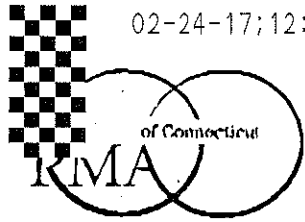


32153



Reproductive Medicine Associates of Connecticut

Mark P. Leondires, MD, FACOG Spencer S. Richlin, MD, FACOG Joshua M. Hurwitz, MD, FACOG
Cynthia M. Murdock, MD, FACOG Shaun C. Williams, MD, FACOG

761 Main Avenue
Suite 200
Norwalk, CT 06851
T: 203 750-7400
F: 203 846-9579

fax

103 Newtown Road
Suite 1A
Danbury, CT 06810
T: 203 731-2520
F: 203 731-2519

To: Steve Lazarus
Company OHCA
Fax: 860-418-7053
Telephone:

From: Robin Mangione
Date: 2.23.17
No. Pages 6
Incl Cover:

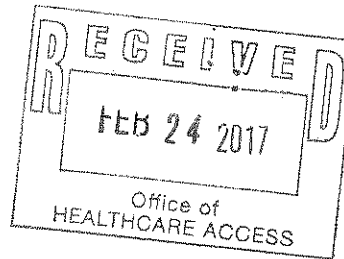
1290 Summer Street
Suite 3200
Stamford, CT 06905
T: 203 595-5455
F: 203 595-5460

Re:

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

115 Technology Drive
Suite C200
Trumbull, CT 06611
T: 203 880-5340
F: 203 880-5349

www.rmact.com



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**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	Reproductive Medicine Associates of Connecticut, PC	
Doing Business As	Same as above	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	761 Main Avenue, Suite 200 Norwalk, CT 06851	
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.	Robin Mangieri CEO	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Reproductive Medicine Associates of Connecticut 761 Main Avenue, Suite 200 Norwalk, CT 06851	
Contact Person's Telephone Number	203-750-7410	
Contact Person's Fax Number	203-846-9579	
Contact Person's e-mail Address	rmangieri@rmact.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Our staff physicians plans to transition to partners/owners of the medical practice
- b. Estimated Total Project Cost: \$0.00
- c. Location of proposal, identifying Street Address, Town and Zip Code: Our physicians are based out of our Norwalk location with address list above and on page 1 of this form
- d. List each town this project is intended to serve: Our surgery center is located in Norwalk but we serve all of lower Fairfield County
- e. Estimated starting date for the project: Ongoing as staff physicians work towards partnership

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.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Reproductive Medicine Associates of Connecticut, PC

Project Title: Change in ownership

I, Robin Mangieri, CEO, of Reproductive Medicine Associates of Connecticut, PC, being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

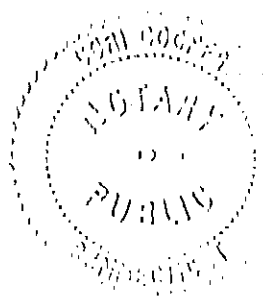
<i>Robin Mangieri</i>	2.14.17
Signature	Date

Subscribed and sworn to before me on 2/14/17 Robin Mangieri

<i>Cori Cooper</i>
Notary Public/Commissioner of Superior Court

My commission expires: 4/30/2018

**CORI COOPER
NOTARY PUBLIC
State of Connecticut
My Commission Expires
April 30, 2018**



Reproductive Medicine Associates of Connecticut, PC

CON Determination Form 2020

Section IV. Proposal Description

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.

We are an infertility medical practice and IVF Center based in Norwalk Connecticut. I have attached our license. We provide assisted reproductive technologies including in-vitro fertilization, preimplantation genetic screening and embryo transfers.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

We are not looking to make any changes to the services provided. We are requesting a change in ownership to allow employee physicians to buy-in to the practice and become partners/owners.

3. Identify the current population served and the target population to be served.

We provide our services to sub-fertile and infertile patients throughout Fairfield County and parts of Litchfield and New Haven counties.

STATE OF CONNECTICUT**Department of Public Health****LICENSE****License No. 0345****Out-Patient Surgical Facility**


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

Reproductive Medicine Associates of Connecticut, PC of Norwalk, CT, d/b/a Reproductive Medicine Associates of Connecticut, PC is hereby licensed to maintain and operate an Out-Patient Surgical Facility.

Reproductive Medicine Associates of Connecticut, PC is located at 761 Main Avenue, Norwalk, CT 06851.

This license expires **December 31, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 23, 2015. **INITIAL-RELOCATION**



Jewel Mullen, MD, MPH, MPA
Commissioner

Olejarz, Barbara

From: Hansted, Kevin
Sent: Wednesday, March 01, 2017 10:57 AM
To: Olejarz, Barbara
Subject: FW: OHCA Determination Report #17-32153-DTR

Please add this to the file.

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: Robin Mangieri [mailto:rmangieri@rmact.com]
Sent: Wednesday, March 01, 2017 10:00 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: RE: OHCA Determination Report #17-32153-DTR

Hi Mr. Hansted,

Our license is active however, Rose at DPH will not release a new certificate until we clarify if a CON is needed.

Our current ownership includes three physicians, all licensed to practice in CT. We have a total of six full time physicians and eventually, the hop is that each one becomes a partner/physician owner. All six are CT licensed and work full time in the state. The percentages of ownership will shift to allow for new partners with Dr. Leondires giving up the most shares as he owns the most presently. They are hoping to have even shares as time moves on. Please let me know if you would like more information or if a phone call is in order. I am anxious to get this clarified so we can obtain our licensure certificate.

Thanks,
Robin

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Tuesday, February 28, 2017 2:24 PM
To: Robin Mangieri <rmangieri@rmact.com>
Subject: OHCA Determination Report #17-32153-DTR

Good afternoon Ms. Mangieri,

I am in receipt of your determination request regarding Reproductive Medicine Associates of Connecticut, PC. Please provide more information about the current ownership of the practice (ie, current number of physician owners, are they all CT licensed, are there any non-CT licensed physician owners, etc.) and indicate how the ownership interests will change. Also, the license you provided expired on December 31, 2016. Please provide me with a current copy of your license.

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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Olejarz, Barbara

From: Hansted, Kevin
Sent: Wednesday, March 01, 2017 2:34 PM
To: Olejarz, Barbara
Subject: FW: OHCA Determination Report #17-32153-DTR

Please add to the record.

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: Robin Mangieri [mailto:rmangieri@rmact.com]
Sent: Wednesday, March 01, 2017 2:33 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: Re: OHCA Determination Report #17-32153-DTR

No there are no other owners.

Robin

On Mar 1, 2017, at 1:57 PM, Hansted, Kevin <Kevin.Hansted@ct.gov> wrote:

Are there any other persons/entities that currently hold an ownership in the facility other than the three physicians?

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

<image001.jpg>

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From: Robin Mangieri [<mailto:rmangieri@rmact.com>]
Sent: Wednesday, March 01, 2017 10:00 AM
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Subject: RE: OHCA Determination Report #17-32153-DTR

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Thanks,
Robin

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Tuesday, February 28, 2017 2:24 PM
To: Robin Mangieri <rmangieri@rmact.com>
Subject: OHCA Determination Report #17-32153-DTR

Good afternoon Ms. Mangieri,

I am in receipt of your determination request regarding Reproductive Medicine Associates of Connecticut, PC. Please provide more information about the current ownership of the practice (ie, current number of physician owners, are they all CT licensed, are there any non-CT licensed physician owners, etc.) and indicate how the ownership interests will change. Also, the license you provided expired on December 31, 2016. Please provide me with a current copy of your license.

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

<image001.jpg>

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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

March 2, 2017

VIA EMAIL ONLY

Robin Mangieri
CEO
Reproductive Medicine Associates of Connecticut, PC
761 Main Avenue
Suite 200
Norwalk, CT 06851

RE: Certificate of Need Determination Report Number 17-32153-DTR
Addition of Physician Owners

Dear Ms. Mangieri:

On February 28, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Reproductive Medicine Associates of Connecticut, PC ("Petitioner") with respect to the addition of physician owners.

The Petitioner is a licensed outpatient surgical center located at 761 Main Avenue, Suite 200, Norwalk, Connecticut. The Petitioner is currently owned and controlled by three Connecticut-licensed physicians. The Petitioner seeks 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. Upon admission of the new physician members, the physicians will continue to own and control 100% of the 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 maintain a controlling 60% ownership after a transfer of interest in a facility. Since the physician



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

members will maintain a 100% interest in the facility, OHCA hereby determines that a CON *is not required* for the proposed sale.

Sincerely,



Kimberly R. Martone
Director of Operations

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

Olejarz, Barbara

From: Microsoft Outlook
To: rmangieri@mact.com
Sent: Thursday, March 02, 2017 12:31 PM
Subject: Relayed: Determination

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

rmangieri@mact.com (rmangieri@mact.com)

Subject: Determination

Olejarz, Barbara

From: Robin Mangieri <rmangieri@rmact.com>
Sent: Thursday, March 02, 2017 12:36 PM
To: Olejarz, Barbara
Subject: Re: Determination

Thank you for the response. Have a great day.

Robin

On Mar 2, 2017, at 12:31 PM, Olejarz, Barbara <Barbara.Olejarz@ct.gov> wrote:

3/2/17

Ms. Mangieri,

Please see attached determination for Report Number: 17-32153-DTR, Addition of Physician Owners.

Thank you

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
<image001.png>

<32153-2.pdf>