

Annual Reporting of Number of Physicians

If you are a hospital or a “group practice” with 30 or more physicians, you have to file a report concerning the number of physicians you have with the Attorney General’s Office (“AG’s Office”) and the Office of Health Care Access (“OHCA”) no later than December 31, 2014.

For hospitals and larger groups, this will be a pain. But the AG’s Office has posted a simple Excel spreadsheet, with instructions, that should make the mechanics of creating and filing the report easier.

To get to the on-line form and instructions for how to use them, use the following link:

<http://www.ct.gov/dph/cwp/view.asp?a=3902&q=556534&dphNav=|56589|&pp=12&n=1>

Who has to file?

1. Any hospital as defined by C.G.S. Section 19a-490.
2. “Hospital Systems” as defined by Section 1(4) of Public Act 14-168. And,
3. Any group practice in Connecticut with 30 or more physicians (including part-time physicians). There is a long, bureaucratic definition of “group practice” in Section 1(10) of the Public Act, but essentially if your group has 30 or doctors (whether as owners or employees), shares risk, offers medical services, collectively shares office space, bills through a group number, or allocates overhead expenses and income through some mutually agreed-to formula or process, you fall within the definition and have to file the annual report.

Where do you file the report?

You must file the report by emailing it to GroupPracticeFilings@ct.gov. You only have to file it once at the end of each year. This will automatically send copies to both the AG’s Office and OHCA. No hard copy filing is needed.

If you have any questions about the issues addressed here, or any other matters involving Health Care issues, please feel free to contact:

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If I have questions, where can I get help?

If you have any questions, you can submit them by email to Rachel O. Davis, Assistant Attorney General, at Rachael.Davis@ct.gov. No telephone number was posted, so email looks like your best and only bet here. The AG's Office will probably post a list of frequently asked questions and the answers to them.

My Group recently hired two doctors from another practice and had to file a report. Isn't this the same report?

Sorry, but no. Under the Public Act, there are certain instances when you have to file a notice 30 days before you hire two or more physicians from the same group practice, but that report is different from this one. That is a transactional report.

This report is an annual report under which larger physicians groups (30 or doctors) have to file annually with a description of where they have offices, the names and specialties of each physician and what the market area is for each of your locations.

Why does the State care how many physicians our group has?

Long story, but the gist is that the AG's Office is concerned that some physician groups are getting too large and might create an anti-trust problem. It all has to do with *how many* physicians you have in each specialty and *where* they practice. (Or, to be more exact, where their patients come from.) The AG's Office will use the data they collect from you, other large groups and the hospitals in order to "map" Connecticut's physician health service market. Once that is done, they will look hard at how much geographic concentration any particular group has. So, for example, if they learn that a particular group has a 75% share of the New Haven market of neurosurgical services, they would want to take a closer look if that group then acquires another neurosurgery group that also serves the New Haven area. The anti-trust concern is that if you have too much market share, then you might be able to artificially raise prices in your market area because there is insufficient competition. With the ongoing consolidation of both hospital and physician markets, you should expect more of this scrutiny in the future.

How does the filing process work for the annual report?

Pulling together the data you need for the report will be a chore, so start early. But the mechanics of assembling the report are actually pretty simple. (This is a government report, after all. What could go wrong?)

1. First, go to the website we posted at the top of this bulletin. The page you open will have an overview of why you need to file the report, with a link at the bottom to the "Group Practice Filing Forms." Click on that link and it will take you directly to the Excel spreadsheet.
2. There are three tabs on the Excel spreadsheet, each one taking you to a page you need to fill out. They are (i) Medical Practices; (ii) Physician Name; and (iii) Business Entity. Each page has directions for what information you are to report on that page.
3. **Medical Practices** – This page calls for the name of the Group Practice filing the report. If the filer is a hospital or hospital system, you have to indicate for each Group Practice whether the practice is owned or affiliated with the hospital/hospital system filing the report. This page just tells the AG's Office who you are and, if you are affiliated with a hospital, the nature of that affiliation.

4. **Physician Name** – On this page, you will list each individual physician in your Group Practice and then, in the second column, specify their specialty. When you click the second column, a drop-down box will appear, allowing you to click on the applicable specialty area in which the physician practices. This information gives the AG’s Office data on what particular medical services you are offering and enables it to determine what your “product market” is for purposes of anti-trust analysis.
5. **Business Entity** – This is the page where the AG’s Office develops information on your geographic market area. By then cross-referencing with the data it gets from hospitals and other group practices in your geographic market area and product market, the AG can calculate what percentage of the product market you control in that geographic area. On this page you will enter:
 - a. The name and address of your group practice;
 - b. The location of your Group Practice (but note if you have more than one location, you will be filing a report on each of your locations. Read the instructions at the top of the Business Entity page.);
 - c. Your “Primary Service Area.” Here is where the work comes in. In order to define your Primary Service Area, you have to calculate for each of your office locations the smallest number of zip codes from which the Group Practice draws at least 75% of its patients. So, if you have an office in Hartford, you have to look at the zip codes where your patients reside (not where they work, but where they live), and then determine the fewest number of those zip codes you need to reach 75% of your patients. You should use patient resident data from the most recent calendar year to calculate this. Yes, some patients will have moved around, but it will all come out in the wash.
 - d. Note here that if you have offices, for example, in Hartford and Waterbury, you have to separately calculate the Primary Service Area for each of those offices. All of those zip codes then get reported in Column 4.
 - e. Column 5 requires you to list the name and address of each business entity that provides services as part of your Group Practice. This allows the AG’s Office to track you even though your different offices use different names.
 - f. Lastly, in Column 6, for each individual office location, you will use a drop-down box to enter each specialty that you offer through that particular location. Again, this data will allow the AG’s Office to map out your market share for each of your locations, by specialty practice.

December 31st will be fast upon you, so start collecting and assembling your data now. You should also periodically check the [AG’s website](#) to see if they post “Frequently Asked Questions” concerning the Group Medical Practice Annual Reporting forms.

If you have questions, please contact Rachael.Davis@ct.gov. If you need further help, you should contact your health care counsel.