



Hartford  
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December 9, 2016

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



RE: Termination of Women's Imaging Services

Dear Ms. Martone:

Enclosed please find a Certificate of Need application for the Termination of Women's Imaging Services. Included is one (1) original hardcopy in a 3-ring binder and a USB flash drive containing a scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format and an electronic copy of responses in MS Word (the applications) and MS Excel (the financial attachment).

Please do not hesitate to contact me at 860-972-4231 if you have any questions. Thank you for your time and consideration.

Sincerely,



Barbara A. Durdy

Enclosures



**State of Connecticut  
Department of Public Health  
Office of Health Care Access**

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**Certificate of Need Application  
Main Form**  
*Required for all CON applications*

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**Contents:**

- Checklist
- List of Supplemental Forms
- Proposal Information
- Affidavit
- Executive Summary
- Project Description
- Public Need and Access to Health Care
- Financial Information
- Utilization

## 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 can be found on OHCA's website at "[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).

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### For OHCA Use Only:

Docket No.: 16-32140-CON Check No.: 059774  
OHCA Verified by: KR Date: 12.12.16

## Supplemental Forms

In addition to completing this **Main Form** and **Financial Worksheet (A, B or C)**, the applicant(s) must complete the appropriate **Supplemental Form** listed below. Check the box of the **Supplemental Form** to be submitted with the application, below. If unsure which form to select, please call the OHCA main number (860-418-7001) for assistance. All CON forms can be found on OHCA's website at [OHCA Forms](#).

Check form included	Conn. Gen. Stat. Section 19a-638(a)	Supplemental Form
<input type="checkbox"/>	(1)	<b>Establishment of a new health care facility (mental health and/or substance abuse) - see note below*</b>
<input type="checkbox"/>	(2)	<b>Transfer of ownership of a health care facility</b> (excludes transfer of ownership/sale of hospital – see “Other” below)
<input type="checkbox"/>	(3)	<b>Transfer of ownership of a group practice</b>
<input type="checkbox"/>	(4)	<b>Establishment of a freestanding emergency department</b>
<input checked="" type="checkbox"/>	(5) (7) (8) (15)	<b>Termination of a service:</b> <ul style="list-style-type: none"> <li>- inpatient or outpatient services offered by a hospital</li> <li>- surgical services by an outpatient surgical facility**</li> <li>- emergency department by a short-term acute care general hospital</li> <li>- inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended</li> </ul>
<input type="checkbox"/>	(6)	<b>Establishment of an outpatient surgical facility</b>
<input type="checkbox"/>	(9)	<b>Establishment of cardiac services</b>
<input type="checkbox"/>	(10) (11)	<b>Acquisition of equipment:</b> <ul style="list-style-type: none"> <li>- acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners</li> <li>- acquisition of nonhospital based linear accelerators</li> </ul>
<input type="checkbox"/>	(12)	<b>Increase in licensed bed capacity</b> of a health care facility
<input type="checkbox"/>	(13)	<b>Acquisition of equipment utilizing [new] technology</b> that has not previously been used in the state
<input type="checkbox"/>	(14)	<b>Increase of two or more operating rooms</b> within any three-year period by an outpatient surgical facility or short-term acute care general hospital
<input type="checkbox"/>	Other	<b>Transfer of Ownership / Sale of Hospital</b>

\*This supplemental form should be included with all applications requesting authorization for the

establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other "health care facilities," as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

\*\*If termination is due to insufficient patient volume, or it is a subspecialty being terminated, a CON is not required.

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  
 PO BOX 1080  
 HARTFORD, CT 06143-108

Date

12/07/2016

Payment Amount

\*\*\*\*\*\$500.00

VOID AFTER 90 DAYS



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



TREASURER, STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH DIVISION OF HEALTH SYSTEMS REGULATI PO BOX 1080 HARTFORD, CT 06143-108	Entity	Vendor ID / Location	Check Number
	30100	1000004913	059774

HARTFORD HEALTHCARE

Invoice Number	Invoice Date	Gross Amount	Discount Amount	Withholding Amount	Net Amount
C11281650000	11/28/2016	500.00			500.00
<b>TOTALS</b>					<b>\$500.00</b>

### Proposal Information

Select the appropriate proposal type from the dropdown below. If unsure which item to select, please call the OHCA main number (860-418-7001) for assistance.

<b>Proposal Type</b> (select from dropdown)	Choose an item.	Termination of a Service
<b>Brief Description</b>	Termination of Women's Imaging Services	
<b>Proposal Address</b>	21A Liberty Drive, Hebron, CT.	
<b>Capital Expenditure</b>	\$ 0.00	
<p><b>Is this Application the result of a Determination indicating a CON application must be filed?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes, Docket Number: 16-32112-DTR</p>		

### Applicant(s) Information

	Applicant One	Applicant Two* (if applicable)
<b>Applicant Name &amp; Address</b>	Windham Community Memorial Hospital	
<b>Parent Corporation Name &amp; Address (if applicable)</b>	Hartford HealthCare Corporation	
<b>Contact Person Name</b>	Barbara Durdy	
<b>Title</b>	Director, Strategic Planning	
<b>Email Address</b>	barbara.durdy@hhchealth.org	
<b>Phone</b>	860-972-4231	
<b>Fax Number</b>	860-972-9025	
<b>Tax Status</b> (check one box)	<input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Not-for-Profit	<input type="checkbox"/> For Profit <input type="checkbox"/> Not-for-Profit

*\*For more than two Applicants, attach a separate sheet with the above information*

<b>FOR OFFICE USE ONLY</b>	
Docket #:	Staff Assigned :
Date Received:	





## AFFIDAVIT OF PUBLICATION

State of Connecticut

September 30, 2016

County of Hartford

I, Kayla Medeiros, do solemnly swear that I am a Sales Assistant of the Hartford Courant, printed and published daily, in the state of Connecticut and that from my own personal knowledge and reference to the files of said publication the advertisement of Public Notices was inserted in the regular edition.

On Dates as Follows:

09/28/2016 104.25; 09/28/2016 10.00; 09/29/2016 104.25;  
09/30/2016 104.25

In the Amount of:

\$322.75  
Hartford Healthcare - CU00330653  
4488856  
Full Run

Kayla Medeiros Sales Assistant,  
Kayla Medeiros

Subscribed and sworn before me on September 30, 2016

Renee N. Janes Notary Public

RENEE N. JANES  
NOTARY PUBLIC  
MY COMMISSION EXPIRES MAR. 31, 2018

Order # - 4488856

**Public Notice Filing for Windham Hospital  
Termination of Outpatient Mammography  
Services**

**Authority:**  
Connecticut General Statutes §19a-638

**Applicants:**  
Windham Community Hospital  
112 Mansfield Ave  
Willimantic, CT, 06226

**Proposal:**  
The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access seeking approval to terminate mammography services in Hebron, CT.

**Capital Expenditure:**          \$0

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Description: Legal Notice FR Daily

Ad Number: 4488856-1  
Insertion Number: 1 x 1.74  
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# Hartford Courant

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This E-Sheet confirms that the ad appeared in The Hartford Courant on the date and page indicated. You may not create derivative works, or in any way exploit or reuse any content displayed or contained on the e-sheet.

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WE BUY YOUR USED CARS, TRUCKS, VANS, SUVs. WE ALSO BUY YOUR OLD REFRIG., WASHING MACHINE, DISHWASHER, FREEZER, COFFEE MAKER, TOASTER, RICE COOKER, BLENDER, TOASTERS, KITCHEN AID, MIXERS, ETC.

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## **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.

**Windham Community Memorial Hospital (“the Hospital” or “Windham Hospital”) is seeking approval from the Office of Health Care Access for the termination of mammography and bone densitometry (“dexa exams” or “bone density scanning”) services at the Women’s Center for Health (“the Center”) located at 21A Liberty Drive, in Hebron.**

**The Women’s Center for Health opened in April 2013 and provided women’s imaging services to the community, specifically mammography and bone density scanning. Since the opening of the Center, utilization of these services has been very low and not sufficient to sustain a full-time imaging service. In July of 2016 the Hospital made the decision to terminate the lease at this location and Windham Hospital mammography and densitometry services were discontinued. The landlord has since leased the space to a new tenant.**

**Hebron residents continue to have close access to mammography and densitometry services as there are four mammography and densitometry sites within 13.7 miles of one another in this community. Three of the four alternate sites are affiliated with Harford HealthCare Corporation (“HHC”).**

**This proposed termination of services is consistent with the Statewide Healthcare Facilities Plan as it results in the elimination of duplicative services in an underutilized location.**



*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.

**The Hospital is a 130-bed, not-for-profit acute care community hospital providing comprehensive medical services, personalized attention and care for more than 75 years. Among the various medical specialties offered by the Hospital is a full range of high quality women’s health and education services. The aim is to promote, maintain and restore physical and emotional well-being for women of all ages. Mammography and densitometry services are provided by the Women’s Center for Health with locations in Mansfield and (formerly) in Hebron, Connecticut.**

**The Hospital is seeking the Office of Health Care Access (“OHCA”) approval for Windham Hospital’s termination of women’s imaging services (mammography and densitometry) at the Women’s Center for Health in Hebron (“the Center”). The Center was established in 2013 to provide mammography and bone density exams to women in the greater Hebron community. However, despite the Hospital’s best efforts to promote the services, patient volumes remained low and insufficient to sustain a stand-alone imaging service. At the end of July 2016 the lease at this location was terminated and women’s imaging services were no longer provided. The landlord has since leased the space to another tenant.**

**This termination of services results in the elimination of duplicative services in an underutilized location. Hebron residents will continue to have close access to mammography services as explained above. Access to services will be maintained, largely because there are four women’s imaging sites within 13.5 miles of one another in this community.**

**The four other women’s imaging sites include:**

- **Backus Health Center, 163 Broadway Street, Colchester, CT 06415**
  - **This location is 6.8 miles from 21A Liberty Drive**
- **Windham Hospital, 112 Mansfield Ave, Willimantic, CT 06226**
  - **This location is 9.5 miles from 21A Liberty Drive**
- **Windham Hospital Center for Women's Health at Mansfield, 7A Ledgebrook Drive, Mansfield Center, CT 06250**
  - **This location is 10.4 miles from 21A Liberty Drive**

- **Jefferson Radiology, 704 Hebron Avenue, Glastonbury, CT 06033**
  - **This location is 13.5 miles from 21A Liberty Drive**
- 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?).

**The Center was established in April 2013, and offered mammography and bone density scanning services to women in the towns of Columbia, Hebron, Lebanon, Colchester, Andover, East Hampton, Killingly and Coventry.**

**The decision to close this site occurred in July of 2016. The last patients were seen in Hebron on July 25, 2016 and the lease ended shortly thereafter.**

**Patients who had exams scheduled after July 25, 2016 were individually contacted by the Center's staff to reschedule their appointments at one of the nearby locations. Further, the scheduling phone line at the Center was rerouted and all calls were forwarded to the Windham Hospital Center for Women's Health at Mansfield, 7A Ledgebrook Drive, Mansfield Center, CT.**

- 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;  
  
**Please see OHCA Table 1.**
  - b. identify in **OHCA Table 2** the service area towns and the reason for their inclusion (e.g., provider availability, increased/decreased patient demand for service, market share);  
  
**Please see OHCA Table 2.**
- 4. List the health care facility license(s) that will be needed to implement the proposal;  
  
**Not applicable.**
- 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 1 for a copy of the Hospital's license.**
  - 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;

**Please see Exhibit 2 for copies of the Curriculum Vitae.**

**Bimal Patel, Sr. VP Hartford HealthCare East Region, President, Windham Hospital**

**Cary Trantilis, Vice President of Operations and Clinical Services, Windham Hospital**

**Dan Lohr, VP & CFO, Windham Hospital**

**Cindy McClarran, Regional Director, Diagnostic Imaging, Hartford Healthcare, East Region**

- 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;

**Not applicable.**

- d. letters of support for the proposal;

**Please see Exhibit 3 for letters of support for this 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. No new services are proposed.**

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

**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 the policies and standards adopted by the Connecticut Department of Public Health, as it removes duplicative services from the market and ensures continued access to high quality care to 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 patients will have continued access to cost-effective and efficient mammography services in their service area.**

§ "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 patient population served by the Center included women from the towns of Columbia, Hebron, Lebanon, Colchester, Andover, East Hampton, Killingly and Coventry in need of mammography and bone density scanning services.**

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

**As previously stated in response to Question # 1 above, there are four other sites within 13.5 miles that offer the same services as the Center. At the end of July 2016, patients of the Center were notified via phone to reschedule any future appointments at one of the alternative nearby facilities. In addition, the scheduling phone line at the Center was rerouted to the Windham Hospital Center for Women's Health at Mansfield to facilitate direct appointment scheduling by patients.**

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

**Not applicable.**

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

**Not applicable, as this application is for termination of services.**

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

**Not applicable.**

- f. discuss how low income persons, racial and ethnic minorities, disabled persons and other

underserved groups will benefit from this proposal;

**Patients will have continued uninterrupted access to mammography and bone density scanning services at any of the four alternate locations all within 13.5 miles of the Center. Three of the four alternate sites are affiliated with Harford HealthCare Corporation (HHC). All HHC facilities accept all patients regardless of race, sex, ethnicity, disability and economic status.**

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

**Not applicable.**

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

**Access to care will not be affected by this termination. As previously mentioned, there are four mammography sites within 13.5 miles of one another in this community. Patients have been, and will continue to be, smoothly transitioned to one of the other proximate locations.**

- i. discuss any alternative proposals that were considered.

**Prior to discontinuing services at the Center, the Hospital adjusted staffing levels to minimum needed to accommodate volume. However, even with reduced staffing, the Center was not operationally viable.**

*§ "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; (Conn.Gen.Stat. § 19a-639(a)(5))*

9. Describe how the proposal will:

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

**Not applicable. This application is for a service termination.**

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

**Not applicable. This application is for a service termination.**

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

**The closure of the Center eliminated underutilized and duplicative services in the area.**

10. How will the Applicant(s) ensure that future health care services provided will adhere to the National Standards on culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality and help eliminate health care disparities in the projected service area. (More details on CLAS standards can be found at <http://minorityhealth.hhs.gov/>).

**Not applicable.**

11. 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)?

**There will be continued coordination of care for all individuals who utilized services at the Center as patient records will be accessible to patients upon request. The phones at the Center were rerouted to Windham Hospital's Center for Women's Health at Mansfield where patients will be able to schedule appointments.**

**Windham Hospital is committed to working with patients to ensure that they have continued and coordinated access to mammography and bone density services in the location of their choosing.**

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

**This proposal will not adversely impact access to care for Medicaid recipients and indigent persons. As stated in the letter of support Exhibit 3, Windham Hospital and other HHC affiliated sites will be able to absorb the patient volume from the Center.**

**Windham Hospital, as well as all HHC facilities, accepts all patients regardless of race, sex, ethnicity, disability and economic status.**

13. Provide a copy of the Applicant's charity care policy and sliding fee scale applicable to the proposal.

**Please see Exhibit 4 for a copy of Hartford HealthCare's Financial Assistance 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))*

14. 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.**

§ *“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))*

15. 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.

**There will be a positive impact on patient health care costs as this proposal eliminates a duplicative and underutilized 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 applicant;” (Conn.Gen.Stat. § 19a-639(a)(4))*

16. Provide the Applicant’s fiscal year: start date (mm/dd) and end date (mm/dd).

**10/01- 09/30**

17. 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.

**Please see the response to Question 14 above.**

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

**Not applicable. No capital expenditures/ costs have been or will be incurred.**

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

**Not applicable.**

20. 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;

**The most recent audited financial statements for Windham Hospital are on file with OHCA.**

- b. completed **Financial Worksheet A (non-profit entity), B (for-profit entity) or C (§19a-486a sale)**, 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 5 for Financial Worksheet A.**

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

**Please see OHCA Table 4, below.**

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

**The assumptions used in developing the financial projections represent the loss in volume at the Center, conservatively assuming that it is not picked up by Windham Hospital.**

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

**Not applicable.**

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

**Not applicable. This application is for termination of a service.**



## Utilization

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

25. 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 Table 5 for historical visit volume for the Center. Table 6 is not applicable given that this is a termination of services.**

**It is important to note that although volumes did increase from 2013 to 2014 and again from 2014 to 2015, these volumes were not enough to support a standalone facility with full time staffing. Typically, women’s imaging facilities average 15-18 patients per day; the Center for was seeing 2-3 visits per day.**

26. 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 Table 5 and 6.

**Not applicable. This application is for a service termination.**

27. 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 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))

28. 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.**

**Not applicable. This application is for a service termination.**

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

**Please see OHCA Table 8 for the number of visits by town.**

*§ "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))*

30. 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 for existing providers in the service area.**

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

**Patients have been directed to schedule future appointments with one of the other providers of women's imaging services identified in Table 9.**

**Please see Exhibit 3 for letters of support from Windham Hospital and Jefferson Radiology acknowledging that their practices are able to absorb patients who were previously receiving services at the Center.**

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

**Patients were referred to the Center by their primary care providers or other specialty providers.**

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

**Providers will no longer refer patients to the Center. Providers will be able to refer to any of the four surrounding facilities. In particular, Windham Hospital and Jefferson Radiology have acknowledged that and agreed to absorb patient volume from the Center.**

*§ "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))*

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

**This proposal will eliminate duplicative services.**

*§ “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))*

35. Explain in detail how the proposal will impact (i.e., positive, negative or no impact) the diversity of health care providers and patient choice in the geographic region.

**This proposal will not adversely impact the diversity of healthcare providers or patient choice in this service area as there are four other sites offering the same services within a 13.5 mile radius.**

**Tables**

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

<b>Service</b>	<b>Street Address, Town</b>	<b>Population Served</b>	<b>Days/Hours of Operation</b>	<b>New Service or Proposed Termination</b>
<b>Women's Center for Health at Hebron</b>	<b>21 Liberty Drive, Hebron, CT 06248</b>	<b>N/A</b>	<b>N/A</b>	<b>Proposed Termination</b>

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

**TABLE 2  
SERVICE AREA TOWNS**

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

<b>Town*</b>	<b>Reason for Inclusion</b>
<b>Columbia, Hebron, Lebanon, Colchester, Andover, East Hampton, Coventry, Killingly</b>	<b>These towns represent approximately 85% of visit volume at Hebron for FY15.</b>

\* Village or place names are not acceptable.

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**TABLE 3**

**TOTAL PROPOSAL CAPITAL EXPENDITURE**

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

\* 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.

**N/A. This application is for a service termination.**

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**TABLE 4  
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	<b>FY 2017*</b>	<b>FY 2018*</b>	<b>FY 2019*</b>
Revenue from Operations	(\$148,793)	(\$150,281)	(\$151,783)
Total Operating Expenses	(\$164,585)	(\$167,240)	(\$168,913)
<b>Gain/Loss from Operations</b>	\$16,792	\$16,960	\$17,130

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

[back to question]

**TABLE 5  
HISTORICAL UTILIZATION BY SERVICE**

Service**	Actual Visit Volume (Last 3 Completed FYs)			Visit Volume*
	FY 2013***	FY 2014***	FY 2015***	FY 2016***
Mammography and DEXA visits	257	433	519	Actual (251)  Annualized (301)
<b>Total</b>	257	433	519	301

\* 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.

**It is important to note that although volumes were gradually increasing from FY 2013 through FY 2015, the volumes was insufficient to support a freestanding imaging location. Typically, for a breast and DEXA exams, a facility will see 15-18 patients per day; the Center was seeing 2-3 visits per day.**

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**TABLE 6  
PROJECTED UTILIZATION BY SERVICE**

Service*	Projected Volume		
	FY 2017**	FY 2018**	FY 2019**
Mammography	0	0	0
DEXA	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* 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.

**N/A. This application is for a service termination.**

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

Payer	Current		Projected					
	FY 2016**		FY 2017**		FY 2018**		FY 2019**	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	73	29%	N/A		N/A		N/A	
Medicaid*	18	7%						
CHAMPUS & TriCare	0	0%						
<b>Total Government</b>	<b>90</b>	<b>36%</b>						
Commercial Insurers	151	60%						
Uninsured	10	4%						
Workers Compensation	0	0						
<b>Total Non- Government</b>	<b>161</b>	<b>64%</b>						
<b>Total Payer Mix</b>	<b>251</b>	<b>100%</b>						

\* 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.

**FY 2016 represents 10 months of actual volume.**

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**TABLE 8  
UTILIZATION BY TOWN**

<b>Town</b>	<b>Utilization FY 2015**</b>
Columbia- CT	136
Hebron- CT	139
Lebanon- CT	65
Colchester- CT	28
Andover- CT	22
East Hampton- CT	20
Coventry- CT	18
Killingly- CT	17
Mansfield- CT	8
All other	66
<b>Total</b>	<b>519</b>

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

\*\* Fill in most recently completed fiscal year.

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

<b>Service or Program Name</b>	<b>Population Served</b>	<b>Facility ID*</b>	<b>Facility's Provider Name, Street Address and Town</b>	<b>Hours/Days of Operation</b>	<b>Current Utilization</b>
<b>Backus Health Center</b>	<b>Greater Norwich Area</b>	<b>070024</b>	<b>163 Broadway Street, Colchester, CT 06415</b>	<b>M-F 8am-6pm Sat&amp; Sun-9am-5pm</b>	<b>14,770</b>
<b>Windham Hospital</b>	<b>See Table 8</b>	<b>070021</b>	<b>112 Mansfield Ave, Willimantic, CT 06226</b>	<b>M-F- 7am-11pm Sat&amp;Sun-7am-3:30 pm</b>	<b>6,106</b>
<b>Windham Hospital Center for Women's Health at Mansfield</b>	<b>See Table 8</b>	<b>070021</b>	<b>7A Ledgebrook Drive, Mansfield Center, CT 06250</b>	<b>M-F 8am-5pm</b>	<b>4,136</b>
<b>Person Radiology</b>	<b>Greater Glastonbury Area</b>	<b>1053362350</b>	<b>704 Hebron Avenue, Glastonbury, CT 06033</b>	<b>M-F-7am-5pm Sat- 8am-2pm</b>	<b>Unknown</b>

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

**Current utilization represents mammography volumes for FY 2016.**

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



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Supplemental CON Application Form  
**Termination of a Service**  
Conn. Gen. Stat. § 19a-638(a)(5),(7),(8),(15)

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**Applicant: Windham Community Memorial Hospital**

**Project Title: Termination of Women's Imaging Services**

## **Project Description: Termination of Women's Imaging Services**

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

**Women's Center for Health at Hebron ("the Center") was established in April 2013, by Windham Community Memorial Hospital ("the Hospital" or "Windham Hospital") and offered mammography and bone density scanning services to women in the towns of Columbia, Hebron, Lebanon, Colchester, Andover, East Hampton, Killingly and Coventry.**

**The decision to close this site occurred in July 2016. The last patients were seen at this location on July 25, 2016 and the lease ended shortly thereafter.**

**Patients were notified via phone of the closure and assisted in rescheduling future appointments at the facility of their choosing. Further, the phones at the Center were rerouted to the Windham Hospital Center for Women's Health at Mansfield where referred patients were smoothly transitioned to a new location for these services.**

- ii. whether CON authorization was received and,  
N/A
- iii. if CON authorization was required, the docket number for that approval.  
N/A
- b. Explain in detail the Applicant's rationale for this termination of services, and the process undertaken by the Applicant in making the decision to terminate.

**Despite the Hospital's best efforts to grow this service, patient volumes remained insufficient to support a standalone facility. In an effort to keep the Center operational, the staffing model was adjusted from full time to part time staffing. However, even with reduced staffing, volumes were not sufficient to maintain the standalone facility. Typically, volumes for women are imaging centers (mammography and bone density) average 15-18 patients per day. Visit volume at the Center averaged 2-3 patient visits per day.**

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

**This proposal did not require Board of Directors approval.**

2. Termination's Impact on Patients and Provider Community

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

**Please see the list of providers in OHCA Table 9. As mentioned in the main application, there are four other facilities within 13.5 miles of the Center.**

**Please see Exhibit 3 for letters of support from both Windham Hospital and Jefferson Radiology stating that that they are able to accommodate patient volume transitioning from the Hebron facility.**

**TABLE A  
PROVIDERS ACCEPTING TRANSFERS/REFERRALS**

<b>Service or Program Name</b>	<b>Population Served</b>	<b>Facility ID*</b>	<b>Facility's Provider Name, Street Address and Town</b>	<b>Hours/Days of Operation</b>	<b>Current Utilization</b>
<b>Backus Health Center</b>	<b>Greater Norwich Area</b>	<b>070024</b>	<b>163 Broadway Street, Colchester, CT 06415</b>	<b>M-F 8am-6pm Sat&amp; Sun-9am-5pm</b>	<b>14,770</b>
<b>Windham Hospital</b>	<b>See Table 8</b>	<b>070021</b>	<b>112 Mansfield Ave, Willimantic, CT 06226</b>	<b>M-F- 7am-11pm Sat&amp;Sun-7am-3:30 pm</b>	<b>6,106</b>
<b>Windham Hospital Center for Women's Health at Mansfield</b>	<b>See Table 8</b>	<b>070021</b>	<b>7A Ledgebrook Drive, Mansfield Center, CT 06250</b>	<b>M-F 8am-5pm</b>	<b>4,136</b>
<b>Jefferson Radiology</b>	<b>Greater Glastonbury Area</b>	<b>1053362350</b>	<b>704 Hebron Avenue, Glastonbury, CT 06033</b>	<b>M-F-7am-5pm Sat- 8am-2pm</b>	<b>Unknown</b>

\* Please provide either the Medicare, Connecticut Department of Social Services (DSS), or National Provider

Identifier (NPI) facility identifier and label column with the identifier used.

\*\* Fill in year and identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.). Label and provide the number of visits or discharges as appropriate.

\*\*\* 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.

**All of the facilities listed in Table A above are able to accommodate patient volume transitioning from the Center.**

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

**Please see Exhibit 3 for the letters of support for this proposal.**

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

**This proposal will not adversely impact access to care for Medicaid recipients and indigent persons. As stated in the letter of support Exhibit 3, Windham Hospital will be able to absorb the patient volume from the Center.**

**Windham Hospital, as well as the other HHC facilities listed in Table A, accepts all patients regardless of race, sex, ethnicity, disability and economic status.**

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

**Patients were notified via phone of the closure and assisted in rescheduling future appointments at the facility of their choosing. Further, the phones at the Center were rerouted to the Windham Hospital Center for Women's Health at Mansfield where referred patients were smoothly transitioned to a new location for these services.**

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

**Not applicable.**

### List of Exhibits

Exhibit 1: Copy of the Windham Community Memorial Hospital's license.

Exhibit 2: Copies of the Curriculum Vitae.

Exhibit 3: Copies of letters of support for this proposal.

Exhibit 4: Copy of Harford HealthCare's Financial Assistance Policy.

Exhibit 5: Copy of Financial Worksheet A.



Exhibit 1: Copy of the Windham Community Memorial Hospital's license.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0061

General Hospital

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

Windham Community Memorial Hospital, Inc. of Willimantic, CT d/b/a Windham Community Memorial Hospital, Inc. and Hatch Hospital Corporation is hereby licensed to maintain and operate a General Hospital.

Windham Community Memorial Hospital, Inc. and Hatch Hospital Corporation is located at 112 Mansfield Avenue, Willimantic, CT 06226.

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

14 Bassinets

130 General Hospital Beds

This license expires September 30, 2017 and may be revoked for cause at any time.

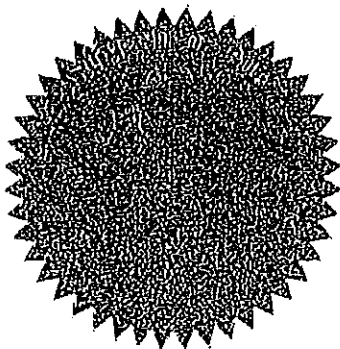
Dated at Hartford, Connecticut, October 1, 2015. RENEWAL.

Satellites:

Windham Middle School Health Center, 123 Quarry Street, Willimantic, CT

Windham High School Wellness Center, 355 High Street, Willimantic, CT

Charles Barrows STEM Academy School-Based Health Center, 141 Tuckie Rd, N. Windham, CT



*Jewel Mullen MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner

**Bimal Patel**

**President, East Region  
Backus and Windham Hospitals  
&  
Senior Vice President  
Hartford Healthcare**

**Organizational Description:**

**Hartford Healthcare:** Operating company holding 6 hospitals, Physicians organization, Senior Services, Clinical Ancillary services, over \$2.5B Net Revenue, 1600 acute care beds, 600 long-term care beds, and 16000+ FTEs

**Hartford Hospital:** Level 1 Trauma center - 867 Beds Acute Care Teaching Hospital, 5400 FTEs, \$1.2 B net revenue

**Mid-State Medical Center  
Hospitals of Central Connecticut**

**Backus Hospital and Windham Hospital:** Level III Trauma center – 450 beds, Medical Foundation, Free standing Emergency Services

**Post-Acute Services: Senior care, Home care, Rehab services  
Behavioral Health Services: Institute of Living, Natchaug Hospital and Rushford Hospital  
Hartford Healthcare Medical Group**

**My Personal Purpose**

Build a vibrant culture, develop leaders and help them find their best by using visionary, balanced and practical approach to deliver better quality of healthcare at affordable price point with un-matched service excellence and highest integrity.

**Experiences**

**President, East Region and SVP HHC  
Backus and Windham Hospitals** **January 2016- Present**

Executive and leadership responsibility of the East Region of HHC including Backus and Windham hospitals, Plainfield emergency and ambulatory center, various outpatient clinics and urgent care centers, Backus physician organization and Conn Care network.

HHC responsibilities include Real Estate, Master planning and Contraction projects for the system.

**Harford Healthcare, SVP Operational Integration** **Dec 2014- Dec 2015**  
**Regional VP of Operations** **August 2013- Nov 2014**  
**Hartford Hospital, VP of Operations and Support** **Feb 2009 – July 2013**

Responsibilities include operational integration reporting to EVP-COO of HHC System, I lead administration and management of major healthcare system initiatives such as Hospitals integration, System consolidation for efficiency and cost benefit, Spin-off key service line to leverage capital, HHC 2020- infrastructure master plan and HHC Thrive-cost reduction.

Hartford Healthcare Thrive – cost reduction strategy, executive project leadership and Lean methodology:

- Responsible for the system Operating Margin goal via Balance Scorecard
- Reduced \$195M in three years via partnership with Huron Healthcare Consulting largely focused on administrative services
- On target with additional \$165M in one year improvement over \$2.4B cost structure via administrative and clinical transformation work
- Productivity and efficiency infrastructure deployment to help achieve 25<sup>th</sup> percentile benchmark of these resources which resulted in over 500 FTEs reduction.
- HHC real estate portfolio
- HHC Lab Strategy deployment
- HHC Radiology Strategy leader
- Key administrative leader for all physicians driven clinical councils across HHC

Lead Healthcare System via following teams:

- Clinical and support integration of hospital operations – VP OPs
- Managing outsourcing and selling of clinical and support services for the system – M&A
- Develop Bone and Joint Institute in partnership with Orthopedic Physician Group(s).
- Build key strategic partnership with GE, Stanley, Siemens, CVS, Commercial labs - Strategy
- Develop retail healthcare via pharmacy, 340b, specialty and long-term care- Growth
- Help building HHC command center - Operations

Capital budget experiences and responsibilities:

- HHC2020 and routine Capital deployment annually at \$ 100M
- \$250M Strategic capital which included parking facility, ED expansion, and planning for Special Surgical Hospital for Ortho-Neuro-Spine.
- Facilities Master plan and support system growth initiatives
- Public utility company funds to improve power plant and fuel cell deployment

Key operational integration, leverage supply chain, engagement of physician leaders across the system and partner with nursing to horizontally integrate and deploy plan to improve efficiency, safety and quality.

Physicians and Nursing leadership experiences over ten years:

- Administrative member of Medical Executive Committee
- Clinical Chiefs council member

- Administrative leader for the Departments of Cardiology, Neurology, Radiation Oncology, Nephrology, Pulmonary, Pathology and Radiology.
- Management of service line leadership agreements
- Hospital Quality board and Safety Council
- Clinical nursing leadership in clinical ancillary and procedural areas
- Leadership of cardiac, vascular and endo-vascular platform
- Lead EPIC - EMR physician advisory committee and executive sponsor for EPIC rollout, bedside bar code, pharmacy systems, nursing and respiratory documentation

Board and non-profit community experiences:

- Member of Board Quality Committee
- Board of Governors for the hospital
- Connecticut Health Council member, a consortium of payers, providers, educators, suppliers, manufacturers, and consultants.
- Achieve Hartford Board member: Hartford Public Schools
- SINA (Southside institution of neighborhood alliance of hospitals and Trinity College) board member: community board for revitalization of neighborhood

Fund Development experiences:

- Meet and educate donors in and outside hospital
- Chair various fund raising committees
- Black and Red events raised \$1M on annual basis
- Golf committee chair annual \$400k raised
- Hospital Auxiliary Executive: annually raise and give \$1.5M to hospital
- Open personal home for awareness and fund development

Community and Government experiences:

- Meet local leaders, Neighborhood Revitalization Zones, historical commission
- Interact with Mayor and administrative leadership of city including Planning & Zoning
- Interact with local senators and house representatives to build support and nurture relationship to promote organizational interests
- Attend political support functions as appropriate
- Emerging as a key executive for community connection

**Achieved Objectives**

- Hospital patient satisfaction has improved by 40 percentile points in 3 years after establishing Patient Experience Officer in a cost neutral method.
- Established productivity model for the hospital and system including position review committee structure and shift management tool.
- Became part of a team lead Hartford Hospital from \$8M loss to gain of \$53M over 4 years period from 2008 to 2012.

- Improve cost structure by \$195M in first three years for the hospital and system while working towards a goal of new \$165M over current year.
- Improved the food service program to ensure it is providing the highest level of quality, while minimizing costs. Patient Satisfaction scores went up by 70%.
- Prioritize and manage the various capital projects approximately \$350 million over past five years including \$150M Bone and Joint Institute
- Built CESI (center for education, simulation and innovation) and obtained grant of \$15M from the state
- Wrote and received NIH grant of \$3.5M construction for expanding neuro-psych research

**Robert Packer Hospital – Guthrie Health System** **March 2006 – Jan 2009**  
**Administrative Director Professional and Support Services**  
**230 Beds Acute Care Teaching Hospital**  
**Level II Trauma Center**

Professional and Support Services responsibility included the administration and management of both clinical and support service functions for the Robert Packer Hospital. **Clinical areas** of responsibility included Cardiology, Oncology, Nephrology, Neurology, Radiology, Pathology and Critical care via oversight of Cardiac Cath lab, EP lab, Radiology, Neurology, Sleep services, Dialysis, Radiation Oncology, Respiratory Services and Pharmacy. Support services included Engineering and facilities, Environmental services, Biomedical Engineering, Laundry and Food Services, Patient Transport, Switch-board and Security.

Key achievements during three years were as follows.

- Solucient Top 100 hospital for 2 of the 3 years
- Top 100 Cardiovascular hospital for all 3 years
- Profitable operation with operating margin of 8-10 % annually for 3 years
- Employee satisfaction changed to top quintile
- Lead value analysis as a chair of the committee for the Guthrie Health System for two years with savings of 2 plus million each year above budget
- Help flatten the administrative structure with reorganization
- Stabilized the for-profit division of hospital during crisis
- Executive sponsor and successful implementation for the EPIC ® bed-side bar-coding, nursing documentation, e-MAR and pharmacy systems.

**Robert Packer Hospital – Guthrie Health System** **June 2004 – Feb 2006**  
**Administrative Director Pharmacy Services**  
**230 Beds Acute Care Teaching Hospital**  
**Level II Trauma Center**  
**200 Beds long term care facility**

Pharmacy services chief for both acute care hospital and long-term care. Total employees 40 with drug budget of 20 million.

Key achievements during two years period were as follows.

- Merge the long term care pharmacy in to retail operation during Medicare Part D and made profitable as well as compliant to regulations
- Renegotiated system contract with pharmaceutical venders and generated additional savings of \$1.5 – 2 million annually for two year
- Stabilized the CPOE system which was failing due to pharmacy interface
- Cleaned CDM and revenue cycle processes
- Changed service orientation of pharmacy

**Good Samaritan Hospital – GHS  
Supervisor Pharmacy and Home Infusion Services  
200 Beds Acute Care Teaching Hospital  
35 Beds TCU, Rehab and Oncology Services**

**December 1999 – May 2004**

Pharmacy services supervisor of two sites. Delivered care to variety of services including acute care hospital, long-term care, rehab in-patients, home infusion and oncology outpatient infusion services.

Key achievements during four year period were as follows.

- Expanded home infusion services
- Rebuilt oncology service model
- Cleaned up inventory with 16 inventory turns and process improvements in contract compliance
- Service excellence superior status of pharmacy from customer base of nursing and patients

**For Profit Experiences as follows:**

**Owen Healthcare- Cardinal Health  
Clinical Staff Pharmacist  
On-call Special projects for north-east**

**July 1996-December 1999**

During this time period, I worked at various North-East US hospitals for different reasons including start ups, close outs, staffing needs, administrative needs, regulation preparedness, information technology roll-out and program set ups.

**Owen Healthcare- Cardinal Health  
Director in Training  
Management Fellowship**

**January 1995 - June 1996**



One and half years of both corporate and local hands on experience as well as curriculum based formal fellowship training with Owen Healthcare. A national hospital pharmacy management company with 300 plus hospital pharmacies in forty plus states. During this period learned various aspects of pharmacy services including financials, clinical, IT and technical, managements and contracts, regulatory and P&T.

**Owen Healthcare- Cardinal Health  
Staff Pharmacist**

**March 1993 – December 1994**

During this period I functioned as a staff pharmacist for acute care hospital working directly with nursing, physicians and other clinical services. This experience helped build the quintessential base needed for future growth and development.

**Education**

BS in Pharmacy, LMCP, India 1990

Management Fellowship, Owen Healthcare, 1995

Certified in Long Term Care, Penn State University, 2003

Masters in Health Administration, Penn State University, 2004

References upon request from current and past work will be available.

# CAROLYN M. TRANTALIS, RN, MSN

## PROFILE

Enterprise thinking, strategically oriented and innovative leader who is results-focused with a strong record of change leadership and managerial courage.

## ACADEMIC PREPARATION

### University of Hartford

Hartford, Connecticut

Masters of Science Degree in Nursing Management: May 2005. Focus of study related to public policy with a graduate practicum at the Connecticut Department of Public Health's Licensing Bureau.

### Western Connecticut State University

Danbury, Connecticut

Bachelors of Science Degree in Nursing: May 1986

### Licensure

State of Connecticut E49594, July 1986

## PROFESSIONAL EXPERIENCE

### *Hartford Healthcare*

### *Windham and Backus Hospitals, East Region*

### *Willimantic and Norwich, Connecticut*

#### June 2015- Present

#### Regional Vice President of Operations and Clinical Services

Accountable for the integration of clinical services with other regional departments and system service lines to improve culture, engagement, quality, patient safety, customer experience, and High Reliability from the hospital frontlines to community-based ambulatory settings.

- Transition 130 groups from monthly to daily How Hartford Healthcare Works (H3W) performance improvement model
- Implement Windham Hospital transition to Cornerstone Services
- CareConnect: successful testing and implementation of EPIC
- Improve Length of Stay through interdisciplinary rounds and just-in-time data collection
- Improve VTE rates through interdisciplinary process change

#### August 2013-June 2015

#### Regional Vice President of Operations

Responsible for the cultural and operational integration of Backus Hospital into Hartford Healthcare.

- Integration of Backus into HHC
- HHC Thrive – reduce the cost structure
- Regional PRC and OPS Council
- MSK Affiliation (2014) – customers to clinical trials, increase standards; COC accreditation for Windham Hospital
- Regional rollout H3W work groups, H3W leadership behaviors, HRO
- Thrive – 10%
- Develop Windham Hospital transition to Cornerstone Services
- Hand washing
- Teleneurology
- Recruitment

**Windham Hospital  
Willimantic, Connecticut**

A partner in Hartford Healthcare Corporation, Windham Hospital is a 130 bed not-for-profit acute care community hospital that provides comprehensive medical services to a 19 town service area

**April 2011- August 2013**

**Vice President of Operations**

Accountable for strategic development ,maintaining a culture of excellence, and overall operations including Process Improvement, Medical Staff Support, Physician Recruitment & Relations, Imaging, Cardiopulmonary, Oncology, Pharmacy, Lab, Physical Medicine, Prenatal Clinic, School-Based Health Clinics, Food & Nutrition, Plant Operations, Safety & Security, and Environmental Services. As an Executive Team member, responsible for the strategic and long-range planning of the organization, allocation of human, material, and financial resources, service excellence, fiscal performance, and quality of clinical practice.

- Recruited primary care, cardiology, OB/GYN, and Rheumatology physicians to meet strategic market needs
- Implemented internal Hospitalist program
- Opened centers for Physical Therapy, Mammography, and Surgical Clinic
- Executed & sustained a culture of staff engagement and performance improvement
- Implemented a unified approach to cancer services obtaining NAPBC accreditation with 100% of breast cancer patients being offered navigation and 100% of new breast cancer cases being prospectively reviewed in multidisciplinary cases conferences.

**June 2007-April 2011**

**Vice President of Patient Care Services**

Responsible for strategic development, and overall operations of the Patient Care Division including Nursing, Imaging, Cardiopulmonary, Oncology, Pharmacy, Lab, Physical Medicine, School-Based Health Clinics, and Paramedic Services. As an Executive Team member, responsible for the allocation of human, material, and financial resources, service excellence, fiscal performance, and quality of clinical practice. As Chief Nurse Executive, responsible for setting evidenced-based standards of nursing practice and patient care.

- Recruited and stabilized high performing Nurse Leader Team
- Maintained low RN vacancy rates: 1.5 – 0.75%
- Successful bargaining unit negotiations for Nursing and Support Services
- Outstanding results for 2 consecutive Joint Commission surveys
- Maintained top decile performance in composite CORE Measures
- ED Door to Provider in 30 minutes at greater than 85%
- ED ranked at 99<sup>th</sup> percentile for Connecticut by Press Ganey
- 2010 no hospital acquired pressure ulcers
- 2010 no hospital acquired central line infections
- Reduced & maintained monthly labor productivity FTE variance from 33 to 13

**February 2006-June 2007**

**Director of Outpatient Services**

Accountable for planning, organizing and directing all activities for the Emergency Department, Operating Room, Post Anesthesia Care Unit, Ambulatory Care Unit, Central Processing Department, and Pain Management Clinic

- Directed the completion of the 22 bed Jeffrey P. Ossen Emergency Department
- Revised staffing plans to maintain efficient staffing levels to ensure safe continuity of care while maintaining established budgetary guidelines
- Implemented Empower electronic medical record for the ED
- Instituted OR equipment reprocessing program with significant decrease in operational costs
- Developed strategies for labor efficiencies in OR and Pain Management
- Collaborated with Finance on ED, OR, and ACU coding and charging revisions

## **Hartford Hospital, Hartford, Connecticut**

An 800 bed major teaching hospital providing tertiary care to the city of Hartford and surrounding suburbs.

**November 2001-February 2006**

**Emergency Department Nurse Manager**

Responsible for the 24-hour operations of a 60-bed Emergency Department with greater than 80,000 patient visits per year and 200 staff.

- Maintained accreditation as a Level I Trauma, Stroke, and Chest Pain Center
- Developed and implemented Computerized Provider Order Entry and Electronic Medication Administration Record
- Implemented multi-disciplinary trauma rounds
- Obtained Magnet status: voting member of Shared Governance Operations Council, Co-chair of Shared Governance Human Resource Subgroup, and Co-chair of Nurse Manager Leadership Development Committee
- Emergency Department APC and Revenue Enhancement Taskforce: 31% improvement in department revenue generation

**July 1986 to November 2001**

**Staff Nurse - Clinical Leader**

- Primary Nurse in an acute care medical/surgical and critical care setting
- Charge Nurse in Level I Trauma Center Emergency Department
- Team Leader for Emergency Department Redesign Project:

## **PROFESSIONAL ASSOCIATIONS**

Committee on Human Resources of the Connecticut Hospital Association Board of Trustees  
Sub-committee on Diversity and Cultural Competence- Connecticut Hospital Association  
Organization of Nurse Executives- Connecticut : Secretary January 2010 to January 2013  
American Organization of Nurse Executives  
Sigma Theta Tau, Iota Upsilon-At-Large Chapter  
Connecticut Nurses Association  
American Nurse Association  
Site Preceptor Boston University Masters of Public Health  
Site Preceptor University of Hartford Masters of Science in Nursing Management

## **ACHIEVEMENTS**

Recipient of Nightingale Award for Excellence in Nursing 2007  
Recognized as Patriotic Employer by National Committee for Employer Support of the Guard and Reserve

## **REFERENCES**

Furnished upon request

**DANIEL E. LOHR, CPA**

**PROFESSIONAL EXPERIENCE**

**HARTFORD HEALTHCARE, Hartford, CT** 2013-Present  
Regional Vice President, Finance

**THE WILLIAM W. BACKUS HOSPITAL, Norwich, CT** 1993-2013  
Senior Vice President & Chief Financial Officer

Management of the financial operations of a 200 bed, 1300 employee acute care hospital. Responsibilities include board and regulatory agency reporting and operating responsibility with direct oversight for management information systems, materials management, medical records, business office and patient registration. Other corporate responsibilities include investment/foundation oversight, development of for-profit joint ventures and physician practice activities.

**ERNST & YOUNG, Hartford, CT** 1974-1992  
Partner 1987-1992

Coordinated services to hospitals, healthcare systems, small entrepreneurial companies and multi-national organizations. Facilitated merger and acquisition activities, financing transactions and systems conversions.

**EDUCATION**

University of New Haven, MBA, 1999

Ohio University, BBA, summa cum laude, 1973

Ernst & Young Partners' Executive Development Program, 1991  
Northwestern University, J.L. Kellogg Graduate School of Management

## **Cynthia C. McClarran, B.G.S., R.T. (R), R.D.M.S.**

**OBJECTIVE:** Seeking a management position that will fully utilize my experience and education in Radiology that is both professionally challenging and personally gratifying in a dynamic team atmosphere.

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**EDUCATION:** Eastern Connecticut State University, BGS Business Management 2006  
  
Windham Hospital, Program of Radiologic Technology 1978.

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**CERTIFICATIONS:** A.S.R.T. Certified November 1978, #149910.  
A.R.D.M.S. Certified (AB, OB) December 1990, #23508.  
Connecticut License #002107

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### **EXPERIENCE**

#### *Work History*

- 2013 – Present      Regional Director, Diagnostic Imaging, Hartford Healthcare, East Region – Backus & Windham Hospitals  
*High-lights of responsibility:*
- Oversight of daily operations for all sections of Diagnostic Imaging
  - Compliance with JC, DPH & MQSA standards
  - Strategic planning and purchasing of equipment
  - Coaching and mentoring staff
  - Contracts
  - Policies and procedures
  - Performance Improvement Activities
  - Budgets
  - Lean daily management
  - Performance appraisals
- 1978 – 2013      Windham Community Memorial Hospital
- 1996-2013      Technical Director – Windham Community Memorial Hospital  
*High-lights of responsibility:*
- Policies and procedures for Radiology, CT, MRI, Nuclear Medicine and Ultrasound Departments
  - Performance Improvement
  - Budget preparation, and capital equipment requests
  - Service records on all equipment, as well as preventative maintenance schedule
  - ACR Accreditation and MQSA inspections
  - Scheduling work assignments, and preparation of weekly payroll

- Planned and administered staff orientation, in-service education programs, and cross training
- Evaluate new equipment/products with vendors
- Performance appraisals and staff development

1993-1996

Assistant Director Radiology

*High-lights of responsibility:*

- Assisted Administrative Director of Laboratory and Radiology with budgets
- Policies and procedures
- Employee development and discipline
- Work assignments and payroll
- Responsible for Quality Assurance Program and Continuous Quality Improvement
- Planned and administered staff orientation, in-service education programs, and cross training
- Monitored new equipment/products with vendors
- Responsible for performance appraisals and staff development

1989-1993

Ultrasound Technologist

*High-lights of responsibility:*

- Patient preparation and care
- Performed Abdominal, OB GYN, Small Parts, and Vascular examinations
- Assisted physicians during invasive procedures
- Assisted service engineers
- Assumed on-call duties every other week
- Competent with Picker Artist, Acuson 128P, ATL HDI Ultramark 9, and ATL HDI 3000

1989-1990

Assistant Technical Director

*High-lights of responsibility:*

- Performed supervisory functions as listed under Assistant Director
- Supervised both technical and ancillary staff of Diagnostic Radiology
- Assisted radiologist during invasive procedures
- Performed routine diagnostic examinations
- Back-up Ultrasound Technologist
- Ultrasound on-call duties every other week

1981-1990

Floor Supervisor

*High-lights of responsibility:*

- Diagnostic daily work flow
- Performance appraisals on diagnostic day shift staff
- Performed routine diagnostic/fluoroscopic examinations, as well as portable, trauma and OR procedures
- Competent with GE, Siemens, Franklin Head Stand, and Philips equipment
- Assisted with special procedures utilizing Siemens equipment, Puck film changer, and MedRad injector

- Managed Radiology Department in absence of Assistant Technical Director

1979-1981

Special Procedures Supervisor

*High-lights of responsibility:*

- Performed special procedures, i.e. arteriograms, venograms and arthrograms
- Responsible for purchasing and maintaining adequate supplies for procedures
- Responsible for cross-training of staff

1978- 1979

Radiologic Technologist

*High-lights of responsibility:*

- Performed diagnostic/fluoroscopic, trauma, OR and portable radiography
- Experience with Siemens, GE, Picker, Elscint, Franklin head unit
- Back-up special procedures technologist



Exhibit 3: Copies of letters of support for this proposal.

# JEFFERSON RADIOLOGY

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Avon   Bloomfield   Enfield   Farmington   Glastonbury   Granby   Hartford   West Hartford  
Wethersfield   Windsor

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September 16, 2016

Office of Health Care Access  
410 Capital Ave  
MS#13HCA, POB 340308  
Hartford, CT 06134-0308

Re: Letter of Support for Windham Hospital's proposed termination of mammography services at 21A Liberty Drive, in Hebron, CT

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

I am writing this letter in support of Windham Hospital's proposed termination of mammography services at 21A Liberty Drive, in Hebron, CT.

My practice, Jefferson Radiology, provides comprehensive imaging services to Windham Hospital, including mammography services. With moderate to low patient volume, I believe Windham Hospital will be able to accommodate patients who have received their care at the Hebron facility.

If you have any questions, please feel free to reach out to me at 860-289-3375.

Sincerely,



Steve Y. Lee, MD

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**Phone** 860.289.3375    **Fax** 860.291.6594    **Web** jeffersonradiology.com  
**Administration** 111 Founders Plaza    Suite 400    East Hartford    Connecticut    06108-3240

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# JEFFERSON RADIOLOGY

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Avon Bloomfield Enfield Farmington Glastonbury Granby Hartford West Hartford  
Wethersfield Windsor

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September 2016

Office of Health Care Access  
410 Capital Ave  
MS# 13HCA, POB 340308  
Hartford, CT 06134-0308

Re: Letter of Support for Windham Hospital's proposed termination of mammography services at 21A Liberty Drive, in Hebron, CT

Dear Deputy Commissioner Raul Pino, M.D., M.P.H.:

I am writing this letter in support of Windham Hospital's proposed termination of mammography services at 21A Liberty Drive, in Hebron, CT.

My practice, Jefferson Radiology, provides comprehensive imaging services to Windham Hospital, including mammography services. Additionally, Jefferson Radiology provides outpatient mammography services at our Glastonbury office which is less than 13 miles from Windham Hospital's Hebron location. I believe Jefferson Radiology will be able to accommodate patients who have received their care at the Hebron facility.

If you have any questions, please feel free to reach out to me at 860-289-3375.

Sincerely,




Ethan B. Foxman, MD

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Phone 860.289.3375 Fax 860.291.6594 Web [jeffersonradiology.com](http://jeffersonradiology.com)  
Administration 111 Founders Plaza Suite 400 East Hartford Connecticut 06108-3240

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Exhibit 4: Copy of Harford HealthCare's Financial Assistance Policy.

	<b>Subject:</b>  <b>Financial Assistance Policy</b>	
<b>Issuing Department:</b>  <b>Finance/Revenue Cycle Services</b>  <b>Subject Matter Consultation:</b> Legal Services	<b>File Under:</b> _____ Section - _____	<b>Original Date:</b> 12/16/2010
<b>Latest Revision Date:</b> January 1, 2016 September 20, 2016	1) <b>Page 1 of 13</b>	<b>Approved By:</b>  <hr/> Charles L. Johnson, III HHC Executive Vice President & Chief Financial Officer

**Purpose:** The purpose of this Policy is to set forth the Hartford HealthCare (HHC) policy for the provision of free or discounted Health Care Services to patients who meet the criteria for Financial Assistance. This Policy describes: (i) the eligibility criteria for Financial Assistance, and whether such assistance includes free or discounted Health Care Services; (ii) the basis for calculating amounts charged to patients; (iii) the method for applying for Financial Assistance; (iv) the collection actions that may be initiated in the event of non-payment, including civil collections actions and reporting to consumer credit reporting agencies; and (v) the Hospital's approach to presumptive eligibility determinations and the types of information that the Hospital will use to assess presumptive eligibility.

This Policy is intended to comply with Section 501(r) of the Internal Revenue Code and the billing and collection requirements described in Chapter 368z of the Connecticut General Statutes and any regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This Policy will be adopted by the governing body of Hartford HealthCare on behalf of its affiliates.

**Scope:** This Policy applies to all Health Care Services provided by a Hartford HealthCare hospital facility. (Facilities listed in Appendix D)

**Definitions:**

*"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.

*"EMTALA"* means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd.

*"Extraordinary Collection Activity" (ECA)* means a collection action requiring a legal or judicial process, involving selling debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under HHC's Financial Assistance Policy. The actions that require legal or judicial process for this purpose include 1) placing a lien; 2) foreclosing on real property; 3) attaching or seizing of bank accounts or other personal property; 4) commencing a civil action against an individual; 5) taking actions that cause an individual's arrest; 6) taking actions that cause an individual to be subject to body attachment; and 7) garnishing wages.

*"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 the patient's income tax return, that person 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, business income, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources of income.

*"Federal Poverty Level Guidelines"* means the federal poverty level guidelines established by the United States Department of Health and Human Services in effect on the date of the provision of the Health Care Service for awards of Financial Assistance under this Policy.

*"Financial Assistance"* means free or discounted Health Care Services provided to persons who, pursuant to the Eligibility Criteria, HHC has determined to be unable to pay for all or a portion of such Health Care Services and to be eligible for free or discounted Health Care Services under this Policy.

*"Free Bed Funds"* means any gift of money, stock, bonds, financial instruments or other property made by any donor to a HHC hospital facility for the purpose of establishing a fund to provide medical care to a patient.

*"Health Care Services"* means (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 HHC on a case-by-case basis at the provider's discretion.

*"Liquid Assets"* refers to how easily an asset can be exchanged for cash on short notice, without losing value. Items such as cash, gold or marketable securities are examples. On the converse, nonliquid asset examples are real estate (land and housing) and automobiles.

*"Medically Indigent"* means a person who HHC has determined to be unable to pay some or all of his or her medical bills because the medical bills exceed a certain percentage of the person's 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. Refer to Appendix A.

*"Patient"* means person receiving or registered to receive medical treatment or in context of the policy refers to the person liable for payment.

*"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, Tricare, 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 Health Care Service expenses such as high deductible plans that exceed the patient's level of financial resources.

**Policy:** Consistent with its mission, it is Hartford HealthCare's policy to provide Financial Assistance to all eligible individuals who are Uninsured or Underinsured, ineligible for a government payer program, and otherwise unable to pay for Health Care Services due to their limited financial resources. It is also HHC'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. Finally, it is the policy of HHC to prohibit any action that discourages individuals from seeking emergency medical care, such as by demanding that Emergency Department patients pay before receiving treatment for emergency medical conditions. Nothing in this Policy shall be deemed to limit the Hospital's obligations under EMTALA to treat patients with emergency medical conditions.

## **I. Determining Eligibility.**

In determining eligibility for Financial Assistance, it is important that both HHC and the patient work collaboratively. Specifically, HHC will do its best to apply the Eligibility Criteria in a reasonable manner and the patient will do his or her best in responding to requests for information in a timely, complete, and accurate manner. If the documentation provided by the patient or his/her family is incomplete or inconsistent with the application we will request clarification to assist in making a decision about eligibility for financial assistance.

**1. Eligibility for Financial Assistance.** Individuals who are Uninsured or 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. Financial Assistance also may be available for individuals who are Medically Indigent. 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. The Financial Assistance Application outlines the documents required to verify family size and income.

Further, to be eligible for Financial Assistance, an individual must cooperate with HHC, provide the requested information and documentation in a timely manner, complete the required application form truthfully, and notify HHC promptly of any change in his or her financial situation so that HHC can assess the change's impact on the individual's eligibility for financial assistance.

**2. Process for Determining Eligibility for Financial Assistance.** In connection with determining eligibility for Financial Assistance, HHC (i) will require that the patient complete an application for Financial Assistance and provide other financial information and documentation relevant to making a determination of financial eligibility; (ii) may rely upon publicly available information and resources to verify the financial resources of the patient or a potential guarantor; (iii) may pursue alternative sources of payment from public and private payment benefit programs; and (iv) may review the patient's prior payment history.



**3. Processing Requests.** HHC will use its best efforts to facilitate the determination process before 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, HHC 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 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. Information collected will be used to corroborate information generated by predictive analytical software used in making a determination of financial assistance. In particular, eligibility for Financial Assistance will be determined in accordance with the following guidelines:

*(a) Uninsured Patients:*

- (i) Published rates will be reduced by the percentage defined by the IRS as the amount generally billed using a “look back” retrospective calculation to calculate the amount allowed by governmental (Medicare and Medicaid) and commercially insured patients. This percentage will be updated on an annual basis. The annual calculation methodology and the percentages are located in Appendix A of this policy.
- (ii) If Family Income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount of the amount generally billed.
- (iii) If Family income is verified between 250% and 400% of the Federal Poverty Level Guidelines, the patient will qualify for a 25-75% discount of the amount generally billed.
- (iv) A patient may also qualify for Free Bed Funds in accordance with the Hospital’s Free Bed Funds criteria.
- (vi) Payment plans will be extended for any patient liability identified in a manner consistent with the Hartford HealthCare’s Payment Plan Policy, a copy of which is available from the Financial Assistance team as provided below and on the Hartford HealthCare and subsidiary websites.
- (vii) Refunds will be issued for any payments of \$5.00 or more that exceed the patient’s personal liability.

*(b) Underinsured Patients:*

- (i) If Family Income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount against the patient's account balance after insurance payments from third-party payors are applied. Underinsured patients will not be billed more than amounts generally billed (AGB) to insured patients.
- (ii) If Family Income is verified between 250% and 400% of the Federal Poverty Level Guidelines, the patient will qualify for a 25-75% discount against the patient's account balance after insurance payments from third-party payers are applied.
- (iii) A patient also may qualify for Free Bed Funds in accordance with the Hospital's Free Bed Funds criteria.
- (v) Payment plans will be extended for any patient liability identified in a manner consistent with HHC's Payment Plan Policy, a copy of which is available from the Financial Assistance team as provided below.
- (vi) Refunds will be issued for any payments of \$5.00 or more that exceed the patient's personal liability

(c) ***Medically Indigent:***

A Patient 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 Hartford Health Care can determine whether the patient qualifies for Financial Assistance due to the patient's medical expenses and liabilities. This discount will be considered after other discounts have been applied and the patient is still unable pay for the Health Care Service provided. This discount will be applied as described in Appendix A.

(d) ***Presumptive Eligibility:*** Eligibility for Financial Assistance may be presumed based on the patient's life circumstances. The list below is representative of circumstances under which a patient is deemed to be eligible for a 100% discount without further need to complete a Financial Assistance Application:

1. The patient's receipt of state-funded prescription programs
2. Participation in Women, Infants and Children programs
3. Food stamp eligibility (SNAP)
4. Subsidized school lunch program eligibility
5. Subsidized housing or other public assistance eligibility

6. Patient states that he/she is homeless and additional due diligence on such status performed and documented
7. Patient is identified to have an income of 250% of the Federal Poverty Level or less, as verified by electronic industry standard software

**II. Method for Applying for Financial Assistance.** Copies of the Financial Assistance Application and instructions are available online at [[www.HarfordHealthCare.org](http://www.HarfordHealthCare.org), or on each hospital facility's website], by requesting a copy in person at any of the HHC hospitals' patient admission or registration areas as identified in Appendix B, or by requesting a free copy by mail by contacting the HHC hospitals' Patient Access Services department. Additional contact information is provided in Appendix B of this policy. In addition, patients may ask any nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Office of Professional Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process.

To apply for Financial Assistance, a patient must complete HHC's Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income described below.

Patients may submit an application up to 240 days from the date on which HHC issues its first, post-discharge billing statement. If an individual has not submitted an application within the first 120 days from the date on which HHC issues its first, post-discharge billing statement, then HHC may begin engaging in the collection actions described below.

Before HHC initiates any collection actions, it will issue a written notice to the last known address of record for the patient (or his/her family) that describes the specific collection activities it intends to initiate (or resume), provides a deadline after which such action(s) will be initiated (or resumed), and includes a plain-language summary of this Policy. HHC may initiate collection activities no sooner than 30 days from the date on which it transmits this written initiation notice, either by mail or electronic mail.

If HHC receives an incomplete application form, it will provide the patient (or his or her legal representative) with a list of the missing information or documentation and give the patient 30 days to provide the missing information. Extraordinary collection activities (ECA's) will be suspended during this 30 day period. If the patient does not provide the missing information within this period, HHC may commence collection actions including ECA's (assuming it has provided the written notice described above).

If HHC receives a completed application form, it will make and document eligibility determinations in a timely manner. If an application is deemed complete HHC will provide to the patient or his or her legal representative, a written determination of financial eligibility within fifteen (15) business days. Decisions by HHC 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 date of the written determination.

If the patient or his or her legal representative appeals the determination, the Director of Patient Access (or designee) will review the determination along with any new information and make a final decision within fifteen (15) business days. During this review and decision making period, Hartford Healthcare will suspend any ECA's. If financial assistance is not approved, Hartford Healthcare will resume its collection activities after the 14 calendar days afforded for appeal.

Signage and written information regarding how to apply for Financial Assistance will be available in the Hospital emergency service departments 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.

Approved Financial Assistance Applications will be valid for six months from the date HHC's makes its eligibility determination.

Patients may apply for Financial Assistance at any time during the collection cycle process or within 240 days from the date of the first Self Pay notice.

### **III. Calculating Amounts Charged to Patients**

Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed to individuals who have insurance covering such care. The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable).

### **IV. Relationship to Hartford HealthCare's Collection Practices.**

In the event a patient fails to qualify for Financial Assistance or fails to timely pay his or her portion of discounted charges pursuant to this Policy, HHC reserves the right to institute and pursue Extraordinary Collection Actions (ECA) and remedies such as imposing wage garnishments or filing liens on primary or secondary residences, bank or investment accounts, 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 HHC's sole determination, are cooperating in good faith to resolve the outstanding accounts, HHC may offer extended payment plans to eligible patients. For patients who meet the terms of the payment plan HHC will not impose wage garnishments or liens on primary residences, and will not send unpaid bills that are part of the payment plan to outside collection agencies.

No ECA will be initiated during the first 120 days following the first post-discharge billing statement to a valid address or during the time that the patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event.

If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any BCA's such as negative reporting to a credit bureau or liens that have been filed will be removed.

**V. Publication and Education.** HHC will provide information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas; (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection written communications; (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both by mail and in public locations in the hospital facility, including the emergency room (if any) and admissions areas; (iii) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the HHC'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 HHC written publications.

**VI. Covered/Non-Covered Provider List.** Attached as Appendix C to this Policy is a list of providers independent of HHC that deliver emergency or other medically necessary care in HHC's facility and identifies whether the care they provide is (or is not) covered by this Policy. The Board of Directors of HHC delegates the authority to update Appendix C as needed to the Executive Vice President and Chief Financial Officer.

**VII. Relation to Free Bed Funds.** If a patient applies for Financial Assistance, the Hospital will determine his or her eligibility for Financial Assistance and or Free Bed Funds.

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

APPENDIX A

Federal Poverty Guidelines Effective January 2015

		250%** FPG	275%** FPG	300%** FPG	325%** FPG	400%** FPG
Size of Family	Poverty Guideline	100% Awarded	75% Awarded	50% Awarded	25% Awarded	25% Awarded
1	\$11,770	\$29,425	\$32,368	\$35,310	\$38,253	\$47,080
2	\$15,930	\$39,825	\$43,808	\$47,790	\$51,773	\$63,720
3	\$20,090	\$50,225	\$55,248	\$60,270	\$65,293	\$80,360
4	\$24,250	\$60,625	\$66,688	\$72,750	\$78,813	\$97,000
5	\$28,410	\$71,025	\$78,128	\$85,230	\$92,333	\$113,640
6	\$32,570	\$81,425	\$89,568	\$97,710	\$105,853	\$130,280
7	\$36,730	\$91,825	\$101,008	\$110,190	\$119,373	\$146,920
8	\$40,890	\$102,225	\$112,448	\$122,670	\$132,893	\$163,560

\*In no case will the Patient's Balance Due after Discount is applied be more than 10% of annual gross family income

\*\*For families with more than 8 members, add \$4,160 (\*\* multiplying factor) for each additional member

Medically Indigent/Catastrophic Financial Assistance\*

Medically Indigent/Catastrophic Eligibility:	
Balance Due	Discount
Balance due is $\geq$ 100% of patient's annual gross family	90% of balance due
Balance due is $\geq$ 90% of patient's annual gross family	85% of balance due
Balance due is $\geq$ 80% of patient's annual gross family	80% of balance due
Balance due is $\geq$ 70% of patient's annual gross family	75% of balance due
Balance due is $\geq$ 60% of patient's annual gross family	70% of balance due
Balance due is $\geq$ 50% of patient's annual gross family	65% of balance due

\*In no case will the Patient's Balance Due after Discount is applied be more than 10% of annual gross family income

**Average Generally Billed\* (AGB's) by Facility/Group**

<b>Facility/Physician Group</b>	<b>Average Generally Billed (AGB)</b>	<b>Uninsured Discount as of 1/1/16</b>
<b>Backus Hospital</b>	41%	59%
<b>Hospital of Central Connecticut</b>	41%	59%
<b>Hartford Hospital</b>	40%	60%
<b>Hartford Healthcare Medical Group</b>	40%	60%
<b>Midstate Medical Center</b>	41%	59%
<b>Windham Hospital</b>	41%	59%
<b>Natchaug</b>	64%	36%
<b>Rushford</b>	66%	34%

\*AGB rates calculated using all allowable claims including commercial, Medicare and Medicaid claims using period YTD September 2015. Each facility AGB will be calculated annually and effective on 1/1 of the next year.

## APPENDIX B

### Contact Information for Financial Assistance

Hartford HealthCare  
Customer Service  
1-877-HHC-Bill  
hartfordhealthcare.org

Hartford Hospital  
Financial Assistance Clearance Team  
Main Admitting Department  
80 Seymour Street  
Hartford, CT 06102  
1-877-545-3914  
hartfordhospital.org

The Hospital of Central Connecticut  
Financial Counselors  
Main Admitting Department  
100 Grand Street  
New Britain, CT 06050  
860-224-5181  
thocc.org

MidState Medical Center  
Financial Counselors  
Main Admitting Department  
435 Lewis Avenue            or            455 Lewis Avenue  
Meriden, CT 06451            Meriden, CT 06451  
203-694-8213                                203-694-8456  
midstatemedical.org                        midstatemedical.org

William W. Backus Hospital  
Financial Counselors  
Financial Counseling Unit  
326 Washington Street  
Norwich, CT 06030  
860-889-8331 x 2917  
backushospital.org

Windham Memorial Hospital  
Financial Counselors



Main Admitting Department  
112 Mansfield Avenue  
Willimantic, CT 06226  
860.456.6706 or 860.456.6109  
windhamhospital.org

Natchaug Hospital  
189 Storrs Road  
Mansfield, CT 06250  
1-800-426-7792  
nathaug.org

Rushford  
1250 Silver Street  
Middletown, CT 06457  
1-877-577-3233  
rushford.org

## APPENDIX C

### List of Providers Independent of HHC Which Are Covered/Not Covered by the HHC Financial Assistance Policy

With respect to the provision of emergency and medically necessary care in HHC's facility, care provided by the following independent providers is covered by this Policy:

1. Hartford Medical Group (HHC MG)
2. Employed Physicians of Hartford Healthcare including all hospitalists and ED providers at Hartford Hospital, The Hospital of Central Connecticut and William W. Backus Hospital.

With respect to the provision of emergency and medically necessary care in HHC's facility, care provided by the following independent providers is not covered by this Policy:

1. Services provided by Hartford Healthcare affiliates other than those listed in Appendix B are not covered by this policy.
2. Providers providing the following services are excluded from this policy: Radiology, Pathology, Anesthesia and ED providers at Midstate Medical Center and Windham Memorial Hospital.
3. If you have questions regarding the status of your provider, please call your hospital contact listed in Appendix B.

**Appendix D: Hartford Healthcare Facilities covered by this policy**

**Backus Hospital**

**Hospital of Central Connecticut**

**Hartford Hospital**

**MidState Medical Center**

**Natchaug Hospital**

**Rushford**

**Windham Hospital**

Exhibit 5: Copy of Financial Worksheet A.



## Greer, Leslie

---

**From:** Carney, Brian  
**Sent:** Friday, January 06, 2017 2:19 PM  
**To:** Barbara.Durdy@hhchealth.org  
**Cc:** Riggott, Kaila; User, OHCA  
**Subject:** RE: 16-32140-CON  
**Attachments:** 16-32140 Completeness Letter Final.docx

Good afternoon Barbara,

Please see the attached completeness letter in the above referenced matter. Please confirm receipt of this email and provide your written responses to OHCA no later than **March 7, 2017**.

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](mailto:brian.carney@ct.gov)  
Web: [www.ct.gov/ohca](http://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

January 6, 2017

VIA EMAIL

Barbara A. Durdy  
Director, Strategic Planning  
Hartford HealthCare  
181 Patricia M. Genova Blvd.  
Newington, CT 06111  
[Barbara.Durdy@hhchealth.org](mailto:Barbara.Durdy@hhchealth.org)

RE: Certificate of Need Application, Docket Number 16-32140-CON  
Termination of Women's Imaging Services

Dear Ms. Durdy:

On December 9, 2016, the Department of Public Health ("DPH"), Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application on behalf of Windham Community Memorial Hospital ("Applicant" or "Hospital") seeking authorization to terminate mammography and bone densitometry services at the Women's Center for Health ("Center") in Hebron, Connecticut.

OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). *Please "reply all" to 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 all of the following email addresses:* [OHCA@ct.gov](mailto:OHCA@ct.gov) and [kaila.riggott@ct.gov](mailto:kaila.riggott@ct.gov).

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 that this request was transmitted. Therefore, please provide your written responses to OHCA no later than **March 7, 2017**, otherwise your application will be automatically considered withdrawn. Repeat each question before providing your response and paginate and date your response, (i.e., each page, in its entirety). Information filed after the initial CON application submission (e.g., completeness response letter, prefiled testimony, late file submissions and the like) must be



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

numbered sequentially from the applicant's document preceding it. Please begin your submission using **Page 78** and reference "**Docket Number: 16-32140-CON.**"

1. Explain why women's imaging services at the Center were terminated in advance of receiving OHCA authorization.
2. Page 22 of the application states that "There will be a positive impact on patient health care costs as this proposal eliminates duplicative and underutilized service." Please explain how patient costs will be positively impacted by the termination of women's imaging services at the Hebron facility.
3. Please provide the FY 2016 payer mix for the three alternative HHC mammography providers (e.g., Backus Health Center, Windham Hospital and Windham Hospital for Women's Health at Mansfield) listed on page 33 of the application.
4. Will there be any additional cost to patients (e.g., facility fees) that will result from receiving mammography/ bone density services at any of the alternative providers listed on page 33 of the application?

If you have any questions concerning this letter, please feel free to contact Kaila Riggott at (860) 418-7037.



## Greer, Leslie

---

**From:** Durdy, Barbara <Barbara.Durdy@hhchealth.org>  
**Sent:** Friday, January 06, 2017 3:10 PM  
**To:** Carney, Brian  
**Cc:** Riggott, Kaila; User, OHCA  
**Subject:** RE: 16-32140-CON

Thank you Brian,  
We will respond as soon as possible  
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](mailto:barbara.durdy@hhchealth.org)

[www.hartfordhealthcare.org](http://www.hartfordhealthcare.org)

---

**From:** Carney, Brian [<mailto:Brian.Carney@ct.gov>]  
**Sent:** Friday, January 06, 2017 2:19 PM  
**To:** Durdy, Barbara  
**Cc:** Riggott, Kaila; User, OHCA  
**Subject:** RE: 16-32140-CON

Good afternoon Barbara,

Please see the attached completeness letter in the above referenced matter. Please confirm receipt of this email and provide your written responses to OHCA no later than **March 7, 2017**.

Sincerely,  
Brian A. Carney

**Brian A. Carney, MBA**  
Associate Research Analyst  
Office of Health Care Access

## User, OHCA

---

**From:** Klein, Megan <Megan.Klein@hhchealth.org>  
**Sent:** Thursday, February 02, 2017 10:54 AM  
**To:** User, OHCA; Riggott, Kaila  
**Subject:** Completeness Response Docket Number 16-32140-CON  
**Attachments:** Completeness Response Docket Number 16-32140-CON Final..docx; Completeness Response Docket Number 16-32140-CON Final..pdf

Good Morning Kaila,

Please find attached Windham Hospital's response to OHCA's Completeness Questions dated January 6, 2017.

Thank you,  
Megan Klein

**Megan Klein, MHA**  
181 Patricia M. Genova Drive.  
Newington, CT 06111  
Office: 860-972-9814  
Cell: 860-670-1312  
[megan.klein@hhchealth.org](mailto:megan.klein@hhchealth.org)



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February 2, 2017

Ms. Kaila Riggott  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue,  
MS#13HCA  
P.O. Box 340308  
Hartford, CT 06106

RE: Termination of Women's Imaging Services: Completeness Response "Docket Number: 16-32140-CON."

Dear Ms. Riggott:

Enclosed please find Windham Hospital's responses to the Office of Health Care Access's completeness questions dated January 6, 2017.

Please do not hesitate to contact me at 860-972-4231 if you have any questions. Thank you for your time and consideration.

Sincerely,

*Barbara A. Durdy*

Barbara A. Durdy

Enclosures

**Windham Hospital  
Termination of Women's Imaging Services in Hebron, CT  
Completeness Response "Docket Number: 16-32140-CON."**

1. Explain why women's imaging services at the Center were terminated in advance of receiving OHCA authorization.

**The Hospital leased the space where the Center was located on a short-term basis. In July 2016, the landlord notified the Hospital of its intent to lease the space to another tenant that made a long-term commitment, effective August 1, 2016. The Hospital promptly prepared and filed a Certificate of Need Determination Form on August 1, 2016. When the Hospital learned on August 9, 2016 that a Certificate of Need was required, the landlord had already committed the space to another tenant.**

2. Page 22 of the application states that "There will be a positive impact on patient health care costs as this proposal eliminates duplicative and underutilized service." Please explain how patient costs will be positively impacted by the termination of women's imaging services at the Hebron facility.

**This proposal is consistent with Connecticut General Statutes § 19a-637 which promotes effective health planning in the state. Effective health planning involves optimizing existing resources to provide health care in the most cost effective manner. The imaging services provided at Hebron were duplicative of other imaging services provided in the community and as such were significantly underutilized and not financially sustainable. The provision of cost effective health care services helps to prevent increases in statewide healthcare costs which are ultimately passed on to the consumers.**

3. Please provide the FY 2016 payer mix for the three alternative HHC mammography providers (e.g., Backus Health Center, Windham Hospital and Windham Hospital for Women's Health at Mansfield) listed on page 33 of the application.

**Please see Exhibit 1 for the FY 2016 payer mix for Backus Health Center, Windham Hospital, and Windham Hospital Center for Women's Health in Mansfield.**

4. Will there be any additional cost to patients (e.g., facility fees) that will result from receiving mammography/ bone density services at any of the alternative providers listed on page 33 of the application?

**No, there will be no additional cost to patients that receive mammography/ bone density services at any of the alternative providers listed in the application.**

**There will be no facility fees charged, patients will only be charged for procedures at any of the HHC locations.**

Docket Number: 16-32140-CON

**Exhibit 1: FY 2016 Payer Mix for Backus Health Center, Windham Hospital,  
and Windham Hospital Center for Women's Health in Mansfield.**

**FY 2061 Payer Mix for the three alternative HHC mammography providers  
Services by Location/Payer Mix**

**Windham Hospital**

Financial Class	Count of Accounts	% of Total
Blue Cross	460	29%
Commercial	104	7%
Managed Care	207	13%
Medicaid	233	15%
Medicare	373	24%
Medicare Managed	110	7%
Other	14	1%
Other Government	18	1%
Self Insurance	38	2%
Self Pay	17	1%
<b>Total</b>	<b>1574</b>	<b>100%</b>

**Windham Hospital Center for Women's Health at Mansfield**

Financial Class	Count of Accounts	% of Total
Blue Cross	1408	30%
Commercial	342	7%
Managed Care	465	10%
Medicaid	562	12%
Medicare	1322	28%
Medicare Managed	412	9%
Other	2	0%
Other Government	43	1%
Self Insurance	93	2%
Self Pay	30	1%
<b>Total</b>	<b>4679</b>	<b>100%</b>

**Backus MAMMO Payer Mix**

**Includes all MAMMO locations:**

*Hospital*

*BOCC*

*Colchester*

*Montville*

*Norwichtown*

*Plainfield*

Financial Class	Count of Accounts	% of Total
Blue Cross	4,502	30.5%
Commercial	246	1.7%
Employee	419	2.8%
Managed Care	3,447	23.4%
Medicaid	1,532	10.4%
Medicare	4,342	29.4%
Other	39	0.3%
Self Pay	54	0.4%
Tri Care	179	1.2%
<b>Total</b>	<b>14,760</b>	<b>100.0%</b>

## Olejarz, Barbara

---

**From:** Durdy, Barbara <Barbara.Durdy@hhchealth.org>  
**Sent:** Monday, February 27, 2017 3:07 PM  
**To:** Carney, Brian  
**Cc:** Riggott, Kaila; Greer, Leslie; Klein, Megan; Olejarz, Barbara  
**Subject:** RE: 16-32140-CON Termination of Women's Imaging Services

Thank you Brian.

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](mailto:barbara.durdy@hhchealth.org)  
[www.hartfordhealthcare.org](http://www.hartfordhealthcare.org)



---

**From:** Carney, Brian [mailto:Brian.Carney@ct.gov]  
**Sent:** Monday, February 27, 2017 3:06 PM  
**To:** Durdy, Barbara  
**Cc:** Riggott, Kaila; Greer, Leslie; Klein, Megan; Olejarz, Barbara  
**Subject:** 16-32140-CON Termination of Women's Imaging Services

Good afternoon Barbara,

Please see the attached letter deeming the above-referenced application complete. Please confirm receipt of this email and corresponding attachment.

Sincerely,  
Brian A. Carney

Brian Carney, MBA  
Associate Research Analyst  
Connecticut Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA

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 27, 2017

Via Email Only

Ms. Barbara Durdy  
Director, Strategic Planning  
Hartford HealthCare  
181 Patricia M. Genova Blvd.  
Newington, CT 06111  
[barbara.durdy@hhchealth.org](mailto:barbara.durdy@hhchealth.org)

RE: Certificate of Need Application: Docket Number: 16-32140-CON  
Termination of Women's Imaging Services

Dear Ms. Durdy:

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of February 27, 2017.

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



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Hartford, Connecticut 06134-0308  
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