

## 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	John Dempsey Hospital	
Doing Business As		
Name of Parent Corporation	University of Connecticut Health Center, State of Connecticut	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	263 Farmington Ave. Farmington, CT 06030-3800	
What is the Petitioner's Status: P for profit and NP for Nonprofit	State Entity	
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	James Thibeault Director, Strategy and Business Development	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	263 Farmington Ave. Farmington, CT 06030-3800	
Contact Person's Telephone Number	860-679-8780	
Contact Person's Fax Number	860-679-1255	
Contact Person's e-mail Address	Jthibeault@uchc.edu	

## SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:

**Conversion of John Dempsey Hospital's Dermatology Services from a hospital-based practice to an office based practice under the direction of the UConn Medical Group.**

b. Estimated Total Project Cost:

**No Cost**

c. Location of proposal, identifying Street Address, Town and Zip Code:

**21 South Rd, Farmington, CT 06030**

d. List each town this project is intended to serve:

***UConn Health's Dermatology Services are provided to residents of the entire State of Connecticut. The primary service area includes the following 12 towns: Avon, Bloomfield, Burlington, Canton, East Hartford, Farmington, Granby, Hartford, New Britain, Newington, Simsbury and West Hartford. The secondary service area includes the following towns: Barkhamsted, Berlin, Bristol, Cromwell, East Granby, East Windsor, Glastonbury, Hartland, Harwington, Litchfield, Manchester, New Hartford, Plainville, Plymouth, Rocky Hill, South Windsor, Southington, Torrington, Vernon, Wethersfield, Winchester and Windsor.***

e. Estimated starting date for the project:

**January 1, 2017**

f. 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:

***Description of the Project:***

***John Dempsey Hospital proposes that UConn Health's Dermatology Services be converted from a hospital-based practice, under the direction of John Dempsey Hospital, to an office based practice, under the direction of the UConn Medical Group. There will be no changes in the parent corporation (the University of Connecticut Health Center), the service location, the populations served or the services provided.***

***This conversion will benefit patients through the elimination of a secondary bill for services. Under the hospital-based practice, patients receive one bill for professional services from the doctor and a second bill for facility charges from the Hospital. This sometimes requires a second co-pay for patients depending on their insurance provider.***

***Based on this conversion to an office-based practice, patients and/or insurance payers will receive only one bill when services are rendered. This will eliminate the confusion of two bills and the need for any double co-pay situations.***

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.

***The services that are currently provided by UConn Health's Dermatology Service include General Dermatology, Mohs Surgery and Dermatopathology Services. These services are currently provided under the Hospital License for John Dempsey Hospital.***

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

***There will be no changes in the Dermatology Services provided. Rather than being provided under the John Dempsey Hospital License and Provider Number, they will be provided under the UConn Medical Group and the UConn Medical Group Provider Number.***

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

***The current population served by the UConn Health Dermatology Services include residents of the entire State of Connecticut. The change in designation from a hospital-based service under John Dempsey Hospital to an office-based service under the direction of the UConn Medical Group will have no effect on the numbers***

***and types of patients that are currently serviced. The target population will remain the same, with the majority of patients residing in our primary and secondary service areas.***

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: **Anne Diamond**

Project Title:

**Conversion of John Dempsey Hospital's Dermatology Services from a hospital-based practice to an office-based practice under the direction of the UConn Medical Group**

I, Anne Diamond, CEO  
(Name) (Position – CEO or CFO)

of John Dempsey Hospital 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.

Anne Diamond 11/28/16  
Signature Date

Subscribed and sworn to before me on Nov. 28, 2016

Jill M Layton  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_



**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0065**

**General Hospital**

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

University of Connecticut Health Center-John Dempsey Hospital of Farmington, CT d/b/a John Dempsey Hospital of the University of Connecticut Health Center is hereby licensed to maintain and operate a General Hospital.

**John Dempsey Hospital of the University of Connecticut Health Center** is located at 263 Farmington Avenue, Farmington, CT 06032.

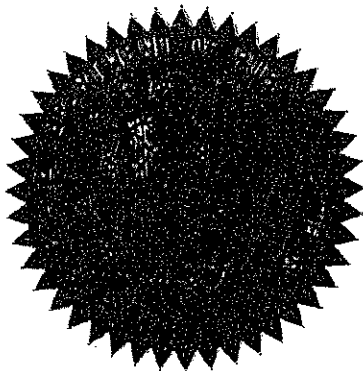
The maximum number of beds shall not exceed at any time:

10 Bassinets  
224 General Hospital Beds

This license expires **December 31, 2016** and may be revoked for cause at any time.  
Dated at Hartford, Connecticut, January 1, 2015. RENEWAL.

Satellites:

10 Talcott Notch, Farmington, CT



*Jewel Mullen MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

December 7, 2016

VIA EMAIL ONLY

James Thibeault  
Director, Strategy and Business Development  
John Dempsey Hospital  
263 Farmington Avenue  
Farmington, CT 06030

RE: Certificate of Need Determination Report Number 16-32137-DTR  
Termination of Dermatology Services

Dear Mr. Thibeault:

On December 1, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of John Dempsey Hospital ("Petitioner") with respect to the conversion of dermatology services from John Dempsey Hospital to UConn Medical Group.

The Petitioner is a licensed general hospital located at 263 Farmington Avenue, Farmington, Connecticut. The Petitioner currently offers hospital-based dermatology services at this location, including general dermatology, Mohs surgery and dermatopathology services. These services are currently provided under John Dempsey Hospital's license and provider number. The Petitioner proposes converting these dermatology services to an office-based practice, under the direction of UConn Medical Group. Rather than being provided under the John Dempsey Hospital license and provider number, the services will be provided under the UConn Medical Group provider number.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(5), a certificate of need is required for the "termination of inpatient or outpatient services offered by a hospital..." The dermatology services that are the subject of this determination are currently offered by John Dempsey Hospital under its hospital license and provider number. The Petitioner's proposal would entail



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*

John Dempsey Hospital ceasing to offer these services under its license and provider number. This constitutes a termination of a service by a hospital. Therefore, a ***CON is required*** for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone". The signature is fluid and cursive, with a long horizontal flourish at the end.

Kimberly R. Martone  
Director of Operations

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



**Olejarz, Barbara**

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**From:** Microsoft Outlook  
**To:** Thibeault,James  
**Sent:** Wednesday, December 07, 2016 10:37 AM  
**Subject:** Relayed: Determination

**Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:**

[Thibeault,James \(jthibeault@uchc.edu\)](mailto:jthibeault@uchc.edu)

Subject: Determination

## Olejarz, Barbara

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**From:** Jim Thibeault <secureMailer.d-aea035394a4d4cc7874540cad267646f@ct.gov> on behalf of Jim Thibeault <Jthibeault@uchc.edu>  
**Sent:** Thursday, December 08, 2016 11:41 AM  
**To:** McLellan, Rose  
**Cc:** Newton, Susan; Hansted, Kevin; Mitchell, Micheala; Ortelle, Donna; Olejarz, Barbara; Martone, Kim  
**Subject:** Re: RE: Determination/John Dempsey/Dermatology

Rose,

Mohs Surgery, as performed in Dermatology, is all done on an outpatient basis in a typical procedure room, not an O.R.. All these surgeries are performed under local anesthesia. Patients are fully awake during the entire procedure. We will make sure we spell this out when we submit the Dermatology CON.

Jim

Jim Thibeault  
Director, Strategy and Business Development UConn Health  
263 Farmington Ave.  
Farmington, CT 06030-3800  
Phone 860-679-8780

On 8 December 2016, "Rose McLellan" <Rose.C.McLellan@ct.gov> wrote:

> Hello all.

When the hospital applies for the CON, can you or will you ask them about what type of sedation is used?

If the Physician's Group is going to use moderate to deep sedation, then they will need to come to us for the Ambulatory Surgical Center License.

Many Thankx in advance.

Rose McLellan  
License & Application Supervisor  
Facility Licensing & Investigations Section Department of Public Health  
410 Capitol Avenue, MS#12FLIS  
P.O. Box 340308  
Hartford, CT 06134  
Rose.C.McLellan@ct.gov<mailto:Rose.C.McLellan@ct.gov>  
(860) 509-7444---phone  
(860) 509-7538---fax

Please note that the Facilities Licensing Section does not accept walk-in visitors without an appointment. There are drop-boxes located on both the basement level and main lobbies at 410 Capitol Avenue for those who wish to drop off applications/fees or other materials. Thank you.

From: Olejarz, Barbara  
Sent: Wednesday, December 07, 2016 9:00 AM  
To: Jthibeault@uchc.edu

Cc: Hansted, Kevin; Martone, Kim; McLellan, Rose; Mitchell, Micheala  
Subject: Determination

12/7/16

James Thibeault,

Please see attached determination for Report Number: 16-32137-DTR regarding Termination of Dermatology Services.

Barbara K. Olejarz

Administrative Assistant to Kimberly Martone Office of Health Care Access Department of Public Health

Phone: (860) 418-7005

Email: [Barbara.Olejarz@ct.gov](mailto:Barbara.Olejarz@ct.gov)<<mailto:Barbara.Olejarz@ct.gov>>

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