

Delaware Health and Social Services
 Medical Care Advisory Committee (MCAC)
 February 15, 2017 Meeting Minutes

<p>Date: February 15, 2017</p> <p>Place: DHSS Campus 1901 N. DuPont Hwy. The Chapel New Castle, DE 19720</p> <p>Time: 9:00 AM – 11:00 AM</p> <p>Presiding: Dr. Julia Pillsbury, D.O. Chairperson</p>	<p>Members Present: Linda Barnett, Nadine Chance, Emily Coggin-Vera, Laura Howard, Ann Phillips, Dr. Julia Pillsbury, D.O., Lisa Schieffert, Cherry Verchick, Yrene Waldron</p> <p>Guests: Pamela Price, Amy Milligan</p> <p>Members Absent: Judith Chaconas, Paul Christian, DMD, Leonard Nitowski, M.D., Lori Ann Rhoads, Lynn Robinson, Laura Waterland</p> <p>Staff Present: Janet Bailey, Tanika Bosley, Dr. Anthony Brazen III, D.O., Cynthia Denemark, RPh, Kathleen Dougherty, Rebecca Gallagher, Stephen Groff, Bill McGonegal, Jose Tieso, Lisa Zimmerman</p> <p>Staff Excused: Glyne Williams</p>
<p>DISCUSSION / ISSUE</p>	
<p>Call to Order: <i>Dr. Julia Pillsbury, D.O. Chair</i></p>	<ul style="list-style-type: none"> • Chair Dr. Pillsbury welcomed everyone and called the meeting to order at 9:02 AM.
<p>Approval of Minutes: <i>Dr. Julia Pillsbury, D.O. Chair</i></p>	<ul style="list-style-type: none"> • Chair Dr. Pillsbury called for any additions, alterations or corrections to the October 26, 2016 Minutes. Being none, Ms. Waldron moved to accept the minutes as recorded. Ms. Phillips seconded the motion. Unanimously passed.
<p>STANDING COMMITTEE REPORTS</p>	
<p>Director's Update: <i>Director Stephen Groff</i></p>	<p>Director Groff reported:</p> <ul style="list-style-type: none"> • A New Administration is in place in both federal and state governments. • Federal movement to repeal and replace the ACA. • Possible aspects of the ACA that may be retained: <ul style="list-style-type: none"> ➢ Coverage of pre-existing conditions ➢ Children remain on health plans until they are 26 ➢ Women aren't charged higher premiums than anyone else • We currently have about 26,000 people in Delaware receiving coverage through the Marketplace and 11,000 Medicaid beneficiaries that are eligible by virtue of the ACA expansion

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<p>Director's Update Cont'd: <i>Director Stephen Groff</i></p>	<ul style="list-style-type: none"> • We cover 60,000 adults in the Delaware Medicaid program via that early expansion. Because we are considered an early expansion state, we receive enhanced federal matching funds for that at over 80%, compared to our normal federal match of about 56%. If the components around the ACA enhanced match are repealed, Delaware would lose about \$120 million dollars a year. Depending on what the repeal/replace/repair looks like, we calculate between 90 and 100 thousand individuals at risk. • Beyond the ACA, we know the Republican Party has long been in favor of block grants for the Medicaid program. Block grants are especially troubling; they start out perhaps good, (even though we uncertain we would start out on level footing because of the enhanced federal share) our base funding level could indeed be lower than it is now. Over time, the funding erodes and do not keep up with inflation and the State would pick up more and more of the financial burden. Block grants come with a certain amount of flexibility but that flexibility usually will translate into a restriction of services over time. Additionally block grants do not have an adjuster; so as economic cycles swing up or down, the funding level is not adjusted accordingly, so the states face an even higher risk where individuals are most vulnerable. • A second proposed reform method is a per capita cap; this mechanism gives states a certain amount of money for each individual enrolled, slightly better as you get a volume adjustment. However, there is still the risk of funding erosion over time. Also those mechanisms do not react well when you may have a health crisis as your volume may not necessarily go up, but the cost of services could spike. • DHSS has a new Cabinet Secretary, Dr. Kara Walker, who brings both a clinical and research background. She was confirmed last Monday. She participated in the JFC. The hearings went very well. . • The JFC had a very different focus this year; in addition to a new administration the State is facing a significant shortfall projected at over 300 million dollars. To address the shortfall we are participating in a budget reset. The JFC hearings were focused on a base budget review. They are looking at all the appropriations, provisions, anywhere we can see efficiencies or chief savings. The administration is focusing on is the Governor's Action Plan for Delaware. I want to bring your attention to a specific item where they set a timeline in the first 100 days, to appoint a Health Policy Planning and Finance Advisory Council to plan for anticipated federal changes in Medicaid and ACA financing in order to insure long term sustainability of health insurance coverage for all Delawareans. This information can be found on the following website: http://governor.delaware.gov/wp-content/uploads/sites/24/2017/01/ABC_23286_Transition_Team_Report.pdf . • A brief question and answer period ensued.
<p>Deputy Director's Update: <i>Deputy Director Lisa Zimmerman</i></p> <p>Deputy Director's Update Cont'd: <i>Deputy Director Lisa Zimmerman</i></p>	<p>Deputy Director Zimmerman reported:</p> <ul style="list-style-type: none"> • DMMA has faced a series of challenges as we implemented the new DMES system. Thank you for assisting us and providing client notices that helped us isolate the problem. • On Friday, January 13th, our field offices were being inundated with calls from clients. We quickly realized that clients in the "buy in" program began to receive notices from Social Security that the state would no longer be paying their premiums. This resulted in decreased Social Security checks for our clients. Initially, we thought that number was right around 6,000 clients; we were immediately mobilized to find out what was going on and find a solution. It is a three way partnership between CMS, the state and Social Security that makes that process happen. We worked with Division of Social Services (DSS) to assist those who didn't have enough money in their February checks. As it turned out, there were about 449 clients

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NEW BUSINESS	
<p>New Business Presentation: <i>Director Stephen Groff</i></p>	<p>Optional Services Discussion Future Meeting Topics and Composition</p> <ul style="list-style-type: none"> • DMMA is being asked to look at ways to reduce costs. In order to participate in the Medicaid program, states must provide mandatory benefits as well as offer optional services. The first stab at cost cutting is optional services. We are potentially facing a 120 million dollar loss with the ACA. In the interim, we need to focus on the budget reset for the state. It is possible we will be asked to trim about 35 million dollars in state funds, perhaps more from the FY 2018 budget. The expansion population of approximately 60 thousand are getting anywhere from 80 to 95 % federal share. If we cut all those people that would probably just get us to the 35% cut. . • We might be utilizing this committee in a way it has not been used in the past and would like to brainstorm plans and potential plans and engage stakeholders that should be part of the conversation. It was decided that an additional meeting(s)/ teleconference may need to be arranged to continue this discussion. • A discussion period ensued.
PUBLIC COMMENT	
<p>Public Comment <i>Dr. Julia Pillsbury, D.O.</i></p>	<ul style="list-style-type: none"> • No public comment was made.
ADJOURNMENT	
<p>Adjournment <i>Dr. Julia Pillsbury, D.O.</i></p>	<ul style="list-style-type: none"> • Being no further business, Chair Pillsbury, D.O. adjourned the meeting at 10:35 AM.

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Respectfully submitted,

Rebecca W. Gallagher

Rebecca W. Gallagher
Recorder

Date

Dr. Julia Pillsbury, D.O.
Chairperson