

Meeting Minutes
Statewide Health Care Transition Services Task Force
For Youth and Young Adults with Disabilities

Finance and Structure Subcommittee
Teleconference Call
October 23, 2008

ATTENDEES:

Phyllis J. Sloyer, R.N., Ph.D., PAHM, FAAP, Division Director, CMS; Subcommittee Chair
Joseph J. Chiaro, M.D., FAAP, Deputy Secretary, CMS
Janet Hess, MPH, CHES, Facilitator, Early Childhood Council
Jorge Sallent, M.D., Pediatric Pulmonologist
Gerry Smith, (for Mary Beth Senkewicz), Florida Office of Insurance Regulation (FLOIR)
Patty Hackett, M.Ed., Co-Principal Investigator, Healthy Ready to Work National Resource Center
John Reiss, Ph.D., Institute for Child Health Policy at UF
Lanetta Jordan, MD, MPH, Sickle Cell Services, Memorial Regional Hospital

CALL TO ORDER:

Ms. Hess called the meeting to order at 8:05 AM.

APPROVAL OF THE MINUTES FROM LAST MEETING:

A motion was made by Dr. Chiaro to accept minutes from the October 3 meeting and seconded by Dr. Sloyer. The minutes were unanimously adopted.

DISCUSSION:

The group discussed revisions to the financing matrix:

- There was consensus that the legislative report should include a more concise version of the matrix (1-2 pages); an expanded version can be further developed during the second phase of planning for the purpose of publication and dissemination to the public.
- Columns added were pre-existing condition exclusions, legislative mandate, re-certification, and premiums.
- Ms. Hess suggested changing the column entitled "working" to "employment" so that plans are assessed on whether employment status is a requirement for eligibility. Dr. Reiss commented that there is a safety net program in Alachua County for individuals who are employed but can't get insurance through their employers.
- Discussion about co-management provision should be addressed in a separate section of the report, e.g., the ability for two practitioners to bill simultaneously for the purpose of co-managing transition is not covered under any public or private, even though it is recommended as a best practice. Dr. Jordan noted that she and a palliative care physician have been able to co-manage patients with sickle cell, and that services were authorized simultaneously for both physicians. Dr. Sloyer commented that the issue is negotiated on a case-by-case basis rather than as an allowable plan provision.
- The second page of the matrix will include additional considerations, definitions and descriptive information for other private and public options (ERISA, Ticket to Work, etc.)

- The column regarding ERISA preemptions on private plans will be eliminated, with ERISA plans addressed in a separate section on the 2nd page of the matrix. Ms. Hackett raised a question about ERISA plans in the state of Oregon; Ms. Smith will research it and report back to the group.
- Military/CHAMPUS will be added to the matrix.
- Medically Needy will be added to the 2nd page under other public option considerations.
- Common nomenclature for age ranges will be used throughout the matrix.
- Dr. Sloyer clarified that the Family Opportunity Act is for families that do not qualify for Medicaid under current Florida income standards and have income less than 300% of poverty level, i.e., families within 200%-300% of poverty. If the child has a condition similar to SSI disability guidelines, the family can buy in to Medicaid (they share in the price and the child gets Medicaid benefits).
- A separate table will be added that outlines relevant income limits.
- Ms. Smith noted that Florida has a high risk pool/catastrophic coverage under Private Options, but that it currently is not funded.
- Under Other Public Options, Waivers will be listed before Dual Eligible. Leigh Meadows from AHCA has agreed to review content on the Waivers for accuracy.

Strategies and recommendations were then discussed:

- Dr. Sloyer suggested that our legislative recommendations be general and that we not attach specific dollar amounts. The focus should be on major policy recommendations rather than operational issues; specifics can be addressed during our second planning phase. Dr. Sloyer also suggested that we include three case stories: a successful private insurance hand-off, a successful public insurance hand-off, and a third illustrating a dilemma along with recommendations for resolution.
- It was noted that the Financing & Structure Subcommittee recommendations would focus primarily on insurance benefits, not funding for system infrastructure and staff salaries. The other two subcommittees should include potential funding streams for their respective strategies.
- It appears that a Medicaid Buy-In option would fill a significant gap in Florida insurance coverage options. There has been a lot of work put into this potential option over the years.

The next and last scheduled teleconference call should be focus on developing recommendations based on the matrix, as well as more discussion about co-management issues and CPT codes. Dr. Sloyer recommended that a draft be forwarded to members for review before the call. The next teleconference was rescheduled to November 7 at 8 AM.

ADJOURNMENT

The meeting was adjourned at 9 AM.