

From: [Roberts, Karen](#)
To: [Foster, Tillman](#)
Subject: FW: 2017 Annual AG-DPH group medical practice report per Public Act 14 from Hospital for Special Care
Date: Monday, December 11, 2017 8:52:27 AM
Attachments: [image004.png](#)
[2017 group medical practice report annual filing to Conn Attorney General.xlsm](#)

FYI - Karen

From: Felicia DeDominicis [mailto:FDeDominicis@hfsc.org]
Sent: Friday, December 8, 2017 5:35 PM
To: Grouppracticefilings, OHCA <Grouppracticefilings@ct.gov>
Cc: Davis, Rachel O. <Rachel.Davis@ct.gov>
Subject: 2017 Annual AG-DPH group medical practice report per Public Act 14 from Hospital for Special Care

Dear Attorney Davis ~ Hospital for Special Care has no affiliations to report as defined by the law that requires this annual filing be made to the AG/DPH. However, I am attaching a copy of the spreadsheet provided by the AG's office for reporting this info. Hospital for Special Care has completed the spreadsheet by indicating it has no such relationships.

If there are questions, please don't hesitate to contact me.

With kind regards ~

Felicia DeDominicis, J.D.

Senior Vice President, Chief Legal Officer
& Corporate Compliance Officer
Hospital for Special Care & affiliates
2150 Corbin Avenue
New Britain, CT 06053
860/827-4807 (direct dial)
Compliance Hotline 1-800-273-8452



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**Annual Report
Concerning Ownership of, or Affiliation with Group Medical Practices
Summary of Instructions**

Sections 1(f) and (g) of P.A. 14-168, AN ACT CONCERNING JOINT VENTURES AND AFFILIATIONS OF GROUP MEDICAL PRACTICES (the "Act"), effective October 1, 2014, require that hospitals, hospital systems, and group medical practices comprised of thirty or more physicians ("filers"), submit to the Attorney General ("OAG") and to the Department of Public Health ("DPH") an Annual Report providing information concerning the filers, and group practices that may be owned by or affiliated with the filers.

The Annual Report must be filed with the Attorney General and with the DPH Office of Health Care Access ("OHCA") no later than December 31, 2014 and annually thereafter.

This file includes the spreadsheets needed to fulfill the Annual Reporting requirement. There are three tabs (Medical Practices, Physician Name, and Business Entity) that all must be completed. Further instructions are provided on the individual tabs. The file should be electronically submitted to the following email address:

GroupPracticeFilings@ct.gov

Key Definitions:

- (1) "Affiliation" means the formation of a relationship between two or more entities that permits the entities to negotiate jointly with third parties over rates for professional medical services;
- (2) "Hospital" has the same meaning as provided in section 19a-490 of the general statutes;
- (3) "Hospital system" means: (A) A parent corporation of one or more hospitals and any entity affiliated with such parent corporation through ownership, governance or membership, or (B) a hospital and any entity affiliated with such hospital through ownership, governance or membership;
- (4) "Group practice" - please reference the P.A. 14-168 section 1(a)
- (5) "Primary service area" means the smallest number of zip codes from which the group practice draws at least seventy-five per cent of its patients.

Primary Service Areas ("PSAs") are defined by a set of postal zip codes. The Act defines PSA to mean "the smallest number of zip codes from which the group practice draws at least seventy-five per cent of its patients."

[Click on the following for a full copy of the Filing Instructions.](#)

The Medicare.gov website was used for medical/physician specialties in the attached spreadsheets. For the list of specialties and descriptions of each please refer to the Medicare.gov website by clicking on the link below:

<http://www.medicare.gov/physiciancompare/staticpages/resources/specialtydefinitions.html?AspxAutoDetectCookieSupport=1>

Hospitals, Hospital Systems, and Group Practices with 30 or more physicians
 Written Report due by December 31st annually

Date of Filing ----->	December 8, 2017
Full Legal Name of Entity Reporting ----->	Hospital for Special Care
Type of Provider Reporting (see options below) -----> (Hospital, Hospital System, Group Practice)	Hospital

(1)	(2)	(3)	(4)
Line	Name of Group Practice being reported	Description of the nature of the relationship of the Hospital or Hospital System to the Group Practice	If within a hospital affiliated system, identify if owned directly by the hospital (Provide Hosp. Name) or by health system parent corporation?
1	None	N/A	N/A
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Written Report due by December 31st annually

Date of Filing ----->	December 8, 2017
Full Legal Name of Entity Reporting ----->	Hospital for Special Care
Type of Provider Reporting (see options below) -----> (Hospital, Hospital System, Group Practice)	Hospital

If more than one Group Practice is being reported, please follow the instructions below to add additional tabs.

- 1 Right click on the the "PhysicianName" tab below
- 2 Click the "Move or Copy" option
- 3 Under the heading "Before Sheet,:" click on "Business Entity"
- 4 Click inside the "create a copy" box
- 5 Click "OK"

Name of Group Practice ----->	
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(1)	(2)	(3)
Line	Physician Name (Last, First)	Physician Specialty(s)
		When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services.
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Name of Group Practice ----->	
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(1)	(2)	(3)
Line	Physician Name (Last, First)	Physician Specialty(s)
		When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services.
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- 1 Right click on the the "BusinessEntity" tab below
- 2 Click the "Move or Copy" option
- 3 Under the heading "Before Sheet:," click on "(move to end)"
- 4 Click inside the "create a copy" box
- 5 Click "OK"

(1)	(2)	(3)	(4)	(5)	(6)
Line	Name and address of Group Practice	Location	Primary Service Area as defined in Section 1(11) of PA 14-168	Name and address of each Business Entity that provides services as part of the Group Practice	Description of services at this location
1	N/A	N/A	N/A	N/A	When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services.
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(1)	(2)	(3)	(4)	(5)	(6)
Line	Name and address of Group Practice	Location	Primary Service Area as defined in Section 1(11) of PA 14-168	Name and address of each Business Entity that provides services as part of the Group Practice	Description of services at this location
					When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services.
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