



Eric J. Holcomb
Governor

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State Health Commissioner

Indiana Certificate of Public Advantage (COPA) Application Checklist

Applicant must clearly mark proprietary information in all application documents. Proprietary information will be redacted for public records pursuant to IC 16-21-15-3(c). The Indiana Department of Health may seek additional documentation in order to make a determination on the COPA.

General Information and Description of the Proposed Merger

- An executive summary of the Application.
- A description of each party to the merger agreement (collectively, the "Applicants"), including the legal name, address, D/B/A, license number, ownership (if applicable), and entity organizational chart.
- Contact information for each Applicant and its lead attorney.
- An executed copy of a letter of intent concerning the proposed merger and a current copy of the draft merger agreement – OR – an executed copy of the merger agreement.
 - a) If the Application is submitted on the basis of a letter of intent, the Applicants must promptly provide an executed copy of the merger agreement when executed.
- A written description of the nature and scope of the proposed merger, including financial and other business terms and significant conditions to the consummation of the proposed merger;
- A certification, executed by an officer of each Applicant, certifying that to the best of the knowledge of such officer, the information contained in the Application is true and correct.
- Applicants shall also file a complete copy of the Application with the office of the secretary of family and social services in a manner prescribed by the office of the secretary;
- Applicants shall also file a complete copy of the Application with the office of the attorney general in a manner prescribed by the office of the attorney general.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.



Financial and Business Information

- A copy of the financial statements and related audit reports for the last five years of each Applicant and its subsidiaries and affiliates (collectively, an "Applicant Group").
- A description of the current healthcare services provided by each Applicant Group, including the locations at which such services are provided and the primary service areas for such Applicant Group (based on ZIP codes). If the primary service area of the Applicant Group varies based on the type of healthcare service, please describe such areas separately.
- A description of the types and number of healthcare providers who are employed or contracted by each Applicant Group.
- A description of any current cooperative or contractual relationships between the Applicant Groups or any such relationships that have been proposed or terminated within the last five years.
- A copy of the most recent application for license renewal for each Applicant Group or any member thereof.
- A patient census for each hospital owned or operated, directly or indirectly, by a member of an Applicant Group (each, a "Hospital").
- Each Hospital's hospital compare rate from the Centers for Medicare and Medicaid Services (CMS).
- Any other provider or medical professional quality information.
- Each Hospital's most recent Medicare report.
- Each Hospital's past two accreditation surveys.
- Pricing data reported separately for all inpatient and outpatient services provided by each Applicant Group for the previous five years and monthly aggregated data, computed separately for Medicaid, Medicare, commercial, and all other payors, including:
 - (A) Number of patients, classified by type of inpatient or outpatient service;
 - (B) Total billed charges of each Hospital, stated separately to include and exclude any physician services;
 - (C) Total amounts of each Hospital's billed charges allowed under health plan contracts, stated separately to include and exclude any physician services and
 - (D) Total amounts of each Hospital's billed charges actually paid by health plans and patients (combined), stated separately to include and exclude any physician services.
- A list of all insurance contracts and payer agreements.



Proposed Merger

- A description of the post-merger business plan and organization, including three years of projections, sources of financing, integration plans and timelines.
- A description of any services, facilities or organizations that will be established, eliminated, enhanced, reduced, share or relocated as part of the post-merger business plan.
- A description of the Applicant Groups' current policies for free or reduced fee care for uninsured and underinsured patients, bad debt write-offs and charity care and any proposed changes as a result of the proposed merger.
- A description of the proposed cost savings and efficiencies anticipated to be achieved as a result of approval of the Certificate of Public Advantage, the plans for achieving such savings and efficiencies, how such savings and efficiencies will be measured, and how such savings and efficiencies will be invested for the benefit of the community served by the parties to the merger agreement.
- A description of proposed quality metrics that will be used to measure the quality improvements resulting from approval of the Certificate of Public Advantage and the plans for achieving such improvements.
- Any evidence of support from municipalities and counties served by each Applicant Group.
- A description of the impact of a Certificate of Public Advantage not being granted, including the impact on availability of services, quality, pricing and community health outcomes.
- A description of whether and how the projected benefits of the proposed merger could be achieved without the approval of the Certificate of Public Advantage.
- Copies of any plans, reports, studies or other documents reflecting each Applicant Group's current or future business plans and analyses of competition in the relevant service areas.

Community Needs

- A description of the population of the primary service areas, including economic conditions, poverty, uninsured/underinsured, age, gender and race.
- A description of projected population changes over the next five years.
- A description of the current health status and future health care needs over the next five years of the population in the primary service areas, including chronic disease, behavioral risk factors and other factors affecting the healthiness of the community.
- A description of any healthcare service gaps.



Effect of Proposed Merger

- A description of the current state of competition in the relevant service areas, including healthcare providers and payors, and projections of the impact, both positive and negative, of approval of the Certificate of Public Advantage on competition in the relevant service areas, including identifying all healthcare providers in the relevant services areas that compete with the Applicant Groups and estimated market shares of market participants, barriers to entry, and likelihood of entry of other healthcare providers.
- An analysis of the effects (both positive and negative) of the proposed merger agreement on the following:
 - (A) The availability, access, quality and price of hospital and health care services provided to Indiana residents, including the demonstration of population health improvement of the relevant services areas and the extent to which medically underserved populations have access to and are projected to use the proposed services;
 - (B) The preservation of sufficient health care services within the relevant services areas to ensure public access to healthcare services;
 - (C) The efficiency of services, resources, and equipment provided or used by the Applicant Groups, including avoidance of duplication of services to better meet the needs of the community;
 - (D) Utilization of healthcare, including preventable visits, re-admission, and impact on health outcomes;
 - (E) The ability of health care payors to negotiate payments and service agreements with the Applicant Groups and anticipated impact on reimbursement rates and service agreements, including any anticipated changes to any payor agreements and changes to the calculation of pricing;
 - (F) Employment, the healthcare workforce, recruiting and retention; and
 - (G) Economic impact.
- A description of how any benefits arising out of the proposed merger will be implemented.
- A description providing evidence that the proposed merger agreement would benefit the relevant service areas populations' health outcomes, health care access, and quality of health care.
- A description providing evidence that benefits arising from the proposed merger outweigh any disadvantages attributable to a reduction in competition that is authorized to result from the proposed merger.



Proposed Monitoring and Supervision

- A description of how progress related to the benefits arising from the proposed merger will be measured and monitored.
- A description of any reporting requirements for reviewing progress.
- A description of proposed terms and conditions that may be established to ensure that the merger benefits the relevant service areas populations' health outcomes, health care access, and quality of health care and that benefits arising from the proposed merger outweigh any disadvantages attributable to a reduction in competition that is authorized to result from the proposed merger, including how such terms and conditions may mitigate the disadvantages arising out of the proposed merger.