



Wilton Surgery Center, LLC
195 Danbury Road, Whitlock Building
Wilton, CT 06897

(P) 203-563-9470
(F) 203-563-9589

November 19, 2014

VIA OVERNIGHT DELIVERY

State of Connecticut
Office of Health Care Access
c/o Kimberly Martone
Director of the Office of Healthcare Access
410 Capitol Avenue
MS#13HCA
P.O. Box 340308
Hartford, CT 06134



Re: Wilton Surgery Center, LLC, CON Determination Form – Form 2020

Dear Ms. Martone:

Enclosed for submission, please find CON Determination Form, 'Form 2020' for the Wilton Surgery Center.

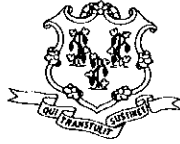
Should you have any questions or require additional information, please do not hesitate to contact me directly at (203) 563-9470 Ext.104. I am happy to assist in any way that I can.

Best regards,

A handwritten signature in black ink, appearing to read "Amanda L. Gunthel".

Amanda L. Gunthel
Administrator

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.

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	Wilton Surgery Center, LLC	
Doing Business As	Wilton Surgery Center	
Name of Parent Corporation	AMSURG Corp. and Stamford Hospital	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	195 Danbury Road, Wilton, CT 06897	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
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.	Amanda Gunthel, Administrator	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	195 Danbury Road Wilton, CT 06897	
Contact Person's Telephone Number	(203) 563-9470 Ext. 104	
Contact Person's Fax Number	(203) 563-9589	
Contact Person's e-mail Address	amanda.gunthel@ wiltonasc.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Admission of additional physician members to existing outpatient surgical facility for provision of Otorhinolaryngology services.
- b. Estimated Total Project Cost: \$700,000
- c. Location of proposal, identifying Street Address, Town and Zip Code:
195 Danbury Road, Wilton CT 06897
- d. List each town this project is intended to serve: Bethel, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Redding, Ridgefield, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton
- e. Estimated starting date for the project: January 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.



CON DETERMINATION FORM 2020 – PROPOSAL DESCRIPTION

Wilton Surgery Center, LLC is a Connecticut limited liability company, located in Wilton, Connecticut (the “Center” or “WSC”). WSC is a licensed outpatient surgery center currently providing Ophthalmology, Pain Management and Gastroenterology services.

The Center’s current ownership structure includes fifteen (15) physician partners, Stamford Hospital, and AMSURG Corporation. The physician partners would like to reorganize the Center to allow four (4) additional physicians to become owners of the Center, and to provide Otorhinolaryngology services (hereinafter referred to as “ENT services”) at WSC, including, but not limited to tonsillectomy, adenoidectomy, myringotomy, nasal endoscopy, septoplasty, nasal fracture repair, laryngoscopy, tympanoplasty, rhinoplasty, and image guided functional endoscopic sinus surgery (FESS).

Each of the four (4) additional physicians, duly licensed in the State of Connecticut, working in Stamford and within the existing service area and population currently served by WSC, would individually purchase a minority ownership interest of two percent (2%) from the existing physician partners. Collectively, this change in ownership will not result in a change of control, as the physician owners will retain a 49.85% interest in the Center, and Stamford/NSC Management, LLC, the joint entity formed by Stamford Hospital and AMSURG Corporation, will retain its 50.14% ownership interest.

Since opening in September of 2005, WSC has operated a total of four (4) licensed rooms; two (2) operating rooms and two (2) procedure rooms. WSC would like to upgrade one (1) of the existing procedure rooms to a fully equipped operating room, to expand the provision of services at the Center to include ENT services.

The proposal to expand the provision of services, which includes upgrading an existing procedure room, completing facility modifications to accommodate pediatric patients, and purchasing equipment and instrumentation for ENT services, will require the Center to expend approximately \$700,000 in capital.

Major medical equipment purchases will include the following: GE Anesthesia Machine, Zeiss Operating Microscope, Brainlab Image Guidance/Navigation System, Diego Elite Shaver System, Olympus Tower, Nasal Endoscopes and HD Monitor, Neptune II Rover Ultra Suction System, Steris AMSCO 3052 washer/disinfector, ValleyLab Cautery Unit, and Cuda Headlamps.

Major facility modifications will include upgrades to an existing procedure room to accommodate ENT services under general anesthesia, enclosure of certain existing patient bays in the pre-operative and PACU patient care areas, modifications to the facility’s sterile processing/decontamination room to add an instrument washer/disinfector, and renovations to the patient waiting area to accommodate increased patient volume/pediatric patients. The Center will continue to operate in the space it currently leases.

The estimated capital expenditure for the proposal is as follows:

Expense Description	Estimated Capital Expenditure
Medical Equipment	\$400,000
Instruments/Trays	\$75,000
Facility Modifications	\$210,000
Minor Equipment	\$15,000
Total	\$700,000

The service area of the Center will remain the same, as the current population and geographic areas served by WSC are also served by these additional physicians.

The Center participates in the Medicare and Medicaid program, and contracts with a number of third party payers. The Center does not anticipate material changes to its payer mix.

Billing and accounts receivable (AR) responsibilities for services rendered at the Center are currently handled by an AmSurg Corporation-managed, regional billing office ("RBO"), located in West Palm Beach, Florida. The Center offers several payment options to accommodate patient needs including, payment plans, Care Credit patient financing, on-line bill pay etc. The RBO will continue to provide billing and AR services for the Center.

As the current §19a-638 does not specifically provide for whether or not a CON is required for the addition of new physician owners, and in accordance with Conn. Gen. Stat. §19a-638(c)(1), WSC requests OHCA to make a determination that, as said request to reorganize minority interests of physician owners does not constitute a change in ownership or control of the Center as defined by Conn. Gen. Stat. §19a-630(14), a CON is not required for reorganization of the Center's physician ownership and the admission of the new members to the Center as set forth herein.

As the current §19a-638 does not provide for whether or not a CON is required for an added service at an outpatient surgical facility, and in accordance with Conn. Gen. Stat. §19a-638(c)(1), WSC requests OHCA to make a determination that a CON is not required for the added Otorhinolaryngology services as set forth herein. This request satisfies the statutory conditions of §19a-638, as amended by Public Act 10-179, which repealed provisions requiring a CON when a facility intends to introduce an additional function.

Also, WSC requests OHCA to make a determination that, in accordance with Conn. Gen. Stat. §19a-638(a)(9) and (12), a CON is not required for the procurement and operation of an electromagnetic image guidance navigation system, because this equipment is not a CT Scanner, MRI Scanner, or PET Scanner as defined in §19a-638(a)(9) or technology that has not previously been utilized in this State, so defined in §19a-638(a)(12).

Further, WSC requests OHCA to make a determination that, in accordance with CT Conn. Gen. Stat. §19a-638(a)(13), a CON is not required to modify a previously licensed procedure room to be upgraded to a fully equipped OR in order to accommodate surgical services performed under general anesthesia, as this is not an increase of two (2) or more ORs within any three (3)-year period.

For the foregoing reasons, WSC hereby requests that OHCA make a determination that it is permissible for the Center to undertake the proposed expansion of surgical services, facility modifications, equipment procurement and admission of the additional physician partners as set forth herein, without requiring it to submit to the CON application process.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Amanda L. Gunthel

Project Title: Admission of additional physicians members to existing outpatient surgical facility for provision of Otorhinolaryngology services.

I, Amanda L Gunthel, Administrator
(Name) (Position – CEO or CFO)

of Wilton Surgery Center, LLC 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.

[Signature] 12/1/2014
Signature Date

Subscribed and sworn to before me on 12/1/2014

[Signature]
Notary Public/Commissioner of Superior Court

YVONNE CHARLERY
Notary Public-State of Connecticut
My Commission Expires 11-30-2016

My commission expires: 11/30/2016

Greer, Leslie

From: Hansted, Kevin
Sent: Friday, December 12, 2014 1:58 PM
To: Greer, Leslie
Cc: Martone, Kim
Subject: FW: CON Determination #14-31967-DTR

Leslie, please add the below 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: Amanda Gunthel [mailto:amanda.gunthel@wiltonasc.com]
Sent: Friday, December 12, 2014 1:48 PM
To: Hansted, Kevin
Subject: RE: CON Determination #14-31967-DTR

Hi Kevin,
The CT Scans are completed by another provider.
Best regards,
Amanda

From: Hansted, Kevin [mailto:Kevin.Hansted@ct.gov]
Sent: Friday, December 12, 2014 1:29 PM
To: Amanda Gunthel
Subject: RE: CON Determination #14-31967-DTR

Hello Amanda,

It is my understanding that the use of an electromagnetic image guidance navigation system requires a previous CT scan. Do you already have a CT scanner or are the CT scans completed by another provder?

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: Amanda Gunthel [<mailto:amanda.gunthel@wiltonasc.com>]
Sent: Tuesday, December 09, 2014 6:56 PM
To: Hansted, Kevin
Cc: Alan Hale
Subject: RE: CON Determination #14-31967-DTR

Hello Kevin,

Thank you for the prompt follow-up to our submission. Please see my responses below **in red**.

Should you have any further questions or require additional information, please do not hesitate to contact me via phone or email.

Best regards,
Amanda

Amanda L. Gunthel
Administrator
Wilton Surgery Center, LLC
195 Danbury Road
Wilton, CT 06897
O: 203.563.9470 EXT.104
F: 203.563.9589
M: 203.451.8921
[Please click here to upload files securely.](#)

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Wednesday, December 03, 2014 11:39 AM
To: Amanda Gunthel
Subject: CON Determination #14-31967-DTR

Good morning Ms. Gunthel,

I am in receipt of your determination request regarding Wilton Surgery Center, LLC and I have the following questions/requests:

- 1) On what date was the ownership structure of Wilton Surgery Center, LLC changed to include Stamford Hospital and AMSURG Corporation? **February 22, 2008, the effective date of the Second Amended and Restated Operating Agreement of Wilton Surgery Center, LLC. National Surgical Care, Inc. ("NSC") was the predecessor company to AMSURG Corporation ("AMSURG"), as NSC was acquired by AMSURG in September 2011 (Effective Date 9/1/2011).**
- 2) Did the addition of Stamford Hospital and AMSURG Corporation to the ownership structure receive CON authorization? If so, please provide the Docket Number. **Yes, authorization was received. Please see the attached revised facility license, reflecting the change. The requested docket number is 07-30994. In addition, please find attached a copy of the Final Decision documentation from OHCA.**

- 3) On what date did the ownership structure change in such a way as to cause the physician owners to have less than a 60% ownership interest in Wilton Surgery Center, LLC? **February 22, 2008, pursuant to the above referenced Amended and Restated Operating Agreement of Wilton Surgery Center, LLC. Again, please reference Docket Number 07-30994 and the attached copy of the Final Decision documentation from OHCA.**
- 4) Please provide technical specifications for the electromagnetic image guidance navigation system. **Please find the attached documentation.**
- 5) Please provide copies of the DPH licenses for Wilton Surgery Center, LLC and the four (4) licensed rooms. **Current facility license attached. The four rooms are specified in the facility's CON orders dated March 3, 2003 (Docket No. 02-554, two rooms) and July 7, 2004 (Docket No. 04-30251, two additional rooms authorized). All four authorized rooms are under the same facility license.**

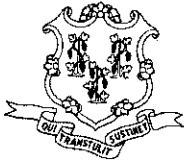
Thank you,

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

December 16, 2014

VIA FACSIMILE ONLY

Amanda Gunthel
Administrator
Wilton Surgery Center, LLC
195 Danbury Road
Wilton, CT 06897

RE: Certificate of Need Determination Report Number 14-31967-DTR
Addition of Physicians and Services to Ambulatory Surgery Center

Dear Ms. Gunthel:

On December 2, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Wilton Surgery Center, LLC ("Petitioner") with respect to the addition of new physician members, a new operating room and additional services.

The Petitioner is a Connecticut licensed outpatient surgical facility located at 195 Danbury Road, Wilton, Connecticut. The Petitioner is currently owned by fifteen (15) physician partners, Stamford Hospital, and AMSURG Corporation. The Petitioner would like to add four (4) additional Connecticut licensed physicians as members in order to provide Otorhinolaryngology services. These membership interests would be purchased from the current physician members resulting in a total physician ownership interest of 49.85%. There would be no change in control as a result of this transaction.

Connecticut General Statutes § 19a-638(a)(2) requires CON authorization for the "transfer of ownership of a health care facility." Connecticut General Statutes § 19a-630(14) defines a transfer of ownership as a transfer that impacts or changes the governance or controlling body of a health care facility..." The Petitioner has attested that the aforementioned proposal will not result in a change in control of the facility. Additionally, currently there is no CON requirement for the addition of a service to a health care facility. Therefore, OHCA hereby determines that a ***CON is not required for the transfer of ownership as proposed, or the addition of Otorhinolaryngology services.***

The Petitioner also wishes to upgrade one (1) of its existing procedure rooms to a fully equipped operating room. Since its opening in 2005, the Petitioner has had four (4) licensed rooms: two (2) operating rooms and two (2) procedure rooms. Connecticut General Statutes § 19a-638(a)(13) requires CON authorization for an "increase of two or more operating rooms within

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

any three-year period...by an outpatient surgical facility...” The addition of one (1) operating room since 2005 does not trigger the CON requirement. Therefore, OHCA hereby determines that a ***CON is not required for the addition of one (1) operating room.***

As part of the introduction of Otorhinolaryngoscopy services, the Petitioner requires the addition of an electromagnetic image guidance navigation system. Specifically, the Petitioner wishes to acquire a Brainlab Image Guidance/Navigation System (“Navigation System”). The Navigation System does not include computed tomography, magnetic resonance imaging, positron emission tomography or positron emission tomography-computed tomography technology. Connecticut General Statutes § 19a-638(a)(9) requires CON authorization for the “acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners...” Since the Navigation System contains none of these features, OHCA hereby determines that a ***CON is not required for the acquisition of the Navigation System.***

Sincerely,



Kimberly R. Martone
Director of Operations

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

* * * COMMUNICATION RESULT REPORT (DEC. 16. 2014 10:21AM) * * *

FAX HEADER:

TRANSMITTED/STORED : DEC. 16. 2014 10:20AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

811 MEMORY TX

912035639589

OK

3/3

REASON FOR ERROR OR LINE FAIL
E-1) HANG UP
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: AMANDA GUNTHEL
FAX: 203 563-9589
AGENCY: WILTON SURGERY CENTER, LLC
FROM: OHCA
DATE: 12/16/14 Time: _____
NUMBER OF PAGES: 3
(including transmittal sheet)

Comments:
Determination attached regarding Addition of physicians and services to ambulatory surgery center.
Report Number: 14-31967-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