

Greer, Leslie

From: Hansted, Kevin
Sent: Friday, December 04, 2015 11:19 AM
To: Greer, Leslie
Cc: Martone, Kim
Subject: Fw: CON Determination Request: Fairfield Surgery Center
Attachments: FSC CON APP.PDF

Leslie, please assign a docket number.

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

From: Russell Anderson <randerson@Jeffers-Law.com>
Sent: Friday, December 4, 2015 11:13 AM
To: Hansted, Kevin
Cc: Stephen Cowherd; Martone, Kim
Subject: CON Determination Request: Fairfield Surgery Center

Kevin,

Please find attached a CON Determination request for Fairfield Surgery Center's relocation across the street from its current facility. A hard copy will follow in the mail on Monday.

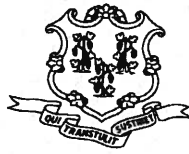
Thank you in advance for your attention to this request. Please call or email me with any questions.

Best,
Russ

Russell Anderson | Jeffers Cowherd P.C.
55 Walls Drive | Fairfield | CT | 06824 | t: 203.259.7900 | email: randerson@jeffers-law.com



The information contained in this e-mail message is confidential, may be attorney-client privileged, and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any distribution, copying or use of this communication is strictly prohibited and may be unlawful. If you have received this communication in error, please immediately notify us by return e-mail and delete the message and all copies and attachments, if any, from your computer. Thank you.



State of Connecticut Office of Health Care Access CON Determination Form Relocation of a Health Care Facility

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. 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	Fairfield Surgery Center, LLC	
Doing Business As	Fairfield Surgery Center, LLC	
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	75 Kings Highway Cutoff, Fairfield, CT 06824	
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.	Dennis Solheim EVP, Development	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	National Surgical Healthcare, 250 S. Wacker Dr., Suite 500, Chicago, IL 60606	
Contact Person's Telephone Number	(312) 627-8428	
Contact Person's Fax Number	(312) 474-1950	
Contact Person's e-mail Address	Dsolheim@nshinc.com	

SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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.

Name of the Health Care Facility: Fairfield Surgery Center, LLC

Current Location: 75 Kings Highway Cutoff, Fairfield, CT 06824

Proposed Location: 652 Commerce Drive, Fairfield, CT 06824

Current Population Served: Bridgeport, Easton, Monroe, Milford, Shelton, Trumbull, Norwalk, Newtown, Wilton, Westport, Weston.

Proposed Population Served: Same.

Current Payor Mix: Government 32%; Commercial Insurance 68%.

Proposed Payor Mix: Same.

Any other information that the Petitioner deems relevant: Fairfield Surgery Center, LLC (the "Center") is requesting a determination that no certificate of need is required for its relocation to a new facility that is across the street from its current location. The relocation will not result in any change to the Center's scope of services, patient population or payor mix.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Fairfield Surgery Center, LLC

Project Title: Relocation to 652 Commerce Drive, Fairfield, CT 06824

I, Bryan Fisher, President of NSH Connecticut, Inc., the Manager
(Name) (Position – CEO or CFO)

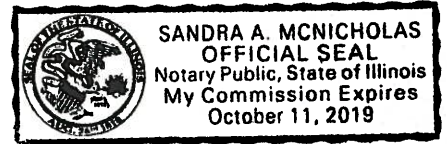
of Fairfield Surgery Center, LLC being duly sworn, depose and state that the
(Organization Name)

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

Bryan S. Fisher
Signature

December 3, 2015
Date

Subscribed and sworn to before me on December 3, 2015



Sandra A. McNicholas
Notary Public/Commissioner of Superior Court

My commission expires: October 11, 2019

JEFFERS
.....
COWHERD

JEFFERS COWHERD P.C.
ATTORNEYS AT LAW

55 WALLS DRIVE
FAIRFIELD, CT 06824
203-259-7900
203-259-1070 FAX
WWW.JEFFERS-LAW.COM

RUSSELL F. ANDERSON
Email: randerson@jeffers-law.com

December 4, 2015

VIA FEDERAL EXPRESS

Honorable Lisa A. Davis
Deputy Commissioner
Office of Health Care Access
Division of the Department of Public Health
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308



Re: Certificate of Need Determination Form
Relocation to 652 Commerce Drive, Fairfield, CT 06824

Dear Commissioner Davis:

Enclosed please find a CON Determination Form submitted by Fairfield Surgery Center, LLC, regarding its relocation to 652 Commerce Drive, Fairfield, CT 06824.

Should you have any questions, please feel free to contact me or Stephen Cowherd at (203) 259-7900.

Respectfully submitted,

Russell F. Anderson

Enclosures

cc: Kimberly Martone, Director of Operations, OHCA (w/ enc.)



**State of Connecticut
Office of Health Care Access
CON Determination Form
Relocation of a Health Care Facility**

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SECTION I. PETITIONER INFORMATION

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	Petitioner	Petitioner
Full Legal Name	Fairfield Surgery Center, LLC	
Doing Business As	Fairfield Surgery Center, LLC	
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	75 Kings Highway Cutoff, Fairfield, CT 06824	
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.	Dennis Solheim EVP, Development	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	National Surgical Healthcare, 250 S. Wacker Dr., Suite 500, Chicago, IL 60606	
Contact Person's Telephone Number	(312) 627-8428	
Contact Person's Fax Number	(312) 474-1950	
Contact Person's e-mail Address	<u>Dsolheim@nshinc.com</u>	

SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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.

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Proposed Population Served: Same.

Current Payor Mix: Government 32%; Commercial Insurance 68%.

Proposed Payor Mix: Same.

Any other information that the Petitioner deems relevant: Fairfield Surgery Center, LLC (the "Center") is requesting a determination that no certificate of need is required for its relocation to a new facility that is across the street from its current location. The relocation will not result in any change to the Center's scope of services, patient population or payor mix.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Fairfield Surgery Center, LLC

Project Title: Relocation to 652 Commerce Drive, Fairfield, CT 06824

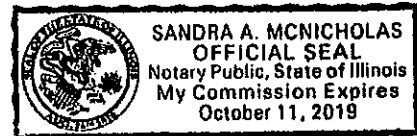
I, Bryan Fisher, President of NSH Connecticut, Inc., the Manager
(Name) (Position – CEO or CFO)

of Fairfield 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.

Bryan S. Fisher _____ December 3, 2015 _____
Signature Date

Subscribed and sworn to before me on December 3, 2015



Sandra A. McNicholas
Notary Public/Commissioner of Superior Court

My commission expires: October 11, 2019



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

December 8, 2015

VIA FACSIMILE ONLY

Dennis Solheim
Executive Vice President
National Surgical Healthcare
250 S. Wacker Dr.
Suite 500
Chicago, IL 60606

RE: Certificate of Need Determination Report Number 15-32048-DTR
Relocation of Fairfield Surgery Center, LLC

Dear Mr. Solheim:

On December 4, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Fairfield Surgery Center, LLC (Petitioner") with respect to its relocation.

The Petitioner is a licensed outpatient surgical facility located at 75 Kings Highway Cutoff, Fairfield, Connecticut. The Petitioner intends to relocate to a new facility located at 652 Commerce Drive, Fairfield, Connecticut. The Petitioner currently serves Bridgeport, Easton, Monroe, Milford, Shelton, Trumbull, Norwalk, Newtown, Wilton, Westport, and Weston. The Petitioner will serve the same areas after its relocation. The Petitioner currently serves 32% government and 68% commercial insurance patients. Subsequent to the relocation, the Petitioner will serve the same percentages.

Pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, ***no CON is required.***

Sincerely,

Kimberly R. Martone
Director of Operations

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

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 (DEC. 8. 2015 8:51AM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	DEC. 8. 2015 8:51AM OPTION	ADDRESS	RESULT	PAGE
407	MEMORY TX	913124741950	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: DENNIS SOLHEIM

FAX: 312 474-1950

AGENCY: NATIONAL SURGICAL HEALTHCARE

FROM: OHCA

DATE: 12/8/15 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Please see attached Determination for Report Number: DN:15-32048-DTR
 Relocatin of Fairfield Surgery Center, LLC

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