

Hospital of Saint Raphael

A member of the Saint Raphael Healthcare System

1450 Chapel Street
New Haven, Connecticut 06511
(203) 789-3000

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OFFICE OF
HEALTH CARE ACCESS
STATE OF CONNECTICUT

November 21, 2006

Cristine Vogel
Commissioner
Office of Health Care Access
State of Connecticut
410 Capital Avenue
3rd Floor
Hartford, Connecticut 06134-0308

Re: Hospital of Saint Raphael
Letter of Determination
Outpatient Obstetrics and Gynecology Services

Dear Commissioner Vogel:

Attached is a completed Letter of Determination (OHCA Form 2020) describing the Hospital of Saint Raphael's proposal to establish satellite offices for faculty practice plan OB/GYN providers.

The objective of this proposal is to extend existing services into the community in order to provide an easily accessible, safe alternative for OB/GYN health care service needs. The Hospital believes that this proposal is not subject to statutory CON requirements, and is seeking a formal determination from OHCA.

We look forward to working with you and the Staff of the Office of Health Care Access on this necessary project. If you or your staff have any questions regarding this proposal, please contact me at (203) 789-4378.

Sincerely yours,

A handwritten signature in black ink that appears to read "Barbara Durdy".
Barbara Durdy
Planning & Business Development



State of Connecticut

Office of Health Care Access

CON Determination Form

Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner 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 more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

Full legal name	Petitioner Hospital of Saint Raphael	Petitioner
Doing Business As	Hospital of Saint Raphael	
Name of Parent Corporation	Saint Raphael Healthcare System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	1450 Chapel Street New Haven, CT 06511	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Non-profit	
Name of Contact person, including title	Barbara Durdy Planning & Business Development	
Contact person's street mailing address	1450 Chapel Street New Haven, CT 06511	
Contact person's phone, fax and e-mail address	203) 789-4378 Phone (203) 789-3653 Fax bdurdy@srhs.org	

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:
Outpatient Obstetrics and Gynecology Services

b. Location of proposal (Town including street address):

- 1) **84 North Main Street**
Branford, CT 06405
- 2) **Derby or Shelton Connecticut**
Location to be determined

c. List all the municipalities this project is intended to serve:

This project will serve the residents of the Hospital's 22 town service area which includes Branford, Derby and Shelton. Please see Attachment # 3 for a complete listing of cities and towns which comprise the Hospital's Service Area.

d. Estimated starting date for the project:

March 1, 2007

e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

Acute Care Hospital

Behavioral Health Provider

Hospital Affiliate

E P

Imaging Center

Ambulatory Surgery Center

Other (specify):

E P

Cancer Center

Primary Care Clinic

SECTION III. EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure/Cost: \$ Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	
Medical Equipment (Purchase)	\$81,933
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$19,274
Sales Tax	
Delivery & Installation	

Total Capital Expenditure	\$101,207
Fair Market Value of Leased Equipment	
Total Capital Cost	\$101,207

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A				

Note: Provide copy of contract with vendor for medical equipment.

Not applicable. No major medical equipment or imaging equipment purchases are related to this project.

b. Type of financing or funding source:

Operating Funds Lease Financing Conventional Loan
 Charitable Contributions CHEFA Financing Grant Funding
 Funded Depreciation Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

Please see Attachment # 1 for a description of the project.

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

The Hospital of Saint Raphael is a 511 bed general acute care teaching hospital located in New Haven, Connecticut. Please see Attachment # 2 for a copy of the current license for the Hospital of Saint Raphael issued by the Department of Public Health.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

The Hospital is proposing to provide outpatient obstetrics and gynecology services at two satellite locations within its existing service area. The proposed service will be operated under the Hospital of Saint Raphael's license.

3. Will you be charging a facility fee?

The Hospital will not be charging a facility fee for the proposed services.

Professional fees will be charged by the physician and midwives and will be billed through the Hospital of Saint Raphael faculty practice plan.

4. Who is the current population served and who is the target population to be served?

The Hospital of Saint Raphael generally serves the residents of South Central Connecticut, consisting of the 22 municipalities (approximately 700,000 persons) which include and surround New Haven.

This proposal is intended to provide access to gynecologic, prenatal and obstetric services for residents of Branford, Shelton and Derby which are part of the Hospital's 22 town service area.

Please see Attachment # 3 for a listing of cities and towns which comprise the Hospital's Service Area.

5. Who will be providing the service?

The proposed services will be provided by a Board certified Obstetrician and midwives, all of whom are Hospital of Saint Raphael faculty practice plan providers.

6. Who are the payers of this service?

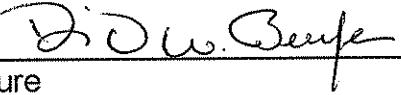
The Hospital anticipates that the payor mix for this service will be consistent with the overall payor mix of the Hospital.

SECTION V. AFFIDAVIT

Applicant: **Hospital of Saint Raphael**
Project Title **Outpatient Obstetrics and Gynecology Services**

I, **David Benfer, Chief Executive Officer (CEO)**

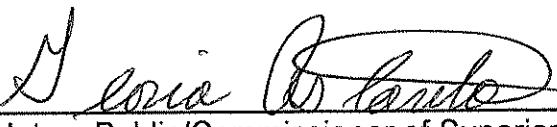
of the **Hospital of Saint Raphael** being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that the **Hospital of Saint Raphael** complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.


Signature

21 November 2006

Date

Subscribed and sworn to before me on November 21, 2006


Notary Public/Commissioner of Superior Court

My commission expires: _____

Gloria Astarita
Notary Public, State of Connecticut
My Commission Expires Oct 31, 2011

Attachment # 1

Project Description

Attachment #1**Project Description**
Outpatient Obstetrics and Gynecology Services

The Hospital of Saint Raphael is a provider of comprehensive obstetric and gynecological (OB/GYN) services targeted to women in the Greater New Haven area. Clinical services include general gynecology, prenatal care, ultrasound, and obstetrical services. Outpatient OB/GYN services are provided in the Women and Children's clinic located on the Hospital's main campus.

The Hospital has recently established a faculty practice plan which provides a vehicle for physician billing and reimbursement. Under the Hospital's faculty practice plan model, physicians and other practitioners are employed by the Hospital but bill for professional services under a separate tax identification number for the faculty practice plan. The Faculty Practice Plan is not a separately incorporated entity.

This proposal is for the establishment of two satellite offices for HSR faculty practice plan practitioners (an obstetrician/ gynecologist and 5 midwives) who intend to provide outpatient obstetrics and gynecology services at each of the proposed locations 2 or 3 days per week. Both of the proposed locations are within the Hospital's 22 town service area. (Please see schedule of proposed locations below). The Hospital will not be offering any new services at the proposed locations merely expanding the present OB/GYN services to our current and future patients.

The Hospital will not bill technical fees for the proposed services. Professional fees will be billed by the physician and midwives under the tax identification number of the HSR Faculty Practice Plan. The Hospital will be responsible for funding necessary medical and non-medical equipment totaling approximately \$100,000 and for the salaries of the employed physician and midwives.

The objective of this proposal is to extend existing services into the community in order to provide an easily accessible, safe alternative for OB/GYN health care service needs. The Hospital's existing patients will benefit through reduced travel times, less frequent trips in and out of New Haven for routine appointments, and parking availability.

The Hospital believes that this proposal is not subject to statutory CON requirements, and is seeking a formal determination from OHCA.

Proposed locations for outpatient gynecology and prenatal services:

1) 84 North Main Street
Branford, CT 06405

And

2) Derby or Shelton
Location to be determined

Attachment # 2

Hospital of Saint Raphael License

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0056

General Hospital

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

Hospital of Saint Raphael of New Haven, CT, d/b/a Hospital of Saint Raphael is hereby licensed to maintain and operate a General Hospital.

Hospital of Saint Raphael is located at 1450 Chapel Street, New Haven, CT 06511

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

22 Bassinets

511 General Hospital beds

This license expires **September 30, 2007** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.

License revised to reflect:

*Change of address on (1) satellite effective 9/10/05

Satellites

*Adolescent Day Hospital, 646 George Street, New Haven, CT
Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT
Children's Psychiatric Day Hospital, 1348 Chapel Street, New Haven, CT
Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT
Project Mother Care (Mobile), 9 River Street, New Haven, CT
Dwight School Based Health Center, 130 Edgewood Avenue, New Haven, CT
Dental Mobile Van "Miles 4 Smiles", 9 River Street, New Haven, CT
Elder Care Clinic/Tower One, Tower Lane, New Haven, CT
Elder Care Clinic/Casa Otonal, 140 Sylvan Avenue, New Haven, CT
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT
Elder Care Clinic/Crawford Manor, 90 Park Street, New Haven, CT
Elder Care Clinic/Ribicoff Cottages, 200 Brookside Avenue, New Haven, CT
Evening Chemical Dependency Program, 1294 Chapel Street, New Haven, CT
Mcqueeney Towers/Hospital of Saint Raphael Eldercare Clinic, 318/358 Orange Street, Apt.#416, New Haven, CT
Elder Care Clinic/Surfside, 200 Oak Street, West Haven, CT
Troup School Base Health Center, 130 B Leeder Hill, Hamden, CT



J. Robert Galvin, M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

Attachment # 3

**Listing of Towns and Cities that Comprise the Service Area
of the Hospital of Saint Raphael**

**Hospital Of Saint Raphael
22 Town Service Area**

**Ansonia
Bethany
Branford
Cheshire
Clinton
Derby
East Haven
Guilford
Hamden
Madison
Meriden
Milford
New Haven
North Branford
North Haven
Orange
Oxford
Seymour
Shelton
Wallingford
West Haven
Woodbridge**