Healthcare Cabinet Meeting Minutes

September 13, 2022

Meeting Date	Meeting Time	Location
September 13, 2022	9:00 a.m. - 11:00 a.m.	Webinar and Conference Call

Participant Name and Attendance

Healthcare Cabinet Members					
Kimberly Martone	X	Hussam Saada	X	Kurt Barwis	X
Claudio Capone	X	Alan Kaye	X	James Michel	X
Rev. Robyn Anderson	X	Paul Lombardo	X	Ellen Andrews	X
Manisha Juthani	X	Gui Woolston	X	Heather Hill Ferguson	X
Margherita Giuliano	X	Anthony Yoder	X		
Shelly Sweatt	X	Danielle Morgan	X		
Colleen Harrington	X	Cassandra Murphy	X		
Ted Doolittle	X	Frances Padilla	X		

Members Absent		
Joshua Wojcik	David Whitehead	Pat Baker
Valencia Bagby Young	Nichelle Mullins	Adelita Orefice
Nicole Taylor		

	Agenda	Responsible Person(s)
1	**Call to order and Introductions**	**Kimberly Martone**
	The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, May 10, 2022, via Zoom. The meeting convened at 9:00 a.m. Kimberly Martone presiding. Attendance taken by roll call.	
2	**Public Comment**	**Kimberly Martone**
	There was no public comment.	
3	**Approval of the May 10, 2022 Meeting Minutes**	**Kimberly Martone**
	The motion was made to approve the May 10, 2022, meeting minutes by Shelly Sweatt and seconded by Danielle Morgan.	
4	**Health Information Alliance Update**	Jenn Searls, MHA, CONNIE
	Ms. Martone introduced Jenn Searls who gave an update on Health Information Alliance below are the highlights.	

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Highlights: Hospital Connections

- Bristol Health Live with CCDs
- Hartford HealthCare Targeting CCDs by Monday. Radiology and transcription next
- Sharon Hospital (Nuvance East) Live with transcription documents
- Yale Kicking off lab interface
- Trinity Health Of New England Signed legal agreements
- Masonicare Signed legal agreements

Ms. Searles noted that their list of partners who are growing everyday a dashboard was presented and it showed who was which parent company was connected and what they were sharing. The two parent companies were Yale New Haven Health and Hartford Health Care Corporation. Please see the link for further information. https://conniect.org/connected-organizations/

Lab Connections are as follows:

Quest Diagnostics - Live with copy forward

- Working on single data feed

LabCorp Live with copy forward

- Upcoming meeting to discuss single data feed

~400K labs/month

Ms. Searles noted that the License Health Care Providers as of May 31, 2021
any individual, corporation, facility or institution (other than hospitals or labs) licensed by the state to provide health care services has two years to begin connecting with Connie. Those with an EHR capable of connecting to Connie must share demographic and clinical data and those without an EHR will need to get a Direct address.

Communication Plan

- General communication out to all organizations
  - Reminder of the mandate
  - How to meet the mandate
  - Who is Connie?
- Targeted outreach by Account Management staff
- Connection with State professional organization

Ms. Searles also stated the other updates as follows:

- Use Cases
  - eReferral
  - Use Case pilot

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- Patient Access
- Connie Engagement and Utilization Metrics
- Privacy, Security, & Confidentiality Committee Update

Ms. Martone thanked Ms. Searles for the update. Several discussions ensued for more information please see the meeting recording link below.
https://ctvideo.ct.gov/ohs/GMT20220913-124219_Recording_1920x1080.mp4

6	**Financial Status Report**	Ron Ciesones, OHS

Kim Martone introduced Ron Ciesones who gave an update on the Financial Status Report.
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.

Highlights from the presentation are below:

- Statewide hospital operating revenues grew faster than operating expenses in FFY 2021.
- FFY 2021 statewide hospital revenue increased due to higher activity and payments.
- Statewide hospital expenses increase primarily due to rising salaries, fringe benefits and other operating expenses.
- Statewide uncompensated care costs remain approximately 2% of total hospital expenses.
    - Uncompensated Care (UCC) = Charity Care + Bad Debt UCC Cost = UCC Charges x Ratio of Cost to Charge (and excludes mark-ups for profits)
- Statewide hospital operating gains from patient care and related activities increased in FY 2021.
- Statewide hospital overall profitability margins increased.
- Statewide total gains at hospitals were higher than health systems in FFY 2021.

Additional Hospital Data
For more information on the financial data or documents for a specific hospital visit the hospital financial data page of the OHS website.

- Annual Reporting & 12 Month Filings
- Audited Financial Statements
- Medicare Cost Reports
- IRS Form 990's
- FY 2021 Financial Stability Report

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Kim Martone thanked Mr. Ciesones for the detailed presentation. Several discussions ensued for more information, please see the meeting's recording link below.
https://ctvideo.ct.gov/ohs/GMT20220913-124219_Recording_1920x1080.mp4

Facility Fees Report	Bozena Piascik, OHS

Kim Martone introduced Bozena Piascik who will be presenting the Facilities Fees Report.

Ms. Piascik noted that the Facility Fees Mandate was 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.

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.

Highlights from the presentation are below.

Facility Fees in its entirety, the mandate also requires hospital-based off campus outpatient facilities to give existing patients written notice that they may be charged a facility fee. Identify the fee as a facility fee in addition to, or separately from, any professional fee.

Provide a general notice to patients through: Prominently displayed written notices that the facility may charge a facility fee; and clearly displayed signage, marketing, website, etc., that the facility is hospital-based.

- Statewide Facility Fee Revenue and Visits Increased in 2021.
- Majority of individual hospital facility fee revenue and visits increased in 2021.
- Facility fee Stamford had highest revenue and Yale the most visits.
- Digestive System and Cardiovascular Procedures generated the most facility fee revenue.
- Facility Fee E/M revenue increased and A/M decreased in 2021.

Ms. Piascik noted the top three facility fee revenue generating services by provider:

2021

1) Yale New Haven Hospital
2) (Evaluation and Management)-
3) $12.4 million
4) Hartford Hospital (Eye and Ocular Surgical Procedures)- $10.9 million
5) Stamford Hospital (Breast Mammography Imaging)-
6) $4.7 million

2020

1) Hartford Hospital (Eye and Ocular Surgical Procedures)- $9.9 million
2) Yale-New Haven Hospital (Evaluation & Management Services)- $8.7 million
3) Stamford Hospital (Colonoscopy with biopsy)- $4.2 million

Top three facility fee services by visit volume and provider:

2021

1) Yale New Haven Hospital (Evaluation & Management Services)- 235,566
2) Saint Vincent's Medical Center (Psychiatric Services and Procedures)- 26,547
3) Backus Hospital (Assessment & Management OP Clinic Visit)-25,763

2020

1) Yale New Haven Hospital (Evaluation & Management Services)- 216,493
2) The William W. Backus Hospital (Assessment & Management OP Clinic Visit)- 28,222
3) John Dempsey Hospital (Assessment & Management OP Clinic Visit)-25,086

It was noted that privately insured paid the highest average facility fee payment per visit.
Ms. Piascik stated the limitations on 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.
- Provide a copy of the written notice, with tag lines, that are in locations that are readily accessible to and visible by patients.

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- Taglines are C.G.S. §19a-508c a short statement written in a non-English language that indicates the availability of language assistance services free of charge; and
- 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.

Facility Fee Changes Telehealth-Public Act 22-81.

- No facility fee charges for telehealth;
- no telehealth provider or hospital shall charge a facility fee for telehealth services
- ruling applies to services whether provided on campus or otherwise; and
- effective date May 10, 2021, and ending on June 30, 2024.

Kim thanked Bozena for the detailed presentation. Several discussions ensued for more information, please see the meeting's recording link below.
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	Adjourn	**Kim Martone**
	The motion to adjourn the meeting was made by Kurt Barwis and seconded by Marghie Giuliano. The motion passed. The meeting adjourned at 10:55 a.m.	