The Delaware Health Care Commission (DHCC) Meeting
February 7, 2019 – 9:00 a.m. to 11:00 a.m.

Meeting Attendance and Minutes

**Commission Members Present:** Dr. Nancy Fan (Chair), Dr. Kara Odom Walker (DHSS); Theodore W. Becker (Mayor of Lewes); Trinidad Navarro (DOI), Robert Dunleavy, LCSW (DSCYTF), Secretary Rick Geisenberger (DOF); Dr. Edmondo Robinson (CCHS), Dr. Kathleen Matt (UD)

**Commission Members Absent:** Richard Heffron, David Roose (DOF), Dennis Rochford (Maritime Exchange for DE River & Bay), Dr. Jan Lee (DHIN)

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

**Health Care Commission Staff:** Elisabeth Scheneman, Executive Director; Kiara Cole, Community Relations Officer; Eschalla Clarke, Sr. Social Services Administrator

**CALL TO ORDER**
Dr. Fan called the meeting to order at approximately 9:05 a.m.

**Meeting Minutes Approval – January 3, 2019**

Dr. Fan, Chair, convened the meeting at approximately 9:05 a.m. at the Del Tech Terry Campus in the Del-One Conference Center located at 700 Campus Drive, Dover, Delaware. Dr. Nancy Fan welcomed all who were in attendance and reviewed the agenda for the meeting. Furthermore, Dr. Fan requested that the commissioners briefly review the draft minutes from the meeting held on January 3, 2019. Dr. Fan motioned for the meeting minutes to be approved as long as the requested changes within the public comment section are revised per Dr. Edmondo Robinson’s request (page 5) prior to posting to the Public Meeting Calendar (view the approved and revised meeting minutes here: [https://publicmeetings.delaware.gov/Meeting/60993](https://publicmeetings.delaware.gov/Meeting/60993)

Ted Becker motioned to approve the minutes and Dr. Edmondo Robinson second the motion for approval. All commissioners present were in favor of approving the January 3, 2019 meeting minutes. Motion carried.
At the DHCC meeting held on January 3, 2019, the commissioners made the decision to collaborate to develop a new mission statement. Developing a mission statement was also an action item that came out of the DHCC Strategic Retreat held on November 16, 2018 (view the action items summary here: https://dhss.delaware.gov/dhss/dhcc/files/stratretactionitems_11162018.pdf). The commissioners discussed what wording should be excluded from the mission statement. All commissioners present agreed on the following mission statement to help guide the commission:

Approved DHCC Mission Statement

The DHCC strives to foster initiatives, design plans, and implement programs that promote access to high-quality affordable care, improve outcomes for all Delawareans, and foster collaboration among the public and private sectors regarding health care.

Roles, Responsibilities and/or Goals:

- Collaborate with other State agencies, instrumentalities, and private sector
- Convene stakeholders
- Initiate Pilots
- Analyze the impact of previous and current initiatives
- Recommend policy changes to support improved access to high-quality, affordable care

Dr. Fan requested that the commissioners present approve the above mission statement. Ted Becker motioned to approve the mission statement and Dr. Edmondo Robinson and Secretary Geisenberger second the motion to approve the mission. All commissioners present were in favor of approving. Motion carried.
DHCC Seasonal Calendar

In an effort to be more responsive to changes and issues within the healthcare landscape, the commissioners agreed to collaborate on a seasonal calendar that would include legislative updates, open enrollment and end-of-the-year wrap up and future planning. Most importantly, the seasonal calendar will synchronize with the General Assembly, allow for the commissioners to share their initiatives and discuss current issues. Based on the feedback provided from the commissioners during the retreat, this meeting, and email correspondence the seasonal calendar will focus on the following items within the corresponding month:

- February – Finance and Governor’s Budget Update
- March – DHIN Update
- April – General Assembly and Legislative Updates
- May – General Assembly and Legislative Updates
- June – TBD
- July – TBD
- September – Children’s Behavioral Health, Health Trends Review, State Budget Review
- October – Marketplace, DIMER/DIDER
- November – Benchmark
- December – TBD

DHCC Commissioner Packets

Another action item that came out of the retreat was the idea of developing an orientation packet for all new commissioners, which would include roles, responsibilities, background information and structure to help properly onboard a Commissioner to the DHCC. The commission staff requested that the commissioners provide their feedback regarding what should be included within the orientation packet. The proposed Commissioner Orientation Packet will include the following materials:

- Copy of the Delaware Health Care Commission (DHCC) statute and mission statement
- Budget information for DHCC programs and boards
- Statutes and supplemental information of DHCC programs
- List of current commissioners (include appointment and contact information)
- List of DHCC staff (include contact information and short summary of their role and responsibilities)
- List of oversight organizations and statute information for DIMER, DIDER and HRB
- List/background information on past and current DHCC activities, example SIM, and Benchmark
- Established priorities – access to healthcare; health care policy recommendations
- DHCC meeting schedule
  - Seasonal calendar
- Copies of DHCC meeting minutes from the recent 3-5 meetings
POLICY DEVELOPMENT

Primary Care (PC) Collaborative – Dr. Nancy Fan

In accordance with Senate Bill 227, the Primary Care Collaborative mandate will continue for three (3) years to ensure all bases are covered regarding workforce, behavioral health integration, women’s health integration, and value-based payment. Furthermore, the Primary Care Collaborative final report was released in the beginning of the year and can be accessed here: https://dhss.delaware.gov/dhss/dhcc/collab.html.

Moreover, the first Primary Care Collaborative meeting of 2019 will be held on Tuesday, February 12. The scope of the meeting will be to discuss the contents of the final report and next steps. The next meeting will be held on Monday, February 18. The focus of the meeting will be a continued group discussion regarding possible payment reforms.

To view the final Primary Care Collaborative meeting materials, please visit: https://dhss.delaware.gov/dhcc/files/collabrpt_jan2019.pdf.

La Red Health Center (LHRC) – Fabricio J. Alarcon, MD, CMO and Janet Urdahl, LCSW, CADC, Behavioral Health Administrator

Dr. Fabricio Alarcon kicked off the La Red presentation by introducing himself and segued into discussing Behavioral Health and Primary Care Integration.

Primary care settings have become a gateway for many individuals with behavioral health (BH) and primary care needs. To address these needs, many primary care providers are integrating behavioral health care services into their setting. Integrating behavioral health (mental health and substance abuse) services into a primary care system involves changes across an organization’s workforce, administration, clinical operations, and more. BH integration encompasses the management and delivery of health services so that individuals receive a continuum of preventative and restorative mental health and addiction services in coordination with their primary medical care needs. Successful integration involves more than increasing access to BH services through enhanced referral processes: The system of care delivery has to be transformed. Furthermore, this means moving away from episodic care to a more holistic approach to health care. The main goal of most of the integrated care programs is to improve
Building and sustaining integrated care means all facets of the organization must reflect the values of whole health and collaborative care. Every staff member must understand that successful clinical outcomes are everyone’s responsibility. La Red Health Center’s Integrated Care model is the patient-centered medical home (PCMH). PCMH involves coordinating a patient’s overall health care needs at any age La Red achieved PCMH designation level 2 in 2013 and awarded the highest level 3 in 2015. The National Committee for Quality Assurance (NCQA) awarded PCMH recognition. Health homes are team-based with a whole-person approach with specific emphasis on integrating behavioral health and primary care. The process usually starts with the PCP.

Nursing staff are trained to automatically use screening tools, such as:

- PHQ-2 and PHQ-9 to screen for depression
- GAD-7 to screen for anxiety
- AUDIT-C to screen for alcohol abuse

La Red Health Center was awarded a grant to help support an integrated homeless program. This population presents its unique challenges that greatly benefit from a holistic integrated primary care and behavioral health approach. High incidence of co-occurring mental health, unattended primary care, and substance abuse problems.

Dr. Fabricio transitioned the presentation to his colleague, Janel Urdahl who discussed the BH and primary care integration that is specifically occurring at La Red Health Center.

La Red Health Center is co-located (not just in same building). All three main sites and La Red’s School-based Wellness Center offer primary care and BH services. La Red uses the same electronic medical records system. Additionally, there are three locations – Georgetown, Milford and Seaford.

The center opened in 2001 and hired an LCSW in 2009. As of July 2018, La Red is provisionally licensed as a Substance Abuse/Co-Occurring Treatment Provider with DSAMH.

Data for Behavioral Health Patients from December 1, 2017 to December 1, 2018:

- Total visits: 4,742
- Visits with LCSW: 3,698
- Visits with other licensed provider: 1,044
- Total patients: 1/338
- Average # of visits per patient: 3.5
LRHC serves as the medical home to approximately 13,000 patients who generate about 45,000 annual visits.

The substance abuse training at LRHC is extensive and follow the below model:

La Red also uses the following model for Opioid Use Disorder Treatment:
Henrietta Johnson Medical Center (HJMC) is a Federally Qualified Health Center (FQHC) that has been open to the community for 47 years; serving more than 6,000 patients annually and about 1,000 dental patients annually. The health center has sites located in Wilmington and Claymont Delaware. HJMC provides an all-inclusive range of Medical and Dental services for the entire family. The center also offers quality healthcare for women, children, adolescents, adults and seniors. HJMC participates with most major insurances, including Medicaid and Medicare.

The primary mission of HJMC is to increase access to quality, culturally sensitive and cost-effective comprehensive health care services for the under-served, uninsured, and under-insured individuals throughout the community. HJMC has been recognized as a cost-effective and necessary alternative to emergency room-based primary healthcare services. We are here to serve our community and ensure better health for our patients regardless of their ability to pay. No patient is ever turned away because of their inability to pay for services.

What’s New at HJMC
- Shay Scott, CEO
- Behavioral Health and Substance Use Disorder Services
- Step Up Program
- Claymont Relocation
- Dental Services at East side again

Additionally, HJMC has a partnership with the Delaware Humane Association, which is a monthly pop-up clinic for pets.

Discussion
Dr. Kara Odom Walker extended a warm thank you regarding the work that HJMC is doing. She went on to express that the update that Joan Fletcher provided was important to the Commission because it allows for new connections to be made. Lastly, Secretary Walker wished Shay Scott well in her new role as the CEO of HJMC.

Public Comment
Four members of the public provided comments, summarized below:
1. Joanne Hasse is pleased with the presentations provided by LRHC and HJMC. They stay true to the patient-center care model. Many times the staff in primary care doctor’s offices act as if their primary job is to protect the provider from the patient. Some of that is an attitude and does not attract more patients. That seems to be the differences between the FQHC’s and primary care doctors.
2. Mary Perkins would like for the great work of the FQHC’s to be promoted in a way that allows the general public to know of the phenomenal resources that FQHC’s provide. You don’t have belong to a certain culture or economic status in order to receive high-quality healthcare in Delaware.
3. Janet Urdahl expressed that it is not unusual for a patient to come through their center and ask, “Why are you being so nice to me?”

4. Shay Scott introduced herself and expressed her excitement for progressing forward to meet the needs of people in regards to behavioral health.

UPDATES

SIM, Benchmark and Reinsurance – Dr. Kara Odom Walker, Secretary Department of Health and Social Services

Rhode Island is the third state to implement a healthcare spending benchmark. Across the state legislators and partners have signed a compact agreeing that to establish a benchmark. The work that Rhode Island is great information as it gives us opportunities for us to learn and grow as we implement a benchmark in Delaware.

Additionally, the DE SIM grant concluded on January 31, 2019. We are still committed to innovation and moving forward the tenants that were placed in the original SIM award. We are looking forward to how we partner and think creatively about moving forward.

Furthermore, the Benchmark Implementation Manual was distributed to the Commissioners on January 31, 2019 (to access the manual you can view it here: https://dhss.delaware.gov/dhcc/global.html).

We have released a Medicaid ACO Request for Information on Friday, February 1, 2019. We are getting out the word to providers in the community. We would like to hear from stakeholders about what a Medicaid ACO would look like, what components would be important, what principles should be endorsed and how we can help establish a Medicaid ACO in Delaware.

Finally, Senate Concurrent Resolution 6 passed, which stated that the Secretary of the Department of Health and Social Services should explore a 1332 waiver. Currently, we are in the process of going through the technical analysis and accessing what the waiver would look like (i.e. modeling scenarios). The Insurance Commissioner will look at what the waiver would look like and where funding sources should come from.

Discussion

Secretary Rick Geisenberger commented that the Delaware Economic and Financial Advisory Council (DEFAC) are in the process of appointing members for the benchmark. They have been selected, but must receive their appointment letters. The goal is to have an organizational meeting in March; possibly tied to the same day as the regularly scheduled DEFAC meetings.

Dr. Edmondo Robinson asked if feedback has been provided to the Secretary since the Implementation Manual has been released. Secretary Walker responded that there was a
webinar earlier in the month. Most of the questions were technical in nature. We do continue to seek that feedback through public comment.

**DIMER/Delaware Health Sciences Alliance Partnership – Sherman Townsend, DIMER chair and Dr. Omar Khan, President & CEO, Delaware Health Sciences Alliance**

DIMER is looking to increase recruitment efforts so that the program can support more students. Currently, Jefferson has 20 seats and PCOM has five (5) seats. Sherman Townsend would like to increase the amount of seats available through DIMER at PCOM so that more students can be supported by DIMER. Overall, this is an indication of the success of DIMER, but more work will need to be completed in order to further support the program monetarily. Another discussion point during the meeting was the Student Loan Repayment Program (SLRP) and how DIMER and the DHCC could formulate a state student loan repayment program or how the current SLRP can be more attractive. With that being said, there are quite a bit of federal restrictions making the program less of an incentive for providers to apply for tuition reimbursement.

**Marketplace – Commissioner Trinidad Navarro, Department of Insurance**

Commissioner Navarro touched on proposed updates for plan year 2020. From CMS Newsroom, released January 17, 2019:

> **CMS issues the proposed Payment Notice for the 2020 coverage year**
> *User fees for plans using the federal enrollment platform are lowered under 2020 proposal*

The Centers for Medicare & Medicaid Services (CMS) today issued the proposed annual Notice of Benefit and Payment Parameters for the 2020 benefit year (proposed 2020 Payment Notice). This rule proposes regulatory and financial parameters applicable to qualified health plans (QHPs) on the Exchanges, plans in the individual, small group, and large group markets, and self-funded group health plans. These changes proposed in the rule would further the Trump Administration’s goals of lowering premiums, enhancing the consumer experience, increasing market stability, reducing regulatory burdens, and protecting taxpayers.

“Following the first-ever drop in premiums for plans sold on the Federal Exchange for 2019, in another first CMS is proposing to reduce the Exchange user fee charged to insurers to fund Exchange operations,” said CMS Administrator Seema Verma. “Reducing this user fee will reduce the premium each consumer pays in 2020. Under President Trump’s leadership, we’re finally moving the Exchange and the market in a new and positive direction.”

The 2020 Payment Notice represents the Trump Administration’s ongoing commitment to improve access to more affordable health coverage options. The implementation of the Affordable Care Act’s (ACA) main provisions in 2014 severely disrupted the individual health insurance market. Between 2013 and 2017, the average premium more than doubled in the states using the Federal Exchange’s eligibility and enrollment platform, and, in 2017, the number of issuers participating in these markets began to decline. Last year, half of the counties in America had only one individual health insurance market issuer available to consumers.
Upon taking office, CMS took immediate action to address problems in the individual health insurance market, and less than three months after taking office, we finalized the Market Stabilization Rule to improve risk pools by encouraging individuals to maintain continuous coverage. Building on this initial rule, CMS issued the 2019 Payment Notice rule to give states new tools to stabilize their health insurance markets. The agency also approved seven reinsurance waivers for states, all of which resulted in lower premiums in those states. These efforts helped reverse prior negative trends and, in 2019, the Federal Exchange is seeing premiums decrease and issuers return.

The proposed 2020 Payment Notice continues to build on these prior rulemakings to further strengthen America’s health insurance markets. Specifically, due to successful efforts to operate the Federal Exchange more efficiently, including efforts to better target outreach and streamline the Navigator program, the rule proposes to reduce by one half of one percentage point the user fee rates that issuers participating on the Federal Exchange and on State-based Exchanges on the Federal Platform (SBE-FPs) would be required to pay to CMS. The savings from this reduction in fees will be passed along through lower premiums for consumers.

To further reduce costs and advance the President’s American Patients First blueprint, the rule proposes allowing individual, small group, and large group market health insurance issuers to adopt mid-year formulary changes to incentivize greater enrollee use of lower-cost generic drugs, consistent with the agency’s approach to Medicare Part D. The rule also proposes changes related to requirements for how such issuers and self-insured group health plans treat cost-sharing for brand drugs when a generic equivalent is available.

The rule also includes proposals to enhance the consumer experience for individuals shopping for coverage. One proposal would streamline and update the direct enrollment regulations to accommodate further innovations for consumers to buy QHPs outside of HealthCare.gov.

In response to President Trump’s first Executive Order, the proposed rule would also continue CMS’ work to eliminate overly burdensome regulations. For example, the rule proposes processes to allow individuals to more easily claim a hardship exemption from the individual mandate penalty directly on their tax return for the 2018 tax year.

Today’s proposal also aims to increase market stability with updates to the risk adjustment program, an important program that helps stabilize and balance the market by reducing incentives for insurers to avoid high-cost, high-risk individuals.

To improve accuracy the proposed rule considers modifying the premium index to incorporate changes to individual market premiums, in addition to the group health plan premiums used today. The premium index is a figure that drives several other calculations, such as the maximum annual limitation on cost sharing.

In addition, the rule invites a public discussion on the practice of silver loading and the auto-reenrollment process through the Exchange. CMS is not proposing any regulatory changes regarding these practices at this time, but we are soliciting public comment to better understand the issues because states have addressed silver-loading in different ways. This process will help inform whether there are better options for potential future rulemaking.

Today CMS also issued the 2020 Letter to Issuers in the Federal Exchange which provides guidance to issuers that want to offer QHPs on the Federal Exchange, as well as the Proposed Key Dates Charts for the 2019 Calendar Year, the Draft 2019 Filing Year Rate Review Timeline Bulletin, and the Draft 2020 Plan Year Actuarial Value (AV) Calculator.

Commissioner Navarro summarized that these are the proposed changes for 2020. He thinks we could and should do more. Some of the proposed changes incentive greater enrollee use, but he noted there is no mention of returning funding for our navigators, no mention of time extending our time of open enrollment. The proposals are still under review and public comment. Commissioner Navarro said he believes some are good for Delaware and some he thinks are disingenuous because they talk about incentive for greater enrollee use, but he does not know if this will accomplish that.

Dr. Fan asked when comment period would end. It was shared the comment period ends on May 1, 2019.

OTHER BUSINESS

Secretary Rick Geisenberger expressed his condolences on the passing of Dennis Rochford’s mother at the age of 105. She was a long time civic leader.

ADJOURN

Hearing no other business, Dr. Nancy Fan adjourned the meeting at approximately 11:05 a.m.

UPCOMING

The next HCC meeting will be held on Thursday, March 7, 2019 at Delaware Health and Social Services campus located at 100 Campus Drive, Dover, Delaware located in the Del Tech Terry Campus; Corporate Training Center, 400 A/B from 9:00 a.m. to 11:00 a.m.
Public Meeting Attendees

Janet Urdahl  
La Red Health Center (LRHC)

Robin Taylor  
Department of Insurance (DOI)

Frank Pyle  
Department of Insurance (DOI)

Fleur McKendell  
Department of Insurance (DOI)

Jan Brunery  
Department of Insurance (DOI)

John Gentile  
Office of Senator Carper

Mary Fenimore  
Medical Society of Delaware (MSD)

Shay Scott  
Henrietta Johnson Medical Center (HJMC)

Joan Fletcher  
Henrietta Johnson Medical Center (HJMC)

Kiki Evinger  
Department of Health and Social Services (DHSS)

Nick Conte  
Division of Public Health (DPH)

Marsha Horton  
Delaware State Univeristy

Christine Schiltz  
Parkowski, Guerke & Swayze (PGS)

Pam Price  
Highmark Blue Cross Blue Shield

Christina Bryan  
Delaware Healthcare Association (DHA)

Jeffrey Gentry  
Department of Health and Social Services (DHSS)

R.W. Munson  
UM

Erin Ridout  
DCADV

Lolita Lopez  
Westside Family Healthcare

John Dodd  
BDC

Brian Olson  
La Red Health Center (LRHC)

Fabricio Alarcon  
La Red Health Center (LRHC)

Kathy Collison  
Division of Public Health (DPH)

Joann Hasse  
League of Women Voters

Cassandra Davis  
Division of Public Health (DPH)

Nina Figueroa  
Statewide Benefits Office (SBO)

Mary Perkins  
Goeins-Williams

Chris Manning  
Nemours

Cheryl Heik  
Webster Consulting

Debbie Hamilton  
Hamilton Goodman Partners (DGP)

Elizabeth Brown  
Division of Medicare and Medicaid (DMMA)

C Bancroft  
DTCC

Kim Gomes  
N/A

Emily Vera  
Mental Health Association (MHA)