

SUMMARY OF DRAFT PROPOSED RECOMMENDATIONS TO CON APPLICATION CRITERIA

Current Guidelines & Principles <i>CGS 19a-639(a)</i>	ACQUIRING EQUIPMENT and INITIATING SERVICES/INCREASING CAPACITY	TERMINATING SERVICES	TRANSFERS OF OWNERSHIP – HEALTH CARE FACILITIES AND HOSPITALS
1. Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health	Retain	Retain	Retain
2. The relationship of the proposed project to the state-wide health care facilities and services plan	<p><u>Whether the proposed project is aligned with [The relationship of the proposed project to] the state-wide health care facilities and services plan, as defined in section 19a-634, including whether the proposed project will serve individuals in geographic areas that are underserved or have reduced access to specific types of health care services</u></p>	<p><u>Whether the proposed project is aligned with [The relationship of the proposed project to] the state-wide health care facilities and services plan, as defined in section 19a-634, including whether the proposed project will terminate services in geographic areas that are underserved or have reduced access to specific types of health care services</u></p>	<p><u>Whether the proposed project is aligned with [The relationship of the proposed project to] the state-wide health care facilities and services plan, as defined in section 19a-634, including whether the proposed project will serve individuals in geographic areas that are underserved or have reduced access to specific types of health care services</u></p>
3. Whether there is a clear public need for the health care facility or services proposed by the applicant	<p>Eliminate</p> <p><i>There is a lack of evidence that CON programs that focus on the duplication or demonstration of need as a primary goal improves quality or access to health care services, or holds down health care costs</i></p>	<p>Eliminate</p> <p><i>There is a lack of evidence that CON programs that focus on the duplication or demonstration of need as a primary goal improves quality or access to health care services, or holds down health care costs</i></p>	<p>Eliminate</p> <p><i>There is a lack of evidence that CON programs that focus on the duplication or demonstration of need as a primary goal improves quality or access to health care services, or holds down health care costs</i></p>
4. Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant	<p>Eliminate</p> <p><i>Combined #4, 5, and 12</i></p>	<p>Eliminate</p> <p><i>Not relevant to terminations</i></p>	<p>Eliminate</p> <p><i>Combined #4, 5, and 12</i></p>
5. Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including, but not limited to, provision of or any change in the access to services for Medicaid recipients and indigent persons	<p>Whether the applicant has satisfactorily demonstrated [how] that the proposal will <u>not adversely impact the health care market in the state and will</u> improve quality, accessibility and cost effectiveness of health care delivery in the region [, including, but not limited to, provision of or any change in the access to services for Medicaid recipients and indigent persons]</p>	<p>Whether the applicant has satisfactorily demonstrated [how] that the proposal will <u>not adversely impact [improve]</u> quality, accessibility and cost effectiveness of health care delivery in the region [, including, but not limited to, provision of or any change in the access to services for Medicaid recipients and indigent persons]</p>	<p>Whether the applicant has satisfactorily demonstrated [how] that the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region <u>and that any consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care</u> [, including, but not limited to, provision of or any change in the access to services for Medicaid recipients and indigent persons]</p>
6. The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons	<p>The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including [, but not limited to,] <u>whether the applicant has satisfactorily demonstrated how the proposal will provide</u> access to services by Medicaid recipients and indigent persons.</p>	<p>The applicant's past [and proposed] provision of health care services to relevant patient populations and payer mix, including [, but not limited to,] <u>whether the applicant has satisfactorily demonstrated how the proposal will not adversely impact</u> access to services by Medicaid recipients and indigent persons.</p>	<p>The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including [, but not limited to,] <u>whether the applicant has satisfactorily demonstrated how the proposal will provide</u> access to services by Medicaid recipients and indigent persons.</p>

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7. Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>There is a lack of evidence that CON programs that focus on the duplication or demonstration of need as a primary goal improves quality or access to health care services, or holds down health care costs</i></p>	Whether the applicant has satisfactorily identified the population <u>that currently utilizes the service proposed for termination</u> [to be served by the proposed project] and satisfactorily demonstrated that the identified population <u>has access to alternative locations in which they may be able to obtain the services proposed for termination</u> [a need for the proposed services]	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>There is a lack of evidence that CON programs that focus on the duplication or demonstration of need as a primary goal improves quality or access to health care services, or holds down health care costs</i></p>
8. The utilization of existing health care facilities and health care services in the service area of the applicant	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>There is a lack of evidence that CON programs that focus on the duplication or demonstration of need as a primary goal improves quality or access to health care services, or holds down health care costs</i></p>	Retain	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>There is a lack of evidence that CON programs that focus on the duplication or demonstration of need as a primary goal improves quality or access to health care services, or holds down health care costs</i></p>
9. Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>There is a lack of evidence that CON programs that focus on the duplication or demonstration of need as a primary goal improves quality or access to health care services, or holds down health care costs</i></p>	Eliminate <i>Not relevant to terminations</i>	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>There is a lack of evidence that CON programs that focus on the duplication or demonstration of need as a primary goal improves quality or access to health care services, or holds down health care costs</i></p>
10. Whether an applicant, who has failed to provide or reduced access to services by Medicaid recipients or indigent persons, has demonstrated good cause for doing so, which shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>Conflicts with #6, which now requires proposals to demonstrate they will serve Medicaid recipients</i></p>	Whether [an] <u>the applicant, [who has failed to provide or] if the proposed termination will result in</u> reduced access to services by Medicaid recipients or indigent persons <u>or is located in a geographic area that is underserved or has reduced access to specific types of health care services,</u> has demonstrated good cause for doing so, which shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>Conflicts with #6, which now requires proposals to demonstrate they will serve Medicaid recipients</i></p>
11. Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region	Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact <u>[the diversity of health care providers and] patient choice of provider</u> in the geographic region	Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact <u>[the diversity of health care providers and] patient choice of provider</u> in the geographic region	Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact <u>[the diversity of health care providers and] patient choice of provider</u> in the geographic region
12. Whether the applicant has satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>Not relevant to this category as consolidation is not occurring; combined #4, 5, and 12</i></p>	Eliminate <i>Not relevant as consolidation is not occurring,</i>	<p style="text-align: center;">Eliminate</p> <p style="text-align: center;"><i>Combined #4, 5, and 12</i></p>

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EXPANDED REVIEW: CGS 19a-639 (d)	Not Applicable	Not Applicable	<ul style="list-style-type: none"> • Hospital/Hospital System acquisition of health care facilities (except central service facilities) • Hospital Transfers of Ownership
A1. Whether the applicant fairly considered alternative proposals or offers in light of the purpose of maintaining health care provider diversity and consumer choice in the health care market and access to affordable quality health care for the affected community	N/A	N/A	<ul style="list-style-type: none"> • Maintain for hospital transfers of ownership • Newly applicable to hospital/hospital system acquisition of health care facilities
A2. Whether the plan submitted demonstrates how health care services will be provided by the new hospital for the first three years following the transfer of ownership of the hospital, including any consolidation, reduction, elimination or expansion of existing services or introduction of new services.	N/A	N/A	<ul style="list-style-type: none"> • Maintain for hospital transfers of ownership • Newly applicable to hospital/hospital system acquisition of health care facilities
A3. OHCA MUST deny the application unless the affected community will be assured of continued access to high quality and affordable health care after accounting for any proposed change impacting staffing.	N/A	N/A	<ul style="list-style-type: none"> • Maintain for hospital transfers of ownership • Newly applicable to hospital/hospital system acquisition of health care facilities
A4. OHCA MAY deny an application that has gone through a cost and market impact review if (A) the affected community will not be assured of continued access to high quality and affordable health care after accounting for any consolidation in the hospital and health care market that may lessen health care provider diversity, consumer choice and access to care, and (B) any likely increases in the prices for health care services or total health care spending in the state may negatively impact the affordability of care.	N/A	N/A	<ul style="list-style-type: none"> • Maintain for hospital transfers of ownership • Newly applicable to hospital/hospital system acquisition of health care facilities