

Via OHS Electronic CON Portal

January 3, 2019
Ms. Micheala Mitchell
Hearing Officer
Health Systems Planning Unit
Office of Health Strategy
450 Capital Avenue
P.O. Box 340308
MS# 51OHS
Hartford, CT 06134-0308

Re: Certificate of Need Application: **Docket Number 18-32231-CON**
Yale New Haven Hospital
Termination of Primary Care Services
Late File Response to Second Order

Dear Ms. Mitchell:

Attached please find the Yale New Haven Hospital (“Applicant” or “YNHH”) response to the Health System Planning Unit (“HSP”) Late File Second Order dated December 24, 2018. The response is provided in both Word and PDF format, and will be uploaded to the OHS CON portal.

Please do not hesitate to contact me at 203-688-5721 or Jeryl.Topalian@ynhh.org if you have questions or need additional information.

Sincerely,



Jeryl Topalian
Director, Strategy & Regulatory Planning

cc: Cynthia Sparer, Sr. VP Operations, YNHHS
Jennifer Willcox, VP Legal Services, YNHHS



IN THE MATTER OF:

Via Electronic CON Portal Only

Certificate of Need Application by
Yale New Haven Hospital

Docket Number: 18-32231-CON

ORDER

The Office of Health Strategy (“OHS”) issued an Order, dated November 30, 2018, requiring the Applicant to submit certain information. OHS has additional questions regarding the Applicant’s submissions. Therefore, the Applicant is hereby ordered to provide the following information to OHS on or before the close of business on January 3, 2019:

1. Specify whether Medicaid patients will be eligible for the Uber ride share service proposed by the Applicant.

Response:

Yes, Medicaid patients will be eligible. The criteria for the ride share service will not be based on the insurance provider or financial status of the patient. Since the Late File Order was submitted on December 12, 2018, YNHH has continued to work on developing the guidelines for the ride-share service. Refinements to the guidelines focus on the total time of the trip on public transportation, including transfers, as the priority criteria for eligibility, and is restated as: patients must live within 10 miles of 150 Sargent Drive, and where currently available public transportation requires a trip of 40 minutes or longer, including one or more transfers.

2. Indicate whether there is, or will be, a cap on the allocation of resources used to fund the Uber ride share service for patients. Additionally, disclose whether the Applicant has considered any alternatives if utilization exceeds projected use. If so, please describe those alternatives.

Response:

There has been no consideration of a cap. As part of the process for finalizing the transportation plan, the Applicant is working through contract details in discussions with Uber, based on projected utilization. In addition, the Applicant will consider other ride-sharing services, such as Lyft, and continued advocacy for more direct and more frequent bus routes which would reduce the number of patients eligible for ride-sharing services.

3. Will patients utilizing the Uber ride share service need access to a smart phone to arrange transportation to and from appointments? Has the Applicant considered alternatives for patients who want to use this service, but who do not have access to smart phones?

Response:

Patients utilizing the Uber ride share service will not need access to a smart phone. Rides with the program will be initiated by Health Center staff, and scheduled centrally. Uber has a program called Uber Health, which utilizes a platform that is HIPAA compliant. When the patient calls to schedule a regular or urgent/emergent appointment at the Health Center, the ride-share service can be booked at the same time. Rides can be scheduled the same day, and up to 30 days in advance of the appointment. Upon completion of the appointment, Health Center staff will arrange the return trip. Trip confirmations can be sent via smart phone, but in the event the patient does not have a smart phone, or a phone at all, the Health Center staff will schedule the ride-share service during the patient's visit for the next visit, the patient will leave knowing when their next ride is scheduled to arrive. All ride scheduling to and from appointments will be handled by the Health Center office staff.

4. Excluding Veyo, list all available modes of transportation for patients requiring special transportation assistance.

Response:

UberASSIST is a program that has been successfully implement in other parts of the country. This program provides extra assistance for patients with special transportation needs, including those with disabilities, seniors, and pregnant women. Drivers are required to take an online course and drive a vehicle that can accommodate an assistive device, such as a folding wheelchair or collapsible scooter. YNHH is currently in discussion with Uber to prioritize this program for the New Haven area, with the expectation that sufficient drivers will be recruited and trained during the ten month period prior to the opening of the new location at Sargent Drive.

The proposed transportation plan ride-sharing service is intended for those patients who are currently walking or taking public transportation to the existing PCC sites. YNHH expects that current and future patients with special transportation needs, utilizing the services of Veyo, medical taxis, or other modes of transportation would continue to do so.

In addition, the Greater New Haven Transit District (GNHTD) provides transportation services for individuals eligible for Americans with Disabilities Act (ADA) certification.

Coordinated Transportation Solutions (CTS) offers specialized transportation services for school-aged children through older adults throughout Connecticut.

Other non-profits in and around New Haven offer medical transportation services for specific populations: cancer patients, ALS patients, HIV and AIDs patients, individuals receiving HUSKY D or Military Support Program services, patients with MS, senior citizens. A link to various transportation options can be found here:
<http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax=BT-4500.6500-500>

5. Page 9 of Exhibit O states, in relevant part, that “federal laws prohibit health care providers such as YNHH and the Health Centers from offering monetary benefits to induce patients to seek care from a particular provider or at a particular location.” The Applicant proposes offering assistance to its existing patients through a Patient Assistance Fund, to “mitigate negative financial impact to PCC patients who would have been eligible for financial assistance at the PCC.” Has the Applicant considered any alternative policies that would allow new patients to access to the Patient Assistance Fund? If so, elaborate.

Response:

The Patient Assistance Fund will be established to mitigate negative financial impact to existing patients of the PCC. YNHH will make the financial assistance fund available to certain new members of the families of PCC patients, such as newborns, newly adopted children or foster children. Extending the financial assistance program to additional patients could disrupt existing relationships with other CSHHC and FHCHC sites, potentially affecting the financial stability of these other sites, and could be perceived as unlawful “patient inducement.” As OHS is aware, the beneficiary inducement provisions of the federal civil monetary penalty law (42 CFR Part 1003) prohibit any person from offering remuneration to Medicare or Medicaid beneficiaries if that remuneration is likely to influence the selection of a particular provider. YNHH believes that offering the patient assistance fund to existing patients and certain, limited new members of existing patients’ families would be consistent with the civil monetary penalty law, but that further extension to additional new patients could expose YNHH and the FQHCs to regulatory scrutiny. All patients, including new patients, will, however, be eligible for reduced fees and/or waiver of fees for hardship consistent with Health Center policies.

6. Indicate whether the Applicant has considered how it will communicate the availability of family planning services to women receiving services at the Cornell Scott Hill Health Center (“CSHHC”) if CSHHC is precluded from doing so under federal law?

Response:

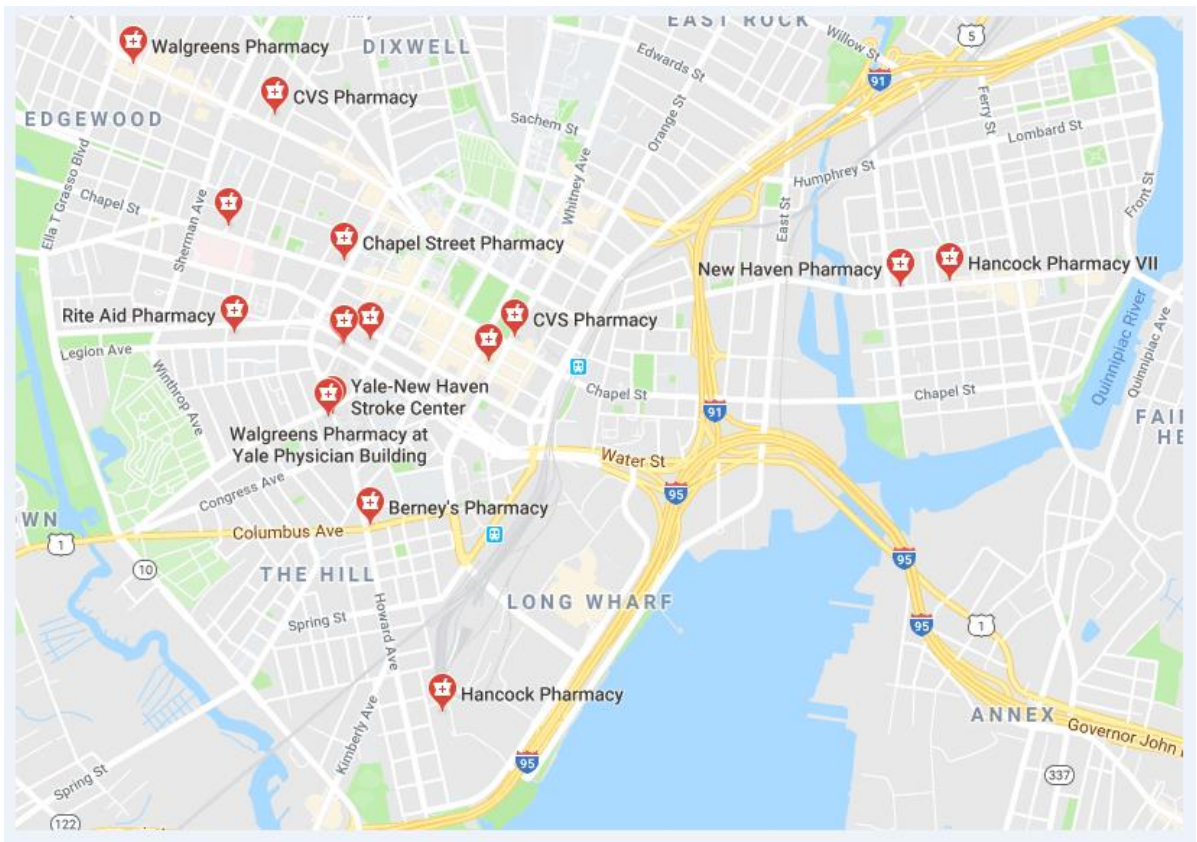
YNHH and CSHHC have made a commitment to assuring that patients of the Women's Center will continue to have access to family planning services and information. Under current regulations, patients of CSHHC receive counseling and referrals, and this will continue unchanged in the 150 Sargent Drive location. If federal regulations are changed so that medical staff and physicians at CSHHC are precluded from providing this information themselves, YNHH and CSHHC will evaluate the new regulations jointly to determine how best to maintain access to services. Such methods may include community education and outreach programs provided by YNHH, reclassification of 150 Sargent Drive as a Title X facility, provider exemptions, or other considerations.

7. Are there any plans in place to ensure that patients will continue to have timely access to prescribed medications?

Response:

Timely patient access to prescribed medications will be maintained through multiple options, including the outpatient pharmacy located on the St. Raphael Campus (SRC) at 1450 Chapel Street. In addition, there are numerous retail pharmacies located in neighborhoods where patients live (see map below). Many pharmacies also have delivery services, if ordered by a physician, and certain medications that are provided under grant funding will be couriered from the SRC to 150 Sargent Drive.

Pharmacy Locations in New Haven:



8. Disclose who owns the property located at 150 Sargent Drive, New Haven, CT.

Response:

The property is owned by Yale New Haven Hospital.