**HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA)**
**1177 Alakea Street, Suite 402 ● Honolulu, HI  96813 ● Phone: (808) 587-0788 ● www.shpda.org**
**Universal Access Advisory Council - Plan Development Committee**

**Meeting Minutes**
August 14, 2024   |   10:00 PM Hawaii Time
Virtually via Zoom and Physical Meeting Location at
The Keoni Ana Building, 1177 Alakea Street, Suite 402

https://www.zoomgov.com/rec/share/6mtYQTAJxByJu0eC0H_TjuMW_Lo3QeFDQs0DfEEBCU0Bg-S4YOUmBEWMjfo3sIm1.B6RC3bMx19TefQJI
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| MEMBERS: | Marc Alexander, Jenn Diesman, Beth Giesting, John McComas, Mike Nguyen for Gary Okamoto, Michael Robinson, Linda Rosen, Melvin Sakurai, Marilyn Seeley, Paul Roeder, Charlene Young |
| MEMBERS ABSENT: | Rick Bruno Jonathan Ching Sheri Daniels, Victoria Fan Lawrence Nitz Rae Seitz Nadine Tenn Salle |
| GUESTS: | Tosa Lobendahn |
| SHPDA: | John Lewin, Wendy Nihoa, Terry Visperas |

## ATTENDANCE RECORD OF MEMBERS

| Date | 11/16/23 | 12/20/23 | 1/19/24 | 1/22/24 | 1/30/24 | 2/7/24 | 2/23/24 | 3/12/24 | 6/6/24 | 8/14/24 |
|---|---|---|---|---|---|---|---|---|---|---|
| Marc Alexander | X | X | X | X | O | / | / | X | X | X |
| Rick Bruno | X | O | X | O | O | / | / | O | X | O |
| Jonathan Ching | O | X | X | X | X | / | / | O | X | O |
| Sheri Daniels | O | O | O | O | O | / | / | O | O | O |
| Jenn Diesman | X | O | X | O | X | / | / | X | X | X |
| Victoria Fan | X | X | O | O | O | / | / | O | X | O |
| Beth Giesting | X | X | X | X | X | / | / | X | X | X |
| John McComas | X | X | O | X | X | / | / | O | X | X |
| Lawrence Nitz | X | X | X | O | X | / | / | O | O | O |
| Gary Okamoto | X | X | X | X | X | / | / | O | X | X |
| Michael Robinson** | X | X | X | X | X | / | / | X | X | X |
| Paul Roeder* | X | X | X | X | X | / | / | X | X | X |
| Linda Rosen | X | O | X | O | X | / | / | X | X | X |
| Melvin Sakurai | X | X | X | X | X | / | / | X | X | X |
| Marilyn Seeley | X | X | X | O | X | / | / | O | X | X |
| Rae Seitz | X | X | O | O | X | / | / | X | X | O |
| Nadine Tenn Salle | X | X | O | O | O | / | / | O | X | O |
| Charlene Young | / | / | / | / | X | / | / | X | X | X |

Legend: X=Present; O=Absent; /=No Meeting/Cancellation  | *-Chair, **-Vice Chair

| TOPIC | DISCUSSION | ACTION |
|---|---|---|
| Call to Order | A quorum was established. The meeting was called to order at 10:03 a.m. by P. Roeder Chairperson, Universal Access Advisory Council (UAAC) presiding.<br><br>P. Roeder welcomed members and guests. | |
| Roll Call | Member roll call. | |
| Meeting Purpose | P. Roeder noted that following the last meeting, substantial information was received from CMS concerning the AHEAD grant. Dr. Lewin will be providing an update on this, and members are encouraged to ask questions about the AHEAD grant.<br><br>P. Roeder concluded by mentioning that we might not cover all agenda items today; if necessary, some items will be deferred to a future meeting. | |
| Minutes | Approval of the minutes from the June 6, 2024.<br><br>Motion to accept the minutes from the dates noted above.<br><br>Vote:  Unanimous.  Motion carried.<br><br>Public Testimony - none. | |
| The All-Payer Health Equity Approaches and Development Model (AHEAD) Grant | Grant Award Status. J. Lewin, Administrator at the State Health Planning and Development Agency (SHPDA), delivered a presentation on the AHEAD Grant Cooperative Agreement, including an overview and lessons learned from other states regarding the AHEAD Model. A copy of the presentation is attached to these minutes.<br><br>Role of the UAAC. The UAAC represents a broad array of constituencies and will continue to function and provide advice on the grant.<br><br>The grant necessitates a governing body to oversee its goals, and some UAAC members may serve in this dual capacity.<br><br>Discussion Highlights:  (RE: Primary Care Investment) CMS will be increasing reimbursements, for example, Medicare Fee For Service, there will be approximately $17 per member per month additional reimbursement; there will be additional investments for FQHCs; given other states are applying for Cohort 3 (Due October 2024) the HI-AHEAD application will not be shared until CMS receives all applications;  frustration expressed to hear everything about the grant second hand; the $2.4 million for the grant is for the pre-implementation phase (and not for service | |

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| | providers); the Maryland HGB Model will likely not be used and instead we (Hawaii) will develop our own model; there appears to be a correlation between the size of the state and the amount of award received; concerns were raised about Hawaii's limited access to specialist care;; the HGB requirement of the grant is anticipated to be the most challenging; Hawaii MedQUEST staff will be invited to future meetings of the UAAC; there is a perception that participation with the Hospital Global Budget is optional, though it may be required by Medicaid/QUEST |
| | In the interest of time, members are encouraged to send their questions to W. Nihoa, Comprehensive Health Planning Coordinator, SHPDA, who will compile and work with the AHEAD team to provide responses. |
| | Public Testimony – none. |
| Redefining the Purpose and Goals of the UAAC | P. Roeder deferred this agenda item.<br><br>P. Roeder reported that during the June 6th meeting, SHPDA's six priorities were reviewed and two additional items—Certificate of Need and the 2025 Legislative Session—were added, resulting in a total of eight priorities (listed below for reference). It was emphasized that the UAAC should clearly define its purpose, with a suggested focus on "Access" to align with the group's name. Future meetings should aim to define "Access" to establish a clear foundation for ongoing discussions. Additionally, P. Roeder recommended exploring potential overlaps between the AHEAD grant and the listed priorities.<br><br>**Proposed Eight Priorities for the UAAC**:<br>1. **Uninsured**: Address the number of uninsured individuals and strategies to achieve 100% coverage.<br>2. **Medical Debt**: Investigate the causes of medical debt and develop strategies to reduce or eliminate it, potentially including consumer education on healthcare coverage.<br>3. **Healthcare Workforce**: Examine and address the multifaceted issues related to the healthcare workforce, including retention. Current efforts in this area are commendable.<br>4. **Rising Healthcare Costs**: Focus on the issue of rising healthcare costs, particularly concerning new treatments (therapeutics, biological drugs, and genetic therapies) for rare diseases. The All-Payer Health Equity Approaches and Development Grant is relevant here.<br>5. **Federal Funding Equity Gap**: Address Hawaii's low Medicare and Medicaid reimbursement rates compared to national benchmarks, and work on increasing these rates with supporting data.<br>6. **Healthcare Performance**: Utilize healthcare data to improve population health and outcomes, citing examples like the National Cardiovascular Data Registry. SHPDA will provide performance data to healthcare providers (e.g., hospitals) for their exclusive use to enhance performance. |

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|  | 7. **Certificate of Need**: Review and update the thresholds and Suboptimization Clause.<br>8. **2025 Legislative Session**: Support SHPDA in creating a joint healthcare task force bill for the 2025 session. |  |
| Subcommittee Formation | P. Roeder deferred this agenda item. |  |
| UAAC Membership | P. Roeder deferred this agenda item. |  |
| Announcements | W. Nihoa will disseminate a survey to members. Survey will provide members an opportunity to submit questions regarding the AHEAD grant. Responses to questions will be provided at a future meeting. |  |
| Next Meeting/Agenda Items | Due to the information shared today, P. Roeder suggested meeting monthly (short term).<br><br>W. Nihoa will poll members to select the next meeting date/time.<br><br>Agenda Items: AHEAD Grant Questions & Answers, Define "Access". |  |
| Adjournment | The meeting was adjourned at 10:58 a.m. |  |

# Hawaii AHEAD Grant

## All-Payer Health Equity Approaches and Development Model

Cooperative Agreement Overview
and
Lessons from States

# AHEAD GRANT AWARDS

Cohort 1:  Maryland and Vermont
Cohort 2:  Connecticut and **Hawaii**
Cohort 3:  TBD, Applications due October 21, 2024
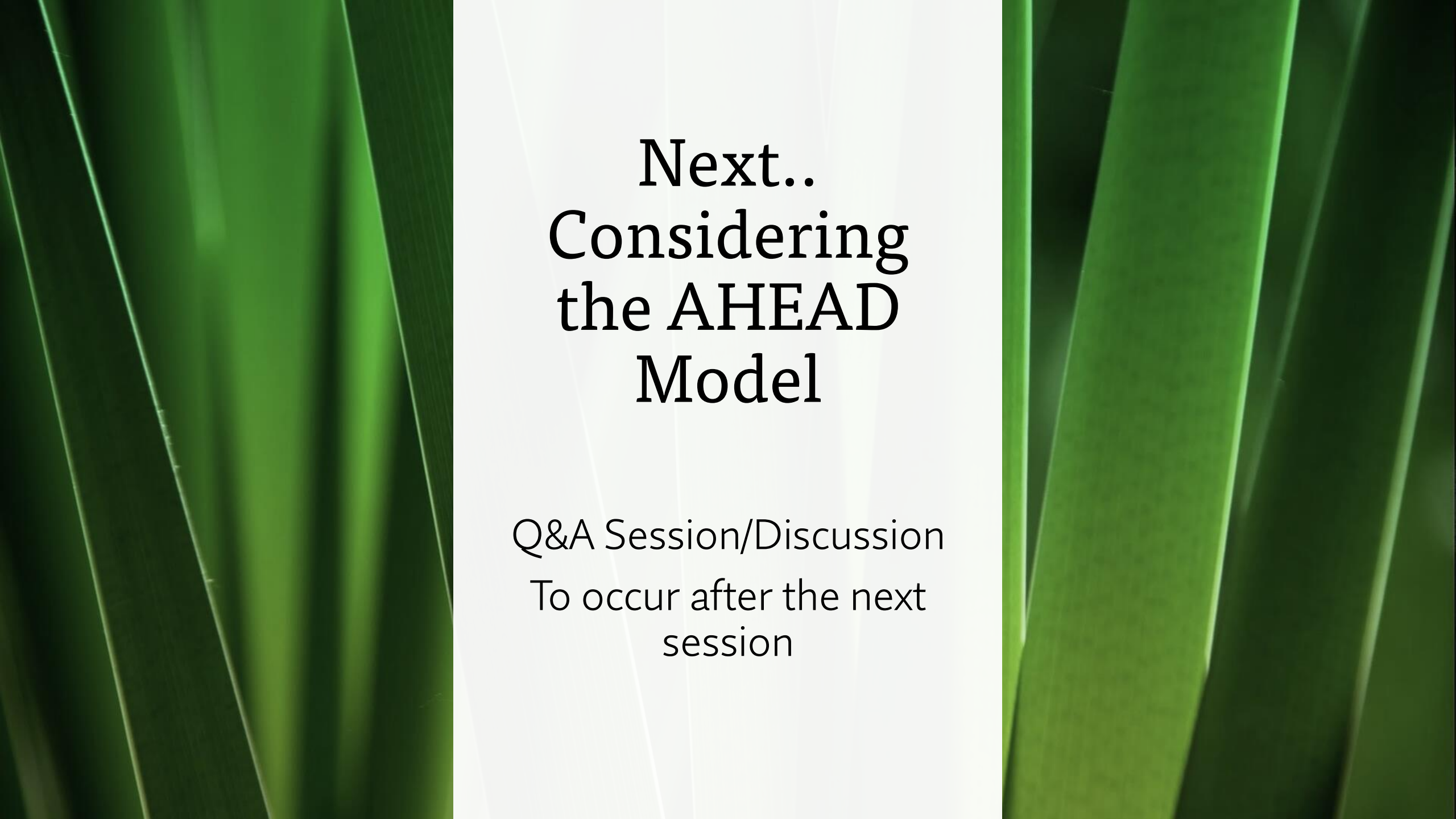
# Cooperative Agreement

## Summary of Federal Award Financial Information

- Period of Performance (Cohort 2) 07/30/2024-12/31/2029

- Budget Period 1:  07/30/2024-12/31/2025
  - Total Amount of Federal Funds $2,497,983
    - Direct Cost  $2,478,691.84
    - Indirect Cost $19,291.16

- Recipient Name:  Department of Human Services, Hawaii (Med-QUEST Division)
  - Authorized Official:  Judy Mohr Peterson
  - Project Director:  Joy Soares

- Subrecipient Name:   Hawaii State Health Planning and Development Agency
  - Medical Director: Jack Lewin

| Period | Model Year | Project Period | Budget Period | Timeframe | Award Amount |
|---|---|---|---|---|---|
| **PRE-IMPLEMENTATION** 30 29-Months (2.5 Years 2 Years, 5 Months) (7/1/24 7/30/24-12/31/26) | 1 | Pre-Implementation 6 5 Months | 1 | 7/1/24 7/30/24-12/31/24 | $ 2,497,983 |
| | 2 | Pre-Implementation 12 Months | | 1/1/25-12/31/25 | |
| | 3 | Pre-Implementation 12 Months | 2 | 1/1/26/12/31/26 | $ 2,500,000 (max) |
| | | | | TOTAL 30-MONTH PRE-IMPLEMENTATION | $4,997,983.00 (max) |
| **IMPLEMENTATION** 36-Months (3 Years) (1/1/27-12/31/29) | 4 | Project Year 1 | 3 | 1/1/27-12/31/27 | $ 2,330,000 (max) |
| | 5 | Project Year 2 | 4 | 1/1/28-12/31/28 | $ 2,330,000 (max) |
| | 6 | Project Year 3 | 5 | 1/1/29-12/31/29 | $ 2,330,000 (max) |
| | | | | TOTAL 36-MONTH IMPLEMENTATION PERIOD | $ 6,990,000 (max) |
| | | | | TOTAL POTENTIAL COOPERATIVE AGREEMENT | $11,987,983 (max) |

Note: Subsequent year funding is contingent on satisfactory fulfillment of the terms of the previous year.

# Next.. Considering the AHEAD Model

Q&A Session/Discussion

To occur after the next session

# Considering the AHEAD Model: Lessons from States

# AHEAD Model At-A-Glance

**The States Advancing All-Payer Health Equity Approaches and Development, or the AHEAD Model, is a flexible framework designed to improve health outcomes across multiple states.**

## Statewide Accountability Targets

Total Cost of Care Growth (Medicare & All-Payer)
Primary Care Investment (Medicare & All-Payer)
Equity and Population Health Outcomes via State Agreements with CMS

### Components

| Cooperative Agreement Funding | Hospital Global Budgets (facility services) | Primary Care AHEAD |
|---|---|---|

### Strategies

| Equity Integrated Across Model | Behavioral Health Integration | All-Payer Approach | Medicaid Alignment | Accelerating Existing State Innovations |
|---|---|---|---|---|

# Medicare FFS TCOC Targets

AHEAD was developed in alignment with affordability and cost growth containment efforts underway in states across the nation, and the Medicare TCOC target holds states accountable for "bending the cost curve" for Medicare Part A and Part B expenditures of resident beneficiaries. By holding states accountable for cost growth, CMS hopes to support states in achieving a more affordable cost trajectory and increased long-term sustainability. CMS will work collaboratively with each state during the pre-implementation period to set state-specific Medicare FFS TCOC growth targets.



**Medicare TCOC Growth and Savings to CMS Under the AHEAD Model**

State Growth Absent Model

Savings

State Growth Under Model

Growth

Time
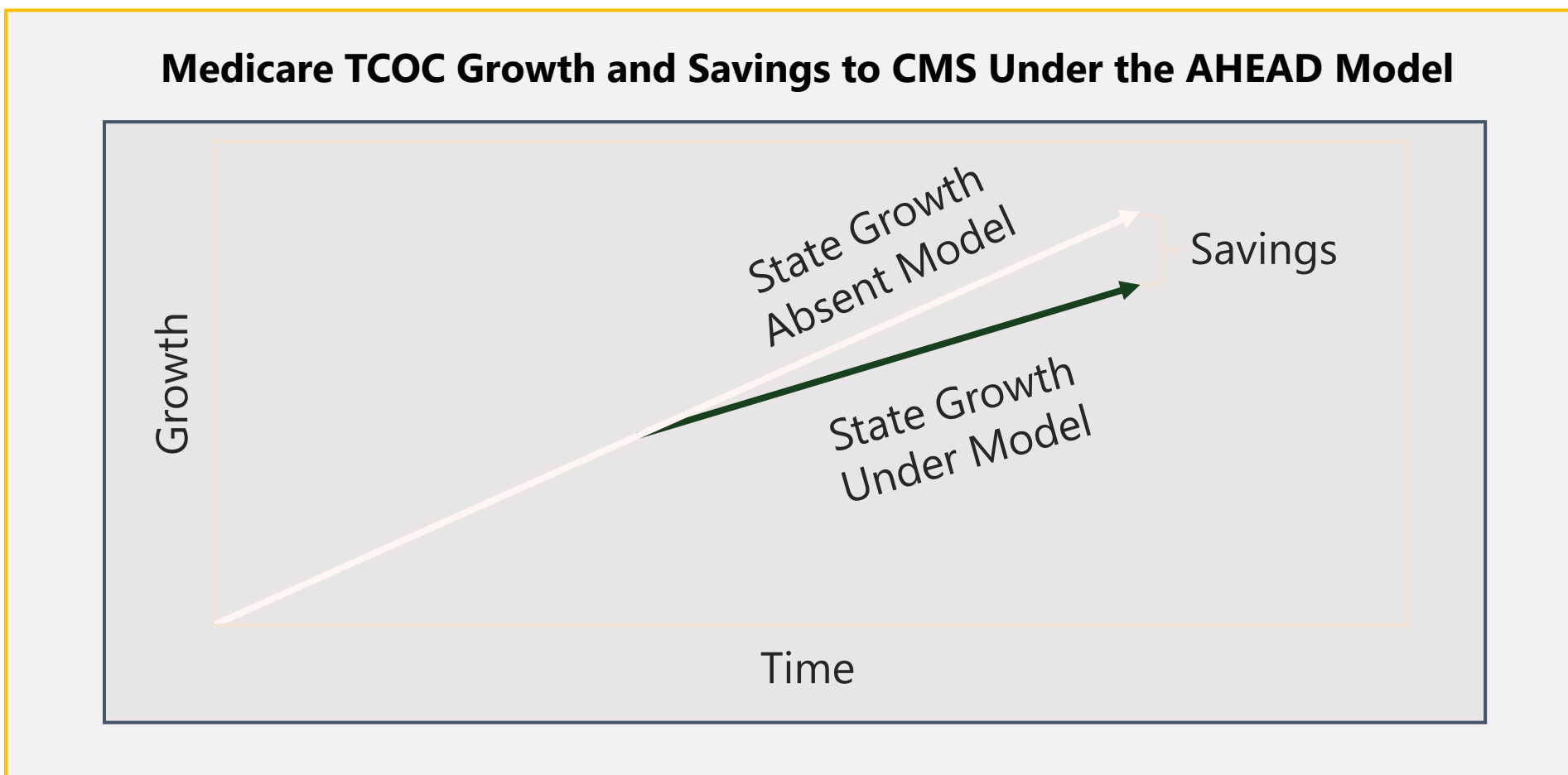
# All-Payer and Medicare Primary Care Investment Targets Comparison

## Goals for All-Payer Primary Care Investment Targets

- Build on existing state and national progress in the primary care investment space

- Include flexibility for states to adopt policies to their unique context

- Leverage state tools for increasing payer accountability to increase primary care investment

## Shared Goals

- Increase primary care investment to strengthen the primary care system in participating states and regions

- Encourage thoughtful, targeted, equity-focused investment tactics across payers

- Build capacity for defining and measuring primary care spending

## Goals for Medicare FFS Primary Care Investment Targets

- Bring Medicare FFS to the table for primary care investment efforts via Primary Care AHEAD Program

- Utilize CMS data to track Medicare FFS primary care investment in participating states

- Provide a standardized approach for defining primary care

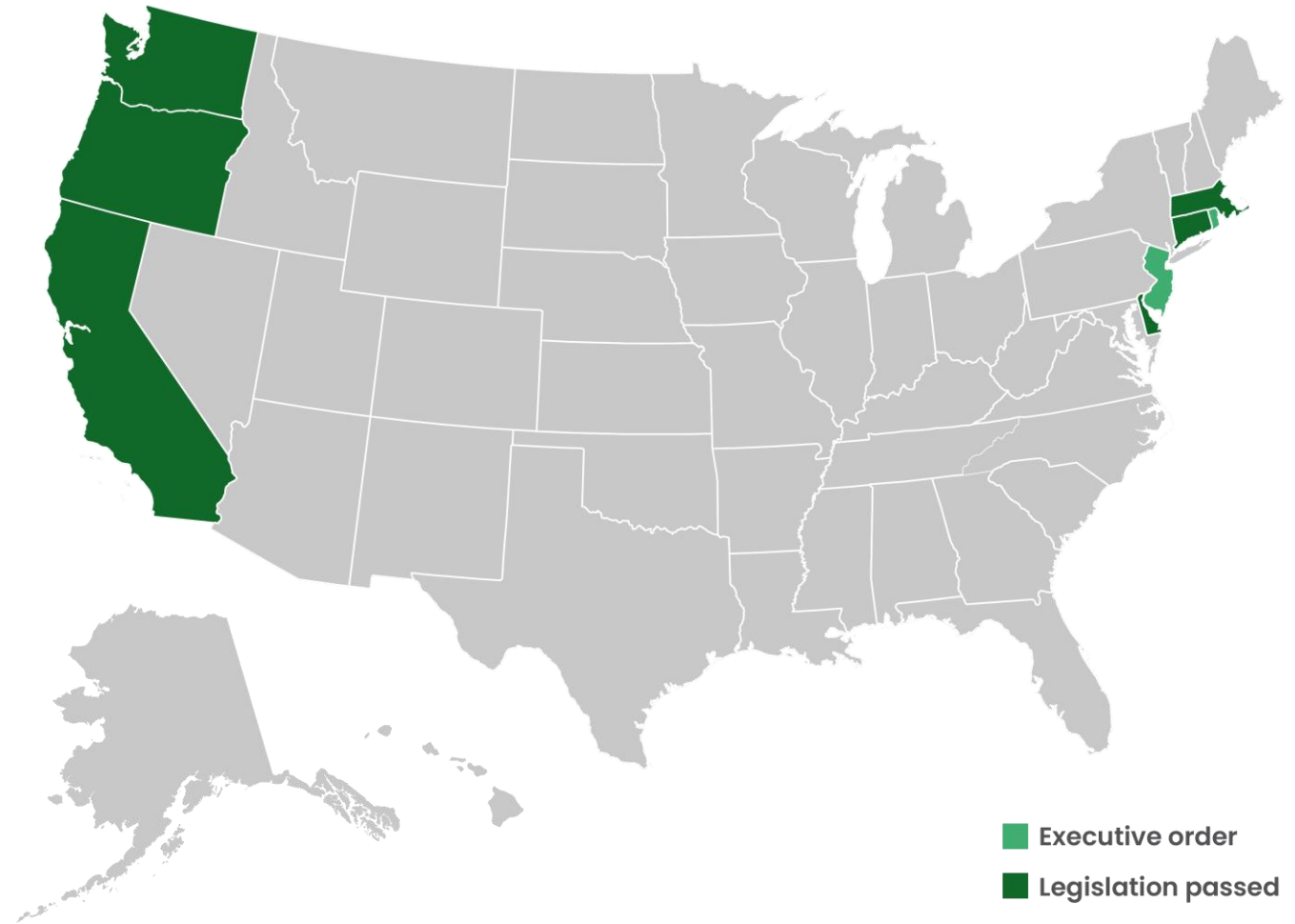# What is a cost growth target program?

**Cost growth target:**

- A goal for how much total statewide health care spending should increase per year to make it affordable.

- Working together, state leaders, health insurers, health care providers, businesses, and consumer advocates agree to these targets and commit to achieving them.

**Cost growth target program:**

- Increases transparency by gathering, analyzing and reporting health care spending data

- Holds industry accountable by measuring performance against the target and identifying cost drivers

- Proposes shared solutions to make health care more affordable

Peterson-Milbank
Program for Sustainable
Health Care Costs

# 1 in 5 Americans Live in a State With a Cost Growth Target



Executive order
Legislation passed

Peterson-Milbank
Program for Sustainable
Health Care Costs

# QUESTIONS???