
Medicaid & Exchange Advisory Board
Meeting Minutes
April 14, 2014

Page 1

Board Members Present: Bram Kleppner, Nathaniel Waite, Sheila Reed (phone), Trinka Kerr, Christina Colombe (phone), Clifton Long, Donna Sutton Fay, Kay Van Woert, Larry Goetschius, Catherine Hamilton, Paul Bakeman, Gladys Mooney, Madeleine Mongan (phone), Joan Lavoie, Julie Lineberger (phone), Julie Tessler, Randy Cook, Dale Hackett and Shannon Wilson.

Board Members Absent: Vaughn Collins, Ellen Gershun, Tim Ford, Lisa Maynes, Sharon Henault, Cathy Davis, Sharon Winn and Laura Pelosi.

Other Interested Parties Present: Betty Morse, Jai Persico, Kirsten Murphy, and Kristen Bigelow-Talbot.

Staff Present: DVHA: Selina Hickman, Devon Ayers, Emily Yahr and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) March 10 Meeting Minutes
- Board Draft Dashboard
- Board Membership List with Terms
- Vermont Health Connect Update Slides (April 14, 2014)
- Vermont Health Care Innovation Project Update (April 14, 2014)

*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 March 10, 2014 were reviewed and adopted. The board voted to approve the March minutes, with 18 yeas, 0 nays and 0 abstentions.

MEAB Work Group Updates – Work Group Chairs

Small Employer Work Group – The Small Employer Work Group met briefly by phone on April 7, 2014. Work Group Chair Julie Lineberger indicated that the group is continuing to search for a new small business representative to serve on the board and fill a vacant position. Bram Kleppner reported on how his company (Danforth Pewter) moved to complete direct health care enrollment with Blue Cross/BlueShield effective April 1, 2014. The process went very smoothly.

Improving Access Work Group – Work Group Chair, Trinka Kerr reported that the group met on April 7 at DVHA in Williston. The Work Group prepared five recommendations that were provided to DVHA for action. Two were recommended amendments to regulations involving DME lift applications in residential settings. Three other recommendations to DVHA included: 1) revising the language and design of the Notices of Decision for prior authorization requests to be more readable, 2) sending a letter to all DME providers who might see beneficiaries with wheelchairs purchased from the now-closed Scooter Store, telling them what the process is to get repairs authorized, and 3) updating the Roadmap for DME Acquisition on DVHA's website to

Medicaid & Exchange Advisory Board
Meeting Minutes
April 14, 2014

Page 2

include timeframes for each step in the process. The Work Group is scheduled to meet again on June 2, at DVHA in Williston.

EPSDT Work Group – The Early, Periodic, Screening, Diagnosis & Treatment (EPSDT) Work Group did not meet in March and Nathaniel Waite anticipates the group meeting in April. Kay Van Woert noted that Work Group participants are continuing to capture the essential work needs and identify what kids should be getting under the program. The group will add to an issues matrix before prioritizing topics and moving forward. On a related issue, acquiring properly sized/fitting diapers continues to be a problem for some Medicaid beneficiaries. Susan Coburn at DVHA will take the lead on developing a solution for those having difficulty.

MEAB Operational Review – Board Members

The co-chairs introduced a change in the MEAB meeting format that should allow members to be more effective in contributing in an advisory role to DVHA and other AHS departments. Agendas will be structured to provide shorter briefing times with more emphasis on discussing important issues and gaining timely input and suggestions that relate to the topic being covered. In most cases, presenters will be asked to provide a short topic introduction and then be prepared to discuss and analyze key aspects and questions surrounding the topic, allowing MEAB members to share their experience and input. For example, Mark Larson will encourage this type of information exchange and input from the board early on (in the August timeframe) concerning DVHA's next SFY budget development. The board may also want to consider having an agenda setting committee to identify key items for monthly agendas.

Vermont Health Connect (VHC) Topics/Discussion – Mark Larson, Commissioner

Mark Larson, Commissioner, on behalf of Lindsey Tucker, Deputy Commissioner, covered the most current Dashboard that is being developed for the MEAB, VHC enrollment results/topics, Customer Support Center activity, and Outreach & Education activities.

MEAB Dashboard Development: Kay Van Woert reminded everyone that the dashboard is still a work in progress and encouraged MEAB members to continue to submit dashboard recommendations to Clark Eaton. Mark introduced draft dashboard items and results that VHC helped prepare for key information within three categories: 1) Qualified Health Plans (QHP's), 2) Call Center, and 3) Medicaid. For QHP's, results were shown for both BCBSVT and MVP, indicating the month of March (2014) and year-to-date. There will be ongoing informational highlights, but Mark suggested that the board be cautious in how much data is incorporated into the dashboard; the dashboard should depict key items/indicators that are actionable. If something needs to be fixed, it can be fixed. For now, the board will focus on things they care about the most – adjustments can be made periodically. Kay Van Woert suggested the Improving Access Work Group set aside some time to make recommendations for the MEAB dashboard. Bram Kleppner felt it would be important to show previous month and previous YTD data so that quick comparisons could be made. The board needs to be able to see and respond to trends.

VHC Enrollment Results/Topics: Mark reviewed VHC enrollment coverage data for the period January-March, data on beneficiaries transitioning from Catamount and VHAP, and data on beneficiaries transitioning from Employer-Sponsored Insurance plans.

Customer Support Center: Mark presented slides and described the Customer Support Center (call center) activity from late last year through early April '14. The slides depicted the fluctuations experienced with: 1) the average time to answer, 2) total daily offered calls, and 3) the payment line calls received (since March 11).

Medicaid & Exchange Advisory Board
Meeting Minutes
April 14, 2014

Page 3

Outreach & Education-Update: Mark briefed the board on the direct outreach activities that are ongoing and anticipated, including regional events, direct mailings and e-mails. Outreach toolkits have also been prepared for VHC partners and stakeholders. The toolkits include Medicaid population information, tip sheets, posters, and a navigator directory.

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

DAIL SFY '15 Follow-Up Budget Budget Topics/Discussion – 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 in March and addressed in detail the Choices for Care (CFC) Program. Stuart returned to provide information on other Medicaid related DAIL budget topics, including: 1) funding for the five-year Money Follows the Person Grant, 2) developmental services, 3) the high-tech nursing program, and 4) the traumatic brain injury program. The \$18 mil Money Follows the Person Grant is targeted to provide assistance to 375 Vermonters who will move from a nursing home back into a residential community home setting. The \$18-20 mil budget is directed to Home and Community Based Services, administrative costs and \$2500 per person (times 375). The program started in 2012 and, to date, 91 individuals have transitioned back into a residential setting. The Developmental Services budget for SFY '15 would be increased by \$11mil (over SFY '14) to \$181 mil to cover additional caseloads and public safety costs. This is based on the 2% submitted rate increase, and there is downward pressure on this amount in the legislature. The high-tech nursing program services include coordinating treatment, medical supplies and medical equipment. The program serves 28-30 individuals per month who are age 21 and over. The cost is approximately \$270,000 per month. Kay Van Woert stressed the overriding problem of wages not being adequate throughout the caregiver community. DAIL and the state needs to be more proactive in addressing this problem. The MEAB may make a formal recommendation to DAIL on this problem in the future. The traumatic brain injury program serves approximately 70 people with moderate to severe injury; they are Vermont residents 16 or over, with the ability to be rehabbed and have the eventual ability to live independently. The SFY '15 budget recommendation is about \$5 mil.

VHCIP/SIM Project: Work Group Approaches & Progress – Georgia Maheras

Georgia Maheras, the state's VHCIP/SIM Project Director, discussed the \$45mil grant project designed to implement health care innovation. Georgia briefly covered the project objectives which are to improve care, improve health and reduce costs. The grant was awarded in April, 2013 and will run through September, 2016. The project operating structure is comprised of seven workgroups that report and make recommendations up through a Steering Committee to the VHCIP Core Team. More than 300 people are involved in the workgroups and Georgia outlined the focus of their work, including: 1) coordinated policy for payment, care management and the health information system, and 2) targeted funding for modeling and testing payment reforms, expanding and improving our health information system, and supporting providers in changing their business models. Three payment models are being tested, which include: shared savings arrangements with accountable care organizations, episode-based payments to provider groups, and pay-for-performance. Georgia discussed the key issues that workgroups are currently addressing. The list and questions include: 1) how should VT invest SIM funds for the health

Medicaid & Exchange Advisory Board
Meeting Minutes
April 14, 2014

Page 4

information system? 2) where is there duplication or gaps in VT's care management system? 3) how can payment models be improved? and 4) how can episode-based payments be useful/complementary? Evaluation plans will be extensive, and be both external and internal; a staff person has been hired to coordinate all evaluations. Kay Van Woert cited a personal example of how medical reimbursement structures seem to be unreasonably low for PCP's/general practitioners. The appropriate SIM workgroup is aware of this and looking at this type of disparity. Larry Goetschius also urged the SIM project to look at higher costs and further control costs associated with durable medical equipment and pharmaceuticals.

DVHA Topics/Discussion – Mark Larson, Commissioner

Commissioner Larson discussed some follow-on activity that is ongoing following the March 31st application/enrollment period, including applicants that have a change in circumstance and can be considered beyond March 31st. The RFP for the navigator grant for next year will be out soon. Mark noted that DVHA is concerned that there is downward pressure in the legislature on DVHA's recommended approximate 2% increase in provider rates as part of the SFY '15 budget.

Medicaid Shared Savings Program (MSSP)/ACO Contracts: DVHA has signed two contracts with One Care Vermont and Community Health Accountable Care to participate in the Vermont Medicaid Shared Savings program. The two ACO's are now in the process of signing up providers and developing their operating models. Julie Tessler stressed that care management models need to be worked through carefully. It might be good to invite Deborah Lisi-Baker to meet with the MEAB to discuss her SIM Workgroup efforts.

MEAB Discussion – Board Members

Kay Van Woert asked board members to consider and review potential agenda items (listed below) for the May12 MEAB meeting. The Quarterly Advocate report will be presented in May, as well a discussion on Blueprint evaluation topics and savings. Also, Deborah Lisi-Baker will be invited in May to discuss issues and progress from her SIM Workgroup activity. For future planning, the October MEAB monthly meeting in Winooski has been rescheduled from October 13th to October 20th.

Public Comment

There was no public comment during the meeting.

Topics for Regular Update:

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

Medicaid & Exchange Advisory Board
Meeting Minutes
April 14, 2014

Page 5

Draft Topics for May 12 Meeting:

- Blueprint Savings Discussion (also provide 2013 Annual Rpt)
- Key Indicators/Dashboard Discussion
- SIM Workgroup Discussion (Deborah Lisi-Baker)
- Legislative Session Update
- MEAB Discussion and Develop Recommendation – Caregiver Wages

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

Issue Tracker List:

- Inventory of Perverse Incentives
- Diapers
- Medicaid transportation
- Out-of-State travel
- Specialist or preferred providers
- Mental Health fee schedule changes
- Prior Authorization concerns
- Coordination of Benefits between Medicare and Medicaid

Ongoing Small Group Works

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

Next Meeting

May 12, 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