

**CERTIFIED
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1 STATE OF CONNECTICUT

2 OFFICE OF HEALTH STRATEGY

4 DOCKET NO. 21-32439-CON

5 A HEARING REGARDING THE ACQUISITION OF
6 ONE CT SCANNER AND ONE MRI SCANNER BY
7 ROCKY HILL IMAGING CENTER, LLC

8 VIA ZOOM AND TELECONFERENCE

10 Public Hearing held on Wednesday, June 29, 2022,
11 beginning at 10:03 a.m. via remote access.

12 Held Before:

13 DANIEL J. CSUKA, ESQ., Hearing Officer

15 Administrative Staff:

16 YADIRA McLAUGHLIN, Planning Analyst
17 STEVEN W. LAZARUS, Operations Manager
18 LESLIE GREER, Community Outreach Coordinator

19 Appearances:

20 For the Applicant:

21 REID AND RIEGE, P.C.
22 One Financial Plaza, 21st Floor
23 Hartford, Connecticut 06103
24 BY: ADAM CARTER ROSE, ESQ.
25 MARY M. MILLER, ESQ.

26 Reporter: Lisa L. Warner, CSR #061

1 (Whereupon, the hearing commenced at 10:03 a.m.)

2 HEARING OFFICER CSUKA: Good morning,
3 everyone. Rocky Hill Imaging Center, the
4 Applicant in this matter, seeks to acquire one
5 Siemens Medical Magnetom Altea 1.5T MRI unit and
6 one Siemens SOMATOM Drive CT scanner. I may have
7 pronounced those wrong, but just bear with me. In
8 its application Rocky Hill states that it is an
9 entity that is jointly owned by Saint Francis
10 Hospital and Medical Center and also Radiology
11 Associates of Hartford for the sole purpose of
12 providing the proposed imaging services at an
13 ambulatory medical hub having an address of 476
14 Cromwell Avenue, Rocky Hill, Connecticut.
15 According to the application, this medical hub was
16 expected to open in the fall of 2021, and based on
17 some of the recent filings, it appears that it is
18 currently operational.

19 Today is June 29, 2022. My name is
20 Daniel J. Csuka. It is currently 10:04 a.m.
21 Victoria Veltri, the outgoing executive director
22 of the Office of Health Strategy, has designated
23 me to serve as the hearing officer for this matter
24 to rule on all motions or recommend findings of
25 fact and conclusions of law upon the completion of

1 the hearing. Section 149 of Public Act No. 21-2,
2 as amended by Public Act No. 22-3, authorizes an
3 agency to hold a public hearing by means of
4 electronic equipment. In accordance with this
5 legislation, any person who participates orally in
6 an electronic meeting shall make a good faith
7 effort to state his or her name and title at the
8 outset of each occasion that such person
9 participates orally during an uninterrupted
10 dialogue or series of questions and answers.

11 We ask that all members of the public
12 mute their devices that they are using to access
13 the hearing and silence any additional devices
14 that are around them. This public hearing is held
15 pursuant to Connecticut General Statutes, Section
16 19a-639a(e) and will be conducted under the
17 provisions of Chapter 54 of the Connecticut
18 General Statutes.

19 Office of Health Strategy staff is here
20 to assist me in gathering facts related to this
21 application and will be asking the applicant
22 witnesses questions. I'm going to ask each
23 staffperson assisting with questions today to
24 first identify themselves with their name,
25 spelling of their last name, and OHS title. So

1 I'll start first with Steve.

2 MR. LAZARUS: Good morning. My name is
3 Steven Lazarus. I'm the operations manager at
4 Office of Health Strategy.

5 HEARING OFFICER CSUKA: And Yadira?

6 MS. McLAUGHLIN: Good morning. My name
7 is Yadira McLaughlin, M-c, capital "L,"
8 A-U-G-H-L-I-N. And I am the planning analyst at
9 Office of Health Strategy.

10 HEARING OFFICER CSUKA: Thank you. The
11 Certificate of Need process is a regulatory
12 process, and as such, the highest level of respect
13 will be accorded to the applicant, to members of
14 the public and to our staff. Our priority is the
15 integrity and transparency of this process.
16 Accordingly, decorum will be maintained by all
17 present during these proceedings.

18 This hearing is being transcribed and
19 recorded, and the video will be made available on
20 the OHS website and its YouTube account. All
21 documents related to this hearing that have been
22 or will be submitted to the Office of Health
23 Strategy are available for review through our
24 Certificate of Need portal which is accessible
25 through our website. In making my decision, I

1 will consider and make findings in accordance with
2 Section 19a-639 of the general statutes.

3 And lastly, as Zoom notified you in the
4 course of entering this meeting, I do wish to
5 point out that by appearing on camera in this
6 virtual hearing, you're consenting to being
7 filmed. So if you wish to revoke your consent
8 either now or in the future, please let me know.

9 So, getting into the substance of
10 today's hearing, the CON portal contains the Table
11 of Record in this case. As of this morning,
12 exhibits were identified from A to DD. The table
13 of record will be updated to reflect the late
14 submitted profile from the applicant yesterday
15 afternoon.

16 I also wanted to point out that all of
17 the public comment submissions that are currently
18 in Exhibit Q are also incorporated into Exhibit Z
19 but not the other way around. So I would just
20 recommend that if you're going to reference
21 anything in Exhibit Q, you reference Exhibit Z
22 instead.

23 In accordance with Connecticut General
24 Statutes, Section 4-178, the applicant is hereby
25 on notice that I am taking administrative notice

1 of the following documents. The Statewide Health
2 Care Facilities and Service Plan as well as all of
3 the supplements. The Facilities and Services
4 Inventory. The OHS Acute Care Hospital discharge
5 database. And All-Payer Claims Database claims
6 data of which a relevant except was uploaded as
7 Exhibit AA on June 27th a couple days ago. I may
8 also take administrative notice of the hospital
9 reporting system financial and utilization data
10 and also prior OHS final decisions that may be
11 relevant to this matter. I believe the only
12 docket that has been brought to my attention is
13 the application filed by Radiology Associates of
14 Hartford, and the applicant requested that I take
15 administrative notice of that. Certainly, if
16 there are any other dockets in the record that I
17 missed, I will also take notice of those as well
18 without the applicant identifying them at this
19 very time.

20 Ms. McLaughlin, do you have any
21 additional exhibits to enter into the record at
22 this time?

23 MS. McLAUGHLIN: No, I do not.

24 HEARING OFFICER CSUKA: Okay. So as I
25 mentioned earlier, Exhibit DD, that's not in the

Table of Record but we will be adding that.

So counsel for applicant, can you please identify yourself for the record, spelling your last name.

MR. ROSE: So Attorney Adam Rose, R-O-S-E. And I'm also assisted by my partner, Mary Miller, who's off camera right now. We've got the three of us on camera. She may not be participating. We'll see if that's necessary. If so, she would shift seats. Would you like her to make an appearance?

HEARING OFFICER CSUKA: No, that's fine. It's enough that I know she's in the room. And you also have your appearance on file for her as well, so I assumed she might have been present. So thank you for letting me know.

Are there any objections to the exhibits in the Table of Record or the noticed documents?

MR. ROSE: No, it looks good.

HEARING OFFICER CSUKA: Okay. So with that, all identified and marked exhibits are entered as full exhibits.

And Attorney Rose, do you have any other additional exhibits that you wish to enter

1 at this time before we get into the hearing itself
2 or the substance of the hearing?

3 MR. ROSE: Not at this time. Thank
4 you.

5 HEARING OFFICER CSUKA: Okay. So we
6 will proceed in the order established in the
7 agenda for today's hearing. I just want to advise
8 the applicant that we may ask questions related to
9 your application that you feel you have already
10 addressed. We will do this for the purpose of
11 ensuring that the public has knowledge about your
12 proposal and for the purpose of clarification. I
13 want to reassure you that we have reviewed your
14 application, your completeness responses, and the
15 prefiled testimony. And trust me when I say I
16 will do so many times before issuing a decision.
17 So don't be too frustrated if the questions seem
18 like you've already provided answers.

19 As this hearing is being held
20 virtually, we ask that all participants, to the
21 extent possible, should enable the use of video
22 cameras when testifying or commenting. And
23 certainly if Attorney Miller has any comments that
24 she would like to make, I would appreciate if
25 she'd come onto the camera. Anyone who is not

1 testifying or commenting shall mute all their
2 electronic devices, including telephones,
3 televisions, et cetera. And I would also
4 recommend that if we take any breaks you turn your
5 camera and your microphones off. We do try to
6 stop the recording, but I can't promise that will
7 happen in every instance.

8 So public comment taken during a
9 hearing will likely go in the order established by
10 OHS during the registration process. However, I
11 may allow public officials to testify out of
12 order. I or OHS staff will call each individual
13 by name when it is his or her turn to speak.
14 Registration for public comment will take place at
15 2 p.m. and is scheduled to start at 3 p.m. I
16 don't expect this to be the case, but if the
17 technical portion of this hearing has not been
18 completed by 2 p.m., public comment may be
19 postponed until the technical portion is complete.
20 And if the technical portion is complete before 2
21 p.m., we will break until 3 p.m. The applicant's
22 witnesses must be available after public comment
23 as OHS may have additional follow-up questions
24 based on the public comment itself.

25 With that, Attorney Rose, are there any

1 other housekeeping matters or procedural issues
2 you would like to address before we start?

3 MR. ROSE: No, not at this time. Thank
4 you.

5 HEARING OFFICER CSUKA: Okay. Thank
6 you. So we are going to start with the technical
7 portion of this hearing. So is there an opening
8 statement from the applicant's counsel?

9 MR. ROSE: Well, do you guys mind if I
10 go first or do you want to go first?

11 MS. SMITH: You can go first.

12 MR. ROSE: Okay. I appreciate the
13 opportunity. Thank you for your time. This
14 application was prepared by the applicant on the
15 assistance of the hospital counsel. And Reid &
16 Riege and I were engaged at the point that CIP
17 Jefferson called for this hearing. And that gave
18 me a unique opportunity to sort of look at the
19 application and the series of completeness
20 questions and responses from a somewhat objective
21 view and see the dialogue as I see it going back
22 and forth between the applicant. And my role was
23 from that point to take the hearing issues and use
24 that as an opportunity to resolve any issues
25 relating to the overall need for this application.

1 And having done that, I understand,
2 Hearing Officer Csuka, that your job is to look at
3 the statutory criteria under 19a-639 and to make
4 your findings, and our job is to demonstrate to
5 you that you can make positive findings in each
6 category so you can approve this application. So
7 with that, we went to the standards and guidelines
8 with the assistance of a certificate of need
9 consultant, and we very carefully followed every
10 single aspect of the standard and guidelines to do
11 an objective analysis of how do you determine your
12 towns, which of course they didn't have the
13 ability to use the plan definition when they filed
14 the application, so they had to project which
15 towns the patients would be coming from.

16 However, at this point in time, as you
17 had acknowledged in your opening remarks, the
18 Rocky Hill Medical Hub and the applicant's imaging
19 center there has been operational. And so that
20 allowed them to actually have utilization data to
21 see who actually is receiving the imaging services
22 and what towns do they live in, compile that data
23 and use the definition in the plan to come up with
24 those towns.

25 So it's been my experience, and we did

1 ask that you take administrative notice of our
2 previous, or I should say Radiology Associates of
3 Hartford's previous application with respect to
4 Bloomfield, because in that proceeding the
5 intervenor had taken issue with the manner in
6 which we chose the towns. And we did a Late-File,
7 and it became a part of the proceeding. And what
8 we had established in that proceeding in our
9 Late-File is that, well, there isn't a regulatory
10 definition, and it is difficult to define your
11 towns when you can't use the plan's guidelines
12 which are based on actual utilization of an
13 existing site.

14 So I would say, if you could bear with
15 us in acknowledging that and look at the responses
16 to the hearing issues anew with respect to
17 analyzing whether or not there's a clear public
18 need for this proposal, I think what you'll find
19 is that there's a sound determination of the towns
20 that are involved. I think you'll find a very
21 detailed table of the existing providers in those
22 towns and the reported capacities that we use to
23 determine that the community threshold for both
24 modalities, CT and MRI, is above the agency's
25 established capacity threshold of 85 percent

1 optimal capacity.

2 And so with that as background, I just
3 want to go through some of the highlights that
4 will help you make the findings that you need to
5 make related to the statutory criteria, a lot of
6 which actually depend on those calculations. So
7 the first one I just alluded to that the community
8 need in a defined service area is 105 percent for
9 CT and 90 percent for MRI.

10 Second, the plan requires that if the
11 applicant has existing scanners in the PSA that
12 there's a separate category, the 3B category, that
13 the applicant could use if the community need
14 wasn't there. But I want to be clear that while
15 the community need is there, but we included the
16 Saint Francis Hospital capacity numbers because
17 they have these scanners in the PSA. And so you
18 will see that Saint Francis Hospital is at 164
19 percent for CT and 92 percent for MRI.

20 And then in recognizing that the plan
21 doesn't technically include RAH's numbers, but
22 that has been part of the dialogue with the
23 agency, and it's also been noted in public
24 comment, we made the supplemental finding. And
25 there you will find that RAH's 2021 total numbers

1 for all of its offices which span Enfield, Avon,
2 Bloomfield and Glastonbury. The total for all
3 those offices in 2021 comes to 104 percent for CT
4 and 92 percent for MRI. And to be fully
5 transparent, we want to let you know that the
6 Glastonbury MRI scanner was down for seven weeks
7 last year. So when we say 92 percent for MRI,
8 what we are using is a diminished capacity
9 threshold that takes those seven weeks out. So we
10 don't use the full 4,000. We use the diminished
11 number that we indicated on our chart.

12 But I want to note that even if you
13 don't diminish that and you use the 4,000 expected
14 scans on the scanner, notwithstanding the fact
15 that it was down for seven weeks, then RAH's total
16 offices still show that MRI is 88 percent. So
17 when you look at these numbers, and I will make --
18 I hate to belabor the point because all of the
19 numbers support approval of this proposal, but I
20 also want to note that we're now also almost --
21 well, we were halfway through the year when we
22 were able to look at RAH's 2022 numbers through
23 May 31st to see, okay, where are the volumes.

24 Because I think what you're going to
25 hear and in what you've probably read in the

1 profile testimony is that, well, we think we're
2 seeing growth trends. And what I recognized in
3 the application in the dialogue is that the
4 projections and the calculations and the
5 assumptions behind them, their projections were, I
6 wouldn't say called into question, but I think
7 that the agency was focused on what went behind
8 those projections.

9 But I want to note that because we're
10 in 2022 and RAH has this actual utilization data
11 of all of the RAH's offices, when you annualize
12 those numbers, so you take the five months and you
13 annualize it, you're going to see that the total
14 is 117 percent for CT and 99 percent for MRI. And
15 those are solid numbers based on where we are
16 today asking for additional scanners to address
17 capacity that's shown in the community, it's shown
18 at the hospital, and it's shown throughout all of
19 RAH's offices.

20 And to the extent that there's that
21 question of, oh, well, could RAH's Glastonbury
22 office absorb any of the additional capacity in
23 the Rocky Hill service area. To outline that one
24 specifically, I want to say that the Glastonbury
25 2022 annualized data is 153 percent CT and 92

1 percent for MRI.

2 So I hope that as a starting point you
3 should feel comfortable that, yeah, what they had
4 projected in the strategic planning that began
5 years ago where they're using Truven data, they're
6 using Advisory Board data, and they're trying to
7 project into the future how to best address the
8 community need for advanced imaging that the
9 numbers are supporting their projections at this
10 point. And that if you hit the reset button and
11 said is there a clear public need to add these
12 scanners today, absolutely, in every single
13 measure.

14 And I don't think I need to belabor
15 this point, but the fact that this is a joint
16 venture between Saint Francis Hospital Medical
17 Center and their radiology practice that are part
18 of what is now referred to as SoNE, which is their
19 risk bearing, you know, clinically integrated
20 network. I mean, we've explained ad nauseam in
21 the Bloomfield application really what they're
22 trying to achieve with this network, and we've
23 touched upon it again in this application. So if
24 you're looking at the identity of who's trying to
25 fill this need that we've already demonstrated, I

1 mean, it's a great partnership between a hospital
2 and a radiology practice located at a medical hub
3 that the hospital had already invested in and you
4 have SoNE network physicians. And you'll also see
5 in the data that 90 percent of the referrals for
6 the existing imaging services at the medical hub
7 come from SoNE network physicians. So you can see
8 this is really a network focused initiative.

9 I'll also note that the Bloomfield MRI
10 and CT that was established, that has shown that
11 93 percent of the MRI and CT referrals come from
12 SoNE network physicians, and the value of the SoNE
13 network has also been demonstrated with the
14 Medicare Shared Savings Program. I mean -- well,
15 I want to be clear to respect the distinctions.
16 SoNE owns ACO. That's the Trinity Health of New
17 England ACO LLC, and that ACO participates in the
18 Medicare Shared Saving Program. And what you'll
19 see in the data is in 2020 they had extraordinary
20 savings to the Medicare program, and they receive
21 a lot of money back. And it's because of their
22 efforts that have, I think, spanned decades in
23 terms of looking at how to shift into value-based
24 care and being the leader of that. So when it
25 comes to identity of who's filling the need, I

1 can't think of anyone better.

2 And I also want to say that when it
3 comes to patient choice, diversity of providers,
4 you know, this is in the statutory criteria.

5 Allowing Saint Francis in its joint venture with
6 its radiology practice to have similar imaging
7 capabilities and access points as its competitor
8 is, I think, important to allow and preserve for
9 patient choice and diversity of providers.

10 So what I hope we can accomplish today
11 is that if there's any of the findings that you
12 feel you can't make in good faith today based on
13 the information presented, in my mind that could
14 only be the function of a miscommunication or
15 something that needs to be clarified because, I
16 mean, I think everything is just there and that
17 this is something that you can make findings to
18 approve. And if that's not the case, or you're
19 just looking for clarifications and just want to
20 know more about the project, we're glad we're here
21 before you. And I think that Dr. Twohig and Kathy
22 are going to be able to adequately answer all your
23 questions.

24 So with that, thank you for your time,
25 and I'll turn it over to Dr. Twohig so he can say

1 his piece.

2 HEARING OFFICER CSUKA: So before we
3 get started, Dr. Twohig, can you just spell your
4 name for the record. As well, I'm also going to
5 swear you in as a witness.

6 DR. TWOHIG: Sure. It's T-W-O-H-I-G.

7 HEARING OFFICER CSUKA: Okay. And your
8 first name is Michael, correct?

9 DR. TWOHIG: Yes.

10 HEARING OFFICER CSUKA: All right. So
11 please raise your right hand.

12 M I C H A E L T W O H I G ,

13 having been first duly sworn (remotely) by
14 Hearing Officer Csuka, testified on his oath
15 as follows:

16 HEARING OFFICER CSUKA: Okay. Thank
17 you. So you can proceed with your testimony, and
18 you can say whatever you would like at this point.

19 DR. TWOHIG: Well, first of all, I'd
20 like to thank Attorney Rose for that great
21 introduction. I think he summarized a lot of our
22 work in this regard, and I would just like to give
23 a short introduction as well.

24 Good morning, Hearing Officer Csuka,
25 and esteemed members of the Office of Health

Strategy. My name, as you heard, is Dr. Michael Twohig, and I'm president of Rocky Hill Imaging Center and chairman of the Department of Radiology at Saint Francis Hospital and Medical Center. And, until my recent transition, I've also served as president of Radiology Associates of Hartford for almost two decades. I have also, beyond these roles, however, and near and dear to my heart, I've been a practicing neuroradiologist for the last 32 years. And I adopt my profile testimony.

HEARING OFFICER CSUKA: Thank you.

DR. TWOHIG: Thank you. I'm here today to attest that there is a clear public need for the CT and MR equipment that we are proposing and to explain why this application will bring true value to the communities we serve. Some of my remarks are redundant of those I made regarding RAH's Bloomfield application in 2020, but this proposal is part of the same vision to bring affordable high quality value-based advanced imaging into the communities served by Saint Francis Hospital. Very simple, this proposal addresses every consideration with respect to acquiring new advanced imaging equipment. There is a clear public need based on the application of

1 the agency's guidelines which will be discussed in
2 more granular detail by my colleague to my left,
3 Kathy Smith.

4 Beyond the numbers, CT and MR services
5 at the Rocky Hill Medical Hub will generate value
6 for patients and providers alike, all the while
7 improving efficiencies, patient satisfaction and
8 outcome. Patients enjoy receiving physician,
9 laboratory and imaging services in a familiar and
10 comfortable setting. This improved patient
11 satisfaction translates into increased utilization
12 and positive health outcomes.

13 And as one of my colleagues stated in
14 their letter that they had sent in in support of
15 this, if there's one thing the pandemic has taught
16 us, especially with patients who are in his
17 setting, sometimes immunosuppressed cancer
18 patients, we need to have multiple access points
19 to really allow us to continue treatment in light
20 of the pandemic or whatever the next obstacle we
21 face along the road towards health and recovery.
22 We need to have these points of access to give us
23 that diversity of access into the system in the
24 face of unknown challenges like a pandemic.

25 Providers also find satisfaction in

1 being part of a rich environment of like-minded
2 caregivers who understand that health care is a
3 team sport. And in that medical hub they're able
4 to work in that rich environment and not only
5 provide care and support to the patients but
6 support to one another. Our goal continues to be
7 to improve care while lowering costs, and timely
8 access to advanced imaging plays a critical role
9 in these efforts.

10 You will find in the vast amount of
11 materials we submitted -- in the materials we
12 submitted a lot of information about who we are as
13 a network, but nothing can really convey the
14 excitement we feel being part of a larger health
15 care system, Trinity Health of New England, that
16 has such a positive defined mission and mandate to
17 empower us as clinicians to find ways to improve
18 health and have that principal be at the core of
19 our financial model.

20 What's even better though is to have
21 our efforts validated, as they have been recently,
22 with the State of Connecticut Health Plan
23 designating Saint Francis Hospital as a center for
24 excellence for hip replacement and hip revision,
25 knee replacement and knee revision, lumbar

1 laminectomy and lumbar spine fusion episodes of
2 care. So it really recognizes the collective
3 workings of the integrated network in providing
4 this high level of care that has been identified.

5 The proposal to have MR and CT at the
6 medical hub will help us to enhance access to the
7 services while also being able to control costs.
8 Some of these services have historically been done
9 at a hospital such as coronary CTA where we look
10 at the arteries of the heart and CT preoperative
11 planning for aortic valve replacement. And now
12 moving them into the community not only will allow
13 us to control cost, but do so, as I said earlier,
14 in a comfortable and familiar environment. We
15 don't want to lose sight, as Attorney Rose had
16 said earlier, about the fact that RAH's imaging
17 offices, particularly in Glastonbury, have been
18 experiencing unprecedented growth in both MR and
19 CT, and so added capacity to the network in the
20 surrounding communities will also improve overall
21 access to RAH's community-based imaging
22 operations.

23 Thank you for your time and
24 consideration. We respectfully request your
25 approval of this application so that we may offer

1 these MR and and CT services to further bring our
2 network vision to our medical hub. Thank you.
3 And I would now like to turn over the testimony to
4 Kathy Smith, chief operating officer of Rocky Hill
5 Imaging Center, who will address some of the more
6 granular aspects of the data supporting a clear
7 public need for this proposal. Thank you.

8 HEARING OFFICER CSUKA: Thank you,
9 Doctor.

10 Ms. Smith, would you mind just stating
11 your name for the record and spelling your last
12 name as well?

13 MS. SMITH: Certainly Kathy Smith, and
14 it's spelled S-M-I-T-H.

15 HEARING OFFICER CSUKA: Thank you. So
16 I'm going to swear you in now.

17 K A T H L E E N S M I T H,

18 having been first duly sworn (remotely) by
19 Hearing Officer Csuka, testified on her oath
20 as follows:

21 HEARING OFFICER CSUKA: Thank you. And
22 do you adopt your prefile testimony?

23 MS. SMITH: I do.

24 HEARING OFFICER CSUKA: Thank you.
25 Okay. You can proceed.

1 MS. SMITH: Good morning, Hearing
2 Officer Csuka, and members of the Office of Health
3 Strategy staff. As you heard, my name is Kathy
4 Smith, and I am the chief operating officer of
5 Rocky Hill Imaging Center, LLC and the executive
6 director of Radiology Associates of Hartford which
7 manages the imaging center. I also serve as a
8 member of the Southern New England Health Care
9 Organization's Contracts & Finance Committee where
10 I actively participate in the review of regional
11 payer contracts for the organization and SoNE's
12 Bundles Valuation Committee. I adopt my profile
13 testimony.

14 I've come before you today to testify
15 as to how the information we have presented in our
16 application and the documents that followed
17 demonstrate the need for MRI and CT scanners that
18 we are asking permission to install at our site at
19 the Rocky Hill Medical Hub. My testimony is based
20 on my personal experience managing RAH since 2011
21 where I joined following 11 years as the assistant
22 director of radiology and imaging at Saint Francis
23 Hospital and Medical Center. In addition, I
24 played a key role in the development of the joint
25 venture between RAH and Saint Francis and the

1 development of the proposal before you today.

2 At the outset I want to apologize for
3 any confusion regarding the data or other
4 information that we presented in this process.

5 Our responses to the hearing issues, however,
6 along with our testimony, will hopefully bring
7 everything into focus regarding the clear public
8 need for this proposal. You will see that we
9 completed thorough diligence in addressing Hearing
10 Issue No. 1 regarding clear public need. This is
11 the product of my work with a CON consultant and
12 Reid & Riege and involves a detailed analysis of
13 our community and internal capacities that
14 demonstrate the need for these scanners.

15 We trust that you will have the
16 applicable pages from the standards and guidelines
17 with you as you read the response because we
18 organized the letters and numbers to track the
19 sections noted on those pages. You can see that
20 the percentages in the community and our internal
21 capacities for both modalities are above the 85
22 percent threshold. We came to these numbers
23 following the guidelines to a T. For example, the
24 towns listed in the revised PSA are the product of
25 using the actual utilization data of the imaging

1 services at the Medical Hub between January and
2 May 2022. These towns generally track what we had
3 projected prior to becoming operational with only
4 a few additions.

5 With the revised PSA, we then followed
6 the guidelines' instructions and quantified the
7 scanners in the PSA which does not include the
8 towns of West Hartford, New Britain, Bloomfield or
9 Glastonbury. Additionally, since RAH does not
10 have any scanners in the PSA, we did not include
11 RAH's volumes in the internal capacity analysis.
12 We only included the Saint Francis scanners on the
13 hospital campus because they are located in
14 Hartford which is part of the PSA. We recognize,
15 however, that the focus on following the
16 guidelines so closely may give the impression that
17 RAH's volumes, if included, would show that RAH
18 can address the need that we are trying to address
19 with this proposal. This is not the case.

20 So to correct this potential
21 misimpression, we submitted the supplemental
22 tables that demonstrate that RAH is not in a
23 position to address the need met by the scanners
24 being proposed today as any office near the PSA is
25 also above the agency's capacity thresholds. The

1 Glastonbury office, in particular, demonstrates
2 the need for additional capacity in both
3 modalities.

4 You've heard from Dr. Twohig how RAH
5 and now the joint venture with the hospital have
6 been enhancing access to value-based imaging
7 services through the communities served by Saint
8 Francis Hospital and the SoNE network physicians.
9 We believe this enhanced access improves the
10 quality of care for our population. And while
11 adding scanners to enhance access may not seem
12 cost efficient if you are only measuring how many
13 scans you are producing on an individual scanner,
14 it has been shown to be incredibly cost efficient
15 when you look at the total cost of care and
16 resulting savings, some of which are shared with
17 us as part of our payer contracts.

18 Case in point, and as Attorney Rose
19 mentioned, in 2020 our ACO saved Medicare \$22.4
20 million and therefore received approximately 16
21 million back in shared savings. RAH and SoNE
22 providers were able to enjoy this share of the
23 savings because of our willingness to bear
24 financial risk up front which many providers are
25 still reluctant to do.

1 In sum, adding the proposed MRI and CT
2 scanners to our Rocky Hill Medical Hub in support
3 of our SONE physicians and the patients they serve
4 while preserving and enhancing access to services
5 at the hospital and RAH's other sites is critical
6 to our ability to continue to build a robust
7 value-based clinically integrated network with
8 access to advanced imaging in furtherance of our
9 goal to improve patient health and control the
10 total cost of care. I'm personally very proud to
11 be part of this integral network and welcome your
12 support with approval of this application.

13 HEARING OFFICER CSUKA: Thank you, Ms.
14 Smith. And thank you, Dr. Twohig, again.

15 So Mr. Rose, unless you have any
16 objection, I think we're going to proceed to
17 questions from OHS staff.

18 MR. ROSE: No objection. Thank you.

19 HEARING OFFICER CSUKA: Okay. So Ms.
20 McLaughlin, I believe you're going to go up first,
21 correct?

22 MS. McLAUGHLIN: Correct.

23 HEARING OFFICER CSUKA: And certainly
24 if anybody has any issues hearing Yadira, just let
25 us know and we'll make some corrections.

1 MS. McLAUGHLIN: Okay. Thank you, Dan.
2 For my first set of questions if you
3 can turn to Exhibit A, the CON application. Okay.
4 The first question is, on page 13 of the
5 application it states, Based upon SFHMC patient
6 experience, many SFHMC patients, especially older
7 patients, would prefer to receive their medical
8 care closer to their homes in a location with easy
9 access and accessible parking. What data do you
10 have to support this statement?

11 MS. SMITH: Saint Francis participates
12 in Press Ganey surveys, and we had received
13 feedback via those surveys that patients wanted to
14 have more extensive services offered into the
15 community.

16 HEARING OFFICER CSUKA: And would you
17 be willing to share any of the results of those
18 surveys, or is there a way in which you are able
19 to do that sort of compiled data or something
20 along those lines?

21 MS. SMITH: I would need to work with
22 our Saint Francis colleagues to compile that data.

23 HEARING OFFICER CSUKA: Okay. But to
24 your knowledge, you think it would be possible, at
25 least?

1 MS. SMITH: I do.

2 HEARING OFFICER CSUKA: Okay. Thank
3 you.

4 MS. McLAUGHLIN: Thank you. My next
5 question is, on page 18 and throughout the
6 application the applicant mentions that both Saint
7 Francis and RAH are above capacity at their
8 existing imaging center locations. What
9 calculations were used to determine this
10 methodology, was it the OHS State Facilities Plan
11 or something different?

12 MS. SMITH: We used the OHS State
13 Facilities Plan to calculate the capacity.

14 MR. ROSE: Page 18. I just want to
15 make sure you're going to page 18. That's still
16 in Exhibit A, page 18?

17 MS. McLAUGHLIN: Yes, we're still on
18 Exhibit A.

19 MR. ROSE: Okay. Yeah, I'm sorry, I'm
20 looking at, I see different percentages. I'm
21 sorry, if you can direct us exactly to which of
22 the capacity statements you're referring to?

23 MS. McLAUGHLIN: On page 18 it should
24 be letter B.

25 MR. ROSE: Yes. Okay, I see. So

1 there's a representation about Jefferson
2 Radiology. And -- oh, thank you. So currently
3 both. Oh, okay. Yeah, so you're asking about
4 currently both Saint Francis and RAH are at or
5 above capacity and what calculations were used to
6 support that statement, right?

7 MS. McLAUGHLIN: Correct.

8 MS. SMITH: The 2018 inventory.

9 MR. ROSE: I think they're asking --

10 MS. SMITH: I'm sorry.

11 MR. ROSE: They're asking about your
12 internal capacity, so not the inventory. And so
13 at this point I know that we had run your numbers
14 in the hearing process using the exact standards
15 and guidelines. Those calculations are not stated
16 here. So she's asking did you do that exercise
17 that you did for the hearing issues in part three
18 to support the statement, or are you saying that
19 Saint Francis and RAH were at or above capacity
20 using some other measure. Is that correct,
21 Yadira?

22 MS. McLAUGHLIN: Yes. Were the
23 calculations used to determine this methodology
24 the OHS State Facilities Plan or something
25 different, a different methodology?

1 MS. SMITH: That statement was made
2 based on our experience of how we're managing our
3 scanners at both locations, both Saint Francis and
4 RAH.

5 HEARING OFFICER CSUKA: Okay. Does
6 that answer your question, Ms. McLaughlin?

7 MS. McLAUGHLIN: Yes. Thank you very
8 much. And we're still staying on Exhibit A for
9 the next question, same page. On page 18 of the
10 application and throughout the applicant mentions
11 data extraction and projections from Truven Market
12 Expert and Advisory Board projections. Can you
13 provide underlying data to support this?

14 MS. SMITH: Yes.

15 MR. ROSE: I'm sorry, if you have the
16 answer. I missed the page number. And I don't
17 want to hold you guys up but --

18 MS. SMITH: We're still on page 18, so
19 letter C. And Ms. McLaughlin is asking if we have
20 supporting data from the Truven and advisory data
21 that we reference.

22 MR. ROSE: Okay.

23 MS. SMITH: So yes, we can support that
24 and provide that to you.

25 MS. McLAUGHLIN: Okay.

HEARING OFFICER CSUKA: Just to be clear, there are a number of references to Truven Market Expert throughout the application. So we're not just looking for, well, correct me if I'm wrong, Yadira, but we're not just looking for what's on page 18 but any place in the application where that is referenced. Is that correct?

MS. McLAUGHLIN: That's correct.

MS. SMITH: We do have that data. I worked with a strategic analyst at Saint Francis Hospital on this project, and so we can put that together and certainly provide that to you.

MS. McLAUGHLIN: Thank you. Okay.

Next --

HEARING OFFICER CSUKA: So we'll keep a list going here. And Attorney Rose, it looks like you're also diligently writing.

MR. ROSE: Yeah, I'm going to rely on you guys though.

HEARING OFFICER CSUKA: So we'll discuss Late-Files towards the close of the hearing and how much time you think you might need once we figure out what the Late-Files actually are. There are no fewer than, I'd say, three people taking notes on what the Late-Files are, so

1 together I think we can probably get through this.

2 MR. ROSE: Okay.

3 MS. SMITH: Great.

4 MS. McLAUGHLIN: Okay. Thank you. And
5 again, I'm staying on Exhibit A. On page 24 of
6 the application the applicant states, "There will
7 be no financing, and the capital contributions
8 will be made by the two LLC members from their
9 respective strategic operating budgets." However,
10 on page 43 of the application there is a copy of a
11 financing proposal. Can you please clarify would
12 the proposed equipment be leased or financed?

13 MS. SMITH: So when I look at page --
14 oh, 43 is the lease agreement with Siemens medical
15 systems. I just want to make sure I'm referencing
16 the correct page.

17 MS. McLAUGHLIN: Yes, you are.

18 MS. SMITH: Yes. So we did the
19 buildout for the entire Rocky Hill Imaging Center,
20 LLC with equal contributions between the
21 applicants, Radiology Associates of Hartford, and
22 Saint Francis Hospital and Medical Center. Each
23 took that money out of their operating budgets.
24 It is our standard at Radiology Associates of
25 Hartford in reference to page 43 to lease. It's

1 an operational lease. It will come out of the
2 operational budget which is funded equally between
3 both parties. We lease our equipment to give us
4 the flexibility to upgrade our equipment through
5 the life cycle.

6 MS. McLAUGHLIN: Okay. Thank you. And
7 who will be paying for the proposed equipment?

8 MS. SMITH: The CT and MR, that comes
9 out of the operating budget which is equally
10 funded by both Saint Francis Hospital and Medical
11 Center and Radiology Associates of Hartford.

12 MS. McLAUGHLIN: Thank you. And on
13 Exhibit A, page 16, specifically the letter C of
14 the application, the provider URL for UHC is
15 broken. Can you please provide a functional URL
16 or a hard copy as a Late-File?

17 MS. SMITH: On page 16.

18 MR. ROSE: And which link is broken?

19 MS. McLAUGHLIN: Page 16, the UHC.

20 MS. SMITH: Yes. Yes, we can.

21 MR. ROSE: One note though --

22 MS. SMITH: I was just going to say --

23 MR. ROSE: We updated it.

24 MS. SMITH: We did update in the
25 hearing issues. Isn't that --

1 MR. ROSE: Yes.

2 MS. SMITH: -- updated? And I believe
3 the updated link is included in the hearing
4 issues.

5 MR. ROSE: Do you want us to turn your
6 attention to where that link is? Because United
7 updated, and there's a policy that's effective as
8 of, I think, April of this year.

9 MS. SMITH: April of this year. UHC
10 updated their policy.

11 MR. ROSE: Yeah. And we did provide a
12 link to that. So perhaps the new one works which
13 obviously that will be the more relevant one at
14 this point.

15 So was that in your profile testimony?
16 Sorry, we'll track that down real quick
17 here.

18 MS. SMITH: It's in the hearing issues.

19 MR. ROSE: Oh, I'm sorry, if it is,
20 then -- I'll check. Yeah, you're right, it is in
21 the hearing issues. A lot of trees died and
22 sacrificed for this proposal.

23 HEARING OFFICER CSUKA: I think the
24 same goes for any CON proposal.

25 (Laughter.)

1 MR. ROSE: So that would have been
2 probably --

3 MS. SMITH: It's on page 20 of the
4 response to the hearing issues.

5 MR. ROSE: So that's Exhibit V, as in
6 "Victor."

7 MS. SMITH: It's the fourth bullet
8 down.

9 MS. McLAUGHLIN: I see it. Thank you.

10 MS. SMITH: You're welcome.

11 MS. McLAUGHLIN: Similar question, page
12 36 of the application, the provider URL for Cigna
13 is broken.

14 MS. SMITH: We can take that as a
15 Late-File. I believe that policy has been updated
16 as well. I just referenced it recently myself.
17 But we are happy to provide that as a Late-File.

18 MR. ROSE: Do you want the most recent
19 same as United, whatever is in effect today?

20 MS. McLAUGHLIN: Yes.

21 MR. ROSE: Okay. So Late-File, Cigna.
22 And what page was that referenced on?

23 MS. SMITH: 36.

24 MR. ROSE: 36. Okay.

25 MS. McLAUGHLIN: Okay. Thank you. So

1 my next set of questions, you can turn to Exhibit
2 C, the applicant's responses to first completeness
3 letter. Okay. Please turn to page 119 of Exhibit
4 C. There are significant increases between the
5 actual and projected MRI and CT body scans. What
6 is the basis for these increases?

7 MS. SMITH: We submitted at this time
8 the calendar year 2021, I believe that was through
9 May of 2021, and moved forward to make the
10 projections. The volume increase, we had seen a
11 significant increase in volume, but we
12 overprojected those numbers. You will see as part
13 of the supplemental table that we submitted that
14 the actual volumes were, we have demonstrated a
15 significant growth, but those volumes are
16 overstated.

17 MR. ROSE: All of them?

18 MS. SMITH: Not all of them, just the
19 Glastonbury MRI.

20 MR. ROSE: What about Enfield and
21 Bloomfield?

22 MS. SMITH: Enfield and Bloomfield we
23 actually exceeded those projections.

24 MR. ROSE: So you underprojected for
25 those?

1 MS. SMITH: We underprojected. Let me
2 just backtrack here a little bit. So we
3 underprojected Enfield and Bloomfield MRI. The
4 only overprojection was Glastonbury MRI. You'll
5 note in the Glastonbury CT that is also
6 underprojected. We overperformed that number as
7 well.

8 MR. ROSE: Okay.

9 MS. McLAUGHLIN: Thank you.

10 DR. TWOHIG: Glastonbury MR was down
11 for a period of time.

12 MR. LAZARUS: This is Steve Lazarus.
13 Just for clarification, so the volumes you
14 projected, would they need to be revised because
15 of what was submitted yesterday?

16 MR. ROSE: Yeah. So because these are
17 projections -- I mean, if you asked us what we
18 project for 2022, then we'd absolutely say that
19 what we submitted in the supplemental table should
20 supplant any 2022 projections because those are
21 actually -- numbers based on actual data because
22 obviously the passage of time.

23 MR. LAZARUS: Okay. So these replaced
24 the original projections then?

25 MR. ROSE: Yeah. Well, they're

1 annualized, so you can call annualized
2 projections. So yes, if you want to take the
3 table that we gave, I think we did actually add up
4 the numbers in terms of the totals for the
5 annualized versus the totals for our projected.
6 And Kathy, I need you to verify that the totals
7 for the three offices -- I actually don't want to
8 speak to the data. But I will very succinctly
9 say, Steve, that yes our projected 2022 volumes
10 for scanners should be supplanted by the table
11 data that you have.

12 MR. LAZARUS: Okay.

13 MR. ROSE: So if you want to know where
14 we're going to be at 12/31/2022 in terms of what
15 we think the final volumes would be, please refer
16 to the supplemental table.

17 MS. SMITH: And to Adam's point, these
18 were projected in June of 2020. So with the
19 passage of time we obviously have more accurate
20 annualized data for 2022.

21 MR. LAZARUS: All right. Thank you.

22 MR. ROSE: Sorry for the long road to a
23 short answer.

24 MR. LAZARUS: We got there. That's all
25 that matters.

1 MS. McLAUGHLIN: Thank you. And
2 remaining on Exhibit C, page 119, as originally
3 asked by OHS in Question No. 10, please provide
4 the actual cost comparison for CT and MRI scans at
5 the proposed imaging center compared to hospital
6 and hospital outpatient department imaging cost
7 per scan.

8 MS. SMITH: So we did provide to the
9 agency an average difference of 5.1 percent
10 between the hospital and the RAH offices. I can
11 share with you that the hospital has made a
12 concerted effort to decrease their imaging fees
13 for patients. The policies, as we've referenced
14 between Cigna, Anthem and UnitedHealthcare, even
15 with a decrease in those fees, the payers are
16 still actively steering patients into the
17 outpatient market and away from the hospital site
18 of service.

19 HEARING OFFICER CSUKA: Ms. McLaughlin,
20 I think -- so you're looking for more information
21 relating to cost per scan rather than like the
22 ratio that the different -- the difference between
23 hospital and outpatient, right?

24 MS. McLAUGHLIN: Cost per scan,
25 correct.

HEARING OFFICER CSUKA: Is that provided anywhere in the application or anywhere else?

MR. ROSE: In the completeness responses. So I'll tell you what exhibit, so one second. I could tell you it's 176 of the CON application, but I'm just trying to see where it is. Oh, is it in this same exhibit?

MS. SMITH: I think I have it. It's right here.

MR. ROSE: I'm sorry, it's Exhibit E.

MS. SMITH: No, G. Exhibit G.

MR. ROSE: Okay. Exhibit G as in "go," and page 176. And if you guys don't mind, as a jumping off point, I think, Yadira, this is related to your question, and you can tell me if it's off point, when we saw that exhibit about the All-Payer database uploaded and we looked at it -- so, I mean, I understand that you guys are trying to get a sense of, well, how are we competitive with costs, how do we relate, what is our, you know. And I think, and correct me if I'm wrong, if you added Radiology Associates of Hartford in Glastonbury, in particular, but I think it will be any --

1 MS. SMITH: Radiology Associates of
2 Hartford.

3 MR. ROSE: So if you took what you did
4 on that exhibit for the All-Payer Claims Database
5 and you included Radiology Associates of Hartford,
6 those are going to be the same cost points that
7 relate to this joint venture. So that would allow
8 you to look at apples to apples. But when you try
9 to, you know, talk about, well, what is the
10 average cost, even among, say, commercial payers,
11 there's so many ins and outs to it. I'm trying to
12 nail my own client down on these measures. It's
13 just very difficult because you keep getting
14 different variables back. But in our discussion
15 we were thinking, well, the All-Payer Claims
16 Database, you had your search parameters in there,
17 and apparently that was coming up with other
18 providers and their reported numbers, and there
19 was the average that was right there in the middle
20 and then there was the median towards the end with
21 dollar amounts for various procedures. So if you
22 added Radiology Associates of Hartford to that in
23 your search parameters, so maybe open it up to
24 Glastonbury and then just look at what are the
25 reports in Glastonbury or any other office, I

1 think that will get you the cost comparison that
2 you're looking for. So is that on point?

3 HEARING OFFICER CSUKA: Steve, is that
4 something that we are able to do with APCD?

5 MR. LAZARUS: We should be able to pull
6 it up, but it would be also helpful to make sure
7 that maybe the applicants can provide that as well
8 so we can actually just verify that.

9 MS. SMITH: So we fill in that exact
10 spreadsheet that you had by those CPT codes that
11 are listed.

12 MR. LAZARUS: I think that would be
13 very helpful, especially since they're going to
14 match up the same CPT codes because that can be
15 the problem sometimes.

16 MS. SMITH: So even though -- and I
17 understand it can't have the CPT codes. That's a
18 public payer issue. But on the copy that I
19 supplied to you I'll include the CPT codes and a
20 description of the CPT code with all of the
21 respective columns. Would that satisfy that
22 request?

23 MR. LAZARUS: Yes, I think that would
24 be helpful. We can take that as a Late-File.

25 MR. ROSE: Okay. So as long as you

1 know what you're reporting.

2 MS. SMITH: I do.

3 MR. ROSE: Okay. I'm going to leave it
4 good.

5 MS. McLAUGHLIN: Thank you. And my
6 last question on Exhibit C is on page 22 -- I'm
7 sorry, page 122. The applicant provided a draft
8 operating agreement between Saint Francis Hospital
9 and Medical Center and Radiology Associates of
10 Hartford for Rocky Hill Imaging Center. Please
11 provide an executed copy of the final operating
12 agreement as a Late-File.

13 MS. SMITH: We would be happy to.

14 MR. ROSE: Just one question about
15 that. I assume that you guys won't have any issue
16 with anything that's proprietary or sensitive
17 being redacted.

18 HEARING OFFICER CSUKA: Steve can
19 correct me if I'm wrong, but I think in past
20 applications we've asked that the original
21 document be sent directly by email to us and you
22 provide a redacted version on the portal.

23 MR. ROSE: Okay. And with the caveat
24 then that you guys will protect anything that we
25 redacted for FOIA purposes obviously. So FOIA has

1 all the exceptions as long as we're on the same
2 page with the materials that we redact. Now,
3 obviously if you think we overredacted and we
4 don't fit a FOIA exception, please let us know,
5 but I think that's generally the principal there
6 that if we redact it the public won't be able to
7 see it, but we're fine with you guys seeing it.

8 MR. LAZARUS: Yes. I think if you email
9 a copy to us, the unredacted copy, the hearing
10 officer will review it and actually decide what's
11 confidential, and we will label it as such, and
12 that would not be available. And the redacted
13 copy can be uploaded to the portal.

14 MR. ROSE: Okay. So are you guys going
15 to redact and then upload, is that what you're
16 saying?

17 MS. SMITH: We redact it for the
18 portal. They redact it for FOIA but they should
19 let us know what --

20 MR. LAZARUS: There will be a clean
21 copy and a redacted copy, but a clean copy can be
22 sent directly via email and not through the
23 portal.

24 MR. ROSE: Okay.

25 MR. LAZARUS: And then you can send it

1 to me or anybody, and then we will make sure it
2 gets forwarded to the hearing officer who will
3 then review it to make the call whether it's
4 acceptable to label it as confidential.

5 MR. ROSE: Okay. And is it okay if we
6 email it to you?

7 MR. LAZARUS: That's fine.

8 HEARING OFFICER CSUKA: And if you want
9 to use any sort of encrypted email methodology,
10 that's fine as well.

11 MR. ROSE: Thank you.

12 MS. McLAUGHLIN: Thank you. And my
13 last set of questions will be focused on Exhibit
14 V, "V" as in "Victor," applicant's final responses
15 to hearing issues.

16 MR. ROSE: "V" as in "Victor"?

17 MS. SMITH: "V" as in "Victor"? I'm
18 sorry.

19 MS. McLAUGHLIN: "V."

20 MS. SMITH: I'm sorry.

21 MS. McLAUGHLIN: Okay?

22 MS. SMITH: Uh-huh.

23 MS. McLAUGHLIN: Okay. So on page 15
24 of the application the PSA, primary service area,
25 was based off of a 10-minute drive to the medical

1 hub. On page 4 of Exhibit V the rationale for the
2 updated primary service area towns is based on 75
3 percent of applicant's patients. Please clarify
4 the "applicant" for this statement. Is the Saint
5 Francis and RAH?

6 MS. SMITH: It's actually the Rocky
7 Hill Imaging Center.

8 HEARING OFFICER CSUKA: At the medical
9 hub, correct?

10 MS. SMITH: At the medical hub, that's
11 correct.

12 MS. McLAUGHLIN: Please clarify, are 75
13 percent of the patients from Saint Francis or from
14 the medical hub?

15 MS. SMITH: From the Rocky Hill Imaging
16 Center at the medical hub. So it's based on the
17 actual patient utilization of the imaging services
18 that we're providing at the Rocky Hill Imaging
19 Center at the Medical Hub to date from January
20 18th of this year to May 31st of this year.

21 MS. McLAUGHLIN: Thank you. On page 4
22 of the same Exhibit V, the applicant provided an
23 updated PSA, primary service area, adding three
24 additional towns. Based on the OHS inventory,
25 there are other existing providers in the

1 contiguous areas. Why were they omitted from the
2 final PSA?

3 MS. SMITH: Why were contiguous towns
4 omitted.

5 MR. ROSE: I mean, I can answer. The
6 reason is because when the standards and
7 guidelines ask you to apply the methodology, the
8 need methodology, they ask you to quantify the
9 scanners in the PSA. But if there's a reference
10 to also including contiguous towns to the PSA,
11 certainly point that out. But our reading of how
12 do you do your needs analysis is that you
13 literally just, first off, the PSA is a specific
14 definition. I have it in front of me, but I'm
15 sure you guys are familiar with it on page 60.
16 And reading from it, the PSA is that geographic
17 area by town for the services location in the
18 application consisting of the lowest number of
19 contiguous zip codes from which the applicant
20 draws at least 75 percent of its patients for this
21 service at such location. So that gets you to
22 your primary service area.

23 And then when you do your actual need
24 methodology and Section 3 on page 61, and I'm
25 using the MRI one, 3A says the applicant is

1 expected to demonstrate that the percentage
2 utilization of current capacity in the primary
3 service area exceeds 85 percent. So in that
4 calculation you wouldn't include any towns outside
5 the service area. So, you know, you guys reserve
6 the right to, you know, want the information and
7 to ask the questions, and so I note that in the
8 responses to the hearing issues where you did ask
9 about other existing providers and why they
10 weren't included from other towns, first off, I'd
11 refer you to that answer that has been adopted by
12 Kathy as part of her prefile testimony, so that
13 would be page 23 of Exhibit V. And so that
14 response was intended to, I think, get to this
15 question. And if we didn't exactly hit the mark,
16 we're happy to address any follow-up questions you
17 have.

18 MS. McLAUGHLIN: Okay. Thank you.

19 HEARING OFFICER CSUKA: So Mr. Lazarus,
20 Ms. McLaughlin, are you seeking a Late-File
21 relating to contiguous towns outside of the PSA or
22 not based on what Mr. Rose just said on behalf of
23 his clients?

24 MR. LAZARUS: This is Steve Lazarus. I
25 think it would be helpful to have the contiguous

1 towns submitted with the providers in those towns.

2 MR. ROSE: Yeah. I think we can --
3 we've looked at that and we still think -- I mean,
4 I can tell you ten ways to Tuesday clear public
5 need is proven for this, and so we have looked at
6 that so we're happy to give you the same analysis
7 including those towns. But I will say prior to
8 doing that that we think that, you know, the
9 need -- so when you say contiguous towns, it
10 starts to get to very loose. And when you look at
11 sort of practical realities of, you know, do we
12 think somebody seeking services at the medical hub
13 should be redirected to West Hartford, it starts
14 to come -- what starts to come into play is that,
15 you know, there's very practical reasons why those
16 patients would not likely access those resources
17 or it wouldn't be optimal, but we'll spare you
18 those explanations. But I just want to make sure
19 that on the record we have that caveat that the
20 plan contemplated that you only quantify what's in
21 the PSA. But with that, we will give you this
22 additional data, and I think you will see it
23 continues to support the need for the proposal.

24 MR. LAZARUS: Thank you. And I think
25 it would be fine if you do want to include an

1 explanation as to why those towns are not
2 included. You're welcome to do that.

3 MR. ROSE: Okay.

4 MS. McLAUGHLIN: Thank you. Still on
5 Exhibit V, staying on Exhibit V, can you please
6 turn to page 5. The applicant provided updated
7 projection data for MRI scan volume and capacity.
8 How were these projections calculated? Can you
9 provide a quantitative calculation for the
10 projected volumes for each of the three projected
11 years?

12 MS. SMITH: We did look at the capacity
13 in the region in the PSA, and we did rely heavily
14 on the Advisory Board Imaging Performance Market
15 Estimator to look at their depth of knowledge and
16 what they project for imaging volume. So we do
17 have copies of that, and we'd be happy to supply
18 that as well.

19 MS. McLAUGHLIN: Great. Thank you.

20 HEARING OFFICER CSUKA: What was that
21 again? I'm sorry.

22 MS. SMITH: We relied heavily on the
23 Advisory Board's Aging Performance Market
24 Estimator. And we do have that. We'd be able to
25 supply that to you in a Late-File.

1 HEARING OFFICER CSUKA: Okay.

2 MS. SMITH: It's based on the PSA.

3 MR. LAZARUS: So I think if you can
4 provide the data but also if you can include -- so
5 I think that would be very helpful. But I think
6 also it would be helpful to have the actual
7 calculation that gets us to the projections. So
8 however you arrived at those projections it would
9 be helpful to have that with the backup data.

10 MR. ROSE: And just to clarify, so
11 these projections are the same projections that
12 were in application, just pushed out a year.

13 MR. LAZARUS: Uh-huh.

14 MS. SMITH: That's correct.

15 MR. ROSE: And so I just want to make
16 sure I understand, at least, so I can help Kathy
17 with what we're providing.

18 MR. LAZARUS: So you said you based
19 them on this imaging advisory board material,
20 which is fine, so we're happy to have that. But
21 if we can actually have some sort of a calculation
22 that gets us to the numbers saying based on this,
23 this is what we used as a basis, this is what we
24 projected out as a percentage based on what, and
25 then this is how we got to each of the year's

1 projections. So actually I'm just trying to
2 quantify it with a backup.

3 MR. ROSE: Again, I'm ten steps behind.
4 She says she's got it so --

5 MS. SMITH: Yeah, we have it.

6 MR. LAZARUS: Thank you.

7 MS. SMITH: We're happy to supply that.

8 MS. McLAUGHLIN: Thank you. And
9 Exhibit V, please provide updated projected CT
10 scan volume and capacity for 2023, 2024 and 2025,
11 as provided for the MRI, and also provide a
12 quantitative calculation for the projected volumes
13 for each of the three projected years as a
14 Late-File.

15 MS. SMITH: That's what we just talked
16 about, correct?

17 MS. MILLER: CT and MRI.

18 MS. SMITH: Oh, CT and MRI separately.

19 MS. McLAUGHLIN: Right.

20 MR. LAZARUS: So we can include that in
21 that same Late-File, just if you can break it out
22 by CT and MRI.

23 MS. SMITH: That's correct.

24 MS. McLAUGHLIN: Okay. Thank you. And
25 still on Exhibit V, page 15, the apartment and the

1 mention that's RAH has observed a steady growth of
2 lung cancer screening over the years. Can you
3 provide articles and data from other locations to
4 support these statements?

5 MS. SMITH: In addition to the
6 footnotes on this page?

7 MS. SMITH: I'm sorry. Could you
8 repeat your request, Ms. McLaughlin?

9 MS. McLAUGHLIN: Yes. Page 15. The
10 applicant mentions that RAH has observed a steady
11 growth of lung cancer screening over the years.
12 Can you provide articles and data from other
13 locations to support this statement?

14 MR. ROSE: Do you want -- so that
15 statement is related to RAH's personal experience
16 in growth and volume. Would you like to see the
17 RAH volume?

18 MS. SMITH: Over the years to
19 demonstrate that?

20 MR. LAZARUS: Yes, please.

21 MR. ROSE: Okay. So you just want data
22 to support that statement --

23 MR. LAZARUS: Yes.

24 MR. ROSE: -- what we're looking at to
25 make that observation?

1 MR. LAZARUS: Exactly, yes.

2 MS. McLAUGHLIN: Thank you.

3 MR. ROSE: So that's a Late-File. Do
4 you know what you're doing on that?

5 MS. SMITH: Exactly.

6 MR. ROSE: Okay. RAH data to support
7 growth in lung cancer screening.

8 MS. McLAUGHLIN: Okay. And on page 23
9 of the same Exhibit V, the applicant mentions that
10 RAH has been experiencing strong volumes at its
11 community-based imaging sites. Can you clarify
12 what is a community-based site?

13 MS. SMITH: Those are each of our
14 imaging centers in Avon, Glastonbury, Bloomfield
15 and Enfield, our existing imaging centers. I was
16 going to say has been submitted in various --

17 MR. ROSE: Yeah, it's a semantics
18 thing, and we apologize for using different -- so
19 sometimes we refer to them as imaging, like RAH's
20 offices, sometimes we call them imaging sites.
21 Sometimes we clarify and say, well, RAH's
22 community-based imaging sites because -- so RAH as
23 a practice does to the professional services at
24 various hospitals in the area, but they don't own
25 equipment. It's not their own. So that was just

1 a way of basically saying RAH's technical
2 component operations in the communities. But it
3 is just Glastonbury, CT in Avon, and then
4 Enfield --

5 MS. SMITH: And Bloomfield.

6 MR. ROSE: And Bloomfield. So both
7 modalities are provided at all locations except
8 for Avon where RAH does the CT and the hospital
9 does the MRI.

10 MR. LAZARUS: All right. Got it.
11 Thank you. I think that helps clarify. I think
12 we got caught up on the community-based site
13 versus an office site. Thank you. That helps.

14 MS. McLAUGHLIN: Thank you. That wraps
15 it up for me and my questions. Thank you for your
16 answers.

17 MS. SMITH: Thank you.

18 MR. ROSE: Thank you.

19 HEARING OFFICER CSUKA: Mr. Lazarus, do
20 you have any questions?

21 MR. LAZARUS: No, I do not. Thank you.

22 HEARING OFFICER CSUKA: Okay. And
23 Attorney Rose, did you have any follow-up on
24 anything that came up over the past hour and a
25 half that you wanted to address with your

witnesses?

MR. ROSE: I want to make sure that we understand the Late-Files. At the end of this I think we'll probably, but before I do that, I want to make sure that some of the things that we nodded our head like, oh, yeah, we know what we're doing. So if we can go offline for a bit and I can go to my notes and look at all the Late-Files and we can make sure that at least we understand it. Collectively if we understand, then okay. But if there's ones where we have different views on what we think we're giving you, I think it would be helpful after a quick break that we kind of outline those for you so then you can tell us more specifically what you were envisioning.

HEARING OFFICER CSUKA: I was actually going to suggest that we do that after the public comment, if there is any. That way you'll have even more time to figure it out and so that we don't need a break now and then come back for a few minutes and then break again.

MR. ROSE: Yeah, that sounds fine.

HEARING OFFICER CSUKA: Okay. So does that work for you, Yadira, and you, Steve?

MR. LAZARUS: Yes, that's fine.

1 MS. McLAUGHLIN: Yes.

2 HEARING OFFICER CSUKA: Okay. So we
3 will have closing argument or comments after the
4 public comment, if there is any public comment. I
5 wish there was a way for us to move things further
6 up into the day, but due to the way these hearings
7 proceed, it's just the way we have to do it here.

8 So we will have the public hearing
9 sign-up between 2 and 3. And if anybody signs up,
10 we will hear their perspective at 3 o'clock. And
11 then we will sort of wrap up the -- tie up the
12 loose ends and adjourn the hearing at that point.

13 Does that work for you, Attorney Rose?

14 MR. ROSE: Yeah, sounds good.

15 HEARING OFFICER CSUKA: Okay. And
16 certainly if anything comes up over the break that
17 you'd like to address, we can address that at the
18 back end as well.

19 MR. ROSE: Okay. Thank you guys for
20 your time.

21 MS. McLAUGHLIN: Thank you.

22 MS. SMITH: Appreciate it.

23 HEARING OFFICER CSUKA: Thank you. We
24 will see you a little later.

25 MR. ROSE: I hope you guys get outside.

1 It looks like a beautiful day.

2 HEARING OFFICER CSUKA: Okay. And we
3 are adjourned for right now.

4 (Whereupon, a recess was taken from
5 11:27 a.m. until 3:01 p.m.)

6 HEARING OFFICER CSUKA: Welcome back.
7 For those just joining us, this is the second
8 portion of today's hearing concerning a CON
9 application filed by Rocky Hill Imaging Center.
10 It's docketed as 21-32439-CON. We had the
11 technical portion of the hearing this morning, and
12 now we are moving on to the public comment
13 portion.

14 We will call the names of those who
15 have signed up to speak in the order in which they
16 are registered. I understand that at least one of
17 the doctors who has pre-registered has patients
18 though, so that may require us to go a little bit
19 out of order. If we miss anyone, please utilize
20 the raise hand function, if that's available to
21 us. I know we were having some issues with the
22 chat function in Zoom. So if that's not working,
23 feel free to just make your presence known, and
24 we'll be happy to hear from you.

25 Speaking time is limited to three

1 minutes. Please do not be dismayed if we stop you
2 at the conclusion of your time. We want to be
3 fair in how those comments are presented.

4 Additionally, we strongly encourage you to submit
5 any further written comments to OHS by email or
6 mail no later than one week, seven calendar days,
7 from today. And contact information is on our
8 website and on the public information sheet which
9 you were provided at the beginning of this
10 hearing.

11 Thank you for taking the time to be
12 here today and for your cooperation. We are now
13 ready to hear statements from the public. Leslie
14 Greer from our office has been kind enough to keep
15 a list of individuals who have submitted their
16 names. So I may need her assistance with this.
17 Anyone speaking, I would just remind you to turn
18 your video and microphone on before you begin
19 talking.

20 So we are going to begin, I believe,
21 with Lucio Ciogli. Is that correct, Ms. Greer?

22 MS. GREER: Yes.

23 HEARING OFFICER CSUKA: Thank you. So
24 Mr. Ciogli, please state your name for the record
25 and be sure to spell it as well, if you don't

1 mind, and then you can continue with your comment.

2 LUCIO CIOGLI: Thank you. My name is
3 Lucio Ciogli. That is spelled L-U-C-I-O,
4 C-I-O-G-L-I. My family lives in Rocky Hill, and
5 we have been cared for by many physicians and
6 people with Saint Francis Hospital. We're part of
7 the SoNE network. My mother passed away a few
8 years ago from lung cancer and complications from
9 an underlying heart condition. My father followed
10 last year after a long battle with Leukemia.
11 During this time, there were many trips to see
12 physicians, including specialists in oncology and
13 cardiology. There were also many visits to the
14 hospital and many diagnostic imaging tests with CT
15 and MRI provided by the providers at RAH which
16 were critical in guiding their care. Through it
17 all, the specialists and doctors with Saint
18 Francis were all supportive and worked together as
19 a team to provide my parents with the best care
20 possible.

21 During this time, I came to appreciate
22 how the radiologists at RAH help guide my parents'
23 care through their imaging services and how they
24 were an integral part of the care team as we
25 worked through managing their cancer and my

1 mother's heart issues. My family and I continue
2 to have our care with Saint Francis and the
3 affiliated providers that are part of their
4 network. I'm excited that there is now a Trinity
5 access site here in my community, and that will
6 include advanced imaging services with CT and MRI
7 provided by RAH pending approval of this CON.

8 There were many times when my parents
9 were ill. My family had to transport them across
10 town for care with their providers, including CT
11 and MRI services, at either the hospital or other
12 imaging sites in the network. This was a burden
13 to my family as we had to juggle jobs, child care
14 with caring for my parents to obtain access to our
15 providers and services. I was fortunate to have
16 had the support system and resources to help
17 manage this situation, but the majority of
18 families faced with these care scenarios do not.
19 Having access to our physicians, providers and
20 imaging services here in Rocky Hill back then
21 would have made things much easier for us over the
22 years, and there are many others who live here in
23 Wethersfield and Rocky Hill who have similar
24 hurdles in accessing care. They'll benefit
25 greatly from the new Trinity access center and the

1 imaging services from RAH.

2 Thank you for your time in allowing me
3 to provide this comment. And I would just like to
4 add that I give my full support to this
5 application. Thank you.

6 HEARING OFFICER CSUKA: Thank you,
7 Mr. Ciogli. I believe next on the list is Susan
8 "Albano" or "Albono." Is she with us right now?

9 MS. ALBANO: Yes, I am. My name is
10 Susan Albano. That's S-U-S-A-N, A-L-B-A-N-O.
11 Good afternoon, Hearing Officer Csuka, members of
12 the Office of Health Strategy and my colleagues at
13 Radiology Associates of Hartford. I'm the chief
14 executive officer of Prime Healthcare. Prime
15 Healthcare is a 70 provider primary care driven
16 multi-specialty group with offices located
17 throughout the greater Hartford area as well as
18 Tolland and New Haven Counties. With
19 approximately 20,000 (inaudible), we are the
20 largest private practice group in the Southern New
21 England Health Care Organization, which is also
22 known as SoNE. Our group works collaboratively
23 with other providers in SoNE on population health
24 initiatives and the delivery of clinically
25 integrated care to the patients that we mutually

1 serve.

2 I'm here today to express our support
3 for the Rocky Hill Imaging Center Certificate of
4 Need application for a CT scanner and MRI to be
5 located in the new Trinity Health Medical Hub in
6 Rocky Hill. Prime Healthcare relies heavily on
7 our colleagues at Radiology Associates of Hartford
8 to provide timely high quality imaging within our
9 network. Our providers depend on the coordination
10 of care with the radiology providers reading
11 patient visits prior to interpretation as well as
12 access to comparison imaging performed throughout
13 our network.

14 The Prime Healthcare providers are well
15 versed in network integrity as it pertains to
16 Medicare shared savings and other at-risk
17 contracts. With two of our offices located in
18 Wethersfield, the location of the Rocky Hill
19 Imaging Center will provide enhanced access for
20 our patients who live in Rocky Hill and the
21 surrounding communities, thus assisting our
22 providers in meeting their goals.

23 I'm appreciative of your time today and
24 the opportunity to speak before you in support of
25 the Rocky Hill Imaging Center CON application, and

1 thank you for your time.

2 HEARING OFFICER CSUKA: Thank you, Ms.
3 Albano. Next on the list is Dr. James
4 Vredenburgh. Is he with us at the moment?

5 DR. VREDENBURGH: I am. Thank you,
6 sir, yes. So the last name is "V" as in "Victor,"
7 R-E-D-E-N-B-U-R-G-H. First name is James. I am
8 the neuro-oncologist here at Saint Francis
9 Hospital. So we take care of brain tumor
10 patients, spinal tumor patients, spinal cord
11 compression. It's critically important as we take
12 care of these patients to have timely access to
13 MRI, less so CT, but the MRIs are really
14 critically important to keep these patients in the
15 State of Connecticut and to be able to care for
16 them locally. It's not just access to the MRIs
17 though.

18 The more important part is my
19 collaboration. I have to meet with the
20 neurosurgeons, the neurologist, radiation
21 therapist, and we work through the
22 neuroradiologist at RAH in order to provide
23 compassionate and timely care. I think we really
24 expanded our neuro-oncology program, and I think
25 having an imaging facility in Rocky Hill will

1 further enhance our ability to care for these very
2 sick patients. I appreciate the opportunity to
3 speak.

4 HEARING OFFICER CSUKA: Thank you,
5 Doctor. Next on the list I believe it's Dr.
6 Richard Shumway. Is he here? I don't see him
7 listed.

8 DR. SHUMWAY: Yes.

9 HEARING OFFICER CSUKA: There he is.

10 DR. SHUMWAY: I just had to turn on my
11 microphone.

12 HEARING OFFICER CSUKA: Okay. Thank
13 you.

14 DR. SHUMWAY: I'm Dr. Richard Shumway.
15 It's R-I-C-H-A-R-D. Last name, S-H-U-M-W-A-Y.
16 I'm a senior attending physician in radiation
17 oncology at Saint Francis, and I'm a director of
18 the Connecticut CyberKnife Center at Saint
19 Francis. And so I've been here for over 30 years.
20 And in my specialty, which really evolved in the
21 past 10, 20 years with treating cancer with
22 radiation, is that we use what's called image
23 guidance. So pretty much all of our treatments
24 are planned using sort of very precise MRI and CT
25 scans. And this is critical to have these scans

1 available on a timely basis.

2 And what I've noticed over the past
3 several years since MRIs and CTs have become more
4 involved in all of medicine that it's become more
5 and more difficult to obtain a scan on a timely
6 basis. So in fact, yesterday I had a patient with
7 a cancer going into his spinal cord, and we had to
8 make phone call after phone call in order to find
9 a scan that could be done on a timely basis. And
10 so this evening they're going to be staying after
11 hours to image this patient.

12 And what's also important is we need to
13 have these scans available that are connected to
14 the Saint Francis system because we import these
15 images and use them to plan our radiation
16 treatments. And so many of our patients live in
17 the Rocky Hill area, and up until now it's been
18 very difficult finding scans that are available on
19 a timely basis in that area. So I greatly support
20 the introduction of CT and MRI at the Rocky Hill
21 Center. Thank you for your time.

22 HEARING OFFICER CSUKA: Thank you,
23 Doctor. Next on the list is Karen Letizio. Is
24 she here?

25 MS. LETIZIO: Yes, I am. Can you hear

1 me?

2 HEARING OFFICER CSUKA: I can, yes. I
3 can't see your video though. There you are.

4 MS. LETIZIO: Okay?

5 HEARING OFFICER CSUKA: Yes.

6 MS. LETIZIO: Good afternoon, Attorney
7 Csuka, and officials of the Office of Health
8 Strategy. My name is Karen Letizio, K-A-R-E-N,
9 Letizio, L-E-T-I-Z-I-O. I am a resident of
10 Wethersfield, Connecticut. Several members of my
11 family have had services provided by Radiology
12 Associates of Hartford as well as being patients
13 of various physicians across several specialties
14 all within Southern New England Healthcare, Saint
15 Francis Hospital and Medical Network.

16 I'm here today to speak to you about my
17 husband, Vinny. In 2001 Vinny had a CT scan at
18 Saint Francis Hospital and Medical Center
19 interrupted by a RAH physician indicating a strong
20 likelihood of pancreatic cancer in the tail of his
21 pancreas. The identification of a mass allowed
22 him to have it surgically removed, and I am
23 blessed and happy to report that Vinny remains in
24 good health today.

25 In the 11 years since the scan, Vinny

1 has seen many providers of the network. With very
2 few exceptions, Vinny's imaging has been performed
3 at Saint Francis Hospital and Medical Center or
4 the RAH Glastonbury office. As we face the same
5 time challenges that many working patients face,
6 we were thrilled to learn of the Medical Hub
7 opening so close to our home. This location will
8 provide Vinny access in our community to the
9 doctors that manage his care. As MR imaging is a
10 regular component to monitor his health, knowing
11 that we have access close to home makes
12 coordinating appointments in our busy lives that
13 much easier. It also ensures the same outstanding
14 care by the providers we are so used to and
15 honestly helped to save Vinny's life. We are
16 eternally grateful to all of these outstanding
17 caregivers.

18 I ask for your support of the Rocky
19 Hill Imaging Center Certificate of Need
20 application. I understand the value it brings to
21 my family and what I believe it will bring to the
22 community. Thank you.

23 HEARING OFFICER CSUKA: Thank you,
24 Ms. Letizio. Next on the list, I believe the last
25 one as well, is Dr. David Silver.

1 DR. SILVER: Yes. Can you hear me?

2 HEARING OFFICER CSUKA: Yes.

3 DR. SILVER: Can you see me?

4 HEARING OFFICER CSUKA: Yes.

5 DR. SILVER: Okay. Just checking. My
6 last name is spelled just like the metal,
7 S-I-L-V-E-R, first name David.

8 Good morning, Hearing Officer Csuka,
9 and members of the Office of Health Strategy. My
10 name is Dr. David Silver. I am the medical
11 director for the Trinity Medical Group Medical Hub
12 in Rocky Hill. I am pleased to share with you
13 today my reasons for supporting the CON
14 application for the CT scanner and MRI scanner
15 proposed to be located within the Medical Hub.

16 I am a primary care physician. I am
17 board certified by the American Board of Internal
18 Medicine. I've been in private practice and work
19 for other healthcare systems. The Rocky Hill
20 Medical Hub presents an opportunity for patients
21 to have immediate local access to high quality,
22 low cost imaging. Since the opening in January
23 2022, the physicians who practice at the Medical
24 Hub have found it incredibly beneficial to the
25 management of patients to having immediate access

1 to medical imaging within the building. The
2 service has been extraordinary. The addition of
3 the CT scan and MRI in this location will allow
4 patients to obtain high-tech imaging and allow the
5 results to be discussed with the patients within
6 the same location literally at the same visit.
7 This creates an improved level of care to the
8 patient in a convenient setting.

9 As providers, we are challenged with
10 ensuring we manage our patient population at the
11 highest level of care in the lowest cost setting.
12 This application has my support and it meets both
13 these objectives. I strongly support the Rocky
14 Hill Imaging Center CON application for a CT scan
15 and MRI at the Medical Hub location. Thank you.

16 HEARING OFFICER CSUKA: Thank you,
17 Doctor.

18 Ms. Greer, do we have anyone else who
19 signed up?

20 MS. GREER: No, we do not have anyone
21 else signed up.

22 HEARING OFFICER CSUKA: Okay. And is
23 there anyone else present who would like to be
24 heard?

25 (No response.)

HEARING OFFICER CSUKA: Okay. Ms. McLaughlin and Mr. Lazarus, do you have any questions for the applicant based on what you heard from the public today?

MR. LAZARUS: No, I don't. Thank you.

MS. McLAUGHLIN: No, I do not. Thank you.

HEARING OFFICER CSUKA: Okay. Thank you. So we are going to move on. I guess we should discuss the Late-File first and the timeline in terms of when that Late-File should be submitted. So I think the best place to start would be to have, Steve, I think we decided you were going to list what we determined were the Late-Files. So maybe let's start with No. 1 and we'll just take them one at a time and make sure everybody is on the same page.

MR. LAZARUS: Sure. So I have a total of eight Late-Files, and I'll start reading through each one. The first one is copies of the survey or supporting material regarding what Saint Francis Hospital Medical Center customers have requested related to the location of services.

Do the applicants concur on that one?

MR. ROSE: So what we did is we

1 underlined that sentence on page 13 about the
2 statement about the challenges of accessibility at
3 Saint Francis Hospital and how that translates
4 into older patients, in particular, wanting to
5 access, you know, better parking lots and easier,
6 more comfortable care. So we underlined that one
7 sentence, and we're going to go and get survey
8 data from the hospital where people make basically
9 statements about the accessibility.

10 MR. LAZARUS: Okay. That's fine. I've
11 added the word accessibility in mine just so we
12 can make sure we are on the same page.

13 (Late-File No. 1, noted in index.)

14 MR. LAZARUS: And so No. 2 is
15 supporting data used throughout the application
16 for Truven Market Experts and Advisory Board.
17 Does that make sense, No. 2?

18 MS. SMITH: Yes.

19 DR. TWOHIG: Yes.

20 MR. ROSE: Yes.

21 (Late-File No. 2, noted in index.)

22 MR. LAZARUS: Okay. No. 3 is provide a
23 working URL for the current Cigna guidelines.

24 DR. TWOHIG: Yes.

25 MS. SMITH: Yes.

1 (Late-File No. 3, noted in index.)

2 MR. LAZARUS: Okay. No. 4, an updated
3 exhibit to include cost comparison of CPT codes
4 and costs related data for the CT and MRI.

5 MR. ROSE: Yeah. And on that one, the
6 way that the All-Payer Claims Database was
7 submitted, blinded the exact CPT codes to, I
8 assume, protect the market competitiveness of the
9 exact pricing information. So we can give you the
10 CPT level data, but we'd like to do the same thing
11 where we email that to you and then upload to the
12 portal something that looks more like the blinded
13 that you sent us as a public exhibit related to
14 the other providers.

15 MR. LAZARUS: Hearing Officer, your
16 opinion?

17 HEARING OFFICER CSUKA: I don't have
18 any issues with that if that will provide you with
19 the same amount of information.

20 MR. LAZARUS: Yeah, we should be okay
21 with that.

22 HEARING OFFICER CSUKA: Okay.

23 MR. LAZARUS: So yeah, you can email us
24 a copy of the list of the CPT codes.

25 MR. ROSE: Okay.

1 (Late-File No. 4, noted in index.)

2 MR. LAZARUS: And then No. 5, final
3 executed copy of the agreement between Saint
4 Francis Hospital Medical Center and RAH for the
5 Rocky Hill Imaging Center Medical Hub. And in
6 this case I think we're asking for both the
7 redacted and unredacted form. And it may be best
8 if you just email us both instead of uploading
9 one. This way we can, I can have it actually
10 reviewed by the hearing officer. Once we agree
11 what a redacted copy is, and then we will upload
12 it.

13 So I will make that clear. I will also
14 provide you a copy of this list later afterwards,
15 I'll email it to you, Attorney Rose, so you have
16 it to work off as well.

17 HEARING OFFICER CSUKA: On that point,
18 I was just going to suggest that we do it as a
19 letter.

20 MR. LAZARUS: Okay.

21 HEARING OFFICER CSUKA: Just confirming
22 everybody's understanding as to what the
23 Late-Files are going to be.

24 MR. LAZARUS: Sure. We'll get that out
25 to you within the next day or so.

(Late-File No. 5, noted in index.)

MR. LAZARUS: No. 6, provide in a table list of towns contiguous to the applicant's proposed primary service area. Include all the existing MRIs and CTs located in those towns. Additionally, provide an explanation as to why the applicants feel that these existing providers would not have an impact on their projected volumes.

MR. ROSE: So on that point I want to avoid falling into the trap of, you know, us just saying the same thing that we've said over and over if you're dissatisfied with the answer. So we're happy to give you the towns and the inventory of those scanners, and we will undergo an analysis to say why that isn't going to impact the need that we've demonstrated.

So I think we're going to do that, but I do want to just also add to our response without you guys feeling like we're saying the same thing over is that our firm belief is that the only imaging providers that are part of SoNE are RAH and Saint Francis Hospital and that there is a strong value of the patient population, the SoNE patient population that we're serving to be, you

1 know, imaged within the network. So we just want
2 to say it again as we're doing this because that
3 really is, I think, the first level of why other
4 providers aren't going to be able to provide the
5 same level of service and aren't even part of our
6 target population. So I just wanted to telegraph
7 that and get your comments and see if you're okay
8 with that.

9 MR. LAZARUS: Yes, you can put that in
10 the explanation portion.

11 MR. ROSE: Okay. Thank you.

12 (Late-File No. 6, noted in index.)

13 MR. LAZARUS: So No. 7, for the
14 proposed MRI and CT provide the actual
15 quantitative calculations that are utilized to
16 achieve the projected volumes for fiscal years
17 2023, '24, '25 -- I'm not sure if it's fiscal
18 years or calendar years, maybe calendar years. I
19 apologize for that -- based on the Imaging
20 Advisory Board recommendations data provided, any
21 data that's applicable, and make sure it's
22 separated by the MRI and the CT.

23 MR. ROSE: Okay. On this point, we
24 certainly, we're going to get you that data. We
25 also want to just note, and we'll note in the

1 explanation that before the application was filed
2 there were observations and a lot things that were
3 being accessed that I think were theoretical.
4 RAH's actual growth numbers in recent years, which
5 is shown in that supplemental table and where they
6 are in terms of capacity, certainly is going to
7 feed the volume and demonstrates that there's
8 going to be initial volumes right out of the gate
9 and perhaps even similar growth in Rocky Hill. So
10 I just want to make sure it's appropriate if we
11 also just make that note along with giving you the
12 support for the original quantitative data used
13 for the projections.

14 MR. LAZARUS: I think the explanation
15 is fine.

16 MR. ROSE: Thank you.

17 (Late-File No. 7, noted in index.)

18 MR. LAZARUS: And lastly, No. 8 that's
19 on my list is RAH's data to support the
20 applicant's statement regarding experiencing
21 significant growth in screening of lung cancer.

22 MR. ROSE: Yes, absolutely.

23 MR. LAZARUS: And that's all I have.

24 (Late-File No. 8, noted in index.)

25 HEARING OFFICER CSUKA: Attorney Rose,

1 do you have any others on your list?

2 MR. ROSE: No. I think that almost
3 exactly tracks what we had discussed, and so I'm
4 glad to see that we have a mutual understanding.

5 In terms of timing, we have more
6 vacations coming up. It's always difficult in the
7 summer. Do you think that we could submit this by
8 July 29?

9 HEARING OFFICER CSUKA: I don't see why
10 not. We have a number of hearings coming up as
11 well, so that should be fine.

12 MR. ROSE: Yeah. And I will say July
13 29 or sooner because we are eager to get approval,
14 assuming approval is forthcoming, and be able to
15 operationalize the scanners. So we're not looking
16 to delay this on our end, but we do want to be
17 respectful of people's vacation schedules. So we
18 will try to get it to you in advance of July 29,
19 but I think we can commit to doing it by then.

20 HEARING OFFICER CSUKA: Okay. That
21 works. Thank you. So again, I'll have either Ms.
22 McLaughlin or Mr. Lazarus memorialize this in a
23 letter that will be uploaded to the portal just so
24 that everybody has it and so that's publicly
25 available.

1 With that, Attorney Rose, did you have
2 any other questions or concerns before we go on to
3 closing argument or closing statement?

4 MR. ROSE: No, I don't. Thank you.

5 HEARING OFFICER CSUKA: Okay.

6 Mr. Lazarus, Ms. McLaughlin, do you have any other
7 questions or concerns?

8 MR. LAZARUS: We're all set.

9 MS. McLAUGHLIN: I do not.

10 HEARING OFFICER CSUKA: Okay. So with
11 that, Mr. Rose, if you'd like to make a closing
12 statement, feel free to do so.

13 MR. ROSE: Thank you. So I just want
14 to thank you guys again for your time and
15 attention to this matter. I know that every CON
16 application includes a volume of information, and
17 I can see that Yadira really did take the time to
18 sort of dig in and question. We appreciate that
19 she's asking us for things to validate what we've
20 given to the agency and the statements that we've
21 made, and I'm pleased with the list that we have
22 because I'm confident that we're going to be able
23 to get you that information.

24 And all I'd say from there is I want to
25 reiterate my remarks in the beginning that I think

1 that the clear public need is there, the
2 information to support positive findings with
3 respect to all the statutory criteria is there,
4 and I'd say that the sooner we can get approval,
5 assuming it's forthcoming, would be great because
6 the Medical Hub is operational and imaging is
7 being provided. And as you can see from the
8 public comments, there's folks that are very
9 excited to see it implemented. Thank you.

10 HEARING OFFICER CSUKA: Thank you.

11 MR. ROSE: Did you guys want to make
12 closing remarks?

13 DR. TWOHIG: Nothing additional to add
14 other than I'd like to thank the OHS team for your
15 time, your very thoughtful questions, and your
16 attention. And certainly the public comments, I
17 thank you to the clinicians, I thank you for
18 taking time out of your busy day. I know it's not
19 easy. All the other folks who spoke, patient
20 advocates and families, thank you. It means a lot
21 to me to hear the feedback. I will certainly take
22 it back to our team. And I appreciate everybody
23 for taking the time. This is a very important
24 venture. It can have significant effects, as
25 we've heard, on lives in the community, and I

1 appreciate the time and attention.

2 HEARING OFFICER CSUKA: Thank you,
3 Doctor.

4 And Ms. Smith, did you want to make any
5 additional comments?

6 MS. SMITH: Again, just extend my
7 thanks to all of you for all of the detailed
8 conversation that we had this morning. I look
9 forward to completing my to-do list to you by the
10 end of July, and I look forward to hopefully a
11 positive outcome for everyone. We're looking
12 forward to get going in Rocky Hill.

13 HEARING OFFICER CSUKA: Thank you. So
14 on behalf of OHS, I just wanted to thank everybody
15 who was in attendance today, including the
16 witnesses and those who submitted public comment,
17 and Attorney Rose and your colleague who may or
18 may not be off camera still at this point.

19 (Laughter.)

20 HEARING OFFICER CSUKA: So this hearing
21 is hereby adjourned, but the record will remain
22 open until closed by OHS. So thank you again.

23 MR. ROSE: Thank you.

24 (Whereupon, the hearing adjourned at
25 3:33 p.m.)

CERTIFICATE FOR REMOTE HEARING

STATE OF CONNECTICUT

I, Lisa L. Warner, L.S.R. 061, a Notary Public duly commissioned and qualified, do hereby certify that on June 29, 2022, at 10:03 a.m., the foregoing REMOTE HEARING before the CONNECTICUT OFFICE OF HEALTH STRATEGY IN RE: DOCKET NO. 21-32439-CON, A HEARING REGARDING THE ACQUISITION OF ONE CT SCANNER AND ONE MRI SCANNER BY ROCKY HILL IMAGING CENTER, LLC, was reduced to writing under my direction by computer-aided transcription.

I further certify that I am neither attorney or counsel for, nor related to or employed by any of the parties to the action in which these proceedings were taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties hereto or financially interested in the action.

In witness whereof, I have hereunto set my hand this 11th day of July, 2022.

Lisa Waller

**Lisa L. Warner, CSR 061
Notary Public
My commission expires:
May 31, 2023**

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LATE-FILE EXHIBITS

EXHIBIT	DESCRIPTION	PAGE
Late-File 1	Copies of the survey or supporting material regarding what Saint Francis Hospital Medical Center customers have requested related to the location of services and survey data about accessibility	75
Late-File 2	Supporting data used throughout the application for Truven Market Experts and Advisory Board	75
Late-File 3	Provide working URL for the current Cigna guidelines	76

1 **I n d e x: (Cont'd)**

EXHIBIT	DESCRIPTION	PAGE
Late-File 4	An updated exhibit to include cost comparison of CPT codes and cost related data for CT and MRI (emailed to hearing officer)	77
Late-File 5	Final executed copy of agreement between Saint Francis Hospital Medical Center and RAH for Rocky Hill Imaging Center Medical Hub, both redacted and unredacted (emailed to hearing officer)	78
Late-File 6	Provide in a table list of towns contiguous to the applicant's proposed primary service area, and include all the existing MRIs and CTs located in those towns. Additionally, provide an explanation as to why the applicants feel that these existing providers would not have an impact on their projected volumes	79
Late-File 7	For the proposed MRI and CT provide actual quantitative calculations that are utilized to achieve the projected volumes for fiscal years 2023, '24, '25, based on the Imaging Advisory Board recommendations data provided, separated by the MRI and CT	80
Late-File 8	RAH's data to support the applicant's statement regarding experiencing significant growth in screening of lung cancer	80