

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
September 24, 2018

---

Page 1

**Board Members Present:** Mike Fisher, Kay Van Woert (phone), Joan Lavoie, Gladys Konstantin, Dale Hackett (phone), Lisa Draper, Jessa Barnard, Kirsten Murphy, Erin Maguire, Amy Vaughan (phone), Devon Green, Rebecca Heintz, Georgia Maheras (phone), Lisa Maynes (phone), Nate Waite, Drew Kervick (phone).

**Board Members Absent:** Julie Tessler

**Other Interested Parties Present:** Kelly Barnier (Maximus), Sarah Peterson (Maximus), Susan Gretkowski (MVP, phone)?

**Staff Present:** Department of Vermont Health Access (DVHA): Commissioner Cory Gustafson, Deputy Commissioner Cassandra Madison, Etiane George and Zachary Goss; Emily Richards, Camille George (DAIL).

**HANDOUTS**

- Agenda
- DS Payment reform Project (presentation)
- Vermont's Health Information Exchange Plan (presentation)

\*all are posted to the VHC website

**CONVENE**

Mike Fisher chaired the meeting.

**Welcome/Introductions/Approval of Minutes**

Board members and meeting attendees introduced themselves around the room. A quorum was present. June and August meeting minutes will be distributed and posted ASAP.

**Commissioner's Office Report—Cory Gustafson**

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

- ACO report
  - The Commissioner reported that overall Medicaid enrollment is stable. There is a slight decline in ACO Medicaid enrollment at approximately at 160,000 people, however enrollment in other state programs is also lower.
  - Despite lower enrollment number the amount of dollars spent has not decreased. The Commissioner is concerned most about making correct eligibility determinations and getting providers enrolled however, there are several possible explanations for being slightly "overspent".
    - Cash flow: Annual rebates usually amount to about \$100 million however are lower this year as some of this year's rebates were assessed to last year's finances.
    - Price pressures:
      - Medical equipment: Decision to move to negotiated rate in fear of major disruption.
      - Transportation: Required contract adjustments for non-emergency medical transportation. Prior to contract start, additional funding was required.
      - Treatment: Access to treatment i.e. Hepatitis C treatment funding.

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
September 24, 2018

---

Page 2

- All payer report
  - The Commissioner reported on the major takeaways from 2017.
    - There will be movement from the fee-for-service payment model to a captivated payment model. With a preventative focus, this model seeks to hand over the appropriate amount of responsibility to providers through prospective payments. This allows providers to have money up front with goals of increased prevention and utilization of primary care services in return for fewer high cost needs later. Currently, a portion of Medicaid spending goes to prospective payments and a portion goes to fee-for service.
    - Involved providers and hospital service areas continue to grow. Moving forward, the goal is to move to a full prospective payment model. This payment program would like to be more stable and less susceptible to fluctuations outside the State's control.
    - The program has been effectively set up. From the first year, actuarial projections are that less money was spent than what was paid. The \$2.4 million amount that remained and was cited in the media indicates the money that was left over based on the initial funding estimations and subsequent budget was generated. This \$2.4 million represents very accurate modeling and anticipation of money required. The remaining money (\$2.4 million) will be re-distributed throughout the ACO for other health care services such as prevention and education.
    - Detailed materials will be made available to MEAB members.

**Department of Aging and Independent Living (DAIL)—Camille George**

Camille George, Deputy Commissioner of DAIL, discussed Developmental Disabilities Services (DS) payment reform. (See "DS Payment reform Project" presentation).

Directives:

- DS has both Federal and State acts that guide its principles along with state regulations and a system of care plan that describes the services provided.
- Services are highly individualized
- Ensure transparency and accountability

Evolution of DS in Vermont

- Upon the closing of the only "DS institution" in Vermont, State officials took a collaborative approach with consumers, providers and other stakeholders to the new system of care.
- The DS system has grown from approximately 300 to over 3000 customers.

Current Focus

- In this phase of development DAIL seeks to preserve values while modernizing payment and service delivery.
- There is currently no electronic means of managing DS services and it is currently managed using Excel spreadsheets.
- There are approximately 100 new people enrolled into DS services each year.

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
September 24, 2018

---

Page 3

- The current DS system of care plan states that if someone is clinically eligible, financially eligible for Medicaid and meets one of the States six funding priorities, they must be served.
- Quality measures and improvement will be integrated into the development process however the current priority is getting a handle on the current system. Presently, the existing quality assurance systems continue to be in place which include initially addressing quality concerns with agencies and escalating to DAIL staff to address further as needed. DAIL also performs designation and quality reviews of the DAs and SSAs.

Reform process

- Working group since January 2018
- Will have to ensure that any changes comply with CMS HCBS rules including looking at how to address conflict free case management requirements.
- Working with DVHA, DAIL, AHS, Designated Agencies and Specialized Service Agencies.
- Rate study to determine costs to provide services
- Collection of encounter data will be required to know what service were delivered to whom.
- Policy continues to focus on a person-centered approach
- Would like to see future development encompass the ability to be flexible and creative by creating a nimbler system and maintain a person-centered approach. Speaking of consumers and families, the Deputy Commissioner reported the belief that “no one knows better than themselves”.
- Timeline is also evolving and is partially dependent on government regulations and system of care plan changes. It is expected that pieces of reform will be ready by July 2019 and additional changes will roll out incrementally thereafter.
- Financial risk is being assessed ongoing. Immediately focused on doing it right.

**Health Information Exchange (HIE)—Emily Richards**

Emily Richards, DVHA, HIE Program delivered presentation on Vermont’s HIE statewide strategic plan. Emily and DVHA Deputy Commissioner, Michael Costa are delivering this presentation to stakeholders across the State. (See “Vermont’s Health Information Exchange” presentation).

Elaboration beyond presentation:

- The purpose of the presentation was to (1) Share current and future HIE work with the stakeholder community (2) Build awareness of how health information exchange matters will be governed beginning in 2019 and (3) Collect feedback on the 2019 plan and inform future planning efforts.
- The HIE Plan is one of the many recommendations from a 2017 Health-IT/HIE Evaluation Report that has focused DVHA’s work in 2018.
- Emily discussed the 2017-2018 HIE Steering Committee’s work to develop a statewide HIE Plan and the importance of relying on unified goals to guide statewide management of HIE efforts.
- The HIE Plan includes the discussion of the HIE ecosystem or the environment required for HIE to effectively function. The ecosystem includes financing, policy/process, governance and technology.
- The HIE Plan includes a proposed HIE governance structured centered on one governing body that develops, oversees, and evaluates the State’s HIE Plan annually.

---

**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
September 24, 2018

---

Page 4

- The HIE Plan includes a Tactical Plan or check list of activities that will occur over an annual period in pursuit of statewide goals. One of the activities in the Tactical Plan is to increase the percentage of patient consent to share health records to ensure patient's records are electronically available each time patients receives care.
  - In 2017, 19% of Vermonter's health records were available for exchange (patient consented to allowing the HIE to share their health records with providers). In 2018, VITL reduced the administrative burden of transmitting consent thereby increasing the rate to 35%.
  - Consent policies vary by state, but Rhode Island has a similar policy with assumed technological sophistication and has 50% consent to share rate.
  - When asked, ~95% of people agree to share their health records with their providers.
  - States with "opt-out" HIE have much higher HIE use rates.
- The group discussed the nationwide challenges of exchanging health information (patient records). Some local out-of-State networks are compatible with Vermont's Health Information Exchange, but far reaching providers are likely not compatible.
- 100% of Vermont hospitals and approximately 80-90% of primary care offices use electronic health records, and 100% of hospitals are connected to the Health Information Exchange.

**MEAB Retreat planning**

- Discussion about MEAB retreat planning and focus for the day. Members discussed the importance of addressing: DVHA priorities, Member priorities, meeting rules, voting rules, use of work groups, level of knowledge of MEAB members, agenda setting, standards for information delivery and feedback and time required for Members to discuss, process and advise.
- Members can send an email with discussion points for retreat to Zack Goss at [Zachary.Goss@Vermont.gov](mailto:Zachary.Goss@Vermont.gov) .
- Retreat planning group will finalize agenda and circulate to MEAB. Retreat will be from 9am-3pm on October 24<sup>th</sup> in the Ash conference room at WSOC and lunch will be provided.

**Public Comment**

There was no public comment.

**Adjournment**

The meeting was adjourned at 12:05 PM.

**Topics for Regular Update:**

**Future Meeting Topics:**

MEAB retreat

**Next Meetings**  
**October 24, 2018**

**Medicaid & Exchange Advisory Board  
Meeting Minutes  
September 24, 2018**

---

Page 5

**Time: 9:00AM – 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)