

**Dirigo Health Agency  
Board of Trustees  
Minutes of Meeting  
Monday, November 8, 2010**

The Dirigo Health Agency Board of Trustees held a meeting Monday, November 8, 2010.

Chair Beal convened the meeting at 9:08 AM in the Dirigo Health Agency Boardroom located at 211 Water Street in Augusta.

Other Board members in attendance: Joseph Bruno, Sara Gagne Holmes, Marianne Ringel, Dr. Edward David, Gary Reed, Frank O'Hara, Mary Anne Turowski, Trish Riley, and David Lemoine. Also in attendance: Karynlee Harrington, Executive Director of the DHA and William Kilbreth, Deputy Director of the DHA.

The Board unanimously approved the minutes from the October 18, 2010 meeting.

**Governor's Office of Health Policy and Finance Update-Trish Riley**

Ms. Riley reported that she spoke briefly with a member of Governor Elect LePage's transition team and will speak further with them in the future. Transition books will be prepared by all agencies and submitted by the Governor to the Governor Elects transition team.

Ms. Riley added that the Board terms will continue. The most changes will be in the Ex-officio members.

Ms. Riley expects her last day to be January 5, 2011.

Ms. Riley further stated that any changes to the legislative responsibilities of DHA would require legislative action which includes public hearings.

Ms. Riley reported that the work to develop a plan to implement the Affordable Care Act in Maine continues. The Health Reform Steering Committee and the Advisory Council on Health Systems Development will continue to meet.

The Health Reform Steering Committee will meet on November 9<sup>th</sup> to discuss the future of the Dirigo access payment, public health, and quality in the context of National Health Reform. The Advisory Council on Health Systems Development (ACHSD) will meet on November 19<sup>th</sup>. A written report with recommendations will be released December 8<sup>th</sup>. The Steering Committee and ACHSD will hold a public hearing on the report December 14<sup>th</sup>. ACHSD will meet on December 17<sup>th</sup> to discuss final recommendations.

**Agency Business**

Ms. Harrington reported that CMS has requested a follow up call to discuss the application the Agency submitted for the Multi-Payer Advanced Primary Care Practice Demonstration. This is the opportunity to bring Medicare into the Patient Centered Medical Home pilot. CMS has indicated that six states will be awarded this opportunity.

Mr. Kilbreth presented to the Board the Income Statement, Balance Sheet, and Enrollment Report. Refer to handouts.

Ms. Harrington reviewed the DirgioChoice Loss Ratio Report. Refer to handout.

Ms. Harrington reviewed with the Board the Small Group Rate Increases reported by the Carriers to the Bureau of Insurance. Refer to handout.

Ms. Harrington added that the DirigoChoice quote volume has increased and the message from small group prospects and their brokers is that DirigoChoice rates are more competitive than the renewal rates they are getting from other carriers.

Ms. Harrington shared with the Board a list of new DirigoChoice small groups and new Voucher groups. Refer to handout.

Ms. Harrington summarized again the Agency's existing policy as it relates to self-employed of one. Businesses, and a self-employed of one entity is a business, are required to contribute 60% of the employee share of premium and then subsidy if applicable applies to the remaining 40%. Staff submitted a proposal to the Board for their consideration at the last Board meeting which would count the business share (60% of the employee only costs) of the health insurance premium as an eligible deduction before calculating income. The cost of this change has been estimated at \$1.2 million annually which translates into a reduction of approximately 350 members.

After discussion a motion was made to keep the current policy as it relates to the self-employed of one contribution requirements and subsidy. The Board unanimously approved this motion with Board Member O'Hara expressing his desire to keep a redesign option on the table in the future.

Ms. Harrington stated that the contract with the federal government for the Pre- Existing Condition Insurance Plan (PCIP) includes a provision that allows the Agency to request changes to the contract by November 15, 2010. At this point the Agency is reviewing potential recommendations. The Agency is also purposing to expand the list of pre-existing conditions. Board members suggested that there was some duplication in the current list and with the expanded list and suggested a review by a clinician to clean up the list. Ms. Harrington agreed. Refer to handout.

Ms. Harrington summarized the key components of the Multi-Payer Advanced Primary Care Practice Demonstration application. Reminded the Board of the MRSA Prevalence Study that was implemented on January 1, 2010 and that the results are in the process of being analyzed and reported to hospitals. MQF will reconvene the MDRO workgroup (which was convened by MQF to help on the design of the Prevalence Study) to review the results and discuss next steps. The data and results will be publically reported by the Agency in our annual HAI report to the Legislature.

Ms. Harrington reviewed a handout she received when she attended a meeting with the National Quality Forum a few week ago labeled *Example "Core" Dashboard* Refer to handout.

## **Public Comments**

Alice Knapp provided comments specific to how the Agency treats sole proprietors. .

## **Next Meeting**

The next meeting will be held on Monday, December 13, 2010 beginning at 9:00 AM.

The meeting was adjourned at 10:28 AM.