

Greer, Leslie

From: Martone, Kim
Sent: Friday, May 15, 2015 10:45 AM
To: Riggott, Kaila; Hansted, Kevin
Cc: Greer, Leslie
Subject: FW: Robert D. Russo M. D. Determination Form 2020
Attachments: Dr. Robert Russo MRI determination form 220.pdf

From: Delsole, Donna [<mailto:Donna.Delsole@bpthosp.org>]
Sent: Friday, May 15, 2015 9:09 AM
To: Martone, Kim
Subject: Robert D. Russo M. D. Determination Form 2020

Ms. Martone,

Attached is the form 220 regarding my MRI at 75 Kings Highway Cutoff, Ffld, Ct. 06824

Sincerely,

Robert D. Russo, M.D.

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.



**Robert D. Russo, M.D.
and Associates
Radiology
www.russomd.com
P.O. Box 6128
Bridgeport, CT 06606**

**Robert D. Russo, MD
Paul A. Aiello, MD
Kathleen M. Oraziotti, PAC**

**Gioia J. Riccio, MD
Gregory K. Russo, MD
John P. Donahue, MD**



MS. Kimberly Martone, Director of Operations
Division of the Office of Health Care Access
Department of Public Health
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, Ct. 06134-0308

Dear Ms. Martone,
Attached please find the Determination Form 2020 regarding an MRI scanner at 75 Kings Highway
Cutoff, Fairfield Ct. 06824. We are sending the original by mail.

Thank you



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	Medical Specialty Group, P.C.	
Doing Business As	Same	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	917 Bridgeport Ave, Shelton, CT 06484-4679	
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.	Robert D. Russo, M.D.	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	917 Bridgeport Ave, Shelton, CT 06484-4679	
Contact Person's Telephone Number	203-683-4500	
Contact Person's Fax Number	203-926-1410	
Contact Person's e-mail Address		

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Sale of Shares in Medical Specialty Group, P.C.
- b. Estimated Total Project Cost: N/A
- c. Location of proposal, identifying Street Address, Town and Zip Code: 917 Bridgeport Ave., Shelton, CT 06484-4679
- d. List each town this project is intended to serve: Stratford, Shelton, Trumbull, Bridgeport, Fairfield, Monroe and Milford.
- e. Estimated starting date for the project: 2015

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.)

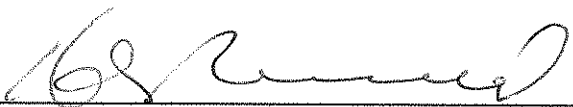
Petitioner: Medical Specialty Group, P.C.

Project Title: Sale of Shares in Medical Specialty Group, P.C.

I, Robert D. Russo, M.D., President
(Name) (Position – CEO or CFO)

of Medical Specialty Group, P.C. 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.

 5/14/15
Signature Date

Subscribed and sworn to before me on May 14, 2015


Notary Public/Commissioner of Superior Court

My commission expires: March 31, 2018

PROPOSAL DESCRIPTION

This Certificate of Need Determination request is being filed by Medical Specialty Group, P.C. f/k/a Robert D. Russo, M.D. & Associates Radiology, P.C. (“MSG”) to determine whether the proposed sale of shares of stock in MSG to other physicians (the “Proposal”) requires CON approval. MSG currently owns and operates a magnetic resonance imaging scanner (“MRI”) located at 75 Kings Hwy Cutoff, Fairfield and two computed tomography scanners (“CT”), one located at 425 Post Road, Fairfield and the other located at 2909 Main Street, Stratford.

MSG respectfully submits that the proposed transaction would not constitute the “acquisition” of an MRI or CT for which CON approval is required under Section 19a-638(1) of the Connecticut General Statutes (C.G.S.), nor does the proposed transaction constitute a “transfer of ownership” under C.G.S. §§ 19a-638(a)(2) or (3).

Background

MSG is a radiology practice wholly-owned by Robert D. Russo, M.D. serving patients in the Greater Fairfield County area. In connection with a succession plan, Dr. Russo seeks to sell some of his ownership in MSG to other physicians. Exclusive ownership of MSG’s assets will remain with MSG and will not change after the proposed transaction.

Discussion

A CON may be necessary when an MRI or CT is “acquired,” C.G.S. § 19a-638(a)(10), or where there is a “transfer of ownership” of a “health care facility,” C.G.S. § 19a-638(a)(2), or of a “group practice to any entity other than a physician or a group of physicians.” C.G.S. § 19a-638(a)(3). For the reasons discussed below, the proposed transaction does not require a CON under any of these statutory provisions.

Section 19a-630-1(1) of OHCA’s Regulations defines “acquisition” as the “acquisition through purchase, lease, donation or other comparable arrangement of a computed tomography scanner... magnetic resonance imaging scanner...” No purchase, sale, lease or comparable transaction is occurring with respect to MSG’s existing MRI or CTs. Exclusive ownership of MSG’s assets will remain with MSG.

CON approval may also be required where a “transfer of ownership of a health care facility” occurs. MSG does not fall under any of the enumerated categories under Section 19a-630(11) to be classified as a “health care facility.” The Proposal does not involve transfer of ownership in MSG to any entity other than a physician or group of physicians. As such, the Proposal would not constitute a “transfer of ownership” for which CON approval is required under C.G.S. 19a-638(a)(2) or (a)(3).

The above analysis is consistent with OHCA’s recent determination that the Farmington Imaging Center, LLC was not required to seek a CON with respect to its proposed sale of membership interests under OHCA Docket #15-31993-DTR and the determination under OHCA Docket #14-31970-DTR that HVRA of Danbury, LLC and HVRA of New Milford, LLC were

not required to seek a CON with respect to the admission of new physician members in those organizations.

For all of these reasons, we respectfully submit that OHCA should determine that the above Proposal does not require CON approval.



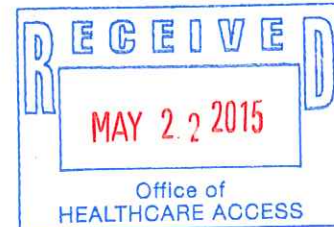
**Robert D. Russo, M.D.
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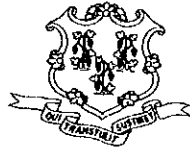


MS. Kimberly Martone, Director of Operations
Division of the Office of Health Care Access
Department of Public Health
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, Ct. 06134-0308



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Thank you



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Full Legal Name	Medical Specialty Group, P.C.	
Doing Business As	Same	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	917 Bridgeport Ave, Shelton, CT 06484-4679	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
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(Each Petitioner must submit a completed Affidavit.)

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Project Title: Sale of Shares in Medical Specialty Group, P.C.

I, Robert D. Russo, M.D., President
(Name) (Position – CEO or CFO)

of Medical Specialty Group, P.C. 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.

[Handwritten Signature] 5/14/15
Signature Date

Subscribed and sworn to before me on May 14, 2015

Carvey L. Scifo, Notary Public
Notary Public/Commissioner of Superior Court

My commission expires: March 31, 2018

PROPOSAL DESCRIPTION

This Certificate of Need Determination request is being filed by Medical Specialty Group, P.C. f/k/a Robert D. Russo, M.D. & Associates Radiology, P.C. (“MSG”) to determine whether the proposed sale of shares of stock in MSG to other physicians (the “Proposal”) requires CON approval. MSG currently owns and operates a magnetic resonance imaging scanner (“MRI”) located at 75 Kings Hwy Cutoff, Fairfield and two computed tomography scanners (“CT”), one located at 425 Post Road, Fairfield and the other located at 2909 Main Street, Stratford.

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The above analysis is consistent with OHCA’s recent determination that the Farmington Imaging Center, LLC was not required to seek a CON with respect to its proposed sale of membership interests under OHCA Docket #15-31993-DTR and the determination under OHCA Docket #14-31970-DTR that HVRA of Danbury, LLC and HVRA of New Milford, LLC were

not required to seek a CON with respect to the admission of new physician members in those organizations.

For all of these reasons, we respectfully submit that OHCA should determine that the above Proposal does not require CON approval.



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

May 18, 2015

VIA FACSIMILE ONLY

Robert D. Russo, M.D.
Medical Specialty Group, P.C.
917 Bridgeport Avenue
Shelton, CT 06484

RE: Certificate of Need Determination Report Number 15-31997-DTR
Sale of Stock in Medical Specialty Group, P.C.

Dear Dr. Russo:

On May 15, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Medical Specialty Group, P.C. ("Petitioner") with respect to the sale of membership interests.

The Petitioner is a radiology practice wholly-owned by Robert D. Russo, M.D. The Petitioner owns and operates an MRI located at 75 Kings Hwy Cutoff, Fairfield and two CT scanners, one located at 425 Poat Road, Fairfield and the other at 2909 Main Street, Stratford. The Petitioner seeks to sell shares of stock to other physicians. The Peitioner will retain ownership of the MRI and CT scanners subsequent to the proposed sale of stock.

Conn. Gen. Stat. § 19a-638(a)(2) requires a CON for the "transfer of ownership of a health care facility". However, the Peitioner is not a health care facility as that term is defined in Connecticut General Statutes § 19a-630(11). Further, pursuant to Conn. Gen. Stat. § 19a-638(a)(10), a certificate of need is required for the "acquisition of computed tomography scanners, magnetic resonance imaging scanners...by any person, physician, provider..." The MRI and CT scanners will remain the property of the Petitioner and no other person, physician or provider will acquire an interest in the MRI or CT scanners. Based upon the foregoing, OHCA concludes that a **CON is not required** for the proposal.

Sincerely,

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 (MAY. 18. 2015 11:35AM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	MAY. 18. 2015 11:34AM OPTION	ADDRESS	RESULT	PAGE
067	MEMORY TX	912039261410	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: ROBERT D. RUSSO, M.D.

FAX: (203) 926-1410

AGENCY: MEDICAL SPECIALTY GROUP, P.C.

FROM: OHCA

DATE: 5/15/15

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: DN 15-31997-DTR

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**