
Medicaid & Exchange Advisory Board
Meeting Minutes
November 19, 2012

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Board Members Present: Bram Kleppner, Catherine Hamilton, Christina Colombe (phone), Clifton Long, Dale Hackett (phone), Donna Sutton Fay, Gladys Mooney, Julie Tessler, Kay Van Woert, Larry Goetschius, Laura Pelosi, Wendy Davis (for Harry Chen), Madeleine Mongan, Michael Sirotkin, Paul Bakeman, Randy Cook, Trinkia Kerr, Joan Lavoie, Cathy Davis, Julie Lineberger, Shannon Wilson, Lisa Maynes, Ellen Gershun, Susan Barrett, Elizabeth Cote, Sharon Henault.

Board Members Absent: Sheila Reed, Harry Chen, Tim Ford, Floyd Nease.

Other Interested Parties Present: Danielle Hibbard, Heather Shouldice (phone), Gretchen Begnoche (phone), Erin Ahearn, Chris Alibrandi (phone), Susan Gretkowski (phone), Gail Krowinski (phone), Betty Morse, Deborah Wachtel, Jill Guerin, Lucie Garand, Cherie Bergeron and Anthony Otis.

Staff Present: DFR: Margot Thistle, David Martini; GMCB: Spenser Wipple, Ena Backus; GMMB: Melissa Morales (phone); DVHA: Mark Larson, Lindsey Tucker, Emily Yahr, Paul Hochanadel, Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) October 22 Meeting Minutes
- MEAB 2013 Meeting Schedule (Draft)

CONVENE

Kay Van Woert and Bram Kleppner chaired the meeting.

Welcome and Introductions

Board Business

Following introductions, Bram Kleppner noted that Michael Roche had resigned from the board. Bram also indicated that some items recently requested for the agenda have been moved to the December meeting. Kay Van Woert pointed out that topics and potential topics for future agenda building will be included in the last sections of each month's board minutes. The board reviewed the October minutes and voted to approve the minutes, with 21 yeas, 0 nays and 2 abstentions.

Trinkia Kerr suggested that, for any documents discussed or referenced in the board's monthly minutes, a link is provided in the minutes to the appropriate document.

The board also approved the proposed MEAB calendar year 2013 meeting schedule, with 23 yeas, 0 nays and no abstentions. Generally, meetings are scheduled for the first Monday of each month. Where an adjustment is necessary, the meeting will be moved to the second Monday of the month.

Commissioner's Updates -- Mark Larson

Budget Update: The Department of Vermont Health Access (DVHA) Commissioner, Mark Larson, discussed DVHA's general SFY '14 budget development process and the timeline for completing and submitting the budget. The budget process for the next SFY begins in earnest in

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mid November and needs to be ready for the Governor's budget address in early to mid January. Following the Governor's address in January, the budget proposal is released to the legislature.

Mark Larson explained how the review of trends is significant in the development of DVHA's yearly budget. In particular, DVHA looks at projected Medicaid enrollment numbers along with the projected services these beneficiaries will use. The upcoming SFY '14 budget is challenging because, with the future introduction of the Exchange in January, 2014, DVHA must project a half year budget under current rules for July-December, 2013, and a half year budget using new Exchange rules for January-July, 2014. A "collaborative forecast", considering all of the ups and downs, could potentially provide some savings. However, with VHAP and Catamount beneficiaries moving into the Exchange, significant costs may have to be absorbed to cover state-based premium assistance unless some future federal assistance is negotiated. Also, even though federal funds can pay for nearly all of the cost of the Exchange in 2014, the Navigator program must be covered by state dollars (projected to be 400k for the first year).

Mark discussed other remaining budget considerations, which include: 1) hospitals appealing their provider taxes. DVHA will work with hospitals in every way possible to find a viable solution to this concern, 2) a look at potential increases in reimbursement rates, 3) contract cost increases, and 4) staff position and salary needs while undertaking health care reform. DVHA does not anticipate any substantial policy changes.

Kay Van Woert emphasized that adequate provider reimbursement is needed to ensure consumer access to providers and provider confidence in health care financing reform. Sharon Henault expressed her concern that people with cognitive issues will have difficulty during the transition to the Exchange and special attention will have to be devoted by navigators and in-person assistors.

Plan to Transition Catamount Consumers to the Exchange: Mark noted that there are two different groups of Catamount consumers -- those in a full pay category and those who qualify for premium assistance. Many of these consumers will be transitioning to an Exchange plan starting in October, 2013, and may need additional state-based premium assistance. It will be important for this population to have in-person or navigator assistance available.

There were questions on Medicare rates and the impact on Medicaid beneficiaries who have "dual eligibility." Mark suggested an update briefing on Dual Eligibles be scheduled for the December MEAB meeting. He also discussed the upcoming renewal request for DVHA's Global Commitment Waiver; this also should be a briefing topic at the next meeting.

Vermont Health Connect Updates – Lindsey Tucker

Lindsey Tucker, Deputy Commissioner, Health Benefit Exchange, provided an update on the following key Exchange activities: 1) there is one more Vermont Health Connect public forum scheduled for November 28 at the Municipal Building, 149 Websterville Rd, in Barre, VT from 6-8:00 PM. It will be focused on Small Business and all are encouraged to attend, 2) the Exchange is working through the administrative rules process and is covering eligibility issues in concert with the Department for Children and Families and the Department of Financial Regulation. More information should be available by December or January, and 3) the Quality Health Plan Request

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for Proposal (RFP) went out to carriers on November 1. Forms proposals are due back to DVHA in January and Rate proposals are due back in March.

Blueprint Submission: Lindsey updated the board on progress with CMS on the Exchange's Blueprint submission. Vermont has already submitted its Declaration Letter this past summer and the full plan is due to CMS on December 16. The MEAB will be briefed on the submission at its January meeting. This activity should not be confused with DVHA's ongoing statewide Blueprint for Health program being integrated throughout Vermont. The MEAB may be briefed on this program next month.

Level 1 Application and Navigator Program: Lindsey summarized three grants submissions that the Exchange has already made. Her unit has prepared and submitted an additional Level 1 grant application that was just introduced this past summer to create an optional In-Person Assistance Program that will augment the Navigator program. Together, these will become Vermont's Consumer Assistance Program. Paul Hochenadel briefed the details of this program opportunity and highlighted the advantages that additional individual assistors will provide for Vermont. Up to one third of Vermont's population may need in-person assistance entering the first year of the Vermont Health Connect program. Click [here](#) for a copy of the presentation.

Following discussion, Bram Kleppner stressed the need to put added emphasis on reaching and connecting effectively with specific, hard to reach populations, especially those with cognitive issues, or those that need help in overcoming technology or language barriers.

Oregon Health Sciences – Daljit Clark

Daljit Clark, DVHA's Director of Clinical Operations, introduced and discussed a current project underway with Oregon Health Services University (OHSU) to assist DVHA in identifying the key principles for optimizing Vermont's Medicaid benefit coverage. OHSU has extensive experience with Medicaid programs throughout the country and has a wealth of knowledge on the design and development of programs that will enhance benefit coverages, while still ensuring evidence based practices, quality of care and cost effectiveness.

OHSU is working with utilization data and DVHA has met with a group of stakeholders to identify important areas of concern surrounding Vermont's Medicaid program. Based on initial DVHA and stakeholder input, OHSU has provided DVHA with nine draft guiding principles for making benefit design and coverage decisions.

DVHA will share the stakeholder list with the MEAB; others may want to volunteer to be involved with this group moving forward. DVHA will update the MEAB again in January on this project. The draft principles and a project summary will be provided prior to that meeting.

Board Discussion and Work Plan

Bram Kleppner addressed the possibility of creating smaller groups to have more specific discussions within key topic areas. These groups might even be considered for scheduling during a portion of the regular MEAB monthly meetings. An Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) workgroup, provider workgroup and small business workgroup have been mentioned previously as possibilities. Kay Van Woert added that small group discussions could be ongoing on some topic areas, but also could be initiated simply to address a key issue. Wendy

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Davis felt that an EPSDT small group should be continued and remain ongoing because of the numerous children's health care coverage issues that still remain.

An EPSDT work group and possibly other small break-out groups will be scheduled starting in January. The need for other small groups will be discussed in December, along with the appropriate format for these meetings. A list was circulated for MEAB members to submit topic areas as possibilities for future small group meetings. Topic areas can be integrated into future agendas.

Public Comment

There was no public comment at this meeting.

Draft Topics for Next Meeting:

- Budget updates
- Dual Eligibles program update; effects of reform on Medigap
- Global Commitment Waiver Renewal update
- Blueprint for Health update
- IT related to Health Care Reform update
- Small group breakouts to define future MEAB large and small group work:
 - Medicaid consumer access issues e.g.
 - Access Issues in Current Public Programs
 - Durable medical equipment (DME) and supplies
 - Transportation
 - Habilitation services
 - Premium affordability
 - Small business issues e.g.
 - Information/Communication
 - Outreach and support for consumer information
 - Consumer choice model issues
 - Premium affordability
 - Decision to buy insurance as a company on the Exchange, or to drop health insurance and have employees buy on the Exchange as individuals
 - Provider related issues e.g.
 - Reimbursement rates and structure
 - Cost shift
 - Administrative complexity
 - Provider tax

Draft Topics for January Meeting:

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

Future Meeting Topics:

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- 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

December 10, 2012
Time: 1:00AM – 5:00PM
Site: DVHA, Williston, VT

Please visit the Advisory Board website for up-to-date information:
<http://dvha.vermont.gov/advisory-boards>
