

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
October 24, 2016

---

Page 1

**Board Members Present:** Lila Richardson, Donna Sutton Fay, Bram Kleppner, Laura Pelosi, Amy Vaughan (phone), Jessa Barnard, Sherry Greifzu (phone), Kay Van Woert, Rebecca Heintz, Paul Bakeman, Joan Lavoie, Gladys Konstantin, Julie Tessler, Dale Hackett (phone), and Nate Waite.

**Board Members Absent:** Erin McIntyre, Vaughn Collins, Christina Colombe, Sharon Winn, Lisa Maynes, Sharon Henault, Michelle Fay and Clifton Long.

**Other Interested Parties Present:** Kelly Barnier, Betty Morse, Brendan Hogan (phone), and Susan Gretkowski (phone).

**Staff Present:** Department of Vermont Health Access (DVHA): Commissioner Steven Costantino, Deputy Commissioner Lori Collins, Tom Simpatico, Marybeth Bizarri, Amy Simons and Clark Eaton. AHS Policy: Ashley Berliner.

**HANDOUTS**

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) September 26, 2016 Meeting Minutes
- Vermont Health Connect Update (10/24/16)
- Blueprint Women's Health Initiative Handout (10/24/16)
- EPSDT Work Group October 7 Minutes (10/7/16)

\*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. There was not a quorum present at the beginning of the meeting. The September meeting minutes will be submitted for approval at the next board meeting.

**Vermont Health Connect Update – Sean Sheehan**

Sean Sheehan, Director of Outreach and Education at Vermont Health Connect (VHC), provided update slides on VHC's integrated system for Medicaid and QHP enrollment. Sean reviewed Open Enrollment 2017, 2017 Plan Selection, System and Operational Metrics, Enrollment and Expenditures, and Expanding Coverage. The open enrollment period starts on November 1, 2016 and runs through January 31, 2017. Most plan users will stay with the same plan during the upcoming plan selection period. However, Vermont has an excellent Plan Comparison Tool available online for those who want to explore other options that are available. Lila Richardson asked about people who are eligible for "cost sharing" plans, yet seem to select a plan that is less advantageous to them. Sean pointed out that these groups are identified and outreach is conducted to expand awareness on plan selections. Turning to customer service, VHC had a goal of (by October, 2016) completing 75% of customer requests within ten days. VHC has been able to reach and maintain this goal (beginning in June) for 19 consecutive weeks to date. Call Center staff was ramped up by more than 50% over July and August to meet very high call volumes. The standard is to answer calls within 24 seconds or less. Unfortunately, during the ramp-up period in August, some callers during heavy call periods had to wait 30 minutes or more in some cases.

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
October 24, 2016

---

Page 2

Call Support Performance was much improved by September and is continuing to meet the standard moving forward. Kay Van Woert expressed concern that some children may have fallen off during the late summer due to extended phone wait times; these case scenarios need to be recaptured. Sean discussed the improvement in access to care for escalated cases – these cases include cases from VT Legal Aid, and Qualified Special Cases. For these situations, VHC consistently strives to provide access to care within three business days (now achieved in better than 90% of these cases). In the big picture (nationally), significant strides have been made; Vermont has attained one of the two lowest uninsured rates in the nation – 2.7% in 2015. VT is also doing a good job reaching the challenging “young invincible” demographic. Enrollments in the 25-34 age group are improving over prior years.

Vermont Health Connect will continue to provide updates to the MEAB on a quarterly basis.

**BluePrint: Women’s Health Initiative – Beth Tanzman**

Beth Tanzman, the Interim Director of the BluePrint for Health program, provided an overview of the Women’s Health Initiative that is being launched this fall. Vermont has a high rate of unintended pregnancies, and through the Women’s Health Initiative, Vermont wants to ensure that women’s health providers have the resources they need to help women be well, avoid unintended pregnancies, and build thriving families. The initiative will support women’s health specialty providers in providing enhanced health and psychosocial screening, along with comprehensive family planning, counseling and timely access to long acting reversible contraception (LARC). Women who visit women’s health providers – OB-GYN offices, midwifery practices, and Planned Parenthood – will engage in enhanced screening to assess mental health, substance abuse, trauma, partner violence, and access to food and housing. Women who are identified as at-risk will be immediately connected to a social worker for brief intervention and counseling, and referral to more intensive treatment as needed.

Provider participation in this BluePrint initiative is voluntary. Learning collaboratives are ongoing and being initiated with women’s health specialty providers -- there are 37 of these practices in Vermont, and ten have committed to joining this BluePrint initiative in January, 2017. More practices will be encouraged to integrate with this effort in April, 2017. Kay Van Woert encouraged the BluePrint to be sure to include pediatricians as part of the outreach effort. Dale Hackett emphasized just how sensitive and personal this work is surrounding women’s health; Beth agreed on the very personal nature of this effort.

**DAIL Update/Budget Development Discussion – Monica Hutt**

Monica Hutt, Commissioner, Department of Disabilities, Aging and Independent Living (DAIL), provided an early overview of the Department’s SFY 2018 budget development process/budget pressures, noting that there is a lot that just can’t be talked about at this stage. DAIL is comprised of five Divisions, and the Medicaid portions of DAIL’s budget are largely part of two of the Divisions – The Developmental Disabilities Division and the Adult Services Division (including the Choices for Care program). The Traumatic Brain Injury (TBI) program has been integrated into the Adult Services Division. Two of the largest budget pressures continue to be: 1) the increasing Choices for Care (CFC) caseloads for older adults, and 2) the increasing population of individuals with developmental disabilities. DAIL also needs to be concerned with a statutory 2%

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
October 24, 2016

---

Page 3

annual nursing home increase, funding a nursing cost rebate (occurs every two years), and the impact/added costs of the new Department of Labor overtime rules.

Dale Hackett expressed general concern that the DAIL budget needs to be adequately funded and that a level funded budget will not address the needs in the state. Kay Van Woert stressed the need for continued planning that would break down the “silos” of funding and create a more integrated, holistic approach to meeting needs. Sherry Greifzu pointed out that there is an unsustainable reimbursement issue that exists in home health care as part of Choices for Care.

Julie Tessler noted the ongoing efforts involving the Global Commitment waiver, the Accountable Care Organizations, the RFP and the All-Payer Model. There are a lot of moving parts; how do all these things come/fit together? Julie suggested that this be a near term MEAB agenda item.

**EPSDT Work Group Update – Kay Van Woert**

Kay Van Woert provided an update on the EPSDT Work Group’s efforts and recapped the recent meeting held on October 7; meeting minutes were available as a handout. Interested MEAB members are encouraged to attend the next EPSDT Work Group meeting on November 4<sup>th</sup> at DVHA in Williston. AHS Planning and Policy will discuss cross agency planning, with EPSDT requirements in mind.

**Public Comment Opportunity/ MEAB Discussion – Co-Chairs**

There was no public comment during the meeting. MEAB meeting dates have been adjusted to fit the holidays for November and December. The next meeting will be on November 21, 2016 and the December meeting date will be on the 19<sup>th</sup>.

**Adjournment**

The meeting was adjourned at 12:10 PM.

**Topics for Regular Update:**

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

**Draft Topics for November 21 Meeting:**

- DVHA Update

**Future Meeting Topics:**

- Health Care Reform - All Payer Model
- Medicaid Transportation – current and future budget
- Reinvestment in Community Based Services
- Affordability and reinvestment pertaining to provider rates
- Minimizing administrative complexity for businesses that offer insurance

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
October 24, 2016

---

Page 4

**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

**Next Meeting**

**November 21, 2016**

**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](http://info.healthconnect.vermont.gov/advisory_board/meeting_materials)