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**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
February 10, 2014

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**Board Members Present:** Bram Kleppner, Tim Ford, Sheila Reed, Trinka Kerr, Christina Colombe (phone), Clifton Long, Donna Sutton Fay, Kay Van Woert, Larry Goetschius, Catherine Hamilton, Paul Bakeman (phone), Gladys Mooney, Sharon Winn, Madeleine Mongan (phone), Ilisa Strasberg, Julie Lineberger, Lisa Maynes, Julie Tessler, Ellen Gershun, Sharon Henault and Dale Hackett.

**Board Members Absent:** Joan Lavoie, Shannon Wilson, Vaughn Collins, Cathy Davis and Laura Pelosi.

**Other Interested Parties Present:** Betty Morse, Matt McMahan, Mike Miller, Mark Kilburn, Susan Gretkowski (phone), Kirsten Murphy, and Kristen Bigelow-Talbot.

**Staff Present:** DVHA: Carrie Germaine and Clark Eaton.

**HANDOUTS**

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) January 13 Meeting Minutes
- Health Care Advocate Quarterly Report (Oct-Dec.' 13)
- Board Membership List with Terms
- MEAB Operations Manual (2/14)
- MEAB Act 48 Legislation (2012)
- DVHA Budget Document – SFY '15

\*all are posted to the VHC website

**CONVENE**

Kay Van Woert and Bram Kleppner chaired the meeting.

**Welcome and Introductions**

**Board Business**

Following introductions, the meeting minutes for January 13, 2014 were adopted. The board voted to approve the December minutes, with 20 yeas, 0 nays and 0 abstentions.

**MEAB Work Group Updates – Work Group Chairs**

*Small Employer Work Group* – There was no Small Employer Work Group meeting held last month.

*Improving Access Work Group* – Work Group Chair, Trinka Kerr reported that the group met on Monday, February 3 at DVHA in Williston. The group reviewed the roadmap that was developed on Medicaid's Prior Authorization process for obtaining Durable Medical Equipment (DME) and further reviewed issues surrounding lifts in residential settings. Other topics included Notices of Decision on Prior Authorizations, the impact of the Scooter Store closing, and possible regulation changes needed. Discussions will continue on these topics at the next Work Group meeting scheduled for April 7, at DVHA (1:30-3:00).

*EPSDT Work Group* – The Early, Periodic, Screening, Diagnosis & Treatment (EPSDT) Work Group met on January 31 in Winooski. Kay Van Woert reported that the Work Group reviewed previous and current issues and will continue to take stock of broad work needs and what kids

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should be getting under the program. The group is still in the process stage. Integrated Family Services will be invited to the next meeting.

**Health Care Advocate (HCA) Quarterly Report – Trinka Kerr**

Trinka Kerr, Vermont Health Care Advocate, provided a summary of the Office of Vermont Health Care Advocate's Quarterly Report for the three month period ended December 31, 2013. Due principally to the rocky launch of the Vermont Health Connect (VHC) in October, calls for assistance during the quarter increased by 26% over the previous quarter. December, 2013 was the busiest December month on record; call volume might even have been higher, but required written notices to applicants were delayed in going out. These Notices of Decision include the HCA phone number and are one of the main ways that consumers find out about HCA services. Outcomes, savings and recommendations to DVHA are available in the report. Trinka also noted that the HCA is also involved with other activities, such as rate review work, Green Mountain Care Board consultation, and significant activity with the state's Vermont Health Care Innovation Project (VHCIP), formally called the State Innovation Model (or SIM project).

**MEAB Operational Review – Board Members**

The co-chairs led a discussion on how future co-chairs should be selected, how board vacancies will be filled, and ways to improve the operation and function of the board.

The current co-chairs were appointed by the DVHA Commissioner, but in the future, should they be elected by the board? Members discussed the pros and cons of each method of naming co-chairs. Kay Van Woert noted that everyone should also be aware that roles of co-chairs involve much more than running meetings; there is a lot of work that goes on, week-to-week, behind the scenes for the board's meeting preparations. Donna Sutton Fay felt that the MEAB, as an independent board, should be electing its co-chairs, but also get input from the Commissioner during the process. Mark Larson stressed the importance of the board maintaining its independence, but noted that the Commissioner would always need to be sure that the board is working effectively. Dale Hackett suggested that a job description be created for the MEAB co-chairs. The MEAB voted unanimously (21 yeas, 0 nays, and 0 abstentions) to have the board elect new co-chairs in the future, using a nominating process that still needs to be defined. The Small Employer Work Group will develop a co-chair nominating process to present to the board for consideration.

The MEAB reviewed the current board membership list, which included staggered membership terms and existing vacancies. To fill vacancies, Mark asked that members submit recommendations for qualified individuals to fill vacancies; the Commissioner appoints members to the board. The board legislation describes the four types of constituencies that should be considered to maintain the designated balance for the board. Donna Sutton Fay recommended that the state's Long Term Care Ombudsman be considered to fill one of the board vacancies.

The board discussed ways to improve operations and the functionality of the board. Kay Van Woert recapped some of the thoughts and issues that were introduced at the previous meeting, including: 1) getting timely, written handouts and updated materials, 2) having attachment materials/information that is electronically forwarded to the board be summarized and better introduced, 3) having board comments/suggestions permeate down to the contractors or to the

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level within the organization where they need to be applied, 4) connecting better to other Department's work, and 5) connecting better to the State Innovation Model and the Rate/Payment Reform efforts on a timely basis. Board members felt that they weren't actually "advising" as much as they should be; the board should be working more in an advisory role, being more proactive rather than reactive on issues. Catherine Hamilton suggested that the board needed to develop a "dashboard" of questions, indicators and issues (with metrics) that the MEAB cares about and monitors on an ongoing basis. Larry Goetschius wants to see the MEAB be able to input early on to the overall budget development process. Randy Cook suggested that the board prepare an annual report outlining a summary and results of the board's work.

*Note: the co-chairs organized and drafted MEAB Recommended Process Improvements following the meeting; these recommended improvements are included at the end of these minutes.*

**DVHA Updates – Mark Larson, Commissioner**

Mark Larson, Commissioner, Department of Vermont Health Access, provided the most current updates on a number of DVHA activities and topics.

*SFY '15 Budget Document:* Mark provided the highlights of DVHA's SFY '15 Budget Document that was briefed to the Legislature on February 6<sup>th</sup>. As a point of reference, effective November 1, 2013 Medicaid provider reimbursement rates were increased by an amount equal to three percent of fiscal year 2012 expenditures for those services. Larry Goetschius expressed concern that with no rate increases in the past five years, any increase is good, but the impact isn't enough to offset cost increases experienced in recent years. Also, when will Vermont start seeing savings from the Blueprint for Health program? The MEAB will request the new Blueprint 2013 Annual Report and also request a report on any savings that have been achieved. Mark went on to review caseload and utilization changes, program changes due to the Affordable Care Act, additional trend changes (particularly for budget projections required for the Care Alliance for Opioid Addiction and necessary EPSDT Autism Services), and the Governor's recommended initiatives. Mark also described a lower than originally anticipated operating budget for Vermont Health Connect (VHC) for CY '15. The total estimated CY '15 VHC cost was originally estimated to be \$18.4 mil; the revised estimate is now \$10.9 mil. Members are encouraged to review the complete DVHA SFY '15 budget document and save any questions for future meetings.

*Global Commitment Update:* CMS has already approved DVHA's request for an extension to its Global Commitment (GC) to Health Section 1115(a) Demonstration Waiver. The current Waiver has been extended for the period 1/1/2014-12/31/2016. DVHA and CMS had agreed to defer discussions on combining the GC Waiver with the Choices for Care Waiver until early 2014. These discussions/negotiations are on hold for now; the key CMS contributor on this project is on extended leave.

*Dual Eligible/VHIP Update:* The state has decided not to continue to pursue an MOU with the federal government on a Dual Eligible financial demonstration project. Considerations included uncertainty with the financial risk and limitations of our in-state internal capacity. The state will still continue to pursue how to better serve beneficiaries who are dually eligible for Medicare and Medicaid. Because this has been a long standing problem, Kay Van Woert asked what the infrastructure and approach might be to overcome issues that continue to come up for those who

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are dually insured. Mark suggested that the MEAB should be in touch with Deborah Lisi-Baker, who is working with the SIM work group that looking at the dual eligible population. Trinkia Kerr will invite Deborah to the next MEAB Improving Access Work Group meeting in April.

*Website Update:* Users had reported some difficulty in navigating for information among the DVHA, VHC, and Green Mountain Care Board websites. MEAB members had provided some examples to Mark; these navigation scenarios have been forwarded for corrective action.

**Vermont Health Connect – Mark Larson, Commissioner**

Mark Larson, Commissioner, provided current updates on key topics and activities relating to Vermont Health Connect (VHC).

*Administrative Rule:* Robin Chapman (Health Policy Analyst, ESD) and Devon Green (Health Policy Analyst, AOA) assisted in providing a brief update on the progress in rewriting the new administrative rule for health benefits eligibility and enrollment. The next step is to implement another emergency rule that would go into effect after April 2014; this would be the 3<sup>rd</sup> emergency rule and would expire at the end of July. However, the intent is to have the new permanent rule implemented and in place by July 15, 2014. Current work is being done on the Expedited Appeals section, with the help of Vermont Legal Aid. There is also ongoing work being conducted on the Small Business section, with business input. Board members stressed the importance of reworking and simplifying the table of contents for the new permanent rule.

*Data:* Mark Larson reviewed the enrollment data for January 1, 2014 coverage. More than 23,000 Vermonters (11,365 QHP's, 11,724 Medicaid) are fully enrolled for health coverage for January coverage moving forward. Brokers assisted with 413 applications and Navigators provided help with 3,484 applications.

*Customer Support Center Improvements:* The Customer Support Center call volume has been very high and there was difficulty in keeping up with calls, particularly in November and December. Member Services has assigned additional staff to the center, so that call handling capacity and average time to answer calls has improved dramatically since the third week in January.

*Operations Status:* There are three areas where functionality is still not complete: 1) small business premium processing/carrier integration, 2) on-line payments, and 3) changes of circumstance (involving changes to applicant or enrollee information). Eligibility notices have been delayed to be sure everything is accurate and meets necessary quality standards. For now, premium processing is accepted through payment by check. Invoices are being mailed directly to applicants.

*2015 Qualified Health Plans Follow Up:* Specific adjustments have been approved for 2015 plan designs: 1) providing zero cost sharing for class 1 pediatric dental benefits (basic services), 2) lowering the medical deductible on the standard Platinum from \$150 to \$100, and 3) lowering the medical deductible of the standard Silver cost sharing reduction variation from \$750 to \$600.

*CGI Contract:* Mark clarified the four statements of work that are part of CGI's contract that assist with the development of VHC and bringing everything up and running. The maximum size

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of the contract was first reported to be over \$91 mil; however, the corrected maximum amount is approximately \$83.7 mil. There also has been concern about missed milestones; there will be penalties assessed and the state will not pay the maximum amount.

*Outreach & Enrollment Plans:* VHC is particularly focused on the end of the open enrollment period coming up at the end of March. Special attention will be placed on current VHAP & Catamount beneficiaries, sole proprietors, beneficiaries of small group plans whose proprietors have dropped plans for 2014, and uninsured Vermonters. Mark described extensive outreach efforts that are underway. New plan selections will have to be made/confirmed by March 15 to be effective on April 1.

Current VHC information and activities can always be viewed at [www.vermonthealthconnect.gov](http://www.vermonthealthconnect.gov)

**MEAB Discussion – Board Members**

Kay Van Woert asked board members to consider and review potential agenda items (listed below) for the March 10 MEAB meeting. The Small Employer Work Group will develop language for the defined roles of co-chairs and expand on the process of electing co-chairs in the future. The “Dashboard Concept” was discussed as an ongoing, updated tool to keep the board current on key indicators. Randy Cook will take the lead on defining a good dashboard and will report back to the co-chairs.

**Public Comment**

There was no public comment during the meeting.

**Topics for Regular Update:**

- Vermont Health Connect Updates
- Commissioner Updates (Current Topics)
- Duals/ VHIP Project Update
- GC Waiver
- Medicaid Shared Savings Program
- MEAB Work Group Meeting Reports
- Quarterly Ombudsman Report (Legal Aid)

**Draft Topics for March 10 Meeting:**

- DAIL SYF '15 Budget update
- DCF SFY '15 Budget Update
- Blueprint Savings Update (also provide 2013 Annual Rpt)
- Key Indicators/Dashboard Discussion

**Future Meeting Topics:**

- Health Care Reform - single payer models
- Reinvestment in Community Based Services
- Affordability and reinvestment pertaining to provider rates
- Minimizing administrative complexity for businesses that offer insurance
- Medicare supplement policies offered through the exchange

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**Issue Tracker List:**

- Inventory of Perverse Incentives
- Diapers
- Medicaid transportation
- The complaint process
- Out-of-State travel
- Specialist or preferred providers
- Mental Health fee schedule changes
- Prior Authorization concerns
- Coordination of Benefits between Medicare and Medicaid
- Habilitative services benefits in the Exchange
- Recycling of DME Equipment

**Ongoing Small Group Works**

- EPSDT Work Group
- Improving Access Work Group
- Small Employer Work Group

**Next Meeting**

**March 10, 2014**

**Time: 11:00AM – 3:00PM**

**Site: VSAC Bldg, Winooski, VT**

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

[http://info.healthconnect.vermont.gov/advisory\\_board/meeting\\_materials](http://info.healthconnect.vermont.gov/advisory_board/meeting_materials)

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**MEAB Recommended Process Improvements**

1. The MEAB should expand its advisory role.

Agendas should be built so that, after presentations, time is available to discuss and offer recommendations and/or make motions. DVHA leadership and staff should inform the MEAB early-on about problems and challenges so that the board can help. The board should:

- Take a more proactive role, not just respond to reports
- Have a process to make recommendations to the legislature if the administration is not acting on something the board feels is important
- Do more advising regarding [vermonthealthconnect.gov](http://vermonthealthconnect.gov)
- Spend more time on the financing and delivery of Medicaid services
- Be part of the early budget discussion before the governor presents to the legislature
- Be better connected to other departments' Medicaid programs and administration
- Be better connected proactively to conceptual work on systems improvement (e.g. SIM, single payer, provider reimbursement approaches)

2. MEAB work needs to be more efficient/effective.

The board's efficiency and effectiveness would improve if:

- New members had a better orientation to the national healthcare system, to Medicaid, to the Vermont healthcare system, to health insurance in Vermont, and to DVHA
- Materials in the MEAB reference binder included consistently updated member lists, operating manual and basic reference materials. The binder also should include information on MEAB sub-groups and a job description for Chairs and DVHA contacts
- Meeting agendas included an attached "dashboard" with updated information on:
  - how many people have enrolled in VHC, broken down by private insurance vs. Medicaid and by county and by how many are receiving subsidies for premiums and for out-of-pocket
  - where they came from (Catamount, VHAP, etc)
  - call volume
  - average wait time
  - peak wait time
  - average length of call
  - turnover (number of people ending their insurance)
  - more items (to be determined)
- The board had copies of presentations more consistently ahead of time, with hard copy for those who prefer that format
- Non-routine email communications and documents from DVHA consistently had cover notes that explained simply but clearly what they were, as well as action required and time frame
- The MEAB had an annual self-evaluation and an annual report on its effectiveness, showing what impact the board had on policies or processes that were implemented