
Medicaid & Exchange Advisory Board
Meeting Minutes
January 13, 2014

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Board Members Present: Bram Kleppner, Tim Ford, Sheila Reed, Trinkia Kerr, Christina Colombe (phone), Clifton Long, Donna Sutton Fay, Kay Van Woert, Larry Goetschius, Joan Lavoie, Paul Bakeman, Gladys Mooney, Lisa Maynes, Ellen Gershun, Shannon Wilson and Dale Hackett.

Board Members Absent: Randy Cook, Michael Sirotkin, Vaughn Collins, Madeleine Mongan, Julie Lineberger, Ilisa Strasberg, Cathy Davis, Julie Tessler, Sharon Henault, Catherine Hamilton and Laura Pelosi.

Other Interested Parties Present: Betty Morse, Theo Kennedy (phone), Anthony Otis (phone), Matt McMahan, Karen Bogdan, Susan Gretkowski (phone), Susan Bauer, Kirsten Murphy, Kristen Bigelow-Talbot, Gretchen Begnoche, Rebecca Heintz and Nathaniel Waite.

Staff Present: DVHA: Bekah Kutt, Carrie Germaine and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) December 2 Meeting Minutes
- Overview of Clinical Benefit Design Process (1/13/14)
- Vermont Health Connect Update Slides (1/13/14)

*all are posted to the VHC website

CONVENE

Kay Van Woert and Bram Kleppner chaired the meeting.

Welcome and Introductions

Board Business

Following introductions, the meeting minutes for December 2, 2013 were adopted. The board voted to approve the December minutes, with 16 yeas, 0 nays and 0 abstentions.

MEAB Work Group Updates – Work Group Chairs

Small Employer Work Group – There was no recent meeting of the Small Employer Work Group. Bram Kleppner reported that his Vermont company, Danforth Pewter, has extended its last year's insurance plan for three months, and will sign up through Vermont Health Connect in the spring.

Improving Access Work Group – Work Group Chair, Trinkia Kerr reported that the group met the day after the last MEAB meeting on Tuesday, December 3 at DVHA in Williston. The group reviewed the roadmap that was developed on Medicaid's Prior Authorization process for obtaining Durable Medical Equipment (DME) and also discussed notes from a conference call on the availability and acquisition of lifts in residential settings. Discussions will continue on both of these topics at the next Work Group meeting scheduled for February 3, at DVHA (1:30-3:00).

EPSDT Work Group – Nate Waite has scheduled the next Early, Periodic, Screening, Diagnosis & Treatment (EPSDT) Work Group meeting for January 31 in Winooski at the VSAC building. This Work Group has not met for some time and will review previous and current issues at their January meeting.

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Overview of Clinical Benefit Design Process – Dr. Tom Simpatico

Following an introduction, Tom Simpatico, MD, DVHA's new Chief Medical Officer, also noted that he is working with a new Medical Director at DVHA, Dr. Scott Strenio. Tom provided an overview of the Department's efforts to design and adopt a better clinical benefit process. He started by describing the historical progress of Public Health and the introduction of a three pronged national Medicaid program designed to: 1) improve care for individuals, 2) improve care for populations, and 3) reduce per capita cost for health care. The most recent Public Health initiative, the Affordable Care Act (ACA), is now being implemented and should allow 30+ million more Americans to gain access to health care coverage. The Act also includes treatment for mental health and substance use disorders as part of essential health benefits.

Dr. Simpatico described how improvement and design benefit ideas flowed upward to DVHA senior management, emerging as: 1) suggested changes to existing policies and practices, 2) requests for adoption of developing technologies, or as incorporating new best practice opportunities. Each new opportunity would be vetted, as appropriate, through DVHA's Managed Care Medical Committee, Compliance Committee, Quality Committee, the Drug Utilization Review Board (DURB) and/or the Clinical Utilization Review Board (CURB). The vetting process/evaluation involving the potential adoption of new technologies/procedures is extensive and includes (but is not limited to): 1) clearly defined procedures with specifications, 2) current coverage status among CMS, commercial payers, other state Medicaid plans, 3) current literature (ranked by level of evidence), 4) current recommendations of Specialty Societies/National Organizations, 5) analysis of potential impact specifically on Vermont's Medicaid plan, 6) potential barriers to implementation, and 7) input from local and state stakeholders and Advisory Boards. Kay Van Woert asked if DVHA had this system in place. In response, Tom stressed that it is a system that is being put in place now, and will be improved upon as we move forward. Through the CURB, DVHA has accepted seven guiding principles for benefit design & coverage options. The process principles will be: 1) transparent, 2) evidence-based 3) continuously improving, 4) focused on wellness, 5) balanced, 6) ethical, and 7) holistic. The principles will be circulated to the MEAB. Dale Hackett noted that confidentiality needs to be continuously stressed in all ongoing and newly introduced activities. Dr. Simpatico finished his presentation by highlighting some of the UVM-leveraged pilot programs that are being monitored by the CURB, in coordination with the FAHC Quality Committee & OneCare Vermont ACO. A sampling of these programs include work in the following areas: 1) partial hospitalization programs, 2) a genetic testing menu, 3) avoidance of unnecessary brain imaging in children & adolescents, 4) TIA treatment protocol & outcomes, 5) unusual pain control protocols, 6) obesity, 7) ADAP/corrections COB/MAT, and 8) migraine treatment protocol & outcomes.

DVHA Updates – Mark Larson, Commissioner

Mark Larson, Commissioner, Department of Vermont Health Access, provided the most current updates on a number of DVHA activities and topics. He first responded to concerns brought up earlier in the meeting by Trinkia Kerr that there seemed to be changes and some navigation problems on the DVHA website. DVHA has made some changes to its homepage to make it more user-friendly. However, some MEAB users reported difficulty finding information and being directed to both the Green Mountain Care and Vermont Health Connect websites. Mark asked that specific examples be forwarded to him.

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SFY '14 Budget Adjustment: DVHA's current year budget adjustment was briefed last month and will be presented to the Senate Appropriations Committee on 1/14/14. There are two key issues that have created increases: 1) utilization costs have increased by \$11.9 mil, including four significant outlier claims, each exceeding \$1mil, and 2) there was a significant spike in Catamount enrollment starting last April (from 11,500 to about 13,500). These were the largest contributors to the budget adjustment.

SFY '15 Budget Development: Mark noted that the DVHA SFY '15 budget document should be ready for the end of the month, and will be covered at the February MEAB meeting. The Governor's budget address occurs tomorrow on 1/14/14.

Global Commitment Update: CMS has already approved DVHA's request for an extension to its Global Commitment (GC) to Health Section 1115(a) Demonstration Waiver. The current Waiver has been extended for the period 1/1/2014-12/31/2016. Mark reminded the MEAB that DVHA and CMS had agreed to defer discussions on combining the GC Waiver with the Choices for Care Waiver until January, 2014. These discussions/negotiations have begun; the purpose of merging the two Waivers is solely to improve administration of the programs and streamline reporting.

Kay Van Woert asked why the feds were evaluating the SIM grant so early in the process. Mark said that because this is a demonstration project on major innovations, there is early federal involvement to establish an evaluation process and plan.

Vermont Health Connect – Lindsey Tucker, Deputy Commissioner

Lindsey Tucker, Deputy Commissioner, provided current updates on key topics and activities relating to Vermont Health Connect (VHC).

2015 Qualified Health Plan Process: Lindsey provided an overview on what is in store for the 2015 Qualified Health Plan (QHP) design work and cost-sharing structures. VHC will be sharing its timeline and recommending plan adjustments to the GMCB on 1/16/14. Carriers must submit rates on June 1, 2014 and VHC plan selection would begin September 1, 2014 and conclude no later than November 14, 2014. Open enrollment would be from November 15, 2014, to January 15, 2015. DVHA will request two adjustments to plan designs: 1) to provide zero cost sharing for class 1 pediatric dental benefits (basic services), and 2) to reduce specialist office visits to \$50 on one standard bronze plan which each carrier offers. Lindsey went on to review the Essential Health Benefits (EHB) and plan design, including the EHB benchmark plan and important plan design features. Federal regulations next year will increase out-of-pocket maximum limits of \$6350 for single, \$12,700 for family to \$6750 and \$13,500 respectively for 2015. Vermont's limits for out-of-pocket Rx expenses may also rise. Lindsey provided a summary of the existing plans offered on VHC and more detail on the two principally proposed 2015 plan design adjustments. A third 2015 plan design adjustment will involve an update to the federal actuarial value calculators.

Administrative Rule: With the transition to the VHC, Erick Carrera, DVHA Health Policy Analyst, reviewed the development of the three rules that were adopted in 2013, including two emergency rules, to implement necessary changes relating to health benefits eligibility and enrollment. The next step is to create yet another emergency rule that would go into effect after April 2014; this 3rd emergency rule would expire at the end of July and be replaced by the next permanent rule. Work on the 3rd emergency rule is ongoing and draft work planning for the permanent rule will begin near the end of January; an informal meeting regarding the

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development of the permanent rule will be held on 1/22/14 at 208 Hurricane Lane, Williston, at 9:30AM. Links to the rule are available on DCF, DVHA and VHC websites. All rule development processes are properly noticed on the Secretary of State's website and published in newspapers of record. Public hearings and requests for public written comment are also scheduled as part of the process.

Vermont Health Connect Data Update: Lindsey provided an update on the most recent VHC application activity. Currently (as of 1/10/14), 35,079 accounts have been created. There have been 28,807 QHP/Medicaid applications submitted, representing 39,722 individuals. Plans have been confirmed for 25,030 individuals (15,108 QHP's and 9,922 with Medicaid). More than 12,000 applicants for QHP's are eligible for financial assistance – 19% for an Annual Premium Tax Credit (APTC) only, and 80% for an APTC and a Cost Sharing Reduction. Lindsey will prepare a more comprehensive data briefing for the February MEAB meeting. Necessary written notices are undergoing final review now and will go out shortly. Trinkia Kerr expressed concern that some applicants who have made payments (by check) are waiting too long for their checks to clear; they fear that their check might be lost and maybe they might not be enrolled. Lindsey encouraged VLA to allow at least ten days for checks to clear; after that, please provide VHC with a list of concerned parties who have uncleared checks.

Data for the VHC Customer Service Center for the period October- December 2013 is available. Incoming call volume ranged between 10,000-15,000 weekly in October and November, and then increased to over 20,000 weekly during the first few weeks of December. The average “time to answer calls” also increased dramatically in December to sometimes over 30 minutes. To counter increased demand, VHC will be expanding its call center operation to a satellite location in Chicago and adding approximately 70 staff. Training is being completed and they will begin assisting by January 17. Board members provided constructive feedback on some key issues discovered in both the application process and call center activity/interaction. Lindsey concluded by presenting VHC's call center action plan, including: 1) a transition from broad training to specialized skill set training, 2) a redesign of the voice response function to optimize call flow, and 3) the adjustment of staff requirements based on current data and updated projections. Check back on the VHC website frequently for updates on all activities. Current information can always be viewed at, www.vermonthealthconnect.gov.

MEAB Discussion – Board Members

Kay Van Woert asked members to consider and review potential agenda items (listed below) for the February 10 MEAB meeting.

Bram Kleppner led a discussion on MEAB operations and functioning, including possible changes to consider. Members requested DVHA continue to try to get Powerpoint presentations and other handouts ahead of time, with hard copies for those who have requested them. Members also requested an updated member list with term expiration dates. The board agreed to consider a possible change to the MEAB operations manual to call for election rather than appointment of co-chairs. Agenda time will be allocated in February to complete an internal review /assessment of how the MEAB is functioning and vote on key items as necessary. Members were also encouraged to make “suggestion box” type general recommendations.

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Public Comment

There was no public comment during the meeting.

Topics for Regular Update:

- Vermont Health Connect Updates
- Commissioner Updates (Current Topics)
- Duals/ VHIP Project Update
- GC Waiver
- Medicaid Shared Savings Program
- MEAB Work Group Meeting Reports
- Quarterly Ombudsman Report (Legal Aid)

Draft Topics for February 10 Meeting:

- Budget Adjustment/SFY 15 DVHA Budget
- Call Center Update
- Website Report/ Web Changes
- Contractor Update -- CGI
- Internal review of MEAB Operations/Functionally

Future Meeting Topics:

- Health Care Reform - single payer models
- Other AHS Department Budget briefs
- Reinvestment in Community Based Services
- Affordability and reinvestment pertaining to provider rates
- Minimizing administrative complexity for businesses that offer insurance
- Medicare supplement policies offered through the exchange

Issue Tracker List:

- Inventory of Perverse Incentives
- Diapers
- Medicaid transportation
- The complaint process
- Out-of-State travel
- Specialist or preferred providers
- Mental Health fee schedule changes
- Prior Authorization concerns
- Coordination of Benefits between Medicare and Medicaid
- Habilitative services benefits in the Exchange
- Recycling of DME Equipment

Ongoing Small Group Works

- EPSDT Work Group

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- Improving Access Work Group
- Small Employer Work Group

Next Meeting
February 10, 2014
Time: 11:00AM – 3:00PM
Site: VSAC Bldg, Winooski, VT

Please visit the Advisory Board website for up-to-date information:
http://info.healthconnect.vermont.gov/advisory_board/meeting_materials

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