

By Federal Express

August 22, 2014

Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
Hartford, Connecticut 06134-0308

Re: St. Vincent's Medical Center

Dear Ms. Martone:

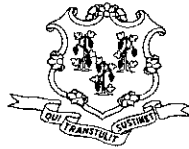
Enclosed is a CON Determination Form for Relocation of Health Care Facility, submitted by St. Vincent's Medical Center with respect to the relocation of one of its cardiology testing facilities from 4675 Main Street in Bridgeport to 2979 Main Street in Bridgeport.

Should you have any questions or require any additional information, please contact the undersigned.

Very truly yours,

Peter H. Struzzi
Vice President and General Counsel

Enclosure



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	St. Vincent's Medical Center
Doing Business As	St. Vincent's Medical Center
Name of Parent Corporation	St. Vincent's Health Services Corporation
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	2800 Main Street Bridgeport, Connecticut 06606
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP
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.	Peter H. Struzzi, Esq. Vice President/General Counsel

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	2800 Main Street Bridgeport, Connecticut 06606
Contact Person's Telephone Number	203-576-5584
Contact Person's Fax Number	203-576-5345
Contact Person's e-mail Address	peter.struzzi@stvincents.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: St. Vincent's Heart and Vascular Center Testing Center

Current Location: 4675 Main Street, Commerce Park, Bridgeport, Connecticut 06606

Proposed Location: 2979 Main Street, Bridgeport, Connecticut 06606

Current Population Served: Bridgeport, Trumbull, Fairfield

Proposed Population Served: No change

Current Payor Mix: Medicare, Medicaid, private commercial, self-pay

Proposed Payor Mix: No change

Any other information that the Petitioner deems relevant:

St. Vincent's Heart and Vascular Center Testing Center operates at St. Vincent's Medical Center and four additional locations, including 4675 Main Street in Bridgeport (the "Main Street Testing Facility"). Cardiac stress testing, myocardial perfusion imaging, pharmacological stress testing, echocardiography, stress echocardiography, peripheral vascular imaging and carotid imaging are performed at the Main Street Testing Facility. On or about September 15, 2014, St. Vincent's plans to relocate the Main Street Testing Facility from its current location to 2979 Main Street in Bridgeport. The new location is located on the same street, approximately 1.76 miles from the current location. After the move, the Main Street Testing Facility will continue to serve the same patient population, to offer the same services and to employ the same staff. This letter requests confirmation from OHCA that no CON is required for this proposed relocation.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

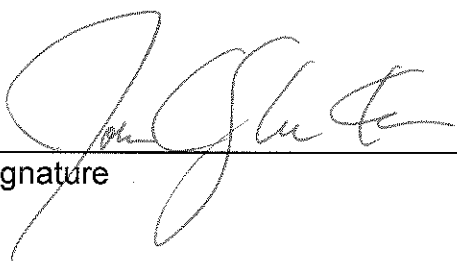
Petitioner: St. Vincent's Medical Center

Project Title: Relocation of St. Vincent's Regional Heart & Vascular Center Testing Center located at 4675 Main Street, Bridgeport, Connecticut

I, John C. Gleckler, CFO
(Name) (Position – CEO or CFO)

of St. Vincent's Medical 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.

 8/21/14
Signature Date

Subscribed and sworn to before me on August 21, 2014


Notary Public/Commissioner of Superior Court

My commission expires: _____



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

September 2, 2014

VIA FACSIMILE ONLY

Peter H. Struzzi, Esq.
Vice President/General Counsel
St. Vincent's Medical Center
2800 Main Street
Bridgeport, CT 06606

RE: Certificate of Need Determination Report Number 14-31936-DTR
Relocation of St. Vincent's Regional Heart & Vascular Center Testing Center

Dear Attorney Struzzi:

On August 27, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of St. Vincent's Medical Center ("Petitioner") with respect to the relocation of its Regional Heart & Vascular Center Testing Center.

The Petitioner operates the St. Vincent's Heart & Vascular Center Testing Center at St. Vincent's Medical Center and four additional locations, including 4675 Main Street in Bridgeport ("Main Street Center"). The Main Street Center provides cardiac stress testing, myocardial perfusion imaging, pharmacological stress testing, echocardiography, stress echocardiography, peripheral vascular imaging and carotid imaging.

The Petitioner plans to move the Main Street Center to 2979 Main Street in Bridgeport, which is approximately 1.76 miles from its current location. The Petitioner will continue to serve the same patient 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.

Sincerely,

A handwritten signature in blue ink that reads "Kim Martone".

Kimberly R. Martone
Director of Operations

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

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 (SEP. 2. 2014 2:42PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	SEP. 2. 2014 2:41PM OPTION	ADDRESS	RESULT	PAGE
589	MEMORY TX	912035765345	OK	2/2

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: PETER H. STRUZZI, ESQ.

FAX: (203) 576-5345

AGENCY: ST. VINCENT'S MEDICAL CENTER

FROM: OHCA

DATE: 9/2/14

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: DN: 14-31936-DTR CON Determination

PLEASE PHONE 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**