
Medicaid & Exchange Advisory Board
Meeting Minutes
May 6, 2013

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

Other Interested Parties Present: Nathaniel Waite, Marjorie Stinchcombe, Gretchen Begnoche (phone), Betty Morse, Andrea Coppola, Judy Sassorossi, Cherie Bergeron, Sonia Tagliento, Kelly Barnier and Kristen Bigelow-Talbert.

Staff Present: DVHA: Mark Larson, Cindy Thomas, Kathy Browne, Sean Sheehan, Nancy Lynch, Rob Larkin and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) April 1 Meeting Minutes
- Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults*
- Proposed Nursing Home Rate Change Proposal (April, 2013)
- Memorandum on the Proposed Nursing Home Rate Change (April 19, 2013)
- Outreach and Education Update slides (5/6/13)
- Exchange Milestones and Timeline slide (5/6/13)*
- Customer Support Update slides (5/6/13)

*presented at meeting, sent out after the meeting

CONVENE

Bram Kleppner and Kay Van Woert chaired the meeting.

Welcome and Introductions

Board Business

Following introductions, Bram Kleppner asked for adoption of the April 1, 2013 meeting minutes. The board voted to approve the March minutes, with 18 yeas, 0 nays and 0 abstentions.

DVHA Updates – Mark Larson, Commissioner

Mark Larson, Commissioner, Department of Vermont Health Access (DVHA), provided the most current updates on a number of DVHA activities and topics.

Dual Eligibles Project Update: DVHA is in the process of negotiating 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.” Working with Wakely Consultants, a financial analysis has been completed and this was briefed to the Dual Eligible Stakeholders Workgroup on May 1. DVHA is now striving to have a signed MOU in place by July 2013, and a proposed implementation date for the Dual Eligibles program of September 2014. This should provide

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time for adequate synchronization with the integration of a new eligibility system that will be important to the operation of the Dual Eligibles program.

Mark indicated that the attribution of Medicare savings for the Dual Eligibles program will be resolved in the MOU. In addition to a Medicare shared savings program, the state is also in the process of implementing a Medicaid shared savings program; therefore, the Dual Eligibles would be attributed to an Accountable Care Organization (ACO) in either scenario, in the context of where their dollars were spent. There was continued discussion on both the shared savings programs and relationships to ACO's. For better understanding, Randy Cook suggested that the board receive a briefing on the concept of a Medicare shared savings ACO; Church Hinds, who is now with One Care Vermont, might agree to cover this at a future meeting. The board felt this would be a good idea and Randy will give Church a heads up that a formal request might be forthcoming.

Adult Measures Grant: Cindy Thomas, Quality Improvement Director, DVHA, and Kathy Browne, CHIPRA Manager, DVHA, provided an overview of the Department's new Medicaid-Eligible Adults Measures Grant. The grant was awarded in December and approved by the Legislature in March, 2013. The Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults (handout) was distributed to the Board. Vermont is one of 26 states that were awarded similar grants that are designed to develop the skills and infrastructure to be able to report out on these core measures for adults. Performance Improvement Projects will follow; Vermont will initially focus on two key areas: 1) breast cancer screening, and 2) substance abuse treatment. Cindy noted that the grant team will update the MEAB every six months over the next 18-24 months.

Nursing Home Rate Change Proposal – Leslie Wisdom, Rate Setting

Leslie Wisdom, Division of Rate Setting, summarized (with handouts) a proposed rule amendment affecting nursing home rates beginning on July 1, 2013. This is the last step in a process that started in 2010 and involves the state's transition from Resource Utilization Group (RUG) III to RUG IV in the nursing home Medicaid rate setting process. The anticipated economic impact of this change is actually a one-time annual savings to the Medicaid program of approximately \$235,000. There are now 39 nursing homes operating in Vermont and 36 participate in the Medicaid program. Leslie also noted that this summer the state is going to explore the creation of special rates for nursing home residents that have more resource intensive behavior needs. The Rate Setting Division will likely come back to the MEAB to brief this in the fall of 2013.

DVHA Updates (Continued) – Mark Larson, Commissioner

DVHA Budget/Legislative Update: The state legislature is in its final days of the current session. The main elements of DVHA's budget proposal are still included in the full proposal, including the increased provider reimbursement recommendation, and the premium assistance and cost sharing subsidy plans for individuals who will participate in the Exchange. Also, the financing plan for the Exchange needs to be approved by the legislature – a legislative report is available at the Joint Fiscal Office for review. That report indicates that Vermont's financing projection is not out of line with other state-based plans. Mark encouraged everyone to continue to advocate for their needs with the legislature right up until the end of the session – don't assume everything is

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finished. Larry Geotschius asked about the projected 3% increase in provider reimbursement rates; if it goes through, would the increase be across-the-board, or would Departments have the ability to give (for example) some providers a 4% increase and others a 2% increase? Mark indicated that the strategy, across Departments, is for the increase to go into existing rate methodologies, except for a very few exceptions. Specific questions should be directed to the appropriate Department Commissioner. The roughly 3% projected increase is based on SFY '12 dollar figures.

Global Commitment Update: DVHA is in the process of requesting an extension to its Global Commitment (GC) to Health Section 1115(a) Demonstration Waiver. The current Waiver runs out at the end of this calendar year, and the extension is for the period 1/1/2014-12/31/2018. Currently, the request is within a CMS 45 day public comment period. In all likelihood, negotiations on the GC waiver extension will probably run right up until the end of this year, which is the deadline. Progress updates will be provided throughout this year.

Administrative Rule Progress: Mark provided a process update on the new administrative rule being developed for the Exchange. The proposed rule was submitted for review last week to the Interagency Committee on Administrative Rules (ICAR). From there, it will go to the Legislative Committee on Administrative Rules (LCAR) for review. There will be additional public comment periods. The new rule needs to be ready for implementation no later than October 1, 2013. The application and enrollment process should be simpler and more streamlined. The Health Care Ombudsman's office will be reviewing the rule and will provide the MEAB with a summary of its review.

Exchange Updates – Mark Larson, Commissioner

Outreach and Education Update: Sean Sheehan, Director, Outreach and Education, provided a handout and presented an overview of the exchange's current Outreach and Education efforts. The first advertising wave, involving numerous radio ads, points to and complements a series of forums scheduled throughout the state during the spring and into the summer. Sharon Henault asked that special thought and attention go into reaching and communicating with the state's deaf population. Steps will be explored to improve this linkage for future meetings and communication.

Due on April 29th, 29 grant applications have been received from prospective Navigator organizations. The selection process will occur in May. Beginning in June, navigators will be trained and certified to provide free and in-person enrollment assistance for selecting health care options. DVHA will not oversee navigators directly, but following the grant selection process, will be working with selected organizations/associations statewide that are already well connected to communities and populations that need to be reached. Navigators will also play a key role in outreach and education activities throughout the year, including: 1) participation in future community forums, 2) involvement in October kick-off events, 3) group presentations, 4) use of available tools and materials that will be available for businesses and individuals, and 5) identify and pass on valuable stories surrounding Vermont Health Connect. Sean also covered the opportunity and timeline for Consumer Assistance Training, open to all individuals who wish to serve in a consumer assistance role to help spread the word on the new Health Benefit Exchange and Vermont's health care reform. Board members are encouraged to sign up for the biweekly e-

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newsletter from the exchange. Current information can always be viewed on the Vermont Health Connect website, www.vermonthealthconnect.gov.

Exchange Delivery Milestones & Timeline: Mark Larson presented and reviewed a slide depicting the Health Benefit Exchange (HBE) Milestones Timeline. This was an overview slide and DVHA and its contractors maintain much more detailed timelines that are tracked internally, ensuring milestones are met. The overview slide will be distributed to MEAB electronically following the meeting. Everyone is working consistently along an overall plan to have all of the elements of the exchange completed and ready to go for October 1, 2013. Randy Cook asked if there were any crucial elements that are most concerning to the team. Mark noted that DVHA has crossed a very significant milestone in the last week; the team now has signed contracts for all of the key outsourced components of the exchange, including IT support, call center and premium processing activities. System testing and training will be major steps that will still need to occur over the summer.

Customer Support Center Overview: Mark Larson provided an overview (with slides) of the envisioned new Customer Support Center/Call Center for the developing exchange. The vision includes: 1) delivering a consistent, world class customer experience, 2) laying a foundational service and operational benchmarks for Green Mountain Care, and 3) leveraging efficiencies of scale and best practice methodologies to improve service levels and reduce costs. A technologically enhanced call center system will ensure: 1) first call customer resolutions will be more likely, 2) a consistently better customer experience, and 3) faster resolution of issues. Dale Hackett stressed the need for callers to be able to connect to a real person early on in the call. The system will be designed to allow this to happen. Henry Houston, CGI's Exchange Project Manager, described the benefits of retaining Maximus for operation of the revamped, expanded call center. The call center be run and staffed within Vermont with expanded hours, including Saturday hours. Mark also described how the feedback and improvement process will work through phase II of the customer support improvement process in 2014.

Public Comment

There was no public comment at this meeting.

MEAB Work Plan/Work Group Discussion – Board Members

For the June meeting agenda, there needs to be an update on the Navigator program and also a briefing/discussion on the premium aggregation/billing model as viewed through the eyes of small business and small employers. Board members also should review the discussion topics listed in the April 1 minutes, consider topics that came up today, and make any additional suggestions on what should be covered at the June 3 meeting. The Issue Tracker list and other topics for consideration are listed near the end of these minutes.

Kay Van Woert discussed the purpose and progress of the Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Work Group that is already established and ongoing. This group is working on identifying steps to improve access for children across the board as part of the EPSDT program. There are two other Workgroups that the chairs want to recommend for implementation by the board: 1) an Access/Independent Living/Disabilities Work Group, and 2) a Small Employer Work Group. DVHA has agreed to support these Work Groups. Trinkia Kerr

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also has agreed to chair an Access/Independent Living/Disabilities Work Group. Stipends for participation will be available to consumers per the MEAB Operations Manual. There was not a remaining quorum at the end of the meeting to recommend and vote on creating these two Work Groups; a recommendation will be made at the June 3 meeting. Formal descriptions of each group will be provided for the next meeting.

DVHA has ordered a new call-in phone system with external speakers for the next meeting. The operations manual will be reviewed and the current MEAB member list will be updated.

Draft Topics for June 3 Meeting:

- Commissioner Updates
- Administrative Rule Update (specific areas of interest to be determined)
- Navigator Program Update
- Premium Aggregation/Billing Model (small business/small employer perspective)
- Establish New MEAB Work Groups: Scope and Charge
- Discussion of possible MEAB approaches to working on “Issue Tracker” items
- Perverse Incentives

Possible Topics for July 1 Meeting:

- Chronic Care Initiative update
- Integrated Family Services
- State Innovation Model (SIM) Grant
- Adult Measures Grant update

Future Meeting Topics:

- OHSU work/Guiding Principles – presentation and discussion
- Reinvestment in community based services
- Affordability and reinvestment pertaining to provider rates
- Minimizing administrative complexity for businesses that offer insurance

Issue Tracker List:

- 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

Information/Data Requested

- Utilization cost breakdown by category for DVHA’s SFY’13 Budget Adjustment

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Ongoing Small Group Work

- EPSDT
- Recommendation for Independent Living/Disabilities Work Group
- Recommendation for Small Employer Work Group

Next Meeting

June 3, 2013

Time: 11:00AM – 3:00PM

Site: VSAC Bldg, Winooski, VT

Please visit the Advisory Board website for up-to-date information:

<http://dvha.vermont.gov/advisory-boards>