
Medicaid & Exchange Advisory Board
Meeting Minutes
June 25, 2018

Page 1

Board Members Present: Kay Van Woert (phone), Joan Lavoie, Gladys Konstantin, Dale Hackett (phone), Lisa Draper (phone), Julie Tessler, Jessa Barnard, Kirsten Murphy, Amy Vaughan (phone), Devon Green (phone), Michelle Fay (phone), Rebecca Heintz, Paul Bakeman, Vaughn Collins (phone), and Mike Fisher.

Board Members Absent: Sharon Winn, Erin Maguire, Drew Kervick, Sharon Henault, Georgia Maheras, Lisa Maynes, Nate Waite and Laura Pelosi.

Other Interested Parties Present: Susan Gretkowski (MVP, phone), Lucy Garand (Downs Rachlin Martin, phone), Sarah Peterson (Maximus) and Brendan Hogan (Optum, phone)

Staff Present: Department of Vermont Health Access (DVHA): Commissioner Cory Gustafson, Deputy Commissioner Michael Costa, Rob Larkin, Sean Sheehan, Beth Tanzman, Etiane George and Molly Waldstein; Vermont Department of Health (VDH): Betty Morse (phone)

HANDOUTS

- Agenda
- May meeting minutes, draft (handout)
- Blueprint for Health (presentation)
- DVHA HAEEU update (presentation)

*all are posted to the VHC website

CONVENE

Mike Fisher and Julie Tessler chaired the meeting.

Welcome/Introductions/Approval of Minutes

Board members and meeting attendees introduced themselves around the room. A quorum was present. May meeting minutes were approved without changes. The co-chairs announced a revised meeting schedule, based a survey of expected attendance during the summer and winter months. The 2018 July and December MEAB meetings will be cancelled, and all other meetings in 2018 will be held as planned.

Commissioner's Office Report—Cory Gustafson

Cory Gustafson, DVHA Commissioner, updated the group on recent developments within the Commissioner's Office.

- DVHA is currently working on closing out financials for the current fiscal year, and it looks like the department will end the year in the positive. This includes a number of significant one-time expenses that have been resolved—including the settlement with Dartmouth Hitchcock, a payment to Blue Cross Blue Shield of Vermont and various types of program spend.
- Pharmacy rebates continue to come in above projection, while utilization is below projection.

Medicaid & Exchange Advisory Board
Meeting Minutes
June 25, 2018

Page 2

- Julie Tessler, MEAB co-chair, asked if the positive financial results had been impacted by the All Payer model, and the Commissioner replied that analysis is still on-going, and is fairly complex. He reported that, anecdotally, he has heard positive feedback from members of the provider community in terms of their experience working with value-based payments, but that it's important to hold back from drawing any conclusions until a full analysis is available.
- The Commissioner reported that an anticipated update from CMMI regarding national ACO efforts is unlikely to impact Vermont. However, the full announcement will not be publicly available until later in the week.
- An employee engagement survey for state government workers was recently conducted, and the results are being analyzed. An early look at the data shows DVHA performing better than previous years in terms of employee satisfaction and engagement. DVHA is considering which measures to focus on for continued improvement in this area. So far, the Commissioner has been pleased with the results—placing DVHA's employee satisfaction ratings in line with the highest rated departments in State government in terms of employee satisfaction. He added a cautionary note regarding the tendency of employees to be happiest with a new administration in the first year, and that the ratings can be expected to drop somewhat in subsequent years. However, the department intends to introduce initiatives to counter that expectation.
- In response to a request for questions from the group, Julie Tessler, MEAB co-chair, asked what would happen if the State does not have a signed budget by July 1.
- The Commissioner pointed out that the lateness of budget passage is not without precedent—the 2018 budget having been signed as late as June 28. No government shut-down has occurred in Vermont in recent memory. That being said, the Commissioner acknowledged that many DVHA functions would be considered a critical need to the state and are unlikely to be discontinued, even in the event of a shut-down. With a disagreement of \$3 million on a \$6 billion budget, it seems likely that the matter will be resolved before the deadline. However, DVHA does have a continuity of operations plan which has been reviewed and is ready to implement if needed.
- A member asked a question about which areas would remain operational during a government shutdown. Another member asked a question about prior authorizations given a government shutdown. The Commissioner indicated that access to care for individuals in need was one of the highest priority functions to be maintained in the event of a shutdown.
- Another member asked if people are aware that pharmacies may be willing to give patients a courtesy refill to get them through a few days in the event of a government shutdown.
- A member asked whether unspent funds from 2018 could be carried over into 2019. The commissioner responded that issue relates to appropriations and involves a variety of factors. The bottom line message for providers is to take care of patients in need, and payment will come.

Medicaid & Exchange Advisory Board
Meeting Minutes
June 25, 2018

Page 3

- A member asked a question in reference to a recent story on Vermont Public Radio relating to disparities between fees for laboratory services within Vermont and out of state. Another member pointed out that the VPR story included significant inaccuracies which are currently being addressed. The member who asked the original question acknowledged that the story may not have been accurate, but that he also hears, anecdotally, that providers often send labs out of state to avoid the higher costs of in-state lab fees.
- Another member asked what would happen if she were to have an expensive medical test just after the start of the fiscal year, and whether the test would be paid for in the event of a government shut-down. The Commissioner indicated that even in the event of a shut-down, the bill for covered medical tests will be paid by Medicaid and will not be the responsibility of the patient.
- Another member asked a question about messaging to patients about the shut-down in the event that it occurs. The Commissioner responded that the department is prepared to respond rapidly with the development of messaging in the event of a shut-down, however the current situation seems likely to resolve before that point. Another member indicated that her colleagues in the provider community would also like to participate in the development of messaging should the shut-down occur.
- The Commissioner expressed empathy with the frustrations of MEAB members regarding the budget impasse.

Blueprint for Health—Beth Tanzman

Beth Tanzman, Blueprint for Health Director, discussed recent developments from the Blueprint:

- The Blueprint is modeling two new programs for potential implementation and asked the MEAB for its feedback on these ideas.
- The Blueprint is a health reform project within DVHA which collects data from various sources both nationally and within Vermont and offers data and information back to providers to help inform their practice. The Blueprint designs new forms of service delivery, as well as new payment models and implementation of field work. Examples include the Patient Centered Medical Homes program, Community Health teams, the SASH program (support and services at home.) SASH is a first in the nation example of Medicare's assistance paying for psycho-social supports to Medicare residents living in affordable housing. The Blueprint spans commercial insurance, Medicare and Medicaid.
- The Blueprint helped design the hub and spoke system for opioid addiction treatment.
- Approximately 137 primary care practices in Vermont participate in the Blueprint, out of an estimated 144 in the state.
- Community health teams are at just under 300 FTE staff members statewide.
- SASH teams serve just under 5,000 Medicare beneficiaries in 133 different housing sites.
- Hub and spoke is in 86 different practices throughout the state providing medial-assisted treatment in general medical settings, including nurses and addiction counselors.

Medicaid & Exchange Advisory Board
Meeting Minutes
June 25, 2018

Page 4

- The Women’s Health Initiative is the newest initiative and includes participation from about half of statewide women’s specialty practices, such as Planned Parenthood, as well as 19 family practices.
- The Blueprint has a team of nine people, with hundreds of people doing field work.
- Vermont’s All Payer model outcomes at the state-level are improved access to primary care, a reduction of deaths from suicide and reduction of the prevalence and morbidity of chronic disease.
- The Blueprint is cognizant of the connections between psycho-social factors and likelihood of developing chronic disease. Working to improve social determinates of health is central to achieving the goals laid out for the Blueprint.
- A member asked whether the Blueprint is involved in improving awareness of social determinants of health within the educational system. Beth responded that the Blueprint is not currently involved with the education system directly.
- Julie Tessler commented that the schools do have access to Medicaid funds and do provide health and human services to students, including a program called Success Beyond Six where they work with community mental health centers and provide the match to federal dollars for social work and clinical services provided to students.
- Beth explained the details of a program that the Blueprint has been asked to design and are currently modeling regarding interventions that can be useful in addressing risky alcohol and drug use, depression and social determinants of health. This relates to screening, brief intervention and referral to treatment (SBIRT) models. Through this model, populations are interviewed regarding their use of alcohol and other substances to identify early patterns of behavior that could potentially escalate with time to result in substance use disorder. The theory is that early, brief intervention and education can help people correct behaviors and avoid addiction. The program has demonstrated efficacy on the state and national levels.
- A large SBIRT grant that has helped establish this network in Vermont will be ending. The Blueprint is working to ensure that the program can maintain its momentum. Towards that end, the program has expanded to consider other social factors, including housing, food, safety, depression and other factors in addition to potential substance abuse. The integrated program is called SBINS—screening intervention and navigation to services.
- Blueprint is also working on developing pilot projects to test comprehensive treatment approaches to chronic pain.

Public Comment

There was no public comment.

Adjournment

The meeting was adjourned at 12:04 PM.

Topics for Regular Update:

Medicaid & Exchange Advisory Board
Meeting Minutes
June 25, 2018

Page 5

- Vermont Health Connect Quarterly Update
- Commissioner Updates (Current Topics Discussion)
- GC Waiver (as Necessary)
- Quarterly Advocate Report (Legal Aid)

Future Meeting Topics:

- Integrated Eligibility and Enrollment
- Legislative updates

Next Meeting

August 27, 2018

Time: 10:00AM – 12:00PM

Site: DVHA, State Office Complex, Waterbury, VT

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

http://info.healthconnect.vermont.gov/advisory_board/meeting_materials