

Medicaid & Exchange Advisory Board
Meeting Minutes
May 21, 2018

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Board Members Present: Kay Van Woert, Joan Lavoie, Gladys Konstantin, Dale Hackett (phone), Lisa Draper, Julie Tessler, Jessa Barnard, Kirsten Murphy, Lisa Maynes, Amy Vaughan (phone), Michelle Fay (phone), Rebecca Heintz (phone), Paul Bakeman, Erin Maguire, Drew Kervick, Sharon Henault (phone) and Mike Fisher.

Board Members Absent: Sharon Winn, Devon Green, Vaughn Collins, Georgia Maheras, Nate Waite and Laura Pelosi

Other Interested Parties Present: Susan Gretkowski (MVP, phone) Kate Bailey (Office of the Healthcare Advocate) Toby Howe (MMR), and Brendan Hogan (Optum, phone)

Staff Present: Department of Vermont Health Access (DVHA): Commissioner Cory Gustafson, Deputy Commissioner Cassandra Madison, Etiane George and Molly Waldstein

HANDOUTS

- Agenda
- April meeting minutes, draft (handout)
- DVHA Legislative 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. April meeting minutes were approved without changes.

Commissioner's Office Report—Cory Gustafson

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

- The legislative session is not over. From the start of the session, the Commissioner's priorities have been clear: 1) IT projects; 2) value-based payments; 3) performance. Nothing in the legislative session appeared to disagree with those stated priorities.
- The Medicaid-Only Policy bill (MOP) passed without issues, and this appears to be an effective and transparent way to focus attention on these Medicaid housekeeping issues.
- The Commissioner was not asked to speak to any legislative committee about Vermont Health Connect, which testifies to the improvement within that unit.
- A member asked about the underlying cause of the majority of VHC complaints. The Commissioner replied that the most frequent reason for calls was unpaid bills. Another issue involves carriers who have not included return addresses on their mail to customers.

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- Mike Fisher, MEAB co-chair, reported that the Office of the Healthcare Advocate can confirm that the issue of return addresses on carrier notices has been resolved.
- A member asked if there is a means for a subscriber to set up a back-up method of payment—like a credit card or ACH transfer.
- Deputy Commissioner Madison replied that ACH transfer is available, but as a primary means of payment, rather than a backup.
- Mike Fisher also observed that there was a proposal to move payment processing the carriers. He asked for an update on that proposal.
- The Commissioner replied that a proposal had been presented early in the session to streamline the payment system and to reduce costs. However, the investment and complexity involved to restructure existing systems is prohibitive in the short term.
- Rebecca Heintz, a member representing Blue Cross Blue Shield of VT, added that BCBSVT feels the customer will be better served if this efficiency can be achieved, and BCBSVT is working towards that goal.
- Mike Fisher asked for clarity regarding the goal of migrating billing and dunning processing to the insurance carriers by 2020.
- Deputy Commissioner Madison responded that there is a project plan to achieve this goal, in alignment with Integrated Eligibility (IE) goals and projects, however there is a significant cost to the State to decommission existing premium processing. Cost savings may be achieved if this work can be dovetailed with IE projects, thus taking advantage of federal funding opportunities. Those funding opportunities may impact the timing of the change.
- A member asked a question regarding the adoption of dunning and termination timing and regulations. Another member clarified that those rules had been imposed on the State by the federal government.
- Deputy Commissioner Madison pointed out that there may be an opportunity to give people backup payment opportunities. She also mentioned that DVHA is exploring ways to communicate more clearly with customers about dunning and grace periods, and to reduce the volume of mail sent to customers in order to highlight top priority items.
- The Commissioner explained that utilization, enrollment and program spend have remained fairly consistent year over year. DVHA continues to underspend on drugs, which is largely due to pharmacy rebates.
- The fee schedule for durable medical equipment (DME) has been under review to ensure alignment with the 21st Century Cures Act, among other reasons. During this process, Keene Medical has announced that they do not intend to continue to supply items to any payers in Vermont. DVHA is negotiating to ensure that members have adequate DME supplies available to them. DVHA is conducting outreach to ensure that members understand their options.
- A member indicated that many families who rely on DME products are concerned about availability of these products.

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- The Commissioner acknowledged this and pointed out that Keene had already notified customers before informing DVHA of their decision, which presented some communications challenges. The hope is that DVHA and Keene will be in greater alignment in terms of customer communications moving forward. The deadline for this change has also switched from June 1 to July 1, and additional developments are currently evolving.
 - *Editor's note: subsequent to this meeting, Keene agreed to continue to supply DME products to all payers in Vermont. DVHA conducted targeted outreach to let members know of the change. Calls were made, and letters were sent by US Postal Service to Medicaid members who have or are receiving DME products in 2018.*
- A member asked if online suppliers are available to fill the need for DME. Another member followed up that question by asking how we might fill the need for DME once the current crisis is over.
- The Commissioner agreed that these are important questions that will need to be answered as the situation evolves.
- A member asked for clarification regarding how members will become aware of the changes in DME supplies. The Commissioner responded that targeted outreach campaigns are currently under way to keep members up to date on developments.
- The Commissioner thanked the group for their helpful and timely contributions to this discussion.

Integrated Eligibility and Enrollment (IE&E)—Cassandra Madison

Cass Madison, DVHA Deputy Commissioner, discussed recent developments from the IE&E project.

- Integrated eligibility has been a long-standing goal for the state. As a technology project, it has existed for about 5 years.
- At a high level, the goal is to have one united path for eligibility and enrollment for health care and economic services financial benefit programs.
- The original vision included MAGI Medicaid and qualified health plans as the flagship programs, adding economic services to that technology solution in time. As we know, the VHC technology rollout was flawed. Although major flaws are now corrected, the addition of ancillary services to that technology solution is not considered cost-effective.
- Cass has taken on responsibility for developing a technology solution for IE&E that is informed by challenges experienced by the VHC roll-out. She has focused on strategy and governance for the project and is now embarking on implementation.
- What does IE&E success look like?
 - Provide a united application, determination and enrollment experience that allows the customer to engage with the state through the channel of their choosing.

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- Facilitate a simple user-friendly experience that allows the customer to maintain continuous benefits, services and health coverage, especially during critical life transitions.
- Ensure accurate and timely determination and notification of eligibility.
- Deliver clear and concise information throughout the eligibility and enrollment process through the customer's chosen method and language.
- Make sure staff can serve Vermonters efficiently and effectively by maximizing a focus on case management and customer service.
- Ensure that Vermont can better meet federal mandates and requirements.
- Improve data integrity and robust access to data for modeling, analysis and reporting.
- Ensure the financial integrity and administration of our benefit programs.
- Key performance indicators (KPI) are currently being identified for each of the stated goals.
- A formal steering committee has been set up to govern the IE&E project which meets weekly. Many important people from DVHA, ESD, business and finance, as well as technology are voting members of this committee.
- The project is focused on identifying the problem before finding the solution. Technology is one component of solving that problem.
- The project pursues system changes in small manageable chunks through a modular approach. This allows DVHA to build confidence in delivered solutions while managing financial risk.
- Projects are broken into 12 modules to be completed over 4 years. The goal is to deliver 3 modules per year, each costing less than \$2 million.
- IE&E employs an agile approach to software development, which focuses on business outcomes. Production is managed in sprints which allow for mid-course corrections to ensure the product meets the business need.
- The MEAB will be instrumental as the projects progress and stakeholder feedback is needed.
- A member suggested that the MEAB could play an earlier role in defining the scope of the projects. Cass outlined early efforts towards stakeholder and consumer involvement that are current or have already taken place. For every module, a customer and stakeholder feedback component is included. Cass expressed a desire to leverage MEAB feedback effectively for this project moving forward.
- Mike Fisher asked about the proposed order of IE&E projects.
- Cass explained that Vermont has engaged 18F as a strategic advisor, who is assisting with the draft of a public roadmap for the IE&E project, including priority of the first six modules. The intention of the project is to remain agile in order to respond to emerging needs.
- The first project involves creating a single streamlined healthcare paper application, and Cass anticipates asking for MEAB feedback as the project moves forward.

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- Enterprise content management is the second project. Currently, two systems are operating to maintain State document records. The system used by Vermont Health Connect is slated to be retired.
- Project three is a verification portal to allow people to send verification items through a mobile application.
- Module four involves business intelligence and reporting capabilities. The system used by Vermont Health Connect is slated to be retired.
- Module five is a single streamlined online application.
- Module six is notices.
- The remaining modules include the rules engine, case management, financial benefit processing, etc. The order of those modules has not been determined.
- A member asked a question regarding an issue with ABLE accounts which had been raised during a presentation by MMIS. This member asked if Cass would follow up with her on this issue.
- A member asked whether the new projects would be able to keep up with the rate of technology. Cass pointed out that this is the advantage of planning IT projects in a modular way. Rules changes are anticipated and will be easier to accommodate with the new approach than they are currently.
- A member asked a question about whether the application for ESD will be combined with the different forms of Medicaid. Cass replied that the first goal is a streamlined application for Medicaid. Another advantage to the modular approach is that ESD can be added later.
- Cass also mentioned that changes in district offices and call centers are anticipated in time. Conversations about operational transformation are just beginning, and the goal is to ensure that staff, customers and stakeholder have a relatively smooth transition.

Legislative Update—Amerin Aborjaily

Amerin Aborjaily, Health Policy and Planning Chief, discussed recent developments in the current legislative session.

- A special session is about to commence.
- The Miscellaneous Medicaid/DVHA (MOP) bill (S. 262) was discussed. The goal is to have a concentrated bill to take care of Medicaid/DVHA housekeeping items, as well as other issues that should be addressed during the coming legislative session.
- S. 262: Several MEAB members asked if future MOP bills could be presented to the MEAB for discussion prior to their presentation to the legislature.
- Mike Fisher reported that the recently passed MOP bill also included some improvements in electronic asset verification notifications, issues involving the appeals process, and secretarial reversal.
- S19 is a response to the federal government's decision to cease funding the cost-sharing reduction plans that the insurance carriers are still required to operate. This bill allows

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- the development of silver plans outside of the exchange, as well as an increase in premiums for silver plans within the exchange. For consumers who receive APTC, the increase in premiums will be absorbed by the subsidy. For consumers who do not receive APTC, they will have the option of purchasing “reflective” off-exchange silver plans with more affordable premiums.
- Everyone agreed that educating the public about this change will be critical in the coming months. A member pointed out that this should be clearly explained on the VHC portal.
 - H. 696: There will be an individual mandate in Vermont, effective January 1, 2020. Penalties and enforcement are to be determined.
 - A member asked if the short-term associations bill had passed in Vermont. Mike Fisher explained that a bill was passed restricting short-term association plans to a period of no longer than three months. The bill requires that DFR develop rules to regulate these plans.
 - S. 175 involves importing prescription drugs from Canada. The bill directs AHS to design an importation program by January 2019. A funding mechanism will need to be enacted before this program can go into effect. Certification from the federal government must also be applied for prior to January 2019.
 - A member asked a question about pharmacy pricing and the gag order on pharmacists. Amerin explained that sometimes, an insurance co-pay is more expensive than the full cash price of the drug, and some Pharmacy Benefit Manager contracts do not permit pharmacists to proactively disclose this to patients.
 - H. 639: This bill allows certain breast cancer screening techniques to be coded as preventive screenings, which do not require cost-sharing. Previously, these techniques had been coded as diagnostic.
 - Amerin will continue to update the group as the special session progresses.

EPSDT Work Group—Lisa Maynes

Lisa Maynes, MEAB member representing Vermont Family Network, discussed recent developments by the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) work group.

- The group is focused on high-tech nursing, as well as outreach efforts.
- Julie Tessler, MEAB co-chair, asked Lisa what additional support the EPSDT group needs from the MEAB. Lisa explained that logistical support would be helpful to the group. The group meets monthly.

Retreat Plan—Cass Madison, Julie Tessler, Mike Fisher

Cass Madison, Julie Tessler and Mike Fisher led a discussion about the proposed MEAB retreat. The discussion included:

- The retreat is proposed for September.

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- The retreat can be used as an opportunity for re-establishing the MEAB's role, as well as logistical considerations in terms of the operations manual and process for agenda-setting.
- It would be helpful to establish a sub-group of MEAB members to discuss the retreat.
- Kirsten, Kay, Joan, Mike and Julie all volunteered to participate in the retreat sub-group.
- The focus should be on goals and tangible outcomes.
- There was some discussion about the agenda-setting process.
- The group also discussed the summer meeting schedule and agreed to conduct a poll to determine prospective attendance for summer meetings.
- Members requested future presentations from the Program Integrity Unit, as well as DAIL's efforts toward developmental services payment reform.

Public Comment

There was no public comment.

Adjournment

The meeting was adjourned at 12:04 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:

- Integrated Eligibility and Enrollment
- Legislative updates

Next Meeting

June 25, 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