

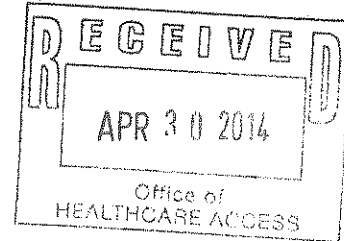
MURTHA
CULLINA

PAUL E. KNAG
203.653.5407 DIRECT TELEPHONE
860.240.5711 DIRECT FACSIMILE
PKNAG@MURTHALAW.COM

April 29, 2014

VIA OVERNIGHT DELIVERY

State of Connecticut
Office of Health Care Access
c/o Kimberly Martone
Director of the Office of Health Care Access
410 Capitol Avenue
MS#13HCA
P.O. Box 340308
Hartford, CT 06134



Re: Gad Lavy, M.D. - CON Determination Form – Form 2020

Dear Kimberly:

Enclosed for submission, please find CON Determination Form – Form 2020 of Gad Lavy, M.D., d/b/a New England Fertility Institute.

If you have any questions or concerns, please contact at any time.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to be "Paul E. Knag".

Paul E. Knag

Enclosure

Murtha Cullina LLP | Attorneys at Law

BOSTON

HARTFORD

MADISON

NEW HAVEN

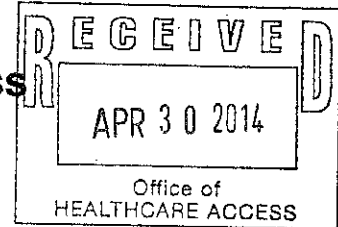
STAMFORD

WOBURN

521797 Broad Street | Stamford, CT 06901 | Phone 203.653.5400 | Fax 203.653.5444 | www.murthalaw.com



**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	Gad Lavy, M.D.	
Doing Business As	New England Fertility Institute	
Name of Parent Corporation	n/a	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1275 Summer Street, Suite 201, Stamford, CT 06905	
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.	Samantha Lavy, CEO	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1275 Summer Street, Suite 201, Stamford, CT 06905	
Contact Person's Telephone Number	203-325-3200	
Contact Person's Fax Number	203-323-3130	
Contact Person's e-mail Address	slavy@nefertility.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Relocation and transfer of physician owners in the ASC.
- b. Estimated Total Project Cost: \$4,500,000.00
- c. Location of proposal, identifying Street Address, Town and Zip Code: 5 High Ridge Park, Stamford, Connecticut
- d. List each town this project is intended to serve: The ASC currently serves cities and towns located in Connecticut and New York listed on the attachment hereto ("Service Area"). The ASC will continue to serve the same cities and towns in the Service Area after the relocation and transfer of physician owners.
- e. Estimated starting date for the project: December 1, 2014

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.)

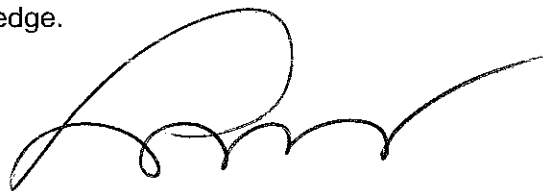
Petitioner: Gad Lavy, M.D.

Project Title: Relocation and transfer of physician owners in the ASC.

I, Gad Lavy, M.D., _____
(Name) (Position – CEO or CFO)

of New England Fertility Institute 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.

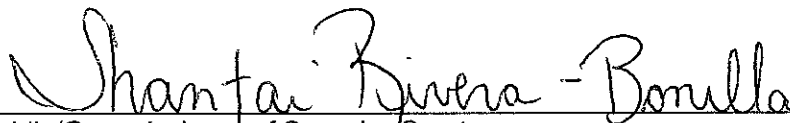


4/22/14.

Signature

Date

Subscribed and sworn to before me on April 22, 14



Notary Public/Commissioner of Superior Court

My commission expires: _____

SHANTAI RIVERA-BONILLA
NOTARY PUBLIC
State of Connecticut
My Commission Expires
February 28, 2013

SECTION IV. PROPOSAL DESCRIPTION

Gad Lavy, M.D. d/b/a New England Fertility Institute (the "Applicant") maintains a licensed outpatient surgical center (the "ASC") located at 1275 Summer Street, Suite 201, Stamford, Connecticut 06905. The Applicant is seeking a Determination that no Certificate of Need is required for relocation and transfer of physician ownership in the ASC. The ASC has been in existence since 1991. The ASC is currently owned solely by Dr. Gad Lavy. The ASC currently provides outpatient surgical services to patients in the towns listed on the attachment ("Patient Population"). The ASC's payor mix is commercial payors and self-pay ("Payor Mix"). The ASC will relocate to a new location within the City of Stamford at 5 High Ridge Park Road which is approximately four (4) miles from the current location. The ASC will maintain the same Patient Population and Payor Mix after the relocation and transfer of physician ownership.

The target patient population and payor mix for the ASC will remain the same as the current Patient Population and Payor Mix of the ASC. The ASC will continue to maintain licensure with the Department of Public Health.

Dr. Lavy wishes to reorganize so as to allow for the transfer of physician ownership of the ASC. As an initial matter, Dr. Lavy intends to transfer assets of the ASC to a newly formed Connecticut limited liability company that will be solely owned by physicians who will govern and control the operations of the ASC. Upon admission of the new physicians the ASC will adopt a new name so as to avoid confusion with Dr. Lavy's professional practice.

Conn. Gen. Stat. §19a-493b(c) exempts transfers or changes of ownership or control of outpatient surgical centers from Certificate of Need review where the current ownership is one hundred percent (100%) owned and controlled by physicians licensed under Conn. Gen. Stat. §20-13 and the proposed ownership will remain at least sixty percent (60%) owned and controlled by physicians after the transfer of ownership. The ownership of the ASC is currently one hundred percent (100%) owned by Gad Lavy, M.D., a physician licensed under Conn. Gen. Stat. §20-13. All new owners will only be physicians licensed under Conn. Gen. Stat. §20-13 and the ownership of the ASC will remain one hundred percent (100%) owned by physicians licensed under Conn. Gen. Stat. §20-13 after the transfer. As such, Conn. Gen. Stat. §19a-493b(c) applies and the transfer of physician owners will not trigger Certificate of Need review Conn. Gen. Stat. § 19a-638(a)(2). The addition of other surgical specialties, specifically orthopedics, to the ASC does not trigger Certificate of Need review as there is currently no requirement for the addition of a specialty by a licensed outpatient surgical facility.

The ASC will remain in the City of Stamford and the Patient Population and Payor Mix of the ASC will remain the same after the relocation and transfer of ownership.

Based on the foregoing, the Applicant is seeking a favorable determination that no CON is required for the transfer of physician owners, relocation of the center and use of the ASC by other medical specialties.

Service Area

The Counties and Towns served by Gad Lavy, M.D. d/b/a/ New England Fertility Institute include, but are not limited to the cities and towns in Fairfield County, Connecticut and Westchester County, New York:

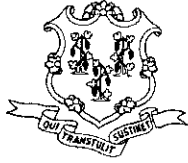
Connecticut:

Bethel
 Bridgeport
 Brookfield
 Danbury
 Darien
 Easton
 Fairfield
 Greenwich
 Monroe
 New Canaan
 New Fairfield
 Newtown
 Norwalk
 Redding
 Ridgefield
 Shelton
 Sherman
 Stamford
 Stratford
 Trumbull
 Weston
 Westport
 Wilton

New York:

Amawalk
 Ardsley
 Ardsley-on-Hudson
 Armonk
 Baldwin Place
 Banksville
 Bedford Hills
 Bedford Village
 Briarcliff Manor
 Bronxville
 Buchanan
 Chappaqua
 Cortlandt Manor
 Crompond
 Cross River
 Croton Falls
 Croton-on-Hudson
 Crugers
 Dobbs Ferry
 Eastchester
 Elmsford
 Goldens Bridge
 Granite Springs
 Harrison
 Hartdale
 Hastings-on-Hudson
 Hawthorne
 Irvington
 Jefferson Valley
 Katonah
 Lake Peekskill
 Larchmont
 Lincolnale
 Mamaroneck
 Maryknoll
 Millwood

Mohegan Lake
 Montrose
 Mount Kisco
 Mount Vernon
 New Rochelle
 North Salem
 North White Plains
 Ossining
 Peekskill
 Pelham
 Pleasantville
 Port Chester
 Pound Ridge
 Purchase
 Purdys
 Rye
 Rye Brook
 Scarborough
 Scarsdale
 Shenorock
 Shrub Oak
 Sleepy Hollow
 Somers
 South Salem
 Tarrytown
 Thornwood
 Tuckahoe
 Valhalla
 Verplanck
 Waccabuc
 White Plains
 Yonkers
 Yorktown Heights



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

May 1, 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 April 30, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of New England Fertility Institute ("Petitioner") with respect to its relocation and the sale of ownership interests therein.

The Petitioner is a Connecticut licensed outpatient surgical center located at 1275 Summer Street, Suite 201, Stamford, Connecticut. The Petitioner plans to relocate its facility to 5 High Ridge Park Road, Stamford, Connecticut, which is approximately four (4) miles away from its current location. The Petitioner will continue to serve the same population and payer mix that 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.

The Petitioner also wishes to reorganize to allow for the transfer of physician ownership of the facility. Currently, the Petitioner is solely owned by Dr. Gad Lavy. Subsequent to the reorganization, the Petitioner will be one hundred percent (100%) owned and controlled by physicians licensed in Connecticut pursuant to Conn. Gen. Stat. § 20-13.

Connecticut General Statutes § 19a-638(a)(2) requires CON authorization 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

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(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

members will maintain at least a controlling 60% ownership after a transfer of interest in a facility. Since the Petitioner will continue to be one hundred percent (100%) owned and controlled by physicians licensed in Connecticut pursuant to Conn. Gen. Stat. § 20-13, OHCA hereby determines that a CON is not required for the proposed reorganization.

Sincerely,



Kimberly R. Martone
Director of Operations

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

* * * COMMUNICATION RESULT REPORT (MAY. 1. 2014 10:50AM) * * *

FAX HEADER:

TRANSMITTED/STORED : MAY. 1. 2014 10:50AM	FILE MODE	OPTION	ADDRESS	RESULT	PAGE
273	MEMORY TX		912033233130	OK	3/3

REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER
 E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: SAMANTHA LAVY

FAX: 203 323-3130

AGENCY: NEW ENGLAND FERTILITY INSTITUTE

FROM: OHCA

DATE: 5/1/14 **Time:** _____

NUMBER OF PAGES: 2 3
(including transmittal sheet)

Comments:

Attached is the Determination for DN: 14-31911, Relocation and Transfer of Ownership of Ambulatory Surgery Center.

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

*410 Capitol Ave., MS#13HCA
 P.O.Box 340308
 Hartford, CT 06134*

Greer, Leslie

From: Greer, Leslie
Sent: Monday, October 20, 2014 3:57 PM
To: 'slavy@nefertility.com'
Cc: Hansted, Kevin; Martone, Kim
Subject: OHCA CON Determination
Attachments: 31911_201410201451.pdf

Attached is correspondence from Stamford Hospital relating to OHCA's decision for change of ownership and relocation of outpatient surgical center.

Leslie M. Greer 

CT Department of Public Health

Office of Health Care Access

410 Capitol Avenue, MS#13HCA

Hartford, CT 06134

Phone: (860) 418-7013

Fax: (860) 418-7053

Website: www.ct.gov/ohca



Please consider the environment before printing this message



affiliate Columbia University College of Physicians and Surgeons
member New York-Presbyterian Healthcare System
A Planetree Hospital

October 14, 2014



Karen Roberts
Compliance Officer
Office of Health Care Access
Department of Public Health
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134

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

Dear Ms. Roberts:

This letter concerns the above-referenced determination report issued by the Office of Health Care Access ("OHCA") to New England Fertility Institute ("NEFI") dated May 1, 2014. In that report, OHCA determined that no Certificate of Need ("CON") would be required for NEFI to change its ownership and relocate its outpatient surgical center from its present location to 5 High Ridge Road in Stamford. Stamford Hospital respectfully requests that OHCA reconsider this decision, given the fact that important information was omitted from NEFI's request for a determination and inclusion of this information would have likely resulted in a different decision by OHCA.

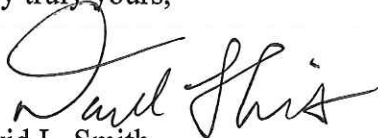
Section 19a-639c(a) of the Connecticut General Statutes provides that, in order to receive a determination that no CON is required for the relocation of a health facility, an applicant must demonstrate to OHCA that the population served by the health care facility and the payer mix will not substantially change as a result of the relocation. Regulation 19a-639c-1, promulgated under this statute, further requires that the applicant "provide the percentages of total patient volume by payer source prior to the relocation and following the relocation."

The appropriate OHCA determination form would have required NEFI to describe the current population served and the proposed population served. We note that even in the OHCA form that NEFI did use, which required identification of the current population served and the target population to be served after the proposal, the applicant provided insufficient information on which OHCA could base a determination that the population served will not substantially change after the relocation as well.

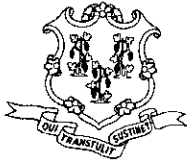
The statutes and regulations governing the CON process are intended to provide a level playing field on which all health care providers can compete. They are also designed to ensure that OHCA obtains all the information it needs in order to make decisions that conform to the law. If applicants such as NEFI are able to avoid these requirements by omitting important facts and making blanket statements that are unlikely to be true, the CON process is compromised.

It is for these reasons that Stamford Hospital respectfully requests that OHCA reconsider NEFI's request for a determination, and find that a CON is required for its proposed relocation.

Very truly yours,

A handwritten signature in cursive script, appearing to read "David L. Smith".

David L. Smith
Senior Vice President
Strategy & Market Development



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

November 6, 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 cites 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 order for OHCA to verify this information, please complete a relocation determination form which can be found on OHCA's website. Please submit the aforementioned form to OHCA no later than November 14, 2014.

Sincerely,

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

Kimberly R. Martone
Director of Operations

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

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(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 (NOV. 6. 2014 1:04PM) * * *

FAX HEADER:

TRANSMITTED/STORED : NOV. 6. 2014 1:03PM
FILE MODE OPTION

ADDRESS

RESULT

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912033233130

OK

2/2

REASON FOR ERROR
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E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: SAMANTHA LAVY
FAX: 203 323-3130
AGENCY: NEW ENGLAND FERTILITY INSTITUTE
FROM: OHCA
DATE: 11/6/14 Time: _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
Regarding CON Determination for Report Number 14-31911-DTR,
Relocation and Transfer of Ownership of Ambulatory Surgery Center

PLEASE PHONE Barbara K. Olejarsz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

* * * COMMUNICATION RESULT REPORT (NOV. 6. 2014 2:13PM) * * *

FAX HEADER:

TRANSMITTED/STORED : NOV. 6. 2014 2:13PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

737 MEMORY TX

912032765529

OK

2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

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

FAX SHEET

TO: DAVID SMITH

FAX: 203 276-5829

AGENCY: STAMFORD HOSPITAL

FROM: OHCA

DATE: 11/6/14 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Regarding CON Determination for Report Number 14-31911-DTR,
Relocation and Transfer of Ownership of Ambulatory Surgery Center

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

PAUL E. KNAG
203.653.5407 DIRECT TELEPHONE
860.240.5711 DIRECT FACSIMILE
PKNAG@MURTHALAW.COM

November 25, 2014



VIA UPS NEXT DAY AIR AND EMAIL

Kimberly Martone
Director
410 Capitol Avenue, MS#13HCA
P. O. Box 340308
Hartford, CT 06134-0308

Re: Certificate of Need Determination Report Number 14-31911-DTR

Dear Ms. Martone:

New England Fertility Institute (the "Center") is in receipt of your letter dated November 6, 2014 requesting additional information for Determination Report Number 14-31911-DTR in response to a request for reconsideration by Stamford Hospital in so far as the Determination approved a change in location. (No challenge was made to the change of ownership aspect of the Determination.)

We respectfully state that it is not legally permissible for Stamford Hospital to request reconsideration.

Stamford Hospital is neither the requestor applicant nor a party to the filing. Therefore, Stamford Hospital is not permitted to request a reconsideration of Determination Report Number 14-31911-DTR. There is no legal authority or precedent to do so under the Department of Public Health statutes and regulations or the state Administrative Procedure Act. As important, in those circumstances where reconsideration is permitted, such as is outlined CGS 4-181a, a time frame for filing the request for reconsideration is required. In no circumstance is there authority for seeking reconsideration months after the decision.

By issuing Report Number 14-31911-DTR, OHCA determined that the Center satisfied the requirement for approving a relocation as well as change in ownership. The Center and the proposed new members have relied on this Determination issued over six months ago. Since this approval, the Center and its new members have spent considerable time and resources on the Center's development and relocation, all in

Murtha Cullina LLP | Attorneys at Law

BOSTON

HARTFORD

MADISON

NEW HAVEN

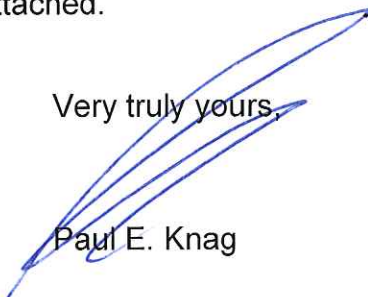
STAMFORD

WOBURN

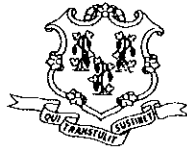
reliance of OHCA's issuance of the Determination. The purpose of a Determination request is to allow the requestor to proceed based on a definitive determination by OCHA. To proceed without precedent or authority to allow third parties to question a Determination after the fact would totally undermine the Determination process.

Notwithstanding the foregoing, the Center is voluntarily providing the requested information in good faith and solely on an informational basis. Please note that Stamford Hospital has taken action with the Stamford zoning authorities which may prevent relocation of the facility to the location originally set out, so the proposed new location has been adjusted per the attached.

Very truly yours,



Paul E. Knag



**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	Gad Lavy, M.D.	
Doing Business As	New England Fertility Institute	
Name of Parent Corporation	n/a	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1275 Summer Street, Suite 201, Stamford, CT 06905	
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.	Samantha Lavy, CEO	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1275 Summer Street, Suite 201, Stamford, CT 06905	
Contact Person's Telephone Number	203-325-3200	
Contact Person's Fax Number	203-323-3130	
Contact Person's e-mail Address	slavy@nefertility.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:

Current Location: 1275 Summer Street, Suite 201, Stamford, CT 06905 approved for relocation to 5 High Ridge Road, Stamford, CT under #14-31911-DTR.

Proposed Location: 5 High Ridge Road, Stamford, CT, Building 200, First Stamford Place, Stamford, CT or another location within the City of Stamford.

Current Population Served: Please see exhibit to Determination sent April 29, 2014 and approved by OHCA on May 1, 2014 under #14-31911-DTR and attached hereto again.

Proposed Population Served: As provided on #14-31911-DTR, the proposed population served will be the same as the current population served and attached hereto again.

Current Payor Mix: As provided on the previous Determination, the current payor mix is commercial and self-pay. The Center is seeking Medicare certification for privileging and credentialing purposes. The percentages of total volume are provided in the table below.

Payor	Percentage
Commercial/Self Pay	100%
All others	0%

Proposed Payor Mix: As provided on the previous Determination, the proposed payor mix will remain the same.

Any other information that the Petitioner deems relevant:

New England Fertility Institute (the "Center") received OHCA approval to relocate its facility within the City of Stamford on May 1, 2014 when OHCA issued Certificate of Need Determination Report Number 14-31911-DTR. Upon receipt of OHCA's Determination on May 1, 2014, the Center adequately demonstrated the population and payor mix representations to the satisfaction of OHCA. Since this approval, the Center and its proposed new members have spent considerable time and money on the development of the project. In conjunction with the reorganization and admission pursuant to Determination Report Number 14-31911-DTR, the Center will be relocated. If negotiations for the proposed location are not consummated, the Center will relocate to another site within the City of Stamford.

Service Area

The Counties and Towns served by Gad Lavy, M.D. d/b/a/ New England Fertility Institute include, but are not limited to the cities and towns in Fairfield County, Connecticut and Westchester County, New York:

Connecticut:

Bethel
 Bridgeport
 Brookfield
 Danbury
 Darien
 Easton
 Fairfield
 Greenwich
 Monroe
 New Canaan
 New Fairfield
 Newtown
 Norwalk
 Redding
 Ridgefield
 Shelton
 Sherman
 Stamford
 Stratford
 Trumbull
 Weston
 Westport
 Wilton

New York:

Amawalk
 Ardsley
 Ardsley-on-Hudson
 Armonk
 Baldwin Place
 Banksville
 Bedford Hills
 Bedford Village
 Briarcliff Manor
 Bronxville
 Buchanan
 Chappaqua
 Cortlandt Manor
 Crompond
 Cross River
 Croton Falls
 Croton-on-Hudson
 Crugers
 Dobbs Ferry
 Eastchester
 Elmsford
 Goldens Bridge
 Granite Springs
 Harrison
 Hartsdale
 Hastings-on-Hudson
 Hawthorne
 Irvington
 Jefferson Valley
 Katonah
 Lake Peekskill
 Larchmont
 Lincolndale
 Mamaroneck
 Maryknoll
 Millwood

Mohegan Lake
 Montrose
 Mount Kisco
 Mount Vernon
 New Rochelle
 North Salem
 North White Plains
 Ossining
 Peekskill
 Pelham
 Pleasantville
 Port Chester
 Pound Ridge
 Purchase
 Purdys
 Rye
 Rye Brook
 Scarborough
 Scarsdale
 Shenorock
 Shrub Oak
 Sleepy Hollow
 Somers
 South Salem
 Tarrytown
 Thornwood
 Tuckahoe
 Valhalla
 Verplanck
 Waccabuc
 White Plains
 Yonkers
 Yorktown Heights

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

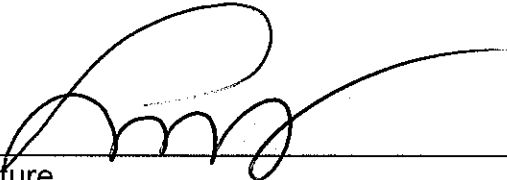
Petitioner: Gad Lavy, M.D.

Project Title: Relocation and transfer of physician owners in the ASC.

I, Gad Lavy, M.D., _____,
(Name) (Position – CEO or CFO)

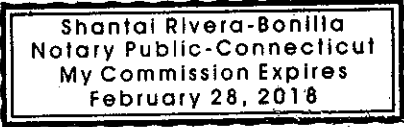
of New England Fertility Institute being duly sworn, depose and state that the
(Organization Name)

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

 _____
Signature Date 11/19/14

Subscribed and sworn to before me on 11/19/14.

Shantai Rivera-Bonilla
Notary Public/Commissioner of Superior Court



My commission expires: 2/28/18.

Greer, Leslie

From: Martone, Kim
Sent: Wednesday, December 03, 2014 8:00 AM
To: Hansted, Kevin
Cc: Greer, Leslie; Lazarus, Steven
Subject: FW: New England Fertility Institute

Kevin, I will still sign the determination.

Steve or Leslie, please provide the attorney with a copy/PDF of what New England Fertility submitted. Thanks.

Kim

From: Doolittle, Ted M. [<mailto:Ted.Doolittle@leclairryan.com>]
Sent: Tuesday, December 02, 2014 4:52 PM
To: Martone, Kim
Subject: New England Fertility Institute

Ms. Martone:

Following up on the VM I just left for you, I wanted to introduce myself. I am an attorney representing Stamford Hospital in the matter concerning the new facility that New England Fertility Institute wants to establish.

Mr. David Smith of the Hospital informed me that NEFI was supposed to file with you by Nov. 26 a document responding to your Nov. 6 request for further information regarding the need for a CON.

Would it be possible for me to get a copy of the NEFI document of Nov. 26?

Also, if you could please update your records to show that I am representing Stamford Hospital in this matter, it would be much appreciated.

Thanks, and please let me know if you have an idea of when OHCA might rule on this issue.

--Ted

C: 860-256-5510

**Ted M. Doolittle
Attorney at Law**

LECLAIRRYAN

180 Admiral Cochrane Drive, Suite 370

Annapolis, Maryland 21401

(410) 224-3000 Direct

(410) 224-0098 Fax

Ted.Doolittle@leclairryan.com

<http://www.leclairryan.com>

Please consider the environment before printing this email.

* This e-mail may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by return e-mail with a copy to emailadministrator@leclairryan.com and delete this e-mail and all copies and attachments.

Greer, Leslie

From: Greer, Leslie
Sent: Wednesday, December 03, 2014 8:25 AM
To: 'Ted.Doolittle@leclairryan.com'
Cc: Martone, Kim; Lazarus, Steven; Hansted, Kevin
Subject: New England Fertility CON Determination
Attachments: 31911_201412021546.pdf

Per your request, attached is a correspondence received for New England Fertility.

Leslie M. Greer 

CT Department of Public Health

Office of Health Care Access

410 Capitol Avenue, MS#13HCA

Hartford, CT 06134

Phone: (860) 418-7013

Fax: (860) 418-7053

Website: www.ct.gov/ohca

 Please consider the environment before printing this message

PAUL E. KNAG
203.653.5407 DIRECT TELEPHONE
860.240.5711 DIRECT FACSIMILE
PKNAG@MURTHALAW.COM

November 25, 2014

VIA UPS NEXT DAY AIR AND EMAIL

Kimberly Martone
Director
410 Capitol Avenue, MS#13HCA
P. O. Box 340308
Hartford, CT 06134-0308



Re: Certificate of Need Determination Report Number 14-31911-DTR

Dear Ms. Martone:

New England Fertility Institute (the "Center") is in receipt of your letter dated November 6, 2014 requesting additional information for Determination Report Number 14-31911-DTR in response to a request for reconsideration by Stamford Hospital in so far as the Determination approved a change in location. (No challenge was made to the change of ownership aspect of the Determination.)

We respectfully state that it is not legally permissible for Stamford Hospital to request reconsideration.

Stamford Hospital is neither the requestor applicant nor a party to the filing. Therefore, Stamford Hospital is not permitted to request a reconsideration of Determination Report Number 14-31911-DTR. There is no legal authority or precedent to do so under the Department of Public Health statutes and regulations or the state Administrative Procedure Act. As important, in those circumstances where reconsideration is permitted, such as is outlined CGS 4-181a, a time frame for filing the request for reconsideration is required. In no circumstance is there authority for seeking reconsideration months after the decision.

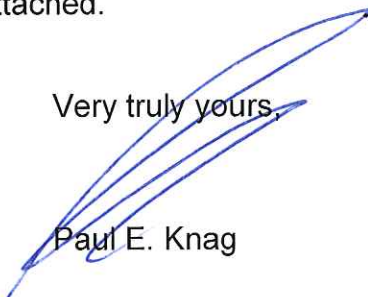
By issuing Report Number 14-31911-DTR, OHCA determined that the Center satisfied the requirement for approving a relocation as well as change in ownership. The Center and the proposed new members have relied on this Determination issued over six months ago. Since this approval, the Center and its new members have spent considerable time and resources on the Center's development and relocation, all in

Murtha Cullina LLP | Attorneys at Law

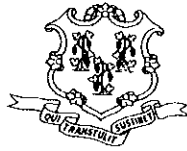
reliance of OHCA's issuance of the Determination. The purpose of a Determination request is to allow the requestor to proceed based on a definitive determination by OCHA. To proceed without precedent or authority to allow third parties to question a Determination after the fact would totally undermine the Determination process.

Notwithstanding the foregoing, the Center is voluntarily providing the requested information in good faith and solely on an informational basis. Please note that Stamford Hospital has taken action with the Stamford zoning authorities which may prevent relocation of the facility to the location originally set out, so the proposed new location has been adjusted per the attached.

Very truly yours,



Paul E. Knag



**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	Gad Lavy, M.D.	
Doing Business As	New England Fertility Institute	
Name of Parent Corporation	n/a	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1275 Summer Street, Suite 201, Stamford, CT 06905	
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.	Samantha Lavy, CEO	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1275 Summer Street, Suite 201, Stamford, CT 06905	
Contact Person's Telephone Number	203-325-3200	
Contact Person's Fax Number	203-323-3130	
Contact Person's e-mail Address	slavy@nefertility.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:

Current Location: 1275 Summer Street, Suite 201, Stamford, CT 06905 approved for relocation to 5 High Ridge Road, Stamford, CT under #14-31911-DTR.

Proposed Location: 5 High Ridge Road, Stamford, CT, Building 200, First Stamford Place, Stamford, CT or another location within the City of Stamford.

Current Population Served: Please see exhibit to Determination sent April 29, 2014 and approved by OHCA on May 1, 2014 under #14-31911-DTR and attached hereto again.

Proposed Population Served: As provided on #14-31911-DTR, the proposed population served will be the same as the current population served and attached hereto again.

Current Payor Mix: As provided on the previous Determination, the current payor mix is commercial and self-pay. The Center is seeking Medicare certification for privileging and credentialing purposes. The percentages of total volume are provided in the table below.

Payor	Percentage
Commercial/Self Pay	100%
All others	0%

Proposed Payor Mix: As provided on the previous Determination, the proposed payor mix will remain the same.

Any other information that the Petitioner deems relevant:

New England Fertility Institute (the "Center") received OHCA approval to relocate its facility within the City of Stamford on May 1, 2014 when OHCA issued Certificate of Need Determination Report Number 14-31911-DTR. Upon receipt of OHCA's Determination on May 1, 2014, the Center adequately demonstrated the population and payor mix representations to the satisfaction of OHCA. Since this approval, the Center and its proposed new members have spent considerable time and money on the development of the project. In conjunction with the reorganization and admission pursuant to Determination Report Number 14-31911-DTR, the Center will be relocated. If negotiations for the proposed location are not consummated, the Center will relocate to another site within the City of Stamford.

Service Area

The Counties and Towns served by Gad Lavy, M.D. d/b/a/ New England Fertility Institute include, but are not limited to the cities and towns in Fairfield County, Connecticut and Westchester County, New York:

Connecticut:

Bethel
 Bridgeport
 Brookfield
 Danbury
 Darien
 Easton
 Fairfield
 Greenwich
 Monroe
 New Canaan
 New Fairfield
 Newtown
 Norwalk
 Redding
 Ridgefield
 Shelton
 Sherman
 Stamford
 Stratford
 Trumbull
 Weston
 Westport
 Wilton

New York:

Amawalk
 Ardsley
 Ardsley-on-Hudson
 Armonk
 Baldwin Place
 Banksville
 Bedford Hills
 Bedford Village
 Briarcliff Manor
 Bronxville
 Buchanan
 Chappaqua
 Cortlandt Manor
 Crompond
 Cross River
 Croton Falls
 Croton-on-Hudson
 Crugers
 Dobbs Ferry
 Eastchester
 Elmsford
 Goldens Bridge
 Granite Springs
 Harrison
 Hartsdale
 Hastings-on-Hudson
 Hawthorne
 Irvington
 Jefferson Valley
 Katonah
 Lake Peekskill
 Larchmont
 Lincolndale
 Mamaroneck
 Maryknoll
 Millwood

Mohegan Lake
 Montrose
 Mount Kisco
 Mount Vernon
 New Rochelle
 North Salem
 North White Plains
 Ossining
 Peekskill
 Pelham
 Pleasantville
 Port Chester
 Pound Ridge
 Purchase
 Purdys
 Rye
 Rye Brook
 Scarborough
 Scarsdale
 Shenorock
 Shrub Oak
 Sleepy Hollow
 Somers
 South Salem
 Tarrytown
 Thornwood
 Tuckahoe
 Valhalla
 Verplanck
 Waccabuc
 White Plains
 Yonkers
 Yorktown Heights

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

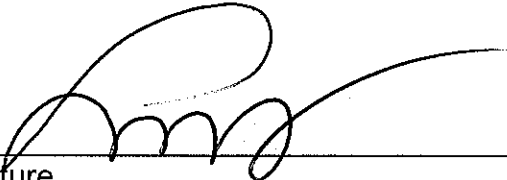
Petitioner: Gad Lavy, M.D.

Project Title: Relocation and transfer of physician owners in the ASC.

I, Gad Lavy, M.D., _____,
(Name) (Position – CEO or CFO)

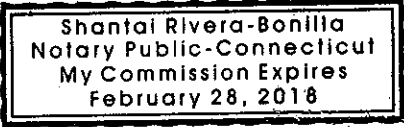
of New England Fertility Institute being duly sworn, depose and state that the
(Organization Name)

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

 _____
Signature Date 11/19/14

Subscribed and sworn to before me on 11/19/14.

Shantai Rivera-Bonilla
Notary Public/Commissioner of Superior Court



My commission expires: 2/28/18.



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,

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

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) * * *

FAX HEADER:

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RESULT

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OK

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REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



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

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

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

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REASON FOR ERROR
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E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: PAUL KNAG, ESQ.

FAX: 203 653-5444

AGENCY: MURTHA CULLINA, LLP

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. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O. Box 340308
Hartford, CT 06134

* * * COMMUNICATION RESULT REPORT (DEC. 3. 2014 1:05PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	DEC. 3. 2014 12:59PM OPTION	ADDRESS	RESULT	PAGE
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REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER

E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: SAMANTHA LAVY

FAX: 203 323-3130

AGENCY: NEW ENGLAND FERTILITY INSTITUTE

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. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

**410 Capitol Ave., MS#13HCA
 P.O.Box 340308
 Hartford, CT 06134**