
**Medicaid & Exchange Advisory Board
Meeting Minutes
July 1, 2013**

Page 1

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

Other Interested Parties Present: Gretchen Begnoche (phone), Dawn Schneiderman, Betty Morse (phone), Stephanie Pigeon, Keith Jones, Kristen Bigelow-Talbert, and Nathaniel Waite.

Staff Present: DVHA: Mark Larson, Lindsey Tucker, Sean Sheehan, Ashley Berliner, Nancy Lynch, Stacey Baker and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) June 3 Meeting Minutes
- Administrative Rule – Legal Aid Summary Comments (7/1/13)
- Vermont Transition Plan & Transition Notices (7/1/13)
- Outreach and Education Update Slides (7/1/13)
- Briefing on State Innovation Model Project (7/1/13)*

*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 June 3, 2013 meeting minutes. The board voted unanimously to approve the June minutes, with 20 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: The most recent Dual Eligible Stakeholders Workgroup meeting was held on June 26, 2013. 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.” DVHA is proposing to move the implementation date for the Dual Eligibles program from July 1, 2014 to September 1, 2014. This would provide more realistic time for adequate synchronization with the procurement and integration of a new eligibility system that will be important to the operation of the Dual Eligibles program. CMS has

Medicaid & Exchange Advisory Board
Meeting Minutes
July 1, 2013

Page 2

just recently indicated that DVHA could start the program as late as January 1, 2015; this start date will be considered by DVHA and the Workgroup.

Also at the last meeting, DVHA discussed an updated proposal around the Integrated Provider and Integrated Provider Plus (adding bundled services) models of care. DVHA recommends holding off on having a bundled services option until year two of the demonstration project and also has revised its proposal involving Integrated Care Partnerships. DVHA has asked for public comment on these proposals by July 12, 2013; the proposal documents will be forwarded to MEAB board members, along with public comment guidance.

There was discussion on the pros and cons of having a dual eligible program wherein eligible beneficiaries are integrated automatically -- they could "opt out" if they wanted to. Mark noted that this option seems to be more beneficial for everyone concerned. Christina Colombe stressed that all program communications with beneficiaries should be directed to designated/authorized decision makers as well; that is not always happening now.

Julie Tessler and Madeline Mongeon had questions on how savings would be attributed between providing parties, for ACO's like One Care as well as for participants in the Dual Eligibles Project. Mark stressed that there is still much work to be done to ensure all parties are working together in concert, and to best track and mutually benefit from savings. Although the negotiations with CMS around elements of this project are technically not a public process, DVHA is fortunate to have ongoing excellent input from committees like the Duals Stakeholder Group and the MEAB.

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. The CMS public comment period is now open, but closes this week. The deadline for the GC waiver extension is the end of this year.

Medicaid Shared Savings Program: Medicare has shared savings programs and Vermont has committed to implementing a Medicaid shared savings program. DVHA's Director of Payment Reform is preparing a presentation on the development of this program and it will be briefed to the MEAB either in August or September.

BCBS Rate Proposal for Catamount Health: Blue Cross Blue Shield of Vermont (BCBSVT) has submitted for a 24% increase in the Catamount Health program rate. The Department of Finance and Regulation (DFR) has evaluated this request and made a recommendation to the Green Mountain Care Board (GMCB) that the increase be approximately 13%. The GMCB has not yet announced a decision on this matter. Public comment can be submitted to the GMCB over the next week.

Provider Rate Increase – Mark Larson, Commissioner

The legislature approved an increased provider reimbursement recommendation of approximately 3%. The increased provider reimbursement was approved to begin on November 1, 2013. The general strategy, across Departments, is for the increase to be applied using existing rate methodologies during the first year. In the second year and beyond, expect to see a state

Medicaid & Exchange Advisory Board
Meeting Minutes
July 1, 2013

Page 3

innovation model approach implemented, using a quality-based, reformed payment and delivery system. A complete and more specific across-Departments approach will be presented at a later date.

Exchange Updates – Lindsey Tucker, Deputy Commissioner

Administrative Rule-Summary of Legal Aid Comments: Trinka Kerr provided a handout and covered the highlights from Vermont Legal Aid's (VLA) comments on the new administrative rule for the Vermont Health Connect (Bulletin No. 13-12P). VLA actually submitted 40 pages of comments on the new 320 page rule. This was a large undertaking by the state and everyone involved in the rule development, change and review. Trinka briefly outlined eleven areas of concern that VLA feels will need further attention, including: 1) guaranteeing accessibility, 2) clarification of language in federal rules, 3) clarifying differences between navigators and certified application counselors, 4) incorporating state subsidies created by the legislature, 5) revisions to the appeals process, 6) addressing exemption appeals, 7) allowing one authorized representative, 8) defining the purpose and scope of Medicaid and EPSDT, 9) including the gist and effect of important interpretive memos, 10) describing two new HHS options which could expand coverage, and 11) eliminating the MAGI cliff through a Medicare Savings Program expansion. VLA's comments already have been formally submitted to the state; the public comment period on the new administrative rules is now closed.

VHAP/Catamount Transition: Sherry May, Economic Services Division, discussed the state's transition plan for beneficiaries moving forward from the old eligibility system into the new eligibility/exchange system. The new Modified Adjusted Gross Income (MAGI) group includes parents/caretaker relatives, children 19 and under, and adults under 65; there are also new groups for adults with and without children. Other non- MAGI related groups, (including SSI-related Medicaid, VPharm, LTC Medicaid, Waiver programs, foster children and refugee Medicaid assistance), will be staying with the old ACCESS eligibility system until 2014. There are several programs that will be "sunsetting" on 12/31/2013, including, the Catamount Health Assistance Program (CHAP), Employer Sponsored Insurance Program (ESIA), Vermont Health Access Program (VHAP), VHAP Pharmacy and VScript programs. For ease in transitioning, Sherry explained that MAGI reviews for household incomes less than 133% FPL would be pushed out six months. For MAGI groups with household income above 133% FPL and in sunsetting programs, October-December 2013 reviews will still need to be completed by the end of December. When reviews do take place, appropriate populations will be moved from ACCESS to the new Vermont Health Connect system; recipients will be sent the new healthcare application and instructions on how to enroll.

Nicole Weidman, Vermont Health Connect, followed up with a briefing on the key program changes and how all households currently enrolled in a Green Mountain Care program will be notified about any changes to their coverage and options. Initial announcements will be sent in July, 2013 (and monthly through the end of the year) explaining changes in health care that will be in effect in January, 2014. Vermont Health Connect will be introduced as the place to obtain health care coverage through public or private plans.

Outreach and Education News: Nancy Lynch, Outreach and Education Manager, provided a handout and presented an overview of the exchange's current Outreach and Education efforts.

Medicaid & Exchange Advisory Board
Meeting Minutes
July 1, 2013

Page 4

After launching its social media campaign in May, with both Facebook and Twitter, a You-Tube channel with videos answering frequently asked questions was added in June. Nancy also provided the MEAB with all the new printed educational materials, including contact cards, brochures, stickers, and other marketing items. Nancy also reminded the board of the series of forums/presentations scheduled throughout the state over the summer; more sessions will be added, so check back on the website frequently for updates. VHC Navigators have already started orientation and training; in-person training will be conducted on July 9-10. Current information can always be viewed on the Vermont Health Connect website, www.vermonthealthconnect.gov.

MEAB Work Group Report/Work Plan Discussion – Board Members

Trinka Kerr chaired the first meeting of the Improving Access Work Group on June 27 at DVHA in Williston. The adopted description/purpose of the work group was circulated for discussion and a start point: “The Improving Access Work Group will provide a forum for ongoing discussion of barriers to consumer access to covered benefits or access to services that would support community-based and/or independent living. Barriers discussed may occur wholly within DVHA or may arise from providers', non-profit service organizations', other AHS Departments' or from benefits or interface with DVHA. Issues may be referred to this work group by the full MEAB, or identified by the members of the work group in the course of discussions. The work group will prepare recommendations for the Board’s consideration and will provide regular updates to the Board on its work plan and progress.” The work group will first focus on the utilization management and improved access to Durable Medical Equipment (DME). The next meeting is set for August 20th and will include a DVHA presentation on its utilization management of DME. A work group task list will be developed.

The Board also discussed items to be included on the August meeting agenda and at later meetings. These topics are listed below. Board members are encouraged to review the discussion topics listed in the June 3 minutes, consider topics that came up today, and make any additional suggestions on what should be covered at the August 5 meeting.

SIM Grant Update – Anya Rader Wallack

Anya Rader Wallack, Chair, Green Mountain Care Board, briefed the MEAB on the State Innovation Model (SIM) project. Testing model grants were awarded to six states and Vermont received \$45 million over 3.5 years to support this effort. The state has three key aims for the SIM project: 1) improve Vermonter’s experience of care (including quality and satisfaction); 2) improve the health of Vermont’s population, and 3) reduce per capita costs of health care. Vermont is proposing to develop a high performance health system within the state by expanding and integrating coordination of care, value-based payment, and health information exchange. Three alternative payment models will be tested against a standard, straight fee-for-service model: 1) Shared Savings Accountable Care payments, 2) Bundled payments, and 3) Pay-for-Performance payments. The SIM is a public/private initiative and the project structure is now under development. An operations plan is due to CMS by August 1. CMS will perform a “readiness review” before releasing implementation funds. Workgroups then should be formed soon and recruiting should be started to staff the project.

Medicaid & Exchange Advisory Board
Meeting Minutes
July 1, 2013

Public Comment

There was no public comment at this meeting

Topics for Regular Update:

- Exchange Updates
- Commissioner Updates
- Duals Project
- GC Waiver
- SIM Grant
- MEAB Work Group Meeting Reports
- Quarterly Ombudsman Report (Legal Aid)

Draft Topics for August 5 Meeting:

- Outreach/Education & Navigator Program Update
- Medicaid ACO's
- Chronic Care Update
- Reinvestment of Choices for Care Savings
- Reinvestment in Community Based Services
- Adult Measures Grant Update

Future Meeting Topics:

- Integrated Family Services
- Health Care Reform - single payor models
- OHSU work/Guiding Principles – presentation and discussion
- 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

Medicaid & Exchange Advisory Board
Meeting Minutes
July 1, 2013

Page 6

Ongoing Small Group Work

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

Next Meeting

August 5, 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>

DRAFT