

**DELAWARE HEALTH CARE COMMISSION
SEPTEMBER 1, 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; A. Richard Heffron; Rita Landgraf, Secretary, Delaware Health and Social Services; Kathleen S. Matt, PhD; Janice E. Nevin, MD; and Dennis Rochford

Commission Members Absent:

Karen Weldin Stewart, Insurance Commissioner, and Vivian Rapposelli, Secretary, Services for Children, Youth and Their Families

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 JUNE 2, 2011

After a motion by Dr. Janice Nevin and seconded by Ted Becker, the minutes of the June 2, 2011 meetings, were approved by a vote of the Commissioners.

RESEARCH & POLICY DEVELOPMENT

Affordable Care Act

Health Benefit Exchange Project – Update

Crystal English, DMMA senior Administrator, presented an update on behalf of Public Consulting Group (PCG), who were unable to attend in the aftermath of Hurricane Irene (this presentation will be made available on the DHCC web site: <http://dhss.delaware.gov/dhss/dhcc/presentations.html>)

Key accomplishments made to date include:

- Completed technical assessment of current environment and future requirements to support the Exchange
- Explored several alternatives to leverage existing public and private resources
 - Private Exchange solutions
 - Innovator states solutions
 - Federal Exchange continues to have little information available
- Met with commercial carriers to collect and assess data on Delaware insurance markets
- Completed analysis of Delaware policy and insurance regulations with proposed rules to identify potential conflicts
 - Essential Health Benefits are not yet defined and expect further rules/clarification

Action Items

Action

Commissioners approved the June 2, 2011 DHCC meeting minutes.

On behalf of PCG, Crystal English presented an update on the Delaware Health Benefit Exchange Project.

- Facilitated three focus groups in August
 - Small Group – Provider – Consumer Advocacy

Findings and Recommendations:

1. Establish a State administered Exchange with the power and authority required by the Affordable Care Act.
2. Prioritize the coordination with Medicaid and CHIP - eligibility and enrollment is the key!
3. Prioritize changes needed to incorporate financial oversight and authority for regulation of the Exchange - particularly related to fraud investigations and financial management review
4. Evaluate the current Delaware insurance mandates as part of the Benefits Assessment
5. Consider the privacy and security framework at the time the Exchange governance and operations are complete.
6. Assure public accountability and transparency by expressly incorporating (in statute or Executive Order the reporting requirements for price, quality, benefits, consumer choice and other factors deemed necessary for evaluating insurer performance
7. Promote efficiency by assuring Delaware the authority to enforce the federal standards for insurers regarding marketing , network adequacy, accreditation for performance measures, quality improvement and reporting and uniform enrollment procedures.

The key focus of the next 30 days is submission of the grant application for Level 1 additional funding to continue the planning aspects of the Exchange.

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

A more detailed report on the Delaware Exchange Project by PCG will be presented at the October 6, 2011 Delaware Health Care Commission meeting.

Discussion

Dr. Nevin said she understands that a regional Exchange becomes too complicated because of varying insurance regulation crossing state lines but thought the “back office” information would be shared among states.

Secretary Landgraf said the decision of what Exchange Delaware will be using has not yet been determined.

Bettina Riveros added that the Committee is evaluating what the Exchange options are and is going through a review process.

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

***Delaware Department of Insurance Activities
Premium Rate Review - Update***

Paula Roy reported key issues in the Affordable Care Act is how insurance premium increases would be addressed at the State and federal levels. The Affordable Care Act has specific criteria that states need to apply in order to maintain authority to review health insurance rate increases at the state level. Delaware Department of Insurance (DOI) has put a system in place to ensure that rate increases are not “unreasonable,” as specified in the ACA and in forthcoming regulations. Over the months, the DOI has been working on its own regulations so the State would retain its authority to review premium increases.

In the beginning of July, Commissioner Karen Weldin Stewart received a letter from the federal Department of Health & Human Services, Centers for Medicare & Medicaid Service, Center for Consumer Information and Oversight (CCIIO), and confirmed that, based on its review of Delaware’s laws, regulations and bulletins, it has determined that Delaware has an Effective Rate Review Program in all markets. Over the following months, DOI’s designated contact will be trained in securing access to the CMS web-based rate review system for DOI staff.

The letter to Commissioner Stewart from the Center for Consumer Information and Insurance Oversight is attached to these minutes.

There would be significant disruption if some insurance premium rate reviews and increases were handled by the federal government and others at the State level. It was agreed by all involved that to have those processes in one State agency, under Delaware purview and control, is desirable.

There are still 10 states that have not received that federal approval. DOI is very confident that its approval is permanent.

On another note, federal subsidies for COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage have been discontinued. COBRA gives workers and their families who lose health benefits the ability to continue group benefits at their own cost for a limited period of time.

Ms. Riveros added that Delaware is utilizing the federal High Risk Pool. In late Spring 2011, the High Risk Pool provided a substantial premium reduction of about 40 percent for people with pre-existing conditions who had been without health insurance for at least six months. She encouraged people to spread the word about the Pre-Existing Condition Insurance Plan (PCIP). More information about PCIP is available on the federal website: <https://www.pcip.gov/>.

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Rich Heffron asked Secretary Landgraf what people without health insurance, who have entered the program, are doing during that six month period? Secretary Landgraf answered that DHSS usually refers them to the CHAP.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Patient Centered Medical Homes and Workforce Development - Update

Dr. Janice Nevin reported that the discussions are just getting started. The Patient Centered Medical Home (PCMH) is about improving quality and safety of care that is delivered to patients. It is a way of measuring outcomes and using those outcomes to improve care. It is designed to increase the value of care delivered. As quality of care improves, it eliminates waste and should reduce the cost of care. Providers must be paid differently in order for a Patient Centered Medical Home model to be successful. A payer is a vital partner in the design of the Patient Centered Medical Home.

The planning discussions involved Dean Kathleen Matt, Bettina Riveros, Paula Roy and Dr. Janice Nevin. They discussed putting together a group of people with skill sets needed to develop a PCMH; coordinate with other efforts ongoing in the State, and come up with something that can be implemented this year. The relationship with the workforce initiative that Dean Matt is leading is that in the PCMH a physician leads a team of providers. Delaware needs to make sure all of the members of the team are trained to work in this model.

Commissioner Kathleen Matt, Dean of the University of Delaware, College of Health Sciences and Chair of the Health Science Alliance, said that they are engaged in these conversations and ready to respond - looking at the needs throughout the State, and exploring how to respond through the development of curriculum to create a workforce needed for the 21st Century and looking at how to train individuals to work as a team - continue training of the existing workforce through graduate medical education and CMEs. Delaware has the opportunity to become a leader in the country.

Ms. Roy highlighted the discussion points of the two planning meetings held over the Summer:

Identify future vision of health care delivery - "one stop shop" model where all patients' needs are met in one location and focus on prevention, wellness and management of chronic conditions

Re-thinking health professional training to meet the vision of delivery system of future - patient centered medical home and team approach to care delivery.

Risk Pool provided a substantial premium reduction of about 40 percent for people with pre-existing conditions who had been without health insurance for at least six months. COBRA subsidies have been discontinued.

The Patient Centered Medical Home (PCMH) concept is about improving quality and safety of care that is delivered to patients.

Need to allow all health professions to practice at the *top* of their training:

- Improved patient care
- Better professional satisfaction
- Future demand for services cannot be met by primary care physicians alone

Product: Development of a briefing document

Physician supply and distribution; identification of shortage areas

- Primary care
- Family practice
- OB-GYN
- Pediatrics

Dentist supply and distribution

- Shortage areas

Mental Health supply and distribution

- Shortage areas

Physician demographics and comparisons to overall Delaware population projections

Highlights from workforce reports compiled by Health Care Commission

- Allied health professionals
- Educational pipeline

Leading health indicators

Conclusions

Re-thinking training models is essential, but recognition that the improvements in patient care and outcomes from a new training techniques is a long term endeavor

Likewise ultimate benefits of a team based approach to care and patient centered medical home and team approach to care unlikely to be achieved in the short term. Nonetheless, steps must be taken today.

A patient centered medical home pilot should be small and focused. More critical thinking is necessary to define scope.

Payment reform is a critical component of a successful pilot

Workforce development activities should coordinate with other similar initiatives such as DIMER and DIDER, Health Science Alliance, among others

More discussion is needed to sharply define intersection and separation of two initiatives

Additional thinking to indentify critical partners

To provide background information on existing data, staff produced a briefing document for members Bettina Riveros, Dr. Janice Nevin and Dean Kathy Matt that draws from currently known information: where health professional shortages are, current physician supply looks like in terms of age, race and ethnicity and how that compares to the State’s current population and projections in 2020 and in 2030. Judy Chaconas was also helpful by developing data on the State’s leading health indicators for the Committee.

The briefing document will be made available on the DHCC website: (<http://dhss.delaware.gov/dhss/dhcc/presentations.html>). Secretary Landgraf said as the Workgroup Committee continues its work, that document could be the beginning point as to where Delaware is. It will be very important to educate the public relative to where Delaware is and how do we want to advance this workforce development since it is such a critical piece of the Affordable Care Act. It will ground that

it a geographic area or a chronic care disease area.

Ms. Roy recommended that people look at the Delaware Public Policy Institute report that will be posted on the DHCC website with the June meeting minutes.

Ms. Riveros extended an invitation to Commissioners and the public interested in participating in the Workforce Development Committee to contact her or Paula Roy.

Jim Lafferty of the Delaware Mental Health Association asked if the study included psychiatry and Ms. Roy answered yes, the Committee had the study, *Supply and Demand for Mental Health*.

Dr. Nevin added that ultimately, the needs of the community should help guide how health care is delivered. There is very clearly a huge need when it comes to mental health and she doesn’t think the results will be successful unless it is included.

Secretary Landgraf agreed that integrating mental health is critical.

Ms. Riveros noted that Medicaid has received federal funding to develop a Patient Centered Medical Home model for Medicaid enrollees with chronic conditions, being done under Secretary Landgraf.

The briefing document will be made available on the DHCC website: (<http://dhss.delaware.gov/dhss/dhcc/presentations.html>).

Ms. Riveros extended an invitation to Commissioners and the public interested in participating in the Workforce Development Committee to contact her or Paula Roy.

Mr. Lafferty said there is a study group led by Lt. Governor Matt Denn looking specifically at children and Sussex County. This will all come together and fit nicely.

Dennis Rochford asked about the status of University of Delaware project at the Chrysler Plant, involving Christiana Care and Jefferson. Dean Matt answered that it is moving forward. The demolition should be completed around the end of the year. The Administration Building is still there and architects are working on its redesign and will be done by the end of December. Moving into the former Administration Building will be the Physical Therapy Clinic, which will double in size, the Nursing Clinic, Occupational Health, which will be expanded to Primary Care and a small Clinical Research Center in anticipation of workforce needs in the area of gerontology. If the dollars can come into play, the renovation could be done in 18 months. If you look at all of the things covered in the College of Health Sciences, it is really a medical home. Developing that as a center to train individuals to work as professional teams is being discussed.

Dr. Nevin said the Health Science Alliance is very strong. This year it started the fledgling Clinical Campus in Delaware so third year students from Jefferson are selected to spend their clinical years on Campus somewhere in Delaware. There are eleven third year students who have opted to do that. They will do their core clerkships at Christiana and DuPont. The plan is to evolve that and become an accredited clinical campus and the number of physician trainees within the State.

Dean Matt said the plan at the Chrysler site that dovetails beautifully with that is building right on the site where medical students could live-in and build classrooms. They will be doing their clinical training at Christiana and at the same time with nurses, nurse practitioners, pharmacists and physician assistants.

Rich Heffron asked if the Center also offer specialty areas like pediatrics and geriatrics. Dean Matt said with 273 acres of land on the Chrysler site all of the programs in Health Science would eventually move there over the years.

Dean Matt added the caveat that all the development depends on finding sufficient funding.

Ms. Riveros asked Dean Matt if, at some point she would present information on the College of Health Sciences to the Commission.

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State Loan Repayment Program

American Recovery and Reinvestment Act of 2009 (ARRA) Retention and Evaluation Activities Grant

Ms. Roy said the Commission staff collaborated with the Division of Public Health (DPH) to submit an ARRA grant application in August focused on retention of ARRA funded National Health Service Corps and State Loan Repayment Program clinicians and on the evaluation of these recruitment programs. There are currently 78 loan repayment recipients practicing in Delaware. Funding would be utilized over a two year project period of September 30, 2011 to September 29, 2013.

Recruitment and Retention Conference: Strengthening the Provider Workforce During Healthcare Reform will be held at the Duncan Center in Dover on Monday, September 12, 2011. Brochures containing conference registration information were distributed to Commissioners, the DIMER and DIDER Boards and made available to the public. The conference is an important component of helping with workforce needs. Space is limited to 100 attendees and there are still openings available.

Delaware Institute of Medical Education and Research (DIMER) and Delaware Institute of Dental Education and Research (DIDER) Tuition Assistance

In this fiscal year's budget crisis, funding was eliminated for tuition assistance to Delaware students attending Jefferson, Philadelphia College of Osteopathic Medicine and dental students attending Temple University. Delaware Insurance Commissioner Karen Weldin Stewart was able to secure a transfer of funds from her office to the Health Care Commission so funding could be restored and transfer was made to the schools. The schools are very grateful for that funding.

Dr. Nevin added her thanks to Commissioner Stewart. It cannot be underestimated how important that is to those schools. Eliminating those funds causes the schools to have some accreditation risks because they have to demonstrate they provide a certain amount of financial assistance to the students. Sometimes we don't fully understand the implications of decisions that are made.

Ms. Riveros asked Dr. Nevin and Dean Matt to assist in providing a summary of the values and importance of DIMER and DIDER this fall at the budget hearings.

UNINSURED ACTION PLAN

La Red Health Center in Georgetown was successful in establishing a satellite location in Seaford. Under funds made available through the Affordable Care Act, La Red was awarded new access point

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Under funds made available through the Affordable Care Act, La Red was awarded new access point funding for Seaford in

funding for Seaford in the amount of over \$270,000.00 to make that a permanent new site. Western Sussex is a health professional shortage area.

Westside Family Healthcare was able to step in and fill the void following the closure of the Kent Community Health Center in Dover, operated by Delmarva Rural Ministries. The Dover site opened on August 10.

CHAP update - Jill Rogers

The transition of CHAP to the Division of Public Health has been accomplished, the contracts continued without interruption and services continued over July 1. The hospitals, Hewlett Packard, FQHCs, DHCC staff and the Medical Society were very helpful in the transition. Work is continuing on the IT changes that will allow full system integration.

Over the 6-7 weeks through August 23rd, over 360 people were identified who were enrolled in CHAP but not enrolled in Screening For Life; thirty or forty people who were enrolled but inactive in Screening For Life, and more than 75 people with diabetes were connected to the self-management classes.

Specific Health Care Issues

Senate Bill 137 was passed by the Senate and House and signed by the Governor.

The legislation asks the Health Care Commission to study the issue of Specialty Tiered Drug Pricing. The study needs to be completed and a report submitted by March 15, 2012. (Senate Bill 137 is attached to these minutes and will be made available on the DHCC website: <http://dhss.delaware.gov/dhss/dhcc/presentations.html>).

Many employee health plans structure their prescription drug benefits in "tiers." Tier 1 drugs are usually limited to generic drugs, the lowest cost drugs. Tier 2 may have a higher co-pay and is usually comprised of brand name drugs but are on the plan formulary. Tier 3 are the more expensive brand name drugs and have a higher co-pay. Some employers have also established a fourth tier. Tier 4 is also called specialty drugs. These drugs are so expensive that the co-pay for these drugs presents financial difficulty for the consumer.

This issue has come to the attention of enough State Legislators that they would like the Commission to look at this issue and submit a report on its impact on access to care. By next month the Commission should have some perspective on how to organize itself to produce this report.

the amount of over \$270,000.00 to make that a permanent new site.

Westside Family Healthcare opened a center in Dover on August 10, filling what would have been a void created by of the closing of Kent Community Health Center.

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Dr. Nevin said this is a very complex issue and believes the Commission could include an ethicist when developing the report.

Ms. Riveros suggested it would be helpful having a presentation in October by an ethicist and Dr. Nevin added including representatives from large employers.

OTHER BUSINESS

Sunset Review

At the time of the June Commission meeting, notice was received that the Joint Sunset Committee selected the Commission for Sunset Review next year. Sunset Review of the Delaware Health Information Network was just completed. The Commission was previously reviewed in FY 2004. The published Sunset Review schedule was distributed to Commissioners in their meeting materials and is attached to these minutes.

In June, the Joint Sunset Committee selected the Commission for Sunset Review.

Delaware Health Care Commission FY 2013 Proposed Budget

Ms. Roy said all the numbers on the proposed budget are unchanged and a placeholder was included for tuition assistance for Delaware students at Temple University School of Dentistry, Jefferson Medical College and Philadelphia College of Osteopathic Medicine.

The numbers on the 2013 Proposed Budget for the Delaware Health Care Commission FY are unchanged and a placeholder was included for tuition assistance

Dr. Nevin said she is focused on the tuition assistance being unchanged for many years. If there were some perspective on the (tuition assistance) history going back 10 years, 5 years and then what the current budget is moving forward - this Committee needs to think and talk about is this where they want to keep it.

Mr. Becker said it might be helpful to indicate there was a request for increase made a few years ago.

Dean Matt asked that a DHCC budget history of the past five to ten years be brought to the October meeting to show some perspective and to compare to the proposed FY13 budget.

Dr. Matt said Robert Barchi, M.D., Ph.D., President of Thomas Jefferson University, has announced he will be stepping down and a new president will be selected. As Dr. Matt works with Jefferson through, she sees they are very committed to the DIMER program but repeatedly hears messages from them about \$1,000,000.00 for 20 slots. This last year 60 Delaware students applied for 20 slots to get into medical school - those are incredible odds to get into medical school. That is an incredible partnership but Delaware also has to think about being a good partner.

Robert Barchi, M.D., Ph.D., President of Thomas Jefferson University, has announced he will be stepping down and a new president will be selected.

Dr. Nevin said there are 10,000 applications for 200 slots to enter Jefferson.

PUBLIC COMMENT

Dr. JoAnn Fields asked when the Department of Insurance transferred money for tuition assistance.

Ms. Roy said it was exactly the amount of the gap - \$480,000.00 for DIMER and \$27,500 for DIDER. Secretary Landgraf clarified that the money was not operational funds and Commissioner Stewart had discretion on its spending.

Finance Secretary Tom Cook said it was a one time fix and suggested it might be advantageous for Dr. Nevin and Dr. Matt to be available for the budget presentation in November so that the Budget Office and OMB understands the importance and the history.

Joann Hasse, League of Women Voters, wanted to know who is on the Planning Committee for Patient Centered Medical Homes.

Ms. Roy responded that the only meetings held over the summer were planning meetings among Commissioners and that no committee has been established yet. The Commissioners involved were Dean Matt, Dr. Nevin, Bettina Riveros and Paula Roy.

Ms. Hasse hoped the Planning Committee would consider adding Nurses.

Ms. Hasse said years ago there was a large committee of 30 – 35 people that looked at Primary Care and reviewed the DIMER program. The process was very good and informative. Each member was very knowledgeable within their silos. It is noteworthy because significant learning took place at each meeting and eventually everyone gained a greater understanding of the relationship surrounding DIMER. That Committee's report might be worth using.

Ms. Hasse said in raising money for the Chrysler site, Delaware needs a location that is going to promote medical education and prevention far more than it needs a new law school.

Dr. Frelick suggested that there be a hand microphone on each side of the table and have someone take a microphone around to speakers so the audience can hear the important things being said.

Ms. Riveros acknowledged that Dennis Rochford has been re-appointed to the Commission by the Speaker of the House for another four year term and the Commission is thrilled to have his continued input.

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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 10:35 a.m.

**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.

GUESTS

Thomas G. Bastholm, OD	Delaware Optometric Association
Monica Boothe	Pfizer
Rebecca Byrd	The Byrd Group
Judy Chaconas	DHSS/DPH
Jeanne Chiquone	American Cancer Society
Barbara DeBastiani	Wheeler and Associates
Chris DiSanto	Connection CSP
Crystal English	DHSS/DMMA
Tom Ferry	
Dr. JoAnn Fields	Family Practice Physician
Dr. Robert Frelick	Medical Society of Delaware
Debbie Hamilton	Cozen O'Connor
Joann Hasse	League of Women Voters
Cheryl Heiks	Cozen O'Connor
Jon Kirch	American Heart Association/American Stroke Association
Jim Lafferty	MHA
Matthew Meehan	Pfizer
George Meldrum	Nemours
Sarah Noonan	Westside Family Health
Dwayne Parker	DPCI/Delaware Physicians
Rosa Rivera	Henrietta Johnson Medical Center
Jill Rogers	DHSS/Division of Public Health
Julie Saville	MeadowWood
Jose Tieso	Hewlett Packard
Mark Thompson	Medical Society of Delaware



200 Independence Avenue
SW Washington, DC 20201

July 1, 2011

Honorable Karen Weldin Stewart
Commissioner
Delaware Department of Insurance
841 Silver Lake Boulevard
Dover, DE 19904

Re: Effective Rate Review Program Determination

Dear Commissioner Weldin Stewart:

Section 2794 of the Public Health Service Act, as added by the Affordable Care Act requires the Secretary of Health and Human Services, in conjunction with the States, to establish a process for review of "unreasonable increases in premiums for health insurance coverage." The final rule implementing section 2794, at 45 C.F.R. 154.210(b), provides that the Center for Medicare & Medicaid Services (CMS) will adopt a State's determination regarding the reasonableness of a proposed rate increase if the State meets the criteria for an effective rate review program listed in 45 C.F.R. 154.301. These include:

1. Has the authority to collect the information and perform the analysis described in 154.301(a),
2. Provides access from its Web site to Parts I and II of the Preliminary Justifications for the proposed rate increases it reviews;
3. Provides a means for public input on proposed rate increases; and
4. Provides to CMS its final determination as to whether a rate increase is unreasonable within five days of the determination.

The Center for Consumer Information and Insurance Oversight (CCIIO) reviewed Delaware's laws, regulations, and bulletins, and confirmed with your agency that it will conduct reviews in accordance with the criteria set forth in the regulation. Based on this information, we have determined that Delaware has an Effective Rate Review Program in all markets.

As a next step, we ask that you send an email to ratereview@hhs.gov stating the name and contact information of the person who will serve as the liaison between our office and yours for rate review program matters. During the month of July, CCIIO will notify your contact person of procedures to follow for scheduling training sessions and securing access to the CMS web-based rate review system for your staff.

We applaud your efforts to provide an effective rate review program for your State's insurance consumers that meet the criteria outlined in the Affordable Care Act. Many States' laws and programs exceed the standards set forth in the ACA and our regulations, and we encourage all States to continue their efforts to ensure that rates charged to health insurance consumers in their State are reasonable.

Sincerely,

Steve Larsen, Director
Center for Consumer Information and Insurance Oversight

Delaware Health Care Commission
Meeting Minutes
September 1, 2011

This space is for Senate Bill 137, page 1

This space is for Senate Bill 137, page 2

Joint Sunset Committee (JSC) Sunset Review Process Timeline

<i>June</i>	Entity notified of sunset review.	
<i>July to Dec.</i>	Sunset staff researches Entity and compiles draft report: • Entity completion of Performance Questionnaire.	
<i>January</i>	JSC convenes and schedules public hearings. Draft report distributed to the Entity.	PUBLIC COMMENT ACCEPTED
<i>Feb / March</i>	Public Hearings.	
<i>March / April</i>	JSC Recommendation Meetings.	
<i>May / June</i>	JSC finalizes recommendations. Preparation of Final Report. Statutory recommendations legislation introduced.	
<i>PROGRESS AND IMPLEMENTATION UPDATES</i>		
<i>September</i>	First progress report due.	
<i>December</i>	Second progress report due.	
<i>April</i>	Third progress report due.	
<i>May / June</i>	JSC reviews progress reports. Vote to release Entity from JSC review upon completion of recommendation implementation.	

*** This schedule subject to change.**

Delaware Health Care Commission Proposed Fiscal Year 2013 Budget

Fiscal Year 2013 General Fund

Delaware Institute of Dental Education and Research (DIDER)

Temple University School of Dentistry	\$250,000
Tuition Assistance	27,500
General Practice Residents Support	148,000
Loan Repayment Program	<u>90,000</u>
Subtotal	\$515,500

Delaware Institute of Medical Education and Research (DIMER)

Jefferson Medical College	\$1,000,000
Philadelphia College of Osteopathic Medicine	250,000
Tuition Assistance	480,000
University of Delaware	50,000
Christiana Care Health System	200,000
Loan Repayment Program	<u>150,000</u>
Subtotal	\$2,130,000
Grand Total	\$2,645,500

Fiscal Year 2013 Health Fund

\$57,100 for personnel costs of one full time employee to provide assistance to the Health Care Commission in one of its key initiatives – assuring an adequate supply and distribution of health professionals to meet the needs of Delawareans.