
Medicaid & Exchange Advisory Board
Meeting Minutes
March 10, 2014

Page 1

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

Board Members Absent: Joan Lavoie, Ilisa Strasberg, Tim Ford, Sharon Henault, Cathy Davis and Laura Pelosi.

Other Interested Parties Present: Matt McMahan, Susan Gretkowski (phone), Kirsten Murphy, and Kristen Bigelow-Talbot.

Staff Present: DVHA: Aaron French, Carrie Germaine and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) February 10 Meeting Minutes
- DCF SFY '15 Budget Document Excerpts
- Board Draft Dashboard
- Board Membership List with Terms
- MEAB Recommended Process Improvements
- Vermont Health Connect Update Slides (March 10, 2014)
- DAIL SFY '15 Budget Document Briefing
- Adult Measures Grant Handouts (Breast Cancer & Alcohol Treatment projects)

*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 February 10, 2014 were reviewed and adopted with one minor change - the state's Vermont Health Care Innovation Project (VHCIP), previously called the State Innovation Model (or SIM Project) will be referred to by both names for clarity and updates will be monthly. Members expressed desire for the MEAB to find a way to advise on this project proactively, not just in reaction.

The board voted to approve the February minutes, with 19 yeas, 0 nays and 1 abstention.

MEAB Work Group Updates – Work Group Chairs

Small Employer Work Group – The Small Employer Work Group met by phone in early March. Work Group Chair Julie Lineberger indicated that the group is moving to find a new small business representative to serve on the board and fill a vacant position. The group also prepared a process (for board review) on the election of MEAB co-chairs. The Small Employer Work Group has set up a standing monthly phone meeting for 2:00 PM on the first Monday of each month.

Medicaid & Exchange Advisory Board
Meeting Minutes
March 10, 2014

Page 2

Improving Access Work Group – Work Group Chair, Trinkia Kerr reported that the group has not met since the last MEAB meeting and will meet on April 7 at DVHA in Williston.

EPSDT Work Group – The Early, Periodic, Screening, Diagnosis & Treatment (EPSDT) Work Group met on February 26 in Williston. Kay Van Woert reported that the Work Group invited project leaders working on related current issues throughout the state and continued to capture the essential work needs and identify what kids should be getting under the program. The group is now updating an issues matrix before prioritizing topics and moving forward. The group plans to meet every other month.

DCF SFY '15 Budget – Richard Giddings, Deputy Commissioner

Richard Giddings, Deputy Commissioner, Department for Children and Families (DCF), provided a summary of the Department's SFY '15 budget plan and, where applicable, how it ties into health care. Following the review process, an additional cost allocation of \$1.3 mil was required for district office eligibility work. The Health Access Eligibility Unit (HAEU) has grown in size and now has 114 staff members; the older ACCESS eligibility system is transitioning to the new Vermont Health Connect eligibility system. Staff training is ongoing. Donna Sutton Fay noted that Navigators are still having some trouble interfacing and getting answers from the call center. MAXIMUS handles Level 1 calls, while Level 2 calls (more complicated) are forwarded to HAEU for handling. A separate discussion will be set up with Donna to get to the root of these issues. Richard went on to highlight budget implications for General Assistance, the 3Squares Program, Reach Up and Child Development. For Long Term Care (LTC) Medicaid, there are currently 6218 cases, with 308 new cases pending. Eighty eight of these pending cases are over 60 days from application. Larry Goetschius stressed that home health agencies are experiencing delays in transitioning Medicaid beneficiaries into LTC solutions. Larry will coordinate with Clark to identify DVHA awareness and a possible sub group to address this concern. Larry will also link up with Richard directly to discuss these scenarios in depth and provide feedback to the MEAB.

MEAB Operational Review – Board Members

The co-chairs led a discussion on board member terms, the development of a “dashboard” with regularly updated key indicators, and other MEAB recommended process improvements.

Membership/Terms: The current MEAB membership list has been provided to the board, including when terms of service expire. Approximately one third of the membership will have their terms expire on June 30, 2014. The DVHA Commissioner can reappoint members to serve a consecutive term, so it is important (for those members with terms expiring in June) to let Mark Larson know if you do or do not want to continue serving on the board.

Key Indicators/Dashboard Development: A draft of a MEAB dashboard was provided for the meeting, including three categories for key indicators: 1) Qualified Health Plans, 2) Call Center and 3) Medicaid. The board reviewed the key indicators for wording and made some suggestions to improve the list. There were also several suggested additions to the list. So that more thought can go into ideas to expand the dashboard, Kay Van Woert recommended that all dashboard suggestions be e-mailed to Clark Eaton – being sure to include both the category and metric for each dashboard item. The board will also ask Lindsey Tucker what categories and metrics VHC is currently tracking. These can be crosschecked and compared with the MEAB's draft dashboard.

Process Improvement Recommendations: Julie Lineberger submitted a detailed recommendation from the Small Employer Work Group on how MEAB co-chairs would be elected by the board.

Medicaid & Exchange Advisory Board
Meeting Minutes
March 10, 2014

Page 3

After discussion, the board voted (16 yeas, 0 nays, 1 abstention) to adopt the following process for the MEAB to elect its co-chairs:

“Co-chairs will serve a two-year term. The terms of the two co-chairs will be staggered, so that each year MEAB will elect one co-chair. At the July meeting each year, each member will receive a job description for the co-chair positions. At the July meeting, any member can nominate him- or herself or any other member to be co-chair. The Commissioner of DVHA may not nominate for the co-chair position. All nominees who confirm their willingness to serve will be candidates. Each member will write his/her vote on a piece of paper. If no candidate receives more than 50% of the votes, a run-off election will be held between the two top vote-getters.”

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). Kay Van Woert first described the MEAB’s effort to create a meaningful dashboard for regular updates. Lindsey noted that the VHC has a number of dashboards that are being used, and these can be compared to the MEAB’s draft dashboard that is under development.

Vermont Health Connect Numbers: Lindsey reviewed the VHC application activity to date, including the number of applications submitted, the number of individual applicants and those that have been assisted by either brokers or designated Navigators. More than 18,000 Medicaid plans and about 15,000 Qualified Health Plans (QHP’s) have been effectuated (are active). The VHC team is now focusing on the population that is transitioning from “sunsetting” programs, principally VHAP and CHAP.

Premium Processing: As of March 3, 2014, an electronic payment option is available for making health care premium payments. This option is now available only as a self-service transaction that can be made through the website; however, within about a week, the member services call center (MAXIMUS), should be able to start taking credit card information over the phone for electronic processing. There will be video training available that will demonstrate the electronic payment process.

Outreach Activities: For sunsetting programs, Lindsey outlined the significant outreach efforts that will be conducted in the month of March. There will be extensive use of mail, phone calls (use of both Auto dial and Live dial), e-mail, scheduled events, as well as use of radio, television, print and social media.

Current VHC information and activities can always be viewed at www.vermonthhealthconnect.gov

DVHA Updates – Kara Suter, Director/Aaron French, Deputy Commissioner

Medicaid Shared Savings Program (MSSP)/ACO Contracts: Kara Suter, Director, Payment Reform and Reimbursement, announced that DVHA has executed a contract with One Care Vermont in early March to participate in the Vermont Medicaid Shared Savings program. A similar contract arrangement is now being processed for Community Health Accountable Care to also participate in the MSSP. Larry Goetschius asked when these MSSP organizations needed to identify their provider participants. Kara noted that provider participants should be identified by the end of March, 2014.

SIM/VHCIP Project: Aaron French, Deputy Commissioner, reviewed his participation on the Performance Measures/Accountability, and Care Model Work Groups as part of the larger SIM

Medicaid & Exchange Advisory Board
Meeting Minutes
March 10, 2014

Page 4

Project. There are seven specific Work Groups. Trinkia Kerr recommended that Anya Rader-Wallack provide a higher level summary of SIM progress on a regular basis, maybe every other month. The MEAB will invite Anya to brief on the SIM program at the next meeting.

Global Commitment Update: CMS has 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. DVHA and CMS had agreed to defer discussions on combining the GC Waiver with the Choices for Care Waiver until early 2014. These discussions/negotiations are on hold for now; the key CMS contributor on this project is on extended leave.

DAIL SFY '15 Budget – Stuart Schurr, Deputy Commissioner

Stuart Schurr, Deputy Commissioner, Department of Disabilities, Aging, and Independent Living (DAIL), provided a summary of the Department's SFY '15 budget plan, and addressed in detail the Choices for Care (CFC) Program. DAIL's Choices for Care (CFC) investment plan was approved by the General Assembly; in conjunction with the 2014 budget adjustment, this improves the capability to meet the needs of the high and moderate needs groups. Stuart reviewed findings from a recent CFC Home and Community Based Services Consumer Survey covering a five year period (2008-13). Overall satisfaction with CFC has been "excellent" and "good" throughout the period. Since 2005, there has been a steady shift in CFC away from nursing homes toward residential and home based settings. MEAB members had expected a full presentation on the DAIL budget on all Medicaid related topics including developmental services, the high-tech nursing program, traumatic brain injury, and funding for the five-year Money Follows the Person Grant. As Stuart was not prepared to address those questions or budgets, he offered to return to the April meeting to cover those topics.

Adult Quality Measures Grant – Aletta Powel, DVHA

Aletta Powel, Adult Quality Measures Grant Manager, DVHA Quality Unit, provided an update on performance measure training and work on two performance improvement projects that were initiated in early 2013 that are part of a two year grant (approximately \$2 mil) that was awarded to DVHA in December, 2012. Aletta outlined the efforts and progress on both projects: 1) a Breast Cancer Screening (BCS) Performance Improvement Project, and 2) an Initiation and Engagement in Alcohol Treatment (IET) Performance Improvement Project. The BCS project participants are ages 50-70, who did not receive a mammogram in the past three years. The first year goal is to improve participation by 10%. For the IET project, by December, 2015, the goal is to increase the treatment initiation rate by 20% and also the extended engagement rate for treatment by 10%. Updates on this grant activity will be provided every six month throughout the grant reporting period.

MEAB Discussion – Board Members

Kay Van Woert asked board members to consider and review potential agenda items (listed below) for the April 14 MEAB meeting. Vermont Health Connect will be scheduled early in the agenda for April. DAIL will be asked to return and cover some key Medicaid-related budget items. A SIM overview will also be requested for the April meeting.

Medicaid & Exchange Advisory Board
Meeting Minutes
March 10, 2014

Public Comment

There was no public comment during the meeting.

Topics for Regular Update:

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

Draft Topics for April 14 Meeting:

- DAIL SYF '15 Budget Follow-up (Medicaid specific)
- SIM/VHCIP Update
- Blueprint Savings Update (also provide 2013 Annual Rpt)
- Key Indicators/Dashboard Discussion

Future Meeting Topics:

- Health Care Reform - single payer models
- 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

**Medicaid & Exchange Advisory Board
Meeting Minutes
March 10, 2014**

Page 6

**Next Meeting
April 14, 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

OK!