

Healthcare Cabinet Meeting Minutes

June 8th, 2021

Meeting Date	Meeting Time	Location
June 98, 2021	9:00 a.m. - 11:00 a.m.	Webinar and Conference Call

Participant Name and Attendance

Healthcare Cabinet Members					
Victoria Veltri	X	Kate McEvoy	X	Valencia Bagby Young	X
Ellen Andrews	X	Alan Kaye	X	James Michel	X
Rev. Robyn Anderson	X	Paul Lombardo	X	David Whitehead	X
Patricia Baker	X	Heather Aaron	X	Kurt Barwis	X
Nicole Taylor	X	Nichelle Mullins	X		
Shelly Sweatt	X	Danielle Morgan	X		
Nancy Navarretta	X	Cassandra Murphy	X		
Ted Doolittle	X	Jill Zorn	X		
Others Present					
Kim Martone, OHS		Olga Armah, OHS			
Brian Carney, OHS		Hanna Nagy, OHS			
Members Absent					
Joshua Wojcik		Judy Dowd			
Margherita Giuliano					
William Handelman		Hussam Saada			

	Agenda	Responsible Person(s)
1	Call to order and Introductions	Victoria Veltri
	The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, June 8, 2020 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 February 9, 2021 Meeting Minutes	Victoria Veltri
	The motion was made by James Michel and seconded by Pat Baker to approve the March 9, 2021 Healthcare Cabinet meeting minutes. The motion was made by James Michel and seconded by Pat Baker to approve the April 13, 2021 Healthcare Cabinet meeting minutes. Motion carried.	
4	Trauma Fee Activation Policies & Charges (II)	Olga Armah, OHS

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Ms. Veltri introduced Olga Armah gave an updated on the presentation given by Alla Veyberman in April’s Healthcare Cabinet meeting. Mrs. Armah gave a quick refresher about Trauma Activation Fees.

- “Trauma Activation Fee” is the reimbursement associated with deployment of a hospital’s specialized trauma response team for a patient.
- Reimbursement is based on special codes and related fee payment system.
- The primary purpose of the fee is to help trauma centers remain financially viable, given the significant cost burden associated with professional and administrative resources needed to achieve and maintain the advanced level of readiness and capability of their critical care services.

Mrs. Armah noted that there are 11 trauma centers in Connecticut. Ms. Armah mentioned that there has been an increase in trauma patients between 2015 and 2019, statewide trauma discharges increased by 62% from 2,308 to 3,733.

For FY2019 the patient demographics looked at that age, gender of the patients, two thirds of trauma patients were male and they tended to have longer overnight stays in the hospital. About 50-53% of the patients were between the age of 18 -64; about 43% were seniors which tend to have a longer hospital stay. Over two-thirds of trauma patients were White Non-Hispanics. Most (72%) trauma patients had Medicare (42%) or Medicaid (26%) coverage. Trauma patients were least likely (5%) to be uninsured.

The Top Five Diagnosis for Trauma Patients are the following:

- **23%** Medical Back Problems w/o MCC
- **20%** Other O.R. Procedures For Multiple Significant Trauma W/MCC
- **20%** Traumatic Stupor And Coma, Coma>1 Hour W/CC
- **20%** Traumatic Stupor And Coma, Coma<1 Hour W/CC
- **18%** Other Multiple Significant Trauma With CC

Director Veltri thanked Mrs. Armah for the update. Several discussions ensued for more information please see the link below.

<https://ctvideo.ct.gov/ohs/Health%20Care%20Cabinet%20Monthly%20Meeting%20June%208%202021.mp4>

5	Access Health - Update	James Michel, Access Health
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Ms. Veltri introduced James Michel from Access Health who gave a brief update. Mr. Michel noted that Access Health CT opened a Special Enrollment Period for consumers who were not currently enrolled in coverage through AHCT. This effort aligned with the Special Enrollment Period in the Federally Facilitated Marketplace (FFM) and most importantly helped consumers

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during the COVID-19 Pandemic and Public Health Emergency. The Special Enrollment Period (SEP) took place February 15 through April 15, 2021. Mr. Michel reminded the committee members that an expanded special enrollment period for CT residents who are uninsured, underinsured, or would like access to new financial help is in effect from May 1 – August 15, 2021.

Below are the highlights from the presentation.

American Rescue Plan (ARP) – Update.

The impact since April 30th for existing enrollees:

- 5,150 - Enrollees with updated applications
- 8% - Customers updating enrolled in a new plan
- \$720k - Aggregate monthly premium savings
- Pre ARP: \$491 / Post ARP: \$281 - Average household net premium

For new enrollees:

- 3,941 - Enrollees newly enrolled in a QHP
- 88% - New enrollees eligible for APTC
- 38% - New enrollees using help from a broker
- \$204 - Average household net premium

Mr. Michel stated that the current development efforts are as follows:

- Development of an automatic Advance Premium Tax Credit (APTC) update for existing customers and implementation of unemployment income provision scheduled for June 25th release.

Ms. Veltri thanked Mr. Michel for the update. Several discussions ensued for more information please see the link below.

<https://ctvideo.ct.gov/ohs/Health%20Care%20Cabinet%20Monthly%20Meeting%20June%208%202021.mp4>

6	Bed Need Methodology	Brian Carney, OHS Hanna Nagy, OHS
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Ms. Veltri introduced Brian Carney, and Hanna Nagy who will be presenting the Bed Need Methodology to the cabinet members. Mr. Carney gave a brief history of CT’s Bed Need Methodology.

Below are the highlights from the presentation:

Conceptual Model of Licensed Hospital Beds, as Defined by AHRQ.

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- The Agency for Healthcare Research and Quality (AHRQ) defines licensed beds as the maximum number of beds that a hospital is licensed to operate, though not all licensed beds need to be available or staffed.

CT Bed Need Calculation

- Bed utilization is based on patient days and is calculated using data from three consecutive Federal Fiscal Years (FFYs).
- Patient days are divided by 365 (days) to calculate Average Daily Census (ADC) for each year of the three years.
- A Weighted ADC is calculated, giving the greatest weight to the most current year and the least weight to the oldest year. Weighted avg. daily census = $(\text{Year1} + \text{Year2} \times 2 + \text{Year3} \times 3) / 6$
- The Weighted ADC is multiplied by a population growth/attrition factor for each county (based on projected population estimates for 2020 and 2025, [provided by the Connecticut State Data Center](#)) to produce the Projected Average Daily Census.
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- A Weighted ADC is calculated, giving the greatest weight to the most current year and the least weight to the oldest year. Weighted avg. daily census = $(\text{Year1} + \text{Year2} \times 2 + \text{Year3} \times 3) / 6$
- The Weighted ADC is multiplied by a population growth/attrition factor for each county (based on projected population estimates for 2020 and 2025, [provided by the Connecticut State Data Center](#)) to produce the Projected Average Daily Census.

2020 Bed Need Results

- Based on the acute care bed need projections for 2025, Connecticut has a statewide surplus of 1,922 inpatient beds. Each of the five individual counties has excess capacity, ranging from a low of 84 surplus beds in Litchfield County to a high of 511 in Fairfield County.

Factors for Considerations

- The analysis is only for licensed inpatient beds (bassinets included) at acute care hospitals.
- Observation days are not included in the analysis.
- There is traditionally patient utilization ebb and flow throughout the year (e.g., flu season).
- Inpatient days are declining as care is shifted to outpatient settings.

Ms. Veltri thanked Mr. Carney and Ms. Nagy for the update. Several discussions ensued for more information please see the link below.

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7	Next Steps - Cabinet Discussion	
8	Adjourn	Victoria Veltri
	<p>The motion to adjourn the meeting was made by Pat Baker and seconded by David Whitehead. The motion passed.</p> <p>The meeting adjourned at 11:00 a.m.</p>	