Medicaid & Exchange Advisory Board
Meeting Minutes
April 23, 2018

Board Members Present: Kay Van Woert (phone), Joan Lavoie, Gladys Konstantin, Dale Hackett, Lisa Draper, Julie Tessler, Vaughn Collins (phone), Jessa Barnard, Devon Green (phone), Kirsten Murphy, Lisa Maynes, Amy Vaughan, Georgia Maheras (phone), Michelle Fay (phone), Rebecca Heintz, Paul Bakeman, Erin Maguire, Drew Kervick, Nate Waite, Sharon Henault (phone) and Mike Fisher.
Board Members Absent: Sharon Winn and Laura Pelosi
Other Interested Parties Present: Susan Aranoff (Vermont Developmental Disabilities Council, phone), Lucie Garand (Downs Rachlin Martin, phone), Brendan Hogan (Optum, phone) and Sarah Peterson (Maximus)
Staff Present: Department of Vermont Health Access (DVHA): Commissioner Cory Gustafson, Alicia Cooper, Victoria Jarvis and Molly Waldstein
Department of Health (VDH): Betty Morse

HANDOUTS

- Agenda
- March meeting minutes (handout)
- ACO Update (presentation)
- Certified Application Counselors (handout)
- Finding an Assister (handout)

*all are posted to the VHC website

CONVENE

Mike Fisher and Julie Tessler chaired the meeting.

Welcome/Introductions/Approval of Minutes

Board members and meeting attendees introduced themselves around the room. A quorum was present. March meeting minutes were approved without changes. There were two abstentions.

Commissioner's Office Report—Cory Gustafson

Cory Gustafson, DVHA Commissioner, updated the group on recent developments within the Commissioner's Office.

- Enrollments have been stable at about 165,330 full-benefit Medicaid members, despite churn.
- A member asked if this has to do with fluctuating eligibility for those near the maximum income level. The Commissioner replied that there are many contributing factors.
- Another member asked how it is possible for the duration of a Medicaid enrollment to be less than one year. The Commissioner responded that many factors may contribute to mid-year changes in eligibility—including changes in income.
- DVHA is spending less than it's budgeted for. This partially attributable to claims lag and pharmacy rebates.

- Personnel is an area of focus for DVHA, as evidenced by the recent appointment of Cassandra Madison to the position of Deputy Commissioner. Previously, Cass had been the Director of the Health Access Eligibility and Enrollment Unit, which has experienced significant improvements in performance under Cass's leadership.
- Standard operating procedure (SOP) documents are currently being developed by each DVHA unit to improve compliance and training.
- Staff development and internal promotions continue to be a priority for the department.
- There are many limited service positions within DVHA which presents recruitment and retention challenges.
- A member observed that the temporary nature of limited service positions may have a negative impact on morale and productivity, to which the Commissioner agreed.

ACO Discussion—Alicia Cooper

Alicia Cooper, Director of Payment Reform, presented developments from the ACO:

- If we want to change the way care is delivered, we have to change the way we pay for care. If we want to change payment, we have to change financing, and this requires predictable and sustainable financing.
- The overarching goal of value-based payments is to achieve an integrated health system that's able to forward our progress toward the triple aim: 1) improving patient experience and care; 2) improving population health outcomes; 3) reducing per capita cost growth. The ACO model is designed to forward this goal.
- The ACO model is one of the ways in which Vermont programs are attempting to align to promote the triple aim. The Vermont All-Payer ACO model agreement is a contract between CMS and the State of Vermont which allows Medicare to be a key player in ACO-based reform.
- CMS would like Vermont to do some thinking about integration of mental health and substance abuse disorder treatment programs into the All Payer model in the future, and a formal plan is anticipated by 2020.
- A member asked a question regarding patient co-pays under the ACO model. Alicia responded that the current program isn't focused on changing the relationship between the consumer and the payer, but that this is likely to be an important part of the conversation in future.
- A member pointed out that there's a great deal of fear among the community of people with disabilities in Vermont regarding the ACO. The concern is that the quality of care may drop as providers "cherry pick" patients they wish to serve. The member also pointed out that the positive impacts of the ACO model on quality of care are not clear to her. The Commissioner acknowledged that fear is an understandable biproduct of change. He also pointed out the general sense of public dissatisfaction the state of healthcare overall leads DVHA to make efforts to improve the system. The changes contemplated by the ACO are intended to impact provider relations with the payer,

rather than provider relations with the patient. The fears and concerns of Medicaid beneficiaries are important to DVHA and are being heard.

- The same member pointed out that there are already providers who prefer not to work with Medicaid patients. The Commissioner responded that the provisions of the All-Payer model should neutralize that condition to some degree by ensuring parity between payers. He also mentioned that comments and concerns such as these are helpful to DVHA, and he encourages further dialogue.
- The same member asked how a patient would know if he or she was being rejected by the ACO based on disability. Another member added clarification to this question by asking for the accountability mechanism that would ensure that providers are meeting the needs of disabled Vermonters.
- Another member asked a question about the perspective of providers relative to the ACO project. In what venue do providers express their opinions and concerns?
- The Commissioner explained that conversations with providers are active and ongoing, and issues are addressed as they emerge.
- Mike Fisher, MEAB co-chair, described the fears members of the public have expressed to the Office of the Healthcare Advocate (HCA) regarding changes within the health care system in Vermont. He recommended further communications with the broader population to help people put aside their fear of change.
- Another member pointed out that these fears are based on the difference between the independent living model and philosophy and the medical model. Sometimes, providers don't seem to understand that the needs of the disabled community go beyond the medical model, and it's scary to think of transitioning to a system in which payments will all be medically based. This member expressed concerns about the potential reduction in ancillary services currently covered by Medicaid—such as transportation, social services and mental health.
- Another member pointed out that the ACO is similar to the former MCO system—in which it was to the provider's advantage to cut costs—often at the expense of patient care. In this member' opinion, the ACO has the potential to stimulate similar behavior by providers.
- Another member pointed out that, despite fears associated with the change in the system, that the ACO model is designed to allow providers to spend more time with patients who need extra attention—thus improving the quality of care. The system is designed to measure quality of care to demonstrate that the patients that need more time with providers receive it.
- Another member pointed out that the fears expressed are valid, but that the theory is that the new system should facilitate improvements at the patient level.
- Another member agreed with the validity of the concerns expressed, and pointed out that the advisory board serves as an excellent forum for bringing these concerns to light.
- The Commissioner expressed appreciation for all members who have articulated their views in this forum and pointed out that the conversation has been helpful and informative for DVHA.

- Alicia picked up her presentation at this point at slide 8. She pointed out that Medicaid beneficiaries are attributed to the ACO based on their primary care relationships.
- In terms of services, Alicia mentioned that the ACO is typically responsible for traditional medical services, although that may be up for discussion in future years. There has been no change from 2017 to 2018 in services covered.
- Alicia explained that the drop in PMPY year over year is likely due to the increase in covered population in 2018.
- Financial validation is ongoing, but initial results look promising.
- Julie Tessler, MEAB co-chair, asked Alicia to comment on quality outcomes in 2017 as well as integration with community services, particularly for people with disabilities. Alicia responded that the 2017 quality results are not yet available but are being analyzed currently and are expected to be accessible towards the end of June.
- The Commissioner suggested that integration of systems of care is a conversation that would be appropriate to conduct once quality measures are available.
- Mike Fisher mentioned that the HCA is working to develop a patient feedback loop to gather information about how patients perceive the changes in their care.
- Another member expressed a concern that low-number sub-populations may not have a large statistical impact on quantitative analysis, which could cause the acute needs of these populations to be overlooked. Providing a mechanism for evaluating the impact of healthcare reform on smaller populations with acute needs might have the benefit of alleviating some fears within communities of Vermonters with disabilities.

The full presentation can be viewed online at:
http://info.healthconnect.vermont.gov/sites/hcexchange/files/Advisory_Board/MEAB_ACO%20Update_04-20-18.pdf

Assister Program Update—Victoria Jarvis

Victoria Jarvis, Vermont Health Connect Assister Program Manager, discussed developments within the Assister Program. The discussion included:

- The assisters act as a bridge between state and community-based programs and provider offices.
- The assisters are trained and certified in all coverages offered by Vermont Health Connect and Green Mountain Care. Green Mountain Care coverage training was new for the assisters this year.
- The program began with $2.5M in federal and state funding. In 2015, federal matching ceased, and the state filled in the shortfall to fund the program at $400K.
- The assister program began conversations with provider organizations about developing Certified Application Counselors (CAC) at each location. CACs do not rely on grant funding and only service patients of that provider's office. The assister acts as an advocate at that the provider's offices and can discuss a range of services to assist patients. CAC recruitment is on-going.

- Assisters have relationships with members of underserved populations who need the most attention.
- Assisters must provide assistance in person, not by telephone.
- Community-based organizations do an excellent job assisting clients through this program. For example, Community Health Centers of Burlington has four certified assisters on staff and builds direct relationships with clients.
- Certifying school nurses as assisters is a goal for the program.
- A member pointed out that other people at schools might be appropriate touchpoints for families with questions about acquiring coverage.
- The same member also asked if assisters were taking a proactive approach towards asking families to identify their needs for services, and Victoria agreed that they are.
- Victoria pointed out that assisters are all annually trained and recertified and are required to complete additional training on an annual basis. Assister evaluations are also sent to customers for feedback.
- A member observed that the program sounds similar to a 1990s era effort to promote "one stop shopping" with a centralized process for applying for services.
- Victoria explained that the program is similar to a former program called the "Blueprint Navigators."
- A member asked how this program connects to the care coordination the ACO is promising.
- Victoria explained that she has intentionally kept the VHC assisters separate from that program. Another member pointed out that ACO attribution doesn't apply to all patients.
- Victoria pointed out that annual Medicaid redeterminations are easier for consumers to process with assister support.

A technical fault caused the recording device to malfunction, and further discussion was not preserved. The final agenda topic included a brainstorming session to discuss a retreat opportunity for the MEAB.

Handouts can be viewed at:
http://info.healthconnect.vermont.gov/sites/hcexchange/files/Advisory_Board/Certified%20Application%20Counselors.pdf

http://info.healthconnect.vermont.gov/sites/hcexchange/files/Advisory_Board/Finding%20and%20Referring%20to%20an%20Assister%202018.pdf

Public Comment
There was no public comment.

Adjournment

The meeting was adjourned at 12:03 PM.

Topics for Regular Update:

- Vermont Health Connect Quarterly Update
- Commissioner Updates (Current Topics Discussion)
- GC Waiver (as Necessary)
- Quarterly Advocate Report (Legal Aid)

Future Meeting Topics:

- Integrated Eligibility and Enrollment
- Legislative updates

Next Meeting
May 21, 2018
Time: 10:00AM – 12:00PM
Site: DVHA, State Office Complex, Waterbury, VT
Please visit the Advisory Board website for up-to-date information:
http://info.healthconnect.vermont.gov/advisory_board/meeting_materials