



August Meeting of the Delaware Health Care Commission

August 2, 2018



Agenda

- POLICY DEVELOPMENT ITEMS
 - DE General Assembly 2018 action on healthcare; Benchmark
 - SB227: Strengthening Primary Care in Delaware
 - SB236: Health Care Claims Database

- UPDATES: Activities & Initiatives
 - Marketplace Update
 - SIM Update

- PUBLIC COMMENT

- ADJOURN

2018 General Assembly Recap

Laws Affecting Benchmark, DHCC and DHIN



ChooseHealth
DELAWARE

SB 236 Supplemental Appropriation

- \$2 million one-time General Funds for Health Care Claims Database
 - Given to Office of Management and Budget (OMB) to give to Delaware Health Information Network (DHIN) upon meeting milestones:
 - Making initial data sets available by 10/31/18
 - Submission of total budget (all funds) no later than 10/31/18
 - OMB, DTI, DHSS, CG all to receive budget
 - Status update due 3/1/19
- In calculation of benchmark “which shall not carry penalty”
 - Total Cost of Care will use DHIN to fullest extent practicable
- DHSS may require, in support of health care cost benchmark:
 - Submission of claims data by any insurer as defined in Delaware law
 - Such entity to be treated as mandatory reporting entity for HCCD

SB 227: Overview

- Intended to increase “investment” in primary care in Delaware
- New annual reporting process by Delaware Health Care Commission (HCC) to include
 - develop recommendations to strengthen primary care
 - monitor spending on primary care
 - measure progress on value-based payment
 - workforce & recruitment
 - evaluate how primary care supports state’s efforts on benchmark
- Requires all health insurers to participate in the Delaware Health Care Claims Database
- Requires certain payers to set primary care reimbursement rates at level not less than Medicare rates
- Requires certain payers to pay chronic care management fees, modeled on Medicare CCM monthly fees

SB 227: Implications for Delaware Health Care Commission (DHCC)

- Creates new “duties” for DHCC in Sections 1-3, 11
 1. Convene a Primary Care Collaborative by 9/18
 - a) Collaborative comprised of Chairs, House & Senate Health Committees; DHCC Chair (or designees)
 - b) Subject to Open Meetings requirement
 2. Collaborative assists DHCC in making annual recommendations
 - a) DHCC issues report by 1/8/19 covering specific topics
 - b) Recommendations to include level of investment in primary care
 - c) Evaluate primary care role in meeting health care spending benchmark

- Creates new authorities for DHCC: Authority to request data from insurers, acute-care facilities

SB227 (continued): Additional Provisions

- Sections 3-4 clarifies Delaware Health Information Network (DHIN) role
- Sections 5-8 require carriers and plans to reimburse primary care
 - at rate not less than Medicare rates
 - to reimburse for chronic care management at Medicare rates, with no patient cost-sharing or deductible applied
- New duties and authorities for Department of Insurance (DOI):
 - Issue regulation
 - Arbitrate disputes

Plan Management Marketplace Updates

Commissioner Trinidad Navarro, Department of Insurance (DOI)



ChooseHealth
DELAWARE

Update on Issuer Applications for Plan Year 2019 QHP Certification

- The following issuers have submitted QHP Applications for participation on the Marketplace in Plan Year 2019.

Medical Issuers

✓ *Highmark*
BCBSDE

SADP Issuers

✓ *Delta Dental*
✓ *Dominion*

- The Commissioner continues to work with additional issuers to promote the Delaware market for the 2020 plan year.

QHP Review for Plan Year 2019 Is Under Way

- The DOI and CMS Plan Management team have begun reviewing Issuer QHP applications and plans for compliance with federal and state regulations and standards.
- CMS is working with Issuers on 2019 “Plan Preview” activities to ensure that data and information that will be available on HealthCare.gov is accurate and complete.

QHP Review for Plan Year 2019 Is Under Way

Proposed Timeline	QHP Review Activities
June - September 2018	<ul style="list-style-type: none">• DOI reviews plans for compliance with federal and state laws and standards• Areas for review include <i>rates, actuarial value, benefit design, cost-sharing, network adequacy, among others</i>
September 2018	<ul style="list-style-type: none">• Federal government continues to conduct final QHP reviews and certifies state-recommended plans
October 2018	<ul style="list-style-type: none">• Federal government releases list of certified QHPs for Plan Year 2019• Approved rates will be posted on the DOI website and on HealthCare.gov following the October Healthcare Commission Meeting• Open Enrollment begins November 1 for Plan Year 2019

Proposed Rates for Plan Year 2019

Requested Rates Increases for 2019 QHP Issuers Announced

Department of Insurance announces 2019 rate requests from Marketplace Issuer – Highmark Blue Cross Blue Shield of Delaware.

Overall Average Increase Requested

Highmark BCBSD	
Individual	3.7%

- Issuer rate request is subject to review and approval by the Insurance Commissioner.

PY2019 Rate Increase Requests for QHP Issuers: Highmark Blue Cross Blue Shield of Delaware

Individual Market

Overall Average Increase

3.7%*

Range of Increase

20.7% to -3.5%

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 3.7%.

** For PY 2019 Highmark has added three new plans: 1 Bronze, 1 Silver and 1 Platinum

Small Group Market – No Small Group Plans for 2019

Health Insurance Premium Rate Review for Plan Year 2019

- The DOI approves/disapproves all health insurance rates following a comprehensive review of all Issuer filings, including requests for rate increase.
- **Reminder:**
 - 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: delawareinsurance.gov
 - These are the initial requests from Issuers and **not** the approved rates.

SIM Update – Mini-Grants and Carryover

Secretary Kara Odom Walker, Department of Health and Social
Services (DHSS)



ChooseHealth
DELAWARE

Value-Based Payment Reform Fund

Kara Odom Walker, MD, MPH, MSHS
Cabinet Secretary

Delaware Health Care Commission
August 2, 2018



*Delaware Health
and Social Services*



ChooseHealth
DELAWARE

Improving the state of health



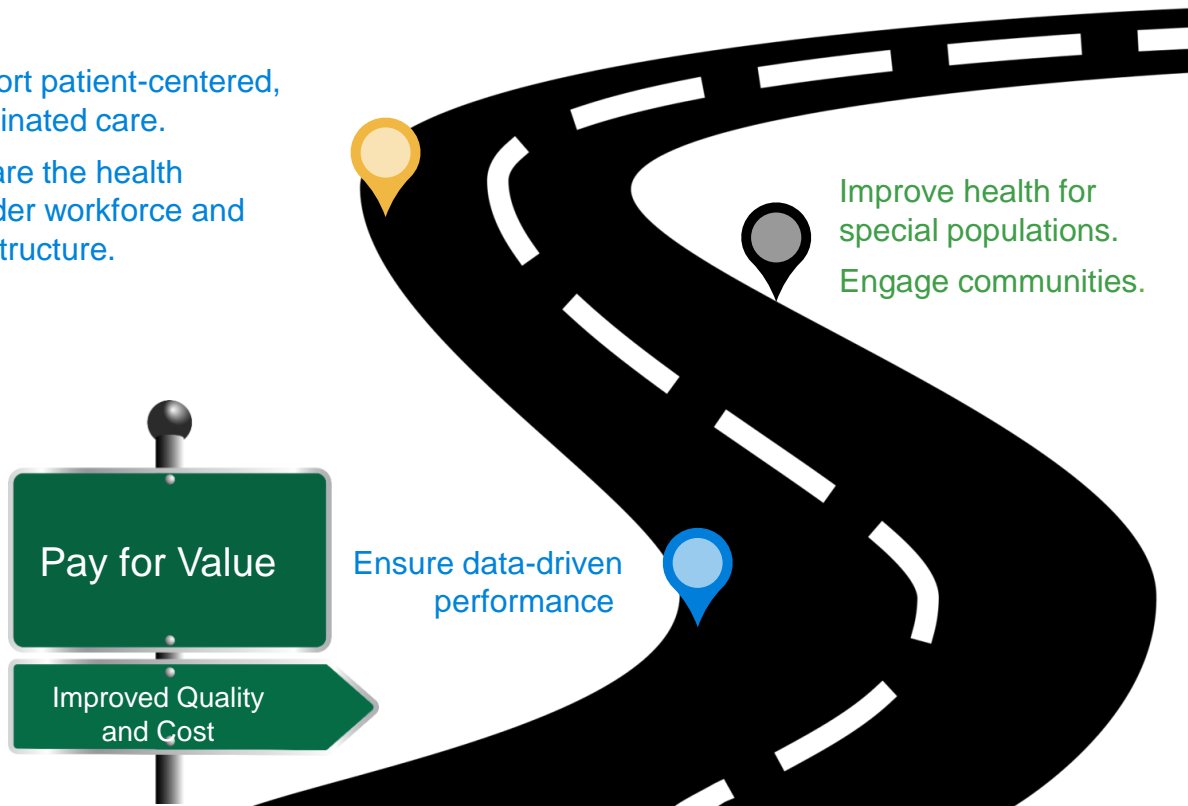
ChooseHealth
DELAWARE

Delaware's Road to Value

Support patient-centered,
coordinated care.

Prepare the health
provider workforce and
infrastructure.

Improve health for
special populations.
Engage communities.



Goals: Improved Choice and Better Delivery

- Give Delawareans **choices and information** to help them make better health care decisions.
- Reinforce **healthy choices** via institution and neighborhood design.
- **Support primary care** infrastructure that allows for improvements.



Value-Based Payment Reform Fund

- One-time funding is available through a Health Care Commission grant for these eligible projects:
 - Data Integration
 - Improved Coordination of Patient Care
 - Increased Readiness to Integrate into an Accountable Care Organization (ACO) or operate through an Alternative Payment Method (APM)
- Work or services must be completed by Jan. 31, 2019.



Eligible Projects

- **Data Integration:** Enhance the applicant's data integration, clinical informatics or population-based analytics capabilities.
- **Improved Coordination of Patient Care:** Enhance the applicant's clinical integration.
- **Increased Readiness to Integrate into an Accountable Care Organization (ACO) or operate through an Alternative Payment Method (APM):** A project will develop, expand or enhance the applicant's shared governance structures and organizational integration strategies, linking the applicants with ACO leadership and across the continuum of care with providers.

Eligible Applicants



- Primary care providers, behavioral health providers, ACOs, hospitals, FQHCs and clinically integrated networks.
- Licensed in the State of Delaware.
- Can apply for:
 - Small Project (up to \$50,000)
 - Large Project (up to \$250,000)
- May apply for multiple projects.
- Final date to submit applications: Aug. 30, 2018
- Q&A conference call session at 2 p.m. Aug. 9 or email DHCC@state.de.us

Additional SIM Year 4 and Carryover

Kara Odom Walker, MD, MPH, MSHS
Cabinet Secretary

Delaware Health Care Commission
August 2, 2018



*Delaware Health
and Social Services*

Join us on Twitter:
[@Delaware_DHSS](https://twitter.com/Delaware_DHSS)

#ourhealthDE



ChooseHealth
DELAWARE

SIM Spending

- All SIM funds require a CMMI unrestriction
- Unrestriction decisions made by project, activity
- A separate unrestriction action is required for each expenditure
- Challenge of grant deadline of 1/31/19
- Priorities reflect CMMI & stakeholder feedback:
 - Accelerate payment reform readiness
 - Establish cost and quality benchmark
 - Strengthen primary care
 - Behavioral health integration
 - Build Health Care Claims Database

Carryover Is Feature of SIM

Every Year We've Had Carryover

Year 1 Carryover	\$3.9 million
------------------	----------------------

Year 2 Carryover	\$4.9 million
------------------	----------------------

Year 3 Carryover	\$6.1 million
------------------	----------------------

Year 4 Budget (includes carryover from years 1-3)	\$11.6 million
--	-----------------------

SIM is Unique Grant

- Year 4 Opportunity
 - Informed by in-depth study of state health system, outcomes
 - To test “drivers” of system transformation
 - Payment reform required to be major driver
 - States expected to use their levers

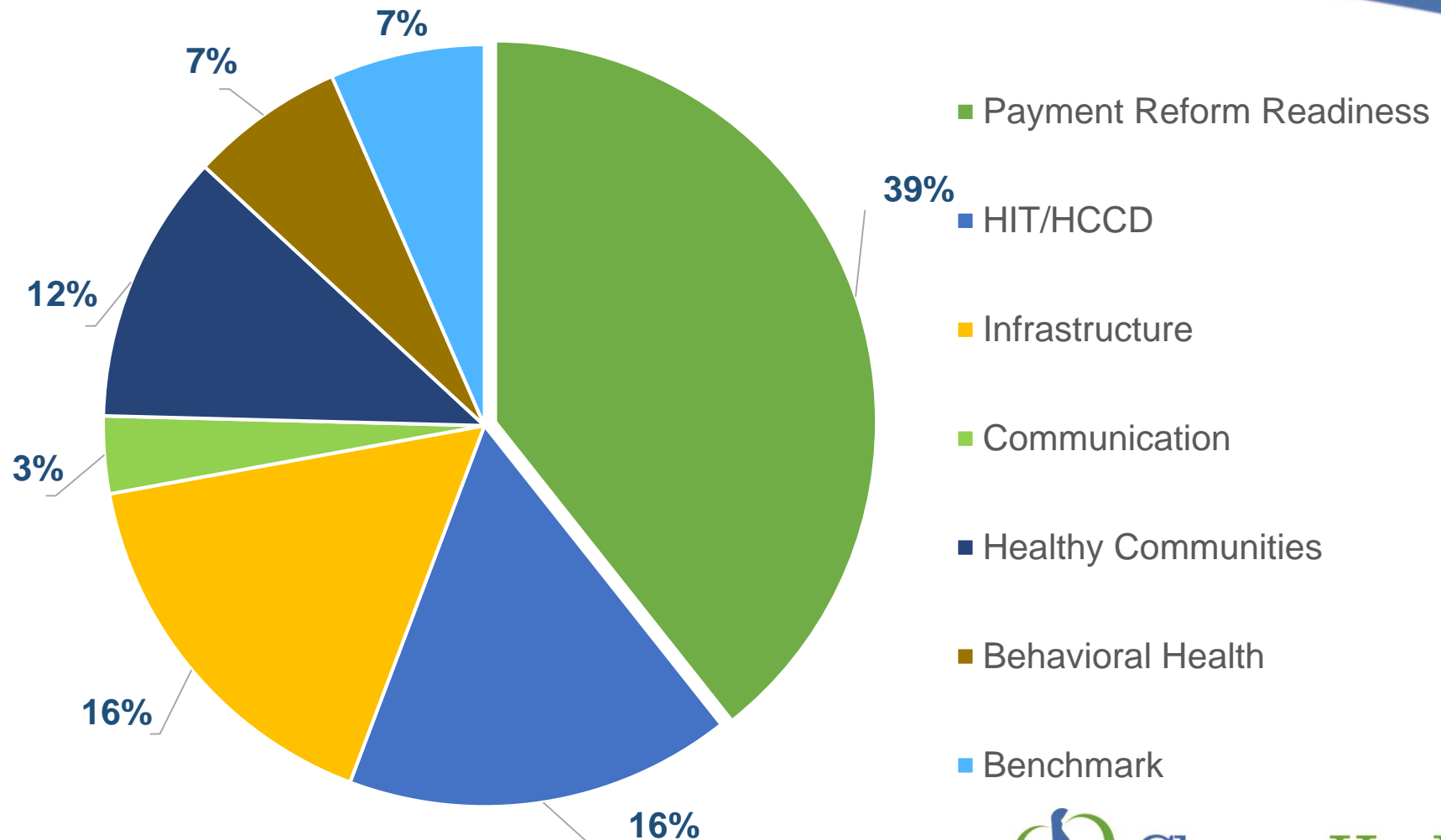


ChooseHealth
DELAWARE

Budget Allocation for AY 4 and Carryover

Driver	AY 4 budget	Carryover budget	Total
Payment Reform	\$1.2 million	\$2.9 million	\$4.1 million
Practice Transformation	\$1.7 million	\$0.4 million	\$2.1 million
Population Health	\$1.2 million	\$0.8 million	\$2.1 million
Health IT and HIE	\$0.5 million	\$1.1 million	\$1.5 million
Infrastructure	\$0.9 million	\$0.9 million	\$1.8 million
Total	\$5.5 million	\$6.1 million	\$11.6 million

Proposed Carryover Allocation



SIM Update – Year 4 Evaluation

Secretary Kara Odom Walker, Department of Health and Social Services
(DHSS)

Public Comment



ChooseHealth
DELAWARE

Thank You!



ChooseHealth
DELAWARE