



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	Robbins Eye Center,P.C.	
Doing Business As	Robbins Eye Center	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1 Sasco Hill Road, Fairfield CT 06824	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P(profit)	
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.	Dr. Kim Robbins	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1 Sasco Hill Road, Fairfield CT 06824	
Contact Person's Telephone Number	203-371-5800	
Contact Person's Fax Number	203-371-6551	
Contact Person's e-mail Address	admnmanager@robbinseyecenter.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.

Name of the Health Care Facility: Robbins Eye Center

Current Location: One Sasco Hill Road office 202, Fairfield CT 06824

Proposed Location: Robbins Eye Center proposes to relocate its outpatient Surgery facility to the following location: 2600 Post Road, Southport, CT

Current Population Served: Bridgeport, Trumbull, Fairfield, Shelton, Monroe, Stratford The facility will continue to serve the same cities and towns.

Proposed Population Served: The proposed population served will not substantially change from the current population served.

Current Payor Mix: Please see attached TABLE A

Proposed Payor Mix: NO CHANGE

Any other information that the Petitioner deems relevant:

PLEASE ATTACHED NARRATIVE

Narrative Portion of Relocation Determination Form

The Robbins Eye Center, P.C. is an ophthalmic physician practice located in Fairfield, CT and owned by Kim Robbins, M.D., a licensed ophthalmologist. The Robbins Eye Center owned and operated an ophthalmic outpatient surgery facility ("Facility"), originally located at 4695 Main Street, Bridgeport, CT 06606. This Facility is licensed by the Connecticut Department of Public Health ("DPH") as an outpatient surgery facility.

In September of 2013, the Facility suffered severe damage due to flooding. The property damage resulted in a temporary closing of the Facility, and the surgeons from Robbins Eye Center were required to perform their surgeries at other facilities located in Bridgeport, Trumbull and Milford. Following extensive renovations by the owner of the property, and approval by DPH, we were able to re-open and utilize two of the Operating Rooms in the Facility. In April of 2015, the Facility again suffered significant property damage as the result of a sewage spill. The Facility was forced to close its Operating Rooms. We notified DPH of this incident and the effect on our ability to continue operations at the Facility. While we have been unable to utilize the Facility for outpatient surgery procedures, the physicians at Robbins Eye Center have continued to perform surgeries for our patients at other facilities, including the facility located in Milford. There has been no termination of the outpatient surgery services; however, this was, and is, intended to be a temporary remedy.

As a result of these incidents, which were beyond our control and which resulted in significant damage to the Facility, we have determined that it is in the best interest of both our Facility and our patients to relocate to a new location. The relocation will allow for an appropriate physical plant for the Facility in order to better accommodate and serve the patients of the Facility. It will also provide for a more effective configuration of space in order to promote efficient and quality ambulatory surgical care.

Due to both market and economic factors, it has been challenging to identify appropriate locations for our Facility. We have spent a significant amount of time, money and effort on this search, and previously identified three possible sites. These sites were identified in our CON Determination – Relocation request submitted to OHCA on February 19, 2016. That request was approved by OHCA on February 24, 2016 (see CON Determination Report Number 16-32068-DTR). Since obtaining the approval from OHCA, we encountered multiple delays and obstacles in proceeding with our relocation to one of the three site options. The Fairfield County market is very competitive and extremely fluid. While we tried to account for this in our original Relocation request, we were not able to proceed with the sites identified in that request. We have, however, identified another site located at in Southport, Connecticut.

The relocation to this site will not result in any change to the patient population served by the Facility. The relocation site is located within 9 miles of the original location and there is bus service to the potential site. The Facility serves patients from the following cities and towns: Bridgeport, Trumbull, Fairfield, Shelton, Monroe and Stratford. It will continue to serve the

same cities and towns after the relocation. Its primary service area, namely Bridgeport and the nearby municipalities of Fairfield County will remain the same. The same patient population will continue to be seen at the Robbins Eye Center, P.C. (ophthalmology practice). Since utilization of the Facility is limited to Dr. Robbins and to ophthalmologists employed by the P.C., there will be no change in the patient population undergoing surgical procedures at the Facility. In addition, the new site for the Facility will be serviced by the same public bus provider that serviced the original location, allowing the existing patient population ready and convenient access to the new location.

There will be no substantial change in payer mix.

Please find attached **TABLE A** current report of Payor mix

The relocation will have no impact on payer mix. Considering the location will be across the street.

We plan to increase our number of Operating Rooms by one, going from a total of three to four Operating Rooms.

A finding that this relocation does not require a new CON is consistent with OHCA's long-standing practice of not requiring CONs for address changes of facilities within or very near the same municipality which are not experiencing a substantial change in patient population and payer mix. We, therefore, respectfully request that OHCA make a determination that our Facility's relocation does not trigger the need for a CON pursuant to C.G.S. § 19a-639c.

PATIENT DEMOGRAPHICS REPORT with Options

Location:	ALL	Include Collection Accts?	Yes
Provider:	ALL	Include Closed Accts?	Yes
Plan:	ALL	Include if Inactive?	True
Patients Added From:	01/01/1980	Added To:	06/07/2017
Zip Codes From:	00000	Zip Codes To:	99999
Plan Detail:	No	Gender Detail:	No
Age Detail:	No	Zip Code Detail:	No
Last Visit Date From:	08/01/2016	Last Visit Date To:	06/07/2017

Data Source and Report Definition: This report shows patient demographics with optional detail.

Charts/Summaries: You will see charts and totals by plan, by Zip Code, by age and by gender, referencing those fields on the patients' demographic screens.

Selection by Demographics: Patients can be selected by the options for the report such as the plan, location, Zip Code range, gender, and/or provider on their patient demographic record.

Selection by Patient Status: To exclude inactive patients ('Active' checkbox blank) set **Include Inactive Patients?** to False/No.

Selection by Account Status: To exclude Closed accounts set **Include Closed Accounts?** to False/No.

To exclude accounts on Collection, set **Include Accts on Collection?** to False/No.

Last Service Date: References the last service date on the patient demographic screen.

Last Service Date From of 1/1/1980 (default) includes ALL patients with any last service date or NONE.

Change it to a date after 1/1/1980 to SELECT ONLY patients with Last Service Date in the From / To range.

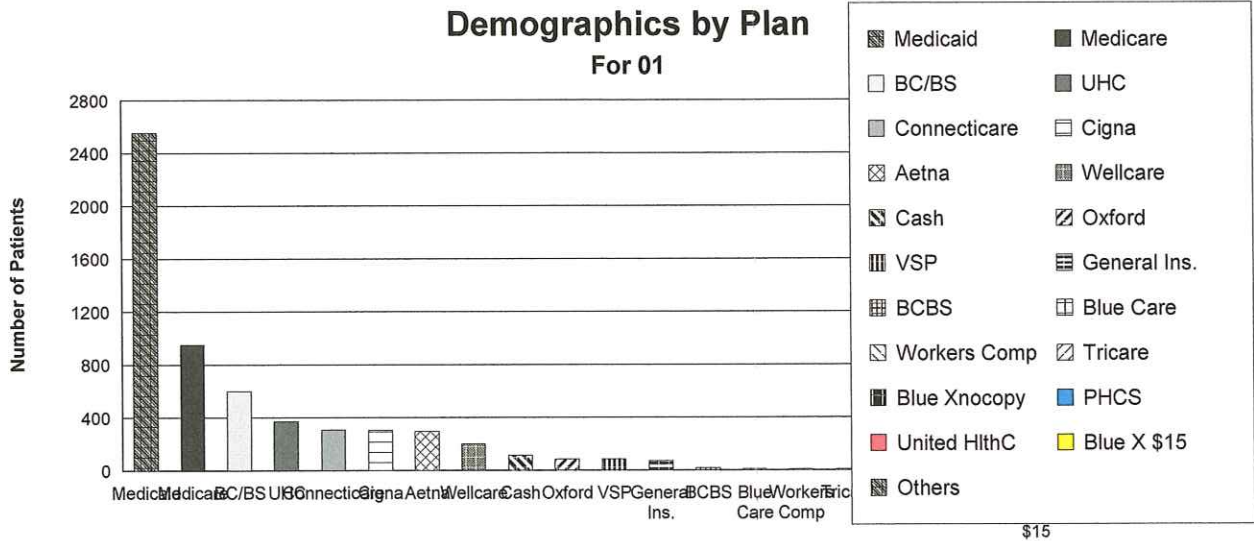
Patients Added Date: The report selects ONLY patients in the Patients Added From / To range.

Note: The patient is automatically excluded if the deceased date is filled on the patient demographic record.

DETAIL: For each section, if detail is selected, this will list patients for that item within your report range.

Example: PLAN Detail = True/Yes - patient with Plan of BCBS will list under BCBS, Self-Pay under Self-Pay

Location: 01



Financial Plan	# of Patients	% to Total
Aetna	294	5%
AnthemBCBS	1	0%
BC/BS	599	10%
BCBS	15	0%

Blue Care	9	0%
Blue X \$15	2	0%
Blue X \$30	1	0%
Blue X \$40	1	0%
Blue Xnocopy	4	0%
Cash	112	2%
CHN	2	0%
Cigna	303	5%
Connecticare	306	5%
General Ins.	68	1%
GHI	1	0%
Harvard Pilg	1	0%
HCC	1	0%
HealthPartne	1	0%
HPHC	2	0%
Innovated	1	0%
Local 371	1	0%
Medicaid	2,552	43%
Medicare	950	16%
Oxf'D\$40comm	1	0%
Oxford	85	1%
PCHS	1	0%
PHCS	3	0%
PHS	2	0%
Pilgrim	1	0%
Stirling	1	0%
Tricare	5	0%
UHC	371	6%
UMR	1	0%
United HlthC	3	0%
VA	2	0%
VA Choice	1	0%

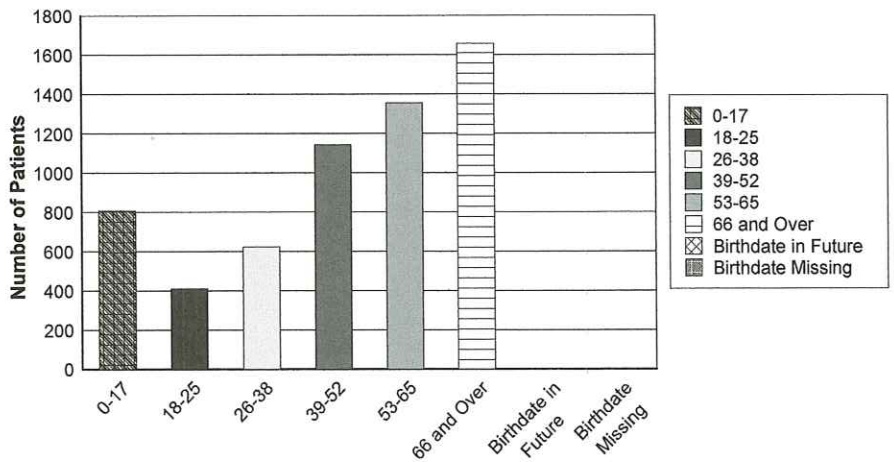
Veterans cho	1	0%
VSP	84	1%
Wellcare	201	3%
Workers Comp	6	0%

Total for Location: 01 5,996

Grand Total: 5,996

Location: 01

Demographics by Patient Age For 01



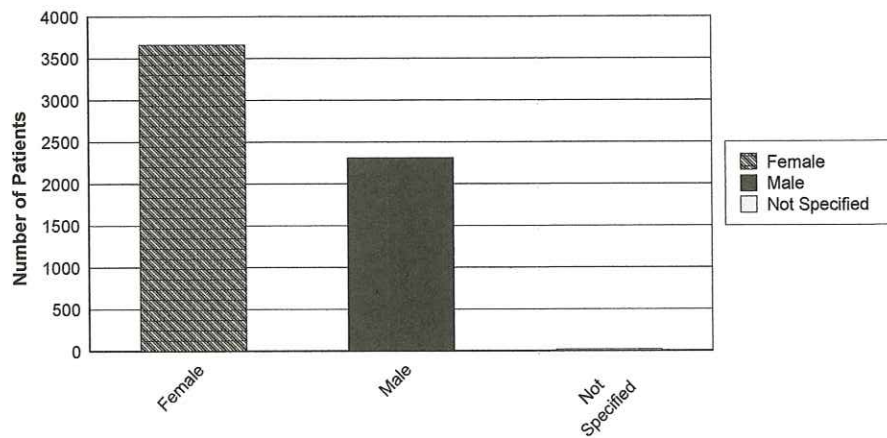
Patient Age	# of Patients	% to Total
0-17	807	13%
18-25	410	7%
26-38	623	10%
39-52	1,142	19%
53-65	1,355	23%
66 and Over	1,657	28%
Birthdate in Future	1	0%
Birthdate Missing	1	0%

Total for Location: 01 5,996

Total Patients All Locations: 5,996

Location: 01

Demographics by Gender For 01

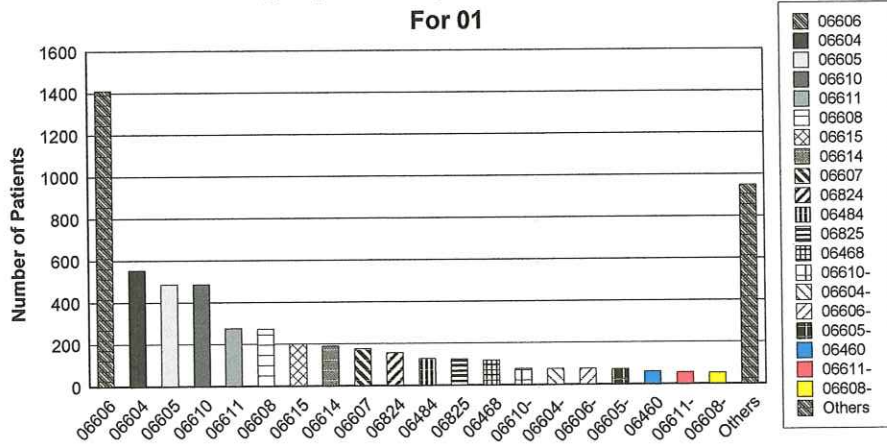


Gender	# of Patients	% to Total
<i>Female</i>	3,664	61%
<i>Male</i>	2,312	39%
<i>Not Specified</i>	20	0%

Total for Location: 01 5,996

Total Patients All Locations: 5,996

Demographics by Patient Zip Code For 01



Patient Zip	# of Patients	% to Total
00610	1	0%
01841	1	0%
02062	1	0%
03054	1	0%
04401	1	0%
05356	1	0%
06010	2	0%
06032	1	0%
06037	1	0%
06042	1	0%
06062	1	0%
06078	1	0%
0625	1	0%
06318	1	0%
06340	1	0%
06355	1	0%
06371	1	0%
06378	1	0%
06401	50	1%
06403	6	0%
06405	7	0%

06410	1	0%
06413	1	0%
06416	1	0%
06418	40	1%
06419	2	0%
06422	4	0%
06430	7	0%
06432	5	0%
06437	2	0%
06450	2	0%
06451	1	0%
06457	2	0%
06460	73	1%
06461	14	0%
06468	145	2%
06470	17	0%
06472	2	0%
06473	3	0%
06477	10	0%
06478	21	0%
06479	1	0%
06482	11	0%
06483	35	1%
06484	162	3%
06488	3	0%
06489	2	0%
06490	2	0%
06492	2	0%
06494	1	0%
06497	4	0%
06511	6	0%
06512	1	0%
06513	6	0%
06514	7	0%

06515	4	0%
06516	40	1%
06517	3	0%
06518	3	0%
06524	3	0%
06525	1	0%
06601	11	0%
06603	1	0%
06604	633	11%
06605	560	9%
06606	1,490	25%
06607	189	3%
06608	324	5%
06610	568	9%
06611	332	6%
06612	63	1%
06614	217	4%
06615	229	4%
06616	1	0%
06641	1	0%
06660	1	0%
06704	7	0%
06705	1	0%
06706	1	0%
06708	1	0%
06710	3	0%
06712	1	0%
06751	1	0%
06757	1	0%
06759	1	0%
06770	21	0%
06777	1	0%
06783	1	0%
06790	2	0%

06798	1	0%
06801	1	0%
06802	1	0%
06804	8	0%
06807	4	0%
06810	3	0%
06811	4	0%
06812	1	0%
06813	1	0%
06820	4	0%
06824	169	3%
06825	145	2%
06830	5	0%
06831	2	0%
06838	2	0%
06840	8	0%
06850	15	0%
06851	17	0%
06853	3	0%
06854	28	0%
06855	8	0%
06856	1	0%
06877	3	0%
06880	48	1%
06883	11	0%
06890	21	0%
06896	6	0%
06897	7	0%
06901	2	0%
06902	20	0%
06903	2	0%
06905	3	0%
06906	2	0%
06907	6	0%

07026	1	0%
07030	1	0%
07044	1	0%
07728	1	0%
07871	1	0%
08	1	0%
10027	1	0%
10028	1	0%
10031	1	0%
10452	1	0%
10465	1	0%
10528	1	0%
10562	1	0%
10604	1	0%
11203	1	0%
11358	1	0%
11361	1	0%
11364	1	0%
11570	1	0%
11793	1	0%
15235	1	0%
16066	1	0%
18938	1	0%
20708	1	0%
29061	1	0%
33322	1	0%
33437	1	0%
33626	1	0%
33801	1	0%
34481	1	0%
34741	1	0%
43952	1	0%
45202	1	0%
55305	1	0%

77040	1	0%
80134	1	0%
80503	1	0%
91913	1	0%
No Zip Code	2	0%

Total for Location: 01 **5,996**

Total Patients All Locations: **5,996**

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Kim Robbins MD

Project Title: CON Determination - Relocation

I, Kim Robbins MD, Medical Director
(Name) (Position – CEO or CFO)

of Robbins eye 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.

Kim Robbins, MD 6/16/17
Signature Date

Subscribed and sworn to before me on 6/16/17



[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 3/31/18

Olejarz, Barbara

From: Hansted, Kevin
Sent: Wednesday, June 21, 2017 11:45 AM
To: Olejarz, Barbara
Subject: FW: OHCA Determination Report # 17-32172-DTR
Attachments: Narrative Portion of Relocation Determination 6-15-17 no lic .docx

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



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From: Admn Manager [mailto:AdmnManager@robbinseyecenter.com]
Sent: Wednesday, June 21, 2017 11:42 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Cc: Admn Manager <AdmnManager@robbinseyecenter.com>
Subject: RE: OHCA Determination Report # 17-32172-DTR

Kevin,

Here is the amended narrative

Please let me know what else would be needed

Thank you very much

Peter Geary

From: Hansted, Kevin [mailto:Kevin.Hansted@ct.gov]
Sent: Wednesday, June 21, 2017 10:31 AM
To: Admn Manager <AdmnManager@robbinseyecenter.com>
Subject: RE: OHCA Determination Report # 17-32172-DTR

Yes you may

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



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From: Admn Manager [mailto:AdmnManager@robbinseyecenter.com]
Sent: Wednesday, June 21, 2017 10:31 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: RE: OHCA Determination Report # 17-32172-DTR

Can I please call you ?

From: Hansted, Kevin [mailto:Kevin.Hansted@ct.gov]
Sent: Wednesday, June 21, 2017 10:27 AM
To: Admn Manager <AdmnManager@robbinseyecenter.com>
Subject: RE: OHCA Determination Report # 17-32172-DTR

Peter,

This license expired on March 31, 2015. Do you have a current valid license?

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



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From: Admn Manager [<mailto:AdmnManager@robbinseyecenter.com>]
Sent: Wednesday, June 21, 2017 10:19 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Cc: Admn Manager <AdmnManager@robbinseyecenter.com>
Subject: RE: OHCA Determination Report # 17-32172-DTR

Kevin,

I believe it is one of these two forms

Please let me know if more is needed

Thank you

Peter Geary

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Wednesday, June 21, 2017 9:39 AM
To: Admn Manager <AdmnManager@robbinseyecenter.com>
Subject: OHCA Determination Report # 17-32172-DTR

Good morning,

I am in receipt of your Determination Request regarding the relocation of Robbins Eye Center. Please provide me with a copy of your current Department of Public Health outpatient surgery facility license.

Thank you,

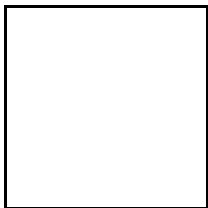
Kevin T. Hansted
Staff Attorney
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410 Capitol Avenue
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Phone: 860-418-7044

kevin.hansted@ct.gov



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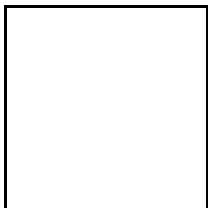
WWW.ROBBINSEYECENTER.COM

ONE SASCO HILL ROAD OFFICE 202
FAIRFIELD, CT 06824
PHONE: 203-371-5800
FAX: 203-371-6551

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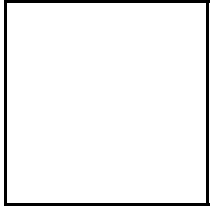


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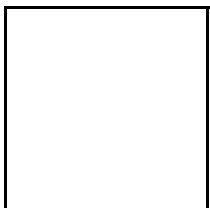
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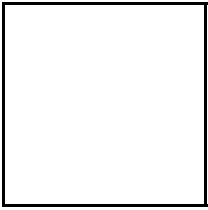
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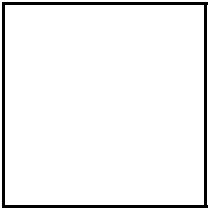
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Narrative Portion of Relocation Determination Form

The Robbins Eye Center, P.C. is an ophthalmic physician practice located in Fairfield, CT and owned by Kim Robbins, M.D., a licensed ophthalmologist. The Robbins Eye Center owned and operated an ophthalmic outpatient surgery facility (“Facility”), originally located at 4695 Main Street, Bridgeport, CT 06606. This Facility was licensed by the Connecticut Department of Public Health (“DPH”) as an outpatient surgery facility as of March 2015.

In September of 2013, the Facility suffered severe damage due to flooding. The property damage resulted in a temporary closing of the Facility, and the surgeons from Robbins Eye Center were required to perform their surgeries at other facilities located in Bridgeport, Trumbull and Milford. Following extensive renovations by the owner of the property, and approval by DPH, we were able to re-open and utilize two of the Operating Rooms in the Facility. In April of 2015, the Facility again suffered significant property damage as the result of a sewage spill. The Facility was forced to close its Operating Rooms. We notified DPH of this incident and the effect on our ability to continue operations at the Facility. While we have been unable to utilize the Facility for outpatient surgery procedures, the physicians at Robbins Eye Center have continued to perform surgeries for our patients at other facilities, including the facility located in Milford. There has been no termination of the outpatient surgery services; however, this was, and is, intended to be a temporary remedy.

As a result of these incidents, which were beyond our control and which resulted in significant damage to the Facility, we have determined that it is in the best interest of both our Facility and our patients to relocate to a new location. The relocation will allow for an appropriate physical plant for the Facility in order to better accommodate and serve the patients of the Facility. It will also provide for a more effective configuration of space in order to promote efficient and quality ambulatory surgical care.

Due to both market and economic factors, it has been challenging to identify appropriate locations for our Facility. We have spent a significant amount of time, money and effort on this search, and previously identified three possible sites. These sites were identified in our CON Determination – Relocation request submitted to OHCA on February 19, 2016. That request was approved by OHCA on February 24, 2016 (see CON Determination Report Number 16-32068-DTR). Since obtaining the approval from OHCA, we encountered multiple delays and obstacles in proceeding with our relocation to one of the three site options. The Fairfield County market is very competitive and extremely fluid. While we tried to account for this in our original Relocation request, we were not able to proceed with the sites identified in that request. We have, however, identified another site located at in Southport, Connecticut.

The relocation to this site will not result in any change to the patient population served by the Facility. The relocation site is located within 9 miles of the original location and there is bus service to the potential site. The Facility serves patients from the following cities and towns: Bridgeport, Trumbull, Fairfield, Shelton, Monroe and Stratford. It will continue to serve the

same cities and towns after the relocation. Its primary service area, namely Bridgeport and the nearby municipalities of Fairfield County will remain the same. The same patient population will continue to be seen at the Robbins Eye Center, P.C. (ophthalmology practice). Since utilization of the Facility is limited to Dr. Robbins and to ophthalmologists employed by the P.C., there will be no change in the patient population undergoing surgical procedures at the Facility. In addition, the new site for the Facility will be serviced by the same public bus provider that serviced the original location, allowing the existing patient population ready and convenient access to the new location.

There will be no substantial change in payer mix.

Please find attached **TABLE A** current report of Payor mix

The relocation will have no impact on payer mix. Considering the location will be across the street.

We plan to increase our number of Operating Rooms by one, going from a total of three to four Operating Rooms.

A finding that this relocation does not require a new CON is consistent with OHCA's long-standing practice of not requiring CONs for address changes of facilities within or very near the same municipality which are not experiencing a substantial change in patient population and payer mix. We, therefore, respectfully request that OHCA make a determination that our Facility's relocation does not trigger the need for a CON pursuant to C.G.S. § 19a-639c.

Olejarz, Barbara

From: Hansted, Kevin
Sent: Wednesday, June 21, 2017 1:35 PM
To: Olejarz, Barbara
Subject: FW: Narrative
Attachments: Narrative Portion of Relocation Determination 6-15-17 no lic .docx

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



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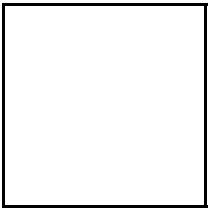
From: Admn Manager [mailto:AdmnManager@robbinseyecenter.com]
Sent: Wednesday, June 21, 2017 1:34 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Cc: Admn Manager <AdmnManager@robbinseyecenter.com>; Kim Robbins MD <krobbins@robbinseyecenter.com>
Subject: Narrative

Kevin,

Please find attached a narrative

Please let me know if anything else is needed

Peter L. Geary
Managing Director
C 203.918.9654
Admnmanager@robbinseyecenter.com



WWW.ROBBINSEYECENTER.COM
ONE SASCO HILL ROAD OFFICE 202
FAIRFIELD, CT 06824
PHONE: 203-371-5800
FAX: 203-371-6551

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' . If the disclaimer can't be applied, take no action.

Narrative Portion of Relocation Determination Form

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In September of 2013, the Facility suffered severe damage due to flooding. The property damage resulted in a temporary closing of the Facility, and the surgeons from Robbins Eye Center were required to perform their surgeries at other facilities located in Bridgeport, Trumbull and Milford. Following extensive renovations by the owner of the property, and approval by DPH, we were able to re-open and utilize two of the Operating Rooms in the Facility. In April of 2015, the Facility again suffered significant property damage as the result of a sewage spill. The Facility was forced to close its Operating Rooms. We notified DPH of this incident and the effect on our ability to continue operations at the Facility. While we have been unable to utilize the Facility for outpatient surgery procedures, the physicians at Robbins Eye Center have continued to perform surgeries for our patients at other facilities, including the facility located in Milford. There has been no termination of the outpatient surgery services; however, this was, and is, intended to be a temporary remedy.

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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

June 22, 2017

VIA ELECTRONIC MAIL ONLY

Kim Robbins, M.D.
Robbins Eye Center, P.C.
One Sasco Hill Road
Office 202
Fairfield, CT 06824

RE: Certificate of Need Determination Report Number 17-32172-DTR
Relocation of Facility

Dear Dr. Robbins:

On June 21, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Robbins Eye Center, P.C. ("Petitioner") with respect to its relocation.

The Petitioner operates an outpatient surgery facility located at One Sasco Hill Road, Office 202, Fairfield, Connecticut. The facility is owned solely by Dr. Robbins. The Petitioner wishes to relocate its facility from its current location to 2600 Post Road, Southport, Connecticut. The relocation is necessary due to significant property damage caused by flooding and a sewage spill. There will be no change to the patient population served by the facility. The Petitioner currently serves 43% Medicaid, 16% Medicare, 33% commercial payors, and 8% other (including self-pay). This will not change after the proposed relocation.

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, *no CON is required*.

Sincerely,

Handwritten signature of Kimberly R. Martone in blue ink.

Digitally signed by
Kimberly Martone
Date: 2017.06.22 09:35:09
-04'00'

Kimberly R. Martone
Director of Operations

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



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Olejarz, Barbara
Sent: Thursday, June 22, 2017 9:39 AM
To: 'admnmanager@robbinseyecenter.com'
Cc: Hansted, Kevin; Riggott, Kaila; Martone, Kim; McLellan, Rose
Subject: Determination
Attachments: 32172DTR.pdf

Tracking:	Recipient	Delivery
	'admnmanager@robbinseyecenter.com'	
	Hansted, Kevin	Delivered: 6/22/2017 9:40 AM
	Riggott, Kaila	Delivered: 6/22/2017 9:40 AM
	Martone, Kim	Delivered: 6/22/2017 9:40 AM
	McLellan, Rose	Delivered: 6/22/2017 9:40 AM

6/22/17

Please see attached determination for Report Number: 17-32172-DTR regarding facility relocation.

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: Admn Manager <AdmnManager@robbinseyecenter.com>
To: Olejarz, Barbara
Sent: Thursday, June 22, 2017 9:41 AM
Subject: Read: Determination

Your message

To:
Subject: Determination
Sent: Thursday, June 22, 2017 9:41:05 AM (UTC-05:00) Eastern Time (US & Canada)

was read on Thursday, June 22, 2017 9:41:01 AM (UTC-05:00) Eastern Time (US & Canada).

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

June 22, 2017

VIA ELECTRONIC MAIL ONLY

Kim Robbins, M.D.
Robbins Eye Center, P.C.
One Sasco Hill Road
Office 202
Fairfield, CT 06824

RE: Certificate of Need Determination Report Number 17-32172-DTR
Relocation of Facility

Dear Dr. Robbins:

On June 21, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Robbins Eye Center, P.C. ("Petitioner") with respect to its relocation.

The Petitioner operates an outpatient surgery facility located at 4695 Main Street Bridgeport, Connecticut. The facility is owned solely by Dr. Robbins. The Petitioner wishes to relocate its facility from its current location to 2600 Post Road, Southport, Connecticut. The relocation is necessary due to significant property damage caused by flooding and a sewage spill. There will be no change to the patient population served by the facility. The Petitioner currently serves 43% Medicaid, 16% Medicare, 33% commercial payors, and 8% other (including self-pay). This will not change after the proposed relocation.

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, ***no CON is required.***

Sincerely,

Handwritten signature of Kimberly R. Martone in cursive.

Digitally signed by Kimberly
Martone
Date: 2017.06.22 10:05:09 -04'00'

Kimberly R. Martone
Director of Operations

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



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410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Olejarz, Barbara
Sent: Thursday, June 22, 2017 10:11 AM
To: 'admnmanager@robbinseyecenter.com'
Cc: Hansted, Kevin; Riggott, Kaila; Martone, Kim
Subject: FW: Determination
Attachments: 32172-1.pdf

Tracking:	Recipient	Delivery
	'admnmanager@robbinseyecenter.com'	
	Hansted, Kevin	Delivered: 6/22/2017 10:11 AM
	Riggott, Kaila	Delivered: 6/22/2017 10:11 AM
	Martone, Kim	Delivered: 6/22/2017 10:11 AM

6/22/17

Please see attached **revised** determination with the corrected location for Report Number: 17-32172-DTR regarding facility relocation. Please replace the one sent you earlier with the attached.

Thank you

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



From: Olejarz, Barbara
Sent: Thursday, June 22, 2017 9:39 AM
To: 'admnmanager@robbinseyecenter.com' <admnmanager@robbinseyecenter.com>
Cc: Hansted, Kevin <Kevin.Hansted@ct.gov>; Riggott, Kaila <Kaila.Riggott@ct.gov>; Martone, Kim <Kimberly.Martone@ct.gov>; McLellan, Rose <Rose.C.McLellan@ct.gov>
Subject: Determination

6/22/17

Please see attached determination for Report Number: 17-32172-DTR regarding facility relocation.

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: Admn Manager <AdmnManager@robbinseyecenter.com>
To: Olejarz, Barbara
Sent: Thursday, June 22, 2017 10:13 AM
Subject: Read: FW: Determination

Your message

To:
Subject: Determination
Sent: Thursday, June 22, 2017 10:13:03 AM (UTC-05:00) Eastern Time (US & Canada)

was read on Thursday, June 22, 2017 10:12:59 AM (UTC-05:00) Eastern Time (US & Canada).