Healthcare Cabinet Meeting Minutes
March 8, 2022

Meeting Date	Meeting Time	Location
March 8, 2022	9:00 a.m. - 11:00 a.m.	Webinar and Conference Call

Participant Name and Attendance

Healthcare Cabinet Members					
Victoria Veltri	X	Hussam Saada	X	Heather Aaron	X
Claudio Capone	X	Alan Kaye	X	James Michel	X
Rev. Robyn Anderson	X	Paul Lombardo	X	Ellen Andrews	X
Patricia Baker	X	Deidre Gifford	X	Claudio Gualtieri	X
Nicole Taylor	X	Nichelle Mullins	X	Kurt Barwis	X
Shelly Sweatt	X	Danielle Morgan	X		
Colleen Harrington	X	Cassandra Murphy	X		
Ted Doolittle	X	Jill Zorn	X		
Others Present					
Members Absent					
Joshua Wojcik		David Whitehead			
Valencia Bagby Young		Margherita Giuliano			
William Handelman		Manisha Juthani			

	Agenda	Responsible Person(s)
1	**Call to order and Introductions**	**Victoria Veltri**
	The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, March 8, 2022 via Zoom. The meeting convened at 9:00 a.m. Victoria Veltri presiding. Attendance taken by roll call.	
2	**Public Comment**	**Victoria Veltri**
	There was no public comment.	
3	**Approval of the January 11, 2022 Meeting Minutes**	**Victoria Veltri**
	The motion was made to approve the January 11 meeting minutes by James Michel and seconded by Pat Baker.	
4	**Access Health - Update**	**James Michel, Access Health**
	Ms. Veltri introduced James Michel who gave a brief update on Access Health. 2022 Open Enrollment update below are the highlights from the update. • Open Enrollment ended on January 15, 2022	

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- Enrollment 7.3% higher than 2021
- 84% of enrollees now eligible for financial help (14%-point increase compared to 2021)
- Nearly 1/3 of enrollees pay less than $5 PMPM
- 74% of online consumers satisfied or very satisfied with their experience
- 860 enrollees in Covered CT as of 3/5/2022

For additional detail a comprehensive 2022 OE report available on:
https://agency.accesshealthct.com

Covered Connecticut Marketing Update

Access Health CT launched a Special Enrollment Period (SEP)
Eligible CT residents can enroll through June 30
Hotline established: (860) 241-8478 | Operators standing by M-F, 8 a.m. to 4 p.m.

American Rescue Plan Act Subsidy Extension
Strong support remains for extension of ARPA Premium Tax Credit (PTC) Enhancements in Congress and by President Biden Access Health CT, other SBMs and the National Academy of State Health Policy (NASHP) continually messaging importance of enhanced PTC to Congress.

- More people enrolled now due to increased access to affordable healthcare coverage: greatly reduced monthly premium costs.
- Provides access to more comprehensive coverage: more enrollees selecting plans with lower out-of-pocket costs Reduces health disparities and provides greater access to coverage and healthcare.
- Without enhanced PTC, risk of more consumers choosing plans with higher cost sharing burdens or choosing to be uninsured Public Health Emergency and Medicaid Redetermination Planning.
- Extension of Eligibility for Medicaid during Public Health Emergency (PHE) since 3/18/20 under Families First Coronavirus Response Act (FFCRA).
- PHE currently extended to 4/16/22: Anticipated 90-day renewal to July 2022.
- Access Health CT (AHCT) and the Dept. of Social Services (DSS) working together since 2020 on extensions in our joint system and planning.
- CMS issued State Health Official guidance letter #22-001 on 3/3/22 for Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload – Allowing states to spread redeterminations over 12-month period – Facilitate transitions between Medicaid, CHIP and Marketplace Coverage.
- AHCT and DSS preparing for system changes, and outreach campaign.

Ms. Veltri thanked Mr. Michel for the update. Several discussions ensued for more information please see the meeting recording link below.
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6	**NASHP Hospital Cost Tool Analysis of Acute Care and Critical Access Hospitals in Connecticut**	**Marilyn Barnett, National Academy of State Health Policy (NASHP)**

Ms. Veltri introduced Marilyn Barnett, National Academy of State Health Policy (NASHP) who gave a presentation on NASHP hospital cost tool analysis of acute care and critical access of CT hospitals.

Below are the highlights from the presentation:

What is NASHP's Hospital Cost Tool?

- A downloadable tool health purchasers, including state officials, can use to better understand and address hospital costs.
- For example, the tool can help inform hospital rate negotiations or demonstrate hospital finances pre- and post-merger/ acquisition.
- The tool identifies costs using data that hospitals report annually to the federal government.
- Each hospital that serves Medicare patients must annually submit, and verify the accuracy of, a Medicare Cost Report (MCR) to the Centers for Medicare & Medicaid Services (CMS).
- MCRs provide hospital level data and are the only national, public source of hospital costs.
- The Hospital Cost Tool was developed by the National Academy for State Health Policy (NASHP) alongside Rice University, with support from Arnold Ventures.

Ms. Barnett demonstrated how to use the NASHP's hospital cost tool. She also noted that coming in April 2022: an interactive dashboard and national database of hospital costs.

Breakeven Analysis

NASHP's Hospital Cost Tool calculates a hospital's breakeven point: Revenue = Expenses

- Revenue includes payments from all sources. Expenses include hospital operations, administration, ancillary services, & non-operating expenses.
- NASHP Commercial Breakeven – how much a hospital needs to be reimbursed by commercial payers in order to cover its expenses.
- RAND 3.0 Commercial Price – how much a hospital was reimbursed by commercial payers in aggregate from 2016 to 2018.
- Calculated using data from the RAND Corporation's Nationwide Evaluation of Health Care Prices Paid by Private Health Plans.
- Breakeven and Price expressed as multiples of the individual hospital's Medicare rates for comparability purchases.

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Factors That May Impact Breakeven

- Medicare Payment rate – A hospital's Breakeven is based on its own Medicare reimbursement rates. If a hospital is paid by Medicare in excess of its Medicare-related expenses, Breakeven would be lower.
- Hospital Other Income – If a hospital receives significant other income (e.g., return on investments, federal relief payments), the payment required from a commercial payer to Breakeven would be lower.
- Reimbursement from Other Payers – The hospital payer mix adjusted profits and losses from other payers (Medicaid, Medicare, CHIP and other local/state programs, Medicare Advantage) are reflected in the commercial payer Breakeven calculation.
- Reporting Error – Medicare Cost Reports are completed by the hospital or their contractor and may contain reporting errors, impacting Breakeven calculations.

Ms. Barnett presented several charts noting breakeven hospitals in Connecticut and neighboring states along with median breakevens of major health systems in Connecticut.

It was noted that compared to hospitals in surrounding states, Connecticut hospitals have relatively high median Commercial Breakevens and relatively standard median Commercial Prices.

- Connecticut's median RAND 3.0 Commercial Price (2016 - 2018) was 208 percent of Medicare rates.
  - Range: 151% to 295% of Medicare rates (data unavailable for 3 independent hospitals).
- Connecticut's median NASHP Commercial Breakeven (2019) was 131 percent of Medicare rates.
  - Range: 58% to 253% of Medicare rate.

Ms. Veltri thanked Ms. Barnett for the detail presentation. Several discussions ensued for more information, please see the meeting's recording link below.
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Adjourn	**Victoria Veltri**

The motion to adjourn the meeting was made by Pat Baker and seconded by Allan Kaye. The motion passed.

The meeting adjourned at 11:00 a.m.