MAAC Chairman Nick Watsula, Director of Medicare and Medicaid, UPMC for You, Pittsburgh, called the meeting to order shortly after 10:00 a.m. During the meeting, 14 MAAC members and Sec. Beverly Mackereth of the Department of Public Welfare (DPW) were in attendance. Several DPW staff members were in the audience along with approximately 50 people who were staff members from the House and Senate Appropriations Committees of the General Assembly, a variety of professional associations, health care businesses, lobbyist firms, and federal agencies, including the Centers for Medicare and Medicaid Services (CMS) in the US Department of Health and Human Services (HHS).

MAAC Chairman Watsula and fellow MAAC members quickly approved the minutes for the MAAC meeting on July 25, 2103, and turned their attention to DPW Secretary Mackereth. Chairman Watsula stated indicated that the meeting was now at the “heart of the agenda” gave the floor to the Secretary to talk about Healthy Pennsylvania which is the program proposed by the Commonwealth in response to the federal Affordable Care Act (ACA). For the next hour and more, the Secretary outlined the components of Healthy Pennsylvania and responded to questions.

Sec. Mackereth began by saying “good morning” to which almost every voice in the room replied in unison with a friendly “good morning” to the Secretary. She began her talk by stressing that “this is the beginning of a roll out of a comprehensive strategy to address health care in Pennsylvania.” Sec. Mackereth said there is no document “written in stone” and that DPW was bringing it to MAAC and the audience for their input, ideas, suggestions and questions. She declared “that’s the key to today to get whatever information you can share with us based on what we share with you.”

Sec. Mackereth said that the Commonwealth submitted a “concept paper” to the federal government. It will remain a concept paper according to the Secretary until they submit a “Section 115” waiver demonstration project application to the federal government. See CMS federal regulations on this process at http://www.gpo.gov/fdsys/pkg/FR-2012-02-27/pdf/2012-4354.pdf.

The Secretary indicated that the federal government was excited about the Pennsylvania proposal and there were pieces in the proposal that the federal government wants to see if it works and if it does work whether they can be expanded to other states. As everyone is aware, Sec. Mackereth stated, the Administration was “looking for a Pennsylvania solution.” Our state has a “wealth of health care resources” according to Sec. Mackereth. Pennsylvania has managed care for physical health and behavioral health across the state, and for this reason, Sec. Mackereth declared that “we are much further ahead than many states who are looking to do what we’ve already done.”

Sec. Mackereth said it was important to recognize Governor Corbett is and has been consistent in affirming that more Pennsylvanians need to have access to quality, affordable health care. The Secretary used a six-page PowerPoint presentation to summarize the concepts of the Pennsylvania ACA proposal. A copy of the presentation on “Healthy PA” is attached.

The three key priorities for Healthy Pennsylvania highlighted by Sec. Mackereth, are improving access, ensuring quality; and providing affordability. The Secretary described it as a “comprehensive strategy” and declared, “it is not good enough to say ‘here’s a card everybody,’ that doesn’t get us where we need to be.”
In discussing the priority of “improving access,” Sec. Mackereth noted that 95 percent of Pennsylvania children are covered by some form of health care insurance. She said that we are one of the highest percentages. But, she added there is no excuse why any child should not have health insurance. Regardless of whether it is Medical Assistance, CHIP or private, the Secretary said that one goal is for every child to be insured.

As a part of this program, the Secretary said there would be an outreach effort. She mentioned that when she was a member of the Pennsylvania House of Representatives, you couldn't see a bus go by that didn't have an announcement about health insurance. However, things have changed and we need to get back to creating greater public awareness.

Sec. Mackereth noted that currently there is a mandatory CHIP six month waiting period. She said that the new proposal will get rid of the waiting period. She also mentioned that there was legislation now before the General Assembly to make this change.

The second piece to the proposal as presented by Sec. Mackereth is to promote access to primary health care. Again, she returned to the idea of “having a 'card' is not enough” if there are enough primary care physicians available. She discussed how they've been working with the Department of Health and many stakeholders. Through this process, she said that they “learned an awful lot about health care.” For example, she noted that people have better health outcomes if they have a “medical home” whether it be a physical health home or behavioral health home. There is $4 million in the budget, according to Sec. Mackereth, to build new and expanded community-based, primary care health clinics (“medical homes”). She also mentioned federal dollars that could be tapped. The emphasis would be to support clinics in under-served areas and this did not mean must “rural areas.” She said that they also need more “docs” and that part of the proposal includes loan forgiveness programs to incentivize primary health care providers to practice in rural and underserved areas.

Sec. Mackereth referred to “telemedicine” as another method to enhance care delivery through technology by bringing specialty care to underserved areas. A demonstration project, referenced by the secretary, gave them insight into the benefits of telemedicine given that there are not enough specialists to meet the need. In addition, it allows patients to avoid unnecessary and costly travel when they can get a better outcome via an electronic consultation with the appropriate specialist in a distant location. The Secretary stated that a variety of specialties may be accessed through telemedicine including pediatrics, psychiatry (she added that she’s “still trying to figure that one out”) and for specialized treatments for burns, infectious diseases and stroke.

Another part of the package, noted by the secretary, is electronic access to secure patient health records. Your doctor, she said, needs to know when you’re getting treatment elsewhere. She also noted how technology could help seniors and others with their medication administration regimens in their homes.

On the priority to ensuring quality, the secretary discussed support for older Pennsylvanians and persons with disabilities: An additional $68 million was placed into the budget to help older Pennsylvanians and persons with disabilities get off waiting lists and stay in their homes and communities. Sec. Mackereth stated that the governor is very concerned about getting people off waiting lists and getting the services they need. In passing, she stated that ACA does nothing to address waiting lists.

As part of this effort, Sec. Mackereth affirmed the convening of a Long-Term Care Commission to look at everything. The question for the secretary is do we have enough long-term care and home and community based care to meet the needs of the growing senior population.
Sec. Mackereth stated another goal is to promote good public health by hosting a Healthy Pennsylvania Summit to allow people to get together to communicate about what everyone is seeing and different ways to respond to changing needs. Part of the goal is to expand preventative health best practices, and support and expand community-based health partnerships.

Under the goal of ensuring safe and appropriate access to prescription medications, Sec. Mackereth referred to the concern with prescription drug abuse. She said that other doctors need to know what other practitioners are prescribing for the same patients. Concerns over confidentiality, she admitted, would need to be addressed. She mentioned the Office of Attorney General and prescription drug monitoring programs.

Sec. Mackereth also discussed providing more support for the statewide “Drug Take-Back” program. When drugs are no longer being used in homes or residences, Sec. Mackereth indicated that this program provides a way to get the drugs out of patients’ homes, and thereby reducing opportunities for abuse.

In discussing the goal of providing affordability, the Secretary stated that the proposal is continue to reform the state medical liability system with the adoption of the “Apology Rule.” Such a measure would provide doctors with some protection from any apology or indication of sorrow, which they may offer to patients or their families, from used in lawsuits against the doctors. Doctors should have this option especially when they didn’t do anything wrong. According to the Secretary, research shows that an apology helps the patients, their families and the doctors heal.

Sec. Mackereth, next, turned to the topic of reforming the state’s Medicaid (MA) Program. The first goal, she said, is to align Medicaid benefits with private, commercial insurance. The governor’s objective and the instructions he gave, according to Sec. Mackereth, were to examine benefits and costs and to find ways to make the MA program sustainable. She said this doesn’t mean getting rid of benefits but perhaps looking at limits on certain benefits. The goal she claimed is to get back to basics.

Other priorities include cost sharing and individual responsibility. Sec. Mackereth said they want to eliminate copays and replace them with premiums on a sliding scale. She proposed the idea of capping the premium at $25 for adults and $35 for families with two or more adults. The Secretary said “this is a start” and “this is a negotiation.” They believe, if there is a way possible, people should pay something for their health care coverage. Copays would only be used for inappropriate use of emergency rooms. If you went to the emergency room for a cold, they would be charged $10.

In regard to job training and work search, Sec. Mackereth said they believe most people want to work. She talked about how many job search sites are very difficult to use or understand. She referred to the Commonwealth job site “JobGateway.” See www.jobgateway.pa.gov. Sec. Mackereth said that they want to encourage job searching and job training. She said they are looking for ways to build incentives for people by reducing premiums for job seekers and people who reduce their blood pressure, improve their personal health or adopt good health habits. The Secretary asked for ideas, suggestions and feedback.

Under the ACA, Sec. Mackereth said that they got another tool called the “essential benefits package.” The Pennsylvania Insurance Department compared to the state benefits packages and the federal employees benefit package. The Secretary said that they now have a model or national standard for what a benefits package should look like. This will allow for comparisons with private insurance plans.

Another piece of the proposal is reinvesting savings to increase access for uninsured. There are approximately 520,000 people uninsured across the state. The Governor wants to help these uninsured
people according to Sec. Mackereth. They are looking at using private option to enroll “newly eligible” uninsured adults in private health insurance plans through the federal “Exchange” created through the ACA. They want to avoid placing these people on MA.

Sec. Mackereth opened the floor to questions. Alyssa Goodin of the Philadelphia Alliance asked a two-part question about the timeline for Healthy Pennsylvania’s “1115 waiver” and she asked about the benefit packages for behavioral health concerns. Many private insurance policies didn’t cover behavioral health concerns and these patients went to MA. Goodin is concerned about modeling private policies and whether people will receive the behavioral health coverage they need.

The secretary could not give a timeline because there are so many variables but mentioned they are actively involved with CMS and the federal government in moving the plan forward. On the issue of benefits, Sec. Mackereth claimed that they do not want to take away any benefits that are needed and being used now. The secretary invited people to submit suggestions and ideas.

Goodin asked for the best way to submit comments or feedback. Sec. Mackereth and Leesa Allen, DPW Executive Director of Medicaid Programs, referred everyone to the webpages www.pa.gov/healthypa and www.dpw.state.pa.us/healthypa/index.htm (the second one provides an email link for submitting comments).

At this point, the secretary gave the floor to Todd Shamash, Deputy Chief of Staff for the Governor, who was in the audience. He said he was working with Sec. Mackereth on the Health Pennsylvania plan. He, too, referred to the webpage as the place for comments. Next, he said that he thought they would need a “bigger room” because the MAAC would be the “vehicle” and they would be coming back with a side-by-side of the benefits. He said this would be a process and they would bring the details to the MAAC before submitting a waiver. Shamash concluded that this would make for a better process, a better proposal, and a better outcome.

Sec. Mackereth said that they be examining the utilization of benefits, and the system is robust. However, they would not take away from anyone.

MAAC member Eve Kimball, MD, FAAP, Pennsylvania Chapter, American Academy of Pediatrics, asked about coverage for dentistry in the repayment. Sec. Mackereth referred the question to Shamash. He replied that it did include dentistry in the current program. He said he would research the answer.

A member of the audience asked whether DPW had a list of the benefits that are under-utilized. Sec. Mackereth said that this is being analyzed now. She did not have exact information now, but it would be shared in the future.

A MAAC member asked about consumer information and how things would be determined. Sec. Mackereth admitted that she did not have the required level of detail now and would provide it in the future.

MAAC member Vicki Hoak, Chief Executive Officer for the Pennsylvania Homecare Association, asked about the specific timeline for the implementation of the plan. Sec. Mackereth did not have a specific timeline. She said both DPW and the federal government want to implement soon but we don’t want to rush and “get a product that we don’t like.”
An audience member asked for a clarification of the current plans referenced by DPW and the “home/community based waivers.” Sec. Mackereth clarified that they are separate and repeated the guarantee that the benefits, utilization, essential benefit package and other details would be made public.

Another audience member asked for details about the premiums, when they would start and, on the sliding scale, what would people be paying. Sec. Mackereth said that it is a proposal and it may begin around 100 or 150 percent.

Shamash added that in the proposal did not require a premium at 50 percent of the poverty level. Different premiums may be imposed at higher income levels. In addition, both the Secretary and Shamash mentioned that premiums could be eliminated if there is evidence of good healthy behavior.

A member of the audience asked about “point of entry.” DPW staff indicated that either the ACA Exchange site or DPW’s COMPASS (www.compass.state.pa.us/compass.web/CMHOM.aspx) would be an entry point. On the same issue, DPW said that by January 1, 2014, the Exchange should transfer MA eligible applicants to DPW for processing. Sec. Mackereth said that DPW is still working to make the system work. If people may be MA eligible, they should start at the COMPASS site at this point because the Exchange transfer system is not perfected at this time.

MAAC Managed Care Subcommittee Chair Joseph Glinka, Legislative Director, Gateway Health Plan, Pittsburgh, asked the secretary about the role of managed care organizations in the proposal. Sec. Mackereth said that they’d like to see those plans as a part of the private option in the marketplace.

Kimball asked about what happens to the people in the 133 to 138 percent of the poverty level who may not have access to private insurance. Sec. Mackereth said that they will go through the Exchange. Several people entered into the discussion and the Secretary indicated there would be clarification in the future.

An audience member asked about people who become unemployed given the fact that COBRA can be very expensive. DPW staff responded that they could enter the Exchange.

Shannon Mace, Philadelphia Department of Behavioral Health & Intellectual disABILITY Services, asked about the emergency room copayment and what qualifies as an inappropriate use of the emergency room. She wondered about what happens if there was a mental health issue or substance abuse issue.

Both the secretary and Shamash replied that they are still working on this issue. Shamash said that they are still trying to grow the “primary care” resources and they recognize that there are a variety of reasons why someone would need to use the emergency room. Shamash said that the initial decision would be made by the provider.

Lloyd Wertz of the Family Training and Advocacy Center, Philadelphia Mental Health Care Corporation, asked about behavioral health programs being kept at current levels and if that was the intent. Sec. Mackereth gave an affirmative response.

Goodin asked about the work search requirement for people with disabilities and whether there are exemptions. Sec. Mackereth said it was only for people who can work. Goodin asked about the two-year application process for people to be certified as disabled. Sec. Mackereth stated there is a group working on issues relating to these issues and exemptions. She invited people to submit comments.
Betty Simmonds, Rehabilitation and Community Providers Association, asked about the impact on people who are currently working. Sec. Mackereth said the person would report the work.

MAAC member Yvette Long, Philadelphia Welfare Rights, asked about oversight of the proposal. Sec. Mackereth said related to oversight of the Exchange that they are still discussing those issues with the federal government. Long is concerned about people and their appeal rights in the private sector.

MAAC member Minta Livengood, Indiana County Welfare Rights Organization, asked about the workload on DPW county caseworkers. Sec. Mackereth thought the Exchange would reduce the burden on caseworkers.

DPW Deputy Sec. for Medical Assistance Programs Vincent Gordon gave an overview of ACA by going through a PowerPoint presentation. Given the limited time left for the meeting time, Gordon ran through his presentation quickly. A copy of the presentation labeled “ACA 9-26-13” is attached.

Hoak asked about presumptive eligibility. Gordon referred the question to Robert Gardner, Director of the DPW Bureau of Policy, Analysis and Planning. Gardner said that they have a working group studying this issue. The question of who would be included has not been defined. They plan to publish a Bulletin on the issue in mid-October.

Mace asked about the movement of children at the 138 percent level from CHIP to Medicaid. Gordon said they are working to make the transition as smooth as possible and maintain continuity of care. It may not be accomplished by January 1, 2014.

Kimball stated that the benefits to children through Medicaid are far superior to CHIP. The problem is that health care providers who participate in CHIP do not participate in Medicaid. She said that DPW and the Governor should take this opportunity to recruit primary care providers into the Medicaid or MA program. Kimball asked if DPW was pursuing this idea.

Gordon said there is agreement that there is a need for increases in the number of primary care providers in all areas. Kimball said that moving the children to MA would be a “win-win.”

Wertz asked about an opportunity to review the presumptive eligibility proposal before implementation. MAAC members said that there would be opportunity for review.

Glinka asked about timeline for notifying families about possible transitions between CHIP and MA. DPW did not have a specific answer except that it would require an aggressive notification plan.

There was a brief announcement of one staff change in the Office of Medical Assistance Programs.

DPW staff member Brandon Levan gave a presentation about the DPW COMPASS website. Unfortunately, the view of the webpage on the large screen was small and it was hard to see the details discussed by Levan. He also apologized because a test site for the “demo” was “down.”

Hoak asked about whether the Aging waiver was included in the process. DPW staff indicated that DPW would review the application and then contact the applicant for additional questions related to specific waivers.

Levan pointed out how the COMPASS application page is being updated pursuant to the requirement of the ACA. The page will ask questions about tax filings and related issues.
Bernard Lynch, MAAC Vice Chair and Senior Director of Payer Relations and Medical Practice Economics at the Pennsylvania Medical Society, asked about the federal data interaction. Levan described the interaction with some companies and personal identify protections. Lynch expressed concern. Levan indicated information would be double-checked or verified. Gardner interjected that this is an application process. Verifications would be done by DPW.

Gardner announced that the Subcommittee reports would be abbreviated.

Laval Miller-Wilson, Executive Director of and an attorney for the Pennsylvania Health Law Project, and counsel for the Consumer Subcommittee, said that the Subcommittee met yesterday, has concerns about Healthy PA, will submit written comments, and the next meeting would be October 23, 2013.

Lynch noted that the Fee-for-Service Delivery System Subcommittee did not meet. It is scheduled to meet on November 14, 2013.

Hoak said that the Long Term Care Subcommittee had a meeting and later submitted 20 priorities on Health Pennsylvania to DPW.

Glinka said that the Managed Care Subcommittee met on September 12, 2013. They got a behavioral health update. There were concerns about reconvening a provider credentialing work group. He also mentioned matching benefits between CHIP and other plans. He quickly reviewed a number of other issues. The Subcommittee minutes will be online. They will meet again on October 10, 2013.

Gardner noted that DPW is looking for input on four proposed prior authorization guidelines (copies are attached) by October 10, 2013. Six MA Bulletins were published since the last MAAC meeting. They are available on the DPW website.

Chair Watsula announced that the next MAAC meeting will be October 24, 2013.

Click to view the documents distributed at the meeting.