Greer, Leslie

From: Martone, Kim

Sent: Tuesday, January 13, 2015 11:50 AM

To: Hansted, Kevin Cc: Greer, Leslie

Subject: FW: Determination Request

Attachments: Whitney Imaging CON Determination Request.PDF; Whitney Imaging CON

Determination Request (B&W).PDF

From: Matthews, Rebecca [mailto:RMatthews@wiggin.com]

Sent: Tuesday, January 13, 2015 10:07 AM

To: Martone, Kim

Cc: Zenon Protopapas MD (zprotopapas@nhrad.com); Henri Minette (henri.minette@cdirad.com)

Subject: Determination Request

Dear Kim:

Happy New Year!

Attached is a CON determination request that will be filed today on behalf of the owners of the Whitney Imaging Center, which intend to do an internal reorganization that changes the allocation of responsibilities among the existing owners. An original of the determination request will be hand-delivered to your office, to the attention of Commissioner Mullen.

I've attached two (2) pdf files for your convenience: one is black and white and the other is in color in order to better show the organizational charts at the end.

Thank you for your assistance in this matter.

Sincerely,

Rebecca Matthews

Rebecca A. Matthews

Wiggin and Dana LLP 265 Church Street, P.O. Box 1832 New Haven, Connecticut 06508-1832

Direct: 203.498.4502 | rmatthews@wiggin.com

50 S. 16th Street, Suite 2925 Philadelphia, Pennsylvania 19102

Phone: 215.988.8310

WIGGIN AND DANA

New Haven | Stamford | New York | Hartford | Philadelphia | Greenwich | www.wiggin.com

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Disclosure under U.S. IRS Circular 230: **Wiggin and Dana LLP** informs you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of avoiding federal tax related penalties or promoting, marketing or recommending to another party any transaction or matter addressed herein.



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

Please see separate sheet for additional Petitioner.

| | Petitioner #1 | Petitioner #2 |
|--|--|---|
| Full Legal Name | Southern Connecticut Imaging Centers, LLC | New Haven Radiology Associates, P.C. |
| Doing Business As | Whitney Imaging Center | N/A |
| Name of Parent Corporation | Whitney Imaging Center, LLC and Insight Health Corp. | N/A |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | 2200 Whitney Avenue Suite 120 Hamden, CT 06518 | 11 Lunar Drive Woodbridge, CT 06525 |
| What is the Petitioner's Status: P for profit and NP for Nonprofit | P (Profit) | P (Profit) |

| Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter. | Henri Minette, General Counsel | Zenon Protopapas, M.D. President |
|---|---|--|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | c/o Mara Newell 2200 Whitney Avenue Suite 120 Hamden, CT 06518 | 11 Lunar Drive Woodbridge, CT 06525 |
| Contact Person's Telephone Number | (952) 738-4814 | (203) 298-9085 |
| Contact Person's Fax Number | (952) 847-1152 | (203) 298-9106 |
| Contact Person's e-mail Address | henri.minette@cdirad.com | zprotopapas@nhrad.com |

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:

Change in Allocation of Responsibilities Among Existing Owners of Whitney Imaging Center

b. Estimated Total Project Cost:

There are no capital costs in connection with this project.

c. Location of proposal, identifying Street Address, Town and Zip Code:

Whitney Imaging Center provides MRI, CT, nuclear imaging, ultrasound and general radiography (x-ray) services at 2200 Whitney Avenue, Suite 120, Hamden, Connecticut 06518. General radiography (x-ray) services are also available at 2543 Dixwell Avenue, Suite 100 Hamden, Connecticut 06518.

d. List each town this project is intended to serve:

The following towns are served by Whitney Imaging Center: Hamden, North Haven, North Branford, Cheshire, Wallingford, New Haven, East Haven and West Haven.

e. Estimated starting date for the project:

March 1, 2015

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

- 1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
- 2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
- 3. Identify the current population served and the target population to be served.

Please see description attached.

SECTION V. AFFIDAVIT

| (Each Petitioner must submit a completed Affidavit.) |
|---|
| Petitioner:Southern Connecticut Imaging Centers, LLC |
| Project Title: Change in Allocation of Responsibilities Among Existing Owners of Whitney Imaging Center |
| I, Rick Long , President and Chief Operating Officer (Position – CEO or CFO) |
| of Insight Health Corp., Member of Southern Connecticut Imaging Centers, LLC (Organization Name) |
| being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge. |
| 1-7-15 Date |
| Subscribed and sworn to before me on <u>January</u> 7, 2015 |
| ANGELA K. DOWNIN Notary Public Minnesota Notary Public/Commissioner of Superior Court |
| My commission expires: 1/31/16 |

SECTION V. AFFIDAVIT

| (Each Petitioner must submit a completed Affidavit.) |
|---|
| Petitioner: New Haven Radiology Associates, P.C. |
| Project Title: Change in Allocation of Responsibilities Among Existing Owners of Whitney Imaging Center |
| I, Zenon Protopapas, M.D., President (Position – CEO or CFO) |
| of New Haven Radiology Associates, P.C. being duly sworn, (Organization Name) |
| depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge. |
| 1/5/2015 Date |
| Subscribed and sworn to before me on January 5, 2015 |
| Notary Public/Commissioner of Superior Court |
| My commission expires: 7/31/2019) |

SECTION IV: PROPOSAL DESCRIPTION

<u>Background and Types of Services Provided by Petitioners</u>: Southern Connecticut Imaging Centers, LLC ("SCIC") operates a multi-modality imaging center in Hamden known as the Whitney Imaging Center (the "Center"). Services provided include MRI, CT, nuclear imaging, ultrasound and radiography (x-ray). As a free-standing imaging center, the Center is not required to be licensed by the State of Connecticut, Department of Public Health.

SCIC is a joint venture between Insight Health Corp. ("Insight") and Whitney Imaging Center, LLC (the "Physician LLC"), each with a fifty percent (50%) ownership interest. The Physician LLC is owned by four (4) radiologists, who also constitute the sole shareholders of New Haven Radiology Associates, P.C. ("NHRA"). Professional radiology services at the Center are provided NHRA. Operational management of the Center is provided by Insight.

The Center's two (2) MRIs (one fixed and one mobile) and CT scanner were approved by OHCA pursuant to the following Docket Numbers:

| Fixed 1.5T Open MRI | Docket Number 99-520 and Docket Number 09-31429-WVR |
|----------------------|---|
| Mobile 1.5T Open MRI | Docket Number 01-561 |
| 16-Slice CT Scanner | Docket Number 96-1000 and Docket Number 03-30002-WVR |

<u>Summary of Proposal</u>: NHRA provides professional radiology services at various locations in Connecticut, including the Center. NHRA radiologists are board certified to provide a broad range of radiology services, including certain specialty radiology services such as pain management radiology services and ultra-sound guided biopsy procedures.

Although NHRA radiologists own fifty percent (50%) of SCIC (through their ownership of the Physician LLC), SCIC has historically billed for services at the Center as an "independent diagnostic testing facility" or "IDTF" rather than as part of NHRA's radiology practice. As payor rules have evolved, however, certain specialty radiology services may only by billed by a radiology practice. Accordingly, in light of the broad range of services provided by NHRA, the parties propose to have NHRA bill for the services provided at the Center. This change in billing will be more reflective of the current levels of oversight provided by NHRA, as well as both the diagnostic and procedural services that historically have been provided by NHRA at its other locations.

This change would permit NHRA to provide a full array of services at the Center, including pain management radiology services and ultra-sound guided biopsy procedures, consistent with services that NHRA has provided at other locations and that

¹ An additional site, known as Whitney Imaging Center West is located at 2543 Dixwell Avenue, Suite 100, in Hamden. Services at that location are limited to general radiography (x-ray).

radiologists typically provide throughout the State. Because IDTFs and radiology officebased services typically have similar charges, this will result in enhanced access for patients without significant added costs to patients or to payors.

In order to facilitate the change in billing, the current owners of the Center plan to reallocate responsibilities among themselves. Insight will still provide general management oversight, and NHRA will continue to provide all professional radiology services. Billing, however, will be performed by NHRA and services will be billed under NHRA's provider numbers and contracts, rather than those of SCIC.

Because of the overlap in ownership of the Physician LLC and NHRA, and the existing arrangements between the Center and NHRA, this change will not result in any effective transfer of ownership of imaging equipment. In fact, the imaging equipment will remain the property of the Center and financial terms will be adjusted among the parties to reflect the new billing arrangement. No new parties are involved in the arrangement and the change of billing responsibility will not result in any new party acquiring any interest in any imaging equipment for which a certificate of need ("CON") is required.

Charts depicting the current and proposed allocations of responsibilities are set forth in Exhibit A.

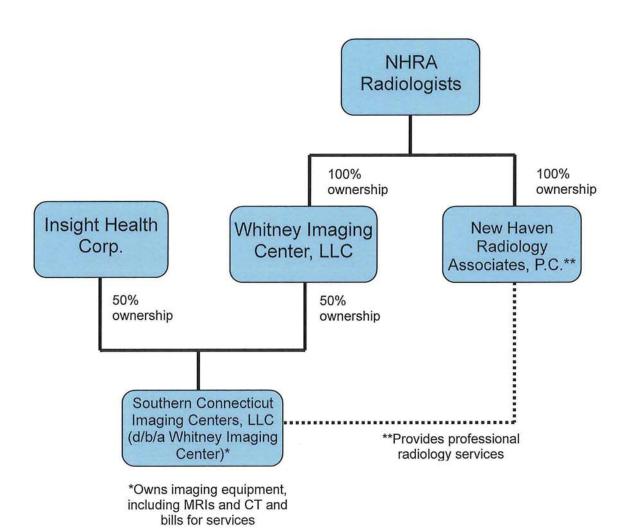
<u>Population Served</u>: The current population served includes patients from the towns of Hamden, North Haven, North Branford, Cheshire, Wallingford, New Haven, East Haven and West Haven. The target population and current payor mix are not expected to change as a result of the proposed internal reallocation of responsibilities.

Benefits/Conclusion: Services currently provided at the Center will continue in the same manner, but will be billed by NHRA. With NHRA billing, additional needed services can be provided at the Center that could not be provided otherwise due to the current inability to receive reimbursement for such services. There will be no change in the physical locations of services, facilities or equipment and no changes in the service areas, target populations to be served or current payor mix. Because charges for IDTFs and physician offices are comparable, there is not expected to be any material impact on payors; nor is there expected to be any adverse impact on patient access as co-pays are similarly comparable. No new equipment will be added in the service area, so the proposed change will have no impact on other providers. Accordingly, the Petitioners respectfully request confirmation that the internal reallocation of responsibilities can be consummated without a CON.

EXHIBIT A

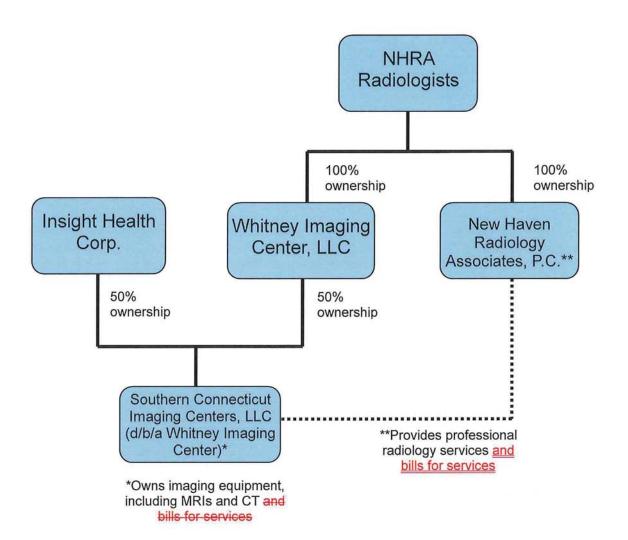
Current and Proposed Allocation of Responsibilities

Current:



Proposed:

Changes from the current allocation of responsibilities are noted in red text, with deletions stricken-through and additions underlined.



WIGGIN AND DANA

Counsellors at Law

Wiggin and Dana LLP One Century Tower P.O. Box 1832 New Haven, Connecticut 06508-1832 www.wiggin.com Rebecca A. Matthews 203.498.4502 203.782.2889 fax rmatthews@wiggin.com

January 13, 2015

VIA EMAIL AND HAND-DELIVERY

The Honorable Jewel Mullen Commissioner Department of Public Health Office of Health Care Access 410 Capitol Avenue Hartford, CT 06134



Re:

Certificate of Need Determination Request:

Change in Allocation of Responsibilities Among Existing Owners of Whitney

Imaging Center

Dear Commissioner Mullen:

Enclosed please find a Determination Request on Form 2020 filed on behalf of the existing owners of Whitney Imaging Center.

Please feel free to contact Zenon Protopapas or Henri Minette if you have any questions. Thank you in advance for your assistance with this Determination Request.

Sincerely,

Rebecca A. Matthews

RAM:

Enclosure



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

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Please see separate sheet for additional Petitioner.

| | Petitioner #1 | Petitioner #2 |
|--|--|---|
| Full Legal Name | Southern Connecticut Imaging Centers, LLC | New Haven Radiology Associates, P.C. |
| Doing Business As | Whitney Imaging Center | N/A |
| Name of Parent Corporation | Whitney Imaging Center, LLC and Insight Health Corp. | N/A |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | 2200 Whitney Avenue Suite 120 Hamden, CT 06518 | 11 Lunar Drive Woodbridge, CT 06525 |
| What is the Petitioner's Status: P for profit and NP for Nonprofit | P (Profit) | P (Profit) |

| Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter. | Henri Minette, General Counsel | Zenon Protopapas, M.D. President |
|---|---|--|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | c/o Mara Newell 2200 Whitney Avenue Suite 120 Hamden, CT 06518 | 11 Lunar Drive Woodbridge, CT 06525 |
| Contact Person's Telephone Number | (952) 738-4814 | (203) 298-9085 |
| Contact Person's Fax Number | (952) 847-1152 | (203) 298-9106 |
| Contact Person's e-mail Address | henri.minette@cdirad.com | zprotopapas@nhrad.com |

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:

Change in Allocation of Responsibilities Among Existing Owners of Whitney Imaging Center

b. Estimated Total Project Cost:

There are no capital costs in connection with this project.

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March 1, 2015

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Please see description attached.

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|---|--|--|--|
| Petitioner:Southern Connecticut Imaging Centers, LLC | | | |
| Project Title: Change in Allocation of Responsibilities Among Existing Owners of Whitney Imaging Center | | | |
| , Rick Long , President and Chief Operating Officer (Position – CEO or CFO) | | | |
| ofInsight Health Corp., Member of Southern Connecticut Imaging Centers, LLC (Organization Name) | | | |
| peing duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge. | | | |
| 1-7-15 Signature Date | | | |
| Subscribed and sworn to before me on <u>January 7, 2015</u> | | | |
| ANGELA K. DOWNIN Notary Public Minnesota Notary Public/Commissioner of Superior Court | | | |
| My commission expires: 1/31/16 | | | |

SECTION V. AFFIDAVIT

| (Each Petition | er must submit a completed / | Affidavit.) |
|-------------------------------|--|--|
| Petitioner: | New Haven Radiology Associ | ates, P.C. |
| Project Title: | | onsibilities Among Existing Owners |
| I, Zenon P | rotopapas, M.D, (Name) | President (Position – CEO or CFO) |
| of <u>New Hav</u> (Organiz | ren Radiology Associates, P.C. ation Name) | being duly sworn, |
| | te that the information provided best of my knowledge. | I in this CON Determination form is true and |
| Signature | | //5/2015 Date |
| , i | sworn to before me on | anoany 5, 2015 |
| My commission | expires: 7/31/201 | 0 |

Page 6 of 9

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Charts depicting the current and proposed allocations of responsibilities are set forth in Exhibit A.

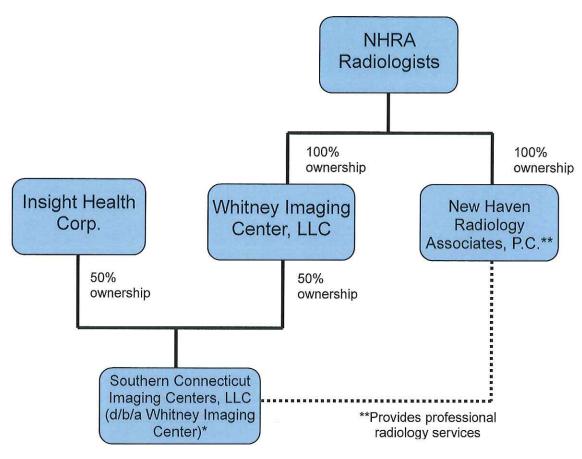
<u>Population Served</u>: The current population served includes patients from the towns of Hamden, North Haven, North Branford, Cheshire, Wallingford, New Haven, East Haven and West Haven. The target population and current payor mix are not expected to change as a result of the proposed internal reallocation of responsibilities.

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EXHIBIT A

Current and Proposed Allocation of Responsibilities

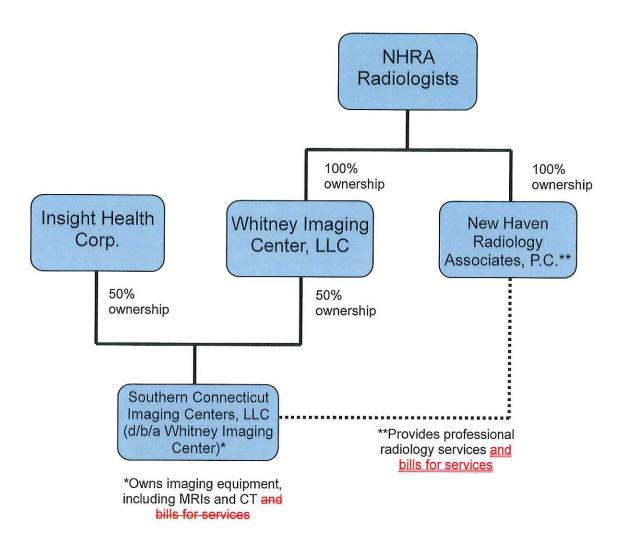
Current:



*Owns imaging equipment, including MRIs and CT and bills for services

Proposed:

Changes from the current allocation of responsibilities are noted in red text, with deletions stricken-through and additions underlined.



Greer, Leslie

From: Hansted, Kevin

Sent: Thursday, January 15, 2015 3:14 PM

To: Greer, Leslie **Subject:** FW: 15-31970-DTR

Leslie, please add this to the record.

Thanks,

Kevin T. Hansted Staff Attorney Department of Public Health Office of Health Care Access 410 Capitol Ave., MS #13HCA P.O. Box 340308 Hartford, CT 06134

Phone: 860-418-7044

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From: Matthews, Rebecca [mailto:RMatthews@wiggin.com]

Sent: Thursday, January 15, 2015 3:07 PM

To: Hansted, Kevin

Subject: RE: 15-31970-DTR

Hi Kevin:

Happy New Year! I hope you got some well-deserved time off.

The names of the various entities are a bit confusing. The facility – which is owned by Southern Connecticut Imaging Centers, LLC - goes by the d/b/a name "Whitney Imaging Center." Southern Connecticut Imaging Centers, LLC is a joint venture between Insight Health Corp. and Whitney Imaging Center, LLC. Because Whitney Imaging Center, LLC has a corporate name that is very similar to the d/b/a name of the Center, we refer to it as the "Physician LLC" in the determination request as it is the entity through which the radiologists hold their ownership interest in the Center.

I hope that this answers your question. If you have any further questions at all, or need further clarification, please do not hesitate to email or call.

Thank you, as always, for your assistance.

-Rebecca

Rebecca A. Matthews

Direct: 203.498.4502 | rmatthews@wiggin.com

WIGGIN AND DANA

New Haven | Stamford | New York | Hartford | Philadelphia | Greenwich | www.wiggin.com

From: Hansted, Kevin [mailto:Kevin.Hansted@ct.gov]

Sent: Thursday, January 15, 2015 2:52 PM

To: Matthews, Rebecca Subject: 15-31970-DTR

Hi Rebecca,

I am in receipt of your determination request on behalf of Southern Connecticut Imaging Centers, LLC and New Haven Radiology Associates, P.C. In the first paragraph of the Proposal Description it mentions "Whitney Imaging Center (the "Center") and in the second paragraph it mentions "Whitney Imaging Center, LLC (the "Physician LLC")". Are these the same entities? If so, is there a reason why you gave them different abbreviations?

Thank you,

Kevin T. Hansted Staff Attorney Department of Public Health Office of Health Care Access 410 Capitol Ave., MS #13HCA P.O. Box 340308 Hartford, CT 06134

Phone: 860-418-7044

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Disclosure under U.S. IRS Circular 230: Wiggin and Dana LLP informs you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of avoiding federal tax related penalties or promoting, marketing or recommending to another party any transaction or matter addressed herein.

Greer, Leslie

From: Hansted, Kevin

Sent: Friday, January 16, 2015 9:58 AM

To: Greer, Leslie
Cc: Martone, Kim
Subject: FW: 15-31970-DTR

Please add to the record

Kevin T. Hansted Staff Attorney Department of Public Health Office of Health Care Access 410 Capitol Ave., MS #13HCA P.O. Box 340308 Hartford, CT 06134 Phone: 860-418-7044

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From: Matthews, Rebecca [mailto:RMatthews@wiggin.com]

Sent: Friday, January 16, 2015 9:46 AM

To: Hansted, Kevin

Subject: RE: 15-31970-DTR

Hi Kevin:

No other person, physician or provider will acquire any interest in the imaging equipment. The imaging equipment will remain under the ownership of Southern Connecticut Imaging Centers, LLC.

Thank you again for your prompt attention to this request. Should you need anything further, let me know.

-Rebecca

Rebecca A. Matthews

Direct: 203.498.4502 | rmatthews@wiggin.com

WIGGIN AND DANA

New Haven | Stamford | New York | Hartford | Philadelphia | Greenwich | www.wiggin.com

From: Hansted, Kevin [mailto:Kevin.Hansted@ct.gov]

Sent: Friday, January 16, 2015 9:40 AM

To: Matthews, Rebecca **Subject:** FW: 15-31970-DTR

Just to be more specific, no other person, physician or provider will acquire an interest in the imaging equipment, correct?

Kevin T. Hansted Staff Attorney Department of Public Health Office of Health Care Access 410 Capitol Ave., MS #13HCA P.O. Box 340308 Hartford, CT 06134 Phone: 860-418-7044

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From: Hansted, Kevin

Sent: Friday, January 16, 2015 9:34 AM

To: 'Matthews, Rebecca' Subject: RE: 15-31970-DTR

Hi Rebecca,

One more question. I understand that no new parties will acquire an interest in the imaging equipment currently owned by the Center. However, will any of the existing entities specified in the determination request gain an interest in the imaging equipment as a result of the proposal?

Kevin T. Hansted Staff Attorney Department of Public Health Office of Health Care Access 410 Capitol Ave., MS #13HCA P.O. Box 340308 Hartford, CT 06134 Phone: 860-418-7044

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From: Matthews, Rebecca [mailto:RMatthews@wiggin.com]

Sent: Thursday, January 15, 2015 3:07 PM

To: Hansted, Kevin

Subject: RE: 15-31970-DTR

Hi Kevin:

Happy New Year! I hope you got some well-deserved time off.

The names of the various entities are a bit confusing. The facility – which is owned by Southern Connecticut Imaging Centers, LLC - goes by the d/b/a name "Whitney Imaging Center." Southern Connecticut Imaging Centers, LLC is a joint venture between Insight Health Corp. and Whitney Imaging Center, LLC. Because Whitney Imaging Center, LLC has a corporate name that is very similar to the d/b/a name of the Center, we refer to it as the "Physician LLC" in the determination request as it is the entity through which the radiologists hold their ownership interest in the Center.

I hope that this answers your question. If you have any further questions at all, or need further clarification, please do not hesitate to email or call.

Thank you, as always, for your assistance.

-Rebecca

Rebecca A. Matthews

Direct: 203.498.4502 | rmatthews@wiggin.com

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From: Hansted, Kevin [mailto:Kevin.Hansted@ct.gov]

Sent: Thursday, January 15, 2015 2:52 PM

To: Matthews, Rebecca Subject: 15-31970-DTR

Hi Rebecca,

I am in receipt of your determination request on behalf of Southern Connecticut Imaging Centers, LLC and New Haven Radiology Associates, P.C. In the first paragraph of the Proposal Description it mentions "Whitney Imaging Center (the "Center") and in the second paragraph it mentions "Whitney Imaging Center, LLC (the "Physician LLC")". Are these the same entities? If so, is there a reason why you gave them different abbreviations?

Thank you,

Kevin T. Hansted Staff Attorney Department of Public Health Office of Health Care Access 410 Capitol Ave., MS #13HCA P.O. Box 340308 Hartford, CT 06134

Phone: 860-418-7044

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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Office of Health Care Access

January 16, 2015

VIA FACSIMILE ONLY

Henri Minette, Esq. General Counsel Southern Connecticut Imaging Centers, LLC 2200 Whitney Avenue Suite 120 Hamden, CT 06518 Zenon Protopapas, M.D. President New Haven Radiology Associates, P.C. 11 Lunar Drive Woodbridge, CT 06525

RE:

Certificate of Need Determination Report Number 15-31972-DTR

Change in Billing Responsibilities

Dear Attorney Minette and Dr. Protopapas:

On January 13, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Southern Connecticut Imaging Centers, LLC ("SCIC") and New Haven Radiology Associates, P.C. ("NHRA") with respect to a change in billing responsibilities.

SCIC operates Whitney Imaging Center (the "Center")¹, which is a multi-modality, free-standing, imaging center located in Hamden, Connecticut. Services provided include MRI, CT, nuclear imaging, ultrasound and radiography. SCIC is a joint venture between Insight Health Corp. ("Insight") and Whitney Imaging Center, LLC (the "Physician LLC") each with a 50% ownership interest. The Center includes two (2) MRIs and one (1) CT scanner, owned by SCIC.

The Physician LLC is owned by four (4) radiologists, who are also the sole shareholders of NHRA. NHRA provides professional services at the Center while Insight provides managerial oversight. Historically, SCIC has billed for the professional services offered at the Center. SCIC and NHRA are now proposing that NHRA bill for the professional services provided at the Center. Managerial oversight will continue to be provided by Insight and NHRA will continue to provide professional services at the Center. The change in billing will not result in any transfer of ownership of the MRIs and CT scanner owned by SCIC. The MRIs and CT scanner will remain the property of SCIC.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(9), a certificate of need is required for the "acquisition of computed tomography scanners, magnetic resonance imaging scanners...by any person, physician, provider..." The MRIs and CT scanner will remain the property of SCIC and

¹ The Center is a d/b/a of SCIC and a separate legal entity from the Physician LLC.

An Equal Opportunity Provider

Southern Connecticut Imaging Centers, LLC and New Haven Radiology Associates, P.C.

Report Number: 15-31972-DTR

Page 2

no other person, physician or provider will acquire an interest in the MRIs or CT scanner. Therefore, a *CON is not required* for the proposal.

Sincerely,

C:

Kimberly R. Martone Director of Operations

KinAMa

Rose McLellan, License and Applications Supervisor, DPH, DHSR

Rebecca A. Matthews, Esq.

FAX HEADER:

REASON FOR ERROR E-1) HANG UP OR LINE FAIL E-3) NO ANSWER

E-2) BUSY E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS

FAX SHEET

| TO: | ATTORNEY HENRI MINETTE | | | | |
|-----------|--|--|--|--|--|
| FAX: | 952-847-1152 | | | | |
| AGENCY: | SOUTHERN CONNECTICUT IMAGING CENTERS, LLC | | | | |
| FROM: | ОНСА | | | | |
| DATE: | 1/16/15 Time: | | | | |
| NUMBER O | F PAGES: 3 (Including transmittal sheet | | | | |
| | | | | | |
| Comments: | | | | | |
| | Please see attached determination regarding Report Number: 15-31972-DTR. | | | | |

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA P.O.Box 340308 Hartford, CT 06134 * * * COMMUNICATION RESULT REPORT (JAN. 16. 2015 11:22AM) * * *

FAX HEADER:

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| 849 MEMORY TX | | 912032989106 | OK | 3/3 |

REASON FOR ERROR OR LINE FAIL NO ANSWER

E-2) BUSY E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS

FAX SHEET

| TO: | DR. ZENON PROTOPAPAS |
|-----------|--|
| FAX: | 203-298-9106 |
| AGENCY: | NEW HAVEN RADIOLOGY ASSOCIATES, P.C. |
| FROM; | OHCA |
| DATE: | 1/16/15 Time: |
| NUMBER O | F PAGES: 3 (including transmittal sheet |
| | |
| Comments: | |
| | Please see attached determination regarding Report Number: 15-31972-DTR. |

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA P.O.Box 540508 Hartford, CT 06134 * * * COMMUNICATION RESULT REPORT (JAN. 16. 2015 11:23AM) * * *

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REASON FOR ERROR E-1) HANGUP OR LINE FAIL NO ANSWER

E-2) BUSY E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS

FAX SHEET

| TO: | REBECCA MATTHEWS |
|-----------|--|
| FAX: | 203 782-2889 |
| AGENCY: | WIGGIN AND DANA |
| FROM: | ОНСА |
| DATE: | 1/16/15 Time: |
| NUMBER O | F PAGES: 3 (including transmittal sheet |
| Comments: | Please see attached determination regarding Report Number: 15-31972-DTR. |

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

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