
Medicaid & Exchange Advisory Board
Meeting Minutes
March 26, 2018

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

Board Members Absent: Sharon Winn, Lisa Maynes, Georgia Maheras, Rebecca Heintz, Michelle Fay, Laura Pelosi, Nate Waite and Sharon Henault.

Other Interested Parties Present: Susan Aranoff (Vermont Developmental Disabilities Council), Lucie Garand (Downs Rachlin Martin, phone), Brendan Hogan (Optum, phone), Susan Gretkowski (MVP, phone), Doug Bergstrom, Jason Pope, John Smith (HCA), Monica Ogelby (VDH) and Kelly Lange (BCBSVT)

Staff Present: Department of Vermont Health Access (DVHA): Deputy Commissioner Michael Costa, Etiane George and Molly Waldstein.

HANDOUTS

- Agenda
- February meeting minutes (handout)
- HCA Update (presentation)
- VHC Website Upgrade (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. February meeting minutes were approved without changes. There were three abstentions.

Commissioner's Office Report—Michael Costa

Michael Costa, Deputy Commissioner, updated the group on recent developments within the Commissioner's Office. The discussion included:

- Three department priorities are: 1) performance; 2) IT projects; 3) value-based payments.
- Operational performance at DVHA is doing well, as demonstrated through the incorporation of scorecards, and strategic focus on key performance indicators.
- CMS is expected to put out its own Medicaid scorecards in the near future. This will allow it to compare Medicaid programs across the country.
- A member asked a question about false positives and testing, in general, and whether DVHA is at risk for unreasonable comparisons between Medicaid programs. Michael indicated that, while DVHA supports the goal of measurement in general, there remain

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some open questions regarding a meaningful comparison of Medicaid programs from state to state.

- Department of Human Resources has conducted their employee satisfaction survey for the year, and the results are generally positive.
- IT projects are on-going, including efforts to improve VITL. Bill H901 has put forth a road map to outline the work that needs to be done by both DVHA and VITL to demonstrate the efficacy of VITL funding.
- The DVHA payment reform team has been working with other agencies, such as DMH and DAIL, to work on developing an integrated healthcare system across departments.
- The Brattleboro Retreat resource allocation project is evaluating low-cost effective options that may provide improved outcomes for beneficiaries.
- DVHA is currently in discussion with the federal government to determine if combined efforts will yield better results in combatting the opiate crisis.
- A member raised the point that the legislature is discussing a potential new qualifying event to open a special enrollment period within the exchange marketplace for substance use disorder.
- A member asked a question regarding payments and hub and spoke infrastructure. Representatives from both insurance carriers indicated that they do pay providers based on hub and spoke.
- A member of the public asked a question about the process of asking for additional Medicaid waivers for provider reimbursement following the All Payer model waiver. Michael Costa indicated that process would normally begin at the GMCB and is theoretically possible and is actively under discussion.

Office of the Health Care Advocate's Report—Mike Fisher

Mike Fisher, Health Care Advocate (HCA) and MEAB co-chair, presented developments from the HCA. The discussion included:

- Creating awareness of the policy, advocacy and outreach components of the HCA.
- Mike introduced his colleague, John Smith, to discuss his experience as a health care advocate. He related a story that is becoming increasingly more common in the field; the client is a semi-retired person who has been on VHC for several years without incident. However, he became late on his payments and was subsequently terminated. The client was not aware that he had entered a grace period due to late payments, as he had made one payment late in September. The client asserted that he had never received a grace period notice. The HCA has realized that certain grace period notices come in unmarked envelopes, and thus are often dismissed unopened. The invoices that the client received did not indicate that he was at risk for termination.
- Michael Costa indicated that DVHA is actively working with issuers to improve the markings on the envelopes for notices relating to grace periods.
- It was generally agreed that improved communication about these issues would be beneficial.

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- A member of the public described his own discovery that he had entered a grace period, and how confusing the communications were. He explained that he, as a small business owner, has received mailings in blank envelopes, as well as envelopes marked by BCBSVT and VHC. His coverage was terminated unexpectedly. He finds it particularly confusing because his bills were fully paid each month, although late, and he did not understand that he was about to lose coverage until after it was already done.
- Mike described a new referral service within Kinney Drugs which is possible since improvements to Vermont Health Connect have caused a reduction in volume of cases.
- The HCA has recently addressed structural issues in the treatment of hepatitis C and breast imaging to improve patient care for both.
- Federal changes may have serious impact on the Vermont marketplace in terms of impacts to cost savings reductions, association plans, the individual mandate and others. There is a real concern about the destabilizing effects these changes could have. The HCA has been doing some public education around tax benefits of the ACA and how families can get the most benefit.
- The HCA is largely happy about the house appropriation bill, but they do expect to advocate in favor of maintaining cost sharing reduction funding in the healthcare exchange.
- A member brought up the issue of Medicaid co-pays—which no longer exist. As a Medicaid consumer, she would prefer to have \$1 or \$2 co-pays, rather than no co-pays. Another member pointed out that the cost to providers to process a small dollar co-pay would probably outweigh the gains from the provider perspective.
- A member asked whether the MEAB should make a recommendation to alter the terms of VHC's current late payment and grace period policy. Mike responded with a question about whether the issue is determined on a federal or state level.
- A member recalled previous discussions about notices, in which it was theorized that a notice that cannot be understood is not a valid notice. He also referred to some questions around the short-term limited duration plans which have been proposed in other states. Mike pointed out that these plans are not yet present in Vermont.

Vermont Health Connect Website Upgrade—Molly Waldstein

Molly Waldstein, Vermont Health Connect Outreach & Education Coordinator, introduced the group to the VHC website upgrade project, and asked for specific areas of advice from the group. The discussion included:

- A proposal for the VHC website to be upgraded to the current State of Vermont website template—as is currently used by other SOV departments, including DCF and DAIL.
- The presentation is intended to encourage more active participation from the MEAB—and actively seeks its advice on specific questions.
- The current website could be improved in terms of ease of navigation and accessibility of language.

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- Molly asked the group to comment on two proposed launch dates for the new website. The two proposed dates are September 1, 2018 and January 31, 2019. Considerations include the lead time for QHP consumers to adjust to the change in website configuration prior to the Open Enrollment period in November 2018—or the following year.
- A member observed that many companies leave the old site up as the new site is launched. Molly agreed to look into the technical feasibility of this proposal.
- A member asked a question about how consumers would find the revised site. Molly explained that the urls would be repointed so that customers would automatically access the site when following their existing bookmarks.
- A member asked whether the site is intended for QHP customers primarily, or income-based Medicaid. Molly indicated that the current and future websites serve both groups.
- A member observed that the website is probably only used when people need insurance, but that this should be demonstrable through web traffic analytics. Molly indicated that the current state of web analytics is complicated by the presence of a third party which adds a level of complexity to web traffic analysis.
- A member asked a question about services such as Alexa and Cortana, and whether those services can be programmed to automatically bring up the VHC website when directed.
- A member pointed out that the proposed website changes would result in an easier enrollment process, particularly for first-time users, and therefore an early roll-out might be advisable. However, the same member also pointed out that a September roll-out would not offer much time for bug fixes in the field, and therefore could complicate the enrollment process if unexpected complications present themselves in the early days after roll-out. She asked Molly about her level of confidence in the product, to which Molly replied that early stakeholder involvement in the process would allow challenges and obstacles to be flushed out in the early stages, thus increasing her confidence level.
- A member of the public asked whether the proposed upgrade would impact the VHC portal—which requires secure sign-in. Molly responded that the proposed website upgrade would impact the public-facing aspects of the website, and that the portal to access personal accounts would remain unchanged.
- A member observed that most people will only go to the website when they need it, so the timing may not be relevant.
- Molly presented two possible home page executions. Option A involves fewer options, for increased simplicity. Option B offers more options for increased choice. She asked the group to offer their opinions on the two.
- A member offered a preference for Option A for its increased simplicity. She also pointed out that the website banner is currently too wordy. She also observed that selection of specific icons could use some fine-tuning but likes the use of icons in general.

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- Another member pointed out that the clean simplicity of the current webpage is appealing. She also noted that the “Where to Get Help” menu is more easily accessible on the current home page and appears to be buried on the proposed website mock-ups. She pointed out that the most prominent number to call is the Commissioner’s Office and should really be the Customer Support Center instead. Members of the Commissioner’s Office agreed heartily with this point.
- Another member commented on the aspect ratio of the web page in general, as the full page requires users to scroll down to see all options. Molly pointed out that the visual information “above the fold” should be planned so that the most important information exists above the fold, with supporting information below the fold.
- A member commented that the flow could use some fine-tuning—particularly in the placement and coloring of the “Sign-In” button. He also pointed out that the logical pattern of quick-link icons should be carefully thought through to consider a placement that would be a more natural aid to consumers looking for specific information. Molly agreed, but also pointed out that consumers may access the site for a variety of reasons, and that flow may be somewhat challenging to predict for every scenario. Feedback from stakeholders about placement and flow of page elements is needed and encouraged.
- A member observed that four rows of three quick links might be easier for consumers.
- Another member asked a question about pages in quick links relative to their appearance in the left navigation. Molly explained that every page on the quick links would also appear in the left navigation.
- A member asked for clarification regarding the descent of sub-menus as users explore deeper levels of site navigation. Molly clarified that each menu would appear rolled-up initially, but that sub-menus would descend appropriately as users click deeper into the site.
- A member pointed out that the top navigation bar doesn’t appear to relate to the site. Molly explained that the top navigation represents a proposed structure to organize content into four key categories: 1) Get Covered; 2) Already Covered; 3) Find Local Help; 4) Learn More—and asked if those categories are relevant and meaningful to most audiences. A member pointed out that the top navigation bar is not as eye-catching as it needs to be both in size and placement. In her opinion, the quick link icons are more likely to grab the user’s immediate attention.
- Another user pointed out that a robust search function is an important feature for users. Molly explained that the search function would be built into the program and will be highlighted.
- A member pointed out that the placement of the search function wouldn’t be visible on tablets or smartphones. Molly explained that the new web template is mobile responsive and will reconfigure to the device being used so that all elements will be visible.
- Another member expressed support for principles of simplified language and navigation, which was generally agreed upon by the group.

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The full presentation can be viewed at:

http://info.healthconnect.vermont.gov/sites/hcexchange/files/Advisory_Board/VHC%20Website%20Upgrade%202018_MEAB.pdf

MEAB Operations—Etiane George

Etiane George, Customer Service Center Director, introduced the group to the VHC website upgrade project, and asked for specific areas of advice from the group. Etiane discussed:

- Facilitating advice from the MEAB to the Commissioner
- Ensuring that the advisory board is heard by DVHA leadership, and that members feel their experience is a productive one.
- A desire to understand the perspective of MEAB members, particularly in the context of recent requests from board members for increased interactivity and opportunities for offering advice.
- A member pointed out that a discussion of the board's establishing statute would be useful, particularly to most recently-appointed members. This could lead to a discussion about the scope of the advisory board.
- A member asked if there was a way to update the advisory board's section of the website in advance of the meetings. Molly replied that the website is updated as quickly as possible, but that periodic late delivery of meeting materials can present challenges. Michael Costa observed that DVHA can work on more timely delivery of meeting materials, which will facilitate website updates in advance of the meetings.
- A member asked how far back MEAB meeting materials and agendas are documented on the website. Molly replied that the first postings occurred in January 2015, and all subsequent meeting materials, agendas and minutes are available to the public in that format.
- A member pointed out that she feels a responsibility to comment on Medicaid policy and legislative activity. As a newer board member, it is not readily apparent to her that a structure for receiving relevant information, and subsequently offering advice upon it, exists within the board.
- A member pointed out that the legislature receives certain key reports and expressed the opinion that the advisory board should also receive those reports. Specifically, she referred to the reports outlining the results of the ACO pilot program.
- Mike Fisher, MEAB co-chair, pointed out that the MEAB has not yet developed a means by which the MEAB can communicate its advice outside of MEAB meetings, and such a question warrants further exploration.
- Another member pointed out that there was still an open question regarding the rights of the MEAB to advise on various subject matter, and whether that requires further definition. The initial discussion of that subject took place under a previous administration, so current DVHA support staff may not recollect it.
- Michael Costa, Deputy Commissioner, pointed out that since the current administration began its work with the MEAB in January 2017, there have been a number of

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- substantive changes to the board—including new co-chairs, a number of new MEAB members, and new DVHA support staff. By selecting DVHA support staff whose primary job roles are more operational than administrative, Michael hopes to both enhance the experience of MEAB members and to provide an improved means of leveraging MEAB advice in service of Medicaid and exchange beneficiaries.
- Julie Tessler, MEAB co-chair, observed that the group seems to be in a “reset” mode, and additional clarification around roles and scope would be helpful. Further clarification in terms of the operations manual and MEAB member priorities bear further discussion. Julie suggested a retreat to focus on MEAB operational questions.
 - Another member observed that the most important thing the MEAB can do is to help DVHA understand what’s going on in the field. For this reason, it is important for MEAB members to play a role in determining the subject matter under discussion. She recommends that MEAB members, speaking through the MEAB co-chairs, should play a more active role in agenda-setting. She pointed out that the current structure feels top-down driven, rather than focused on identifying issues in the field, and observed that, in the past, work groups have been used to perform the more detailed efforts of the MEAB. She also expressed support for a retreat. Another member agreed with these statements and suggested that more presentations by MEAB members would help address these concerns.
 - Another member pointed out that MEAB retreats had happened in the past and were very helpful.
 - A member pointed out that retreats can be time-consuming, but also beneficial. She also observed that with so many new members on the board, this is an opportune time for a retreat.
 - Another member agreed with this and added to it an observation regarding the transitional state of Medicaid policy at the national level and suggested that the MEAB could play a leadership role in terms of demonstrating excellent public engagement during this ongoing debate. She expressed the view that a retreat would help further this goal.

Public Comment

There was no public comment.

Adjournment

Prior to adjournment, the MEAB co-chairs asked the group what topics they would like to see presented during future meetings. A member suggested that provider enrollment would be a good subject for discussion. Michael Costa went on to explain that there has been some historical stakeholder frustration regarding the manner in which providers are screened and subsequently are paid for their services by Medicaid. He also pointed out that a new project has recently been launched to automate the provider enrollment process, which is expected to

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result in increased efficiencies for providers. He agreed this would be a good subject for discussion.

Another member recommended a discussion on long term care programs and their alignment with the All Payer model.

Another member asked for further clarification around out-of-state provider enrollment. Michael Costa clarified that the reimbursement unit works closely with out of state providers to ensure timely enrollment and reimbursement for out of state providers.

Following this discussion, the meeting was adjourned at 12:07 PM.

Topics for Regular Update:

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

Future Meeting Topics:

- ACO updates
- VHC Assister program

Next Meeting

April 23, 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