

**DELAWARE HEALTH CARE COMMISSION**  
**October 6, 2011**  
**DELDOT ADMINISTRATION BUILDING**  
**FARMINGTON/FELTON CONFERENCE ROOM**  
**DOVER**

**MINUTES**

**Commission Members Present:** Bettina Riveros, Chair; Theodore W. Becker, Jr.; Thomas J. Cook, Secretary of Finance; Kathleen S. Matt, PhD; Janice E. Nevin, MD; and Dennis Rochford

**Commission Members Absent:**

A. Richard Heffron; Rita Landgraf, Secretary, Delaware Health and Social Services; Karen Weldin Stewart, Insurance Commissioner; Vivian Rapposelli, Secretary, Services for Children, Youth and Their Families, and Fred Townsend

**Staff Attending:** Paula Roy, Executive Director; Marlyn Marvel, Community Relations Officer; Robin Lawrence; Executive Secretary and Linda G. Johnson, Administrative Specialist III

**CALL TO ORDER**

The meeting was called to order at 9:05 a.m. by Bettina Riveros, Commission Chair.

**MEETING MINUTES OF SEPTEMBER 1, 2011**

After a motion was made by Dr. Janice Nevin and seconded by Tom Cook, the minutes of the September 1, 2011 meetings were approved by a vote of the Commissioners.

**RESEARCH & POLICY DEVELOPMENT**

***Affordable Care Act***

***Health Benefit Exchange Planning Project*** - Update  
Public Consulting Group - Robin Chacon and Alicia Holmes  
(this presentation will be made available on the DHCC web site:  
<http://dhss.delaware.gov/dhss/dhcc/presentations.html>)

One large milestone that passed was the September 30<sup>th</sup> submission of the Level One grant application, which continues planning and beginning of implementation of the Exchange. The total amount requested for the beginning of the implementation, which includes procurement of a solution for whichever path the State chooses to pursue, was for 3.4 million for a 12 month grant period (through the Fall of 2012).

Robin Chacon presented key findings of the Resources and Capabilities report that PCG completed on analyzing Delaware's approach to establishing an Exchange.

**Action Items**

**Action**

Commissioners approved the September 1, 2011 DHCC meeting minutes.

The PCG presentation will be made available on the DHCC web site:  
<http://dhss.delaware.gov/dhss/dhcc/presentations.html>

One large milestone was the September 30<sup>th</sup> submission of the Level One grant application

### Report Objectives:

- Detail the functions and responsibilities of an Exchange
- Identify Options for Delaware, by function
- Outline key considerations as Exchange planning advances

Eligibility Requirements – the Affordable Care Act requires some Exchange functions regarding eligibility.

- Determine Eligibility for All Publicly-Subsidized Health Coverage Programs [based on Modified Adjusted Gross Income (MAGI)Rules];
- Certify exemptions from the individual mandate to obtain and maintain health coverage; there are a few circumstances that allow people to be exempt from the requirement that everyone be covered.
- Adjudicate Appeals Pertaining to Eligibility Determination;
- Determine an employer's eligibility to purchase coverage through the Exchange;
- Verify eligibility of the employer's employees; and
- Assist small businesses in applying for premium assistance tax credits.

Eligibility Options & Considerations for Delaware – issues to consider as Exchange planning advances.

- Medicaid and CHIP (Healthy Children) Eligibility Determination staff will need to be expanded to support Medicaid Expansion under MAGI Rules.
- Medicaid has an existing appeals process for recipients; could this be leveraged for Exchange functions?
- Options and Considerations for the Delaware Exchange:
  - Leverage existing Eligibility Determination Staff for determining eligibility for Exchange subsidies and reviewing Appeals.
  - Contract for private resources to perform Eligibility Determination.
  - Partner with other states to share resources to perform these functions.
  - Need to establish a process to certify exemptions.
  - Need to establish a standard eligibility process for business across all carriers.

Enrollment and Disenrollment Requirements – the Affordable Care Act has requirements regarding enrollment and disenrollment to consider.

- Facilitate health plan selection for individuals and employees of small employers who purchase through the SHOP Exchange
  - Provide a summary of benefits in a standardized manner about the qualified health plans available;
  - Generate plan choice information that can be customized based on individual preference;

- Calculate premiums and out-of-pocket limits for each qualified health plan;
- Process an individual's health plan choice and transfer enrollment data to the selected health carrier;
- Notify CMS of the health plan selected by the enrollee to facilitate payments of the advanced premium tax credit and the applicable cost sharing;
- Facilitate payment of premiums.

#### Enrollment/Disenrollment Options & Considerations for Delaware

- Information on Qualified Health Plans – present in a consistent format across carriers to facilitate plan comparison for consumers.
- Consider a provider look-up feature for consumers. Consumer feedback suggests that this will be a highly valuable function. Most people select plans based on whether their doctor is in the network.
- Delaware will need to provide carrier information to consumers – may want to consider federal disclosure requirements.
- KEY DECISION: How many plans will be offered through the Exchange?
  - Need to balance too many choices with being too restrictive
- Over 150+ life events may impact the status of or result in a change to a policyholder's insurance plan (e.g. marriage, birth of a child, etc.)
- Options for consideration include private Exchange vendors, Federal Exchange, or collaboration with Innovator States.

#### Oversight and Program Integrity Requirements – the Affordable Care Act has requirements for these functions.

- Fraud, waste and abuse - prevent fraud, waste and abuse through:
  - Streamlining enrollment and minimizing acquisition expenses.
  - Implement policies to prevent and detect fraud, waste and abuse, and promote financial integrity.
- Eligibility determination and post enrollment audits
  - Implement a robust audit strategy including audit criteria and protocols.
- Availability of commercial insurance
  - Develop processes and procedures to determine whether an applicant and/or an enrollee has available employer-sponsored insurance.
- Coordination with insurers
  - Ensure appropriate coordination of benefits, if applicable.
  - Ensure that individuals, families and employees are enrolled in the appropriate health program.

- Opportunities for disruption in the commercial markets
  - Develop processes and protocols that seek to minimize unintended disruption to the commercial health insurance markets.

#### Oversight and Program Integrity Options & Considerations for DE

- Evaluate existing State Resources including:
  - Program Integrity and Audit staff – potential expansion of resources;
  - Program Integrity and Audit protocols that could be adopted and applied to the Exchange.
- Partner with Health Carriers to review existing Oversight and Program Integrity Best Practices
  - Review program integrity policies and procedures in the commercial health insurance market

#### Consumer Assistance Requirements – Exchanges must perform the following consumer assistance functions.

- The Exchange must provide assistance to individuals and small businesses that will include:
  - Assisting people in determining eligibility for health coverage;
  - Helping people enroll in the appropriate health coverage;
  - Helping individuals and businesses file insurance grievances and appeals;
  - Providing information on consumer protections; and
  - Collecting data on inquiries and problems, as well as their resolution.
- The ACA requires the Exchange to establish a grant program for navigators who will be responsible for:
  - Conducting public education activities to raise awareness of the availability of QHPs through the Exchange;
  - Distributing “fair and impartial” information concerning enrollment and the availability of premium subsidies and cost-sharing reductions;
  - Facilitating enrollment in QHPs;
  - Referring people to the appropriate agency or agencies if they have questions, complaints, or grievances; and
  - Providing information in a culturally and linguistically appropriate manner.

#### Consumer Assistance Options & Considerations for Delaware

- If the Delaware Exchange is to attract a sufficient volume of individuals, families, and small businesses, it needs to develop a multi-pronged outreach, education, enrollment, and consumer assistance program.

- Brokers cannot serve as both brokers and navigators in the Exchange.
- The Exchange needs to establish a selection process for awarding grants to navigators. There has already been discussion about using CHAP resources, particularly CHAP care coordinators, for this function.
- The Delaware Exchange needs to determine the role for brokers, in addition to navigators, and how they might be utilized to help consumers. Previous discussions with brokers included identifying options for preserving the role of brokers in plan selection within the Exchange.

#### Consumer Assistance Options & Considerations for Delaware

- What type of assistance is currently provided by various organizations, and how might the Exchange involve these groups in its outreach, education, and enrollment efforts?
- What should be the role of navigators and should navigators be trained, credentialed or licensed? If so, which entity should handle credentialing?
- What is the current role of brokers in the individual and small group markets, and how can the Exchange best leverage brokers' expertise? Through previous meetings with brokers and employers, it was determined that employers highly value the services brokers provide and do not wish to lose that once an Exchange becomes operational.
- How are brokers compensated today, and what type of broker compensation model might the Exchange establish?
- What should be the role of insurers with regard to outreach, education, and enrollment?
- How can providers, hospitals, community health centers, and other front-line entities support outreach and enrollment efforts?
- What types of information will people need to help them make informed decisions?
- Will the outreach, education and enrollment needs of individuals differ from the needs of small employers and their employees?

#### Other Areas Addressed in Report

- Governance and Administration – the Commission has already made broad recommendations in this area.
- Exchange Financing
- Certification, Recertification, and Decertification
- Exchange Web Site
- Network Adequacy Standards
- Security
- Correspondence and Notifications

- Information and Outreach
- Regulatory Functions

### **New Federal Partnership Options**

The federal government recently announced partnership options for states to consider in establishing an Exchange. There is general concern that many states are not moving quickly enough to have Exchanges operational by October 2013, and Health and Human Services is proposing options to partner with states to make the process easier. There are three proposed options: 1.) Policy Partnership, 2.) Operational Partnership and 3.) SHOP Partnership.

1.) Policy Partnership – under this option would be:

- **State Role**
  - Make key policy decisions (merging markets, role of brokers)
  - Link Medicaid and Exchange eligibility systems
- **Federal Role**
  - Perform all operational functions for the Exchange
- **Considerations**
  - Implications of separating policy and operations (State would still be heavily involved)

2.) Operational or Functional Partnership – under this model would be:

- **State Role**
  - Operate subset of Exchange activities (e.g. certify health plans, operate call center)
- **Federal Role**
  - Operate remaining Exchange activities (e.g. enrollment, etc)
- **Considerations**

Complicated by functional dependencies in the Exchange

3.) SHOP (Small Business Health Options Program) Partnership - under this model would be:

- **State Role** – under this option would be:
  - Design and operate SHOP Exchange
- **Federal Role**
  - Design and operate individual Exchange
- **Considerations**
  - Presents additional regulatory issues (Federal Government controls one portion of the individual market in the State, the State controls everything else)

### **Additional Considerations**

- All options assume extensive and ongoing State/Federal collaboration
- Timelines for partnerships may vary depending on State capacity to assume Federal functions at later date

- Under all models, the Exchange would be considered a federal Exchange.
- A federal partnership would impact Delaware's ability to regulate insurance. The portions operated by the federal government would be subject to federal regulation, while Delaware would regulate only the insurance subject to state operations. Splitting insurance regulation could cause concern over ability to regulate activity in Delaware, create confusion and disrupt the market.

Partnership options and details are currently open for public comment. There was a grantee meeting in Washington where this was discussed. Most states expressed concern.

Summary of Public Consulting Group (PCG) Stakeholder Outreach To-Date

PCG conducted numerous stakeholder outreach events in the late spring and into the summer. Alicia Holmes outlined the summary of key messages:

- **Small Business Issues**
  - Firms with fewer than 50 employees will not be penalized if they do not offer health insurance
    - Of ~ 21,000 private sector firms in Delaware, **70%** have fewer than 50 employees (Medical Expenditure Panel Survey, 2010).
    - Many small businesses are not aware of this.
  - Strong targeted outreach effort will be needed to reach these employers
    - Focus on affordability, recruitment, and retention
  - State should explore multiple options for added benefits to employers
    - Stakeholders support premium aggregation, as specified in the July 2011 NPRM
    - State should consult current online enrollment options for "lessons learned"
- **Network Adequacy**
  - Low provider wages and lack of job opportunities for provider spouses were cited in focus groups as having caused problems for provider recruitment
  - Utilization of nurse practitioners and community health workers may alleviate some of the strain on primary care providers
    - Issue of whether these providers will be billable is a concern
  - Need to focus on care coordination in order to maximize efficiency of current resources
  -

- **Plan Certification Standards**
  - Suggested recommendations for certification standards
    - Demonstrated interest in developing new methods of care delivery and focus on primary care
    - Demonstrated overall financial solvency
  - Benefits packages
    - Focus on comparative effectiveness
    - Review of prior authorization practices
    - Need for continuity among Medicaid MCO plans and subset of QHPs
  
- **Approach for next year** – PCG emphasized that stakeholder outreach activities will continue and will become more important as more detailed Exchange planning evolves. Plans for additional activities include:
  - Expand to broader audience
    - Need to reach individual consumers
    - Received several new contacts/resources, particularly with respect to community health workers, non-English speaking population, and faith based organizations
    - Will also work closely with new Communications Director hired in the Delaware Health and Social Services, Office of the Secretary
  - Continue focus group process
    - 8 groups per county over the next 12 months
  - Develop and distribute new issue briefs as new guidance is made available
    - Issue briefs will be posted to the Health Care Commission website

Finalized Project Reports to be Posted on HCC Website:

- Policy Report
- Technical “As-Is” and “To-Be” Assessments
- Resources and Capabilities Report
- Stakeholder Outreach Report

Contact Information:

E-mail contact information regarding the State of Delaware’s Exchange is *HBE\_Delaware@state.de.us*

*Discussion*

Ms. Riveros asked Ms. Chacon if PCG expects to have an event where potential navigators or community organizations could attend and engage in a more detailed discussion about how they could operate for an Exchange. Ms. Riveros believes it would be good to start that discussion, to have some of those community organizations come forward to gain a better understanding of the existing infrastructure

Finalized project reports for the Exchange to be posted on the DHCC website

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in the community and to educate people about opportunities.

Ms. Chacon responded yes, there would be such an event.

Dennis Rochford asked Ms. Chacon to provide a brief summary of the Exchange financing.

Ms. Chacon said the Exchange will be federally funded 100 percent for development and the first year of operation. Then all states need to consider how it will be financially sustainable over the long term and how that will be funded starting 2015. It really depends on the solution that the State determines. How much will it cost if private vendors charge on a current enrollment basis. There is some attractiveness with that because as someone is enrolled, there is a fee. If no one enrolls, there's not a cost. Sharing with states - a multi-state collaboration for operation support - will have a different finance structure - there are advantages and disadvantages to each decision. Once a solution is determined, then you need to think about how an Exchange will fund itself. What is the right fiscally responsible solution for Delaware? What are the options on how that is sustained ongoing?

Ms. Riveros added that the financial sustainability has to be reviewed when looking at how much the solutions will cost. That will be a very critical decision for the Exchange Governing Board.

Jim Lafferty asked if PCG had a range of how much the Exchange might cost, depending on the options selected.

Ms. Chacon said that in the next quarter, PCG will be looking at what some of the other states, who are ahead of Delaware, have done.

Ms. Riveros said that Delaware is trying to take advantage of the work that some of the other states have done. Maryland is an innovator state and meetings have been set up to discuss options. Some states have software that they have made available. Delaware will look at opportunities to partner with neighboring states for administration.

Mrs. Roy said that the insurance regulatory issues are important considerations. Delaware's regulatory authority in the health insurance area is limited to the commercial market, mainly made up of small businesses and the individual market. Most Delawareans with employer-sponsored insurance are covered by self-insured plans which are regulated at the federal level. Any decision on Exchanges which cede more regulatory authority to the federal market will further limit Delaware's ability to regulate insurance in this state.

The Exchange will be federally funded 100 percent for development and the first year of operation

Delaware is trying to take advantage of the work that some of the other states have done. Maryland is an innovator state and meetings have been set up with them. Some states have software that they have made available.

Linda Nemes from the Delaware Department of Insurance concurred.

Partnership options are part of the Commission's due diligence.

Ms. Riveros asked Ms. Holmes to address how the penalties may apply for the larger employers.

Ms. Holmes said the first 50 employees of a firm are not counted toward a penalty for offering insurance. For the next 30 employees there is a '*per employee*' penalty. The penalty only applies to full time equivalent employees. Part timers do not count towards a penalty, but they are counted for the purposes of determining the size of a firm.

A member of a community health organization asked if discussion regarding patient centered medical homes included allowing all health professionals to bill insurance companies for their services.

Ms. Riveros said as Delaware determines the health plans which will be qualified to sell on the Exchange it could consider requirements like pilots for medical homes. It becomes a business issues.

Dr. Nevin added that in order for a patient centered medical home to be successful, the payment is based on a per member per month basis to reflect those additional services and is also dependent on good outcomes. The payment cannot be fee for service.

Ms. Riveros said Delaware will have to look at transitioning the local market to support that model where the payments support coordinated care, medical homes and outcomes.

There will be a number of people eligible for the subsidies. There will be a large block of people who may move in and out of the Medicaid population so Delaware will need to determine a way to make that as seamless as possible. For the Exchange to be managing all of this billing and moving in and out of coverage is going to be a big operational expense and very difficult to manage.

Joann Hasse asked what percentage of all the people on Medicaid in Delaware appeal the decision?

Ms. Riveros said that the Commission could find out.

Jim Lafferty was pleased the important role the advance practice nurses will play was recognized. He also spoke to Dean Matt about the role the advance practice psychiatric nurses are going to play. Delaware has some serious shortages in parts of the State.

Dr. Nevin agreed with Mr. Lafferty and added Delaware is challenged

in workforce numbers for nurse practitioners. The new model in primary care is very much going to be a team of 3 or 4 nurse practitioners working with a physician but there is also a shortage of nurse practitioners. Many of them choose to specialize. Dr. Nevin is very concerned about workforce issues and believes nurse practitioners and physician assistants are going to be key filling increased demand.

Dean Matt said the College of Health Science is working very hard to help create some of that supply. One-hundred nurse practitioners just came into the program. The College has challenges financially in order to continue to create that pipeline.

A member of the public stated that there are problems in the length of time it takes for the Board of Medical Licensure and Discipline to license physicians in the State. He is hearing from hospitals and practice groups it is taking six to nine months in some cases to get a physician licensed in Delaware. This is a problem when it comes to establishing a provider network. Delaware should take steps to become a state where physicians want to stay and also be able to recruit physicians into the State.

College of Health Science just had 100 nurse practitioners come into the program.

Someone observed that the stricter licensing process may be the Board's reaction to the pediatrician in Lewes who was convicted on multiple abuse and assault charge. There are now significantly expanded requirements based upon this case.

Ms. Riveros would like more information about the licensure process and whether it has changed.

Dr. JoAnn Fields, as a consumer advocate, referred to an earlier slide (page 7) in the PCG PowerPoint presentation about Enrollment and Disenrollment - 'facilitate health plan selection for individuals and employees of small employers who purchase through the SHOP Exchange.' She believes the implication is that a decision has already been made that Delaware is not going to have a merged market of the individual and the small employers. She was again assured that a decision has not been made. There is an ongoing study to determine whether the individual and small group market should or should not be merged. She asked for 1.) an update on what that process is and, 2.) because the report will be posted on the DHCC website, requests that the language on that slide be modified to reflect the fact that Delaware has not made a decision.

Ms. Riveros said we need to clarify a couple of points for the broader audience and asked Robin Chacon to address that.

Ms. Chacon explained that the intent of that slide was to underscore the fact that an individual shopping for insurance will have different

needs than someone who is purchasing insurance through their employer. Whether it is a merged market or not a merged market, the needs and experience of purchasing insurance will be different. An individual will have to make a buying decision on their own versus the employer offering a choice among plans to their employees.

Ms. Riveros said we have a responsibility to have an Exchange where we can provide individual coverage, as well as small group coverage, through a SHOP Exchange. The decision to merge risk pools has not been made and that will be a critical decision that will impact, one way or the other, the cost for individuals and small businesses but that is still pending. Ms. Riveros expects that decision to be one the Exchange Governing Board will address.

Ms. Holmes explained that the federal government has stated whether or not the markets are merged, there will be a delineation between the plans offered to individuals and the plans offered to small businesses. PCG actuaries are currently working on a numbers analysis, but ultimately the Exchange Governing Board will need to make that policy decision.

Joann Hasse said it was pointed out that there may be a requirement that navigators be licensed. Generally, a requirement for licensure costs somebody something. Think about this in advance; if facilitators are licensed, who pays that fee?

### **HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT**

Paula Roy announced that in July Christiana Care had been selected as a branch campus for Jefferson Medical College, which will allow third and fourth year medical students to attend classes and train at Christiana Hospital. There are eleven students in the program - six are current Delaware residents, four are DIMER students and five are graduates of the University of Delaware. There will continue to be a need for those students to attend some classes at Jefferson in Philadelphia. This will help solidify and implement a true partnership that was envisioned when the Health Science Alliance was announced.

Christiana Care has hired a person to focus on the DIMER-Delaware connection and continue outreach to those students training there. The vision is to have a better system to track what is happening to Delaware students.

Dr. Janice Nevin clarified that Christiana Care continues to do over 400 student rotations every year. What is different is that these eleven students are doing all of their third year core clerkships in Delaware. The Campus will become accredited by the Liaison Committee on Medical Education (LCME) as a defining entity. Every day, Christiana has 1,100 students on campus from medical school

Christiana Care has hired a person to focus on the DIMER-Delaware connection and continue outreach to those students training there

and other professions. Christiana wants to understand what happens to those students that don't participate in the program because many of them come back and do their residency there.

Ms. Riveros asked for that information be included in a document or an e-mail to Commissioners, as well as any other useful items, so Commissioners can have it readily available.

#### *DIMER and DIDER Reviews*

The DIMER Board reviewed PCOM and Jefferson. Ms. Roy reported the incoming class at Philadelphia College of Osteopathic Medicine includes seven Delaware students (they are required to take five) and there are 21 matriculating at Jefferson this year.

The DIDER Board reviewed this year's incoming students at Temple University. There are four students at Kornberg School of Dentistry from Delaware this year. Temple reports the number of applications from Delaware has been low - eight acceptances and six declines. There are currently 18 students at Temple: three sophomores, six juniors and five seniors.

#### *DIDER FY12 Budget Epilogue*

DIDER reviewed a requirement in the FY12 budget epilogue that asked DIDER and the Health Care Commission to work with the Division of Development Disabilities Services (DDDS) to make arrangements for DIDER loan recipients to provide preventive dental care to consumers.

The first conference call took place yesterday between a representative of the DIDER Board, two DHCC staff and two DDDS staff, to identify issues and concerns.

One of the concerns is that some of the DDDS consumers require conscious sedation in order to receive dental services, which requires additional training for dentists. Dentists coming into the program are new and few dentists receive that advanced training.

Issues will have to be identified and addressed. As efforts continue, the Commission will be updated on progress.

Dr. Nevin said Delaware is one of two states that require dentists to do one year of additional clinical training for licensure. Dr. Nevin believes the only place that happens in Delaware is at Christiana and they have 8 or 10 residents every year. She suggested Commission staff reach out to Dr. Edwin L. Granite, D.M.D., Program Director of the Oral and Maxillofacial Surgery Residency Program at Christiana Care Health System, about incorporating that into the student's usual training.

Eleven (medical) students are doing all of their third year core clerkships in Delaware. There is an opportunity for the Campus to become accredited by the Liaison Committee on Medical Education (LCME) as a defining entity.

The FY12 budget epilogue that asked DIDER and the Health Care Commission to work with the Division of Development Disabilities Services (DDDS) to make arrangements for DIDER loan recipients to provide preventive dental care to consumers.

The first conference call took place between a representative of the DIDER Board, two DHCC staff and two DDDS staff, to identify issues and concerns.

Delaware is one of two states that require dentists to do one year of additional clinical training for licensure.

Ms. Riveros said as loan repayment applicants are reviewed, consideration of that training will be a factor in who is awarded.

Ms. Riveros questioned the low numbers of dental students accepting offers to Temple?

Ms. Roy said students apply to many different schools and may receive acceptances from three or four different schools. She hears anecdotally that one of the considerations in deciding at which school to actually matriculate is the financial aid package offered. Students will tend to select a school that offers the best financial aid package.

Ted Becker added that the dental shortage is specifically related to people who are licensed in another state coming to Delaware and wanting to transfer that license to Delaware. They have to go back through the Boards again in Delaware and that is creating a great deal of difficulty for someone wanting to come here.

### ***State Loan Repayment Program***

The program overview on the State Loan Repayment website and the Program Guidance both indicate *'clinicians must agree to participate' in the Delaware Community Healthcare Access Program (CHAP) and the Voluntary Initiative Program Phase II (VIPII).*

After review of a list of recent SLRP recipients, it was discovered that some of the practitioners were not participating in the Voluntary Initiative Program Phase II (VIPII).

As it is an enforcement issue, a policy decision needs to be made by DHCC. The Committee and DIMER Board agreed that the VIP application form should be included in the mailing when contracts are sent to recipients for signature. It was suggested that the first payment be held until the recipient has enrolled in the VIP.

### **DIDER**

1. *Sites: DeLaWarr State Service Center, 500 Rodgers Road, New Castle, DE 19805, Williams State Service Center, 805 River Road, Dover, DE 19901 and Milford State Service Center, 253 N.E. Front Street, Milford, DE 19963*

- All 3 work sites are State of Delaware facilities
- DeLaWarr, Williams and Milford State Services Centers are located in federally designated dental HPSAs.

### **Applicant: Gena Potts, R.D.H.**

Ms. Potts is a registered dental hygienist who alternates her time among three State of Delaware facilities serving 100 percent of Medicaid or S-CHIP patients. State dental director, Dr. Greg McClure

wrote that the applicant has chosen to work in the Division of Public Health because of the opportunity to improve the oral health of underserved children.

Ms. Potts graduated from the Dental Hygiene Program at Delaware Tech in Wilmington in May 2010 with an Associate's degree in Applied Science. Her debt burden is approximately \$12,363.00 (verified).

- State and federal funds

#### Recommendation

The Loan Repayment Committee and DIDER Board recommended, if federal funds are available, that Gena Potts be awarded loan repayment in the amount of \$12,362 (\$6,181 state funds plus \$6,181 federal funds) for a two year commitment. If federal funds are not available, the Committee and Board recommended awarding \$6,200 in state funds and, if excess state funds are available at the end of the fiscal year, it recommended awarding additional funds at that time.

At the time of the DIDER Board meeting, availability of federal funds was uncertain but the Commission staff was since notified that those funds are forthcoming so Ms. Potts will be awarded \$12,362 for a two year contract, utilizing State and federal funds.

#### DIMER

2. *Site: Henrietta Johnson Medical Center, 601 New Castle Avenue, Wilmington, Delaware 19801-5821*

- previously approved Federally Qualified Health Center (FQHC)
- located in a Federally designated primary care HPSA

#### Applicant: Omowunmi Akinruli, MD

Dr. Akinruli joined HJMC in September 2011 after she obtaining her CDS. Nigerian born, Dr. Akinruli is a U.S. citizen. She graduated from the University of Michigan in 2003 with a Bachelor of Science degree in biology and Ross University School of Medicine in the Caribbean in 2008 with a degree in medicine. The doctor completed her family practice residency at Somerset Medical Center in Somerville, New Jersey, in June 2011.

Dr. Akinruli is fluent in the West African language, Yoruba. Her debt burden is approximately \$442,052.00 (verified)

- State and federal funds

#### Recommendation

The Loan Repayment Committee and DIMER Board recommended that Dr. Akinruli be awarded loan repayment in the amount of

\$50,000 (\$25,000 state funds plus \$25,000 federal funds) for a two year commitment, subject to obtaining her CDS.

Mr. Becker said it is important to note that this physician has a debt burden of almost \$450,000.00 and what we are able to award versus what is going on in surrounding states presents a dilemma. How do we attract physicians and keep them with these types of awards? Fifty thousand dollars, using both State and federal matching funds, is about the maximum the State Loan Repayment Program has ever awarded. When you have a debt burden of almost \$450,000.00, it is difficult to see the light at the end of the tunnel.

Ms. Riveros asked if it was known what are the limits of comparable or surrounding states offering in their loan repayment programs? The Commission staff will research that.

Not Approved - Not Within Program Guidelines

1. *Site: Beebe Medical Center, 32857 Ocean Reach Drive, Lewes, DE 19958*
  - previously approved site

Applicant: Nicholas Perchiniak, MD

Dr. Perchiniak is appealing to the State Loan Repayment Review Committee and the DIMER Board to consider including Emergency Room medicine in the State Loan Repayment Program.

Recommendation

The Committee and DIMER Board had a discussion and the following points were raised:

- If more funds were available, the eligible specialties for the Loan Repayment Program could be expanded. With limited resources the program cannot be expanded.
- Medical oncologists are eligible. Perhaps consideration should be given to removing that specialty from the list.

2. *Site: Wilmington Community Mental Health Center, 1906 Maryland Avenue, Wilmington, DE 19805*

- State outpatient mental health facility

Applicant: Richard Lombino, II

Mr. Lombino is psychiatric social worker pursuing becoming a Licensed Clinical Social Worker in the Long Term Treatment Unit.

Mr. Lombino graduated from the University at Albany (NY) with a B.S. degree in business administration and psychology. He received his Masters in Social Work from Columbia University School of Social Work in New York City and a Juris Doctor from St. John's University

School of Law in Jamaica, L.I., N.Y.

His debt burden is approximately \$29,000.00 (verified). Mr. Lombino is appealing to the State Loan Repayment Review Committee and the DIMER Board to consider his eligibility because he is pursuing his LCSW.

- State funds

### Recommendation

The Loan Repayment Committee and DIMER Board had a discussion and determined that Mr. Lombino cannot be considered eligible for the Loan Repayment Program until he becomes a Licensed Clinical Social Worker.

### **Action**

Dr. Nevin made a motion to approve the recommendations of the DIDER and DIMER Boards and Mr. Becker seconded. The Commission voted and approved the motion.

## **OTHER BUSINESS**

### **Sunset Review**

Ms. Roy reminded Commissioners they were informed in September that shortly after the June Commission meeting, notification was received that the DHCC was selected for Sunset Review for FY11 and FY12. The DHCC is one of five agencies to be reviewed this year.

The first step after an agency is notified is completing a very lengthy, detailed questionnaire. Commissioners have been provided with a draft of the questionnaire and the DHCC welcomes any engagement in conversation about the story we want to tell and how we want to tell it.

The actual draft was due on October 3<sup>rd</sup> but in view of the fact that the DHCC meeting was October 6, the Committee granted an extension until October 14<sup>th</sup>. At this point, the position providing staff assistance to the Sunset Committee is vacant and believed to still be unfilled. It is uncertain how that will impact the timeline. If the Commission would like to have additional discussion about the overall approach to the Sunset Committee, that would be good.

Over the Fall, these questionnaires are submitted and Sunset staff is supposed to prepare a report. In January, when the General Assembly returns, the Sunset Committee will convene and will schedule public hearings, at which point the draft report is distributed. When the draft report from the Sunset Committee staff is prepared, DHCC staff will receive a copy and have an opportunity to respond, correct any errors, etc.

During February to March timeframe, when the General Assembly is

### **Action**

The Commission approved the recommendations of the DIDER and DIMER Boards.

The DHCC was selected for Sunset Review for FY11 and FY12. The DHCC is one of five agencies reviewed this year.

on recess, the Joint Finance Committee will convene hearings on the proposed budget, and the Sunset Committee will convene hearings on the report and the agency subject to review. That is the time the DHCC can appear before the Sunset Committee and members of the public are invited to testify in front of the Committee and convey their thoughts.

In the May to June timeframe, the Sunset Committee will make final recommendations and a final report will be offered. Typically, the Sunset Committee will vote to continue an agency 'as is;' continue an agency with some stipulations; it may decide to hold an agency over for review with recommendations for changes and periodic reports, or it could decide there is no longer a need for an agency and the agency could sunset.

Ms. Riveros added that members of the Commission and members of the public should think about the Commission's role moving forward. The Commission has talked about the Affordable Care Act, and focused many meetings to discuss the Exchange. The Exchange will move to a governing authority to complete more detailed work. CHAP has been integrated with Screening for Life. Delaware has significant issues facing it in the health care arena - workforce development being a critical one and how we deliver care being a critical one. It will be important to crystallize what value we see and how we see the Health Care Commission's role moving forward – what we need to focus on, how we can best accomplish that, how we should be structured. This is an opportunity to reinvent the Commission's role in a very critical time around health care. Ms. Riveros asked for thoughts from members of the public and the Commission. She will be reviewing the draft report and will be adding some of those thoughts into the response to the Sunset Committee. She thought there should be some discussion about how the Commission best serves Delaware and the needs of everyone with respect to health care for all Delawareans.

Dean Matt asked Ms. Riveros how those discussions take place - do they take place at the next meeting?

Ms. Riveros said there was some discussion (on the role of the Commission) last January. She believes we could dedicate one of these two hour Commission meetings to that discussion and focus it on that. It may be areas the Commission has not traditionally focused upon. Perhaps time could be spent on this subject at the next meeting.

### ***Discussion***

Ms. Hasse asked whether the Commission still intended to propose re-writing its statute.

Ms. Roy responded that the main reason to update the Commission's

statute was that there are references that are outdated. For example, 'the Commission will work with the Health Resources Management Council.' That is now the Health Resources Board. At that time the Commission equally was focused on the need to pass the Delaware Health Information Network (DHIN) legislation. The decision was made that the Commission statute was not as critical as the DHIN. It could be revisited through the Sunset process.

**Delaware Health Care Commission FY 2013 Proposed Budget**

Copies of the Commission FY12 and FY13 Proposed Budget were distributed to Commissioners.

Ms. Riveros reviewed highlights of the budget and pointed out that funding for personnel and operations is out of the budget of the Office of the Secretary of Health and Social Services and there is no increase in FY 13 budget.

DHCC FY 12 Budget

Category	GF	ASF	Total
Personnel	\$267.4	\$72.8	\$340.2
Travel	\$0.0	\$7.9	\$7.9
Contractual Services	\$0.0	\$11.8	\$11.8
Supplies & Materials	\$0.0	\$6.3	\$6.3
DIMER	\$1,650.0	\$480.0	\$2,130.0
DIDER	\$500.5	\$27.5	\$528.0
<b>Total</b>	<b>\$2,417.9</b>	<b>\$606.3</b>	<b>\$3,024.2</b>

DHCC FY 13 Proposed Budget

Category	GF	ASF	Total
Personnel	\$267.4	\$72.8	\$340.2
Travel	\$0.0	\$7.9	\$7.9
Contractual Services	\$0.0	\$11.8	\$11.8
Supplies & Materials	\$0.0	\$6.3	\$6.3
DIMER	\$2,130.0	\$0.0	\$2,130.0
DIDER	\$528.0	\$0.0	\$515.5
<b>Total</b>	<b>\$2,925.4</b>	<b>\$98.8</b>	<b>\$3,011.7</b>

\* - General Fund

ASF - Appropriated Special Fund

DIDER and DIMER Budget Histories

At the September 2011 Commission meeting, Dean Matt asked for a Delaware Health Care Commission

DIMER budget comparison over the last several years, which was distributed to Commissioners in the meeting materials.

Ms. Riveros added that in FY12 a one-time DIDER and DIMER budget was funded by the Delaware Insurance Commissioner. That money is included in the FY13 proposed budget.

**Action**

A motion was made by Mr. Becker to approve the FY13 proposed budget. Dennis Rochford seconded the motion. After a voice vote the motion carried.

**ANNOUNCEMENT**

Dean Matt wanted to make everyone aware that Dr. Patrick Harker, President of the University of Delaware, has done a series of conferences over the years since he came to Delaware which are called, *Knowledge Based Partnership Conferences*. This year the theme is specifically on *Health Care Workforce Development* in partnership with Thomas Jefferson University and will be held in Philadelphia. The Honorable Ed Rendell will be speaking and Secretary Landgraf will be on the panel. Many of the topics discussed at the Commission will be addressed. The date is October 21 and is open to anyone who is interested in attending. There is a fee and registration may be made on line at: [www.dhsa1.org](http://www.dhsa1.org)

**PUBLIC COMMENT**

Dr. Frelick thanked the Commission for using a microphone and enabling everyone to hear.

A member of the public asked about timeline for governing the Exchange and how we expect that to proceed.

Ms. Riveros answered that it is expected that the Governance authority will be created in the next month of two - the timeline is November but certainly by the end of the year.

Rosa Riveros thanked the Commission on behalf of Dr. Akinruli for approving the loan repayment.

**NEXT MEETING**

The next meeting of the Delaware Health Care Commission is 9:00 a.m. on October 6, 2011, at the Department of Transportation Administration Building, First Floor, Farmington /Felton Conference Room, 800 Bay Road, Dover.

**ADJOURN**

The meeting adjourned at 10:55 a.m.

**ACTION**

The Commission approved the FY13 DHCC budget subject to the availability of funds.

**NEXT MEETING**

The next meeting of the Delaware Health Care Commission is 9:00 a.m. on November 3, 2011, at the Department of Transportation Administration Building, First Floor, Farmington /Felton Conference Room, 800 Bay Road, Dover.

## **GUESTS**

Jaime Conrad	Pfizer
Barbara DeBastiani	Wheeler and Associates
Crystal English	DHSS/DMMA
Dr. JoAnn Fields	Family Practice Physician
Dr. Robert Frelick	Medical Society of Delaware
Janis Greene	LMV
Michelle Haranin	DEOA
Joann Hasse	League of Women Voters
Jon Kirch	American Heart Association/American Stroke Association
Emily Knearl	PPDE
Jim Lafferty	MHA
George Meldrum	Nemours
Linda Nemes	Department of Insurance
Maggie Norris	Westside Family Health
Sheila Nutter	Hewlett Packard
Brian Olson	La Red Health Center
Brian Posey	American Association of Retired Persons
Rosa Rivera	Henrietta Johnson Medical Center
Julie Saville	MeadowWood
Brett Smith	University of Delaware
Dr. Ray Sukumar	Physician
Mark Thompson	Medical Society of Delaware
Kay Wasno	Hewlett Packard