

## Healthcare Cabinet Meeting Minutes

### December 14, 2021

Meeting Date	Meeting Time	Location
December 14, 2021	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	Valencia Bagby Young	X
Claudio Capone	X	Alan Kaye	X	James Michel	X
Rev. Robyn Anderson	X	Paul Lombardo	X	David Whitehead	X
Patricia Baker	X	Manisha Juthani	X	Claudio Gualtieri	X
Nicole Taylor	X	Nichelle Mullins	X	Kurt Barwis	X
Shelly Sweatt	X	Danielle Morgan	X	Ellen Andrews	X
Colleen Harrington	X	Cassandra Murphy	X		
Ted Doolittle	X	Jill Zorn	X		
Others Present					
Ron Ciesones		Margherita Giuliano			
Bozena Piascik					
Members Absent					
Joshua Wojcik		Deidre Gifford			
William Handelman					

	Agenda	Responsible Person(s)
<b>1</b>	<b>Call to order and Introductions</b>	<b>Victoria Veltri</b>
	The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, December 14, 2021 via Zoom. The meeting convened at 9:00 a.m. Victoria Veltri presiding. Attendance taken by roll call.	
<b>2</b>	<b>Public Comment</b>	<b>Victoria Veltri</b>
	There was no public comment.	
<b>3</b>	<b>Approval of the November 9, 2021 Meeting Minutes &amp; HCC 2022 Meeting Schedule</b>	<b>Victoria Veltri</b>
	The motion was made to approve the November 9 <sup>th</sup> meeting minutes by James Michel and seconded by Pat Baker. Motion was made to to approve the Healthcare Cabinet 2022 meeting schedule by Pat Baker and seconded by James Michel. Motions carried.	
<b>4</b>	<b>Access Health - Update</b>	<b>James Michel, Access Health</b>



## Healthcare Cabinet Meeting Minutes

### December 14, 2021

Ms. Veltri introduced Ron Ciesones from OHS who gave a report on the Financial Status

Mr. Ciesones noted that C.G.S. §19a-670 requires that OHS, by September first of each year, report the results of acute care hospitals Annual and Twelve-Month Filings. The report shall include information concerning the financial stability of hospitals.

Below are the highlights from the presentation:

- Statewide hospital operating expenses grew faster than operating revenues in FFY 2020.
  - Operating Revenue - \$13.69b
  - Operating Expense - \$13.65b
- FFY 2020 statewide hospital revenue decreased due to lower activity and payments from the pandemic.
  - Patient days - (3.0%)
  - ED visits - (15.2%)
  - IP Surgeries - (9.8%)
  - OP Surgeries - (18.6%)
- Statewide hospital expenses increase primarily due to rising salaries, fringe benefits and other operating expenses.
  - Fringe Benefit 19%
  - Salaries and Wages 25%
  - Drugs 9%
  - Operating Expenses 40%

It was noted that Other Operating expenses is composed of 40 different expense items such as contract labor, utilities, leases, maintenance, purchased services and corporate parent/system fees and general other operating expenses.

- Statewide hospital operating gains from patient care and related activities decreased substantially in FY 2020 from FY 2019 4.69% to FY 2020 .30%.
- Statewide uncompensated care costs remain approximately 2% of total hospital expenses.
- Hospitals who were profitable in FFY 2020
  - 18 hospitals were profitable vs. 20 in FY 2019.
  - 9 Hospitals had a total margin of
  - < 0 vs. 8 in FY 2019.
- The 9 hospitals with the margin less than 0 were: Bristol, Bridgeport, Day Kimball, Dempsey, Hungerford, L+M, Rockville, St. Vincent's and Sharon.

It was noted that medical groups are loss leaders for health systems but provide a source of referrals for hospital services. Mr. Ciesones mentioned that there were three health systems were unprofitable in FFY 2020 Bristol, Day Kimball and UCONN. There were 9 systems were profitable vs. 8 in FY 2019 and 3 Systems had a TM of < 0 vs. 7 in FY 2019.

## Healthcare Cabinet Meeting Minutes

### December 14, 2021

<p>Ms. Veltri thanked Mr. Ciesones for the presentation. Several discussions ensued for more information please see meeting recording link below.  <a href="#">December 14 2021 (ct.gov)</a></p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>7 Facility Fees Report</b></td> <td style="width: 50%;"><b>Bozena Piascik, OHS</b></td> </tr> </table>	<b>7 Facility Fees Report</b>	<b>Bozena Piascik, OHS</b>
<b>7 Facility Fees Report</b>	<b>Bozena Piascik, OHS</b>	
<p>Ms. Veltri introduced Ms. Piascik who presented to the cabinet members the Facility Fees Report.</p> <p>Ms. Piascik noted that the Facility Fee Filing mandate was effective on 1, 2016, C.G.S. §19a-508c(m)(1) requires hospitals/hospital health systems to report certain information on facility fees charged or billed for outpatient services provided at <u>hospital-based off-campus</u> locations to OHS, annually.</p> <p>C.G.S. §19a-508c(l) also prohibits hospitals, hospital health systems and hospital-based facilities from charging facility fees for outpatient evaluation and management (E/M) services: provided at a hospital-based off-campus location; except for insurance contracts pre-dating 7/2/2016 that provide reimbursements for facility fees for E/M services, facility fees are banned on contract expiration; or except for such services provided at a satellite emergency department exceeding the Medicare rate for uninsured patients.</p> <p>The mandates' intent is to analyze and monitor trends on hospital/hospital health system facility fees for Medicare, Medicaid, private insurers and other payers; to restrict facility fee charging for outpatient routine office visits; to also provide transparency.</p> <p>Below are some of the highlights from the presentation.</p> <ul style="list-style-type: none"> <li>• Majority of individual hospital facility fee revenues and visits decreased in 2020.</li> <li>• Stamford had highest revenue and Yale the most visits.</li> <li>• Cardiovascular Procedures and Evaluation &amp; Management generated the most facility fee revenue in 2020.</li> <li>• Evaluation and Management along with Assessment and Management visits top facility fee volume in 2020.</li> <li>• Top three individual locations that generated the most facility fee revenue in 2020.             <ul style="list-style-type: none"> <li>○ Stamford Hospital - Tully Health Center - \$78,856,435</li> <li>○ St Mary's Hospital - Oncology Center - \$15,754,902</li> <li>○ Norwalk Hospital - Radiology &amp; Mammography Center - \$14,353,286</li> </ul> </li> <li>• Top three revenue generating services by provider in 2020             <ul style="list-style-type: none"> <li>○ Hartford Hospital- Eye and Ocular Surgical Procedures - \$9,913,983</li> <li>○ Yale-New Haven Hospital- Evaluation &amp; Management Services- \$8,703,397</li> <li>○ Stamford Hospital - Colonoscopy with biopsy - \$4,158,476</li> </ul> </li> <li>• Top three services by visit volume and provider in 2020.             <ul style="list-style-type: none"> <li>○ Yale-New Haven Hospital - Evaluation &amp; Management Services- 216,493</li> </ul> </li> </ul>		

## Healthcare Cabinet Meeting Minutes

### December 14, 2021

- The William W. Backus Hospital – Assessment & Management OP Clinic Visit - 28,222
- John Dempsey Hospital - Assessment & Management OP Clinic Visit - 25,086

Ms. Piascik noted that there are limitations of the current law.

- The exact facility fee(s) charged for specific services at each location cannot be determined through these filings.
- The reported data provides information on the top ten revenue generating procedures/services at hospital-based off-campus outpatient centers, only.
- There is no way to determine if the facility fees charged uninsured patients exceed the Medicare rate.

Facility Fee Filing Changes – Public Act 21-129

- Requires a sample of a billing statement with information required by the law to be provided to OHS.
- Requires facility fee charge notification in at least 15 languages, posted in appointment check-in areas, and sent to OHS.
- Each hospital-based facility that was part of a transaction shall report to OHS the number of patients served by the facility in the preceding three years.

Ms. Veltri thanked Ms. Piascik for presenting to the cabinet today. Several discussions ensued for more information, please see the meeting’s recording link below.

[December 14 2021 \(ct.gov\)](#)

**Adjourn**

**Victoria Veltri**

The motion to adjourn the meeting was made by Pat Baker and seconded by Jill Zorn. The motion passed.

The meeting adjourned at 11:00 a.m.