



NOTICE OF COST AND MARKET IMPACT REVIEW

Attachment 1. Request for Information to the Transacting Parties.

Proposed Process

A response from transacting parties is due no later than January 18, 2017.

If you have any question regarding this notice, please contact: Shauna Walker at Shauna.Walker@ct.gov *and* Micheala Mitchell at Micheala.Mitchell@ct.gov.

The following request for information and documents is based upon a preliminary assessment of publicly-available information and the early stages of the development of a methodology to perform the analyses required under Connecticut General Statutes §19a-639f. An additional data request may be necessary based upon a more comprehensive understanding of the publicly-available data to satisfy the requirements.

Key Considerations: Request for Information

The request for information to the transacting parties has been formulated by the following considerations, as outlined below on this chart.

#	Key Considerations in Preparing Request
1	The Certificate of Need (CON) application filed by the transacting parties, and the facts of the transaction contained in this application.
2	Connecticut General Statutes §19a-639f and the twelve specific analyses outlined in the law. A summary of these twelve analyses are described below.
3	Analytical considerations such as the areas of interest to the state including costs, quality, access and market structure.
4	Availability of publicly-reported data, information and documents.
5	Ability to collect reliable and consistent data that is useable.
6	The purpose of the legislation which is to enhance the transparency of significant changes to the Connecticut health care market and provide a public review of such changes on health care costs and market functioning.

The Twelve Analyses Outlined in Connecticut General Statutes Section 19a-639f(d)

#	Analysis
1	The transacting parties' size and market share within its primary service area, by major service category and within its dispersed service areas

2	Transacting parties' prices for services, including the transacting parties' relative prices compared to other health care providers for the same services in the same market
3	Transacting parties' health status adjusted total medical expense, including the transacting parties' health status adjusted total medical expense compared to that of similar health care providers
4	The quality of the services provided by the transacting parties, including patient experience
5	The transacting parties' cost and cost trends in comparison to total health care expenditures statewide
6	The availability and accessibility of services similar to those provided by each transacting party, or proposed to be provided as a result of the transfer of ownership of a hospital within each transacting party's primary service areas and dispersed service areas
7	The impact of the proposed transfer of ownership of the hospital on competing options for the delivery of health care services within each transacting party's primary service area and dispersed service area including the impact on existing service providers
8	The methods used by the transacting parties to attract patient volume and to recruit or acquire health care professionals or facilities
9	The role of each transacting party in serving at-risk, underserved and government payer patient populations, including those with behavioral, substance use disorder and mental health conditions, within each transacting party's primary service area and dispersed service area
10	The role of each transacting party in providing low margin or negative margin services within each transacting party's primary service area and dispersed service areas
11	Consumer concerns, including, but not limited to, complaints or other allegations that a transacting party has engaged in any unfair method of competition or any unfair or deceptive act or practice
12	Any other factors that the office determines to be in the public interest

Request for Information to Transacting Parties

A description of the request for information to the transacting parties is summarized below and reflected in Attachment 2, (see attached). The information being requested is needed to assist with the analysis required under Connecticut General Statutes §19a-639f. For the requests shown in Attachment 2 and described below, the requests are being made for as many as 5 years, from Fiscal Year 2012 to 2016, in order to capture and calculate trends. If Fiscal Year 2016 data is not available, please provide Calendar Year 2016 information.

Instructions:

1. Submit the information to the Department of Public Health, Office of Health Care Access.
2. The information submitted should include all responsive information in your possession, custody or control.
3. The information submitted should be marked or organized in such a way as to identify the numbered request(s) to which each item is responsive.
4. Please define or explain any abbreviated terms, units or data limitations that may be included in your response.
5. Assume that the relevant time period for each request is through the present; assume a continuing obligation during the course of the review to provide responsive information not yet completed or available, as that information is completed or becomes available.
6. If you have previously submitted information to the Department of Public Health, you may request that such information be considered submitted in response to this notice. Please identify any such information with the applicable document number, the date such information was submitted and the basis for which it was submitted.

#	Description of Request
1	<p>Comparator Hospitals</p> <p><i>Note that the transacting parties are being asked to provide a list of comparator hospitals, which are hospitals that a local patient could choose as a substitute for either of the hospitals owned by the transacting parties.</i></p> <p>Provide the list of comparator hospitals, by type, based on geographic proximity and patient flow patterns for the purpose of assisting in the identification of a set of local hospitals that a local patient could choose as a substitute for the local hospital. Both transacting parties are asked to provide this information.</p> <p>Years requested: 2014, 2015, and 2016.</p>
2	<p>Community Health Needs Assessment (CHNA)</p> <p>Provide the CHNA reports for all years for which there is a report between the years 2012 and 2016.</p>
3	<p>Audited Financial Reports</p> <p>Provide all audited financial reports to support several key elements of Connecticut General Statutes §19a-639f.</p> <p>Years requested: 2012, 2013, 2014, 2015, and 2016.</p>

<p>4</p>	<p>Organizational Documents</p> <p>Provide copies of documents such as organizational charts, presentations, and investment prospectuses, sufficient to describe the ownership, operational, contracting, and clinical structure of your organization for each year for each transacting party.</p> <p>Years requested: 2012, 2013, 2014, 2015, and 2016.</p>
<p>5</p>	<p>Analyses of Proposed Transaction</p> <p>Provide copies of all analyses of the impact of the proposed transaction on health care costs, quality, and access, with as much quantitative support as possible. Include but not be limited to: (1) estimates of anticipated changes in unit prices for hospital, professional, ancillary, and other health care services as a result of the proposed transaction including impacts related to TCHH joining HHC contracts with Payers, becoming more closely integrated with other HHC providers or other factors; (2) estimates of anticipated changes in health care spending and the projected role of each of the following factors in contributing to that change including unit price, utilization, referral patterns, provider mix, service mix, and any other factors; (3) the impact of the proposed transaction on the parties' market share in its service areas for inpatient, outpatient, and physician services and for specific service lines; document how the service areas are determined; (4) the impact of the proposed transaction on patient care referral patterns, payer mix, and service mix; (5) the impact of the proposed transaction on the parties' quality and care delivery; and, (6) the impact of the proposed transaction on consumers.</p> <p>Years requested: 2012, 2013, 2014, 2015, and 2016.</p>
<p>6</p>	<p>Payer Information</p> <p>Provide the most recent payer-provider contracts, payer negotiated rates, and charge master for the purpose of assisting in an examination of the relative hospital prices for the transacting parties and comparator hospitals. A relative price is a standardized pricing measure that accounts for differences among provider service volume, service mix, patient acuity, and insurance product types that allows for a comparison of negotiated price levels. (See details in Attachment 2.)</p> <p>Years requested: 2013, 2014, 2015, and 2016.</p>
<p>7</p>	<p>Facility Information</p> <p>Provide information about volume of care, occupancy rates and workforce. (See details in Attachment 2.)</p> <p>Years requested: 2013, 2014, 2015, and 2016.</p>

8	Inpatient Data Provide information about discharges and revenue by payer, and for certain services, as well as discharges and revenue for the top three health plans in the state, as measured by enrollment. (See details in Attachment 2.) Years requested: 2013, 2014, 2015, and 2016.
9	Physician Data and Outpatient Data Provide a file containing each physician including physician's specialty, local practice group, including the physician's organizational designation, practice site, National Provider Identifier. Provide information about visits and revenue by payer, as well as visits and revenue for the top three health plans in the state, as measured by enrollment. (See details in Attachment 2.) Years requested: 2013, 2014, 2015, and 2016.
10	Other Data, including Data About Access and Quality Provide other information about quality, hospital performance, and Medicare cost report. (See details in Attachment 2.) Years requested: 2013, 2014, 2015, and 2016.