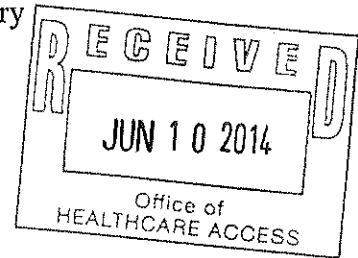


**Paula Amelia Moynahan, M.D.**  
Plastic, Reconstructive & Cosmetic Surgery  
687 Straits Turnpike, Suite 1A  
Middlebury, Connecticut 06702  
Tel. 203-754-4125  
Facsimile 203-754-9407



June 6, 2014

Kimberly R. Martone  
Director of Operations  
Department of Health  
Office of Health Care Access  
410 Capitol Ave., MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: **CON Determination Request re:  
Relocation and Transfer of Physician Ownership  
Paula A. Moynahan, M.D., d/b/a Moynahan Medical Center**

Dear Ms. Martone:

Enclosed please find an executed CON Determination Form 2020 with respect to the proposed relocation and transfer of ownership interests in Moynahan Medical Center, an outpatient surgical center wholly owned by Paula A. Moynahan, M.D., individually.

Please do not hesitate to contact me if you have any question or require any additional information. Thank you for your attention to this matter.

Very truly yours,

*Paula A. Moynahan, M.D.*  
Paula A. Moynahan, M.D.




**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.

	Petitioner	Petitioner
Full Legal Name	Paula A. Moynahan, M.D.	
Doing Business As	Moynahan Medical Center	
Name of Parent Corporation	n/a	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	687 Straits Turnpike, Suite 1A Middlebury, CT 06702	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Dr. Paula A. Moynahan/ Owner	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	687 Straits Turnpike, Suite 1 A, Middlebury, CT 06702	
Contact Person's Telephone Number	203-754-4125	
Contact Person's Fax Number	203-578-0064 	
Contact Person's e-mail Address	<u>mywoofgang212@gmail.com</u>	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Relocation and transfer of physician owners in the Center.
- b. Estimated Total Project Cost: \$4,000,000
- c. Location of proposal, identifying Street Address, Town and Zip Code: Waterbury, Connecticut
- d. List each town this project is intended to serve: The Center serves cities and towns located in Connecticut listed on the attachment hereto ("Service Area"). The Center will continue to serve the same cities and towns in the Service Area after the relocation and transfer of physician owners.
- e. Estimated starting date for the project: December 1, 2014

## 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.

Paula A. Moynahan, M.D. d/b/a Moynahan Medical Center (the "Applicant") maintained an outpatient surgical center (the "Center") located at 141 East Main Street, Waterbury, CT 06702. The Applicant is seeking a Determination that no Certificate of Need is required for relocation and transfer of physician ownership in the Center. The Center had been in existence since 1987. The Center currently is owned solely by Dr. Paula A. Moynahan. The Center provided outpatient surgical services to patients in the towns listed on the attachment ("Patient Population") until April 2007, when it ceased providing services that required licensure by the Connecticut Department of Public Health ("DPH").

In 2007, the Center began, but did not complete, the DPH licensing process. The Center filed an application for a license with the DPH, with the appropriate fee, and had obtained waiver letters from the DPH with respect to a number of the requirements of Section 19-13-D56 of the State of Connecticut Public Health Code. (*See License Application dated January 16, 2007 and received by DPH January 19, 2007, Exhibit A hereto; Correspondence from Janet Williams, R.N., State of Connecticut, Department of Public Health to Paula Moynahan, M.D. dated June 27, 2007 and July 24, 2007, Exhibits B and C hereto*). The Applicant did not complete the license application process in 2007 due to a lack of adequate funding to fulfill all DPH licensing requirements. Dr. Moynahan now has the funds to complete the DPH license application process and intends to obtain DPH licensure. The Center's payor mix was commercial payors and self-pay ("Payor Mix"). The Center will relocate to a new location within the City of Waterbury. The Center will maintain the same Patient Population and Payor Mix after the relocation and transfer of physician ownership.

Dr. Moynahan wishes to reorganize so as to allow for the transfer of physician ownership of the Center. As an initial matter, Dr. Moynahan intends to transfer assets of the Center to a newly formed Connecticut limited liability company (the "Company"). Dr. Moynahan then intends to allow for additional ownership interests in the Center by selling ownership interests in the Company to other physician investors. Each of these physician investors is duly licensed in the State of Connecticut. For reasons of confidentiality, the physician investors prefer to remain anonymous. As part of this transaction, a minority ownership interest in the Center will also be sold to Merritt Healthcare ("Merritt") which will act as the third party management firm for the Center. Each of the physicians will hold his or her membership interests in the Center individually or through an entity which the physician member controls. The interests of Merritt

may be held by Merritt or an entity owned by persons who are owners in Merritt and involved in the management of the Center. Upon the admission of the new physician investors, the physicians will continue to own and control well in excess of sixty percent (60%) membership interest in the Center. The Board of Managers of the Center will have overall responsibility for governance of the Center.

Conn. Gen. Stat. §19a-493b(c) exempts transfers or changes of ownership or control of outpatient surgical centers from Certificate of Need review where the current ownership is one hundred percent (100%) owned and controlled by physicians licensed under Conn. Gen. Stat. §20-13 and the proposed ownership will remain at least sixty percent (60%) owned and controlled by physicians after the transfer of ownership. The ownership of the Center is currently one hundred percent (100%) owned by Paula A. Moynahan, M.D., a physician licensed under Conn. Gen. Stat. § 20-13. The new physician owners will be only physicians licensed under Conn. Gen. Stat. § 20-13 and the ownership of the Center will remain in excess of sixty (60%) owned by physicians licensed under Conn. Gen. Stat. § 20-13 after the transfer. As such, Conn. Gen. Stat. §19a-493b(c) applies and the transfer of physician owners will not trigger Certificate of Need review Conn. Gen. Stat. § 19a-638(a)(2). The addition of other surgical specialties to the Center does not trigger Certificate of Need review as there is currently no requirement for the addition of a specialty by a licensed outpatient surgical facility.

The Center will remain in the City of Waterbury and the Patient Population of the Center will remain the same after the relocation and transfer of ownership.

#### Service Area

The Counties and Towns served by Paula A. Moynahan, M.D. d/b/a/ Moynahan Medical Center include, but are not limited to the cities and towns in New Haven, Litchfield and Hartford Counties, Connecticut:

Waterbury  
 Middlebury  
 Wolcott  
 Southington  
 Bristol  
 Southbury  
 Roxbury  
 Woodbury  
 Watertown  
 Thomaston  
 Plymouth  
 Plainville  
 Oxford  
 Naugatuck  
 Prospect  
 Cheshire

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: Paula A. Moynahan, M.D.

Project Title: Relocation and transfer of physician owners in the Center.

I, Paula A. Moynahan, M.D., Owner  
(Name) (Position – CEO or CFO)

of Moynahan Medical Center being duly sworn, depose and state that the  
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my knowledge.

Paula A. Moynahan, M.D. June 6, 2014

Subscribed and sworn to before me on June 6, 2014

Amy B. Grandolini  
Notary Public/Commissioner of Superior Court Amy B. Grandolini

My commission expires: 12/31/18



2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

N/A

<u>Level of Care</u>	<u>Beds/ Hemodialysis Stations</u>	<u>Bassinets (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 13-2813028  
Federal Employer Identification Number

4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

Paula A Moynahan, MD  
Licensee

141 East Main St Waterbury CT 06702 (203) 754-4125  
Business Address City State Zip Code Telephone

Mailing Address (if applicable)

5. Is the above named legal entity a (please check the box which applies):

- Individual/Sole proprietor  
 General Partnership  
 Limited Partnership  
 Limited Liability Company  
 Profit Corporation  
 Non-profit Corporation  
 Municipality  
 Trust  
 Other: \_\_\_\_\_

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DEPARTMENT OF HEALTH  
AND SENIOR SERVICES

6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing?  YES  NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

\_\_\_\_\_  
Name Address Telephone



8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**

A. If the Licensee is a **general partnership, limited partnership or limited liability company**, complete Form 1 (attached).

B. If the Licensee is a **trust**, complete Form 2 (attached) for the Licensee.

i. Attach a list including the name, address and telephone number of all trustees.

C. If the Licensee is a **corporation (profit or non-profit)**, complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.

i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.

ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:

- A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or
- B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or
- C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

12. Ownership of Real Property

Name

Business Address City State Zip Code Telephone

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N/A

13. Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. **NOTE: Hospitals must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. Each completed Fire Marshal's Certificate of Inspection that is submitted must have an original signature. (Not applicable for ALSA's, Homemaker Home Health and Home Health Agencies).**

14. Affidavit of Owner:

I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department as required by law.

Paula Maynahan MD  
Signature

1/16/07  
Date Signed

Check one as applicable:

- Individual/Sole Proprietor
- General/Managing Partner
- President of Corporation
- Secretary of Corporation
- Municipal Officer
- Trustee

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 2007 JAN 19 A 9:28  
 DEPT OF PUBLIC HEALTH  
 DIVISION OF REGULATION  
 STATE OF CONNECTICUT

State of Connecticut )

County of New Haven ) ss Waterbury 20\_\_

Personally appeared before me the above named Paula A. Maynahan MD and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

[Signature]  
 Notary Public   
 Justice of the Peace   
 Town Clerk   
 Commissioner of the Superior Court

My Commission Expires: 01/31/2011  
(If Notary Public)



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 27, 2007

Paula Moynahan, M.D.  
Moynahan Medical Center  
141 East Main Street  
Waterbury, CT 06702

Re: **Moynahan Medical Center**  
**Outpatient Surgical Facility**

Dear Dr. Moynahan:

Members of the Facility Licensing and Investigations Section (FLIS) Waiver Committee have reviewed your waiver requests listed below of Section 19-13-D56 of the State of Connecticut Public Health Code. Your waiver requests have been approved effective upon the initial licensing of your facility.

- |    |                     |                         |   |
|----|---------------------|-------------------------|---|
| 1. | 19-13-D56(b)D(2)    | Clinical Facilities     | treatment room: minimum dimension   |
| 2. | 19-13-D56(b)D(6)    | Clinical Facilities     | handwashing facilities  |
| 3. | 19-13-D56(b)E(6)    | Surgical Services Areas | clean workroom handwashing facilities with the provision of hand sanitizer and policy/procedure to wash hands in scrub sink |
| 4. | 19-13-D56(b)E(8)    | Surgical Services Areas | anesthesia workroom   |
| 5. | 19-13-D56(b)E(10)   | Surgical Services Areas | equipment storage room  |
| 6. | 19-13-D56(b)E(11)   | Surgical Services Areas | one-way traffic   |
| 7. | 19-13-D56(b)F(3)    | Supporting Services     | locker room and shower  |
| 8. | 19-13-D56(b)G(1)(j) | Details and Finishes    | operating room ceiling height   |

Please be advised that the Facility Licensing and Investigations Section reserves the right to rescind these waivers if at any time it is determined that the needs of your patient are not being met. If you have any questions, please do not hesitate to contact Steven Longo, Health Services Fire Safety & Construction Unit Supervisor at (860) 509-7500.

Sincerely,

  
Janet Williams, R.N.  
Public Health Services Manager  
Facilities Licensing & Investigations Section

c: Irving D. Moy, PHSM  
Steven Longo, HSFS & CUS  
Elizabeth Andstrom, SNC  
Cher Michaud, SNC  
Waiver File/ Licensure File



Phone: (860) 509-7500

## EXHIBIT B



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

July 24, 2007

Paula Moynahan, M.D.  
Moynahan Medical Center  
141 East Main Street  
Waterbury, CT 06702

**Re: Moynahan Medical Center  
Outpatient Surgical Facility**

Dear Dr. Moynahan:

Members of the Facility Licensing and Investigations Section (FLIS) Waiver Committee have reviewed your waiver requests listed below of Section 19-13-D56 of the State of Connecticut Public Health Code.

Your waiver request has been approved effective upon the initial licensing of your facility.

1. 19-13-D56(b)F(1) Supporting Services janitor's closet

Please be advised that the Facility Licensing and Investigations Section reserves the right to rescind these waivers if at any time it is determined that the needs of your patient are not being met.

If you have any questions, please do not hesitate to contact Steven Longo, Health Services Fire Safety & Construction Unit Supervisor at (860) 509-7500.

Sincerely,

*Janet Williams, R.N.*

Janet Williams, R.N.  
Public Health Services Manager  
Facilities Licensing & Investigations Section

c: Irving D. Moy, PHSM  
Steven Longo, HSFS & CUS  
Elizabeth Andstrom, SNC  
Cher Michaud, SNC  
Waiver File  
Licensure File



Phone: (860) 509-7500

## EXHIBIT C

## Greer, Leslie

---

**From:** Hansted, Kevin  
**Sent:** Thursday, June 19, 2014 8:41 AM  
**To:** Greer, Leslie  
**Subject:** FW: Moynahan Medical Center 14-31920-DTR

Hi Leslie,

Please add the below to Docket No. 14-31920-DTR.

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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-----Original Message-----

From: Paula Moynahan [<mailto:moynahanmd@aol.com>]  
Sent: Wednesday, June 18, 2014 1:53 PM  
To: Hansted, Kevin  
Subject: Moynahan Medical Center 14-31920-DTR

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

Dear Attorney Hansted:

Thank you for your quick response. The payer mix at the MMC was approximately evenly split between commercial

insurances and self pay patients. To the best of our knowledge, we believe the projected payor mix will be the same.

I hope this answers your question.

Kindest regards,  
Paula Moynahan, M.D.



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

June 19, 2014

VIA FACSIMILE ONLY

Dr. Paula A. Moynahan  
Moynahan Medical Center  
687 Straits Turnpike  
Suite 1A  
Middlebury, CT 06702

RE: Certificate of Need Determination Report Number 14-31920-DTR  
Relocation and Sale of Interest in Moynahan Medical Center

Dear Dr. Moynahan:

On June 10, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Moynahan Medical Center ("Petitioner") with respect to the relocation and sale of certain ownership interests in Moynahan Medical Center.

Moynahan Medical Center is an outpatient surgical facility located at 141 East Main Street, Waterbury, Connecticut and is currently owned and controlled solely by Dr. Paula A. Moynahan. Dr. Moynahan seeks to reorganize to allow for the transfer of ownership in Moynahan Medical Center. Specifically, Dr. Moynahan will sell ownership interests in Moynahan Medical Center to other physicians licensed in Connecticut. Additionally, a minority ownership interest will be sold to Merritt Healthcare, which will act as a third party management firm. After the sale, the physicians will own and control well in excess of a sixty percent (60%) membership interest in Moynahan Medical Center.

Connecticut General Statutes § 19a-638(a)(2) requires a CON for the "transfer of ownership of a health care facility". However, Connecticut General Statutes § 19a-493b(c) provides an exception for outpatient surgical facilities whose Connecticut licensed physician members will maintain a controlling 60% ownershipship after a transfer of interest in a facility. Since the Connecticut licensed physicians will hold at least a sixty percent (60%) interest in Moynahan Medical Center, OHCA hereby determines that a CON *is not required* for the proposed sale.

Additionally, Moynahan Medical Center will be relocated from its current location to another location within the City of Waterbury and will serve the same patient population that it currently serves. Also, the payer mix will remain the same. Therefore, pursuant to Connecticut General

*An Equal Opportunity Provider*

*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*  
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

Statutes § 19a-639c, the Petitioner has satisfactorily demonstrated that the population served and payer mix will not substantially change as a result of the relocation of Moynahan Medical Center.

Sincerely,



Kimberly R. Martone  
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR.



\* \* \* COMMUNICATION RESULT REPORT ( JUN. 19. 2014 1:53PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUN. 19. 2014 1:53PM  
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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: PAULA A. MOYNAHAN, M.D.

FAX: 203 578-0064

AGENCY: MOYNAHAN MEDICAL CENTER

FROM: OHCA

DATE: 6/19/14 Time: \_\_\_\_\_

NUMBER OF PAGES: 3  
*(including transmittal sheet)*

**Comments:**  
Determination for DN: 14-31920 regarding relocation and sale of interest in Moynahan Medical Center

**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

## Greer, Leslie

---

**From:** Hansted, Kevin  
**Sent:** Tuesday, July 29, 2014 1:16 PM  
**To:** Greer, Leslie  
**Subject:** FW: Report Number 14-31920-DTR  
**Attachments:** Kevin.Hansted@ct.gov.pdf; ATT00001.htm

Leslie, please add this to the file.

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:** Paula Moynahan [<mailto:doctor@moynahanmd.com>]  
**Sent:** Tuesday, July 29, 2014 12:50 PM  
**To:** Hansted, Kevin  
**Subject:** Report Number 14-31920-DTR

Begin forwarded message:

**PAULA AMELIA MOYNAHAN, M.D.**  
PLASTIC, RECONSTRUCTIVE & COSMETIC SURGERY

July 29, 2014

Kevin.Hansted@ct.gov

Re: Moynahan Medical Center  
Report Number: 14-31920-DTR

Dear Attorney Hansted:

On June 19, 2014, Kimberly Martone, Director of Operations of the Department of Public Health, Office of Health Care Access ("OHCA"), issued Certificate of Need Determination Report Number 14-31920-DTR, stating OHCA's Determination that a Certificate of Need is not required for the proposed transfer of interest and relocation of the Moynahan Medical Center (the "Center").

Prior to Ms. Martone's issuance of this Determination, you had asked that we identify the payer mix at the Center and state whether the payer mix was expected to remain the same. I responded by e-mail dated June 18, 2014, stating that the payer mix was approximately evenly split between commercial insurances and self-pay patients and that we expected the mix to remain the same.

This response remains correct. However, we do wish to ensure that we have made full disclosure by stating that the approximately one-half of the payer mix that was commercial insurance cases included some Medicare managed commercial cases, which we expect to remain at approximately the same level moving forward. We will be seeking Medicare certification of the Center for credentialing purposes.

While the foregoing does not alter our prior response, it provides additional detail that we felt may be appropriate to disclose.

Thank you for your consideration.

Sincerely,



Paula A. Moynahan, M.D.  
PAM/clk

**Greer, Leslie**

---

**From:** Martone, Kim  
**Sent:** Wednesday, November 19, 2014 2:52 PM  
**To:** Hansted, Kevin  
**Cc:** Greer, Leslie  
**Subject:** FW: Relocation and Sale of Interest in Moyihan Medical Center  
**Attachments:** doc04366620141119104339.pdf

---

**From:** Regan, Thomas J. [<mailto:TRegan@brownrudnick.com>]  
**Sent:** Wednesday, November 19, 2014 2:48 PM  
**To:** Martone, Kim  
**Subject:** Relocation and Sale of Interest in Moyihan Medical Center

Dear Ms. Martone:

Attached please find a letter from Wellmore Behavioral Health regarding the tenancy of Dr. Paula Moynihan at 141 East Main Street, Waterbury, Connecticut. We are offering this letter in support of certain statements contained in our request to OHCA to review its Determination in the above referenced matter.

If you have any questions, please feel free to contact me directly.

Thomas J. Regan, Esquire  
Brown Rudnick LLP  
CityPlace I, 38th Floor  
185 Asylum Street  
Hartford, CT 06106-3402  
Direct Dial: 860/509-6522  
Fax: 860/509-6501  
E-Mail: [tregan@brownrudnick.com](mailto:tregan@brownrudnick.com)

\*\*\*\*\*

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\*\*\*\*\*

THOMAS J. REGAN, ESQ.  
direct dial: 860-509-6522  
e-mail: tregan@brownrudnick.com  
http://www.brownrudnick.com

November 18, 2014

**VIA FIRST CLASS MAIL**Kimberly R. Martone  
Director of Operations  
Connecticut Department of Public Health  
Office of Health Care Access  
410 Capitol Ave.  
P.O. Box 340308  
Hartford, CT 06134-0308

RE: Relocation and Sale of Interests in Moynahan Medical Center

Dear Ms. Martone:

I am writing on behalf of Saint Mary's Hospital regarding Certificate of Need Determination Report No. 14-31920-DTR, dated June 19, 2014, in the above-referenced matter (the "Determination"). In the Determination, the Office of Health Care Access ("OHCA") states the following:

1. *"Moynahan Medical Center is an outpatient surgical facility located at 141 East Main Street, Waterbury, Connecticut..."*
2. *"...Moynahan Medical Center will be relocated from its current location to another location within the City of Waterbury and will serve the same patient population that it currently serves. Also, the payer mix will remain the same."*
3. *"Connecticut General Statutes 19a-493b(c) provides an exception [to the Certificate of Need requirements] for outpatient surgical facilities whose Connecticut licensed physician members will maintain a controlling 60% ownership after a transfer of interest in a facility."*

Based primarily on the foregoing, OHCA concludes that a CON is not required for the proposed relocation and sale of interests in Moynahan Medical Center.

It appears, however, that the above findings are inconsistent with the actual facts and the information filed with the CON Determination Form dated June 6, 2014 by Paula A. Moynahan, MD, doing business as Moynahan Medical Center (the "Form"). First, and most importantly, Moynahan Medical Center was not, at the time of filing the Form, and we believe currently is not, an "outpatient surgical facility" as it never received the required licensure by the

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Kimberly R. Martone  
November 18, 2014  
Page 2


Connecticut Department of Public Health (“DPH”).<sup>1</sup> Thus, the assumption that Moynahan Medical Center is an outpatient surgical facility is incorrect and further, the CON exception noted above for “outpatient surgical facilities” is not applicable. Second, it is Saint Mary’s understanding that Moynahan Medical Center is not located at 141 East Main Street in Waterbury - its location is 687 Straits Turnpike, Suite 1A in Middlebury as listed on Dr. Moynahan’s letterhead and in the Form she filed with OHCA. It is also the address listed on her website. Nowhere is there any evidence of a currently existing Waterbury location, which suggests that the Center is not relocating “*within the City of Waterbury,*” and also raises the question of whether in fact “*The Center will maintain the same Patient Population and Payor Mix after the relocation and transfer of physician ownership*” as Dr. Moynahan states in the Form. Even if the Center were a licensed outpatient surgical facility, which we believe it is not, relocation from a different town suggests that a CON is required.

Because we suspect that the Determination may have relied on incorrect or misunderstood information, we kindly ask OHCA to review the Determination and help clarify the issues we raise in this letter.

Thank you for your consideration.

Very truly yours,

**BROWN RUDNICK LLP**

By:   
Thomas J. Regan

TJR:mf

61810983 v1-WorkSiteUS-080456/0052

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<sup>1</sup> Dr. Moynahan states in the Form that she “*now has the funds to complete the DPH license application and intends to obtain DPH licensure.*” (emphasis added)

**Greer, Leslie**

---

**From:** Martone, Kim  
**Sent:** Wednesday, November 19, 2014 2:52 PM  
**To:** Hansted, Kevin  
**Cc:** Greer, Leslie  
**Subject:** FW: Relocation and Sale of Interest in Moyihan Medical Center  
**Attachments:** doc04366620141119104339.pdf

---

**From:** Regan, Thomas J. [<mailto:TRegan@brownrudnick.com>]  
**Sent:** Wednesday, November 19, 2014 2:48 PM  
**To:** Martone, Kim  
**Subject:** Relocation and Sale of Interest in Moyihan Medical Center

Dear Ms. Martone:

Attached please find a letter from Wellmore Behavioral Health regarding the tenancy of Dr. Paula Moynihan at 141 East Main Street, Waterbury, Connecticut. We are offering this letter in support of certain statements contained in our request to OHCA to review its Determination in the above referenced matter.

If you have any questions, please feel free to contact me directly.

Thomas J. Regan, Esquire  
Brown Rudnick LLP  
CityPlace I, 38th Floor  
185 Asylum Street  
Hartford, CT 06106-3402  
Direct Dial: 860/509-6522  
Fax: 860/509-6501  
E-Mail: [tregan@brownrudnick.com](mailto:tregan@brownrudnick.com)

\*\*\*\*\*

The information contained in this electronic message may be legally privileged and confidential under applicable law, and is intended only for the use of the individual or entity named above. If the recipient of this message is not the above-named intended recipient, you are hereby notified that any dissemination, copy or disclosure of this communication is strictly prohibited. If you have received this communication in error, please notify Brown Rudnick LLP, (617) 856-8200 (if dialing from outside the US, 001-(617)-856-8200) and purge the communication immediately without making any copy or distribution.

\*\*\*\*\*



November 19, 2014

Mr. Joseph Connolly  
St. Mary's Hospital  
56 Franklin Street  
Waterbury, CT 06706

Dear Joe:

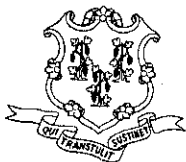
This letter will serve as confirmation that there are no surgical/medical services transpiring in 141 East Main Street in Waterbury, CT. Wellmore, Inc. purchased this and several other properties associated with the building on June 1, 2011 and have occupied the building since. At the time we purchased the building the 4<sup>th</sup> floor, which was previously the office of Dr. Paula Moynahan, was vacant. It was vacant for some time prior to the transaction as we toured the building several times during the year before the purchase and the space was always empty. I do not know when Dr. Moynahan ceased operations at this site, or when she left the site, but we've not received either mail or other inquiries about Dr. Moynahan since we purchased the building.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary M. Steck".

Gary M. Steck, LMFT  
Chief Executive Officer





# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

*Office of Health Care Access*

December 3, 2014

VIA FACSIMILE ONLY

Dr. Paula A. Moynahan  
Moynahan Medical Center  
687 Straits Turnpike  
Suite 1A  
Middlebury, CT 06702

RE: Certificate of Need Determination Report Number 14-31920-DTR  
Relocation and Sale of Interest in Moynahan Medical Center

Dear Dr. Moynahan:

On June 19, 2014, the Office of Health Care Access ("OHCA") issued a Certificate of Need ("CON") Determination Report bearing Docket No. 14-31920-DTR with respect to the relocation and sale of certain ownership interests in Moynahan Medical Center. The Determination Report was issued based upon certain representations made in your Determination Request dated June 10, 2014. On November 18, 2014, Saint Mary's Hospital brought to OHCA's attention that some of those representations may have been false and/or misinterpreted.<sup>1</sup>

Specifically, your Determination Request stated that Moynahan Medical Center is an outpatient surgical facility located at 141 East Main Street, Waterbury, Connecticut. First and foremost, Moynahan Medical Center has not yet been licensed as an outpatient surgical facility by the Connecticut Department of Public Health. Therefore, any operation as such may be in violation of licensing laws and regulations. Moreover, if it is your intention to establish a new outpatient surgical facility, such action requires CON authorization pursuant to Connecticut General Statutes § 19a-638(5). Any operation of an outpatient surgical facility without CON authorization is subject to penalties, including but not limited to those under Connecticut General Statutes § 19a-653.

Additionally, OHCA has been advised by Saint Mary's Hospital that Moynahan Medical Center is not currently located at 141 East Main Street, Waterbury, Connecticut, and has not been for several years. Rather, it has been suggested that the actual location is 687 Straits Turnpike, Suite 1A, Middlebury, Connecticut. Therefore, OHCA's previous determination regarding the relocation was based upon inaccurate information. Consequently, the Determination Report issued under Docket No. 14-31920-DTR is hereby rendered null and void. If you wish to seek

<sup>1</sup> A copy of Saint Mary's Hospital's letter dated November 18, 2014 was emailed to you on November 21, 2014.

*An Equal Opportunity Provider*

*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308

Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

CON authorization for the establishment of an outpatient surgical facility you may do so using the application form on OHCA's website.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Martone", with a stylized flourish at the end.

Kimberly R. Martone  
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR.  
Thomas J. Regan, Esq.

\* \* \* COMMUNICATION RESULT REPORT ( DEC. 3. 2014 1:01PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	DEC. 3. 2014 1:00PM OPTION	ADDRESS	RESULT	PAGE
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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: DR. PAULA A. MOYNAHAN

FAX: 203 598-0064

AGENCY: MOYNAHAN MEDICAL CENTER

FROM: OHCA

DATE: 12/3/14 Time: \_\_\_\_\_

NUMBER OF PAGES: 3  
*(including transmittal sheet)*

**Comments:**

Determination for Report Number 14-31920-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 ( DEC. 3. 2014 1:22PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	DEC. 3. 2014 1:21PM OPTION	ADDRESS	RESULT	PAGE
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 E-2) BUSY  
 E-3) NO ANSWER  
 E-4) NO FACSIMILE CONNECTION



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

**FAX SHEET**

**TO:** THOMAS J. REGAN, ESQ.

**FAX:** 860 509-6522 6501

**AGENCY:** BROWN RUDNICK, LLP

**FROM:** OHCA

**DATE:** 12/3/14 **Time:** \_\_\_\_\_

**NUMBER OF PAGES:** 3  
*(including transmittal sheet)*

**Comments:**  
 Determination for Report Number 14-31920-DTR.

**PLEASE PHONE Barbara K. Olejarsz 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**

■ 687 STRAITS TURNPIKE, SUITE 1A MIDDLEBURY, CONNECTICUT 06762 203-754-4125 FAX 203-598-0064 ■

**PAULA AMELIA MOYNAHAN, M.D.**  
PLASTIC, RECONSTRUCTIVE & COSMETIC SURGERY

FASCIMILE TRANSMISSION



**DATE:** December 6, 2014  
**TO:** Kimberly Martone  
**FAX #:** 860 418 7053  
**FROM:** Connie  
**OF:** Paula A. Moynahna, M.D.  
Plastic, Reconstructive & Cosmetic Surgery

Number of pages, including this page: 4

Confidential? Yes No

**RE:** Certificate of Need Determination Report

Please verify receipt of transmission: Yes No

Please call us at (203) 754-4125, or fax us at (203)598-0064 immediately if this transmission is incomplete or illegible.

*The following material is strictly confidential. All persons are advised that they may be prosecuted under Federal and State law for sharing this information with unauthorized individuals. If you receive this fax in error, please notify us immediately.*

**MOYNAHAN MEDICAL CENTER**  
IN NEW YORK: 800 FIFTH AVENUE NEW YORK, NEW YORK 10065

687 Straits Turnpike Middlebury, CT 06762 Tel 203-754-4125

Fax 203-598-0064

Paula Amelia Moynahan, M.D.  
Plastic Reconstructive & Cosmetic Surgery  
[www.paulamoynahanmd.com](http://www.paulamoynahanmd.com)

**VIA FACSIMILE AND U.S. MAIL**

December 5, 2014

Ms. Kimberly Martone  
Director of Operations  
Office of Health Care Access  
Department of Public Health  
410 Capitol Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, Connecticut 06134-0308



Re: Certificate of Need Determination Report Number 14-31920-DTR

Dear Ms. Martone:

This letter is in response to your letter, dated December 3, 2014, sent on behalf of the Office of Health Care Access, regarding Certificate of Need Determination Report Number 14-31920-DTR issued on June 19, 2014 approving the transfer of ownership and relocation of Moynahan Medical Center (the "Center"). This letter also responds to the letter sent to the Office of Health Care Access ("OHCA") by Attorney Thomas J. Regan on behalf of his client.

I respectfully request reconsideration of OHCA's decision that the Certificate of Need Determination Report issued under Docket No. 14-31920-DTR is null and void.

By issuing Report Number 14-31920-DTR, OHCA determined that the Center satisfied the requirement for approving the transfer of ownership and the relocation. The letter from Attorney Regan fails to establish a proper basis for OHCA to reconsider its determination regarding the Center, for several reasons. First, Attorney Regan's client lacks standing, as his client is neither the requestor applicant nor a party to the filing. Second, there is no legal authority or precedent to do so under the Department of Public Health statutes and regulations or the state Administrative Procedure Act. Third, all administrative reconsideration timeframes, such as those of CGS 4-181a, have long since expired and any reconsideration of the Determination is untimely. Fourth, the current licensure status of the Center was fully disclosed in the application and is not a proper ground to rescind OHCA's determination that a CON is not required. Fifth, and most importantly, nothing in Attorney Regan's letter undermines the core fact underlying OHCA's favorable Determination Report, which is that the Center was eligible for a license in 2008 and therefore does not require a Certificate of Need to complete the licensing process and relocate within the same service area.

OHCA determined that the population serviced by the Center and the payor mix would not substantially change as a result of the relocation. The Center detailed its patient base by listing all towns in its service area on its Determination request. Additionally, OHCA made specific inquiries into the payor mix and the Center promptly responded stating that the payor mix was

In New York: 800B Fifth Avenue, New York, New York 10065

687 Straits Turnpike Middlebury, CT 06762

Tel 203-754-4125

Fax 203-598-0064

**Paula Amelia Moynahan, M.D.**  
Plastic Reconstructive & Cosmetic Surgery  
[www.paulamoynahanmd.com](http://www.paulamoynahanmd.com)

approximately evenly split between commercial insurance (including Medicare Advantage) and self-pay patients.

With regard to the claim raised regarding my current office address, it is correct that I have relocated my patient office just over the Waterbury town line to 687 Straits Turnpike, Middlebury, Connecticut. Although the postal address is in Middlebury, this office remains on the eastern side of Interstate 84, a mere two-tenths (.2) of a mile – literally a one minute drive – from the Waterbury city line. (See attached map) Even if the proposed address for the Center had been my current Middlebury patient office address, therefore, under clearly established OHCA precedent, a relocation to this address would not by any means represent a significant change in patient population or payor mix and would not be a proper basis to require a CON. [See, e.g., *Certificate of Need Determination Report No. 11-31715-DTR, Valley Orthopedic Specialists, LLC, September 30, 2011.*]

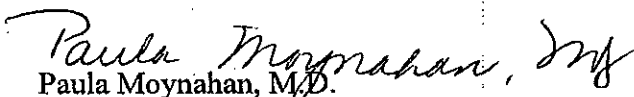
Moreover, the proposed relocated address for the Center is not my current patient office, but is 50 Brookside Road, Waterbury, Connecticut. As stated in the Determination application and reaffirmed again here, with this relocation there is no anticipated change in patient population or payor mix.

The Center and the proposed new members have relied on this Determination issued many months ago. Since this approval, the Center and its new members have spent considerable time and resources on the Center's development and relocation, all in reliance of OHCA's issuance of the Determination. To contemplate retroactive reconsideration of a Determination undermines the public's ability to rely on decisions and representations of OHCA and frustrates the efforts of those trying to invest and create business in Connecticut. Most importantly, the Center truthfully detailed all of the relevant facts and information required by OHCA and the Connecticut Statutes and regulations in its filing of Determination Report 14-31920-DTR.

Finally, while your letter raises a question regarding whether unauthorized procedures are performed at the Center, the application made clear that the Center does not currently perform any procedures that require Department of Public Health licensure and that the Center will be seeking licensure at the new location in accordance with the Department of Public Health licensure requirements for outpatient surgical facilities.

Thank you for your attention to this matter.

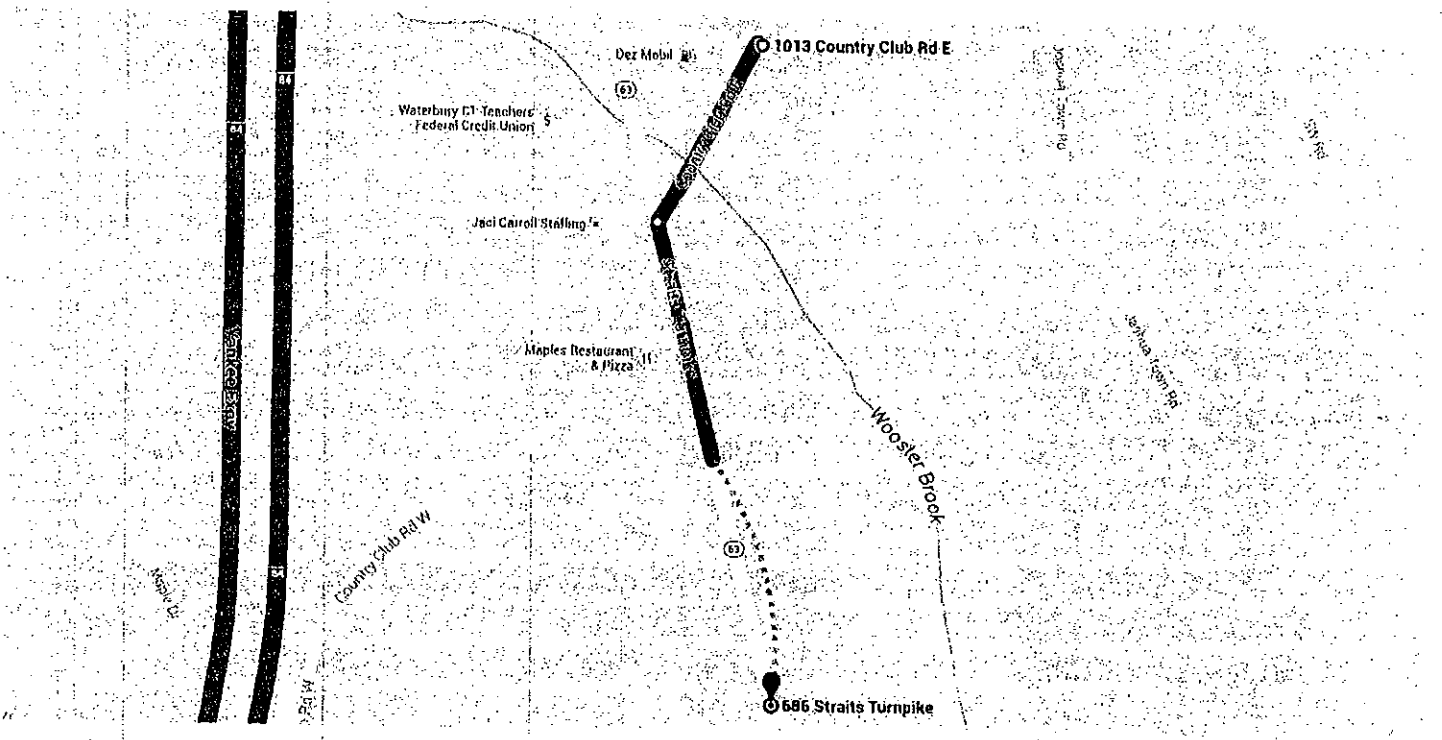
Sincerely,

  
Paula Moynahan, M.D.



Drive 0.2 mile, 1 min

### Directions from 1013 Country Club Rd E to 686 Straits Turnpike



**○ 1013 Country Club Rd E**  
Waterbury, CT 06708



- 1. Head southwest on Country Club Rd E toward CT-63 S
- 2. Turn left onto CT-63 S
- i** Destination will be on the left

0.1 mi  
0.1 mi

**◎ 686 Straits Turnpike**  
Middlebury, CT 06762

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google



**Paula Amelia Moynahan, M.D.**  
Plastic Reconstructive & Cosmetic Surgery  
[www.paulamoynahanmd.com](http://www.paulamoynahanmd.com)

**VIA FACSIMILE AND U.S. MAIL**

December 5, 2014

Ms. Kimberly Martone  
Director of Operations  
Office of Health Care Access  
Department of Public Health  
410 Capitol Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, Connecticut 06134-0308



Re: Certificate of Need Determination Report Number 14-31920-DTR

Dear Ms. Martone:

This letter is in response to your letter, dated December 3, 2014, sent on behalf of the Office of Health Care Access, regarding Certificate of Need Determination Report Number 14-31920-DTR issued on June 19, 2014 approving the transfer of ownership and relocation of Moynahan Medical Center (the "Center"). This letter also responds to the letter sent to the Office of Health Care Access ("OHCA") by Attorney Thomas J. Regan on behalf of his client. I respectfully request reconsideration of OHCA's decision that the Certificate of Need Determination Report issued under Docket No. 14-31920-DTR is null and void.

By issuing Report Number 14-31920-DTR, OHCA determined that the Center satisfied the requirement for approving the transfer of ownership and the relocation. The letter from Attorney Regan fails to establish a proper basis for OHCA to reconsider its determination regarding the Center, for several reasons. First, Attorney Regan's client lacks standing, as his client is neither the requestor applicant nor a party to the filing. Second, there is no legal authority or precedent to do so under the Department of Public Health statutes and regulations or the state Administrative Procedure Act. Third, all administrative reconsideration timeframes, such as those of CGS 4-181a, have long since expired and any reconsideration of the Determination is untimely. Fourth, the current licensure status of the Center was fully disclosed in the application and is not a proper ground to rescind OHCA's determination that a CON is not required. Fifth, and most importantly, nothing in Attorney Regan's letter undermines the core fact underlying OHCA's favorable Determination Report, which is that the Center was eligible for a license in 2008 and therefore does not require a Certificate of Need to complete the licensing process and relocate within the same service area.

OHCA determined that the population serviced by the Center and the payor mix would not substantially change as a result of the relocation. The Center detailed its patient base by listing all towns in its service area on its Determination request. Additionally, OHCA made specific inquiries into the payor mix and the Center promptly responded stating that the payor mix was

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Plastic Reconstructive & Cosmetic Surgery  
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approximately evenly split between commercial insurance (including Medicare Advantage) and self-pay patients.

With regard to the claim raised regarding my current office address, it is correct that I have relocated my patient office just over the Waterbury town line to 687 Straits Turnpike, Middlebury, Connecticut. Although the postal address is in Middlebury, this office remains on the eastern side of Interstate 84, a mere two-tenths (.2) of a mile – literally a one minute drive – from the Waterbury city line. (See attached map) Even if the proposed address for the Center had been my current Middlebury patient office address, therefore, under clearly established OHCA precedent, a relocation to this address would not by any means represent a significant change in patient population or payor mix and would not be a proper basis to require a CON. [See, e.g., *Certificate of Need Determination Report No. 11-31715-DTR, Valley Orthopedic Specialists, LLC, September 30, 2011.*]

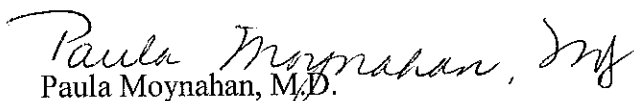
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The Center and the proposed new members have relied on this Determination issued many months ago. Since this approval, the Center and its new members have spent considerable time and resources on the Center's development and relocation, all in reliance of OHCA's issuance of the Determination. To contemplate retroactive reconsideration of a Determination undermines the public's ability to rely on decisions and representations of OHCA and frustrates the efforts of those trying to invest and create business in Connecticut. Most importantly, the Center truthfully detailed all of the relevant facts and information required by OHCA and the Connecticut Statutes and regulations in its filing of Determination Report 14-31920-DTR.

Finally, while your letter raises a question regarding whether unauthorized procedures are performed at the Center, the application made clear that the Center does not currently perform any procedures that require Department of Public Health licensure and that the Center will be seeking licensure at the new location in accordance with the Department of Public Health licensure requirements for outpatient surgical facilities.

Thank you for your attention to this matter.

Sincerely,

  
Paula Moynahan, M.D.



### Directions from 1013 Country Club Rd E to 686 Straits Turnpike



#### ○ 1013 Country Club Rd E

Waterbury, CT 06708

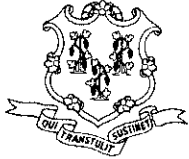
- ↑ 1. Head **southwest** on Country Club Rd E toward CT-63 S 0.1 mi
  - ↙ 2. Turn **left** onto CT-63 S 0.1 mi
- i** Destination will be on the left

#### ⊙ 686 Straits Turnpike

Middlebury, CT 06762

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

January 14, 2015

VIA FACSIMILE ONLY

Dr. Paula A. Moynahan  
Moynahan Medical Center  
687 Straits Turnpike  
Suite 1A  
Middlebury, CT 06702

RE: Certificate of Need Determination Report Number 14-31920-DTR  
Relocation and Sale of Interest in Moynahan Medical Center

Dear Dr. Moynahan:

On December 8, 2014, the Office of Health Care Access ("OHCA") received your letter regarding the revocation of the Certificate of Need ("CON") Determination Report bearing Docket No. 14-31920-DTR. After reviewing the information you provided it is still evident that Moynahan Medical Center has not yet been licensed as an outpatient surgical facility by the Connecticut Department of Public Health. As a result, if it is your intention to establish a new outpatient surgical facility, such action requires CON authorization pursuant to Connecticut General Statutes § 19a-638(5).

Therefore, OHCA will not reverse its decision to render the Determination Report issued under Docket No. 14-31920-DTR null and void. If you wish to seek CON authorization for the establishment of an outpatient surgical facility you may do so using the application form available on OHCA's website.

Sincerely,

Kimberly R. Martone  
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR.  
Thomas J. Regan, Esq.

*An Equal Opportunity Provider*

*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

\* \* \* COMMUNICATION RESULT REPORT ( JAN. 14. 2015 11:59AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JAN. 14. 2015 11:58AM  
FILE MODE OPTION

ADDRESS

RESULT

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840 MEMORY TX

98605096501

OK

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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: THOMAS J. REGAN, ESQ.  
FAX: 860 509 6501  
AGENCY: BROWN RUDNICK, LLP  
FROM: OHCA  
DATE: 1/14/15 Time: \_\_\_\_\_  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**

Please see attached regarding Determination Report 14-31920-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. 14. 2015 11:58AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JAN. 14. 2015 11:57AM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

839 MEMORY TX

912035980064

OK

2/2

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: DR. PAULA A. MOYNAHAN  
FAX: 203 598-0064  
AGENCY: MOYNAHAN MEDICAL CENTER  
FROM: OHCA  
DATE: 1/14/15 Time: \_\_\_\_\_  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**

Please see attached regarding Determination Report 14-31920-DTR

**PLEASE PHONE Barbara K. Olejarsz 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