
Medicaid & Exchange Advisory Board
Meeting Minutes
December 2, 2013

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Board Members Present: Bram Kleppner, Tim Ford, Sheila Reed (phone), Trinka Kerr, Christina Colombe (phone), Clifton Long, Donna Sutton Fay, Kay Van Woert, Vaughn Collins, Larry Goetschius, Joan Lavoie, Catherine Hamilton, Paul Bakeman, Madeleine Mongan, Gladys Mooney, Julie Tessler, Lisa Maynes, Ellen Gershun, Sharon Henault (phone), Ilisa Strasberg, Julie Lineberger (phone), Cathy Davis and Dale Hackett.

Board Members Absent: Randy Cook, Michael Sirotkin, Shannon Wilson and Laura Pelosi.

Other Interested Parties Present: Betty Morse, Matt McMahan, Jessica Oski, Susan Gretkowski (phone), Keith Jones (phone), Kirsten Murphy, Kristen Bigelow-Talbot.

Staff Present: DVHA: Aaron French, Lindsey Tucker, Selina Hickman, Stacy Baker, Carrie Germaine and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) November 4 Meeting Minutes
- VT Health Care Ombudsman Qtrly Rpt (Jul-Sep '13)
- Vermont Health Connect Update Slides (12/2/13)
- 2014 MEAB Meeting Schedule – Proposed (12/2/13)

*all are posted to the VHC website

CONVENE

Kay Van Woert and Bram Kleppner chaired the meeting.

Welcome and Introductions

Board Business

Following introductions, the meeting minutes for November 4, 2013 were adopted. The board voted to approve the November minutes, with 22 yeas, 0 nays and 0 abstentions.

MEAB Work Group Updates – Work Group Chairs

Small Employer Work Group – There was no report available from this Work Group. Bram Kleppner reported that his Vermont company, Danforth Pewter, successfully uploaded its employee roster to Vermont Health Connect. All but two of 24 employees have been signed up, but the process was very difficult. Danforth is offering company insurance to be purchased through Vermont Health Connect.

Improving Access Work Group – Work Group Chair, Trinka Kerr reported that the group is scheduled to meet again on Tuesday, December 3 at DVHA in Williston. The group will further review Medicaid's Prior Authorization process for obtaining Durable Medical Equipment (DME) and discuss availability and acquisition of lifts in residential settings.

Quarterly Ombudsman Report – Trinka Kerr

Trinka Kerr, Office of Health Care Ombudsman (HCO), provided a brief summary of the office's July-September, 2013 Quarterly Report that is provided on an ongoing quarterly basis to DVHA and to the Department of Financial Regulation (DFR). The narrative report was handed out and was previously forwarded to the board. Trinka first noted two key changes that are occurring: 1)

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the office name will change on January 1, 2014 to become the Office of the Health Care Advocate (phone contact information will remain unchanged), and 2) the new website is up and running and can be viewed at www.vtlawhelp.org/health. Among other improvements, there is a new online intake feature that makes it easier for Vermonters to request assistance 24/7. The total call volume to the Ombudsman for assistance increased to 751, up by 4% from the previous quarter. The top issues generating calls were: 1) the affordability of health care, 2) information about applying for DVHA programs, 3) complaints about providers, 4) eligibility for VHAP and 5) eligibility for Medicaid. The HCO expects to get more calls near the end of the year concerning the VHC roll-out and what the new marketplace for health benefits means for Vermonters.

The HCO report also included: 1) recommendations to DVHA, 2) rate reviews, 3) hospital budget reviews, and work with The GMCB/other activities. DVHA recommendations included: 1) the need for increased training for customer service representatives at the Customer Support Center, and 2) the need for Economic Services Division to assign designated workers to assist beneficiaries who are eligible for Medicaid spenddowns.

VT Healthcare Innovation Project (VHIP) /Medicaid Shared Savings Program – Anya Rader Wallack

Anya Rader Wallack, Chair of the VHIP Core Team, provided an update on the state's VHIP effort and progress on the RFP process for the Medicaid Shared Savings Program. The VHIP 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. Part of the project is designed to create an integrated system of value-based provider payment (including shared savings arrangements with accountable care organizations, episode of care payments, and pay-for-performance). Initially, Vermont is focusing on the shared savings program concept and the creation of a Medicaid Shared Savings Program similar to an operating Medicare model. Through an RFP process, DVHA has received two proposals for participation. This was not an exclusive bidding process, so DVHA is now negotiating actual contracts with both RFP respondents to participate in the Medicaid Shared Savings Program. The intent is to launch the program on January 1, 2014; first year steps will be established to track costs and quality performance.

Dale Hackett asked if Dual Eligibles would be included in the Medicaid Shared Savings Program. Anya noted that Dual Eligibles would not be included during the first year of the program, but will be integrated for the second year of the program. Julie Tessler expressed a better understanding and support for the ACO/Shared savings program concept, but still felt the state was on a very aggressive timeline. Anya stressed that the state needed to be supportive and constructive over time with participating organizations to improve the process and outcomes of the program. Anya also added that, for the Medicaid side of the program, there would not be any down side risk during the three years of the program.

DVHA Updates – Aaron French, Deputy Commissioner

Aaron French, Deputy Commissioner, Department of Vermont Health Access, provided the most current updates on a number of DVHA activities and topics.

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Budget Trends and Utilization: DVHA has seen increased utilization in the Catamount Health program which will have to be absorbed; there has also been an increase in emergency room utilization. The Commissioner will be testifying on these items on December 5. These items will be considered during the current year budget adjustment process. Now that the VHAP program has been extended until 4/1/14, these cost factors will also need to be considered in the budget adjustment. Kay Van Woert asked if there any other budget trends that were developing and would want to be aware of these also. Dale Hackett asked if it was possible to get a more detailed look at why ER visits were increasing. Aaron said there should be more information available by the January meeting.

Global Commitment Update: Selina Hickman, DVHA Policy Director, 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. Mark Larson can provide any significant details on the extension.

Vermont Health Connect – Lindsey Tucker, Deputy Commissioner

Vermont Health Connect Numbers: Lindsey Tucker, Deputy Commissioner, provided current numbers on the transition to Vermont Health Connect (VHC). Currently (as of 12/2/13), 21,794 accounts have been created. For individuals, there have been 5,173 qualified health plans selected and 2,181 Medicaid plans selected. Also, 3,914 employees have enrolled. The deadline for enrollment (only for December) has been extended to December 23, 2013. The plan selection must be completed by 12/23 for January 1, 2014 coverage. Payment (by check) must be postmarked by January 7 to received retroactive coverage for January 1, 2014.

Premium Processing: Lindsey introduced changes being implemented now for individuals & families to improve the payment confirmation pages after plan selection, including payment method and address confirmations. Bills will be sent based on indicated preference, but payment method will initially be limited to "payment by check". Ellen Gershun expressed concern that young adults often do not have checking accounts. This will need further investigation. Premium processing for small businesses won't be ready for January 1. All VHC small businesses will have their 2013 health plans extended until premium processing for small businesses becomes functional, which will be no later than March 31, 2014. VHC will be outreaching to small businesses quickly to get the word out. Vaughn Collins expressed concern about dental preventive services for children in most plans being subject to an overall deductible, which is a significant change for dental coverage. Lindsey believed that this is being changed, but will check on it and report back to the board.

Outreach Activities: Lindsey summarized the outreach efforts that are underway, or that will be starting soon, for the following groups: 1) Medicaid/ Dr. Dynasaur eligibles who have not enrolled, 2) those enrolled in a sunseting program & indicated Medicaid, plus anyone who indicated Medicaid and is applying for a QHP, 3) those eligible for a cost sharing reduction (CSR), but chose a non-silver plan, 4) individuals in sunseting programs who have not applied, and 5) those that made manual income/date adjustments that affect Medicaid eligibility. VHC will provide the MEAB with the noticing information that will go out for the above categories. There is a large statewide enrollment event on Saturday, December 7. Enrollment events will be conducted simultaneously at ten separate sites across the state; participants will be able to use computers to set up accounts, check to see if they qualify for financial assistance, and compare health plans. VHC staff and navigators will be on hand to answer questions. Lindsey went on to clarify a question Sheila Reed had posed on the expanded age coverage for Dr. Dynasaur starting

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on January 1, 2014. Coverage will increase by a year in age, and will go from children “under 18” to children “under 19”. All website information has or will be adjusted accordingly. A plan will be developed to outreach those that are or will be impacted. The details will be shared with the MEAB.

2015 Qualified Health Plans: Lindsey provided a brief overview on what is in store for the 2015 Qualified Health Plan (QHP) design work and cost-sharing structures. VHC will be working with the GMCB on the 2015 QHP’s. This topic will be a larger agenda item for the January ’14 MEAB meeting. 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

The proposed calendar year 2014 MEAB meeting schedule was reviewed and discussed. The future meetings are now scheduled for the second Monday of every month. The board voted unanimously to approve the 2014 meeting schedule. The schedule will be forwarded again to board members and also sent to Outlook calendars for those that can accept this feature. Kay Van Woert asked members to consider and review potential agenda items (listed below) for the January 13 MEAB meeting. If agenda space permits, January may be a good time to have an internal review /discussion of how the MEAB is functioning (are there potential changes that can improve the board’s operation and effectiveness?). Requests for action or information from DVHA/VHC include: 1) a call center report, 2) an analysis of the increased ER use, 3) data on use of the VHC exchange, 4) clarity on all AHS websites on new Dr.Dynasaur eligibility age (w/ramifications), and 5) a status report on pre-deductible pediatric dental coverage for preventive services.

Public Comment

There was no public comment at this point in 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 January 13 Meeting:

- Budget Adjustment/SFY 15 Budget Development
- Medicaid Utilization and Trends
- OHSU Work/Guiding Principles
- VHC Exchange Updates/2015 Qualified Health Plans/Outreach Activities
- Internal review of MEAB Operations/Functionally

Future Meeting Topics:

- Health Care Reform - single payer models

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- 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
- Improving Access Work Group
- Small Employer Work Group

Next Meeting

January 13, 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