

# Healthcare Cabinet Meeting Minutes

## October 13, 2020

Meeting Date	Meeting Time	Location
October 13, 2020	9:00 a.m. - 11:00 a.m.	Webinar and Conference Call

### Participant Name and Attendance

Healthcare Cabinet Member					
Victoria Veltri	X	Nancy Navarretta	X	Cassandra Murphy	X
Patricia Baker	X	Ellen Andrews	X	David Whitehead	X
Judy Dowd	X	Kate McEvoy	X	Miriam Miller	X
Valencia Bagsby Young	X	Nicole Taylor	X	Jill Zorn	X
Paul Lombardo	X	Alan Kaye	X	Danielle Morgan	X
James Michel	X	Kurt Barwis	X	Alan Kaye	X
Theodore Doolittle	X	Frances Padilla	X	Rev. Robyn Anderson	X
Shelly Sweatt	X	Nichelle Mullins	X		

### Others Present

Olga Armah		
Kimberly Martone		

### Members Absent

Susan Adams	Heather Aaron	Jill Zorn
Miriam Delphin-Rittmon	Deidre Gifford	Margie Giuliano
	William Handelman	David Whitehead

	Agenda	Responsible Person(s)
1.	<b>Call to order and Introductions</b>	Victoria Veltri
	The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, October 13, 2020 via Zoom. The meeting convened at 9:00 a.m. Victoria Veltri presiding. Attendance taken via Zoom.	
2.	<b>Public Comment</b>	Victoria Veltri
	There was no public comment.	
3.	<b>Approval of the September 22, 2020 Meeting Minutes</b>	Victoria Veltri
	The motion was made by James Michel and seconded by Patricia Baker to approve the meeting minutes. Vote by roll call. Motion carried.	
4.	<b>Financial Status of Connecticut's Short Term Acute Care Hospitals</b>	Ron Ciesones
	The Office of Health Strategy Health Planning Systems' group annually collects data from Connecticut's 27 acute care hospitals in February and March, the data is reviewed by staff and the report is prepared and released in September.	

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This presentation will highlight some key aspects of the report. The report is similar to last year but this year the average age of plant has been added for each of the hospitals.

It was noted that statewide hospital operating revenue grew faster than operating expenses in 2019. The trend shows that since 2016 the growth in operating revenue has been outpacing the growth in operating expenses.

The major sources of increase in revenues non-operating payors accounted for a little over \$400M followed by Medicare \$250M and Medicaid a little under \$150M.

The hospital expenses across the state increased mostly due to rising supplies, drugs, salaries but the biggest in was in other operating expenses which were over \$350M.

The uncompensated care cost is still about 2% of statewide totals.

It was noted that the hospitals operating gains margin since 2016 have been steadily increasing.

Most hospitals were profitable in FFY 2019. There were 20 hospitals in 2019 versus 24 in 2018 and 8 hospitals that a total margin of <0.

Vicki Veltri noted that the report was created prior to the pandemic and it does not include what has happened since COVID. The start of this report is for the fiscal year that ended September 30, 2019. It does not reflect the current situation.

Allan Kaye noted that it would be good to receive the information from the prior year earlier.

Jill Zorn, Allan Kaye and Ellen Andrews shared their concerns regarding the hospitals consolidations the data shows that consolidations lead to higher prices.

Jill Zorn asked if there are any efforts on figuring out what is our actual needs for hospitals beds? Vicki Veltri responded that OHS is currently working on a bed methodology to evaluate what the bed needs are under the current conditions. Once the evaluation is done the results will be brought to the cabinet.

Vicki Veltri thanked Ron Ciesones for the presentation. For more information on the presentation please see the link below:

For additional information please visit:

<https://portal.ct.gov/OHS/Content/health-care-cabinet/meeting-agendas/october-13-2020>

<b>5.</b>	<b>Facility Fees Report</b>	<b>David Fernandes</b>
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The facility fee mandated was presented to the Cabinet by David Fernandes. Effective July 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 hospital-based off-campus locations to OHS, annually.

The intent of the mandate is to analyze and monitor the trends on hospitals/hospital health systems facility fees for Medicare, Medicaid, private insurer along with other payers. To restrict facility fees charging for outpatient routine office visits and to provide some transparency.

Highlights from the 2019 report are:

- Statewide facility fee revenue continues to rise as visits increase for the first time in two years.
- The Facility Fees total net revenue by hospital and patient visits shows that Stamford Hospital had the highest revenue and Yale Hospital had the most visits.
- Digestive system and cardiovascular services\* generated the most facility fee revenue in 2019.
- E/M and A/M revenue declined in 2019 but remained significant
- Top three individual locations that generated the most facility fee revenue are:
  - Stamford Hospital - Tully Health Center - \$86,826,357
  - St Mary's Hospital - Naugatuck Valley Surgical Center - \$22,885,803
  - Hartford Hospital - Eye Surgery Center - \$20,311,815
- Top three revenue generating services by provider were:
  - Yale-New Haven Hospital - Eval. and Mgmt. Establish Patient OP Visit - \$17,037,983
  - Hartford Hospital - Cataract surgery with lens insertion - \$16,390,284
  - Stamford Hospital - Colonoscopy with biopsy - \$7,126,479
- Majority of fee revenue was from the privately insured 60%, 20% Medicare, 12% Medicaid and 2% other.

Reverend Anderson noted that her concern on facility fees are people of color around their systemic racism is that their credit scores are low and their fees that they assessed.

Vicki Veltri noted that the concern is real and OHS is spending a lot of time acquiring data on who is getting what services. It is important that there is data on race ethnicity because of the wide variation that is shown in outcomes.

Pat Baker strongly feels that facility fees are not transparent. Vicki Veltri noted that they intend to review it within the content of the benchmark because the contribution of various costs is going to become more important as the benchmark is implemented.

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	Vicki Veltri thanked David Fernandes for the presentation.  <b>For more information on facility fees visit</b> <a href="https://portal.ct.gov/OHS/Health-Systems-Planning/Notifications/Facility-Fees"><u>https://portal.ct.gov/OHS/Health-Systems-Planning/Notifications/Facility-Fees</u></a>
	<b>State Agency COVID Report</b>
7.	<p>Kate McEvoy from DSS reported that they have dedicated webpages on actions taken for Medicaid, extended coverage and other benefits administered by DSS. Kate McEvoy noted that the public health emergency has been extended. It is important for Medicaid for the enhanced coverage and flexibility as well as the enhanced Medicaid match.</p> <p>Additional information on DSS's report please visit: <a href="https://portal.ct.gov/OHS/Content/health-care-cabinet/meeting-agendas/october-13-2020"><u>https://portal.ct.gov/OHS/Content/health-care-cabinet/meeting-agendas/october-13-2020</u></a></p> <p>Nancy Navaretta noted that DHMAS has shown a remarkable level of containment in our facility. Incident command structure has been activated. The commissioner has been in contact with constituents our provider and our own staff. All communications are posted on the DMHAS agency site.</p> <p>For more information please visit: <a href="https://portal.ct.gov/DHMAS/newsworthy/news-items/DMHAS-response-to-covid-19"><u>https://portal.ct.gov/DHMAS/newsworthy/news-items/DMHAS-response-to-covid-19</u></a></p> <p>Valencia Bagsby Young from the DSS noted that the department has seen the uptick in cases that others have seen and have continued to implement the screening protocols for staff, monitoring for individuals and visitations. Provide guidance to public and private providers. Online Q &amp; A's available at the DDS website.</p> <p><a href="https://www.ct.gov/ct/covid-19"><u>DSS Response to COVID-19 (ct.gov)</u></a></p>
	<b>Adjourn</b>
8.	The meeting adjourned at 10:32 a.m.