



## State of Connecticut Office of Health Care Access CON Determination Form Relocation of a Health Care Facility

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. 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	Orthopedic Associates Surgery Center, LLC	
Doing Business As	Orthopedic Associates Surgery Center, LLC	
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1111 Cromwell Ave, Rocky Hill, CT 06067	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P- for Profit	
<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:	Thomas Acampora, Administrator	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1111 Cromwell Ave, Rocky Hill, CT 06067	
Contact Person's Telephone Number	860-529-0295 ext. 107 (w) (203) 415-4944 (c)	
Contact Person's Fax Number	(860) 529-2390	
Contact Person's e-mail Address	thomasacampora@csasurgery.com	

**SECTION II. INFORMATION ON PROPOSED RELOCATION**

Please provide a description of the proposed relocation, 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.

See attached.

**Name of the Health Care Facility:**

**Current Location:**

**Proposed Location:**

**Current Population Served:**

**Proposed Population Served:**

**Current Payor Mix:**

**Proposed Payor Mix:**

**Any other information that the Petitioner deems relevant:**

**SECTION V. AFFIDAVIT**

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

Petitioner: Orthopedic Associates Surgery Center, LLC

Project Title: Facility Relocation

I, Thomas Acampora, Administrator  
(Name) (Position – CEO or CFO)

of Orthopedic Associates Surgery Center, LLC being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

Thomas Acampora 12/1/2016  
Signature Date

Subscribed and sworn to before me on December 1, 2016

James A. Juhl ss Hartford, CT  
Notary Public/Commissioner of Superior Court

My commission expires: June 30, 2021

ORTHOPEDIC ASSOCIATES SURGERY CENTER, LLC – CERTIFICATE OF NEED DETERMINATION REQUEST  
FOR

RELOCATION OF FACILITY – PROJECT OVERVIEW AND ADDITIONAL INFORMATION

The Orthopedic Associates Surgery Center, LLC (the “Facility”) is requesting a determination that no certificate of need is required for its relocation to a new building to be constructed on a parcel of real estate proximate to its current location at 150 Enterprise Dr, Rocky Hill, Connecticut. This relocation is being undertaken to allow for the development of a new physical plant for the Facility to better accommodate the patients of the Facility and to provide for a more effective configuration of space, all so as to promote the efficient provision of care by the Facility.

The proposed new location of the Facility will be in a building to be built on currently undeveloped land, identified as all of Lot 9-8 and a portion of Lot 9-7, consisting of approximately 7.66 acres at 150 Enterprise Dr., Rocky Hill, CT.

The facility currently provides a full range of musculoskeletal surgery services to patients in Rocky Hill and neighboring communities. There will be no change in the Facility’s services or the population served by the Facility as a result of the relocation.

The Facility’s payor mix for 2015, its most recently completed full calendar year of operations, is set forth below.

The Applicant believes this relocation will allow for an enhanced design of the Facility’s physical plant promoting more effective delivery of services to its patients. The relocation will result in only a modest physical relocation of the facility to a new building less than a mile from its current location. The relocation will not have any impact on the Facility’s scope of services, payor mix or patient population.

ORTHOPEDIC ASSOCIATES SURGERY CENTER CALENDAR YEAR 2015 PAYOR MIX:

Payor	Cases	% of Total
Commercial	4,278	56.70%
Medicare	2,182	28.92%
Workers' Compensation	925	12.26%
Medicaid	151	2.00%
Self Pay	9	0.12%
Total	7,545	100.00%

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0280**

**Out-Patient Surgical Facility**

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

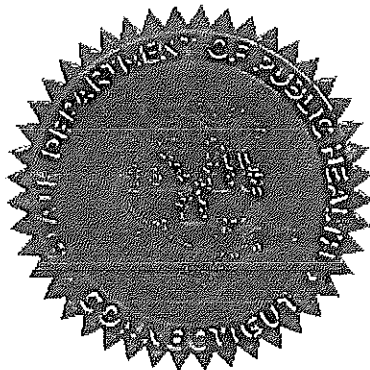
Orthopedic Associates of Hartford, P.C. of Hartford, CT, d/b/a Orthopedic Associates Surgery Center, LLC is hereby licensed to maintain and operate an Out-Patient Surgical Facility.

**Orthopedic Associates Surgery Center, LLC** is located at 1111 Cromwell Avenue, Rocky Hill, CT 06067

This license expires **March 31, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2016. **RENEWAL**

Waiver Section 19-13-D56(e)(8)(B) exp: n/a. eff: 11/3/15.



A handwritten signature in cursive script, appearing to read "Raul Pino".

Raul Pino, MD, MPH  
Commissioner

## Olejarz, Barbara

---

**From:** Hansted, Kevin  
**Sent:** Wednesday, December 07, 2016 9:16 AM  
**To:** Olejarz, Barbara  
**Subject:** FW: OCHA Determination # 16-32138-DTR

Please add to the record.

Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



**CONFIDENTIALITY NOTICE:** This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

**From:** Thomas Acampora CSA [mailto:ThomasAcampora@CSASurgery.com]  
**Sent:** Wednesday, December 07, 2016 9:14 AM  
**To:** Hansted, Kevin <Kevin.Hansted@ct.gov>  
**Subject:** RE: OCHA Determination # 16-32138-DTR

Good morning Mr. Hansted,

The facility currently has 4 ORs at its current location and will have 5 at the new location. The payer mix is not anticipated to change from that included for the current facility. Please let me know if you have any other questions.

Bests,  
Tom Acampora



Operate Better Together.

**Thomas Acampora**  
Orthopedic Associates Surgery Center  
Administrator  
p: 860-529-0295 ext. 107  
a: 1111 Cromwell Ave, Rocky Hill, CT, 06067  
s: [www.csasurgery.com](http://www.csasurgery.com)  
e: [ThomasAcampora@CSASurgery.com](mailto:ThomasAcampora@CSASurgery.com)

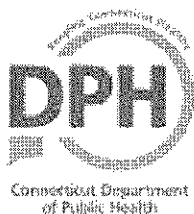
**From:** Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]  
**Sent:** Wednesday, December 7, 2016 7:35 AM  
**To:** Thomas Acampora CSA  
**Subject:** OCHA Determination # 16-32138-DTR

Good morning Mr. Acampora,

I am in receipt of your determination request regarding the relocation of Orthopedic Associates Surgery Center, LLC. Please let me know how many operating rooms are at the current location and how many will be at the new location. Additionally, please provide the payor mix expected after the relocation.

Thank you,

Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



**CONFIDENTIALITY NOTICE:** This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

---

This email has been scanned for email related threats and delivered safely by Mimecast.  
For more information please visit <http://www.mimecast.com>

---

## Olejarz, Barbara

---

**From:** Hansted, Kevin  
**Sent:** Wednesday, December 07, 2016 9:32 AM  
**To:** Olejarz, Barbara  
**Subject:** FW: OCHA Determination # 16-32138-DTR

Please add to the record.

Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



**CONFIDENTIALITY NOTICE:** This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

---

**From:** Thomas Acampora CSA [mailto:ThomasAcampora@CSASurgery.com]  
**Sent:** Wednesday, December 07, 2016 9:31 AM  
**To:** Hansted, Kevin <Kevin.Hansted@ct.gov>  
**Subject:** RE: OCHA Determination # 16-32138-DTR

Mr. Hansted,

The facility has not added an operating room in the past 3 years.

Thank you,  
Tom

-----



**Thomas Acampora**  
Orthopedic Associates Surgery Center  
Administrator  
p: 860-529-0295 ext. 107  
a: 1111 Cromwell Ave, Rocky Hill, CT, 06067



s: [www.csasurgery.com](http://www.csasurgery.com)  
e: [ThomasAcampora@CSASurgery.com](mailto:ThomasAcampora@CSASurgery.com)

**From:** Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]  
**Sent:** Wednesday, December 7, 2016 9:23 AM  
**To:** Thomas Acampora CSA  
**Subject:** RE: OCHA Determination # 16-32138-DTR

Thank you. Has the facility added any operating rooms within the past 3 years?

Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



**CONFIDENTIALITY NOTICE:** This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

**From:** Thomas Acampora CSA [<mailto:ThomasAcampora@CSASurgery.com>]  
**Sent:** Wednesday, December 07, 2016 9:14 AM  
**To:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>  
**Subject:** RE: OCHA Determination # 16-32138-DTR

Good morning Mr. Hansted,

The facility currently has 4 ORs at its current location and will have 5 at the new location. The payer mix is not anticipated to change from that included for the current facility. Please let me know if you have any other questions.

Bests,  
Tom Acampora



Cooperate Better Together.

**Thomas Acampora**

Orthopedic Associates Surgery Center

Administrator

p: 860-529-0295 ext. 107

a: 1111 Cromwell Ave, Rocky Hill, CT, 06067

s: [www.csasurgery.com](http://www.csasurgery.com)

e: [ThomasAcampora@CSASurgery.com](mailto:ThomasAcampora@CSASurgery.com)

**From:** Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]

**Sent:** Wednesday, December 7, 2016 7:35 AM

**To:** Thomas Acampora CSA

**Subject:** OCHA Determination # 16-32138-DTR

Good morning Mr. Acampora,

I am in receipt of your determination request regarding the relocation of Orthopedic Associates Surgery Center, LLC. Please let me know how many operating rooms are at the current location and how many will be at the new location. Additionally, please provide the payor mix expected after the relocation.

Thank you,

Kevin T. Hansted

Staff Attorney

Office of Health Care Access

Connecticut Department of Public Health

410 Capitol Avenue

Hartford, CT 06134

Phone: 860-418-7044

[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



**CONFIDENTIALITY NOTICE:** This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

---

This email has been scanned for email related threats and delivered safely by Mimecast.

For more information please visit <http://www.mimecast.com>

---

This email has been scanned for email related threats and delivered safely by Mimecast.  
For more information please visit <http://www.mimecast.com>

---

# 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

Thomas Acampora  
Administrator  
Orthopedic Associates Surgery Center, LLC  
330 Orchard Street  
New Haven, CT 06511

RE: Certificate of Need Determination Report Number 16-32138-DTR  
Relocation of Outpatient Surgical Center

Dear Mr. Acampora:

On December 6, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Orthopedic Associates Surgery Center, LLC ("Petitioner") with respect to its relocation.

The Petitioner is a licensed outpatient surgical center currently located at 1111 Cromwell Avenue, Rocky Hill, Connecticut. The Petitioner serves Rocky Hill and neighboring communities. The Petitioner seeks to relocate its facility to a new facility to be built at 150 Enterprise Dr., Rocky Hill, Connecticut. The Petitioner has 4 operating rooms at its current location and will have 5 operating rooms at its new location. The Petitioner currently serves 0.12% Self-Pay, 56.7% Commercial Payers, 12.26% Worker's Compensation, 28.92% Medicare, and 2.00% Medicaid. This payer mix is expected to remain substantially the same after the relocation. Additionally, the Petitioner will continue to serve the same patient population it currently serves.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(14), as CON is required for an "increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility, as defined in section 19a-493b..." Since the Petitioner is only



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*

adding one operating room to the new location, and has not added any operating rooms in the past 3 years, a **CON is not required**.

Additionally, pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, a **CON is not required** for the proposed relocation.

Sincerely,



Kimberly R. Martone  
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR.

## Olejarz, Barbara

---

**From:** Thomas Acampora CSA <ThomasAcampora@CSASurgery.com>  
**To:** Olejarz, Barbara  
**Sent:** Wednesday, December 07, 2016 12:19 PM  
**Subject:** Read: Determination

Your message

To:  
Subject: Determination  
Sent: Wednesday, December 7, 2016 12:19:32 PM (UTC-05:00) Eastern Time (US & Canada)

was read on Wednesday, December 7, 2016 12:19:27 PM (UTC-05:00) Eastern Time (US & Canada).