
Medicaid & Exchange Advisory Board
Meeting Minutes
August 5, 2013

Page 1

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

Board Members Absent: Cathy Davis, Randy Cook, Tim Ford, Wendy Davis, and Ellen Gershun.

Other Interested Parties Present: Gretchen Begnoche, Mary Eversole, Betty Morse, Stephanie Pigeon, Susan Bauer, Kelly Barnier, S. Miller, P. Coleman, Michele Blanchard, Sarah Strohmayer, Jill Guerin (phone), Keith Jones, Kristen Bigelow-Talbert, and Nathaniel Waite.

Staff Present: DVHA: Mark Larson, Lindsey Tucker, Sean Sheehan, Cindy Thomas, Aletta Powel, Erin Carmichael, Emily Yahr, Sherry May, Nancy Lynch, Kelly Dougherty, Ellen Cairns, Stacey Baker and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) July 1 Meeting Minutes
- Medicaid's Proposed Shared Savings ACO Program (8/5/13)*
- Quarterly Ombudsman Report (Apr-Jun '13)
- Vermont Health Connect Update Slides (8/5/13)

*presented at meeting, sent out after the meeting

CONVENE

Bram Kleppner chaired the meeting.

Welcome and Introductions

Board Business

Following introductions, Bram Kleppner asked for adoption of the July 1, 2013 meeting minutes. The board voted to approve the July minutes, with 18 yeas, 0 nays and 2 abstentions.

MEAB Work Group Updates – Work Group Chairs

Improving Access Work Group – Work Group Chair, Trinka Kerr noted that the group had an initial meeting on June 27 and did not meet in July. The next meeting is scheduled for August 20 at DVHA in Williston. A reminder will go out a week prior to the meeting.

Small Employer Work Group – This group, chaired by Julie Lineberger, met in late July. The fee for brokers was discussed; DVHA had recently announced the broker fee amount that has been set for next year (2014). The broker community has been largely pleased with the first year rate. A special hotline for small employers who will be integrating with Vermont Health Connect has gone live; the contact number is 855-499-9800.

EPSDT Work Group – The Early Periodic Screening Diagnosis and Treatment (EPSDT) Work Group has not met over the summer and the next meeting will be scheduled in the near future.

Medicaid & Exchange Advisory Board
Meeting Minutes
August 5, 2013

Page 2

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.

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. DVHA wants to combine the Choices For Care (CFC) waiver with the next GC waiver renewal. The deadline for the GC waiver extension is the end of this year, but CMS is asking DVHA to consider accepting the current waiver renewal and forego adding the CFC waiver until a later date. DVHA has not yet responded to this request.

Dual Eligibles/Sim Project Updates: DVHA has been 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.” The reform project has focused on how services are paid for and delivered. Because the recent State Innovation Model (SIM) grant focuses on similar issues, DVHA, with CMS concurrence is now working to align and integrate the Dual Eligibles and SIM projects. The intent is to accomplish this over the next two months, with both private and public sector involvement. Work and discussion will continue at the next planned Duals Stakeholder meeting on August 7 at DVHA in Williston. Deborah Lisi-Baker and Judy Peterson will serve as Co-Chairs under the new integrated governance structure.

Mark shared the upcoming August schedule of legislative committee hearings: 1) the House Health Care Committee (8/7), 2) the Health Care Oversight Committee (8/8) and 3) the Legislative Committee for Administrative Rules (8/8). He also announced that DVHA, through partnership with UVM, has appointed Dr. Tom Simpatico as its new Chief Medical Officer. He will be introduced to MEAB members at a future meeting.

Medicaid Shared Savings Program – Kara Suter, DVHA

Kara Suter, DVHA’s Director of Payment Reform provided an overview of Medicaid’s proposed shared savings Accountable Care Organization (ACO) Program. This is one of the models that will be tested as part of the state’s SIM project beginning on October 1. An ACO shared savings program is a performance-based contract between a payer and provider organization that sets forth a value-based program to govern the determination of sharing of savings between the parties. ACO’s are comprised of and led by health care providers who have agreed to be accountable for the cost and quality of care for a defined population. These providers work together to manage and coordinate care for their patients and have established mechanisms for shared governance. Beneficiaries should see improved outcomes, better care coordination and increased value of care. Kara noted a number of shared savings ACO programs, including similar Medicare programs that have already been fielded. Early evidence from Medicare programs show improved patient care along with significant net savings to the Medicare fund.

Kara described how an ACO for Medicaid could look different than a Medicare ACO. Medicaid ACO’s could include long term care services and support providers, and mental health and substance abuse providers; Medicare does not provide for this. The challenges for ACO’s in

**Medicaid & Exchange Advisory Board
Meeting Minutes
August 5, 2013**

Page 3

Vermont were summarized; none are insurmountable but the most significant are: 1) the development of collaboration between various organizations, in particular between physicians and hospitals, 2) the required cultural and workflow shifts necessary to implement efficient and high quality models of care delivery, and 3) the implementation of necessary infrastructure, especially IT, in a capital constrained environment.

Dale Hackett asked what the projected savings would be, year-to-year, and when savings could or might stop. Kara felt there would be a savings potential for a number of years; once operational, the state could get a better understanding of how savings might trend for future years.

Adult Measures Grant Update – Cindy Thomas

Cindy Thomas, Quality Improvement Director, DVHA, and Aletta Powel, Adult Measures Grant Manager, DVHA, provided an update on the Department's Medicaid-Eligible Adults Measures Grant. The grant was awarded in December and approved by the Legislature in March, 2013. Aletta began work as the grant manager earlier this summer. The Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults was distributed to the Board in May. Vermont is one of 26 states that were awarded similar grants; Vermont's grant is designed to develop the skills and infrastructure to be able to report out on core measures for adults. The Department's Data, Quality and Clinical staffs are training and developing the capacity to analyze and implement the necessary performance measures. DVHA has also started two Performance Improvement Projects that focus on two key areas: 1) breast cancer screening, and 2) substance abuse treatment. Larry Goetschius asked if there was a methodology for looking at patients moving through the care process. Aletta explained that there was a methodology for performance improvement projects; specifically, the review will look for gaps in care or too little care.

Quarterly Ombudsman Report – Trinkia Kerr

Trinkia Kerr, Office of Health Care Ombudsman (HCO), provided a brief summary of the office's April-June 2013, Quarterly Report that is provided on an ongoing quarterly basis to DVHA and to the Department of Financial Regulation (DFR). The narrative report was handed out and was previously forwarded to the board. The total call volume to the Ombudsman for assistance decreased by 14% from the previous quarter, but was about the same as the second quarter in 2012. The top issues generating calls were: 1) the affordability of health care, 2) information about applying for DVHA programs, 3) complaints about providers, and 4) access to prescription drugs. Recently, there are more consumer questions coming in on health care reform, Vermont Health Connect (VHC) and what the new marketplace for health benefits in Vermont will mean for them. The HCO report also includes: 1) recommendations to DVHA, 2) the HCO's quarterly activities with the Green Mountain Care Board (GMCB), and 3) rate review activities with the GMCB and DFR. The HCO also reported on its new website that should be launched by late August, including improved search and navigation functions that will enhance and improve the consumer's experience. The quarterly report also covers case outcomes and some short case narrative examples that describe the HCO's effective assistance. Lastly, consumer understanding of notices has been a continuing problem, but this should improve when VHC comes on line.

Medicaid & Exchange Advisory Board
Meeting Minutes
August 5, 2013

Page 4

Vermont Health Connect – Lindsey Tucker, Deputy Commissioner

Qualified Health Plan Selection: Mark Larson discussed, using a series of slides, the Qualified Health Plans that the VHC has recently chosen for implementation on October 1 and that will be used starting on January 1, 2014. In total, there were 26 health insurance plan designs submitted by MVP and BCBS. There were 12 standard plans submitted, six from each carrier, and all of these standard plans were selected. There were also 11 non-standard plans submitted and six were selected. Mark stressed that the selection of these plans is the culmination of a long, well thought out, arduous process that began more than a year ago and he thanked everyone involved for all of their sustained hard work.

Transition Notices: Tena Perrelli, Director of the Call Center and Customer Support, discussed the state's transition notice strategy for beneficiaries moving forward from the old eligibility system into the new eligibility/health connect system. The state has modified its original noticing plan that was intended for July. The plan now is to make a mailing to the SSI-related population only (about 10,000) in mid-August; this group is not affected by VHC and the letter notice will reassure them that their coverage will not change. The board was provided a copy of the letter in the presentation; all are encouraged to provide any feedback to the VHC. In September, all beneficiary populations will be notified whether they will or will not be impacted by the transition to VHC. Larry Goetschius encouraged the VHC staff to also use key employers in the state to help spread the word on noticing; they can include important information on their websites and/or newsletters. Board members felt it was important to have a phone number to call that is included with letter notices that go out.

Outreach Materials -- Small Business Support Tools: Emily Yahr, Outreach and Education Manager, presented a brief overview of support tools available to small business during the transition to VHC. The small business hotline is now available toll-free at 855-499-9800; the support services unit is also available by phone and e-mail, vthealthconnect@state.vt.us. Emily reminded the board about the new Subsidy Calculator that will help employees determine if they'll be better off buying insurance through the individual market. The VHC website contains events and other key information relating to small business, including FAQ's. There are also new printed educational materials, including contact cards, brochures, presentations, and applicable worksheets. Emily walked the group through the new Small Employer Estimator that will help businesses determine if they are sized right to participate under the small business category within VHC. Mark Larson stressed that calculator tools are not perfect, but are important in helping make choices and asking the right questions for further information. VHC will continue to use all feedback to improve the available calculators.

Navigator Program:

Kelly Dougherty, Project Director, Navigation Program, provided a review of the Navigator's role, as well as an update on Navigator Program activities. Navigators provide in-person, impartial enrollment assistance to individuals and businesses in communities across Vermont. There are now 18 navigator organizations throughout the state and they actually can be reached at 48 sites across the state. A list of navigator organizations and sites was circulated to the board and is also available on the VHC website. Navigators are also linked to the 14 Blueprint Community Health Teams throughout the state. VHC Navigators have already completed their orientations and in-person training on July 9-10 and more trainings are upcoming; to date, 212 navigators

Medicaid & Exchange Advisory Board
Meeting Minutes
August 5, 2013

Page 5

have been trained. Kelly noted that there are more forums/presentations scheduled throughout the state over the summer; more sessions will be added, so check back on the website frequently for updates. Current information can always be viewed on the Vermont Health Connect website, www.vermonthealthconnect.gov.

MEAB Discussion – Board Members

Bram Kleppner asked for any additional agenda items for the September 9 MEAB meeting; the September agenda is already nearly full. Board members are encouraged to review the discussion topics listed in the July minutes, consider topics that came up today, and make any additional suggestions on what should be covered at the September 9 meeting.

Public Comment

There was no public comment at this meeting

Topics for Regular Update:

- Vermont Health Connect Updates
- Commissioner Updates
- Duals/Sim Project Update
- GC Waiver
- MEAB Work Group Meeting Reports
- Quarterly Ombudsman Report (Legal Aid)

Draft Topics for September 9 Meeting:

- Integrated Family Services
- Chronic Care Update
- Reinvestment of Choices for Care Savings
- Reinvestment in Community Based Services

Future Meeting Topics:

- 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

Medicaid & Exchange Advisory Board
Meeting Minutes
August 5, 2013

Page 6

- Coordination of Benefits between Medicare and Medicaid
- Habilitative services benefits in the Exchange
- Recycling of DME Equipment

Ongoing Small Group Work

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

Next Meeting
September 9, 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>