

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
June 22, 2015

---

Page 1

**Board Members Present:** Trinka Kerr, Donna Sutton Fay, Lisa Maynes (phone), Bram Kleppner, Kay Van Woert, Michelle Fay, Joan Lavoie, Christina Colombe (phone), Rebecca Heintz, Vaughn Collins, Larry Goetschius, Julie Tessler, Clifton Long (phone), Madeleine Mongan (phone), Nate Waite, Dale Hackett and Erin McIntyre.

**Board Members Absent:** Peter Espenshade, Amy Vaughan, Jackie Majoros, Gladys Mooney, Sharon Winn, Paul Bakeman, Laura Pelosi, Shannon Wilson, Sharon Henault, Cathy Davis and Tim Ford.

**Other Interested Parties Present:** Susan Gretkowski, Kristen Murphy, Ethan Latour, Brendan Hogan (phone), Kelly Barnier, Cherie Bergeron and Betty Morse.

**Staff Present:** DVHA: Jacqueline Rose, Dylan Frazer, Marybeth Bizarri and Clark Eaton.

**HANDOUTS**

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) May 26, 2015 Meeting Minutes
- MEAB Draft Resolution – Provider Reimbursement (6/22/15)
- MEAB Draft Resolution – 2015 Federal Poverty Levels (FPLs) (6/22/15)
- EPSDT Work Group Minutes (6/5/2015)
- Individuals & Families Work Group Meeting Minutes (6/9/15)
- Vermont Chronic Care Initiative Update (6/22/15)
- Vermont Health Connect (VHC) Update (6/22/15)
- 2016 Health Benefits Benchmark Plan Letter (6/3/15)
- Proposed Rule Amendment- Private Nonmedical Institutions
- MEAB Draft Work Group Operating Guidelines (5/19/15)
- MEAB Membership List (5/26/15)

\*all are posted to the VHC website

**CONVENE**

Donna Sutton Fay and Bram Kleppner chaired the meeting.

**Welcome/Introductions/Approval of Minutes**

Board members and meeting attendees introduced themselves around the room. The meeting minutes for May 26, 2015 were not reviewed or adopted due to a lack of a quorum early in the meeting. The May minutes will be addressed for approval at the June MEAB meeting.

**MEAB Draft Resolutions – Work Group Chairs**

*Resolution on 2015 FPLs --* Donna Sutton Fay introduced a resolution to have DVHA and VHC implement the 2015 FPLs for determining eligibility for MAGI Medicaid and Dr. Dynasaur. The 2015 FPLs were released in February, but DVHA/VHC is still using the 2014 FPLs. Kay Van Woert made the motion to adopt the resolution. During discussion, Madeleine Mongan recommended adding language to the resolution as follows: “In future years, the Federal Poverty Levels should be implemented no later than 30 days after being posted in the federal register”. DVHA’s general counsel, Howard Pallotta, described the process that DVHA goes through in projecting and applying new FPLs. Howard submitted that future annual FPL’s should be implemented by April 1<sup>st</sup> each year. This year’s 2015 FPLs should be applied (for those found

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
June 22, 2015

---

Page 2

eligible), retroactive to April 1<sup>st</sup>. The MEAB voted unanimously (16 yeas, 0 nays, 0 abstentions) to approve the resolution with the additional language for future years. The resolution follows:

#####

“The MEAB strongly urges the Department of Vermont Health Access (DVHA) and Vermont Health Connect (VHC) to implement the 2015 Federal Poverty Levels (FPLs) immediately for determining eligibility for MAGI Medicaid and Dr. Dynasaur. We also strongly recommend that the Vermonters whose eligibility was determined incorrectly in 2015 be given the option to be put on Medicaid retroactively, and to be reimbursed for premiums and out-of-pocket costs they paid as a result of the incorrect eligibility determination.

The 2015 FPLs were released in February 2015. They should be used to determine eligibility for MAGI Medicaid and Dr. Dynasaur in 2015. DVHA and VHC continue to use the 2014 FPLs for determining 2015 eligibility. It is unacceptable that the correct FPLs have not been implemented almost 5 months after they were released.

As a result of the failure to implement the 2015 FPLs timely there are Vermonters who were incorrectly denied Medicaid. These Vermonters may have enrolled in a Qualified Health Plan (QHP) with subsidies, which means they have been paying premiums and out-of-pocket costs for their coverage. Their costs will have been substantially higher on a QHP since there are no premiums for Medicaid and it has low out-of-pocket costs. These increased costs may have caused Vermonters to delay seeking needed health care or to go uninsured.

We recommend DVHA and VHC take the following actions:

1. People who applied for coverage and fell into the gap between 2014 and 2015 FPLs should be sent a notice informing them of their eligibility for Medicaid and describing their options for retroactive Medicaid.
2. They should be put onto Medicaid prospectively as soon as possible, but with enough advance notice so they can check with their providers about whether they take Medicaid. They should be instructed to contact VHC if their income has changed since applying to make sure they are currently eligible for Medicaid.
3. They should be given the option of getting Medicaid retroactively. People who did not get medical care would not need retroactive coverage. Some individuals will not want retroactive Medicaid if their providers do not participate in Medicaid.
4. If they choose to get retroactive Medicaid, they should be refunded any premiums they paid for QHPs. Out-of-pocket expenses would have to be re-billed by providers, who would have to give refunds.
5. In future years, the Federal Poverty Levels should be implemented no later than 30 days after being posted in the federal register.”

#####

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
June 22, 2015

---

Page 3

*Resolution on Medicaid Provider Reimbursement* – This draft resolution is intended to address the chronic underfunding of Medicaid provider reimbursement. Board members expanded on the draft resolution and recommended an additional paragraph on the negative impact of cost-shifting. The revised resolution now reads:

“In our experience as providers, patients, advocates, and insurers, the chronic underfunding of Medicaid provider reimbursement is damaging Vermont’s safety net and the effectiveness of Vermont’s health care system, by creating challenges in provider staffing, quality of care, and patient access to care, leading to a negative impact on Vermonters’ health.

In addition, the cost-shift is damaging Vermont’s businesses and economy, and we strongly urge the administration and the legislature to pay Medicaid providers enough to fully cover the cost of treating Medicaid patients.”

The MEAB voted unanimously (16 yeas, 0 nays, 0 abstentions) to approve the resolution.

Larry Goetschius suggested that he would take the initiative to invite key legislative committee members to come to the late September MEAB meeting to discuss the importance of the provider reimbursement issue as the state moves forward into the next budget development cycle.

**VT Chronic Care Initiative Update – Eileen Girling**

Eileen Girling, Director, VT Chronic Care Initiative (VCCI), provided an overview and update on the work that the VCCI is doing with the high risk, high cost (top 5%) portion of the Medicaid population who require intensive case management. This 5% population takes up about 38% of the total VT Medicaid costs. Eileen discussed how VCCI was established in 2007 and how it has evolved into its improved role in 2015. The initiative operates with 20 clinical staff spread out geographically and working at the local level throughout the state. VCCI uses well defined eligibility criteria and there are diagnoses considerations that drive utilization of services, including: 1) mental health, 2) substance use/abuse history, 3) diabetes, 4) cardiovascular conditions, 5) respiratory conditions, 6) BMI, and 7) use of a PCP and preventive services. The VCCI is transitioning to a new care management vendor this year and is also collaborating with two new Accountable Care Organizations in dealing with the VCCI’s high risk/high cost population. The VCCI continues to capture utilization results that are proving to be very effective; utilization measures are also showing significant net savings (over anticipated costs) in state fiscal years 2012 -2014.

**DVHA Update – Aaron French**

*Policy/Budget for Inpatient & Residential Treatment for Opioid Addiction* – Aaron French, Deputy Commissioner, DVHA, described the Department’s new policy for inpatient & residential treatment for opioid addiction. Effective July 1, 2015, DVHA will continue to cover opioid inpatient detoxification as long as it meets medical necessity criteria. The DVHA Clinical Unit will determine if medical necessity criteria are met after consulting (as necessary) with qualified clinicians/counselors, and using a national standard of care model. The majority of opioid cases are handled on an outpatient basis. In recent years, in response to the overwhelming opioid problem, Vermont had initially allowed for inpatient services while a solid statewide system was

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
June 22, 2015

---

Page 4

developed to handle the caseloads. The state has implemented a “hub and spoke”, regional and community based network to better respond to opioid addiction cases.

**Vermont Health Connect (VHC) Update – Jacqueline Rose**

VHC has changed data systems, so the VHC dashboard information is not available for now. Bram Kleppner suggested that VHC, as a first step, see what information it would be able to provide based on the most currently produced dashboard.

*Lives Covered* – Jacqueline Rose, VHC Outreach and Education Manager, summarized the current growth in lives covered by Qualified Health Plans and Medicaid and highlighted those that were new to VHC from the beginning of 2015. Qualified Health Plan (QHP) participants were displayed by county, and graphs showed how many individuals are receiving financial help to purchase QHP’s and the cost of these plans.

*Dunning and Terminations* – Notices are going out indicating 30, 60, and 90 days past due accounts. Through early June, there have been 399 non-subsidized terminations, and 147 APTC terminations.

*Call Center and Customer Service* – There has been significant improvement this year when measuring missed calls; the call abandonment rate is down to less than 1%. Average wait time on calls is also down significantly (average waiting time in May, 2015 was only 12 seconds).

*Change Requests* – Jacqueline reported that VHC’s system milestone for the end of May was met – the delivery of back-end functionality for processing changes more quickly. The goal now is to eliminate the change backlog as quickly and accurately as possible and meet service targets by October. There has been progress (in eliminating backlog) so far in June. In days and weeks ahead, customers will see the growing impacts of improved functionality. Trinkia Kerr noted that the staff at the Health Care Advocate’s office has yet to see evidence of improvement on change of circumstances. Donna Sutton Fay asked that VHC senior leadership start attending at least the VHC portion of the MEAB meeting more regularly to hear some of the concerns that are being raised.

*Legacy Medicaid Renewals* – An outreach pilot plan has been initiated to begin renewals for this group who were previously enrolled in Medicaid under the old system. At this point, nearly 20% of individuals outreached have enrolled. Nearly a third of outreached cases completed application by the end of May. The pilot will run until the end of June and necessary next steps will be evaluated.

*Federal Poverty Level (FPL) and Eligibility* – Jacqueline noted that the 2015 FPL was implemented on June 17, 2015. Jacqueline thought that Howard Pollotta had covered this earlier in his presentation, but he had not. VHC/DVHA will need to summarize a plan or steps that may be taken to deal with any retroactive corrections which may be necessary to adjust eligibility for members who might be affected as part of the new FPL changeover.

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

**Proposed Rule Amendment – Private Nonmedical Institutions providing Residential Child Care Services – Rebecca Fay/Kathleen Denette**

Rebecca Fay, Staff Attorney, Division of Rate Setting and Kathleen Denette, Director, updated the MEAB on a proposed rule amendment for payments for Private Nonmedical Institutions

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
June 22, 2015

---

Page 5

providing Residential Child Care Services (PNMI's) effective July 1, 2015. The proposed rule amendment will mitigate an unintended consequence with the current cap. The proposed rule replaces the current cap on per diem increases with an allowed percentage increase that factors in allowable decreases in occupancy and applies a factor based on the size of the PNMI's prior year allowable costs. The proposed rule will mitigate an unintended decrease in PNMI reimbursement of \$595,000 with the revised cap, which we estimate will affect the PNMI reimbursement by \$151,000, at most. An annotated copy of the proposed rule is available on the Division's website: <http://humanservices.vermont.gov/departments/office-of-the-secretary/ahsdrs> under the PNMI Rate Setting section. Hard copies of the annotated proposed rule were also provided.

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

*Early, Periodic Screening & Diagnostic Treatment (EPSDT) Work Group* – Kay Van Woert reviewed the June 5, 2015 meeting minutes and the group's recent activity. The group is focusing on: 1) a correct coding initiative to help providers code properly and receive adequate reimbursement for services, including discussions on appropriate developmental screening codes and when to use them, 2) the appropriate definition and documentation of medical necessity for accessing EPSDT mandated services (especially for young children without a diagnosis), and 3) efforts to maintain a PCP reimbursement rate funding level to at least maintain 2014 levels for primary care. Future meetings will also address case management/care coordination issues as well as access to supplies and durable medical equipment. The next meeting is scheduled for August 7<sup>th</sup>.

*Qualified Health Plan (QHP) Stakeholder Work Group* – This effort is directed toward the development of benchmark plans for QHP's in 2017. MEAB wanted to be included in this planning phase and Trinka Kerr is advocating that it not be a formal MEAB Work Group, but VHC/DVHA should take the lead on the group. The work group will also be involved in any changes that may be introduced (federally or by the state) concerning Essential Health Benefits. The work group should work toward completing a set of recommendations for DVHA's plan design presentation for the Green Mountain Care Board. The next meeting date is scheduled for 6/29/15.

*VHC Individuals and Families Work Group* – Work Group Chair, Donna Sutton Fay reviewed the discussion topics from the June 9, 2015 meeting. The group was updated on progress on addressing change of circumstances functionality, and the potential implementation of the 2015 FPL's. As of today's VHC's briefing, the new FPL's were implemented on June 17<sup>th</sup>. VHC has written and introduced a "Coverage to Care" booklet which includes information on how to access free preventive care, and use health insurance. The next Work Group meeting is scheduled for July 20<sup>th</sup> at DVHA in Williston.

**MEAB Discussion – Board Members**

The MEAB did not approve the May MEAB meeting minutes or the latest draft of the MEAB Work Group Operating Guidelines because of a lack of a quorum. These items will be addressed at the July MEAB meeting. The MEAB membership list was discussed and Erin McIntyre was introduced as a new member. Standard Conflict of Interest Forms also were distributed at the meeting that need to be completed by the end of July. This is a standard practice requirement that DVHA is now initiating with all of its current advisory boards. There will be more follow up before the July MEAB meeting.

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
June 22, 2015

---

Page 6

The co-chairs emphasized the importance of having management representation from DVHA/VHC participate in the MEAB meetings on a regular basis. The co-chairs will address this with DVHA for future meetings.

The co-chairs asked board members to consider and review potential agenda items (listed below) for the July 27 MEAB meeting.

**Public Comment Opportunity – Co-Chairs**

Kristen Murphy noted that the June 22 MEAB agenda was not posted to the DVHA website until just prior to the meeting. Clark Eaton will be sure future proposed agendas are posted in advance of meetings and also will include Kristen on the MEAB distribution list.

**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 July 27 Meeting:**

- DVHA SFY '16 Update/Discussion
- Medicaid Budget Deficit
- FPL 15 Implementation Update
- Status of Medicaid Renewals

**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

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
June 22, 2015

---

Page 7

- Specialist or preferred providers
- Mental Health fee schedule changes
- Prior Authorization concerns
- Coordination of Benefits between Medicare and Medicaid

**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**

**July 27, 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)