



General Assembly

Amendment

January Session, 2019

LCO No. 10867



Offered by:
SEN. SOMERS, 18th Dist.

To: Subst. House Bill No. 7267 File No. 353 Cal. No. 676

(As Amended By House Amendment Schedule "A")

**"AN ACT CONCERNING PUBLIC OPTIONS FOR HEALTH CARE
IN CONNECTICUT."**

1 Strike section 5 in its entirety and substitute the following in lieu
2 thereof:

3 "Sec. 5. (NEW) (*Effective July 1, 2019*) (a) Not later than March 1,
4 2021, and annually thereafter, each institutional provider, on behalf of
5 such institutional provider and its parent organization and affiliated
6 entities, noninstitutional provider and provider organization in this
7 state shall submit to the office, for the preceding calendar year:

8 (1) Data concerning:

9 (A) The utilization of health care services provided by such provider
10 or organization;

11 (B) The charges, prices imposed and payments received by such
12 provider or organization for such services;

13 (C) The costs incurred, and revenues earned, by such provider or
14 organization in providing such services; and

15 (D) Any other matter that the executive director deems relevant for
16 the purposes of this section; and

17 (2) If such provider is a hospital, the data described in subdivision
18 (1) of this subsection and such additional data, information and
19 documents designated by the executive director, including, but not
20 limited to, charge masters, cost data, audited financial statements and
21 merged billing and discharge data, provided such provider shall not
22 be required to submit any data contained in a report that is filed
23 pursuant to chapters 368aa to 368ll, inclusive, of the general statutes
24 and available to the executive director.

25 (b) The executive director shall establish standards to ensure that
26 the data, information and documents submitted to the office pursuant
27 to subsection (a) of this section are submitted to the office in a uniform
28 manner. Such standards shall enable the executive director to identify,
29 on a patient-centered and provider-specific basis, state-wide and
30 regional trends in the availability, cost, price and utilization of medical,
31 surgical, diagnostic and ancillary services provided by acute care
32 hospitals, chronic disease hospitals, rehabilitation hospitals and other
33 specialty hospitals, clinics, including, but not limited to, psychiatric
34 clinics. Such standards may require hospitals to submit such data,
35 information and documents to the office in an electronic form,
36 provided such standards shall provide for a waiver of such
37 requirement if such waiver is reasonable in the judgment of the
38 executive director.

39 (c) (1) Not later than December 1, 2021, and annually thereafter, the
40 office shall prepare, and the executive director shall cause to be posted
41 on the office's Internet web site, a report concerning health status
42 adjusted total medical expenses for the preceding calendar year,
43 including, but not limited to, a breakdown of such health status
44 adjusted total medical expenses by:

- 45 (A) Major service category;
- 46 (B) Payment methodology;
- 47 (C) Relative price;
- 48 (D) Direct hospital inpatient cost;
- 49 (E) Indirect hospital inpatient cost;
- 50 (F) Direct hospital outpatient cost; and
- 51 (G) Indirect hospital outpatient cost.

52 (2) Notwithstanding subdivision (1) of this subsection, the office
 53 shall not disclose any provider specific data or information unless the
 54 executive director provides at least ten days' advance written notice of
 55 such disclosure to each provider that would be affected by such
 56 disclosure.

57 (d) The executive director shall, at least annually, submit a request
 58 to the federal Centers for Medicare and Medicaid Services for the
 59 health status adjusted total medical expenses of provider groups that
 60 served Medicare patients during the calendar year next preceding.

61 (e) The office may enter into such contractual agreements as may be
 62 necessary to carry out the purposes of this section, including, but not
 63 limited to, contractual agreements with actuarial, economic and other
 64 experts and consultants.

65 (f) Nothing in this section shall apply to ambulatory surgical
 66 centers."

This act shall take effect as follows and shall amend the following sections:		
Sec. 5	July 1, 2019	New section