
Medicaid & Exchange Advisory Board
Meeting Minutes
June 27, 2016

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Board Members Present: Trinka Kerr, Donna Sutton Fay, Bram Kleppner, Julie Tessler, Amy Vaughan, Sharon Henault (phone), Rebecca Heintz, Laura Pelosi, Kay Van Woert (phone), Paul Bakeman, Joan Lavoie, Vaughn Collins (phone), Christina Colombe (phone), Nate Waite, Dale Hackett (phone) Lisa Maynes.

Board Members Absent: Michelle Fay, Erin McIntyre, Madeleine Mongan, Jackie Majoros, Sharon Winn, Clifton Long, and Gladys Konstantin.

Other Interested Parties Present: Kelly Barnier, William Lambrukos (phone), Susan Gretkowski (phone), Peter Cobb, Jessa Barnard and Betty Morse.

Staff Present: Department of Vermont Health Access (DVHA): Commissioner Steven Costantino, Deputy Commissioner Aaron French, Deputy Commissioner Lori Collins, Medical Director Tom Simpatico, General Counsel Howard Pallotta, Marybeth Bizarri and Clark Eaton. AHS Policy: Lindsay Parker.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) April 25, 2016 Meeting Minutes
- Proposed AHS Health Care Administrative Rules (June, 2016)
- MEAB Presentation Regarding Statute Changes in 2016 (6/27/16)

*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. Board members approved the meeting minutes for April 25, 2016. There were 15 yeas, 0 nays and 1 abstention. There was no MEAB meeting held in May.

Action Item: Approval of Rules – Lindsay Parker

There was preliminary discussion on whether the MEAB should approve the rules being reviewed or possibly proceed to achieve a consensus agreement on the rules (on a policy level). It was agreed to hear the rules briefing first before deciding on an action, recommendation or resolution from the board.

Lindsay Parker, AHS Policy and Planning Chief, reviewed handouts of five proposed Medicaid Health Care Administrative Rules (HCAR). The Agency, across Departments, is striving to consolidate and unify rules, and ensure that they are written to better reflect the beneficiary's perspective. Of the five, two are new, two involve amendments to previous rules, and one is a repeal of a rule.

A. 1.100 Health Care Administrative Introduction (New)

This rule establishes the Agency of Human Services (AHS) as the single State agency responsible for the operation of the Medicaid program in Vermont. The agency assigns the Departments the responsibility for ensuring that persons eligible for Medicaid services are properly enrolled, covered services are provided, health care providers are paid, and the rights of beneficiaries in the program are respected.

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- B. 1.101 Health Care Rules Definition (New)
This rule defines the terms that will be used throughout the administrative rules. These definitions will be updated regularly, adjusting definitions as necessary, or adding new terms when appropriate.
- C. 4.212 Audiology Services/Hearing Aids (Amended Rule)
This rule has been amended by removing a specific training requirement and indicating that audiology services must be provided by a physician, or licensed audiologist working within the scope of his or her practice and enrolled with Vermont Medicaid.
- D. 4.213 Eyewear and Vision Care Services (Amended Rule)
This rule adds clarification to the definition of eyewear, and removes the prior authorization requirement for replacement eyewear.
- E. Repealed Rule – Planned Parenthood of Vermont
This action simply repeals the previous rule concerning Planned Parenthood of Vermont.

In the future, MEAB members requested to see the specific marked up changes for proposed amended rules, rather than just the newly amended rule in its entirety. Rebecca Heintz also asked if these changes were checked against new Affordable Care Act nondiscrimination requirements that have just been introduced in May – Lindsay Parker will check into this.

The Board approved a resolution to acknowledge that the MEAB had discussed the five administrative rules indicated above. There were 15 yeas, 0 nays and 1 abstention.

Discussion Item: Presentation of Statutory Changes Made by the VT Legislature Regarding Vermont Health Access – Howard Pallotta

Howard Pallotta, DVHA General Counsel, presented statute changes that came out of the 2016 legislative session that impact DVHA. Howard noted that he will not discuss every change that was made, but has selected key statute changes to highlight and cover today. There are service changes, administration changes, and reimbursement changes.

- A. Medicaid Services Changes
 - 1. H.620 An act relating to health insurance and Medicaid coverage for contraceptives. This will provide for at least one drug, or device within each method of contraception for women. The service will provide for voluntary sterilization. There will be coverage for a supply of contraceptives for 12 months. Medicaid will establish and implement a value based payment for insertion and removal of long/active reversible contraceptives.
 - 2. S.20 An act relating to establishing and regulating dental therapists. A dental therapist may provide some 34 oral health care services. The law requires 1000 hours of direct patient care under direct supervision of a dentist before a mandatory written collaboration agreement is made between the dental therapist and dentist. The supervising dentist must be a Vermont licensed dentist and a single dentist may only collaborate with two dental therapists at any one time.
 - 3. S.215 An act relating to the regulation of vision insurance plans. The law prevents a vision plan or health insurance plan to restrict, directly or indirectly, an optometrist's

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or ophthalmologist's or independent optician's selection of supplies or products, services or materials or use of optical labs if the practitioner determines choices are more beneficial to consumer with respect to cost, quality, timing than the selection by the vision plan or health insurer. Medicaid is exempt from this requirement.

4. S.243 An act relating to combatting opioid abuse in Vermont. The Vermont Prescription Monitoring System (VPMS) regulation requires pharmacies and other dispensers to report dispensed prescriptions for schedule II, III or IV controlled substances to VPMS within 24 hours, not within seven days (which it used to be). Reimbursement for telemedicine services (at both ends) was clarified. A Controlled Substances and Pain Management Advisory Council will be operated to advise the Commissioner of the Department of Health. Also, DVHA will develop a pilot program to offer acupuncture for treatment of chronic pain; a progress report will be made on or before 1/1/2017.
- B. Medicaid Administration Changes
1. E 306.7 Payor of last resort. No later than 60 days after a request from DVHA, an insurer shall transmit a file showing the insurance coverage of an insured; DVHA shall request the file once each month. Information will be used solely to confirm private insurance coverage and enable Medicaid to be the payor of last resort.
 2. E 306.9 Confidentiality of Medicaid Applications and Records. This clarifies confidentiality and authorized use of information. Any person violating confidentiality provisions may be assessed an administrative penalty of \$1000 for the first violation and \$2000 for any subsequent violation.
- C. Medicaid Reimbursement Changes
1. E 306.13 Primary Care Payment Reallocation. Beginning in hospital budget year 2017, DVHA is authorized to adjust rate of payments for inpatient, outpatient and professional services at tertiary care academic medical centers beginning 10/1/2016. DVHA shall use up to \$4mil to increase reimbursement for primary care services.
 2. E 306.12 Increase in Emergency Ambulance Rates. \$2.3 mil has been allocated to DVHA for increases to emergency and non-emergency reimbursement rates beginning 7/1/2016 for services to Medicaid beneficiaries.
 3. E 307 DVHA analysis of rates for individual and group psychotherapy. DVHA shall analyze utilization trends of individual and group psychotherapy to determine if the reimbursement rates currently in place for group therapy are sufficient to sustain access to cost effective and appropriate psychotherapy.
 4. E 306.5 Modification of Home Health Rates. After approval by CMS, DVHA shall modify the reimbursement methodology for home health agencies in order to implement prospective payment for medical services.

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MEAB Discussion Items – Board Members/DVHA

Based on the fact that other AHS Departments (DCF, DAIL, and DMH) hold some portions of the overall Medicaid budget, Commissioner Costantino discussed options to provide other Department representation at the MEAB meetings. For example, their participation could be driven by a specific agenda item, or ask Commissioners to always attend or be represented at MEAB meetings. Commissioners have already indicated that, due to busy and changing schedules, regular attendance at meetings might be difficult. Laura Pelosi suggested that other Departments might rotate in monthly and provide a brief update on Medicaid related activity within their Department. Kay Van Woert stressed the importance of these Departments focusing in on their portion of the Medicaid budget and involve MEAB in the developmental aspects of their proposed Medicaid spending and activity. Commissioner Costantino noted that Medicaid Policy (at the agency level) will attend every MEAB meeting. After continued input, Bram Kleppner suggested that the other Department Commissioners (with Medicaid activities/budget dollars) be invited to the MEAB meetings quarterly to make presentations focused on their Medicaid activity and involvement. Board members concurred that this approach be tried.

Commissioner Costantino continued the discussion on the new legislative requirements, to include the focus on the procurement for the All Payer Model and ongoing work on the 1115 Waiver. DVHA is running the procurement on the All Payer Model and there is very little that can be said while the process is ongoing. The notice to apparently successful bidder (s) is scheduled for 7/5/16. The Commissioner also noted that the next budget development cycle is starting soon. It will be a transition year, in that the current Governor will develop the budget, and a new Governor will propose the budget after the first of the year. It might be a good idea to have Carrie Hathaway (DVHA Financial Director) come to the next meeting to discuss the current year's budget. Donna Sutton Fay indicated that the MEAB would still like to receive the ongoing Vermont Health Connect (VHC) monthly reports, even if they are not briefed at the monthly meeting. Trinka Kerr asked about the implementation/communication plan for a special enrollment period for pregnant women that will begin on 7/1/16. This is being addressed and Lori Collins will discuss the plan with VHC leadership.

Bram recapped the meeting and summarized some focus areas moving forward. The board should receive VHC dashboard type written reports monthly and have a live VHC/exchange presentation quarterly. Commissioner Costantino suggested the exchange focus be shifted more toward policy. But, the operational piece (working with Medicaid) cannot be ignored. For the two-hour format to work most effectively, Bram recommended that: 1) agendas be developed sooner and go out earlier, so there's time for suggestions, 2) meeting presentations go out at least three days prior to the meeting date (with a contact person noted for questions) and 3) when presented, rule changes need to include a clean new copy, and also a marked up version (to indicate what changes have been made). Draft minutes should get out to the board within two weeks of a meeting.

Trinka Kerr will continue to forward the Health Care Advocate quarterly report to the board ahead of the appropriate meeting; whenever possible she will also brief it to the board in person.

Public Comment Opportunity – Co-Chairs

There was no public comment during the meeting.

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Adjournment

The meeting was adjourned at 12:00PM.

Topics for Regular Update:

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

Draft Topics for July 25 Meeting:

- DVHA Update/Discussion
- All Payer Model

Future Meeting Topics:

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

Next Meeting

July 25, 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