
Medicaid & Exchange Advisory Board
Meeting Minutes
September 28, 2015

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Board Members Present: Bram Kleppner, Donna Sutton Fay, Julie Tessler, Lisa Maynes, Madeleine Mongan, Clifton Long, Sharon Winn, Amy Vaughan, Jackie Majoros, Kay Van Woert, Michelle Fay, Paul Bakeman, Joan Lavoie, Christina Colombe (phone), Vaughn Collins, Larry Goetschius, Nate Waite, and Dale Hackett (phone).

Board Members Absent: Peter Espenshade, Trinkia Kerr, Gladys Mooney, Laura Pelosi, Rebecca Heintz, Leslie Nulty, Erin McIntyre, Shannon Wilson, Sharon Henault, Cathy Davis and Tim Ford.

Other Interested Parties Present: Kelly Lange, Kelly Barnier, Ethan Latour, William Lambruker, Susan Gretkowski and Marjorie Stinchombe .

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

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) July 27, 2015 Meeting Minutes
- Vermont Health Connect (VHC) Update (9/28/15)
- Health Insurance 101 (one-page handout) (9/28/15)
- How to Save on Health Care Costs (one-page handout) (9/28/15)
- Press Release – VHC and Libraries Partner on Health Insurance 101 Events (9/24/15)
- Vermont Medicaid Shared Savings Program Overview (9/28/15)

*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. A quorum of 17 members was present. The meeting minutes for July 27, 2015 were reviewed and approved.

DVHA Fiscal Year-end Budget Update – Carrie Hathaway, DVHA Chief Financial Officer

DVHA's Chief Financial Officer, Carrie Hathaway, summarized the close-out of the SFY 2015 DVHA budget. DVHA needed an additional \$30 mil to balance the budget. The Department is in the process of building its budget adjustment for the SFY '16 budget adjustment request; this process will continue through November to be ready for presentations to Legislative committees in the December timeframe. The projection, considering increased caseload and utilization, is somewhat glum. There could be substantial and significant impacts based on anticipated revenues. This could also factor into the budget development process for SFY 2017.

Healthcare Discussion with Legislators – Senator Claire Ayer, Representative William Lippert

Senator Claire Ayer, Chair of the Senate Committee on Health and Welfare, and Representative William Lippert, Chair of the House Committee on Health Care, attended the MEAB meeting and listened to concerns that members had relating to the Medicaid budget development in the upcoming legislative session. Bram Kleppner suggested that the group go around the room and

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limit input/comments to the legislators to about two minutes per member. Members expressed concern on a range of services (both general and specific) that would be very important to protect from cuts or that should be considered as part of any new funding opportunities: 1) Joan Lavoie – improve the adult dental benefit, 2) Amy Vaughan -- maintain adequate Medicaid funding to continue to support health care and payment reform, negotiate a new Global Commitment Waiver and explore any new federal funding opportunities available, 3) Kay Van Woert – low Medicaid rates need to be addressed; this is now destabilizing our healthcare network, 4) Vaughn Collins – the additional adults added to Medicaid eligibility are making it increasingly difficult for enrolled dental providers to absorb all the Medicaid needs; they are rethinking their program participation in the future, 5) Lisa Maynes – described (and provided in writing) the day-to-day difficulties for parents with children with special needs; strongly consider impacts of funding decisions, 6) Sharon Winn – primary care capabilities are eroding in Vermont and we need to invest in improving the primary care capability and infrastructure, 7) Dale Hackett – needs to be a legislative discussion to find a balanced, fundable solution to provide real-time and preventive health care needs for Vermonters, 8) Christina Colombe – expressed concern that pharmacy/drug costs are on the rise, and that there needs to be a more balanced focus on the health care needs of youth/working adults, as well as the elderly population, 9) Madeleine Mongan stressed the need to bring primary care Medicaid rates up to the Medicare level; for recruiting and retention, it is becoming increasingly difficult to attract and keep primary care physicians in Vermont, 10) Michelle Fay – funding and positive inroads to diminish child poverty will require a “two generation solution”, serving the full range of family adult and children’s needs, 11) Jackie Majoros – home and community based services need to be a priority for funding, 12) Kelly Lange – as a health care funding plan is being developed, consider not only Medicaid, but evaluate the potential impact(s) on the overall health care system, 13) Paul Bakeman – funding for everyday support shortages for special needs children/adults must be addressed, 14) Marjorie Stinchombe – there is inadequate funding for the state’s Human Services Board; a timely appeals system needs to be in place, 15) Larry Goetschius – increasing reimbursement for health care providers must be a high priority during the next legislative session, 16) Clifton Long – there seems to be significant disparity (haves and have-nots) within our health care system; the legislature needs to focus on bringing some real balance to the system, 17) Donna Sutton Fay – the legislature must look at the revenue side of things; programs cannot take additional cuts, and increasing revenues should be a key part of the solution. Also, the Medicaid population must be treated equitably across the board, and 18) Bram Kleppner – small businesses cannot absorb more cost shifts to make up for budget cuts; for companies that don’t provide health insurance, an avenue needs to be created to bring them on-board.

Representative Lippert cited his previous background in behavioral health care and mental health services, and emphasized his understanding of the many health related needs within the state. Both Representative Lippert and Senator Ayer advocated last year for the Blueprint for Health and increasing revenues, but unfortunately, there was not a significant revenue increase. There is no easy solution on the horizon for the coming session; also, at this point, Rep. Lippert does not believe there will be the “will” to increase revenues this coming year. Senator Ayer agreed. She also asked for clarification/expansion on some of the board member input. Both legislators were very appreciative of all of the MEAB’s expressed concerns.

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DVHA Commissioner's Comments – Steven Costantino

Concerning budget development, the Commissioner noted that for a \$1 billion plus Medicaid budget, if estimates/projections are off by only 2%, this could amount to an approximate \$30 million shortfall. All numbers are still being worked. The rising cost of specialty pharmaceutical drugs is an example of one developing concern at this time.

The Commissioner expressed his thanks to the board and board chairs for the collaborative work in putting together an excellent agenda. DVHA will continue to include agenda topics that are pertinent to the board on a regular basis. There should be a balance between key discussion items and updates on ongoing issues and programs.

DVHA State Plan Amendment (SPA) Updates – Ashley Berliner

Ashley Berliner, AHS Policy Director, briefed the board on its state Medicaid plan with CMS and the process that we need to follow to make amendments to the plan. State Plan Amendment (SPA) approvals can take between 4-18 months each. Recent activity included: 1) an increase in the primary care payment (effective July 1, 2015), 2) approval for Year 2 work for the State Innovation Model project, and 3) Vermont's submittal for the Applied Behavior Analysis program. A SPA is also being prepared this quarter on Licensed Dentist Hygienists, to allow for certain services to be provided outside dental offices. SPAs also go out routinely when any rate adjustments are being recommended. Ashley also noted that Licensed Alcohol and Drug Abuse Counselors are now being integrated as Medicaid enrolled providers. Telemedicine is also being expanded from facility-to-home for primary care consultations.

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.

Project Development – A hosting transition was successfully completed on September 9, 2015. Preparation and roll-out worked smoothly overall and did not cause any customer disruption. VHC is targeting October 1 for the deployment of self-service change requests. This should allow customers to complete "change of circumstances" on their own. The automated renewal functionality won't be turned on until later in October.

Operations – Cassandra reviewed slides on system performance, qualified special cases, and customer support center activity. At the call center, nine out of ten calls (90%) were able to be resolved with the initial representative (no transfer). Additional updates were provided on customer verifications and actions surrounding the new Federal Poverty Level. Donna Sutton Fay indicated that there appears to be a number of issues hampering the smooth transition from VHC (MAGI Medicaid and QHPs) to Medicare for those turning 65 or having been disabled for 2 years. Cassandra agreed to meet with Donna to discuss these issues; a meeting is set for October 27th.

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 August of 2015. Individual participants in Qualified Health Plans (QHP's) increased from 30,141 to 32,761 over this period, more than 8%.

Outreach & Education – Sean reviewed the handouts referencing Health Insurance 101, the subsidy estimator, and information on Full-Cost Individual Enrollment. There are ten Health Insurance 101 events scheduled throughout the state from today through October 22.

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Preview of Next Meeting -- The UMass health care satisfaction survey results are available and will be briefed at the October MEAB meeting. The kick-off of the new open enrollment period will also be discussed.

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

DVHA Shared Savings Program – Alicia Cooper

Alicia Cooper, Payment Reform Unit, provided some historical background and an overview of the Vermont Medicaid Shared Savings Program (VMSSP). In 2013, VT was awarded a \$45 mil SIM Testing Grant, and in 2014, Medicaid Shared Savings Programs were launched. DVHA administers the VMSSP. SSP standards were developed as a result of collaboration among payers, providers and stakeholders, facilitated by the state. SSP Accountable Care Organization (ACO) standards were designed to include: attribution of patients, establishment of expenditure targets, distribution of savings, the impact of performance measures on savings distribution, and governance. The eligible Medicaid populations include: 1) general adults and children, 2) aged, blind or disabled adults, and 3) blind or disabled children. Alicia outlined core service expenditures, non-core service expenditures, and the range of quality measures involved (including, measures for payment, reporting, monitoring & evaluation, and pending measures). In conclusion, the plan and specifics for creating ACO governing boards was summarized.

Public Comment Opportunity – Co-Chairs

There was no public comment offered during the meeting.

MEAB Discussion – Board Members

The MEAB Work Group report-outs will be postponed until next meeting. Kay Van Woert did provide a short recap of the most recent Improving Access Work Group meeting on September 22. The group has reached impasse with DVHA on some issues; in November, the group will first meet with its stakeholders only, and then meet with DVHA.

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)

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Draft Topics for October 26 Meeting:

- DVHA SFY '16 Update/Discussion
- Global Commitment Quality Strategy
- Global Commitment Renewal & Submission Process
- VHC Survey Results

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

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

October 26, 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