



**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	John Schmidt, M.D.	
Doing Business As	Aesthetic Surgery Center	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	330 Orchard Street, New Haven, CT 06511	
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.	John Schmidt, M.D.; sole proprietor	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	330 Orchard Street, New Haven, CT 06511	
Contact Person's Telephone Number	(203) 562-7689	
Contact Person's Fax Number		
Contact Person's e-mail Address	johnschmidtmd @yahoo.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:
Transfer of Ownership and Relocation of Outpatient Surgical Facility
- b. Estimated Total Project Cost: \$1,100,000
- c. Location of proposal, identifying Street Address, Town and Zip Code:
330 Orchard Street, New Haven, CT 06511
- d. List each town this project is intended to serve:
Hamden, North Haven, New Haven, West Haven, East Haven, Milford, Orange, Branford, North Branford, Guilford, Wallingford, Madison, and Meriden
- e. Estimated starting date for the project: October 1, 2016

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.

John Schmidt, M.D. d/b/a Aesthetic Surgery Center ("Applicant") maintains a licensed outpatient surgical center (the "Center") located at 330 Orchard Street in New Haven. Applicant is seeking a Determination that no Certificate of Need is required for him to transfer the ownership of the Center to a limited liability company and to relocate the Center to Hamden as described more fully below.

Applicant desires to reorganize the Center to allow for additional physicians to become owners. As an initial matter, Applicant intends to transfer substantially all of the assets of the Center to a newly formed Connecticut limited liability company, Greater New Haven ASC, LLC (the "Company"), of which Applicant will initially be the sole member. Applicant then intends to allow for additional ownership interests in the Center by selling ownership interests in the Company to other physician investors. Each of the additional physician investors will be duly licensed to practice in the State of Connecticut. For reasons of confidentiality, these physician investors prefer to remain anonymous at the present time.

As part of this transaction, a minority interest in the Center will also be sold to a subsidiary of Surgical Care Affiliates, LLC ("SCA") and to NHS, Inc., two companies owned by non-physician investors, which will provide management services 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. Upon the admission of the new investors, physicians will continue to own and control no less than sixty percent (60%) of the membership interests in the Center.

In conjunction with the reorganization and admission of new members described above, Applicant also plans to relocate the Center to 2080 Whitney Avenue in Hamden: a distance of only 5.4 miles from its current location. After the relocation, the Center will continue to serve the same patient population as described in Section II(d) above. The Center's payer mix, which is currently 12% Self-Pay, 86% Commercial Payer and 2% Worker's Compensation, is expected to remain substantially the same at the new location where the Center is also planning to seek Medicare certification for accreditation and credentialing purposes. The physician members of the Center will continue to be responsible for the provision of surgical services at the Center. The Center will also be the entity that maintains responsibility for all billing for Center services.

Based on the foregoing, Applicant requests that OHCA make a determination that, in accordance with Conn. Gen. Stat. § 19a-493b(c), a Certificate of Need is not required for the reorganization of the Center and the admission of new members to the Company as set forth herein since prior to any transfer or change of ownership or control, the Center is owned and controlled exclusively by licensed physicians, and after the transactions contemplated herein, physicians shall own and control no less than 60% of the Center. Additionally, Applicant requests a determination that, in accordance with C.G.S. § 19a-639c, a Certificate of Need is not required for the proposed relocation of the Center.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

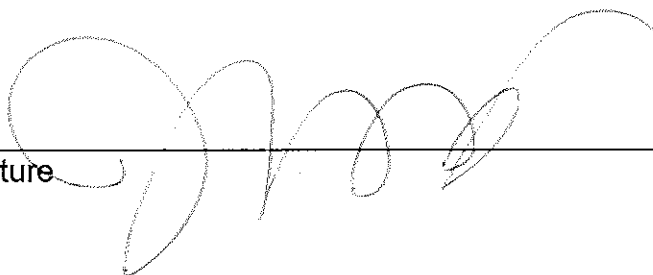
Petitioner: John Schmidt, M.D.

Project Title: Transfer of Ownership and Relocation of Ambulatory Surgery Center

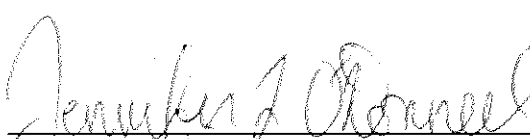
I, John Schmidt, M.D., _____
(Name) (Position – CEO or CFO)

of Aesthetic Surgery 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 Date 9-21-16

Subscribed and sworn to before me on September 21, 2016

 _____
Notary Public/Commissioner of Superior Court
Jennifer L. O'Donnell

My commission expires: 10/31/2019

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0318

Out-Patient Surgical Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

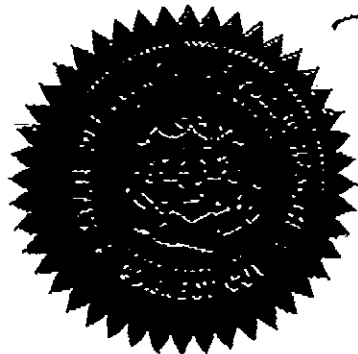
John F. Schmidt, M.D. of New Haven, CT, d/b/a Aesthetic Surgery Center is hereby licensed to maintain and operate an Out-Patient Surgical Facility.

Aesthetic Surgery Center is located at 330 Orchard Street, Suite 211, New Haven, CT 06511.

This license expires **December 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2016. **RENEWAL**

- Waiver Sec. 19-13-D56 (e)(9) eff: 11/05/2013
- Waiver Sec. 19-13-D56(b)E(4) exp: n/a
- Waiver Sec. 19-13-D56(b)G(1)(a) exp: n/a
- Waiver Sec. 19-13-D56(b)G(1)(i) exp: n/a
- Waiver Sec. 19-13-D56(d)(1) exp: n/a
- Waiver Sec. 19-13-D56(e)(1) exp: n/a
- Waiver Sec. 19-13-D56(e)(3)(4)(A)(B)(C) exp: n/a
- Waiver Sec. 19-13-D56(e)(7)(B)(n) exp: n/a



A handwritten signature in cursive script that reads "Raul Pino".

Raul Pino, MD, MPH
Acting Commissioner

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

September 27, 2016

VIA EMAIL ONLY

John Schmidt, M.D.
Aesthetic Surgery Center
330 Orchard Street
New Haven, CT 06511

RE: Certificate of Need Determination Report Number 16-32123-DTR
Transfer of Ownership and Relocation of Outpatient Surgical Center

Dear Dr. Schmidt:

On September 23, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Aesthetic Surgery Center ("Petitioner") with respect to its transfer of ownership and relocation.

The Petitioner is a licensed outpatient surgical center currently located at 330 Orchard Street, New Haven, Connecticut. The Petitioner is owned and controlled exclusively by John Schmidt, M.D. The Petitioner seeks to sell substantially all of its assets to a newly formed limited liability company, Greater New Haven ASC, LLC, and to reorganize so as to allow for the addition of new physician members. Each of the new physician members is duly licensed in the State of Connecticut. As part of the transaction, a minority ownership interest will be sold to a subsidiary of Surgical Care Affiliates, LLC and to NHS, Inc., which will act as the third party management firms for the Petitioner. Upon admission of the new physician members, the physician members will continue to own and control no less than sixty percent (60%) membership interests in the facility.

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



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Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

maintain a controlling 60% ownership after a transfer of interest in a facility. Since the physician members will maintain a 60% interest in the facility, OHCA hereby determines that a CON *is not required* for the proposed sale.

Additionally, The Petitioner seeks to relocate its facility to 2080 Whitney Avenue, Hamden, Connecticut. The Petitioner currently serves 12% Self-Pay, 86% Commercial Payers, and 2% Worker's Compensation. This payer mix is expected to remain substantially the same after the relocation. Moreover, the Petitioner will continue to serve the same patient population it currently serves.

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* for the proposed relocation.

Sincerely,



Kimberly R. Martone
Director of Operations

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

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Tuesday, September 27, 2016 11:23 AM
To: 'johnschmidtmd@yahoo.com'
Subject: OHCA Determination
Attachments: 32123.pdf

9/27/16

Please see attached determination regarding the transfer of Ownership and Relocation of Outpatient Surgical Center.

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

