

COPN DECISION MAKER GROUP MINUTES

8/13/19

The following members of the Decision Makers Group were present at the 8/13 meeting:

Joe Hillbert, Melina Davis, Erik Bodin, Corey Perdue, Michael Elliott, Michael McDermott, Claiborne Irby, Marilyn West, Bruce Kupper, Thelma Watson, Andy Randazzo, Jeff Ricketts, Lornel Tompkins, Daniel Herlihy, Deepak Madala, Tony Keck, Deborah Waite, Dean Montgomery, Mike Shook, Ty Henry, Sarah Stanton, Melissa Peeler, Gena Berger, Ellen Montz

The meeting began with a report on work group activity and recommendations.

The Data Work Group met by phone and is assembling information for the August 26 meeting. MSV, VHHA and Anthem are all working with VHI to provide information to identify operatories in the Commonwealth; to look at services and other different factors in rural and urban areas; to create sensitivity analyses; and to review the impact of Medicaid expansion on the issues before the group.

The group then discussed two recommendations from the Process Work Group. The first is to require that an application for a COPN be substantially complete when filed. The second was to allow a non-participant in the COPN process to provide written or oral testimony to the adjudication officer at or before the IFFC. A suggestion was made that if the first recommendation was to be adopted then the timeline for filing the application should be expanded by two weeks. This suggestion was not adopted. The two recommendations also did not obtain consensus. The Decision Maker Group asked the Process Work Group to look at a recommendation on how to make the application easier to complete as well as recommendations on how to promote competition or at least not harm competition. An additional issue for consideration is taking a look at when a record closes to deal with the issue of having so much new information presented at the IFFC.

The Addition/Subtraction Work Group recommendation is discussed below.

The Group then discussed how can COPN reform help increase access to affordable care in rural areas? The general view of the members is that COPN reform is not the appropriate program to solve rural health care issues. To a large extent, COPN has little to do with attracting more providers to rural areas and thereby increasing access. The one area that was left open for future discussion is whether conditions on certificates can play a role. It was noted that when a provider writes a check instead of providing direct services that the money goes to statewide organizations that provide primary care. Consequently, there is precedent for a "statewide" condition. The question was left open whether conditions should be locally and regionally focused or be utilized outside of the locality or region.

There was general consensus that there should be an analytical framework in the Code for what should be in and out of COPN regulation. This would move this determination to VDH instead of the General Assembly. It was suggested that the framework needed to be flexible. Technology changes are rapid and the process should allow for innovation and access to the best services. Cost and reimbursement changes also need to be considered within a flexible framework. Utilization was discussed as a factor in the framework. Utilization should not be used to come between a physician and a patient and would not include prior authorization issues but it should be considered in regard to volume (both capacity and appropriateness of utilization). It was noted that as volume goes up there is

less need for regulation under COPN. Looking at trends in other states regarding the effect of regulation or deregulation on quality and affordability was deemed important. Finally, access to services for all is a factor to be included in the framework. A draft of statutory language to put this in place is attached as a vehicle for further discussion.

If a framework can be agreed upon to determine what is in and out of regulation, then there should be a periodic review process by VDH>

The last topic of conversation involved transparency issues. The following proposals obtained consensus:

1. Posting LOIs on the VDH website
2. Mandatory electronic submission of applications and the posting of such notifications on line
3. Educational outreach to the general public through existing organizations (PSAs and Facebook posts were also discussed to provide notice of applications filed – this needs further discussion)
4. VHI utilization data – SMFP calculations should be posted on line. VHI is already working on this.
5. Post decision letters on line to provide basis of decision (whether the certificate application is approved or denied is already on line)

No consensus was reached on whether public hearings could be eliminated (not IFFC proceedings) or whether they should only be held upon request of stakeholders, elected officials or others. These hearings are often not well attended and require a major commitment of time and resources of VDH staff.