

Medicaid & Exchange Advisory Board
Meeting Minutes
April 24, 2017

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Board Members Present: Bram Kleppner, Dale Hackett (phone), Kelly Lange (BCBS representing Rebecca Heintz), Gladys Konstantin, Kay Van Woert (phone), Sharon Henault (phone), Sharon Winn (phone), Paul Bakeman (phone), Joan Lavoie, Julie Tessler, and Mike Fisher (Healthcare Advocate).

Board Members Absent: Lila Richardson, Rebecca Heintz, Vaughn Collins, Erin McIntyre, Laura Pelosi, Nate Waite, Clifton Long, Christina Colombe, Michelle Fay, Sherry Griefzu, Donna Sutton Fay, Lisa Maynes, Jessa Barnard, Paul Harrington (phone) and Amy Vaughan.

Other Interested Parties Present: Susan Gretkowski (MVP, phone)

Staff Present: Department of Vermont Health Access (DVHA): Deputy Commissioner Lori Collins, Mary Beth Bizarri and Cassandra Madison. Department of Health: Ilisa Stalberg (phone), Betty Morse (phone)

HANDOUTS

- Agenda
- DAIL budget overview (presentation)
- DCF FY18 budget overview (presentation)
- Global Commitment Register update (handout)
- MEAB 3-27-17 Draft Minutes
- Vermont Health Connect update (presentation)
- Legislative update (presentation)

*all are posted to the VHC website

CONVENE

Donna Sutton Fay and Bram Kleppner chaired the meeting.

Welcome/Introductions/Approval of Minutes

A quorum was not established, and the March meeting minutes could not be approved.

Eligibility and Enrollment – Cassandra Madison

Cassandra Madison, DVHA's Director of the Health Access Eligibility and Enrollment Unit, reviewed the impacts of new federal guidance regarding Open Enrollment periods, an update on 1095 processing, and reviewed operations metrics. Open Enrollment will be shortened for 2017, in accordance with federal guidance, to six weeks from November 1-December 15, 2017. Planning for Open Enrollment will start in June, and includes meetings with carriers, assister organizations, as well as a review of technical needs.

The processing for 1095 paperwork has gone very well this year, with greatly reduced correction requests versus the prior year. Corrections are being mailed out on a weekly cycle.

Language translation information for Vermont Health Connect (VHC) notices has been moved to the outside of the VHC envelope. Notices have been sent to some unsubsidized VHC customers who have the option to enroll directly with carriers. A sub-set of the VHC population has been sent a letter informing them that they may be qualified to take advantage of equitable relief from a Medicare Part B late enrollment penalty.

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Vermont Health Connect's five key performance indicators (KPI) are designed to give leadership an idea of what the consumer experience is like. Cass presented a comparison between May, 2016, early October, 2016, and the end of March, 2017. Overall, excellent progress has been made towards achieving KPI goals, and more ambitious targets are being set, in light of this success.

MEAB election—Bram Kleppner

Next month is co-chair Donna Sutton Fay's last meeting. A special election was suggested to fill the 14-month remainder of her term (ending July 2018). Members were encouraged to consider running as candidates. Bram indicated that he would be stepping down from the MEAB at the end of his current term in July as well, and that an election would also take place in May to determine his replacement (24 month term). This discussion was followed by a short break.

Legislative Session Update—Lindsay Parker

Lindsay Parker, Health Access Policy and Planning Chief, updated the group on the recent legislative session. With an additional two weeks left in the legislative session, likely impacts on the Medicaid program were reviewed. Bills discussed included:

- S.4: An act relating to publicly accessible meetings of an accountable care organization's (ACO) governing body. This bill sets guidelines around ACO meetings, meeting notices, agendas and schedules.
- S.50: An act relating to insurance coverage for telemedicine services delivered in or outside a health care facility. This will expand access to care in rural areas, but it is unclear how quickly.
- S.133: An act relating to examining mental health care and care coordination. Addresses high volume of mental health patients in emergency rooms, a shortage of mental health providers, as well as funding and payment issues. The bill includes several studies that look at these issues, as well as an analysis of rates for a variety of entities.
- H.386: An act relating to home health agency provider taxes. This proposal was put forward by providers to more clearly and fairly define what services are taxable.
- H.507: An act relating to Next Generation Medicaid ACO pilot project reporting requirements. Defines specific reports and directs the submission of those reports.
- H.518: FY2018 appropriations bill. Extends emergency rulemaking authority for Health Benefits Eligibility & Enrollment (HBEE) rules to June 2018. The timeline for Drug Utilization & Review Board review of Medicaid's Preferred Drugs List (PDL) is extended from 12 to 24 months. The bill continues to delay implementation of MAGI-like methodology for individuals enrolling in VPharm and Healthy Vermonters until December 2018; contingent on operational Integrated Eligibility (IE) system.
- S.92: An act relating to interchangeable biological products. Proposes to direct pharmacists to fill prescriptions for biological products with an interchangeable biological product (biosimilar) unless otherwise specified by the prescriber or the purchaser. However, the bill that passed the Senate directs pharmacists to adhere to Medicaid's PDL for all drugs (including biological products).

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- S.57: An act relating to increase consumer awareness of prescription drug prices. Proposes to promote prescription drug price transparency by requiring pharmacy benefit managers to issue explanations of benefits (EOBs) and to expand pricing transparency requirements for health plans offered on Exchange and mandates that Department of Financial Regulation adopt rules –*Medicaid not included in this provision.*

Disabilities, Aging and Independent Living (DAIL) Budget Update—Camille George

Camille George, DAIL Deputy Commissioner, reviewed the mission of DAIL, its composition and partners. She discussed the summary of changes to DAIL's proposed budget, which is currently at approximately \$475 million. This included discussion of the current situation relative to the Division of Vocational Rehabilitation's (VocRehab) receipt of federal re-allotment dollars, which had been at a fairly consistent level since 2008-09. In August, 2016 the department was notified that there would be a reduction in these funds, and this is driving a reduction in the VocRehab program, and Camille reviewed the proposed changes. Sharon expressed a concern about the reduction in funding for VocRehab's developmental services division, as it would represent limitations health and safety for people with developmental disabilities. This was agreed to be a consensus opinion of the MEAB, and Camille will relay that opinion back to DAIL's commissioner and advisory board. Camille also reviewed the details of the Choices for Care spending plan.

Department of Children and Families (DCF) Budget Update—Ken Schatz

Ken Schatz, Commissioner of DCF, reviewed the composition, budget and missions of DCF. The Family Services Division has undertaken an initiative to reduce the use of residential treatment programs by working to enhance community-based services to support children and youth with significant needs. DCF is doing this through different approaches including:

- Contracting for wrap-around services in a different way in Franklin county (paying NCSS to build a program vs. paying per child)
- Expanding existing contract with Becket Support and Stabilization Services from 12 slots to 40 slots across the state
- Exploring use of an Assessment level of care (RFP process)
- Exploring concept of "Specialized" foster care (contract with provider for enhanced level of payment per child)

Ken also reviewed the situation with the Woodside Juvenile Rehabilitation Center. In the fall of 2016, the Center for Medicaid/Medicare Services (CMS) made a determination that youth at Woodside met the definition of an "inmate of a public institution" and were not eligible to receive Medicaid funding. Beginning October 1, 2016, Woodside is no longer funded through Medicaid and is now funded with general fund dollars. DCF is exploring a means through which Woodside may once again draw on Medicaid funds, while concurrently exploring, with the Department of Mental Health (DMH), where Woodside fits into our system of care for youth.

Children's Integrated Services (CIS) provides health promotion, prevention, and early intervention services to pregnant and postpartum women, infants and children birth to age six. Under the recently approved Special Terms and Conditions for the extension of the Global Commitment Demonstration, the State is required to obtain federal approval for certain Medicaid reimbursement methodologies, including CIS. DCF plans to submit proposed Medicaid case rates

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and methodology to CMS by May 1, 2017. DCF is also exploring, with AHS, an investment to cover non-Medicaid eligible cases served by CIS providers. A concern was expressed by Kay Van Woert regarding the funding of CIS, and reflecting a recent resolution of the MEAB sub-group on Early Periodic Screening Diagnosis and Treatment (EPSDT) regarding concerns about structural barriers to children receiving services under Medicaid. The opinion is that these services should be provided based on medical necessity, rather than availability of funding.

Public Comment—Ann Dillenbeck

Ann Dillenbeck, Chittenden County Children's Integrated Services Coordinator, discussed the process DCF is using with CMS. She discussed the 10 years of level funding for CIS, and the erosion of services that has resulted. Less frequent, and less specialized, services for children have been necessitated by funding levels. Rather than maximizing outcomes, the program is restricted to minimizing the worst outcomes for children. Funding restrictions, as well as lack of qualified specialists, also affect staffing.

Global Commitment Register Update—Ashley Berliner

Ashley Berliner, Director of Healthcare Policy, gave a high-level overview of the Global Commitment Register (GCR).

Adjournment

The meeting was adjourned at 12:25PM.

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:

- Health Care Reform - All Payer Model updates
- Medicaid Budget updates
- ACA changes update

Next Meeting
May 22, 2017

Time: 9:30AM - 11:30PM

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