

**Cecile Erwin Young** *Executive Commissioner* 

## Certificate of Public Advantage (COPA) Application Checklist

**Application Instructions:** 

1. Submit a check for the COPA application fee of \$75,000 via U.S. mail to:

HHSC AR, Mail Code 1470

P.O. Box 149055

Austin, Texas 78714-9055

**Note:** Applicants <u>must</u> include HHSC Accounting Service Code **529201410** on the check when submitting payment for a COPA application.

2. Submit the information outlined below via email to HHSC at <a href="COPA@hhs.texas.gov">COPA@hhs.texas.gov</a>. HHSC will not consider an application complete until the application fee is submitted, and the application contains all the following information:

☐ a list of each hospital party to the merger agreement, including the hospital's legal name, address, D/B/A, and license number;
□ a letter of intent from each party to the merger agreement;
☐ an executive summary;
☐ a written copy of the proposed merger agreement;
$\hfill\square$ a description of the nature and scope of the proposed merger;
$\hfill\square$ a copy of the most recent application for license renewal for each party to the merger agreement;
$\hfill\square$ a patient census for each hospital involved in the merger agreement;
☐ health outcomes for the geographic area of each county in which a hospital involved in the merger agreement is located;
□ pricing data reported separately for all inpatient and outpatient services that occurred at each hospital party to the merger agreement 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 the hospital, stated separately to include and

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exclude any physician services;

- (C) total amounts of the hospital's billed charges allowed under health plan contracts, stated separately to include and exclude any physician services; and
- (D) total amounts of the hospital's billed charges actually paid by health plans and patients (combined), stated separately to include and exclude any physician services;

☐ any quality metrics that will be used to measure the quality
improvements of the COPA such as observation status;
☐ information regarding the current state of competitive dynamics and projections of how the market will operate in the county where the proposed merger would occur;
☐ an analysis of the merger agreement that provides a detailed explanation as to:

- (A) whether the proposed merger agreement would likely benefit the public by maintaining or improving the quality, efficiency, and accessibility of health care services offered to the public; and
- (B) whether the likely benefits resulting from the proposed merger agreement outweigh any disadvantages attributable to a reduction in competition that may result from the proposed merger; and

☐ any evidence of support from municipalities and counties served by each hospital party to the proposed merger.