



**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
Full Legal Name	Prospect Manchester Hospital, Inc.
Doing Business As	Manchester Memorial Hospital
Name of Parent Corporation	Prospect ECHN, Inc.
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	71 Haynes Street Manchester, CT 06040
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.	Dennis P. McConville Senior Vice President Chief Strategy Officer

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	71 Haynes Street Manchester, CT 06040
Contact Person's Telephone Number	(860) 533-3429
Contact Person's Fax Number	(860) 647-6860
Contact Person's e-mail Address	dmconville@echn.org

SECTION II. INFORMATION ON PROPOSED RELOCATION

Name of the Health Care Facility: ECHN Diagnostics Blood Draw Center

Current Location: 2800 Tamarack Avenue, South Windsor, CT 06074

Proposed Location: 2400 Tamarack Avenue, South Windsor, CT 06074

Current Population Served: Patients needing laboratory blood tests from the South Windsor Area

Proposed Population Served: Same population served

Current Payor Mix: Commercial 55.5%, Medicare 30.1%, Medicaid 13.5%, Other Government 0.5%, Self-Pay 0.3%, Uninsured 0.1%

Proposed Payor Mix: Same as current payor mix

Any other information that the Petitioner deems relevant: Prior to January 3, 2016 ECHN has operated two blood draw stations on Tamarack Avenue in South Windsor, one at 2800 Tamarack Avenue and the other at 2400 Tamarack Avenue. These two buildings are approximately 500 yards from each other in the same medical office complex and share a common drive.

As of January 3, 2017, the 2800 Tamarack Avenue blood draw station is relocated to the one at 2400 Tamarack Avenue. The service continues to be available to the same patients with the same payor mix in the same building complex with expanded hours of operation for patients. The new hours are Monday through Friday, 7:00 AM to 12:30 PM and 1:30 PM to 4:00 PM and Saturday, 8:00 AM to 12:00 PM. There will be no reduction in workforce and no change in operations or services.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Prospect Manchester Hospital, Inc.

Project Title: Relocation of Diagnostic Blood Draw Center

I, Michael Collins, CEO
(Name) (Position – CEO or CFO)

of Prospect Manchester Hospital, Inc. 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.

Michael Collins 2/13/17
Signature Date

Subscribed and sworn to before me on February 13, 2017

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 1/31/2021

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

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

Office of Health Care Access

February 16, 2017

Dennis P. McConville
Senior Vice President
Prospect Manchester Hospital, Inc.
71 Haynes Street
Manchester, CT 06040

RE: Certificate of Need Determination Report Number 17-32147-DTR
Relocation of Blood Draw Center

Dear Mr. McConville:

On February 14, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Prospect Manchester Hospital, Inc. ("Petitioner") with respect to the relocation of its blood draw center.

The Petitioner operates a blood draw station at 2800 Tamarack Avenue, South Windsor. The Petitioner seeks to relocate the blood draw services to 2400 Tamarack Avenue, South Windsor. The current payor mix is 55.5% commercial, 30.1% Medicare, 13.5% Medicaid, 0.3% self-pay, 0.1% uninsured and 0.5% other government. Subsequent to the relocation, the population and payor mix will remain the same.

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,

A handwritten signature in blue ink, appearing to read "Kim M.", written over a horizontal line.

Kimberly R. Martone
Director of Operations



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Olejarz, Barbara

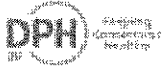
From: Olejarz, Barbara
Sent: Thursday, February 16, 2017 10:19 AM
To: Dennis P. McConville
Cc: Martone, Kim; Hansted, Kevin; Riggott, Kaila; McLellan, Rose
Subject: Determination
Attachments: 32147.pdf

Tracking:	Recipient	Delivery
	Dennis P. McConville	
	Martone, Kim	Delivered: 2/16/2017 10:19 AM
	Hansted, Kevin	Delivered: 2/16/2017 10:19 AM
	Riggott, Kaila	Delivered: 2/16/2017 10:19 AM
	McLellan, Rose	Delivered: 2/16/2017 10:19 AM

2/16/17

Please see attached determination for the Relocation of Blood Draw Center.

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



Olejarz, Barbara

From: Microsoft Outlook
To: Dennis P. McConville
Sent: Thursday, February 16, 2017 10:19 AM
Subject: Relayed: Determination

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

[Dennis P. McConville \(dmcconville@ech.n.org\)](mailto:dmcconville@ech.n.org)

Subject: Determination