc				
3. Application Consolidation for The Following Areas: Gastroenterology, Dietary Services, PHS & Resp Center				
A2. Service Desk Standardized				
A3. Consolidation of Telecom Operator Services				
A4. Review Service Contracts for Systems Used Prior to EPIC Integration				
SE. Legal & Planning				
A1. Identify vendor consolidation opportunities				
A2. Continue Interim Work with independent captive				
SF. Marketing, Communications, Image, and Community Wellness				
A1. Develop and Implement Community Reintegration Strategy			Ongoing	Ongoing
A2. Implement Communication Strategies for Managers and Employees			Ongoing	Ongoing
A3. Complete Advisory Groups				
SG. Revenue Cycle				
A1. Transfer and Consolidate Accounts Receivable via EPIC				
A2. Identical CDMs and Charge Levels				
A3. Integrated Master Patient Index				
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 Operational Complete				
1. Billing Strategies				
2. Denial				
3. Charge Capture				
SH. Patient Care and Managed Care				
A1. Model/Consistent Rules for All Payers Across Both Companies				
SI. Supply Chain				
A1. Contract renegotiations				Complete
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	1,190,559,000
	*A.- K. The total operating expenses amount above must agree with the total operating expense		
II.	OPERATING EXPENSE BY DEPARTMENT		

**YALE-NEW HAVEN HOSPITAL
TWELVE MONTH PRELIMINARY FILING
FISCAL YEAR 2015
REPORT 176 - 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	2,065,679
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	23,085,960	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	3,411,269	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.	<u>Routine Services:</u>		
1	Medical & Surgical Units	107,489,738	116,495,947
2	Intensive Care Unit	27,645,820	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	6,540,694
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.	<u>Other Departments:</u>		
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 <u>ACTUAL</u>	Oct-Mar 2015 <u>ACTUAL</u>
	*A.- 0. The total operating expenses amount above must agree with the total operating expens		

ATTACHMENT 4

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.

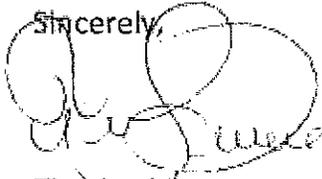
We understand that YNHH's North Haven, New Haven and West Haven sites will remain open for those who choose to continue to use Yale-New Haven Hospital for urgent care and occupational medicine services.

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,

A handwritten signature in black ink, appearing to read 'Tina Lariviere', written over the word 'Sincerely,'.

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



HARTFORD 1700 DIXWELL AVENUE
NORTH HAVEN 163 UNIVERSAL DRIVE NORTH
NORWALK 677 CONNECTICUT AVENUE
ORANGE 109 BOSTON POST ROAD
STRAFORD 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

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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

ATTACHMENT 5

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; Aseltyn, 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

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 employees located in southern Connecticut

Executive Vice President, Chief Operating Officer (2012 – present)

Responsible for system operations of this large, academic multihospital integrated delivery 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 improve our annual cost performance by more than \$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 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

Linda F. Pettine

EMPLOYMENT HISTORY:

Yale-New Haven Hospital

- 3/2014-Present Associate Director, Yale New Haven Health Occupational Medicine and Wellness Services
- Member of the executive team responsible for the planning and implementation of a system-wide strategy for Occupational Health and Wellness Services. Specific duties have included:
 - Collaboration on modeling different strategies for standardization of various clinical processes.
 - Integration of employee health onto a unified practice management and EMR software platform.
 - Chairing the system occupational health fee standardization committee.
 - Chair the annual hospital system-wide influenza vaccination program responsible for the vaccination of 19,000 Yale New Haven Health System employees.
 - Oversee billing operations for system-wide occupational health program

- 9/2012-3.2014 Manager, Occupational Health Plus a Component of Worker Health Solutions, Yale-New Haven Hospital, New Haven, CT
- .Operational oversight of four clinics including financial and clinical resource management.
 - Negotiate vendor agreements, having developed relationships with different vendors. Manage contracts and draft RFP and grant responses.

Hospital of Saint Raphael

- 11/2010-9/2012 Administrative Director, Occupational Health Plus™, Hospital of Saint Raphael, New Haven, CT
- Provided administrative oversight of four clinics
 - Supervised managerial level staff and successfully developed a very cohesive team responsible for managing over 50 employees.
 - Negotiated agreements with client companies and maintained key client companies through direct interaction and participation in the pre-sales and sales processes.
 - Provided managerial oversight of the Employee Wellness Program for a major municipality and assisted in the development of the program

as well as the successful RFP response.

- Managed a budget of over \$5,000,000

1/2004-2/2011

Manager, Outpatient Rehabilitation Services, Hospital of Saint Raphael
New Haven, CT

- Oversaw three out-patient rehabilitation facilities
- Year over year growth in volume and revenue
- Developed and implemented productivity and quality improvement standards and auditing tools for outpatient rehabilitation

Connecticut Physical Therapy, L.L.C.

6/1999-1/2004

Multi-Facility Director, Cheshire and Wallingford, CT

- Managed staff and operations of two outpatient physical therapy offices
- Consistent profitability each quarter

Keystone Physical Therapy & Sports Medicine P.C., Cheshire and Wallingford, CT (Originally Pettine & McDiarmid Physical Therapy)

1/1986-6/1999:

Founder and President, Founded and managed a highly successful physical therapy practice with revenues exceeding \$2,000,000 annually.

- Operated multiple offices and managed 12 employees.
- Innovations included bringing aquatic-therapy to the practice and marketing the practice to home-care agencies.
- Was the sole therapy provider to a major Connecticut HMO
- Designed and oversaw facility construction
- Developed and implemented all practice policies and procedures
- Negotiated insurance contracts
- Developed and maintained physician relationships
- Implemented the company's practice management software system
- Ensured compliance with regulatory standards and obtained Medicare certification for outpatient physical therapy clinics
- Negotiated sale of practice to a regional provider

CLINICAL POSITIONS:

1980 – 1986:

Hospital-Rehab Center Coordinator, Easter Seal Rehabilitation Center of
Central Connecticut, Meriden, CT

Easter Seal Rehabilitation Center of Central Connecticut, Meriden, CT

Middlebury Orthopaedic Group, Waterbury, CT

Newport Hospital, Newport, RI

Worcester-Hahnemann Hospital, Worcester, MA

EDUCATION:

MBA, focus in Health Care Management
Quinnipiac University

Completed Masters level courses in Orthopedic Physical Therapy
Quinnipiac College

Bachelor of Science in Physical Therapy, Magna Cum Laude
University of Connecticut

PROFESSIONAL AFFILIATIONS:

Member, Beta Gamma Sigma – International Honor Society of Business Students
Member, American College of Healthcare Executives (ACHE)
Member, National Association of Occupational Healthcare Professionals.
Past President, Quinnipiac Chapter, American College of Healthcare Executives
Secretary, Board of Directors, Greater New Haven Chamber of Commerce Health Care Council

Jodie A. Boldrighini

123 Harbor Drive #305, Stamford, CT 06902 ~ 203-912-7405 ~

jojobrnr@hotmail.com

SUMMARY OF QUALIFICATIONS

- Registered Nurse with 14 years of progressive leadership experience in different aspects of health care delivery including in-patient care, out-patient care, ambulatory care, home hospice care, as well as corporate/employee health.
- Experienced and resourceful leader in healthcare operations and management with excellent customer service skills, creative approach to new initiatives and growing a business.
- Self-starter with a demonstrated ability to work well under pressure and complete multiple projects with a positive attitude
- Professional, team player with a proven track record of successfully working closely with a variety of personnel
- Keen ability to navigate and capitalize on political factors.

PROFESSIONAL EXPERIENCES

YALE-NEW HAVEN HEALTH SYSTEM

Director, Occupational Health and Employee Population Health Solutions, June 2015 – present

- Set Strategic and Operational Plan for Occupational Health Services
- Set Strategic and Operational Plan for Employee Population Health Services
- Management of Sales and Marketing Teams

Associate Director, Corporate Health and Wellness, October 2013- June 2015

- Set Strategic Plan for growth of Corporate Health and Wellness across CT and Westchester County
- Management of Sales and Marketing Team
- Oversight of 12 On-Site Corporate Health Units/Services
- 35+ direct reports through restructuring
- Oversight of EPIC EMR implementation at Corporate Health Units
- Capital and Operational budgets, payroll, productivity
- Recruiting hiring and retention
- Committee Involvement: Member - Occupational Health Executive Team, Chair - Employee and Corporate Wellness Collaborative Team, Member – Corporate Management Group
- Achievements: Identified need and initiated Workflow Analysis and Capacity Study, Identified need and initiated Market Analysis of external market as well as Internal Stakeholders, Identified need and initiated RFP for Wellness through Towers Watson for the YNHHS, Consolidated Sales and Marketing Team, Initiated Corporate and Employee Wellness Collaborative Team

GREENWICH HOSPITAL

Manager of Sales and Operations, Occupational Health Services, October 2008-October 2013

- Management of Employee Health for the Hospital, Employee health services for 200 corporations and
- 8 corporate off site health units
- 20+ direct reports, client relations, employee relations
- Project management of multiple software conversions; EMR upgrades and conversion, billing software conversion
- Contract management, RFP responses, BIDs, negotiations, completion and implementation
- Capital and Operational budgets, payroll, productivity

- Management of day to day operations
- Recruiting hiring and retention
- Committee Involvement: Safety Committee Meeting, Environment of Care Council, Nursing Leadership, Leadership Forum
- Achievement: successful staff turnover to get the right 'team' in place, increase scope by 4 corporate health units, expanded into New Jersey, EMR implementation, conversion of billing software

Nurse Manager Medical Oncology Services, July 2006-October 2008

- 24 bed in-patient medical oncology unit, 9 chair out-patient infusing center
- 57 employees
- Capital and Operating budgets, payroll, productivity
- Quarterly Quality Measures and System Core Measures
- Successful preparation and completion of State and JCAHO surveys
- Committee Involvement: Steering Committee for Patient Satisfaction, Environment of Care Council, Nursing Leadership, Leadership Forum, Patient Through-Put Steering Committee
- Achievement: Improved Employee Satisfaction through internal study, resulting in improved Patient Satisfaction Scores to 99 percentile

Director of Home Hospice Department, September 2005-July 2006

- 20 employees
- Management of State and Federal Regulations, Quarterly Quality Measures
- Capital and Operating budgets, payroll, productivity
- Sales and marketing of program
- Organizing Annual Fundraiser, Nationally recognized Tree of Light Event
- Committee Involvement: Nursing Leadership, Leadership Forum, Chair -- Patient Advisory Council for Hospice
- Achievement: Doubled Daily Census of patients on service, AND Doubled length of stay on service

Clinical Leader, Oncology Services, November 2002 – September 2005

Clinical Nurse, Oncology Services, November 2001 – November 2002

EDUCATION

THE UNIVERSITY OF NEW HAVEN New Haven, CT, 2013-2015

- Executive Masters in Business Administration

GEORGETOWN UNIVERSITY, Washington, DC, 1995-1999

- Bachelors in the Science of Nursing

ADDITIONAL

- Recipient of Fairfield County's 40 under 40 award 2008
- Award for Quality Improvement 2002, 2003, 2007, 2011, 2012, 2013
 - Initiatives: Hand washing, Management of patients with CHF, Decreasing employee injuries related to employee

handling, 100% Employee Participation in Flu Vaccination Program

- Helen Meehan (RN of the year finalist - GH) Award Nominee 2002, 2003, 2007
- Nightingale (RN of the year finalist – CT) Aware Nominee 2002, 2003
- Oncology Nursing Society – member since 2001
- Teddy Bear Clinic, Look Good Feel Better 2001-2008
- American Cancer Society, Coordinator of First Relay for Life Greenwich 2007 – 2012
- Hospice, Tree of Light, Coordinator of First event at new GH campus, 2003-2005
- BCLS and First Aid Certifications
- Certificate of Achievement for completion of Dale Carnegie Course, 2006; coach 2007
- National Certification, Occupational Health Professional, NAOHP, 2008
- Business Administration Award, High School, 1999

ATTACHMENT 6

YALE-NEW HAVEN HOSPITAL
 Proposal for the Termination of Occupational Health at Foxon & Branford
 Yale-New Haven Hospital
Assumptions

<u>Net Revenue Rate Increases</u>		<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
1) Government		0 - 1.4%	0 - 1.2%	0 - 2%
2) Non-Government		2.0%	2.0%	1.0%
		<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
<u>EXPENSES</u>				
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%
		<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
<u>FTEs</u>				
1)	Total estimated FTEs	<u>10,454</u>	<u>10,503</u>	<u>10,539</u>

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

Greer, Leslie

From: Huber, Jack
Sent: Wednesday, December 16, 2015 3:28 PM
To: Rosenthal, Nancy (Nancy.Rosenthal@greenwichhospital.org)
Cc: Roberts, Karen; Foster, Tillman; Greer, Leslie
Subject: Completeness Letter, Docket Number: 15-32040-CON
Attachments: Completeness Letter_ DN 15-32040-CON.docx

Good Afternoon Nancy,

Please find the attached Completeness Letter in the matter of Yale-New Haven Hospital's proposal to terminate its occupational medicine and wellness services locate in East Haven and Branford. In responding to the Completeness Letter question, please follow the instructions included in the letter and provide the response letter as an attachment to an email only. Email the response letter to OHCA@ct.gov and copy Jack.Huber@ct.gov and Tillman.Foster@ct.gov. No hard copies are required. If you have any questions regarding the completeness letter, please feel free to contact me at (860) 418-7069 or Tillman Foster at (860) 418-7031.

Sincerely,

Jack A. Huber

Jack A. Huber, Health Care Analyst
Department of Public Health | Office of Health Care Access | 410 Capitol Avenue
P.O. Box 340308 MS #13HCA | Hartford, CT 06134 | Ph:860-418-7069 | Fax:860-418-7053 | Email: Jack.Huber@ct.gov
| Web: www.ct.gov/ohca



Dear Ms. Rosenthal:

On November 17, 2015, OHCA received the Certificate of Need application of Yale New-Haven Hospital proposing to terminate its occupational medicine and wellness services located at 317 Foxon Road in East Haven and 84 North Main Street in Branford. OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). *Please electronically confirm receipt of this email as soon as you receive it.* Provide responses to the questions below in both a Word document and PDF format at the earliest convenience as an attachment to a responding email.

Repeat each question before providing your response and paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (e.g., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using **Page 104** and reference "**Docket Number: 15-32040-CON.**"

1. Revise each Table 5 on p. 40 to update the actual FY 2015 utilization for each site for full twelve months actual results.
2. Revise Table 6 on p. 41 to update the projected FY 2016 utilization for each site to include fiscal year-to-date results. Include in your response what time frame (i.e. 2 mos., 1st qtr.) this utilization represents.
3. Revise Table 8 on pp. 43 and 44 by providing a breakdown of utilization by town, for FY 2015, the most recently completed fiscal year. Also, include only incorporated town names.
4. Explain why the Branford site was selected for termination of the occupational medicine and wellness services.
5. Per a statement on p.32, the East Haven and Branford sites are not operating at capacity. Explain how the New Haven and Hamden sites will have ample capacity to accommodate the displaced patients from the East Haven & Branford sites.
6. In reference to financial Worksheet submitted on p. 101:
 - a. File a separate Worksheet for each of the two sites.
 - b. Replace *Actual Results* (col. 1) to use twelve months actual FY 2015 information.
 - c. Is the stated reduction in lease expenses applicable only to the East Haven site if, per page 20, YNHH is evaluating the possible repurposing of space in Branford for outpatient cardiology services?
7. Verify that there will be no Yale-New Haven Hospital revenue or expenses attributable to the occupational medicine and wellness services at either of these two sites moving forward. Further, verify that Table 10 below is accurately reflective of this termination of services.

TABLE 10
PROJECTED REVENUES AND EXPENSES FOR THE
YALE BRANFORD AND EAST HAVEN OCCUPATIONAL MEDICINE PROGRAMS

Fiscal Year (FY)	FY 2017	FY 2018
Revenue from Operations	\$0	\$0
Total Operating Expenses	\$0	\$0
Gain/Loss from Operations	\$0	\$0

8. In reference to financial Worksheet submitted on p. 102:
 - a. File a separate Worksheet for each of the two sites.
 - b. Revise the Title of Columns 10 and 12 to reflect FY 2015 actual results with and without the proposed terminated services.

9. Provide any revised assumptions for the tables and the financial worksheets requested above, if necessary.

Please note that pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request no later than sixty days from the date of this email transmission. Therefore, please provide your written responses to OHCA no later than XXX 2015, otherwise your application will be automatically considered withdrawn. ***Please email your responses to all of the following email addresses: OHCA@ct.gov, karen.roberts@ct.gov, jack.huber@ct.gov, tillman.foster@ct.gov.*** If you have any questions concerning this letter, please feel free to contact Jack Huber at (860) 418-7069, Karen Roberts at (860) 418-7041 or Tillman Foster at (860) 418-7031.

Sincerely,

Jack A. Huber

Jack A. Huber
 Health Care Analyst

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: December 16, 2015

RE: Certificate of Need Application; Docket Number: 15-32040-CON
Yale-New Haven Hospital
Alignment of Yale- New Haven Hospital Occupational Medicine Services in
East Haven and Branford.

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.



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www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Greer, Leslie

From: McKennan, Matthew <Matthew.McKenna@YNHH.ORG>
Sent: Wednesday, January 20, 2016 4:06 PM
To: Foster, Tillman; Huber, Jack
Cc: User, OHCA; Martone, Kim; Roberts, Karen; Veyberman, Alla; Rosenthal, Nancy; Jennifer Groves Fusco; Willcox, Jennifer
Subject: Completeness Response (Dockets 15-32040 & 15-32041)
Attachments: Cover Letter (15-32040 and 15-32041).pdf; Completeness Response Occupational Health (DN 15-32040).pdf; Completeness Response Rehabilitation (DN 15-32041).pdf

Good afternoon. Please find attached responses from Yale-New Haven Hospital to the completeness questions issued under Docket Numbers 15-32040 and 15-32041. Thank you.

Matt

Matthew J. McKenna, JD/MBA
Senior Planner
Yale New Haven Health System
2 Howe Street
New Haven, CT 06511
Phone: (203) 688-9987
Cell: (203) 907-9858

<https://www.ynhhs.org/>

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.



Completeness Question Responses

Alignment of Yale-New Haven Hospital Occupational Medicine Services In East Haven and Branford

Docket No. 15-32040-CON

January 20, 2016

1. Revise each Table 5 on p. 40 to update the actual FY 2015 utilization for each site for full twelve months actual results.

RESPONSE:

OHCA Tables 5, as contained at page 40 of the CON Application and restated below, include actual FY2015 utilization for each site for the full 12 months. The 2,311 visits reported for East Haven and the 5,420 visits reported for Branford are actual visits from October 1, 2014 through September 30, 2015 (FY 2015).

**TABLE 5
HISTORICAL UTILIZATION BY SERVICE (EAST HAVEN LOCATION)**

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume
	FY 2012	FY 2013	FY 2014	FY 2015
Occupational Medicine and Wellness (Visits)	223	1,477	2,382	2,311 actual
Total	223	1,477	2,382	2,311

**TABLE 5
HISTORICAL UTILIZATION BY SERVICE (BRANFORD LOCATION)**

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume
	FY 2012	FY 2013	FY 2014	FY 2015
Occupational Medicine and Wellness (Visits)	4,891	4,252	5,087	5,420 actual
Total	4,891	4,252	5,087	5,420

2. Revise Table 6 on p. 41 to update the projected FY 2016 utilization for each site to include fiscal year-to-date results. Include in your response what time frame (i.e. 2 mos., 1st qtr.) this utilization represents.

RESPONSE:

OHCA Table 6 has been updated to include year-to-date FY 2016 visits for the East Haven and Branford locations. These figures represent visits from October 1, 2015 through November 30, 2015 for each site.

**TABLE 6
PROJECTED UTILIZATION BY SERVICE (EAST HAVEN LOCATION)**

Service*	Projected Volume		
	FY 2016	FY 2017	FY 2018
Occupational Medicine and Wellness (Visits)	229	0	0
Total	229	0	0

**TABLE 6
PROJECTED UTILIZATION BY SERVICE (BRANFORD LOCATION)**

Service*	Projected Volume		
	FY 2016	FY 2017	FY 2018
Occupational Medicine and Wellness (Visits)	986	0	0
Total	986	0	0

3. Revise Table 8 on pp. 43 and 44 by providing a breakdown of utilization by town, for FY 2015, the most recently completed fiscal year. Also, include only incorporated town names.

RESPONSE:

**TABLE 8
UTILIZATION BY TOWN (EAST HAVEN LOCATION)**

Town	Utilization FY 15 (Visits & Percentage)
East Haven	520 (22.50%)
New Haven	520 (22.50%)
West Haven	219 (9.48%)
North Branford	146 (6.32%)
Branford	128 (5.54%)
Hamden	105 (4.54%)
North Haven	90 (3.89%)
Wallingford	63 (2.73%)
Bridgeport	47 (2.03%)
Milford	40 (1.73%)
Guilford	37 (1.60%)
OTHER	396 (17.14%)
<u>TOTAL</u>	2,311 (100%)

**TABLE 8
UTILIZATION BY TOWN (BRANFORD LOCATION)**

Town	Utilization FY 15 (Visits & Percentages)
Branford	963 (17.77%)
New Haven	659 (12.16%)
East Haven	629 (11.61%)
Guilford	475 (8.76%)
North Branford	385 (7.10%)
West Haven	295 (5.44%)
Madison	221 (4.08%)
Hamden	197 (3.63%)
Clinton	187 (3.45%)
Wallingford	137 (2.53%)
North Haven	92 (1.70%)
Milford	71 (1.31%)
Bridgeport	62 (1.14%)
OTHER	1,047 (19.32%)
TOTAL	5,420 (100%)

4. Explain why the Branford site was selected for termination of the occupational medicine and wellness services.

RESPONSE:

As noted in the CON Application, Yale-New Haven Hospital (“YNHH” or the “Hospital”) is currently engaged in a three-year integration plan in connection with its acquisition of Saint Raphael’s Health System. YNHH has been assessing its ambulatory space post-acquisition. As part of this process, the Hospital reviewed all of its occupational health sites in order to identify potential service improvement opportunities and cost savings. YNHH determined that excess capacity existed at all of its occupational health locations, which resulted in this proposal to close both the East Haven and Branford sites.

The Branford site in particular was selected for termination for several reasons. First, YNHH looked at where the employers who utilize its occupational health services are located. A significant percentage of these employers are located in the greater New Haven area – for example, 29% of companies using the Branford occupational health site are located in New Haven. Fewer employers are located in towns closer to Branford. There is also more growth in employer/employee base projected for the New Haven area versus Branford.

In addition, the employees/patients who have used the Branford site historically tend to originate from towns other than Branford. As you can see from OHCA Table 8 above, a significant

percentage of Branford occupational health patients originate from New Haven, West Haven, Hamden, Wallingford, North Haven, Milford and Bridgeport (28% total). For these patients the YNHH occupational health sites in New Haven and Hamden are more accessible.

YNHH also considered the space needs of other services as part of its decision to terminate the Branford occupational health site. The Hospital's outpatient cardiology service needs additional space, which will become available in Branford (where the service has an existing office) through the consolidation of occupational health services to sites in New Haven and Hamden.

5. Per a statement on p.32, the East Haven and Branford sites are not operating at capacity. Explain how the New Haven and Hamden sites will have ample capacity to accommodate the displaced patients from the East Haven & Branford sites.

RESPONSE:

As part of its assessment of ambulatory space and programming, YNHH looked at available capacity at all of its occupational health locations. The Hospital determined that each of the sites has the capacity to accommodate additional patients and that increased operating efficiency could create even more capacity.

The New Haven site at Sherman Avenue saw approximately 15,500 occupational health visits in FY 2014, and the Hamden site saw approximately 7,500 visits. These included a mix of provider visits (i.e. pre-employment physicals) and clinical staff visits (i.e. immunizations). At current staffing levels, these sites have the ability to absorb additional visits of all types. The sites together can absorb the approximately 600 visits per month that will be displaced by the closure of East Haven and Branford. Patients will be scheduled based upon the type of service needed and the staff available at a given location at the time of scheduling. In addition, YNHH continually evaluates its outpatient services and is prepared to make adjustments and increases in hours, staffing and locations in order to ensure patient access.

As mentioned in the CON Application, YNHH plans to redeploy staff as a means of increasing capacity at its remaining occupational health sites. All clinical staff from the Branford site and several staff members from East Haven will be absorbed into the New Haven and Hamden offices. This will allow these locations to schedule additional appointments and accommodate more patients. There is ample physical space to accommodate more providers and patients at both locations as well.

Note that not all of the employers that currently utilize the YNHH occupational health sites in East Haven and Branford are expected to remain with the system. Some will opt to make arrangements with alternate providers for their employees and this has been taken into consideration in the financial projections submitted with the CON Application. As OHCA Table 9 in the CON Application shows, there are 13 additional providers of occupational health services in the East Haven and Branford areas to accommodate any employers/patients who choose not to use YNHH for their services.

6. In reference to financial Worksheet submitted on p. 101:

- a. File a separate Worksheet for each of the two sites.

RESPONSE:

See Attachment 1.

- b. Replace *Actual Results* (col. 1) to use twelve months actual FY 2015 information.

RESPONSE:

See Attachment 1.

- c. Is the stated reduction in lease expenses applicable only to the East Haven site if, per page 20, YNHH is evaluating the possible repurposing of space in Branford for outpatient cardiology services?

RESPONSE:

The stated reduction in lease expenses is not applicable to East Haven, but is related to the reconfiguration of services in Branford. Although YNHH intends to terminate its lease at the East Haven site (which will result in cost savings to YNHH) these lease expenses are carried by the urgent care cost center that operated in East Haven. The occupational health and urgent care services shared space in East Haven, much of which was dedicated to urgent care, which paid for this expense. Thus, any reduction in lease expenses at the East Haven site are not within this CON, but were presented in the CON that YNHH filed to close urgent care at this site under Docket No. 15-32011-CON.

Nevertheless, there is a reduction in lease expenses with this CON related to the reconfiguration of services in Branford. YNHH currently operates a cardiology service in Branford approximately 0.5 miles from its occupational health site in Branford. Once this CON is approved, the occupational health cost center in Branford will no longer operate in Branford and will no longer be required to pay a lease expense. These costs will be incurred by the cardiology service, which will move into this space. However, the cardiology service will no longer be required to pay the lease at its former location approximately 0.5 miles away. This represents a lease savings for YNHH.

7. Verify that there will be no Yale-New Haven Hospital revenue or expenses attributable to the occupational medicine and wellness services at either of these two sites moving forward. Further, verify that Table 10 below is accurately reflective of this termination of services.

**TABLE 10
PROJECTED REVENUES AND EXPENSES FOR THE
YALE BRANFORD AND EAST HAVEN OCCUPATIONAL MEDICINE PROGRAMS**

Fiscal Year (FY)	FY 2017	FY 2018
Revenue from Operations	\$0	\$0
Total Operating Expenses	\$0	\$0
Gain/Loss from Operations	\$0	\$0

RESPONSE:

There will be no YNHH revenue or expenses attributable to the occupational medicine and wellness services in East Haven and Branford moving forward. OHCA Table 10 above is accurate.

8. In reference to financial Worksheet submitted on p. 102:
- a. File a separate Worksheet for each of the two sites.

RESPONSE: See Attachment 2.

- b. Revise the Title of Columns 10 and 12 to reflect FY 2015 actual results with and without the proposed terminated services.

RESPONSE: See Attachment 2.

9. Provide any revised assumptions for the tables and the financial worksheets requested above, if necessary.

RESPONSE:

The revised financial attachments include FY 2015 actual results. The projected figures for FY 2016 through FY 2018 remain unchanged from the original CON Application. The assumptions included on page 103 of the CON are accurate with respect to the forecasted numbers. Because the FY 2015 total facility actual results vary slightly from the projected FY 2015 results contained in the CON Application, there are certain line-item variances in assumptions between FY 2015 and FY 2016.

Attachment 1

Attachment 2

YALE-NEW HAVEN HOSPITAL
Occupational Health Services at Branford

Prior 3 Year Analysis- Full YNH - Service (Branford Occ Health) - YNH w/o Occ Health Services FY 2012 thru FY 2014

LINE	Total Embr:	(1)		(1)		(1)		(1)		(1)			
		FY 2012 Actual Results	FY 2012 Service	FY 2013 Actual Results	FY 2013 Service	FY 2014 Actual Results	FY 2014 Service	FY 2014 Actual Results	FY 2014 Service	FY 2015 Actual Results	FY 2015 Service		
A.	OPERATING REVENUE	\$ 5,740,304.100	\$ -	\$ 5,740,304.100	\$ -	\$ 8,243,052.900	\$ 8,240,000.000	\$ 8,676,814.000	\$ 2,014.600	\$ 8,750,695.600	\$ 2,043.900	\$ 8,748,659.100	\$ 2,043.900
1	Total Patient Revenue	4,027,033.100	-	4,027,033.100	-	5,897,700.200	2,080,000.000	6,203,146.000	1,440.600	6,203,732.400	1,461.100	6,209,271.300	1,461.100
2	Less: Charity Care	-	-	-	-	-	-	-	-	-	-	-	-
3	Less: Other Deductions	-	-	-	-	-	-	-	-	-	-	-	-
4	Net Patient Service Revenue	1,713,271.000	\$ -	1,713,271.000	\$ -	2,345,352.700	592,800.000	2,473,683.000	574.200	2,540,863.200	582.400	2,540,280.800	582.400
5	Medicare	546,533.400	-	546,533.400	-	748,167.900	1,487.200	766,843.000	-	800,011.500	-	808,071.500	-
6	Medicaid	246,711.000	-	246,711.000	-	337,730.600	-	299,960.000	-	308,108.200	-	308,108.200	-
7	CHAMPUS & Tricare	-	-	-	-	-	-	-	-	-	-	-	-
8	Other	769,244.400	-	769,244.400	-	1,065,898.300	-	1,066,603.000	-	1,116,119.700	-	1,116,119.700	-
9	Total Government	862,614.300	-	862,614.300	-	1,221,928.800	1,221,928.800	1,345,277.000	383.000	1,381,820.400	388.500	1,381,820.400	388.500
10	Uninsured	27,412.300	-	27,412.300	-	37,525.600	-	41,788.000	-	42,923.100	-	42,923.100	-
11	Workers Compensation	-	-	-	-	98,400.000	-	93,000.000	-	98,000.000	-	98,000.000	-
12	Other	920,026.600	\$ -	920,026.600	\$ -	1,258,861.500	592,800.000	1,387,065.000	574.200	1,424,743.500	582.400	1,424,161.100	582.400
13	Total Non-Government	1,713,271.000	\$ -	1,713,271.000	\$ -	2,345,352.700	592,800.000	2,473,683.000	574.200	2,540,863.200	582.400	2,540,280.800	582.400
14	Less: Provision for Bad Debts	-	-	-	-	62,436.600	-	71,764.000	-	50,362.400	-	50,362.400	-
15	Net Patient Service Revenue less provision for bad debts	1,713,271.000	-	1,713,271.000	-	2,282,916.100	592,800.000	2,401,904.000	574.200	2,490,480.800	582.400	2,489,898.400	582.400
16	Other Operating Revenue	47,563.900	-	47,563.900	-	58,633.000	-	-	-	64,676.500	-	64,676.500	-
17	Net Assets Released from Restrictions	-	-	-	-	-	-	-	-	-	-	-	-
18	TOTAL OPERATING REVENUE	1,760,834.900	\$ -	1,760,834.900	\$ -	2,341,549.100	592,800.000	2,401,904.000	574.200	2,555,157.300	582.400	2,554,574.900	582.400
B.	OPERATING EXPENSES	\$ 585,246.900	\$ -	\$ 585,246.900	\$ -	\$ 790,319.400	\$ 264.200	\$ 806,684.000	\$ 340.700	\$ 831,282.100	\$ 365.300	\$ 830,845.600	\$ 365.300
1	Salaries and Wages	172,016.200	-	172,016.200	-	235,969.600	65.000	225,961.000	106.600	229,544.400	98.400	233,325.300	98.400
2	Office Benefits	248,959.100	-	248,959.100	-	393,234.300	17.400	397,135.000	20.700	407,726.300	20.300	407,726.300	20.300
3	Physicians Fees	284,363.400	-	284,363.400	-	396,090.600	17.400	407,726.300	20.700	430,281.200	20.300	430,281.200	20.300
4	Supplies and Drugs	73,100.600	-	73,100.600	-	91,913.900	-	126,543.000	-	93,281.200	-	93,281.200	-
5	Depreciation and Amortization	32,622.000	-	32,622.000	-	23,920.200	-	23,742.000	-	20,679.700	-	20,679.700	-
6	Provision for Bad Debts-Other	17,719.000	-	17,719.000	-	13,750.800	-	14,809.000	-	23,857.600	-	23,857.600	-
7	Interest Expense	14,368.700	-	14,368.700	-	22,279.800	109.400	14,516.000	117.900	23,519.600	115.200	23,519.600	115.200
8	Malpractice Insurance Cost	-	-	-	-	268,795.800	27.600	82,219.000	29.400	83,012.000	21.400	82,968.800	21.400
9	Other Operating Expenses	202,837.200	-	202,837.200	-	2,235,673.700	503.600	2,267,359.000	615.900	2,443,946.900	614.300	2,443,428.600	614.300
10	TOTAL OPERATING EXPENSES	1,654,251.900	\$ -	1,654,251.900	\$ -	1,648,754.400	89.200	1,648,754.400	(41,100)	1,648,754.400	(31,900)	1,648,754.400	(31,900)
11	INCOME/(LOSS) FROM OPERATIONS	106,579.000	\$ -	106,579.000	\$ -	73,846.000	\$ -	75,219.600	\$ -	73,872.900	\$ -	73,872.900	\$ -
12	NON-OPERATING REVENUE	24,029.000	\$ -	24,029.000	\$ -	178,721.400	\$ 89.200	164,700.000	\$ (41,100)	105,616.600	\$ (31,900)	105,616.600	\$ (31,900)
13	EXPENSE/(DEFICIENCY) OF REVENUE OVER EXPENSES	130,608.800	\$ -	130,608.800	\$ -	104,875.400	\$ 89.200	101,544.400	\$ (41,100)	78,256.300	\$ (31,900)	78,256.300	\$ (31,900)
C.	PROFITABILITY SUMMARY	6.1%	#DIV/0!	6.1%	#DIV/0!	4.5%	15.1%	4.5%	-7.2%	4.4%	5.5%	4.1%	5.5%
1	Operating Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	Hospital Non-Operating Margin	7.4%	7.4%	7.4%	7.4%	7.6%	15.1%	7.6%	-7.2%	4.1%	5.5%	4.1%	5.5%
3	Hospital Total Margin	-	-	-	-	-	-	-	-	-	-	-	-
D.	FTEs	61,958	-	61,958	-	80,503	-	80,503	-	78,444	-	78,444	-
E.	VOLUME STATISTICS	774,065	-	774,065	-	1,085,738	4,252	1,085,738	5,097	1,292,589	5,420	1,271,443	5,420
1	Inpatient Discharges	838,043	0	838,043	0	1,166,241	4,252	1,166,241	5,097	1,360,865	5,420	1,345,663	5,420
2	TOTAL VOLUME	-	-	-	-	-	-	-	-	-	-	-	-

Notes To Schedule

YALE - NEW HAVEN HOSPITAL
Occupational Health Services at Foxon

Prior 3 Year Analysis- Full YNHH - Service (Foxon Occ Health) - YNHH w/o Occ Health Services FY 2012 thru FY 2014

LINE	Total Enroll:	FY 2012		FY 2013		FY 2014		FY 2015	
		Actual	Service	Actual	Service	Actual	Service	Actual	Service
A. OPERATING REVENUE									
1 Total Gross Patient Revenue		5,740,304,100	\$ 61,600	\$ 5,740,242,500		\$ 6,676,914,000	\$ 719,200	\$ 6,676,095,900	\$ 8,749,875,200
2 Less: Allowances		4,027,033,100	43,300	4,026,999,800		5,203,145,000	513,500	5,202,632,500	6,209,732,400
3 Less: Charity Care		-	-	-	-	-	-	-	-
4 Less: Other Deductions		1,713,271,000	18,300	1,713,252,700		2,473,568,000	204,700	2,473,463,300	2,540,657,900
5 Net Patient Service Revenue		546,533,400	-	546,533,400		768,643,000	-	768,643,000	809,011,500
6 Medicare		245,711,000	-	245,711,000		289,960,000	-	289,960,000	308,108,200
7 CHAMPUS & Tricare		-	-	-	-	-	-	-	-
8 Other		793,244,400	-	793,244,400		1,086,603,000	-	1,086,603,000	1,116,119,700
9 Commercial Insurers		826,614,300	-	826,614,300		1,345,277,000	-	1,345,277,000	1,381,820,400
10 Uninsured		27,412,300	12,200	27,412,300		41,789,000	136,500	41,789,000	42,923,100
11 Workers Compensation		6,100	(6,100)	6,100		69,200	69,200	69,200	69,200
13 Other		18,300	18,300	18,300		1,387,065,000	204,700	1,386,860,300	1,424,538,200
Total Non-Government		920,026,600	18,300	920,008,300		2,473,568,000	204,700	2,473,463,300	2,540,657,900
14 Government (Non-Government)		1,713,271,000	18,300	1,713,252,700		2,473,568,000	204,700	2,473,463,300	2,540,657,900
15 Net Patient Service Revenue less provision for bad debts		1,713,271,000	18,300	1,713,252,700		2,401,904,000	204,700	2,401,699,300	2,490,275,500
16 Other Operating Revenue		47,560,300	-	47,560,300		2,401,904,000	-	2,401,699,300	2,490,275,500
17 Net Assets Released from Restatements		1,760,831,300	18,300	1,760,813,000		2,401,904,000	204,700	2,401,699,300	2,490,275,500
TOTAL OPERATING REVENUE		3,440,128,900	36,600	3,440,066,300		4,875,472,000	409,400	4,875,162,600	5,030,933,400
B. OPERATING EXPENSES									
1 Salaries and Wages		585,246,900	\$ 149,500	\$ 585,097,400		808,684,000	208,100	809,475,900	830,915,300
2 State and Local Taxes		172,016,200	44,700	171,971,500		225,961,000	65,600	225,895,400	239,423,700
3 Supplies and Drugs		248,958,100	300	248,959,100		567,135,000	200	567,135,000	629,545,400
4 Depreciation and Amortization		73,100,600	-	73,100,600		122,543,000	-	122,543,000	130,320,700
5 Provision for Bad Debts-Other		32,622,100	-	32,622,100		23,742,000	-	23,742,000	20,879,700
6 Interest Expense		17,719,700	-	17,719,700		14,809,000	-	14,809,000	23,857,600
7 Malpractice Insurance Cost		13,017,600	-	13,017,600		13,759,600	-	13,759,600	23,519,600
8 Lease Expense		14,368,700	33,700	14,368,700		8,215,000	27,500	8,215,000	93,012,900
9 Other Operating Expenses		202,837,200	228,200	202,805,500		2,267,655,000	301,400	2,267,057,600	2,443,042,900
TOTAL OPERATING EXPENSES		1,654,251,500	228,200	1,654,023,300		1,345,545,000	96,700	1,344,641,700	1,121,244,200
INCOME/(LOSS) FROM OPERATIONS		1,785,877,400	13,900	1,786,043,000		3,529,927,000	312,700	3,530,520,900	3,909,689,200
NON-OPERATING REVENUE		24,029,000	-	24,029,000		30,155,000	-	30,155,000	(6,297,800)
EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES		1,810,106,400	13,900	1,810,072,000		1,810,106,400	312,700	1,810,106,400	1,810,106,400
C. PROFITABILITY SUMMARY									
1 Hospital Operating Margin		6.1%	-1147.0%	6.1%	-215.4%	5.5%	-47.2%	4.4%	-52.2%
2 Hospital Non-Operating Margin		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3 Hospital Total Margin		7.4%	-1147.0%	7.4%	-215.4%	6.3%	-47.2%	4.1%	-53.2%
D. FTEs									
E. VOLUME STATISTICS									
1 Inpatient Discharges		61,958	-	61,958		78,315	2,357	78,315	78,444
2 Outpatient Visits		774,065	223	773,662		1,175,388	2,362	1,173,916	1,280,228
TOTAL VOLUME		836,043	223	835,620		1,253,703	2,359	1,252,831	1,358,672

Notes To Schedule
- FY 2012 reflects only Y-NHH Foxon Road Occ Health as Branford was not acquired until mid-September 2012. The last month of the Fiscal Year

Greer, Leslie

From: Foster, Tillman
Sent: Wednesday, February 17, 2016 5:19 PM
To: Nancy Rosenthal (Greenwich)
Cc: Greer, Leslie; Huber, Jack; Veyberman, Alla; Roberts, Karen; Riggott, Kaila; Lazarus, Steven
Subject: DNs 15-32040 and 15-32041
Attachments: 15-32041-CON Notification of Application Deemed Complete.docx.pdf; 15-32040-CON Notification of Application Deemed Complete.docx.pdf

Good afternoon Ms. Rosenthal – Please find attached two letters deeming complete your applications filed under Docket Numbers 15-32040. Please feel free to contact me or Jack Huber if you have any questions regarding the attached documents.

Thank you. Regards, Tillman.

Tillman Foster
Associate Health Care Analyst
Department of Public Health
Office of Health Care Access
410 Capitol Avenue
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Hartford, CT 06134
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

February 17, 2016

VIA EMAIL ONLY

Nancy Rosenthal
Senior Vice President,
Strategy and Regulatory Planning
Yale-New Haven Hospital Health System
5 Perryridge Road
Greenwich, CT 06830

RE: Certificate of Need Application; Docket Number: 15-32040-CON
The Yale-New Haven Hospital's Proposal to Terminate its Occupational
Medicine and Wellness Services located at 317 Foxon Road in East Haven and
84 North Main Street in Branford
Notification Deeming the CON Application Complete

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 February 17, 2016.

If you have any questions regarding this matter, please feel free to contact Jack Huber at (860) 418-7069 or me at (860) 418-7031.

Sincerely,

A handwritten signature in blue ink that reads "Tillman Foster".

Tillman Foster
Associate Health Care Analyst



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