

**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	The William W. Backus Hospital
Doing Business As	The William W. Backus Hospital
Name of Parent Corporation	Hartford HealthCare Corporation
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	326 Washington Street, Norwich, CT 06360
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.	Janette Edwards, Regional Director, Planning & Business Development

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	326 Washington Street, Norwich, CT 06360
Contact Person's Telephone Number	860-425-3872
Contact Person's Fax Number	860-892-2796
Contact Person's e-mail Address	janette.edwards@hhchealth.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Internal Corporate Reorganization**
- b. Estimated Total Project Cost: **There are no capital costs associated with this project**
- c. Location of proposal, identifying Street Address, Town and Zip Code: **N/A**
- d. List each town this project is intended to serve: **N/A**
- e. Estimated starting date for the project: **Upon OHCA notification that a CON is not required**

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: **Please see Exhibit A attached hereto for a description of the proposed project.**

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. **N/A**
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable. **N/A**
3. Identify the current population served and the target population to be served. **N/A**

Exhibit A

Background and Current Organizational Status:

Hartford HealthCare Corporation (“HHC”) is the parent corporation of an integrated health care delivery system comprised of several acute and specialty care hospitals along with a continuum of other health care providers (the “HHC System”). The William W. Backus Hospital (“WWBH”) is one of the HHC System affiliated hospitals. HHC is the sole corporate member of Backus Corporation, and Backus Corporation is the sole corporate member of WWBH although WWBH recognizes HHC as its System Parent in its Bylaws. As the sole corporate member of Backus Corporation, HHC has certain powers with respect to the Backus Corporation and WWBH that provides it with control over both entities.¹

Proposed Internal Corporate Reorganization:

HHC would like to simplify its governance structure by eliminating Backus Corporation as a legal entity. As a result of the proposed action, WWBH will become a direct subsidiary of HHC and all other Backus Corporation subsidiaries (collectively, the “Subsidiaries”) will become subsidiaries of WWBH.² The updated organizational chart for HHC as a result of this proposed internal corporate reorganization is attached hereto as Schedule 2. The proposed action will be accomplished by eliminating Backus Corporation and substituting WWBH as the corporate member or shareholder of the subsidiaries. The relevant corporate governance documents will be amended accordingly.

Impact of the Proposed Internal Corporate Reorganization:

Backus Corporation currently serves no independent governance function. The proposed elimination of Backus Corporation will not result in any changes to the governance or controlling body of WWBH or any Subsidiary. The elimination of Backus Corporation will have no effect on the control by HHC over WWBH or the Subsidiaries.

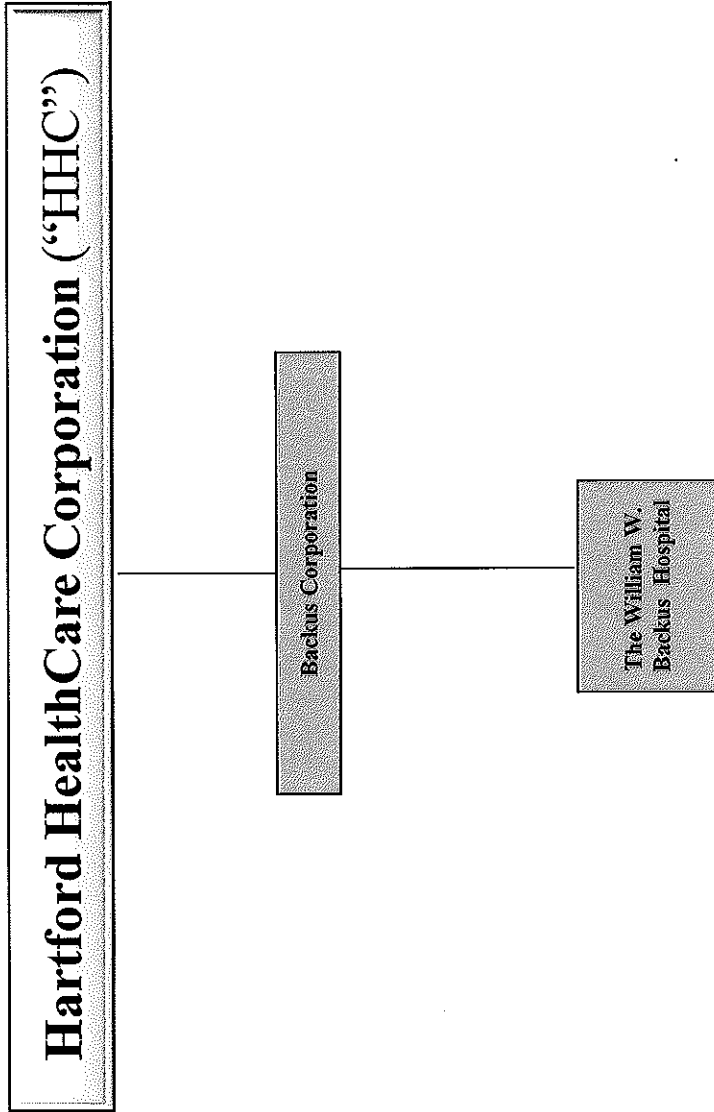
This action will eliminate repetitive and duplicative governance costs and increase efficiencies. WWBH will perform all obligations and assume all rights of Backus Corporation under the Affiliation Agreement between HHC and Backus Corporation dated August 17, 2012, as well as all reporting obligations of Backus Corporation under the HHC-Backus Corporation Affiliation CON (DN 12-31788-CON). In addition, there will be no change in WWBH hospital license as a result of this proposal.

In conclusion, the petitioner respectfully requests that OHCA determine that the proposed elimination of Backus Corporation does not result in a “transfer of ownership” and that a Certificate of Need is not required to effectuate the proposed internal corporate reorganization.

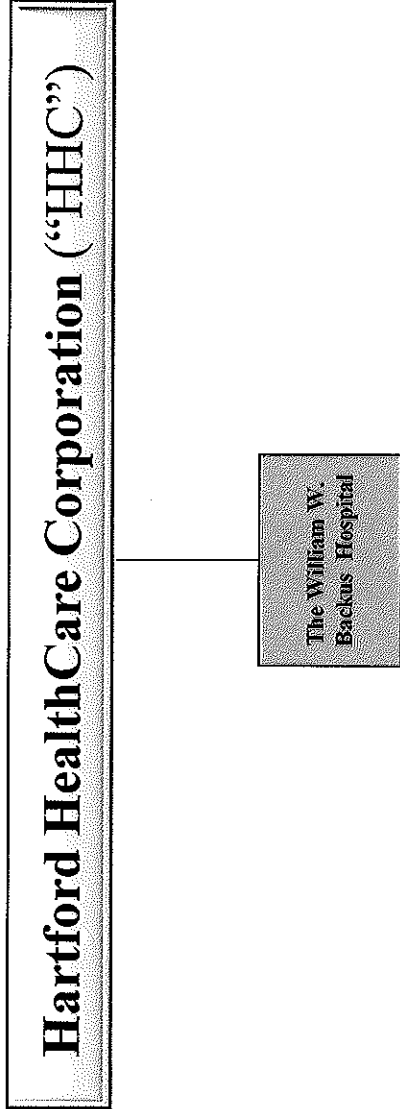
¹ Please see Schedule 1 attached hereto for HHC’s current organizational chart with respect to Backus Corporation and WWBH.

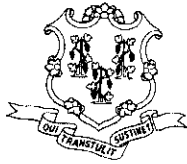
² The WWBH structure of having a corporate parent was popular in the 1990s when many hospitals, even community hospitals, were attempting to create their own independent health care delivery systems.

Schedule 1
Current Organization Chart
As of July 1, 2015



Schedule 2
Updated Organization Chart
As A Result of Proposed Corporate Reorganization





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

July 17, 2015

VIA FACSIMILE ONLY

Janette Edwards
Regional Director, Planning & Business Development
The William W. Backus Hospital
326 Washington Street
Norwich, CT 06360

RE: Certificate of Need Determination Report Number 15-32015-DTR
Internal Corporate Reorganization

Dear Ms. Edwards:

On July 16, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of The William W. Backus Hospital ("Backus Hospital") with respect to a corporate reorganization.

Hartford Healthcare Corporation ("HHC") is the parent corporation of an integrated health care delivery system composed of several acute and specialty care hospitals, including Backus Hospital. HHC is the sole corporate member of Backus Corporation and Backus Corporation is the sole corporate member of Backus Hospital. HHC maintains control over Backus Corporation and Backus Hospital. Backus Corporation serves no independent governance function. The Petitioner seeks to eliminate Backus Corporation. The proposal will not result in any changes to the governance or controlling body of Backus Hospital nor will it have any effect on HHC's control over Backus Hospital or its affiliates.

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 will be no impact or change to the governance or controlling body of Backus Hospital or any of its affiliates, 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 (JUL. 17. 2015 11:51AM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 17. 2015 11:51AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

184 MEMORY TX

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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: JANETTE EDWARDS
FAX: (860) 892-2796
AGENCY: THE WILLIAM W. BACKUS HOSPITAL
FROM: OHCA
DATE: 7/17/15
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: DN: 15-32015-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