

Olejarz, Barbara

From: Greer, Leslie
Sent: Tuesday, July 18, 2017 3:33 PM
To: Hansted, Kevin
Cc: Martone, Kim; Olejarz, Barbara
Subject: Brucato Plastic Surgery Center, LLC CON Determination
Attachments: 32180.pdf

Attached is a new CON determination for Brucato Plastic Surgery Center, LLC.

Leslie M. Greer
Consumer Information Representative (PPT)
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, Hartford, CT 06134
Phone: (860) 418-7013 Fax: (860) 418-7053
Website: www.ct.gov/ohca



FAX TO: KIMBERLY MARTONE
DIRECTOR OF THE OFFICE OF
HEALTH CARE ACCESS

860 418-7053

FROM: GREGORY BRUCATO, M.D.

203 733-8679

SUBJECT: CON DETERMINATION FORM - 2020

DATE: JULY 18, 2017

8 PAGES TO FOLLOW



Gregory Brucato, MD, FACS

Board Certified, American Board of Plastic Surgery • Fellow, American College of Surgeons
38-B Grove Street • Ridgefield, CT 06877 • 203.431.7644

July 14, 2017

Ms. Kimberly Martone
Director of the Office of Health Care Access
410 Capitol Avenue
MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308



Re: Brucato Plastic Surgery Center, LLC – CON Determination Form – Form 2020

Dear Ms. Martone:

Enclosed for submission, please find CON Determination Form – Form 2020, regarding Brucato Plastic Surgery Center, LLC. If you have any questions or concerns, please contact me at my personal phone number, (203) 733-8679. Thank you for your time and consideration.

Very truly yours,



Gregory Brucato, M.D.

Enclosure



American Society of
Plastic Surgeons

WWW.BRUCATOPLASTICSURGERY.COM



**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 | Brucato Plastic Surgery Center, LLC | |
| Doing Business As | Brucato Plastic Surgery Center | |
| Name of Parent Corporation | N/A | |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | 10 Charter Oak Court Ridgefield, CT 06887 | |
| 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. | Gregory Brucato, M.D., Sole Member | |

| | | |
|--|--|--|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | 10 Charter Oak Court Ridgefield, CT 06887 | |
| Contact Person's Telephone Number | (203) 733-8679 | |
| Contact Person's Fax Number | | |
| Contact Person's e-mail Address | ottobrew@aol.com | |

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Transfer of Physician Ownership and Relocation of Outpatient Surgical Facility
- b. Estimated Total Project Cost: \$900,000
- c. Location of proposal, identifying Street Address, Town and Zip Code:
38B Grove Street, Ridgefield, CT 06877
- d. List each town this project is intended to serve:
Danbury, New Fairfield, Brookfield, Bethel, Newtown, Sherman, Wilton, Redding, and Ridgefield, in Connecticut; and North/South Salem, Somers, Yorktown, Brewster, Mahopac, Patterson, Southeast, and Carmel, in New York
- e. Estimated starting date for the project: September 2017

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.

PROPOSAL DESCRIPTION

Brucato Plastic Surgery Center, LLC (the "Applicant") operates a Connecticut-licensed outpatient surgical facility currently located at 38B Grove Street, Ridgefield, Connecticut 06877 (the "Center"). The Center provides ambulatory surgical services to patients and is currently owned exclusively by Gregory Brucato, M.D., a Connecticut-licensed physician. Please see the attached DPH license for the Center at Exhibit A.

Dr. Brucato wishes to sell his ownership interests in the Applicant to a group of physician investors and, per below, a Management Company (as defined below). Each of these physician investors will be duly licensed to practice in the State of Connecticut. For reasons of confidentiality, these physician investors prefer to remain anonymous at the present time. Each of these physicians will hold his or her ownership interests in the Center individually or through an entity which the physician owner controls.

As part of this transaction, as noted above, a minority ownership interest in the Applicant will also be sold to a well-established surgery center management and development company ("Management Company"). In addition, the Management Company will act as the third party management firm for the Center. Physicians, however, will continue to own and control in excess of seventy percent (70%) membership interest in the Center.

In connection with the foregoing, Applicant also plans to relocate the Center to a new address within the town of Danbury or Ridgefield. After the proposed relocation, the Center and its physician owners will continue to serve substantially the same patient population as described in Section II(d) above, and maintain substantially the same payor mix of government and commercially insured patients as well as self-pay patients. The current payor mix is:

| | |
|-----------------------|-----|
| Government payor: | 26% |
| Commercially insured: | 47% |
| Self-pay: | 26% |

The physician owners of the Center will continue to be responsible for the provision of surgical services at the Center. The Center will also remain the entity that maintains responsibility for billing for all the Center's services.

Based on the foregoing, Applicant requests OHCA to make a determination that, in accordance with Conn. Gen. Stat. § 19a-493b(c), a Certificate of Need is not required for the proposed transaction as set forth herein because prior to any transfer or change of ownership or control, the Center is owned and controlled exclusively by Connecticut-licensed physicians, and after the transactions contemplated herein, Connecticut-licensed physicians shall own and control no less than 70% of the Center.

Additionally, Applicant requests a determination that, in accordance with Conn. Gen. Stat. § 19a-639c, a Certificate of Need is not required for the proposed relocation of the Center as there will not be a substantial change in population served by the Center or its payor mix.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Brucato Plastic Surgery Center, LLC

Project Title: Transfer of Physician Ownership and Relocation of Outpatient Surgical Facility

I, Gregory Brucato,
(Name)

Sole Member
(Position – CEO or CFO)

of Brucato Plastic Surgery Center, LLC 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 July 17, 2017

Subscribed and sworn to before me on July 17, 2017


Notary Public/Commissioner of Superior Court

My commission expires: _____
BEVERLY WOLF
NOTARY PUBLIC
CONNECTICUT
My Commission Expires 6/30/19

EXHIBIT A

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0313

Out-Patient Surgical Facility

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

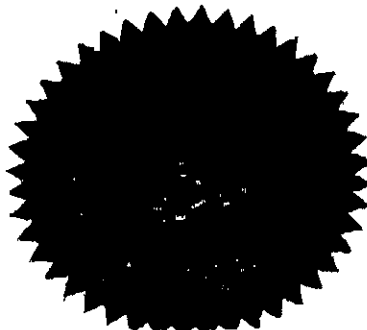
Gregory Brucato, M.D. LLC of Ridgefield, CT, d/b/a Brucato Plastic Surgery Center, LLC is hereby licensed to maintain and operate an Out-Patient Surgical Facility.

Brucato Plastic Surgery Center, LLC is located at 38 B Grove Street, Ridgefield, CT 06877.

This license expires September 30, 2017 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2015. **RENEWAL**

- Waiver Sec. 19-13-D56 (b)(D)(2), (b)(D)(5) exp: n/a
- Waiver Sec. 19-13-D56 (b)(E)(4), (b)(E)(8) exp: n/a
- Waiver Sec. 19-13-D56 (b)(E),(9),(b)(E)(11) exp: n/a
- Waiver Sec. 19-13-D56 (b)(F)(1) exp: n/a
- Waiver Sec. 19-13-D56 (b)(F)(2), (b)(F)(3) exp: n/a
- Waiver Sec. 19-13-D56 (b)(G)(1)(a), (b)(G)(1)(c) exp: n/a
- Waiver Sec. 19-13-D56 (b)(G)(1)(j), (b)(J)(5) exp: n/a



Jewel Mullen

Jewel Mullen, MD, MPH, MPA
Commissioner

Greer, Leslie

From: Greer, Leslie
Sent: Friday, July 21, 2017 10:20 AM
To: 'ottobrew@aol.com'
Cc: McLellan, Rose; Olejarz, Barbara; Hansted, Kevin; Martone, Kim
Subject: Brucato Plastic Surgery Center, LLC CON Determination
Attachments: 17-32180-DTR CON not req.pdf

| Tracking: | Recipient | Delivery |
|-----------|--------------------|-------------------------------|
| | 'ottobrew@aol.com' | |
| | McLellan, Rose | Delivered: 7/21/2017 10:20 AM |
| | Olejarz, Barbara | Delivered: 7/21/2017 10:20 AM |
| | Hansted, Kevin | Delivered: 7/21/2017 10:20 AM |
| | Martone, Kim | Delivered: 7/21/2017 10:20 AM |

Dr. Brucato,

Attached is the decision for Brucato Plastic Surgery Center, LLC's CON determination.

Thank you,

Leslie M. Greer
Consumer Information Representative (PPT)
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, Hartford, CT 06134
Phone: (860) 418-7013 Fax: (860) 418-7053
Website: www.ct.gov/ohca



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

July 21, 2017

VIA EMAIL ONLY

Gregory Brucato, M.D.
Brucato Plastic Surgery Center, LLC
10 Charter Oak Court
Ridgefield, CT 06887

RE: Certificate of Need Determination Report Number 17-32180-DTR
Addition of Physician Owners and Relocation of Outpatient Surgical Facility

Dear Dr. Brucato:

On July 18, 2017, the Office of Health Care Access (“OHCA”) received your Certificate of Need (“CON”) Determination Form on behalf of Brucato Plastic Surgery Center, LLC (“Petitioner”) with respect to its relocation and the addition of physician owners.

The Petitioner is a licensed outpatient surgical center located at 38B Grove Street, Ridgefield, Connecticut. The Petitioner is currently owned and controlled solely by Gregory Brucato, M.D. The Petitioner seeks to reorganize so as to allow for the addition of new physician members. Each of the new physician members is duly licensed in the State of Connecticut. In addition, a minority interest in the facility will be sold to a surgical facility management company. Upon admission of the new physician members, the physicians will continue to own and control in excess of 70% of the membership interests in the facility. In connection with this transaction, the Petitioner will relocate the facility to a new address within the town of Danbury or Ridgefield. The Petitioner currently serves 26% government payor; 47% commercially insured; and 26% self-pay. This payor mix, along with the current population served, will not substantially change after the proposed relocation.

Connecticut General Statutes § 19a-638(a)(2) requires a CON for the “transfer of ownership of a health care facility.” However, Connecticut General Statutes § 19a-493b(c) provides an exception for outpatient surgical facilities whose Connecticut licensed physician members will maintain a controlling 60% ownership after a transfer of interest in a facility. Since the physician



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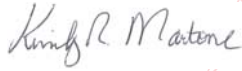
Affirmative Action/Equal Opportunity Employer



members will maintain in excess of 70% of the ownership interest in the facility, OHCA hereby determines that a CON *is not required* for the proposed sale.

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,

 Digitally signed by Kimberly
Martone
Date: 2017.07.21 09:07:24 -04'00'

Kimberly R. Martone
Director of Operations

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

Gregory Brucato, MD, FACS

Board Certified, American Board of Plastic Surgery • Fellow, American College of Surgeons
38-B Grove Street • Ridgefield, CT 06877 • 203.431.7644



July 14, 2017

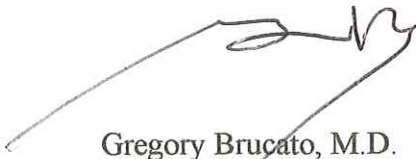
Ms. Kimberly Martone
Director of the Office of Health Care Access
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P.O. Box 340308
Hartford, CT 06134-0308

Re: Brucato Plastic Surgery Center, LLC – CON Determination Form – Form 2020

Dear Ms. Martone:

Enclosed for submission, please find CON Determination Form – Form 2020, regarding Brucato Plastic Surgery Center, LLC. If you have any questions or concerns, please contact me at my personal phone number, (203) 733-8679. Thank you for your time and consideration.

Very truly yours,



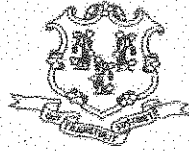
Gregory Brucato, M.D.

Enclosure



American Society of
Plastic Surgeons

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**State of Connecticut
Office of Health Care Access
CON Determination Form
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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 | Brucato Plastic Surgery Center, LLC | |
| Doing Business As | Brucato Plastic Surgery Center | |
| Name of Parent Corporation | N/A | |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | 10 Charter Oak Court Ridgefield, CT 06887 | |
| 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. | Gregory Brucato, M.D., Sole Member | |

| | | |
|--|--|--|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | 10 Charter Oak Court Ridgefield, CT 06887 | |
| Contact Person's Telephone Number | (203) 733-8679 | |
| Contact Person's Fax Number | | |
| Contact Person's e-mail Address | ottobrew@aol.com | |

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Transfer of Physician Ownership and Relocation of Outpatient Surgical Facility
- b. Estimated Total Project Cost: \$900,000
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- d. List each town this project is intended to serve:
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- e. Estimated starting date for the project: September 2017

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.
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PROPOSAL DESCRIPTION

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Dr. Brucato wishes to sell his ownership interests in the Applicant to a group of physician investors and, per below, a Management Company (as defined below). Each of these physician investors will be duly licensed to practice in the State of Connecticut. For reasons of confidentiality, these physician investors prefer to remain anonymous at the present time. Each of these physicians will hold his or her ownership interests in the Center individually or through an entity which the physician owner controls.

As part of this transaction, as noted above, a minority ownership interest in the Applicant will also be sold to a well-established surgery center management and development company ("Management Company"). In addition, the Management Company will act as the third party management firm for the Center. Physicians, however, will continue to own and control in excess of seventy percent (70%) membership interest in the Center.

In connection with the foregoing, Applicant also plans to relocate the Center to a new address within the town of Danbury or Ridgefield. After the proposed relocation, the Center and its physician owners will continue to serve substantially the same patient population as described in Section II(d) above, and maintain substantially the same payor mix of government and commercially insured patients as well as self-pay patients. The current payor mix is:

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The physician owners of the Center will continue to be responsible for the provision of surgical services at the Center. The Center will also remain the entity that maintains responsibility for billing for all the Center's services.

Based on the foregoing, Applicant requests OHCA to make a determination that, in accordance with Conn. Gen. Stat. § 19a-493b(c), a Certificate of Need is not required for the proposed transaction as set forth herein because prior to any transfer or change of ownership or control, the Center is owned and controlled exclusively by Connecticut-licensed physicians, and after the transactions contemplated herein, Connecticut-licensed physicians shall own and control no less than 70% of the Center.

Additionally, Applicant requests a determination that, in accordance with Conn. Gen. Stat. § 19a-639c, a Certificate of Need is not required for the proposed relocation of the Center as there will not be a substantial change in population served by the Center or its payor mix.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Brucato Plastic Surgery Center, LLC

Project Title: Transfer of Physician Ownership and Relocation of Outpatient Surgical Facility

I, Gregory Brucato, Sole Member
(Name) (Position – CEO or CFO)

of Brucato Plastic Surgery Center, LLC 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.

 July 17, 2017
Signature Date

Subscribed and sworn to before me on July 17, 2017


Notary Public/Commissioner of Superior Court

My commission expires: _____
**BEVERLY WOLF
NOTARY PUBLIC
CONNECTICUT
My Commission Expires 6/30/19**

EXHIBIT A

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

July 21, 2017

VIA EMAIL ONLY

Gregory Brucato, M.D.
Brucato Plastic Surgery Center, LLC
10 Charter Oak Court
Ridgefield, CT 06887

RE: Certificate of Need Determination Report Number 17-32180-DTR
Addition of Physician Owners and Relocation of Outpatient Surgical Facility

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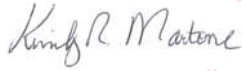
Affirmative Action/Equal Opportunity Employer



members will maintain in excess of 70% of the ownership interest in the facility, OHCA hereby determines that a CON *is not required* for the proposed sale.

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,

 Digitally signed by Kimberly
Martone
Date: 2017.07.21 09:07:24 -04'00'

Kimberly R. Martone
Director of Operations

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

Olejarz, Barbara

From: Greer, Leslie
Sent: Friday, July 21, 2017 10:20 AM
To: ottobrew@aol.com
Cc: McLellan, Rose; Olejarz, Barbara; Hansted, Kevin; Martone, Kim
Subject: Brucato Plastic Surgery Center, LLC CON Determination
Attachments: 17-32180-DTR CON not req.pdf

Dr. Brucato,

Attached is the decision for Brucato Plastic Surgery Center, LLC's CON determination.

Thank you,

Leslie M. Greer
Consumer Information Representative (PPT)
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, Hartford, CT 06134
Phone: (860) 418-7013 Fax: (860) 418-7053
Website: www.ct.gov/ohca



STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0313

Out-Patient Surgical Facility

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

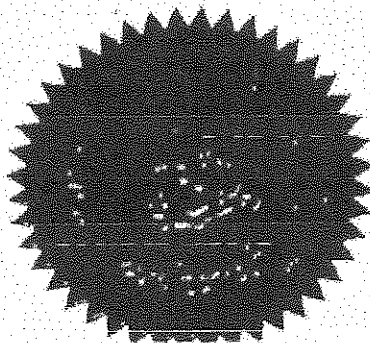
Gregory Brucato, M.D. LLC of Ridgefield, CT, d/b/a Brucato Plastic Surgery Center, LLC is hereby licensed to maintain and operate an Out-Patient Surgical Facility.

Brucato Plastic Surgery Center, LLC is located at 38 B Grove Street, Ridgefield, CT 06877.

This license expires September 30, 2017 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2015. **RENEWAL**

- Waiver Sec. 19-13-D56 (b)(D)(2), (b)(D)(5) exp: n/a
- Waiver Sec. 19-13-D56 (b)(E)(4), (b)(E)(8) exp: n/a
- Waiver Sec. 19-13-D56 (b)(E)(9), (b)(E)(11) exp: n/a
- Waiver Sec. 19-13-D56 (b)(F)(1) exp: n/a
- Waiver Sec. 19-13-D56 (b)(F)(2), (b)(F)(3) exp: n/a
- Waiver Sec. 19-13-D56 (b)(G)(1)(a), (b)(G)(1)(c) exp: n/a
- Waiver Sec. 19-13-D56 (b)(G)(1)(j), (b)(J)(5) exp: n/a



Jewel Mullen
 Jewel Mullen, MD, MPH, MPA
 Commissioner