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COUNSELORS AT LAW



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Admitted in Massachusetts, Connecticut and Rhode Island

January 28, 2016

VIA HAND DELIVERY

Kimberly R. Martone
Director of Operations
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS#13 CMN
Hartford, CT 06134

Re: **Hospital of Central Connecticut CON Application**

Dear Ms. Martone:

On behalf of the Hospital of Central Connecticut ("HOCC"), enclosed please find a Certificate of Need Application for the relocation of HOCC's linear accelerators from its main campus to its Cancer Center.

As requested, I have included 1 original and a USB flash drive containing a scanned copy of the Application in its entirety as a .pdf (Adobe) and a copy of the completed Main and Supplemental Forms in MS Word and the Financial Workbook in MS Excel. Also attached to this letter is a check for the \$500.00 filing fee.

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

Sincerely,


Vincenzo Carannante

VZC/TB

Enclosures

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 certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of \$500.
 - Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)
 - Attached is a completed Financial Attachment
 - Submission includes one (1) original hardcopy in a 3-ring binder and a USB flash drive containing:
 1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
 2. An electronic copy of the applicant's responses in MS Word (the applications) and MS Excel (the financial attachment).

For OHCA Use Only:

Docket No.: 1637065-CON Check No.: 021909
OHCA Verified by: [Signature] Date: 1/29/16

General Information

| | | | | | |
|------------------|--------------------------|----------------------|---------------------|-------------------------------------|--|
| Main Site | MAIN SITE | MEDICAID PROVIDER ID | TYPE OF FACILITY | MAIN SITE NAME | |
| | N/A | 4041950 | Acute Care Hospital | The Hospital of Central Connecticut | |
| | STREET & NUMBER | | | | |
| | 100 Grand Street | | | | |
| | TOWN | | | ZIP CODE | |
| | New Britain, Connecticut | | | 06050 | |

| | | | | | |
|---------------------|--------------------------|----------------------|---------------------|-------------------------------------|--|
| Project Site | PROJECT SITE | MEDICAID PROVIDER ID | TYPE OF FACILITY | PROJECT SITE NAME | |
| | N/A | 4041950 | Acute Care Hospital | The Hospital of Central Connecticut | |
| | STREET & NUMBER | | | | |
| | 100 Grand Street | | | | |
| | TOWN | | | ZIP CODE | |
| | New Britain, Connecticut | | | 06050 | |

| | | | | | |
|-----------------|------------------------------|---------------------|---|----------|--|
| Operator | OPERATING CERTIFICATE NUMBER | TYPE OF FACILITY | LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator) | | |
| | 1053477075 | Acute Care Hospital | The Hospital of Central Connecticut | | |
| | STREET & NUMBER | | | | |
| | 100 Grand Street | | | | |
| | TOWN | | | ZIP CODE | |
| | New Britain, Connecticut | | | 06050 | |

| | | | | | |
|------------------------|------------------|-----|--|----------|--|
| Chief Executive | NAME | | TITLE | | |
| | Lucille Janatka | | Senior Vice President, Hartford HealthCare and President, Hartford HealthCare Central Region | | |
| | STREET & NUMBER | | | | |
| | 100 Grand Street | | | | |
| | TOWN | | STATE | ZIP CODE | |
| | New Britain | | CT | 06050 | |
| | TELEPHONE | FAX | E-MAIL ADDRESS | | |
| | 860-224-5723 | | lucille.janatka@hhchealth.org | | |

Title of Attachment:

| | | | |
|--|--------------------------|---|---|
| Is the applicant an existing facility? If yes, attach a copy of the resolution of partners, corporate directors, or LLC managers, as the case may be, authorizing the project. | YES NO | <input checked="" type="checkbox"/> <input type="checkbox"/> | N/A Board authorization was not required for this proposal |
| Does the Applicant have non-profit status? If yes, attach documentation. | YES NO | <input checked="" type="checkbox"/> <input type="checkbox"/> | See <u>Exhibit 1</u> |
| Identify the Applicant's ownership type. | PC LLC Corporation | <input type="checkbox"/> <input type="checkbox"/> <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 |
| | Barbara A. Durdy | | Director, Strategic Planning |
| | STREET & NUMBER | | |
| | 181 Patricia M. Genova Blvd | | |
| | TOWN | STATE | ZIP CODE |
| | Newington | Connecticut | 06111 |
| | TELEPHONE | FAX | E-MAIL ADDRESS |
| | 860-972-4231 | 860-972-9025 | barbara.durdy@hhchealth.org |
| RELATIONSHIP TO APPLICANT | Employee | | |

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

| | | | |
|---------------------------|------------------------------------|---------------------|-------------------------------------|
| Prepared by | NAME | | TITLE |
| | Barbara A. Durdy | | Director, Strategic Planning |
| | STREET & NUMBER | | |
| | 181 Patricia M. Genova Blvd | | |
| | TOWN | STATE | ZIP CODE |
| | Newington | Connecticut | 06111 |
| | TELEPHONE | FAX | E-MAIL ADDRESS |
| | 860-972-4231 | 860-972-9025 | barbara.durdy@hhchealth.org |
| RELATIONSHIP TO APPLICANT | Employee | | |

HARTFORD HEALTHCARE
 ATTN: ACCOUNTS PAYABLE
 PO BOX 5037
 HARTFORD, CT 06102-5037

COPY

51-57
 119

Check Number
021908
 Bank of America

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

Five hundred and 00/100 Dollars

Pay to the order of

TREASURER, STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF HEALTH SYSTEMS REGULATI
 P.O. BOX 1080
 HARTFORD, CT 06143--108

Date

01/14/2016

Payment Amount

*****\$500.00

VOID AFTER 90 DAYS

Richard A. Seys

THE BACK OF THIS DOCUMENT CONTAINS LAID LINES AND AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

⑈021908⑈ ⑆011201539⑆ 002220269260⑈

TREASURER, STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF HEALTH SYSTEMS REGULATI
 P.O. BOX 1080
 HARTFORD, CT 06143--108

Entity

30100

Vendor ID / Location

1000004913

Check Number

021908

HARTFORD HEALTHCARE

| Invoice Number | Invoice Date | Gross Amount | Discount Amount | Withholding Amount | Net Amount |
|--|--------------|--------------|-----------------|--------------------|------------|
| C100007148550000 HOCC CON APPLICATION | 12/17/2015 | 500.00 | | | 500.00 |

0004 (01/28/16)

TOTALS

\$500.00

0.00

0.00

\$500.00

Affidavit

Applicant: Hospital of Central Connecticut

Project Title: Relocation of Linear Accelerators

I, Lucille Janatka, Senior Vice President, Hartford HealthCare and President, Hartford HealthCare Central Region, being duly sworn, depose and state that the Hospital of Central Connecticut complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.


Signature

1/28/16
Date

Subscribed and sworn to before me on 1/28/16



Notary Public/Commissioner of Superior Court

My commission expires: 4/30/2017

GENERAL AFFIDAVIT

As a resident in the county Hartford within the state of Connecticut,
Leigh Ann Fletcher personally approached me, the undersigned Notary, and
made his/her sworn testimony in a general affidavit, that the following statement is
completely factual and true to the best of his/her belief and knowledge.

Statement:

I Leigh Ann Fletcher, being duly sworn on oath now and during all time herein stated,
have been the publisher or designated agent of the publication known as the New Britain
Herald and have full knowledge of the facts herein stated as follows:
The ad for Hospital of Central CT with insertion order number 023075 ran full circulation
on the days of 9, 10, 11 of November, 2015.

Affiant Signature: *Leigh Ann Fletcher*
Date Signed: the 17 of Nov. 2015

Sworn and subscribed to before me on this day, 17th of NOVEMBER 2015

Anna R. Lichniak
Notary Public

ANNA R. LICHNIAK
NOTARY PUBLIC
MY COMMISSION EXPIRES JULY 31, 2019

**Public Notice Filing for Hospital of Central Connecticut
Relocation of Linear Accelerators**

Statutory Reference: Connecticut General Statutes §19a-638
Applicant: Hospital of Central Connecticut
Project Address: The Hospital of Central Connecticut
Cancer Center
183 North Mountain Road
New Britain, Connecticut 06050

Proposal: The Applicant intends to file a
Certificate of Need application with the
State of Connecticut Office of Health
Care Access to relocate 2 linear
accelerators from its main hospital
campus to its new cancer center
located in New Britain, CT.

Capital Expenditure: \$2,209,339

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.

As part of its cancer treatment services, the Hospital of Central Connecticut (“HOCC”) operated 3 linear accelerators (“Linacs”) on its main campus in New Britain, Connecticut. HOCC constructed and opened a new cancer center (the “Cancer Center”) in New Britain, Connecticut in April of 2015. With the opening of the Cancer Center, all of HOCC’s radiation therapy treatment services will be relocated to and provided in one state-of-the-art location, the Cancer Center.

Accordingly, HOCC is now seeking approval for the relocation of 2 of its Linacs from the main campus to the Cancer Center. A third and outdated Linac, will be dismantled and taken off-line.

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.**

As part of its cancer treatment services, the Hospital of Central Connecticut (“HOCC” or “Applicant”) operated 3 linear accelerators (“Linacs”) on its main campus in New Britain, Connecticut.

In April of 2015, HOCC completed its construction of and opened a new cancer center located at 183 North Mountain Road, New Britain, CT (the “Cancer Center”), which is only 2.3 miles away from HOCC’s main campus. The Cancer Center is an outpatient hospital department of HOCC and operates as part of and under HOCC’s hospital license issued by the Connecticut Department of Public Health. Moreover, the geographic area and patients to be served by HOCC at the Cancer Center remain unchanged.

The newly built Cancer Center is an extension of Hartford HealthCare’s clinical integration with Memorial Sloan Kettering and offers centralized cancer care that encompasses all outpatient areas of cancer care including treatment, detection, prevention, support and research. In addition, HOCC provides advanced programs on-site at the Cancer Center for breast, colon, gynecologic, lung, and prostate cancers. The Cancer Center has over 64,000 square feet of clinical and medical office space focused on the cancer care needs of the Greater New Britain community, making it easily the largest facility dedicated to cancer care in the region. A portion of this clinical space will be dedicated to the provision of state-of-the-art radiation therapy featuring the most advanced technology, including intensity modulated radiation therapy and radiosurgery. Such radiation therapy and radiosurgery services are provided via linear accelerators or “Linacs”.

With the opening of the Cancer Center, and the relocation of all of HOCC’s radiation therapy cancer treatment services to the Cancer Center, HOCC now seeks approval for the relocation of 2 of its Linacs from the main campus to the Cancer Center (the “Application” or “Proposal”). A third and outdated Linac will be dismantled and taken off-line. The details with respect to each of these 3 Linacs is provided below.

- Varian 2100C Linac: In April of 2015, the Varian 2100C Linac was replaced by a TrueBeam STX Linac (the “TrueBeam Linac”) and HOCC relocated the TrueBeam Linac to the Cancer Center in accordance with its plan to relocate all radiation therapy services to the Cancer Center. The Varian 2100C was dismantled and taken off-line once the TrueBeam Linac was assembled.

- Varian 21EX Linac: In June of 2015, HOCC dismantled its Varian 21EX Linac and reassembled and relocated it to the Cancer Center.
- Novalis Linac: HOCC plans to dismantle and take this Linac off-line in February of 2016. All of the Novalis Linac will be taken off-line and disposed of except for one component known as the “exact-track” component. More specifically, the Applicant will take the “exact-track” component and add it to its TrueBeam Linac. With this component and the correlating software from Varian Medical Systems, the Applicant will be able to provide the most advanced radiation therapy cancer services available to its patients including, without limitation, treatments for super-complex brain and lung cancers.

SUMMARY

| | | |
|-------------------------|--------------------------------|--|
| | Varian 2100C Linac | <ul style="list-style-type: none"> • Replaced by TrueBeam Linac and relocated to the Cancer Center • Dismantled and taken off-line |
| | Varian 21EX Linac | <ul style="list-style-type: none"> • Relocated to the Cancer Center |
| | Novalis Linac | <ul style="list-style-type: none"> • Will be dismantled and taken off-line • Exact-track component transferred to TrueBeam Linac |
| Totals/Locations | 0 Linacs on Main Campus | 2 Linacs at Cancer Center |

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

- In April of 2015, HOCC completed construction of its Cancer Center.
- In April of 2015, HOCC commenced the process of relocating its radiation therapy services and program to the Cancer Center by replacing its Varian 2100C Linac and relocating the replacement Linac (i.e. the TrueBeam Linac) to the Cancer Center.
- In June of 2015, HOCC’s Varian 21EX Linac was dismantled and relocated to and reassembled at the Cancer Center.
- HOCC plans on dismantling the Novalis Linac in February of 2016 and taking said Linac off-line except for its “exact-track” component which will be transferred to and made a part of the TrueBeam Linac.

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;

Not applicable. The Proposal is for the relocation of equipment. The Applicant is not adding, terminating or modifying services.

- 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);

Not applicable. The Proposal is for the relocation of equipment. The Applicant is not adding, terminating or modifying services.

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

Not applicable. There will be no change in licensure or the need for additional licenses as a result of this Proposal. As mentioned above, the Cancer Center is located in New Britain and is an outpatient department of HOCC and operated under HOCC's hospital license.

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

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

Please see Exhibit 2 attached hereto for a copy of HOCC's license issued by the State of Connecticut Department of Public Health.

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

List of Key Personnel:

- Neal B. Goldberg, M.D.
- Donna Handley
- Gene Cardarelli
- Kristoffer J. Popovitch
- Tracy Bielert
- George Pavlonnis

Please see Exhibit 3 for their related CVs.

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

- **Oncology Issues (January/February 2012) - "Future Trends in Cancer Care Delivery 2011 to 2012"**: This article indicates that "over the next decade,

technology and innovation will impact cancer service utilization in several ways”. For example, new therapeutic options will be made available such as stereotactic body radiotherapy (“SBRT”) for lung cancer patients that are not candidates for surgery. These new SBRT treatments, which will be made available to HOCC’s patients via HOCC’s new TrueBeam Linac and Exact-Track component, will reduce dose to healthy tissues, which can reduce the incidence of unwanted adverse events. In addition, SBRT will reduce the amount of treatment sessions a patient must undergo and it is projected that SBRT treatments will experience a 151% increase in volumes “as adoption of this technology increases and clinical indications expand”. Please see Exhibit 4 for a copy of this article.

- **“Under One Roof - Local Projects Reflect the Evolution of Cancer Center”:** This article explains the trends and benefits of having your cancer services located in one location (i.e. under one roof). This is the same formula that HOCC’s Cancer Center is implementing. Please see Exhibit 4 for a copy of this article.

d. letters of support for the proposal;

Please see Exhibit 5 attached hereto for the letters in support of the Proposal.

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

Not applicable. There are no new Standard of Practice Guidelines that will be utilized in relation to this Proposal.

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

Not applicable.

Public Need and Access to Care

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

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

This proposal is consistent with policies and standards set forth in Connecticut General Statute Section 19a-639(a)(1) because the Proposal will be subject to OHCA’s prior approval and the Linacs will provide higher quality radiation therapy services and greater population health outcomes for the Applicant’s patients.

§ "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.

This project aligns with the Statewide Health Care Facilities and Services Plan by ensuring that cost-effective and efficient radiation therapy services are available to support the needs of the greater Hartford community and to support the advancement of high quality, well-coordinated cancer care.

§ "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;

The population to be served is the same population currently served by HOCC on its main campus. This includes patients residing within the Applicant's primary service area as well as patients referred from outside of HOCC's primary and secondary service areas.

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

The target population was served at HOCC's main campus and will continue to be served at its Cancer Center.

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

There is a clear public need for the Linacs at the Cancer Center for the following reasons:

- The Linacs will provide medically necessary radiation therapy and radiosurgery services to the new Cancer Center and its patients.
- Radiation therapy services are a principal and essential treatment modality for many types of cancer that members of HOCC's community are dealing with and need treatment for including, but not limited to, breast, prostate, brain and lung cancer.
- There are no other Linacs or radiation therapy service providers in HOCC's primary service area.
- As reflected in the response to Question 8.e. below, the incidence and consequences of cancer to the citizens of Connecticut are significant and the need for the best available cancer treatments is vital.
- The TrueBeam Linac is widely known as the "Cadillac" of all Linacs. The True Beam Linac, in combination with its exact-track component, will allow HOCC to provide patients with more effective and efficient care. For example, the TrueBeam Linac will permit HOCC to provide patients with a shorter course of treatment whereby they will only need to come to HOCC 5 consecutive days instead of 30 for the same ailments. As a result, treatments will be much more convenient for patients. In addition, the TrueBeam Linac will be able to treat the

most complicated lung and brain cancers via its exact-track function.

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

During the planning stages for the new Cancer Center, HOCC used 3 main criteria for the Cancer Center's location. Namely, (1) that the Cancer Center be proximate to HOCC; (2) the location/land/building would be large enough to accommodate all of the outpatient cancer treatment services in one location; and (3) the location would provide patients, who are often frail or debilitated because of their cancer or the treatment they are receiving, with convenient access to the Cancer Center and parking.

As part of its plan to combat cancer, HOCC and the Hartford HealthCare System as a whole, has established locations such as the Cancer Center that focus on improving the continuity of care and overall treatment experience for patients by, for example, having physician offices and other related services that are necessary for a patient's cancer treatment in one centralized location. For example, a patient undergoing radiation therapy may need to go for daily radiation treatments for 5 or 6 weeks. Having the patient's physicians, radiation and other ancillary services in one location will be much more convenient for patients dealing with very stressful situations and debilitating conditions and, thus, improve the overall patient treatment experience and services.

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

- **Connecticut Department of Public Health Report - "Healthy Connecticut 2020"**
 - "Cancer is the second leading cause of death in Connecticut, where 1 in 2 males and 1 in 3 females will be diagnosed with cancer at some point in their life."
 - Please see http://www.ct.gov/dph/lib/dph/state_health_planning/shipment/hct2020/hct2020_state_hlth_impv_032514.pdf
- **Connecticut Department of Public Health - "Connecticut State Health Assessment: Preliminary Findings" (January 31, 2013)**
 - Overall, the second leading cause of death in Connecticut (2009) was Cancer.
 - Cancer is the leading cause of death in Connecticut for persons between the ages of 35 - 64.
 - Please see http://www.ct.gov/dph/lib/dph/state_health_planning/shipment/coalition_kickoff/ct_sha_prelim_rev020413.pdf
- **Connecticut Department of Public Health Report - "Connecticut Cancer Plan, 2014 - 2017" and Letter to Honorable Dannel Malloy, Members of the Connecticut General Assembly and All Residents of Connecticut (December 2013)**
 - "In 2010, the state had the fifth highest cancer incidence rate in the nation."
 - "We expect that more than 21,000 cancers will be diagnosed in Connecticut residents next year and almost 7,000 Connecticut residents will die of the disease."
 - Please see http://www.ct.gov/dph/lib/dph/comp_cancer/ct_cancer_plan_2014_-

- **Connecticut Department of Public Health Report -“Cancer in Connecticut: A Report on the Burden of Cancer in the State” (July 2014)**
 - “From 2006 to 2010, 100,651 new cancers were diagnosed in Connecticut. The incidence rate of all invasive cancers was 567 per 100,000 persons in men, and 452 per 100,000 persons in women.”
 - “From 2006-2010, 34,083 Connecticut residents died from their cancers. The mortality rate of all cancers was 202 per 100,000 persons in men, and 145 per 100,000 persons in women.”
 - Please see http://www.ct.gov/dph/lib/dph/Cancer_in_CT_report_final.pdf

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

Underserved patient populations including low income persons, racial and ethnic minorities, and disabled persons will benefit by having medically necessary radiation therapy and radiosurgery services available in a location proximate to where they receive their cancer treatment services.

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

Not applicable as HOCC will continue to provide radiation therapy services.

h. explain how access to care will be affected;

Access to cancer care will be improved as HOCC will offer many types of cancer care services in one centralized location. In addition, the Cancer Center’s parking and plan design offer patients with more convenient access to care. For example, the Cancer Center provides improved access on a bus route, ground level entry and easy parking. This is important as most patients receiving cancer care services are very weak or debilitated from their cancer and/or the treatments they are receiving. Finally, the Cancer Center is an outpatient department of the Hospital and all patients, as they did on the main campus, will have access to the cancer care services provided at the Cancer Center.

i. discuss any alternative proposals that were considered.

Not applicable as HOCC’s plan and intent was always to have its cancer treatment services in one location and, thus, the only and best option was to have the Linacs relocated to the Cancer Center.

§ “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;

The quality of health care in the region will be improved because HOCC will be able to provide the most advanced radiation treatment services available to providers today. More specifically and as discussed above in this Application, the TrueBeam Linac will permit HOCC to provide higher quality care via shorter treatment cycles, more focused and stronger radiation therapy doses, and the ability to treat complex and deadly lung and brain cancers.

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

The Cancer Center is an outpatient department of the Hospital and all patients, as they did on the main campus, will have access to the cancer care services provided at the Cancer Center.

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

- Radiation therapy and radiosurgery services will be better coordinated and integrated into the care plan for patients at the Cancer Center and, thus, the care provided will be more cost effective.
- As stated above, the Applicant will eliminate one of its Linacs and reduce its overall number of Linacs from 3 to 2. This will reduce HOCC's operation costs via the elimination of costs and expenses associated with operating a 3rd Linac including a service agreement to maintain a 3rd Linac.
- Having the patient's physicians in a single/centralized location makes for the experience to be more efficient, saving time and money traveling from site to site and often provides same day appointments.

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)?

The newly built Cancer Center is an extension of Hartford HealthCare's clinical integration with Memorial Sloan Kettering and offers centralized cancer care that encompasses all outpatient areas of cancer care including treatment, detection, prevention, support and research. In addition, HOCC provides advanced programs on-site at the Cancer Center for breast, colon, gynecologic, lung, and prostate cancers. The Cancer Center has over 64,000 square feet of clinical and medical office space focused on the cancer care needs of the Greater New Britain community, making it easily the largest facility dedicated to cancer care in the region. A portion of this clinical space will be dedicated to the provision of state-of-the-art radiation therapy featuring the most advanced technology, including intensity modulated radiation therapy and radiosurgery. All such services will be coordinated and provided in one centralized location (i.e. the Cancer Center).

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

The Cancer Center is a department of HOCC and, thus, patients including Medicaid patients, will be subject to HOCC's Charity Care Policy, which provides for the provision of services to patients covered by Medicare and Medicaid, as well as providing free or reduced charge services to the poor or indigent on the basis of ability to pay. Please see Exhibit 6 for a copy of HOCC's charity care policy.

§ "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.

Not applicable. This Proposal will not reduce access to services for Medicaid patients.

§ "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.

Not applicable. There will be no changes to the HOCC's price structure for radiation therapy or radiosurgery services as a result of this Proposal as HOCC will continue to bill for said services as a hospital based outpatient service.

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.

The proposed relocation will improve the financial strength of the State's health care system for the following reasons:

- Radiation therapy and radiosurgery services will be better coordinated and integrated into the care plan for patients at the Cancer Center and, thus, the care provided will be

more cost effective.

- As stated above, the Applicant will eliminate one of its Linacs and reduce its overall number of Linacs from 3 to 2. This will reduce HOCC's operation costs via the elimination of costs and expenses associated with operating a 3rd Linac including a service agreement to maintain a 3rd Linac.

15. Provide a final version of all capital expenditure/costs for the proposal using [OHCA Table 3](#).

Please see OHCA [Table 3](#).

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.

HOCC intends to fund the Proposal from HOCC's own funds.

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;**

HOCC'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.**

Please see [Exhibit 7](#) for Financial Worksheet A.

18. Complete [OHCA Table 4](#) utilizing the information reported in the attached Financial Worksheet.

Please see OHCA [Table 4](#).

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

HOCC operations (before CON proposal) were calculated by using actual FY16 budget, as well as the HOCC 5-Year Forecast for FY16-FY19. For the CON proposal impact, average net patient revenue per treatment was determined by working directly with actual HOCC data. Average net patient revenue was determined based on payer category by reviewing actual FY15 payments for HOCC Linac treatments. Once average net patient revenue numbers were ascertained by payer, the averages were applied to the associated incremental volume increase presented in OHCA Table 7 to determine projected revenue impact.

Annual depreciation for the Proposal’s capital cost was calculated by dividing the total cost of \$2,209,339 by a useful life of 10 years. Additional variable costs were considered and determined based on each incremental Linac treatment, using actual FY15 HOCC cost data generated from the FY15 HOCC budget variance report. Variable costs considered per treatment include allocations for categories such as supplies and various contracted services. Starting FY17, when incremental volume begins to exceed 1,000 treatments, HOCC proposes adding 1 clinical FTE (radiation therapist) and 1 administrative FTE (receptionist / registrar) at competitive salaries and benefits.

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

Not applicable as the Applicant does not project any incremental losses from operations as a result of this Proposal.

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

Breakeven Analysis

| Treatments Needed for Breakeven | FY16 | FY17 | FY18 | FY19 |
|---------------------------------|------|------|------|------|
| Linac Treatments | 452 | 759 | 768 | 781 |

**Indicates number of treatments necessary to show incremental gain from operations*

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))

22. 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.

Please see OHCA Table 5 and Table 6 for historical and projected volumes.

23. 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 5 and 6.

Volume projections are based on the last half year of FY 2015. The rapid growth realized due to improved access of two Linacs as well as the new location with easier ground level parking and nearby highway access.

Additionally, the study, published in the October 18, 2010 issue of The Journal of Clinical

Oncology, estimates that over the next decade, the number of cancer patients requiring radiation therapy will increase by 22 percent. Please see Exhibit 8 for a copy of this article. In response to this growing need and the advanced technology in a new cancer center, the radiation therapy department at HOCC conservatively projects a 4% increase in volumes in fiscal year 16 and 2% annually in the subsequent 3 years.

The radiation therapy volumes at HOCC increased sharply by 8% in fiscal year 2015 as a result of the opening of new Cancer Center and the increase in marketing of the services and technology. The coordination of care has attracted patients to the Cancer Center and referring physicians have taken notice of the improved services for oncology patients.

The ease of access and having the services in a single location has attracted patients from the surrounding communities, increasing the consults and treatments. The advanced technology in the linear accelerator affords the patients the opportunity to receive their treatment locally, close to home. This allows the patient the comfort of a shorter drive, having their physicians close by. Additionally, the alliance with Memorial Sloan Kettering has increased public awareness of the service excellence HOCC provides through the standardization in care and the offering of advanced clinical trials.

After conducting an analysis of the service area, the HOCC Radiation Therapy Department determined there has been an increase in the number of patients utilizing the radiation therapy services. The residents of the primary service area of HOCC which includes New Britain, Plainville, Southington, Berlin and Newington have increased the utilization of the new Cancer Center and the radiation therapy department as follows:

- Southington 34% increase in fiscal year 15 compared to fiscal year 14
- New Britain 41% increase in the second half of the fiscal year compared to the first 6 months
- Plainville 48% increase in the second half of the fiscal year compared to the first 6 months
- Berlin 15% increase in the second half of the fiscal year compared to the first 6 months and a 43% in fiscal year 15 compared to fiscal year 14
- Newington 33% increase in the second half of the fiscal year compared to the first 6 months and 13% increase in fiscal year 15 compared to fiscal year 14

24. 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.

Please see OHCA Table 7.

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

25. 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.

- **Connecticut Department of Public Health Report - “Healthy Connecticut 2020”**
 - “Cancer is the second leading cause of death in Connecticut, where 1 in 2 males and 1 in 3 females will be diagnosed with cancer at some point in their life.”
 - Please see http://www.ct.gov/dph/lib/dph/state_health_planning/shipment/hct2020/hct2020_state_hlth_impv_032514.pdf
- **Connecticut Department of Public Health - “Connecticut State Health Assessment: Preliminary Findings” (January 31, 2013)**
 - Overall, the second leading cause of death in Connecticut (2009) was Cancer.
 - Cancer is the leading cause of death in Connecticut for persons between the ages of 35 - 64.
 - Please see http://www.ct.gov/dph/lib/dph/state_health_planning/shipment/coalition_kickoff/ct_sha_prelim_rev020413.pdf
- **Connecticut Department of Public Health Report - “Connecticut Cancer Plan, 2014 - 2017” and Letter to Honorable Dannel Malloy, Members of the Connecticut General Assembly and All Residents of Connecticut (December 2013)**
 - “In 2010, the state had the fifth highest cancer incidence rate in the nation.”
 - “We expect that more than 21,000 cancers will be diagnosed in Connecticut residents next year and almost 7,000 Connecticut residents will die of the disease.”
 - Please see http://www.ct.gov/dph/lib/dph/comp_cancer/ct_cancer_plan_2014_-_2017.pdf
- **Connecticut Department of Public Health Report - “Cancer in Connecticut: A Report on the Burden of Cancer in the State” (July 2014)**
 - “From 2006 to 2010, 100,651 new cancers were diagnosed in Connecticut. The incidence rate of all invasive cancers was 567 per 100,000 persons in men, and 452 per 100,000 persons in women.”
 - “From 2006-2010, 34,083 Connecticut residents died from their cancers. The mortality rate of all cancers was 202 per 100,000 persons in men, and 145 per 100,000 persons in women.”
 - Please see http://www.ct.gov/dph/lib/dph/Cancer_in_CT_report_final.pdf

26. 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.

Please see OHCA Table 8.

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

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

Please see OHCA Table 9.

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

There will be no impact on existing providers as HOCC will be using the Linacs at the Cancer Center to serve its existing patient population.

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

Outpatients who require radiation therapy or radiosurgery services as part of their episode of care are referred by their attending physician.

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

There will be no change in existing referral patterns as a result of this Proposal.

§ *“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))*

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

Not applicable. HOCC is relocating its Linacs and not requesting additional Linacs. The Linacs will serve its existing patient population and permit HOCC to provide higher quality care at the Cancer Center. In addition, it should be noted that overall, HOCC is decreasing its number of Linacs from 3 to 2.

§ "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))

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

Not applicable. The Linacs will serve its existing patient population and permit HOCC to provide higher quality care at the Cancer Center.

Tables

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

| Service | Street Address, Town | Population Served | Days/Hours of Operation | New Service or Proposed Termination |
|----------------|-----------------------------|--------------------------|--------------------------------|--|
| | | | | |

[\[back to question\]](#)

**TABLE 2
SERVICE AREA TOWNS**

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

| Town* | Reason for Inclusion |
|--------------|-----------------------------|
| | |

* Village or place names are not acceptable.

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**TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE**

| Purchase/Lease | Cost |
|--|--------------------|
| Equipment (Medical, Non-medical Imaging) | |
| Land/Building Purchase* | |
| Construction/Renovation** | \$1,350,339 |
| Other (specify) | \$859,000 |
| Total Capital Expenditure (TCE) | \$2,209,339 |
| Lease (Medical, Non-medical Imaging)*** | |
| Total Capital Cost (TCO) | \$2,209,339 |
| Total Project Cost (TCE+TCO) | \$2,209,339 |

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

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

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

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**TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

| High Level Summary | FY16 | FY17 | FY18 | FY19 |
|--|------------------|------------------|-------------------|-------------------|
| Revenue from Operations (after bad debt) | \$ 318,611 | \$ 465,450 | \$ 538,809 | \$ 613,686 |
| Total Operating Expenses | 257,709 | 424,478 | 437,358 | 450,858 |
| Gain/Loss from Operations | \$ 60,902 | \$ 40,973 | \$ 101,452 | \$ 162,828 |

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

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**TABLE 5
HISTORICAL UTILIZATION BY SERVICE**

| Service** | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* |
|--------------|---|-------------|-------------|-------------|
| | FY 2013*** | FY 2014*** | FY 2015*** | FY 2016*** |
| EX | 5902 | 5628 | 3774 | 856 |
| TrueBeam | 0 | 0 | 2685 | 694 |
| 2100C | 101 | 479 | 154 | |
| Novalis | 684 | 229 | 246 | 5 |
| Total | 6687 | 6336 | 6859 | 1558 |

* 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.

THOCC fiscal year is from October-September. The CFY Volume reported above in Table 5 is for the months of October and November. The volume in the first two months of the current fiscal year is 35% ahead of budget, 56% ahead of FY15 YTD and 24% ahead of FY14 YTD.

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**TABLE 6
PROJECTED UTILIZATION BY SERVICE**

| Service* | Projected Volume | | |
|--------------|------------------|-------------|-------------|
| | FY 2017** | FY 2018** | FY 2019** |
| EX | 3328 | 3395 | 3462 |
| TueBeam | 3928 | 4007 | 4087 |
| Novalis | | | |
| Total | 7256 | 7401 | 7549 |

* 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.

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**TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX**

| Payer | Current | | Projected | | | | | | | | | |
|-----------------------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--|--|
| | FY14 | | FY16 | | FY17 | | FY18 | | FY19 | | | |
| | Treatments | % | | |
| Medicare* | 3,554 | 56% | 3,908 | 56% | 4,070 | 56% | 4,152 | 56% | 4,235 | 56% | | |
| Medicaid* | 701 | 11% | 771 | 11% | 803 | 11% | 819 | 11% | 835 | 11% | | |
| CHAMPUS & TriCare | - | 0% | - | 0% | - | 0% | - | 0% | - | 0% | | |
| Total Government | 4,255 | 67% | 4,678 | 67% | 4,873 | 67% | 4,971 | 67% | 5,070 | 67% | | |
| Commercial Insurers | 2,003 | 32% | 2,202 | 32% | 2,294 | 32% | 2,339 | 32% | 2,386 | 32% | | |
| Uninsured | 78 | 1% | 86 | 1% | 89 | 1% | 91 | 1% | 93 | 1% | | |
| Workers Compensation | - | 0% | - | 0% | - | 0% | - | 0% | - | 0% | | |
| Total Non-Government | 2,081 | 33% | 2,287 | 33% | 2,383 | 33% | 2,430 | 33% | 2,479 | 33% | | |
| Total Payer Mix | 6,336 | 100% | 6,966 | 100% | 7,256 | 100% | 7,401 | 100% | 7,549 | 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.

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**TABLE 8
UTILIZATION BY TOWN**

| Town of the number of consultations for radiation therapy. The consults translate into the total number of treatments outlined in table 5 | | Utilization FY 2015 |
|---|-------|---------------------|
| AVON | 06001 | 1 |
| BLOOMFIELD | 06002 | 1 |
| BRISTOL | 06010 | 32 |
| BURLINGTON | 06013 | 5 |
| CANTON | 06019 | 1 |
| COLLINSVILLE | 06022 | 0 |
| EAST BERLIN | 06023 | 4 |
| FARMINGTON | 06032 | 8 |
| GRANBY | 06035 | 1 |
| BERLIN, KENSINGTON | 06037 | 43 |
| MANCHESTER | 06040 | 3 |
| NEW BRITAIN | 06050 | 1 |
| NEW BRITAIN | 06051 | 57 |
| NEW BRITAIN | 06052 | 8 |
| NEW BRITAIN | 06053 | 65 |
| PLAINVILLE | 06062 | 42 |
| ROCKY HILL | 06067 | 1 |
| SIMSBURY | 06070 | 1 |
| SOUTH GLASTONBURY | 06073 | 1 |
| SOUTH WINDSOR | 06074 | 1 |
| UNIONVILLE | 06085 | 4 |
| EAST WINDSOR | 06088 | 1 |
| WINDSOR | 06095 | 2 |
| WEST HARTFORD | 06107 | 4 |
| WETHERSFIELD | 06109 | 2 |
| WEST HARTFORD | 06110 | 1 |
| NEWINGTON | 06111 | 35 |
| HARTFORD | 06114 | 3 |
| EAST HARTFORD | 06118 | 1 |
| HARTFORD | 06120 | 0 |
| ANDOVER | 06232 | 1 |
| BROOKLYN | 06234 | 0 |
| DANIELSON | 06239 | 1 |
| POMFRET CENTER | 06259 | 1 |
| JEWETT CITY | 06351 | 1 |
| NORWICH | 06360 | 1 |
| OAKDALE | 06370 | 0 |

| | | |
|----------------|-------|----|
| TAFTVILLE | 06380 | 0 |
| VOLUNTOWN | 06384 | 0 |
| CHESHIRE | 06410 | 4 |
| CLINTON | 06413 | 1 |
| COLCHESTER | 06415 | 1 |
| CROMWELL | 06416 | 5 |
| KILLINGWORTH | 06419 | 1 |
| SALEM | 06420 | 1 |
| DURHAM | 06422 | 0 |
| EAST HAMPTON | 06424 | 1 |
| IVORYTON | 06442 | 0 |
| MERIDEN | 06450 | 6 |
| MERIDEN | 06451 | 1 |
| MIDDLETOWN | 06457 | 2 |
| MILLDALE | 06467 | 1 |
| MOODUS | 06469 | 0 |
| NORTH BRANFORD | 06471 | 0 |
| OLD SAYBROOK | 06475 | 1 |
| PLANTSVILLE | 06479 | 16 |
| PORTLAND | 06480 | 4 |
| SANDY HOOK | 06482 | 0 |
| SHELTON | 06484 | 1 |
| SOUTHBURY | 06488 | 1 |
| SOUTHINGTON | 06489 | 62 |
| WALLINGFORD | 06492 | 0 |
| WESTBROOK | 06498 | 1 |
| HAMDEN | 06514 | 0 |
| NAUGATUCK | 06704 | 0 |
| WATERBURY | 06705 | 3 |
| WATERBURY | 06708 | 1 |
| WATERBURY | 06710 | 1 |
| PROSPECT | 06712 | 0 |
| WOLCOTT | 06716 | 1 |
| BETHLEHEM | 06751 | 0 |
| NAUGATUCK | 06770 | 0 |
| OAKVILLE | 06779 | 0 |
| PLYMOUTH | 06782 | 1 |
| TERRYVILLE | 06786 | 2 |

* 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.

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

| Service or Program Name | Population Served | Facility ID* | Facility's Provider Name, Street Address and Town | Hours/Days of Operation | Current Utilization |
|-------------------------|-------------------|--------------|---|-------------------------|---------------------|
| **** | **** | **** | **** | **** | **** |

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

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****HOCC's Primary Service Area or PSA consists of New Britain, Southington, Berlin, Newington, and Plainville. To the best of the Applicant's knowledge, there are no providers in HOCC's PSA that operate a linear accelerator.

Exhibit 1

Internal Revenue Service
Director, Exempt Organizations

Department of the Treasury
P.O. Box 2508
Cincinnati, Ohio 45201

Date:

JUN 26 2007

The Hospital of Central Connecticut
at New Britain General and
Bradley Memorial
100 Grand Street
New Britain, CT 06050

Person to Contact - ID#:

Gwen Shaw - 75078

Contact Telephone Numbers:

877-829-5500 Phone

513-263-3756 FAX

Federal Identification Number:

06-0646768

Dear Sir or Madam:

By our determination dated January, 1937, you were held to be exempt from Federal Income Tax under the provisions of section 501(c)(3) of the Internal Revenue Code.

You recently furnished us information that New Britain General Hospital merged with Bradley Memorial Hospital and Health Center Inc on October 1, 2006. New Britain General Hospital which was the surviving organization changed its name to The Hospital of Central Connecticut at New Britain General and Bradley Memorial. Based on the information submitted, we have determined that the merger does not affect your exempt status. The organization will continue using Employer Identification Number 06-0646768.

Please let us know about any further changes in the character, purposes, method of operation, name or address of your organization.

If you have any questions regarding this matter, please contact the person whose name and telephone number appear in the heading of this letter.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Exhibit 2

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0052

General Hospital

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

The Hospital of Central Connecticut at New Britain General and Bradley Memorial of New Britain, CT d/b/a The Hospital of Central Connecticut is hereby licensed to maintain and operate a General Hospital.

The Hospital of Central Connecticut is located at 100 Grand Street, New Britain, CT 06052-2008.

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

32 Bassinets

414 General Hospital Beds

This license expires **December 31, 2016** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, January 1, 2015.

Satellites:

Hispanic Counseling Center, 73 Cedar Street, New Britain, CT

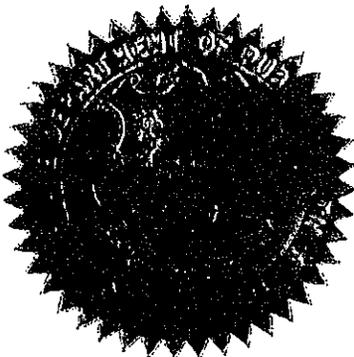
The Hospital of Central Connecticut at Bradley Memorial, 81 Meriden Ave., Southington, CT

Outpatient Psychiatry and Behavioral Health, 73 Cedar Street, New Britain, CT

*Hartford Healthcare Cancer Institute at the Hospital of Central CT, 183 North Mountain Road,
New Britain, CT

License revised to reflect:

*Added (1) Satellite effective 3/16/15



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

Exhibit 3

CURRICULUM VITAE
NEAL B. GOLDBERG, M.D.

PERSONAL HISTORY

Home Address: 321 River Road
Deep River, CT 06417
(860) 767-8589

Business Address: Department of Radiation Oncology
The Hospital of Central Connecticut
183 North Mountain Road
New Britain, CT 06053
(860) 827-4161

Date of Birth: September 18, 1957

Place of Birth: Mount Vernon, New York

EDUCATION

1979 Johns Hopkins University, Baltimore, Maryland
B.A., Chemistry with General Honors

1983 College of Physicians and Surgeons
Columbia University, New York, New York
M.D.

INTERNSHIP

1983-1984 Columbia Presbyterian Medical Center,
New York, New York
Internship General Surgery

RESIDENCY

1984-1987 Yale University School of Medicine,
New Haven, Connecticut
Therapeutic Radiology Residency
Chief Resident, 7/86-6/87

Neal B. Goldberg, M.D. Curriculum Vitae (continued)

BOARD CERTIFICATION

1987 American Board of Radiology (Radiation Oncology)

MEDICAL LICENSURE

State of Connecticut (27368) 1986

MEDICAL SPECIALTY

Radiation Oncology

HOSPITAL AND ADMINISTRATIVE APPOINTMENTS

1987-1988 Attending Radiation Oncologist
Yale-New Haven Hospital
New Haven, Connecticut

1988-present Attending Radiation Oncologist
The Hospital of Central Connecticut
New Britain, Connecticut

1989-present Director of Radiation Oncology
The Hospital of Central Connecticut
New Britain, Connecticut

1988-present Attending Radiation Oncologist
Middlesex Hospital
Middletown, Connecticut

FACULTY APPOINTMENTS

1987-1988 Assistant Professor, Department of Therapeutic Radiology
Yale University School of Medicine
New Haven, Connecticut

1989-1996 Assistant Clinical Professor, Department of Radiology
University of Connecticut
Farmington, Connecticut

Neal B. Goldberg, M.D. Curriculum Vitae (continued)

MEMBERSHIP IN PROFESSIONAL SOCIETIES

American College of Radiology
American Society for Therapeutic Radiology and Oncology
American Society of Clinical Oncology
American College of Radiation Oncology

1993-2000 Radiation Oncology Representative to State
Executive Committee of American College of Radiology

1994-2000 Radiation Oncology Representative to Medicare Advisory Board

BIBLIOGRAPHY

Original Papers

Brisman, R. et al and Goldberg, N.B.: BCNU and steroids in the viral induced dog brain tumor. *Neurological Res.* Vol. 1, No. 2.

Goldberg, N.B. and Peschel, R.E.: Postoperative abdominopelvic radiation therapy for ovarian cancer. *Int. J. Rad. Oncol. Biol. Phys.* 12:129, 1986.

Haffty, B.G., Goldberg, N.B. et al: Primary radiation therapy for stage I non-small cell lung cancer. *Int. J. Rad. Oncol. Biol. Phys.* July 88, Vol. 15, No. 1.

Kramer, C., Peschel, R.E., Goldberg, N.B., et al: Radiation treatment of FIGO stage IVA carcinoma of the cervix. *Gynecologic Oncol.* Vol. 32, 323, 1989.

Haffty, B., Golberg, N.G., et al: Results of conservative surgery with radiation therapy in clinical stage I and II breast cancer. A 20 year experience. *Arch. Surg.* (In press.)

Haffty, B., Goldberg, N.B., et al: Conservative surgery and radiation therapy in breast Carcinoma: Local recurrence and prognostic implications. *Int. J. Rad. Oncol. Biol. Phys.* October 1989, Vol. 17, No. 4.

PRESENTATIONS

Goldberg, N.B., and Peschel, R.: Postoperative radiation therapy for ovarian cancer; 10 year results. (Presented at Proffered Paper Session, 1986 ASTRO meeting.)

Haffty, B.G., Goldberg, N.B., et al: Conservative surgery and radiation therapy in breast carcinoma: Local recurrence and prognostic implications. (Accepted for Proffered Paper Session, 1986 ASTRO meeting.)

CURRICULUM VITAE

DONNA M. HANDLEY, M.A., R.N., B.S.N.

HOSPITAL ADDRESS:

Vice President, Cancer Program
Helen & Harry Gray Cancer Center
Hartford Hospital
80 Seymour Street
Hartford, Connecticut 06102-5037
Tel: 860.545.4673
Fax: 860.545.4079
Cell: 860.716.2217

HOME ADDRESS:

161 Hunter Drive
West Hartford, CT 06107

EDUCATION:

2005 Siena Heights University
 Adrian, Michigan
 Master of Arts in Health Care Administration

1979 Northeastern University
 Boston, Massachusetts
 BSN

CERTIFICATION:

1996 Oncology Nursing Certification

EXPERIENCE:

September 2013 – Present

Vice President of Operations, Cancer Institute Hartford HealthCare

- Co-led the development of Memorial Sloan Kettering Cancer Alliance and Hartford HealthCare's charter membership
- Recruitment of Physician in Chief for Hartford HealthCare Cancer Institute
- Responsible for
 - Oncology service line development across five Hartford HealthCare acute care hospitals
 - Administrative responsibility for the managing the Memorial Sloan Kettering Cancer Alliance
 - Developing and maturing the Cancer Clinical Research enterprise across Hartford HealthCare

March 2009 – September 2013

Vice President, Cancer Program Hartford Hospital, Helen & Harry Gray Cancer Center

- Responsible for
 - service line development

- strategic plan development and implementation
- development of integrated oncology services across

October 2006 – March 2009

**Vice President, Clinical Services
St. John Hospital and Medical Center**

- Responsible for the following service lines:
 - Surgery
 - Cardiovascular Care
 - Pharmacy
 - Imaging
 - Oncology
 - Anesthesia
 - Perfusion
 - Neurodiagnostics

November 2007 - Present

**Executive Sponsor
Oncology Clinical Network
St. John Health**

- Responsible for directing and leading a systems approach to oncology care
- Develop and implement short and long term goals for the service line
- Develops a shared strategic vision to support the goals of the Health System

December 2002 – October, 2006

**Administrative Director Oncology Services
St. John Hospital and Medical Center**

- Responsible for oncology program operations and strategic planning
- New business development
- Continued primary responsibility for programs within the Van Elslander Cancer Center
- Participation in the development of St. John Health System Oncology Clinical Network.

August 2001 – December 2002

**Manager/Concierge
Van Elslander Cancer Center
St. John Hospital and Medical Center**

- Responsible for operational management of the cancer center, including property management and facility services staff
- Manager of Radiation Oncology
- Responsible for supervision of ancillary support services staff assigned to cancer center, such as imaging staff, lab staff, registration staff and maintenance and engineering

- Responsible for operations in the infusion center, acting as liaison between private practice physicians, pharmacy, administration and nurses
- Responsible for development of cancer center policies and procedures, including the infusion center and radiation oncology
- Responsible for annual operating and capital budget
- Clinical responsibility for coordinating of patient care, with the goal of integrating multi-disciplinary approaches of care to provide physical, emotional, psychological and spiritual care to patients
- Program development within the oncology product line
- Chairperson of service line meetings
- Assists in coordinating screening programs
- Responsible for leading multi-disciplinary JCAHO task force to a successful survey
- Responsible for developing and implementing common documentation forms within cancer center
- Liaison with St. John Health Foundation, Philanthropy

November 1999 – August 2001

**Clinical Project Manager
Van Elslander Cancer Center Capital Project
St. John Hospital and Medical Center**

- Member of Steering Committee
- Chair of Occupancy Planning Group
- Responsible for planning move of radiation therapy department from hospital to cancer center
- Responsible for Furniture, Fixture and Equipment budget and ordering of furniture and equipment for the cancer center
- Liaison with architects, design staff and construction crew
- Primary user representative for all clinical and operational issues as related to design and construction issues
- Organized the redesign of the Healing Arts Center, Breast Center and Radiation Oncology departments into a comprehensive program
- Coordinate with hospital departments to establish services for patients at the cancer center: valet, reception, patient registration, imaging services, laboratory, materials management, support services
- Responsible for structuring a practice model for nurses within the infusion center.
- Develop processes for delivery of patient services in the cancer center

December 1995 – November 1999

**Radiation Oncology Nurse
St. John Hospital and Medical Center**

- Responsible for primary care and education of patients in the Radiation Oncology Department
- Facilitator of Cancer Support Groups offered by St. John Hospital and Medical Center
- Coordinator of Look Good, Feel Better program at St. John Hospital and Medical Center, sponsored by the American Cancer Society

- Planning member of a patient education video, Cancer Care at St. John Hospital and Medical Center
- Team Leader of Radiation Oncology Continuous Quality Improvement

June 1993 – December 1995

**Medical Oncology Nurse
John Burrows, M.D.**

- Responsible for administration of chemotherapy and management of clinical services of a primary oncology practice
- Responsible for ordering chemotherapy and clinical supplies
- Responsible for maintaining Clia Standards in laboratory

September 1989 – June 1993

**Staff Nurse – Short Stay Unit
Bon Secours Hospital
Grosse Pointe, Michigan**

- Primarily caring for extended recovery patients, post-cardiac catheterization patients and inpatient chemotherapy patients
- Staff nurse representative on the Nursing Management Council

January 1984 – September 1989

**Staff Nurse
Massachusetts General Hospital
Boston, Massachusetts**

- Provided nursing care on a general surgical unit

September 1981 – July 1983

**Visiting Nurse
Laboure Visiting Nurse Service
South Boston, Massachusetts**

- Provided nursing care for the underprivileged
- Responsible for Health Promotion Program at Senior Citizen Centers

January 1976 – April 1981

**Staff Nurse
Massachusetts General Hospital
Boston, Massachusetts**

- Provided nursing care on a thoracic surgical step down after graduation from Northeastern University
- Northeastern University co-operative education student, working as a full-time student for six months each year, part-time the remaining six months, rotating throughout the hospital

FACULTY APPOINTMENT:

September 1988 – June 1989

Clinical Instructor
Aquinas Junior College
Milton, Massachusetts

PROFESSIONAL SOCIETIES:

American College Healthcare Executives
 Association of Cancer Executives
 Oncology Nursing Society
 Metropolitan Chapter Oncology Nursing Society
 ONS Radiation SIG Group
 Sigma Theta Tau - National Honor Society for Professional Nurses

COMMITTEES:

| | | |
|--------|---|----------------|
| Member | Cancer Committee | 1995 – Present |
| Member | QVLT (Quality Values Leadership Team) | 2003 - 2009 |
| Member | Bristol Myers Squibb Distinguished Faculty | 1996 – 2000 |
| Member | Metropolitan Detroit Coalition for Cancer Survivorship | 1997 - 2000 |
| Member | Oncology Improvement Council | 2001 – 2008 |
| Member | JCAHO Steering Committee | 2001 – 2009 |
| Member | Quality Committee of the Board | 2007 - 2009 |

BOARD MEMBERSHIP:

| | | |
|--------|-----------------------------|----------------|
| Member | Wigs 4 Kids | 2003 – 2009 |
| Member | Services for Older Citizens | 2008 - 2009 |
| Member | Leadership Greater Hartford | 2010 - present |

CURRICULUM VITAE

Gene Anthony Cardarelli, PhD, MPH, DABR, FAAPM, FACMP

Radiation Oncology/Helen and Harry Gray Cancer Center
Hartford Hospital
80 Seymour Street, PO Box 5037
Hartford, CT 06102-5037.
860-545-3886 Office
860-545-3882 Fax
860-519-8188 Cell
Gene.cardarelli@hhchealth.org

EDUCATION

Doctor of Philosophy Degree (**Ph.D.**) February 2006, University of Massachusetts Lowell, Massachusetts 02159, Biomedical Engineering & Biotechnology
Major Concentration: Medical Physics
Dissertation: "The Effects Of Small Field Dosimetry On The Biological Models Used In Evaluating IMRT Dose Distributions"

Masters of Science in Applied Physics (**M.S.**) February 1989, University of Massachusetts, Lowell, Massachusetts 02159
Major Concentration: Radiological Sciences and Protection
Thesis: "Investigation Of The Relative Surface Dose From Lipowitz Metal Tissue Compensators For 24 And 6 MV X-Ray Beams"

Master of Public Health (**M.P.H.**) May 1986, Boston University School Of Medicine Boston, Massachusetts 02118. Major Concentration: Environmental Health

Bachelor of Science (**B.S.**) May 1983, Boston College, Chestnut Hill, Massachusetts 02149. Major Concentration: Biology

PROFESSIONAL LICENSES AND BOARD CERTIFICATION

American Board of Radiology
Therapeutic Radiological Physics
(Awarded 1990)

Texas Board of Licensure for Professional Medical Physicists # MP 0383
Diagnostic Radiological Physics, Therapeutic Radiological Physics
Medical Health Physics, (1995 – 2011).

Commonwealth of Massachusetts Department of Health
Installation and Servicing of X-ray Equipment
Calibration, Personal Dosimetry, Shielding, Diagnostic, Therapy.

(2009-Present)

State of Rhode Island and Providence Plantations Department of Health
Radiation Protection Services #RPS 0042, (1993 – 2009)

PROFESSIONAL AWARDS

FELLOW - THE AMERICAN COLLEGE OF MEDICAL PHYSICS (FACMP)
May 6, 2008

FELLOW – THE AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE (AAPM)
JULY 2015

ACADEMIC APPOINTMENTS

Research Associate (1998 – 2007), Brown University School of Medicine
Department of Radiation Therapy, Division of Biology and Medicine
Providence, Rhode Island 02912.

Assistant Professor (2007 – 2009), Brown University School of Medicine
Department of Radiation Oncology, Division of Biology and Medicine
Providence, Rhode Island 02912.

Adjunct Clinical Instructor (1999-2009), Tufts University School of Medicine
Department of Radiation Oncology, 136 Harrison Ave. Boston,
Massachusetts 02111.

Adjunct Assistant Professor (2007-Present), University of Massachusetts –
Lowell, Department of Physics and Applied Physics, One University Ave.
Lowell Massachusetts 01854

Assistant Professor (2010 – Present), University of Connecticut School of Medicine,
Department of Diagnostic Imaging and Therapeutics, 263 Farmington Avenue,
Farmington, Connecticut 06030

Affiliate Assistant Professor (2015 – Present), Worcester Polytechnic Institute,
Department of Physics, 100 Institute Road Worcester, MA 01609

HOSPITAL APPOINTMENTS

System Director of Medical Physics and Radiation Oncology September 2013
Hartford Healthcare Cancer Institute, State Street, Hartford, CT 06102.

Director of Medical Physics and Radiation Oncology June 2013 - Present
Radiation Oncology – Helen and Harry Gray Cancer Center, Hartford Hospital
80 Seymour Street, PO Box 5037, Hartford, CT 06102-5037.

Director of Medical Physics May 2010 – June 2013
Radiation Oncology – Helen and Harry Gray Cancer Center, Hartford Hospital
80 Seymour Street, PO Box 5037, Hartford, CT 06102-5037.

Chief Physicist/Interim Director Radiation Oncology June 2009 – April 2010,
Radiation Oncology – Southcoast Center for Cancer Care, Charlton Memorial
Hospital/Southcoast Hospital Groups, Fall River, Massachusetts, 02702

Associate Chief Medical Physicist Jan 2008 – June 2009, Radiation
Oncology Department, Rhode Island Hospital, 593 Eddy Street, Providence,
Rhode Island 02903

Chief Radiotherapy Physicist October 2004 – December 2007, Radiation
Oncology Department, Rhode Island Hospital, 593 Eddy Street, Providence,
Rhode Island 02903

Associate Physicist March 1993 – October 2004, Rhode Island Hospital
Radiation Oncology/Medical Physics 593 Eddy Street, Providence,
Rhode Island 02903

Radiological Physicist June 1989 – March 1993, Greenville Hospital System
Medical Physics Department, 705 Grove Road, Greenville, South Carolina 29605

Radiation Physicist/Radiation Safety Officer June 1985-June 1989
Boston City Hospital, Department of Radiation Physics, 818 Harrison Avenue
Boston, Massachusetts 02118

Radiation Specialist June 1983 – June 1985, Boston University Medical Center
75 East Newton Street, Boston, Massachusetts 02118

Nuclear Medicine Technologist Trainee May 1982 – June 1983, University
Hospital 75 East Newton Street, Boston MA, 02118

HOSPITAL COMMITTEES

Hartford Health Care 2013 - Present

Hartford Health Care Cancer Institute Directors Committee

Hartford Hospital 2010 – Present

Radiation Safety Committee 2010 - present

Charlton Memorial Hospital 2009 - 2010

Oncology Implementation Group 2009-2010

Radiation Safety Committee 2010-2010

Rhode Island Hospital 1993-2009

Member Radiation Safety Committee 2005 – 2008

Legacy Committee 2004-2007

Stereotactic Radiosurgery Evaluation Team 2006

Member of Integration Team for Nemc/RIH Radiation Oncology Information System

Merger using IMPAC and Viewstation Filmless implementation 2003

Greenville Hospital System 1989- 1993

Radiation Safety Committee,

Assistant Radiation Safety Officer

Boston City Hospital, 1985-1989

Radiation Safety Committee Secretary, RSO

MEMBERSHIP IN SOCIETIES

AMERICAN COLLEGE OF RADIOLOGY

AMERICAN COLLEGE OF MEDICAL PHYSICS

AMERICAN ASSOCIATION OF PHYSICIST IN MEDICINE

AMERICAN SOCIETY FOR THER. RAD.ONCOLOGY

HEALTH PHYSICS SOCIETY

ACR MEMBER

ACMPMEMBER

AAPM MEMBER

ASTRO MEMBER

HPS MEMBER

OFFICES

AAPM Board Representative CAMPS

Corporate Membership Chair

Meetings planning committee

CAMPEP Coordinator

Elected Board of Chancellors (New England)

Immediate Past President

President

President Elect

Board Member-at-Large

AAPM –2012 - 2014

NEAAPM -2011-present

NEAAPM -2010-present

NEAAPM -2010

ACMP 2009 -2011

NEAAPM-2009

NEAAPM-2008

NEAAPM -2007

NEAAPM-2001-2002

COMMITTEES

| | |
|--|----------------------|
| Regional Organization Committee (CHAIR) | AAPM 2015- Present |
| Administrative Council (Member) | AAPM 2015- Present |
| Strategic Planning Committee | AAPM 2013 - 2015 |
| Investment Advisory Board | AAPM 2012 - Present |
| On-Line Continuing Education Subcommittee | AAPM 2010-present |
| Chairman of Public Relations Committee | ACMP 2002-2011 |
| Chairman of Membership Committee | ACMP 2003-2009 |
| Professional Economics Committee | AAPM 2004 – 2007 |
| Public Relations Committee | ACMP 2000-2002 |
| Scientific Program Director (Winter meeting) | NEAAPM February 2007 |
| Scientific Program Director (Spring meeting) | NEAPPM April 2007 |
| (Young Investigators Symposium) | |
| Scientific Program Director (Annual Meeting) | NEAAPM June 2007 |
| Scientific Program Director (Autumn Meeting) | NEAAPM October 2007 |

Task Groups/Working Groups

| | |
|---|-------------------------|
| No. 182 AAPM Recommendations on -Electronic Brachytherapy Quality Management | AAMP Nov 2008 – Present |
| Imaging for Treatment Planning WG | AAPM Jan 2013 – Present |

PUBLICATIONS LIST

1. Cardarelli, GA, Campbell, C., and Evdokimoff, V. ***The Superiority of the Low Energy Gamma NaI Survey Meter Over the GM to Detect P-32 Contamination.*** J HEALTH PHYS VOL. 50, No. 1, JAN 1986, 138-139.
2. Cardarelli, GA, Rao, SN., and Cail D. ***Investigation Of The Relative Surface Dose From Lipowitz Metal Tissue Compensators For 24 And 6 MV X-Ray Beams.*** MEDICAL PHYS VOL. 18, NO.2 MAR/APR 1991, pp 282-287.
3. Sapna, J, Dupey, D, Cardarelli, G, Zheng, Z and DiPetrillo, T ***Percutaneous Radiofrequency Ablation of Pulmonary Malignancies: Combined Treatment With Brachytherapy.*** American Journal of Reontgenology 2003; 181:711-715.
4. Neenad M. Shah, Todd Tenenholz, Douglas Arthur, Thomas DiPetrillo, Bruce Bornstein, Gene Cardarelli, Zhen Zheng, Mark J. Rivard, Seth Kaufman, David E. Wazer ***MammoSite and interstitial brachytherapy for accelerated partial breast irradiation: Factors that affect toxicity and cosmesis.*** CANCER VOL. 101, NO. 4 , AUGUST 15, 2004.
5. Gandhi, S, Meech, S, Puthawala, MY, Furgeson, W, Cardarelli, GA, Dupuy, DE. ***Combined CT-guided Radiofrequency Ablation and Brachytherapy in a Child with Multiple Recurrences of Wilm's Tumor.*** Journal for Pediatric Hematology and Oncology. Volume 27, Issue 7 July 2005.

6. Evans, SB, Kaufman, SA, Price, LL, Cardarelli, GA, DiPetrillo, TA, Wazer, DE. **Persistent Seroma After Intraoperative Placement of MAMMOSITE for Accelerated Partial Breast Irradiation: Incidence, Pathologic Anatomy, and Contribution Factors.** IJROBP Vol. 65, No. 2 pp.333-339, 2006.
7. Hiatt, J, Evans, SB, Price, LL, Cardarelli, GA, DiPetrillo, TA, and Wazer, DE. **A Dose Modeling Study To Compare External Beam Techniques From Protocol NSABP B-39/RTOG 0413 for Patients With Highly Unfavorable Cardiac Anatomy.** IJROBP 2006
8. Cardarelli, Gene **The Effects of Small Field Dosimetry on the Biological Models Used In Evaluating IMRT Dose Distributions.** Doctoral Dissertation, National Library of Congress. February 2006.
9. Fast, LD, Cardarelli, GA, DiLeone, G. **Mirasol® PRT treatment of Donor leukocytes prevents the development of xenogeneic graft-versus-host disease in Rag2-/-|*gamma*c-/- double knockout mice.** TRANSFUSION 2006
10. Napoli, J, Stutsman, S, Chu, JCH, Gong, X, Cardarelli, GA, Ryan, TP, and Favalora, GE. **Radiation Therapy Planning using a volumetric 3-D display: PerspectaRAD.** Proceedings of SPIE-IS&T Electronic Imaging, SPIE vol 6803 Article CID (2008).
11. Hiatt J, Cardarelli G, Hepel J, Wazer DE, Sternick ES: **A Commissioning Procedure for Breast Intracavitary Electronic Brachytherapy Systems.** *Journal of Applied Clinical Medical Physics.* J Appl Clin Med Phys. 2008 Jun 23;9(3):2775
12. Hepel JT, Hiatt JR, Cardarelli GA, and Wazer DE. **Modeling Study for Optimization of Skin Dose for Partial Breast Irradiation Using Xofig Axxent Electronic Brachytherapy Applicator.** Brachytherapy. 2010 Jan-Mar;9(1):81-5. Epub 2009 Oct 21
13. James J. Segala, Gene A. Cardarelli, Jessica R. Hiatt, Bruce H. Curran, Edward S. Sternick. **Interface dosimetry for electronic brachytherapy intracavitary breast balloon applicators.** J Appl Clin Med Phys. 2011 Mar 2;12(2):3221

PEER REVIEWED ABSTRACTS

1. Cardarelli GA, Cintron O, Shearer DR, **The Comparison of Computer Generated Isodose Lines from a Commercially Available Treatment Planning system Vs. Measured Isodose Lines when One Jaw is Used Beyond the Central Axis.** AAPM 1994.
2. Bruels MC, Cardarelli GA, Tolani NB. **21 and 25 MV Installation experience.** AAPM 1994.

3. Yee LK, Choy H, Chu MYW, Chen TM, Cardarelli GA, Cintron O, Glantz M, Epstein M, and Calabresi P. ***9-Aminocamptothecin (9-AC): A Potent Anticancer Agent and Radiosensitizer.*** New England Cancer Society Annual Meeting 1995.
4. Cardarelli GA, Ma CH, Shearer DR. ***Comparison of Fixed-Separation Plane-Parallel Ionization Chamber to A Solid Water Scintillation Detector For Measurements of Dose in the Build Up Region.*** AAPM 1995.
5. Cardarelli GA, Shearer DR, Chougule P. ***Verification of Brachytherapy Treatment Planning Algorithm Using Syed Applicator.*** AAPM 1995.
6. Cardarelli GA, Cintron O, Cail D, Zheng Z, Shearer DR. ***Validity of CT Based Heterogeneity Corrections for use in Clinical Treatment Planning.*** AAPM 1995.
7. Zheng Z, Cardarelli G, Shearer DR and Lui C. ***Calculation of the Output Factors for the Leksell Gamma Knife by Monte Carlo Simulation Using EGS4 Codes.*** AAPM 1995.
8. Zheng Z, Shearer DR, Cardarelli GA, Noren G, Saris S, Chougule P. ***Quality Assurance of Beam Accuracy for Leksell Gamma Unit-A New Technique Using Film Scanner.*** 7th International Leksell Gamma Knife Society Meeting 1995.
9. Cardarelli GA, Ma CH, Zheng Z, Shearer DR. ***The Effect of Surrounding Phantom Material on the Markus Chamber Over Response in the Build-up Region for X-rays and Electrons.*** AAPM 1996.
10. Zheng Z, Cardarelli GA, Ma CH, Shearer DR. ***An Optimal Semi-empirical Formula for Sensitometric Curves.*** AAPM 1996.
11. Cardarelli GA, Testa V, Soehl S, Shearer DR. ***Implementation of An Electronic Treatment Record in a Radiation Oncology Department.*** AAPM 1997.
12. Cardarelli GA, Chen DJ, Ma CH, Cintron O, Shearer DR. ***The investigation of the Relative Surface Dose from Asymmetric Fields Using Enhanced Dynamic Wedges.*** AAPM 1998.
13. Cardarelli, GA, Zheng, Z, Cintron, O, Tsai, J.S., Engler, M, Shearer, D, DiPetrillo, T, Mohiuddin, M, and Wazer, D. ***Evaluation of a New Commercial QA Phantom for Intensity Modulated Radiation Therapy (IMRT) Plan Verification.*** AAPM 2001.
14. Cardarelli GA, Tsai J, Hiatt J, DiPetrillo T, Remis M, Puthawala MY,

Bradford C, Wazer D. **Post-Surgical Placement of MammoSite Applicator Using The PinPoint CT Scanner Integrated Stereotactic Arm.** ABS 2005.

15. J Tsai*, G Cardarelli, A Corrao, J Hiatt, D Shearer, C Bradford, T DiPetrillo, Y Puthawala, D Wazer. **Comparison of Endobronchial HDR Brachytherapy using CT Imaging and Conventional Simulator Filming.** AAPM 2005.

16. Tsai J, Cardarelli GA, Hiatt J, Shearer DR, Bradford B, DiPetrillo T, Puthawala Y, Remis M, Wazer D. **Study of the Technology of Pin-Point CT Imaging Guide System.** AAPM 2005.

17. Hiatt J, Purviance J, Rivard MJ, Bricault RJ, Sioshansi P, Cardarelli GA, Wazer D. **Dose Modeling for Partial Breast Stereotactic Brachytherapy: A New Non-Invasive APBI Concept.** American Society of Therapeutic Radiology and Oncology, Philadelphia, 2006.

18. Chu, J, Gong, X, Kirk, M, Khan, A., Rivard, M., Melhus, C., Busher, M, Cardarelli, GA, Hurley, A, Heple, J. **Holographic Image Guided Radiation Therapy (HIGRT) Treatment Planning: a Multi-Institutional Study.** American Society of Therapeutic Radiology and Oncology, Philadelphia 2006.

19. Cardarelli, Gene **The Effects of Small Field Dosimetry on the Biological Models Used In Evaluating IMRT Dose Distributions.** American Society of Therapeutic Radiology and Oncology, Philadelphia, 2006.

20. James C H Chu, X Gong, C Cai, M C Kirk, T. Zusag, S Shott, Mark J Rivard, C Melhus, G Cardarelli, A Hurley, J Hepel. **Multi-Institutional Randomized Study to Evaluate a Holographic Display for Radiation Therapy Treatment Planning.** (Poster) ASTRO, Los Angeles 2007.

21. G.A. Cardarelli, PhD; J.R. Hiatt, MS; Mona Sanghani, MD; B. Curran, ME; E. Sternick, PhD; T. DiPetrillo, MD; D. Wazer, MD. **External Beam Dosimetry in The Presence of Rare Earth Magnets: u or B_0 .** Rhode Island Hospital/Brown University Alpert School of Medicine, Providence, RI 02903. (Poster) ASTRO, Boston 2008.

22. G Cardarelli *, J Hiatt, A Corrao, J Garcia-Cobian, Z Zheng, S Jang, B Curran, E Sternick, T DiPetrillo, D Wazer **Clinical implementation of Varian OBI and CBCT using IMPAC Mosaic R&V system.** Rhode Island Hospital Brown University Alpert School of Medicine, Providence, RI 02903. (Poster) AAPM, Houston 2008

23. E Sternick*, G Cardarelli, A Corrao, B Curran, J Garcia-Cobian, J Hiatt, S Jang **Design and Implementation of Medical Physics Criteria For Performance Excellence Based On The Baldrige National Quality Program.** Rhode Island Hospital/Brown University Alpert School of Medicine, Providence, RI 02903. (Poster) AAPM, Houston 2008.

24. S Jang*, A Hurley, **G Cardarelli**, T DiPetrillo, A Corrao, E Sternick, D Wazer, ***Evaluation of Cone Beam CT in Prostate IMRT***. Rhode Island Hospital/Brown University Alpert School of Medicine, Providence, RI 02903. (Poster) AAPM, Houston 2008. ASTRO Boston 2008.

25. Huber K, Hiatt J, **Cardarelli G**, Wazer DE. ***Dose Modeling of the Xofigo Electronic Brachytherapy for Tandem and Ovoid Applications in Patients with Cervical Cancer***. American Brachytherapy Society, Boston, 2008.

27. J. Hiatt, J. Hepel, M. Carol, **G. Cardarelli**, D. Wazer, E. Sternick, **"Physical Principles of Intensity Modulated Electronic Brachytherapy (IMEB)** (Poster) ASTRO 2008.

28. S.Sioshansi, J. Hiatt, M. Rivard, J. Hepel, **G. Cardarelli**, S. O'Leary, D. Wazer. ***Three Dimensional Dose Modeling of the AccuBoost Mammography-based Image Guided Non-invasive Breast Brachytherapy System for Partial Breast Irradiation***. (Poster) ASTRO 2008.

29. **Cardarelli, GA**, Hiatt, JT, Curran, B, Segala, Sternick, E. S., Markelewicz, R, Hepel, J.T., Puthawala, MY, Wazer, DE. ***Clinical Implementation of New Endometrial Cylinder for Electronic Brachytherapy*** (Poster AAPM 2009)

30. Curran, B, Roberts, D, **Cardarelli, G**, Sternick, E. ***Dosimetric Differences in Dynamic MLC performance as a Result of Alignment and Software Configuration***. Poster AAPM 2009)

31. Hiatt, J, Segala, J, **Cardarelli, G**, Sternick, E.S. ***The Utility of Depth Dose Modulation (DDM) for Electronic Brachytherapy***. (AAPM 2009)

32. Segala, J, **Cardarelli, G**, Hiatt, J, Curran, B, Sternick, E. ***Accurate Surface Dose Determination for Electronic Brachytherapy Applicators***. (AAPM 2009)

33. **Cardarelli, G**, Steger, T, Gortney, J, Boyd, T, Salner, A. ***DOSE MEASUREMENTS TO THE CONTRALATERAL BREAST DURING ACCELERATED PARTIAL BREAST IRRADIATION, MEDIAL VS LATERAL INSERTION*** (ABS April 2011).

34. Hoffman, R, Ivanova, T, Norton, K, Steger, T, **Cardarelli, G**. ***A COMPARISON OF THREE QUALITY ASSURANCE TOOLS USED FOR IMRT QA***. (AAPM SPRING 2013)

INVITED ORAL PRESENTATIONS

1. **Cardarelli GA**, Zheng Z and Shearer DR. ***The Investigation of the Relative Surface Dose from Symmetric and Asymmetric fields using Dynamic and Conventional Wedges***. AAPM 1994.

2. Cardarelli GA, Soehl S, Testa V. **Electronic Treatment Record in Radiation Oncology Department, Myth becomes Reality.** New England RT Meeting 1996.
3. Cardarelli GA, Ma CHI, Zheng Z, Hillstead R. And Shearer DR. **Calibration Verification of Sr-90+Y-90 Ophthalmic Applicator Using a Fixed Separation Plane-Parallel Ionization Chamber.** AAPM 1996.
4. Cardarelli GA, Hoey J, **Towards an Electronic Environment.** IMPAC Users Meeting. ASTRO 1997.
5. Cardarelli GA, Cail D, Cintron O, Dipetrillo TA, Wazer DE, Shearer DR, **Head Scatter Measurements of Enhanced Dynamic Wedges: Cause for Non-uniform Increase In Relative Surface Dose.** RSNA 1999.
6. Cardarelli, G., Zheng, Z, Tsai, J., Engler, M., Shearer, D. , DiPetrillo, T. , and Wazer, D. **Practical Phantom Measurement Verification of Inversely Planned Sequential Tomotherapy** RSNA 2001.
7. Cardarelli GA, Donovan G, Shearer DR, **The Use of Optically Stimulated Luminescent Dosimeters to Investigate Assumptions Made During Shielding Designs for Radiation Therapy Units.** World Congress on Medical Physics and Biomedical Engineering 2000.
8. Cardarelli, GA. **Advances in CT Simulator Technology.** NEAAPM Mini-Symposium on CT Dosimetry and CT Simulation April 2002.
9. Cardarelli, GA. Zhen Zheng, Ph.D., Nichole O'Connell, O. Cintron, CMD, Anita Corrao, CMD, Annette Harris, Amelia Laurence, Thomas DiPetrillo, M.D. and Douglas Shearer, Ph.D. **Advances in CT Simulator Technology** AAMD 2003.
10. Cardarelli, GA, Zheng, Z, O'Connell, N, Rivard, M, DiPetrillo, T, Shah, N, Shearer, D, and Wazer, D. **Multiple Dwell Positions with the MammoSite HDR Applicator** 24th American Brachytherapy Society Meeting May 2003.
11. J-S. Tsai, Ph.D. ♦ +, C. Bradford, Ph.D. +, G. Cardarelli, MS, MPH ♦, D. Shearer, Ph.D. +, G. Norén, MD, Ph.D. +, M. Remis, MD +, Y. Puthawala, MD +, T. DiPetrillo, MD +, and D. E. Wazer, MD. **Exploration and Feasibility of Hybrid Collimator Helmets in Gamma Knife Radiosurgery.** ICMP2005/BMT2005 Nuremberg, September 14-17, 2005.
12. Cardarelli, GA **Clinical Implementation of Biological Modeling for IMRT** New England Chapter AAPM Summer Meeting June 9, 2006.
13. Cardarelli, GA **Electronic Brachytherapy** New England Radiological Health Committee October 2006.

14. **Cardarelli, GA Early Axxent® Electronic Brachytherapy System Implementation Experience at Rhode Island Hospita**, Xoft Symposium on Early Clinical Implementation held at the AAPM meeting July 24, 2007.
15. Joshua Napoli, Sandy Stutsman, Actuality Systems, Inc.; James C.Chu, Xing Gong, RushUniv. Medical Ctr.; Mark J. Rivard, Tufts-New England Medical Ctr.; **Gene A. Cardarelli**, Rhode Island Hospital; Thomas P. Ryan, Gregg E. Favalora, Actuality Systems, Inc. **Radiation therapy planning using a volumetric 3D display: PerspectaRAD**, SPIE/IS&T Stereoscopic Displays and Applications 2008 (oral presentation): [6803-36]
16. **Cardarelli, GA**, Curran, B, Hiatt, Sternick, E **Role of the Physicist in Medicine**, University of Rhode Island Physics Colloquium. April 2008.
17. Hiatt, JR, Jaroslaw Hepel, MD, **G. Cardarelli, PhD**, Mark Carol, MD, Edward S.Sternick, PhD, David E. Wazer, MD **Depth Dose Modulation (DDM) for Electronic Brachytherapy**. American Brachytherapy Society Meeting Boston 2008.
18. Hiatt JR, **Cardarelli GA**, Wazer DE, Sternick ES. **Principles and Practice of Electronic Brachytherapy**. Oral Presentation, IAEA - International Conference on Advances in Radiation Oncology, Vienna, Austria, April 2009.
19. Sioshansi S, Hiatt JR, Rivard MF, Hurely AA, Lee Y, Hepel JT, **Cardarelli GA**, O'Leary S, Wazer DE. **A dosimetric comparison of the AccuBoost noninvasive partial breast brachytherapy to electron beam tumor bed boost and 3-D conformal accelerated partial breast irradiation**. American Brachytherapy Society, Toronto, May 2009.
20. Markelewicz RJ, Hiatt JR, Hepel JT, **Cardarelli GA**, Sternick ES, Wazer DE, MacAusland SG. **A comparison of the biological effective dose of 50 KV electronic brachytherapy to 192Ir high-dose-rate brachytherapy for vaginal cuff irradiation**. Oral Presentation (Markelewicz), American Brachytherapy Society, Toronto, May 2009.
21. Segala J, **Cardarelli GA**, Hiatt JR, Sternick ES. **Interface dosimetry for Electronic Brachytherapy Xoft Balloon Applicators**. Oral Presentation (Segala), American Brachytherapy Society, Toronto, May 2009
22. Hiatt JR, Segala J, **Cardarelli GA**, Sternick ES. **Treatment Planning Considerations for Electronic Brachytherapy (EB) Vaginal Cylinder Applicators**. Poster, American Brachytherapy Society, Toronto, May 2009. Hiatt JR. Electronic Brachytherapy. Invited Presentation. Fox Chase Cancer Center Annual Radiation Oncology Conference, Philadelphia, May 2009.

GRANTS

1. (\$15,000) *IMRT QA PHANTOM EVALUATION* (PRINCIPLE INVESTIGATOR) MED-TEC, P.O.BOX 320, ORANGE CITY, IOWA,51041 12/12/00.
2. (\$90,000) *LARGE BORE CT COMPARISON TO CONVENTIONAL CT*, (CO-INVESTIGATOR). PHILIPS MEDICAL SYSTEMS. CLEVELAND, OHIO 06/06/02.
3. (\$40,000) *The PinPoint CT Scanner Integrated Stereotactic Arm EVALUATION* (CO-INVESTIGATOR) PHILIPS MEDICAL SYSTEM, CLEVELAND, OHIO. JUNE 9,2004.

AWARDS

1. (\$2000) BEST FELLOWSHIP AWARD AAPM 2007

HOSPITAL TEACHING ROLES

1. BASIC DOSIMETRY - RHODE ISLAND HOSPITAL RADIATION THERAPY SCHOOL 1994-1997 (3-6 STUDENTS PER YEAR)
2. RADIATION ONCOLOGY QA AND SAFETY – RHODE ISLAND HOSPITAL RADIATION THERAPY SCHOOL 1994-1997 (3-6 STUDENTS)
3. Radiation Therapy Physics - Hartford RTT school 2010 - Present

FORMAL GRADUATE TEACHING ROLES

1. MEDICAL PHYSICS – UNIVERSTIY OF MASSACHUSETTES – LOWELL GRADUATE SCHOOL SPRING 2007 (15 GRADUATE STUDENTS).
2. RADIATION ONCOLOGY PHYSICS – TUFTS UNIVERSITY SCHOOL OF MEDICINE NEW RESIDENTS CRASH COURSE July 2007 (1 RESIDENT).
3. RADIATION ONCOLOGY PHYSICS – TUFTS UNIVERISTY SCHOOL OF MEDICINE RESIDENTS ABR BOARD REVIEW COURSE September 2007-MAY 2008. (8 RESIDENTS)
4. MEDICAL PHYSIC – UNIVERSITY OF MASSACHUSETTES – LOWELL GRADUATE SCHOOL SPRING 2008 – SPRING 2009 (6 GRADUATE STUDENTS)

MEDICAL PHYSICIST RESIDENT PROGRAM

CHI-HSIANG MA, MS. 1994
CHRISTOPHER HORTON, PhD 1995
DIANE KASE, PhD. 1996
DONG JON CHEN, PhD 1998
KAZI HUSSAIN, PhD 2001
JEOMSOON KIM, PhD 2004

DOSIMETRIST TRAINEES

NICOLE O'CONNELL, BS 2003
JESSICA HIATT, BS 2004

GRADUATE MEDICAL PHYSICS STUDENT ADVISORSHIP

Jessica Hiatt, PhD 2006-2009 PhD Thesis Advisor
Anita Corrao, MS 2007-2008 MS Internship Advisor
Amanda Hurley, 2007-2009 MS Thesis Advisor
James Segala, PhD 2008 – 2009 Thesis Advisor/Medical Physics Intern
Aaron Jones, MS 2011 - 2012 Physics Internship/PhD Thesis Advisor 2014
Kirsten Malloy, BS 2012 – Summer Internship

PERSONAL INFORMATION

GENE A. CARDARELLI, PhD, MPH

| | |
|-----------------|---|
| Date of Birth: | MAY 9, 1961 |
| Place of Birth: | BOSTON |
| Citizenship: | U.S. |
| Home Address: | 26 FALCON RIDGE DRIVE, EXETER, RI 02822 |

Kristoffer J. Popovitch

8 Charles St, Tolland, Ct. 06084 • 860-930-8152 (C) kristofferpopovitch@yahoo.com

PROFESSIONAL EXPERIENCE

Core Skills

- Highly focused on customer satisfaction.
- Demonstrated ability to work on interdisciplinary projects, including communication of findings to staff and assurance of follow-up.
- Effective management of capital and operational budget
- Effective management of cutting edge imaging and therapeutic technical systems.
- Effective staff mentoring and training.
- Evaluation of service needs as it relates to in-patient/out-patient services, various modalities and information systems, including the future scope of services.
- Knowledge of all hospital systems software.
- Highly energetic; ability to work well under pressure; great sense of humor and finds challenge very stimulating.

Regional Oncology Administrator

Hartford Healthcare Central Region

Hartford, Ct.

November 2013- Present

Direct oversight of oncology programs for the central region for Hartford Healthcare. Responsible for building of oncology service line for the Hartford Cancer Center Institute, certification for the central region alliance with Memorial Sloan Kettering and building project manager for the free-standing new cancer center. Direct oversight of clinical research, medical oncology, radiation oncology and two inpatient units.

- Direct oversight of building new free standing cancer center
- Developed expense control metrics for oncology service line
- Developed highly effective staffing plan for radiation oncology
- Implemented quality assurance plan
- Created service line for Hospital of Central Connecticut oncology program and MidState Medical Center

Administrative Director of Cancer Services

*Eastern Connecticut Health Network
and Northeast Regional Radiation Oncology Network*

Manchester, Ct.

October 2009-November 2013

Direct oversight of a four hospital collaboration radiation oncology department as well as all cancer services, including the breast care center. Provide leadership in budget, policy and regularity issues. Oversee the operations of the cancer center and institute standards of care for patients. Oversee marketing and customer relations.

- Successfully relocated and designed new cancer center
- Developed survivorship and nurse navigator programs
- Established new integrative medicine programs
- Established marketing and communications program

Senior Director of Clinical Services

Manchester, Ct.

0057

(01/28/16)

Oversee the operational, financial and capital acquisitions for Occupational Medicine, Medical Imaging, Cardiology, Neurology and Cardiopulmonary departments of ECHN in order to provide and anticipate the need for health care services. Acts as the point person for regulatory agencies, physicians and staff for problem resolution and eliminates of barriers to improve services.

- Negotiated reduction in price with several vendors
- Developed and maintained an effective budget for multiple departments
- Oversaw implementation of PACS computer system

Director of CorpCare Occupational Health

Eastern Connecticut Health Network

*Manchester, Ct
July 2004- July 2006*

Supervise and manage staff and clinic operations, including clinical and non-clinical positions. Maintain budget and pay invoices associated with CorpCare's expenses. Problem solve clinic issues and interact with CorpCare clients. Initiate standards for quality of care as well as providing training for current and new staff.

- Developed and implemented workflow process
- Developed operations manual
- Trained 20 staff members on regulations of federal governments standards on breath alcohol technology administration

Radiographer/Medical Assistant

Eastern Connecticut Health Network

*Manchester, Ct
May 1994-July 2004*

Perform all radiology procedures at CorpCare Occupational Health and maintain quality assurance. Medical Assisting duties including providing patient care for injuries and physical exams; injury care, phlebotomy, breath alcohol testing, drug screening, laser vision testing, audiometric conservation examinations, and spirometric testing. Clinical instructor for medical assistant externs, new employee orientation leader and breath alcohol trainer for Connecticut Occupational Medicine Partners.

Interim Pastor

Westminster Congregational Church

*Canterbury, Ct
January 2002-June 2004*

Served as interim pastor while the church searched for a permanent full time pastor. Responsible for weekly teaching and preaching. Taught adult Sunday school and functioned as church administrator; leading the church in several building/construction projects.

Youth Pastor

Presbyterian Church of Coventry

*Coventry, Ct
September 1997-September 2000*

Lead the youth of the church in service related activities such as the Nursing Home Ministry and Community outreach. Focused on building relationships with teens and pre-teens of the church as well as local community. Held weekly meetings for provide an atmosphere of learning and fellowship. Served as Sunday school teacher for the junior and senior high school students.

EDUCATION

Bay Path College

January 2012- December 2013

Masters of Business Administration

Hartford Seminary
Master of Divinity

September 2007-Current

University of St Francis
Bachelor of Science, Health Arts

September 2002-May 2003

Manchester Hospital School of Radiology
Radiology Certification

October 1991- October 1993

RELATED EXPERIENCE

- **Member of Association of Cancer Executives**
- **Youth Sports**

Served as head baseball coach for the Town of Rockville from 1990-1997 and for the Town of Tolland from 2005-present. Currently serving on the board of directors in Tolland. Coach of Tolland Baseball league 2005-present and coach of Tolland youth basketball 2011-present

- **Interim Pulpit Supply of New England**

Serve as preaching supply for vacationing pastors or vacant pulpits in New England. Preach and teach the Gospel of Jesus Christ in the pulpit as well as in adult Sunday school from September 2006 to present.

- **Nursing Home Ministry Coordinator**

Serve as coordinator of the Nursing Home Ministry for the Presbyterian Church of Coventry by preaching and leading worship service for the residents of a local nursing home from September 2004 to 2009

- **Board of Directors Tolland Chamber of Commerce**

Attend board meetings and participate in decision making for Tolland County Chamber of Commerce. Serve on legislative committee. 2009-2013

- **Board of Directors Rockville Downtown Association**

Attend board meetings to serve as the leadership of the Rockville Downtown Association. 2009-2010

- **Member of Association of Cancer Executives**

- **Hartford Business Journal 40 Under 40 Award**

2007 Winner of HBJ 40 businessman under 40 years of age award

- **Bay Path College FIA Best Business Award**

2012-2013 Best business award for overall most successful and profitable business project

- **Youth Sports**

Served as head baseball coach for the Town of Rockville from 1990-1997 and for the Town of Tolland from 2005-present. Currently serving on the board of directors in Tolland. Coach of Tolland Baseball league 2005-present and coach of Tolland youth basketball 2011-present

- **Board of Directors Tolland Chamber of Commerce**

Attend board meetings and participate in decision making for Tolland County Chamber of Commerce. Serve on legislative committee. 2009-2013

- **Board of Directors Rockville Downtown Association**

Attend board meetings to serve as the leadership of the Rockville Downtown Association. 2009-2010

Tracy Bielert

110 Diane Lane Bristol, CT 06010
860-589-1216 | tl118@sbcglobal.net

OBJECTIVE

Radiation therapist looking for full time employment

QUALIFICATIONS

Dedicated, hard- working team player working in the field of Radiation Therapy for 23 years. I have worked in many environments from hospital to private facilities. I am licensed in the State of Connecticut and registered with the ARRT. I am also a member of the ASRT.

EDUCATION

| | |
|---|--------------|
| Harford Hospital School of Allied Health | Hartford, CT |
| <i>Certificate in Radiation Therapy</i> | 1990 - 1992 |
| Bristol Eastern High School | Bristol, CT |
| <i>High School Diploma</i> | 1990 |

EXPERIENCE

| | |
|--|----------------|
| Hartford Healthcare – MidState Medical Center and the Hospital of Central Connecticut | Meriden, CT |
| <i>Regional Radiation Oncology Manager</i> | 2014 - present |

- Manage day to day operations in the Radiation Oncology department at two facilities
- Perform radiation treatments as needed on variety of treatment machines such as Varian 21EX, Varian Truebeam, Elekta Infinity, GE CT Simulator, Nucletron HDR unit.
- Maintain MOSAIQ EMR
- Work on special projects for the Hartford Healthcare Cancer Institute
- Stay current with billing practices, coding and insurance.
- Stay current with treatment options

| | |
|-----------------------------------|-------------|
| MidState Medical Center | Meriden, CT |
| <i>Radiation Oncology Manager</i> | 2009-2014 |

- Manage day to day operations in the Radiation Oncology department

- Perform radiation treatments as needed on ELEKTA Infinity, Nucletron HDR and GE CT Simulator
- Maintain MOSAIQ EMR
- Stay current with billing practices, coding and insurance.
- Stay current with treatment options

MidState Medical Center

Meriden, CT

Lead Radiation Therapist

2007-2009

- Perform radiation treatments on ELEKTA SLi and GE CT Simulator
- Responsible for monthly staff schedule
- Maintain QA program

Bristol Radiation Oncology Center

Bristol, CT

Radiation Therapist

2001 – 2007

- Solo Radiation Therapist performing treatments on Varian CL4 and Varian 600c
- Simulate palliative cases and provide dose calculations for the treatments

GEORGE PAVLONNIS, III
74 Ellsworth Lane
Canton, CT 06019
Home: (860) 693-0052
Work: (860) 224-5520

CERTIFICATION

The American Board of Radiology – Therapeutic Radiologic Physics

CURRENT EMPLOYMENT

October 2003 – Present

**Chief Medical Physicist, *The Hospital of Central Connecticut, Radiation Oncology,*
New Britain, CT**

- Developed and/or implemented the following:
 - Novalis Dedicated SRS Unit Acceptance Testing, Commissioning and QA
 - Respiratory gated treatment delivering program
 - iPlan SRS TPS Acceptance Testing, Commissioning and QA
 - Varian 21EX Acceptance Testing, Commissioning and QA
 - Enhanced dynamic wedges implementation
 - Eclipse TPS Acceptance Testing, Commissioning and Quality Assurance
 - IMRT: Treatment Planning Protocols and Quality Assurance (MapCheck)
 - Conversion to TG-51 calibration protocol
 - HDR: Endometrial, Cervical & Mammosite
 - CT simulation quality assurance
 - IGRT: AccuLoc Seeds and Bony Anatomy Registrations
 - MOSFET's
- Shielding review and facility planning for a new cancer center
- Computer networking and technical design for a fully computer integrated new cancer center
- Calibration and quality assurance of Varian linear accelerators
- Double-checks on treatment planning calculations and weekly chart checks
- Developing and reviewing 3-D and IMRT treatment plans
- LDR (I-125 and Cs-137) & HDR Brachytherapy treatment planning and quality assurance
- Radiation safety and regulatory liaison

PREVIOUS EMPLOYMENT

April 2002 – October 2003

Chief Medical Physicist, *Salina Regional Health Center, Radiation Oncology, Salina, KS*

- Developed and implemented the following treatment modalities:
 - Intensity Modulated Radiation Therapy (IMRT)
 - Intravascular Brachytherapy (IVBT)
- Acceptance testing and commissioning of the Eclipse treatment planning system
- Implementation of TG-51 calibration protocol

- Shielding review and facility planning for new cancer center
- Double-checks on treatment planning calculations and weekly chart checks
- Developing and reviewing 3-D treatment plans
- Prostate Brachtherapy & Hospital Radiation Safety Officer

August 1998 – March 2002

Medical Physicist, Columbia Presbyterian Regional Cancer Center, New Milford, CT

- Calibration of Varian linear accelerator (2100 C/D)
- 3-D external beam and IMRT treatment planning (Eclipse and CadPlan TPS)
- Weekly chart checks
- Second checks on treatment planning calculations
- Prostate brachytherapy
- High dose rate brachytherapy (HDR)
- Radiation safety training for hospital personnel
- Simulator quality assurance

June 1995 – August 1998

Radiation Control Physicist, State of Connecticut Div. of Radiation Protection, Hartford, CT

Performed inspections to ensure compliance with state and federal regulations regarding the use of radioactive material and radiation producing machines at medical, research, academic, and industrial facilities. Conducted regulatory research for proposed state regulations.

CONSULTING EMPLOYMENT

May 2002 – Present: Medical Physicist

- Provided consulting medical physics services to the following radiation oncology departments which include but not limited to:
 - *Central Care Cancer Center, Newton, KS*
 - *Central Kansas Cancer Institute, Manhattan, KS*
 - *St. Francis Medical Center, Hartford, CT*
 - *Manchester Memorial Hospital, Manchester, CT*
 - *Phoenix Community Cancer Center, Enfield, CT*
 - *Middlesex Hospital, Middletown, CT*
 - *Kennedy Road Clinic, South Windsor, CT*
 - *The Hospital of Central Connecticut, New Britain, CT*
 - *New Milford Hospital, New Milford, CT*
 - Services included the following:
 - Implementing several Intensity Modulated Radiation Therapy (IMRT) and Volumetric Modulated Arc Therapy programs
 - Implementation of TG-51 calibration protocol
 - Acceptance testing and commissioning of the new treatment planning systems
 - Shielding review and design for a new cancer center

- Computer networking and technical design for a fully computer integrated new cancer center
- Calibration and quality assurance of Varian and Siemens linear accelerators
- Double-checks on treatment planning calculations and weekly chart checks
- Radiation safety audits
- Radiation safety training
- Policy and procedure review
- Staff Training

September 2007 to Present

On-site Reviewer, American College of Radiology

- Perform an on-site review of facilities seeking accreditation by the ACR in Radiation Oncology

EDUCATION

| | |
|---------------------------------|--|
| Ph.D. in Eng. Management | Western New England University (ABD) |
| M.S. in Medical Physics | Columbia University, New York, NY |
| M.S. in Health Physics | Texas A&M University, College Station, TX |
| B.S. in Applied Physics | New Jersey Institute of Technology, Newark, NJ |

PROFESSIONAL AFFILIATIONS

Member of the American Association of Physicists in Medicine, National Chapter

Member of the Connecticut Area Medical Physics (CAMPS)

CAMPS Board of Directors

Secretary (2005 - 2008)

Regulatory Liaison (2007 – 2009)

President (Elected Term: 2008-2010)

American Board of Radiology; member of board certification exam writers

American College of Radiology

American Health Physics Society

PUBLICATIONS & PRESENTATIONS

Customized Ocular Shield for the Treatment of Conjunctival Mucosa Associated Lymphoid Tissue (MALT) Lymphoma by Electron Beam Technique, Poster Presentation, *RSNA, November 2012*

Perceived Quality Measures In Radiation Oncology: Assessment Tool Development, *American Society for Engineering Conference, 2009*, Peer Reviewed Article

Dosimetric Verification of Intensity Modulated Radiation Therapy of 172 Patients Treated For Various Disease Sites: Comparison of EBT Film Dosimetry, Ion Chamber Measurements, and Independent MU Calculations, *Medical Dosimetry* March 2008

“Uses and Limitations of 6CE”, *Radiation Safety Officer (RSO) Magazine*, Volume 4, Number 6, November/December 1999, pp 16-17.

10 CFR Part 35 Compliance Issues – Inspecting Medical Facilities, presented at the Council of Radiation Control Program Directors Annual Meeting, September 1998.

Regulatory reform of radionuclide emission standards – Development of Title V regulations for the State of Connecticut, August 1997.

Exhibit 4

by Becca Booi, PhD

Fasten your seat belts.

As the cancer care landscape continues to change, the ride may get bumpy. Multiple forces are exerting pressure on oncology care delivery, and cancer program leaders want to know—*How will this affect my business?* Sg2 is a healthcare solutions company that seeks to answer these questions by quantifying the impact of these trends on oncology and other hospital service lines. Using our Impact of Change® forecasting model, we help healthcare leaders anticipate how demand for services will evolve over the next 10 years (see Figure 1, page 25).

Sg2's forecast can be used to highlight changes in cancer service utilization over the next decade and identify smart growth opportunities that are clinically appropriate, financially favorable, and sustainable over the long term. The forecast takes into account impact factors that will affect both inpatient and outpatient growth, and assesses growth opportunities for over 150 different diseases, including 25 tumor types and 19 oncology-relevant procedures. Forecasting by disease type allows hospitals and health systems to more accurately anticipate changes in cancer patient volumes across different delivery sites, enabling more effective near- and long-term planning.

This article outlines Sg2's forecast of select tumor types and procedures that offer strong growth potential in cancer and then, within the four most common tumor types, highlights performance opportunities that may help community cancer centers capitalize on that growth potential.

Growth Drivers

Future demand for cancer services will be shaped by a number of competing factors. Population growth is driving increased demand for services in most markets. Epidemiologic factors, such as decreasing smoking rates and increasing obesity rates, are exerting a mixed effect on incidence rates. Payment and policy decisions, such as healthcare reform, promise to expand the number of insured patients and improve access to care. New technologies are increasing the complexity of therapies and facilitating treatment in the outpatient setting. An increased focus on Systems of CARE™ (Clinical Alignment and Resource Effectiveness) is shifting the setting in which cancer patients receive care and reducing redundant and unnecessary services. (Systems of CARE is an Sg2 term that reflects an increased focus on care coordination and patient management across the care continuum, e.g., medical home, IT integration, ACOs, payer incentives, etc.)

Population. The U.S. population is aging and at an

Future Trends in Cancer Care Delivery

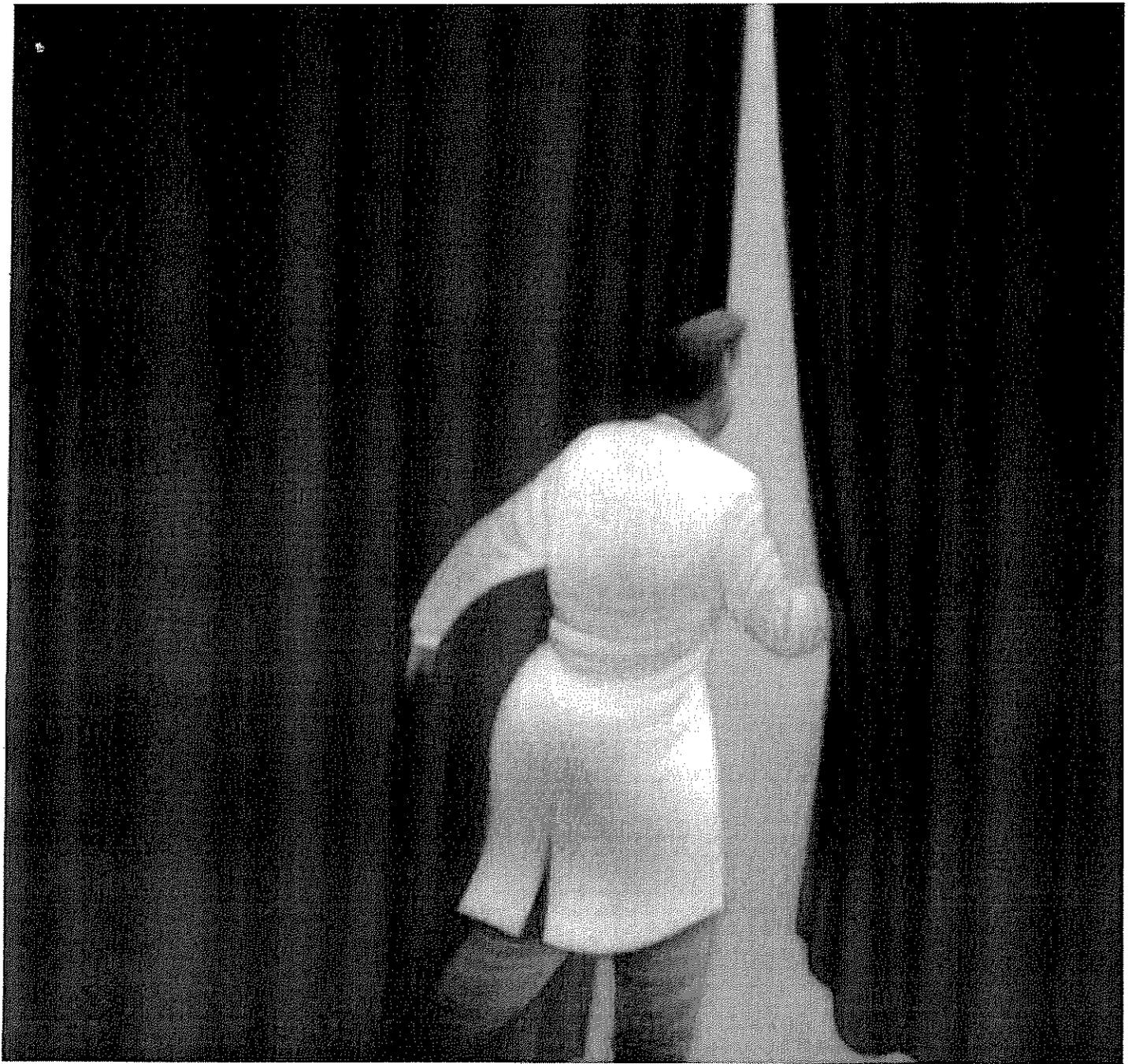
2011

TO

2021

increased risk of developing cancer. By 2020, 18 percent of Americans will be over the age of 65. In addition, the number of cancer survivors is growing rapidly due to improved therapeutic options and screening programs that facilitate earlier cancer detection. Over the next decade, the number of cancer survivors needing surveillance and follow-up care services is projected to grow substantially, topping 18 million by 2020.¹ Both of these populations will be driving demand for cancer services.

Technology. Over the next decade, technology and innovation will impact cancer service utilization in several ways. It will continue to facilitate new outpatient therapeutic options (e.g., stereotactic body radiotherapy for lung cancer patients that are not candidates for surgery) and make new treatment options available where few options existed previously (e.g., recent approval of new drugs for metastatic melanoma). New technologies and treatments also hold the promise of decreasing unnecessary utilization from side effects. For example, targeted radiation therapy modalities that reduce dose to healthy tissues can help reduce unwanted adverse events and targeted oncolytics can help reduce toxicities that may require hospitalization. Two particular areas of strong projected growth over the next ten years are interventional oncology and stereotactic body radiation therapy.



ILLUSTRATION/NEIL BRENNAN

Interventional oncology modalities such as radiofrequency ablation (RFA), cryoablation, and embolization offer strong growth opportunities with both clinical and programmatic benefits. Interventional procedures can help open new therapeutic options while reducing the need for lengthy surgical admissions. For a cancer program, interventional oncology offerings can also:

- Differentiate a multidisciplinary care program
- Present opportunities for new sources of revenue
- Be relatively inexpensive as many institutions already have interventional radiology equipment available.

Stereotactic body radiation therapy (SBRT) is a form of hypofractionated external beam radiotherapy that uses a much higher dose per fraction but completes treatment in 1 to 5 sessions. This high dose requires a great deal of accuracy to ensure healthy tissue is not destroyed. SBRT

has shown tremendous growth recently, especially for lung, spine, and liver tumors, and this growth is expected to continue. From 2011 to 2021, Sg2 is projecting a 151 percent increase in SBRT volumes as adoption of this technology increases and clinical indications expand. Organizations that build the requisite expertise and quality assurance protocols to deliver SBRT have the opportunity to differentiate their programs with an offering expected to show strong, sustained growth.

Care Coordination. Sg2 describes the impact of care coordination through its Systems of CARE lens. The emphasis on care coordination will result in greater efficiency due to improved care coordination (e.g., better care handoffs) and service integration across various disease-specific care sites. Often this impact will reduce inpatient admissions through better use of community-based resources and reduce redundant and/or unnecessary ser-

Demand for outpatient (OP) cancer services is projected to grow dramatically



services in the outpatient setting. Successful Systems of CARE incorporate:

- Clinical integration through the use of evidence-based practices and elimination of redundant care.
- Improved coordination between the patients and the various specialists involved in cancer care. These improvements can be facilitated through patient navigation, multidisciplinary conferences, and strategic implementation of structures that align the goals of hospitals and physicians.
- Growing information technology capabilities (e.g., oncology IT systems, telemedicine offerings) to allow for improved communication with providers.

Inpatient and Outpatient Growth Forecast

Taking into account population growth alone, demand for inpatient (IP) cancer services would be expected to grow at 21 percent over the next 10 years. However, taking into account additional factors, Sg2 is forecasting more moderate IP growth totaling only 7 percent over this time frame.

Demand for inpatient cancer services will be primarily dampened by two factors: 1) innovation and technology that continue to shift care delivery to the outpatient setting and 2) improved coordination across the care continuum, which will keep patients out of the inpatient setting. As an example of the impact of outpatient coordination on inpatient services, early oncology medical home models, which bring together case management, patient education, and IT capabilities to improve care coordination, have shown the potential to dramatically reduce the number of chemotherapy patients that present at the ED or are admitted to the hospital with chemotherapy-related side effects. As emerging financial incentives encourage better coordination and patient engagement, these types of conditions will increasingly be successfully managed before they reach the point of an IP admission. Cancer programs that are not yet beginning to prepare for these changes may find themselves ill-equipped to operate in this new environment.

Demand for outpatient (OP) cancer services, on the other hand, is projected to grow dramatically. Sg2 projects a 38 percent increase in OP cancer volumes from 2011-2021. In addition to population growth, a number of other factors are driving demand for outpatient services including:

- Increased complexity of chemotherapeutic regimens.
- Increased use of protocols and treatment pathways that leverage multimodality treatments (e.g., surgical resection followed by adjuvant treatments such as chemotherapy and/or radiation therapy).
- Increased use of advanced imaging modalities, such as

CT, MRI, and PET in the diagnosis, staging, and monitoring of cancer patients.

- Ongoing surveillance for cancer survivors and subsequent treatment of cancer recurrences.
- Increased availability of “previvor” services for high-risk patients (e.g., genetic counseling and testing). Continued growth in cancer screening to aid early detection.

Growth Opportunities in Breast Cancer

Over the decade, Sg2 forecasts moderate 9 percent growth in IP breast cancer services nationwide. Most of this growth will be focused on surgical procedures, including mastectomy, prophylactic mastectomy, and reconstructions, while medical admissions for chemotherapy toxicities and end-of-life care decline through improved communication and coordination with post-acute care providers.

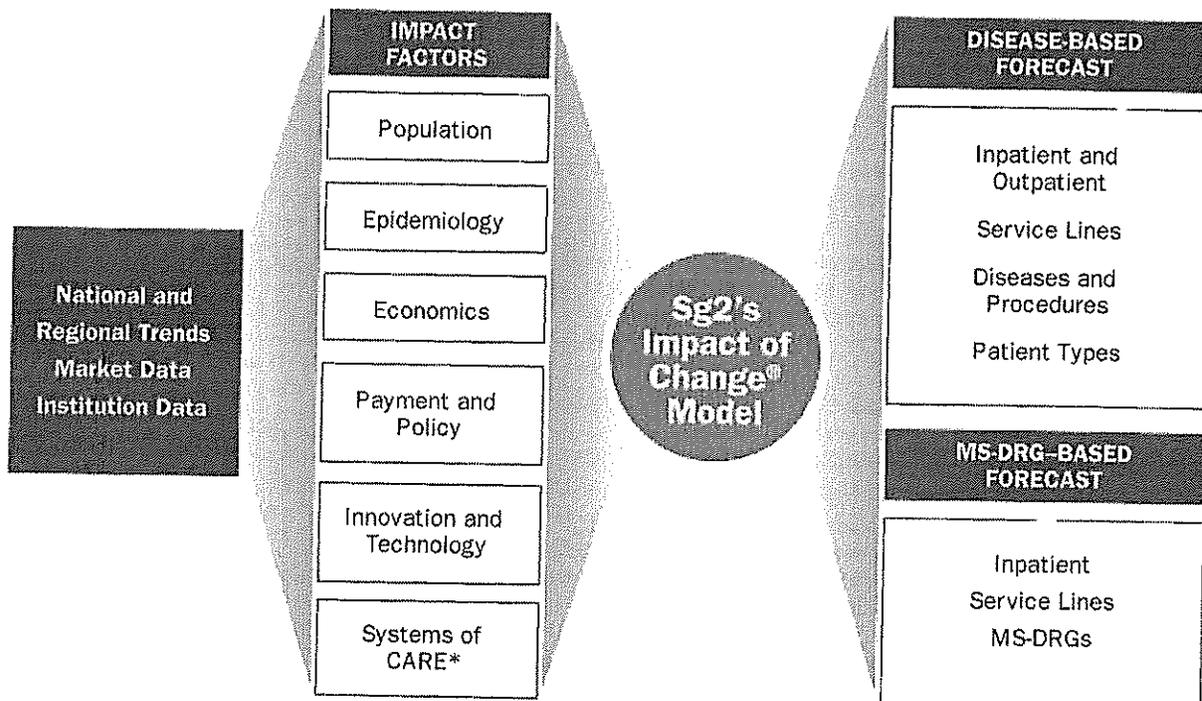
On the outpatient side, Sg2 is forecasting a 41 percent increase in demand for breast cancer services. This increase will be focused across a number of areas, including chemotherapy, radiation therapy, and advanced imaging. Sg2 is also forecasting relatively strong growth in screening mammography. Over the last several years, many providers have seen reductions in their mammography volumes. While changes in the U.S. Preventive Services Task Force (USPSTF) mammography screening guidelines have contributed somewhat to these softening volumes, the effect of these recommendations has been mitigated by strong backlash from patient advocacy groups and professional organizations, including the American Cancer Society. Sg2's analysis indicates that the loss of insurance coverage due to the recession has played a larger role. Mammography is very sensitive to cost, and studies show that lack of insurance or even small co-pays for insured patients can deter women from getting their mammograms. Sg2 projects that these volumes will rebound driven by three forces:

1. The slow economic recovery
2. The elimination of cost-sharing for preventive services mandated in the health reform legislation
3. The expansion of healthcare coverage in 2014.

Most of this growth is expected in the first five years of the decade, with subsequent years flattening out as better screening techniques, such as ultrasound elastography, provide better specificity and drive down false positive rates.

Going forward, organizations positioned to capture growth in breast cancer care will be those that seamlessly connect the various sites and specialists along the breast cancer continuum to provide a coordinated, seamless patient experience. This coordination should stretch from

Figure 1. Sg2 Impact of Change Model



*The Systems of CARE factor accounts for the impact of potentially avoidable admissions and 30-day readmissions. CARE = Clinical Alignment and Resource Effectiveness; MS-DRG = Medicare Severity Diagnosis-Related Group.

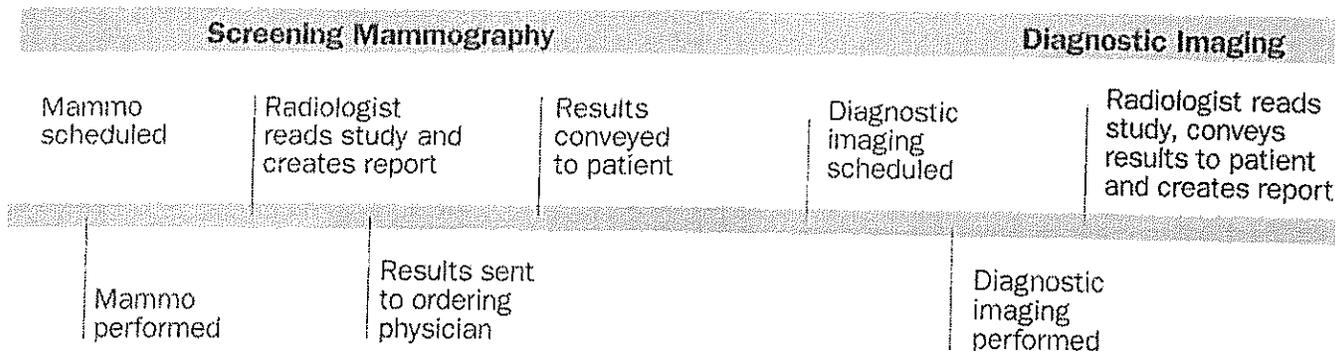
screening through diagnosis and treatment and into survivorship care. Areas of focus should include:

- **Achieving the right diagnosis, efficiently.** A growing number of organizations are tracking and improving their turnaround times from breast screening to diagnosis and treatment. Examining your organization's breast cancer diagnosis pathway can provide a window into opportunities for improvement (see Figure 2, page 26). Programs will need to find the balance between patient satisfaction, market differentiation, cost, workforce availability, and quality concerns. Focus on your program's performance, rather than an "ideal" number of days. While some programs are offering same-day mammography reads, the "right" turnaround time frames are very market specific and will depend on your cancer program's specific priorities.
- **Patient navigation.** Use patient navigators as an early contact for patients with abnormal mammograms to

provide support, coordinate care, and limit outmigration. Navigators also serve as key contacts to help answer patient's questions and overcome barriers, such as financial struggles or lack of transportation that could impede the quality of care they receive or lead them to seek care elsewhere.

- **Efficient chemotherapy operations.** Sg2 analysis shows that breast cancer patients account for more chemotherapy encounters than any other tumor type. Increased demand and declining reimbursement for these services will require increased operational efficiency in order for a cancer program's infusion suite to remain financially viable. For example, the Cleveland Clinic at Hillcrest Hospital in Mayfield Heights, Ohio, developed an acuity rating system to improve scheduling and efficiency, boosting patient satisfaction scores by 98 percent and, most importantly, growing chemotherapy volumes without having to add chairs or FTEs.²

Figure 2. Breast Cancer Diagnosis Pathway Provides Opportunities for Improvement



Growth Opportunities in Prostate Cancer

Overall, the world is flat when it comes to IP growth in prostate cancer—Sg2 is forecasting just a 1 percent increase in inpatient volumes over the next 10 years. On the OP side, Sg2 is forecasting strong growth in IMRT as technologies, such as image-guidance and volumetric arc, make these treatments easier and faster to deliver. In addition, demand for OP visits is expected to rise, driven by the increased prominence of active surveillance and the many follow-up visits required by these protocols.

Successful organizations will be those that provide prostate cancer patients with a clear understanding of their treatment options, including surgery, radiation therapy, and active surveillance, and deliver coordinated, multidisciplinary care based on the patient's preferences. Multidisciplinary conferences can be an effective way of bringing multiple specialists to the table to ensure prostate cancer patients receive the right treatment. A recent paper explored the effect of multidisciplinary genitourinary conferences at the University of North Carolina Chapel Hill. The study found that multidisciplinary review resulted in a change to the treatment plan or diagnosis of nearly 40 percent of the patients seen and that the most common change for prostate cancer patients was from an intervention to active surveillance.³ While aligning the various specialists can be difficult in many markets, multidisciplinary programs offer an opportunity to differentiate your organization and even attract new patients for second opinion reviews.

Looking to the future, Sg2 anticipates that telemedicine will play an increasingly important role in meeting demand for visits and ongoing support. We are already seeing innovative telemedicine programs that facilitate outreach to rural and underserved communities. Improved technology and payment for these types of e-visits (e.g., email, teleconsults, electronic patient portals) will continue to support growth in this area.

Growth Opportunities in Colorectal Cancer

Growth areas in colorectal cancer include increased demand for screening colonoscopy, chemotherapy services, strong growth in PET imaging, and increased demand for surgical interventions.

Currently, only 64 percent of the eligible population is up to date with their colorectal cancer screening. This rate is expected to increase, driven by increased public aware-

ness, removal of cost sharing for preventive services, and increased financial incentives tied to screening rates (e.g., colorectal cancer screening rates are included as one of the 65 quality metrics in the final Accountable Care Organizations rules published by CMS). Currently, many colorectal cancers are diagnosed after the cancer has metastasized and when surgical interventions can do little to improve outcomes. Increased screening rates will lead to detection of tumors at earlier stages when surgery is appropriate. Strong screening has the potential to generate large downstream revenue potential in IP surgery and other OP interventions.

Effective screening programs and community outreach represent an opportunity to not only save lives but also to grow the colorectal business line. One large health system in the Midwest has used a creative, multipronged outreach strategy to improve their colorectal cancer screening rates. They recognized that a physician recommendation is the single biggest factor inducing patients to follow through with screening, so they trained their primary care physicians (PCPs) and office staff in strategies to have these conversations with patients. In addition, they targeted patients in need of screening with direct mail and phone calls to encourage them to set up an appointment. During the initial roll out of their outreach program, 10 percent of the targeted patients set up an appointment or completed a colonoscopy.

Growth Opportunities in Lung Cancer

Increased tobacco taxes, the proliferation of indoor smoking bans, and shifting cultural norms have been driving down U.S. smoking rates for some time. These changes have led to slowly decreasing incidence and mortality rates for lung cancer. While these trends are expected to continue and will temper future lung cancer demand, the growing aging population will translate into overall growth in IP and OP lung cancer services for the foreseeable future. We would like to highlight three areas of growth in lung cancer:

- **Inpatient surgery.** Nationwide, demand for IP surgical interventions for lung cancer is anticipated to grow by 24 percent. With less than 20 percent of lung cancer cases detected at the localized stage today, the bulk of diagnoses will require hospital admissions for more complex surgical intervention. To capture this growth, organizations should focus on recruiting and retaining

Biopsy

Biopsy scheduled

Pathologist processes sample; report sent to physicians

Treatment plan created; patient enters treatment path

Results sent to ordering physician

Biopsy performed; sample sent to pathology

Diagnosis conveyed to patient

Mammo = mammography.

expertise in thoracic surgery and establishing protocols to keep cost per case and average length of stay under control for these patients.

- **Stereotactic body radiotherapy.** As mentioned previously, SBRT represents a strong growth area for lung cancer. Community cancer programs interested in making this service available to their patients may benefit from partnerships with regional cancer programs to help establish their program or to provide seamless referrals for care.
- **Lung cancer screening.** Data from the National Lung Screening Trial suggest that low-dose CT screening of high-risk patients cuts lung cancer mortality by 20 percent. Despite concerns about false-positives, the high cost of national screening, and increased radiation dose, NCCN has recently endorsed lung cancer screening for these high-risk individuals. While Medicare and commercial insurers do not currently reimburse for lung screening, a number of organizations have begun self-pay screening programs in an effort to diagnose and treat lung cancer early. These efforts also represent an opportunity to attract new patients to your program and grow your lung cancer business line. Organizations considering a lung cancer screening program should make it part of a multidisciplinary lung program that includes radiologists, pulmonologists, thoracic oncologists, radiation oncologists, and surgeons.

Capitalizing on Growth Opportunities

How should community cancer centers strategically position their programs to translate expected demand into real growth opportunities? Consider the following steps.

How do you differentiate your program from the competition? Start by answering the following questions:

- Does the program provide a distinct service? Attract patients by providing an exceptional patient experience, coordinating care across the full episode, and demonstrating high-quality outcomes?
- Does the program develop, promote, and pay for quality? Use value and quality as a competitive advantage? Has the program begun evaluating new payment models that reward quality and coordination?
- Does the program attract and retain necessary specialists

and staff? Leverage mid-level providers to meet growing care demand and alleviate the oncologist workforce shortage?

- Does the program streamline processes to lower costs and promote efficiency? Is the program preparing for success as payment rates converge towards Medicare rates?

Balance program's expertise with patient needs. When thinking about your program, it is important to strategically balance your services with your patients' needs. With increasing stratification of disease, different tumor types require very different technology, staff, and program needs. All of these factors need to be considered and balanced when evaluating your service portfolio. Elements of a tumor-specific program include:

- Essential technology
- Essential staff
- Essential programmatic elements.

Identify the most appropriate strategies for market growth. Consider the following strategies:

- Expand access and integration across the care continuum
- Optimize referral and utilization patterns
- Communicate value through marketing and education.

Many forces influence the growth potential of diseases in oncology. Each organization is unique. Capturing future demand will depend on your organization's ability to combine high-tech and high-touch offerings with seamless, coordinated care across the continuum. Identify the appropriate strategies for your individual market to maximize your community cancer center's growth potential. ☐

Becca Booi, PhD, is a director at Sg2 in Skokie, Ill.

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HEALTHCARE

Under One Roof

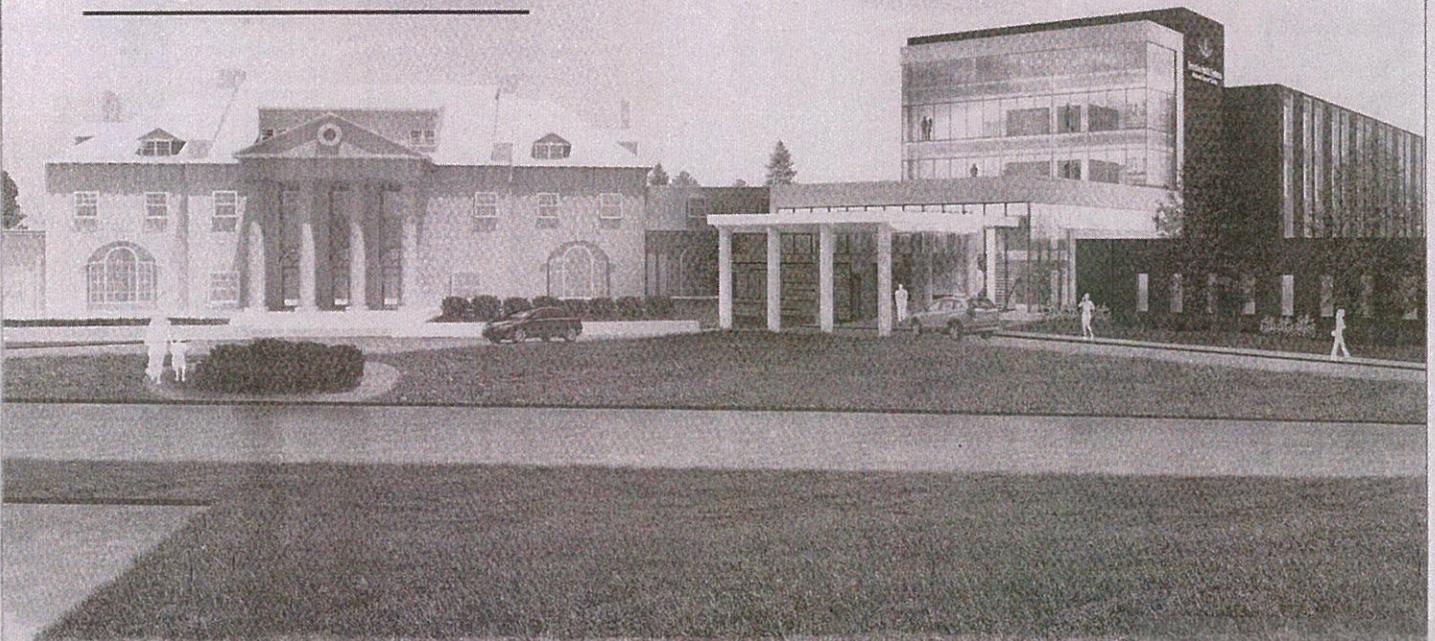
Local Projects Reflect the Evolution of Cancer Centers

Despite the strides made against cancer in the past few decades, it remains an all-too-common scourge, especially at a time when Americans are living longer than ever before. Recognizing a need for a more comprehensive, cohesive model of cancer care, hospitals across the U.S. and regionally have been building and expanding dedicated cancer centers — places patients can go to access multiple services in one visit, in an environment tailored to both their physical and emotional needs.

By JOSEPH BEDNAR

Mark Fulco recognizes the trends. In fact, as senior vice president of strategy and marketing for the Sisters of Providence Health System, it's part of his job to understand the demographic and medical trends in the region — and how SPHS should respond to them. "Every year, we do a community health-needs assessment and some ongoing tracking of what's happening with demographics and what's happening with diseases in the region," he said. "And cancer rates in our region are higher than the national trend. Meanwhile, our demographics are older than a lot of regions, and we're aging in place; there's not as much outmigration as in some other regions. And as folks age, we'll continue to see both actual and predicted growth in cancer prevalence."

A rendering of the BMC Cancer Center in Pittsfield



In short, "we said, 'wow, we've got some things we need to prepare for.'"

SPHS is doing so with a major expansion of its Sr. Caritas Cancer Center in Springfield, increasing its floor space from 16,000 square feet to almost 40,000 and bringing more cancer services together in one location.

"We're bringing radiation oncology and medical oncology under one roof, which is ideal for the patient, both from a convenience standpoint and from a comprehensive care standpoint, because they can get all their care in one place."

"We're bringing radiation oncology and medical oncology under one roof, which is ideal for the patient, both from a convenience standpoint and from a comprehensive care standpoint, because they can get all their care in one place," Fulco said. "And having everyone together in one place is very effective for clinicians because there is quite a bit of interaction between various medical specialists who provide care in the cancer center. So having everything together in one place is very efficient for both caregivers and providers."

That under-one-roof philosophy is one that has guided the recent surge in dedicated cancer centers around the country and particularly in Western Mass., where Baystate Health's 65,000-square-foot



D'Amour Center for Cancer Care and SPHS's Sr. Caritas Cancer Center, both built in 2003, pioneered the concept.

In addition to the Caritas expansion, Berkshire Health Systems, which runs Berkshire Medical Center in Pittsfield, opened the BMC Cancer Center last fall and is gradually moving all cancer services under one roof. Meanwhile, Cooley Dickinson Hospital in Northampton, which has collaborated with Massachusetts General Hospital on cancer services since 2009, is now affiliated with that institution and will open the Mass General Cancer Center at Cooley Dickinson Hospital next year.

"Cancer care is a multi-disciplinary disease," said Dr. Sean Mullally, medical director of the CDH Cancer Care Program. "It requires the input of a medical oncologist, radiation oncologist, and surgical oncologist, and it's very important, in many situa-

The Sr. Caritas Cancer Center expansion, which will more than double the facility's floor space, is expected to be completed in 18 months.

tions, to have a collaborative approach from all three specialties."

Michael Leary, director of media relations at Berkshire Medical Center, said the way cancer patients were shuttled around just a few years ago is not considered acceptable today.

"Take a step back to what cancer services were like. You may have seen the hematologist/oncologist separately, and if you needed radiation services, you saw the radiation oncologist in a different location. If you needed rehabilitation therapy, you ended up in a third location. For social work, psychology, or

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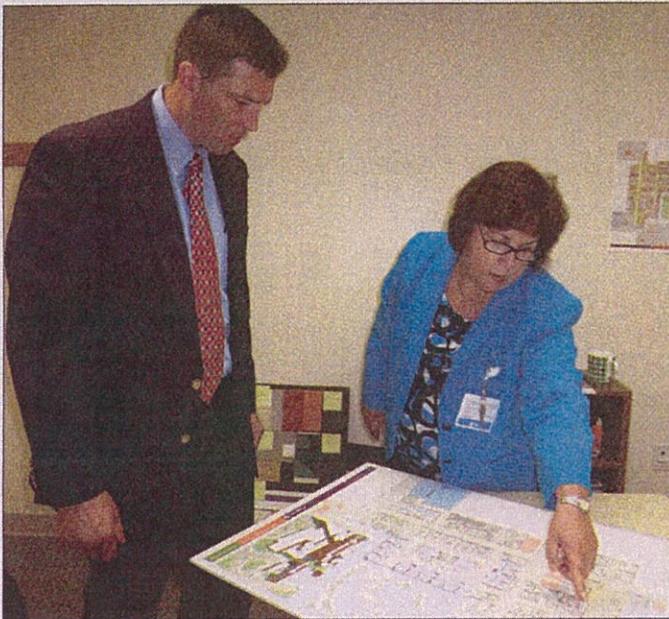
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Dr. Sean Mullally and Janet O'Connor say CDH's affiliation with the Mass General Cancer Center has only strengthened what has been a five-year collaboration.

counseling assistance of any kind, it was yet another location."

That's why the health system repurposed the original Hillcrest Hospital in Pittsfield to bring those services under one roof, said Ann McDonald, director of Oncology Services for BMC.

"We opened initially with medical oncology, infusion, and laboratory services," she told *BusinessWest*. "Over the course of the next year, we will continue to add services, start opening some integrative health services, combining nutrition services, care navigation, social work, and movement therapy."

"The next phase, which won't open until late this year, is a multi-disciplinary clinic, where patients can see a variety of physicians during treatment," she continued. "We'll have palliative-care services in the future. The last phase will be a year from now, when radiation oncology moves from its current site [at BMC] to the new cancer center. Then all our oncology physicians will see patients in one place."

In this issue, *BusinessWest* examines the recent evolution of cancer care at area hospitals and why both patients and providers are cheering the effort to bring comprehensive oncology services under one roof.

Come Together

The plans for the Caritas Center expansion, which broke ground in the spring, include medical-oncology offices, including physician offices and examination rooms, on the first floor, and medical-oncology treatment space, including 32 infusion bays, an oncology pharmacy, and laboratory space, on the second floor. The project is expected to take 18 months.

The center is also adding two medical oncologists

by the fall bringing that number to five, and has been using space in Weldon Rehabilitation Hospital — which, like the cancer center, is located on the Mercy Medical Center campus — pending the expansion of the Caritas Center.

Bringing more services into one building will offer patients much more efficient, comprehensive treat-

"Over the years, we've seen care and treatment dramatically change, both the way care is delivered and the setting."

ment, Fulco said. "By having the team together, we're able to more efficiently deliver those services."

Another driving factor in oncology, reflected in the design of the expanded cancer center, is the shift from inpatient to outpatient care. "We're preparing for that; we think more and more care will be delivered on an outpatient basis. Even today, most of it is, except for surgical treatment," he noted. "Over the years, we've seen care and treatment dramatically change, both the way care is delivered and the setting."

Meanwhile, the first phase of the new BMC Cancer Center opened in November, including the new offices of Berkshire Hematology Oncology, BMC Infusion Services, and the Cancer Center Laboratory and Pharmacy.

When the center is fully complete, it will include those departments in addition to radiation oncology — which is currently located at the main BMC cam-

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pus — and integrative support services for patients and family. The idea, Leary said, was to for individualized planning and treatment care to be provided by medical, surgical, and radiation oncologists working as a team.

"The goal was to take all the disciplines and put them together in one location, which happens to be a very beautiful location, the Hillcrest campus of Berkshire Medical Center, formerly Hillcrest Hospital," he explained. "It's a really pretty section of Pittsfield, overlooking a gorgeous lake, surrounded by pine trees and walking trails. We wanted a location for patients that was calming and soothing, but also one place they could go to receive as much care as possible. They're facing enough challenges as it is; we're making it



Ann McDonald

"We don't want people to have to go to Boston or New York. Obviously, we'd rather they stay in their community for their quality of life."

as easy as possible on them."

That's especially true in the Berkshires, he said, which is even farther from cutting-edge oncology services in Boston — or even major highways — than the other regional hospitals building or expanding

cancer centers.

"It's really important to provide this care close to home," Leary noted. "In any small community, the tendency is to think you can't get state-of-the-art, advanced care unless you go to Boston

or New York — Sloan Kettering or somewhere like that.

"But with the investments Berkshire Health Systems has made in its cancer program over the past several years, we have technology that, frankly, many cancer centers don't, including one of the highest-end versions of tomotherapy," he said, referring to a form of radiation therapy. "We do that because we don't want people to have to go to Boston or New York. Obviously, we'd rather they stay in their community for their quality of life — and it makes it easier on their families, too."

McDonald noted that BHS can also videoconference with, say, a geneticist in Boston, when necessary, so that a patient doesn't have to spend five hours on the Pike. "We can send the information and do an entire consultation in a room at the cancer center."

Getting Better

Cooley Dickinson can videoconference with Boston as well — specifically, Mass General, the institution it merged with last year.

Mullally said the affiliation expands what was already a healthy collaborative partnership when it comes to cancer care, and what is being called the Mass General Cancer Center at Cooley Dickinson will relocate into a new building on the CDH campus in 2015. The cancer center will be operated by Mass General Hospital Cancer Center, he added, and all its physicians will become Mass General doctors.

Expanded services will include access to clinical trials at Mass General Cancer Center, an increased number of chemotherapy and radiation-therapy treatment protocols, increased access to genetic screening and counseling, and, of course, implementation of Mass General's multidisciplinary care model, where patients and their medical, radiation, and surgical oncologists can meet in a single appointment to plan all aspects of care.

Janet O'Connor, the center's clinical nurse director, said the facility emphasizes both state-of-the-art treatment and services that impact body, mind, and spirit, with integrative therapies including acupuncture, massage, and Reiki.

She said the high-tech and high-touch elements of modern cancer care are equally important, reflecting the fact that reducing stress enhances healing. So, while CDH now has access to the type of cutting-edge care available at Mass General, patients will receive treatment in a building designed with a healing atmosphere in mind.

"We're building a beautiful space," O'Connor said. "The waiting room space will be very open with lots of light, and we're creating a green roof with windows looking onto the roof and greenery." The center will include 18 infusion areas, up to 12 exam rooms, and swing space for the support services, from nutrition to massage. "The idea is to keep the patient with us and bring our people to them, so they can have a consultation with a dietitian, or with someone in occupational or physical therapy ... we're providing space where they can go to the patient."

Patients and families were involved in the design phase, she added, and they will be further consulted on what kinds of committees or programs may be devel-

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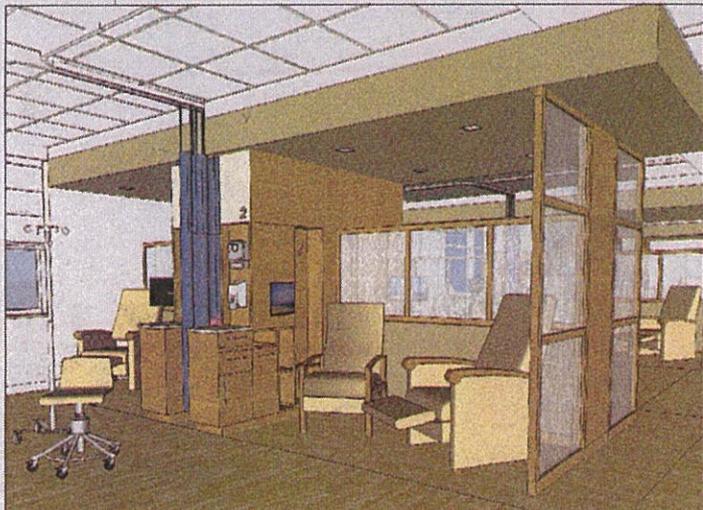
oped down the line.

Mullally also stressed the clinical-trial benefits of the Mass General affiliation, as MGH is one of the nation's leaders in targeted therapy trials in melanoma, brain tumors, and other solid tumors.

"For the most part, if people want access to clinical trials, they need to drive to Boston. In the future, we'll be able to provide many trials here, so it doesn't require a ride back and forth," he noted, adding that subspecialists at Mass General are easy to access when their consultation is needed. "They have an open-door policy; they pick up the phone."

I Feel Fine

The cancer centers at Berkshire and SPHS are also embracing some new modalities, including the STAR (Survivorship Training and Rehabilitation) Program, an evidence-based education and training program that many hospitals and cancer centers offer to their administrative



An interior rendering of the soon-to-be-expanded Sr. Caritas Cancer Center.

and clinical staff to develop more effective oncology-rehab services.

"It allows cancer patients, like those who have joint surgery, to go to rehabilitation faster and get better more quickly because of this enhanced focus on their rehab," Fulco said.

The addition of rehabilitation oncology — combined with physicians' new ability to coordinate care in one building — adds up to better quality of life for patients in Pittsfield, McDonald said.

"For so long, helping people survive was the primary outcome. As survival improves, quality-of-life treatment takes on additional meaning," she said, which is why it's important to add elements like exercise and

rehabilitation; integrative services like yoga, Reiki, and acupuncture; and nutrition education. In fact, the center will invite guest chefs in for demonstrations on cooking healthy food.

Meanwhile, Leary said, "the Berkshires are a very good place for artists, and we've lined the walls of the cancer

"It makes it more convenient, and patients have better outcomes, if all the specialties are working together at the same time."

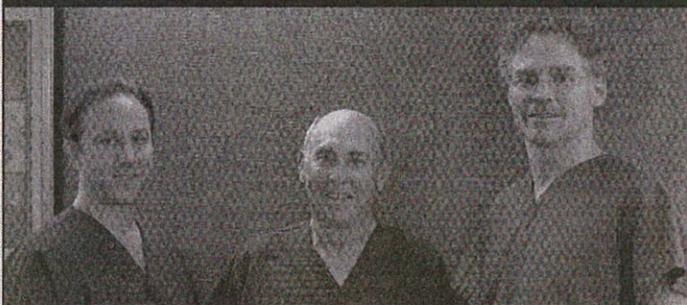
center with pieces of art by local artists. We've been able to display the talents of our community there."

All the new cancer centers take the healing environment into account, Mullally said, and CDH is no exception. In the end, though, what drives the evolution of cancer care is that emphasis on bringing services to patients under one roof, and lessening their anxiety at what may just be the worst moment of their life.

"It makes it more convenient, and patients have better outcomes, if all the specialties are working together at the same time," he said. "It makes for more patient-centered care." ■

Joseph Bednar can be reached at bednar@businesswest.com

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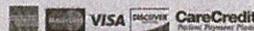
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Exhibit 5

Deputy Commissioner Janette Brankafort
Office of Health Care Access
410 Capital Ave., Hartford, CT 06106

20 October 2015

Dear Deputy Commissioner Janette Brankafort,

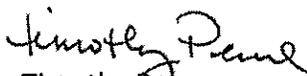
Stanley Black & Decker is proud to support the Hartford Healthcare Cancer Institute at the Hospital of Central Connecticut. As corporate partners, we've watched this project grow from the ground-up, and we stand in awe of the work they've accomplished. The Cancer Institute is an outstanding addition to our community and we are honored that we had a hand in helping their construction efforts.

Stanley Black & Decker's World Headquarters is located in New Britain, Connecticut, as are more than 1,000 of our employees. It is comforting to know that world-class care is available right in our own neighborhood for our employees and their families, should they need such services.

The Cancer Institute's warm and comforting design makes patients feel at ease when undergoing treatment and its all-inclusive facility makes it easy for patients to get the care they need without trekking to multiple locations.

Stanley Black & Decker is wholly supportive of the work that the Cancer Institute provides. We are grateful to have them so close to home and pleased to express our support for the services that they provide to our community.

Best regards,


Timothy Perra

Vice President, Communication



1 Court Street, 4th Floor | New Britain, CT 06051
Phone: 860.229.1665 | Fax: 860.223.8341

Office of Healthcare Access
c/o Deputy Commissioner Janette Brankafort
410 Capitol Avenue
Hartford, CT 06106

Re: CON HOCC Cancer Center

Dear Sirs,

Our community has recently opened a new state of the art cancer center and medical arts facility on the border of New Britain and Plainville. This project was a collaboration between Hartford HealthCare Cancer Institute and Memorial Sloan-Kettering and is unique to our region.

This facility is a wonderful compliment to the already top notch services that are provided to our residents and the patients that need these services. This location allows for many to access this type of care locally and all under one roof.

We here at the chamber have been a supportive partner with these institutions because of the need for this service in the community. The procedures being performed at this facility will allow patients the technical services and treatments they need without having to travel long distances to get them.

We fully support HOCC's request for their Certificate of Need for their Linear Accelerator and are extremely satisfied with both the facility and its' location.

Sincerely,

Timothy T. Stewart, President
Greater New Britain Chamber of Commerce

CITY OF NEW BRITAIN



The Honorable
Erin E. Stewart
Mayor

October 19, 2015

Office of Health Care Access
Deputy Commissioner Janette Brankafort
410 Capitol Avenue
Hartford, CT 06106

Dear Deputy Commissioner Brankafort,

On behalf of the residents of New Britain, I am writing to express my support for the Hospital of Central Connecticut's request for a Certificate of Need for a Linear Accelerator at the hospital's new Hartford HealthCare Cancer Institute.

The Cancer Center at the Hospital of Central Connecticut, which has a partnership with the world-renowned Memorial Sloan-Kettering, is a benefit to our community and region. Patients who previously needed these comprehensive services typically had travel out of state to access them, but today, they are right here in Central Connecticut.

The City of New Britain has maintained a close relation with The Hospital of Central Connecticut for more than a century, a relationship which has ensured that the people of our city have always had access to the highest quality of health care.

We recognize that in these fast-changing times, it is critical to be forward-looking when considering the health care needs of our community, now and in the future.

The hospital's new, all-inclusive cancer center features leading-edge technology, sophisticated clinical services, and access to the latest clinical research. But more so, it is a comforting and compassionate environment for patients who are experience a difficult time.

I urge you to support the hospital's request.

Sincerely,

Erin E. Stewart
Mayor

27 West Main Street, New Britain, CT 06051
Tel: 860.826.3303 Fax: 860.826.3308
www.newbritainct.gov
mayor@newbritainct.gov



Exhibit 6

**Hartford Healthcare
Financial Assistance Policy**

Update Date: 12/16/2010

Purpose: The purpose of this Policy is to set forth the policy of Hartford Healthcare Corporation (sometimes referred to as the “System”) governing the provision of free or discounted Health Care Services to patients who meet the System’s criteria for Financial Assistance. Specifically, this Policy will describe: (i) the eligibility criteria for Financial Assistance, and whether such assistance includes free or discounted care; (ii) the basis for calculating amounts charged to patients; (iii) the method for applying for Financial Assistance from the System’s Hospitals; (iv) the actions the System may take in the event of non-payment, including collections action and reporting to credit agencies for patients that qualify for Financial Assistance; and (v) the System measures to widely publicize this Policy within the community served by Hartford Healthcare.

Scope: This Policy applies to all Hartford Health facilities Health Care Services regardless of the location at which they are being provided by the System.

Definitions:

“Charges” means for a Health Care Service for a patient who is either Uninsured or Underinsured and who is eligible for Financial Assistance, the average of the System’s facility three best negotiated commercial payor rates for the Health Care Services.

“Eligibility Criteria” means the criteria set forth in this Policy to determine whether a patient qualifies for Financial Assistance for the Health Care Services provided by the System’s facility.

“EMTALA” means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd, as amended from time to time.

“Family” means pursuant to the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption. For purposes of this Policy, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

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

income. If a person lives with a Family, Family Income includes the income of all Family members.

“Federal Poverty Level Guidelines” means the federal poverty level guidelines established by the United States Department of Health and Human Services.

“Financial Assistance” means free or discounted Health Care Services provided to persons who, pursuant to the Eligibility Criteria, the Hospital has determined to be unable to pay for all or a portion of the Health Care Services.

“Free Bed Funds” means any gift of money, stock, bonds, financial instruments or other property made by any donor to Hartford Healthcare facilities for the purpose of establishing a fund to provide medical care to an inpatient or outpatient of Hartford Healthcare.

“Health Care Services” means Hartford Healthcare facilities (i) emergency medical services as defined by EMTALA; (ii) services for a condition which, if not promptly treated, will result in adverse change in the health status of the individual; (iii) non-elective services provided in response to life-threatening circumstances in a non-emergency department setting; and (iv) medically necessary services as determined by the System facility on a case-by-case basis at the facility’s discretion.

“Medically Indigent” means persons whom the System facility has determined to be unable to pay some or all of their medical bills because their medical bills exceed a certain percentage of their Family Income or Family assets even though they have income or assets that otherwise exceed the generally applicable Eligibility Criteria for free or discounted care under the Policy.

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

“Underinsured” means the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses such as high deductible plans that exceed his or her level of financial resources.

Policy: It is Hartford Healthcare’s policy to provide Financial Assistance to all eligible individuals who are Uninsured, Underinsured, ineligible for a government program, or otherwise unable to pay for Health Care Services due to their limited financial resources. It is also the System’s policy to provide without discrimination care for emergency medical conditions (as defined by EMTALA) to individuals regardless of their eligibility for Financial Assistance under this Policy or for government assistance.

I. Determining Eligibility.

In determining eligibility for Financial Assistance, it is important that both the System facility and the patient work collaboratively. Specifically, the System facilities will do its best to apply the Eligibility Criteria in a flexible and reasonable manner and the patient will do its best in responding to Hartford Healthcare requests for information in a timely manner.

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

2. Process for Determining Eligibility for Financial Assistance. In connection with determining eligibility for Financial Assistance, the System (i) will require that the patient complete an application for Financial Assistance along with providing other financial information and documentation relevant to making a determination of financial eligibility; (ii) may rely upon publicly available information and resources to determine the financial resources of the patient or a potential guarantor; (iii) may pursue alternative sources of payment from public and private payment benefit programs; (iv) may review the patient's prior payment history; and (v) may consider the patient's receipt of state-funded prescription programs, participation in Women, Infants and Children programs, food stamps, subsidized school lunches, subsidized housing, or other public assistance as presumptive eligibility when there is insufficient information provided by the patient to determine eligibility.

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

4. Financial Assistance Guidelines. Eligibility criteria for Financial Assistance may include, but is not limited to, such factors as Family size, liquid and non-liquid assets, employment status, financial obligations, amount and frequency of healthcare expense (i.e. Medically Indigent) and other financial resources available to the patient. Family size is determined based upon the number of dependents living in the household. In particular, eligibility for Financial Assistance will be determined in accordance with the following guidelines:

(a) Uninsured Patients:

- (i) If Family income is at or below 250% of the Federal Poverty Level Guidelines, the patient may qualify for up to a 100% discount against the System facility's Charges for Health Care Services;
- (ii) If Family income is between 250% and 400% of the Federal Poverty Level Guidelines, the patient may qualify for up to a 50% discount against the System facility's Charges for Health Care Services;
- (iii) Patients may also qualify for Free Bed Funds in accordance with the Hartford Healthcare Free Bed Funds Policy; and
- (iv) Patients may have presumptive eligibility if they are homeless and have no assets or qualify for other means-tested government programs.

(b) Underinsured Patients:

- (i) Payment plans will be extended for any patient liability (including without limitation to amounts due under high deductible plans) identified in a manner consistent with the System's Payment Plan Policy;
- (ii) If Family Income is at or below 250% of the Federal Poverty Level Guidelines, the patient may qualify for up to a 100% discount against the lesser of (a) the account balance after insurance payments from third-party payors are applied; or (b) the Charges for the Health Care Services;
- (iii) If Family Income is between 250% and 400% of the Federal Poverty Level Guidelines, the patient may qualify for up to 50% discount against the lesser of (a) the account balance after insurance payments from third-party payors are applied; or (b) the Charges for the Health Care Services;
- (v) Patients may also qualify for Free Bed Funds in accordance with Hartford Healthcare Free Bed Funds Policy; and
- (vi) Patients may have presumptive eligibility if they are homeless and have no assets or qualify for other means-tested government programs.

- (c) **Medically Indigent:** Patients will be required to submit a Financial Assistance application along with other supporting documentation, such as medical bills, drug and medical device bills and other evidence relating to high-dollar medical liabilities, so that the Hartford Healthcare System Hardship Committee can determine whether the patient qualifies for Financial Assistance due to the patient's medical expenses and liabilities.

II. Method for Applying for Financial Assistance. Patients may ask any nurse, physician, chaplain, or staff member from Patient Registration, Patient Accounts, Office of Professional Services, Case Coordination, or Social Services about initiating the Financial Assistance application process. Information about applying for Financial Assistance is also available online at www.hartfordhealthcare.org. Signage and written information regarding how to apply for Financial Assistance will be available in Hartford Healthcare facilities emergency service and patient registration areas. Once a patient or his or her legal representative requests information about Financial Assistance, a Financial Counselor will provide the patient or his or her legal representative with the Financial Assistance application along with a list of the required documents that must be provided to process the application. If the patient or his or her legal representative does not provide the necessary documentation and information required to make a Financial Eligibility determination within fourteen (14) calendar days of the Hartford Healthcare facility's request, the Financial Assistance application will be deemed incomplete and rendered void. However, if an application is deemed complete by the System facility, the System facility will provide to the patient or his or her legal representative a written determination of financial eligibility within five (5) business days. Decisions by the System facilities that the patient does not qualify for Financial Assistance may be appealed by the patient or his or her legal representative within fourteen (14) calendar days of the determination. If the patient or his or her legal representative appeals the determination, the Director of Patient Access will review the determination along with any new information and render a final decision within five (5) business days.

III. Relationship to Hartford Healthcare Collection Practices. In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted Charges pursuant to this Policy, and the patient does not pay timely their obligations to Hartford Healthcare, the System reserves the right to institute and pursue collection actions and to pursue any remedies available at law or in equity, including but not limited to, imposing wage garnishments or filing and foreclosing on liens on primary residences or other assets, instituting and prosecuting legal actions and reporting the matter to one or more credit rating agencies. For those patients who qualify for Financial Assistance and who, in the System's sole determination, are cooperating in good faith to resolve the System's outstanding accounts, the System facilities may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

IV. Publication and Education. Hartford Healthcare facilities will disseminate information about its Financial Assistance Policy as follows: (i) provide signage

regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other System patient registration areas; (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in all admission, patient registration, discharge, billing and collection written communications; (iii) post the Policy on the System's web site with clear linkage to the Policy on the System's home page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (v) include the tag line "Please ask about our Financial Assistance Policy" in all Hartford Healthcare written advertisements.

V. Relation to Free Bed Funds. If a patient applies for Financial Assistance, Hartford Healthcare facilities will determine his or her eligibility for Financial Assistance and or Free Bed Funds.

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

Reviewed By: Niobus Queiro, Revenue Cycle Director, Hartford Healthcare Corporation
Shelly McCafferty, PFS Director, Hartford Healthcare Corporation
Becky Peters, PAS Director, Hartford Hospital
Joan Feldman, Legal Counsel to Hartford Healthcare Corporation

Approved By: _____ Thomas Marchozzi, EVP & CFO Hartford Healthcare Corp.

Date: _____ October 1, 2010 _____

Issued Date: 08/16/2010

Exhibit 7

NON-PROFIT

Applicant:
Financial Worksheet (A)

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

| LINE | Total Entity: Description | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |
|---|---|---------------------------|--------------------------------|----------------------------------|-------------------------------|--------------------------------|----------------------------------|-------------------------------|--------------------------------|----------------------------------|-------------------------------|--------------------------------|----------------------------------|-------------------------------|
| | | FY14 Actual Results | FY16 Projected W/out CON | FY16 Projected Incremental | FY16 Projected With CON | FY17 Projected W/out CON | FY17 Projected Incremental | FY17 Projected With CON | FY18 Projected W/out CON | FY18 Projected Incremental | FY18 Projected With CON | FY19 Projected W/out CON | FY19 Projected Incremental | FY19 Projected With CON |
| A. OPERATING REVENUE | | | | | | | | | | | | | | |
| 1 | Total Gross Patient Revenue | \$864,609,377 | \$826,963,276 | \$1,245,273 | \$828,208,549 | \$813,777,000 | \$1,819,186 | \$815,596,186 | \$806,440,192 | \$2,105,906 | \$808,546,098 | \$804,787,080 | \$2,398,558 | \$807,185,638 |
| 2 | Less: Allowances | \$480,182,282 | \$477,400,669 | \$855,787 | \$478,256,456 | \$463,574,818 | \$1,250,197 | \$464,825,014 | \$455,018,235 | \$1,447,239 | \$456,465,474 | \$449,691,006 | \$1,648,357 | \$451,339,363 |
| 3 | Less: Charity Care | \$17,256,889 | \$11,430,212 | \$45,041 | \$11,475,254 | \$11,299,306 | \$65,800 | \$11,365,106 | \$11,235,310 | \$76,170 | \$11,311,481 | \$11,226,453 | \$86,756 | \$11,313,208 |
| 4 | Less: Other Deductions | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Net Patient Service Revenue | \$367,170,206 | \$338,132,395 | \$344,444 | \$338,476,840 | \$338,902,877 | \$503,190 | \$339,406,066 | \$340,186,647 | \$582,497 | \$340,769,144 | \$343,869,622 | \$663,445 | \$344,533,066 |
| 5 | Medicare | \$141,006,942 | \$113,513,994 | \$134,317 | \$113,648,311 | \$111,459,612 | \$196,220 | \$111,655,831 | \$110,512,466 | \$227,146 | \$110,739,612 | \$110,656,997 | \$258,711 | \$110,915,709 |
| 6 | Medicaid | \$65,152,293 | \$51,111,596 | \$36,074 | \$51,147,670 | \$50,615,505 | \$52,700 | \$50,668,204 | \$50,372,803 | \$61,005 | \$50,433,808 | \$50,376,053 | \$69,483 | \$50,445,537 |
| 7 | CHAMPUS & Tricare | \$159,342 | \$220,255 | \$0 | \$220,255 | \$219,118 | \$0 | \$219,118 | \$218,985 | \$0 | \$218,985 | \$218,892 | \$0 | \$218,892 |
| 8 | Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Total Government | \$206,318,576 | \$164,845,845 | \$170,391 | \$165,016,236 | \$162,294,234 | \$248,919 | \$162,543,153 | \$161,104,254 | \$288,151 | \$161,392,405 | \$161,251,943 | \$328,195 | \$161,580,137 |
| 9 | Commercial Insurers | \$152,202,010 | \$154,554,713 | \$171,659 | \$154,726,372 | \$158,047,019 | \$250,772 | \$158,297,791 | \$160,605,660 | \$290,296 | \$160,895,956 | \$164,144,471 | \$330,638 | \$164,475,109 |
| 10 | Uninsured | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 11 | Self Pay | \$695,907 | \$14,387,820 | \$2,394 | \$14,390,214 | \$14,220,385 | \$3,498 | \$14,223,883 | \$14,138,100 | \$4,049 | \$14,142,149 | \$14,126,458 | \$4,612 | \$14,131,070 |
| 12 | Workers Compensation | \$7,953,712 | \$4,344,017 | \$0 | \$4,344,017 | \$4,341,238 | \$0 | \$4,341,238 | \$4,338,633 | \$0 | \$4,338,633 | \$4,346,750 | \$0 | \$4,346,750 |
| 13 | Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Total Non-Government | \$160,851,630 | \$173,286,550 | \$174,054 | \$173,460,604 | \$176,608,642 | \$254,270 | \$176,862,913 | \$179,082,392 | \$294,346 | \$179,376,738 | \$182,617,679 | \$335,250 | \$182,952,929 |
| | Net Patient Service Revenue (Government+Non-Government) | \$367,170,206 | \$338,132,395 | \$344,444 | \$338,476,840 | \$338,902,877 | \$503,190 | \$339,406,066 | \$340,186,647 | \$582,497 | \$340,769,144 | \$343,869,622 | \$663,445 | \$344,533,066 |
| 14 | Less: Provision for Bad Debts | \$5,458,239 | \$6,197,828 | \$25,833 | \$6,223,662 | \$6,126,847 | \$37,739 | \$6,164,586 | \$6,092,146 | \$43,687 | \$6,135,834 | \$6,087,343 | \$49,758 | \$6,137,102 |
| | Net Patient Service Revenue less provision for bad debts | \$361,711,967 | \$331,934,567 | \$318,611 | \$332,253,178 | \$332,776,030 | \$465,450 | \$333,241,480 | \$334,094,501 | \$538,809 | \$334,633,310 | \$337,782,278 | \$613,686 | \$338,395,965 |
| 15 | Other Operating Revenue | \$11,024,317 | \$17,308,996 | \$0 | \$17,308,996 | \$17,482,086 | \$0 | \$17,482,086 | \$17,656,907 | \$0 | \$17,656,907 | \$17,833,476 | \$0 | \$17,833,476 |
| 17 | Net Assets Released from Restrictions | \$1,351,596 | \$863,784 | \$0 | \$863,784 | \$881,060 | \$0 | \$881,060 | \$898,681 | \$0 | \$898,681 | \$916,654 | \$0 | \$916,654 |
| | TOTAL OPERATING REVENUE | \$374,087,880 | \$350,107,347 | \$318,611 | \$350,425,958 | \$351,139,176 | \$465,450 | \$351,604,626 | \$352,650,088 | \$538,809 | \$353,188,898 | \$356,532,409 | \$613,686 | \$357,146,095 |
| B. OPERATING EXPENSES | | | | | | | | | | | | | | |
| 1 | Salaries and Wages | \$148,416,218 | \$138,957,353 | \$0 | \$138,957,353 | \$141,541,184 | \$148,745 | \$141,689,930 | \$145,221,363 | \$151,720 | \$145,373,083 | \$150,013,547 | \$154,755 | \$150,168,302 |
| 2 | Fringe Benefits | \$45,122,344 | \$41,786,339 | \$0 | \$41,786,339 | \$42,386,719 | \$0 | \$42,386,719 | \$43,526,172 | \$0 | \$43,526,172 | \$44,986,411 | \$0 | \$44,986,411 |
| 3 | Physicians Fees | \$9,980,614 | \$10,072,108 | \$0 | \$10,072,108 | \$10,273,550 | \$0 | \$10,273,550 | \$10,479,021 | \$0 | \$10,479,021 | \$10,688,602 | \$0 | \$10,688,602 |
| 4 | Supplies and Drugs | \$49,864,651 | \$47,205,060 | \$6,905 | \$47,211,965 | \$48,149,161 | \$10,288 | \$48,159,450 | \$49,112,144 | \$12,148 | \$49,124,293 | \$50,094,387 | \$14,113 | \$50,108,500 |
| 5 | Depreciation and Amortization | \$18,225,335 | \$15,582,714 | \$220,934 | \$15,803,648 | \$14,084,770 | \$220,934 | \$14,305,704 | \$12,102,586 | \$220,934 | \$12,323,520 | \$10,640,891 | \$220,934 | \$10,861,825 |
| 6 | Provision for Bad Debts-Other ^b | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 7 | Interest Expense | \$1,418,199 | \$3,229,521 | \$0 | \$3,229,521 | \$3,221,133 | \$0 | \$3,221,133 | \$3,219,261 | \$0 | \$3,219,261 | \$3,087,080 | \$0 | \$3,087,080 |
| 8 | Malpractice Insurance Cost | \$3,957,824 | \$3,638,818 | \$0 | \$3,638,818 | \$3,747,983 | \$0 | \$3,747,983 | \$3,860,422 | \$0 | \$3,860,422 | \$3,976,235 | \$0 | \$3,976,235 |
| 9 | Lease Expense | \$3,525,833 | \$3,354,228 | \$0 | \$3,354,228 | \$3,410,296 | \$0 | \$3,410,296 | \$3,117,118 | \$0 | \$3,117,118 | \$3,167,537 | \$0 | \$3,167,537 |
| 10 | Other Operating Expenses | \$78,793,066 | \$73,179,935 | \$29,871 | \$73,209,805 | \$70,503,570 | \$44,510 | \$70,548,080 | \$67,473,142 | \$52,555 | \$67,525,697 | \$65,438,733 | \$61,056 | \$65,499,789 |
| | TOTAL OPERATING EXPENSES | \$359,304,084 | \$337,006,076 | \$257,709 | \$337,263,785 | \$337,318,366 | \$424,478 | \$337,742,843 | \$338,111,229 | \$437,358 | \$338,548,587 | \$342,093,423 | \$450,858 | \$342,544,281 |
| | INCOME/(LOSS) FROM OPERATIONS | \$14,783,796 | \$13,101,271 | \$60,902 | \$13,162,173 | \$13,820,810 | \$40,973 | \$13,861,783 | \$14,538,859 | \$101,452 | \$14,640,311 | \$14,438,986 | \$162,828 | \$14,601,814 |
| | NON-OPERATING REVENUE | \$9,562,104 | \$5,000,000 | \$0 | \$5,000,000 |
| | EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES | \$24,345,900 | \$18,101,271 | \$60,902 | \$18,162,173 | \$18,820,810 | \$40,973 | \$18,861,783 | \$19,538,859 | \$101,452 | \$19,640,311 | \$19,438,986 | \$162,828 | \$19,601,814 |
| | Principal Payments | \$2,329,243 | \$591,000 | \$0 | \$591,000 | \$523,000 | \$0 | \$523,000 | \$580,000 | \$0 | \$580,000 | \$613,000 | \$0 | \$613,000 |
| C. PROFITABILITY SUMMARY | | | | | | | | | | | | | | |
| 1 | Hospital Operating Margin | 3.9% | 3.7% | 19.1% | 3.7% | 3.9% | 8.8% | 3.9% | 4.1% | 18.8% | 4.1% | 4.0% | 26.5% | 4.0% |
| 2 | Hospital Non Operating Margin | 2.5% | 1.4% | 0.0% | 1.4% | 1.4% | 0.0% | 1.4% | 1.4% | 0.0% | 1.4% | 1.4% | 0.0% | 1.4% |
| 3 | Hospital Total Margin | 6.3% | 5.1% | 19.1% | 5.1% | 5.3% | 8.8% | 5.3% | 5.5% | 18.8% | 5.5% | 5.4% | 26.5% | 5.4% |
| | D. FTEs | 2,002 | 1,784 | 0 | 1,784 | 1,756 | 2 | 1,758 | 1,741 | 2 | 1,743 | 1,737 | 2 | 1,739 |
| E. VOLUME STATISTICS^c | | | | | | | | | | | | | | |
| 1 | Inpatient Discharges | 15,640 | 14,683 | 0 | 14,683 | 14,096 | 0 | 14,096 | 13,729 | 0 | 13,729 | 13,578 | 0 | 13,578 |
| 2 | Outpatient Visits | 265,733 | 372,619 | 0 | 372,619 | 380,071 | 0 | 380,071 | 387,673 | 0 | 387,673 | 395,426 | 0 | 395,426 |
| 3 | Linac Treatments | 6,336 | 6,336 | 630 | 6,966 | 6,336 | 920 | 7,256 | 6,336 | 1,065 | 7,401 | 6,336 | 1,213 | 7,549 |
| | TOTAL VOLUME | 287,709 | 393,638 | 630 | 394,268 | 400,504 | 920 | 401,424 | 407,738 | 1,065 | 408,803 | 415,340 | 1,213 | 416,553 |

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

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

^cProvide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Exhibit 8



Demand for Radiation Therapy Projected to Outpace Supply of Radiation Oncologists

MORE



UT MD Anderson research shows tenfold difference between supply and demand over next decade

MD Anderson News Release 10/18/10

Between 2010 and 2020, the demand for radiation therapy will exceed the number of radiation oncologists practicing in the U.S. tenfold, which could profoundly affect the ability to provide patients with sufficient access to treatment, according to new research from The University of Texas MD Anderson Cancer Center.

The study, published in the October 18, 2010 issue of *The Journal of Clinical Oncology*, estimates that over the next decade, the number of cancer patients requiring radiation therapy will increase by 22 percent, while the number of full-time equivalent radiation oncologists entering the workforce will increase by just two percent. Researchers based their calculations on projections that in 2010, 3,943 radiation oncologists will treat an estimated 470,000 patients in the U.S.

According to Benjamin Smith, M.D., assistant professor in the Department of Radiation Oncology at MD Anderson and lead author of the study, radiation therapy is critical in the cancer care continuum, making the need for solutions that will resolve the gap a priority to continue providing the best cancer care possible. With this in mind, researchers also outlined stop-gap measures to address the shortage, including adopting more team-care models, altering the length of treatment and gradually increasing the size of residency training programs.

The findings add to the growing body of literature compiled by the American Society for Clinical Oncology and other organizations on the projected shortage of cancer doctors over the next ten years, which is driven largely by demographic changes, including an increase in older adults and minorities, groups in which certain cancers are more prevalent. Data from

the study approximates that the need for radiation therapy for adults ages 65 and older will increase 38 percent; for minorities, demand will increase by 45 percent.

"Shortages mean double trouble," said Smith. "Since research has shown that a delay between diagnosis and the start of radiation therapy can reduce its effectiveness, oncologists and radiologists must collaborate even more so the quality of care doesn't break down at multiple points."

Further research is needed to determine how practices can be changed to accommodate more patients and better provide radiation therapy without compromising quality of and access to care, Smith said. In the paper, the researchers offered several strategies to offset the shortage:

- * Adopt a patient management team model: Incorporating physician assistants and/or advanced practice registered nurses to assist physicians in caring for patients receiving radiation therapy in order to increase the number of patients who can receive care at the same time;
- * Provide shorter radiation treatment courses: In many situations, shorter treatment courses have been proven to be more efficient than, and just as effective as, long course radiation; and
- * Increase the size of residency programs: A gradual increase in the number of trainees admitted to programs would help to increase the number of radiation oncologists available to treat patients over the next ten years.

Smith and colleagues estimated demand for radiation therapy by multiplying the current use of radiation therapy by population projections. To project the number of radiation oncologists in 2020, researchers examined the current number of board certified radiation oncologists and active residents who would become certified by 2014, being sensitive to age and gender, to determine approximate retirement age and full-time status. This model was then used to simulate the class composition for the remainder of the decade.

To measure the demand for radiation therapy and the supply of radiation oncologists, researchers used figures on current radiation therapy use and population projections from the Surveillance, Epidemiology and End Results (SEER)-17 database, the U.S. Census and American Board of Radiology data on the current workforce and trainees.

"For the first time, we have a clearer sense of how a shortage in the oncology field may play out," said Smith. "While our projections in the number of full time practicing radiation oncologists are the most accurate to date, the actual gap between patients and radiation oncologists will depend on the role of and need for radiation therapy in the future."

In addition to Smith, other MD Anderson researchers contributing to this study include: Thomas A. Buchholz, M.D. and Grace Li Smith, M.D., both Department of Radiation

Oncology. Co-authors include: Bruce G. Haffty, M.D., Department of Radiation Oncology, Cancer Institute of New Jersey; Lynn D. Wilson, M.D., Department of Therapeutic Radiology, Yale University School of Medicine; and Akshar N. Patel, Department of Radiation Oncology, Cancer Institute of New Jersey. 10/18/10

Media Specialist Contact

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Supplemental CON Application Form
Acquisition of Equipment
Conn. Gen. Stat. § 19a-638(a)(10),(11)

Applicant: Hospital of Central Connecticut

Project Name: Relocation of Linear Accelerators

Affidavit

Applicant: Hospital of Central Connecticut

Project Title: Relocation of Linear Accelerators

I, Lucille Janatka, Senior Vice President, Hartford HealthCare and President, Hartford HealthCare Central Region, being duly sworn, depose and state that the Hospital of Central Connecticut complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature  Date 1/28/16

Subscribed and sworn to before me on 1/28/16



Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2017

1. Project Description: Acquisition of Equipment

- a. Provide the manufacturer, model and number of slices/tesla strength of the proposed scanner (as appropriate to each piece of equipment).**

HOCC is seeking approval for the relocation of 2 Linacs. The specifications of the 2 Linacs are as follows:

- TrueBeam STX manufactured by Varian Medical Systems
- Varian 21EX manufactured by Varian Medical Systems

- b. List each of the Applicant’s sites and the imaging modalities currently offered by location.**

All of HOCC’s radiation therapy services were provided on its main campus located at 100 Grand Street, New Britain, CT. As discussed in this Application, HOCC seeks approval for the relocation of its Linacs to its Cancer Center, which is located at 183 North Mountain Road, New Britain, CT.

2. Clear Public Need

- a. Complete Table A for each piece of equipment of the type proposed currently operated by the Applicant at each of the Applicant’s sites.**

TABLE A
EXISTING EQUIPMENT OPERATED BY THE APPLICANT

| Provider Name/Address | Service* | Days/Hours of Operation ** | Utilization*** Rolling year December 2014- November 2015 |
|-----------------------|--|----------------------------|---|
| Varian EX | Radiation Therapy External Beam | Monday through Friday 8-5 | 5481 |
| Varian TrueBeam | Radiation Therapy External Beam and Radiosurgery and Stereotactic Treatments | Monday through Friday 8-5 | 0 |
| Novalis | Radiosurgery and Stereotactic Treatments | Monday through Friday 8-5 | 235 |

*Include equipment strength (e.g. slices, tesla strength), whether the unit is open or closed (for MRI)

**Days of the week unit is operational, and start and end time for each day

***Number of scans/exams performed on each unit for the most recent 12-month period (identify period).

Additional volume came from the 2100C which was taken off-line (approximately an additional 500 treatments. These treatments are now being performed on the EX)

b. Provide the rationale for locating the proposed equipment at the proposed site;

HOCC invested capital to develop a free standing Cancer Center which would create a single location for all of a patient's cancer needs. This will permit HOCC to provide a single standard of care and advanced technology under one roof. The Cancer Center houses primary care physicians and specialists making the process of receiving treatment for cancer easier to manage. The Cancer Center also provides improved access on a bus route, ground level entry and easy parking. HOCC's radiation therapy department invested capital in improving the technology with the Truebeam Linac and a sophisticated treatment planning system. The ornate setting provides services such as nurse navigators, social workers, nutritionists, program coordinators and support groups for the patient and the patient's caregivers. The onsite lab services provide the patients the opportunity to have their blood work taken care of without having to drive to an additional site. The Cancer Center also has a comprehensive medical imaging department and breast center allowing patients to have all of their imaging needs under one roof. Having the patient's physicians in a single location makes for the experience to be more efficient, saving time traveling from site to site and often provides same day appointments. Often patients can have a diagnostic study and see their physician on the same day making the experience much more convenient and reducing stress waiting for appointment times and results of exams.

3. Actual and Projected Volume

- a. Complete the following tables 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 proposed pieces of equipment (of the type proposed, at the proposed location only). In Table B, report the units of service by piece of equipment, and in Table C, report the units of service by type of exam (e.g. if specializing in orthopedic, neurosurgery, or if there are scans that can be performed on the proposed scanner that the Applicant is unable to perform on its existing scanners).**

TABLE B
HISTORICAL, CURRENT, AND PROJECTED VOLUME, BY EQUIPMENT UNIT

| Equipment*** | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* | Projected Volume (First 3 Full Operational FYs)** | | |
|--------------|---|-------------|-------------|----------------|--|-------------|-------------|
| | FY 2013 | FY 2014 | FY2015 | FY2016 | FY2017 | FY2018 | FY2019 |
| Varian EX | 5902 | 5628 | 3774 | 856 | 3328 | 3395 | 3462 |
| TrueBeam | 0 | 0 | 2685 | 694 | 3928 | 4007 | 4087 |
| Varian 2100C | 101 | 479 | 154 | | | | |
| Novalis | 684 | 229 | 246 | 5 | | | |
| Total | 6687 | 6336 | 6859 | 1558 | 7256 | 7401 | 7549 |

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

**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.

***Identify each scanner separately and add lines as necessary. Also break out inpatient/outpatient/ED volumes if applicable.

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

TABLE C
HISTORICAL, CURRENT, AND PROJECTED VOLUME, BY TYPE OF SCAN/EXAM

| Service*** | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* | Projected Volume (First 3 Full Operational FYs)** | | |
|--------------|---|---------|--------|----------------|--|--------|--------|
| | FY 2013 | FY 2014 | FY2015 | FY2016 | FY2017 | FY2018 | FY2019 |
| | **** | **** | **** | **** | **** | **** | **** |
| Total | | | | | | | |

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

**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.

***Identify each type of scan/exam (e.g., orthopedic, neurosurgery or if there are scans/exams that can be performed on the proposed piece of equipment that the Applicant is unable to perform on its existing equipment) and add lines as necessary.

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

****Not applicable as HOCC does not maintain this information in this format.

b. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected volume by scanner and scan type.

Volume projections are based on the last half year of FY 2015. The rapid growth realized due to improved access of two Linacs as well as the new location with easier ground level parking and nearby highway access.

Additionally, the study, published in the October 18, 2010 issue of The Journal of Clinical Oncology, estimates that over the next decade, the number of cancer patients requiring radiation therapy will increase by 22 percent. In response to this growing need and the advanced technology in a new cancer center, the radiation therapy department at HOCC conservatively projects a 4% increase in volumes in fiscal year 16 and 2% annually in the subsequent 3 years.

The radiation therapy volumes at HOCC increased sharply by 8% in fiscal year 2015 as a result of the opening of new Cancer Center and the increase in marketing of the services and technology. The coordination of care has attracted patients to the Cancer Center and referring physicians have taken notice of the improved services for oncology patients.

The ease of access and having the services in a single location has attracted patients from the surrounding communities, increasing the consults and treatments. The advanced technology in the linear accelerator affords the patients the opportunity to receive their treatment locally, close to home. This allows the patient the comfort of a shorter drive, having their physicians close by. Additionally, the alliance with Memorial Sloan Kettering has increased public awareness of the service excellence HOCC provides through the standardization in care and the offering of advanced clinical trials.

After conducting an analysis of the service area, the HOCC Radiation Therapy Department determined there has been an increase in the number of patients utilizing the radiation therapy services. The residents of the primary service area of HOCC which includes New Britain, Plainville, Southington, Berlin and Newington have increased the utilization of the new Cancer Center and the radiation therapy department as follows:

- Southington 34% increase in fiscal year 15 compared to fiscal year 14
- New Britain 41% increase in the second half of the fiscal year compared to the first 6 months
- Plainville 48% increase in the second half of the fiscal year compared to the first 6 months
- Berlin 15% increase in the second half of the fiscal year compared to the first 6 months and a 43% in fiscal year 15 compared to fiscal year 14
- Newington 33% increase in the second half of the fiscal year compared to the first 6 months and 13% increase in fiscal year 15 compared to fiscal year 14

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

The volumes in FY14 decreased by 5% in comparison to the volumes reported in FY13 largely due to a loss in primary care physicians in HOCC's primary service area and the restructuring of the Hartford HealthCare hospital system into regions. The increase in primary care physicians that have been hired helped recover some

of the volume loss in 2014. The additional recruitment of PCP by Hartford Healthcare to serve in HOCC's primary service area will serve as a major referrals source for the radiation therapy department.

The new Cancer Center has served as the impetus behind the volume growth in FY 2015. After conducting an analysis of HOCC's service area, HOCC's Radiation Therapy Department determined there has been an increase in the number of patients utilizing the radiation therapy services.

The residents of the primary service area of HOCC which includes New Britain, Plainville, Southington, Berlin and Newington have increased the utilization of the new Cancer Center and the Radiation Therapy Department as follows:

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- Newington 33% increase in the second half of the fiscal year compared to the first 6 months and 13% increase in fiscal year 15 compared to fiscal year 14

d. Provide a breakdown, by town, of the volumes provided in Table C for the most recently completed FY.

**TABLE D
UTILIZATION BY TOWN**

| Town of the number of consultations for radiation therapy. The consults translate into the total number of treatments outlined in table 5 | | Utilization FY 2015 |
|---|-------|---------------------|
| AVON | 06001 | 1 |
| BLOOMFIELD | 06002 | 1 |
| BRISTOL | 06010 | 32 |
| BURLINGTON | 06013 | 5 |
| CANTON | 06019 | 1 |
| COLLINSVILLE | 06022 | 0 |
| EAST BERLIN | 06023 | 4 |
| FARMINGTON | 06032 | 8 |
| GRANBY | 06035 | 1 |
| BERLIN, KENSINGTON | 06037 | 43 |

| | | |
|-------------------|-------|----|
| MANCHESTER | 06040 | 3 |
| NEW BRITAIN | 06050 | 1 |
| NEW BRITAIN | 06051 | 57 |
| NEW BRITAIN | 06052 | 8 |
| NEW BRITAIN | 06053 | 65 |
| PLAINVILLE | 06062 | 42 |
| ROCKY HILL | 06067 | 1 |
| SIMSBURY | 06070 | 1 |
| SOUTH GLASTONBURY | 06073 | 1 |
| SOUTH WINDSOR | 06074 | 1 |
| UNIONVILLE | 06085 | 4 |
| EAST WINDSOR | 06088 | 1 |
| WINDSOR | 06095 | 2 |
| WEST HARTFORD | 06107 | 4 |
| WETHERSFIELD | 06109 | 2 |
| WEST HARTFORD | 06110 | 1 |
| NEWINGTON | 06111 | 35 |
| HARTFORD | 06114 | 3 |
| EAST HARTFORD | 06118 | 1 |
| HARTFORD | 06120 | 0 |
| ANDOVER | 06232 | 1 |
| BROOKLYN | 06234 | 0 |
| DANIELSON | 06239 | 1 |
| POMFRET CENTER | 06259 | 1 |
| JEWETT CITY | 06351 | 1 |
| NORWICH | 06360 | 1 |
| OAKDALE | 06370 | 0 |
| TAFTVILLE | 06380 | 0 |
| VOLUNTOWN | 06384 | 0 |
| CHESHIRE | 06410 | 4 |
| CLINTON | 06413 | 1 |
| COLCHESTER | 06415 | 1 |
| CROMWELL | 06416 | 5 |
| KILLINGWORTH | 06419 | 1 |
| SALEM | 06420 | 1 |
| DURHAM | 06422 | 0 |
| EAST HAMPTON | 06424 | 1 |
| IVORYTON | 06442 | 0 |
| MERIDEN | 06450 | 6 |
| MERIDEN | 06451 | 1 |
| MIDDLETOWN | 06457 | 2 |

| | | |
|----------------|-------|----|
| MILLDALE | 06467 | 1 |
| MOODUS | 06469 | 0 |
| NORTH BRANFORD | 06471 | 0 |
| OLD SAYBROOK | 06475 | 1 |
| PLANTSVILLE | 06479 | 16 |
| PORTLAND | 06480 | 4 |
| SANDY HOOK | 06482 | 0 |
| SHELTON | 06484 | 1 |
| SOUTHBURY | 06488 | 1 |
| SOUTHINGTON | 06489 | 62 |
| WALLINGFORD | 06492 | 0 |
| WESTBROOK | 06498 | 1 |
| HAMDEN | 06514 | 0 |
| NAUGATUCK | 06704 | 0 |
| WATERBURY | 06705 | 3 |
| WATERBURY | 06708 | 1 |
| WATERBURY | 06710 | 1 |
| PROSPECT | 06712 | 0 |
| WOLCOTT | 06716 | 1 |
| BETHLEHEM | 06751 | 0 |
| NAUGATUCK | 06770 | 0 |
| OAKVILLE | 06779 | 0 |
| PLYMOUTH | 06782 | 1 |
| TERRYVILLE | 06786 | 2 |

*Identify each scanner separately and add lines as necessary. Also, break out inpatient/outpatient/ED volumes if applicable and include equipment strength (e.g., slices, tesla strength), whether the unit is open or closed (for MRI).

**Fill in year

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Thursday, February 18, 2016 10:04 AM
To: Greer, Leslie
Subject: To add to record: 16-32065 HoCC
Attachments: 2 15 2 16 2 17 Affidavit- REVISED NOTICE.pdf

Hi Leslie, Attached please find affidavit for updated public notice (1 of 2) to be placed in the record. Thank you.

From: Durdy, Barbara [<mailto:Barbara.Durdy@hhchealth.org>]
Sent: Thursday, February 18, 2016 10:00 AM
To: Schaeffer-Helmecki, Jessica
Subject: RE: Jessica OHCA email

Barbara A. Durdy
Director, Strategic Planning



Hartford HealthCare

181 Patricia M. Genova Blvd.

Newington, CT 06111

Office: 860.972.4231

Cell: 203.859.8174

barbara.durdy@hhchealth.org

www.hartfordhealthcare.org

From: Schaeffer-Helmecki, Jessica [<mailto:Jessica.Schaeffer-Helmecki@ct.gov>]
Sent: Thursday, February 18, 2016 9:59 AM
To: Durdy, Barbara
Subject: Jessica OHCA email

Here is my email address

Jessica Schaeffer-Helmecki

Office of Health Care Access

Connecticut Department of Public Health

410 Capitol Avenue, MS #13 HCA, Hartford, Connecticut 06134

P: (860) 509-8075 | F: (860) 418-7053 | E: jessica.schaeffer-helmecki@ct.gov

AFFIDAVIT OF DISTRIBUTION

STATE OF Connecticut)

COUNTY OF Hartford)

CITY OF New Britain)

I, Leigh Ann Fletcher, being duly sworn on oath now and during all times

herein stated, have been the publisher and designated agent of the publication known as,

New Britain Herald ("Publication")

and have full knowledge of the facts herein stated as follows:

The Public Notice for The Hospital of Central Connecticut ("Ad/Advertiser") with Insertion

Order No. 024344 was distributed to the Publication's full circulation on

the 15th, 16th and 17th day of February, 2016.

By: Leigh Ann Fletcher
Leigh Ann Fletcher

Subscribed and sworn to before me
this day of 17th FEBRUARY, 2016. Notary seal:

Anna R. Lichniak

Notary Public

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Thursday, February 18, 2016 10:05 AM
To: Greer, Leslie
Subject: To Add to Record: 16-32065 HoCC
Attachments: 2.15 Tear Sheet.pdf; 2.16 Tear Sheet.pdf; 2.17 Tear Sheet.pdf

Here are the actual tear sheets. These can be added to the record as well, thanks.

From: Durdy, Barbara [<mailto:Barbara.Durdy@hhchealth.org>]
Sent: Thursday, February 18, 2016 10:02 AM
To: Schaeffer-Helmecki, Jessica
Subject: RE: Jessica OHCA email

Barbara A. Durdy
Director, Strategic Planning



Hartford HealthCare

181 Patricia M. Genova Blvd.

Newington, CT 06111

Office: 860.972.4231

Cell: 203.859.8174

barbara.durdy@hhchealth.org

www.hartfordhealthcare.org

From: Schaeffer-Helmecki, Jessica [<mailto:Jessica.Schaeffer-Helmecki@ct.gov>]
Sent: Thursday, February 18, 2016 9:59 AM
To: Durdy, Barbara
Subject: Jessica OHCA email

Here is my email address

Jessica Schaeffer-Helmecki

Office of Health Care Access

Connecticut Department of Public Health

410 Capitol Avenue, MS #13 HCA, Hartford, Connecticut 06134

P: (860) 509-8075 | F: (860) 418-7053 | E: jessica.schaeffer-helmecki@ct.gov



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505-535

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520

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P1 & P2 PLUMBER
Please call 860-604-8827.

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Legals
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FARMINGTON - Modern 1st FL office space. Approx 1100 sf. BA/kitchen, plenty of pkg, close to hways. \$1,250. 860-559-93349, RE Agent.

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- Occasionally retrieve retention samples to aide in customer service complaints.
- Adhere to safety procedures and company guidelines outlined in the company's employee handbook.

REQUIREMENTS:

- High school diploma or equivalent.
- Experience working in a quality control function and GMP regulated manufacturing environment is preferred.
- Willingness to cross-train for other positions in the Quality Department.
- Experience with aseptic techniques.
- Ability to stand for extended periods of time.
- Ability to lift and/or maneuver up to 50 lbs.
- Detail oriented and work well independently and with a team.
- Working knowledge of MS Office.
- Ability to work varying or additional hours and on the weekends as needed.

If you wish to apply, please e-mail your resume to qualityjobs@ultimatenutrition.com. Thank you. 059840

SUDOKU

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 6 | 2 | | | | 7 | | 3 |
| | | 5 | 4 | 3 | | | 2 |
| | | | | 9 | 2 | | |
| 3 | | | | | | | 1 |
| | | 3 | | | 5 | | |
| | 2 | | | | | | 8 |
| | | | 7 | 1 | | | |
| 1 | | | 6 | 3 | 4 | | |
| 8 | | 6 | | | | 1 | 2 |

See Sudoku solution on TV page.

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Public Notice Filing for The Hospital of Central Connecticut Termination and Reestablishment of Radiation Therapy Services

| | |
|-----------------------------|---|
| Statutory Reference: | Connecticut General Statutes §19a-638 |
| Applicant: | The Hospital of Central Connecticut |
| Project Address: | The Hospital of Central Connecticut Cancer Center 183 North Mountain Road New Britain, Connecticut 06050 |
| Proposal: | The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to terminate its radiation therapy services on its main campus and reestablish these radiation therapy services at its new cancer center located in New Britain, CT. |
| Capital Expenditure: | \$2,209,339 |

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NEW BRITAIN - Allen St, 1 BR, inc ht/hw/cooking gas, appl. \$695. **No pets.** 860-826-6757.

Clay R. Pollan's

THAT DAILY PUZZLER SCRAM-LETS® WORD GAME

Edited by Ray & Rosemary Gray

1 Rearrange letters of the four scrambled words below to form four simple words.

S L O Y G S

1 2

N A T O G

3 4

N A C H R

5 6 2/16/16

V I R N D E

7 8

2 PRINT NUMBERED LETTERS IN SQUARES

3 UNSCRAMBLE FOR ANSWER

4 Complete the chuckle quoted by filling in the missing words you develop from step No.3 below.

SCRAMLETS ANSWERS 2/16/16

glossy - tango - ranch - driven - anything

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Send resume and salary requirements to:
Ct Spring & Stamping Corporation
48 Spring Lane
Farmington, CT 06034
Attn: Debbe Bayerowski
E-mail: apply@ctspring.com
Fax: 860-677-0762

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Local Manufacturer is hiring for the following positions:
* **TOOL & DIE MAKER**
Progressive Die, strong trouble-shooting skills a plus.
* **SECONDARY DEPT LEAD MAN**
* **MANUFACTURING ENGINEER** - Metal Stamping/Tool & Die Experience. Interested applicants submit to: Human Resources, PO Box 412, Kensington, CT 06037.

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FARMINGTON - Modern 1st FL office space. Approx 1100 sf. BA/kitchen, plenty of pkg, close to hwy. \$1,250. 860-559-93349, RE Agent.

Garage/Space/Land 750

STORAGE CONTAINERS FOR RENT. 40 ft long, 8 ft wide, 8 ft high. \$150.00/month. 860-874-2474 or 860-729-1010.

Mobile Homes 755

PLAINVILLE - THINK NEW! 2 BR, 1 BA, stove, fridge, w/d hkps. \$38,500. Liberty Mobile Homes (860)747-6881

Legals 0900

Legals 0900

Legals 0900

Public Notice Filing for The Hospital of Central Connecticut Termination and Reestablishment of Radiation Therapy Services

Statutory Reference: Connecticut General Statutes §19a-638

Applicant: The Hospital of Central Connecticut

Project Address: The Hospital of Central Connecticut Cancer Center
183 North Mountain Road
New Britain, Connecticut 06050

Proposal: The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to terminate its radiation therapy services on its main campus and reestablish these radiation therapy services at its new cancer center located in New Britain, CT.

Capital Expenditure: \$2,209,339

Develop the classified habit. You'll be cash ahead.

Help Wanted 520

Help Wanted 520

NEWSPAPER DELIVERY Dependable Distributors is looking for Drivers -

Independent Contractor home delivery routes and stores/vending box routes available in the towns of - Bristol, New Britain, Plainville and Southington.

Make some great extra money while not interfering with your daily schedule. Work a few hours in the early morning, 7 days a week making newspaper deliveries. You must have a reliable vehicle and a valid driver's license & insurance.

If you are interested or would like more information, Please call Sitto or MaryAnn @ 860 241-6668.

SUDOKU

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | 1 | | | | | 9 |
| 1 | 2 | | | | | | | |
| 5 | | | 7 | 9 | | 1 | | |
| | | | | 7 | 4 | | | 8 |
| | 5 | 8 | | | | 4 | 2 | |
| | 3 | | 6 | 8 | | | | |
| | | 6 | | 2 | 1 | | | 9 |
| | | | | | | | 3 | 8 |
| 4 | | | | | 3 | | | |

See Sudoku solution on TV page.

NEW BRITAIN HERALD

Classifieds 860-229-8687

PLACING AN AD IS EASY. JUST CALL!

| | | | | | | | |
|--------------------------------|---------------------------------|-----------------------------|---------------------------|---------------------------|-----------------------------|---------------------------------|----------------------------|
| Industrial Space 741 | ANNOUNCEMENTS 105-130 | Wanted to Buy 299 | Help Wanted 520 | Help Wanted 520 | Office/Studio 745 | Garage/Space/Land 750 | Mobile Homes 755 |
|--------------------------------|---------------------------------|-----------------------------|---------------------------|---------------------------|-----------------------------|---------------------------------|----------------------------|

BRISTOL - 460 sf, \$400. 800 sf, \$600. 1500 sf, \$750. 6000 sf, \$3000. Central Bristol. 860-729-1010.

Legals
0900

LEGAL NOTICE
Notice is hereby given that by a majority vote of the New Britain Common Council at their Regular Meeting held on February 10, 2016, two resolutions amending the Code of Ordinances were adopted and signed by Mayor Erin E. Stewart on February 16, 2016.

Notice is also hereby given that printed copies of said resolution may be obtained at the office of the Town & City Clerk, 27 West Main St., New Britain, CT 06051.

ATTEST: Mark H. Bernacki, City Clerk 02/16/2016

SEALED BID NOTICE

Sealed bids for the following will be received by City Purchasing Agent, 27 West Main St., New Britain, Connecticut until time and date below and read in public. Specifications are available at the Office of the City Purchasing Agent at the above address and on the City website, <http://bids.newbritainct.gov>

Bid #3860
Laundry Services for the New Britain Fire Department
Date of Bid Opening: March 29, 2016 at 11:00 a.m.
Jack Pieper Purchasing Agent

Found
125

IMPOUNDED: Long-haired Chihuahua, M, black/tan. New Britain Canine 860-223-5021

Every day, we bring buyers and sellers, employers and employees, landlords and tenants together.
You can rely on Classified Ads to get results.
Call 860-229-8687

MERCHANDISE
203-299

Wanted to Buy
299

ALWAYS ACQUIRING all vintage musical instruments, guitars, amps, trumpets, saxophones, accordions. Cash paid. 860-372-9147.

Every day, we bring buyers and sellers, employers and employees, landlords and tenants together.
You can rely on Classified Ads to get results.
Call 860-583-2378

Legals
0900

ALWAYS BUYING - Vintage electronics, Ham, CB, shortwave, radios, guitars, amps, hi-fi audio, watches. 860-707-9350.

Develop the classified habit. You'll be cash ahead.

ANTIQUES. Always buying, cash paid. One item or entire estate. Clocks, military, cameras, watches, toys, posters, art, jewelry, signs, musical instruments & more. 860-718-5132.

Old Tools Wanted
Always Buying old, used and antique hand tools, carpentry, MACHINIST, engraving & workbench tools. If you have old or used tools that are no longer being used, call with confidence. Fair & friendly offers made in your home. Please call Cory 860 - 322 - 4367

EMPLOYMENT
505-535

Help Wanted
520

BERLIN PRESCHOOL PT ASST/FLOATER Call Marilyn or Lisa 860-828-4339

Legals
0900

Itaya Set-up Person

1st shift. Minimum of 5 years experience setting up typical multi-axis Itaya CNC wire formers (Mx & MX type machines). Ability to read & interpret Blueprints in both English & Metric. Ability to use basic measuring tools (micrometers, verniers, comparators). Good communication skills both verbal & written. Ability to lift up to 35lbs unassisted.

Send resume and salary requirements to:
Ct Spring & Stamping Corporation
48 Spring Lane
Farmington, CT 06034
Attn: Debbe Bayerowski
E-mail: apply@ctspring.com
Fax: 860-677-0762
EOE/AAP

Local Manufacturer is hiring for the following positions:
***TOOL & DIE MAKER** Progressive Die, strong trouble-shooting skills a plus.
***SECONDARY DEPT LEAD MAN**
***MANUFACTURING ENGINEER** - Metal Stamping/Tool & Die Experience. Interested applicants submit to: Human Resources, PO Box 412, Kensington, CT 06037.

P1 & P2 PLUMBER
Please call 860-604-8827.

SHIRT PRESSER - Dependable individual needed to press & assemble shirts for an Avon Dry Cleaner. Please call Michael 860-678-1686.

Sr. Quality Manager - Bristol Div. Must be proficient with all aspects of ISO 9001:2008 or ISO 13485 quality systems, Level 3 PPAP and FMEA requirements. Send resume to tina@springfieldspring.com

The Glastonbury and Rocky Hill Stork Club are looking to hire multiple Full Time and Part Time **Teachers** to work with various age groups. Experience preferred but we will train the right person for the job. Call Glastonbury (860-659-3002) or Rocky Hill (860-563-9096) for more information. EOE. We look forward to making you part of our team!

REAL ESTATE FOR RENT
705-765

Apartments for Rent
720

BRISTOL - 1st FL, 2 BR, close to hwy. Indry rm on site. \$895. **NO PETS.** 860-559-9349, RE.

BRISTOL - 2 BR, LR, Kitchen, BA. Easy access to everything, bus line. \$900. Contact Roger 860-874-2474.

NEW BRITAIN - Allen St, 1 BR, inc ht/hw/cooking gas, appl. \$695. **No pets.** 860-826-6757.

NEW BRITAIN APPLICATIONS BEING ACCEPTED FOR 3 & 4 BR'S STARTING AT \$1045.00
INCOME RESTRICTIONS APPLY.
INDUSTRIA COMMONS & BRYTANIA SQUARE (860)612-0100.

NEW BRITAIN - Newly renovated 2 BR, John St. \$850. 347-585-9053.

Help Wanted
520

FARMINGTON - Modern 1st FL office space. Approx 1100 sf. BA/kitchen, plenty of pkg. close to hwy. \$1,250. 860-559-93349, RE Agent.

STORAGE CONTAINERS FOR RENT. 40 ft long, 8 ft wide, 8 ft high. \$150.00/month. 860-874-2474 or 860-729-1010.

PLAINVILLE - THINK NEW! 2 BR, 1 BA, stove, fridge, w/d htps. **\$38,500.** Liberty Mobile Homes (860)747-6881

Clay R. Pollan's
THAT DAILY SCRAM-LETS® WORD PUZZLER Edited by Ray & Rosemary Gray

1 Rearrange letters of the four scrambled words below to form four simple words.

| | | | | | |
|---|---|---|---|---|---|
| R | A | C | L | I | G |
| 1 | | | 2 | | |

3 T A N E G

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| 3 | 4 | | | | |
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5 L A Q U E

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| | 5 | | | | |
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2/17/16

6 G E E N I N

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|---|--|---|--|--|--|--|
| 6 | | 7 | | | | |
|---|--|---|--|--|--|--|

4 Complete the chuckle quoted by filling in the missing words you develop from step No.3 below.

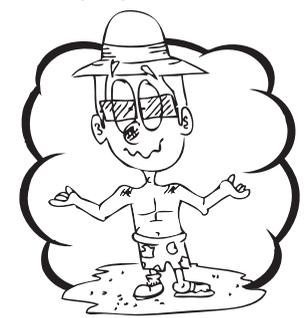
2 PRINT NUMBERED LETTERS IN SQUARES

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

3 UNSCRAMBLE FOR ANSWER

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

SCRAMLETS ANSWERS 2/17/16
garlic - agent - equal - engine - luggage
I love flying. I've been to almost as many places as my LUGGAGE.



SUDOKU

| | | | | | | | | |
|---|---|--|---|---|--|--|---|---|
| | | | 8 | 1 | | | | |
| 7 | 5 | | | | | | 1 | 4 |
| | 9 | | | 7 | | | | 3 |
| 1 | 7 | | 2 | 6 | | | 8 | 5 |
| 6 | | | | | | | | 2 |
| 2 | 8 | | 4 | 5 | | | 7 | 3 |
| | 4 | | | 5 | | | 2 | |
| 3 | 2 | | | | | | 9 | 7 |
| | | | 3 | 2 | | | | |

See Sudoku solution on TV page.

Public Notice Filing for The Hospital of Central Connecticut Termination and Reestablishment of Radiation Therapy Services

| | |
|-----------------------------|---|
| Statutory Reference: | Connecticut General Statutes §19a-638 |
| Applicant: | The Hospital of Central Connecticut |
| Project Address: | The Hospital of Central Connecticut Cancer Center 183 North Mountain Road New Britain, Connecticut 06050 |
| Proposal: | The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access to terminate its radiation therapy services on its main campus and reestablish these radiation therapy services at its new cancer center located in New Britain, CT. |
| Capital Expenditure: | \$2,209,339 |

NEWSPAPER DELIVERY Dependable Distributors is looking for Drivers -

Independent Contractor home delivery routes and stores/vending box routes available in the towns of - Bristol, New Britain, Plainville and Southington.
Make some great extra money while not interfering with your daily schedule. Work a few hours in the early morning, 7 days a week making newspaper deliveries. You must have a reliable vehicle and a valid driver's license & insurance.
If you are interested or would like more information, Please call Sitto or MaryAnn @ 860 241-6668. 057951

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Friday, February 26, 2016 10:15 AM
To: Durdy, Barbara (Barbara.Durdy@hhchealth.org); 'vcarannante@goodwin.com'
Cc: Greer, Leslie; Riggott, Kaila
Subject: Completeness Letter: 16-32065
Attachments: 16-32065 HoCC Completeness FINAL 2.26.16.docx

Dear Mr. Carannante and Ms. Durdy:

Attached please find the completeness letter for Hartford of Central Connecticut's CON application 16-32065. Instructions for responding are in the body of the letter.
Please electronically confirm receipt of this email as soon as you receive it.

Have a good weekend,

Jessica

Jessica Schaeffer-Helmecki

Office of Health Care Access

Connecticut Department of Public Health

410 Capitol Avenue, MS #13 HCA, Hartford, Connecticut 06134

P: (860) 509-8075 | F: (860) 418-7053 | E: jessica.schaeffer-helmecki@ct.gov



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

February 26, 2016

Via Email Only

Vincenzo Carannante, Esq.
Shipman & Goodwin, LLC
One Constitution Plaza
Hartford, CT 06103
vcarannante@goodwin.com

RE: Certificate of Need Application Completeness Questions
The Hospital of Central Connecticut's application to terminate its radiation therapy services and relocate them in New Britain, including the acquisition of two Linear Accelerators (Docket No. 16-32065-CON)

Dear Mr. Carannante:

On January 28, 2016, OHCA received a Certificate of Need application from The Hospital of Central Connecticut ("HOCC" or "Applicant") for the termination of its radiation therapy services at its main campus, to be re-established in New Britain, and the acquisition of two Linear Accelerators ("LinAcs") for the new location. OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). Provide responses to the question below in both a Word document and PDF format as an attachment to a responding email.

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 **Wednesday, April 26, 2016**, otherwise your application will be automatically considered withdrawn.

1. On what date did or will HOCC cease providing cancer treatment at its main campus location?
2. Why does the number of LinAc treatments administered to break-even increase from 452 in FY16 to 781 in FY19?
3. Will any cancer-related services remain at the Applicant's main campus?



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

Affirmative Action/Equal Opportunity Employer

4. Will oncology patients receiving treatment be required to travel to the main campus for any cancer-related services or treatments? If so, how frequently and for what purpose(s)?
5. Page 27 indicates the current fiscal year is 2014. Is this an error? Is it data for fiscal year 2015? Additionally, please indicate the number of months included in FY2016 data and whether the projection was annualized.
6. What are the projected cost savings of disposing of the Novalis? Will any savings be reflected in the charges to consumers?
7. Can the two LinAcs at the cancer treatment center treat all the cancer types and tumor sizes it was able to treat with the three machines located at the hospital's main site?
8. Will the two remaining LinAcs offer sufficient capacity to meet the current demand?
9. What is the "exact track" component and why has the Applicant opted to add this to the Varian EX?
10. On page 104 of the application, does one "consultation" represent one patient who was actually treated at HOCC? If not, please provide data in terms of patients treated at HOCC.
11. What are the "Other" capital expenditures listed on Table 3 on page 25 of the application?
12. Why were projections and assumptions based only on the second half of FY 2015?

Repeat each question before providing your response, paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (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 109** and reference "**Docket Number: 16-32065-CON.**" Please email your responses to all of the following email addresses: OHCA@ct.gov, jessica.schaeffer-helmecki@ct.gov, kaila.riggott@ct.gov .

If you have any questions concerning this letter, please feel free to contact me at (860) 509-8075.

Sincerely,

Jessica Schaeffer-Helmecki
Planning Analyst

Attachment

Cc: Ms. Barbara Durdy (Barbara.durdy@hhchealth.org)

Greer, Leslie

From: Durdy, Barbara <Barbara.Durdy@hhchealth.org>
Sent: Friday, February 26, 2016 10:48 AM
To: Schaeffer-Helmecki, Jessica; 'vcarannante@goodwin.com'
Cc: Greer, Leslie; Riggott, Kaila
Subject: RE: Completeness Letter: 16-32065

Thank you Jessica. We will respond as soon as possible.

Barbara A. Durdy
Director, Strategic Planning



Hartford HealthCare

181 Patricia M. Genova Blvd.

Newington, CT 06111

Office: 860.972.4231

Cell: 203.859.8174

barbara.durdy@hhchealth.org

www.hartfordhealthcare.org

From: Schaeffer-Helmecki, Jessica [<mailto:Jessica.Schaeffer-Helmecki@ct.gov>]
Sent: Friday, February 26, 2016 10:15 AM
To: Durdy, Barbara; 'vcarannante@goodwin.com'
Cc: Greer, Leslie; Riggott, Kaila
Subject: Completeness Letter: 16-32065

Dear Mr. Carannante and Ms. Durdy:

Attached please find the completeness letter for Hartford of Central Connecticut's CON application 16-32065. Instructions for responding are in the body of the letter.

Please electronically confirm receipt of this email as soon as you receive it.

Have a good weekend,

Jessica

Jessica Schaeffer-Helmecki
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 HCA, Hartford, Connecticut 06134



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Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Wednesday, March 30, 2016 3:24 PM
To: Riggott, Kaila; Greer, Leslie
Subject: FW: HOCC CON DN 16-32065-CON
Attachments: Final Completeness Response.pdf

Attached are HOCC responses to completeness questions for the record. Thank you.

From: Durdy, Barbara [<mailto:Barbara.Durdy@hhchealth.org>]
Sent: Wednesday, March 30, 2016 3:20 PM
To: Schaeffer-Helmecki, Jessica
Cc: Carannante, Vincenzo <VCarannante@goodwin.com> (VCarannante@goodwin.com)
Subject: HOCC CON DN 16-32065-CON

Jessica,
It was a pleasure meeting you at the hearing last week.

Attached please find the Hospital of Central Connecticut's response to your completeness letter dated February 26, 2016.

If you have any questions, please contact me directly.

Thank you,
Barbara

Barbara A. Durdy
Director, Strategic Planning



[Hartford HealthCare](#)

181 Patricia M. Genova Blvd.

Newington, CT 06111

Office: 860.972.4231

Cell: 203.859.8174

barbara.durdy@hhchealth.org

www.hartfordhealthcare.org

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March 30, 2016

VIA ELECTRONIC MAIL

jessica.schaeffer-helmecki@ct.gov

Jessica Schaeffer-Helmecki
Planning Analyst
State of Connecticut Department of Public Health
Office of Health Care Access Division
410 Capital Avenue
P.O. Box 340308
Hartford, CT 06134-0308

Re: Certificate of Need Application Completeness Questions/Responses
The Hospital of Central Connecticut's application to terminate its radiation
therapy services and relocate them in New Britain (Docket No. 16-32065-
CON)

Ms. Schaeffer-Helmecki:

Enclosed please find The Hospital of Central Connecticut's responses to the Office of Health Care Access's completeness questions dated February 26, 2016.

Please do not hesitate to contact me if you need additional information or have any further questions.

Sincerely,



Barbara A. Durdy
Director, Strategic Planning
Hartford HealthCare

Encl.

1. On what date did or will HOCC cease providing cancer treatment at its main campus location?

HOCC ceased providing the outpatient cancer treatment services provided via its Linacs on February 15, 2016. Please note, however, that HOCC will continue to provide inpatient cancer treatment services on its main campus.

2. Why does the number of Linac treatments administered to break-even increase from 452 in FY16 to 781 in FY19?

Based on expected volume increases, it was determined that starting in FY17, HOCC will need to hire 1 full-time clinical therapist and 1 full-time administrative receptionist. In addition to staffing increases, annual inflation assumptions were factored in for expected increases in salaries and variable expenses. Due to the expected increase in expenses, the breakeven point grows from 452 treatments in FY16 to 781 treatments in FY19.

3. Will any cancer-related services remain at the Applicant's main campus?

Yes, inpatient cancer-related services will remain/be provided at the main campus.

4. Will oncology patients receiving treatment be required to travel to the main campus for any cancer-related services or treatments? If so, how frequently and for what purpose(s)?

In general, the answer is no as all of a patient's outpatient cancer-related services or treatments will be available and provided at the Cancer Center. However, if a patient of HOCC's Cancer Center needs to be admitted to HOCC, said patient would receive such inpatient services at the main campus. For example, if the patient's physician(s) believe that a patient requires surgery to remove a cancerous tumor, said patient would receive said surgery and any associated inpatient hospital services at the main campus.

5. Page 27 indicates the current fiscal year is 2014. Is this an error? Is it data for fiscal year 2015? Additionally, please indicate the number of months included in FY2016 data and whether the projection was annualized.

At the time the financial schedule and corresponding analyses were completed for this CON Application, FY14 data was the latest available information. The Annual Reporting Filings for HOCC found on OHCA's website were used to complete this CON Application's financial schedule. In order to match Table 7 of this CON Application titled "Applicant's current & projected payer mix", to the submitted financial schedule, FY14 volume was used. FY15 volume is available and found in Table 5, totaling 6859, as well as FY16 YTD volume, totaling 1558, which only represents 2 months of volume (October & November, 2015).

- 6. What are the projected cost savings of disposing of the Novalis? Will any savings be reflected in the charges to consumers?**

The cost savings realized are due to the elimination of a service maintenance contract needed for the Novalis and the elimination of overhead costs associated with the operation of the Novalis such as electricity. The charges to the consumers will remain the same.

However, please note that because all outpatient cancer services are now provided at one location, consumers will no longer need to travel from site to site to receive radiation therapy services and other cancer-related services (e.g. doctor's appointments).

- 7. Can the two Linacs at the cancer treatment center treat all the cancer types and tumor sizes it was able to treat with the three machines located at the hospital's main site?**

Yes.

- 8. Will the two remaining Linacs offer sufficient capacity to meet the current demand?**

Yes.

- 9. What is the "exact track" component and why has the Applicant opted to add this to the Varian EX?**

The Applicant has opted to add the "exact-track" component to its TrueBeam Linac (not the Varian Ex).

The "exact track" component, in conjunction with the correlating software from Varian Medical Systems, will allow the Applicant to provide the most advanced radiation therapy cancer services available to its patients including, without limitation, providing stereotactic radiosurgery procedures/treatments for super-complex brain and lung cancers.

- 10. On page 104 of the application, does one "consultation" represent one patient who was actually treated at HOCC? If not, please provide data in terms of patients treated at HOCC.**

Yes, one consultation represents one patient who was treated at HOCC.

- 11. What are the "Other" capital expenditures listed on Table 3 on page 25 of the application?**

The "other" capital expenditures include the costs associated with relocating and recalibrating the Linacs to/at the Cancer Center and the purchase of the software program that will enable the TrueBeam Linac to provide stereotactic radiosurgery procedures via the exact-track component.

12. Why were projections and assumptions based only on the second half of FY 2015?

The projections and assumptions were based only on the second half of FY 2015 as that is more reflective of what HOCC expects going forward. More specifically, the second half of FY 2015 is when the Cancer Center opened. Because all of the Linacs and associated outpatient cancer treatment services would eventually be relocated to the Cancer Center, the most appropriate, reflective and accurate projections were and are based on the second half of FY 2015.



March 30, 2016

VIA ELECTRONIC MAIL
jessica.schaeffer-helmecki@ct.gov

Jessica Schaeffer-Helmecki
Planning Analyst
State of Connecticut Department of Public Health
Office of Health Care Access Division
410 Capital Avenue
P.O. Box 340308
Hartford, CT 06134-0308

Re: Certificate of Need Application Completeness Questions/Responses
The Hospital of Central Connecticut's application to terminate its radiation
therapy services and relocate them in New Britain (Docket No. 16-32065-
CON)

Ms. Schaeffer-Helmecki:

Enclosed please find The Hospital of Central Connecticut's responses to the Office of Health Care Access's completeness questions dated February 26, 2016.

Please do not hesitate to contact me if you need additional information or have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara A. Durdy".

Barbara A. Durdy
Director, Strategic Planning
Hartford HealthCare

Encl.

1. On what date did or will HOCC cease providing cancer treatment at its main campus location?

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- 10. On page 104 of the application, does one "consultation" represent one patient who was actually treated at HOCC? If not, please provide data in terms of patients treated at HOCC.**

Yes, one consultation represents one patient who was treated at HOCC.

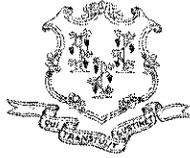
- 11. What are the "Other" capital expenditures listed on Table 3 on page 25 of the application?**

The "other" capital expenditures include the costs associated with relocating and recalibrating the Linacs to/at the Cancer Center and the purchase of the software program that will enable the TrueBeam Linac to provide stereotactic radiosurgery procedures via the exact-track component.

12. Why were projections and assumptions based only on the second half of FY 2015?

The projections and assumptions were based only on the second half of FY 2015 as that is more reflective of what HOCC expects going forward. More specifically, the second half of FY 2015 is when the Cancer Center opened. Because all of the Linacs and associated outpatient cancer treatment services would eventually be relocated to the Cancer Center, the most appropriate, reflective and accurate projections were and are based on the second half of FY 2015.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



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

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

April 29, 2016

Via Email Only

Vincenzo Carannante, Esq.
Shipman & Goodwin, LLC
One Constitution Plaza
Hartford, CT 06103
vcarannante@goodwin.com

RE: Certificate of Need Application: Docket Number: 16-32065-CON
The Hospital of Central Connecticut's application to terminate its radiation therapy services and relocate them in New Britain, including the acquisition of two Linear Accelerators
Certificate of Need Completeness Letter (2nd)

Dear Mr. Carannante:

On March 30, 2016, OHCA received responses to the first completeness letter in the above referenced matter. 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 as an attachment to a responding email. ***Please email your responses to each of the following email addresses: OHCA@ct.gov; brian.carney@ct.gov; and kaila.riggott@ct.gov.***

Paginate and date your response (i.e., each page in its entirety). Repeat each OHCA question before providing your response. Information filed after the initial CON application submission (e.g., completeness response letter, prefiled testimony, late file submissions, etc.) must be numbered sequentially from the Applicant's preceding document. Begin your submission using **Page 113** and reference "**Docket Number: 16-32065-CON.**"

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information no later than sixty days after the date this request was transmitted. Therefore, please provide your written responses to OHCA no later than **Tuesday, June 28, 2016**, otherwise your application will be automatically considered withdrawn.



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

Affirmative Action/Equal Opportunity Employer

1. On what date did HOCC acquire the Varian 2100C and the Varian EX linear accelerators?
2. Please verify that volumes found in Table 7 on page 27 and Table B on page 102 represent patient treatments (patient treatment volumes should reflect only radiation therapy treatments and do not include tests such as image guidance, port films and dosimetry). Please revise both Table 7 and Table B to reflect treatments as defined above, if necessary, for all years. In addition, please add FY 2015 to Table 7 and update Table B's volumes to reflect all months available to-date in FY 2016 and indicate what months are included. Adjust any projections as necessary and make sure that fiscal year totals for both the revised Table 7 and Table B match.
3. Please revise and resubmit Financial Worksheet (A) on page 92 to include financial data from FY 2015 in the "Actual Results" column and financial data from FY 2016 through FY 2019 in the projected year columns.

Attachment

cc: Ms. Barbara Durdy (Barbara.durdy@hhchealth.org)

Olejarz, Barbara

From: Carannante, Vincenzo <VCarannante@goodwin.com>
Sent: Friday, April 29, 2016 2:07 PM
To: Carney, Brian; barbara.durdy@hhchealth.org
Cc: Riggott, Kaila; Olejarz, Barbara
Subject: RE: Docket Number: 16-32065-CON Completeness Letter (2nd)

Hi Brian: I am emailing you to confirm receipt of your message.
Thanks.
Vin

Shipman & Goodwin LLP
COUNSELORS AT LAW

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

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

Privileged and confidential. If received in error, please notify me by e-mail and delete the message.

 please consider the environment before printing this message

From: Carney, Brian [mailto:Brian.Carney@ct.gov]
Sent: Friday, April 29, 2016 2:01 PM
To: barbara.durdy@hhchealth.org; Carannante, Vincenzo
Cc: Riggott, Kaila; Olejarz, Barbara
Subject: Docket Number: 16-32065-CON Completeness Letter (2nd)

Dear Ms. Durdy and Mr. Carannante,

Please see attached letter requesting additional information in the above-referenced matter. Please email a response to indicate receipt of this message.

Thanks,
Brian Carney

Brian A. Carney, MBA
Associate Research Analyst
Office of Health Care Access
CT Department of Public Health
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Phone: (860) 418-7014
Fax: (860) 418 7053
Email: brian.carney@ct.gov
Web: www.ct.gov/ohca

Greer, Leslie

From: Carannante, Vincenzo <VCarannante@goodwin.com>
Sent: Friday, May 27, 2016 1:44 PM
To: User, OHCA; Riggott, Kaila; Carney, Brian
Cc: Durdy, Barbara (Barbara.Durdy@hhchealth.org)
Subject: Docket Number: 16-32065-CON Completeness Letter (2nd)
Attachments: 16-32065-CON Completeness (2nd) .pdf; Second Round of Completeness Questions (HOCC - LINAC).docx; Recast Financial Schedule Exhibit 4.xlsx

Hello Brian: Please see attached for our responses. If you have any questions or need anything else, please let me know.

Have a great weekend,
Vin

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

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

Tel (860) 251-5096
Fax (860) 251-5211
vcarannante@goodwin.com
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Privileged and confidential. If received in error, please notify me by e-mail and delete the message.

 please consider the environment before printing this message



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

May 27, 2016

VIA EMAIL

Brian A. Carney, MBA
Associate Research Analyst
Office of Health Care Access
CT Department of Public Health
Email: brian.carney@ct.gov

Re: Docket Number: 16-32065-CON Completeness Letter (2nd)

Dear Mr. Carney:

Enclosed please find the Hospital of Central Connecticut's responses to the Office of Health Care Access's completeness questions dated April 29, 2016. Please do not hesitate to contact me if you need additional information or have any further questions.

Sincerely,


Vincenzo Carannante

VZC/kad

Enclosures

cc: Ms. Barbara Durdy (Barbara.durdy@hhchealth.org)

16-32065-CON 0113 (05/27/16)

Docket Number: 16-32065-CON
The Hospital of Central Connecticut

1. On what date did HOCC acquire the Varian 2100C and the Varian EX linear accelerators?

- The Varian 2100C was acquired in 1989.
- The Varian 21EX was acquired in November of 2003.

2. Please verify that volumes found in Table 7 on page 27 and Table B on page 102 represent patient treatments (patient treatment volumes should reflect only radiation therapy treatments and do not include tests such as image guidance, port films and dosimetry). Please revise both Table 7 and Table B to reflect treatments as defined above, if necessary, for all years. In addition, please add FY 2015 to Table 7 and update Table B's volumes to reflect all months available to-date in FY 2016 and indicate what months are included. Adjust any projections as necessary and make sure that fiscal year totals for both the revised Table 7 and Table B match.

- Yes, the volumes found in Table 7 on page 27 and Table B on page 102 represent patient treatment volumes only and do not include tests such as image guidance, port films and dosimetry. Please also note that the volume projections for FY2017, FY2018 and FY2019 have been revised to reflect greater than anticipated patient treatment volume at the new Cancer Center. This is largely the result of increasing awareness of the HHC Memorial Sloan Kettering Alliance; the recruitment of a new breast surgeon; new technology capability available at the new Cancer Center due to the recently replaced and upgraded Linac; and the Cancer Center's location and accessibility.
- Please see Exhibit 1 attached hereto for revised Tables 4, 5, 6, and 7.
- Please see Exhibit 2 attached hereto for revised Table B.
- Please see Exhibit 3 attached hereto for a revised Breakeven Analysis.

3. Please revise and resubmit Financial Worksheet (A) on page 92 to include financial data from FY 2015 in the "Actual Results" column and financial data from FY 2016 through FY 2019 in the projected year columns.

- Please see Exhibit 4 attached hereto for Financial Worksheet (A) revised to reflect recast volume projections.

Exhibit 1

Revised Table 4 High Level Summary

| Revised Table 4 | FY16 | FY17 | FY18 | FY19 |
|--|-------------------|-------------------|-------------------|-------------------|
| High Level Summary | | | | |
| Revenue from Operations (after bad debt) | \$ 985,902 | \$ 1,174,395 | \$ 1,268,564 | \$ 1,364,680 |
| Total Operating Expenses | 506,846 | 534,756 | 680,809 | 701,780 |
| Gain/Loss from Operations | \$ 479,056 | \$ 639,639 | \$ 587,754 | \$ 662,901 |

Revised Table 5 Historical Utilization by Service

| Service** | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* |
|--------------|---|-------------|-------------|-------------|
| | FY 2013*** | FY 2014*** | FY 2015*** | FY 2016*** |
| EX | 5902 | 5628 | 3774 | 4928 |
| TrueBeam | 0 | 0 | 2685 | 4009 |
| 2100C | 101 | 479 | 154 | |
| Novalis | 684 | 229 | 246 | 5 |
| Total | 6687 | 6336 | 6859 | 8942 |

* 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.

HOCC fiscal year is from October-September. The CFY 2016 volume reported above in Table 5 is annualized based on seven months ending April 2016.

Revised Table 6 Projected Utilization by Service

| Service* | Projected Volume | | |
|--------------|------------------|-------------|-------------|
| | FY 2017** | FY 2018** | FY 2019** |
| EX | 4272 | 4358 | 4443 |
| TueBeam | 5042 | 5142 | 5247 |
| Novalis | | | |
| Total | 9314 | 9500 | 9690 |

* 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.

Revised Table 7 Applicant's Current & Projected Payer Mix

| Payer | Current | | | | Projected | | | | | | | |
|-----------------------------|--------------|-------------|---------------------|-------------|-----------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|
| | FY15 | | FY16 YTD (7 months) | | FY16 Annualized | | FY17 | | FY18 | | FY19 | |
| | Treatments | % | Treatments | % | Treatments | % | Treatments | % | Treatments | % | Treatments | % |
| Medicare* | 3,848 | 56% | 2,928 | 56% | 5,016 | 56% | 5,225 | 56% | 5,330 | 56% | 5,436 | 56% |
| Medicaid* | 759 | 11% | 577 | 11% | 989 | 11% | 1,031 | 11% | 1,051 | 11% | 1,072 | 11% |
| CHAMPUS & TriCare | - | 0% | - | 0% | - | 0% | - | 0% | - | 0% | - | 0% |
| Total Government | 4,607 | 67% | 3,503 | 67% | 6,006 | 67% | 6,256 | 67% | 6,381 | 67% | 6,508 | 67% |
| Commercial Insurers | 2,168 | 32% | 1,649 | 32% | 2,826 | 32% | 2,944 | 32% | 3,003 | 32% | 3,063 | 32% |
| Uninsured | 84 | 1% | 64 | 1% | 110 | 1% | 114 | 1% | 117 | 1% | 119 | 1% |
| Workers Compensation | - | 0% | - | 0% | - | 0% | - | 0% | - | 0% | - | 0% |
| Total Non-Government | 2,252 | 33% | 1,713 | 33% | 2,936 | 33% | 3,058 | 33% | 3,120 | 33% | 3,182 | 33% |
| Total Payer Mix | 6,859 | 100% | 5,216 | 100% | 8,942 | 100% | 9,314 | 100% | 9,500 | 100% | 9,690 | 100% |

Exhibit 2

Revised Table B Historical, Current and Projected Volume by Equipment Unit

| Equipment*** | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* | Projected Volume (First 3 Full Operational FYs)** | | |
|--------------|---|-------------|-------------|-------------|--|-------------|-------------|
| | FY 2013 | FY 2014 | FY2015 | FY2016 | FY2017 | FY2018 | FY2019 |
| Varian EX | 5902 | 5628 | 3774 | 4928 | 4272 | 4358 | 4443 |
| TrueBeam | 0 | 0 | 2685 | 4009 | 5042 | 5142 | 5247 |
| Varian 2100C | 101 | 479 | 154 | | | | |
| Novalis | 684 | 229 | 246 | 5 | | | |
| Total | 6687 | 6336 | 6859 | 8942 | 9314 | 9500 | 9690 |

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

**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.

***Identify each scanner separately and add lines as necessary. Also break out inpatient/outpatient/ED volumes if applicable.

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

HOCC fiscal year is from October-September. The CFY 2016 volume reported above in Table 5 is annualized based on seven months ending April 2016.

Exhibit 3

Revised Breakeven Analysis

| Treatments Needed for Breakeven | FY16 | FY17 | FY18 | FY19 |
|--|-------------|-------------|-------------|-------------|
| Linac Treatments | 805 | 814 | 1,090 | 1,111 |

The revised number of treatments necessary to breakeven increased due to incremental staffing and other variable costs associated with increased volume.

Exhibit 3

Revised Breakeven Analysis

| Treatments Needed for Breakeven | FY16 | FY17 | FY18 | FY19 |
|--|-------------|-------------|-------------|-------------|
| Linac Treatments | 805 | 814 | 1,090 | 1,111 |

The revised number of treatments necessary to breakeven increased due to incremental staffing and other variable costs associated with increased volume.

Recast Financial Schedule A

NON-PROFIT

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

| LINE | Total Entity: | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |
|---|--|----------------------|----------------------|--------------------|----------------------|----------------------|--------------------|----------------------|----------------------|--------------------|----------------------|----------------------|--------------------|----------------------|
| | | FY15 | FY16 | FY16 | FY16 | FY17 | FY17 | FY17 | FY18 | FY18 | FY18 | FY19 | FY19 | FY19 |
| | | Actual | Projected | Projected | Projected |
| | Description | Results | W/out CON | Incremental | With CON |
| A. OPERATING REVENUE | | | | | | | | | | | | | | |
| 1 | Total Gross Patient Revenue | \$862,643,115 | \$826,963,276 | \$3,853,342 | \$830,816,618 | \$813,777,000 | \$4,590,056 | \$818,367,055 | \$806,440,192 | \$4,958,108 | \$811,398,300 | \$804,787,080 | \$5,333,775 | \$810,120,856 |
| 2 | Less: Allowances | \$508,692,529 | \$477,400,669 | \$2,648,126 | \$480,048,795 | \$463,574,818 | \$3,154,417 | \$466,729,235 | \$455,018,235 | \$3,407,353 | \$458,425,588 | \$449,691,006 | \$3,665,523 | \$453,356,529 |
| 3 | Less: Charity Care | \$9,706,868 | \$11,430,212 | \$139,375 | \$11,569,587 | \$11,299,306 | \$166,022 | \$11,465,328 | \$11,235,310 | \$179,334 | \$11,414,645 | \$11,226,453 | \$192,922 | \$11,419,375 |
| 4 | Less: Other Deductions | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Net Patient Service Revenue | \$344,243,718 | \$338,132,395 | \$1,065,840 | \$339,198,235 | \$338,902,877 | \$1,269,616 | \$340,172,493 | \$340,186,647 | \$1,371,420 | \$341,558,067 | \$343,869,622 | \$1,475,330 | \$345,344,952 |
| 5 | Medicare | \$128,301,089 | \$113,513,994 | \$415,626 | \$113,929,620 | \$111,459,612 | \$495,089 | \$111,954,701 | \$110,512,466 | \$534,788 | \$111,047,254 | \$110,656,997 | \$575,308 | \$111,232,305 |
| 6 | Medicaid | \$59,958,401 | \$51,111,596 | \$111,626 | \$51,223,223 | \$50,615,505 | \$132,968 | \$50,748,473 | \$50,372,803 | \$143,630 | \$50,516,433 | \$50,376,053 | \$154,513 | \$50,530,566 |
| 7 | CHAMPUS & TriCare | \$296,193 | \$220,255 | \$0 | \$220,255 | \$219,118 | \$0 | \$219,118 | \$218,985 | \$0 | \$218,985 | \$218,892 | \$0 | \$218,892 |
| 8 | Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Total Government | \$188,555,683 | \$164,845,845 | \$527,253 | \$165,373,098 | \$162,294,234 | \$628,057 | \$162,922,291 | \$161,104,254 | \$678,418 | \$161,782,672 | \$161,251,943 | \$729,820 | \$161,981,763 |
| 9 | Commercial Insurers | \$146,862,240 | \$154,554,713 | \$531,178 | \$155,085,891 | \$158,047,019 | \$632,733 | \$158,679,752 | \$160,605,660 | \$683,469 | \$161,289,128 | \$164,144,471 | \$735,254 | \$164,879,725 |
| 10 | Uninsured | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 11 | Self Pay | \$1,610,094 | \$14,387,820 | \$7,409 | \$14,395,229 | \$14,220,385 | \$8,826 | \$14,229,211 | \$14,138,100 | \$9,534 | \$14,147,633 | \$14,126,458 | \$10,256 | \$14,136,714 |
| 12 | Workers Compensation | \$7,215,700 | \$4,344,017 | \$0 | \$4,344,017 | \$4,341,238 | \$0 | \$4,341,238 | \$4,338,633 | \$0 | \$4,338,633 | \$4,346,750 | \$0 | \$4,346,750 |
| 13 | Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Total Non-Government | \$155,688,035 | \$173,286,550 | \$538,587 | \$173,825,137 | \$176,608,642 | \$641,559 | \$177,250,202 | \$179,082,392 | \$693,002 | \$179,775,395 | \$182,617,679 | \$745,510 | \$183,363,189 |
| | Net Patient Service Revenue^a (Government+Non-Government) | \$344,243,718 | \$338,132,395 | \$1,065,840 | \$339,198,235 | \$338,902,877 | \$1,269,616 | \$340,172,493 | \$340,186,647 | \$1,371,420 | \$341,558,067 | \$343,869,622 | \$1,475,330 | \$345,344,952 |
| 14 | Less: Provision for Bad Debts | \$5,091,859 | \$6,197,828 | \$79,938 | \$6,277,766 | \$6,126,847 | \$95,221 | \$6,222,068 | \$6,092,146 | \$102,857 | \$6,195,003 | \$6,087,343 | \$110,650 | \$6,197,993 |
| | Net Patient Service Revenue less provision for bad debts | \$339,151,859 | \$331,934,567 | \$985,902 | \$332,920,469 | \$332,776,030 | \$1,174,395 | \$333,950,425 | \$334,094,501 | \$1,268,564 | \$335,363,064 | \$337,782,278 | \$1,364,680 | \$339,146,959 |
| 15 | Other Operating Revenue | \$11,780,567 | \$17,308,996 | \$0 | \$17,308,996 | \$17,482,086 | \$0 | \$17,482,086 | \$17,656,907 | \$0 | \$17,656,907 | \$17,833,476 | \$0 | \$17,833,476 |
| 17 | Net Assets Released from Restrictions | \$1,128,658 | \$863,784 | \$0 | \$863,784 | \$881,060 | \$0 | \$881,060 | \$898,681 | \$0 | \$898,681 | \$916,654 | \$0 | \$916,654 |
| | TOTAL OPERATING REVENUE | \$352,061,084 | \$350,107,347 | \$985,902 | \$351,093,249 | \$351,139,176 | \$1,174,395 | \$352,313,571 | \$352,650,088 | \$1,268,564 | \$353,918,652 | \$356,532,409 | \$1,364,680 | \$357,897,089 |
| B. OPERATING EXPENSES | | | | | | | | | | | | | | |
| 1 | Salaries and Wages | \$142,750,540 | \$138,957,353 | \$172,116 | \$139,129,469 | \$141,541,184 | \$175,558 | \$141,716,742 | \$145,221,363 | \$307,538 | \$145,528,901 | \$150,013,547 | \$313,689 | \$150,327,236 |
| 2 | Fringe Benefits | \$44,808,153 | \$41,786,339 | \$0 | \$41,786,339 | \$42,386,719 | \$0 | \$42,386,719 | \$43,526,172 | \$0 | \$43,526,172 | \$44,986,411 | \$0 | \$44,986,411 |
| 3 | Physicians Fees | \$10,255,000 | \$10,072,108 | \$0 | \$10,072,108 | \$10,273,550 | \$0 | \$10,273,550 | \$10,479,021 | \$0 | \$10,479,021 | \$10,688,602 | \$0 | \$10,688,602 |
| 4 | Supplies and Drugs | \$49,954,442 | \$47,205,060 | \$21,365 | \$47,226,425 | \$48,149,161 | \$25,959 | \$48,175,120 | \$49,112,144 | \$28,602 | \$49,140,746 | \$50,094,387 | \$31,384 | \$50,125,771 |
| 5 | Depreciation and Amortization | \$19,494,513 | \$15,582,714 | \$220,934 | \$15,803,648 | \$14,084,770 | \$220,934 | \$14,305,704 | \$12,102,586 | \$220,934 | \$12,323,520 | \$10,640,891 | \$220,934 | \$10,861,825 |
| 6 | Provision for Bad Debts-Other ^b | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 7 | Interest Expense | \$1,836,605 | \$3,229,521 | \$0 | \$3,229,521 | \$3,221,133 | \$0 | \$3,221,133 | \$3,219,261 | \$0 | \$3,219,261 | \$3,087,080 | \$0 | \$3,087,080 |
| 8 | Malpractice Insurance Cost | \$3,527,444 | \$3,638,818 | \$0 | \$3,638,818 | \$3,747,983 | \$0 | \$3,747,983 | \$3,860,422 | \$0 | \$3,860,422 | \$3,976,235 | \$0 | \$3,976,235 |
| 9 | Lease Expense | \$3,631,445 | \$3,354,228 | \$0 | \$3,354,228 | \$3,410,296 | \$0 | \$3,410,296 | \$3,117,118 | \$0 | \$3,117,118 | \$3,167,537 | \$0 | \$3,167,537 |
| 10 | Other Operating Expenses | \$78,838,473 | \$73,179,935 | \$92,431 | \$73,272,365 | \$70,503,570 | \$112,304 | \$70,615,874 | \$67,473,142 | \$123,736 | \$67,596,878 | \$65,438,733 | \$135,773 | \$65,574,506 |
| | TOTAL OPERATING EXPENSES | \$355,096,615 | \$337,006,076 | \$506,846 | \$337,512,922 | \$337,318,366 | \$534,756 | \$337,853,122 | \$338,111,229 | \$680,809 | \$338,792,038 | \$342,093,423 | \$701,780 | \$342,795,203 |
| | INCOME/(LOSS) FROM OPERATIONS | (\$3,035,531) | \$13,101,271 | \$479,056 | \$13,580,327 | \$13,820,810 | \$639,639 | \$14,460,449 | \$14,538,859 | \$587,754 | \$15,126,614 | \$14,438,986 | \$662,901 | \$15,101,886 |
| | NON-OPERATING REVENUE | (\$1,142,820) | \$5,000,000 | \$0 | \$5,000,000 |
| | EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES | (\$4,178,351) | \$18,101,271 | \$479,056 | \$18,580,327 | \$18,820,810 | \$639,639 | \$19,460,449 | \$19,538,859 | \$587,754 | \$20,126,614 | \$19,438,986 | \$662,901 | \$20,101,886 |
| | Principal Payments | \$0 | \$591,000 | \$0 | \$591,000 | \$523,000 | \$0 | \$523,000 | \$580,000 | \$0 | \$580,000 | \$613,000 | \$0 | \$613,000 |
| C. PROFITABILITY SUMMARY | | | | | | | | | | | | | | |
| 1 | Hospital Operating Margin | -0.9% | 3.7% | 48.6% | 3.8% | 3.9% | 54.5% | 4.0% | 4.1% | 46.3% | 4.2% | 4.0% | 48.6% | 4.2% |
| 2 | Hospital Non Operating Margin | -0.3% | 1.4% | 0.0% | 1.4% | 1.4% | 0.0% | 1.4% | 1.4% | 0.0% | 1.4% | 1.4% | 0.0% | 1.4% |
| 3 | Hospital Total Margin | -1.2% | 5.1% | 48.6% | 5.2% | 5.3% | 54.5% | 5.4% | 5.5% | 46.3% | 5.6% | 5.4% | 48.6% | 5.5% |
| | D. FTEs | 2,002 | 1,784 | 2 | 1,786 | 1,756 | 2 | 1,758 | 1,741 | 3 | 1,744 | 1,737 | 3 | 1,740 |
| E. VOLUME STATISTICS^c | | | | | | | | | | | | | | |
| 1 | Inpatient Discharges | 15,230 | 14,683 | 0 | 14,683 | 14,096 | 0 | 14,096 | 13,729 | 0 | 13,729 | 13,578 | 0 | 13,578 |
| 2 | Outpatient Visits | 262,536 | 372,619 | 0 | 372,619 | 380,071 | 0 | 380,071 | 387,673 | 0 | 387,673 | 395,426 | 0 | 395,426 |
| 3 | Linac Treatments | 6,993 | 6,993 | 1,949 | 8,942 | 6,993 | 2,321 | 9,314 | 6,993 | 2,507 | 9,500 | 6,993 | 2,697 | 9,690 |
| | TOTAL VOLUME | 284,759 | 394,295 | 1,949 | 396,244 | 401,161 | 2,321 | 403,482 | 408,395 | 2,507 | 410,902 | 415,997 | 2,697 | 418,695 |

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

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

^cProvide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Greer, Leslie

From: Carney, Brian
Sent: Friday, July 22, 2016 2:27 PM
To: Greer, Leslie
Cc: Riggott, Kaila
Subject: FW: 16-32065-CON

Leslie, can you please add this to the TOR.

Thanks,
Brian

Brian A. Carney, MBA
Office of Health Care Access

Phone: (860) 418-7014
Fax: (860) 418 7053
Email: brian.carney@ct.gov

From: Durdy, Barbara [<mailto:Barbara.Durdy@hhchealth.org>]
Sent: Friday, July 22, 2016 2:23 PM
To: Carney, Brian
Subject: RE: 16-32065-CON

Brian,
My apologies for the delay, I am just returning from vacation and getting caught up on emails..essentially the \$859K was spend on relocating and upgrading the linear accelerator equipment as described below. Please contact me if you have any other questions,
Thank you
Barbara

\$249,000 move of TrueBeam
\$215,000 move of EX

\$374,687 BrainLAB upgrade for existing BLab components for TrueBeam and functionality

\$20,313 cost for move of BLab Exactrac

Barbara A. Durdy
Director, Strategic Planning



Hartford HealthCare

181 Patricia M. Genova Blvd.

Newington, CT 06111

Office: 860.972.4231

Cell: 203.859.8174

barbara.durdy@hhchealth.org

www.hartfordhealthcare.org

From: Carney, Brian [<mailto:Brian.Carney@ct.gov>]

Sent: Thursday, July 14, 2016 8:56 AM

To: Durdy, Barbara

Subject: 16-32065-CON

Hi Barbara,

I have another quick follow-up question for you. Page 25 lists "Other" capital expenditure amount of \$859,000. What was this amount related to?

Thanks,

Brian

Brian A. Carney, MBA

Associate Research Analyst

Office of Health Care Access

CT Department of Public Health

410 Capitol Avenue, MS #13HCA

P.O. Box 340308

Hartford, CT 06134-0308

Phone: (860) 418-7014

Fax: (860) 418 7053

Email: brian.carney@ct.gov

Web: www.ct.gov/ohca



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Greer, Leslie

From: Carney, Brian
Sent: Friday, June 17, 2016 11:35 AM
To: barbara.durdy@hhchealth.org; vcarannante@goodwin.com
Cc: Riggott, Kaila; Greer, Leslie; Olejarz, Barbara
Subject: Docket Number: 16-32065-CON Deemed Complete
Attachments: 16-32065-CON Complete.pdf

Dear Ms. Durdy and Mr. Carannante,

Please see attached letter deeming complete the above referenced application.

I would appreciate it if you would reply to confirm receipt of this email.

Sincerely,
Brian A. Carney

Brian A. Carney, MBA
Associate Research Analyst
Office of Health Care Access
CT Department of Public Health
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

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Web: www.ct.gov/ohca



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



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

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

June 17, 2016

Via Email Only

Vincenzo Carannante, Esq.
Shipman & Goodwin, LLC
One Constitution Plaza
Hartford, CT 06103
vcarannante@goodwin.com

RE: Certificate of Need Application: Docket Number: 16-32065-CON
The Hospital of Central Connecticut's application to terminate its radiation therapy services and relocate them in New Britain, including the acquisition of two Linear Accelerators

Certificate of Need Completeness Letter

Dear Mr. Carannante:

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 June 17, 2016.

If you have any questions concerning this letter, please feel free to contact me at (860) 418-7014.

Sincerely,

A handwritten signature in blue ink that reads "Brian A. Carney".

Brian A. Carney
Associate Research Analyst

cc: Ms. Barbara Durdy (Barbara.durdy@hhchealth.org)



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

Affirmative Action/Equal Opportunity Employer

Greer, Leslie

From: Carannante, Vincenzo <VCarannante@goodwin.com>
Sent: Friday, June 17, 2016 11:49 AM
To: Carney, Brian; barbara.durdy@hhchealth.org
Cc: Riggott, Kaila; Greer, Leslie; Olejarz, Barbara
Subject: RE: Docket Number: 16-32065-CON Deemed Complete

Receipt confirmed. Thanks!
Have a nice weekend.
Vin

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

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

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

Privileged and confidential. If received in error, please notify me by e-mail and delete the message.

 please consider the environment before printing this message

From: Carney, Brian [<mailto:Brian.Carney@ct.gov>]
Sent: Friday, June 17, 2016 11:35 AM
To: barbara.durdy@hhchealth.org; Carannante, Vincenzo
Cc: Riggott, Kaila; Greer, Leslie; Olejarz, Barbara
Subject: Docket Number: 16-32065-CON Deemed Complete

Dear Ms. Durdy and Mr. Carannante,

Please see attached letter deeming complete the above referenced application.

I would appreciate it if you would reply to confirm receipt of this email.

Sincerely,
Brian A. Carney

Brian A. Carney, MBA
Associate Research Analyst
Office of Health Care Access
CT Department of Public Health
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Phone: (860) 418-7014
Fax: (860) 418 7053
Email: brian.carney@ct.gov
Web: www.ct.gov/ohca

Greer, Leslie

From: Durdy, Barbara <Barbara.Durdy@hhchealth.org>
Sent: Friday, June 17, 2016 11:52 AM
To: Carney, Brian; vcarannante@goodwin.com
Cc: Riggott, Kaila; Greer, Leslie; Olejarz, Barbara
Subject: RE: Docket Number: 16-32065-CON Deemed Complete

Thank you Brian,
Enjoy the weekend.
Barbara

Barbara A. Durdy
Director, Strategic Planning



Hartford HealthCare

181 Patricia M. Genova Blvd.

Newington, CT 06111

Office: 860.972.4231

Cell: 203.859.8174

barbara.durdy@hhchealth.org

www.hartfordhealthcare.org

From: Carney, Brian [<mailto:Brian.Carney@ct.gov>]
Sent: Friday, June 17, 2016 11:35 AM
To: Durdy, Barbara; vcarannante@goodwin.com
Cc: Riggott, Kaila; Greer, Leslie; Olejarz, Barbara
Subject: Docket Number: 16-32065-CON Deemed Complete

Dear Ms. Durdy and Mr. Carannante,

Please see attached letter deeming complete the above referenced application.

I would appreciate it if you would reply to confirm receipt of this email.

Sincerely,
Brian A. Carney

Brian A. Carney, MBA
Associate Research Analyst
Office of Health Care Access

Greer, Leslie

From: Greer, Leslie
Sent: Wednesday, August 03, 2016 10:39 AM
To: Barbara Durdy; 'vcarannante@goodwin.com'
Cc: Carney, Brian; Riggott, Kaila; Hansted, Kevin; Martone, Kim; Olejarz, Barbara
Subject: The Hospital of Central Connecticut Final Decision
Attachments: 32065_201608030951.pdf

| Tracking: | Recipient | Delivery | Read |
|------------------|--|------------------------------|-------------------------|
| | Barbara Durdy 'vcarannante@goodwin.com' | | |
| | Carney, Brian | Delivered: 8/3/2016 10:39 AM | Read: 8/3/2016 10:39 AM |
| | Riggott, Kaila | Delivered: 8/3/2016 10:39 AM | |
| | Hansted, Kevin | Delivered: 8/3/2016 10:39 AM | |
| | Martone, Kim | Delivered: 8/3/2016 10:39 AM | |
| | Olejarz, Barbara | Delivered: 8/3/2016 10:39 AM | |

Attached is the final decision for The Hospital of Central Connecticut.

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



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

Final Decision

Applicant: The Hospital of Central Connecticut
100 Grand Street
New Britain, CT 06050

Docket Number: 16-32065-CON

Project Title: Acquisition of two nonhospital based Linear Accelerators
("LINACs") and termination of radiation therapy

Project Description: The Hospital of Central Connecticut ("HOCC" or "Applicant") is seeking approval to terminate radiation treatment services at its main campus and to acquire two nonhospital based LINACs for its newly established Cancer Center at 183 North Mountain Road, New Britain, with an associated capital cost of \$2,209,339.

Procedural History: The Applicant published notice of its intent to file a Certificate of Need ("CON") application to acquire two nonhospital based LINACs in the *New Britain Herald* on November 9, 10 and 11, 2015. The Applicant published notice to terminate radiology services in the same paper on February 15, 16 and 17, 2016. On January 28, 2016, the Office of Health Care Access ("OHCA") received the CON application from the Applicant for the above-referenced project and deemed the application complete on June 17, 2016. OHCA received no responses from the public concerning the proposal and no hearing requests were received from the public per Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e). Deputy Commissioner Addo considered the entire record in this matter.



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410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
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Affirmative Action/Equal Opportunity Employer

Findings of Fact and Conclusions of Law

1. HOCC is a 446-bed (including bassinets) non-profit, acute care hospital, located at 100 Grand Street, New Britain, Connecticut. Docket No. 15-32023-CON, p. 94
2. In April 2015, HOCC completed construction and began operating a new cancer center (“Cancer Center”) at 183 North Mountain Road, New Britain. The Cancer Center is 2.3 miles from the main campus and will be operated as an outpatient department of the hospital. Ex. A, p. 9
3. The Applicant requests authorization to terminate radiation treatment services on the HOCC main campus and to acquire two nonhospital based LINACs for the Cancer Center. Ex. A, pp.8- 9
4. As a member of the Hartford HealthCare system (“HHC”), the Cancer Center will benefit from HHC’s alliance with Memorial Sloan Kettering by bringing advanced clinical techniques, research knowledge and clinical trials to a community setting. Ex. A, pp. 9, 20
5. The following table lists the number and type of LINACs operated by HOCC prior and subsequent to the opening of the new Cancer Center:

**TABLE 1
HOCC LINACs**

| HOCC LINACs (prior to Cancer Center opening) | LINAC Disposition | HOCC LINACs (following Cancer Center opening) |
|---|---|--|
| Varian 2100C | Replaced with TrueBeam STX located at Cancer Center Varian 2100C was dismantled and taken off-line. | TrueBeam STX (April 2015) |
| Varian 21EX | Dismantled and reassembled at Cancer Center in June 2015 | Varian 21EX (June 2015) |
| Novalis | Dismantled and taken off-line in February 2016. “Exact-track” component will be saved and added to the TrueBeam STX LINAC | |
| Total: 3 LINACs | | Total: 2 LINACs |

Ex. A, p. 10

6. On February 15, 2016, HOCC ceased providing outpatient LINAC treatment on its main campus. Following this change, all outpatient cancer-related services and treatments were made available and provided at the Cancer Center, including the relocation of two LINACs formerly operated on the main campus. E, pp. 10, 110
7. Patients will no longer need to travel to multiple sites to receive radiation therapy or other related services (e.g., physician appointments). Ex. E, p. 111

8. The Cancer Center offers centralized care that encompasses all areas of outpatient cancer care including prevention, detection, treatment, support and research. Ex. A, p. 9
9. The advanced technology of the TrueBeam LINAC will enable HOCC to provide patients with a shorter course of treatment (i.e., 5 consecutive days compared to 30 days for the same ailments). In addition, the TrueBeam LINAC will be able to treat the most complex brain and lung cancers utilizing its “exact-track” function and correlating software from Varian Medical Systems. Ex. A, pp. 13-14, Ex. E, p. 111
10. The Cancer Center will provide ground-level entry and easy parking to patients who may be weak or debilitated from their cancer and/or treatments. In addition, the Cancer Center is located on a bus route; CT transit Route 503 makes hourly stops Monday through Friday from about 6:30 a.m. until 7:30 p.m. (until 1:30 pm on Saturday). Ex. A, p. 15; www.cttransit.com
11. Any inpatient cancer treatment services (e.g., surgery to remove a cancerous tumor) required will continue to be provided at HOCC’s main campus. Ex. E, p. 110
12. HOCC’s primary service area consists of New Britain, Southington, Plainville, Berlin and Newington. Ex. A, p. 103
13. The Cancer Center will treat the same patient population currently served on HOCC’s main campus. Ex. A, p. 13
14. There will be no impact to existing providers or physician referral patterns in HOCC’s service area as a result of this proposal. Ex. A, p. 22
15. Radiation therapy treatment volumes increased by 8% in FY 2015, following the opening of the new Cancer Center. Annualized volumes indicate that radiation therapy treatments will increase an additional 30% in FY 2016.

**TABLE 1
 HISTORICAL UTILIZATION BY EQUIPMENT**

| LINAC | Actual Volume (Treatments) | | | CFY Volume |
|-----------------------------|----------------------------|----------------------|--------------|----------------------|
| | FY 2013 | FY 2014 ¹ | FY 2015 | FY 2016 ² |
| EX | 5,902 | 5,628 | 3,774 | 4,928 |
| True Beam (New) | 0 | 0 | 2,685 | 4,009 |
| 2100 C (to be disposed of) | 101 | 479 | 154 | 0 |
| Novalis (to be disposed of) | 684 | 229 | 246 | 5 |
| Total | 6,687 | 6,336 | 6,859 | 8,942 |

¹ Volume in FY 2014 decreased due to the loss of primary care physicians in HOCC’s primary service area and the restructuring of Hartford HealthCare hospital system into regions.

² Annualized based on 7 months (October 2015 through April 2016)

Ex. G, p. 115

16. HOCC attributes the increase in volume to improved access and increased marketing of the services and technology at the new Cancer Center, a greater demand for radiation therapy

treatments,¹ better awareness of the Sloan Kettering alliance and the recruitment of a new breast surgeon. Ex. A, pp. 102-104; Ex. G, p. 114

17. The Applicant projects annual increases of 2% for radiation therapy treatments over the next three fiscal years.

**TABLE 2
PROJECTED UTILIZATION BY EQUIPMENT**

| LINAC | Projected Volume (Treatments) | | |
|-----------------|-------------------------------|--------------|--------------|
| | FY 2017 | FY 2018 | FY 2019 |
| EX | 4,272 | 4,358 | 4,443 |
| True Beam (New) | 5,042 | 5,142 | 5,247 |
| Total | 9,314 | 9,500 | 9,690 |

Ex. G, p. 115

18. The Applicant does not anticipate any changes in payer mix at the Cancer Center.

**TABLE 3
APPLICANT'S CURRENT & PROJECTED PAYER MIX**

| Payer | FY 2015 | | FY 2016 ¹ | | FY 2017 | | FY 2018 | | FY 2019 | |
|-----------------------------|--------------|-------------|----------------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|
| | Treatments | % | Treatments | % | Treatments | % | Treatments | % | Treatments | % |
| Medicare* | 3,848 | 56% | 5,016 | 56% | 5,225 | 56% | 5,330 | 56% | 5,436 | 56% |
| Medicaid* | 759 | 11% | 989 | 11% | 1,031 | 11% | 1,051 | 11% | 1,072 | 11% |
| CHAMPUS & TriCare | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total Government | 4,607 | 67% | 6,006 | 67% | 6,256 | 67% | 6,381 | 67% | 6,508 | 67% |
| Commercial Insurers | 2,168 | 32% | 2,826 | 32% | 2,944 | 32% | 3,003 | 32% | 3,063 | 32% |
| Uninsured | 84 | 1% | 110 | 1% | 114 | 1% | 117 | 1% | 119 | 1% |
| Workers Compensation | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total Non-Government | 2,252 | 33% | 2,936 | 33% | 3,058 | 33% | 3,120 | 33% | 3,182 | 33% |
| Total Payer Mix | 6,859 | 100% | 8,942 | 100% | 9,314 | 100% | 9,500 | 100% | 9,690 | 100% |

¹ Annualized from 7 months (October 2015 through April 2016)

*Includes managed care activity.

Ex. G, p. 116

19. There will be no changes to HOCC's price structure for radiation therapy or radiosurgery services as a result of this proposal; these services will continue to be billed as hospital-based outpatient services. Ex. A, p. 17

¹ *The Journal of Clinical Oncology*, October 18, 2010 issue estimates that over the next decade, the number of cancer patients requiring radiation therapy will increase by 22%.

20. The proposal will generate incremental gains from FY 2016 through FY 2019.

TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES

| | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|----------------------------------|------------------|------------------|------------------|------------------|
| Revenue from Operations | \$985,902 | \$1,174,395 | \$1,268,564 | \$1,364,680 |
| Total Operating Expenses | \$506,846 | \$534,756 | \$680,809 | \$701,780 |
| Gain/Loss from Operations | \$479,056 | \$639,639 | \$587,754 | \$662,901 |

¹Incremental operating expenses include salaries and wages, depreciation/amortization, supplies and drugs, and other operating expenses necessary to operate the Cancer Center and support the forecasted volumes.

Ex. G, p. 115, 119

21. The capital expenditure for the project totals \$2,209,339 and will be funded by HOCC assets. Ex. A, p. 18, 25
22. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
23. This CON application is consistent with the Statewide Health Care Facilities and Service Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
24. The Applicant has established that there is a clear public need for the proposal. (Conn. Gen. Stat. § 19a-639(a)(3))
25. The Applicant has demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))
26. The Applicant has satisfactorily demonstrated that the proposal will improve quality and accessibility and maintain the cost effectiveness of health care delivery in the region. (Conn. Gen. Stat. § 19a-639(a)(5))
27. The Applicant has shown that there would be no change in the provision of health care services to the relevant populations and payer mix, including access to services by Medicaid recipients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6))
28. The Applicant has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7))
29. The Applicant's historical provision of treatment in the service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
30. The Applicant has satisfactorily demonstrated that this proposal would not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

31. The Applicant has demonstrated that there will be no reduction in access to services by Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10))
32. The Applicant has demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the region. (Conn. Gen. Stat. § 19a-639(a)(11))
33. The Applicant has satisfactorily demonstrated that the proposal will not result in any consolidation that would affect health care costs or access to care. (Conn. Gen. Stat. § 19a-639(a)(12))

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicants bear the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

HOCC is a non-profit, acute care hospital, located at 100 Grand Street, New Britain. In April 2015, HOCC completed construction and began operating the Cancer Center, located at 183 North Mountain Road, New Britain. The Cancer Center is only 2.3 miles from the main campus and will be operated as an outpatient department of the hospital. The Applicant requests authorization to terminate radiation treatment services on the HOCC main campus and to acquire two nonhospital based LINACs for the Cancer Center. *FF1-3* The Cancer Center offers all areas of outpatient cancer care including prevention, detection, treatment, support and research at one centralized location. As a member of the Hartford HealthCare system (“HHC”), the Cancer Center will benefit from HHC’s alliance with Memorial Sloan Kettering by bringing advanced clinical techniques, research and clinical trials to a community setting. *FF4, FF8*

Quality of care will be improved through the use of the TrueBeam LINAC, which will allow patients to receive a shorter course of treatment (i.e., 5 consecutive days compared to 30 days for the same ailments). In addition, the TrueBeam LINAC will be able to treat even the most complex brain and lung cancers utilizing its “exact-track” function and correlating software from Varian Medical Systems. *FF9*

Patients will now be able to receive all their outpatient cancer treatment at one location. *FF7* The Cancer Center offers improved access through ground-level entry and easy parking. In addition, for those patients needing public transportation, the Cancer Center is located on a bus route that makes hourly stops. *FF10*

HOCC provided more than 6,000 radiation therapy treatments in FY 2014. Following the opening of the new Cancer Center, volumes increased by 8% in FY 2015 and the Applicant projects continued annual increases in treatment volumes. *FF15-17* Due to the close proximity of the HOCC main campus, the Cancer Center will continue to serve the same patient population and existing physician referral patterns will remain the same. *FF13-14* As a result of these combined factors, the Applicant has satisfactorily demonstrated that quality and access to cancer treatment services in the region will be enhanced for all relevant patient populations.

HOCC projects operational gains of \$479,056, \$639,639, \$587,754 and \$662,901 respectively, in FYs 2016, 2017, 2018 and 2019. *FF20* Therefore, the Applicant has satisfactorily demonstrated that the proposal is financially feasible.

The Applicant has demonstrated clear public need for this proposal as access to and quality of care will be improved. These benefits are consistent with the Statewide Health Care Facilities and Services Plan.

Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application for the acquisition of two LINACs and termination of radiation therapy services on the HOCC main campus, with an associated capital expenditure of \$2,209,339 is hereby APPROVED.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Department of Public Health
Office of Health Care Access

8/2/2016

Date



Yvonne T. Addo, MBA
Deputy Commissioner