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1 STATE OF CONNECTICUT

2 OFFICE OF HEALTH STRATEGY

3

4 DOCKET NO. 21-32423-CON

5 A HEARING REGARDING THE TRANSFER OF OWNERSHIP OF A HEALTH CARE FACILITY BY HHC SURGERY CENTER
6 HOLDINGS, LLC, SURGERY CENTER OF FAIRFIELD COUNTY, LLC, and SCA-CONNECTICUT PARTNERS, LLC
7

8 VIA ZOOM AND TELECONFERENCE

9

10 Public Hearing held on Wednesday, September 21, 2022, beginning at 9:32 a.m., via remote access.

11

12 Held Before:

13 DANIEL J. CSUKA, ESQ., Hearing Officer

14

15 Administrative Staff:
STEVEN W. LAZARUS, Operations Manager
16 ANNALIESE FAIELLA, Planning Analyst
MAYDA CAPOZZI, Administrator

17 Appearances:
For the Applicants:
18 UPDIKE, KELLY & SPELLACY, P.C.
225 Asylum Street, 20th Floor
19 Hartford, Connecticut 06103
BY: JENNIFER GROVES FUSCO, ESQ.
20
Also present: Barbara A. Durdy
21

22

23

24

25 Reporter: Lisa L. Warner, CSR #061

1 (Whereupon, the hearing commenced at 9:32 a.m.)
2 HEARING OFFICER CSUKA: Good morning,
3 everyone. Hartford Healthcare Corporation d/b/a
4 HHC Surgery Center Holdings, LLC, Surgery Center
5 of Fairfield County, LLC, and SCA-Connecticut
6 Partners, LLC. The Applicants in this matter seek
7 a Certificate of Need for the transfer of a health
8 care facility pursuant to Connecticut General
9 Statutes, Section 19a-638(a)(2). Specifically,
10 Hartford Healthcare seeks to obtain the right to
11 appoint and remove three of the five members of
12 Southern Connecticut -- excuse me, the Surgery
13 Center of Fairfield County's Board of Managers,
14 thus giving it governance control of the surgery
15 center. Throughout this proceeding, I'll refer
16 interchangeably to HHC Surgery Center Holdings as
17 "HHC" and the Surgery Center of Fairfield as
18 "SCFC."
19 Today is September 21, 2022. My name
20 is Daniel Csuka. Kimberly Martone, the former
21 deputy director and the chief of staff and the now
22 current acting executive director of OHS,
23 designated me to serve as the hearing officer for
24 this matter, to rule on all motions, and to
25 recommend findings of fact and conclusions of law

1 **upon completion of the hearing.**

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

12 **We ask that all members of the public**
13 **mute the device that they are using to access the**
14 **hearing and silence any additional devices that**
15 **are around them. This public hearing is held**
16 **pursuant to Connecticut General Statutes, Section**
17 **19a-639(a)(e). As such, this matter constitutes a**
18 **contested case under the Uniform Administrative**
19 **Procedure Act and will be conducted in accordance**
20 **therewith.**

21 **The Office of Health Strategy has some**
22 **staff with me here to gather some facts related to**
23 **this application and will be asking the Applicant**
24 **witnesses questions. I'm going to ask that each**
25 **staff person assisting with questions today**

1 **identify themselves with their name, spelling of**
2 **their last name, and OHS title. And I'm going to**
3 **start first with Steve Lazarus.**
4 **MR. LAZARUS: Good morning. My name is**
5 **Steve Lazarus. Last name is spelled**
6 **L-A-Z-A-R-U-S. And I'm the Certificate of Need**
7 **supervisor.**
8 **HEARING OFFICER CSUKA: Thank you. And**
9 **Annie Faiella.**
10 **MS. FAIELLA: Good morning. My name is**
11 **Annie Faiella. Last name is spelled**
12 **F-A-I-E-L-L-A. And I am a planning analyst at**
13 **OHS.**
14 **HEARING OFFICER CSUKA: Thank you.**
15 **Also present is Mayda Capozzi, spelled**
16 **C-A-P-O-Z-Z-I. She's a staff member for our**
17 **agency, and she's assisting with the hearing**
18 **logistics and will also gather the names for**
19 **public comment, if there are any names during the**
20 **sign-up period.**
21 **The Certificate of Need process is a**
22 **regulatory process and as such the highest level**
23 **of respect will be accorded to the applicants,**
24 **members of the public and our staff. Our priority**
25 **is the integrity and transparency of this process.**

1 **Accordingly, decorum must be maintained by all**
2 **present during these proceedings.**
3 **This hearing is being transcribed and**
4 **recorded, and the video will also be made**
5 **available on the OHS website and its YouTube**
6 **account. All documents related to this hearing**
7 **that have been or will be submitted to OHS are**
8 **available for review through the Certificate of**
9 **Need portal which is accessible on the OHS CON**
10 **webpage.**
11 **In making my decision, I will consider**
12 **and make written findings in accordance with**
13 **Section 19a-639 of the Connecticut General**
14 **Statutes.**
15 **Lastly, as Zoom notified you in the**
16 **course of entering the hearing, I wish to point**
17 **out that by appearing on camera in this virtual**
18 **hearing you are consenting to being filmed. If**
19 **you wish to revoke your consent, please do so at**
20 **this time.**
21 **The CON portal contains the prehearing**
22 **table of record in this case at the time of its**
23 **filing and exhibits were identified in the table**
24 **from A to T. I also notice that one public**
25 **comment was received this morning and I believe**

1 that has also been uploaded, so that will be
2 referred to as Exhibit U. I sent that to counsel
3 not that long ago, about 20 minutes ago. I don't
4 know if she's had an opportunity to review it, but
5 we can address that once we get to it.
6 MS. FUSCO: Absolutely.
7 HEARING OFFICER CSUKA: So Ms. Faiella,
8 other than what I just mentioned in terms of the
9 public comment, do we have any additional exhibits
10 to enter into the record at this time?
11 MS. FAIELLA: No, we don't. However,
12 OHS does plan to upload an excerpt from the
13 All-Payer Claims Database once it's received from
14 staff and Medicaid data is removed.
15 HEARING OFFICER CSUKA: Okay. Thank
16 you. So that's similar to what was done in the
17 hearing last month, is that correct, do you know,
18 Steve?
19 MR. LAZARUS: Yes, exactly that.
20 HEARING OFFICER CSUKA: Okay. So the
21 applicant is hereby noticed -- actually, before we
22 get into that, let's talk about the exhibits.
23 Attorney Fusco, do you have any objections to A
24 through T? That doesn't include the public
25 comment.

1 MS. FUSCO: Okay. Good morning. This
2 is Jennifer Fusco, counsel for the Applicants. I
3 don't have any objections, per se. I just did
4 want to point out a couple things for the record.
5 In terms of the Applicants in this matter, HHC
6 Surgery Center Holdings, LLC is not a d/b/a of
7 Hartford Healthcare Corporation, it's a
8 subsidiary. Hartford Healthcare Corporation
9 itself is not an applicant to this matter, so that
10 applicant should simply be HHC Surgery Center
11 Holdings, LLC, which is a separate legal entity.
12 HEARING OFFICER CSUKA: Okay.
13 MS. FUSCO: And then obviously with
14 respect to the public comment, I mean, as stated
15 in the record, I have not had a chance to review
16 it. It was submitted by a doctor who is
17 affiliated with Wilton Surgery Center which was an
18 intervenor in a prior hearing involving Hartford
19 Healthcare Surgery Center. So I would like an
20 opportunity to review it and determine whether we
21 want to respond to this.
22 And then I also just wanted to note for
23 the record, to the extent that anything is going
24 to be put in from the All-Payer Claims Database,
25 we would like an opportunity to review,

1 potentially respond, and discuss sort of as we are
2 in other matters the confidentiality of that data.
3 So other than that, no objections or comments on
4 the record.
5 HEARING OFFICER CSUKA: Okay. So I'm
6 going to enter Exhibits A through T as full
7 exhibits then, subject to what you just brought up
8 in terms of HHC Surgery Center Holdings being the
9 actual applicant here and not Hartford Healthcare
10 Corporation, and also subject to your other
11 request that you be provided with an opportunity
12 to respond potentially to Exhibit U as well as --
13 MS. FUSCO: The All-Payer Claims
14 Database.
15 HEARING OFFICER CSUKA: Yeah, the
16 All-Payer. Sorry.
17 MS. FUSCO: That's okay.
18 HEARING OFFICER CSUKA: I blanked on
19 that for a moment.
20 So in addition to those, the Applicant
21 has hereby noticed that I am taking administrative
22 notice of the following documents: The Statewide
23 Healthcare Facilities and Services Plan, the
24 Facilities and Services Inventory, the OHS Acute
25 Care Hospital Discharge Database, and the

1 All-Payer Claims Database claims which it sounds
2 like the excerpt is taken from that, but we will
3 of course provide that as a Late-File of our own.
4 I'm also going to take administrative
5 notice of the following dockets. I don't know
6 whether I'm going to actually base my decision at
7 all on these, but they are similar in nature, so
8 it's possible that things may come up in them that
9 I think are relevant. So one is Docket No.
10 20-32411. That's the hearing that took place last
11 month concerning Southwestern Connecticut Surgery
12 Center. In addition to that is Docket No.
13 21-32445, which is the docket for the application
14 filed by Litchfield Hills Surgery Center, HHC
15 Surgery Center Holdings and HHC Litchfield Hills
16 Surgery Center.
17 Attorney Fusco, do you have any
18 objections to the documents or the dockets that I
19 just took administrative notice of?
20 MS. FUSCO: With respect to the
21 dockets, I mean, I just want to put a general
22 objection on the record. And I know you said you
23 might not use them, but these are three separate
24 CON applications for three different centers based
25 on different sets of facts and circumstances. So

1 I'm just a little bit concerned about how
2 information in one might be used in another. So I
3 want to put a general objection into the record
4 with respect to that.
5 And then with respect to the databases,
6 the All-Payer Claims Database, the discharge
7 database, again, we would ask, to the extent the
8 agency is going to use information from those
9 databases that we don't have access to in support
10 of a decision, we would like to be provided with
11 that information in advance of the agency's use of
12 that information so that we can review it and
13 respond, if necessary.
14 HEARING OFFICER CSUKA: Okay. thank
15 you. Your objections are noted. I am going to
16 overrule your general objection on the
17 administrative notice simply because I am --
18 MS. FUSCO: Understood.
19 HEARING OFFICER CSUKA: -- you know,
20 I'm unlikely to use it, but there may be something
21 that comes up.
22 MS. FUSCO: Understood.
23 HEARING OFFICER CSUKA: I may also take
24 administrative notice of the Hospital Reporting
25 System, that's the HRS financial and utilization

1 data, and also other prior OHS decisions, agreed
2 settlements and determinations that may be
3 relevant.
4 And Attorney Fusco, do you have any
5 objection to that last one?
6 MS. FUSCO: The same as, you know, with
7 respect to the hospital reporting systems data,
8 the same comment I had with respect to data from
9 other databases we'd like an opportunity to review
10 and respond.
11 HEARING OFFICER CSUKA: Okay. So
12 Attorney Fusco, do you have any additional
13 exhibits that you wish to enter at this time?
14 MS. FUSCO: We do not.
15 HEARING OFFICER CSUKA: Okay. Then we
16 will proceed in the order established in the
17 agenda for today's hearing. I would like to
18 advise the applicants, as I always do, that we may
19 ask questions related to your application that you
20 feel have already been addressed either in the
21 application or in any of the supplemental
22 responses. We will do this for the purpose of
23 ensuring that the public has knowledge about your
24 proposal and for the purpose of clarification. I
25 want to reassure you that we have reviewed your

1 application, completeness responses and prefiled
2 testimony, and we will do so again before issuing
3 a decision.
4 As this hearing is being held
5 virtually, we will ask that all participants, to
6 the extent possible, enable the use of video
7 cameras when testifying or commenting during the
8 proceedings. All participants shall mute their
9 devices and should disable their cameras when we
10 go off record or take a break. Please also be
11 advised that although we will try to turn off the
12 hearing recording during the breaks, it may
13 continue. If the recording is on, any audio or
14 video that has not been disabled will be
15 accessible to all participants.
16 Public comment taken during the hearing
17 will likely go in the order established by OHS
18 during the registration process; however, I may
19 allow public officials to testify out of order. I
20 or OHS staff will call each individual by name
21 when it is his or her turn to speak. Registration
22 for public comment will begin at 2 p.m. today and
23 is scheduled to start at 3 p.m. If the technical
24 portion of this hearing has not been completed by
25 3 p.m., public comment may be postponed until the

1 technical portion is complete. The Applicants'
2 witnesses must be available after public comment
3 as OHS may have some additional follow-up
4 questions based on the public comment itself.
5 Before we get too far into things, I
6 did actually have one other question for you,
7 Attorney Fusco. It's sort of a housekeeping
8 matter. The submissions refer to the third
9 applicant as SCA-Connecticut Partners, LLC.
10 MS. FUSCO: Uh-huh.
11 HEARING OFFICER CSUKA: And lists
12 Surgical Care Affiliates, LLC as the parent
13 company.
14 MS. FUSCO: Uh-huh.
15 HEARING OFFICER CSUKA: I went into the
16 business entity search for Connecticut and I
17 didn't find SCA-Connecticut Partners, LLC. Is
18 that the actual name or is that a d/b/a or --
19 MS. FUSCO: That is the actual name.
20 I'm not sure if it's a Connecticut company. I
21 mean, that is the entity that owns a majority of
22 Surgery Center of Fairfield County, LLC, right,
23 it's the parent directly above the licensee that
24 owns 51 percent of it, but I'm not sure if it is a
25 Connecticut. We can check, verify for you but --

1 HEARING OFFICER CSUKA: Okay. I was
2 just curious. I wanted to make sure that -- I
3 mean, you pointed out Hartford Healthcare
4 Corporation as not being the applicant. I wanted
5 to make sure we had that correct as well.
6 MS. FUSCO: And I think we included
7 SCA-Connecticut as an applicant here because what
8 the proposal is for is a change in governance
9 control, and it's going to be changing at that
10 level and then impacting the licensee board,
11 right, so that's why we included them.
12 HEARING OFFICER CSUKA: Okay.
13 Understood. Thank you.
14 MS. FUSCO: Uh-huh.
15 HEARING OFFICER CSUKA: Are there any
16 other housekeeping or procedural matters that you
17 wanted to discuss at this time?
18 MS. FUSCO: No. Thank you.
19 HEARING OFFICER CSUKA: Okay. So is
20 there an opening statement that you would like to
21 present?
22 MS. FUSCO: Sure, some opening remarks
23 before witnesses testify. Thank you again for
24 giving me the opportunity to provide an opening
25 statement. And thank you, Attorney Csuka, and

1 your staff for the time here today and the time
2 you've taken to review our submissions in
3 preparation for this hearing. We do hope that the
4 testimony we're going to provide here today, along
5 with what we've submitted in writing, helps the
6 agency understand better the benefits of the
7 proposed transfer of governance control of Surgery
8 Center of Fairfield County to an HHC affiliate and
9 how a joint venture between these two exceptional
10 health care organizations favorably impacts things
11 like access, quality, care coordination, health
12 equity and the cost effectiveness of outpatient
13 surgical services for all residents in the greater
14 Bridgeport area.
15 Just by way of brief background, and
16 this will come up in testimony, Surgery Center of
17 Fairfield County is not a new center. It's been
18 around for I think nearly 40 years now. It was in
19 Bridgeport at one point in time and it has moved
20 to Trumbull, and it has had various different
21 names over the years, but it has been serving that
22 community for decades. The Center has a robust
23 medical staff, I think you'll hear testimony maybe
24 up to 80 physicians on the medical staff. Many of
25 those physicians hold privileges at HHC acute care

1 hospitals, including St. Vincent's Medical Center
2 in Bridgeport. Surgery Center of Fairfield County
3 has historically and continues to participate with
4 Medicare, Medicaid, most commercial payers, and
5 they're obviously licensed, certified and
6 accredited.
7 The Center is currently managed and
8 controlled by SCA Health, which was formerly known
9 as Surgical Care Affiliates. So having looked
10 through things in the OHS history, you probably
11 see this company referred to as SCA. They've
12 rebranded as SCA Health. SCA Health owns and
13 operates now more than 300 ASCs nationwide,
14 including, I believe, nine, eight or nine in the
15 State of Connecticut. And you're certainly
16 familiar with HHC, which is the parent company to
17 a clinically integrated health system that
18 includes acute care hospitals, an ambulatory
19 network, a multi-specialty medical group practice,
20 among other offerings. I believe you're also
21 aware that HHC is involved with numerous joint
22 ventures around the provision of outpatient
23 surgical services, including being a partner in a
24 number of multi-specialty ASCs as well as those
25 focusing on single surgical subspecialties.

1 So one of the questions we're here to
2 answer today for OHS is why a facility like
3 Surgery Center of Fairfield County, which is
4 operated by an experienced and capable company
5 like SCA Health, needs to partner with HHC. And
6 the answer to that question lies in the value that
7 comes from an ASC joint venturing with a
8 clinically integrated health network. The model
9 that the Applicants are proposing is not a novel
10 one, right, there are many joint venture ASCs
11 around the state involving some combination of
12 physician, hospital, health system management
13 company ownership. And the parties to these types
14 of joint ventures typically come in offering
15 complementary expertise, right, and they bring
16 tremendous value to the facility that neither
17 party can bring on its own, and that's why they
18 come together and combine. And in doing so, they
19 drive efficiencies that benefit consumers, namely
20 patients and payers.
21 You're going to hear testimony today
22 from Donna Sassi, who's with us remotely, HHC's
23 vice president of partnership integration, about
24 the many benefits of fully integrating an ASC into
25 a health network. She's going to testify about

1 the ways in which being part of the HHC network,
2 in particular, promotes access, quality, care
3 coordination and cost effectiveness from
4 seamlessly arranging for pre and post-surgical
5 care for complex patients, to share in the cost of
6 implementing a common electronic medical record,
7 to collaborating on evidence-based best practices,
8 just to name a few, and Donna will certainly go
9 through a more exhaustive list. But this idea of
10 full clinical integration shifts an ASC like the
11 Center from one where care is delivered to one
12 where care is coordinated and managed, and that's
13 a really important distinction and the reason for
14 these types of partnerships. And this kind of
15 coordinated and managed care can't be accomplished
16 in an unaffiliated ASC or one that isn't
17 affiliated with an integrated health system to the
18 same way it can with a health system partner like
19 HHC.
20 So while SCA Health excels at the
21 day-to-day management of the Center, the ability
22 to integrate SCFC into a clinical network and to
23 provide this coordinated rather than fragmented
24 care across an entire spectrum of health services
25 provided by HHC only comes with this proposed

1 **affiliation.**
2 **You're also going to hear from Gina**
3 **Mondo, vice president of operations for SCA**
4 **Health, about the Center's relationship with HHC**
5 **and how it's already enabling the transition of**
6 **certain higher acuity cases from a more costly**
7 **hospital setting to a lower cost ASC setting which**
8 **reduces the cost of health care and facilitates**
9 **more cost-effective care delivery. This is a**
10 **purposeful migration of procedures from hospitals**
11 **to ASCs, and it's a trend being seen nationwide**
12 **across surgical subspecialties. I'm sure you're**
13 **familiar with it in orthopedics because I know we**
14 **talked about that in a different hearing, and, you**
15 **know, definitely there are orthopaedic procedures**
16 **moving, but this is a multi-specialty facility,**
17 **and Gina can tell you a little bit about other**
18 **types of procedures that are shifting as well.**
19 **This trend is being promoted by payers**
20 **primarily who are looking to reduce health care**
21 **costs by directing their members to the most**
22 **cost-effective clinically appropriate settings for**
23 **their care. And the migration that we're seeing**
24 **of cases to Surgery Center of Fairfield County is**
25 **really only possible because HHC is able to**

1 provide this clinically integrated care to more
2 complex patients, and importantly, because
3 surgeons and patients have confidence in HHC and
4 they're comfortable sending patients to this
5 facility if they know it's a facility that HHC is
6 involved with and that it intends to control
7 subject to regulatory approval.
8 And so then finally you may have
9 questions about why governance control is
10 necessary in order to accomplish the objectives of
11 full clinical integration of the Center. Again,
12 as you'll hear today, governance control ensures
13 that HHC's perspectives will be heard and
14 considered in a way that's not entirely possible
15 without control, right. I mean, it does foster a
16 balanced approach to decision-making. You know,
17 physicians are still heard, and SCA Health as a
18 manager and a minority owner with a minority
19 number of board seats will still be heard, but it
20 allows, it really allows HHC to have a seat at the
21 table when we're talking about decisions of
22 consequence that impact patient care coordination,
23 quality and safety. And again, Ms. Sassi can talk
24 to you about some of those today.
25 Having that governance control also

1 ensures to the greatest extent possible that the
2 Center's policies and priorities align with HHC's
3 mission and vision, which is critical for a
4 nonprofit health system, and that HHC is able to
5 prioritize investments in this center. So
6 although the equity buy-in, that is the
7 non-controlling equity buy-in that has already
8 occurred, works together with the change in
9 governance control to move the Center toward
10 clinical integration. You really can't accomplish
11 that what I'll call full clinical integration
12 without the governance control to ensure that, you
13 know, patients benefit from the integration.
14 So HHC and SCA Health are really just
15 asking OHS for the same consideration that's been
16 given to many ASC joint ventures in this state
17 that have been approved by this agency and by your
18 predecessor agency and that are now operating for
19 the benefit of their patients. As I mentioned at
20 the outset, this model is not a new one. It's
21 been proven to work in other centers, including
22 other HHC joint ventures, and to enhance care
23 coordination, quality, access, equity and to bring
24 value. It's clear from the CON submissions and
25 from the testimony you'll hear today that the

1 proposed change in governance control of Surgery
2 Center of Fairfield County will accomplish these
3 same objectives and as such it meets the criteria
4 for issuance of a CON.
5 So with that, I'm going to turn the
6 presentation over first to Ms. Mondo and then to
7 Ms. Sassi. I don't know how you want to swear
8 them given that they are in different places, if
9 you want to do it individually.
10 HEARING OFFICER CSUKA: Yeah, I think
11 individually makes the most sense. So you're
12 going to start with Ms. Mondo you said?
13 MS. FUSCO: Yes.
14 HEARING OFFICER CSUKA: Okay. So
15 Ms. Mondo, if you can just introduce yourself and
16 spell your last name and then state your title.
17 GINA MONDO: Sure. I'm Gina Mondo,
18 last name spelled M-O-N-D-O, and I'm the group
19 vice president of SCA Health.
20 HEARING OFFICER CSUKA: Okay. Thank
21 you. Please raise your right hand.
22 G I N A M O N D O,
23 having been first duly sworn (remotely) by
24 Hearing Officer Csuka, testified on her oath
25 as follows:

1 HEARING OFFICER CSUKA: Thank you. And
2 do you adopt your prefile testimony?
3 THE WITNESS (Mondo): I do.
4 HEARING OFFICER CSUKA: Thank you. You
5 can proceed.
6 THE WITNESS (Mondo): Great. Good
7 morning, Attorney Csuka, and members of the OHS
8 staff. My name is Gina Mondo, and I'm a group
9 vice president for SCA Health with responsibility
10 for our companies' ambulatory surgery centers in
11 Connecticut. I adopt my prefile testimony.
12 Thank you for this opportunity to
13 testify in support of the Certificate of Need
14 application filed by Surgery Center of Fairfield
15 County, SCA-Connecticut Partners and HHC Surgery
16 Center Holdings for a change in governance control
17 of Surgery Center of Fairfield County and SCA
18 Health, Hartford Healthcare joint venture ASC.
19 The focus of my remarks today will be
20 on the Center and its current operations. I will
21 also offer some background on SCA Health and our
22 philosophy regarding health system joint ventures
23 which we are a part of in many states across the
24 United States. I will also discuss the benefits
25 of Hartford Healthcare Surgery's equity investment

1 in SCFC, as well as its assumption of governance
2 control we'll have for the facility and our
3 patients. In particular, I will focus on the cost
4 effectiveness of the proposal and the benefits
5 that we are already gaining from the coordination
6 of care and migration of cases previously
7 performed in a more costly hospital setting to the
8 lower cost ASC setting.
9 Surgery Center of Fairfield County is a
10 duly-licensed multi-specialty ASC located in
11 Trumbull. It offers surgical services and
12 specialties, including ENT, general surgery,
13 gastroenterology, gynecology, ophthalmology, oral
14 surgery, orthopedics, pain management, plastic
15 surgery, podiatry and neurology. SCFC
16 participates with Medicare, Medicaid and most
17 commercial payers and is accredited by the
18 Accreditation Association for Ambulatory Health
19 Care.
20 Pending CON approval, HHC Surgery, a
21 wholly-owned subsidiary of HHC, will obtain the
22 right to appoint and remove three of the five
23 members of the SCFC Board of Managers giving it
24 governance control of the Center. The proposed
25 change in governance control of SCFC follows an

1 **equity buy-in by HHC Surgery to the majority owner**
2 **of SCFC, SCA-Connecticut Partners in June of 2021.**
3 **SCA-Connecticut currently owns 51 percent of**
4 **Surgery Center of Fairfield County with the**
5 **remaining 49 percent owned by individual physician**
6 **investors. Both SCFC and SCA-Connecticut are**
7 **indirect subsidiaries of UnitedHealth Group, a**
8 **publicly-traded company that by and through its**
9 **subsidiaries operates a diversified family of**
10 **businesses dedicated to helping people live**
11 **healthier lives. SCA Health is a part of**
12 **UnitedHealth Group's Optum business line.**
13 **SCA Health has 45-plus health system**
14 **partnerships across the country which create**
15 **community-based benefits for patients, physicians**
16 **and health systems. For patients these benefits**
17 **include access to convenient, high quality, lower**
18 **cost surgical care and the ability to go to an**
19 **outpatient facility that is aligned with their**
20 **preferred hospital or physician network to promote**
21 **continuity of care. As Ms. Sassi will testify,**
22 **Hartford Healthcare is a parent company to an**
23 **integrated health care delivery system and is**
24 **involved with numerous joint ventures around the**
25 **provision of outpatient surgical services. These**

1 include multi-specialty centers like ours as well
2 as centers that focus on surgical subspecialties,
3 including ophthalmology, orthopedics and
4 gastroenterology.
5 Hartford Healthcare has significant
6 experience and a proven track record as a partner
7 in joint venture outpatient surgical facilities,
8 and it will bring enhancements in quality patient
9 management, reporting capabilities, care
10 coordination and access for Surgery Center of
11 Fairfield County patients. Obtaining governance
12 control will allow HHC Surgery, which already owns
13 a majority of the membership interests in Surgery
14 Center of Fairfield County, to have a say in all
15 significant decisions that impact the facility and
16 its future direction. Having governance control
17 will provide a more balanced approach to
18 decision-making that will factor in different
19 industry knowledge and perspectives to ensure that
20 the best decision for the Center and ultimately
21 the quality of care for the patients it serves can
22 be implemented.
23 Ms. Sassi will provide you more details
24 on why the change in governance control will allow
25 for full clinical integration of Surgery Center of

1 **Fairfield County into the HHC system of care and**
2 **how this will enable a level of care coordination**
3 **and management that SCA Health cannot provide on**
4 **its own, and that will be a tremendous benefit to**
5 **our patients.**
6 **Hartford Healthcare brings the**
7 **resources and capabilities of an integrated health**
8 **system which will allow the center to advance**
9 **quality initiatives and drive cost-effective care**
10 **in a manner not possible to achieve without this**
11 **type of partnership. In addition, HHC's capital**
12 **is available to finance the purchase of new**
13 **equipment and state-of-the-art technology to help**
14 **ensure the center remains a high quality cost**
15 **effective alternative for outpatient surgery in**
16 **the region.**
17 **With respect to cost effectiveness,**
18 **Surgery Center of Fairfield County and Hartford**
19 **Healthcare are actively facilitating the migration**
20 **of surgical procedures from hospitals to the ASC.**
21 **Between September of 2021 and July of 2022, the**
22 **Center performed nearly 240 surgical procedures**
23 **across subspecialties that would otherwise have**
24 **been performed in the more costly HOPD setting**
25 **resulting in a savings of approximately $790,000.**

1 **As previously noted, migration of**
2 **patients to lower-cost ASC settings is being**
3 **promoted in part by payers who are looking to**
4 **reduce health care costs by directing their**
5 **members to the most cost-effective, clinically**
6 **appropriate setting for their care. ASCs are also**
7 **a more efficient care setting generally. ASCs**
8 **reduce costs for employers, payers and the health**
9 **care system as a whole. Any proposals such as**
10 **this which will strengthen an existing ASC should**
11 **therefore be considered a proposal that enhances**
12 **the cost effectiveness of care.**
13 **Thank you again for this opportunity to**
14 **testify in support of the Applicants' request to**
15 **allow HHC Surgery to assume governance control of**
16 **Surgery Center of Fairfield County and the Center.**
17 **Through our hearing testimony and CON submissions,**
18 **the Applicants believe that we have met our burden**
19 **of demonstrating the proposal's adherence to the**
20 **CON statutory decision criteria. This proposal**
21 **will result in enhancements to quality, access,**
22 **care coordination and health equity to help to**
23 **maintain and grow a cost-effective care**
24 **alternative all to the benefit of patients in the**
25 **greater Bridgeport area. For these reasons, we**

1 respectfully request that OHS approve our CON
2 application.
3 Thank you again. I'll now turn the
4 presentation over to Ms. Sassi. Once she
5 testifies, we're available to answer any questions
6 you may have.
7 HEARING OFFICER CSUKA: Okay. Thank
8 you, Ms. Mondo.
9 Ms. Sassi, can you please identify
10 yourself for the record, including the spelling of
11 your last name and your title.
12 DONNA SASSI: Yes. Good morning,
13 Attorney Csuka, and members of the OHS. My name
14 is Donna Sassi. I'm the vice president of
15 partnership integration for Hartford Healthcare
16 Corporation. The spelling of my last name is
17 S-A-S-S-I.
18 HEARING OFFICER CSUKA: Okay. Thank
19 you. Can you please raise your right hand.
20 D O N N A S A S S I,
21 having been first duly sworn (remotely) by
22 Hearing Officer Csuka, testified on her oath
23 as follows:
24 HEARING OFFICER CSUKA: Thank you. And
25 do you adopt your prefile testimony?

1 THE WITNESS (Sassi): Yes, please.
2 HEARING OFFICER CSUKA: Thanks. You
3 can proceed whenever you're ready.
4 THE WITNESS (Sassi): Thank you for
5 this opportunity to speak in support of the
6 Certificate of Need application for a change in
7 governance control of Surgery Center of Fairfield
8 County and HHC, SCA Health joint venture
9 ambulatory surgery center. My testimony today
10 will focus on HHC's affiliation with the Center
11 and how the relationship enhances the quality of
12 outpatient surgical care, care coordination,
13 access to care, and health equity for the
14 residents of the greater Bridgeport area.
15 Hartford Healthcare is the parent
16 company to an integrated health care system,
17 including acute care hospitals, an ambulatory
18 network, a behavioral health network, a
19 multi-specialty medical practice, home health and
20 independent living care, as well as senior living
21 communities. In my role as vice president of
22 partnership integration for HHC, I ensure that we
23 build sustainable and scalable integration
24 throughout our regions and institutes through
25 standardization of practice, providing

1 consistently excellent patient experience and by
2 focusing on health equity, quality and safety.
3 Through HHC's alliance with SCFC and
4 other ACSs across the state, HHC is investing in
5 updating care processes in order to provide
6 efficient, high quality, equitable health care
7 delivery close to home in the communities where
8 our patients live. HHC is shifting from a model
9 of care delivery to one of care coordination and
10 management through its investments in updated care
11 processes that are available to the providers at
12 the point of care. This paradigm of care that ASC
13 offers provides the value-based option for the
14 patients and payers.
15 As OHS is aware, this CON application
16 is for a change in governance control of SCFC
17 following a non-controlling equity buy-in by HHC
18 Surgery. A change in governance control of SCFC
19 is necessary to accomplish the objectives of full
20 clinical integration. It will ensure that HHC's
21 perspectives are heard and considered in a way
22 that's not possible without such control.
23 Governance control is necessary to ensure that
24 decisions impacting patient care are consistent
25 with HHC's mission and vision to improve the

1 quality of care, care coordination, and to provide
2 local access at a lower cost to the patients.
3 Further, the governance control ensures
4 that we have a voice that advocates for the
5 patient. HHC has the resources to manage all
6 appropriate populations having surgery at the
7 Center, especially as the surgeries at the ASCs
8 are becoming more complex, and we are the system
9 that have the resources to manage that clinical
10 risk.
11 My written testimony includes details
12 regarding initiatives that HHC has taken and its
13 partner ASCs on our journey for them to become
14 optimally integrated. I would like to highlight a
15 few examples of how HHC with governance control of
16 an ASC uses its resources to better manage and
17 coordinate care. As these new procedures, as I
18 previously said, are being undertaken at the ASCs,
19 they're more complex, and the patients are older
20 and likely to require increasingly intense medical
21 management prior to and after surgery. In the
22 Fairfield area we have a growing population of 65
23 and over. Participation in HHC's integrated
24 health care network enhances care coordination by
25 seamlessly coordinating pre and post-surgical care

1 that these patients require. It's no longer about
2 the surgical episode alone. It's about managing
3 the patient along the continuum of health journey.
4 We also, in order to be fully
5 clinically integrated, we need to share
6 information, and the platform that Hartford
7 Healthcare has chosen is Epic, and that we work
8 with our ASCs to be able to share the costs of
9 going live with full Epic or to provide them an
10 Epic Care link which is a view-only option for the
11 provider. But what this IT infrastructure does is
12 provide the details that the physician needs to
13 manage the patient real time.
14 Preadmission testing. We offer the
15 ambulatory surgery centers the ability to send
16 patients to our ambulatory, our preadmission
17 testing. We have practitioners there that are
18 able to do a health assessment and that they
19 collaborate with anesthesia to do an anesthesia
20 plan for that patient that's specific to that
21 patient.
22 We also want to make sure that we're
23 providing excellent care, and we do that through
24 making sure that we have our competencies, for
25 example, our provider of competencies are the best

1 that they can be. Hartford Healthcare has rolled
2 out the Resuscitative Quality Initiative which is
3 an American Heart Association program. It is
4 specific to CPR skills. The studies show that
5 less than 30 percent of the way we provide CPR
6 today is effective. That means that we save a
7 life less than 30 percent. And Hartford
8 Healthcare invested in that technology and
9 platform to make sure their providers have the
10 best training and their staff who provided CPR.
11 We are able to influence and encourage the ASCs or
12 SCFC to roll out this program to be consistent,
13 once again, with our mission and vision of high
14 quality care for our patients.
15 We also have been able to support
16 during crisis management of COVID, the pandemic
17 over the last two and a half years our ASCs. You
18 know, patients put off health care because of the
19 pandemic, whether it was due to they couldn't get
20 access to have the surgery, it might have, you
21 know, been delayed. We worked with our ASCs to
22 provide them the education for both their
23 physicians, their staff and the patients on what
24 COVID was, how to manage themselves, the PPE,
25 everything related to COVID, and we were able to

1 provide them access, the patients, the providers,
2 to immunization to testing sites. And that
3 couldn't have been done without Hartford
4 Healthcare as a system having those resources
5 available. And the positive impact to the ASC was
6 is that those patients could move forward with
7 getting their surgery that was impacting their
8 life so that we improve the patients' well-being
9 by being able to support the ASCs in that way.
10 As far as adopting best practices, true
11 clinical integration, we need to share the best
12 protocols, evidence based. We have an institute
13 model through, at HHC. They are the experts in
14 their field and they drive our protocols and best
15 practices. We disseminate them into the ASCs. We
16 work very closely to make sure that their
17 standardization of care, that a patient can walk
18 into any door that we're affiliated with and they
19 get the same level of care that is provided at the
20 acute care side.
21 OHS is aware of the quality benefits
22 generally that flow from receiving care at an ASC.
23 These benefits should be considered when
24 evaluating any proposal such as the one before you
25 that really strengthens an existing ASC and

1 enhances its ability to coordinate and manage
2 patient care. ASCs derive their advantages from
3 being specialized facilities that exclusively
4 perform surgical procedures. Through this
5 specialization, ASCs can focus on delivering a
6 higher level of patient safety and quality
7 outcomes by lowering readmission rates, lowering
8 reoperations and revision surgeries and reducing
9 risks of surgical site infections which are a
10 source of more than 3 billion in avoidable health
11 care costs. So the option of an ASC offers those
12 clinical quality advantages. ASCs also tend to
13 have fewer acutely ill patients for others to come
14 in contact with thereby lowering the risk of
15 spreading any kind of contagious diseases.
16 Lastly, HHC's partnership with SCFC
17 will enhance access to care for all patient
18 populations and promote health equity. The
19 participation of a not-for-profit health system in
20 the SCFC joint venture ensures that patients will
21 continue to be served in a non-discriminatory
22 manner and regardless of payer source or ability
23 to pay. SCFC participates with Medicaid and will
24 continue to do so if HHC Surgery obtains
25 governance control of the Center. In addition,

1 SCFC will provide charity care to those in need
2 consistent with HHC's financial assistance policy.
3 Thank you again for this opportunity to
4 testify in support of the CON application that
5 requests to allow HHC Surgery to have governance
6 control of SCFC. Our testimony and CON submission
7 have demonstrated how an HHC partnership will
8 improve the quality, accessibility, equity and
9 cost effectiveness of the care at SCFC. For these
10 reasons, I respectfully request that you approve
11 our CON request. At this time, we are now
12 available for any questions.
13 HEARING OFFICER CSUKA: Thank you, Ms.
14 Sassi, and thank you for being available despite
15 being out of the office. So I and I'm sure the
16 rest of OHS staff appreciate that.
17 Attorney Fusco, did you have any
18 questions that you wanted to address to your
19 witnesses before we move on to OHS?
20 MS. FUSCO: No specific questions at
21 this time, but if possible, once you've asked
22 questions, if I can have an opportunity to
23 redirect, I would appreciate that. Thanks.
24 HEARING OFFICER CSUKA: Certainly.
25 That's fine.

1 Annie, Steve, do you guys have any
2 questions?
3 MR. LAZARUS: We'll start with Annie
4 first.
5 HEARING OFFICER CSUKA: Okay.
6 EXAMINATION
7 BY MS. FAIELLA:
8 Q. (Faiella) Good morning, all. So I just
9 have a couple of questions. So my first question
10 is when was SCFC established?
11 A. (Mondo) The facility was established in
12 1985 previously at a different location.
13 Q. (Faiella) What location was that?
14 A. (Mondo) That was located in Bridgeport,
15 Connecticut.
16 MS. FUSCO: And if I can just add,
17 Annie. It had a different name, too, at the time.
18 I think it was called Healthsouth Surgery Center
19 of Bridgeport.
20 MS. FAIELLA: Okay.
21 BY MS. FAIELLA:
22 Q. (Faiella) Okay. And when did it move
23 then?
24 A. (Mondo) It relocated approximately
25 eight years ago to the Trumbull location.

1 Q. (Faiella) When did SCA become
2 affiliated with SCFC?
3 A. (Mondo) I'm not sure I know the exact
4 date.
5 MS. FUSCO: It's a legal question. So
6 this came out -- the facility was owned originally
7 by Healthsouth which spun off its surgical
8 division, I believe, in 2007 and created Surgical
9 Care Affiliates, right, so they just kind of
10 transitioned from Healthsouth to SCA. And I
11 believe the year was 2007, and there were CON
12 decisions by the Office of Health Care Access that
13 approved that that could give you the exact date,
14 or I could get you those docket numbers if you
15 need them.
16 MS. FAIELLA: Okay.
17 HEARING OFFICER CSUKA: I would
18 appreciate that. I'm curious how long SCA has
19 been affiliated. That's all.
20 BY MS. FAIELLA:
21 Q. (Faiella) The next question is why
22 isn't SCA interested in maintaining governance
23 control?
24 A. (Mondo) So I think for us as we
25 evaluated this partnership in conjunction with our

1 physicians, we really recognized the value that
2 Hartford Healthcare would bring to the facility,
3 and primarily being a part of their clinically
4 integrated network that is continuing evolve, and
5 so we understand that in order to reap the
6 benefits of being a part of a clinically
7 integrated network that Hartford has to have that
8 governance control. And again, that's the primary
9 reason why we wanted to move forward with this
10 type of relationship with Hartford.
11 Q. (Faiella) So why did HHC Surgery take
12 the step of acquiring 70.59 percent of the
13 membership interest in SCA-CT obtaining 36.0009
14 percent indirect ownership interest in SCFC in the
15 process prior to filing this application?
16 A. (Mondo) So, I mean, we, you know, in
17 conjunction with the law, we moved forward with
18 the equity transaction. It was mostly driven by
19 our physician partnership. I mean, there was
20 definitely a lot of interest to have Hartford
21 Healthcare come in as a partner in this facility.
22 And I think it showed that they were committed to
23 being involved with us, and we were going to take
24 the appropriate measures to apply for the change
25 of control.

1 Q. (Faiella) So in this application HHC
2 anticipates to maintain its 36.0009 percent
3 indirect ownership interest in SCFC but not obtain
4 the right to appoint and remove the three of the
5 five members of SCFC's Board of Managers. So just
6 to clarify, if no change to the Board of Managers
7 was proposed but HHC was seeking to obtain a 51
8 percent ownership interest of SCFC, would the
9 Applicants have applied for a CON?
10 MS. FUSCO: I'm not sure Gina can
11 answer that. I mean, I think that's a legal
12 question. Are you asking if the acquisition was
13 made at the licensee level? I'm not sure I
14 understand the question. Or are you saying that
15 if we weren't going forward with the change in
16 control would we have applied for a CON?
17 MS. FAIELLA: Second part.
18 MS. FUSCO: Okay. Sorry. I mean, I
19 think, and again, this gets to the legal issue. I
20 mean, I think, you know, we made a legally
21 authorized non-controlling equity transfer. So if
22 that's all we were going to do, we wouldn't have
23 needed to apply for the CON, but I think there was
24 an understanding here that it was always our
25 intent to then, you know, follow up soon

1 thereafter and move forward for a change in
2 governance control.
3 BY MS. FAIELLA:
4 Q. (Faiella) So in the application, page
5 18, the applicant states SCA will continue to
6 manage the Center going forward. If SCA is being
7 permitted to continue managing operations, why
8 does HHC need the right to control three of the
9 five members of the Board of Managers?
10 A. (Mondo) So the control, again, is
11 mostly tied to being able to be a part of the
12 Hartford Healthcare clinically integrated network.
13 And so I think SCA will continue to run the
14 day-to-day operations of the facility, like we
15 have been all along, but there is some added value
16 obviously that Hartford brings, I think some
17 complementary expertise in running the facility.
18 But again, at the board level it's important that,
19 you know, Hartford is able to be aligned with
20 their mission and vision and again truly have the
21 Center be seen as a core part of their clinically
22 integrated network, both from a technology
23 perspective, clinical policies and procedures and
24 other things that constitute clinical integration.
25 A. (Sassi) Right. And the impact of

1 Hartford Healthcare not having that
2 decision-making really impacts patient care. If
3 we can't decide and support the rollout of Epic
4 information data, discrete data elements that
5 follow the patient at the point of service, we're
6 not doing the patients -- we're doing the patients
7 a disservice where it's not good care. We
8 understand that, like there's research out there
9 that it's fragmented if you stand alone with an
10 episode of care that is totally unconnected to a
11 bigger system that can support the patient, once
12 again, through their life and through their
13 medical journey.
14 Q. (Faiella) How many providers at SCFC
15 are part of the HHC network already, so how many
16 have privileges at HHC affiliate hospitals also,
17 St. Vincent's, for instance?
18 A. (Mondo) I don't have the precise
19 number, so we're happy to follow up with an exact,
20 but we have at this facility approximately 80
21 physicians that are on our medical staff. I would
22 say, you know, there's a good portion of those
23 that do have privileges at St. Vincent's Hospital.
24 Many of our providers are actually duly
25 credentialed and so they have hospital privileges

1 at multiple, but we can certainly follow up with
2 an exact number.
3 Q. (Faiella) Sure. So as a Late-File we
4 are looking for information about the physicians
5 currently practicing at the surgery center,
6 including the total number, their names, their
7 specialties and their employment status.
8 MS. FUSCO: Can I clarify because I
9 know we had this question in another. As far as
10 employment status, like none of these physicians
11 are, correct me if I'm wrong, Gina, employed by
12 SCFC. They're members of the medical staff. Is
13 that what you're looking for, just that
14 distinction?
15 MS. FAIELLA: So, for example, we're
16 looking for employer professional service
17 agreements, et cetera.
18 MS. FUSCO: Okay.
19 BY MS. FAIELLA:
20 Q. (Faiella) So since obtaining a 36.0009
21 percent indirect interest in SCFC, have any of the
22 following improvements already been initiated?
23 The first one, enhanced access to primary care and
24 specialty clinic services through integration with
25 HHC physicians and collaboration with HHC

1 institutions.
2 A. (Sassi) So this is Donna. Any of our
3 partners have access to any of our services, so I
4 would say yes. Whether they utilize them, we
5 can't follow or track that patient because, once
6 again, we don't have information technology that
7 is talking to each other at this point.
8 Q. (Faiella) Okay. There's a couple of --
9 number two is greater ability to maintain, develop
10 and attract the best clinical talent as part of a
11 locally-focused integrated system of care.
12 A. (Sassi) Surgeons that are coming out of
13 school definitely are looking for a health care
14 system that has that option to work in and to, you
15 know, as part of Hartford Healthcare's
16 corporation, so they are looking for that
17 opportunity. It is something that attracts them
18 as well as retains them. These are all physician
19 driven centers. Obviously, they partner with SCA
20 to run the operations, but certainly they have a
21 vested interest and are engaged.
22 HEARING OFFICER CSUKA: Is there any
23 evidence, I guess, that since HHC has become
24 affiliated with this facility that there has been
25 a greater ability to retain, develop or attract

1 clinical staff at the facility?

2 MS. FUSCO: Gina can answer that, too,

3 if you want.

4 THE WITNESS (Mondo): I'm happy to jump

5 in. So yeah, I would say, I mean, our retention

6 rate since we've partnered with Hartford is

7 essentially 100 percent. I do think, you know,

8 some of the added benefits that our physicians

9 were very interested in through this alignment is,

10 you know, Hartford's depth and relationships in

11 the market with local nursing programs and

12 surgical tech programs far exceeds anything that

13 we had as a standalone. And so I think it's also

14 about the continued development of the pipeline

15 just given the clinical kind of staffing crisis

16 that many of us are experiencing.

17 HEARING OFFICER CSUKA: Just to follow

18 up on that, in comparison, what was the

19 facilities' turnover rate, if you happen to know,

20 prior to HHC's involvement?

21 THE WITNESS (Mondo): I don't have that

22 readily available, but it's something that we

23 could certainly follow up on. I would say

24 generally, I mean, the delta I don't think is

25 going to be significant. I think this center, you

1 know, we've got a good core group of teammates
2 that have worked there for, you know, we've got
3 some good tenure there, but we can certainly
4 follow up with retention or turnover rates.
5 HEARING OFFICER CSUKA: Would that be
6 helpful, Annie, Steve?
7 MR. LAZARUS: Yes, it would be good to
8 have that as evidence.
9 HEARING OFFICER CSUKA: Okay.
10 THE WITNESS (Mondo): And I think the
11 last thing I'd add on that point is the retention
12 is one piece of the equation. We actually have
13 had to hire some additional staff since the
14 inception of this relationship just because we've
15 been able to migrate a significant amount of cases
16 out of the hospital outpatient arena into our
17 facilities, so it actually has led to having to
18 grow our staffing.
19 THE WITNESS (Sassi): And, you know,
20 that outmigration that we're supporting the
21 physicians on picking the right patients to
22 migrate over to those centers based on the
23 guidance from CMS and other payers, you know,
24 really it's at the detriment financially to
25 Hartford Healthcare, but we're doing it because it

1 is the right thing to do for the patients and we
2 want to provide that low-cost option for both our
3 patients, our payers, and quality option.
4 BY MS. FAIELLA:
5 Q. (Faiella) Okay. To continue on from
6 the question of have any of the following
7 improvements already been initiated, the enhanced
8 ambulatory service offerings, allowing patients to
9 receive care close to home in the most appropriate
10 and convenient setting.
11 A. (Sassi) Can I just ask you to repeat
12 that question again? I apologize.
13 Q. (Faiella) Of course. Since obtaining
14 the 36.0009 percent indirect ownership in SCFC --
15 interest in SCFC, have any of the following
16 improvements already been initiated? And the
17 improvement is enhanced ambulatory service
18 offerings allowing patients to receive care close
19 to home in the most appropriate and convenient
20 setting.
21 A. (Sassi) Yes, we have realized that by,
22 once again, the physicians choosing cases guided
23 by, you know, the payers and moving them safely
24 over and, you know, Hartford Healthcare assisting
25 with that transition. And, you know, in doing so,

1 we not only impact positively those patients
2 because they're receiving that high-quality care
3 and they are afforded that option, but in the
4 acute care hospital we're able to meet the demand
5 of the more acutely ill patient that should have
6 the care within an acute care hospital.
7 A. (Mondo) And just one thing to add to
8 that. I think, you know, we're early in our
9 evolution with Hartford Healthcare, and so I think
10 there's a lot more value to be realized on this
11 front that as we become more closely aligned to
12 their clinically integrated network, we'll be able
13 to reach more patients closer to home.
14 Q. (Faiella) Okay. So going on, so have
15 any of the following improvements already been
16 initiated, the integration with HHC's robust care
17 coordination services which have demonstrated
18 success in providing the most cost-effective care
19 to patients through transitions across multiple
20 care settings and improving outcomes with the
21 prevention of repeat visits and post-procedural
22 hospitalizations.
23 A. (Sassi) In my opening talking points, I
24 was able to share with you our preadmission
25 testing center where we do allow access for our

1 ambulatory surgery center patients to be optimized
2 prior to surgery, thereby improving the quality of
3 care pre and post surgical surgery.
4 A. (Mondo) And I think one -- sorry, you
5 can jump in there.
6 HEARING OFFICER CSUKA: I just wanted
7 to ask a question about the testing center. Can
8 you sort of describe that better, like is it
9 located near the surgery center or how does that
10 work?
11 THE WITNESS (Sassi): We have several
12 of them. There is one located close to the
13 Trumbull site and it is at St. Vincent's Hospital.
14 HEARING OFFICER CSUKA: Okay.
15 THE WITNESS (Sassi): And so they are
16 allowed to come on campus. They go directly on
17 the first floor right to the preadmission center.
18 They work with an independent practitioner who's
19 trained and skilled to do the preop assessment
20 and, once again, collaborates with anesthesia to
21 develop that anesthesia plan of care.
22 HEARING OFFICER CSUKA: Okay. Thank
23 you.
24 THE WITNESS (Sassi): And that
25 includes, and just not to minimize that

1 assessment, that includes getting, connecting them
2 to specialists, whether it be a cardiac,
3 cardiology or any other specialty expert that they
4 might need prior to surgery. But also if there's
5 something that happens during surgery, a patient's
6 heart rate goes up, it's a new event, they have
7 the ability to access post as well.
8 HEARING OFFICER CSUKA: Okay.
9 THE WITNESS (Mondo): And the last
10 thing I would add on this front as far as the care
11 coordination piece is, you know, one of the -- in
12 anticipation of Hartford having governance control
13 is actually moving the facility over to the Epic
14 platform, which I think is going to be a critical
15 piece in just the continuum of care, the
16 coordination of care. And so, you know, that is
17 something that is going to be a key element of
18 clinical integration that we plan to move forward
19 with once Hartford assumes governance control.
20 HEARING OFFICER CSUKA: I think you
21 mentioned earlier there were two different options
22 for Epic, you can have the ability to actually
23 edit a medical record or you can just have the
24 opportunity to review the medical record. Does
25 the surgery center have either capability at this

1 point?
2 THE WITNESS (Mondo): Yeah, we do have
3 read-only access, but that certainly has some
4 limitations tied to it. And so obviously from a
5 clinical integration perspective, it would be best
6 to actually be on Hartford's instance of Epic.
7 HEARING OFFICER CSUKA: Okay.
8 BY MS. FAIELLA:
9 Q. (Faiella) And then the last question
10 for this subquestion -- the last subset of the
11 question for this is to, again, have any of the
12 following improvements have already been
13 initiated. The last one is greater access to
14 resources and capabilities necessary to advance
15 population health initiatives and to improve
16 overall health status of the community.
17 A. (Sassi) I think that through the
18 pandemic we were able to help improve the health
19 of the community by educating them, you know, once
20 again, providing them access. All of the ASCs
21 were collaborating with us on that, so I do feel
22 that this is an example of one of our ways that we
23 were able to improve the health of our
24 communities. We also, once again, have all those
25 resources available. And by managing the

1 **patients, we are managing their health and**
2 **wellness. And so by that through our specialists**
3 **and through our access points in the communities,**
4 **Hartford Healthcare has built a comprehensive or**
5 **is building a comprehensive ambulatory network**
6 **within the communities in which these patients**
7 **live so that we are managing that and trying to**
8 **create access points to improve the health of the**
9 **communities.**
10 **A. (Mondo) The last piece on the**
11 **population health, and this is something that,**
12 **again, was very important to both SCA and our**
13 **physician partners is having the ability to align**
14 **with a health system that is focused on**
15 **value-based care. And so many standalone ASCs**
16 **don't have the resources, relationships, lives to**
17 **actually enter into value-based or risk-based**
18 **arrangements, and that is something that our**
19 **facility is very much interested in. And so,**
20 **again, it continues to be an evolution, but, you**
21 **know, as Hartford continues to be involved at the**
22 **Center and hopefully gets governance control here,**
23 **we can start to enter into some of these**
24 **value-based arrangements that really will generate**
25 **material savings.**

1 EXAMINATION
2 BY MR. LAZARUS:
3 Q. (Lazarus) I just have a quick follow-up
4 on that. So you had mentioned, you had actually
5 testified earlier that in order to reap the
6 benefits Hartford Healthcare has to have control.
7 Is that what you mean, it's like in order to, for
8 these benefits and like such as population health
9 control and all the other, like Epic and all that
10 stuff, Hartford has to be, the Hartford entity has
11 to be in control prior to being able to have
12 access to these type of services as opposed to
13 Hartford being the minority owner at this point or
14 at 36 percent?
15 A. (Mondo) Yeah, I think it's more about
16 the long-term commitment to the facility and how
17 they would view this multi-specialty surgery
18 center as a part of their network. And so Donna
19 can certainly give more color, but my
20 understanding is the governance control piece is
21 critical to demonstrate clinical integration, and
22 there are many elements that come along with being
23 a clinically integrated facility, many of which
24 we're discussing here, the value-based contracts,
25 the Epic implementation, and some of the other

1 value that Hartford brings as a clinically
2 integrated network.
3 A. (Sassi) And without governance control,
4 we are not able to make those decisions that are
5 critical if SCA decides not to go live with Epic.
6 Those patients who go there, their information
7 does not go anywhere, it sits within the surgical
8 episode. Yes, the patient can share with their
9 PCP, but often, as we all know, you know, a story
10 changes as you repeat it, you might forget a
11 detail that happened. And so it doesn't
12 improve -- it doesn't meet our mission and vision.
13 I need to be able to improve the health of the
14 communities that we serve. So it's really not the
15 right thing to do for the patient, and that's
16 where our voice will be driving those decisions
17 with governance control.
18 MR. LAZARUS: Okay. All right. Thank
19 you. Sorry, Annie, go ahead.
20 MS. FAIELLA: Thank you.
21 BY MS. FAIELLA:
22 Q. (Faiella) In the application on page 23
23 the applicant states that there are going to be no
24 changes in services or patient population are
25 expected with the proposal, and they also state

1 that there's no new equipment or service being
2 proposed. The question is, where is the
3 improvement then?
4 A. (Mondo) So, I mean, I would say there
5 is definitely incremental value to the services
6 that we're already providing today. And so I
7 think a good example of that is many of the
8 physicians that have been willing to migrate their
9 cases out of St. Vincent's HOPD and potentially
10 more complex cases inside of a specialty where
11 we're already providing services today. And then,
12 you know, I do think this is certainly an
13 evolution. So maybe nothing planned today, but as
14 we look at this relationship long term, I think
15 the advances in technology are certainly coming
16 fast and furious, and we want to continue to
17 remain a leader in the outpatient space. And so
18 there will likely be a point in time in the future
19 where we have to work closely with Hartford to
20 ensure that we could have access to the right
21 level of technology. So I think that is something
22 that certainly could happen when you look at more
23 of the mid to longer term relationship.
24 MS. FUSCO: And Annaliese, this is Jen
25 Fusco, if I can just comment from a legal

1 perspective. I think you're referring to the
2 questions that asked about documenting the need
3 for new equipment and services or, you know,
4 providing incidence and prevalence data with
5 respect to these services. I mean, I think those
6 were answered that way because there's no
7 equipment acquisition that is the subject of this
8 CON, there is no addition of services here that
9 would require a CON approval, so I think that's
10 why we answered those discrete questions that way
11 versus suggesting that there weren't going to be
12 enhancements to technology and services.
13 MS. FAIELLA: Okay. So, OHS is
14 actually going to be asking for another Late-File.
15 We're looking for a revised CON financial
16 worksheet submitted as part of the original CON
17 application. Specifically we're looking for the
18 inclusion of the most recently completed fiscal
19 year and the projection of the forward at least
20 three years, fiscal years forward.
21 HEARING OFFICER CSUKA: We'll go over
22 these. I'm sure these will sound familiar to
23 Attorney Fusco, I think, that were from the last
24 hearing.
25 MS. FUSCO: That's fine.

1 **BY MS. FAIELLA:**

2 **Q. (Faiella) On page 17 of the application**
3 **the applicant states, HHC capital will be**
4 **available going forward to finance the purchase of**
5 **new equipment and technology to assist the Center**
6 **in attracting physicians and patients for**
7 **outpatient and surgical procedures. Since**
8 **obtaining a 36.0009 percent interest in SCFC, has**
9 **HHC expended capital on enhancements of SCFC?**

10 **A. (Mondo) Not at this point in time. We**
11 **have made some capital investments at the**
12 **partnership level through kind of ordinary course**
13 **of business budgeted capital expenditures that**
14 **Hartford has obviously shared pro rata in those**
15 **expenses as an equity holder, but at this point in**
16 **time those are the only capital investments that**
17 **have been made.**

18 **Q. (Faiella) All right. Is there any**
19 **specific reason why there have not been any**
20 **capital?**

21 **A. (Sassi) You know, Hartford Healthcare**
22 **wants to partner and make sure that the centers**
23 **are operated with making sure our vision and**
24 **mission are realized, and without that voice and**
25 **control, we are not able to guarantee that to**

1 happen. And so we would need to, you know,
2 reevaluate, you know, that request and look at our
3 other partners' needs and prioritize them
4 appropriately.
5 A. (Mondo) And I know you were asking
6 specifically about capital expenditures, but there
7 have been certainly some instances with medication
8 shortages and supply shortages where we've been
9 able to partner with Hartford to ensure that we
10 had what was appropriate for various cases. And
11 so, again, not capital but it definitely has been
12 a tremendous value to the facility.
13 Q. (Faiella) Okay. So again, on page 17
14 the applicant states, HHC's investment in SCFC
15 will help preserve the Center as an alternative to
16 hospital-based outpatient surgical services in the
17 area as outpatient is about governance control
18 rather than HHC's investment. So will HHC pull
19 out if SCFC, if the application is denied?
20 A. (Sassi) So at this time, no, we would
21 not pull out. But once again, if we didn't have
22 that voice at the table as well as the
23 decision-making, the governance to make decisions,
24 control to make the decisions, we wouldn't be able
25 to really move our vision and mission forward and

1 therefore we would, you know, once again, you
2 know, continue with however we can to best meet
3 the needs of the greater whole of Hartford
4 Healthcare and those partners we work with.
5 A. (Mondo) And I would add to that. I
6 mean, this is a two-way street. And so I think
7 from the perspective of SCA and our physicians, if
8 we're not really able to realize the full clinical
9 integration that we're seeking, I think it would
10 also be a consideration for our physicians. It's
11 very important to us that we could be aligned with
12 a clinically, high-quality clinically health
13 network, start to move closer into value-based
14 care arrangements and many of the benefits that
15 we're looking to get through this relationship.
16 So I would say that that evaluation is certainly a
17 two-way street.
18 Q. (Faiella) Thank you. Since obtaining a
19 36.0009 percent indirect interest in SCFC --
20 HEARING OFFICER CSUKA: Annie, can you
21 just speak up a little bit? I'm sorry.
22 MS. FAIELLA: Sure.
23 BY MS. FAIELLA:
24 Q. (Faiella) Since obtaining a 36.0009
25 percent indirect interest in SCFC, has SCFC begun

1 **participating in HHC's system quality initiatives?**

2 **A. (Mondo) Yes.**

3 **Q. (Faiella) Has HHC begun sharing data**

4 **with SCFC on outcomes and best practices?**

5 **A. (Mondo) Yes.**

6 **A. (Sassi) Yes.**

7 **Q. (Faiella) Has SCFC been able to access**

8 **HHC's infection control protocols and collaborate**

9 **on root cause analyses in the event of infection?**

10 **A. (Mondo) Yes.**

11 **A. (Sassi) (Nodding head in the**

12 **affirmative.)**

13 **Q. (Faiella) Have HHC and SCFC begun**

14 **collaborating on information security protocols**

15 **and cyber threats?**

16 **A. (Mondo) Yes.**

17 **A. (Sassi) (Nodding head in the**

18 **affirmative.)**

19 **Q. (Faiella) Has SCFC begun participating**

20 **in HHC's disaster preparedness drills?**

21 **A. (Mondo) Yes.**

22 **A. (Sassi) (Nodding head in the**

23 **affirmative.)**

24 **Q. (Faiella) Has HHC given SCFC access to**

25 **and the ability to evaluate new technologies?**

1 A. (Mondo) Yes, we haven't really had a
2 need up until this point, but it is available to
3 us.
4 Q. (Faiella) Have SCFC and HHC begun
5 coordinating patient care through their
6 relationships -- through their relationship,
7 rather, sorry.
8 A. (Mondo) Not to the extent that we are
9 hoping for. I mean, we're seeking full clinical
10 integration, and we're not to that point yet, and
11 we can't get there unless we have the governance
12 control.
13 Q. (Faiella) Okay. And then has SCFC
14 begun investigating or potentially participating
15 in emergency quality-based payer initiatives?
16 A. (Mondo) Can you repeat that question?
17 Q. (Faiella) Sure. Has SCFC begun
18 investigating or potentially participating in
19 emergency quality-based payer initiatives?
20 HEARING OFFICER CSUKA: Annie, did you
21 mean emerging or emergency?
22 MS. FAIELLA: I'm sorry, emerging.
23 You're correct. Sorry.
24 A. (Mondo) Sorry, no worries. So I would
25 say to some extent the investigation piece, I

1 mean, it's certainly something that was at the
2 core of this partnership, and so there has been a
3 lot of discussions around value-based
4 arrangements, but we to date have not yet entered
5 into those.
6 BY MS. FAIELLA:
7 Q. (Faiella) So since obtaining a 36.0009
8 percent indirect interest in SCFC, has SCFC begun
9 participating on HHC's Clinical Quality Council?
10 A. (Sassi) No.
11 HEARING OFFICER CSUKA: So that would
12 only happen with the three seats?
13 THE WITNESS (Sassi): No, it's
14 available to them now, but we haven't had the
15 opportunity to -- they haven't used it at this
16 point --
17 HEARING OFFICER CSUKA: Okay.
18 THE WITNESS (Sassi): -- the
19 opportunity.
20 BY MS. FAIELLA:
21 Q. (Faiella) Okay. On page 17 of the
22 application the applicant states, HHC will also
23 work with SCFC in measuring the patient
24 satisfaction in evaluating and implementing best
25 practices and quality improvements. Since

1 obtaining indirect interest in SCFC, has this
2 happened yet?
3 A. (Mondo) Yes.
4 A. (Sassi) Yes. We do collect the patient
5 satisfaction information data, review it, analyze
6 it, discuss it, and adjust.
7 HEARING OFFICER CSUKA: And prior to
8 HHC's affiliation, was the surgery center
9 collecting this patient satisfaction information
10 on its own either through SCA or on its own?
11 THE WITNESS (Mondo): Yes, they were.
12 HEARING OFFICER CSUKA: Okay. Has that
13 changed at all then since the HHC affiliation?
14 THE WITNESS (Mondo): Yes, the Center
15 has fairly high patient satisfaction scores. I
16 think it ebbs and flows on a month-by-month basis,
17 but we can certainly provide that information.
18 HEARING OFFICER CSUKA: I don't know if
19 that's of interest to Annie and Steve. I don't
20 think I have a need for it but --
21 MR. LAZARUS: No, I don't think we need
22 it.
23 HEARING OFFICER CSUKA: If you believe
24 that there has been a marked improvement in terms
25 of patient satisfaction since the HHC affiliation,

1 maybe that would make sense to provide. So I
2 guess we could ask for that as a Late-File.
3 THE WITNESS (Mondo): Yeah. I mean, I
4 can tell you there hasn't been significant
5 improvement. The Center consistently outperforms
6 the national benchmark for patient satisfaction,
7 but I think the better indicator is that we're
8 getting access to more patients through the
9 relationships to some extent or through payers
10 implementing various policies to encourage
11 patients to use a lower cost site of service, and
12 so we just have the opportunity to reach more
13 patients. So less about the scores and more about
14 the number of patients we're able to impact.
15 HEARING OFFICER CSUKA: Steve, do you
16 have any thoughts on that?
17 MR. LAZARUS: I think it would be nice
18 to get a payer mix update before and after. Maybe
19 we can see the improvement there. And I know this
20 application was filed a couple years ago, so it
21 probably is outdated. So I think a revised payer
22 mix table would be appropriate, and maybe you can
23 include some data in there that shows pre and post
24 merger.
25 THE WITNESS (Mondo): Sure.

1 MR. LAZARUS: Some of the changes that
2 have taken effect due to, some of the policies
3 that have taken effect as part of the result of
4 that change of ownership. We'll make that a
5 Late-File.
6 HEARING OFFICER CSUKA: Annie, do you
7 have any other questions?
8 MS. FAIELLA: I have one more question,
9 and then we can turn it over to Steve.
10 BY MS. FAIELLA:
11 A. (Faiella) The eLicense list and
12 inspection report, plan of correction and
13 statements of deficiencies, we are asking for
14 Late-Files to plese provide copies of those. And
15 then we are also asking if there are any
16 outstanding quality related issues that are
17 currently before DPH.
18 MS. FUSCO: I'm sorry, I missed the
19 first part, Annie. So you're looking for updates
20 to the reports that we have disclosed in
21 completeness?
22 MS. FAIELLA: So the eLicense and
23 inspection report, plan of correction and
24 statements of deficiencies, so we are looking for
25 those as a Late-File.

1 MS. FUSCO: For the most recent
2 inspection because I know that when we answered
3 the completeness question here, I think we were
4 still pending inspection, we were still under that
5 COVID delay period. So you're looking for the --
6 okay, understood.
7 HEARING OFFICER CSUKA: That's correct,
8 yeah.
9 BY MS. FAIELLA:
10 Q. (Faiella) And then the question that I
11 have though for now is then, are there any
12 outstanding quality-related issues that are
13 currently before DPH?
14 A. (Mondo) There are not.
15 MS. FAIELLA: Thank you.
16 MR. LAZARUS: Annie, you're all set,
17 right?
18 MS. FAIELLA: Yes.
19 MR. LAZARUS: Thank you.
20 EXAMINATION
21 BY MS. LAZARUS:
22 Q. (Lazarus) All right. So I'm going
23 to -- so most of these questions and the following
24 questions will focus on the access. And the first
25 one, question, which will have multiple parts, is

1 that as part of Exhibit A, which is the CON
2 application, on page 23 it stated that, and I
3 quote, "SCFC has historically provided surgical
4 services to Medicaid recipients and uninsured
5 patients. This will continue to be the practice
6 under HHC governance control. Both SCA and HHC
7 will have a history -- have a history of
8 nondiscrimination in the treatment of patients at
9 their facilities statewide and nationwide. SCFC
10 currently serves patients regardless of income
11 level, race, ethnicity or disability, and this
12 will continue under the governance control of
13 nonprofit health system," end quote.
14 So the first question related to that
15 is, SCA has a policy titled Nondiscrimination in
16 the Treatment of Patients. How long has this
17 policy existed?
18 A. (Mondo) I believe since the inception
19 of SCA being a part of the facility, but we can
20 double check that.
21 Q. (Lazarus) Okay. But it was prior to
22 Hartford Healthcare?
23 A. (Mondo) Yes, absolutely.
24 Q. (Lazarus) That would be good. Does SCA
25 implement a charity care and/or financial

1 **assistance policy at its other facilities and for**
2 **how long has that been in effect?**
3 **A. (Mondo) Yes, all of our facilities in**
4 **the State of Connecticut have a nondiscrimination**
5 **policy and a charity care policy, and, again,**
6 **those date back to basically SCA's involvement in**
7 **each respective facility.**
8 **Q. (Lazarus) Okay. When did SCFC's**
9 **implementation of SCA's financial hardship charity**
10 **discount policy that was provided on page 30 of**
11 **Exhibit D at page 313 go into effect?**
12 **A. (Mondo) Similarly, since really SCA's**
13 **involvement in the facility.**
14 **Q. (Lazarus) When did SCFC become a**
15 **Medicaid provider?**
16 **A. (Mondo) I don't know the exact date. I**
17 **think it's something we can find out, but I know**
18 **I've been working with the Center for nine plus**
19 **years, and we have certainly been participating**
20 **with Medicaid in that period of time.**
21 **Q. (Lazarus) Okay. That's fine. Did SCFC**
22 **have a charity care policy similar to this prior**
23 **to this affiliation because it was part of the ---**
24 **it's been there since inception, right, you had**
25 **stated?**

1 A. (Mondo) Yes, yes, it has.
2 Q. (Lazarus) Sorry, I jumped back to a
3 question. Thank you.
4 HEARING OFFICER CSUKA: Steve, I don't
5 know if you got an answer to your question. The
6 question was did the surgical center have --
7 MR. LAZARUS: A similar policy.
8 HEARING OFFICER CSUKA: -- something
9 like that prior to SCA's involvement, is that what
10 you're asking?
11 MR. LAZARUS: Yes.
12 A. (Mondo) I unfortunately cannot speak to
13 that prior to SCA's involvement.
14 Would you know, Jen?
15 MS. FUSCO: Before SCA got involved in
16 the facility, I don't know. I mean, it's possible
17 they didn't, but we'd have to go back and look at
18 old CONs.
19 THE WITNESS (Lazarus): Okay. So
20 you're unsure.
21 HEARING OFFICER CSUKA: I don't think
22 that's really necessary.
23 MR. LAZARUS: No. And again, if
24 it's something -- it might be something we can
25 pull from our records in the CONs ourselves.

1 Thank you.
2 BY MR. LAZARUS:
3 Q. (Lazarus) Is there any reason to think
4 that SCFC will stop accepting Medicaid recipients
5 and indigent persons if this application is
6 denied?
7 A. (Mondo) No, but through Hartford
8 obtaining governance control, it ensures that the
9 facility will indefinitely participate with
10 Medicaid charity care.
11 Q. (Lazarus) How so?
12 A. (Mondo) As part of their nonprofit
13 status, I believe that's a requirement.
14 Q. (Lazarus) Okay. But if this is not
15 approved, so you're saying there is a possibility
16 that these facilities may stop accepting Medicaid
17 recipients?
18 A. (Mondo) No, we have no plans to do
19 that. We've, again, since SCA's involvement we've
20 always participated, and so we plan to do that
21 into the future. It's just making the distinction
22 that as Hartford has governance control that
23 it's --
24 Q. (Lazarus) Required.
25 A. (Mondo) -- a requirement.

1 Q. (Lazarus) Got it. Thank you. In the
2 CON application on page 23 it states that the
3 proposal also promotes the use of ambulatory
4 surgery services as a lower-cost alternative to
5 the hospital-based outpatient surgery. This
6 proposal will provide patients with more
7 flexibility in selecting treatment options and
8 further ensures that patients will receive this
9 care in the most appropriate and cost-effective
10 setting. How does this change in governance
11 control result in this manner?
12 A. (Mondo) I'm not sure that it
13 necessarily changes. I think the surgery center
14 will continue to remain the lower-cost site of
15 service for patients that have choice in surgical
16 care. I just think it expands our ability to
17 reach more patients, and through this clinical
18 integration effort I think it will bolster the
19 quality of care that we're providing because
20 we'll, again, be able to be involved in the full
21 continuum through the relationship with Hartford.
22 Q. (Lazarus) Okay. Thank you. In Exhibit
23 D, that was the response to completeness letter 1,
24 it states, "HHC's participation in the Center will
25 allow it to expand its capacity needed to meet the

1 growing demands of ambulatory settings as an
2 alternative to a more costly hospital-based
3 outpatient surgery." If there is a growing demand
4 for ambulatory settings and SCFC appears to have
5 sufficient capital to address this demand, why is
6 Hartford Healthcare having governance control
7 necessary to expand this capacity?
8 A. (Sassi) So the governance control goes
9 back to us. Hartford Healthcare is a
10 not-for-profit maintaining that status and
11 ensuring that we provide care to, once again, the
12 uninsured and the Medicaid population. And so we
13 can't do that without governance control, and the
14 impact on patient care is really, if we keep those
15 cases at the acute care hospitals, they're more
16 costly, there's higher infection rates, there's
17 increased readmission rates, increased return to
18 surgeries. I mean, this is in, you know, the
19 literature. It's been studied. And so why would
20 we continue to provide care there when if safe and
21 high-quality centers are available for our
22 patients. And in Hartford Healthcare building
23 their ambulatory network of care we need that
24 piece, we need the surgical ambulatory side which
25 we don't have today. And governance control

1 allows us to continue to, you know, serve the
2 populations that we care for.
3 A. (Mondo) The one thing I'd add to that
4 is around the governance control is our
5 partnership wants to be viewed as a core part of
6 the clinically integrated network that Hartford
7 has, and without that control, I mean, the center
8 could get deprioritized from an investment
9 perspective. And so, you know, we think the best
10 care is obviously delivered as a part of an
11 integrated care delivery system, and we don't want
12 this facility to be out on an island. And without
13 the governance control, we can't be deemed as part
14 of the Hartford clinical integrated network.
15 Q. (Lazarus) So it's more a matter of
16 priority for Hartford Healthcare where they would
17 be referring patients to a facility that they have
18 control over versus a facility they only have
19 membership or part ownership in?
20 A. (Mondo) I don't think it's necessarily
21 about referrals. I think it's more about just the
22 investment piece. And when I say "investment," I
23 mean investment in time, investment in clinical
24 protocols, investment in value-based care and
25 contracting and investment in strategy. And so

1 again, I think we want to ensure that this remains
2 kind of core to Hartford's mission and vision, and
3 for those reasons it's why the governance control
4 is important.
5 Q. (Lazarus) Thank you.
6 HEARING OFFICER CSUKA: I wanted to go
7 back to Steve's question. So I think you
8 mentioned expansion of capacity, and I think sort
9 of, I'm not sure either of you really addressed
10 that specifically. So why is Hartford
11 Healthcare's governance control necessary to
12 expansion of capacity? Would SCA not be able to
13 do that on its own or with the way things are
14 currently, does that make more sense?
15 THE WITNESS (Mondo): Yeah, I think I'm
16 tracking with that question. So for us, I mean,
17 one, our facility certainly has a capacity to take
18 on more physicians and case volume, but I think
19 when you look at what we've been able to
20 accomplish over a short period of time of
21 migrating cases out of St. Vincent's to the
22 facility, much of that, I mean, these, many are
23 independent physicians that have just opted to
24 continue to provide services in the hospital
25 outpatient department because they're more

1 comfortable in that setting, much of which is
2 attributed to being affiliated with a high-quality
3 system like Hartford Healthcare. And I think
4 through this relationship now and having Hartford
5 aligned into the facility, many of those providers
6 are now much more comfortable migrating those
7 eligible elective cases out of the HOPD to our
8 facility. And since the inception of this
9 relationship, we've seen upwards of about 250
10 cases that are, you know, completely eligible for
11 the ASC setting migrate out of St. Vincent's HOPD.
12 HEARING OFFICER CSUKA: Okay. Thank
13 you.
14 BY MR. LAZARUS:
15 Q. (Lazarus) The next group of questions
16 actually has to deal more with cost effectiveness.
17 Is SCFC at risk of closure due to financial or any
18 other reasons?
19 A. (Mondo) Not at this point in time.
20 Q. (Lazarus) Does SCFC currently charge
21 any facility fees?
22 A. (Mondo) Yes. All freestanding ACSs
23 charge a facility fee to obviously cover overhead
24 expenses and staffing, supplies, et cetera.
25 Q. (Lazarus) Is that expected to increase

1 in the average facility fee that's assessed?
2 A. (Mondo) I believe in our filing, you
3 know, standard 2 to 3 percent increases is
4 typically what we project. Again, I think there
5 could be some additional modest increases just
6 tied to inflation, but that's at this point how
7 we're projecting.
8 MS. FUSCO: I think to clarify, you're
9 talking about a year-over-year increase, not as a
10 result of --
11 THE WITNESS (Mondo): Yes, yes,
12 year-over-year increases.
13 BY MR. LAZARUS:
14 Q. (Lazarus) That was going to be my next
15 question. And just to clarify, that was all. So
16 can we get that as a Late-File, some sort of a
17 projection that can provide the average facility
18 fee that's going to be assessed by SCFC per
19 patient for each of the five years, including year
20 to date?
21 A. (Mondo) Yes.
22 Q. (Lazarus) Could you also just, and
23 maybe we can do this verbally, but can you define
24 the facility fees, what is being charged, what's
25 the purpose, you know, how is that being defined,

1 **what's included in there?**

2 **MS. FUSCO: Yes. You mean in the**

3 **Late-File?**

4 **MR. LAZARUS: You can do it verbally,**

5 **but I think that probably would be best to have**

6 **that written as part of the Late-File.**

7 **MS. FUSCO: We can do it. I think you**

8 **mentioned a few things, but we could add that to**

9 **the written, what it covers.**

10 **THE WITNESS (Mondo) Yes.**

11 **MS. FUSCO: We can supplement what**

12 **she's testified to already in the written, if that**

13 **works.**

14 **MR. LAZARUS: Yes, I think that would**

15 **be best. That can be part of the same Late-File.**

16 **MS. FUSCO: Okay.**

17 **MR. LAZARUS: Projections and then**

18 **provide the definition for what's included in the**

19 **Late-File. And if you can also just clarify how**

20 **that would be different than a hospital.**

21 **BY MR. LAZARUS:**

22 **Q. (Lazarus) All right. So the next**

23 **question. In the CON application on page 32 it's**

24 **stated, "Further, HHC is exploring bundles for**

25 **both commercial and Medicare Advantage in all**

1 settings, which could potentially further expand
2 the Center's participation in value-based care."
3 Has this resulted in any changes at SCFC?
4 A. (Mondo) At this point it has not, but
5 it is something, again, that's of the utmost
6 importance in this relationship that our Center
7 can begin participating in value-based care
8 arrangements.
9 Q. (Lazarus) On page 22 it says, "Promote
10 planning that helps to contain the cost of
11 delivery of health care services to its residents.
12 SCA and HHC's joint ownership, operation and
13 management of SCFC will ensure that the Center
14 remains available as a lower-cost alternative to
15 provider-based outpatient surgical care for
16 residents of the service area."
17 So if this is given, how will HHC
18 acquiring governance control improve cost
19 effectiveness specifically?
20 A. (Sassi) Gina, were you going to say
21 something?
22 A. (Mondo) Yeah, I'm happy to tick it off.
23 Sorry, it's hard when we're not in the same room.
24 Yes, so, I mean, I think it, kind of going back to
25 one of my former responses, I mean, I think

1 generally know that on average surgery centers are
2 40 to 50 percent less expensive than the same
3 services provided at a hospital, but through this
4 relationship and governance control I think it's
5 more about being a part of the clinically
6 integrated network and, again, creating the
7 comfort around Hartford Healthcare and the quality
8 they deliver to get more physicians comfortable
9 utilizing a freestanding site of service through
10 this affiliation which is going to, again, enable
11 us to do more cases at the facility, more complex
12 cases at the facility, and then continue to evolve
13 into, again, I think Medicare continues to add
14 various procedures each and every year that we can
15 continue to keep up with the Medicare approved
16 procedures that are being approved annually.
17 A. (Sassi) I think from the ambulatory
18 perspective Hartford Healthcare is interested in
19 really impacting the overall cost of care within
20 the communities patients live, and without an
21 option, a viable option for surgery, we wouldn't
22 be able to offer that to our patients. Also, just
23 in the cost avoidance in, you know, reduced
24 infection rates, reduced readmission rates, you
25 know, the $3 billion a year we spend in addressing

1 **post-op infections they're much lower in the**
2 **ambulatory center outside of a hospital. So the**
3 **hospital-based ambulatory centers have those high**
4 **readmission rates and infection rates. And your**
5 **cohorting patients who are not ill but they, you**
6 **know, need to return to a previous state, you**
7 **know, they're going for surgery. And the patients**
8 **at the hospital are ill, so it affords them the**
9 **opportunity to be in a space that really is the**
10 **right place for them to get the care they need.**
11 **Q. (Lazarus) And I get that, but how does**
12 **the actual governance control affect that?**
13 **A. (Sassi) Because we're going to assure**
14 **that it is truly stays as a quality lower-cost**
15 **option for our patients. We know that we have**
16 **patients being seen today in the hospital, and**
17 **just by migrating those patients to the ASC we're**
18 **lowering the costs generally in that community for**
19 **surgical cases because it's a much higher cost in**
20 **the hospital than it is in an ASC. And with**
21 **governance control we can work with our**
22 **physicians, you know, once again, to try to pick**
23 **the appropriate cases to move them to the right**
24 **centers. And the physicians, once again, have the**
25 **confidence because they've been working with us to**

1 do the right thing for the patient and move those
2 cases. So, I mean, we are adding to the overall
3 decrease in the cost of care in that community by
4 doing so.
5 Q. (Lazarus) Okay. So that's prioritizing
6 them to the outpatient surgical facilities that
7 are under Hartford Healthcare's governance
8 control?
9 A. (Sassi) Yes, to the appropriate center,
10 yes. That is part of our network, once again, so
11 that we don't have freestanding surgical episodes
12 that just sit there with a lot of patient
13 information that can't be, you know, accessed by
14 their providers. So the clinical integration is
15 so critical for all of these things to be
16 realized.
17 Q. (Lazarus) And that access has to be
18 more than viewable?
19 A. (Sassi) Correct, for full, yes,
20 clinical integration because the physician who
21 took care of the patient at the surgery center and
22 is viewing a chart can't put an order in, can't
23 make a note so that their primary care next week
24 when they go to see them because they have an
25 irregular heartbeat, you know, those details is on

1 a piece of paper. Hopefully the patient doesn't
2 forget it, drop it, will they go to the
3 appointment. Do you know what I'm saying? So
4 it's very important for that clinical integration.
5 And Hartford Healthcare has the clinical and the
6 IT competencies to help an ASC that's standing
7 alone to build the infrastructure they need for
8 that clinical integration.
9 Q. (Lazarus) To that point, what is the
10 current practice of -- what is currently being
11 done since the affiliation, Hartford hasn't had
12 governance control yet, so what is, how are the
13 doctors that are currently treating patients at
14 the surgical facility putting in their orders and
15 sharing information with the primary care doctors?
16 A. (Sassi) It's a paper communication on
17 getting a discharge summary, but it doesn't go
18 into the detail of the surgery, there's no post-op
19 note that's sent home with the patient. It's not
20 appropriate. It really is a provider view. Yes,
21 the patient could read it, but they might not
22 understand it without the guidance of a
23 professional with them.
24 Q. (Lazarus) Okay. So currently there is
25 no electronic system other than the viewable one

1 that the surgical center is using, it's all paper?
2 A. (Sassi) That's right.
3 Q. (Lazarus) All right. Thank you.
4 HEARING OFFICER CSUKA: Sorry. So
5 there's no EHR at SCFC right now?
6 THE WITNESS (Mondo): There is not.
7 HEARING OFFICER CSUKA: Okay. And Ms.
8 Sassi, I think you mentioned something about sort
9 of cost containment and cost effectiveness as
10 being community wide rather than like per instance
11 or per treatment episode.
12 THE WITNESS (Sassi): Yes.
13 HEARING OFFICER CSUKA: So without the
14 change in governance control, are you saying that
15 discharges from St. Vincent's or any other
16 affiliated HHC -- or sorry, not discharges,
17 referrals to HHC -- excuse me, let me back up.
18 Are you saying that referrals out of
19 hospital settings that are affiliated with HHC
20 would not be directed towards the surgery centers?
21 THE WITNESS (Sassi): I'm not saying
22 that. The providers bring the patients to the
23 centers, and we work with the providers to, you
24 know, appropriately migrate the patients to an
25 ambulatory center, if that's where the physician

1 is working, but we don't have any direct referral
2 ability. I mean, we go and consult with the
3 physician and based on, once again, the guidance
4 from the payers, we help them migrate safely those
5 cases.
6 THE WITNESS (Mondo): I think it's more
7 about access to information from a care
8 coordination perspective. So today it's obviously
9 lacking given we only have read-only access for
10 providers that are accustomed to working in the
11 Epic EMR, and so we are limited in our
12 capabilities today.
13 HEARING OFFICER CSUKA: Okay. All
14 right.
15 THE WITNESS (Sassi): And quite
16 frankly, over time they have not changed from a
17 paper chart, and Hartford Heathcare with
18 governance control can bring that type of, make
19 that decision, you know, at the right time and
20 make sure it's realized with the governance
21 control.
22 HEARING OFFICER CSUKA: Okay.
23 BY MR. LAZARUS:
24 Q. (Lazarus) All right. In the
25 application on page 26/27, cost effectiveness

1 discussed in terms of ASC versus HOPD, no
2 discussion of how this change in governance
3 control will actually improve the cost
4 effectiveness. Where is it proved that the
5 proposal will improve cost effectiveness? This
6 is kind of following up on the previous question,
7 just trying to be more specific in this case.
8 A. (Sassi) I think it's more of not a
9 specific patient but more of a group of patients
10 that would normally have their case traditionally
11 at an acute care hospital that costs more for the
12 payers, for the patients, higher co-pays, and that
13 group of surgical cases is being moved to an
14 appropriate lower-cost care. So, I mean, it's
15 collective plus individually for those patients.
16 A. (Mondo) And --
17 Q. (Lazarus) I'm sorry, just a quick
18 followup. And can it not be done without the
19 governance control?
20 A. (Sassi) We can't assure that the
21 physicians will migrate those cases out. We know
22 that it's not good for our patients. To manage
23 their care, we can't have them, you know, not
24 having an access point for ambulatory surgery that
25 isn't part of our network so that we can provide

1 that coordinated care. It is critical to the
2 patient. If we put the patient first, it's not
3 good care when we can't talk to each other, we
4 can't share data.
5 A. (Mondo) And I think the patient
6 perspective is critical, and I think it's also the
7 perspective of the provider. And so there will be
8 a higher level of confidence if we are viewed as
9 part of the Hartford clinically integrated network
10 which is why the governance control is so
11 important. Again, I think we already are starting
12 to see migration of cases out of St. Vincent's
13 HOPD to the Center, which is a call savings in
14 itself. By our calculations, we've already
15 estimated upwards of $100,000 in savings just from
16 shifting cases to the appropriate site of service.
17 And those cases are coming because the doctors
18 have confidence in our alignment with Hartford
19 Healthcare, but again, they want us to be a part
20 of this clinically integrated network, and without
21 the governance control we can't get there. And so
22 I think, again, that's, you know, that's one of
23 the biggest components to how we're delivering
24 cost savings to the community, to patients,
25 payers, to employers is actually getting these

1 **cases out of the hospitals, ensuring the patient**
2 **is comfortable doing that, as well as the**
3 **providers.**
4 **Q. (Lazarus) And the assurance that you**
5 **mentioned, that is more by providing the**
6 **physicians that will be referring the confidence**
7 **to be able to refer to a Hartford Heathcare owned**
8 **facility?**
9 **A. (Mondo) That's right.**
10 **Q. (Lazarus) Okay. All right. In the**
11 **application on page 29, SCFC will -- it's stated**
12 **that "SCFC will also be integrated with the care**
13 **coordination activities of Integrated Care**
14 **Partners, LLC," shortened for ICP, "a**
15 **physician-led clinically integrated organization**
16 **affiliated with HHC." Has this already occurred?**
17 **A. (Mondo) Could you repeat the question?**
18 **I'm sorry.**
19 **Q. (Lazarus) Sure. On page 29 it was**
20 **stated that SCFC will also be integrated with the**
21 **care coordination activities of Integrated Care**
22 **Partners, LLC, which is a physician-led clinically**
23 **integrated organization affiliated with Hartford**
24 **Healthcare." Has this already occurred, has this**
25 **begun?**

1 HEARING OFFICER CSUKA: Has the
2 integration already begun?
3 A. (Mondo) We, the facilities
4 participating in ICP, I would say we're on an
5 evolution to kind of full participation and
6 coordination across ICP.
7 BY MR. LAZARUS:
8 Q. (Lazarus) So what type of exam -- can
9 you provide some examples of the current
10 participation?
11 A. (Mondo) Donna, do you want to take that
12 one?
13 A. (Sassi) I would like a chance to
14 respond at a later time or could we do a late
15 response?
16 Q. (Lazarus) Sure.
17 A. (Sassi) Okay. Thank you.
18 Q. (Lazarus) If you can provide as a
19 Late-File examples of integrated -- examples of
20 participation with the Integrated Care Partners.
21 And also if you can list when it was actually,
22 when it actually began, that would be helpful.
23 A. (Sassi) Thank you.
24 Q. (Lazarus) Okay. In Exhibit R, which is
25 the SCFC'd prefile, on page 393 it states that

1 "SCFC and HHC are actively facilitating the
2 migration of surgical procedures from hospitals to
3 ASCs. Between September of 2021 and July of 2022,
4 the Center has performed nearly 240 surgical
5 procedures that would otherwise have been
6 performed in the more costly HOPD setting
7 resulting in a savings of approximately $790,000.
8 As previously noted, migration of patients to
9 lower-cost ASC settings is being driven, in part,
10 by payers who are looking to reduce health care
11 costs by directing their members to the most
12 cost-effective, clinically appropriate setting for
13 their care. A vast majority of the savings at
14 SCFC are attributable to procedures migrating from
15 HHC health system, primarily St. Vincent's Medical
16 Center in Bridgeport and are tied to HHC's
17 partnership with the Center and the confidence
18 that the relationship between the two outstanding
19 health care organizations provides surgeons and
20 patients considering the Center for their
21 procedures."
22 So the question regarding that is, what
23 has HHC's role been in the active facilitation of
24 the migration of surgical procedures from the
25 hospital to the ASCs?

1 A. (Sassi) It's been physician driven.
2 Physicians looking for other options, the acute
3 care periop area is very inefficient for an
4 elective case, a scheduled case. They could get
5 bumped because of an emergency. They might have
6 to wait to get, you know, for an elective surgery
7 they might have to wait a period of time before
8 they have access to the OR and resources. And
9 then once they get there, once again, they could
10 be interrupted by another emergency. So really
11 it's been driven by the payers as well as the
12 physicians.
13 A. (Mondo) The other piece, Donna, I'd add
14 to that is there also has been some level of
15 coordination with the right subset of folks both
16 on the SCA side and on the Hartford Heathcare side
17 to ensure -- the providers want to ensure that the
18 same standard of care is being met irrespective of
19 where they're performing the case. And so sitting
20 down and just educating the physicians on the
21 standards that apply at the surgery center, making
22 sure that they're confident and comfortable to
23 know that both themselves and their patient are
24 going to have the same exact clinical experience
25 both from an equipment standpoint, supplies,

1 staffing, policy, procedure. And so there's been
2 some educational element on that to make sure that
3 the physicians are confident when they're actually
4 migrating those cases.
5 Q. (Lazarus) Okay. So to that point, if
6 this is already happening, why is, again, change
7 in governance necessary?
8 A. (Mondo) Again, I think it goes back to
9 the clinical integration piece. I think there is,
10 when you look at the universe of opportunities,
11 we're barely scratching the surface. If you look
12 at the amount of eligible outpatient procedures
13 still being performed in a more costly hospital
14 setting across the State of Connecticut, it's
15 quite staggering. And so while we're showing some
16 pretty good early results, we think that once we
17 actually become clinically integrated with
18 Hartford Heathcare, we'll be able to have more of
19 an impact on cost of care. And again, what we're
20 doing today is not without limitations. And so I
21 think physicians are showing a good faith effort
22 because they believe that hopefully over a period
23 of time we will be a clinically integrated
24 facility with Hartford.
25 Q. (Lazarus) All right. Thank you. As a

1 **Late-File, OHS would like to request the names of**
2 **any and all facilities that Hartford Healthcare**
3 **Surgery has obtained ownership and ownership**
4 **interest in over the past ten years and for each**
5 **in a similar format -- hang on one second -- each**
6 **in a similar format that was provided as Exhibit**
7 **Z.**
8 **HEARING OFFICER CSUKA: So Attorney**
9 **Fusco, I think what we're just going to ask is for**
10 **the same information from the prior hearing just**
11 **being entered into this one. That way we have it**
12 **on record.**
13 **MS. FUSCO: Yes.**
14 **HEARING OFFICER CSUKA: And those are**
15 **the two questions related to the cost data for the**
16 **other facilities.**
17 **MS. FUSCO: Uh-huh.**
18 **HEARING OFFICER CSUKA: So rather than**
19 **have Steve read through those --**
20 **MS. FUSCO: Understood. We can -- and**
21 **if you send a reminder, but it will be --**
22 **HEARING OFFICER CSUKA: Yeah, I'll**
23 **include that in my order. But you didn't have an**
24 **objection at that point except to the extent that**
25 **you didn't want to provide certain information in**

1 unredacted form. So I assume the same objection
2 would stand here as well; is that correct?
3 MS. FUSCO: Yes. I mean, depending
4 upon how the question is phrased, there were
5 limitations with what we're able to disclose,
6 right. So in that matter, as you'll recall, we
7 were disclosing facilities that were related to
8 the applicants in that matter because we didn't
9 have the ability to disclose other facilities with
10 unrelated partners in them. So those were kind of
11 the two issues, the confidentiality and the scope,
12 which again, if you send something out we can for
13 purposes of this docket raise those same issues in
14 writing for you so you have it here.
15 HEARING OFFICER CSUKA: Okay. I just
16 want to make sure we're being consistent across
17 these three hearings.
18 MS. FUSCO: Steve, can I also ask if
19 now is not a horrible time, but could we take a
20 short break?
21 HEARING OFFICER CSUKA: Yeah.
22 MS. FUSCO: Do you mind taking just a
23 five-minute break, maybe five to ten-minute break?
24 HEARING OFFICER CSUKA: Yeah, we can
25 take a 12-minute break. We'll come back at 11:45.

1 Does that work?
2 MS. FUSCO: Okay. Perfect. Thank you
3 so much.
4 HEARING OFFICER CSUKA: No problem.
5 (Whereupon, a recess was taken from
6 11:33 a.m. until 11:45 a.m.)
7 HEARING OFFICER CSUKA: I just wanted
8 to start with one thing. While we were on break,
9 I tried to sort of reword the two requests for
10 Late-Files so I'll just read them.
11 MS. FUSCO: Okay.
12 HEARING OFFICER CSUKA: So the names of
13 any and all facilities that HHC has obtained an
14 ownership interest over the past ten years and for
15 each in a format similar to the one provided in
16 Exhibit Z for Docket 20-32411, financial data for
17 both the three years prior to and the three years
18 after the acquisition so that OHS is able to
19 evaluate the cost effectiveness of the proposal.
20 So that's one.
21 The second one is in a format similar
22 to the one provided in Exhibit Z for Docket No.
23 20-32411, data from the operation of SCFC from the
24 three years prior to HHC's affiliation to the
25 present. When providing this information and

1 conducting this analysis, the same parameters as
2 Exhibit Z for that docket should be utilized.
3 And do you have -- or Attorney Fusco,
4 any sort of general comments you'd like to make on
5 those other than the ones that you've already
6 stated on the record?
7 MS. FUSCO: No. I think I stated those
8 two concerns on the record. And what we'll do is
9 we'll put it together in as close a format or, you
10 know, approximate the format what we are actually
11 able to provide of those because recall the
12 All-Payers Claims Database data comes from payers
13 and exists within OHS. So there's certain data in
14 there that we don't have access to that we can't
15 replicate in that format, you know, claims level
16 data, patient out-of-pocket costs, things like
17 that. So what we'll do is we'll provide you with
18 what we can as closely approximated to those
19 categories as we can, we'll explain what we can't
20 provide, and then make our request regarding
21 confidentiality similar to what we did in the
22 other hearing.
23 HEARING OFFICER CSUKA: Okay. That
24 works. Thank you.
25 And Steve, Annie, do you have anymore

1 questions? I'm sorry that I cut everybody off
2 sort of prematurely, but I too needed to use the
3 restroom.
4 MS. FUSCO: Thank you.
5 MR. LAZARUS: Yes, I have a couple more
6 questions. And thank you for your patience for
7 everybody who is sitting there responding. I
8 would be done sooner, but that's how it goes. I
9 lost track of time too.
10 BY MR. LAZARUS:
11 Q. (Lazarus) All right. So the next
12 couple of questions actually have to do with the
13 impact of diversity of health care providers and
14 patient choice. So the transfer of ownership of a
15 standalone facility to a larger entity results in
16 fewer standalone unaffiliated entities. So having
17 said that, can you please describe how this
18 proposal is not a negative impact on the diversity
19 of ASC entities in the geographic region?
20 A. (Mondo) I don't think there is much of
21 an impact. I mean, if you look at the geographic
22 area, there are an ample amount of both single
23 specialty and multi-specialty freestanding surgery
24 centers in the marketplace. Some are
25 unaffiliated, some are affiliated with other

1 health systems, but I think patients have ample
2 choice in where they seek care in this defined
3 geography service area.
4 Q. (Lazarus) Can you then describe how
5 less variety of providers does not have a negative
6 impact on patient choice?
7 A. (Mondo) I'm not sure I understand that.
8 Q. (Lazarus) So, you know, if a standalone
9 facility is now affiliated with a hospital, so
10 there's less of a variety of independent or
11 freestanding facilities. How is that not an
12 impact on -- negatively impact a patient's choice?
13 A. (Mondo) I think it doesn't negatively
14 impact because there is still certainly an ample
15 amount of facilities in the marketplace. The
16 other piece, I guess, from a patient perspective
17 is typically the physician is the one that is
18 directing the patient to the site of service. And
19 so when you look at our medical staff at Surgery
20 Center of Fairfield County, it's a very
21 diversified medical staff with physicians that
22 have privileges at a multitude of different health
23 systems. So I think there really isn't, in my
24 opinion, any limitations for patients.
25 Q. (Lazarus) Okay. Thank you. In the

1 application on page 40 the applicants state that
2 the applicants participated in the -- excuse me,
3 "The applicants anticipate that new surgeons will
4 be added to the medical staff due to the
5 partnership with HHC." Won't this result in a
6 change of referral pattern? Because we've talked
7 about how, you know, physicians are the ones that
8 are going to be referring the patients.
9 A. (Mondo) Yeah, I mean, possibly a modest
10 change. But I would say that many physicians come
11 to us also because they're getting pressure from
12 payers that have now implemented plan designs that
13 make it very difficult to get elective cases on at
14 hospitals. So I think the change in referral
15 patterns or the modest change is being driven
16 through a couple different avenues.
17 Q. (Lazarus) All right.
18 A. (Mondo) And at the end of the day, I
19 think the goal is to get these cases into the most
20 cost-effective, high-quality setting, so it's
21 certainly in the benefit of the patients, but, I
22 mean, payers are a big driving force behind this
23 migration as well.
24 Q. (Lazarus) Thank you. So in response to
25 completeness 1, which is Exhibit D, it stated that

1 "HHC's participation in the Center will allow it
2 to expand its capacity as needed to meet the
3 growing demand for ambulatory settings as an
4 alternative to more costly hospital-based
5 outpatient center." If this plan is to expand,
6 then wouldn't that impact the diversity of health
7 care providers?
8 A. (Mondo) I think, if anything, it would
9 positively impact the diversity of health care
10 providers. I mean, right now this Center, when
11 you look at the services that are being provided,
12 I'd have to say this is probably the Center that
13 is providing the most procedures and specialties
14 for elective care. I mean, we've got about ten
15 different specialties that perform cases at this
16 facility. But I would -- I mean, again, I would
17 say that it would just give us access to more
18 physicians and, alongside Hartford Heathcare, the
19 ability to maybe add some new service lines that
20 we haven't contemplated previously so those cases
21 can also begin migrating out of the higher-cost
22 setting.
23 Q. (Lazarus) All right. Thank you. So
24 the last, I suppose this is more of a Late-File,
25 can you provide a prospective -- well, can you

1 provide a prospective five-year plan for the
2 surgery center? This should include but not
3 limited to details regarding any changes to the
4 services offered such as addition, enhancement,
5 elimination of services, staffing and patient
6 referral patterns. It should also include
7 information about the role the the proposed
8 transfer of ownership would play in ensuring that
9 the plan would, as it would come to fruition. And
10 that can be our last Late-File.
11 HEARING OFFICER CSUKA: I think you
12 could also answer that on the record too if you
13 have an idea or an understanding of what sort of
14 the overall plan is for the surgery center over
15 the next five years. I'm sure you don't have
16 specifics, but if there are specifics, that would
17 be helpful, or just speaking in general terms as
18 well.
19 A. (Mondo) Yeah. I mean, I think that
20 we're always looking and following kind of
21 Medicare guidelines to see what procedures are
22 being approved at the Medicare level that can
23 safely be transitioned into the ASC setting. And
24 so continuing to evaluate either advanced
25 technology and/or new service lines such as

1 cardiovascular I think is something that, you
2 know, could be something we evaluate over, you
3 know, the next five years. But as far as
4 specifics, I mean, I think as far as a value that
5 this Center has already kind of historically has
6 provided to the community, and we already provide
7 a wide range of services. Obviously, we accept
8 all payers federal and otherwise, and we have a
9 high volume of pediatric volume here. So when you
10 look at kind of the diversification of what this
11 Center has been able to add to the community, I
12 think it's actually quite impressive. But I do
13 think we'll continue to evolve as the health care
14 landscape changes, and that will be obviously in
15 lockstep with Hartford.
16 HEARING OFFICER CSUKA: Ms. Sassi, do
17 you have anything to add to that?
18 MS. FUSCO: I think you're muted,
19 Donna.
20 A. (Sassi) Okay. Sorry. The migration of
21 appropriate cases decompresses the ORs at the
22 hospitals to be able to better serve those
23 patients. So, I mean, there is a benefit, you
24 know, as we move forward that should be considered
25 as well.

1 HEARING OFFICER CSUKA: Okay. So I
2 think we are going to do that as a Late-File too.
3 That way if there are any other things that you
4 want to add or more specifics you can add those,
5 that will be your opportunity to do that.
6 I don't have any other questions.
7 Steve, Annie, do you have anything?
8 MR. LAZARUS: Not at this time.
9 HEARING OFFICER CSUKA: Then Attorney
10 Fusco, do you have any redirect or do you want to
11 take another short break to sort of gather your
12 thoughts and then do some questions?
13 MS. FUSCO: No. I mean, I had a few
14 questions, but I think they ended up getting
15 cleaned up as we moved through other questions.
16 HEARING OFFICER CSUKA: Okay. So we
17 are done early, but we still do need to allow for
18 public comment.
19 Attorney Fusco, I'm going to suggest
20 that you do any sort of closing remarks after
21 public comment. That way if there's anything you
22 want to address that comes up during that, that
23 you can take care of it at that point.
24 MS. FUSCO: Sure.
25 HEARING OFFICER CSUKA: So we're going

1 to adjourn now until 3 p.m. Sign-up for the
2 public comment will go from 2 to 3 today. Anyone
3 listening can either write their name in the Zoom
4 chat or they can send an email to OHS at ct.gov.
5 And then, as I mentioned, closing argument or
6 comments will be heard after public comment. So
7 assuming there is nothing else, I am going to
8 adjourn.
9 MS. FUSCO: I'm sorry, if I can just
10 ask. So you did say you want our witnesses to be
11 available after public comment?
12 HEARING OFFICER CSUKA: Correct.
13 MS. FUSCO: Okay. It's possible
14 Ms. Sassi may need to be available sort of
15 remotely by phone, if that's okay, but we can
16 coordinate it. I'm not sure if you'll be able to
17 get on video, Donna, you may be in transit
18 somewhere.
19 THE WITNESS (Sassi): At this point I
20 don't know, but certainly every effort will be
21 made to be by video.
22 HEARING OFFICER CSUKA: Okay.
23 MS. FUSCO: We'll let you know.
24 HEARING OFFICER CSUKA: Thank you for
25 letting me know. At this time I don't think we

1 have anyone signed up, but we do need to allow
2 from a procedural perspective that that be an
3 option at 3 o'clock. So I do apologize for
4 requesting that you come back, but procedurally
5 it's just something that needs to happen.
6 MS. FUSCO: Understood.
7 HEARING OFFICER CSUKA: Okay. So with
8 all that said, I will see everyone back at 3
9 o'clock. Thank you very much. And we will see
10 you soon.
11 MS. FUSCO: Thank you.
12 (Whereupon, a recess was taken at 12:01
13 p.m.
14
15 AFTERNOON SESSION
16 3:01 P.M.
17 HEARING OFFICER CSUKA: Welcome back.
18 For those just joining us, this is the second
19 portion of today's hearing concerning a CON
20 application filed by HHC Surgery Center Holdings,
21 Surgery Center of Fairfield County and
22 SCA-Connecticut Partners. It's docketed as
23 21-32423-CON. We had the technical portion this
24 morning, and that ended almost exactly at 12 p.m.
25 The sign-up for public comment was from 2 to 3.

1 My understanding is that we don't have any
2 sign-ups from the public.
3 Is that correct, Mayda?
4 MS. CAPOZZI: (Nodding head in the
5 affirmative.)
6 HEARING OFFICER CSUKA: You are muted.
7 MS. CAPOZZI: Sorry. Correct.
8 HEARING OFFICER CSUKA: Thank you. The
9 video, unless I'm misunderstanding, also appears
10 to be focused on you. And I'm not sure if
11 that's -- can we switch that? Okay. Never mind,
12 sorry. It was just an option that I had triggered
13 on my laptop. I apologize for that. I wasn't
14 able to see anybody else, so I apologize.
15 So I'm going to just ask, if there's
16 anybody present from the public who does want to
17 make public comment at this time if they just let
18 us know. So is there anyone present who would
19 like to make a comment?
20 (No response.)
21 HEARING OFFICER CSUKA: Okay. Hearing
22 none, we will move on. So I think we should do
23 Late-Files and then we can go into closing
24 statements/closing arguments.
25 Does that sound okay to you, Attorney

1 Fusco?

2 MS. FUSCO: Sure, yeah. I just have

3 some brief remarks at the end, so whatever works

4 for you.

5 HEARING OFFICER CSUKA: Okay. So

6 Mr. Lazarus, would you mind just going through

7 them one by one.

8 MR. LAZARUS: Sure.

9 HEARING OFFICER CSUKA: And I will

10 issue this as an order after the hearing. I know

11 for some of these I've been doing oral orders

12 during the hearing, but I'm just going to

13 transition over to doing these as written orders

14 after the fact, so I will do that either today or

15 tomorrow.

16 MS. FUSCO: Okay. Thank you.

17 HEARING OFFICER CSUKA: So you can

18 begin, Steve.

19 MR. LAZARUS: All right. So we have --

20 this is Steve Lazarus, OHS staff. We have a total

21 of 15 listed here. I will read them through.

22 The first one is information about the

23 physicians currently practicing at the surgery

24 center, including, A, the total number; B, their

25 names; C, their specialties; D, whether they have

1 privileges with any other Hartford Healthcare
2 affiliated entities; and E, their employment
3 status, for example, employee professional
4 services agreement, et cetera.
5 MS. FUSCO: Yes.
6 MR. LAZARUS: I'm sorry, was that a
7 question?
8 MS. FUSCO: No. I just said yes.
9 Thanks.
10 MR. LAZARUS: Okay. Sorry, I can't see
11 the screen. I'm just reading off notes.
12 So Late-File No. 2, revise and resubmit
13 the CON financial worksheets submitted as part of
14 the original CON application. Be sure to include
15 the most recently completed fiscal year and
16 project forward at least three years, fiscal
17 years. That's item number 2.
18 Number 3, copies of Department of
19 Public Health inspection report, plan of
20 correction and statement of deficiencies.
21 Number 4, provide the average facility
22 fee assessed by SCFC per patient for each of the
23 past five years, including year to date.
24 Five, definitions of the facility fees
25 that the Applicants are charging and/or proposed

1 to charge at the surgery center and a narrative
2 with the explanation of how those differ from the
3 hospital facility fees.
4 Item No. 6, the names of any and all
5 facilities that Hartford Healthcare Surgery has
6 obtained an ownership interest in over the past
7 ten years and for each in a format similar to the
8 one provided in Exhibit Z for Docket 20-32411,
9 which is the OHS APCD data for SCFC's primary
10 service area, financial data for both the three
11 years prior to and the three years after the
12 acquisition so that OHS is able to evaluate the
13 cost effectiveness of the proposal.
14 Number 7, in a format similar to the
15 one provided in Exhibit Z for Docket No. 20-32411,
16 which is OHS's APCD data for SCFC's primary
17 service area, data from the operation of SCFC from
18 three years prior to Hartford Healthcare's
19 affiliation to the present. When providing this
20 information and conducting this analysis, the same
21 parameters as Exhibit Z for Docket No. 20-32411
22 should be utilized, that is CPT Codes 10004-69990
23 for surgery.
24 Late-File No. 8, patient satisfaction
25 data and reports for the three years prior to

1 Hartford Healthcare's affiliation to the present.
2 Number 9, update and resubmit the payer
3 mix table, OHS Table No. 6. And I believe we also
4 had requested an explanation with this that
5 details how this affiliation would affect that
6 payer mix.
7 MS. FUSCO: I'm sorry, Steve. Can you
8 repeat that last part?
9 MR. LAZARUS: Sure. In addition to
10 resubmitting the payer mix, updated payer mix
11 table, we also wanted an explanation of how this
12 affiliation has affected that payer mix or would
13 affect that payer mix.
14 MS. FUSCO: Okay. Got you. Thank you.
15 MR. LAZARUS: You're welcome. Number
16 10, confirmation of the registered business name
17 for SCA-Connecticut Partners, LLC.
18 Number 11 -- go ahead.
19 MS. FUSCO: I'm sorry. So do you want
20 us just to confirm? So the actual legal name is
21 the name that was used in the application, and I
22 have confirmed that it was a Delaware entity. Is
23 there any other information you need or is that
24 sufficient?
25 MR. LAZARUS: Dan, do we need any

1 **other?**

2 **HEARING OFFICER CSUKA: No, we can take**

3 **that one off the Late-Files.**

4 **MS. FUSCO: Okay.**

5 **MR. LAZARUS: That's helpful. So the**

6 **new number 10 that replaced the previous one, list**

7 **of the CON docket numbers related to SCA's**

8 **affiliation with SCFC.**

9 **Number 11, data regarding rates of**

10 **retention and hiring of medical staff for the**

11 **three years prior to Hartford Healthcare's**

12 **affiliation through to the present.**

13 **Number 12, confirmation of the date**

14 **that SCFC became a Medicaid provider.**

15 **Number 13, a summary of ways in which**

16 **SCFC's integration with ICP has taken shape,**

17 **including when such integration began and the**

18 **benefits that have been realized to date.**

19 **And the last one, number 14, a**

20 **prospective five-year plan for the surgery center.**

21 **This should include, but not be limited to,**

22 **details regarding any changes to, A, services**

23 **offered such as addition and enhancements or**

24 **elimination of services; B, staffing; and C,**

25 **patient referral patterns. It should also include**

1 information about the role the proposed transfer
2 of ownership would play in ensuring that the plan
3 would come to fruition. And that's the end.
4 MS. FUSCO: Steve, can I just clarify
5 with you? So on the new Number 10, you just want
6 the CON docket number for when the Center was
7 transferred to Surgical Care Affiliates? I think
8 it was 2007. You just want that one docket
9 number?
10 MR. LAZARUS: Yes.
11 MS. FUSCO: Okay.
12 MR. LAZARUS: Actually, any docket
13 numbers that relate to the SCA's affiliation with
14 SCFC.
15 MS. FUSCO: Okay.
16 MR. LAZARUS: It could be one docket,
17 it could be multiple.
18 MS. FUSCO: Okay. Do you think -- I
19 don't know if you have a time frame in mind, but
20 do you think it would be possible for us to take
21 30 days on this?
22 HEARING OFFICER CSUKA: I was actually
23 going to ask what you thought would be reasonable.
24 If you think 30 days is doable, then that's fine
25 with me.

1 MS. FUSCO: Yeah. I mean, I'll let you
2 know if it's not, but it should be. This is
3 similar to what we did in our last hearing. We
4 should be able to get it done in 30 days.
5 HEARING OFFICER CSUKA: Okay.
6 MS. FUSCO: Okay.
7 HEARING OFFICER CSUKA: And are there
8 any other questions that you have about those
9 Late-Files?
10 MS. FUSCO: No. We may ask you to move
11 forward but -- actually, I'm sorry, I do have one
12 question. So for the ones related to the
13 All-Payer Claims Database formats, Steve, you
14 mentioned some CPT codes. And I think I might
15 have asked you this in a prior hearing. Is there
16 something on the OHS website or you have that
17 defines sort of the exact parameters of what's in
18 that database in terms of what the codes are,
19 which payers are included? I know it's not all
20 payers despite the name, right, so are there
21 parameters that we're supposed to be following as
22 well?
23 MR. LAZARUS: Specifically, no, we
24 don't have any information posted on the website.
25 I'll see what information I can get you from our

1 data team --
2 MS. FUSCO: Okay.
3 MR. LAZARUS: -- regarding that, but I
4 think those CBT codes sort of provide a general
5 range. But if there's anything specific that
6 differs from those, you're more than welcome to
7 provide those and with an explanation.
8 MS. FUSCO: Okay, that sounds good.
9 Thank you.
10 HEARING OFFICER CSUKA: Okay. So with
11 that, Attorney Fusco, you said you had some
12 closing remarks. So you can feel free to proceed
13 with those whenever you'd like.
14 MS. FUSCO: Sure. Thank you. Just
15 brief closing remarks. And thank you again,
16 Attorney Csuka, and Steve and Annaliese and all of
17 the OHS staff for the time you've taken here with
18 us today.
19 I did just want to clarify a few
20 things. It appears from the agency's questions
21 this morning that you guys are trying to better
22 understand kind of what can be accomplished with
23 HHC as an equity partner in this joint venture and
24 what can be accomplished only with governance
25 control of the Center since that's what this CON

1 is for. And I know you've heard a lot about
2 improvements in quality that have begun to take
3 place at the center, the questions that Annaliese
4 asked Ms. Sassi, as well as kind of this
5 purposeful migration of higher acuity cases out of
6 the more costly HOPD setting to the lower-cost ASC
7 setting. And as Ms. Mondo testified, this is
8 really just the tip of the iceberg of what can be
9 done once full clinical integration is achieved.
10 So your question, at least I think your
11 question is why, if these things are happening now
12 when HHC doesn't have governance control, is
13 governance control necessary. And as I said in my
14 opening remark and as others have testified today,
15 full clinical integration of this center into the
16 HHC network can only be accomplished if HHC
17 controls the Center's governing body. And it's
18 this full clinical integration that's going to
19 drive the care coordination and the quality
20 improvement. It's going to enable HHC to have say
21 in decisions of consequence that move these causes
22 forward, like, you know, the example that's been
23 given is implementing Epic, right, implementing a
24 common electronic medical record that's really
25 going to drive meaningful care coordination. That

1 full clinical integration is also going to provide
2 those surgeons who had sort of started in good
3 faith to migrate their more complex cases to the
4 Center, thereby reducing the cost of care, it's
5 going to give them that full confidence that their
6 patients can be cared for at this facility in a
7 coordinated fashion and that the facility does
8 meet those high standards of care for which HHC
9 known.
10 And this is why the investment alone is
11 not enough. HHC has to assume governance control
12 of the Center in order to accomplish the
13 objectives of full clinical integration and ensure
14 that the Center continues to move forward on this
15 path. So I'm hopeful that that's something the
16 agency understands based upon the testimony that
17 was given today.
18 I do also want to just touch very
19 briefly on some of the statutory decision criteria
20 and how the proposal, including that full clinical
21 integration, meets the key criteria. I mean,
22 we've heard a lot today. There's a lot in our
23 written submissions about how the proposal is
24 going to enhance the quality of care. You heard
25 Ms. Sassi testify about the ways in which an HHC

1 affiliation with governance control brings value.
2 It results in full clinical integration and
3 standardization with a focus on high-quality
4 coordinated care. The scope of enhancements can
5 only happen with HHC as a full partner, as a
6 controlling partner. It's not something SCA
7 Health can do on its own, and it's not something
8 that HHC can do simply with an equity interest in
9 the Center.
10 And so when we've discussed this at
11 other hearings, this is in my mind the clear
12 public need criteria for the change in governance
13 control. It's to ensure that HHC's mission and
14 vision to enhance care coordination, quality and
15 access can become a reality. So, you know, with
16 governance control they're going to have a voice
17 for the patients and they can, you know,
18 coordinate their care across a full spectrum of
19 health care services in a way that they can't do
20 without that control.
21 We also spent a lot of time discussing
22 how -- answering questions and discussing how the
23 proposal favorably impacts the cost effectiveness
24 of care. You heard Gina, Ms. Mondo, testify that
25 we've already begun to see the migration of these

1 complex cases from the hospital to the ASC
2 setting. Just in the last year alone we've seen
3 250 cases and a savings of almost $800,000 to the
4 health system which is significant. And again, as
5 she said, this is just the tip of the iceberg,
6 that this is physicians in good faith assuming
7 that this is going to move forward and be an HHC
8 governed center trying to work together at the
9 encouragement of payers to bring those cases into
10 a more cost-effective setting. So that is an
11 absolute legitimate way to measure the cost
12 effectiveness of care, and those are real numbers
13 and real savings that are being seen for the
14 system.
15 And then just generally we talked about
16 ASCs and how they represent a more cost-effective
17 option. And I firmly believe that anything you do
18 that strengthens an existing ASC and maintains its
19 viability going forward is a lower-cost care
20 option and enhances the cost effectiveness of
21 care.
22 Questions were asked about Medicaid,
23 charity care, non-discrimination, things that SCA
24 already does and has been committed for many years
25 to doing, but I think the important distinction

1 here is that having a nonprofit health system
2 control this center guarantees that those things
3 happen, right, because they are a nonprofit health
4 system those things must happen. And that type of
5 participation is not guaranteed without a
6 nonprofit partner no matter what the intentions
7 are of the for-profit partner at any given time.
8 So hopefully that came across in a way that
9 questions were answered.
10 I think there were also some questions
11 asked and perhaps some confusion about how this
12 proposal increases patient choice and diversity of
13 providers. You are now offering patients an HHC
14 controlled multi-specialty ASC alternative in the
15 greater Bridgeport area, an alternative to other
16 ASCs that are controlled by other health systems,
17 other management companies or that are
18 unaffiliated. So that enhances patient choice,
19 but at the same time there are still many, many
20 competing facilities that aren't affiliated with
21 HHC in that area. It's a densely populated area
22 for ASCs, and that means that there are a
23 diversity of providers even if this does bring an
24 HHC option into the market.
25 Just other criteria. I mean, I don't

1 think duplication of services is relevant here
2 given the nature of the transaction, and certainly
3 utilization of existing facilities doesn't come
4 into play because this is a center that's been in
5 operation for 40 years. It's seeking permission
6 to transfer governance control to an existing
7 equity owner. I think it's notable that no area
8 providers intervened to oppose this CON. Really
9 the only adverse public comment we've received
10 come from a physician who uses an ASC in a
11 completely different service area, a facility that
12 incidentally opposed another HHC buy-in in that
13 service area, and I think, you know, this
14 blatantly anti-competitive behavior should be seen
15 for exactly what it is.
16 As far as compliance, consistency with
17 Statewide Facilities and Services Plan, I think
18 our CON details pretty well how we've met those
19 criteria, but some of the guiding principles that
20 I think are most significant are encouraging
21 collaboration among health care providers to
22 develop health care delivery networks, maintaining
23 and improving the quality of health care services
24 for state residents, and encouraging this regional
25 and local collaboration on health care delivery,

1 all of which are accomplished by the change in
2 governance control which will result in the full
3 clinical integration of the Center into the HHC
4 network.
5 And finally, OHS is charged with
6 looking at whether a consolidation of health care
7 services adversely impacts cost or access. I
8 maintain that this is not a consolidation of
9 health care services. It's a partnership between
10 HHC and SCA Health around an existing surgery
11 center, similar to those that occur all over the
12 state. It is going to increase access to this
13 lower-cost care option within HHC's clinically
14 integrated network which is going to help to
15 ensure that patients get appropriate care in the
16 right setting and at a reasonable cost.
17 So, you know, looking at everything we
18 submitted, I think it's pretty clear we've met our
19 burden of proof in establishing that the change in
20 governance control meets the requirements of the
21 statute. Approving the CON is the right thing to
22 do for patient care. It validates a proven model
23 of health care delivery that results in enhanced
24 care coordination, quality improvement, and that
25 promotes pretty significant efforts to control

1 **health care costs. So for these reasons we**
2 **respectfully request that you approve our CON**
3 **request. And thank you again for your time today.**
4 **HEARING OFFICER CSUKA: Thank you,**
5 **Attorney Fusco. And thank you, Ms. Sassi, for**
6 **coming back and being on camera for us. And**
7 **Ms. Mondo as well, thank you for being here to**
8 **testify.**
9 **That's all that I have for today, and I**
10 **believe that's all that Mr. Lazarus and**
11 **Ms. Faiella have as well. So, as I mentioned, I'm**
12 **going to issue an order for the Late-Files either**
13 **today or tomorrow, and for right now the hearing**
14 **is adjourned. The record will remain open until**
15 **closed by OHS. And we will allow approximately**
16 **seven days for additional public comment, if any**
17 **comes in. So thank you very much. Have a good**
18 **day.**
19 **(Whereupon, the witnesses were excused**
20 **and the above proceedings concluded at 3:22 p.m.)**
21
22
23
24
25

1 CERTIFICATE FOR REMOTE HEARING

2 STATE OF CONNECTICUT

3

4 I, Lisa L. Warner, L.S.R. 061, a Notary Public duly commissioned and qualified, do hereby
5 certify that on September 21, 2022, at 9:32 a.m., the foregoing REMOTE HEARING before the
6 OFFICE OF HEALTH STRATEGY IN RE: DOCKET NO. 21-32423-CON, A HEARING REGARDING THE TRANSFER OF
7 OWNERSHIP OF A HEALTH CARE FACILITY BY HHC SURGERY CENTER HOLDINGS, LLC, SURGERY CENTER OF FAIRFIELD
8 COUNTY, LLC, and SCA-CONNECTICUT PARTNERS, LLC, was reduced to writing under my direction by
9 computer-aided transcription.

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

14 In witness whereof, I have hereunto set my hand this 28th day of September, 2022.

15

16

17

18 ---------------------------

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

21

22

23

24

25

I N D E X

WITNESSES:

GINA MONDO (sworn on page 22)

DONNA SASSI (sworn on page 29)

EXAMINATION:	PAGE
Ms. Faiella	38,55
Mr. Lazarus	54,67

LATE-FILE EXHIBITS

EXHIBIT	DESCRIPTION	PAGE
Late-File 1	Information about physicians currently practicing at the surgery center, including, A, the total number; B, their names; C, their specialties; D, whether they have privileges with any other Hartford Healthcare affiliated entities; and E, their employment status, for example, employee professional services agreement, et cetera	107
Late-File 2	Revise and resubmit the CON financial worksheets submitted as part of the original CON application. Include the most recently completed fiscal year and project forward at least three fiscal years	108
Late-File 3	Copies of Department of Public Health inspection report, plan of correction and statement of deficiencies	108
Late-File 4	Provide the average facility fee assessed by SCFC per patient for each of the past five years, including year to date	108

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

2

EXHIBIT	DESCRIPTION	PAGE
Late-File 5	Definitions of the facility fees that the Applicants are charging and/or proposed to charge at the surgery center and a narrative with the explanation of how those differ from the hospital facility fees	108
Late-File 6	The names of any and all facilities that Hartford Healthcare Surgery has obtained an ownership interest in over the past ten years, and for each in a format similar to the one provided in Exhibit Z for Docket 20-32411, which is the OHS APCD data for SCFC's primary service area, financial data for both the three years prior to and the three years after the acquisition so that OHS is able to evaluate the cost effectiveness of the proposal	109
Late-File 7	In a format similar to the one provided in Exhibit Z for Docket No. 20-32411, which is OHS's APCD data for SCFC's primary service area, data from the operation of SCFC from three years prior to Hartford Healthcare's affiliation to the present. When providing this information and conducting this analysis, the same parameters as Exhibit Z for Docket No. 20-32411 should be utilized, that is CPT Codes 10004-69990 for surgery	109
Late-File 8	Patient satisfaction data and reports for the three years prior to Hartford Healthcare's affiliation to the present	109
Late-File 9	Update and resubmit the payer mix table, OHS Table No. 6, and an explanation with this that details how this affiliation would affect that payer mix	110
Late-File 10	List of the CON docket numbers related to SCA's affiliation with SCFC	111

3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

I n d e x: (Cont'd)

EXHIBIT	DESCRIPTION	PAGE
Late-File 11	Data regarding rates of retention and hiring of medical staff for the three years prior to Hartford Healthcare's affiliation through to the present	111
Late-File 12	Confirmation of the date that SCFC became a Medicaid provider	111
Late-File 13	Summary of ways in which SCFC's integration with ICP has taken shape, including when such integration began and the benefits that have been realized to date	111
Late-File 14	A prospective five-year plan for the surgery center. This should include, but not be limited to, details regarding any changes to, A, services offered such as addition and enhancements or elimination of services; B, staffing; and C, patient referral patterns. Should also include information about the role the proposed transfer of ownership would play in ensuring that the plan would come to fruition	111