

DELAWARE HEALTH CARE COMMISSION
FEBRUARY 2, 2006
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400B
DOVER

Action Item

MINUTES

Commission Members Present: John C. Carney, Jr., Chair; Richard Cordrey, Secretary of Finance; Carol Ann DeSantis, Secretary, Delaware Department of Services for Children, Youth and Their Families; Vincent Meconi, Secretary of Health and Social Services; and Lois Studte, RN.

Members Absent: Matt Denn, Insurance Commissioner; Jacquelyne W. Gorum, DSW; Joseph A. Lieberman, III, MD, MPH; Robert Miller; and Dennis Rochford.

Staff Attending: Paula K. Roy, Executive Director; Sarah McCloskey, Director of Planning and Policy; Marlyn Marvel, Community Relations Officer; and Jo Ann Baker, Administrative Specialist III.

CALL TO ORDER

Chairman John C. Carney, Jr. called the meeting to order at 9:40 a.m.

APPROVAL OF DECEMBER 1, 2005 AND JANUARY 5, 2006 MINUTES

Approval of the December 1, 2005 and January 5, 2006 minutes was postponed as there was no quorum.

UNISURED ACTION PLAN

Paula Roy updated the Commission on the implementation status of the FY 06 program for the Community Healthcare Access Program (CHAP).

Enrollment Broker New Services supplied by Electronic Data Systems (EDS):

- Revised/streamlined standard application – available both in paper and web
- Administration of a health risk assessment (HRA) and coordination with a nurse at Voluntary Initiative Program (VIP) to transfer the outcomes of the HRA and initiate a case management relationship with the patient.
- Dispatch targeted health promotion and disease prevention materials as indicated by risk assessment (diabetics, smokers, over 50, asthmatics, hypertension).
- Dispatch welcome materials to all new enrollees; including benefits of enrollment, forms for use, membership card and preventive health newsletters.

Action:

Approval of the December 1, 2005 and January 5, 2006 minutes was postponed as there was no quorum.

Paula Roy presented the Commission with FY 06 program updates for the CHAP program.

EDS, the enrollment broker, will assume the additional responsibilities of administering a health risk assessment and marketing

- **Centralized** marketing function; will formally incorporate all EDS outreach activities:
 - Hire new marketing person
 - Create materials and giveaways for use by community outreach staff (from community outreach RFP) and in-house marketing staff
 - Coordinate community outreach activities, with community outreach staff
 - Community outreach staff will identify and complete local level activities, and reciprocally call upon EDS as needed.

VIP New Services:

- New nurse will work with EDS to use the health risk assessment outcomes as basis for developing a focused patient relationship AND will share HRA results with primary care physician (PCP) upon assignment.
- Nurse and clerk team will make PCP assignments using both VIP physicians and community health centers. Community health centers will share results of risk assessment with PCP and assist PCP with support needs as indicated; (i.e. sub-specialty care, Rx, etc.)
- New clerk will be available to focus on supporting the whole provider network by linking to subspecialty, ancillary, allied health, and Rx needs.
- New part-time “provider relations” person will complete provider education site visits, target providers for recruitment, provide materials and supplies to offices, facilitate application assistance for self-pay patients, and generally assist providers as called upon. This work will coordinate with existing Covering Kids and Families staff.

New VIP services will include making primary care physician assignments, using a nurse to share health risk assessment results to the physician and provider support.

The VIP II is sponsored by the Medical Society of Delaware and operates statewide.

Community Health Centers (CHC) Updated Services:

- Focus on provision of health services to newly assigned CHAP enrollees. CHCs will provide primary and preventive care to CHAP enrollees consistent with the care and service offered to any CHC registered user.
- New enrollees that are determined to have a target high risk condition of diabetes, asthma, hypertension, age 50yrs+, and tobacco usage will be followed more closely at their chosen health home for care outcomes.
- CHC staff will interface with the VIP to access medical subspecialty referrals, ancillary service linkage, ambulatory surgical-centers, allied health providers, and pharmaceuticals for chronic conditions—and with any program staff located at

Community health center services will focus on enabling patients and managing their care, with particular focus on those identified with risk factors.

hospitals to facilitate charitable assistance and access to other needed hospital services.

- New, and under development in FY06, CHAP will be working with its contracted evaluator to develop a mechanism for clinical chart review on a sample of CHAP enrollees.
- CHCs will continue to facilitate CHAP enrollees access to other assistance programs offered through State-funded programs; e.g. Screening for Life, Delaware Cancer Treatment Program, Delaware Quitline, the Emergency Diabetes Fund, and will retain access to the CHAP website for onsite enrollments to the program.

Contracts are in place with all CHAP partners. The only thing outstanding is the community outreach component. CHAP is going to focus more specifically on community outreach as a way to reach the target population, making the CHAP population demographically more representative of the uninsured population in that category. Request For Proposals (RFP) were issued, eight responses were received, a review committee reviewed the responses, and recommendations will be forthcoming for contract negotiations. Contract negotiations and execution will continue throughout February.

Joy Blaiser, Electronic Data Systems, updated the Commission on fourth quarter 2005 statistics of the Community Healthcare Access Program (CHAP) as of December 31, 2005.

- Current enrollment was 2772 (400 more than 12/04)
- 13568 total initial applications
- 32 percent are male; 68 percent female
- Based on applicant zip code, 43 percent reside in New Castle County, 14 percent in Kent County and 43 percent in Sussex County.
- The overall percentage of enrollments increased by 5 percent in Kent County; New Castle County decreased by 5 percent; and Sussex County stayed the same.
- Although there are more Community Care Coordinators (CCCs) in New Castle County, Sussex County CCCs submitted 3 percent more new applications and New Castle County CCCs during the 6-month period.
- Beebe Hospital had 416 new applicants; VIP (through the 1-800 telephone number or the statewide Medical Society network) had 334; Westside Health - 139; Claymont Family Health Services - 129; Henrietta Johnson Medical Center - 110; Delmarva Rural Ministries - 100; Milford Memorial Hospital - 72; LaRed - 67; Wilmington Hospital - 35; Christiana Hospital - 29; and Kent General Hospital - 19.
- Employment status of current CHAP enrollees consists of:

Joy Blaiser, EDS, updated Commissioners on fourth quarter statistics of the CHAP Program as of December 31, 2005.

- 43 percent employed
- 5 percent self-employed
- 4 percent out of work more than one year
- 9 percent out of work less than one year
- 19 percent are homemakers
- 6 percent students
- 4 percent retired
- 10 percent unable to work
- Employed, self-employed, out of work more than 1 year, and retired enrollees increased by 1 percent. All other categories decreased by 1 percent.
- Since the second quarter 2005 Quarterly Report, the number of clients who are enrolled in CHAP and their income levels:
 - 100 percent Federal Poverty Level (FPL) consist of 30 percent of the enrollees (decreased 6 percent)
 - 101-125 FPL consist of 25 percent (increased 3 percent)
 - 126-150 percent FPL – 20 percent (increased 2 percent)
 - 151-175 percent FPL – 15 percent (did not change)
 - 176-200 percent FPL – 10 percent (increased 1 percent)
- 1,438 are citizens (increased by 6 percent) and 1,334 non-citizens
- People who apply for CHAP must often apply for the Delaware Medical Assistance Program (DMAP) first
- Eligibility restrictions for CHAP are
 - Must be a Delaware resident
 - With income under 200 percent FPL
 - Uninsured
- Alien status of current non-citizen **enrollees**
 - Undocumented = 730 (55 percent)
 - Lawfully admitted = 379 (28 percent)
 - No response = 225 (17 percent)
- Alien status of non-citizen **applications**
 - Undocumented = 246 (51 percent)
 - Lawfully admitted = 167 (34 percent)
 - No response = 74 (15 percent)
- Under certain circumstance, lawfully admitted non-citizens may qualify for full insurance through DMAP

Kay Holmes explained that there are two levels of documented non-citizen categories. One is documented but non-citizen (must be in United States five years to receive Medicaid for all services with the 50/50 federal match). If they have been here less than

five years but are legally in the United States and have a green card, all Medicaid services are covered but without the 50/50 federal match. If a person is in the United States undocumented, unqualified, Medicaid will pay for service but only emergency services and prenatal care. These undocumented people are enrolling into CHAP.

- Race statistics for current enrollees consists of:
 - Black – 19.64 percent (decreased by 2.4 percent)
 - Asian/Pacific Island – 3.44 percent (decreased by .02 percent)
 - Native American/Alaskan Native – 0.18 percent (decreased by 2.13 percent)
 - White – 32.88 percent (decreased by 2.13 percent)
 - Other – 43.87 percent (increased by 3.93 percent)
- Ethnicity of “Other” currently enrolled
 - Non-Hispanic – 12 percent (increased by 1 percent)
 - Hispanic – 88 percent
- Since the Second Quarterly report, 2005, the total number of clients who are enrolled in CHAP has decreased from 3,117 to 2,772.
- The average age of a CHAP enrollee is 39, two years younger than the average age of enrollees in the Second Quarterly report, 2005.
- Enrollments declined sharply in the age ranges from 6 through 54, while enrollments for clients over the age of 54 began to increase slightly.
- The 25 – 34 years of age group is flattening
- Non-citizens are younger

Paula Roy updated Commissioners on State Planning Program activities.

1. Small Group Health Insurance reform

- Elliott Wicks, Senior Fellow, Economic and Social Research Institute, presented his report, *Premium Variation in the Small-Group Market in Delaware: Analysis of the Problem and Possible Solutions*, to the Small Business Health Insurance Committee in December and to the Commission in January.
- The Small Business Health Insurance Committee reviewed a proposed list of items to be analyzed further and identified those most in need of additional work. This will be shared with Dr. Wicks. It is anticipated that his contract will be amended to provide for continued work.
- The Committee agreed that the overall purpose of the project was to identify ways to modernize current laws

Paula Roy updated Commissioners on State Planning Program activities.

governing the small group health insurance market making them less complex, easier to understand and enforce (Chapter 72).

- There is a desire to look at other states with similar situations – Maryland and Colorado most specifically.
- There is discussion about similar federal legislation regarding the Association of Health Plans. As proposed it would pre-empt state laws and eliminate regulation at state levels.
- The federal State Pilot Planning Grant, which is paying for these activities, was extended August 2006. Contracts have to be executed and all work complete by August 31, 2006.

2. Universal Coverage Project

- The RFPs has been completed and released for the Universal Coverage project. Responses are due by February 10, 2006. Those responses will be reviewed and interviews will be scheduled by the end of February.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Paula Roy reported on Health Professional Development activities.

Delaware Institute of Dental Education & Research (DIDER)

Their Board of Directors met recently to discuss the budget request additional funds to purchase student slots at Temple University Dental School, similar to DIMER activities at Philadelphia College of Osteopathic Medicine (PCOM) and Jefferson Medical School. The request for funds to purchase slots at Temple Dental School and student financial assistance was included in the Governor's recommended budget and will go to the General Assembly.

The DIDER Board is exploring the development of a relationship between the University of Delaware and Temple University so that on the under-graduate level students interested in entering Temple University Dental School can enroll in particular coursework that will prepare them dental school on an expedited basis.

The need to update the *Dentists In Delaware* report was discussed. It will be released shortly.

There are currently eight residents in resident training at Christiana Care. Three residents took their exam, passed it and plan to practice in Delaware.

The request for funds for Temple and student financial assistance was included in the Governor's recommended budget.

The *Dentist In Delaware* report will be issued shortly.

Delaware Institute of Medical Education & Research (DIMER)

At its last Board meeting there was much discussion on the subject of the need for midlevel and allied health professionals and the need for some kind of activity to identify and project what those needs are and will be. The Board is very supportive of the Commission's health professional workforce data gathering project.

Health Professional Data Gathering

A meeting will be held in February of representatives of State agencies currently collecting health professional data to determine what activities are currently taking place, how or if they can be coordinated. This information will serve as the basis for a kick-off meeting of the committee.

Action: Delaware State Loan Repayment Program

The Loan Repayment Committee reviewed several policies at its January 12, 2006 meeting, and has made the following recommendations. The DIDER Board met on January 17, 2006 and the DIMER Board met on January 25, 2006 to take action on these recommendations.

1. Review of the 20% Medicaid patient population requirement for dentists

Existing requirement states-

- Dentists must agree to maintain a dental practice patient population comprised of a minimum of at least 20% Medicaid patients (Delaware reimbursement rate is 85% of usual and customary charges) and/or low income (<200 FPL) dentally uninsured patients who will be provided services at reduced rates or free of charge.

Recommendation

The Committee and DIDER recommend the following amended requirement-

- Dentists must agree that a minimum of 20% of their scheduled appointments will be comprised of Medicaid patients and/or low-income (<200 FPL) dentally uninsured patients who will be provided care at reduced rates or free-of-charge. Low-income patients may include participants in the Nemours Dental Outreach program and the Vocational Rehabilitation program through the Division of Public Health.

Program administrators will follow-up in depth approximately twice per year to verify that an appropriate amount of Medicaid and low-income patients are being seen.

At the last DIMER Board meeting discussion was held on the subject of the need for midlevel and allied health professionals and the need for data.

2. Addition of a similar policy for other loan repayment clinicians

Recommendation

The Committee and DIMER recommend that all participating loan repayment physicians (including medical oncologists and pediatric psychiatrists) and the sponsoring physicians of loan repayment physician-assistants be required to participate in the Voluntary Initiative Program (VIP) sponsored by the Medical Society of Delaware. VIP is a network of private physicians statewide who accept Community Healthcare Access Program (CHAP) patients into their practices and serve as their health home or provide medical subspecialty services. CHAP recipients receive discounted medical services based upon their income.

3. Addition of a requirement that all participants (clinicians and sites) have no prior felony convictions as a condition for participation in SLRP.

Recommendation

The Committee, DIDER, and DIMER recommend the addition of this requirement and Stewart Drowos, DIMER and DIDER Deputy Attorney General, is working on language to insert in the clinician and site applications. This “no felony conviction” provision would apply regardless of whether or not a clinician’s professional license was reinstated.

Chairman Carney questioned the status of someone who receives a pardon for the Governor. The way the law works, the felony conviction does not leave the record, it is pardoned. This question will be forwarded to Mr. Drowos.

4. Policy for contract extension limitations

Recommendation

The Committee, DIDER, and DIMER recommend that loan repayment award extensions be limited so that clinicians may receive loan repayment up to a maximum of four years.

Initial contract- minimum- 2 years
maximum- 3 years

Possible contract extensions= 1- 2 years depending on the length of the initial contract.

In other words, after completing an initial 2-3year contract, a clinician may apply to receive an extension, up to a maximum of four years participation in the loan repayment program.

Language inserted will make it clear that anyone applying for an extension will be “put back in the pool of all new applicants at that time” and will have to be re-evaluated based on other applications. There is no guarantee the extension application will be granted.

5. Award thresholds for mid-level practitioners

Twelve new specialties were recently added to the list of eligible clinicians for loan repayment. Many of these health professionals are “mid-level” practitioners who would not incur the same amount of educational debt as advanced-degree practitioners.

Recommendation

The Committee, DIDER, and DIMER recommend that loan repayment clinicians be designated as advanced-degree practitioners and mid-level practitioners for the purpose of determining awards. They suggest that awards for mid-level practitioners be limited to \$17,500 per year, or a maximum of \$35,000 for a two-year contract.

Advanced-degree Practitioners

Physicians (MD and DO)

- Family Medicine
- Osteopathic Practitioners
- Internal Medicine
- Pediatrics
- Obstetrics & Gynecology
- General Psychiatry

Dentists (DDS and DMD)

Medical Oncologists

Pediatric Psychiatrists

Mid-level Practitioners

Registered Clinical Dental Hygienists

Certified Nurse Practitioners

Certified Nurse Midwives

Primary Care Physicians Assistants

Clinical or Counseling Psychologists

Psychiatric Nurse Specialists

Licensed Clinical Social Workers

Mental Health Counselors

Licensed Professional Counselors

Marriage & Family Therapists

ANNUAL REPORT & STRATEGIC PLAN

Approval was postponed as there was no quorum.

INFORMATION & TECHNOLOGY

Delaware Health Information Network (DHIN)

Request for Proposal

The RFP Workgroup is in the process of reviewing the DHIN request for proposal (RFP) to build the Utility. The Executive Committee has authorized release of the RFP upon final review

by the appropriate DHIN committees and membership. The RFP is expected to be released on February 21, 2006.

On January 26, DHIN released a pre-bid announcement for its impending RFP. The pre-bid announcement informed potential respondents to the RFP about the minimum requirements for the RFP and to give them the opportunity to secure teaming agreements.

Financing

A cost model has been developed that follows the DHIN implementation strategy. The costs are broken down into one-time and ongoing expenditures for a four year period.

Operations

An executive assistant will be added to the Advances in Management contract for the third year of the contract. This resource will support the DHIN through to support the current committees as well as the two additional committees to be formed, which include the Finance and Provider Advisory Committees. Other responsibilities will consist of supporting the vendor selection process, helping develop DHIN policies and procedures, and support reporting activities to the Agency for Healthcare Research and Quality.

The DHIN Board met on January 30, 2006, from 3:00 to 5:00 p.m. at Delaware Technical and Community College, Terry Campus. The Board received an overview of the RFP and financial plan as well as discussed the need for a retreat as they prepare to implement the Utility.

Next 30 days

- Release the RFP
- Secure commitments for financial support to implement the Utility
- Continue to define the DHIN operational model

OTHER BUSINESS

Health Resources Board

Chairman Carney again asked for volunteers from the DHCC to serve on the Health Resources Board.

Sarah McCloskey updated Commissioners on activity of the Health Resources Board. A meeting was held on January 26, 2006. The Board approved expansion plans for the Rockford Center. They will be adding a one-story, 16 bed, psychiatric unit. It will be 6700 square feet and will be considered a flexible ward than can be sectioned off based upon need.

Gina Perez, Project Director, updated the Commission on DHIN activities.

Chairman Carney is seeking volunteers from the DHCC to serve on the Health Resources Board.

Sarah McCloskey updated Commissioners on activities of the

Joint Finance Committee Budget Hearing

Paula Roy reports that the Delaware Health Care Commission will go before the Joint Finance Committee 11:30 a.m. on Wednesday, March 1, 2006 for its Budget Hearing.

Office Move

The Delaware Health Care Commission office will be moving to the Haslet Armory on February 14, 2006. The new address is:

Delaware Health Care Commission
Haslet Armory, Suite 202
122 William Penn St.
Dover, DE 19901
Phone number: 302-672-5187

PUBLIC COMMENT

Jim Lafferty, Mental Health Association of Delaware, commented on the increased bed space at the Rockford Center. A number of people are concerned about inpatient beds for children are happy that Rockford is expanding. They have been extremely helpful in trying to provide beds as needed for children. In Kent and Sussex counties, St. Jones Behavioral Health no longer has an inpatient service for children so there is no real “net increase” in bed. Hopefully St. Jones will be able to provide some inpatient services in the future.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held at 9:00 a.m. on **THURSDAY, MARCH 2, 2006** at the Delaware Technical and Community College Conference Center, Terry Campus, Room 400B.

ADJOURN

The meeting adjourned at 10:55 a.m.

Health Resources Board.

The Delaware Health Care Commission is moving to the Haslet Armory on February 14, 2006.

Next Meeting

The next meeting is 9:00 a.m. on Thursday, March 2, 2006 at the Delaware Tech Terry Campus Conference Center, Room 400B.

GUESTS ATTENDING

Jack Akester, Consumer Advocate

Joy Blaiser, EDS

Judy Chaconas, Bureau of Health Planning, Division of Public Health

Melissa Flynn, Delaware AHEC

Robert W. Frelick, MD, Medical Society of Delaware

B. Michael Herman, Coventry Health Care of Delaware

Kay Holmes, Division of Medicaid and Medical Assistance

Jim Lafferty, Mental Health Association of Delaware

Lolita Lopez, Westside Health Center

Miranda Marquez, Division of Vocational Rehabilitation

Sheila Nutter, EDS

Gina Perez, Advances in Management

Suzanne Raab-Long, Delaware Healthcare Association

Rosa Rivera, Henrietta Johnson Medical Center

Duane Taylor, Mid-Atlantic Association of Community Health Centers

Jose Tieso, EDS

Diane Treacy, Planned Parenthood of Delaware