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**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
March 11, 2013

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**Board Members Present:** Susan Barrett (phone), Laura Pelosi (phone) Christina Colombe (phone), Clifton Long, Donna Sutton Fay, Kay Van Woert, Larry Goetschius, Wendy Davis, Randy Cook, Trinkia Kerr, Joan Lavoie, Shannon Wilson, Lisa Maynes, Ellen Gershun, Sharon Henault, Tim Ford, Julie Lineberger, Paul Bakeman, Madeleine Mongan (phone), Gladys Mooney, Vaughn Collins and Dale Hackett.

**Board Members Absent:** Bram Kleppner, Sheila Reed, Julie Tessler, Michael Sirotkin and Cathy Davis.

**Other Interested Parties Present:** Katina Cummings, Jackie Majoros, Carolyn Fischer, Arielle Peet, Sue Marino, Kelly Sullivan, Jill Guerin, Nick Carter, Chris Alibrandi, Matt Freeman, Sonia Tagliento, Kelly Barnier, Cherie Bergeron and Kristen Bigelow-Talbert.

**Staff Present:** AHS: Stephanie Beck, Suzanne Santarcangelo; DFR: Brenda Clark, Marcia Violette; DVHA: Mark Larson, Emily Yahr, Paul Hochanadel, Sean Sheehan, Erick Carrera, Ashley Berliner, Connie Schutz, Stacey Baker and Clark Eaton.

**HANDOUTS**

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) February 4 Meeting Minutes
- Global Commitment Waiver Renewal Request (General Overview slides, March, '13)
- DAIL Supplement to SFY Budget Testimony (slides, 2/13/14)

**CONVENE**

Kay Van Woert chaired the meeting.

**Welcome and Introductions**

Mark Larson introduced Vaughn Collins, Executive Director of the Vermont State Dental Society, as a newly appointed MEAB Board member.

**Board Business**

Kay Van Woert asked for adoption of the February 4, 2013 meeting minutes. The board reviewed the February minutes and voted to approve the minutes, with 21 yeas, 0 nays and 0 abstentions.

**Global Commitment & Choices for Care Waivers -- DVHA**

Suzanne Santarcangelo, consultant to the Department of Vermont Health Access (DVHA), provided an overview of DVHA's Global Commitment (GC) to Health Section 1115(a) Demonstration Waiver Extension Request for the period 1/1/2014-12/31/2018. The Medicaid & Exchange Advisory Board (MEAB) meeting also framed a two hour (11:00AM to 1:00PM) public comment period where public attendees or callers could interface on the waiver extension request.

Suzanne stressed how the current GC waiver (that began in October, 2005 and has been extended through December, 2013) has provided Vermont with innovation and savings flexibility that, through application of managed care concepts, has allowed the state to increase access to care, improve quality of care and control program costs. The current application request will allow the GC Demonstration to be continued through 2018 (5 years).

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Vermont's Medicaid program currently has a "dual role" in that the state must also adhere to traditional Medicaid regulations, as approved in the Vermont Medicaid State Plan for programs funded by Choices for Care, the state's current long term care Demonstration, and the Children's Health Insurance Program (CHIP). The renewal request has a threefold general purpose: 1) the continuation of the current public MCO model and regulatory structure, 2) the consolidation of all federal healthcare programs under one demonstration waiver (including Choices for Care & Chip), and 3) the continuation of all home and community services, including enhancements to Mental Health authorities to allow for federal participation in intensive services whether they are acute or chronic. Suzanne went on to highlight each of the proposed Demonstration changes, discuss projected fiscal trends and address the major goals of the renewal request.

Mark Larson confirmed for a caller that DVHA's Dual Eligible demonstration project will not be an amendment to the GC Waiver renewal request. Madeleine Mongan also confirmed with Suzanne that palliative and curative care for children and adults will be covered under the GC Waiver renewal request.

Any written comments on the waiver extension request are due by 3/22/13 to Ashley Berliner, 289 Hurricane Lane, Williston, VT 05495. Comments can be e-mailed to [ashley.berliner@state.vt.us](mailto:ashley.berliner@state.vt.us).

**Department of Disabilities, Aging, and Independent Living (DAIL) Update – Susan Wehry**

Susan Wehry, Commissioner of DAIL, provided an overview of the DAIL organization, including its four Divisions and associated services: 1) Blind and Visually Impaired, 2) Disability and Aging Services, 3) Licensing and Protection, and 4) Vocational Rehabilitation. Susan also covered the Department's SFY 2014 budget submission, highlighting DAIL's two primary budget drivers: 1) the Choices for Care program/demonstration waiver and 2) the Developmental Services program. The Budget for the Choices for Care program actually sits within DVHA, but DAIL manages the long term care portion of that budget.

The Choices for Care 1115 demonstration waiver provides support for people to live in the Long Term Care (LTC) setting of their choice – their own homes, home-share, assisted living, enhanced residential care or in nursing homes. Vermont has a new revised goal for achieving a 50:50 distribution between those under LTC who reside in a nursing home vs. at-home or in another community based setting. Vermont has a consumer satisfaction rate of over 90%. Susan went on to explain how the concept of reinvestment of savings has been applied in the last year with the goal of serving more people by allowing and encouraging more home based services. Dale Hackett asked, in general, where LTC savings are coming from. Susan indicated that, overall, anything DAIL does to help people stay out of nursing homes becomes a key contributor to saving money.

The goal for Developmental Disabilities Services is to provide cost effective, integrated community living, and Vermonters with developmental disabilities continue to be community-served at a state cost that is lower than in other New England states and lower than the national average. More than 2600 people needing disability services have been served through the waiver. DAIL is projecting a need to fund 365 clients in SFY 2014, up from 328 in SFY 2013 at a total estimated cost of \$11.4 mil. Kay Van Woert expressed concern that, at Vermont Family Network,

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they are seeing more cases involving issues with aging parents and their inability to provide continued adequate care in challenging situations. Susan is aware of this need and wants to do more to avert these types of scenarios before they become overwhelming in a larger sense.

**Global Commitment & Choices for Care Waivers (continued) -- Mark Larson**

*Global Commitment Waiver Update:* The Department of Vermont Health Access (DVHA) Commissioner, Mark Larson, asked if there were any additional questions concerning DVHA's Global Commitment (GC) waiver renewal that was introduced earlier in the meeting. Mark noted for Larry Goetschius that if the Choices for Care (CFC) waiver is combined with the GC waiver, the CFC would become part of the managed care organization, and the state would have more flexibility in achieving savings within the CFC program. Mark also confirmed that current VHAP and Catamount participants, along with Medicaid participants, would have an extended "safe harbor" period for eligibility recertification under Vermont's new programs. DVHA wants to be consistent in the future in using Modified Adjusted Gross Income (MAGI) rules for eligibility determinations for all programs as long as this does not adversely impact certain populations.

**DVHA Updates – Mark Larson**

*DVHA Budget:* Mark Larson noted that the DVHA SFY 2014 budget proposal was briefed to the Vermont legislature on February 7 and is posted on-line on DVHA's website. A hard copy of the budget proposal has also been mailed/provided to board members. Recently, the House Healthcare Committee has proposed some changes to DVHA's budget proposal that are under consideration: 1) premium and cost assistance subsidies being achieved through a beverage tax, and 2) modifications have been suggested on DVHA's premium assistance and cost sharing plans. Discussions have moved to the House Ways and Means Committee.

*Mental Health Fee Schedule Changes:* There were some issues with the January 1, 2013, Mental Health fee schedule that resulted in an adverse impact on certain mental health codes in Vermont. DVHA is now implementing corrective changes to rectify this situation.

On an Exchange related item, Mark also reported that, based on new CMS input, DVHA has made some adjusted recommendations to the Green Mountain Care Board (GMCB) on the health care plan designs for the bronze, gold, platinum metal levels. There is a short approval cycle for the GMCB and public comment (which is needed by March 14). The new recommendations need to go forward by March 22.

**Exchange Updates – Paul Hohanadel, Erick Carrera, Sean Sheehan**

*Outreach & Education Update:* Sean Sheehan, Director, Outreach and Education, asked for continued help in spreading the word on Vermont's new Health Connect website, [www.vermonthealthconnect.gov](http://www.vermonthealthconnect.gov) that is now up and running. Information sharing at Vermont town meetings also was well received. Upcoming Vermont Health Connect events include: 1) a Public Forum in Newport on Wednesday, March 20 (12:30-2:00), 2) a Public Forum in Charlotte, on Thursday, March 21 (6:30-8:30), and 3) a Third Thursday Lunchtime Webinar Series starting on March 21 for those interested in the Exchange and the Navigator program. You can preregister for webinars at <http://www4.gotomeeting.com/register/309974463>.

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Erick Carrera, DVHA Exchange Policy Analyst, provided a brief update on the administrative rules process for small employer coverage. Board members will receive the most recent draft for review/comments on March 15; DVHA will be ready to pre-file with the Interagency Committee on Administrative Rules (ICAR) on March 26. The next Administrative Rules meeting will be held at DVHA in Williston on March 21, from 1:00-3:00 PM. The general eligibility administrative rules process will follow along the same schedule.

**MEAB Work Plan and Discussion – Board Members**

Kay Van Woert asked board members to review the April 1 meeting topic list (on the February minutes) and make any additional suggestions on what should be covered in April. Randy Cook asked for an ongoing update on all the filings that DVHA and the Exchange are tracking. Catherine Hamilton requested a briefing on the “back room processes” of the Exchange that connect the state to the other elements of the system: the IRS, CMS, health plan issuers and any vendors the state may be working with. Kay also noted that Prior Authorization and Coordination of Benefit topics will be added to the ongoing Issue Tracker list posted to each month’s meeting minutes. Independent living is listed for a future meeting topic, but also could be scheduled as part of small group work on disabled community issues involving DVHA policy and Exchange development.

Wendy Davis wanted to remind members that a small group is continuing to meet on Early & Periodic Screening, Diagnosis & Treatment (EPSDT) issues and working to develop a better systemic approach to issue resolution. The group last met on February 22 and will meet again soon. If additional members want to participate, please contact Wendy at [wendy.davis@state.vt.us](mailto:wendy.davis@state.vt.us).

**Exchange Prototype Demonstration – Exeter Consulting**

Matthew Freeman, Exeter Consulting, provided an on-screen, live prototype demonstration of how a typical Vermont household would go online in the near future and employ a user interface to explore, compare and apply for health insurance through Vermont Health Connect.

There is still a lot of “user-friendly” work to do to tailor the application to meet Vermont needs and make the overall experience simple, effective, positive and all-encompassing. This interface to select and apply for insurance would not be the only option for Vermonters; individuals will still be able to use a call-in approach, complete a paper application or meet with someone in person to assist with health insurance selection and the application for insurance.

**Public Comment**

There was no public comment at this meeting.

**Draft Topics for April 1 Meeting:**

- Exchange Navigator RFP
- Administrative Rule Update (MEAB requests a summary)
- “Back Office” processes of the Exchange
- “Filings” for HPS on the Exchange

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- Update and preliminary discussion: How can businesses not offering insurance subsidize employees' health care costs?
- Dual Eligibles project update

**Possible Topics for May 6 Meeting:**

- Chronic Care Initiative update, Blueprint for Health (Annual Report ICP, ACO)
- Integrated Family Services
- OHSU work/Guiding Principles – presentation and discussion
- IT preparedness related to Health Care Reform update
- Exchange delivery milestones and timeline

**Future Meeting Topics:**

- Perverse incentives in eligibility, cost sharing, and benefit structures (fraud & abuse)
- Working People with Disabilities Program report
- Independent Living (e.g. DME, reinvestment in community based services)
- Affordability and reinvestment pertaining to provider rates
- Minimizing administrative complexity for businesses that offer insurance

**Issue Tracker List:**

- 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

**Information/Data Requested**

- Utilization cost breakdown by category for DVHA's SFY'13 Budget Adjustment

**Ongoing Small Group Work**

- EPSDT

**Next Meeting**

**April 1, 2013**

**Time: 11:00AM – 3:00PM**

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

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

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