

Global Commitment to Health Demonstration Waiver

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Content

- Post Award Forum
- Section 1115 Waiver Demonstration Overview
- Demonstration Progress- Summarized Findings



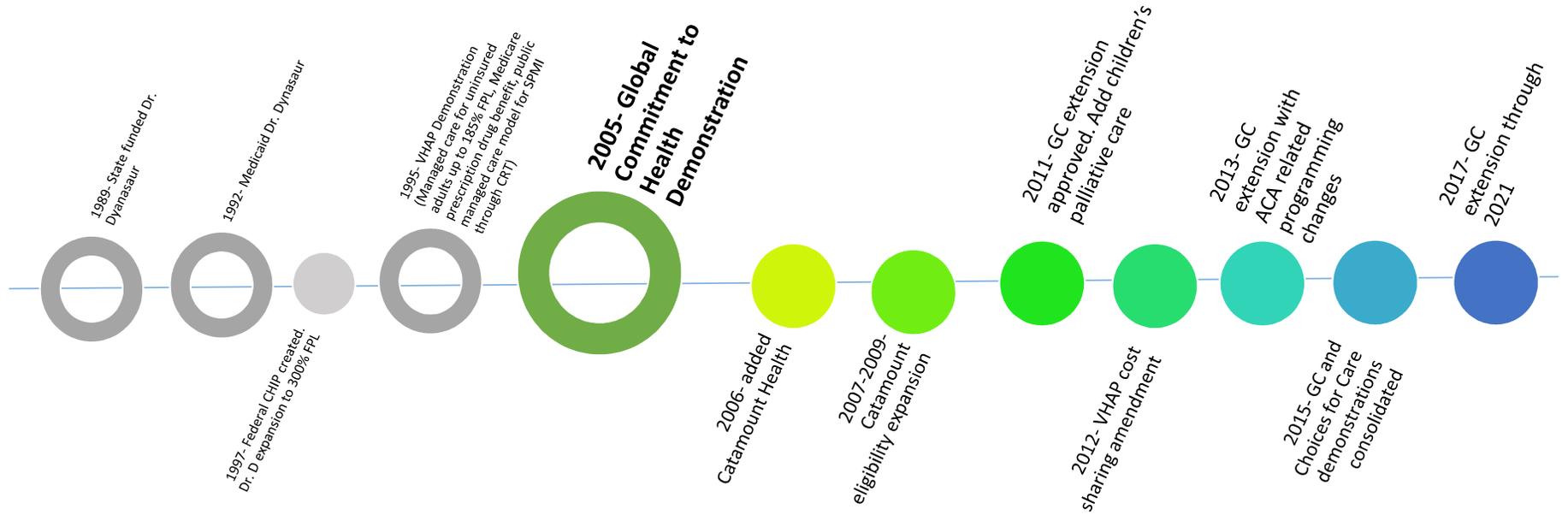


Post Award Forum

The purpose of the forum is to afford the public with an opportunity to provide comment on the progress of the demonstration. A summary of comments received will be included both in the 2017 first quarter Global Commitment Report as well as the 2017 Global Commitment Annual Report.

Requirement at 42 CFR §431.420(c)

Timeline- publicly funded health care in VT



Medicaid Section 1115 Waiver



Medicaid Section 1115 Waivers

- 1115 is the section of the Federal Social Security Act that allows the federal government to “waive” many, but not all, of the laws governing Medicaid, including eligible people and services.
- 1115 waiver authority is intended to encourage state innovation in the Medicaid program
- 1115 waivers must be budget neutral
- Vermont’s 1115 waiver is called the **Global Commitment to Health**
- Vermont must perform regular demonstration evaluation activities and submit regular progress reports to federal partners

Global Commitment Key Concepts

The Global Commitment Demonstration includes the vast majority of Medicaid eligible people and services in Vermont, including:

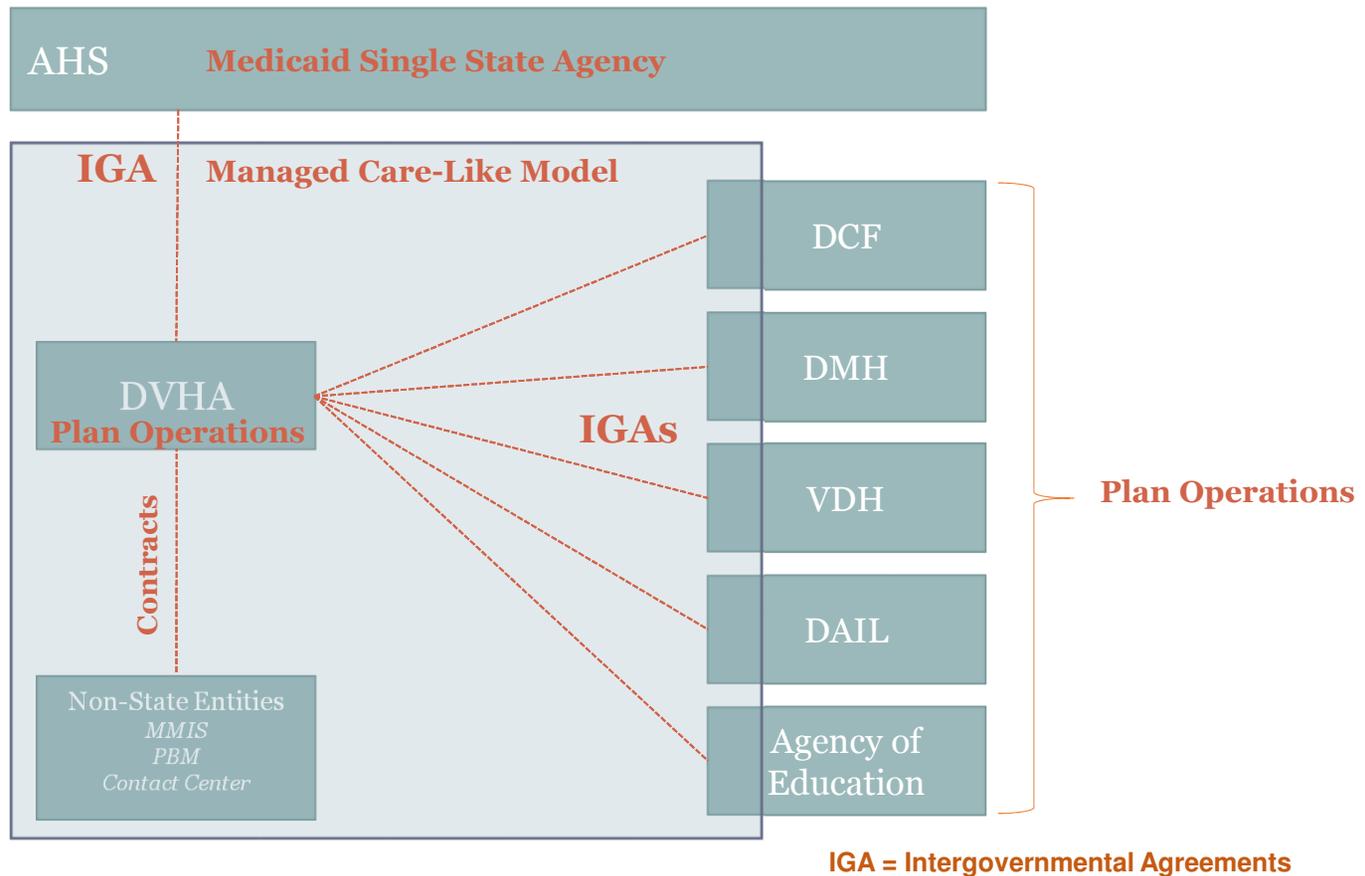
- Medicaid State Plan Services and Eligible populations
- Expanded eligibility and coverage (non-state plan services and populations) for:
 - Long Term Care Services & Supports
 - Traumatic Brain Injury (TBI)
 - Children's Mental Health
 - Community Rehabilitation and Treatment (CRT)
 - Developmental Disability Services (DS)
- The demonstration allows Vermont to receive federal financial participation for expenditures that are not normally eligible for Medicaid match:
 - Vpharm
 - HVP
 - Choices for Care Moderate needs group
 - Vermont Premium Assistance
 - Global Commitment Investments
- The demonstration provides Vermont Medicaid with delivery system and payment model flexibilities through certain waivers and expenditure authorities. In return, the VT Medicaid program must comply with most federal Medicaid managed care regulations.



Global Commitment Delivery Model

AHS operates Medicaid using a managed care-like model:

- Must comply with certain federal Medicaid managed care regulations
- Requirements set through inter-governmental agreements (IGA).



Waiver Flexibilities, examples and limits

- Examples of requirements that can be “waived”:
 - Statewideness/Uniformity
 - Amount, Duration, Scope of Services
 - as long as the amount, duration and scope of covered services meets the minimum requirements under Title XIX of the Act
 - Payment to Providers
 - establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved state plan.
 - Freedom of Choice of Provider (restrict to “network”)
- Requirements that are not waived (require Medicaid State Plan approval):
 - New/changed provider types and qualifications
 - Most new benefits or services



Demonstration Progress

- The following slides contain summary information from the 2015 Global Commitment to Health Interim Evaluation Report
- The actual report can be found at: <http://dvha.vermont.gov/global-commitment-to-health/interim-evaluation-report-final-dec-21-2015.pdf>

Goals of the Demonstration (2016)



Improve the health status of all Vermonters by:

1. Increasing access to affordable and high-quality health care, with an emphasis on primary care;
2. Improving the health care delivery for individuals with chronic care needs;
3. Containing health care costs; and
4. Allowing beneficiaries a choice in long-term services and supports and providing an array of home- and community-based alternatives recognized to be more cost-effective than institutional-based supports.

Goal 1 Highlights- Access to Care

Overall Enrollment grew by almost 36% between 2005 and 2014.

Number of Uninsured decreased by 45% between 2012 and 2014. The 3.7% rate put Vermont second in the nation in health insurance coverage.

HEDIS Measures: Vermont achieved improvement in HEDIS access-to-care measures and in scores achieved by accredited Medicaid HMO's as reported in the NCQA 2014 *State of Health Care Quality Report*.

- Significantly higher (14%) than the accredited Medicaid HMO average of 61.6% for Well Child Visits in the First 15 months of Life;
- Annual dental combined rate significantly higher (20.88%);
- Higher rates for Child/Adolescent Access to PCP (2-5% across multiple categories); and
- High scores related to Adult Access to Preventive and Ambulatory Care, 84.21% to 94.31% across the adult years.

Beneficiary Satisfaction Survey:

- 86% of Vermont beneficiaries report satisfaction with access to care, as compared to 54% of Medicaid beneficiaries nationally.
- 83% of Vermont beneficiaries report satisfaction in getting needed care quickly as compared to 59% of Medicaid beneficiaries nationally.
- 75% of Vermont beneficiaries report satisfaction with customer service as compared to 65% of Medicaid beneficiaries nationally.
- 73% of Vermont beneficiaries report satisfaction with their health plan as compared to 44% of Medicaid beneficiaries nationally.

Goal 2 Highlights- Improving health care delivery/quality of care

Compliance Managed Care quality- of-care standards: DVHA has consistently improved its compliance, scoring 100% compliant with all CMS measurement and improvement standards in 2014.

HEDIS Measures: Vermont scored above the 75th percentile for several 2014 HEDIS measures related to quality.

Annual External Quality Review: In 2014 findings showed an average overall percentage of compliance score of 92% for eight standards reviewed, including provider selection and credentialing, beneficiary information and rights, confidentiality, and grievance system. In their final report, the auditors noted that:

“It was clear from the review of DVHA’s documentation, organizational structure, and staff responses during the interviews that DVHA staff members were passionate about providing quality, accessible, timely care and services to members and regularly went well beyond the minimum required to ensure that they took care of the members and adequately responded to their needs, while complying with the applicable CMS and AHS requirements related to this year’s compliance review activity. It was also clear that, during the year, AHS and DVHA initiated numerous new, or enhanced existing projects and programs, designed to both improve member care and access to quality, accessible, and timely services.”

Vermont Chronic Care Initiative (VCCI): VCCI has made improvements in health outcomes for Vermont’s highest-risk Medicaid beneficiaries. SFY14 utilization changes: offers further evidence of this strategy with documented reduction of Acute Ambulatory Care Sensitive Conditions inpatient admissions by 10% (compared to SFY13), 30-day hospital readmission rates by 8.84%, and an ED utilization decline of 19.85% for eligible VCCI members (top 5% utilization category).

Goal 3 Highlights- Containing Health Care Costs

One requirement of GC Demonstration is to contain Medicaid spending in comparison to what would have been spent absent the Demonstration.

Decreased Expenditures: Actual expenditures have been consistently below projected without waiver expenditures. Demonstration savings were calculated at \$1.6 billion at the end 2016.

Vermont Chronic Care Initiative: In state fiscal year (SFY) 2014 the VCCI documented net savings of \$30.5 million over anticipated expense among the top 5% of eligible Medicaid members (high utilizers).

Blueprint for Health: In 2014 Blueprint participants had lower hospitalization rates and lower expenditures on pharmacy and specialty care.

- In spite of lower expenditures, the results for measures of effective and preventive care for Blueprint participants were either better for participants or similar for both Blueprint and comparison groups (cervical cancer screening, breast cancer screening, imaging studies for low back pain, and five Special Medicaid Services (SMS), such as transportation, residential treatment, dental, and home- and community-based services).

Goal 4 Highlights- Choice in LTSS settings

Survey Results: According to the 2014 LTC Consumer Perception Survey, the large majority of consumers are satisfied with DAIL programs, satisfied with the services they receive, and consider the quality of these services to be excellent or good. This high level of satisfaction continues a trend observed in the survey results since 2008.

<i>Summary of Survey Results for Choice and Quality Measure</i>	<i>Percentage of Satisfied Respondents</i>
Amount of choice and control	81%
Overall quality of help received	89%
Services meet daily needs	89%
Services provided according to person's choice	91%
Current residence is setting of choice	95%
Services received helped improve health	93%

Shifting the Balance: From 2005-2014:

- The percentage of people residing in nursing facilities decreased by 19%
- The percentage of people residing in community settings increased by 74%
- As of 12/2015 more than 52% of the people eligible for choices for Care were living in community-based settings

Listening Session regarding progress of the demonstration

- Waiver governing documents located here: <http://dvha.vermont.gov/global-commitment-to-health/global-commitment-to-health-1115-waiver-2017-documents>

Global Commitment Extension Updates

- Continues current Medicaid coverage of essential services for Vermont's most vulnerable populations.
- Aligns with and ensures Medicaid ability to participate in health care reform including additional federal financial capacity.
- Continued flexibility in using Medicaid dollars to invest in health care priorities.

Global Commitment Extension Updates

- Investments: Some investments must be phased down or use alternate federal fund sources because of CMS funding guardrails. The impact is estimated at \$64 million gross over the next 10 years.
- Administrative Match Rate: some areas previously eligible for a program match rate of approximately 54% will now be at 50%.
- Woodside Juvenile Rehabilitation Center: new federal guidance removes federal match for approximately \$4 million gross of treatment expenditures at Woodside Juvenile Rehabilitation Center.

Global Commitment Extension Updates

- Vermont to pursue a Substance Use Disorder (SUD) Demonstration Waiver Amendment:
 - CMS has encouraged Vermont to submit a waiver amendment in order to focus on the SUD continuum of care and state alignment with current federal policy frameworks for these services.
 - Permits continuation of payment for SUD institutions of mental disease.
- Additional Capacity for Health System Transformation
 - CMS is providing Vermont with additional financial capacity to invest in healthcare reform concurrent with the All-Payer Model.
 - Requires state matching funds
 - Additional investment capacity is capped on an annual basis:

CY2016	126,882,102
CY2017	142,500,000
CY2018	148,500,000
CY2019	138,500,000
CY2020	136,500,000
CY2021	136,500,000