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December 11, 2020

Via E-Mail

Kimberly Martone
Deputy Director/Chief of Staff
Director Health Systems Planning Unit
Office of Health Strategy
P.O. Box 340308
450 Capital Avenue, MS# 51OHS
Hartford, CT 06134
Kimberly.Martone@ct.gov

Re: Proposed Transfer of Ownership of Laser and Vision Surgery Center, LLC

Dear Ms. Martone:

Attached please find a CON Determination form concerning the above-referenced outpatient surgical facility. The Petitioner attempted to file this via the OHS portal today but was unable to obtain the required clearance from OHS to submit the form in that manner.

Accordingly, we are submitting this via email in anticipation of this CON Determination request being posted to the portal on Monday. Should you or OHS staff have any questions, please contact the undersigned.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Stephen M. Cowherd".

Stephen M. Cowherd

Attachments

cc: Steven Lazarus, OHS (via e-mail)

CON Determination Form 2020

All persons who are requesting a determination from the Office of Health Strategy (“OHS”) as to whether a CON is required for their proposed project must complete this Form 2020. The completed form **must be filed electronically** through the OHS’ single point of access, its [CON Web Portal](#).

First time Portal users must register prior to submitting any documents. To register, click here: [Certificate of Need Web Portal](#)

For any questions, please email HSP@ct.gov or call (860) 418-7001.

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	Laser and Vision Surgery Center, LLC	
Doing Business As	N/A	
Name of Parent Corporation	N/A	
Petitioner’s Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	178 Hartford Rd, 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	Richard A. Fichman M.D.	

correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	178 Hartford Road Manchester, CT 06040	
Contact Person's Telephone Number	(860) 649-9973	
Contact Person's Fax Number	(203) 254-5070	
Contact Person's e-mail Address	richardfichman@yahoo.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: SightGrowth-Fichman
- b. Estimated Total Project Cost: \$10,250,660
- c. Location of proposal, identifying Street Address, Town and Zip Code: 178 Hartford Rd, Manchester, CT 06040

- d. List each town this project is intended to serve:

New Britain, Berlin, Plainville, Kensington, Hartford, Bloomfield, West Hartford, Torrington, Litchfield, Harwinton, Burlington, Canton, New Hartford, Winsted, Goshen, Manchester, Bolton, East Hartford, Ashford, Vernon, Glastonbury, Willimantic, Enfield, Ellington, Suffield, Windsor Locks, and East Granby

- e. Estimated starting date for the project: December 31, 2020

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 (DPH) license held by the Petitioner.
Ophthalmic surgery; see attached facility license.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

N/A no new services are being proposed.

3. Identify the current population served and the target population to be served.

Residents of the service area towns in 2d above constitute the current population served and they will continue to be served after the proposed change of ownership.

PROJECT DESCRIPTION

Petitioner owns and operates a licensed outpatient surgical center, Laser and Vision Surgery Center, LLC (License No. 163, copy attached) at 178 Hartford Rd, Manchester, CT 06040 (the "Surgery Center"). Procedures performed at the Surgery Center include the treatment of cataracts, glaucoma, retinal tears as well as other ophthalmic surgical procedures. The current population served includes individuals from Hartford, Tolland, Windham and Litchfield counties.

The Surgery Center, which has been in operation since 2000, is currently 100% owned by Dr. Richard Fichman, M.D. ("Dr. Fichman"). Dr. Fichman has determined that affiliation with a professional management services organization will result in enhanced access to cost-effective, quality patient care. As a result, Dr. Fichman proposes to transfer all of his membership interest in the Surgery Center to a Connecticut professional corporation or limited liability holding company that will be wholly owned by two ophthalmologists, Jeffrey Martin, M.D. and John Passarelli, M.D. The Surgery Center will also transfer certain of its assets to, and enter into an Administrative Services Agreement with, a local management services organization that will help ensure continuity of care following the transaction.

The change of ownership of the Surgery Center is part of a broader transaction pursuant to which Richard A. Fichman, M.D., P.C. d/b/a Fichman Eye Center, a separate group practice owned by Dr. Fichman and consisting of three other physicians and four optometrists, will also be acquired by Drs. Passarelli and Martin who are the founders of SightMD, PLLC ("SightMD"). SightMD along with Long Island Vision Management, LLC d/b/a Sight Growth Partners provides leading-edge ophthalmology services through a regional network of providers in New York.

Dr. Fichman as well as other physicians affiliated with Fichman Eye Center, which has offices in Hartford, New Britain, Torrington and Enfield, Connecticut, will continue to provide services at the Surgery Center following consummation of the transaction for purposes of enhancing access to the highest quality ocular surgery and related services to area residents. The Surgery Center will continue to specialize in ophthalmic surgical procedures and its participation in Medicaid and Medicare as well as other payor networks will not be affected by the transaction.

Based on the foregoing, the Surgery Center seeks a determination by OHS that, in accordance with Section 19a-493b(c) of the Connecticut General Statutes, a Certificate of Need is not required for the proposed transactions since prior to the transfer of ownership and control, the Surgery Center is owned and controlled exclusively by a Connecticut licensed physician (Dr. Fichman), and after the contemplated transactions, Connecticut-licensed physicians shall own and control 100% of the Surgery Center through Dr. Martin's and Dr. Passarelli's 100% ownership in the above-described holding company.


SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Laser & Vision Surgery Center, LLC

Project Title: Sale of Surgery Center

I, Richard Fichman, M.D., President of Laser & Vision Surgery Center, LLC 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.

 12/11/20
Signature Date

Subscribed and sworn to before me on 12/11/2020


Notary Public/Commissioner of Superior Court

My commission expires: 9/30/23



STATE OF CONNECTICUT
Department of Public Health

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493 the following license to maintain and operate a

Out-Patient Surgical Facility

LICENSE NO:

163

has been granted to

LASER AND VISION SURGERY CENTER, LLC

d/b/a

LASER AND VISION SURGERY CENTER, LLC

Located at

178 HARTFORD RD

MANCHESTER, CT 06040-5986

For the period from 07/01/2019 to 06/30/2021 .



A handwritten signature in black ink, reading "Renée D. Coleman-Mitchell".

Renée D. Coleman-Mitchell, MPH
Commissioner

Appendix A: Regulations Waived