



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

December 3, 2014

VIA FACSIMILE ONLY

Ms. Samantha Lavy  
Chief Executive Officer  
New England Fertility Institute  
1275 Summer Street  
Suite 201  
Stamford, CT 06905

RE: Certificate of Need Determination Report Number 14-31911-DTR  
Relocation and Transfer of Ownership of Ambulatory Surgery Center

Dear Ms. Lavy:

On October 20, 2014, the Office of Health Care Access ("OHCA") received a request from Stamford Hospital to reconsider the determination issued by OHCA under Report Number 14-31911-DTR. Specifically, Stamford Hospital cited Section 19a-639c-1 of the Regulations of Connecticut State Agencies and the absence, in your determination request, of "percentages of total patient volume by payer source prior to the relocation and following the relocation".

In response to Stamford Hospital's request, New England Fertility Institute submitted the percentages of total patient volume by payer source and the population to be served both before and after the proposed relocation. This submission supports New England Fertility Institute's original statement that the payer mix and the population served will not substantially change after the proposed relocation. As a result, the determination issued by OHCA under Report Number 14-31911-DTR remains in full force and effect.

Sincerely,

Kimberly R. Martone  
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR  
David L. Smith, Stamford Hospital  
Paul Knag, Esq.

*An Equal Opportunity Provider*

*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*  
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

\* \* \* COMMUNICATION RESULT REPORT ( DEC. 3. 2014 1:07PM ) \* \* \*

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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: DAVID L. SMITH

FAX: 203 276-5529

AGENCY: STAMFORD HOSPITAL

FROM: OHCA

DATE: 12/3/14 Time: \_\_\_\_\_

NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**  
Determination for Report Number 14-31911-DTR.

**PLEASE PHONE Barbara K. Olejrz IF THERE ARE ANY TRANSMISSION PROBLEMS.**

Phone: (860) 418-7001

Fax: (860) 418-7053

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\* \* \* COMMUNICATION RESULT REPORT ( DEC. 3. 2014 1:06PM ) \* \* \*

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FAX SHEET

TO: PAUL KNAG, ESQ.

FAX: 203 653-5444

AGENCY: MURTHA CULLINA, LLP

FROM: OHCA

DATE: 12/3/14 Time: \_\_\_\_\_

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FAX SHEET

TO: SAMANTHA LAVY

FAX: 203 323-3130

AGENCY: NEW ENGLAND FERTILITY INSTITUTE

FROM: OHCA

DATE: 12/3/14 Time: \_\_\_\_\_

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