
Medicaid & Exchange Advisory Board
Meeting Minutes
April 25, 2016

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Board Members Present: Trinka Kerr, Donna Sutton Fay, Bram Kleppner, Julie Tessler, Amy Vaughan, Sharon Henault (phone), Rebecca Heintz, Jackie Majoros, Kay Van Woert (phone), Paul Bakeman, Joan Lavoie, Vaughn Collins (phone), Christina Colombe (phone), Erin McIntyre, Peter Cobb, Gladys Konstantin, Nate Waite, and Dale Hackett.

Board Members Absent: Michelle Fay, Madeleine Mongan, Sharon Winn, Clifton Long, Laura Pelosi, and Lisa Maynes.

Other Interested Parties Present: Kelly Barnier, William Lambrukos (phone), Susan Gretkowski (phone), and Betty Morse.

Staff Present: Department of Vermont Health Access (DVHA): Marybeth Bizarri and Clark Eaton. Medicaid Policy: Danielle Fuoco.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) March 28, 2016 Meeting Minutes
- Health Care Advocate 1st Quarter Report – (Jan 1- Mar 31, 2016)
- Vermont Health Connect (VHC) MEAB Update (4/25/16)

*all are posted to the VHC website

CONVENE

Donna Sutton Fay and Bram Kleppner chaired the meeting.

Welcome/Introductions/Approval of Minutes

Board members and meeting attendees introduced themselves around the room. Board members approved the meeting minutes for March 28, 2016. There were 14 yeas, 0 nays and 1 abstention.

Health Care Advocate 1st Quarter Report - Trinka Kerr

Trinka Kerr, Chief Health Care Advocate, provided a handout and summary of the office's Quarterly Report for January 1 - December 31, 2016. Total Call volume was 30% higher than the previous quarter, but slightly lower (2%) than the same quarter last year. VHC call volume was 60% higher than last quarter, and 4% higher than the same quarter last year. Calls related to making changes ("change of circumstance") increased by 68% over the previous quarter, but were 25% lower than last year's first quarter. VHC billing and payment problems more than doubled over the previous quarter, and became the number one reason people called the HCA. The five most common reasons Vermonters called the HCA were: 1) VHC Invoice/Billing Problems, 2) VHC Renewals, 3) VHC Complaints, 4) MAGI Medicaid eligibility, and 5) VHC Change of Circumstance. Trinka included five case examples in the quarterly report that illustrate the type problems that are requiring assistance. Legislative activities that the HCA advocated for were also summarized. Use of the HCA website also has continued to increase; there were 40% more page views this quarter, compared to the same quarter in 2015.

Donna Sutton Fay expressed discouragement with the continuing invoice and billing problems and wondered what steps could be taken to improve results in this area. Rebecca Heintz stated that much of the problem has been IT related. The Legislature has considered looking at a study on the VHC. Discussion will continue after VHC briefs later in the meeting.

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Discussion Item: All Payer Model – Howard Pallotta

Howard Pallotta, DVHA General Counsel, discussed (from a high altitude perspective) the broad purpose of the All Payer Model. The intent is to accomplish an Accountable Care Organization (ACO) on the Medicaid side. An RFP has gone out for an ACO to be responsible for the Medicaid part of the program. Donna Sutton Fay said that she was not aware of the RFP being issued. The link to the RFP was sent out to the MEAB on Friday, April 22. The RFP was actually issued a couple of weeks ago. MEAB members will take a closer look at the RFP. One ACO will be selected. Long Term Care is not in the service package. Howard indicated that he will be constrained in answering questions about the RFP, because DVHA is now within the procurement process period. The timeline is included in the RFP. Donna was discouraged that the MEAB could not have had a high level concept presentation on the All Payer Model – what are we trying to accomplish overall. The MEAB discussed the need to still have an All Payer Model concept briefing scheduled. Ena Backus from the GMCB would be a logical candidate. Amy Vaughan noted that things are changing very quickly (day-to-day) and the state is operating on a very short timeline.

Discussion Items: Vermont Health Connect – Sean Sheehan

Sean Sheehan, Director, VHC Outreach and Education, provided updates on Vermont Health Connect (VHC) key activity.

Operations – The Customer Support Center added additional staff in March and MAXIMUS (member services) met its service level agreement requirements for the month. April’s metrics are also tracking well. Change of circumstance (COC) handling and integration are trending in the right direction. Most change requests now can be completed on-the-phone on the same day. Also, the inventory of known integration errors is down 66% since the beginning of March. There is a current push on to support the completion of Medicaid renewals. More than 4000 households are subject to coverage closure (end of April) if they do not complete the reapplication. “Blast calls” were made, in addition to previous notifications. Providers have also been notified to help get the word to members that will need Medicaid renewal. The inventory of change requests continues to go down and is trending in the right direction.

System – With major system work completed, Optum has shifted resources to improve work streams for Medicaid renewals, integration, and reconciliations. For each area, action will be taken on root cause analysis, remediation of existing issues, and prevention of future incidents. Bram Kleppner asked what the biggest factor was contributing to the ongoing invoice and billing problems that consumers were facing. Sean felt that integration was a key factor, along with reconciliation needs. Integration root cause analysis has already identified opportunities for defect fixes and improvement.

Metrics — Sean provided slides on overall performance of the Customer Support Center and overall system performance improved significantly in March and was at the desired levels. Sean also described the active assister activity, change request activity, and 834 Transactions – the inventory of known integration errors has improved significantly since March 1.

Outreach & Education – Sean shared the latest outreach materials with the board, including flyers on Medicaid renewal. VHC continues to provide timely materials to stakeholders and partners, sample blurbs for newsletters, and outreach information for newspapers and local Front Porch Forums. There has been focus on the risks of having a coverage gap, including the federal fee required for not having insurance.

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Members should contact VHC with any comments or suggestions on future VHC data/information presentations. Current VHC information and activities can always be viewed at www.vermonthealthconnect.gov

MEAB Discussion Items – Co-Chairs

Based on ongoing concerns, the MEAB discussed possible support of a funded study of VHC under consideration by the legislature. Following discussion, the MEAB unanimously passed the following resolution to be forwarded to the administration and legislators:

“Vermont Health Connect continues to represent meaningful barriers to care for many Vermonters. The Medicaid & Exchange Advisory Board (“MEAB”) supports the Legislature’s initiative to have the JFO commission a full third-party audit of the system to identify the problems, recommend solutions, and estimate the cost of those solutions. The MEAB further recommends the study be funded at the level needed to get a clear picture of all the significant issues with the Exchange.”

Reference the recent RFP release on the Accountable Care Organization, Bram Kleppner expressed the desire for the MEAB to see pertinent draft RFP’s in advance, and prior to being released. Members also felt it would still be important to have a summary presentation on the concept of the All Payer Model. Ena Backus at the Green Mountain Care Board has done this for other groups and would be a good candidate to present to the MEAB.

The co-chairs want to improve the functioning of the MEAB and will communicate with the DVHA Commissioner/state in the near future.

The board chair also asked board members to consider and review potential agenda items (listed below) for the next MEAB meeting.

Public Comment Opportunity – Co-Chairs

There was no public comment during the meeting.

Adjournment

The meeting was adjourned at 2:05PM.

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)

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Draft Topics for May 23 Meeting:

- DVHA Update/Discussion
- All Payer Model
- Human Service Board VHC Appeals Update

Future Meeting Topics:

- Health Care Reform - All Payer Model
- Medicaid Transportation – current and future budget
- Shared Savings/SIM update, including Learning Collaborative/Care Model
- 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
Total Medicaid Budget – what portion is entitlement/what is not?

Issue Tracker List:

- Inventory of Perverse Incentives
- 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
- Provider Reimbursement Work Group

Next Meeting
May 23, 2016

Time: 11:00AM – 2:30PM

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