
Medicaid & Exchange Advisory Board
Meeting Minutes
July 16, 2012

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PRESENT

Board: Sharon Henault, Sheila Reed, Julie Tessler, Laura Pelosi, Michael Sirotkin, Bram Kleppner, Dale Hackett, Donna Sutton-Faye, Ellen Gershun, Trinkia Kerr, Lisa Maynes, Shannon Wilson, Catherine Hamilton, Gladys Mooney, Susan Barrett, Julie Lineberger, Clifton Long, Tim Ford, Floyd Nease, Paul Bakeman, Randy Cooke, Michael Roche, Joan Lavoie, Cathy Davis and Christina Colombe.

Other Interested Parties: Lucie Garand, Heather Caldwell, Michele Blanchard, Sonia Tagliento, Jill Guerin, , Christina Kellog, Anthony Otis, Paul Harrington, Lora Nielsen, Jamie Feehan, , Spin Richardson. On Phone: Jill Olson, Claire Buckley (KSE partners), Susan Bauer (Maximus) and Melissa Morales (GMMB).

Staff: Lindsey Tucker, Paul Hochanadel, Connie Schutz, Erick Carrera, Clark Eaton and Molly Warren (Department of Vermont Health Access, DVHA); Les Birnbaum (Department for Children and Families, DCF); Marybeth McCaffrey (Department of Disabilities, Aging and Independent Living, DAIL); Margot Thistle (Department of Financial Regulation); Julie Peper (Wakely Consulting).

HANDOUTS

- Agenda
- Summary: Ongoing & Upcoming Medicaid and Exchange Advisory Board Work
- Draft Proposal Document: MEAB Operating Recommendations
- Vermont Level Two Establishment Grant: Summary
- The Vermont Health Benefit Exchange: An Overview (power point)
- State of Vermont Plan Design Development (Wakely Consulting)

CONVENE

Bram Kleppner chaired the meeting.

Welcome and Introductions -- Mark Larson, DVHA Commissioner & Bram Kleppner, MEAB Co-Chair

Mark Larson welcomed board members and guests, and introduced Bram Kleppner as the Medicaid and Exchange Advisory Board (MEAB) Co-Chair. Mark clarified that he appointed Kay Van Woert as the other Co-Chair, but she is not able to be present today. Bram introduced himself and also read a prepared introduction of Kay Van Woert. Board members were invited to introduce themselves and briefly describe their connection to this board. Guests introduced themselves, and Bram provided an overview of the agenda.

Advisory Board Overview and Organization -- Bram Kleppner

Bram gave an overview of the role of this board. He pointed out that the Board fulfills a statutory requirement for the State in order to receive federal Medicaid funding. In addition, the Board has a role of giving feedback on issues raised by the State, and also to

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raise issues on behalf of Board members and their constituencies. Mark emphasized that he welcomes and values the perspective of the Board. He clarified that the Board serves in an advisory capacity, and thus he is not bound by the Board's decisions.

There was a brief discussion of Board goals, and then Bram moved the conversation to a draft document prepared by DVHA that provides recommendations regarding Board operations. Mark Larson introduced the background to this document, and clarified that this document has been previously presented to the individual Medicaid and Exchange Boards. Bram and Mark reviewed each section, and asked for comments or proposed changes. There was discussion on the following topics: the technical definition of a quorum, whether or not a designee/proxy could vote, and whether or not a member could participate and vote by phone. These issues will be addressed and clarified.

Mark briefly reviewed the section on per diem reimbursement, and Clark Eaton (DVHA) provided more detail about the rates and process of reimbursement. There was a request for a list of the workgroups that have been meeting, and the State will provide it. There was a question about whether or not there is a website, and Mark clarified that there is a page on the DVHA website with meeting minutes and other documents.

Sharon Henault made a motion to temporarily adopt this document as the Board's Operating Manual, and Julie Lineberger seconded the motion. The vote was unanimous in favor.

Commissioner Update -- Mark Larson, Stephanie Beck, DVHA

Mark shared a handout that lists current and future items being worked on by both the Medicaid and the Exchange Board to bring all members up to speed about the work of each group. Mark explained that as part of the Affordable Care Act (ACA), there will be changes to how the state delivers Medicaid in 2014. There is a preliminary ACA Transition Plan Document that he discussed with the board. The State is required to provide updates to the Center for Medicare & Medicaid Services on this transition on a quarterly basis; DVHA will forward an electronic copy of this new transition plan document for the Board to review.

Stephanie Beck updated the group on DVHA's Telemedicine Initiative. Act 107 authorized all Vermont insurers to allow for provision of clinical services via telemedicine to be in operation by October 1, 2012. She gave a brief overview of the kinds of services delivered in this manner. She clarified that it is an audio and video interaction between clinical sites, not from a client's home. DVHA is currently designing its Medicaid telemedicine delivery model, based largely on the Medicare model. She welcomed feedback from Board members as this initiative moves forward; forming a workgroup could also be a possibility.

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Exchange Update -- Lindsey Tucker, DVHA

Lindsey Tucker presented an overview of the Exchange with a power point presentation. She shared that in June, 2012, Vermont submitted an application for a Level II Establishment Grant to fund the design and build of the Exchange, and provided a summary document of the grant application. Lindsey emphasized that the Exchange intends to work closely with Board members and their constituencies on outreach and education for the Exchange, including taking advantage of lessons learned in the Medicaid Part D expansion. She presented a sample Exchange website, and offered to come back and do a more thorough presentation of the UX 2014 model of website design.

Lindsey began a presentation about plan design by explaining the “metal levels”, and discussed the process of determining the “essential health benefits” that each plan must offer. The ACA describes 10 essential health benefits that all plans must offer. The State has reviewed three existing Vermont plans that provide these benefits, and will select one plan among them as its “benchmark plan.”

Erick Carrera, a Policy Analyst working on the Exchange at DVHA, continued a discussion of plan design. He clarified that in designing plans, there is a goal to offer consumers meaningful choice. Continuing work that began at the June, 2012 Exchange Advisory Board, a consultative workgroup met last week to develop plan designs beginning with the silver level. The workgroup will continue working on this project through August 6. On August 9th, the Commissioner will provide recommendations to the Green Mountain Care Board (GMCB) on essential health benefits, and on August 23rd he will provide recommendations on plan design.

Julie Peper, an actuarial consultant with Wakely Consulting Group, gave a power point presentation on plan design. She clarified that there is a new Vermont regulation this fall stating prescription drug coverage must begin once a minimum deductible has been reached (minimum is set according to Section 223(c)(2)(A)(i) of the Internal Revenue Code, estimated to be \$1250 for 2014), even if the health deductible is higher. In addition, this same amount is the out of pocket maximum for prescription drug claims. Julie is working with Vermont staff to ensure that plan designs comply with this law as well as federal mandates. There is a goal of keeping the individual and small group market similar which would require keeping all deductibles at \$2000 or less. Consideration is also being given to keeping the deductible at \$1250 to keep the plan designs easier for consumers to understand (if drugs are part of a deductible that is higher than \$1250, there would be two separate deductibles for medical and drug services but with both medical and drug claims accumulating to both). There was a question about durable medical equipment, and Julie clarified that this is included as part of cost sharing in the essential health benefits. Julie offered to help answer additional questions, and also encouraged people to contact members of the workgroup that will continue developing plan designs.

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In response to a number of questions, Mark clarified that his goal is to ensure that at each benefit level there is a balance between premiums and deductibles. He also clarified that the State is also considering ways to exceed the affordability assistance offered in the form of federal cost sharing and tax credits. He also clarified that building the Exchange should not be considered the final step for Vermont's health reform goals. While the Exchange is a step in the right direction, the State remains committed to universal coverage in a single payer system.

Work Plan Discussion – Bram Kleppner

The board reviewed the current workgroups that have been in operation:

1. Plan Design Workgroup (next meeting 8/6/12)
2. EPSDT (Early Periodic, Screening, Diagnosis and Treatment) Workgroup (next meeting, TBD)

Individuals were encouraged to contact Lindsey if they are interested in either of these groups. Other workgroups (on possible topics such as Current Public Programs, and Independent Living) were also discussed. The creation of additional workgroups will be discussed further at future meetings.

Public Comment

There was a question about the actual price of draft health plan designs, and a concern that discussion of cost is being put off until later.

Next Meeting

August 13, 2012
Time: 11:00 – 3:00PM
Site: DVHA, Williston, VT
