
Medicaid & Exchange Advisory Board
Meeting Minutes
December 10, 2012

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Board Members Present: Bram Kleppner, Catherine Hamilton, Christina Colombe (phone), Clifton Long, Peter Sterling (for Donna Sutton Fay), Gladys Mooney, Julie Tessler, Kay Van Woert, Larry Goetschius, Laura Pelosi, Tracy Dolan (for Harry Chen), Madeleine Mongan, Michael Sirotkin, Paul Bakeman, Randy Cook, Trinka Kerr, Joan Lavoie, Cathy Davis, Shannon Wilson (phone), Lisa Maynes, Ellen Gershun (phone), Susan Barrett, Elizabeth Cote (phone), Sharon Henault, Tim Ford and Sheila Reed.

Board Members Absent: Laura Pelosi, Donna Sutton Fay, Harry Chen, Julie Lineberger and Floyd Nease.

Other Interested Parties Present: Danielle Hibbard, Kim McGuinness (phone), Sheri Lesperance (phone), Claire Roberts (phone), Katina Cummings, Betty Morse, Scott Deluca, Kelly Barnier, Keith Jones, Nick Carter, Michele Blanchard, Gretchen Begnoche, Cherie Bergeron and Anthony Otis.

Staff Present: DFR: David Martini; GMCB: Marion Hines, Ena Backus; DAIL: Marybeth McCaffrey, DVHA: Mark Larson, Lindsey Tucker, Lori Collins, Emily Yahr, Cassandra Gekas, Paul Hochanadel, Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) November 19 Meeting Minutes

CONVENE

Kay Van Woert and Bram Kleppner chaired the meeting.

Welcome and Introductions

Board Business

Following introductions, Bram Kleppner asked for adoption of the November 19, 2012 meeting minutes. The board reviewed the November minutes and voted unanimously to approve the minutes, with 21 yeas, 0 nays and 0 abstentions.

Exchange Updates – Lindsey Tucker

Lindsey Tucker, Deputy Commissioner, Health Benefit Exchange, provided an update on current Exchange topics.

Administrative Rules: The board has recently received a notice on a series of stakeholder meetings to be held in December and January on the revisions and developments of administrative rules pertaining to the Exchange. Board members are encouraged to attend any or all of the meetings; stakeholder feedback will be used to further develop the administrative rules. Another reminder will be going out this week encouraging attendance at the meetings. A call-in number will be provided for those who won't be able to attend meetings in person.

Trinka Kerr stressed the importance of being involved in the Exchange rules development process in the beginning stages; it will be much harder to make changes once rules are already in place. Kay Van Woert noted that the Exchange rules development topic should have agenda time during the January 7 meeting for updates and further discussion.

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Call Center: Work on DVHA's call center is well underway. A new call center hire has been made who will work together with the center's Project Manager. The plan is to expand the Medicaid call center and combine and integrate the exchange. The Centers for Medicare & Medicaid Services (CMS) has approved the high level concept and the call center team will be working on the more detailed, specific plans. A procurement strategy is also being developed. Another call center update will be scheduled in the February timeframe.

Exchange blueprint update: The exchange's blueprint application is complete and was submitted on December 7, 2012. The exchange blueprint is part of the federal oversight process for Vermont. The state is pursuing a state-based exchange and we expect to be approved, with conditions, in January for operation in 2014. An update will be provided at the January 7 meeting.

Commissioner's Updates -- Mark Larson

Budget Update: The Department of Vermont Health Access (DVHA) Commissioner, Mark Larson, continued to discuss DVHA's general SFY '14 budget development process, a discussion that was started with the board at the November meeting. He reiterated the four primary areas that are being explored for consideration/adjustment in the upcoming budget: 1) premium assistance and cost sharing subsidies on the state and federal level, 2) steps to address the transition impact on people and services as ACA measures and the exchange are implemented, 3) considering the capacity to potentially increase Medicaid reimbursement rates to ease other cost shift pressures, and 4) continuing to consider and weigh the impact of the hospital provider tax. DVHA's budget proposal needs to be ready for integration prior to the Governor's budget address in January.

Trinka Kerr expressed concern about future premium assistance and affordability for members moving from the VT Health Access Plan (VHAP) and Catamount Health to the exchange. Uninsured individuals will also be entering the exchange. This should be a discussion topic for the board at its January 7 meeting. Mark emphasized that this is a key concern in the Department's ongoing financial analyses.

Kay Van Woert asked for future discussion on the budget forecasting process and getting an understanding of the "whole system", cross-department impact of budget decisions. Mark Larson indicated that the Agency of Human Services is making a commitment to looking at services, impacts and outcomes at the agency level, and not just at the department level.

Global Commitment Waiver Renewal: Mark discussed the upcoming renewal request for DVHA's Global Commitment (GC) Waiver which gives us more flexibility in the way we can execute the state's Medicaid program. The current GC Waiver will run out in December 2013, and DVHA plans to have a new proposal ready to be submitted for federal evaluation by early February 2013. DVHA will have this draft GC proposal ready for discussion at the next MEAB board meeting in January.

DVHA also operates part of its budget under a Choices For Care (CFC) Waiver. Although this waiver renewal is not due until 2015, DVHA is going to submit a new extension request for this waiver in concert with the GC Waiver renewal. This will allow DVHA to submit for both of these waivers on the same document and on the same timeline in the future.

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Dual Eligibles Project Update: DVHA has submitted for a demonstration project with CMS that would allow the state to manage Medicare federal funding for beneficiaries who have “dual Medicaid and Medicare eligibility.” DVHA wanted to have a negotiated Memorandum of Understanding (MOU) in place with CMS by now, but negotiations still need to take place. The intent is to have an approved MOU in place by January, 2014.

There was discussion on exploring potential savings that a new dual eligibles program could provide, either operating under an Accountable Care Organization (ACO) arrangement or under a Managed Care Organization arrangement.

There is an ongoing state Dual Eligibles Stakeholder group and board members are encouraged to participate in this process or stay informed. A link for this group’s activity is at <http://humanservices.vermont.gov/dual-eligibles-project>.

Habilitative Services: After the election, there is now new federal guidance that would allow individual states to define habilitative services when establishing qualified health plans. Mark explained that DVHA has already released an RFP to insurance carriers asking for their options on how habilitative services would be covered. To remain on schedule, DVHA does not have time to restart the process from the beginning. The Commissioner will review the proposals that come back from carriers on how habilitative services would be covered. The Medicaid Advisory Board previously recommended to the GMCB that, for health plans, habilitative services be treated equally and on par with rehabilitative services. Commissioner Larson understands the board’s desire on this issue.

Blueprint for Health – Lisa Dulsky Watkins

Lisa Dulsky Watkins, the Operations Chief for the Vermont Blueprint for Health, provided an overview and update on the ongoing Blueprint for Health initiative. This private/public partnership program was launched back in 2003, with an initial focus on chronic disease and chronic care patients. It has since moved from pilot phases to integrating innovative health service models throughout all parts of the state. The program has addressed and improved coordination, delivery and quality of care, while better controlling costs and improving health care experiences and outcomes.

Lisa described the development and effective use of Community Health Teams (CHT’s) that provide multidisciplinary, locally based services within Vermont communities. There are now more than 100 participating medical practices and over 400,000 patients with a recognized medical home. The latest Blueprint annual report shows cost trends and a complete description of the program. Hard copies are available for those who would like them; the latest Blueprint for Health 2011 annual report is also available on-line on their website at <http://hcr.vermont.gov/blueprint>.

There are also individual, self management activities being introduced by CHT’s, including individual skills training, pain management awareness and Wellness Recovery Action Plan (WRAP) activities.

Board member comments included paying necessary attention to individual, “small picture” scenarios and being sure that these examples are being recognized and integrated into

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improvement plans. There must be well conceived ways in place for consumer input and other identified efficiencies to be easily converted/translated to overall system improvements.

Board Discussion and Workgroups

Bram Kleppner described the day's three smaller group break-out sessions (approx. 1 hour) and the potential value in having more specific discussions on the identified topic areas: 1) consumer access issues, 2) small business issues, and 3) provider related issues. The goal is to identify, validate and confirm the valuable work to be done in each area. Other areas that might require small group work attention can also be identified during these sessions. Board members were encouraged to attend the session(s) that were of most interest. The EPSDT work group will meet during the January 7 meeting.

Workgroup Meeting Report-outs

Each of the workgroups reported back on the key topic areas that were discussed and that could possibly need more follow-on attention.

Consumer issues: 1) (broad) engaging/considering disability and elder perspectives as part of health care reform, 2) (broad) the affordability cliff, 3) (broad) structure of the MEAB (improve connections to DVHA's work), 4) (unique) Medicaid transportation, 5) (unique) the complaint(s) process, and 6) (broad) the navigation and application process for the Exchange.

Provider issues: 1) dual eligibles project and relationship to affordable care organizations, 2) cost shift concern, and 3) workforce concerns (availability and low pay).

Small business issues: 1) exchange timelines and costs by spring, 2) employer choice models, 3) buying/dropping insurance using the exchange, 4) communication plan, 5) unintended consequences, and 6) better defining factors on what constitutes small business.

Public Comment

There was no public comment at this meeting.

Draft Topics for January 7 Meeting:

- Budget updates
- Trend & utilization data used in budget preparation
- Eligibility rules/administrative rules changes update
- Insurance affordability
- Global Commitment waiver renewal update
- IT preparedness related to Health Care Reform update
- Small group breakouts to define future MEAB large and small group works
- EPSDT workgroup meeting
- Prioritizing topics identified by small groups

Draft Topics for February 4 Meeting:

- Budget Update
- OHSU work/Guiding Principles – presentation and discussion
- Exchange blueprint submission update

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Future Meeting Topics:

- Perverse incentives in eligibility, cost sharing, and benefit structures and fraud and abuse
- Independent Living (e.g. DME, reinvestment in community based services)
- Integrated Family Services

Topics to Monitor / MEAB Updates as Work Progresses:

- Habilitative services benefits in the Exchange
- Navigation for the Exchange

Data Requested (when DVHA develops these numbers in the course of their work):

- SFY '13 DVHA Budget and/or trend data as a frame of reference for the SFY' 14 budget development process.
- Savings generated by the Exchange
- Costs of adding dental and vision benefits to the Exchange

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Next Meeting

January 7, 2013

Time: 11:00AM – 3:00PM

Site: DVHA, Williston, VT

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

<http://dvha.vermont.gov/advisory-boards>
