

Mariella LaRosa
Partner
Main: 203-573-1200
Direct: 203-575-2654
Fax: 203/575-2600
mlarosa@carmodylaw.com

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

August 9, 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 in Fairfield, CT. 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

{W2711553}

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Sincerely,

Mariella LaRosa

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{W2711553}



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)	
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.	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	admmanager@ 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 the following location:
4185 Black Rock Tpke., 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%

Narrative Portion of Relocation Determination Form

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.

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 previously identified three possible sites. These sites were identified in our CON Determination – Relocation request submitted to OHCA on February 19, 2016. That request was approved by OHCA on February 24, 2016 (see CON Determination Report Number 16-32068-DTR). Since obtaining the approval from OHCA, we encountered multiple delays and obstacles in proceeding with our relocation to one of the three site options. The Fairfield County market is very competitive and extremely fluid. While we tried to account for this in our original Relocation request, we were not able to proceed with the sites identified in that request. We have, however, identified another site located at 4185 Black Rock Turnpike in Fairfield, Connecticut.

The relocation to this site will not result in any change to the patient population served by the Facility. The relocation site is located within 5 miles of the original location and there is bus service to the potential site. 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). 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 serviced by the same public bus provider 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.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Kim Robbins, M.D.

Project Title: CON Determination – Relocation

I, Kim Robbins, M.D., 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.

Kim Robbins, M.D. 8/8/16
Signature Date

Subscribed and sworn to before me on August 8, 2016

Brenda Liz Rosario
Notary Public/Commissioner of Superior Court

My commission expires: 04.30.2019

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

Olejarz, Barbara

From: Hansted, Kevin
Sent: Friday, August 12, 2016 8:57 AM
To: Olejarz, Barbara
Subject: FW: OCHA Determination Report # 16-32114-DTR

Barbara, please add to the record.

Thank you,

Kevin T. Hansted
Staff Attorney
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7044
kevin.hansted@ct.gov



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From: Admn Manager [mailto:AdmnManager@robbinseyecenter.com]
Sent: Friday, August 12, 2016 8:45 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: Re: OCHA Determination Report # 16-32114-DTR

we have not

Peter Geary

On Aug 12, 2016, at 8:23 AM, Hansted, Kevin <Kevin.Hansted@ct.gov> wrote:

Good morning,

I am in receipt of your determination request regarding the relocation of Robbins Eye Center. In your request you state that you plan to increase the number of operating rooms by one. Please let me know if you have added any additional operating rooms to the facility over the last 3 years.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



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

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

August 12, 2016

VIA EMAIL ONLY

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

RE: Certificate of Need Determination Report Number 16-32114-DTR
Relocation of Facility

Dear Dr. Robbins:

On August 10, 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 the relocation of its facility.

The Petitioner operated a Connecticut licensed outpatient surgical facility at 4695 Main Street, Bridgeport, Connecticut. Due to ongoing issues with damage to its current facility, the Petitioner wishes to relocate its facility to 4185 Black Rock Turnpike, Fairfield, Connecticut. This new location is within five miles of the current location. The Petitioner currently serves thirty-seven percent Medicaid and twenty-five percent Medicare, with the remainder being self-pay or commercially insured. This will not change after the proposed relocation. The Petitioner also plans to add one additional operating room to the new location. The Petitioner has not added any additional operating rooms in 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,..." This section does not apply to the Petitioner since it is only adding one operating room and has not added any additional operating rooms within the past three years. 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,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone
Director of Operations

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



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

Affirmative Action/Equal Opportunity Employer

Olejarz, Barbara

From: Microsoft Outlook
To: admnmanager@robbinseyecenter.com; mlarosa@carmodylaw.com
Sent: Friday, August 12, 2016 11:14 AM
Subject: Relayed: Determination

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

admmanager@robbinseyecenter.com (admmanager@robbinseyecenter.com)

mlarosa@carmodylaw.com (mlarosa@carmodylaw.com)

Subject: Determination

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Friday, August 12, 2016 11:14 AM
To: 'admnmanager@robbinseyecenter.com'
Cc: 'mlarosa@carmodylaw.com'
Subject: Determination
Attachments: 32114-1.pdf

8/12/16

Please see attached determination for the relocation of outpatient surgery facility for Report Number 16-32114-DTR

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov

