

Olejarz, Barbara

From: Martone, Kim
Sent: Wednesday, May 24, 2017 1:08 PM
To: Hansted, Kevin
Cc: Olejarz, Barbara
Subject: FW: CON Determination - ECHN
Attachments: CON Determination request - ECHN Blood Draw Glastonbury .pdf

Kimberly R. Martone

Director of Operations, Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 CMN, Hartford, Connecticut 06134
Phone: 860-418-7029 Fax: 860-418-7053
Email: Kimberly.Martone@ct.gov Website: www.ct.gov/ohca



From: Basile, Mary C [mailto:mbasile@echn.org]
Sent: Wednesday, May 24, 2017 12:27 PM
To: User, OHCA; Martone, Kim
Cc: Mcconville, Dennis P
Subject: CON Determination - ECHN

Kim,

Attached please find the determination request for the relocation of The ECHN Diagnostics Blood Draw Center on 622 Hebron Avenue, Glastonbury to 300 Hebron Avenue, Glastonbury.

Please let me know if you have any questions or need additional information.

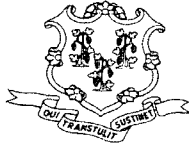
Thank you,

Mary

Mary Basile, MBA

Planning & Market Research Specialist
Eastern Connecticut Health Network (ECHN)
71 Haynes Street
Manchester, CT 06040
P: 860.646.1222 x2720 F: 860.647.6860
mbasile@echn.org www.echn.org

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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 |
|--|---|
| Full Legal Name | Prospect Manchester Hospital, Inc. |
| Doing Business As | Manchester Memorial Hospital |
| Name of Parent Corporation | Prospect ECHN, Inc. |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | 71 Haynes Street Manchester, CT 06040 |
| 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 P. McConville Senior Vice President Chief Strategy Officer |

| | |
|--|--|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | 71 Haynes Street Manchester, CT 06040 |
| Contact Person's Telephone Number | (860) 533-3429 |
| Contact Person's Fax Number | (860) 647-6860 |
| Contact Person's e-mail Address | dmconville@echn.org |

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: ECHN Diagnostics Blood Draw Center

Current Location: 622 Hebron Avenue, Glastonbury, CT 06033

Proposed Location: 300 Hebron Avenue, Glastonbury, CT 06033

Current Population Served: Patients needing laboratory blood tests in the Glastonbury area

Proposed Population Served: Same population served

Current Payor Mix: Commercial 42.5%, Medicare 46.5%, Medicaid 10.2%, Other Government 0.7%, Self-Pay 0%, Uninsured 0.2%

Proposed Payor Mix: Same as current payor mix

Any other information that the Petitioner deems relevant:

ECHN currently operates a blood draw center at 622 Hebron Avenue, Glastonbury, CT. The proposed relocation of the blood draw center to 300 Hebron Avenue is 0.6 miles from the current location. The relocation is proposed in order to operate a blood draw center in a medical office building with over fifteen physician groups therefore providing better access to the patient population being served.

The service will continue to be available to the same patients with the same payor mix with expanded hours of operation for patients. The new hours will be Monday through Friday 7:00 AM to 4:00 PM and Saturday 7:30 AM to 11:30 AM. There will be an increase in the workforce from 0.5 FTE to 1.2 FTEs. There will be no change in operations or services.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Prospect Manchester Hospital, Inc.


Project Title: Relocation of Diagnostic Blood Draw Center

I, Michael Collins,
(Name)

Interim CEO
(Position – CEO or CFO)

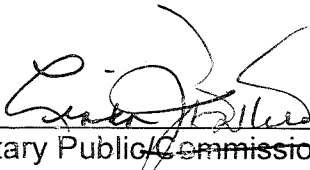
of Prospect Manchester Hospital, Inc. being duly sworn, depose and state that the
(Organization Name)

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


Signature

5/23/17
Date

Subscribed and sworn to before me on May 23, 2017


Notary Public/~~Commissioner of Superior Court~~

My commission expires: 1/31/21

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

May 25, 2017

VIA EMAIL ONLY

Dennis P. McConville
Senior Vice President
Chief Strategy Officer
Prospect Manchester Hospital, Inc.
71 Haynes Street
Manchester, CT 06040

RE: Certificate of Need Determination Report Number 17-32168-DTR
Relocation of Blood Draw Center

Dear Mr. McConville:

On May 24, 2017, the Office of Health Care Access (“OHCA”) received your Certificate of Need (“CON”) Determination Form on behalf of Prospect Manchester Hospital, Inc. (“Petitioner”) with respect to the relocation of its Blood Draw Center.

The Petitioner currently operates a blood draw center at 622 Hebron Avenue, Glastonbury, Connecticut. The Blood Draw Center currently serves the following payor mix: 42.5% commercial, 46.5% Medicare, 10.2% Medicaid, 0.7% other Government, and 0.2% uninsured. The Petitioner plans to relocate the Blood Draw Center to 300 Hebron Avenue, Glastonbury, Connecticut, which is 0.6 miles away from its current location. The payor mix and population served will remain the same after the relocation is completed.

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, a **CON is not required** for the proposed relocation.

Sincerely,

Digitally signed by Kimberly
Martone
Date: 2017.05.25 09:52:14
-04'00'

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, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Microsoft Outlook
To: Dennis P. McConville
Sent: Thursday, May 25, 2017 10:00 AM
Subject: Relayed: Determination

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

[Dennis P. McConville \(dmcconville@echn.org\)](mailto:dmcconville@echn.org)

Subject: Determination