

Mariella LaRosa  
Partner  
Main: 203-573-1200  
Direct: 203-575-2654  
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[mlarosa@carmodylaw.com](mailto:mlarosa@carmodylaw.com)

50 Leavenworth Street  
P. O. Box 1110  
Waterbury, CT 06721-1110

February 19, 2016

VIA FEDEX

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



Re: Robbins Eye Center  
Notification of Relocation of Outpatient Surgery Facility

Dear Ms. Martone:

Please accept this letter as notification that Robbins Eye Center intends to relocate from its location at 4695 Main Street, Bridgeport, CT 06606 to another location either (1) within the city of Bridgeport, CT or (2) in Fairfield, CT at a location 9.2 miles from its current location. Pursuant to C.G.S. § 19a-639c, we are requesting that the Office of Health Care Access (OHCA) make a determination that this relocation does not require a Certificate of Need (CON) as the relocation will not substantially change either the patient population served by Robbins Eye Center or the payer mix.

We have attached the required Form 2020, along with an explanatory narrative, to this letter.

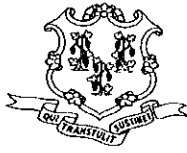
Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Mariella LaRosa

ML:lem  
Enclosures

{W2652498}



# 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	Robbins Eye Center, P.C.	
Doing Business As	Robbins Eye Center	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	4699 Main Street Suite 105 Bridgeport, CT 06606	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P (profit)	
<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. Kim Robbins	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	4699 Main Street Suite 105 Bridgeport, CT 06606	
Contact Person's Telephone Number	203-371-5800	
Contact Person's Fax Number	203-371-6551	
Contact Person's e-mail Address	admnmanger@ robbinseyecenter.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:** Robbins Eye Center

**Current Location:** 4695 Main Street, Bridgeport, CT 06606

**Proposed Location:** Robbins Eye Center proposes to relocate its Outpatient Surgery Facility to one of the following three locations:

1. 815 Main Street, Bridgeport, CT 06604
2. 500 Lindley Street, Bridgeport, CT 06606
3. 345 Reef Road, Fairfield, CT 06824

**Current Population Served:** Bridgeport, Trumbull, Fairfield, Shelton, Monroe, Stratford  
The facility will continue to serve the same cities and towns after its relocation.

**Proposed Population Served:** The proposed population served will not substantially change from the current population served.

**Current Payor Mix:**

<u>PAYER</u>	<u>PERCENTAGE OF TOTAL</u>
Medicaid	37%
Medicare	25%
United Health	8%
Blue Cross / Blue Shield	6%
Wellcare	6%
Connecticare	5%
Aetna	5%
Other (including self-pay)	8%

**Proposed Payor Mix:**

<u>PAYER</u>	<u>PERCENTAGE OF TOTAL</u>
Medicaid	37%
Medicare	25%
United Health	8%
Blue Cross / Blue Shield	6%
Wellcare	6%
Connecticare	5%
Aetna	5%
Other (including self-pay)	8%

**Any other information that the Petitioner deems relevant:**  
See attached narrative.

**SECTION V. AFFIDAVIT**

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

Petitioner: Kim P Robbins, MD

Project Title: Certificate of Need

I, Kim Robbins, MD, Medical Director  
(Name) (Position – CEO or CFO)

of Robbins Eye 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.

[Signature] Signature 2/17/16 Date

Subscribed and sworn to before me on 02.17.2016

[Signature]  
Notary Public/Commissioner of Superior Court

My commission expires: 04.30.2019

BRENDA LIZ ROSARIO  
NOTARY PUBLIC  
CONNECTICUT  
MY COMMISSION EXPIRES APRIL 30, 2019

The Robbins Eye Center, P.C. is an ophthalmic physician practice located in Bridgeport, CT and owned by Kim Robbins, M.D., a licensed ophthalmologist. The Robbins Eye Center owns and operates an ophthalmic outpatient surgery facility ("Facility"), originally located at 4695 Main Street, Bridgeport, CT 06606. This Facility is licensed by the Connecticut Department of Public Health ("DPH") as an outpatient surgery facility.

In September of 2013, the Facility suffered severe damage due to flooding. The property damage resulted in a temporary closing of the Facility, and the surgeons from Robbins Eye Center were required to perform their surgeries at other facilities located in Bridgeport, Trumbull and Milford. Following extensive renovations by the owner of the property, and approval by DPH, we were able to re-open and utilize two of the Operating Rooms in the Facility. In April of 2015, the Facility again suffered significant property damage as the result of a sewage spill. The Facility was forced to close its Operating Rooms. We notified DPH of this incident and the effect on our ability to continue operations at the Facility. While we have been unable to utilize the Facility for outpatient surgery procedures, the physicians at Robbins Eye Center have continued to perform surgeries for our patients at other facilities, including the facility located in Milford. There has been no termination of the outpatient surgery services; however, this was, and is, intended to be a temporary remedy. Dr. Robbins' ophthalmic practice has remained in Bridgeport.

As a result of these incidents, which were beyond our control and which resulted in significant damage to the Facility, we have determined that it is in the best interest of both our Facility and our patients to relocate to a new location. The relocation will allow for an appropriate physical plant for the Facility in order to better accommodate and serve the patients of the Facility. It will also provide for a more effective configuration of space in order to promote efficient and quality ambulatory surgical care.

Due to both market and economic factors, it has been challenging to identify appropriate locations for our Facility. We have spent a significant amount of time, money and effort on this search, and, after extensive efforts, have now identified three possible sites. Two of these possible sites are in Bridgeport, CT, the same city where our original Facility was located. These locations are as follows:

815 Main Street, Bridgeport, CT 06604; approximately 4.0 miles from original location  
500 Lindley Street, Bridgeport, CT 06606; approximately 3.0 miles from original location

The third possible site is located at 345 Reef Road in Fairfield, CT 06824 and is approximately 9.2 miles from the original location in Bridgeport. These sites are currently zoned for medical/surgical space.

The relocation to one of the three possible sites will not result in any change to the patient population served by the Facility. The relocation sites are located within 10 miles of the original

location and there is bus service to each of the potential sites. The Facility serves patients from the following cities and towns: Bridgeport, Trumbull, Fairfield, Shelton, Monroe and Stratford. It will continue to serve the same cities and towns after the relocation. Its primary service area, namely Bridgeport and the nearby municipalities of Fairfield County will remain the same. The same patient population will continue to be seen at the Robbins Eye Center, P.C. (ophthalmology practice), which practice remains in Bridgeport. Since utilization of the Facility is limited to Dr. Robbins and to ophthalmologists employed by the P.C., there will be no change in the patient population undergoing surgical procedures at the Facility. In addition, the new site for the Facility will be located along the same public bus route that serviced the original location, allowing the existing patient population ready and convenient access to the new location.

There will be no substantial change in payer mix. The percentages of total patient volume by payer source prior to the relocation (reflecting payer mix for 2015, the Facility's most recently completed full calendar year of operations) and following the relocation are provided below.

<u>Payer Mix</u>	<u>% Total Patient Volume Prior to Relocation</u>	<u>% Post-Relocation</u>
Medicaid	37%	37%
Medicare	25%	25%
United Health	8%	8%
Blue Cross/Blue Shield	6%	6%
Wellcare	6%	6%
Connecticare	5%	5%
Aetna	5%	5%
Other (including self-pay)	8%	8%

The relocation will have no impact on payer mix.

We plan to increase our number of Operating Rooms by one, going from a total of three to four Operating Rooms.

A finding that this relocation does not require a new CON is consistent with OHCA's long-standing practice of not requiring CONs for address changes of facilities within or very near the same municipality which are not experiencing a substantial change in patient population and payer mix. We, therefore, respectfully request that OHCA make a determination that our Facility's relocation does not trigger the need for a CON pursuant to C.G.S. § 19a-639c.

## Olejarz, Barbara

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**From:** Hansted, Kevin  
**Sent:** Wednesday, February 24, 2016 12:37 PM  
**To:** Olejarz, Barbara  
**Cc:** Greer, Leslie  
**Subject:** FW: Determination Report # 16-32068-DTR

Barbara, please add the below to the record.

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  
Email: [kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



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**From:** Admn Manager [mailto:[AdmnManager@robbinseyecenter.com](mailto:AdmnManager@robbinseyecenter.com)]  
**Sent:** Wednesday, February 24, 2016 12:01 PM  
**To:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>  
**Cc:** Kim Robbins MD <[krobbins@robbinseyecenter.com](mailto:krobbins@robbinseyecenter.com)>; MLaRosa@carمودylaw.com; Admn Manager <[AdmnManager@robbinseyecenter.com](mailto:AdmnManager@robbinseyecenter.com)>  
**Subject:** Re: Determination Report # 16-32068-DTR

No

we started with Two and were in the process of adding an additional OR when we were forced to shut down, due to fecal matter issues

please let us know if this answers the question clearly

Thank you



Peter Geary

On Feb 24, 2016, at 9:18 AM, Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)> wrote:

Good morning Dr. Robbins,

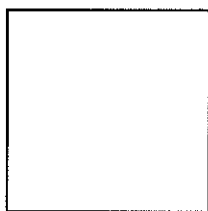
I am in receipt of your determination request regarding the relocation of your facility in Bridgeport and the addition of one operating room. Please advise if you have added any operating rooms within the past three years.

Thank you,

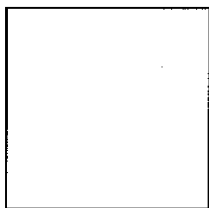
Kevin T. Hansted  
Staff Attorney  
Department of Public Health  
Office of Health Care Access  
410 Capitol Ave., MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134  
Phone: 860-418-7044  
Email: [kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)

<image001.jpg>

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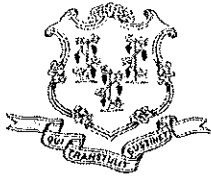
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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Raul Pino, M.D., M.P.H.  
Commissioner

Office of Health Care Access

February 24, 2016

VIA FACSIMILE ONLY

Kim Robbins, M.D.  
Robbins Eye Center, P.C.  
4699 Main Street  
Suite 105  
Bridgeport, CT 06606

RE: Certificate of Need Determination Report Number 16-32068-DTR  
Relocation of Facility and Addition of Operating Room

Dear Dr. Robbins:

On February 23, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Robbins Eye Center, P.C. ("Petitioner") with respect to its relocation.

The Petitioner operates a Connecticut licensed outpatient surgery facility located at 4695 Main Street, Bridgeport, Connecticut. The Petitioner wishes to relocate its facility from its current location to one of three possible locations: 1) 815 Main Street, Bridgeport, Connecticut; 2) 500 Lindley Street, Bridgeport, Connecticut; or 3) 345 Reef Road, Fairfield, Connecticut. Regardless of the site chosen, among those listed, there will be no change to the patient population served by the facility. The Petitioner currently serves 37% Medicaid, 25% Medicare, 30% commercial payors, and 8% other (including self-pay). This will not change after the proposed relocation.

Additionally, after the proposed relocation, the Petitioner plans to add one operating room. The Petitioner has not added any operating rooms within the past three years.

Conn. Gen. Stat. § 19a-638(a)(14) requires CON authorization for "[a]n increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility, as defined in section 19a-493b, or by a short-term acute care general



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

hospital;”. The Petitioner has not added any operating rooms within the past three years. Therefore, the planned addition of one operating room *does not require CON authorization.*

Additionally, 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

\* \* \* COMMUNICATION RESULT REPORT ( FEB. 24. 2016 1:55PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FEB. 24. 2016 1:54PM  
FILE MODE OPTION

ADDRESS

RESULT

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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: DR. KIM ROBBINS

FAX: 203 371-6551

AGENCY: ROBBINS EYE CENTER, P.C.

FROM: OHCA

DATE: 2/24/16 Time: \_\_\_\_\_

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

**Comments:**  
Please see attached determination for DN: 16-32068-DTR  
Relocaiton of Facility and Addition of Operating Room

**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