
Medicaid & Exchange Advisory Board
Meeting Minutes
November 4, 2013

Page 1

Board Members Present: Bram Kleppner, Tim Ford, Sheila Reed, Trinka Kerr, Michael Sirotkin, Christina Colombe (phone), Clifton Long, Donna Sutton Fay, Kay Van Woert, Larry Goetschius, Joan Lavoie, Catherine Hamilton, Paul Bakeman, Madeleine Mongan, Gladys Mooney, Julie Tessler, Lisa Maynes, Ellen Gershun, Sharon Henault (phone), Nathaniel Waite Susan Barrett, Julie Lineberger, Shannon Wilson (phone) and Dale Hackett.

Board Members Absent: Randy Cook, Harry Chen, Cathy Davis, Vaughn Collins and Laura Pelosi.

Other Interested Parties Present: Betty Morse (phone), Nathaniel Waite, Gretchen Begnoche, Stephanie Pigeon, Susan Gretkowski (phone), Mary Eversole, Keith Jones (phone), David Martini, Margot Thistle, Cherie Bergeron and David Mickenberg.

Staff Present: DVHA: Greg Paradiso, Jennifer Egelhof and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) October 7 Meeting Minutes
- Update – VT Healthcare Innovation Model (previously, State Innovation Model) 11/4/13
- Choices for Care Reinvestment Slides (11/4/13)
- Choices for Care Reinvestment Discussion Handout (11/4/13)
- Vermont Health Connect Update Slides (11/4/13)
- 2014 MEAB Meeting Schedule – Proposed (11/4/13)

*all are posted to the VHC website

CONVENE

Kay Van Woert and Bram Kleppner chaired the meeting.

Welcome and Introductions

Board Business

Following introductions, Kay Van Woert asked for a show of hands from members who, for update purposes, want to receive hard copies of all MEAB presentations and handout documents. A sign-up list was circulated; whenever possible, documents will be provided at the start of each meeting for those requesting hard copies. The meeting minutes for October 7, 2013 were adopted. The board voted to approve the October minutes, with 21 yeas, 0 nays and 0 abstentions.

MEAB Work Group Updates – Work Group Chairs

Improving Access Work Group – Work Group Chair, Trinka Kerr reported that the group did not meet during October; the last meeting was held on September 24, when the group further discussed and reviewed Medicaid's Prior Authorization process for obtaining Durable Medical Equipment (DME). There are some new potential topics to address and the next meeting is scheduled for December 3 at DVHA in Williston.

Small Employer Work Group – Work Group Chair, Julie Lineberger, noted that the group met last Friday (10/31) to discuss recent issues and fixes relating to the small employer sign-up process for VT Health Connect (VHC). The group reports that the level of confusion and anxiety among small employers remains high. Tim Ford recommended that the Small Employer Work Group

Medicaid & Exchange Advisory Board
Meeting Minutes
November 4, 2013

Page 2

include a broker, as the brokers have worked through many of the issues facing small businesses. The hotline number for small employers who will be integrating with VHC is 855-499-9800. *EPSDT Work Group* – The Early Periodic Screening Diagnosis and Treatment (EPSDT) Work Group identified issues earlier in the year, but has not met recently. Nate will serve as the point-of-contact as the Work Group moves forward.

VT Healthcare Innovation Project (VHIP) (formerly State Innovation Model) – Anya Rader Wallack

Anya Rader Wallack, Chair of the VHIP Core Team, summarized the intent of the state's VHIP effort and how the project will be structured and managed. This project was originally named the State Innovation Model (SIM), project as a result of the three-year, \$45 mil grant the state received earlier this year. Principally, the project will be designed to create and accelerate three things on a statewide, all-payer basis: 1) an integrated system of value-based provider payment (including shared savings arrangements with accountable care organizations, episode of care payments, and pay-for-performance), 2) an integrated system of care coordination/care management, and 3) an integrated system of electronic health records. There has been initial focus on the shared savings program concept and Medicaid, through an RFP, is in the process of implementing a shared savings program.

The VHIP initiative will receive policy and spending input through seven work groups; their recommendations will flow up through a steering committee and a higher level core team for evaluation. The overall focus will be on the development of: 1) a coordinated policy (involving payment, care management, health information exchange and other federally supported initiatives), and 2) targeted funding, (with attention on modeling and testing payment reforms, expanding health information exchange, and supporting providers to change their business model).

Gladys Mooney asked how it can be assured that a patient's quality of care won't be compromised. Anya stressed that a key element of the project is the development and implementation of a strong list of quality and performance measures that must be applied. Larry Goetschius stressed the importance of ACO's coordinating among themselves to achieve consistent quality measures. Michael Sirotkin also expressed concern that long term care services are not being addressed in year one of the Medicaid shared savings program initiative; these services will be optional in year two and required in year three. Kay Van Woert noted that the system needs to be aware of the needs of the disability community – there are only limited providers that serve their needs now and new payment systems could make this even worse. She also noted that when the system is coordinated to include the broader needs of those with disabilities and chronic conditions (e.g. transportation, housing) people will be better served at lower cost.

Choices for Care Reinvestment – Susan Wehry, DAIL Commissioner

Susan Wehry, Commissioner, Department of Disabilities, Aging and Independent Living, presented an update on DAIL's Choices for Care (CFC) Reinvestment discussion, based on Vermont's participation in the Long-Term Care Waiver Plan (as part of the 1115 demonstration waiver, now in year eight). Susan provided the background and goals of the demonstration waiver, which included; 1) support choice, 2) serve more people, 3) shift balance, 4) expand

Medicaid & Exchange Advisory Board
Meeting Minutes
November 4, 2013

Page 3

service options, 5) eliminate or reduce waiting lists, 6) optimize spending with available funding, 7) ensure adequate nursing home beds, and 8) ensure high quality services that support individual outcomes. She also showed the graphic improvements in key goal areas that have occurred since 2005. The most recent annual evaluation of key findings showed that: 1) CFC maintained a high level of quality and satisfaction, 2) self-rated health remained high, 3) CFC increased its ability to serve participants in the community, and 4) CFC remained budget neutral. However, findings also revealed that there was a decline in a key quality of life domain – the social life domain – among home and community based participants. Person-centered planning and direction also emerged as an area for improvement. Susan stressed that these areas were still satisfactory, but DAIL will still want to improve them for the future.

In the last several years, there has been an increase in the wait list for the Moderate Needs Group, even though there has been budget dollars left unspent. The evaluation report suggests expanding options for the Moderate Needs Group to help prevent this in the future: 1) explore a Flexible Choices option approach, 2) increase the pool of non-medical providers, and 3) improve person-centered services. Susan provided a handout to help guide the CFC reinvestment discussion. This year the balance remaining for potential reinvestment is \$5.4+ mil, and the legislature requires that DAIL provide a spending plan for this amount as part of the January budget adjustment process.

Larry Goetschius asked if reinvestment of savings distributions were approved, could they be spent over more than a one year period. Susan stated this was possible, but would need to be part of a specific approved plan. As part of public comment, Jackie Majoros asked why DAIL did not consider a plan to distribute CFC savings dollars sooner to meet needs of the moderate needs group waiting list. Susan noted that the moderate needs group did not fit into the emergency category for legislative consideration. DAIL also is working on an overall reinvestment spending plan.

In response to a question from Sharon Henault, Commissioner Wehry asked that she be provided with Sharon's contact information for follow up.

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.

SIM/Dual Eligibles Project Updates: Concerning Dual Eligibles, DVHA is continuing its negotiation for a Memorandum of Understanding (MOU) with CMS for a demonstration project that would allow the state to manage Medicare federal funding for beneficiaries (approximately 22,000 Vermonters) who have “dual Medicaid and Medicare eligibility.” Necessary synchronizatoin efforts are continuing on three fronts: 1) technology, IT procurement (including the creation of a new eligibility system), 2) demonstration of financial feasibility, and 3) completion of delivery system reform (within overall health care reform). Integration of the State Innovation Model (SIM) and the Dual Eligibles project is moving forward; the first workgroup meeting under the new governance structure was held in October. The decision was made not to include the Duals Project in the startup of the Medicaid Shared Savings Program. As part of public comment, Jackie Majoros asked, in reality, is the Duals Project moving forward or not?

Medicaid & Exchange Advisory Board
Meeting Minutes
November 4, 2013

Page 4

What are the odds? Mark stressed that DVHA is still committed to the Duals initiative and the benefits and opportunities it could provide.

Global Commitment Update: Mark reiterated that CMS had recently 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. The approval includes the update to Vermont's Medicaid expansion program and also the state-based premium assistance program. DVHA has deferred the discussion with CMS of combining the Choices For Care (CFC) waiver with the GC waiver until after January 1, 2014.

November 1 Reimbursement Rate Increase: General increases for provider reimbursement went into effect on November 1, 2013. Mark did not provide the exact amounts or methodologies for each specific provider groups; details can be provided on request. Julie Tessler asked if increases would be considered again next year and the year after. Mark described the legislative process that was in place for these considerations.

Budget Development: Mark noted that DVHA is working on both this current year's SFY '14 Budget Adjustment and also on the development of the SFY '15 budget. For the current year, DVHA is evaluating increased cost pressures from: 1) increases in costs for Catamount premiums, 2) increases in enrollment in Catamount, and 3) a slight upward trend in the overall utilization of Medicaid. There should be more definitive information available for the December MEAB meeting on the SFY '14 budget adjustment. VHC and ACA requirements will need to be rolled into the SFY '15 budget development. Larry Goetschius asked if anything is being done to help control pharmacy costs. Mark pointed out that DVHA gets input from its ongoing Drug Utilization Review Board (DUR) that generally meets monthly. DVHA continuously evaluates ways to curb and control pharmacy costs.

Vermont Health Connect – Mark Larson, Commissioner

New Enrollment Options: Mark Larson announced that the VHC is still on track for implementation on January 1, but described two new options for Vermonters with health coverage that expires on 12/31/13: 1) Small businesses and individuals may extend their current coverage through 3/31/14 and enroll for 4/1/14 coverage through VHC, and 2) small businesses may direct enroll in a VT Health Connect Plan with either BCBS or MVP for 2014 (in addition to the other ways of enrolling, like the web, navigator, etc.). For Vermonters with VHAP and Catamount who will transition to a QHP: 1) they can still enroll in a QHP with subsidies through the VHC channels by 12/31, or 2) they can be extended up to 3/31/14. They must transition to a QHP for 4/1/14 coverage. An expanded communications plan is being worked out.

For all new options, there is more work to be done, with details to follow. Meetings will be held with DVHA/DFR/carriers to: 1) finalize extension parameters, 2) review special circumstances, 3) define noticing timelines, 4) provide information to further operationalize new options, and 5) develop processes for broker payment and small business access to financial assistance.

VHAP and Catamount Transition Update: For current VHAP and Catamount enrollees, new transition notices are being prepared to introduce and address the new options. Notices will start

Medicaid & Exchange Advisory Board
Meeting Minutes
November 4, 2013

Page 5

going out during the second week in November. There will be direct outreach to those enrollees who are more than 138 FPL who have not made a QHP choice by 12/1/13.

Vermont Health Connect Numbers: Web visits to the VHC website have reached 187,762 as of 11/4/13, including 112,494 unique visitors and 1,200,000 page views. There has been a 50% improvement in page load times between week 1 and week 4. As of 11/4, 11,074 accounts have been created, with 6,374 applications initiated. Currently, 4,311 applications have been submitted, and 2,767 plans have been selected.

Outreach and Education: VHC partnerships are being created with Comcast, Kinney Drugs, Vermont Libraries, Vermont hospitals and DHMC, and the State Department of Education. Mark projected a list of statewide enrollment events that are currently scheduled throughout the state by county for the coming weekend. Check back on the VHC website frequently for updates on all activities. Current information can always be viewed at, www.vermonthhealthconnect.gov.

MEAB Discussion – Board Members

Kay Van Woert asked members to review potential agenda items for the December 2 MEAB meeting. Draft agenda topics are listed in the October minutes and refined below in these minutes. Vermont Health Connect updates will continue to lead the agenda over the next few months; there will be much to cover on these topics.

Public Comment

There were no additional public comments at this point in the meeting.

Topics for Regular Update:

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

Draft Topics for December 2 Meeting:

- Medicaid Utilization and Trends
- MEAB 2014 Meeting Schedule
- Approval of next year's MEAB meeting schedule

Future Meeting Topics:

- Health Care Reform - single payer models
- Reinvestment in Community Based Services
- OHSU work/Guiding Principles – presentation and discussion
- Affordability and reinvestment pertaining to provider rates
- Minimizing administrative complexity for businesses that offer insurance
- Medicare supplement policies offered through the exchange

Medicaid & Exchange Advisory Board
Meeting Minutes
November 4, 2013

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 Work

- EPSDT Work Group
- Improving Access Work Group
- Small Employer Work Group

Next Meeting

December 2, 2013

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