
Medicaid & Exchange Advisory Board
Meeting Minutes
May 12, 2014

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Board Members Present: Bram Kleppner, Nathaniel Waite, Trinkia Kerr, Christina Colombe (phone), Clifton Long, Donna Sutton Fay, Kay Van Woert, Larry Goetschius, Catherine Hamilton, Ellen Gershun, Paul Bakeman, Gladys Mooney, Madeleine Mongan (phone), Joan Lavoie, Julie Lineberger, Julie Tessler, Lisa Maynes and Dale Hackett.

Board Members Absent: Vaughn Collins, Tim Ford, Sheila Reed, Randy Cook, Sharon Henault, Cathy Davis, Shannon Wilson, Sharon Winn and Laura Pelosi.

Other Interested Parties Present: Betty Morse, Caroline Webster, Keith Jones, Mary Eversole, Jai Persico, Kirsten Murphy, Gretchen Benoche and Kristen Bigelow-Talbot.

Staff Present: DVHA: Selina Hickman, Devon Ayers, Carrie Germaine and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) April 14 Meeting Minutes
- Board Draft Dashboard
- Blueprint for Health Community Networks (May 12, 2014)
- Vermont Health Connect Update (May 12, 2014)
- Special Enrollment Period Qualifying Events (May 12, 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 April 14, 2014 were reviewed and adopted. The board voted to approve the March minutes, with 16 yeas, 0 nays and 0 abstentions.

DVHA Topics/Discussion – Mark Larson

Legislative Session/Budget Update – Mark Larson, DVHA Commissioner, reported that the Legislative session wrapped on Saturday evening (5/10/14). DVHA is still sorting through the bills. Regarding payment rates, DVHA had proposed a 2 percent payment increase for providers. The house came back with a .75 percent proposal, and the senate recommended 2 percent. In the end, a 1.6 percent overall increase was approved and will become effective on July 1, 2014. In related activity, three new positions were included in the budget: 1) two Autism positions at DVHA, and 2) a Dental Hygienist with the Department of Health. Tele-monitoring was allowed to move forward, but without specific funding. There are also a number of reports that will be required; all of these will be listed according to topic, timeline and due date. The list of reports will be provided directly to the MEAB or listed in the minutes. Report topics include substance abuse, the mental health budget, fair hearings, additions to Blueprint payments, and childhood trauma evaluations. There was also a change in H596 affecting employer assessments. The change created a tiered employer assessment so that the money owed would be dependent on the size of the employer.

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Medicaid Shared Savings Program/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 doing ongoing work and completing the process of signing up providers and developing their operating models. Julie Tessler asked if there could be an update next month on anticipated ACO program status and activity in years 2 and 3.

Mark also noted that there are some MEAB staggered membership terms that will be complete at the end of June in 2014. He is aware of this and is working on filling any vacancies and addressing renewal of memberships for July 1.

Blueprint Discussion – Craig Jones

Craig Jones, Blueprint Director, gave a brief introduction to the composition of the Blueprint (a program to reform health delivery in the state started in 2008) and how patient-centered medical homes have geared up along with community health team staffing in Vermont. Community health teams and extended community health teams are at the center of the Blueprint's success. Focusing on 2012 study groups (Commercial-Child, Commercial-Adult, Medicaid-Child, Medicaid Adult), Craig described positive results, improvements and cost savings in multiple categories with the Blueprint approach when viewed, side-by-side, with other comparison groups. With expanded use of data, the Blueprint program is also looking at practice profiles for all medical homes, allowing for better analysis and change recommendations whenever appropriate. Craig finished by showing an overall analysis (using the study groups) of savings compared to investment in 2012. In summary, the multi-year Blueprint effort has improved healthcare patterns, reduced medical expenditures per capita, and helped people better connect with important non-medical support services. Future Blueprint initiatives will address addiction and mental health, additional support for medical homes and community health teams, and other medical service needs such as depression and pain.

There were a number of questions posed pertaining to substance abuse/addiction, mental health and the state's Hub and Spoke program initiated to better address these concerns. The Blueprint staff will be asked to return to expand on the Hub and Spoke program and provide a more extensive statewide network analysis.

MEAB Operational Review – Board Members/Lindsey Tucker

Dashboard/Key Indicators Discussion – The Vermont Health Connect (VHC) staff provided the most current version of the MEAB dashboard. The dash board is still in the final draft stage and ongoing input from the board has been incorporated. More feedback is encouraged over the next few weeks. Lindsey Tucker, Deputy Commissioner, VHC, described the dashboard to date by category and metrics.

Vermont Health Connect Topics/Discussions – Lindsey Tucker

Enrollment Update – Lindsey described/showed how the individual insurance market has changed between May, 2013 and May, 2014, with people shifting in the market and now participating through VHC. The Catamount Health and VHAP markets have been replaced with the expanded Medicaid market. Almost half (47%) of enrollees are under the age of 35. Of all in the individual market, 81% qualified for either financial help or Medicaid. Julie Tessler asked

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how many uninsured Vermonters are now insured. Lindsey said it would be a few months before VHC will have accurate numbers on this.

Special Enrollment Period Rules – With the recent open enrollment period over, Lindsey reviewed life events that would allow for special enrollment (note: Medicaid eligibles can enroll at any time). These events include the loss of employer-sponsored insurance and births. Per federal rule, there is also a special enrollment period when an individual loses minimum essential coverage. VHC is expanding the education and awareness around loss of minimum essential coverage and will be working to implement a better, automated long term solution to ensuring or regaining coverage up to 60 days in advance (of losing minimum coverage).

System Update – People will soon (June, 2014) be able to set up recurring premium payments from their bank accounts. Also, Vermonters will soon be able to report changes of circumstance directly through their online account. Notices of Decision will be sent in June to everyone who filled out an application and still has an active case on file. The Health Care Advocate's office will be notified prior to notices going out.

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

MEAB Work Group Updates – Work Group Chairs

Small Employer Work Group – Work Group Chair Julie Lineberger indicated that the group has not met recently, but has identified a candidate to be considered for a new small business representative to serve on the board and fill a vacant position.

Improving Access Work Group – Work Group Chair, Trinkia Kerr reported that the group last met in April and is scheduled to meet again on June 2 at DVHA in Williston.

EPSDT Work Group – Work Group Chair, Nathaniel Waite, reported that the Early, Periodic, Screening, Diagnosis & Treatment (EPSDT) Work Group will meet on May 19 at VSAC in Winooski. The group is working on updating its current issues matrix and will prioritize topics at the next meeting.

Health Care Advocate Quarterly Report – Trinkia Kerr

Trinkia Kerr, Vermont Health Care Advocate (HCA) provided a summary of the Office of Vermont Health Care Advocate's Quarterly Report for the three month period ended March 31, 2014.

Calls for assistance during the quarter increased by 42% over the same quarter in 2013. Because 46% of the calls this quarter were related to VHC, it seems safe to assume that the overall increase was attributable to issues with the exchange. However, it was recognized that VHC, DCF and BCBSVT have made heroic efforts to make sure consumers get the care that they need. The top five issues generating calls were to acquire information about VHC, express complaints about VHC, get information about DVHA programs, discuss DCF communication issues, and to inquire about Medicaid eligibility. Trinkia pointed to a number of recommendations that were made to DVHA, including: 1) making the change of circumstance function operational soon, 2) eliminating glitches in the invoice and payment system, 3) providing additional training for the Maximus and Health Access Eligibility Unit, and 4) changing the application to get better, more accurate information regarding citizenship status.

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Trinka noted that the HCA is also involved with other activities, such as rate review work, Green Mountain Care Board consultation, and significant activity with the state's Vermont Health Care Innovation Project (VHCIP), also called the State Innovation Model (or SIM project). The new Vermont Law Help website continues to expand and be improved. The HCA quarterly report will be added to the website in the future. The website can be viewed at www.vtlawhelp.org/health.

MEAB Discussion – Board Members

Kay Van Woert asked if the MEAB wanted to do something proactively to address the issue of inadequate caregiver wages. At the last meeting, DAIL felt that MEAB support would be beneficial regarding this issue. The budget has just been passed, so the timing is not perfect. Also the union contract is still being negotiated. Interest will be queried from the board and a meeting may be scheduled to pursue this initiative. Kay Van Woert asked board members to consider and review potential agenda items (listed below) for the June 9 MEAB meeting. Items include an out-year discussion on ACO's, an update on pharmacy co-pays, a more specific Blueprint discussion on the Hub & Spoke program and looking at the job description for the Co-Chairs. Also, Deborah Lisi-Baker will attend the June MEAB meeting 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)

Draft Topics for June 9 Meeting:

- Blueprint Hub & Spoke Discussion/ Network Analysis
- ACO Out-year Discussion
- SIM Workgroup Discussion (Deborah Lisi-Baker)
- Pharmacy Co-pay Update
- MEAB Co-Chairs Job Description Review

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

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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

June 9, 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