

By FedEx

November 24, 2015

Ms. Kimberly Martone
Director of the Office of Health Care Access
410 Capitol Avenue
MS#13HCA
Hartford, Connecticut 06134-0308

Re: St. Vincent's Medical Center

Dear Ms. Martone:

Enclosed is a CON Determination Form filed on behalf of St. Vincent's Medical Center and St. Vincent's Health Services Corporation describing a revision to the internal corporate reorganization described in Certificate of Need Determination Report Number 15-32030-DTR (the "Prior CON Determination"). The result of this revised transaction as it impacts St. Vincent's Medical Center is the same as the Prior CON Determination, and St. Vincent's respectfully requests that OHCA confirm that no Certificate of Need is required.

Should you have any questions or require any additional information, please contact the undersigned.

Very truly yours,

A handwritten signature in blue ink that reads "Peter Struzzi".

Peter H. Struzzi
Vice President and General Counsel

Enclosure



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	St. Vincent's Health Services Corporation	St. Vincent's Medical Center
Doing Business As	St. Vincent's Health Services Corporation	St. Vincent's Medical Center
Name of Parent Corporation	Ascension Health	St. Vincent's Health Services Corporation
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	2800 Main Street Bridgeport, CT 06606	2800 Main Street Bridgeport, CT 06606
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP	NP
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.	Peter Struzzi Vice President/ General Counsel	Peter Struzzi Vice President/ General Counsel

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	St. Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606	St. Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606
Contact Person's Telephone Number	203-576-5584	203-576-5584
Contact Person's Fax Number	203-576-5345	203-576-5345
Contact Person's e-mail Address	Peter.Struzzi@Stvincents.org	Peter.Struzzi@Stvincents.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Internal Corporate Reorganization
- b. Estimated Total Project Cost: \$ 0
- c. Location of proposal, identifying Street Address, Town and Zip Code:
not applicable
- d. List each town this project is intended to serve:
not applicable
- e. Estimated starting date for the project: January 1, 2016

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.

DESCRIPTION OF PROPOSAL

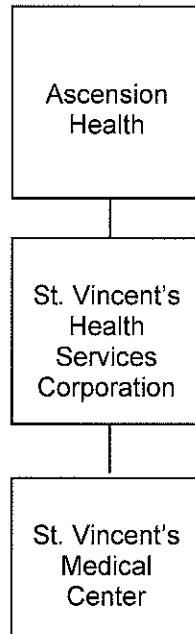
Reference is made to the Certificate of Need Determination Report Number 15-32030-DTR, pursuant to which the Office of Health Care Access determined that a CON was not required for the proposed corporate reorganization that would merge St. Vincent's Health Services Corporation ("SVHS") into St. Vincent's Medical Center ("SVMC"), so that Ascension Health, currently the sole member of SVHS and the indirect parent of SVMC, would become the sole member and the direct parent of SVMC.

Currently, SVHS is the parent corporation and sole member of SVMC. Upon further consideration of various organizational issues, the parties have decided rather than merging SVHS into SVMC, SVHS will continue to exist as a subsidiary of SVMC. The result of this transaction as it impacts SVMC is the same as the prior CON Determination referenced herein: Ascension Health will become the sole member and the direct parent of SVMC. The attached chart in Exhibit A reflects the current organizational structure of SVHS and SVMC and the organizational structure that will be in place effective upon the reorganization. The expected effective date for this change remains January 1, 2016.

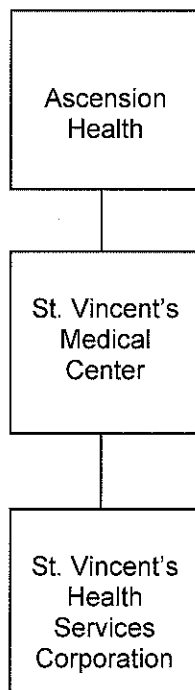
The proposed corporate reorganization will not involve the transfer of ownership or control of a health care facility. Effective upon the corporate reorganization, Ascension will become the direct, rather than the indirect, sole member of SVMC. There will be no sale or transfer of any assets of SVMC and the SVMC Board will remain in place. There is no capital expenditure associated with this transaction, and there will be no change in the services provided by SVMC. To the health care community of Connecticut, there will be no discernable change whatsoever. This change simply retains the existence of SVHS rather than merging the entity into SVMC.

We do not believe that this revised plan should change the conclusion reached in OHCA's CON determination in Report Number 15-32030-DTR and respectfully request that OHCA confirm that no Certificate of Need is required.

Current Organizational Structure:



Planned Organizational Structure after the reorganization:



SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: St. Vincent's Medical Center

Project Title: Internal Corporate Reorganization

I, Stuart G. Marcus, M.D., President and CEO
(Name) (Position – CEO or CFO)

of St. Vincent's Medical Center 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] 11/24/15
Signature Date

Subscribed and sworn to before me on November 24, 2015

[Signature]
Notary Public/Commissioner of Superior Court

JOANNE BERTANZA
NOTARY PUBLIC
MY COMMISSION EXPIRES JAN. 31, 2019

My commission expires: _____

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: St. Vincent's Health Services Corporation

Project Title: Internal Corporate Reorganization

I, Stuart G. Marcus, M.D., President and CEO
(Name) (Position – CEO or CFO)

of St. Vincent's Health Services Corporation 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.

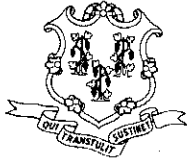
[Signature] 11-24-15
Signature Date

Subscribed and sworn to before me on November 24, 2015

Joanne Bertanza
Notary Public/Commissioner of Superior Court

**JOANNE BERTANZA
NOTARY PUBLIC
MY COMMISSION EXPIRES JAN. 31, 2019**

My commission expires: _____



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

December 3, 2015

VIA FACSIMILE ONLY

Peter H. Struzzi, Esq.
Vice President/General Counsel
St. Vincent's Medical Center
2800 Main Street
Bridgeport, CT 06606

RE: Certificate of Need Determination Report Number 15-32046-DTR
Internal Corporate Reorganization

Dear Attorney Struzzi:

On November 27, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of St. Vincent's Medical Center ("SVMC") and St. Vincent's Health Services Corporation ("SVHS") with respect to a corporate reorganization.

Ascension Health is the Parent Corporation and sole corporate member of SVHS. SVHS is the Parent Corporation and sole member of SVMC. As part of SVHS' efforts to streamline its governance model and reduce costs, SVHS plans to effectuate an internal corporate reorganization by making SVHS a subsidiary of SVMC. Currently, SVHS and SVMC have the same Board of Directors. Ascension Health is currently the sole member of SVMC's parent, SVHS, and therefore indirectly controls SVMC. After the proposed reorganization, Ascension Health will become the direct, rather than the indirect, sole member of SVMC. There will be no sale or transfer of any assets, and the same SVMC Board will remain in place after the reorganization.

Connecticut General Statutes § 19a-638(a)(2) requires CON authorization for the "transfer of ownership of a health care facility". Connecticut General Statutes § 19a-630(14) defines a "transfer of ownership" as "a transfer that impacts or changes the governance or controlling body of a health care facility..." Since there will be no impact or change to the governance or controlling body of SVMC or SVHS, OHCA hereby determines that a **CON is not required** for the proposal.

Sincerely,

Kimberly R. Martone
Director of Operations

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

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * * COMMUNICATION RESULT REPORT (DEC. 3. 2015 1:16PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	DEC. 3. 2015 1:15PM OPTION	ADDRESS	RESULT	PAGE
402 MEMORY TX		912035765345	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: PETER H. STRUZZI, ESQ.

FAX: 203 576-5345

AGENCY: ST. VINCENT'S MEDICAL CENTER

FROM: OHCA

DATE: 12/3/15 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Determination is attached for Report Number 15-32046, Internal Corporate Reorganization

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