



## The Delaware Health Care Commission Meeting

September 6, 2018 - 9 a.m. to 11 a.m.

### Meeting Attendance

**Commission Members Present:** Dr. Nancy Fan (Chair); Secretary Kara Odom Walker (DHSS); Theodore W. Becker (Mayor of Lewes); Trinidad Navarro (DOI); Dr. Jan Lee (DHIN); Bob Dunleavy (DSCYTF); Dr. Edmondo Robinson (Christiana Care Health System); Richard Heffron State Chamber of Commerce); Rick Geisenberger (DOF)

**Commission Members Absent:** Dennis Rochford (Maritime Exchange for DE River & Bay); Dr. Kathleen Matt (University of Delaware)

**Meeting Facilitator:** Dr. Nancy Fan (Chair)

**Health Care Commission Staff:** Elisabeth Scheneman, Executive Director  
Kiara Cole, Community Relations Officer

### **CALL TO ORDER**

Dr. Fan called the meeting to order at approximately 9:10 a.m.

### Meeting Minutes Approval – September 6, 2018

Dr. Fan requested the commissioners to briefly review the August 2018 meeting minutes. Secretary Odom Walker requested that a grammar error be updated on page 3 of the minutes. Additionally, Dr. Fan suggested that the changes in the SIM PowerPoint that was presented in August be included in the September 2018 meeting minutes (see below). Dr. Fan motioned for the meeting minutes to be approved. Dr. Jan Lee motioned to approve the minutes; Commissioner Ted Becker second the motion. All Commissioners present were in favor of approving the August 2, 2018 meeting minutes.

\* note correction on 2 slides from August SIM presentation

Changes made include:

- “Carryover Is Feature of SIM”: the figure was changed to **\$11.6 million**, instead of **\$10.6 million**.
- “Budget Allocation for AY4 and Carryover”: Under “Payment Reform” in the final column the chart was updated to **make the total in the final column \$4.1 million, instead of \$3.1 million**. In the last column the total was updated to **\$11.6 million, instead of \$10.6 million**.

## **POLICY DEVELOPMENT**

### **Benchmark Update – Dr. Kara Odom Walker, Cabinet Secretary (DHSS)**

Secretary Odom Walker provided a brief SIM and Benchmark update. Applications for the mini-grant investment fund concluded on August 30, 2018. Potential practices had one month to submit their applications. DHSS/DHCC received 45 applications totaling \$5.8 million. The applications are being screened for eligibility. The review committee will make final decisions on eligible applicants in the coming months (pending CMMI's approval).

In addition, Secretary Walker submitted the spending and quality Benchmark report to Governor Carney on August 27, 2018. Secretary Walker provided a summary of the recommendations that were made within the report, an implementation approach and timeline.

Visit <https://dhss.delaware.gov/dhcc/files/benchmarkpresentation090618.pdf> to view the Benchmark Update PowerPoint presentation.

#### ***Discussion***

Dr. Edmondo Robinson asked Secretary Walker to clarify what she means by the term Health Care Commission (HCC) Advisory Group. Secretary Walker explained that it was recommended in the report that the advisory group would have a broad mandate. Further details regarding the HCC Advisory Group role is yet to be determined. Furthermore, Dr. Edmondo Robinson summarizes additional recommendations that are included within the report and comments that the HCC has been tasked with responsibilities outside of their current scope of responsibilities which will need to be addressed outside of the current forum that the HCC meets in. Additionally, Secretary Walker mentions that the recommendations within the report recognize the need to re-construct the Health Care Commission to include payer and health economic expertise – which are currently not existing within the HCC. The recommendations made to Governor Carney will give the HCC a role in monitoring the Health Care Spending and Quality Benchmarks.

Furthermore, Dr. Edmondo Robinson highlighted another portion of the report regarding conflict with the HCC Chair. Secretary Walker said that it is going to be integral to ensure that the HCC has the expertise and diverse viewpoints. Having an all-provider commission could influence the setting of that target and goal. This recommendation manages that conflict of interest. Dr. Robinson exclaims that this is a challenge – how are you going to bring both expertise and figure out a way to remove conflict at the same time. In Delaware, it is almost impossible because of how small the state is. How will this concept be operationalized? Dr. Fan weighed in saying that any restructuring of the board requires a legislative mandate as the HCC is a legislative mandated board. The second part of this is that if we use the other big model state, Massachusetts (MA), little to no conflict was one of their biggest foundational principles. That includes the people on their commission that makes the recommendations for the Benchmark versus people who are in practice. We were unsure that this same model could be used in Delaware due to a lot of MA's provider were not in practice any longer on their commission. It is very difficult to find people in Delaware who have experience and knowledge that are not actually delivering healthcare. As we move forward, we will need to revisit the concept of who we want involved and how we would like to proceed. The HCC will propose a few ideas to the General Assembly on who could be identified to be on the future board. There is not disagreement that restructuring the HCC with new

faces is not going to be a challenge because Delaware is a small state. That was recognized by the Advisory Council.

Commissioner Rick Geisenberger provided his input and explained that there are a few kinks that need to be worked out include who is the appointing authority. If you are appointed by the Governor or in the case of individuals who are appointed by the Governor and confirmed by the Senate, you can be from any organization, but you are taking a constitutional oath to do what is right by the state. On the other hand, if your appointing authority is a hospital or group of hospitals, then you represent, specifically, those hospitals and your fiduciary duty is to the organizations that you represent. Issues such as these need to be well thought through. On one side you have the spending and quality benchmarks and then on the other side there is the sustainability. What is the sustainable economic appropriate level of growth? Dr. Robinson responded that there needs to be clarity on the definition of a board versus a commission. A commission is tasked with doing *stuff* and are responsible for completing those tasks. A board is governance and are responsible for oversight while the management team completes the tasks.

Dr. Jan Lee expressed concern regarding the timeline proposed by Secretary Walker for the Benchmark recommendations.

## UPDATES

### Primary Care Collaborative – Dr. Nancy Fan

Dr. Fan provided a brief update regarding the first Primary Care Reform Collaborative that took place on Wednesday, September 5, 2018.

View the Primary Care Collaborative meeting materials here:  
[https://dhss.delaware.gov/dhcc/dhcc\\_presentations2018.html](https://dhss.delaware.gov/dhcc/dhcc_presentations2018.html)

### Marketplace Update – Trinidad Navarro

Commissioner Navarro is concerned about funding for navigators. The amount of funding will be much lower (from \$600,000 down to \$100,000) and DOI will plan to hire casual-seasonal employees to help assist consumers with signing up for insurance via Marketplace. DOI will be collaborating with Westside Family Health, Chapman and any others that are willing to help expedite the recruiting process. The following issuers have submitted QHP Applications for participation on the Marketplace in Plan Year 2019:

<u>Medical Issuers</u>	<u>Stand-alone Dental Plans (SADP)</u>
Highmark Blue Cross Blue Shield Delaware	Delta Dental
	Dominion

There are ongoing negotiations with DOI to work with additional issuers to promote the Delaware market for the 2020 plan year.

The DOI and CMS Plan Management team have begun reviewing Issuer QHP applications and plans for compliance with federal and state regulations and standards. Moreover, CMS is working with Issuers on 2019 “Plan Preview” activities to ensure that data and information will be available on [www.HealthCare.gov](http://www.HealthCare.gov) is accurate and complete.

The requested rate increase for 2019 QHP Issuers was announced on August 21, 2018. An overall issuer rate request of 3.0% was negotiated and approved by Insurance Commissioner Trinidad Navarro. The number of lives that will be impacted by this new rate increase will be approximately 23,934.

<b>Individual Market</b>	
<b>Overall Average Increase</b>	<b>3.0%*</b>
Range of Increase	20.4% to -7.3%
Number of Plans Impacted on and off Marketplace	8**
Number of Covered Lives Impacted:	23,934
*Because Highmark is the only Issuer on the Marketplace and because of the risk adjustment, Highmark was able to reduce their proposed rate increase from 5.7% to 3.0%.	
** For PY 2019 Highmark has added three new plans: 1 Bronze, 1 Silver and 1 Platinum	
<b>Small Group Market – No Small Group Plans for 2019</b>	

The rate is the base amount filed by the carrier. Premiums paid by an individual include the base rate *plus* whatever adjustments are permitted under the law – age, family size and tobacco use. Information on proposed health insurance rates for Plan Year 2019 is located on the DOI’s website: [www.delawareinsurance.gov](http://www.delawareinsurance.gov). The rates provided above are the initial requests from Issuers and **not** the approved rates. Visit [http://dhss.delaware.gov/dhcc/dhcc\\_presentations2018.html](http://dhss.delaware.gov/dhcc/dhcc_presentations2018.html) to view the SB236 presentation.

Navigator entities will receive significantly less this year than previous years (\$500k down to \$100k). The DOI’s offer to hire navigators as casual-seasonal employees may not be feasible. The DOI will promote the open enrollment period the same as last year.

## **DE INNOVATION**

Behavioral Health Integration: Westside Family Healthcare – Tom Stephens, MD (CMO) & Stephanie McDonnaugh, FNP-BC

Dr. Tom Stephens presented a brief presentation on Westside Family Healthcare’s experience, progress and barriers with integrating behavioral health.

View the PowerPoint presentation here: [https://dhss.delaware.gov/dhcc/dhcc\\_presentations2018.html](https://dhss.delaware.gov/dhcc/dhcc_presentations2018.html)

### **Discussion**

Dr. Jan Lee applauded Dr. Stephens and thanked him for presenting to the Commission. With that, she mentioned that care coordination that occurs outside of a visit is critical for us to move forward as a population to improve care and lower the cost of care. Furthermore, Dr. Lee explains that she is not sure how we can get to where we are trying to go if we do not have more rapid cycling – complete tasks, evaluate the impact and consolidate the gains and pivot accordingly. Dr. Fan said that often times we

hear a lot of 'doom and gloom' regarding our healthcare system and this presentation is an example of us [Delaware] moving forward with something innovative and being able to help others in need.

**Public Comment**

John Dodd provide public comment regarding how to solve the issue of high healthcare costs.

**Adjourn**

Dr. Fan adjourned the meeting at approximately 11:00 a.m.

Meeting presentations are available on the DHCC website  
([http://dhss.delaware.gov/dhss/dhcc/dhcc\\_presentations2018.html](http://dhss.delaware.gov/dhss/dhcc/dhcc_presentations2018.html)).

The next HCC meeting will be held on Thursday, November 1, 2018 beginning at 9:00 a.m. at Corporate Training Center (Room 400A & B).