



By Federal Express

August 28, 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, Form 2020, submitted by St. Vincent's Medical Center with respect to a proposed change in operation of St. Vincent's Urgent Care Walk-In Centers located in Bridgeport, Monroe, Shelton and Fairfield.

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

Very truly yours,

A handwritten signature in blue ink that reads "Peter Struzzi".

Peter H. Struzzi
Vice President and General Counsel

Enclosure



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
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. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Change of Operational Control of Urgent Care Walk-In Centers
- b. Estimated Total Project Cost: \$ 0
- c. Location of proposal, identifying Street Address, Town and Zip Code: St. Vincent's Medical Center currently operates Urgent Care Walk-In Centers at the following locations:
- 4600 Main Street, Bridgeport, CT 06606
401 Monroe Turnpike, Monroe, CT 06468
2 Trap Falls Road, Shelton, CT 06484
1055 Post Road, Fairfield, CT 06824
- d. List each town this project is intended to serve:
See Section IV (3)
- e. Estimated starting date for the project: November 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.

St. Vincent's Medical Center (the "Medical Center") currently operates four Urgent Care Walk-In Centers in Bridgeport, Fairfield, Shelton and Monroe (the "UCCs"). The UCCs are fully staffed with a physician and other health care professionals present seven days per week (Monday-Friday 8AM-8PM and Saturday-Sunday 9AM-5PM) and provide a full range of treatment for non-life threatening illness and injuries with no appointment necessary. The UCCs also provide routine physical exams, immunizations, vaccines, free blood pressure checks, sports and camp physicals and occupational health services. In addition, the UCCs have complete diagnostic services including lab, EKG, X-ray and vision and health screening.

Clinical services at the UCCs are provided by employees of St. Vincent's Multispecialty Group, Inc. ("SVMSG"), a medical foundation established under Chapter 594b of the Connecticut General Statutes and a wholly owned subsidiary of the Medical Center. SVMSG employs approximately 180 physicians including, in addition to the urgent care physicians, physicians practicing in the areas of family practice, internal medicine, cardiology, pediatrics, behavioral health, emergency services and surgery. A copy of the Connecticut Department of Health license for the Medical Center is attached on Exhibit A. The license references the UCCs as satellite outpatient locations of the Medical Center.

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

To address the changes in health care delivery, the Medical Center proposes to convert the four (4) UCCs from a provider-based model to a non-facility (primary care) based model. In order to ensure consistency with all of its other non-facility services, the Medical Center proposes to transfer operation of the UCCs to its subsidiary, SVMSG. The clinical services provided at the UCCs will remain unchanged upon transfer of operations to SVMSG, and SVMSG will continue to provide board certified physicians to provide clinical services at the UCCs. Transfer of operation of the UCCs to SVMSG will improve clinical integration, address health care delivery changes, and enhance practice management resources.

Currently, the Medical Center bills patients for services at the UCCs as provider-based outpatient facilities of the Medical Center. Patients are charged both a technical fee and a professional fee for services provided at the UCCs. Upon the transfer of operations to SVMSG, patient services at the UCCs will be charged as enhanced physician office visits. This will eliminate the technical fee and will result in lower fees and co-payments to UCC patients. Upon approval of this proposed transfer of operations, the UCCs will be removed from the Medical Center's Department of Public Health license and the sites and support staff will be transferred to SVMSG to be operated as urgent care primary care physician offices.

This CON Determination request seeks confirmation from OHCA that a CON is not required to transfer operation of the UCCs from the Medical Center to its wholly-owned subsidiary, SVMSG. There is no capital cost associated with the proposal, and the services provided at the UCCs after the proposed transfer will be the same as the services currently provided. Patients will continue to have access to the same services and discount and charity care

programs in the same locations from the same practitioners both before and after the transfer. The only difference patients may notice is that a technical fee will no longer be charged and services will be billed at the lower physician office rate rather than the higher provider-based rate.

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

The current population and the target population to be served by the UCCs are the same and include patients that reside within the Medical Center's primary service area, including Bridgeport, Fairfield, Monroe, Shelton, Stratford, Easton, Trumbull and Newtown

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: St. Vincent's Medical Center

Project Title: Change of Operational Control of Urgent Care Walk-In Centers

I, John C. Gleckler, SUP/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.

[Signature] 8/27/14.
Signature Date

Subscribed and sworn to before me on 8/27/14

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: _____

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0057

General Hospital

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

St. Vincent's Medical Center of Bridgeport, CT d/b/a St. Vincent's Medical Center is hereby licensed to maintain and operate a General Hospital.

St. Vincent's Medical Center is located at 2800 Main Street, Bridgeport, CT 06606.

The maximum number of beds shall not exceed at any time:

47 Bassinets
473 General Hospital Beds

This license expires **September 30, 2015** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, October 1, 2013. RENEWAL.

Satellites:

St. Vincent's Urgent Care Walk-In Center, 4600 Main Street, Bridgeport, CT
St. Vincent's Urgent Care Walk-In Center, 1055 Post Road, Fairfield, CT
St. Vincent's Urgent Care Walk-In Center, 2 Trap Falls Road, Shelton, CT
Family Health Center, 760-762 Lindley Street, Bridgeport, CT
St. Vincent's Urgent Care Walk-In Center, 401 Monroe Turnpike, Monroe, CT
The St. Vincent's Center for Wound Healing, 115 Technology Drive, Trumbull, CT
St. Vincent's Behavioral Health Center-Westport, 47 Long Lots Road, Westport, CT
St. Vincent's Outpatient Behavioral Health-Bridgeport, 2400 Main Street, Bridgeport, CT
St. Vincent's Outpatient Behavioral Health-Norwalk, 1 Lois Street, Norwalk, CT



A handwritten signature in black ink that reads "Jewel Mullen" followed by a small flourish.

Jewel Mullen, MD, MPH, MPA
Commissioner



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

September 25, 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 14-31947-DTR
Transfer of Operational Control of Urgent Care Center

Dear Attorney Struzzi:

On August 29, 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 a change in operational control of certain Urgent Care Walk-In Centers.

The Petitioner currently operates four Urgent Care Walk-In Centers in Bridgeport, Fairfield, Shelton and Monroe (the "UCCs"). Clinical services at the UCCs are provided by employees of St. Vincent's Multispecialty Group, Inc. ("SVMSG"), a medical foundation and wholly owned subsidiary of the Petitioner. The Petitioner is proposing to transfer operational control of the UCCs to its subsidiary, SVMSG. The clinical services provided at the UCCs will remain unchanged upon the transfer of operational control to SVMSG. The UCCs will be removed from the Petitioner's State of Connecticut Department of Public Health license and the sites and support staff will be transferred to SVMSG to be operated as urgent care primary care physician offices. There will be no impact or change to the governance or controlling body of the UCCs.

Connecticut General Statutes § 19a-638(a)(2) requires CON authorization for the "transfer of ownership of a health care facility". Connecticut General Statutes §19a-630(14) defines a "transfer of ownership" as "a transfer that impacts or changes the governance or controlling body of a health care facility..." Since there is no impact or change to the governance or controlling body of the UCCs, OHCA hereby determines that a **CON is not required** for the proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. 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. 25. 2014 3:09PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	SEP. 25. 2014 3:08PM OPTION	ADDRESS	RESULT	PAGE
645	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: 9/25/14 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Please see determination attached.

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**