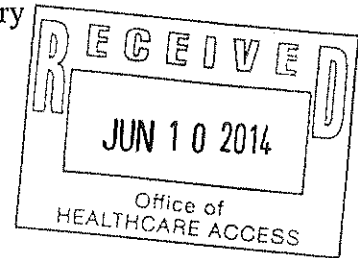


**Paula Amelia Moynahan, M.D.**  
Plastic, Reconstructive & Cosmetic Surgery  
687 Straits Turnpike, Suite 1A  
Middlebury, Connecticut 06702  
Tel. 203-754-4125  
Facsimile 203-754-9407



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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DEPT OF PUBLIC HEALTH  
DIVISION OF REGULATION  
LICENSING REGULATIONS

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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 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)

## 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

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

-----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:

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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