
Medicaid & Exchange Advisory Board
Meeting Minutes
January 26, 2015

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Board Members Present: Trinka Kerr, Bram Kleppner, Kay Van Woert, Rebecca Heintz, Amy Vaughan, Julie Lineberger (phone), Donna Sutton Fay, Madeleine Mongan, Gladys Mooney, Larry Goetschius, Jackie Majoros, Paul Bakeman, Christina Colombe (phone), Clifton Long, Julie Tessler, Dale Hackett, Sharon Henault (phone), and Sheila Reed (phone).

Board Members Absent: Peter Espenshade, Ellen Gershun, Lisa Maynes, Shannon Wilson, Laura Pelosi, Joan Lavoie, Clifton Long, Cathy Davis, Sharon Winn, Tim Ford and Harry Chen.

Other Interested Parties Present: Nathaniel Waite, Betty Morse, Kelly Barnier, Susan Gretkowski (phone), and Kristen Bigelow-Talbot.

Staff Present: DVHA: Selina Hickman, Jaqueline Rose, Brady Hoffman, Jason Pope and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) December 8, 2014 Meeting Minutes
- Blueprint: Community Oriented Health Systems (1/26/15)
- MEAB Individuals and Families Work Group Minutes (1/5/15)
- Vermont Health Connect (VHC) Update (1/26/15)
- Governor's Health Care Reform Proposals (1/15/15)
- Governor's HCR Bill Section by Section Summary (1/15/15)
- Health Care Advocate Quarterly Report (10/1-12/31, 2014) 1/21/15
- Applied Behavior Analysis (ABA) Update (1/26/15)

*all are posted to the VHC website

CONVENE

Bram Kleppner and Donna Sutton Fay chaired the meeting.

Welcome/ Introductions/Approval of Minutes

Board members and meeting attendees introduced themselves around the room. Following introductions, the meeting minutes for December 8, 2014 were reviewed and adopted.

Blueprint for Health Program/Budget Changes – Craig Jones

Craig Jones, Director, Vermont Blueprint, discussed the proposed programmatic transition to an improved Community Health System. This is a highlighted portion of the Governor's SFY '16 budget proposal. Craig emphasized the transition steps that will be taken moving forward. The strategies are based on solid design principles for services that: 1) improve health through prevention, 2) are organized at a community level, 3) are an integration of medical, social and long term support services, 4) enhance primary care with a central coordinating role, 5) provide for coordination and shared interests across providers in each area, and 6) utilize capitated payment that drives desired outcomes. The action steps include developing unified community collaboratives, creating unified performance reporting, increasing support for medical homes and community health teams, introducing a novel medical home payment model, and strengthening services using the health home model. Jackie Majoros suggested a careful review of the effectiveness of the Accountable Care Organization (ACO) measures being used. Are they all

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meaningful? Craig agreed and noted that all of these measures are coming from nationally standardized, acceptable measures. He emphasized that they are being adapted to the regional/local level. Unified Community Collaboratives (UCCs) would be developed. The state is proposing a leadership team of up to 11 members for each UCC. For the structure and activity of the UCCs, final recommendations would rest with the leadership team. Work groups could be convened to drive planning and implementation. There should be input from larger groups, including stakeholders and consumers. Payment modifications will be needed and recommendations will include: 1) increasing the Patient Centered Medical Home (PCMH) payment amounts, 2) shifting to a composite measures based payment for PCMHs, 3) increasing Community Health Team (CHT) payments and capacity, and 4) adjusting the insurer portion of CHT costs to reflect market share. This is proposed to occur on 1/1/2016.

MEAB First Quarter Meeting Topics – Co-Chairs

Bram Kleppner reviewed the anticipated meeting topics over the next few months, which include the DVHA and DAIL SFY '16 budget proposals in February. Next month the new AHS Secretary, Hal Cohen, will also be introduced. DVHA also is planning to conduct a MEAB orientation program for new members during the next few months. During March, budget discussions will continue and Medicaid information will be provided from other AHS departments.

MEAB Process Discussion – Co-Chairs

The chairs discussed the boards input and efforts to make the board's activity and output more efficient and effective. For example, a more formal process will be created for the flow of information from designated Work Groups. When appropriate, they should have formal recommendations for the board, and the board needs to have adequate time to review and digest recommendations. Typically, recommendations might be presented at one meeting, but not be voted or acted on until the next meeting. Jackie Majoros suggested that the co-chairs develop a written policy for Work Group recommendations. The board also continued to stress the need to receive meeting materials the week before the meeting to allow for appropriate review time. Efforts will also continue to balance straight briefing time with adequate time for ongoing, thoughtful discussion of key topics. Lastly, the board will emphasize and be thoughtful about sharing discussion/question time equitably among all members.

MEAB Work Group Updates – Work Group Chairs

The only Work Group that had met since the last meeting was the VHC Individuals and Families Work Group.

VHC Individuals and Families Work Group – Work Group Chair, Donna Sutton Fay, reported that the group last met on January 5th. The Work Group minutes were provided as a handout. Trinkia Kerr discussed VHC enrollment cases that have come to the Health Care Advocate Office that need attention for resolution. Jacqueline Rose provided an update on the consumer satisfaction evaluation plan. The final survey questions will be available soon. Outreach will be started soon for individuals who are eligible for cost sharing reductions (CSR's), but are not enrolled in a Silver Plan. These are the individuals most likely to be paying more for their coverage than they need to (since their CSR would bring them up to a gold or platinum level plan with a silver premium). Auto-renewals, tax filing issues, and Advanced Premium Tax Credit (APTC) reconciliations were also discussed.

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Vermont Health Connect (VHC) Topics/Discussion – Sean Sheehan

Open Enrollment Period – Sean Sheehan, Public Information Officer at the VHC, discussed the current open enrollment period ending 2/15/15. Brady Hoffman, Assister Program Manager, reviewed recent efforts by the Assister Network, including participation in more than a 1,000 VHC events across the state since July, 2014. Overall, Assisters have had a total of 870,000 customer outreaches. Sean covered key activities during open enrollment. Currently, VHC has processed 3,309 paper applications since 11/15/14; 645 paper applications remain. Trinkia Kerr expressed a concern that some applications are taking longer than 30 days to process. VHC will identify applications that are taking more than 30 days. VHC is continuing to manage the backlog of 2014 Change of Circumstance (CoC) requests; many of the CoC's are being processed as a part of 2015 renewals. IRS Form 1095s, regarding APTCs, are being mailed to all VHC participants at the end of January. Vermonters should call the VHC Call Center if they have questions about their 1095 forms.

VHC Dashboard – Sean reviewed highlights as of 1/19 /15. More than 25,000 individuals have checked out in a 2015 health plan through VHC. Dashboard pages for the Qualified Health Plans (QHP), Medicaid, and the Call Center were displayed, showing comparison data. For the future, Donna Sutton Fay asked to have enrollment figures by month for the various programs -- Medicaid/Dr D, QHP. The idea is to be able to view (from month to month) the enrollment in each program and be able to identify how enrollment is changing over time. DVHA used to do this for its health care programs monthly, using the number of individuals enrolled in the program on the last day of the month as the enrollment number for that month.

Current VHC information and activities can always be viewed at www.vermonthealthconnect.gov

State Budget Topics – Robin Lunge

Robin Lunge, State Director of Health Care Reform, provided a high level overview of the Governor's mid-January Health Care Reform proposals. The health care reform package is contained in three bills in order to align with legislative jurisdictions: the budget bill, the miscellaneous tax bill, and a health care policy bill. On budget items, the state proposes to make real progress on the Medicaid cost shift by: 1) increasing Medicaid payments to health care providers by \$50 million annually (\$25M in FY16), 2) funding increased Medicaid caseload by \$30 million annually, and 3) ensuring that the Green Mountain Care Board (GMCB) and Blue Cross Blue Shield (BCBS) will recover the savings created by these increased payments, reducing premiums by up to 5% from what they would have been. Robin outlined additional targeted budget investments. To support proposed investments, a seven tenths of a percent (.7%) payroll tax is being proposed – every dollar the state collects will allow the state to draw down \$1.10 of federal funds, more than doubling our money. The health care policy bill will: 1) help Vermonters pay their out of pocket health care costs, 2) strengthen the GMCB in ways that will enhance the board's role as a central regulator of health care, and 3) ensure there is an ongoing dialogue about health care reform by ensuring the administration provides status reports during the interim to the Joint Committee on Health Care Reform. Robin went on to provide an overview for proposed increased cost sharing assistance for individuals beginning with calendar 2016 plans.

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Health Care Advocate Quarterly Report – Trinka Kerr

Trinka Kerr, Chief Health Care Advocate, provided a handout and brief overview of the office's most recent quarterly report for the quarter ended December 31, 2014. The Health Care Advocate (HCA) office call volume hit record high levels in 2014 – 39% more calls than in 2013. Calls relating to problems with VHC continue to increase – these calls typically concerned billing, computer functionality, and changes in circumstances functionality. A new annual notice about VPharm also caused some confusion. Currently, there are an increasing number of calls on the topic of Premium Tax Credits. Kay Van Woert suggested we have the HCA quarterly report presented earlier in the agenda; the report provides a realistic look at what issues consumers are facing and can help drive board member discussion. Trinka encouraged members to review the full report and the HCA's recommendations to DVHA.

MEAB Discussion – Board Members

The Co-Chairs asked board members to consider and review potential agenda items (listed below) for the February 23 MEAB meeting.

Public Comment Opportunity – Co-Chairs

There was no public comment at the meeting.

Adjournment

The meeting was adjourned at 3:00PM.

Topics for Regular Update:

- Vermont Health Connect Topics/Discussion
- Commissioner Updates (Current Topics Discussion)
- Duals/VHIP/SIM Update/Discussion
- GC Waiver (as Necessary)
- Medicaid Shared Savings Program
- MEAB Work Group Meeting Reports
- Quarterly Advocate Report (Legal Aid)

Draft Topics for February 23 Meeting:

- DVHA SFY '16 Budget Discussion
- State Health Care Budget Discussion
- DAIL Budget Briefing/Discussion
- AHS Secretary –Remarks/Discussion

Future Meeting Topics:

- Health Care Reform - single payer models
- Reinvestment in Community Based Services
- Affordability and reinvestment pertaining to provider rates
- Minimizing administrative complexity for businesses that offer insurance

Data Request(s) for Future Meeting:

Termination Data from Carriers

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Total Medicaid Budget – what portion is entitlement/what is not?

Issue Tracker List:

- Inventory of Perverse Incentives
- Diapers
- Medicaid transportation
- Out-of-State travel
- Specialist or preferred providers
- Mental Health fee schedule changes
- Prior Authorization concerns
- Coordination of Benefits between Medicare and Medicaid

Ongoing Small Group Works

- EPSDT Work Group
- Improving Access Work Group
- Small Employer Work Group
- Individuals and Families Work Group
- Caregiver Reimbursement Work Group

Next Meeting

February 23, 2015

Time: 11:00AM – 3:00PM

Site: DVHA, 312 Hurricane Ln, Williston, VT

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

http://info.healthconnect.vermont.gov/advisory_board/meeting_materials