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**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
July 27, 2015

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

**Board Members Absent:** Peter Espenshade, Bram Kleppner, Julie Tessler, Sharon Winn, Madeleine Mongan, Clifton Long, Laura Pelosi, Shannon Wilson, Sharon Henault, Cathy Davis and Tim Ford.

**Other Interested Parties Present:** Kelly Barnier, Ethan Latour, William Lambruker and Betty Morse.

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

**HANDOUTS**

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) May 26, 2015 Meeting Minutes
- Medicaid & Exchange Advisory Board (MEAB) June 22, 2015 Meeting Minutes
- Health Care Advocate Quarterly Report (Apr-June, 2015)
- Vermont Health Connect (VHC) Update (6/27/15)
- MEAB Draft Work Group Operating Guidelines (5/19/15)
- Conflict of Interest Forms

\*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 18 members was present. The meeting minutes for May 26, 2015 and June 22, 2015 were reviewed and approved.

**MEAB Resolutions/Recommendations – Work Group Chair**

*Resolutions on 2015 FPLs and Medicaid Provider Reimbursement* -- Donna Sutton Fay let board members know that the two resolutions that the board approved at the June meeting did not move forward. They were delayed initially, but it now appears (in communication with the Department's legal counsel, Howard Pallotta), that DVHA feels that the board shouldn't be sending these out directly; the resolutions should go out through the DVHA Commissioner. Donna Sutton Fay and DVHA's legal counsel disagree on this matter and on the statute language interpretation surrounding the MEAB's role and operation. The DVHA Commissioner wanted to set up a meeting with Donna to discuss this, but Donna decided to postpone the meeting until Co-chair Bram Kleppner could be available. He (Bram) will not be available until late August at the earliest. Board members were generally surprised concerning this matter. Larry Goetschius suggested that he still plans 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. Trinka Kerr and Kay Van Woert also expressed disagreement with Howard's interpretation of the board's role. Donna suggested

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the overall issue be raised with the DVHA Commissioner when he joins the meeting later on the agenda.

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

*Improving Access Work Group* – Trinka Kerr reported on the most recent meeting that was held on July 24<sup>th</sup>. The minutes are being prepared and meeting participants have not yet had the opportunity to review and comment on them. There was lengthy discussion on ways to reduce paper work and streamline processes for people with long term conditions who need Medicaid services. Aaron French noted that DVHA tries to address specific problems, including the prior authorization process concerns that have been brought up. DVHA does not see systemic issues. Paperwork will always be necessary because DVHA must try to prevent fraud and abuse, which is most often committed by providers. DVHA also is audited regularly by CMS. Barb Prine and Kay Van Woert still expressed concern that paperwork is hard for providers. Aaron said that when the state gets a new MMIS claims system (target date 2017), it will enable DVHA to track utilization better and might lessen some of the need for prior authorizations. The group also discussed the Green Mountain Care Board’s multi-payer pilot programs to reduce prior authorizations, and DVHA’s “Gold Card” system for providers who prescribe high numbers of imaging services. The Work Group decided to keep on meeting and will set another meeting date about two months out. Kay will continue to work on the paperwork issue as it relates to the EPSDT Work Group. Madeleine Mongan also agreed to provide some material for future discussions on PA’s, including information about Act 79 from 2013, Maryland’s PA law, and possibly more information from other states.

*Qualified Health Plan Stakeholder Work Group* – Trinka Kerr discussed the stakeholders’ meeting for the 2017 plan design for Qualified Health Plans. Four MEAB members participated in the meeting, as well as two staff attorneys from the Health Care Advocate’s office. Pertinent factors were discussed that will affect plan designs, including attention to the 25-34 age group, which has the current highest uninsured rate. BCBSVT is also looking at its own data to determine appropriate inputs to 2017 plan design. The next meeting is scheduled for August 5.

**Health Care Advocate Quarterly Report – Trinka Kerr**

Trinka Kerr, Chief Health Care Advocate, provided a handout and brief overview of the office’s most recent quarterly report for the quarter ended June 30, 2015. The Health Care Advocate (HCA) office call volume decreased 26% from last quarter, mainly due to a drop in calls in June. Calls relating to problems with VHC decreased by 28%, but there are still problems, particularly with invoicing and billing. The HCA has made four recommendations to the state: 1) fix the VHC invoice and billing system, 2) review the carriers’ grace period notices and require clarifications and improvements as necessary, 3) follow through on the implementation of the proper Federal Poverty Levels for MAGI Medicaid and Dr. Dynasaur, and 4) work with stakeholders to improve and clarify the processes and regulations for eligibility for long term care services and supports. Trinka encouraged members to review the full report and the HCA’s recommendations to DVHA.

**Medicaid Budget Discussion – Brian Evans**

Brian Evans, DVHA’s Finance Director, discussed the upcoming SFY 2017 budget building process that will be beginning in collaboration with the Joint Fiscal Committee and the Administration. Initial planning steps will begin in late August and September. DVHA will evaluate the trending pattern for early SFY ’16 and set our budget needs for SFY ’17; it is a

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consensus based process. In SFY '15, the Medicaid budget was overspent by \$30 mil, which is about 3% more than projected (and will be figured into the SFY '16 budget adjustment process). Much of this overspending was due to increased utilization. DVHA is looking for ways to reduce costs and would encourage any MEAB member suggestions; members can e-mail Brian Evans or Carrie Hathaway at any time during the budget development process. DVHA starts off by looking at every savings opportunity, including Medicaid optional services that Vermont has offered, but is not required to provide. In recent years, Vermont has not elected to eliminate optional services that have been offered, but, in building the budget, everything starts off “on-the-table”.

**DVHA Update -- Steven Costantino**

DVHA Commissioner Steven Costantino discussed policy topics, including Vermont’s Global Commitment Waiver that will be moving into federal renegotiation soon. We may end up with a new waiver (vs. a waiver extension), but in either case, the CMS review process is lengthy and similar in scope. CMS is looking at new proposed managed care regulations. This is important to us because, under our current waiver, DVHA is a managed care entity. New regulations can affect the way we provide and administer services in the future. On the VHC front, Steven noted that there has been major progress in processing/reducing backlog cases. There are now less than 6500 backlogs in the system.

Larry Goetschius asked what the DVHA budget priorities would be later this year as the state moves to develop the SFY'17 budget. Steven noted that DVHA will continue to look closely at Medicaid caseload, enrollment and utilization. A significant related effort will be for Vermont to arrive at the best scenario possible with the upcoming Global Commitment waiver negotiation process – one that allows significant flexibility in funding. At the same time, the state needs to be able to afford the required federal match. DVHA will also focus on different ways of providing effective services, moving away from fee-for-service where it makes sense for savings potential. Another significant budget concern will be centered on the continuing drug and alcohol issue in the state; the array of services will be reviewed and there is a need to recognize and focus on the significant recovery process that is involved.

Donna Sutton Fay described the board’s earlier discussion on the board’s ability to pass resolutions and/or recommendations and distribute them. She and DVHA’s General Counsel (Howard Pallotta) disagree on whether or not the board has the authority to send these out directly; he feels that resolutions should go out through the DVHA Commissioner. MEAB resolutions on the 2015 FPL and Provider Reimbursement from the June meeting have not been distributed. Board members feel this is a departure from the way the board has been doing business, and that the board’s overall purpose (which should have included an advisory role to policy makers) was not described as well as it should have been in the statute language that was revised when the MAB was expanded to the MEAB in 2012. Steven referred to the statute and will discuss the language with Howard; he is not looking to limit the board’s authority – he just wants the board to be effective.

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

*Lives Covered* – Jacqueline Rose, VHC Outreach and Education Manager, summarized the current growth in lives covered by Qualified Health Plans and Medicaid and displayed enrollment

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comparisons from December, 2014 and June of 2015. Individual participants in Qualified Health Plans (QHP's) increased from 30,141 to 34,103 over this period, more than 13%.

*Dunning and Terminations* – Notices are going out indicating 30, 60, and 90 days past due accounts. Through early July, there have been 501 non-subsidized terminations, and 669 APTC subsidized terminations.

*Call Center and Customer Service* – There has been significant improvement this year when measuring missed calls; the call abandonment rate is 1.5%. More than 84% of calls were answered within 30 seconds. The average call length is 10 minutes, 15 seconds. Also, for May and June, there has been no unscheduled down time at the call center.

*Change Processing Updates* – Jacqueline reported that there has been significant progress in eliminating this backlog. From late May to early July, households awaiting changes were reduced by 2900, (28%). As the backlog is reduced, the VHC still receives, on average, 100 new change requests each day.

*Outreach and Education Updates* – Brady Hoffman reported that the Assistor certification course is up and running and online. Please encourage volunteers to get certified and expand the assistance capability for VHC. A new events calendar for all outreach activity is being prepared and should be available soon.

*Consumer Checkbook* – VHC is interested in introducing a tool kit concept for Outreach and Education. Jaqueline described a “Consumer Checkbook” program that was implemented in Illinois that helps project health care cost estimates. Any feedback or similar suggestions are encouraged. Cassandra Gekas suggested that VHC include an agenda item at the next meeting that more broadly discusses people’s health care outreach & education needs considering what’s coming this fall (renewals and direct enrollments).

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)

**Medicaid Policy – Ashley Berliner**

*State Plan Amendments* -- Ashley Berliner, Medicaid Policy and Planning Chief, indicated that the State Plan Amendment (SPA) for Accountable Care Organizations (ACO's) has been completed for year one. It has been a significant accomplishment over a 16 month period. Work on the year 2 SPA for ACO's is underway. There is also work being completed on an Applied Behavior Analysis (ABA) SPA that needs to be submitted by September. Other active efforts include: 1) an increased Primary Care Payment SPA, 2) a Licensed Alcohol and Drug Counselor SPA (allowing payment to be made by DVHA), and 3) a False Claims Act SPA.

*Global Commitment Waiver* – DVHA's 1115 Global Commitment (GC) Waiver was recently consolidated in January to add in the Choices for Care (CFC) Waiver; this waiver runs through December 31, 2016. Work on the new 2017 waiver application is already underway. A public notice will go out in November, and is intended to give DVHA a full year to negotiate with CMS before the waiver would go into effect. The new waiver development will include a comprehensive quality strategy.

*ABA Services* – This is a new DVHA benefit (July 1, 2015) that is designed to cover children on the autism spectrum. A SPA is being developed and will be submitted by September. There was

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significant public comment on ABA, which is all being processed. Provider enrollment activity is underway.

**Public Comment Opportunity – Co-Chairs**

There was no public comment offered during the meeting.

**MEAB Discussion – Board Members**

The latest draft of the MEAB Work Group Operating Guidelines was available. The Operating Guidelines will be addressed at the next MEAB meeting. Standard Conflict of Interest Forms were collected from members; a few members still need to complete the forms and they are due in at the end of July. This is a standard practice requirement that DVHA is initiating with all of its current advisory boards.

The co-chairs asked board members to consider and review potential agenda items (listed below) for the next MEAB 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 August 24 Meeting:**

- DVHA SFY '16 Update/Discussion
- VHC Education & Outreach Topics ( broad discussion)

**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?

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**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

**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**

**September 28, 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)