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STATE OF CONNECTICUT

OFFICE OF HEALTH STRATEGY

DOCKET NO: 20-32405-CON

CONSOLIDATION OF HOSPITAL LICENSES AND THE INCREASE IN THE LICENSED BED CAPACITY OF A HEALTH CARE FACILITY

by

PROSPECT ECHN, INC.
PROSPECT MANCHESTER HOSPITAL, INC.
PROSPECT ROCKVILLE HOSPITAL, INC.

VIA ZOOM AND TELECONFERENCE

Public Hearing held on Wednesday, October 13, 2021, beginning at 10:05 a.m. via remote access.

H e l d B e f o r e:

JOANNE V. YANDOW, ESQ., Hearing Officer

Administrative Staff:

BRIAN CARNEY, Planning specialist, CON Supervisor

RUONAN ROY WANG, Associate Research Analyst

RONALD CIESONES, Principal Health Care Analyst

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Reporter: Lisa L. Warner, CSR #061

A p p e a r a n c e s:

For the Applicant:
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BERSHTEIN, VOLPE & MCKEON P.C.
BY: MICHELE M. VOLPE, ESQ.
KATHLEEN GEDNEY-TOMMASO, ESQ.

Witnesses:

DEBORAH WEYMOUTH, Chief Executive Officer, ECHN

MARC BRUNETTI, Chief Operating Officer and Senior Vice President Patient Care Services, ECHN

JAMES CASTELLONE, M.D., MBA, Chief Medical Officer and Senior Vice President of Medical Affairs, ECHN

PAUL GOLINO, Chief Financial Officer, ECHN

DANIEL DELGALLO, Chief Strategy Officer and Senior Vice President, Service Line Development and Growth, ECHN

Public Speakers:
MAYOR JAY MORAN, Town of Manchester
SENATOR SAUD ANWAR
BOB CARROLL, M.D., Chair and Medical Director, ECHN Department of Emergency Medicine
MELISSA OSBORNE
DREW CRANDALL, ECHN Advisory Board
GLEN MALONEY
CHRISTEN ELLIS
TERRY MEADOWS

***All participants were present via remote access.**

(The hearing commenced at 10:05 a.m.)

HEARING OFFICER YANDOW: This is a public hearing before the Office of Health Strategy's Health Systems Planning Unit, also referred to as HSP. Today is October 13, 2021. Before me is a Certificate of Need Application filed by the following three applicants: Prospect Rockville Hospital, Inc.; Prospect Manchester Hospital, Inc.; and Prospect ECHN, Inc. This is Docket No: 20-32405-CON. Public Act 21-2, Section 149, effective July 1, 2021, authorizes an agency to hold a public hearing by means of electronic equipment.

In accordance with the public act, any person who participates orally in an electronic meeting shall make a good faith effort to state your name and title at the outset of each occasion that the person participates orally during an uninterrupted dialogue or series of questions and answers.

We ask that all members of the public mute the device that they are using to access the hearing and silence any additional devices that are around them.

My name is Joanne V. Yandow. Victoria

Veltri, the executive director of the Office of Health Strategy, has designated me to serve as the hearing officer for this matter to rule on all motions and recommend findings of fact and conclusions of law upon completion of the hearing. Office of Health Strategy staff is here to assist me in gathering facts related to this application and will be asking some of the questions today.

I'm going to ask each staff person assisting with questions today to identify themselves with their name, spelling of their last name, and their OHS title. Orders of questions will go in the order so we can go Brian, Roy and Ron.

MR. CARNEY: Good morning, my name is Brian Carney, C-a-r-n-e-y, and I'm a planning specialist and the CON supervisor at the Office of Health Strategy.

MR. WANG: Good morning. My name is Ruonan Roy Wang, last name W-a-n-g, and I'm an associate research analyst at the Office of Health Strategy.

MR. CIESONES: Hi, my name is Ron Ciesones, C-i-e-s, as in "Susan," o-n-e-s. And I'm a principal health care analyst with the

Office of Health Strategy.

HEARING OFFICER YANDOW: Thank you. The Certificate of Need process is a regulatory process, and as such, the highest level of respect will be accorded to the parties, members of the public, and our staff. Our priority is the integrity and transparency of this process. Accordingly, decorum must be maintained by all present during these proceedings.

This hearing is being recorded. It will be transcribed. All documents related to this hearing that have been or will be submitted to the Office of Health Strategy are available for review through our CON portal, which is accessible on the Office of Health Strategy's CON webpage.

In making my decision, I will consider and make written findings in accordance with Section 19a-639 of the Connecticut General Statutes.

At this time I will ask staff to refer to the table of record that is in the CON portal, the documents that have been identified.

Brian, do you want to read those in, or can you tell us what exhibits are there?

MR. CARNEY: Sure. At this time I'd

like to read into the record Table of Record Exhibits A through Q.

HEARING OFFICER YANDOW: Are you going to read them into the record or you just --

MR. CARNEY: We generally typically just do that and then we ask if there's any objections to any of the exhibits and let counsel respond.

HEARING OFFICER YANDOW: Okay. So I don't know, so counsel, Attorney Volpe, have you reviewed those records?

MS. VOLPE: I've had the opportunity to review the record. Thank you. I just want to confirm, Q is our PowerPoint presentation; is that correct, Mr. Carney?

MR. CARNEY: Yes, it says applicant's visual exhibit?

MS. VOLPE: Correct.

MR. CARNEY: Yes.

MS. VOLPE: Okay. And then we had provided just a brief email comment yesterday. I think two of the exhibits were flipped, F and G. Ruonan, did you get that?

MR. WANG: I did receive that, and it will be corrected in the final table of record.

MS. VOLPE: Okay. Very good. And then just to comment on the hearing agenda and the footnote, we just want to confirm that public comment will commence at, it's proposed at 2. There was a 4 o'clock notation. I just wanted to confirm.

MR. WANG: Correct and --

HEARING OFFICER YANDOW: It is at 2.

MR. WANG: That has been updated. In the hearing agenda in the portal at the moment labeled Exhibit M reflects the correct time.

MS. VOLPE: Okay. Thank you. That's all I have, Hearing Officer.

HEARING OFFICER YANDOW: Okay. Thank you. So all those Exhibits A through -- Brian, it's A through G, that includes the PowerPoint?

MR. CARNEY: A through Q.

HEARING OFFICER YANDOW: A through Q, I'm sorry. A through Q are all entered as full exhibits.

(Exhibits A through Q: Received in evidence.)

HEARING OFFICER YANDOW: Okay. In accordance with 4-178 of the general statutes, parties are hereby noticed that I may take

judicial notice of the following documents: The state facilities plan; OHS acute care hospital discharge database; hospital reporting system financial data; bed need methodology; all-payor claims database claims data, also known as APCD; Prospect ECHN legal chart as of 9/30/2020; Prospect ECHN officers and directors, filed February 28, 2021; and the Office of Health Care access final decision, Docket No. 15-32016-486 regarding transfer of assets of ECHN, Inc. to Prospect Medical Holdings, Inc. These documents are within the agency's specialized knowledge.

Mr. Carney, are there any other exhibits to enter into the record?

MR. CARNEY: No, Attorney Yandow, not that I'm aware of.

HEARING OFFICER YANDOW: Attorney Volpe, I believe anything is on the portal regarding some of these administrative notice documents, you've probably seen those on there, correct, and the others are filed at Office of Health Care Access.

MS. VOLPE: Yes. And we'd also like to respectfully request the office to take administrative notice of some docket numbers. And

would you like us to do that now, Hearing Officer, or would you like --

HEARING OFFICER YANDOW: Well, give me the -- so what are the docket numbers and what are the names of the decisions?

MS. VOLPE: Certainly. So my name is Michele Volpe.

HEARING OFFICER YANDOW: No, no, no, the name of the docket. So in addition to the number, could you give me the parties and the docket?

MS. VOLPE: Absolutely. So what would you like first, the party name or the docket, what's your preference?

HEARING OFFICER YANDOW: However you give it is fine. I just want to put it together.

MS. VOLPE: Absolutely. So we'd like you to take administrative notice of Docket No. 04-30280, and that's regarding the consolidation of hospital operations under a single hospital license for Bradley Memorial and New Britain General Hospital, and that was approved pursuant to an agreed settlement dated March 24, 2005.

We'd also like you to take administrative notice of Docket No. 12-31747

regarding the Yale New Haven Hospital's acquisition of Saint Raphael Health Care System, and that was approved pursuant to agreed settlement dated June 27, 2012. Yale acquired Saint Raphael, and Saint Raphael's license was relinquished and added as a satellite campus under the Yale New Haven Hospital license.

And then Docket No. 13-31859, and that was regarding the termination of New Milford Hospital's separate license and the acquisition of New Milford Hospital's licensed beds by Danbury Hospital as approved in the agreed settlement dated June 9, 2014. That was, New Milford Hospital and Danbury Hospital were owned by the same parent, similar to our situation, and New Milford hospital operates currently as a satellite campus under Danbury Hospital which is now part of the Nuvance system.

And lastly, we'd like you to take administrative notice on Docket No. 18-32270, and that's the transfer of ownership of Milford Hospital to Bridgeport Hospital and the consolidation of those licenses where Milford Hospital relinquished its license and was placed under Bridgeport Hospital's license, and that is

approved as an agreed settlement dated June 19, 2019.

HEARING OFFICER YANDOW: Okay. So noted. Are there any other OHCA decisions or agreements regarding ECHN, Rockville Hospital or Manchester Hospital that you're aware of the docket numbers for, either an agreement or a final decision?

MS. VOLPE: Yes. I mean, there are numerous ones. The most recent ones deal with certain waivers that were put in place for COVID as well as specific determinations that have come before the Office of Health Strategy recently regarding bed utilization and behavioral health. So if you'd like us to get you those docket numbers, we certainly can.

HEARING OFFICER YANDOW: Anything specific to a so-called, and I'll put it in terms of the term you use in the application, as far as a consolidation of Rockville and Manchester or any kind of termination of any services with Rockville or Manchester Hospitals?

MS. VOLPE: No, we have not had any termination of service. We did have an outpatient facility in Glastonbury that is subject to a CON

that has been deemed complete, and we're waiting on a decision. Those are for services that are offered in multiple outpatient locations within our service area. And that is before OHS currently, and we've been waiting on a decision. We can certainly get you the docket numbers.

HEARING OFFICER YANDOW: So nothing specific to, similar to this one where Rockville and Manchester tried to come under the same license?

MS. VOLPE: No. This is the current application on the docket number that's before you, this is the only CON that has been put forth to my knowledge.

THE COURT REPORTER: Madam Hearing Officer.

HEARING OFFICER YANDOW: Yes.

THE COURT REPORTER: This is the court reporter. They're a little difficult to hear.

HEARING OFFICER YANDOW: They are.

THE COURT REPORTER: So I don't know if there's anything they can do about it. I did fine, but I just want to make sure that you're aware of that, and that I'm not the only one --

HEARING OFFICER YANDOW: Yeah. I mean,

can you do anything with the mics? I don't know why. I don't know if the mic is at a distance, or maybe when you're speaking. Is there anything you can do to -- I mean, I know, your video is a little blurry too, but the audio isn't very clear.

MS. VOLPE: We'll make sure we speak up. Is that better?

THE COURT REPORTER: That was definitely better.

MS. VOLPE: Okay.

HEARING OFFICER YANDOW: We have one mic on a computer there, is that how it's working?

MS. VOLPE: Do we need to repeat anything for you or the court reporter?

THE COURT REPORTER: No, not as of yet, but I just wanted to make sure before we got going that you're aware that you're a little garbled over there. Thank you.

MS. VOLPE: I appreciate that.

HEARING OFFICER YANDOW: And Lisa, court reporter, I see your name comes up as Lisa; is that correct?

THE COURT REPORTER: Yes, that's right.

HEARING OFFICER YANDOW: So please, yeah, don't hesitate to certainly interrupt and

let us know if you're not getting what you need.

THE COURT REPORTER: All right. I appreciate that. Thank you.

HEARING OFFICER YANDOW: You're welcome.

Okay. And I just wanted to make everyone aware too, so I am holding the hearing from my end in my state office. So if it looks like I'm not looking at you, the camera is above the computer, so I'm looking at the screen. So I don't want anyone to think I'm not paying attention to what is being said, but I am carefully watching every person that gets up. It's one of the things we have to deal with with remote hearings.

Public comment taken during the hearing will likely go in the order established by OHS during the registration process, however, I may allow public officials to testify out of order. Either I or another OHS staff person will call each individual by name when it is his or her turn to speak. And as Attorney Volpe mentioned earlier, public comment starts at 2 p.m.

Okay. Attorney Volpe, I know -- you're the only counsel today; is that correct?

MS. VOLPE: Me and one of my law partners, Kate Gedney-Tommaso, also filed an appearance and we're available, but I'm the one presenting today --

HEARING OFFICER YANDOW: All right. Thank you.

MS. VOLPE: -- on behalf of the applicant. Thank you.

HEARING OFFICER YANDOW: Now, can you just identify all the individuals by name and title who are going to testify today on behalf of the application? Each should turn their camera on as they are identified. And once we get them all there, I can swear them in and administer the oath. So if we could have each of them -- are all your witnesses on, available?

MS. VOLPE: Yes, they're all here and present and ready to adopt their prefile testimony and be sworn in.

HEARING OFFICER YANDOW: Okay. So could you have them each now identify themselves, spell their name, if they haven't done that already, and also give their titles, please?

MS. VOLPE: Certainly.

(Pause.)

MARC BRUNETTI: My name is Marc Brunetti. I'm the chief operating officer and senior vice president of patient care services at ECHN.

HEARING OFFICER YANDOW: Can you spell your last name, please.

MARC BRUNETTI: B, as in "boy," r-u-n-e-t-t-i. And my first name is spelled with a "C."

HEARING OFFICER YANDOW: And who else do we have there that will be testifying? I will swear you in all at once.

JAMES CASTELLONE: I'm Dr. James Castellone, C-a-s-t-e-l-l-o-n-e. And I'm the chief medical officer and senior vice president for medical affairs.

HEARING OFFICER YANDOW: Okay. And we have Mr. Golino. Are you going to testify?

PAUL GOLINO: Yes, I am.

HEARING OFFICER YANDOW: Okay. Could you just state your name for the record, please.

PAUL GOLINO: Sure. My name is Paul Golino, spelled G-o-l-i-n-o, and I am the chief financial officer for ECHN, the applicant.

HEARING OFFICER YANDOW: Okay. And,

Ms. Weymouth, if you wouldn't mind again, please.

DEBORAH WEYMOUTH: Certainly. Deborah Weymouth, W-e-y-m-o-u-t-h, chief executive officer, ECHN, the applicant. And we have one more.

DANIEL DELGALLO: Good morning, my name is Daniel DelGallo, D-e-l-G-a-l-l-o. I am the chief strategy officer and senior VP of service line development and growth. I do not have written testimony to present, but I will be testifying.

HEARING OFFICER YANDOW: All right. If we could just zoom back a little bit so I can see all the faces. Let me get who I can see. I just need to get you all in the camera to take your oath. That works, yeah. Thanks.

D E B O R A H W E Y M O U T H,

M A R C B R U N E T T I,

J A M E S C A S T E L L O N E,

P A U L G O L I N O,

D A N I E L D E L G A L L O,

having been first duly sworn (remotely) by Hearing Officer Yandow, testified on their oaths as follows:

HEARING OFFICER YANDOW: Okay. Thank

you. Now, in giving your testimony, again, you're going to need to make sure you state your name. Since we're not all sitting on a -- coming up to a witness chair, for purposes of the public and for recording, please identify who you are.

And Attorney Volpe, of course, when each one gets up, please have them adopt their submitted testimony on the record.

Okay. Counsel, I have a few questions for you before we start, some legal questions. So, your application is seeking the following three items: One, the consolidation of the hospital licenses for Rockville General Hospital and Manchester Memorial Hospital. Two, an increase in licensed bed capacity for Manchester Memorial Hospital. And three, Manchester Memorial Hospital's acquisition of Rockville General Hospital's advanced imaging equipment.

Now, regarding items two and three regarding the increased bed capacity and the imaging equipment, you appropriately cite the relevant sections of 19a-638 in the application. However, regarding the consolidation, you know, my power is, you know, an application is filed is what is under 19a-638. So I'm sure, as you've

seen in some of the decisions that you've asked that we take administrative notice on, even when things result in a consolidation, this is looked under, well, under one of two items under 19a-638. Under Section (5), (a)(5), "The termination of inpatient or outpatient services offered by a hospital, including, but not limited to, the termination by a short-term acute care general hospital or children's hospital of inpatient and outpatient mental health and substance abuse services." And there's also (2), "A transfer of ownership of a health care facility." As you saw that I administratively noticed the structure of ECHN.

So if you could, I'm going to ask you for an opening statement, and if you could include in that opening statement whether this is a transfer of ownership of a health care facility. And refer to any documents you may need to, and of course ask, if we need any followup, you can certainly ask your witnesses, or if it's the, since it was identified in other decisions which resulted in the so-called consolidation, it was a termination of a hospital license, which in this case, you know, would be terminating the Rockville

General Hospital license. So, if you can address that in your opening statement.

MS. VOLPE: Sure, I can address that now, if you'd like, if that would be helpful.

HEARING OFFICER YANDOW: Okay. Great. Thank you.

MS. VOLPE: Yes. It's not a transfer of a health care facility. Both hospitals are currently under a single parent which is ECHN. It is a request to have the licensed terminated and the existing bed capacity in the community all fall under one single hospital license, and that being Manchester. So I think that answers your first question and that's helpful. So it is not a transfer of a health care facility or ownership. As I stated, they're under the same parent.

And the forms with OHS have sort of evolved, rightly so, and changed over time. And, you know, while it is noted as an increase in hospital beds, I just obviously want to make clear for everyone that we're not looking for an increase, for instance, like you would think in a traditional practical sense. It's referred to as an increase because the existing beds in the service area that are under Rockville's license

will be -- are proposed, and we're asking for approval that those be listed on the Manchester license. So it's not sort of an increase in bed capacity, if you will. We view it more as a consolidation in allowing all the beds to be shown under the hospital license. And certainly we will be filing with DPH and have them informed and are aware of the protocol in terms of the licensure steps as they relate to the Department of Public Health.

We do, since we will be giving up the license under Rockville, we want to make sure that the imaging equipment is properly shown for CON purposes under Manchester Hospital, and that's why the supplemental imaging equipment forms were provided and complied with. So I think that --

And to your last point, we are not proposing any termination of services. And I think that's been noted in the application and in prefile testimony. To the extent that we would be looking to terminate a service at any location, even if we maintain that service at one and not the other, we would certainly come before this commission again and submit approval and a Certificate of Need application before the Office

of Health Strategy if we were to terminate any service. So that's not before you today.

HEARING OFFICER YANDOW: Okay. Great. So could I have a -- I thank you for that -- an opening statement, just a little brief summary of what your presentation is today?

MS. VOLPE: Sure, absolutely. First of all, I want to take this time to thank the Office of Health Strategy staff. This application has been a long time coming, and they've had to deal with it through a global pandemic. So we're very appreciative for that. And we're appreciative to be able to be before you today, Hearing Officer Yandow. We know you have experience in these applications, in particular, what we call licensure consolidation, others may call licensure termination. So we are grateful that you're our hearing officer today and are very fortunate for that.

We also want to note that the application before you today is substantially similar to other CONs that have been approved by OHS and its predecessor OHCA. The applicants, as I stated earlier, are not adding bed capacity to the service area, rather, we're consolidating the

existing beds under one license. This is not a new concept or one of first impression for the state. A transition to a single license hospital has been implemented at least four other times in general hospitals in Connecticut with eight operating hospitals under the same model, the first dating back nearly two decades ago.

We already asked for you, and we respectfully request, that you take administrative notice of those prior CONs. We recognize and appreciate that the Office of Health Strategy does not necessarily take into account precedent, but we do feel that taking administrative notice of those dockets would be helpful in this regard, as again, this is not an area of first impression for the State of Connecticut.

Rockville and Manchester Hospital have already been operating for decades under the ECHN health system. The process began nearly three decades ago in 1995, and together they've been working as one regional health system. Both hospitals were acquired pursuant to the docket number you took administrative notice of in 2015 by Prospect Medical and continue to operate as one single health system under the Eastern Connecticut

Health Network.

Licensure consolidation is really the next natural progression in sort of a long history of having these two institutions work together in order to deliver high quality cost effective care, being very conscious of being able to do this in a manner that preserves resources so we are able to respond to the community and its needs.

The application sets forth in detail outlining data and the benefits of a single hospital license. The prefile testimony and the presentation before you today, as well as all the detail in the filed application which is hundreds of pages long, supports that this is in the best interest of the community and all health care stakeholders.

So I hope I've addressed all of your questions and concerns with my opening statement. At this time I'd like to introduce Ms. Deborah Weymouth. As she stated, she's the CEO of ECHN. She's here to adopt her prefile testimony, and she'll introduce the individuals who, again, will be speaking today, and then we'll conclude our applicant presentation with a PowerPoint that Ms. Weymouth will present to you. Thank you.

HEARING OFFICER YANDOW: You're welcome. So I just want to make you aware too. So the questioning, we will be following up. I may interject a question, Attorney Volpe, while you're asking if there's something that I want to address while it's on the table. But we will be following up after you present all your evidence with our own questions from reviewing the application. But I do want to make all witnesses and counsel aware that some of these questions you may find, gee, I already answered that or that was in the application, but we just want to make sure that we have clarity for purposes of the record and for the public.

MS. VOLPE: Absolutely.

HEARING OFFICER YANDOW: So if you feel you've already answered, just please go ahead and answer the question again.

MS. VOLPE: Absolutely. Thank you. We will.

THE WITNESS (Weymouth): Thank you and good morning. As Attorney Volpe just mentioned, I too would like to thank the Office of Health Strategy for the time and resources put into this application. And we will take this opportunity to

present an overview of Eastern Connecticut Health Network's CON application and request for the consolidation of hospital licenses.

I hereby adopt my prefile testimony, and at this point would like to introduce my fellow colleagues who will be presenting. First with Paul Golino who has been introduced, I believe, but go ahead, Paul.

THE WITNESS (Golino): Hello. My name is Paul Golino. I am the chief financial officer of ECHN. And I would like to adopt my prefile testimony.

Do you want me to actually go through and read?

THE WITNESS (Weymouth): Yes.

THE WITNESS (Golino): So there are many benefits that are derived from the proposed single license model. First is a patient who accessed care at both Manchester and Rockville will no longer have to manage accounts from two separate hospitals. With a single hospital license ECHN can streamline patient care billing leading to a clearer and easier process for patients and for patient billing. This is a significant benefit for patients who are having to

navigate high deductible plans and complex health insurance policy terms.

Secondly, a single hospital license will result in direct cost savings to ECHN through the elimination of duplicative overhead expenses that result from operating two separately licensed hospitals such as accreditation, cost reporting, auditing, accounting, amongst others. The result is direct health care savings for ECHN and ultimately benefits for all stakeholders, patients, providers and payors.

Third, the hospital license consolidation will accomplish without negative financial -- can be accomplished without negative financial implications to patients. This change will not impact any of the payor rates or fee schedules Rockville or Manchester already have. They are the same payor rates and the same payor fee schedules for all patients.

Lastly, this change to a single license minimizes the risk of ECHN's provision of certain inpatient mental health services. The provision of inpatient behavioral health care is a dire need in the state, and ECHN aims to meet those needs. However, there are regulatory thresholds in the

provisions of inpatient behavioral health care that, if crossed, result in significant financial loss for ECHN. Having to monitor this threshold as a single licensed hospital can significantly reduce the possibility that ECHN would be denied reimbursement for the reimbursement of such services.

I respectfully request that the application be approved. Thank you.

THE WITNESS (Brunetti): Good morning. My name is Marc Brunetti. I'm the chief operating officer and senior vice president of patient care services for ECHN, and I adopt my prefile testimony.

Operating Manchester and Rockville as a single licensed hospital will allow ECHN to achieve efficiencies and eliminate challenges associated with operating two separate licensed hospitals. First, this model has been in place in Connecticut for many years. ECHN is well positioned to adopt a single license model. Manchester and Rockville are geographically close to one another and already within the parent health care system. The benefits and efficiencies ECHN has achieved so far will continue and will

also further be enhanced by adopting a single license model.

Second, there will be improved operations between the hospitals. When patients are transferred between Manchester and Rockville, they must formally discharge from one hospital and admitted to the other. Patients and payors must then deal with two charges and two accounts. By having one licensed entity at which care is provided, patient confusion and billing issues related to separate hospital stays are eliminated.

And finally, a single license allows for more efficient resource allocation and back office savings. There are financial benefits of this model, but there's also intangible savings that are realized when a health system does not have separate -- does not have to maintain two separate hospitals. A single license structure allows ECHN to implement the existing structure of Manchester Hospital without having to duplicate the same for Rockville Hospital.

I respectfully request that the application be approved. Thank you.

THE WITNESS (Castellone): Good morning. My name is Dr. James Castellone. I'm

the chief medical officer and senior vice president for medical affairs at ECHN. And I adopt my prefile testimony, and I have a brief statement.

There are various clinical benefits from having a single license hospital with two campuses. ECHN providers work diligently to ensure a consistent and streamline experience when patients have to transfer between hospitals. However, despite these efforts, there are still limitations of operating two separately licensed hospitals. The consolidated license will result in numerous clinical benefits. A single licensed hospital will allow for increased care coordination for patients to utilize both hospitals. For example, clinical professionals will be able to utilize the same admission and care plan information without having to formally discharge and admit patients between campuses.

Second, a single license will enable the optimal use of hospital beds across both campuses. This is especially crucial during peak volumes and necessary for meeting community needs. A single hospital license allows more flexibility between ECHN's highly-skilled providers and

support staff caring for patients.

Third, a single hospital license will allow for improved efficiencies relating to medical records, preauthorizations and provider communication between campuses. Duplicated processes will not need to be done for patients who transfer between hospitals. All of these improve efficiencies and are a better utilization of staff time. This enables more time spent at the bedside and ultimately an improved patient experience.

I respectfully respect that the application be approved. Thank you.

THE WITNESS (Weymouth): Thank you. And thank you again for the opportunity to present to you today about the positive benefits that will be derived with the Rockville General Hospital and Manchester Memorial Hospital consolidating their licenses. We have prepared a presentation for you today to address the various benefits of the proposal.

HEARING OFFICER YANDOW: I think we lost your audio. Did anybody else lose the audio? Do people hear me?

MS. VOLPE: Can you hear us now?

HEARING OFFICER YANDOW: I can. I can. I lost your audio. Do you want to back up a few sentences? Can you try it again, please?

MR. CARNEY: Hold on a second. Attorney Volpe, I think I need to make your party a cohost in this meeting. Would it be under the participant name of Chantal Perigo?

MS. VOLPE: Yes.

A VOICE: No.

MS. VOLPE: Oh, it's not?

A VOICE: It would be "smoses."

MR. CARNEY: Smoses. Okay, hold on one second.

MS. VOLPE: We'd like to be able to share, if you share the screen, so you can see the presentation visuals.

MR. CARNEY: Okay. Hopefully, I think you should have that ability now.

MS. VOLPE: Okay. We can see you, Brian. And can you see the slides?

MR. CARNEY: No, I don't see the slides. Are you sharing the screen? You'll need to share screen in order to present them.

THE WITNESS (Weymouth): Give us just a second with the technical issues.

(Pause.)

THE WITNESS (Weymouth): Eastern Connecticut Health Network has two hospitals, both celebrating their 100th year anniversaries. Manchester Memorial was established in 1920, and Rockville General is celebrating its 100 years of care on November 1st of this year. ECHN has jointly operating both hospitals for over 25 years.

Our hospital has not only cared for many generations of community members, but we have continuously adapted to meet the needs of the community. ECHN conducts a Community Health Needs Assessment and develops an associated implementation plan to meet the identified needs and best serve our region. Our most recent CHNA plan identified the following areas as significant health needs: In terms of access to health care services, cancer, diabetes, nutrition and physical activity, family planning, infant and child health, heart disease and stroke, and mental health and substance abuse programs and services.

ECHN is a community-based health care system serving 19 towns across Eastern Connecticut. ECHN provides a full spectrum of

wellness, prevention, acute care, rehabilitation and restorative care to the community. Our system also operates several outpatient facilities, including a comprehensive physician network of primary care and specialty practices. Manchester Memorial Hospital has 249 licensed beds, and Rockville General Hospital has 102 licensed beds.

Manchester and Rockville serve the existing ECHN historic service area which includes the following cities and towns in Connecticut of Andover, Ashford, Bolton, Columbia, Coventry, East Hartford, East Windsor, Ellington, Glastonbury, Hebron, Manchester, Mansfield, Somers, South Windsor, Stafford, Tolland, Union, Vernon and Willington.

Prospect Medical Holdings completed its acquisition of ECHN in 2016 helping to ensure our communities' future health care and has infused significant capital resources in both hospitals for facility improvements and equipment and strengthen our organization and technology and quality designations. ECHN's hospitals are committed to our designation as a high reliability organization which means we continuously work together to improve patient outcomes and provide a

safe environment for our patients. We foster a culture of safety in our hospitals to deliver consistent excellence in quality and safety across all services. ECHN's hospitals are both accredited by The Joint Commission, and we have received many other quality designations for the care that we provide.

I would like to draw your attention to the Network of Distinction designation given to hospitals and health networks through an innovative partnership between the State of Connecticut and Signify Health for meeting both quality and cost requirements. This program uses an innovative delivery and payment model that establishes an industry standard to align both clinical and financial incentives. This new model reduces variation in costs for health events by creating a fixed price for certain episodes of care, in other words, the accumulation of all the services and costs incurred as a part of a patient's full health episode, for example, a knee replacement.

What does this mean for the patient? It means that when patients go to an ECHN provider, they know the price for the medical

procedure people most often need, and they also are rest assured that the doctors will meet the high standards of quality established by the network. It means that doctors, hospitals and provider groups in the network will provide a high level of care from evaluation to recovery at a competitive fixed price.

As a for-profit entity, ECHN contributes in excess of 13 million in taxes which create significant economic activity for the towns of Manchester and Vernon. There are also additional property taxes paid to other towns in the region in excess of 300,000, sales tax to the State of Connecticut, property tax to the towns in which our hospitals are located, and the hospital tax which is based on a hospital's net patient revenue defined as the amount of accrued payments a hospital earned for providing inpatient and outpatient services.

COVID-19 had an impact on all services, both inpatient and outpatient care. ECHN continued to provide significant investments in community health, including community benefits. Our community, which includes our continuous outreach in offering health education programs, 36

individual online courses are offered each year, health screenings, support groups, blogs and health fact sheets to encourage preventative care options to keep our community members healthy. We have a collaborative partnership with community groups, advocacy on the access to health care, and workforce development are just some of the examples of our community building activities. Our community benefit investment was in excess of $5.6 million.

In terms of charity care, ECHN has provided over $856,000 in charity care excluding bad debt. And we provided 11.9 million in unreimbursed care, unreimbursed care being defined as the gap between Medicaid payments and the cost for providing that care.

ECHN shifted to accommodate the Governor's order to increase ICU bed capacity by 50 percent and temporarily suspended care services at Rockville to do so. ECHN admitted our first COVID patient on March 17, 2020. And it is clear, as you can see from this chart, that inpatient discharges were impacted by COVID-19 in both hospitals. Again, COVID-19 changed the usage of health care services for outpatient care, and this

trend had both statewide and nationwide impact.

There have been other Connecticut hospitals who have consolidated hospital licensures previously. These approvals were in existing consolidated health systems such as ECHN as well as merging two separately owned hospitals. Those examples include Bridgeport Hospital in the Milford campus, Danbury Hospital in the New Milford campus, Yale New Haven Hospital at Saint Raphael campus, New Britain General Hospital in the Bradley Memorial campus. Please note there were no changes in licensed bed counts with these approvals.

To move directly to the details on our proposal. This CON application is a request for ECHN to become the Rockville campus of Manchester Memorial Hospital. Did I say that right? Thank you. ECHN will continue to be called the Rockville General campus, and Rockville beds will be under the single Manchester license. Rockville and Manchester will maintain the same number of overall licensed beds. Rockville inpatient and outpatient services will operate under the Manchester license. Rockville advanced imaging equipment will also operate under the Manchester

license. And Rockville and Manchester will maintain the same services. Finally, Rockville and Manchester will utilize health care resources in an efficient and cost-effective manner.

This CON application is not a request to close Rockville General Hospital. It is not a request to terminate services at Rockville General Hospital. It is not a request to transition all of the Rockville patients to Manchester Memorial. And it is not a request that negatively impacts access to services. It is not a request that results in adverse financial impact to patients or to payors.

The key benefits of the hospital consolidation include: Enhanced coordination of care; improved ability to utilize space; ease of responding to emergencies such as COVID-19; seamless patient transfers; quality and patient experience enhancements; maximizing the breadth of services that the community can easily access; increased ability to perform data abstraction and analysis; financial savings related to accreditation processes, cost reporting, tax returns, patient billing, accounting, memberships and auditing; consolidation of required state and

federal reporting under one license.

ECHN's proposal meets all statutory CON approval criteria. The relationship of the proposed project to the Statewide Health Care Facilities and Service Plan is favorable. There are no specific requirements set forth in the Statewide Health Care Facility and Service Plan for consolidation of hospital licensures. As important, this factor does not apply; however, the proposed project aligns with the guiding principles of the Statewide Health Plan. By consolidating the licensure of Manchester and Rockville, the ECHN system maintains accessibility and continuity of health care services while better positioning itself to eliminate duplicate costs, achieving a variety of significant operational, administrative, licensing and credentialing efficiencies.

There is a clear public need for combining Manchester Hospital and Rockville Hospital under a single hospital license. Operationally, both Manchester Hospital and Rockville Hospital have been functioning within a main campus, satellite campus arrangement. A single licensed hospital supports and enhances

integration and achieves efficiencies without any adverse impact to patients or payors. The community we serve will benefit from this single licensure consolidation.

We are minimizing the risk of adverse regulatory effect by causing potentially triggering a legal threshold relating to the percentage of inpatients receiving behavioral health care and those receiving medical care by location. A single licensed hospital allows ECHN the flexibility to collectively manage inpatient behavioral health bed volumes over both inpatient campuses. This eliminates a regulatory barrier to ECHN and provides needed behavioral health inpatient services which is identified in our most recent Community Needs Assessment.

The ECHN hospitals will achieve more cost-effective care by having a single licensed hospital. For example, Manchester and Rockville will be able to achieve more cost-effective care by being able to eliminate certain duplicative operational overhead expenses associated with state and federal regulatory compliance requirements relating to administrative infrastructure. By operating under the Manchester

license, there will be streamlined billing and medical record management thereby eliminating potential transfer delays and billing inefficiencies. Delays in care can often lead to increased cost of medicine and higher acuity.

Further, ECHN will be able to become agile in reacting to its community needs such as when the COVID-19 pandemic originated. We can provide greater consistently and quality across all service lines. A single license will also enable financial savings relating to accreditation processes, cost reporting, patient billing, accounting, auditing, among others.

Our application satisfactorily demonstrates how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in our region including, but not limited to, the provision of any change in access to services for Medicaid recipients and indigent persons. Consolidating the hospitals will result in a single patient account and administrative chart for patients. A single administrative chart improves quality of care by saving providers and patients time and improving clarity. This makes tracking of patients and

inpatient care coordination far less complicated.

Additional quality improvements include reducing complications in transfers, as well as improving the handoff communication of care between providers between campuses. Certain administrative functions will be streamlined such as billing and preauthorization which will improve cost effectiveness and health care delivery. Moreover, accessibility will be improved as a consolidated licensure will give ECHN the ability to be flexible and respond to the health care needs of our community as they arise. The consolidation will positively impact patient outreach and care coordination success as it reduces patient communication fatigue that can cause patients to disengage from care coordination efforts and obtain needed preventative services as well as the management of patient comorbidities.

All the current health benefits that ECHN offers that positively impact health care equity and access in the community will continue. This is not a consolidation between two independent hospitals. ECHN has been collectively serving patients for nearly three decades. All patients, including low-income persons, racial and

ethnic minorities, disabled persons and other underserved groups will benefit from the proposal as they will be part of a more efficient, cost-effective system of care operating under one hospital license.

Manchester and Rockville are currently separately enrolled Medicaid providers. After the licensure consolidation there will be no impact on Medicaid beneficiaries as the Rockville campus will continue participation in the Medicaid program under Manchester's Medicaid enrollment and will remain accessible to the Medicaid population. Post-consolidation, Manchester will remain a Medicaid provider, and Medicaid patients will continue to be able to obtain services without disruption at Rockville Hospital.

ECHN's charity care program and policy will not be changed as a result of this consolidation. The same ECHN charity care policy will apply the same to all patients before and after the proposed consolidation.

Finally, this will not adversely affect any health care costs. There are no changes to deductibles or co-pays.

Accessibility to care will not be

negatively impacted as ECHN patients will continue to be able to obtain their care as evidenced by no anticipated change to patient volumes as a result of the licensure consolidation. A single license allows ECHN to consolidate claim forms in the billing system when the patients receive services at both locations. This will actually reduce duplicative costs and processes in the case of patients who receive two bills while receiving the same level of care. Manchester and Rockville have the same payor rates, so the consolidation of licenses will have no negative impact on our patient costs or on patient rates. Costs related to the accreditation process, cost reporting, patient billing, accounting and auditing will result in anticipated cost savings of 318,000 over the next three years. Our proposal meets all statutory CON approval criteria.

I would like to now walk through the scenario of each of the stages, as indicated, and two of the issues associated with the current scenario of the two hospital licenses and then briefly walk through the single license scenario at the bottom of this slide. As you can see, as you read across the top line in the current state

there is duplication and complication as patients work through the system. The bottom half shows the simplification of the consolidated licensure benefits.

Those benefits include eliminating redundancies; creating consistency and standards across both hospitals; improved cost savings; seamless patient experience for a single episode of care; elimination of duplicate paperwork and billing for patients and insurers; reduced risk of error for providers that are forced to use two systems for one patient care episode; creates efficiencies for patient access, medical records and billing; and enhances the coordination of care.

At ECHN we are committed to supporting integrated care. Taken into account, this includes each person's medical, spiritual and mental well-being with respect to the whole person. Moving forward from COVID-19, we are proud of our ability to mobilize and adjust staffing and services between our hospital campuses. As with all inpatient care at either hospital location, we will staff according to the community demand for these services. These

services further demonstrate ECHN's commitment to our community in providing high-quality compassionate care.

We are in the process of opening two new behavioral health units. One for young adults, people ages 18 to 26, and another unit for dual diagnosis to treat people with substance abuse and underlying mental health diagnoses.

ECHN has been operating Manchester and Rockville for over 25 years, and this licensure consolidation would mark the last step in the vision of creating the Eastern Connecticut Health Network as a system. We are focused on enhancing care services, improving our ability to utilize both hospital locations, expand access, and ultimately provide seamless high-quality patient experiences. Additionally, the efficiencies gained by eliminating duplicate accreditation processes, cost reporting, tax returns, accounting and auditing will further streamline operations without a negative impact to patients, providers or payors.

Based on the information set forth in this presentation, as well as outlined in our application and prefile testimony, we respectfully

urge you to approve this application to better allow us to meet the escalating challenges facing our hospitals and the community we serve. We ask for your approval of our CON application to consolidate hospital licenses to benefit the people across Eastern Connecticut. Thank you.

HEARING OFFICER YANDOW: Counsel, do you have --

MS. VOLPE: No, that concludes our direct testimony portion of our presentation.

HEARING OFFICER YANDOW: Okay.

MS. VOLPE: We welcome questions.

HEARING OFFICER YANDOW: Yes, I have some questions specific to the PowerPoint, and thank you very much for your presentation. I mean, it's certainly helpful in outlining. What the decision will be based on though, of course, is evidence. And I know the applicants have supplied documents that OHS has asked for. And, you know, whether or not -- so I know in your presentation that you've met all the criteria. Of course, that decision is up to OHS.

So let me, I guess, address my question to the CEO. So you stated in your PowerPoint Rockville and Manchester, and when I say the names

I'm referring to the hospitals, will maintain the same services. Do you mean they will maintain the same services on the same campuses where they are now?

THE WITNESS (Weymouth): Yes, that is what I mean by that.

HEARING OFFICER YANDOW: Okay. So the services at Rockville will continue at Rockville?

THE WITNESS (Weymouth): Correct.

HEARING OFFICER YANDOW: And how long, do you have like a written plan? I mean, so I know you have the PowerPoint, but is there some sort of official document on the plan that you have within ECHN about what you see the plan as being?

THE WITNESS (Weymouth): Certainly ECHN plans on a regular basis. I would like to point out that even with significant planning, no one saw the events of the last year and a half coming. So as we deal with what our community needs and what our physicians prefer, we certainly will adapt and modify those plans over time.

HEARING OFFICER YANDOW: So saying that the services at Rockville, that's your plan right now. What is the outlook? I mean, so the plan

that you've had and that you've talked about, are there any plans that any services won't be maintained at Rockville?

THE WITNESS (Weymouth): Not at this time.

HEARING OFFICER YANDOW: Not at this time? And where do you foresee the services, how long do you see them -- at this time how long do you foresee these services staying at Rockville?

THE WITNESS (Weymouth): Well, as evidenced by the data that was provided in terms of utilization, our community will help us support and make that decision going forward.

HEARING OFFICER YANDOW: So right now there is no outlook on how long any plan will -- how long any service will stay at Rockville if the application is approved?

THE WITNESS (Weymouth): No, there's no -- to answer your question, in terms of time frame of service delivery at Rockville, no, we do not have a plan to change services at Rockville within a time frame. Yes, with or without the application.

HEARING OFFICER YANDOW: So at this point in time there is nothing in your plan that

you have spoken within ECHN or within either hospital regarding terminating any services within the next three years, say, at Rockville?

MS. VOLPE: Just to be clear, no, there's no plan to terminate services.

HEARING OFFICER YANDOW: Who's talking?

MS. VOLPE: I'm sorry, this is Michele Volpe. There's nothing in our application that notes any termination of service. And as Ms. Weymouth testified, there is no plan to terminate services.

HEARING OFFICER YANDOW: Right, there would be no plan to terminate services under the license, but certainly moving something from the Rockville campus to the Manchester campus is something OHS is going to look at.

MS. VOLPE: Yes, and we understand and acknowledge that service is site specific and hospital satellite specific. So just so there's no miscommunication, there is no plan to terminate a service that's currently at Rockville from the Rockville campus. Does that -- I just want to --

HEARING OFFICER YANDOW: So there's no plan that you have in any kind of document that you could share about what your plan is going

forward?

MS. VOLPE: Well, when you say plan going forward, we just want to be clear. The plan as it relates to termination of services, no. The plan as it relates to expansion of services or new services, yes. I mean, the Department of Public Health was out at Rockville recently reviewing the physical plant for expansion of behavioral health services. So in terms of planning, there's always planning and community health needs assessment for determining what the specific need is in the community. And so there's always planning for expansion or implementation of new services. But no, to my knowledge, and as is offered in testimony, there is no plan on terminating a service that currently exists at the Rockville campus.

HEARING OFFICER YANDOW: Okay. To the CEO, in your PowerPoint you said you want to maximize breadth of services that the community can easily access. What does that mean?

THE WITNESS (Weymouth): So the ability to access the breadth of services is a key component that was identified in our Community Needs Assessment that relates to access. A

wonderful demonstration of that for us for our community is our recent addition of a mobile urgent care facility that allows patients to access care outside of the hospital environment but truly supports access and improved access. You know, for us going forward, again, back to the example of the COVID-19 pandemic, we certainly can't see what is coming next, but we understand our role in increasing access to care and providing needed services for our community going forward.

HEARING OFFICER YANDOW: Okay. Any other direct evidence, Attorney Volpe?

MS. VOLPE: No, that concludes our presentation.

HEARING OFFICER YANDOW: At this point I'd like to take a 15-minute break. We will take a look with the questions that we put together. Perhaps, based on the presentation, we have some additional ones, so we need time to look at this. So it's 11:21. So let's be back at 20 of. So let's be back at 11:40.

MS. VOLPE: Very good. Thank you.

HEARING OFFICER YANDOW: Okay. Thank you.

(Whereupon, a recess was taken from 11:21 a.m. until 11:41 a.m.)

HEARING OFFICER YANDOW: So what we're going to do now is the OHS staff is going to ask questions. They may ask a specific witness or, Attorney Volpe, they may ask you to provide the witness that would best be able to provide the answer to their question. So these answers should come from the witnesses and not counsel.

So we will start with Brian I think is going to take the first questions. I may jump in with a few follow-up questions on it, and we may have other questions afterwards. And then of course, Attorney Volpe, when they are done with their questions, I will certainly allow you the opportunity to follow up with any further questions based on ours, okay?

MS. VOLPE: Very good.

HEARING OFFICER YANDOW: All right. Mr. Carney, why don't you go ahead.

MR. CARNEY: Okay. Thank you, Hearing Officer Yandow. Brian Carney from OHS.

I just want to start off with a general sort of background informational question, and the question is this: Given the long history of

operating Rockville and Manchester hospitals under their own separate licenses, why is now the appropriate time to combine the two hospitals under one Manchester license, and was there any particular event that triggered the timing of this request?

MS. VOLPE: Who would like to take that?

THE WITNESS (DelGallo): Hi, Mr. Carney. Thank you. My name is Dan DelGallo and I can respond to that. So we've always had the issue of two account numbers and the difficulty in transferring patients between sites, and there is administrative functions behind the scenes that have always proved difficult. But I think with -- not think, I know with the COVID-19 pandemic in 2020 that just amplified to a greater degree on how inefficient our processes are. Especially with the number of transfers between the two hospitals, it is a completely inefficient process for two hospitals that are working in unity to provide care.

And I think, you know, you heard from Dr. Castellone on how inefficient that is. But when you're dealing in a pandemic and high acuity

patients, that your transfers have doubled during certain days, that it just amplifies the inefficiencies of the system. And that brought to light a lot of this and is part of the decision of moving forward. So that's number one.

And number two, as we look at our Community Needs Assessment and other resources out there for behavioral health and we realign services with our behavioral health, the single licensure proves us the flexibility to move within the system without tripping any regulatory concerns.

MR. CARNEY: Could you just further expand on that, that particular piece you just said? What are the regulatory concerns that you're referencing?

THE WITNESS (Golino): Hi, this is Paul Golino, the chief financial officer, and I'll expand upon that a little bit. There is actually a federal regulatory law, and we call it the IMD, Institute for Mental Disease. And what that says is that for any facility that has more than 16 beds if your behavioral health population is greater than 50 percent, you're no longer eligible for federal Medicaid dollars. That would mean

that the State of Connecticut would then no longer pay us Medicaid dollars.

At Rockville we are, our population, our volume is about 22 percent Medicaid. Prepandemic that was a little bit over $8 million annually. Post-pandemic, in 2020, with the pandemic, it was just under $6 million annually. That sort of money is not something that we could afford to not have -- to not get paid Medicaid anymore. So if we chose to grow the behavioral health services, which per the Community Needs Assessment is one of the areas that has been identified, we would be in jeopardy of tripping that statute.

MR. CARNEY: Okay. Very good. Any financial reasons as well to do this, one license two campus type of deal given, you know, Rockville and Manchester's operational performances?

THE WITNESS (Golino): So this is Paul Golino again. There are some financial savings which we've identified in what we filed around, you know, auditing fees, which would only be for one campus, and some of the filings that we had to do. So there are minimal financial benefits, but there are some associated with it. Many of them

related to the back office functions that would then no longer need to be duplicative but would only need to be done for one hospital facility.

MR. CARNEY: Okay. Thank you very much. My second set of questions relates to access to services within the region. Throughout the application, prefile testimony it has been asserted that there would be no changes to any existing services, basically no relocations, no terminations, no additions at either campus. Can you tell me, were the service area needs of each hospital's community studied in advance of requesting a single license; and if so, how?

THE WITNESS (Weymouth): So we regularly complete a Community Needs Assessment that is done on a regular basis.

HEARING OFFICER YANDOW: I'm sorry, you just need to identify yourself when you're giving an answer.

THE WITNESS (Weymouth): Apologize. Deborah Weymouth. Yes, I was saying that there is a regularly completed Community Needs Assessment, and that data informs many of our decisions, and it clearly was utilized in this instance. We do pay significant attention to the needs of our

region as they develop.

MR. CARNEY: Okay. So it looks like you did one in 2019, so the 2019 CHNA and the corresponding Implementation Strategy Plan, how are they going to affect future hospital services?

THE WITNESS (Weymouth): Well, again, the needs that -- sorry, this is Deborah Weymouth. Again, the needs that were called out that included diabetes, the substance abuse point, a number of them that were actually in my PowerPoint earlier, we will continue to seek ways to address and explore those services going forward.

MR. CARNEY: Okay. And Attorney Yandow touched on this earlier, but I'm going to ask it again because honestly, I mean, going forward I think the agency needs a better understanding of your future plans for services at both campuses. So again, I'm asking have you developed a five-year health care services plan for Manchester and Rockville Hospitals; if so, can you provide OHS with a copy? If not, OHS would really like to see some sort of written plan for health care services moving forward over the next five years on either campus.

MS. VOLPE: We can propose a Late-File,

if that would be helpful.

MR. CARNEY: Sure. Excellent. That would be great.

HEARING OFFICER YANDOW: Yeah. I mean, I think you'll find with a lot of these questions we'll either be looking for Late-Files or you'll want to provide us with a Late-Filed for consideration. You know, the burden of proof is the hospitals, or the applicants. So you need to provide us with the documents that support, you know, the reason for the application.

So when we're looking for the plan, I know we've asked it several times, but something we need to consider is what's the impact, you know, what's being changed. I understand right now you don't have anything planned to change, any services. Okay. I would imagine that somebody sat in a room and talked about what are we going to do with these services, let's, you know, talk, let's file this application with OHS, and what are the reasons for it, and what are we going to do. So any paperwork that you have, perhaps meetings from a board -- minutes from a board meeting, anything that you can supply us with to show that this has been a plan that you've had and the

reasons for it and what you plan to do. We're going to want to consider that. And it would be, like I said, it's your burden, so we only have what you provide us.

MS. VOLPE: Understood. Thank you. And just to be clear, I think it was noted that we didn't show we had a plan for expansion. That isn't true. I mean, it's been -- we did have a plan for expansion. It was before this commission and the Department of Public Health as it relates to behavioral health, accessibility and beds. So I know Mr. Carney had noted that as well. But just for the record, we need to, in terms of the statutory criteria, there is no plan for termination of service. That wouldn't be before this commission. Expansions are required to come before the commission. However, for purposes of transparency and obviously and working with the state closely, which we already are with DPH on expansion for behavioral health beds, there was also a filing with OHS, and we noted that, we can get you that docket number, on expansion of service at Rockville.

HEARING OFFICER YANDOW: Right. And as my questions were earlier, you know, as far as

termination. So, you know, will anything be terminated? And I know your answer has been at this time we have no plan to terminate any services.

MS. VOLPE: Right, no plan to terminate. We had a plan for consolidating, if you will, ICU services on the existing Rockville campus along the lines of a progressive care unit which again was, I can give you the docket number, which is before the commission. So there was a plan on that. That's Docket No. 21-32448-DTR. So yes, there was a plan that was in place to try to deal with ICU progressive care units, again, not one of first impression. It's done in similar situations. I believe we cited a precedent with New Milford.

So again, so there are plans. Some of these are one-off type services. We're just trying to make sure we're responsive. If you're talking about some overall consolidated five-year plan with respect to Rockville, no, that doesn't exist. Again, it's fluid based on utilization. And I just want to make sure that you're aware of the other filings that are before you and how they impact the planning process.

HEARING OFFICER YANDOW: Is it, and let me ask the CEO, is it because utilization was down that was part of the reason for the filing of the application, the utilization in Rockville?

THE WITNESS (Weymouth): This is Deborah Weymouth. No, that is not the primary reason for that filing. As referenced earlier by Paul Golino, we, our attending to a federal regulation referred to as IMD that we need to be sure to not trip or cause our organization undue financial harm for moving in that direction while we're serving the needs of our community and addressing the Community Needs Assessment findings that have to do with behavioral health and substance abuse.

HEARING OFFICER YANDOW: So I know you're saying, telling me what your primary reason is. Did you consider -- let me put it this way: Has utilization and beds been down in Rockville?

THE WITNESS (Weymouth): I believe you have that data that we've -- this is Deborah Weymouth.

HEARING OFFICER YANDOW: Yes, yes, and I'm asking you the question.

THE WITNESS (Weymouth): Yes. And I

know you have that data available.

HEARING OFFICER YANDOW: Yes. So was that considered at all, was that taken in as part of a factor or consideration when you filed your application?

THE WITNESS (Weymouth): So the basic answer is no. We are coming out of a period where many services, not only in health care, but in general consumer services were closed and shuttered during the pandemic. Our intention is to utilize our ability to deliver care as best we can for our region. That includes our physical plant and the physicians who are working with us over time. So we are looking at and always exploring as we come out of the COVID pandemic, as others do, how we can offer needed services given the restraints and constraints that many businesses have currently, and we are no exception to that.

HEARING OFFICER YANDOW: Okay. And just to all the witnesses, just be careful, listen to the questions very carefully and make sure that your answer is an answer to the question because any one of the staff members who's asking the question, if you're not giving them a specific

answer to the question, they'll ask the question again.

THE WITNESS (Weymouth): Sure. So was there a specific question that you want me to go back or us to go back and revisit?

HEARING OFFICER YANDOW: No, but that's why I asked the question again because my question was, was it considered, and then you told me what your primary consideration was. So you want to listen, you know, to the question. We'll reask it. I just wanted to -- some of these questions, and we may, as I told you earlier on in the hearing, some of these questions may seem repetitive to you that we know what you've answered in your application, but for the benefit of clarity and benefit for the public, we will ask questions that you may think you've already answered, okay?

THE WITNESS (Weymouth): Sure. Thank you.

HEARING OFFICER YANDOW: You're welcome.

MS. VOLPE: Can I have an opportunity just to redirect to help provide a more robust response to what I understood your question was?

HEARING OFFICER YANDOW: Sure, I'll let you do that with this question, and then of course at the end of the questions, I mean, take your notes, and I will give you a chance to follow up, but you can certainly do that on this question. Thank you.

MS. VOLPE: Okay. Sure. So Paul, in terms of looking at Rockville, you know, and its needs, don't you regularly monitor the utilization for purposes of med surg versus behavioral health?

THE WITNESS (Golino): Yes. This is Paul. Yes.

MS. VOLPE: So in regularly planning and monitoring the need for med surg versus behavioral health, that was your indication as one of the reasons driving it based on the federal --

THE WITNESS (Golino): Correct. That's correct.

MS. VOLPE: Thank you, Paul.

And Ms. Weymouth, in looking at the plan and the need for Rockville, didn't you recently identify, based on a Community Needs Assessment, the behavioral health demand?

THE WITNESS (Weymouth): Yes.

MS. VOLPE: And how was that looked at

for purposes of identifying bed utilization in Rockville to fill that need for those physical beds where they're physically located?

THE WITNESS (Weymouth): So we've recently modified some of those services so that we could enhance the number of beds that are available for our community by increasing a total number of 28 beds, behavioral health services, and we actually utilized space that had been vacated last June in the Rockville campus to help us facilitate that.

MS. VOLPE: Okay.

MR. CARNEY: Let me just go forward just a little bit further with this. So I did a quick crosswalk of information you provided me of current services offered at Manchester and Rockville Hospital currently. The hospitals are close to ten miles apart, pretty close. So I'm looking at the list, and there's, you know, duplicative sort of services for behavioral health. I'm not sure if "duplicative" is the right word, but you offer the service at both campuses, behavioral health, diagnostic blood draw, emergency services, heart and vascular, lab services, medical imaging, inpatient care,

maternity to some degree, pain management, rehab, surgery.

So I guess looking forward, it would make sense to some degree that you guys would be thinking about some level of consolidation of those services between the two campuses. So that's the type of thing we're kind of looking to see, you know, what that plan is going forward in order for us to sort of move forward with this application.

THE WITNESS (Weymouth): So this is Deborah. I understand that you are seeking a five-year plan. That plan does not exist. Our intention would be to follow the guidelines as stated, and if we are no longer offering a service, we would certainly go through the process that's required for approval for us to move that forward. Keeping in mind that we do look at not only our community needs but also provider availability to work at our sites, but our objective is to clearly follow the mandate, and we understand that we would need to come back to this group should we move away from any service that's provided.

MR. CARNEY: Okay. I guess I'll move

along to my next set of questions. These questions are regarding licensed beds and service line bed allocation. So the question is, the Connecticut Bed Need Methodology for 2025, which was just updated, reflects excess bed capacity at both Manchester, it's 106 beds overage, and Rockville, 52 beds, and while HRS Report 400 indicates FY 2019 occupancy rates of only 42 percent Manchester and 44 percent Rockville.

So the question being is, given these low occupancy rates and apparent excess bed capacity, why are the full complement of licensed beds being asked for in this proposal? And then also to follow that up, is there any evidence to indicate that the utilization of beds will increase following the combination of licenses, the combined license?

THE WITNESS (Golino): So two separate questions. I'll answer. This is Paul Golino. I'll answer the first one about the bed needs and why we're asking for the full complement. So you're correct, the last filing in terms of licensed beds where we are running our average daily census is running lower than our current capacity. Please remember in 2020 part of that is

due to what happened with the COVID pandemic, so inpatient census did go down. But as we've stated I think several times during this, we evaluate our services on a regular basis. And our ability to add services, Deborah talked about adding some behavioral health services, we just added 28 behavioral or in the process of adding 28 inpatient behavioral health beds between the two campuses of Manchester and Rockville. So having those beds available allows us to be able to add services, as needed, per what the community is looking for. So we are asking to be able to keep those beds so that we could continue to add services as needed even though they may not be used today.

MR. CARNEY: And is there any sort of, any projections that you could provide showing sort of bed utilization or, you know, going forward by service line or anything that would show some level of increased usage of those beds?

THE WITNESS (Golino): Hi, this is Paul. Yes, we can provide that as supplemental information accordingly. Some of those units just opened on October 6th, and the remainder plan to be open by the end of the month. So yes, we can

most definitely do that.

MR. CARNEY: Thank you. So it looks like you've touched on this question. I don't know if there's anything else to add. But you talked about the 28 inpatient behavioral health beds. But describe any recent changes in bed allocation by service line at Rockville or Manchester Hospitals. Were there any other changes in addition to the behavioral health addition? And, I'm sorry, just for clarification, when you say addition of 28 inpatient behavioral health beds, that's more of a reallocation within your licensed bed capacity, correct?

THE WITNESS (Golino): Correct.

THE WITNESS (Weymouth): Correct.

THE WITNESS (Golino): This is Paul. Correct, and that's directly, Brian, in answer to why we need the licensed beds as we use them or new services come, correct.

MR. CARNEY: Any other changes that you can share in bed allocation at either campus?

THE WITNESS (Weymouth): No.

MR. CARNEY: Okay. All right. Thank you. You stated in the prefile that in the fall of 2020 ECHN engaged with a private firm to

conduct a Behavioral Health Needs Assessment for this system. What was the outcome of the study? What changes were made to the hospital as a result of the study? I'm guessing it's the 28 additional inpatient beds. And have you provided a copy of that study to OHS?

THE WITNESS (Weymouth): We can provide you a copy of the study. The eventual outcome was the noted need for our dual diagnosis unit and will primarily be at the Manchester campus supporting the community given the needs that we know around abusive behavior in respect to opioids as well as behavioral health needs. That was the ultimate outcome of the study.

MR. CARNEY: Okay. Thank you. Were any other studies done for any of the other service lines, any other service line assessments completed besides that behavioral health one, besides the, you know, the Community Health Needs Assessment?

THE WITNESS (Weymouth): No.

MR. CARNEY: Okay. All right. Thank you very much. I'm going to pass it over to Roy to ask some questions about quality.

MR. WANG: Hi. Good afternoon. This

is Roy Wang, associate research analyst for Office of Health Strategy. My first series of questions are related to improvements in quality within the region.

My first question for you, how does each respective hospital perform regarding industry standard quality measures, for example, readmissions within 30 days or infection rates, and would you please provide your most up to date data on quality measures at each hospital and provide the national/state benchmark that it is compared to.

MS. VOLPE: Who wants to take that?

THE WITNESS (Castellone): (Inaudible) I don't have that data accessible right now.

THE COURT REPORTER: I'm sorry, excuse me, who is this speaking? I'm sorry.

THE WITNESS (Castellone): Hi, it's Dr. Castellone.

THE COURT REPORTER: Thank you.

THE WITNESS (Castellone): So I don't have that data right now at hand where I could provide you with the exact numbers, but we can certainly provide that after the fact and give you our infection rates and readmissions and all that

quality data that you're interested to see.

MR. WANG: Okay. Thank you.

THE WITNESS (Weymouth): Prior to leaving that question, this is Deborah, I would like to call out that we are a high reliability organization and that we've actually been on that journey for a number of years. So structurally as an organization we have really attended to the quality outcomes and seen significant improvements in that direction.

MR. CARNEY: Can I just quickly follow up? So you say you're a high reliability organization. Could you just expand a little bit for those of us that don't know what exactly that means, it means you pay attention to quality indicators, or can you just give me a little more information about that, what that means?

THE WITNESS (Weymouth): Sure. This is Deborah. There is other -- my other teammates may want to chime in, but I can tell you that it involves a number of fundamental principles that we adhere to on a regular basis that drive performance in hospital operations. They include things like Stopping The Line. If any individual sees an issue, all of our caregivers and employees

are involved and can stop a process to address a patient's safety or quality concern, and everyone is encouraged to do so.

We also have a process that we refer to regularly, actually literally daily, in our organization wide huddles, where we call out one of these behaviors for high reliability and focus on it each month throughout the calendar year. This is taken down to the unit level where they actually then have a behavior that they focus on. All indications of all these behaviors, and it's been studied in a number of major hospitals throughout the world, are that adherence to these policies reduce safety issues, reduce harm and improve quality over time, and we have seen that. I don't know if you want to mention any more about HRO.

THE WITNESS (Castellone): Hi. This is Dr. Castellone again. So just to expand a little bit on what Deborah spoke about. HRO is a program that everybody goes through, that's everyone on the medical staff, so the physicians, the mid-level providers, PAs, nurse practitioners, as well as all the nursing staff, and it's really in the name of patient safety. So it's a program

where staff members learn how to speak up. So if they see something that's not right, it's a process that enables them to speak up so that patient harm doesn't occur from mistakes.

THE WITNESS (Brunetti): This is Marc Brunetti. I want to just add to that. Outside the nursing, it's also the nonclinical, all the staff get this training, so environmental services, dietary staff, security. So if they see something they can arc it up. It's not just it has to be a nurse or physician. Everyone is on that same level so we can all ensure that the patients are safe no matter who is caring for them.

MR. CARNEY: So not just clinical staff, pretty much all staff?

THE WITNESS (Brunetti): Correct. Correct.

MR. CARNEY: All right. Thank you very much. I appreciate it.

THE WITNESS (Weymouth): We have a lot of data on HRO, and I'm happy to provide you any other reference materials.

MR. WANG: Thank you very much. So to stay on quality, my second question, especially

with previous discussions around emergency services and the transfers and also the behavioral health services, would you please explain any outstanding quality issues such as from those of the prelicensed consent order from the Department of Public Health licensing at either Rockville Hospital or Manchester Hospital?

THE WITNESS (Weymouth): Any items that were serviced on that document have been addressed satisfactorily.

MS. VOLPE: There's nothing current. There's no current --

THE WITNESS (Weymouth): Nothing current.

MS. VOLPE: -- prelicensure consent orders, there's no monitoring. The hospitals are not subject to -- both hospitals are no longer subject to any sort of prelicensure or independent monitoring. There are no open issues with the Department of Public Health. And all of those obligations from prior years have been completed and satisfied as Michele will be just speaking on the documentation that exists.

MR. WANG: Thank you. And as a reminder, this is Roy Wang, associate research

analyst for OHS. My next question is, the applicants, you the applicants have stated that in response to a completeness question, one of our prior completeness questions regarding quality initiatives, that ECHN currently has a robust quality improvement program that includes both hospital locations and does not anticipate any changes.

Would you on top of the previous HRO examples, would you please explain and describe in detail the quality improvement programs that is administered at both hospitals?

THE WITNESS (Brunetti): This Marc Brunetti. So we have a very robust quality program that covers both hospitals, all of our facilities. We have a monthly meeting called a COPIC meeting where everyone comes and everyone has metrics in their areas, so clinical and the nonclinical units. They measure and then they do action plans based on the different areas. So it's all, both campuses come to this committee. And then we go through all the different pieces from everything from patient flow to CAUTI to CLABSI to ensure we're providing the proper care to our patients and the safest care to our

patients. But both campuses are involved in those processes throughout the year. I hope that answered your question.

MR. WANG: Thank you. Would it be possible to provide any documentation related to these activities or meetings?

THE WITNESS (Brunetti): Sure, we can get that information.

HEARING OFFICER YANDOW: Yeah, that would be helpful. That was one of my questions. I think it was probably the term robust was used a couple of times, and of course it's up to us to determine what it is that the hospital is offering, but you talk about a quality improvement program. Is that a document?

THE WITNESS (Weymouth): Actually, it's a process. It's a program. This is Deborah, sorry. And we are referencing a multi-level program. Marc referenced one of the levels of meetings. But the documentation for the metrics and the results literally go all the way up through and down through our organization. So there's a great deal of awareness of that. We would be happy to provide you the overview of the program in terms of how we --

HEARING OFFICER YANDOW: I lost your voice.

THE WITNESS (Weymouth): I'd be happy to provide you the details. Can you hear me now?

HEARING OFFICER YANDOW: Anyone else having problems with their audio?

MR. WANG: No, I can hear her.

MR. CARNEY: I can hear her fine.

THE COURT REPORTER: I can hear her fine.

HEARING OFFICER YANDOW: Leslie?

MS. GREER: I can hear her fine.

HEARING OFFICER YANDOW: Okay. You know what, it says my internet. I'm in my state office, so I guess there must have been something going on with my internet. I just got a notice. I'm sorry. Yeah, whatever you can provide, you know, regarding this quality improvement program is something we would want to review.

THE WITNESS (Weymouth): Very good. We'd be happy to do that.

HEARING OFFICER YANDOW: Thank you. And Attorney Volpe, are you keeping a list of these documents?

MS. VOLPE: Yes. Yes, we are.

HEARING OFFICER YANDOW: Okay. Great. And I think, Roy, you're doing it on our end also, correct?

MR. WANG: I am keeping a list as well, yes.

HEARING OFFICER YANDOW: Okay. And we will go over these at the end and make sure we're all on the same page.

MS. VOLPE: And for the record, this commission, as well as the Department of Public Health, have large amounts of information on the quality programs that are in place at both hospitals. They've been provided in varying applications but also as part of any required conditions and monitoring, but we're happy to bring those current, but they are on file.

HEARING OFFICER YANDOW: Okay. And I appreciate that. As I mentioned at the beginning, I'm taking administrative notice on some items that we have and you have. But this is an application, and I don't know -- the burden is on you to show OHS the evidence to support your application. So anything you want to refer us to would be appreciated.

MS. VOLPE: Great. And I just, I know

that's been said a number of times, and I just want to address that. There is great leeway and discretion. But in terms of the statutory criteria and what we're looking to accomplish, I know that's what we're going to be compared to in terms of the statutory criteria of what we're looking to do. You know, certainly obviously quality is paramount on everything. And, you know, the representation is that there will be no change on quality at all with having a satellite campus as opposed to a freestanding licensed campus.

MR. WANG: Okay. Great. That was actually going to be my follow-up question is the impact of this proposed licensure structured change on the current QI plan that's implemented across both hospitals, so I'm glad you addressed that.

My last question for you, how will the proposal impact staffing at Rockville and Manchester Hospitals?

MS. VOLPE: How will the proposal impact staffing in general.

THE WITNESS (Weymouth): So this is Deborah. We appropriately staff our care units

given our population that we serve. Depending upon the service area, we would be staffed accordingly. As we continue to grow the services in Rockville and utilize the capacity and bring the organization from its shuttered state pre-COVID or during COVID to becoming again what it will be in the future, we will staff appropriately.

HEARING OFFICER YANDOW: Well, I just, I think -- so will there be, you know, will this proposal impact, you know, the staffing, will it change anything? With this plan that you have, do you foresee doing this, changing the staffing anywhere in the near future? I mean, has that been considered?

THE WITNESS (Weymouth): The answer to that question is no, there's no staffing changes that will occur, and it has been considered.

MR. CARNEY: Let me, just, Joanne, jump in and ask one question I seemed to have not done before Ron does the financials. It's related to imaging equipment. Are there any plans to shift any of the existing imaging equipment between campuses following the proposed single license?

THE WITNESS (DelGallo): This is Dan

DelGallo. There are no plans.

MR. CARNEY: Thank you.

MS. VOLPE: And just for regulatory purposes, there isn't any plan to move equipment, but if there were, under the new policies with the Office of Health Strategy a provider would just have to send in a notice on the new location of the equipment. So just to be clear, from a regulatory perspective there isn't.

MR. CARNEY: I know you can move them, and I know you can upgrade them. Getting back to quality too as far as from a regulatory perspective, the statute says basically you have to demonstrate how the proposal will improve quality, not just maintain it. So I want to make that clear as well. Thank you.

THE WITNESS (Weymouth): Thank you.

MR. WANG: So that ends my questions. This is Roy Wang with OHS. And I will hand it over to Ron.

MS. VOLPE: If I can just redirect on the quality issue in terms of the improvement.

HEARING OFFICER YANDOW: You can go ahead. Why don't you redirect on any question you've heard so far, and then we'll move on to the

next subset of questions. Go ahead.

MS. VOLPE: Thank you. Who would like to be responsive on the chart that Deborah had on the redirect for the quality in terms of the administrative record, would you like to do that? So, we do recognize that, along with maintaining the quality, the improvement on the quality was also with the high reliability organization, as I noted, but also would you like to take this opportunity to talk briefly about some of the enhanced quality by virtue of a single license?

THE WITNESS (DelGallo): Yes.

MS. VOLPE: State your name.

THE WITNESS (DelGallo): Yes. Thank you. This is Dan DelGallo. So with any manual, any time you can eliminate, completely eliminate a manual process or interfaces. So in our case right now we have two separate account numbers, and it requires a very manual process both on the registration registrars that are registering between the two sites, the providers that are reviewing records between the two sites, meaning they have to go into one record, log out, go into another record, then also the billing administrative staff that have to reconcile that

with the insurance company. So any time you can eliminate those processes, it reduces the potential for patient harm or safety issues. It eliminates that Swiss cheese. So right now with all those processes there is steps along the way where you have a manual intervention that will be eliminated with a single licensure and thereby increasing quality, potential for quality.

MR. WANG: This is Roy Wang with OHS. As a quick follow-up with this enhanced quality, are these problems and issues documented in those monthly meetings with the clinical and nonclinical staff, has it been discussed in terms of metrics, measures and then were action plans imposed as a quality improvement issue on this topic?

THE WITNESS (Castellone): I can answer that. This is Dr. Castellone. So what we're referring to now is the issue of different account numbers. And so when you're looking at the medical records, and this is something that needs to get corrected with an EMR and a system that can work off of one medical record. So it's not something that we put a -- and we can put a number to or we can look at benchmark and make improvements to. We're just dealing with this

issue of these two accounts.

So I'll give you an example. If I'm in the emergency department seeing a patient at Manchester, let's say they come in for abdominal pain, and they tell me I was at Rockville yesterday and I was at Rockville the day before, and my pain is getting worse, and I want to look at their record. If I go into the summary, I can pull up all the Manchester visits, but I can't see any Rockville visits. So I have to exit the entire EMR, open the EMR for the Rockville site, log in, look at those visits. I've got to look at the documentation. Now I've got to exit that EMR and I've got to open up the EMR Manchester again and get into the record. And I don't have that record to look at while I'm doing that. So it's very inefficient, it's a source of frustration for staff, and you're putting yourself in a position where someone may not have the time to go into that record to actually see what transpired and what happened. So it's just an issue with having these different account numbers where you can't see that. And that's the ED side of it.

For the inpatient side if someone is admitted at Rockville, there's an entire history

and physical and all the medical imaging studies and the laboratory results, and then you have an assessment of plan, and the assessment of plan is the problem list. So I'll give an example. There might be ten problems with a patient. Number one might be sepsis and you're documenting on what you think the source of the sepsis is and what the treatment plan is going to be. That patient gets transferred to Manchester now, and they go into the record, they can't see that. So as the patient is on day three, day four, they can't just go back and look at day one which was at Rockville because you don't have access to it. It's the same thing with exiting systems and open up other systems. It's just a very inefficient process and leaves you vulnerable to errors and mistakes.

THE WITNESS (Brunetti): And this is Marc Brunetti. If it was one license, to clarify, you'd be able to see everything together.

THE WITNESS (Castellone): Correct. I'd be able to pull up all those visits and the the records in a chronological order, not by campus.

MR. WANG: This is Roy Wang from OHS. I have actually a couple more questions. I have

too many screens on the computer. They were kind of hidden. So my next two questions are related to the cost to the consumer. Exhibit M of the prefile states that the single license will reduce administrative costs and provide an enhanced ability to participate in value based reimbursement opportunities. Would you please elaborate on how a single license will help enhance your ability to participate in value based reimbursement opportunities?

THE WITNESS (Golino): So all of our managed care contracts are the same between the two entities, both Manchester and Rockville. Right now -- by the way, this is Paul Golino. Right now, as we participate, each hospital is viewed on their own, so the delta or the denominator of each is very small, but for each, because they're each viewed independently. If we do it as a single license, the contracts and the rates are exactly the same. We actually look and we have a larger denominator that we're looking at for our pool of patients. It actually is much more representative of the work that we're doing. Right now like one case makes a difference at Rockville, and so there's been instances where we

have not gotten, we've been unable to participate in additional dollars because of one instance, the one case at Rockville, literally one, and that's thrown us off. So I think bringing the two together, the contracts are exactly the same, the payors view them both independently but each have their own denominator and both denominators are small, doing it this way brings them together. You know, when you have a large pool it works better. Hopefully that answers the question.

MR. WANG: Yes. Thank you. Will the proposal help reduce patient and health care costs in any way?

THE WITNESS (Golino): This is Paul. I can take one part of it and I'll turn it over to Jim, or I'll ask Jim for some more information. I can tell you that it will not increase costs. Again, both Manchester and Rockville, as I negotiate the contracts with the payors and both for Medicare and Medicaid, the rates are exactly the same. So there's no additional cost. There will be no additional cost to beneficiaries in any way, shape or form associated with this. I do think that there will be some savings. We've talked about Rockville and Manchester going

between campuses.

If a patient shows up at the ED today at one hospital and he gets admitted to the other hospital, because they are two separate hospital licenses, you're actually going to generate two different bills. The patient could potentially have two different co-pays. If it's one license, if you show up in the ED and you end up getting admitted, it would be one bill. You would not have a separate ED bill and a separate inpatient bill like you would if you show up at the same hospital. Again, and I would say, you know, we talked about the efficiencies that are gained from a quality perspective.

HEARING OFFICER YANDOW: I'm having problems again. I don't -- all right, I think I can hear you now.

THE WITNESS (Golino): I'm sorry.

HEARING OFFICER YANDOW: I'm sorry. It's my --

MS. VOLPE: Why don't you go through they, you know, they wouldn't be paying two co-pays again for the Hearing Officer's benefit.

THE WITNESS (Golino): Okay. So is Paul again. I'm not sure where I got cut off.

HEARING OFFICER YANDOW: And I will read the transcript. So anything, you know, if I don't hear you, we're going back. I mean, we look at the transcript, it comes in, we have it taped, I've got the video. So I'm not missing anything. But if there was a key point, certainly feel free to repeat.

THE WITNESS (Golino): Yeah, I think the key point was lowering the cost around the way the two different hospitals work. If a patient currently shows up in one ED and needs to get admitted into a separate hospital, the way it works now with two licenses is that patient will receive two patient bills, an emergency room bill as an outpatient and then an inpatient bill as an inpatient in the hospital which they're getting admitted.

If it was a single license that patient, regardless of which ED they were seen at and regardless of which hospital they showed up as an inpatient to, would only get one bill, thereby that patient would only have one co-pay to pay for that one visit. That's not the way it works today where they're getting two because of the two licenses.

MR. WANG: So staying on the topic of transferring patients, you provided some information regarding transfer volumes between hospitals with most of the transfers going from Rockville Hospital to Manchester Hospital. What types of patients are typically transferred from Rockville to Manchester?

THE WITNESS (Castellone): This is Dr. Castellone. So behavioral health would be one because we have behavioral health here that has different patient populations, and so that's the difference between the adult unit, the geriatric unit, the adolescent unit. And so it depends on which unit they're going to go to that they would be transferred to. So that's the behavioral health standpoint. From the medical standpoint it's been mostly the impact with COVID and transferring COVID patients and patients over to Manchester Hospital during this past year and a half with the pandemic.

MR. WANG: Would you please just describe how the transfer occurs, like the determination and transportation logistics?

THE WITNESS (Castellone): So the transfer process, it's always having the patient

and the family involved in the decision-making which hospital that they want to be cared for when a decision is made that they need to be transferred. And then we talk to the accepting physician at the other facility no matter which hospital that is. We get an accepting physician and then we go ahead and get an ambulance for transport for that patient to the other facility.

MR. WANG: Thank you. And I think we touched on this before, but transfer volumes more than doubled in fiscal year 2020 compared to 2019 with the biggest increase coming from the Rockville ER to the Manchester inpatient ward. What type of patients are these, and why was there such a big increase in transfer volume?

THE WITNESS (Castellone): So this is Dr. Castellone again. So this is with our waiver with the Governor's mandate to have our ICU volume to take care of patients, and in order to do that we went ahead and had all patients that were transferred for intensive care unit and for medical surgery transferred over to Manchester hospital during this time. And so we have filed that and had acceptance for that waiver.

HEARING OFFICER YANDOW: Just a

follow-up question. So I understand the changing in the billing and the paperwork. Regarding the transfer itself and what happens, if the application is approved and it's under one license under Manchester, does the transfer change at all logistically or what you use or how it's done, paperwork aside?

THE WITNESS (Weymouth): This is Deborah. I believe we would do the -- I know we would do the exact same clinical assessment in terms of transferring a patient from one location to the other.

HEARING OFFICER YANDOW: Okay. The same type of call would go ahead?

THE WITNESS (Weymouth): Yes.

THE WITNESS (Brunetti): This is Marc Brunetti. The same handoff, the same process, everything would stay the same.

THE WITNESS (Weymouth): And the same family involvement in the eventual decision.

MR. WANG: Thank you so much. That concludes my set of questions.

MR. CIESONES: My name is Ron Ciesones, OHS staff. I'm going to ask a couple, some financial questions. I believe Paul Golino is

probably the person that's going to want to answer these.

Can you describe the current financial conditions regarding operating performance at each -- at both Rockville and Manchester Hospitals?

THE WITNESS (Golino): Ron, this is Paul. Yes, so obviously 2020 proved to be challenging I think for everybody in health care. So without CARES money it was a very difficult year. As Jim had alluded to, we closed some services at both campuses, elective surgery. So 2020 was a year in my 30 years of health care that I've never encountered in terms of what we needed to do from a pandemic perspective and the financial implications for those.

We have seen a rebound in some of the -- we did get CARES money here at ECHN which helped to offset significantly those losses, so 2020 did end up, we did end up as a system slightly positive from operations because of those CARES money. Without those CARES money it was a significant loss, again, during that very difficult period.

As we are in 2021, like I think

everybody else in the world and in the country we've seen the ebbs and flows of I think we've gone through four different cycles of COVID here with volumes fluctuating accordingly, slow gradual improvement in the financial position of ECHN as the economy has really come back and people feel more comfortable coming into the hospital. Volumes are not quite back to their prepandemic I would call 2019 levels yet, but financially we are back operating as a system, you know, we're looking at about break even or slightly positive. Again, this would be from operations as there's no CARES money in what we are doing in 2021.

MR. CIESONES: So you're break even. Is that for the system or for each hospital?

THE WITNESS (Golino): System.

MR. CIESONES: What about each hospital?

THE WITNESS (Golino): Again, this is Paul, Ron. Very similar to what you've seen in the past few years with our filings. Manchester is positive and Rockville is negative. And that has been consistent, I think, if you go back probably the last four or five years you've seen that.

MR. CIESONES: Right. Is the Rockville loss significant for 2021?

THE WITNESS (Golino): Again, Ron this is Paul. It depends on your definition of significant, but yes, from a margin perspective it is significant.

MR. CIESONES: Okay. Regarding the financial projections that were submitted with the application originally, now that you have, 2021 is complete, we'd like you to update the financial attachment Worksheet B showing actual results with 2021 data and three years of projections.

THE WITNESS (Golino): Ron, this is Paul. I believe that we only provided audited results. So we're still interim. I know we're sitting here on October 13th and September is done, but everything we have right now is still interim slash draft statements. I think as you know, we don't file or get our completed audited financial statements till the end of the calendar year, so I'm not in a position to want to release draft statements at this time.

MR. CIESONES: The financial attachment B, the numbers that you provided in that was, the last one was 2019, I believe.

MS. VOLPE: Do you have a Bates stamp for that on the application on the financials?

THE WITNESS (Golino): For 2020? So yes, Ron. If all we did was 2019, we can definitely update it for 2020 audited results.

MR. CARNEY: It looks like 231, 232, Exhibit A.

THE WITNESS (Golino): So yes, Ron, we can update that with 2020 audited results.

MR. CIESONES: So it will start with 2020 with the audit and then three years which would be '21 --

THE WITNESS (Golino): Yeah, we can update this. Yes, we can update this, Ron.

MR. CIESONES: Now '21 is not possible?

THE WITNESS (Golino): Again, it's not going to be audited results, but yes, we can project it. We have draft statements. They're just not audited. I think everything that we did provide to date have been audited financials.

MR. CIESONES: Right, yeah, I know it takes you a little while to get the final audit done.

THE WITNESS (Golino): Yes, it does.

MS. VOLPE: So we can note that as a

Late-File on an update for 2021 for Worksheet B.

HEARING OFFICER YANDOW: Ron, are you clear on whether or not -- I mean, what you're looking for on the financial analysis, they said this is, you know, they weren't divided. Regarding the analysis, I'll leave it up to you what we need for Late-Files on what they might be able to have for the separate hospitals?

MR. CIESONES: The --

MS. VOLPE: They are separate filings.

MR. CARNEY: Yeah, there's three sets, Joanne. There's ECHN and then there's Rockville and then there's Manchester --

HEARING OFFICER YANDOW: Okay. All right. So --

MR. CARNEY: -- so page number 233.

HEARING OFFICER YANDOW: Okay. All right. Thank you.

MR. CIESONES: So we're all set on the financial piece. Actually that goes to the next question as Late-Files. Can you provide, what we're looking for is internal financial statements for both Rockville and Manchester -- Rockville, Manchester and Prospect Connecticut for fiscal year 2021. And those can be draft because I know

you won't have the financials, the audit for a while.

THE WITNESS (Golino): Yeah. Again, this is Paul. When do you need those by? I know we're in the process of starting that, and I probably won't have those draft statements at least for another month until we're done, again, because I have to do both ECHN and Waterbury combined and pull those together. So we're just starting those now, Ron. You know that process.

MR. CIESONES: Right.

THE WITNESS (Golino): Even now I would say I can't get them to you now. I'd probably need at least a month to get the draft ones together.

HEARING OFFICER YANDOW: So at the end we'll go over the Late-File list. I'm going to ask Attorney Volpe regarding the Late -- how long it will take for each of these. And of course it will all come, you know, as an order, you can only do what you do. But Attorney Volpe, when we have the next break, whether it's -- I guess it will probably be the lunch break, but, you know, if you could talk with your clients, go over the list, and see how quick these documents can be gathered,

okay, and then we'll have a --

MS. VOLPE: Absolutely. And just to be responsive on the worksheets, I have to see if we -- I don't think it was required that we provided them for Prospect Connecticut, I mean, they're not part of this application. They're not an applicant. They're not within either hospital. They're not the parent. And I don't believe they are part of this application. So I just want to -- so I think you had asked for that, Ron. We want to be responsive, but there's no filing on that. We have the Worksheet B which will be updated for 2021. We just want to make sure we're responsive to what you need, but internal financial statements, you know, again, as the Hearing Officer requested, we'll review during break on the timing.

HEARING OFFICER YANDOW: And I will have a discussion during the break. Ron, make a note. We'll talk about -- because Prospect is the parent of ECHN, is that how it --

THE WITNESS (Golino): Yes.

HEARING OFFICER YANDOW: So it may be something we want to consider, but let me get back to you after the break on that.

MS. VOLPE: Okay. Very good. And we can show you the org chart which is in there, if that would be helpful.

HEARING OFFICER YANDOW: Yeah, I see the org chart, and that's why Prospect is on this list.

But Roy, if you could just make a -- next to the list of the Late-Files that we're going to discuss this one on whether or not this is going to be part of the Late-File, okay?

MR. WANG: Can do.

MR. CIESONES: We'd like to see the operational, especially the statement of operations for each of the two hospitals mainly.

MS. VOLPE: Yes.

MR. CIESONES: Especially in light of Paul's comment about significant losses at Rockville.

MS. VOLPE: Noted, statement of operations for both hospitals.

MR. CIESONES: Is everybody all set? Can I go to the next one? In Mr. Golino's prefiled testimony on page 283 that the proposal will generate more than 300,000 in cost savings over the three projected years. There's three

questions. One, what is the source of these cost savings, how will they be utilized, and will any of them be passed on to patients?

MS. VOLPE: I think they were quantified.

THE WITNESS (Golino): I thought we had a schedule.

MS. VOLPE: We do.

THE WITNESS (Golino): Ron, this is Paul again. So we had cost savings of $318,000 over three years. And so that's about $106,000 per year, $106,135 per year, and really was back room stuff. So the savings were accreditation for the two hospitals, reporting costs, patient billing, accounting and auditing, again, only one audit, so those were the five different areas that we looked at totaling about $106,000 per year in savings.

How are those -- your other question, your second question was how will they be utilized. Again, the savings is about $100,000 per year. At this point I couldn't tell you how specifically each of those would be utilized. We're looking at about 100,000 per year in savings. And would they be passed onto patients?

I do believe that patients would see the benefit of everything that we're doing here around single licensure. You know, we talked about operational efficiencies, we talked about improvement in quality, and any other cost savings, you know, especially with the single licensure on patients that get transferred between the hospitals but, you know, not getting duplicate bills.

HEARING OFFICER YANDOW: So there's $100,000 savings that's on the application?

THE WITNESS (Golino): Per year.

HEARING OFFICER YANDOW: Per year, $100,000. Okay.

THE WITNESS (Golino): 106,000.

HEARING OFFICER YANDOW: And you're saying you don't know -- okay.

MS. VOLPE: That doesn't -- you know, it may not cover all professional costs like legal fees and certain accounting fees, but there is a projection on auditing fees, and it doesn't have other professional fee savings in there which may or may not be significant.

HEARING OFFICER YANDOW: So financially would the patients benefit financially at all?

THE WITNESS (Golino): So this is Paul.

So yes, they would benefit from this. We talked about it earlier. Specifically if there was, a patient came into the ED and got transferred to another facility.

HEARING OFFICER YANDOW: The co-pay.

THE WITNESS (Golino): Absolutely. And again, just to iterate, between Manchester and Rockville contracts are exactly the same, so there would be no additional cost at all. There would be no increased cost to health care for any payors as there's no differentiation in rates between what Manchester gets paid and what Rockville gets paid currently.

HEARING OFFICER YANDOW: Go ahead, Ron.

MR. CIESONES: Okay. Let's see. With the proposal, will Manchester be able to eliminate the yearly operating losses that Rockville has had since 2015, the yearly losses?

THE WITNESS (Golino): So Ron, this is Paul. Right now obviously ECHN has a system. I told you what the financial position is. None of that will change as we would move forward here. So the organization continues to operate much the same way financially as it is today. As I described, the dollar savings here are, you know,

roughly $106,000 per year. So Manchester is currently, you know, for ECHN the largest entity that's helping us perform positive financially and will continue to do so.

MR. CIESONES: Are the losses at Rockville attributable to any particular service line?

THE WITNESS (Golino): Ron, this is Paul. So I do cost accounting by service line. The Rockville losses are really, you know, as an organization has evolved. The volumes there have been dropping year over year, as you've articulated, since 2015. The organization, Rockville has not been running positive financially, and we've continued to maintain services there.

MR. CARNEY: So it's more attributable to -- this is Brian -- more attributable to loss of volume than it is to a particular service line?

THE WITNESS (Golino): Yes.

MR. CARNEY: Okay. Thank you.

THE WITNESS (Golino): That was Paul again.

MR. CIESONES: So hypothetically if Manchester had an operating profit of a million

and Rockville had a loss of a million, the combined will be net, the net of zero with the exception of the 100,000 in cost savings?

THE WITNESS (Golino): Correct. Correct, Ron, very similar to how it operates today.

MR. CIESONES: Right. On page 4 of the audited financial statements that were most recently submitted, the financials indicate that Prospect --

MS. VOLPE: I'm sorry, do you have a Bates stamp just so we can direct Mr. Golino to look at what you're looking at so he can be responsive to your question?

MR. CIESONES: They were uploaded into the hospital reporting system back in February or March. I don't have an exact date at the --

MS. VOLPE: As part of the completeness questions?

MR. CIESONES: They were actually updated as part of the annual reporting filing.

MR. CARNEY: Attorney Volpe, it wouldn't be part of the application. It's related to the financial filings of the hospital.

THE WITNESS (Golino): Okay.

MS. VOLPE: Okay. We'll listen then.

MR. CIESONES: On page 4 of the audited financial statement, it indicates that Prospect Connecticut is financially dependent on the parent Prospect Medical Holdings which has agreed to provide the financial support necessary for the operations of the entity. Are the Connecticut entities owned by Prospect Medical Holdings still dependent on Prospect Medical Holdings long term if any of the Connecticut entities need financial support?

THE WITNESS (Golino): So Ron, this is Paul. Yes, we are -- yes, we are dependent on Prospect, so from a treasury function everything works through the parent corp in terms of how that works. So yes, we are dependent upon them. And we are dependent upon them for capital, for capital funding. All of that comes from corporate as well. So the capital funding comes from the corporate office as well, i.e., we're in the process of a new EMR for ECHN, both Manchester and Rockville General Hospitals. We've kicked off implementing a new EMR. We're going to Cerner from Meditech, which is very dated. That funding is coming from the corporate, it's a corporate

contract. They've been able to negotiate those rates with Cerner and it's whole new --

MR. CIESONES: Are there any issues with the equity interests and owners being that a larger group of companies that are investors of the parent corporation that would prevent funding the Connecticut hospitals?

THE WITNESS (Golino): This is Paul. I would say no as there have been none to date. Prospect has been, we've worked well with them for the past five years. They've met their obligations around capital investments, you know, around acquisition, and they continue to more than meet those like I just talked about with Cerner going over and above with implementation of a new EMR.

In addition, in October of this fiscal year we kicked off a new fiscal year with a new ERP where we went to Oracle for all of our back office stuff, payroll, finance, materials management, accounts payable, all in a new system, HR, all in a new system, Oracle system, a pretty well-known large system that we went live here at ECHN on 10/1 of 2020.

THE WITNESS (Brunetti): This is Marc

Brunetti. I just wanted to add, so we've made a lot of investments this last year and this year as well in terms of facilities investments, roofs, paving, equipment, so we invest into both facilities.

THE WITNESS (Golino): And we talked about a couple times -- again, this is Paul -- about the behavioral health unit. So several millions of dollars in renovations to get those units opened, operational.

MR. CIESONES: Okay. We were looking if there was any change in the equity of the shareholders of PMH, Prospect Medical, that would affect the operations of the three Connecticut hospitals.

MS. VOLPE: If I may, there was a filing several years ago before OHS on information regarding a change at the very top of the organization, and that was before this commission. And I think Mr. Golino answered your specific question which was no. So again, that was before the commission.

HEARING OFFICER YANDOW: Ron, what was the question? Attorney Volpe was there -- is your question answered, Ron? What was your question

again?

MR. CIESONES: If there was any change in the equity interests of the shareholders of Prospect Medical.

HEARING OFFICER YANDOW: I'm going to allow the question. Who do you want to -- and I note your objection, Attorney Volpe. But who do you want to direct the question to, Ron?

MR. CIESONES: I would say whoever is best either --

HEARING OFFICER YANDOW: The CFO?

MR. CIESONES: Mr. Golino or Ms. Weymouth.

THE WITNESS (Golino): Can you repeat the question, please, Ron?

MR. CIESONES: What I'm trying to find out is if there was any change in the shareholders' equity interests of the parent corporation being that they -- that would prevent any funding for the Connecticut hospitals, basically the upper, the owners of, any change in the ownership of Prospect Medical Holdings's shareholders.

THE WITNESS (Golino): So Ron, this is Paul. I would say, you know, as Attorney Volpe

said, there was a change several years ago at the very top of ownership interest, but that has not impacted us in Connecticut at all in terms of funding. So I've almost bifurcated your question into change in ownership and how is it impacting us here. We haven't seen any impact. If the question is have you seen any impact here, are you worried about any impact here, I would say no because we haven't seen any to date in the five years we've been with Prospect. It's worked even through that change, it's worked exactly like it's always worked in terms process and in terms of funding. I don't know what's going to happen in the future. I don't think anyone has a crystal ball, but to date there's been no impact to what we've seen here from a funding and operational perspective. I don't know, Deborah, if you want to --

THE WITNESS (Weymouth): This is Deborah. And I agree completely with Paul's statement. The past is the best indicator of the future, and we haven't had any indication there are any issues.

MS. VOLPE: And if I could just redirect. And the date of that change you're

referring to was in 2019?

THE WITNESS (Golino): 2019.

MR. CIESONES: I have another question. As the parent company, Prospect Medical Holdings is financially responsible for both, currently Rockville and Manchester Hospitals. I have a couple, multiple questions here, parts that I'll ask individually. Has PMH acquired any additional hospitals in the last three years?

MS. VOLPE: In Connecticut or nationally or --

MR. CIESONES: Nationally.

THE WITNESS (Golino): So this is Paul. I don't believe -- not that I know that they've acquired. I believe that there is some management arrangements in California, a hospital in California. I don't believe that that's been acquired. I do not know for sure. That's what I know.

MR. CIESONES: Has PMH divested from any hospitals in the last three years?

THE WITNESS (Weymouth): This is Deborah. Not that we are aware of, no.

MS. VOLPE: I mean, they may have, but not any that Connecticut -- not that I'm aware of.

THE WITNESS (Golino): Ron, this is Paul. I would have the same answer. None that I know of.

MR. CIESONES: Okay. Does Prospect Medical Holdings have a positive operating or total margin that you're aware of?

THE WITNESS (Golino): Ron, this is Paul. Again, as a for-profit they're not publicly traded. I do not actually see the home office financials, so I do not know.

MR. CIESONES: Have there -- this may be somewhat similar to the question that we were asking a few minutes ago. Has there been any recent changes in ownership interests with Prospect Medical Holdings; and if so, will that affect the financial stability of the Connecticut owned Prospect Hospital?

THE WITNESS (Weymouth): This is Deborah. There are none that we are aware of, and we are not aware of any impact.

MS. VOLPE: I mean, just for clarification, when you say "recent," what do you mean by recent?

MR. CIESONES: Within the last year.

MS. VOLPE: Okay. No.

MR. CIESONES: And the last one that I have is to provide the most recent Prospect Medical Holdings audited financial statements which you should have through 2020.

THE WITNESS (Golino): Ron, this is Paul. I can't provide that.

MR. CIESONES: Cannot?

THE WITNESS (Golino): Cannot. Not to be difficult, we don't get those. Again, they're not publicly traded. They are investor held by a couple of owners. Those are not available.

HEARING OFFICER YANDOW: We will have a discussion during break, and if we, you know, if we order -- you know, this is, of course, whatever evidence we need to support the application, and our financial people at OHS know what they need to do that part, the piece of it. So I will have that discussion, but, you know, like I said earlier, the evidence is coming from you and that the burden is yours.

MS. VOLPE: Yes, understood. And it would be helpful, you know, to extent that you need something, it would be helpful for us to also, so we can be fully responsive, if we understand the rationale for it and the concern

and how it ties with the statutory requirements. I think that way we can try to make sure we get, we answer your questions fully and we understand, you know, how it's -- you know, meaning and the rationale behind it for purposes of our statutory obligation. So that would be helpful in understanding the rationale.

HEARING OFFICER YANDOW: We will revisit this after lunch.

Ron, any other questions?

MR. CIESONES: No, that's actually the last question.

HEARING OFFICER YANDOW: Okay. So we will discuss it. We'll come back. So when we come back, any redirect, Attorney Volpe, on the questions? I know you were making statements, but do you have any redirect on the questions?

MS. VOLPE: Sure, I appreciate that, yes.

Have we had any issues in obtaining capital to fulfill projects or needs that come up to the physical plant or technology?

THE WITNESS (Golino): So Michele, this is Paul. None to date. I think I spoke about our ERP that we've just completely redone which is all

the back office stuff. We're kicking off our EMR, we've completed several million dollars for behavioral health, a lot of the imaging equipment. To date, no, I think Prospect has more than met their requirement around that acquisition and what the capital investment was going to be.

MS. VOLPE: Very good. Thank you. Anyone want to add anything further based on anything you've heard that you want to respond to?

I think we're good. Thank you.

HEARING OFFICER YANDOW: Okay. So the OHS staff assisting me here today, anything at this point right now that you want to follow up on?

MR. CARNEY: I'm good, Attorney Yandow. This is Brian.

HEARING OFFICER YANDOW: So what we will do, so we're going to start to take names, or I'll continue to take names until 2 o'clock on public comment. We'll come back at 2 o'clock. I'm not closing the evidentiary part of this, you know, the technical piece of this yet. We'll come back at 2. We will discuss the Late-Files. And when we are done with this piece of it, then we'll move on to public comment will be after 2, but we

will all come -- any other loose ends before we take a break?

MS. VOLPE: I just have one loose end. In the commencement of the proceeding, is this being considered a contested case under the administrative --

HEARING OFFICER YANDOW: These cases are under the UAPA.

MS. VOLPE: But is it considered a contested case?

HEARING OFFICER YANDOW: When you look under the -- I mean, I think, you know, they're all under the UAPA. They're all under the definition of contested case. The burden is yours.

MS. VOLPE: I'm aware of that. I just wanted to -- I didn't hear that in the beginning so I was just trying to -- I may have missed it.

HEARING OFFICER YANDOW: I'm not sure -- I made reference to the documents on the administrative that I'm taking administrative notice of, but I may not have said it, so I'm not sure. But this is a case under the UAPA.

MS. VOLPE: Okay. Very good. Thank you.

HEARING OFFICER YANDOW: All right. So why don't we all -- just to make you aware, when you're off, I mean, you want to put your mics off, you want to take your video off, they continue, OHS continues to record because we don't want to get any glitches in the process. So do make sure all your mics are off, that your cameras are off, and we will be back here at 2 o'clock.

MS. VOLPE: Very good. Thank you.

HEARING OFFICER YANDOW: Thanks.

(Whereupon, a recess for lunch was taken at 1:12 p.m.)

AFTERNOON SESSION

2:18 P.M.

HEARING OFFICER YANDOW: All right. Everyone, I apologize for the late start. OHS, are you here?

MR. CARNEY: I'm here, Brian.

HEARING OFFICER YANDOW: Okay. We have Ron and Roy, all here?

MR. WANG: Yes.

HEARING OFFICER YANDOW: Okay. Great. Attorney Volpe -- and again, I apologize. So I went back to look through the statutes and through the portal because when we ended Attorney Volpe

had asked me if this was a contested case under the UAPA. So under 19a-639(a), you were noticed for a hearing under (F)(2). (F)(2) allows for a public hearing, but it is not a contested hearing as defined in the UAPA, although we do use the UAPA for guidance. However, if this was under 19a-639(a)(E), and I checked the portal, where three or more individuals or an individual representing an entity with five or more people submitted a request for a hearing, then this would be a contested case. I don't believe that's happened. I did not see --

MS. VOLPE: I'm sorry to interrupt you. There was a submission on that. And if I can, if perhaps we can discuss this after the public comment period. We have some ER doctors that want to speak that have been waiting and we have a Senator here. And I'm sure you and I and the staff can come to an agreement on the proceedings and the nature of them and how they're classified. If that would be acceptable to you, if we could move with the public comment period that was supposed to start at 2, just we're hopeful we can get some individuals who wanted to speak --

HEARING OFFICER YANDOW: Yes, the

public hearing is scheduled for 2 with a footnote that we would finish with the technical piece first. I will deal with this legal issue at the end of public comment, however, we still have -- but I did want to clarify since I did state to you with your question about whether or not this was a contested case, I wanted to clarify that under (F)(2) it is not a contested case, although the UAPA is used for guidance.

MS. VOLPE: Okay. And I just want to, I want to be on the record for objecting on that because there was a submission that met the statutory criteria allowing it to be placed into a contested case, but again, we can, you know --

HEARING OFFICER YANDOW: I'll hear argument on that at the end of public hearing -- at the end of public comment. Okay, but I do want to finish up with the technical piece.

Mr. Carney, I believe we have a few more questions.

MR. CARNEY: Yes, we had some internal discussions over break, and the leadership had a follow-up question they wanted me to ask regarding quality. So with the completion of the consent order you said, you know, there hadn't been any

additional issues. However, can you give us just some general information as to what those general issues were and how were they addressed and how has quality been improved since then at both hospitals?

MS. VOLPE: We just want to make sure we understand the question. Is your question that you're acknowledging that the prelicensure consents have been satisfied and expired, what is your -- I'm not sure I understand the question to direct it.

MR. CARNEY: You had said that it had been resolved, basically, and you had no further issues. So I'm asking what those issues were and how were they addressed and how is quality improved as a result of it at the hospitals.

MS. VOLPE: So, yeah, we can take that. It's fairly long in terms of, again, this was an extension from 2016 on --

MR. CARNEY: Right, just general thoughts. We don't have to have the exact specific detail, just sort of general areas of concern.

MS. VOLPE: I mean, I don't know that there are any areas of concern, but I do know

there have been significant areas of enhancement which were addressed and they can discuss again which was the high reliability organization on quality which has been implemented since that time.

HEARING OFFICER YANDOW: Okay. This question -- so let me interrupt. I just want to -- I think this question should be directed towards a witness. So the CEO, if she could please answer the question.

THE WITNESS (Weymouth): So this is Deborah. In answer to your question, the unfortunate side of it is I was not present as a member of the ECHN team throughout this entire period but joined near the end. So I'm happy to share what I know about that process.

We had a detailed review. We followed up on any of the items that were indicated in terms of care or changes that were suggested. We put together a very structured action plan around each one of the items that came up. And over time we addressed them, and our independent monitor came back and visited us periodically to ensure that we had closed the loop on all of the open issues. We then received -- had an expiration of

that process take place which indicated that we had addressed all of those concerns.

So quality was improved and enhanced throughout that period due to the fact that we were able to focus on those action items, address them appropriately, and then have an internal feedback to monitor, which we continue to do today, and support those positive gains, maintain those gains, as we've gone on into the future. So it was a structural piece that helped us support our organization in a variety of clinical quality outcomes that we still use today in terms of that process.

So I believe I answered your question, but please ask again if I did not.

MR. CARNEY: That was very helpful, Ms. Weymouth. I appreciate it. Would you guys be able to share that structured action plan with us?

THE WITNESS (Weymouth): I'd be happy to share the process that we built, yes, to address that, absolutely.

MR. CARNEY: Okay. Great. Thank you. I'd appreciate that.

HEARING OFFICER YANDOW: Ron, did you have any questions?

MR. CIESONES: I did not, no.

HEARING OFFICER YANDOW: Okay. Roy?

MR. WANG: I do not have any further questions.

HEARING OFFICER YANDOW: Okay. Brian, you're good?

MR. CARNEY: Yes, I'm good. Thank you.

HEARING OFFICER YANDOW: Okay. Attorney Volpe, did you have any redirect, any followup on her response?

MS. VOLPE: Yeah, I mean, just for the record, we wanted to note that those types of requirements in terms of monitoring are fairly commonplace for the state to implement.

HEARING OFFICER YANDOW: Okay. But I'm not looking -- I mean as far as a question. I think if you have a question, you can direct it to her. I don't know, I mean, we certainly know what's commonplace with the state. But if you have any kind of question that you want to redirect with her.

MS. VOLPE: No, we'll cover some additional items in our --

HEARING OFFICER YANDOW: Okay. And I will allow you to give a closing argument at the

end also, okay? All right. So we'll move on to public comment, and we'll deal with the Late-Files after the public comment.

So I'm going to call the names of those who signed up to speak in the order that they've been registered, although I will take public officials or others first depending on -- I do have a list that's been provided to me, so I will follow the list that's been given to me. Speaking is limited to three minutes. Please do not be dismayed if we stop you at the conclusion of your time. We want to make sure we give everyone the opportunity to speak, and we want to be fair.

Additionally, we strongly encourage you to submit any further written comments to OHS by email or mail no later than one week from today, which is the 20th. Our contact information is on our website and on the public information sheet which you were -- which you will find on our portal. Thank you for taking the time to be here today and for your cooperation.

I'm Joanne V. Yandow. I'm the hearing officer in this matter, and I will be listening to your comment, again, limited to three minutes. And I will start with Mayor Jay Moran, please.

And if you could, when you do speak, I do want to see the video on and of course put your audio on. Anyone else who is waiting, your audio should be off.

MAYOR JAY MORAN: Good afternoon. Can you hear me?

HEARING OFFICER YANDOW: I can hear you. Go ahead.

MAYOR JAY MORAN: Good, because I've had problems earlier today. Well, thank you for having me. I won't go into much detail because I know that the hospital will hit all those high notes for me. I'm Jay Moran. I've been the mayor for seven and a half years in the great Town of Manchester. And I spoke several times publicly on behalf of this great hospital and the staff and the work they do to keep our community safe. And as mayor, we want, the most important thing is to have a safe community for those who live there, work there and come visit, and of course we've become a regional hospital over the years.

And so this ask to go under one license is, I believe, without hitting some high notes that they will tell to you later, is that it's more efficient for not only the hospital staff and

for our patients in the Manchester area, in the Vernon area and the region, I believe that it will be more efficient and more financial efficiency. And I just believe that in this day and age to make things easier for our patients, make things, administrative services a lot more effective both time wise, efficiency and financially, I think this is a great idea to go under one license.

And I truly support the work that the hospital administration and all the employees, doctors, nurses and all those who take care of us, and I really do appreciate all the work they've done the last few years to get us through COVID, anyone in health care. We are proud of your efforts, and I'm proud to support their efforts here to go under one license. And I will continue to work as long as I'm mayor, which may be only another month, to support this great organization as they move forward to keep us safe.

So I thank you for your time, and I'll yield my time back so you'll have a shorter day. Thank you.

HEARING OFFICER YANDOW: Thank you. Senator Dr. Anwar, please.

SENATOR ANWAR: Thank you, Honorable

Hearing Officer for OHS and members, honorable members of the Office of Health Strategy. I'm Dr. Saud Anwar. I'm actually a physician within the Eastern Connecticut Health Network. I have been serving there as a physician for 23 years. I started in 1998. And I'm also currently serving as the chair of the Department of Internal Medicine.

I am actually speaking in favor of the application by ECHN to consolidate the hospital licenses. I can share with you from three perspectives why I feel it's important. First and foremost is the patient care and then patient safety. Think about the fact that if there was a patient in the emergency department at Manchester Memorial Hospital and if that patient had to be transferred over to Rockville General Hospital, which has happened multiple times, and vice versa, depending on the services and the availability of the beds. And what ends up happening is that you have to actually end up discharging the patient and readmitting the patient, but you have two sets of medical records, and then two sets of access to medical records, labs and information and order sets. As soon as we are doing multi-tasking in a

similar kind of a platform, risk of errors starts to increase. Thankfully we obsessively do it, but we are also in an era where we are overwhelmed with the number of patients and services that are needed. As a result, the opportunity to try and simplify things so that there is a seamless transition from one place to the next to where we are actually allowing the patient not to have to have orders written back in again to reduce the chance of medical errors.

You know very well, the members of Office of Health Strategy, about medical errors and prevention strategies and the internal conversations. This is very critical piece that we have an opportunity to try and make it seamless. I can tell you sometimes people are putting the orders in one set of medical records and then those orders vanish, and then you have to put it all over again to make sure that they get done in this transition or transfer situation that is created. So that's one part.

The second part is the cost to the patient. When a patient is going to be transitioned from one hospital to the other for availability, access or testing or other services,

usually what happened is that the patient would actually end up getting discharged and then will be readmitted on the same day and at times with the same clinician, and that's not a charge that would add to the patient's cost of care, and that is something that is avoidable and should be done in a manner where the patient does not get charged extra and there's no impact on the cost of health care. So that's one broad patient-based issue.

The second part is, again, an important part of trying to reduce the overheads in any health care system. Again, this is something I know is very dear to members of the Health Strategies where you are working to try and make sure that the cost of health care in our state is down, so you understand this well. As soon as there are two entities and the two entities have their own set of contracts, they have their own set of accounting, management, legal filing, it's doubling the cost of many of those things. And if somebody is trying to consolidate it and make it into one license, that is going to save money, and that's exactly what I think the Office of Health Strategy has been striving to do as well.

The third thing is that the clinician,

the physician impact. We know that there is a shortage of physicians in our state. We are actually hurting, we are having difficulties recruiting people. Now, and in this situation we know it's a matter of time that we are going to get overwhelmed more with the patients that we are going to be managing. If we are actually trying to do the same thing on the same patient with respect to the paperwork, documentations, orders, we are doubling the time on the same patient where we can actually avoid that, and that will allow us to use the workforce, the physicians in the community in an efficient, organized manner so we can maximize our capacity and provide as much care to as many people from a quantity point of view rather than just spending double the time on individual patients in some of those cases.

So those are the reasons that I feel that we should request you to please strongly consider this application by ECHN to consolidate the hospital licenses. And I thank you for your time and thank you for listening to my comments. And if you have any questions, I'm available for that too. Thank you.

HEARING OFFICER YANDOW: Thank you.

Thank you. Dr. Robert Carroll.

MS. GREER: Excuse me, Attorney Yandow, I see Representative Winkler is here.

HEARING OFFICER YANDOW: Okay. Mr. Winkler, Representative Winkler, can you put your video on?

REP. WINKLER: I'm just here to listen.

HEARING OFFICER YANDOW: You're just here to listen, okay.

Dr. Robert Carroll, please.

DR. ROBERT CARROLL: Thank you for giving me the opportunity to speak. My name is Robert Carroll. I'm the chair for the Department of Emergency Medicine at ECHN overseeing the emergency departments at both Rockville Memorial -- I'm sorry, Rockville General and Manchester Memorial Hospitals as well as our urgent care center in South Windsor. And I've been with ECHN since the year 2000, so 21 years. And I've seen a lot of changes over those years, and health care is certainly a whole different game than it was back then.

You know, I speak very favorably in support of the single licensure application. And, you know, I think from a physician's standpoint

and specifically emergency medicine physician's standpoint, everything is much more complex than it used to be. Patient workups are much more complex than they used to be. We're measured on all sorts of aspects that we never used to be measured on. And one of the challenges for us is navigating multiple emergency medical record systems and multiple medical records. So the most complicated thing I see here is the fact that when a patient presents to Rockville Hospital for an emergency department visit and they get treated and two months later they present to Manchester Memorial Hospital for an emergency department visit, the records from the other organization are not readily available to us, and that poses a problem.

It may not be a big deal if you have a patient that's well versed in their medical conditions and they can provide you a very detailed history, they can provide you a list of their medications and a list of their allergies. We're dealing with an aging population. We're dealing with patients that have intellectual disabilities. They're not able to provide that information, so relying on the data that's in the

medical records is critical for us. You can have a medical record from Rockville and a medical record from Manchester, and they are not synched. They may contain different medications, they may contain different allergies because it's all based on what was provided during that visit.

As we are dealing with complicated patients and the need to move that patient from one hospital to the other for admission or for specialty care, it's really critical that we have one single record that's comprehensive. We can't have differences in records between the two organizations. It provides a real safety concern for our patients. We could be administering medications that they may have an allergy to. That allergy is not documented in the current record, but it might be documented in the record from the other hospital.

As time goes on and taking care of patients gets more complicated, we should be looking to leverage our technology and streamline and create some efficiencies. That's the main point I see and the main advantage to combining our licenses into a single licensure. We have a lot of redundancy and we have a lot of

inefficiency and a lot of inaccuracies. That's really the main point that I wanted to get at today. So I thank you for your time, and I welcome to answer any questions you might have.

HEARING OFFICER YANDOW: Thank you. OHS appreciates your comments.

DR. ROBERT CARROLL: Thank you.

HEARING OFFICER YANDOW: For those others signed up, I just want to make you aware. I know I see some people tuned in don't have their names on there. The other three witnesses have had their names. This is being recorded, so the court reporter will need the right spelling of your name. We've had, the other spellings have been there. But Melissa Osborne.

MELISSA OSBORNE: Yes. Good afternoon. Thank you. It takes a second for my camera to come up. Thank you. My name is Melissa Osborne. I'm actually a manager at the Ambulance Service of Manchester, I'm a paramedic. I'm in charge of quality improvement as well as training and education. Thank you for this opportunity to speak.

Many of my comments are similar to Dr. Carroll's and Dr. Anwar's who I've worked with for

many, many years. The two hospitals are essentially 11 miles apart. And I know that because our ambulance service serves this region, and we are the facilitators of many of the transfers of care that the physicians have spoken about. And in speaking directly with the patients we are transferring, there has been a -- it's very difficult for them. There's a lot of confusion. They're being asked two or three times their medical history. And in their head it's the same hospital system already, so why it can't (inaudible) move to another, why don't you already have my records. And unfortunately, you know, being the facilitator of the transition of care, it kinds of gets stuck with us a little bit, and we want to make sure the patients have the best experience and the most accurate experience.

I also believe this would allow for a, better for clarification to the public of what each campus can do, especially behavioral health wise, it is a huge population in the Manchester Rockville area as well as the very outlying areas they serve, such as your Ellingtons, your Tolland as well as Ashford and Mansfield and UConn. It's a very valuable service that both campuses have

been working extremely hard to support, and I think this would allow for the effort to go into work.

So from a patient standpoint it's safer, creates less confusion, less billing confusion, and I just think for the communities they serve it will allow them to focus where they're supposed to focus. Thank you very much for your time.

HEARING OFFICER YANDOW: Thank you. Drew Crandall.

DREW CRANDALL: Hi, my name is Drew Crandall. I'm a long-time resident, business owner and community leader in the Vernon area. I represent the Town of Ellington on the ECHN Advisory Board and am the immediate past president of the Rockville Downtown Association. I'm also a loyal ECHN patient. I'm making this public comment in support of the consolidation of the licenses of Manchester Memorial Hospital and Rockville General Hospital.

Rockville General Hospital has served our community for 100 years. Rockville General's health care services and economic impact are essential. Having two separate licenses doubles

the administrative burden and creates inefficiencies in workflows. This is because each hospital maintains separate medical record numbers and admitting processes. This unnecessary duplication creates internal stresses and expenses. It can also cause delays in patient care and decreased patient satisfaction. I'm convinced that consolidating the licenses of these two valuable community hospitals will enhance patient experience through a smoother, more efficient and effective continuum of care.

To me this is a common sense request with a strong precedent. Hospitals in Bridgeport, Danbury, New Haven and New Britain have already consolidated their licenses. Please award approval of ECHN's CON application. Thank you.

HEARING OFFICER YANDOW: Thank you. Your comments will be considered.

Glen Maloney.

GLEN MALONEY: Hello, everyone. Thank you for having me here. My name is Glen Maloney. I've been an employee of Rockville General Hospital, also known as RGH, since 2001 in the capacity as a mechanic within the engineering department. I am also the current president of

AFT Connecticut's Manchester Service and Skilled Maintenance Employees United, Local 5121.

Many patients and citizens from the surrounding community have witnessed that RGH has changed drastically. Many arrive on foot, by bus or car seeking treatment. Upon arrival, they are diagnosed --

HEARING OFFICER YANDOW: Can you just hold on a second. I just lost -- I think it's -- I'm in my state office. Could you try it again, Mr. Maloney?

MR. MALONEY: Excuse me?

HEARING OFFICER YANDOW: I can hear you. I'm sorry, I apologize for the internet connection. It says it's unstable. I'm listening to this hearing or holding this hearing from my office in the state, so sometimes the audio has gone in and out a couple of times today so I apologize for that. I'm sorry, I've gotten most of it. I just didn't get your last sentence, if you wouldn't mind just going back. And this is being recorded, so I do want you to know that there will be a transcript so I will reread everything. So don't worry, I'm not going to miss anything, okay?

GLEN MALONEY: All right. Thank you so much, Joanne. Appreciate it. Let's see, where did I leave off? Many arrive on foot, by bus or car seeking treatment. Upon arrival, they are diagnosed, stabilized and receive treatment as most emergency rooms provide. If additional treatment is required, they are whisked away by ambulance or Life Star to another hospital because the services that they now require are no longer available to them at RGH. This constant revolving door is due to Prospect ECHN's current consolidation of services and employees between its hospitals.

Areas within RGH that have remained closed for over a year, their equipment removed, services to the public curtailed, and employees displaced include the operating room, the post-anesthesia care unit, the gastrointestinal unit, the intensive care unit, the one-day surgery unit. The patient medical wing for pre-op or post-op, also known as Bissell 2, has also been closed. The cafeteria is now self-serve consisting of vending machines. Gone is the fresh food and the employees who served it. Even the friendly cashier was replaced by a kiosk. The

gift shop was also closed. Apparently no visitors justify no gift shop. I thought all hospitals had a gift shop. Perhaps RGH is no longer considered a hospital.

All of these changes have occurred and continue to occur right under the noses of Vernon's elected town officials, one of which was quoted years past as saying, and I quote, "Rockville General Hospital has a special place in my heart. We need to stand as a community and protect our local hospital. I will do whatever I can under the law to maintain Rockville General Hospital and keep it open in our community," unquote. I hate to be the one to inform that particular town official, who is still a town official, but Rockville General Hospital is worse off now than it ever has been in its history --

HEARING OFFICER YANDOW: I'm sorry, hold on just a second. I'm sorry, go again. Again, I apologize. Try again.

GLEN MALONEY: That's okay.

HEARING OFFICER YANDOW: I'm sorry, go ahead. You hate to be the one to inform that town official --

GLEN MALONEY: But Rockville General

Hospital is worse off now than it ever has been in its history and could truly use some support from the community, the town and the State of Connecticut. The mental health patient count within RGH has doubled recently with the opening of a second behavioral health wing. With the closure of the other departments mentioned earlier, it appears that RGH is mainly a mental health facility nowadays. Will one license governing the two hospitals provide adequate protection for RGH's future as a hospital it once was? What are the future intentions of Prospect ECHN for RGH, and will there be accountability?

From the discussions heard earlier, there appears to be several gray areas. As stated by others earlier, Rockville General Hospital's 100th birthday is next month. The community spirit once thriving throughout its hallways has diminished. It struggles to survive as its resources and services are removed one by one. Please support RGH by having OHS oversight throughout this process and deny the Certificate of Need for one license until provisions are in place that better serve the community and Rockville General Hospital's future. Thank you.

HEARING OFFICER YANDOW: I appreciate your comments. Thank you very much.

Chrissy Ellis. Chrissy Ellis?

CHRISTEN ELLIS: Can you hear me?

HEARING OFFICER YANDOW: I can.

CHRISTEN ELLIS: I'm sorry. Okay. First I thank you, OHS, for holding this public forum. I'm Christen Ellis, president of AFT Local 5143, a Rockville union, and a nurse at Rockville for over 30 years. To me whether Prospect uses the same medical or visit number is not an issue. If they want to combine things as far as ordering supplies, that's also not an issue. The CON states that increased licensing of Manchester bed capacity, but that's not exactly what's happening. What they're doing actually is moving services over to Rockville and using the Manchester staff to staff those areas.

COVID is not where this all started, but it has accelerated it and given them permission to not only make these changes but to continue them under the governor's state of emergency. Sorry, I lost my place. The nurses that are at Rockville have been extorted over to Manchester Hospital. We started off with roughly

100 nurses, and now there is maybe about 20 left. We were told that we would be laid off, the remaining seven employees were told that we would be laid off that were working over at Rockville if we didn't accept a Manchester position or take one of the remaining Rockville positions which are 11 that are there that are open. The response to us was that those unit -- can we wait till those units reopen, and they said, no, those units will not be reopening.

I can provide details of how this company has repeatedly promised one thing and then has done another. They have dismantled our Rockville family, patients, doctors, staff and community leaving us fractured. They've never really been transparent with the staff. As Glen had said, many in this community don't have the means other than walking or taking a bus to access health care which will limit the access of health care to those individuals. This community needs more than just an emergency room and a behavioral health unit. They need preventive and medical care.

The inpatient services at Rockville have ironically been open this week after a year

and a half just prior to this meeting. And as Glen had said, the ICU, med surg unit, one-day surgery, PACU and OR, all of it which were open pre-COVID, they have said that they have no intention of opening those things.

In listening to your questions today here, I can see that your priority of granting the Prospect, the permanent CON, you will fully investigate Prospect's intentions. All I hear from them is about cost savings to them. It sounds more to be profits over patients. And I appreciate all of your questioning attitudes as mine has been over the last couple of years. My concern is that the community, patients and staff both physical and fiscal health, if this CON gives them any leeway to permanently change these services it will be the nail in Rockville Hospital's coffin. Thank you.

HEARING OFFICER YANDOW: I appreciate your comments. Thank you very much.

Terry Meadows.

TERRY MEADOWS: Good afternoon. My name is Terry Meadows. I am (AUDIO INTERRUPTION) --

MR. WANG: I'm also having audio

issues.

HEARING OFFICER YANDOW: Okay, thank you.

Mr. Meadows, could you hold on? Mr. Meadows, can you hear me?

TERRY MEADOWS: -- six bargaining units within the -- can you hear me okay?

HEARING OFFICER YANDOW: We have not. So if you want to start --

TERRY MEADOWS: Can you hear me now?

HEARING OFFICER YANDOW: I can hear you now.

TERRY MEADOWS: Can you hear me now?

HEARING OFFICER YANDOW: Yes.

TERRY MEADOWS: Okay. Thank you. All right. My name is Terry Meadows. I am the field representative representing six bargaining units within the ECHN system in this hearing, and we appreciate this hearing. Although the concept makes complete sense, and I think the previous testimony has stated that, and the intent as far as paperwork and patient records completely makes sense. However, our concern is, and what we would ask of this body, is to look at maybe putting some conditions to where they cannot use this as a way

to leverage things other than what they're presenting. And the closing of these departments has already been discussed is our concern. We were very happy to hear that ECHN states that no services will be eliminated. However, as Ms. Ellis just spoke upon, those services have already been eliminated at the Rockville Hospital. So stating the services overall won't be eliminated may be true. Our concern is the elimination of those services at Rockville which are detrimental to those people living in Vernon and the surrounding areas that would otherwise be at a disadvantage and have to go to Manchester for those same services.

We also would like to remind you, and although I wasn't here when the original purchasing by Prospect happened, but similar hearings, I understand, were held. And one of the things that had a direct result on the membership within these bargaining units was the fact that Manchester had a cost of living wage ordinance that was expected to remain intact for those employees. And through some manipulation of things, Prospect was able to claim that they had less than a dozen employees and therefore were

exempt from that status. We would not want to see something similar happen with the granting of this, although we do support the concept. Thank you.

HEARING OFFICER YANDOW: Thank you. And I believe that's it, is that correct, Leslie?

MS. GREER: Yes. I don't have anyone further.

HEARING OFFICER YANDOW: Okay. I just have a, Attorney Volpe, just a quick question of the CEO, and I'll direct this to the CEO, and then I also want to see if the others on the OHS team have any questions.

So I've listened to all the arguments, and of course OHS takes all the public comment very seriously and seriously under consideration on all sides, so just one question I have as a followup. And I know these are comments and not evidence, but I just -- there was a couple of discussions about services that were terminated during COVID, and I know during COVID things changed. Have there been services that were recently terminated at Rockville?

THE WITNESS (Weymouth): No, there have been no services that have been recently

terminated. The reference that was made to the OR, the PACU, the GI unit, surgery and so forth had to do with COVID explicitly. There have been no recent or other changes other than the COVID modification that we made that you're well aware of as we had filed that at the time to meet the Governor's mandate to increase our ICU capacity by 50 percent.

HEARING OFFICER YANDOW: Okay. I just -- and I don't have that executive order between Rockville and, you know, during COVID, but are those services back in place now?

THE WITNESS (Weymouth): No, the Governor's mandate has been extended through February 15th. Our intention is once that has expired is to return those services, but at that time obviously we would look at things like community demand and the providers who are willing to again resume services in Rockville, but our intention is to reopen them.

HEARING OFFICER YANDOW: Okay. And the executive order, would you know, and you may not, but maybe Attorney Volpe does, the executive order number.

THE WITNESS (Weymouth): 7B.

HEARING OFFICER YANDOW: 7B. Okay. And that is something -- so in accordance with 7B you filed documents with DPH or OHS?

MS. VOLPE: It's in accordance with the waiver that was filed with OHS at the start of the pandemic.

HEARING OFFICER YANDOW: Okay.

MS. VOLPE: And there was a requirement on shuttering certain elected procedures to allow for varying levels of capacity. So it's in accordance with both, the waiver that's in place which is extended by virtue of the executive orders.

HEARING OFFICER YANDOW: So Attorney Volpe, I know you spoke in your opening statement you said any kind of services that would be terminated of course we would come to OHS. Would that include the services that were put, you know, that are, you know, in abeyance due to the waiver?

MS. VOLPE: It would include all services if they were going to terminate. I mean, there are services that, again, you know, certain elective and other services that have been, the waiver temporarily suspended during the COVID, during the statewide emergency. But if any of

those services were not going to be brought back, then we would come before this commission and outline that and seek approval.

HEARING OFFICER YANDOW: Okay. And was --

MS. VOLPE: But as the CEO, Ms. Weymouth testified, that's not the intent. I mean, we're hoping, you know, we're building it; we hope they come. I mean, that's the plan.

HEARING OFFICER YANDOW: Yeah. So 7B, I know a lot of the executive orders expired, but was this one that carried on until February?

MS. VOLPE: Yes, that's our understanding.

HEARING OFFICER YANDOW: Okay. And OHS has the document on what those services were?

MS. VOLPE: It's pursuant to the waiver, yes. We can get you that number.

HEARING OFFICER YANDOW: Yeah, if you could, please, because I will take administrative -- I may be taking administrative notice of that also.

MS. VOLPE: Sure. And the process for obtaining waivers, there may be others on staff who could speak to this, you know, was an evolving

process. It was certainly more formal in the beginning, and then it got a bit more informal, but we were on the earlier formal part.

HEARING OFFICER YANDOW: Okay. I just want to take everything under consideration, and certainly public comment is important.

So OHS staff, any follow-up questions based on the public comment?

MR. CARNEY: No, none from me. I mean, the nursing issue, I'm not sure if that's related to the whole COVID thing as well. Is that something that needs to be addressed, the reduction in nursing staff, is that still in effect?

HEARING OFFICER YANDOW: Could you answer the question, please? And I'll address that to, I don't know if the CEO would be the best, probably the best person on the staffing.

THE WITNESS (Weymouth): Sure, I'm happy to do that. Again, in respect to COVID, we had at the time consolidated, as referenced earlier, our services. We then offered the RNs at Rockville an opportunity to pick up shifts here at the Manchester campus and continue to obviously further their profession, and we as ECHN continued

to pay for their benefits throughout that time frame. So, of the nurses that were impacted, we allowed them an extended period to hopefully find an alternative given where we were headed with COVID, that we had the resurgence and waves of COVID that swept through. And at this point my understanding is all of the seven nurses who were impacted have taken other positions, so there's been no reduction in the workforce.

HEARING OFFICER YANDOW: Okay. Thank you.

Brian, any followup on that?

MR. CARNEY: No, thank you. I'm good.

HEARING OFFICER YANDOW: Okay. Attorney Volpe, do you have any followup on the questions or the public comment?

MS. VOLPE: I do. Thank you. I'd like to provide you with the docket number for the Rockville General Hospital waiver, CON waiver, pursuant to COVID. That's Docket No. 20-32361.

And in reference to Rockville General Hospital's, you know, increased capacity as it relates to behavioral health, I'd like to reference Docket No. 20-32377-DTR. That's the relocation of behavioral health beds. And again,

the CON waiver was a temporary suspension of services offered by a hospital in terms of the licensed beds.

And I had already provided you the reference on the Glastonbury outpatient location.

And to the docket number that was referenced to Mr. Carney's earlier question or, I'm sorry, I think it was Ron's regarding investments and shareholders, that was pursuant to CON determination 19-32329. Thank you.

HEARING OFFICER YANDOW: I will take -- I may take administrative notice on all of this. I'm just giving you notice on what I could be reviewing. So I believe all those documents have been identified.

Okay. Brian, any follow-up questions?

MR. CARNEY: No, I'm good

HEARING OFFICER YANDOW: All right. Roy? And we'll get to Late-Files in a second, but do you have any follow-up questions on anything?

MR. WANG: No, not at this time.

HEARING OFFICER YANDOW: All right. Ron?

MR. CIESONES: No.

HEARING OFFICER YANDOW: Okay.

MS. VOLPE: I'm sorry, Hearing Officer, there is one more determination on alignment of clinical services that was before the Office of Health Strategy as well, and that's Docket No. 21-32448-DTR.

HEARING OFFICER YANDOW: Would you say that again, please?

MS. VOLPE: Sure. It's 21-32448-DTR.

HEARING OFFICER YANDOW: All right. Thank you. Attorney Volpe, before we get into the Late-Files and your closing, which I'll allow you legal argument in your closing, anything as far as evidence that you want to add today?

MS. VOLPE: Yeah, I mean, in terms of evidence, I do -- you know, there has been a lot of talk on evidence and burden, and we do want to direct OHS to the attachment just to make sure it isn't overlooked, which is offered as evidence in Ms. Weymouth's prefile testimony, I believe it starts on Bates stamp 258, recognizing that we do have the burden of proof. There is evidence supplementing and outlining each section of the statute and the corresponding page where the evidence is located in supporting all of the statutory criteria. So we do want to direct you

to that. In addition to the presentation that was offered by Ms. Weymouth, in the CON section on the PowerPoint there's also one that tracks the statute.

And we also want to note that while we've requested administrative notice be taken of the other licensure consolidations, if you will, recognizing satellite campuses, we do want to point out that these two hospitals are small community hospitals, so they're not large academic health centers. So certainly differences in savings will, the numbers are going to be different, but in terms of percentages and the like, we just want to point that out to everyone.

We also want to be on record of noting that during some of those, the previous decisions, that the statutory criteria has evolved and changed and that we are abiding obviously under the new statutory criteria and some of those decisions were under review with different criteria. So again, just for purposes of the record, we wanted to make reference since we asked on administrative notice and we obviously recognize we have the burden of proof. And in terms of the evidence, we do want to direct you to

that document because it crosswalks all of the evidence in the record under the corresponding statutory section. Thank you.

HEARING OFFICER YANDOW: Okay. Roy, could you please, let's go through the list of the Late-Files that we've discussed.

MR. WANG: Sure.

HEARING OFFICER YANDOW: And if you, Attorney Volpe, make sure, you know, your list, and whatever is not there you can add to it. I will tell you there was, the Prospect documents are on there. You've put your position on the record, but that will be part of the order.

MS. VOLPE: Okay. I'm not sure we understand what you're saying, the Prospect documents.

HEARING OFFICER YANDOW: Roy is going to go through the list of documents for Late-Files. So Roy, how many are there?

MR. WANG: I have nine and there's some subcomponents, so they might be the individual documents, but we'll list them out and then come to an agreement on the exact documents.

HEARING OFFICER YANDOW: Yeah. And there will be a written order. There will be a

written order that's going to go out, but just for your records, Attorney Volpe, you'll want to, you know, probably, you know, check your list against Roy's, but we will send out a written order also regarding the Late-Files. And when he's done with the list, we'll talk about how long you think it will take to get these filed.

All right. Go ahead and get those listed.

MR. WANG: Sure. So the first I have is a five-year health care services plan for Manchester Memorial Hospital, Rockville General Hospital and Prospect ECHN.

The second I have is documentation of future bed utilization at both hospitals.

The third I have is documentation of the IMD reimbursements and annual reimbursements that were stated regarding the federal threshold and the related behavioral health services.

The fourth I have is the fall 2020 Behavioral Health Need Assessment conducted by outside consultants.

Fifth, I have documentation on quality improvement activities like the monthly meetings, meeting minutes, metrics and action plans.

Specific to that, I have the quality process and program documentation as part of the QI organization, and then also the structured action plan on how the hospitals addressed the licensed consent order. And that structured plan should cover improvements that have been made since the consent order in compliance with it, so just capturing the structured action plan.

Number 6 I have an updated financial Worksheet B for each of the hospitals and for ECHN.

And then I have internal financial statements for 2021 for Rockville, Manchester and Prospect CT.

And then I have the most recent Prospect Medical Holdings audited financial statements.

And lastly, documentation that the transfers between MMH and RGH results in two co-pays.

MS. VOLPE: That's ten.

HEARING OFFICER YANDOW: I think some of them he had subparts on.

MR. WANG: Correct. The quality improvement documentation I think had a couple of

subcomponents. So if we divided those out into, I'm not sure how many documents there are for each section but essentially it's three separate sections. The first section, one is just documentation of activities that were mentioned, monthly meetings, minutes, metrics, action plans for both campuses. A separate document would be the overall process and program documentation for quality improvement. And the third is a structured action plan on how the hospitals address the consent order.

So if those are three separate, then we have 11 total.

HEARING OFFICER YANDOW: Ron, does that cover the financials?

MR. CIESONES: I think on the second to the last one we had talked through a few emails here that instead of Prospect Connecticut we were going to ask for the Prospect ECHN on the second to the last one.

MR. WANG: Yes, you're correct, yes. So the internal financial statements for 2021 for RGH, MMH and Prospect ECHN, so those on the application.

HEARING OFFICER YANDOW: Hold on just a

second. Ron, does that cover it?

MR. CIESONES: Yes. We were just switching out Prospect Connecticut for Prospect ECHN.

HEARING OFFICER YANDOW: Okay. Brian, does that cover it for you?

MR. CARNEY: Yes, I think it's all covered.

HEARING OFFICER YANDOW: Okay. And so with -- and this might be in his third one, but I know we had discussed about just documentation showing, I know for ECHN for the applicants they argued that a lot of this, if this didn't happen, about the federal funds that would be lost. Does some of this -- does this cover, does Roy's list cover any documentation related to that?

MS. VOLPE: Yeah --

HEARING OFFICER YANDOW: Hold on, let me just -- okay, I was just going to get Roy.

MS. VOLPE: Sorry.

MR. WANG: Yeah, so that third one was regarding the federal threshold and IMD reimbursements that was discussed.

HEARING OFFICER YANDOW: Okay.

MS. VOLPE: Yeah, and I --

MR. CARNEY: To give us information on what, you know, what the penalty would have been if you had exceeded the number of beds in that IMD exclusion.

MS. VOLPE: I think what we -- I mean, that's what we're trying to make sure we understand. I mean, we haven't, so we haven't been subject to a penalty. I think what we can provide is what guides us, and that is the regulations themselves, the federal regulations. And obviously there's always a close monitoring of the census between med surg and behavioral health. I mean, we just, we look at the actual statutes and regulations and the guidance, and we can provide that. I mean, fortunately --

HEARING OFFICER YANDOW: Why wouldn't you want us to look at it? A lot of your argument or a lot of your position talked about how that is, you know, a big reason for -- and I think it maybe was, was that the primary reason for the, you know, "consolidation," operating under one license. So we just, we need the evidence to support that. And if that's -- if that's what you have, but that was the position that I heard, and of course I will look back at the transcript, but

I believe that's what I heard as a major factor behind the application.

THE WITNESS (Weymouth): So this is Deborah. You are correct, it is a major factor, and we're happy to provide you estimates, but we have not tripped that as an issue is what we're saying. So we would only be able to make estimates on what that total cost would be if in fact we were in violation, which we're not.

HEARING OFFICER YANDOW: So how close are you to being in -- I mean, if this con -- I'm calling it consolidation because that's what you call it on the application.

THE WITNESS (Weymouth): Sure.

HEARING OFFICER YANDOW: How close are you to having that be, you know, a reality?

THE WITNESS (Weymouth): So we're happy to provide the insight on some of those details. I mean, are you asking me that question for right now?

HEARING OFFICER YANDOW: Well, if there are documents. You can answer it now also. I mean, just my concern, because this seemed from a few of the witnesses this was a large piece of your concerns. So I'm just looking for the

support, you know. If that becomes a finding, we have to support our findings with evidence.

THE WITNESS (Weymouth): So let me just clarify with some additional evidence and data so that you're aware. We've been in recent conversations with DSS and others in regard to a response to the Connecticut Children's crisis about adolescents needing beds, acute care psychiatric beds. We are working hard to come up with a solution to support them in that effort. In fact, the records will show that ECHN was the first organization to respond to their cry for help when that first occurred last weekend. So, as we analyze this breakdown of beds, the whole new component to how many adolescents in the State of Connecticut require acute care, we'll definitely be changing some of that. So it's important to know that we're an active player currently in trying to support the community and the state, and this is an evolving process.

MR. CARNEY: So I think that would be excellent to include to help support your request.

HEARING OFFICER YANDOW: Who's talking? Oh, Brian, okay.

MR. CARNEY: Yes, this is Brian. So

that's excellent information, but we're not privy to that, and so that's a piece of how you're proposing possibly to use, you know, bed capacity and allocation of beds, what have you, going forward. So I think that's good information to share with us.

MS. VOLPE: And maybe because it's so recent you may not be privy to it, but there is correspondence with representatives of OHS on this issue as recent as Friday. So, you know, in an attempt to meet the need and access on the behavioral health side, and this, again, is something that was anticipated in this very community as evidenced by the determination that was filed over a year ago, but now on account of the pandemic everyone is aware of the crisis on behavioral health nationwide and specifically in this region, we're trying to meet it. And again, there has been correspondence even with the Office of Health Strategy late last week and other state agencies in trying to accommodate and fill this need. And this was something we've anticipated. It is one of the impetuses for the consolidation on the licensure. In terms of the evidence, again, you know, some of this is a sensitive

subject, and it's confidential, but, you know, if it's going to be to our detriment, I think we have to make it known that we are actually trying to step up and address these needs, the applicants are, and we're working with your office, with other state agencies, and perhaps, you know, we're happy to discuss this if it hasn't been discussed within your organization already.

HEARING OFFICER YANDOW: We'll certainly let you know if we have any follow-up questions. The record isn't closing today. The public, of course, is given a week to file written comments for any public that wants -- someone that wasn't able to attend today may want to, you know, file a written comment, and we're certainly keeping the record open for that. We're keeping the record open for the Late-Files, and we'll come up with a date for that in a second. And what happens after we get the Late-files is we take a look at all the evidence to see if there's anything else we need, whether it's, you know, we need to ask you a question or we need some other documents. And then, you know, after our review you will get a letter as far as the record is closed. So if we need that, we will keep that in

mind, so I appreciate that.

So let's talk about a date for the Late-File since we're still on the --

MS. VOLPE: And just in terms to follow up what you said, we do appreciate that if you feel there is some deficiency, if there's a deficit in any manner in terms of what's been presented or if you feel there's a lack of evidence, we want the opportunity to address that. You know, there's hundreds and hundreds of pages, and I think the intent is really to make sure that the needs of the community are met. So if you're aware that there's a deficit in this application, as this agency has done for years with applicants to make sure the right result and outcome occur, please let us know. I mean, we have all the knowledgeable people in the room. If there's additional information or evidence you want to see that you don't feel we've satisfied or met criteria, we're happy to produce it. So please let us know.

HEARING OFFICER YANDOW: And I appreciate that. And, you know, as you know, OHS takes a very close look at everything that comes in, including all public comment. So we will look

at it, and we, you know, will certainly let you know.

So as far as a date for the Late-Files, when do you think you can have those?

MS. VOLPE: I'd say within the next two weeks. Some we can produce fairly quickly, others, you know, as was stated, some are in draft in terms of financials. So certainly we hope, we would like to have the record closed as soon as possible. So we're going to work diligently to get all of the Late-Files in as soon as possible, hopefully no later than two weeks.

HEARING OFFICER YANDOW: Okay. So we'll set a date for October 27th then. That's two weeks from today as the date for Late-Files to be filed.

MS. VOLPE: And would you like them all at once, or would you like them when we're able to produce them?

HEARING OFFICER YANDOW: I don't think it matters to me, but let me ask.

Brian, is there a preference?

MR. CARNEY: My preference would be all at once because we need them all anyway, and we can't really move forward without all of them. So

yes, piecemeal just makes it a little bit more difficult to keep track of.

HEARING OFFICER YANDOW: Right. And then they're probably all separate filings on the CON --

MR. CARNEY: Yes.

HEARING OFFICER YANDOW: -- on the portal. So all at once does make more sense as far as reviewing documents, so we'd appreciate that.

I do want --

MS. VOLPE: Now, the one that was the five-year service plan. Now, I mean, that is, if we can just talk about that for a moment. I thought we were going to just have an opportunity to talk about some of these so we can make sure we're responsive.

HEARING OFFICER YANDOW: Okay.

MS. VOLPE: I mean, obviously that product doesn't exist. You know, when we look at the five-year plan certainly we can, I think we have produced the Community Health Needs Assessment. We're already going to produce the behavioral health, the third-party plan that was done, but there is, just to be clear, there is no

five-year plan, and I don't think anyone would agree that that could be produced within 14 days. And I guess, again, we would ask, you know, what the rationale would be in order to see that as a reason for meeting the statutory criteria.

HEARING OFFICER YANDOW: Well, you know, that's our determination. And I understand your position. I mean, it's going to be part of my order. But 19a-639(A)(5), as part of the reasons you want to look at it, that, you know, have you demonstrated that the proposal will improve quality, accessibility and cost effectiveness. So does it improve quality? Does it improve accessibility? So we want to look at those items in addition to the other criteria in the statute.

MS. VOLPE: We agree, and those have been produced and will produce. To us that criteria and evidence of the same is different than a five-year plan, I guess. It could be encompassed in a five-year plan, but that's why I think this dialogue is important because, to the extent we have evidence to support it that isn't the exact evidence you're requesting, we want to produce it.

HEARING OFFICER YANDOW: Well, I think some of the questions I asked, you know, when we talked about, well, at this point in time what do you know, and it's like, well, we don't know what's going on in the future, but that does matter to OHS that this change is going to improve quality, accessibility, cost effectiveness. So how do things change in the -- you know, so what does that mean for the future? So that's what we need to look at.

Brian, I don't know if you want to follow up on that.

MR. CARNEY: Yeah, I'd just like to add that part of that plan, or whatever, you're just saying there's no changes. We have to have more than that. We have to have more than that to evaluate this proposal other than you just saying nothing is going to change. And I think as we learned through some of the public comment, you know, some of the services have been suspended at Rockville, you know, through the COVID pandemic with an extension of February 15. So I think the plan to put those back online should be part of this piece of information that's coming back to us.

MS. VOLPE: Thank you.

HEARING OFFICER YANDOW: Any other questions, Attorney Volpe?

MS. VOLPE: We discussed the IMD and in terms of, you know, what would be responsive to it.

THE WITNESS (Weymouth): So can I ask a question about the independent monitor plan? What I offered to provide was the structured process that we've implemented to make improvements and demonstration of same, but I am not offering to provide the full independent monitor's report, and I just wanted to make that clear.

HEARING OFFICER YANDOW: So Brian, is this what you need in your assessment? Can you explain? I mean, my order will be my order, and what you respond to, I mean, you know, whether or not it fulfills the order, you know, we've yet to see. But Brian, what do you mean specifically on that?

MR. CARNEY: I'm sorry, could you give me that one more time?

THE WITNESS (Weymouth): Sure. What I offered during the independent monitor conversation was to provide you with the

structured process improvements that have taken place as a result of the independent monitor's work and our collaboration of same, but I did not offer to provide the detailed independent monitor's report.

MR. CARNEY: So as long as I think it proves that you've resolved the issues and shown what the issues are and that quality is improved, I think that's probably going to be okay for us. Without looking at it though, I don't know what level of detail you're talking about, but it sounds like that would be a good start.

HEARING OFFICER YANDOW: You know, we get the Late-Files and we may follow up if we need more information.

MS. VOLPE: And just to be clear, I mean, these reports were provided to the Department of Public Health. There were regular meetings with the Department of Public Health on these issues. There was monitoring, there was a lot of dialogue. There was a decision by them not to extend. I mean, this isn't -- it's not that we're withholding anything. I mean, those are confidential information, they have HIPAA privacy issues in them. They talk about specific

incidents, how they're corrected, how they're dealt with. I mean, so -- and I've had this discussion with Roy, so Roy is aware.

HEARING OFFICER YANDOW: Yeah, so why don't you deal with Roy in that about how, you know, as far as how the documents are produced, the confidentiality. I'm sure you and Roy or you and Brian can, you know, if you have a question about how, you know, what kind of a document as far as the confidentiality and how things are produced. As far as what you produced to DPH, I mean, I'm the hearing officer. I have what I have in the record. So that's why I'm looking for these documents. You may have produced them to another state agency, but I have to go over -- and I've taken -- and that's why I made this long list of administrative documents that I would take administrative notice of thinking, oh, what else would be helpful for me.

So I'm just looking for the information so when findings are made that they are supported by the evidence. So that's -- you know, I'm not looking to dig deeper than we need to dig. I'm just trying to get the evidence that's going to support the findings that are needed for this

decision.

MS. VOLPE: And we want you to have access to everything. I think the challenge is that everything that gets in here is a matter of public record. And it's on the portal for anybody to open up and see. And so I think that's the rub. We want you to have it, we give you permission to go look at it at DPH, or, you know, if you can give us assurances that it wouldn't just be uploaded into, you know --

HEARING OFFICER YANDOW: I don't want to upload anything going public that shouldn't be public. If something is confidential and needs to be sealed, then you should, you know, file a motion that documents -- and then I'll have to make a ruling. I mean, if documents need to be sealed because of confidentiality, then that's what we'll have to do, or maybe they can just be redacted. If they're documents that can just be redacted, you know, then the public -- we certainly want to keep anything public that we can, but anything that is -- whether it's, you know, HIPPA or any other, you know, confidential, legal confidentiality reason to not, you know, produce something to the public, we certainly want

to be aware of that, and we certainly want to be mindful and we want to follow the law.

MS. VOLPE: Okay. Thank you.

HEARING OFFICER YANDOW: You're welcome.

Brian, does that take care of that? Roy?

MR. CARNEY: Yes.

HEARING OFFICER YANDOW: All right. Attorney Volpe, any other questions on the Late-Files?

MS. VOLPE: We clarified that it's Prospect CT -- ECHN. I think we're good. Thank you.

HEARING OFFICER YANDOW: Okay. So I'm going to just make one more statement and then we're going to take a short break, and then we'll come back and I'll give you a closing argument and then I'll close the record. But I just wanted to make you aware, as I said before the public comment, that I did on the last break review, I reviewed the statutes, and I reviewed the CON portal on the documents that were filed and that this is a hearing under 19a-639(a)(2). And so we follow the UAPA, but a hearing under (F)(2) is not

a contested case. So I wanted to clarify that. And you can certainly make any legal argument you want as part of your closing argument when we come back, okay?

MS. VOLPE: You don't want to hear that now? I wasn't --

HEARING OFFICER YANDOW: Go ahead. You can do it. All right. Go ahead.

MS. VOLPE: I mean, our position is that it should be considered a contested case because we want to reserve all of our procedural rights to appeal this, if need be. And in order for it to be considered under Chapter 54 of the statutes in Section 19a-390(a) -- 639(a), it's if there is a third-party that meets the criteria that's requested a hearing, then it would be considered a contested case. And in the docket there was a public hearing request number one as Exhibit G in the docket from Hockanum Valley Community Council. They made a request, Please be advised that the CEO of Hockanum Valley Community Council located in Vernon, I represent an entity with five or more individuals. In accordance with Connecticut General Statutes 19a-639(a)(E), I respectfully request the Office of Health Strategy

hold a public hearing with respect to the referenced docket number. And also the Town of Vernon also put a request in. So we were proceeding that this was, you know, going to be handled as a contested case. Really everything has been done as if it is. I mean, it's just a question of --

HEARING OFFICER YANDOW: I've certainly given you every right during the hearing that a party would get under the UAPA, but after looking at the statute and looking at the notice of hearing and I saw that the hearing was noticed as an (F)(2) as 19a-639(a)(F)(2), it's not a contested case, but I certainly will, before I issue the final if I need to reconsider that, but at this point right now my ruling is it's not a contested case; it's an (F)(2) hearing. But based on your argument, I will certainly go back and review, but my order stands at this point that it is not a contested hearing.

MS. VOLPE: Okay, because the request was made as such under (E), so I would ask that you would look at Exhibit G in the docket on Bates stamp, they're both in there.

HEARING OFFICER YANDOW: I will

reconsider my ruling after I review, if I need to, but as it is right now the notice is you were noticed for an (F)(2) hearing, but I will -- I appreciate your argument.

MS. VOLPE: And it was within the statutory time frame when the requests were made.

HEARING OFFICER YANDOW: I have to look at all of that so --

MS. VOLPE: Okay.

HEARING OFFICER YANDOW: It's a little more -- it's a legal question so --

MS. VOLPE: Understood.

HEARING OFFICER YANDOW: But anyhow, my ruling has been made. Okay. So I want to take a break, and then I want to come back and see if you have any kind of a closing argument, and then I'll close the hearing. So let's take it to 3:50, okay, 12 minutes. All right?

MS. VOLPE: Thank you.

(Whereupon, a recess was taken from 3:38 p.m. until 3:51 p.m.)

HEARING OFFICER YANDOW: Attorney Volpe, are you there?

MS. VOLPE: Yes, we are.

HEARING OFFICER YANDOW: Okay. Do you

have a closing argument?

MS. VOLPE: Yes, we do. We want to again direct OHS that on the 12 statutory criteria that are required to be met for purposes of approving a CON, it is noted that of all of the 12 criteria you don't necessarily have to meet each and every one, but this application does. And if you refer to Bates stamps 258 through on Exhibit B of the prefile testimony of Ms. Weymouth, there is a crosswalk of all the evidence and data supporting each and every criteria outlined and required under the statute. So we would direct you to that.

We also, Ms. Weymouth has some closing remarks that she'd like to make. And before that, I do want to say, you know, part of this is the requirement that the beds, that Rockville be considered a satellite under Manchester's license. And for purposes of that, the beds in the community are the beds in the community. No other applicant has been required to reduce their bed capacity. We are continually reviewing community health needs and the assessments. If tomorrow it's determined there's a dire need for rehabilitation beds in the community, we want to

have the ability to ramp up and fill that need and, you know, we staff for the bed levels that are required.

So again, if it's an issue of access, we don't know why we would ever want to be in a position of not having beds available in this community that have been in existence in this community.

And as we noted, you know, we continue to work with various state agencies on filling need and then ensuring access in this community, and there's issues going on right now where we're at work for that. So can't emphasize enough on being in a position to maintain our current bed availability.

And again, we conclude by stating that we've met all the statutory criteria. There's evidence in the docket and through the testimony today as well as the presentation and certainly additional information in the proposed Late-Files to serve as evidence to support approval under the statutory criteria.

And just I would ask, respectfully request that you revisit that issue on the contested case. You know, we do feel we've met

the statutory criteria for that as well within the time frames and the trigger. And now I'd like to turn it over to Mrs. Weymouth.

THE WITNESS (Weymouth): Thank you.

MS. VOLPE: Thank you.

THE WITNESS (Weymouth): For the past 100 years Rockville General Hospital and Manchester Memorial Hospital have been treasured health care resources for the benefit of the people across the Eastern Connecticut region. We've operated as a system for the past 25 years, and our request to consolidate licenses and have Rockville be a satellite under Manchester Memorial Hospital's license is to improve the utilization of health care resources in an efficient and cost-effective manner. This proposal does not involve the termination of any health care services at either hospital site. This application will improve the quality by ensuring seamless patient transfers with enhanced coordination of care between physicians and hospital site locations. The billing process will also be consolidated which will improve our patient experience. Service lines, in particular behavioral health beds, will be able to be

expanded under a consolidated license.

And again, as I referenced earlier, this CON application is not a request to close Rockville General Hospital. It is not a request to terminate services at Rockville. It is not a request to transition all Rockville patients to Manchester. And it is not a request that negatively impacts access to services. It is not a request that results in adverse financial impact to patients or payors, in fact, in many cases it's just the opposite.

We thank you for your time today and for your consideration, and I respectfully request that you approve our CON application to benefit the people across Eastern Connecticut. Thank you.

HEARING OFFICER YANDOW: Thank you. Attorney Volpe, anything else?

MS. VOLPE: That's it. That concludes our --

HEARING OFFICER YANDOW: I think I lost the audio.

MS. VOLPE: I said that concludes our presentation.

HEARING OFFICER YANDOW: Okay. Great. Well, I want to thank everyone for attending

today, the applicants, the public, and I also want to thank the OHS team today. The hearing is hereby adjourned. Of course the record remains opened, as previously stated. And when the record is closed, you will receive, you know, official notice. So again, the hearing is adjourned, and thank you very much.

(Whereupon, the witnesses were excused and the hearing adjourned at 3:56 p.m.)

CERTIFICATE FOR REMOTE HEARING

I hereby certify that the foregoing 186 pages are a complete and accurate computer-aided transcription of my original stenotype notes taken of the Hearing for the Office of Health Strategy held by Remote Access in Re: DOCKET NO: 20-32405-CON, CONSOLIDATION OF HOSPITAL LICENSES AND THE INCREASE IN THE LICENSED BED CAPACITY OF A HEALTH CARE FACILITY by PROSPECT ECHN, INC.; PROSPECT MANCHESTER HOSPITAL, INC.; PROSPECT ROCKVILLE HOSPITAL, INC., which was held remotely before JOANNE V. YANDOW, ESQ., HEARING OFFICER, on October 13, 2021.

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I N D E X

WITNESSES: (Sworn on page 17)

DEBORAH WEYMOUTH
MARC BRUNETTI
JAMES CASTELLONE
PAUL GOLINO
DANIEL DELGALLO

OHS EXHIBITS

(Received in evidence)

LATE-FILED EXHIBITS

I n d e x: (Cont'd)

LATE-FILE	DESCRIPTION
4	The fall 2020 Behavioral Health Needs Assessment conducted by outside consultants
5	- Documentation on quality improvement activities, for example, monthly meetings, meeting minutes, metrics and action plans - The overall process and program documentation for quality improvement. - Structured action plan on how the hospitals address the consent order
6	An updated financial Worksheet B for each of the hospitals and for ECHN
7	Internal financial statements for 2021 for Rockville, Manchester and Prospect ECHN
8	Most recent Prospect Medical Holdings audited financial statements
9	Documentation that the transfers between MMH and RGH results in two co-pays