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**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
October 26, 2015

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**Board Members Present:** Donna Sutton Fay, Trinka Kerr, Julie Tessler, Leslie Nulty, Rebecca Heintz, Gladys Mooney, Madeleine Mongan, Clifton Long, Sharon Winn (phone), Erin McIntyre, Amy Vaughan, Jackie Majoros, Kay Van Woert (phone), Michelle Fay (phone), Paul Bakeman, Joan Lavoie, Christina Colombe (phone), Vaughn Collins (phone), Larry Goetschius (phone), Sharon Henault (phone), Nate Waite, and Dale Hackett.

**Board Members Absent:** Bram Kleppner, Peter Espenshade, Lisa Maynes, Laura Pelosi, Shannon Wilson, Cathy Davis and Tim Ford.

**Other Interested Parties Present:** Kelly Barnier, Betty Morse, Lucy Guerin (phone), Ethan Latour, Kirsten Murphy, Susan Gretkowski (phone).

**Staff Present:** Department of Vermont Health Access (DVHA): Howard Pallotta, Dylan Frazer, Marybeth Bizarri and Clark Eaton.

**HANDOUTS**

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) September 28, 2015 Meeting Minutes
- VT Global Commitment to Health Comprehensive Quality Strategy (CQS) (10-26-15)
- Vermont Health Connect (VHC) Customer Satisfaction/Experience Survey (10-26-15)
- Vermont Health Connect (VHC) Update (10/26/15)
- MEAB Improving Access Work Group Minutes (9-22-15)
- Health Care Advocate Quarterly Report (Jul-Sept, 2015)

\*all are posted to the VHC website

**CONVENE**

Donna Sutton Fay chaired the meeting.

**Welcome/Introductions/Approval of Minutes**

Board members and meeting attendees introduced themselves around the room. A quorum of 20 members was present. The meeting minutes for September 28, 2015 were reviewed and approved, with 17 yeas, 0 nays and 3 abstentions (Trinka Kerr, Rebecca Heintz and Leslie Nulty).

**AHS Global Commitment Comprehensive Quality Strategy – Shawn Skaflestad**

Shawn Skaflestad, the AHS Quality Improvement Manager, reviewed Vermont's Global Commitment to Health (GC) Comprehensive Quality Strategy (CQS), including a brief overview of the GC waiver in Vermont and the ongoing requirement to have an effective quality strategy for Medicaid Managed Care state organizations. The CQS is intended to serve as a blueprint or road map for Vermont and its contracted Medicaid health plan in assessing the quality of care that beneficiaries receive, as well as for setting forth measurable goals and targets for improvements. As a second purpose, as approved by CMS, the CQS is the vehicle for the state demonstrating Vermont's compliance with the new Home & Community Based Services (HCBS) regulations (known as "transition plans" in other states). Shawn went on to describe the critical elements that must be included in the CQS: 1) compliance with state and federal standards, 2) detecting underutilization and overutilization, 3) use of performance standards, 4) use of performance improvement projects, and 5) assessing the quality and appropriateness of care (focused on enrollees with special health care needs).

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Dale Hackett asked about person-centered planning as it relates to HCBS; Shawn will provide Clark Eaton with separate information on this topic. Trinka Kerr asked about the nature of performance improvement projects and information on projects Vermont has implemented, or will implement, in the future.

Vermont has made significant progress – a full draft CQS was developed and made available. There was a public comment period at the end of the summer, and there was good feedback received. The draft CQS was modified and recently submitted to CMS; some key elements included: 1) an HCBS transition plan, 2) a summary of public comment with state responses and 3) the 42 CFR HCBS Rule and the VT Choices for Care Initial Crosswalk. The next steps will involve getting CMS feedback, as well as continuing systemic assessments, discussing individual provider self-assessments and identifying the best ways to engage stakeholders in the process. The state needs to be in full compliance by March, 2019.

For a future meeting, Donna Sutton Fay suggested that someone be invited in to expand on the HCBS regulations and expectations surrounding the CQS.

**DVHA Commissioner’s Comments – Steven Costantino**

The Commissioner indicated that DVHA is continuing to struggle with the current year budget for SFY 2016, and the development of the projected budget for SFY 2017 also will be difficult. It will be an extremely challenging, ongoing process. The biggest factor for Medicaid is increased caseload. There is some shifting from enrollment in qualified health plans to enrollment in full Medicaid. DVHA is in the process in making a more detailed analysis of why caseloads are increasing. There are also trends showing increased utilization of mental health and substance abuse services.

Trinka Kerr wondered if increases were all coming from MAGI Medicaid or also from Medicaid Aged, Blind and Disabled. Larry Goetschius also expressed concern about additional budget pressures that have surfaced because of an additional week’s pay period that occurs in the current budget year. Julie Tessler pointed out that there are not enough prescribing physicians in the state; similarly, there are not enough masters-level clinicians available to meet growing mental health/substance abuse needs.

Commissioner Costantino is working on a presentation that will focus on the fiscal analytics of Medicaid; when this is ready, he will share it with the Board.

**Global Commitment Renewal/Submission Process – Selina Hickman**

Selina Hickman, AHS Health Care Operations, Compliance and Improvement, provided a brief overview of the state’s regularly scheduled extension request (with CMS) for its Global Commitment waiver. The next extension would take effect on January 1, 2017, and the state’s application is due by December 31, 2015. The public notice period will run from November 1 – December 10, 2015. All materials will be posted online and also will be forwarded to MEAB members. Selina advised that she would be returning to the November 23 MEAB meeting to discuss what’s in the waiver request – it will be pretty much a “no change” extension request. Immediately following the November MEAB meeting at DVHA, there will be a public hearing

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where public comments can be heard. Selina also will brief the GC waiver at the DAIL Advisory Board meeting on November 12. The state will be asking for a five year extension.

**Vermont Health Connect (VHC) Survey Results – Sean Sheehan**

Sean Sheehan, VHC Outreach & Education Director, provided a handout of the VHC Customer Satisfaction and Experience Evaluation. This survey was conducted by the UMass Medical School in the spring of 2015 and looked at Qualified Health Plan (QHP) participants, as well as Medicaid customers. Two focus groups helped inform the design of the survey from January-March, 2015, and the survey was then conducted (by mail, phone and online modes) between April-June, 2015. Results were analyzed and the findings & recommendations were presented to VHC at the end of the summer. Survey response rates (44% for QHP new enrollees, and 34% for Medicaid) exceeded the desired response rate of 30%. Sean summarized the questionnaire content, highlighting the full array of survey topics designed to allow for longitudinal and comparative analysis to measure customer experience over time. Some content was also included from the CMS Health Insurance Marketplace survey, along with QHP Enrollee survey information. Broad topics included factors that pertained to: 1) obtaining health insurance, 2) customer perceptions of the VHC website vs the customer support center, 3) plan selection, 4) understanding of dental plans, 5) health costs & health insurance literacy, and 6) the overall opinion of VHC. On a scale of 1-10, one-third of customers gave VHC an overall high rating (8-10), while 17% gave VHC a low rating (0-2).

Sean's handout included key findings and recommendations from the survey related to the VHC website, the VHC customer support center, plan selection and satisfaction, health insurance literacy, financial assistance, and cost sharing reductions. This and more survey information can be viewed in detail on the VHC website at <http://info.healthconnect.vermont.gov/2015Evaluation>. There is not a plan for now to conduct another survey next year.

**Vermont Health Connect (VHC) Update – Cassandra Gekas**

Cassandra Gekas, Director of Operations for Health Care Eligibility and Enrollment, provided updates on Vermont Health Connect (VHC) key activity. Cass first noted that VHC hopes to regenerate the older type enrollment report for the board very soon. Donna Sutton Fay has been asking for this as part of the VHC dashboard report for the MEAB. An "age-off" report will also be generated.

*2016 Open Enrollment* – VHC provided an overview and slides outlining the upcoming enrollment period and renewals, including descriptions of the 2016 health plans and the cost of the plans.

*Operations* -- Cass noted that some basic self-service (online) change requests (functionality) became active on October 1; others will be implemented in the near future. Self-service changes that are not ready yet include: income changes, pregnancy, removing household members and change requests that are more than 60 days old. Slides were reviewed on system performance, results from customer support center activity, and a plan going forward to best facilitate Medicaid legacy renewals.

*Enrollment Numbers* – Sean Sheehan, Director VHC Outreach and Education, summarized the current growth in lives covered by Qualified Health Plans and Medicaid and displayed enrollment comparisons from December, 2014 and September of 2015. Individual participants in Qualified Health Plans (QHP's) increased from 30,141 to 31,719 over this period, more than 5%.

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*Outreach & Education* – Sean provided newly prepared health insurance literacy handouts for board members to take away and share. There have been many Health Insurance 101 events conducted (geographically) conducted at libraries throughout the state this fall, and there are two more events remaining this week and next in Johnson and Swanton.

*2017 Health Plans* – Dana Houlihan, VHC, discussed the planning that is underway to put the best possible 2017 Qualified Health Plans in place. A balanced Work Group is set, including members from VHC, the carriers, the MEAB, VT Legal Aid, The Department of Financial Regulation, and the Green Mountain Care Board. The goals will include: meeting essential health benefits, minimizing premium cost, improving benefit designs to attract younger adults (age 25-34), creating/maintaining incentives to keep prescription and behavioral health care costs down, simplifying choices and information for all QHP consumers, and emphasizing wellness benefits and incentives. For next steps, the Work Group will analyze the new 2017 AV calculator and benefit changes that will be required for standard QHP's; this will be available in November. Any changes are anticipated to be minor. Also, the Work Group will be preparing an approval presentation on 2017 QHP benefit designs for the Green Mountain Care Board for January, 2016. Dana Houlihan will brief the MEAB again in December on the Work Group's progress.

Members should contact VHC with any comments or suggestions on future VHC data/information presentations. Current VHC information and activities can always be viewed at [www.vermonthealthconnect.gov](http://www.vermonthealthconnect.gov)

**MEAB Work Group Updates/Discussion – Work Group Chairs**

*Improving Access Work Group* -- The group has been struggling to find the best ways to improve access for consumers on some issues. For its November 17<sup>th</sup> meeting, the group will first meet with its stakeholders only to discuss priorities, and then meet with DVHA. The group would still like to meet with the Commissioner; he has had conflicts that have precluded his attendance at recent meetings.

*EPSDT Work Group* – The Work Group last met on October 2. Jennifer Garabedian, Children's Personal Care Services (CPCS) Administrator at VDH, provided a handout and overview of the CPCS program. As a key next step, the program is working to contract with a nationally recognized expert to thoroughly review the current process to ensure it continues to hold up from "theory to practice". Marilyn Mahusky, VT Legal Aid, provided an update on children's Medicaid policies and procedures in other states. She shared specific examples from various departments in MA, and described how services are integrated there. The Work Group is interested in hearing where Integrated Family Services (IFS) stands in VT today; a briefing may be requested for the December 4 Work Group meeting.

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

Trinka Kerr, Chief Health Care Advocate, provided a handout and summary of the office's Quarterly Report for July 1- September 30, 2015. Total Call volume was about the same as the previous quarter. Problems with the VHC billing process continued to be the top reason for calling the HCA. Also, the number of people seeking information on dental services has increased significantly over the last year. The full report was forwarded electronically to the MEAB board for detailed reading.

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**MEAB Discussion – Board Members**

The co-chair asked board members to consider and review potential agenda items (listed below) for the next MEAB meeting.

**Public Comment Opportunity – Co-Chair**

There was no public comment offered during the meeting.

**Adjournment**

The meeting was adjourned at 3:00PM.

**Topics for Regular Update:**

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

**Draft Topics for November 23 Meeting:**

- DVHA SFY '16 Update/Discussion
- Legislative Outlook/Budget Development
- Agency of Human Services Outlook
- Global Commitment Renewal & Submission Process

**Future Meeting Topics:**

- Health Care Reform - all payer model
- Medicaid Transportation – current and future budget
- Shared Savings/SIM update, including Learning Collaborative/Care Model
- Reinvestment in Community Based Services
- Affordability and reinvestment pertaining to provider rates
- Minimizing administrative complexity for businesses that offer insurance

**Data Request(s) for Future Meeting:**

Termination Data from Carriers

Total Medicaid Budget – what portion is entitlement/what is not?

**Issue Tracker List:**

- Inventory of Perverse Incentives
- Out-of-State travel
- Specialist or preferred providers
- Mental Health fee schedule changes
- Prior Authorization concerns
- Coordination of Benefits between Medicare and Medicaid

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**Ongoing Small Group Works**

- EPSDT Work Group
- Improving Access Work Group
- Small Employer Work Group
- Individuals and Families Work Group
- Provider Reimbursement Work Group

**Next Meeting**

**November 23, 2015**

**Time: 11:00AM – 3:00PM**

**Site: DVHA, 312 Hurricane Ln, Williston, 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)