

## Olejarz, Barbara

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**From:** Hansted, Kevin  
**Sent:** Tuesday, March 15, 2016 7:13 AM  
**To:** Olejarz, Barbara  
**Subject:** FW: Determination Request - Medical Specialty Group, P.C.  
**Attachments:** Determination re MSG CT Scanner - signed (3.14.16).pdf

Barbara, please assign docket number.

Thanks,

Kevin T. Hansted  
Staff Attorney  
Department of Public Health  
Office of Health Care Access  
410 Capitol Ave., MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134  
Phone: 860-418-7044  
Email: [kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



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**From:** Martone, Kim  
**Sent:** Monday, March 14, 2016 3:49 PM  
**To:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>  
**Cc:** Greer, Leslie <[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)>  
**Subject:** Fw: Determination Request - Medical Specialty Group, P.C.

Sent using OWA for iPhone

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**From:** Kathleen Gedney <[kkg@bvmlaw.com](mailto:kkg@bvmlaw.com)>  
**Sent:** Monday, March 14, 2016 3:04:34 PM  
**To:** Martone, Kim; User, OHCA  
**Cc:** Michele Volpe; Jennifer O'Donnell  
**Subject:** Determination Request - Medical Specialty Group, P.C.

Good Afternoon Ms. Martone:

Attached please find a Determination Form 2020 request regarding Medical Specialty Group, P.C. Please confirm receipt of this email and its attachment. Please do not hesitate to call if you have any questions.

Regards,

Kathleen Gedney-Tommaso  
Attorney at Law  
Bershtein, Volpe & McKeon P.C.  
105 Court Street, 3<sup>rd</sup> Floor  
New Haven, CT 06511  
Tel: (203) 859-6238  
Fax: (203) 777-5806  
Email: [kgg@bvmlaw.com](mailto:kgg@bvmlaw.com)

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## 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:	Robert D. Russo, M.D.	

This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.		
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	drdrusso@aol.com	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: CT Scanners Transfer to an Entity Wholly Owned by Dr. Russo
- b. Estimated Total Project Cost: \$ 0
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
425 Post Road, Fairfield, CT 06824 and 2909 Main Street, Stratford, CT 06614
- 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: Concurrent with OHCA Approval

## 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: CT Scanners Transfer to an Entity Wholly Owned by Dr. Russo

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)

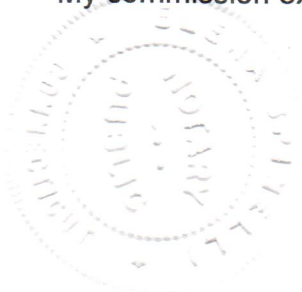
information provided in this CON Determination form is true and accurate to the best of my knowledge.

[Signature] \_\_\_\_\_ Date 3/14/16

Subscribed and sworn to before me on March 14, 2016

[Signature]  
Notary Public/Commissioner of Superior Court — Elena Spinetti

My commission expires: 1/31/2021



**Proposal Description**

Medical Specialty Group, P.C. f/k/a Robert D. Russo, M.D. & Associates Radiology, P.C. (“MSG”) seeks a Determination that no Certificate of Need (“CON”) is required to place two CT scanners approved pursuant to OHCA Docket Number 02-556 into new entity wholly owned by Robert D. Russo, M.D. called RDR Radiology, LLC.

MSG is a radiology practice wholly owned by Robert D. Russo, M.D. serving patients in greater Fairfield County including Medicaid, indigent, uninsured and undocumented patients. MSG currently owns and operates two computerized tomography scanners (“CT Scanners”) located at 425 Post Road, Fairfield, Connecticut and 2909 Main Street, Stratford, Connecticut.

MSG respectfully requests that this proposed transaction will not constitute an “acquisition” of a CT for which CON approval is required under Conn. Gen. Stat. 19a-638(a)(10).

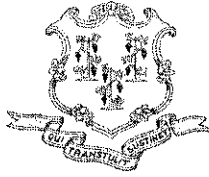
The CT Scanners will continue to be owned solely by Dr. Russo in RDR Radiology, LLC. No new services are proposed; the same CT services will continue to be provided by RDR Radiology, LLC. The same patient population will continue to be served including Medicaid, indigent, uninsured and undocumented patients and patients referred from federally funded health care clinics in the community. No licensure categories will be sought.

Dr. Russo is committed to serving the advanced imaging needs of the most vulnerable populations in the community. Dr. Russo desires to continue serving these patients and for business reasons, Dr. Russo must utilize the new entity wholly owned by Dr. Russo. If this proposal is not permissible, Dr. Russo will not be able to continue to provide CT Scanner services and Medicaid, indigent, uninsured, undocumented and federally funded health care clinics patients will be restricted in advanced imaging choice and will be required to forgo care or seek care at higher costs. For many of these patient populations, Dr. Russo is the lowest cost provider. This is very important to certain payor populations including, but not limited to, indigent, uninsured, and underinsured/high deductible plan patients.

For these reasons, we respectfully submit that OHCA determine that no CON is required for the proposal because RDR Radiology, LLC will be wholly owned by Robert D. Russo, M.D. Further, there will be no change to the payor mix or patient population served as a result of the proposal.

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Raul Pino, M.D., M.P.H.  
Commissioner

Office of Health Care Access

March 18, 2016

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

RE: Certificate of Need Determination Report Number 16-32074-DTR  
Transfer of Imaging Equipment to Wholly Owned Subsidiary

Dear Dr. Russo:

On March 15, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Medical Specialty Group, P.C. ("MSG") with respect to the transfer of imaging equipment to a wholly owned subsidiary.

MSG is a radiology practice wholly owned by Robert D. Russo, M.D. MSG currently owns and operates two computerized tomography scanners ("CT Scanners") located at 425 Post Road, Fairfield, Connecticut and 2909 Main Street, Stratford, Connecticut. MSG was issued the CON for the CT Scanners under Docket Number 02-556 (since re-numbered as 02-22929-CON). Under the proposal, the CT Scanners will be transferred to a newly formed limited liability company, RDR Radiology, LLC. Dr. Russo will be the sole member of RDR Radiology, LLC.

Pursuant to Connecticut General Statutes § 19a-638(a)(10), a CON is required for the acquisition of a CT Scanner. MSG currently owns the CT Scanners. Subsequent to the restructuring, RDR Radiology, LLC will own the CT Scanners. Consequently, MSG is relinquishing ownership of the CT Scanners and RDR Radiology, LLC is acquiring ownership of the CT Scanners. Therefore, a **CON is required** for the proposal.

Sincerely,

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

Kimberly R. Martone  
Director of Operations



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

\* \* \* COMMUNICATION RESULT REPORT ( MAR. 18. 2016 11:31AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	MAR. 18. 2016 11:30AM OPTION	ADDRESS	RESULT	PAGE
520	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 RUSSO

**FAX:** 203 926-1410

**AGENCY:** MEDICAL SPECIALTY GROUP, P.C.

**FROM:** OHCA

**DATE:** 3/18/16 **Time:** \_\_\_\_\_

**NUMBER OF PAGES:** 2  
*(including transmittal sheet)*

**Comments:** Please see attached determination for transfer of imagin equipment to wholly owned subsidiary. Report Number: 16-32074-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*