MEAB Meeting Minutes

8/27/18

Board Members Present: Devon Green, Lisa Maynes, Joan LaVoie, Kirsten Murphy, Nate Waite, Lisa Draper, Julie Tessler, Mike Fisher, Gladys Konstantin; Phone – Dale Hackett, Kay Van Woert, Georgia Maheras.

Other Interested Parties Present: Sarah Peterson (Maximus), Tyler Gauthier (OneCare VT), Amelia Schlossberg (VT Legal Aid)

Staff Present: Department of Vermont Health Access (DVHA): Commissioner Cory Gustafson, Alicia Cooper, Sean Sheehan, Etiane George and Zack Goss

HANDOUTS

- August Agenda
- ACO Quality Measures (presentation)

*all are posted to the VHC website

I. Call to order

Mike Fisher and Julie Tessler called the MEAB meeting to order at 10:02am on 8/27/18 at the WSOC.

1. Roll call and establish quorum
2. Last meeting minutes were not read or approved. This will be postponed until the next MEAB meeting.

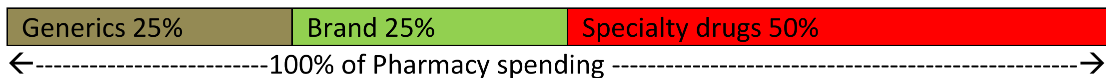
II. Commissioner's Office Report & Discussion

a) Continued focus on DVHA priorities of Value Based Payments, IT and Performance:
  - i) Value based payments: moving forward
    - (1) Currently in pilot phase
    - (2) Efforts to put Medicare/Medicaid and commercial "under one tent"
    - (3) Will have 2017 results in September
  - ii) IT
    - (1) IE moving forward
      - (a) Unified paper application
      - (b) Content management
      - (c) Verification system
      - (d) Business intelligence
    - (2) MMIS[1]
    - (3) Provider enrollment:
      - (a) On good track with project
      - (b) Working with DCX vendor

Action items:

[1] Request for an MMIS update and deeper diver into update (as it relates to the MEAB)

(4) DII transition to ADS
(a) New leadership
(b) Integrating technology
iii) Performance[2]
(a) Scorecard continues to be used by approximately 18 units
b) Pharmacy
(1) Pursuit of drug reimportation
(a) Conference re: caps on pharmacy and impact on Medicaid spending
(b) Vermont managing pharmacy costs
(i) Expenditures are 72-73M the last two years. Down from 89M in 2016
(ii) Medicaid claims for medical are flat
(iii) Rebates are going up and are a focus
1. Work with 12 other states to get additional rebates
(iv) Utilization for specialty drugs are increasing and expensive
(v) NASHP doing analysis, including packaging, admin costs, distribution, etc.
(vi) Working on Canadian import deal
(vii)



1. Generics= more expensive in Canada
2. Specialty drugs can't be imported
3. Leaves potential of 25% of drugs that can be addressed
a. Among these drugs, we don't know if we lose the rebates
b. Federal Medicaid Rebates
i. VT has preferred drug list [which receive rebates]
ii. If drug is FDA approved, it must be on the VT list and receive a rebate.
c. Supplemental Rebates
i. 12 state group (including VT) further negotiates rates
(viii) P40B is not under consideration for changes.

III. Alicia Cooper (SOV) and Tyler Gauthier (OneCare VT) presentation (see slide deck)
a) [Alicia] 2017 quality results: achieving quality health system with triple-aim
i) All payer model with CMS
ii) Medicaid next generation: contract with OneCare VT
(1) Quality Measures: Requirements for payer and programs have very similar quality measures; they may slightly differ to reflect population
(2) Goals: Improved patient experience and care, health of populations, per capita cost growth
(a) Next generation ACO program - providers participate in leadership role

[2] Update on scorecard performance to the MEAB as it related to consumers and request for high level update about scoring criteria on scorecards especially around customer metrics related data

(b) Focus away from Government to provider
(c) More sustainable costs - moderate Medicaid spending, continue to monitor
(d) Aligning on quality and provider actions
(e) Promoting value-based payments - allows focus on quality and accountability
(3) Quality requirements:
(a) Quality withhold 0.5% - withheld and earmarked for quality
(b) Want to make sure 0.5% is the right number will assess over time
(c) 0.5% is allocated 70% PCP and 30% Specialty
(4) VT consistent with federal guidance, no changes needed to ACO programs at this time

b) [Tyler] 2018 quality improvements:
(1) Simplification of documents [for providers]
(a) Documents posted on secure portal
(b) One-page informational documents on website
(2) Conduct a day long data literacy training for clinical representatives to understand reports and improve quality (slide 7)
(3) Focus on practices across the state
(a) 2017 focus on Hypertension
(i) Participation of 7 practices
(b) 2018 focus on Diabetes prevention
(i) Participation of 15 practices
(ii) Additional 8 practices [4 in-person, 4 on-line]
(c) 2019 planning above 15 participants.
(i) Moving towards two learning collaboratives in 2019
(d) Working with Capital Health to identify sources of data that may be missed
(e) Looking for success stories: 10 so far, 30 by end of year
(4) Support and Services at Home (SASH) - working with residents to determine areas of focus[3][4]

IV. Silver Loading (Sean Sheehan)

a) Rates have been finalized

b) Working group and cross organizational team working on collaborative messaging
i) Importance of tailoring message to specific audience which is a shift from past years
ii) Clarify subsidy definitions
iii) Messaging: this isn't the year to do nothing – [some] customers will save more money by switching
(1) Single subsidized members will get about $100/month more than last year, couples and families even more
(2) Single person at 400% of FPL will go from $121 to $222 subsidy
(3) $26K Household income = $390 subsidy; [$32 VPA/$357 APTC]

Action Items:

[3] Tyler - offered to come back or share contract information

[4] Suggestion of pre-natal care as additional area of focus for ACO program

iv) Messages for three groups[5]
 (a) *Unsubsidized population*: (Establish single point of contact): Use Exchange or Enroll directly with carrier – carriers will have versions of a silver reflective
 (b) *200-400% of FPL population*: (50-100K family of 4) APTC and VCSR eligible – encourage to look for plans other than silver
  (i) Platinum, Gold and Bronze will cost less; Gold may be especially appealing in that it will have a similar premium to Silver, but lower out-of-pocket costs (at this income level)
  (ii) Silver will be similar cost
  (iii) People up to $32K can get a "$0" premium Bronze health plan (this plan will have significant increased Out of Pocket Costs.)
 (c) Under 200% of FPL population
  (i) Qualify for most generous CSR 94 and 87 plans
  (ii) Might make sense to stay in silver b/c of lower out of pocket costs
  (iii) Use Plan Comparison Tool

c) Increase in subsidy is all federal; zero impact on state budget because VPA is a % of income (ie doesn't move with premiums)
d) Decision for variable incomes and those close to limits
 i) Customer should talk to tax advisor and use plan comparison tool
 ii) Some Vermonters have complicated income and tax statements--make sure we're clear on tax credits and communicate the change and understand the differences.

V. MEAB Retreat

a) October meeting date will be 10/22 and extended from 9am-3pm
 (1) Planning group meeting regularly
 (2) DVHA to present statute
 (3) Members to express what's important
 (4) Zack to send out invite
 (5) Lunch will be provided
 (6) Location WSOC
 (7) MEAB members contributed thoughts on purpose of retreat
  (a) Communication processes
  (b) Presentation format
  (c) Insurance literacy
  (d) Inter-department communication (DCF, DAIL, DMH, DVHA)
  (e) Meeting structure
  (f) Prioritization, goal and agenda setting

VI. Upcoming MEAB Agenda

[5] Sean will send messaging to MEAB group

i) Financial update
ii) Budget process
iii) Preliminary Budget Trends [6]

VII. Adjournment

Mike Fisher and Julie Tessler adjourned the meeting at 12pm.

Action items:

[6] Commissioner will present at September meeting