
Medicaid & Exchange Advisory Board
Meeting Minutes
September 9, 2013

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

Other Interested Parties Present: Gretchen Begnoche, Rebecca Heintz, Stephanie Pigeon, Susan Gretkowski, Alice Torry, Jackie Graham, Kristen Bigelow-Talbert, and Nathaniel Waite.

Staff Present: DVHA: Lori Collins, Lindsey Tucker, Aaron French, Sean Sheehan, Sherry May, Nicole Weidman, Cindy Olsen, Ellen Cairns, Samantha Haley, Stacey Baker and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) August 5 Meeting Minutes
- Integrated Family Services Update (9/9/13)
- Chronic Care Initiative Update (9/9/13)
- Vermont Health Connect Update Slides (9/9/13)
- Medicaid and CHIP State Plan Amendments Summary (9/6/13)

*all are posted to the VHC website

CONVENE

Bram Kleppner and Kay Van Woert chaired the meeting.

Welcome and Introductions

Board Business

Following introductions, Bram Kleppner asked for adoption of the August 5, 2013 meeting minutes. The board voted to approve the August minutes, with 18 yeas, 0 nays and 0 abstentions.

MEAB Work Group Updates – Work Group Chairs

Improving Access Work Group – Work Group Chair, Trinka Kerr summarized the most recent meeting on August 20 when the group was briefed on Medicaid's prior authorization process for obtaining Durable Medical Equipment (DME) by DVHA's Clinical Operations Director. The next meeting is scheduled for September 24 (2:00 PM) at DVHA in Williston. The DME discussion will continue and the group will determine future topics for consideration.

Small Employer Work Group – This group has not met since late July. Bram Kleppner did report that his company (Danforth Pewter) is going to offer health insurance for its employees for the coming year. After reviewing the published rates and pros and cons for their employees, Danforth felt this was best for their situation. This generated a number of questions from board members and the chairs suggested that specific questions be delayed until Lindsey Tucker's Vermont Health Connect (VHC) presentation in the afternoon; some of these concerns may be addressed as part of that presentation. Bram did note that the special hotline for small employers who will be integrating with Vermont Health Connect is up and running; the contact number is 855-499-9800.

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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. Also, the Group chair, Wendy Davis, has changed jobs and her time commitment and future role with the Group will need to be explored. Nate Waite will check with VDH on possible VDH support and participation, and Kay Van Woert will connect with Wendy to determine if she will be available to continue her participation with the Group.

Integrated Family Services Update – Melissa Bailey

Melissa Bailey, Director of Integrated Family Services, Agency of Human Services (AHS), described how AHS is committed to integrating services for children (prenatal to age 22) across its six departments and eleven divisions to create a continuum of services for families based on diagnostic and functional needs of the child, youth and family. This effort is focusing on redesigning the prevention, early intervention, treatment and support services within AHS that are provided to children and their families – services need to be available when the family needs them, rather than waiting until they've met a criteria that shows how bad things are. Melissa reviewed the history of Integrated Family Service (IFS) in Vermont. In 2003, Act 45 directed a holistic approach to serving families and, since then, everyone (families, providers and AHS) has been working to eliminate the silo effect of service delivery and implement a family-centered, coordinated service response. More recently, the Global Commitment waiver is allowing us to combine services and better focus on achieving desired outcomes. As part of the program redesign, services will be available to families earlier, fitted to family needs, and be complementary to a child's Individual Education Plan (IEP).

Melissa also stressed the importance of providing the core elements of IFS across the entire delivery system, including: 1) family-based decision making, 2) earlier intervention, 3) consideration of functional needs, 4) unified program guidelines and criteria, 5) one coordinated family plan, 6) having a lead service coordinator, and 7) using a unified and simplified reimbursement and oversight process. Melissa described a pilot project that has been implemented in Addison County for a Parent/Child Center and Designated Mental Health Agency there. Once operating through 30 grants, the project has been streamlined down to only two reporting grants, with only one stream of reporting documentation. A more flexible payment method has also been implemented that shifts focus to outcomes and quality of service. Clifton Long was encouraged that IFS was engaging with families much sooner and looking at ways that will identify children with developmental needs at an earlier age. Julie Tessler stressed the need for IFS to be linked in to the development of ACO's and the clinical protocols that are established. Kay Van Woert noted that families still have problems accessing EPSDT Medicaid benefits and meeting requirements for multiple prior authorizations; this needs streamlining and will need ongoing attention.

DVHA Updates – Lori Collins, Deputy Commissioner

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

SIM/Dual Eligibles Project Updates: The State Innovation Model (SIM) Steering Committee is identifying lead personnel for the creation of different work groups that are to be established to move work forward as part of this large effort. DVHA will gather a list of the work groups being

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formed and provide this to the MEAB. Concerning Dual Eligibles, DVHA is continuing its negotiation for 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, with CMS concurrence, is now working to align and integrate the Dual Eligibles and SIM projects. Anya Radar Wallack will be working under contract for the state and will head up the coordination of the SIM/Dual Eligibles project moving forward.

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 hopes to have an agreement in place by October 1. DVHA has also deferred the discussion with CMS of combining the Choices For Care (CFC) waiver with the next GC waiver renewal until January 1, 2014.

Medicaid Shared Savings Program Update: The draft of the broad standards for the Medicaid Shared Savings Program has been distributed to the SIM/Dual Eligible project steering committee for review and action. DVHA will provide the draft of the standards to the MEAB. An RFP for the program should be released by the end of September and the launch date for the program is targeted for January, 2014.

Chronic Care Initiative – Eileen Girling, DVHA

Eileen Girling, Vermont Chronic Care Initiative (VCCI) Director, provided an overview and update on the successful VCCI effort that has improved access to care, quality of care and life experience for the most medically complex Medicaid members. This increased focus on those needing chronic care has also yielded savings from better managing this group; this small population (only 5% of Vermont’s Medicaid population) accounts for 39% of the state’s Medicaid costs. The VCCI program has taken a well thought out strategic approach with population identification & staffing, expanded provider interface, and enhanced hospital presence and liaison.

To improve Medicaid member support, VCCI has expanded upon very basic proven techniques, including: 1) ensuring access to PCP’s, 2) goal setting based on member needs, 3) action plans to support behavioral change, 4) coaching and health education, 5) self-management skill building, 6) support to reduce socio-economic barriers, and 7) coordination and support among AHS partners and resources. The VCCI has recently been recognized (July, 2013) as a national model for this type of chronic care program and Vermont will be sharing its successful approach with other states. The VCCI also handles two specialty populations under its management umbrella: 1) the Pediatric Palliative Care population, and 2) the High Risk Pregnancy population.

Vermont Health Connect – Lindsey Tucker, Deputy Commissioner

Lindsey Tucker, DVHA Deputy Commissioner, assisted by her staff, covered three important Vermont Health Connect (VCH) update topics: Call Center, Transition Plan & Transition Notices, and Outreach & Education News.

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Call Center Update: The VHC Customer Support Center phone lines went live on Tuesday, September. There is the main customer support line (855) 899-9600, as well as an assistor support line, carrier support line, small business support line and the Green Mountain Care line, (800) 250-8427, that has been active for a long time. There are expanded hours -- 8:00 to 8:00, M-F, and 8-1:00 PM on Saturdays. There are 65 new phone center employees who have already completed one month of training, with five additional employees to be added soon. They are now answering questions from a vetted response list and growing FAQ list. In October (10/1), application processing will start over the phone and through the VHC portal. Starting in November, there will be a new dedicated line for payment assistance and questions; credit cards (MasterCard or VISA), debit card and direct deposit payments will be able to be taken over the phone.

Transition Plan & Transiton Notices: Sherry May, Economic Services Division, discussed the state's transition plan and notice strategy for beneficiaries moving forward from the old eligibility system into the new eligibility/health connect system. Sherry summarized the programs that will be "sunsetting" on 12/31/2013, including: 1) Catamount Health Assistance Program, 2) Employer Sponsored Insurance Assistance, 3) Vermont health Access Program (VHAP) and 4) VHAP/VScript pharmacy programs. For beneficiaries enrolled in "sunsetting" programs: 1) those having a family income below 138% of FPL will automatically be transitioned into VT Medicaid for 1/1/2014, and 2) those having a family income of 138%, or greater, of FPL will need to use VHC to find a new plan. Plans need to be selected by 12/15/13, and premiums paid by 12/31/13, for enrollment to be effective on 1/1/14. Notices will be provided to affected beneficiaries. There are select participating groups that don't need to apply on VHC at this time, including: 1) SSI-related Medicaid individuals, 2) long-term care recipients, 3) refugee Medicaid individuals, and 4) foster children. These groups, as well as a few other exceptions, will not be processed with VHC until later next year.

In mid to late September, notices will be sent to the "sunsetting" groups. Sample notices and an overview of the transition timeline were presented to the board. Larry Goetschius suggested that copies of notices be provided to Vermont employers to improve communications. This can be accomplished (business lists for 'profits and non-profits' need to be acquired) and notices will also be available to view on the VHC website.

Outreach & Education News: Lindsey provided an overview of VHC's "Vermonters for Vermonters" media campaign for the fall season, including the advertising highlights for TV and radio spots. Ad frequency will spike from October 7 to November 11. The board viewed one of the brief TV ads and members were encouraged to go on the VHC website and see some of the other ad messaging. Outreach events continue to happen throughout the state; more than 200 forums, webinars, events and private presentations have already occurred. More than 200 Navigators have also been trained and are available statewide. There are small business one-on-one support events occurring in every county. Additional training opportunities for navigators and brokers are being added regularly, both in remote and in-person mode. Donna Sutton Fay requested that it would be good to schedule a web portal demonstration in the near future. Lindsey also noted that VHC is preparing a notice template (s) for employers to use in decision making/communicating with employees during the 4th quarter transition period.

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Check back on the VHC website frequently for updates on all activities. Current information can always be viewed at, www.vermonthealthconnect.gov.

Eligibility State Plan Amendments – Steve Sease

Steve Sease, Health Policy Analyst, Economic Services Division, discussed draft State Plan Amendments (SPAs) for Vermont's Medicaid and CHIP plans that are being prepared to submit to CMS that support the development of Vermont's new health eligibility and enrollment rule. Steve provided a handout indicating that CMS has issued several sets of SPA templates that states must complete and submit to CMS by 10/1/13. The SPA's will make the following changes to the state plans to implement: 1) the Modified Adjusted Gross Income (MAGI) methodology for determining eligibility for certain Medicaid groups, 2) the new, higher income limits for eligibility for these same groups, 3) Medicaid eligibility for former foster children up to age 26, and 4) the single streamlined application for Medicaid programs and tax credits.

MEAB Discussion – Board Members

Kay Van Woert covered a list of seven items that DVHA will forward out to board members and asked for any additional agenda items for the October 7 MEAB meeting. Draft agenda topics are listed in the August minutes and below in these minutes. Board members felt that the Exchange Updates should be moved to the top of the agenda over the next few months; there will be much to cover on these topics. The Medicaid Shared Savings Program (including the RFP) will also be important to discuss more thoroughly.

Public Comment

There was one public question: How will the transition to VHC affect college age children? Children can be covered under family plans up to age 26.

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 October 7 Meeting:

- Medicaid Shared Savings Program/RFP
- State Plan Amendments
- Reinvestment of Choices for Care Savings
- Reinvestment in Community Based Services
- Rate Setting Update

Future Meeting Topics:

- Health Care Reform - single payor models
- OHSU work/Guiding Principles – presentation and discussion
- Affordability and reinvestment pertaining to provider rates

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- 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

Ongoing Small Group Work

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

Next Meeting
October 7, 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>