

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
February 22, 2016

---

Page 1

**Board Members Present:** Trinka Kerr, Julie Tessler, Sharon Henault (phone), Rebecca Heintz, Jackie Majoros, Kay Van Woert, Michelle Fay (phone), Paul Bakeman, Joan Lavoie, Vaughn Collins, Christina Colombe (phone), Gladys Mooney, Nate Waite, and Dale Hackett (phone).

**Board Members Absent:** Bram Kleppner, Donna Sutton Fay, Peter Espenshade, Leslie Nulty, Sharon Winn, Madeleine Mongan, Clifton Long, Shannon Wilson, Cathy Davis, Amy Vaughan, Laura Pelosi, Erin McIntyre, Lisa Maynes and Tim Ford.

**Other Interested Parties Present:** Betty Morse, William Lambrukos (phone), Susan Gretkowski (phone), and Lucy Guerin (phone).

**Staff Present:** Department of Vermont Health Access (DVHA): Marybeth Bizarri and Clark Eaton. AHS Policy: Danielle Fuoco.

**HANDOUTS**

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) January 25, 2016 Meeting Minutes
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) Work Group Minutes (2/12/2016)
- DVHA Budget Document, State Fiscal Year 2017
- Health Care Administrative Rules (February, 2016)
- Vermont Health Connect (VHC) MEAB Update (2/22/16)
- Department of Financial Regulation Medicare Supplement Insurance Letter (2/10/16)

\*all are posted to the VHC website

**CONVENE**

Acting Chair Kay Van Woert chaired the meeting.

**Welcome/Introductions/Approval of Minutes**

Board members and meeting attendees introduced themselves around the room. Board member attendance was just short of a quorum, so the meeting minutes for January 25, 2016 will be submitted for approval at the March MEAB meeting.

**MEAB Discussion Items: Work Group Chairs**

*EPSDT Work Group* – The group met at DVHA in Williston on February 12. Nate Waite provided a brief summary of the meeting. Cheryle Bilodeau, Integrating Family Services (IFS), gave an overview of the current staff and division of work at IFS. The only regions up and running are Addison and Franklin-Grand Isle. There will be no new IFS regions as of July 1<sup>st</sup> this year while work is being done to clarify master grant language to be used with new regions. Three to four new regions will sign on the next July (currently looking at Bennington, Brattleboro, Washington, and Saint Johnsbury). There was a name shift from “Integrated” to “Integrating” Family Services that occurred last winter to highlight that IFS is not a program; it is a way of doing the work. There was discussion on the funding complexities in moving from a fee for services to a case rate under IFS. The group discussed accountability and the importance of collecting quality metrics. An IFS workgroup is currently working on updating indicators and performance measures. The group expressed concerns about ensuring that EPSDT services are available and offered in each region (with no delays or waiting lists) when medically necessary, whether fee for service or in the IFS case rate. Participants in the group strongly encouraged

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
February 22, 2016

---

Page 2

more family leadership at the governance level as new regions come on board. Families want flexibility for their services and can provide valuable input. One of the populations that are not being reached by the IFS approach are children with very complex medical needs. There is concern that these families do not have a programmatic home, putting caregiving families also in charge of coordinating multiple insurances, providers, and even case managers. The Vermont Department of Health, Clinical Services Director for the Children with Special Health Needs unit will be at our next meeting to share data and participate in our discussion. The group also reviewed the EPSDT issue tracking matrix (list of barriers) that is being maintained. The next EPSDT Work Group meeting will be held on March 4 at DVHA in Williston.

*Improving Access Work Group* -- The next meeting is scheduled for March 21 at DVHA in Williston.

**Discussion Item: DVHA – Steven Costantino**

*DVHA Budget* – Steven Costantino, DVHA Commissioner, provided a condensed, summary briefing of DVHA’s SFY 2017 budget document. The Commissioner focused on four key areas: 1) All state spending, 2) All AHS spending, 3) DVHA internal, and 4) the DVHA budget ask. For all state spending, the Agency of Human Services accounts for about 43% of gross spending. So, while AHS overall spending is 43% of the total budget, due to the ability to earn federal receipts, only 28.5% of state spending goes to support the agency. Within AHS, DVHA accounted for nearly two thirds (\$975.8 million) of the Medicaid expenses of \$1.4 billion in SFY ’15. Total Medicaid spending was also broken out by other AHS Department for SFY ’15: 1) Department of Mental Health, \$164.7 mil, 2) Vermont Department of Health, \$27.6 mil, 3) Department for Children and Families, \$51.1 mil, and 4) Department of Disabilities, Aging and Independent living, \$176.2 mil. Also, the Agency of Education Medicaid spending in SFY’15 was \$43.5 mil. As an example, the Commissioner described rising Mental Health and Substance Abuse expenditures by Department from SFY ’13-’15. Medicaid program data was shown comparing Vermont with other New England states and New York. The Commissioner went on to touch on and review DVHA’s budget book data, including: 1) SFY ’16 key initiatives, 2) measurements and outcomes, 3) caseload and utilization (highlighting general adults), and 4) DVHA’s budget considerations and challenges. Next, the “DVHA Budget Ask” was reviewed, focusing principally on the caseload/utilization projections. For a budget exceeding \$1billion, even a 2% variance can produce a significant dollar difference. The Governor’s initiatives for SFY ’17 were then addressed, as set out in the budget document. This included an explanation of the proposed provider assessment expansion of 2.35% that would apply to independent physician practices and dentists.

Trinka Kerr asked if there could be more detailed budget information provided for Vermont Health Connect (VHC), specifically funding for the navigator program , as well as costs for VHC staffing and operation. VHC can get this information for the next meeting. She also asked if DVHA would be tracking metrics on the impact of reducing group psychotherapy rates (could it impact access to care) – it would good to get some feedback on this in about six months. Kay Van Woert asked that the DAIL and Mental Health Departments be asked to brief the MEAB on the Medicaid related parts of their budget proposals. There was also discussion on the Governor’s All Payer Model (APM) initiative and how and when it would be implemented. The MEAB requested a presentation on the APM at a future meeting.

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
February 22, 2016

---

Page 3

**Discussion Item: AHS Policy – Ashley Berliner**

*Health Care Administrative Rules* – Ashley Berliner, Director, AHS Policy & Planning, introduced a new set of rules initiatives called Health Care Administrative Rules (HCAR). HCAR will include Medicaid rules from all AHS Departments, eventually including a centralized AHS Table of Contents. The transition to centralized administrative rules will occur over the next year and a half. There will be broad and continuous stakeholder engagement on this new organization of Medicaid rule and process, including: 1) AHS and Department leadership (legal), 2) program and content experts at AHS Departments, 3) advisory groups, and 4) partners, providers and advocates. Ashley recommended that she come back in about two months and provide a more comprehensive briefing on the HCAR work plan.

**Discussion Items: Vermont Health Connect – Cassandra Gekas, Sean Sheehan**

Cassandra Gekas, HAEU Operations Director, provided updates on Vermont Health Connect (VHC) key activity.

*Operations* – Cass covered Medicaid Renewals. For Medicaid for the Aged, Blind and Disabled (MABD), redeterminations began in November, 2015 and will continue on a monthly basis into 2016. For Medicaid for Children and Adults (MCA), redeterminations began in January, 2016, and will continue on a monthly basis. Legacy members are being handled now – April, 2016.

About 9,000 a month are being handled for the MCA group. Notices for each group for redetermination are followed up with reminder notices, and if necessary, closure notices. VHC is stepping up communications on the importance of members completing necessary actions. VHC member groups will be handled between May – October, 2016. Cass also provided information on change of circumstance requests. VHC's change request net inventory was down to 4,168 as of 2/15/16. The goal is to get the work queue inventory for change requests below 3,000, which would be a sustainable level for meeting customer service targets. Other updates included: staffing, Tax Forms 1095-A and 1095-B, the March 2016 deployment in advance of VHC Medicaid renewals, and evaluating the future of OneGate software.

*Metrics* — Sean Sheehan, Director, VHC Outreach and Education, Sean provided slides on results from the customer support center and assister activity. The monthly call answer rate fell short of the desired 90%; this is being addressed by the contractor. Sean also described the current health insurance coverage for Vermonters, the financial assistance that VHC-enrolled individuals are receiving, and data on Qualified Health Plan-enrolled individuals.

*Outreach & Education* – Sean discussed the collaboration that will be ongoing with BCBSVT, MVP and the Health Care Advocate on the communication explaining how grace periods work.

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](http://www.vermonthealthconnect.gov)

**MEAB Discussion Items – Chair**

*Waterbury Meeting Location* -- The bulk of DVHA relocated to the new State office space in Waterbury on January 25, including DVHA's senior management team. The meeting space there was not fully equipped then, but the conference spaces are ready for use now. The next MEAB meeting is scheduled for March 28, and it was suggested the group meet in Waterbury to take advantage of the newer space -- there should be better conference technology/acoustics. Clark Eaton will send out meeting location information, including directions.

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
February 22, 2016

---

Page 4

*DFR Medicare Letter* -- Donna Sutton Fay previously had provided a 12/8/15 letter that the VT Association of Area Agencies on Aging had sent to the Commissioner of the Department of Financial Regulation (DFR). In January, the MEAB supported the letter in a resolution that was also forwarded to DFR. The original letter addresses an issue in the Medicare Supplemental Insurance Minimum Standard regulations; currently, the regulations do not explicitly provide a guarantee issue period for Vermonters who lose their eligibility for Medicaid or a Medicare Savings Program. The DFR has responded positively, but it still looks like there is a rulemaking concern. Sharon Henault expressed the concern that long term care case workers should be aware of this issue and DFR's current guidance.

*Section 1332 Affordable Care Act (ACA) Waiver Request* – Adaline Strumolo, Health Care Director, discussed Vermont's proposal to waive the ACA requirement to establish an internet portal for the Small Business Health Options Program (SHOP) per section 1332, Waivers for State Innovation. The waiver would maintain the status quo by allowing Vermont businesses to enroll in qualified health plans directly through a health insurance issuer instead of through an internet portal. A public hearing on the topic was scheduled at 3:00pm (2/22), following the MAEB meeting at DVHA in Williston.

The board acting chair also asked board members to consider and review potential agenda items (listed below) for the next MEAB meeting.

**Public Comment Opportunity – Chair**

There was public comment during the meeting.

**Adjournment**

The meeting was adjourned at 2:40PM.

**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 March 28 Meeting:**

- DVHA Update/Discussion
- AHS Outlook – AHS Secretary
- Human Service Board Appeals Update
- Request Other Department Budget Briefs (DAIL/DMH)

**Future Meeting Topics:**

- Health Care Reform - All Payer Model
- Medicaid Transportation – current and future budget
- Shared Savings/SIM update, including Learning Collaborative/Care Model

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
February 22, 2016

---

Page 5

- 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**

**March 28, 2016**

**Time: 11:00AM – 3:00PM**

**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)