
Medicaid & Exchange Advisory Board
Meeting Minutes
November 23, 2015

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Board Members Present: Donna Sutton Fay, Bram Kleppner, Trinkia Kerr, Julie Tessler (phone), Leslie Nulty, Rebecca Heintz, Madeleine Mongan (phone), Clifton Long, Amy Vaughan, Jackie Majoros, Kay Van Woert, Michelle Fay (phone), Paul Bakeman, Joan Lavoie, Christina Colombe (phone), Larry Goetschius, Sharon Henault (phone), Nate Waite, and Dale Hackett (phone).

Board Members Absent: Peter Espenshade, Gladys Mooney, Lisa Maynes, Sharon Winn, Vaughn Collins, Erin McIntyre, Laura Pelosi, Shannon Wilson, Cathy Davis and Tim Ford.

Other Interested Parties Present: Kelly Barnier, Betty Morse, Lucy Guerin (phone), Ethan Latour, Kirsten Murphy, Susan Gretkowski (phone).

Staff Present: Department of Vermont Health Access (DVHA): Howard Pallotta, Danielle Fuoco (AHS Policy), Marybeth Bizarri and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) October 26, 2015 Meeting Minutes
- Vermont Health Connect (VHC) MEAB Update (11/21/15)
- Medicaid Program Enrollment and Expenditures Report, Q4 SFY '15 (9/1/15)
- Global Commitment to Health: 2017 Extension Presentation (10/26/15)

*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. A quorum of 17 members was present. The meeting minutes for October 26, 2015 were reviewed and approved, with 17 yeas and 0 nays.

Legislative Outlook/ Budget Development Discussion: '16 Session – Mitzi Johnson

Representative Mitzi Johnson, Chair of the House Appropriations Committee, attended the MEAB meeting and listened to concerns that members had relating to Medicaid and budget development in the upcoming legislative session. Bram Kleppner suggested that the group go around the room and limit input/comments to Representative Johnson to about two minutes per member. Members expressed concern on a range of issues (both general and specific) that would be very important to be considered during budget development in the upcoming legislative session: 1) Rebecca Heintz – that the Medicaid budget be sustainable (not require cost shifting), 2) Leslie Nulty – Medicaid underfunding is a major concern for the state and needs to be addressed, 3) Jackie Majoros – attention to adult long term care, particularly adequate funding for staffing needs, 4) Larry Goetschius – home health agencies/health care providers need to partner with the state and plan for consistent improvement in provider reimbursement rates, 5) Paul Bakeman -- for the disabled, their designated agencies and special services agencies (funded through Medicaid) have absorbed continuous cuts and are unable to sustain pay levels to attract and keep staff, 6) Kay Van Woert – the underfunding of Medicaid is causing major barriers to access for beneficiaries and causing major stresses on a multitude of various providers; the entire system is becoming destabilized, 7) Amy Vaughan – to help in budgeting, it will be important for

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all of our state health care organizations to partner with each other and participate in all of the health care reform initiatives that are ongoing to achieve cost efficiencies and savings, 8) Joan Lavoie – expressed the tremendous concern that Medicaid recipients throughout the state cannot absorb any more cuts, 9) Trinka Kerr – there is much concern about taking any reductions in the Medicaid program; the state may not have accurately predicted the number of people on Medicaid. Also, the state Human Services Board is underfunded and understaffed. It has a significant backlog of cases that need attention, 10) Christina Colombe – when health insurance premiums are set, be sure they are not age discriminatory; everyone should be paying their fair share, 11) Dale Hackett – we still need new revenue to solve the problems our state Medicaid population is facing; it needs to be resurfaced this coming session, 12) Madeleine Mongan – certainly, Medicaid sustainability and avoiding further cost shifts are critical. There is also a crisis in access for pediatric services in Franklin County; it is a medical workforce issue. Medical schooling loan repayment assistance also remains as an important funding element, 13) Sharon Henault – need to avoid cutting essential Medicaid services that would negatively impact people who have severe or chronic illnesses, 14) Julie Tessler – DVHA has set the Applied Behavioral Analysis (ABA) rate to a level that will not be acceptable, and is planning a second rate reduction for group therapy that would go into effect in January. Neither may be sustainable, 15) Michelle Fay – echoing Kay Van Woert’s comments, concerned about the overall negative impacts of underfunding Medicaid, 16) Bram Kleppner – representing small business, underfunding Medicaid and continued cost shifting also puts our state’s economy at risk. Small businesses that provide insurance ultimately support those small businesses that don’t; let’s be more transparent about this as we move forward, and 17) Donna Sutton Fay – the budget development needs to reflect the state’s public policy goals; these goals are often undermined. It is very important to include revenue proposals as part of this year’s budget discussion.

The co-chairs and board opted to allow **public comment** at this juncture while Representative Johnson was still available at the meeting. Kirsten Murphy, VT Developmental Disabilities Council, indicated that there was a legislative mandate three years ago to support ABA. However, rates are now so low that designated agencies are discontinuing support for family programs. For ABA, Vermont is no longer meeting the standard for network adequacy. Anne Burmeister, Planned Parenthood Northern New England, made note of low provider reimbursement and also expressed concern that family planning funding needs attention. Vermont is behind in meeting its unintended pregnancy rate goal set within the Healthy Vermonters 2020 initiative.

Representative Johnson expressed her thanks for all of the board and public input and hopes there will be continuing communication and dialogue. She explained that for last year’s budget, the state passed the largest revenue package that has been seen in many years. For many, it wasn’t enough and this will be part of the discussion/process again this coming year. Part of the difficulty with the Medicaid budget has been created by the program’s own success – Vermont has one of the lowest uninsured rates in the country (about 3%), which is impressive. There is an enormous challenge in making this sustainable. Representative Johnson will make an effort to change how the budget process works and make it more transparent. She will work toward prioritizing our public policy goals (through public policy committee activity) and then recommend putting available resources in place to best meet these goals. This process will be much different than just determining the easiest way to balance the budget.

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Adult Medicaid Quality Grant – Aletta Powel

Aletta Powel, Grant Program Manager, DVHA Quality Unit, provided an update on work on two performance improvement projects that were initiated in early 2013 that were part of a two year grant (approximately \$2 mil) that was awarded to DVHA in December, 2012. The project received a 12 month extension that allowed work to continue until the end of 2015. An additional 60 days has been requested to allow for wrap-up on a last set of activities. From the beginning, DVHA had three aims: 1) develop the capacity to report out on the initial core measures set, 2) conduct training to increase the staff's ability to run, report on and use performance measure data, and 3) conduct two performance improvement projects. These projects involve: 1) breast cancer screening and 2) alcohol and other drug treatment. Aletta summarized the process and activities for each of the projects. The two-year results of the projects will be compiled very soon. The final grant report will be due in March, 2016.

Donna Sutton Fay stressed the importance of sharing and integrating these quality improvement project results with AHS's overall strategy and efforts that are also ongoing as part of the overall Global Commitment quality strategy for the state.

DVHA Discussion (Q+A) – Lori Collins

Lori Collins, DVHA Deputy Commissioner, reminded the board that DVHA, this early in the process, is not in a position to discuss any of the information that has been put forward regarding the current year budget adjustment or next year's budget. Donna Sutton Fay noted that the Commissioner had indicated in October that he would be working on an analysis/presentation on Medicaid that could shed light on current pressures/increases with the Medicaid budget. Lori indicated that detailed work is in progress; the Commissioner, along with the Financial Unit, is focused on the project now. Hopefully, it will be ready for presentation next month at the December 21 meeting. Kay Van Woert restated the importance of getting accurate Medicaid trend data early on in the budget process for both DVHA and DAIL. Trinkia Kerr asked if cutting eligibility is under consideration this year. Lori has not heard what is being considered at the administration level. Larry Goetschius expressed concern on specific higher drug costs that are pushing budget requirements up. DVHA is aware of these specific higher drug costs, and they all will require prior authorizations by DVHA. Bram Kleppner asked how the DVHA team was holding up considering the budget and resource pressures that seem to be prevalent. Lori stressed how well the Department is doing; serving the people in the state is very important and gratifying, and for most everyone, it is still a pleasure coming to work every day and supporting the state's needs.

MEAB Work Group Updates/Discussion – Work Group Chairs

QHP Stakeholder Work Group -- A balanced Work Group is in place (including some MEAB representation) to implement the best possible Qualified Health Plans (QHPs) for 2017. The group has not met recently, but will be analyzing the new 2017 AV calculator and benefit changes that will be required for standard QHP's. Any changes are anticipated to be minor. The Work Group will be preparing an approval presentation on 2017 QHP benefit designs for the Green Mountain Care Board for January, 2016.

Improving Access Work Group -- The group met on November 17th and spent the first half of the meeting with only its stakeholders to discuss priorities. It was decided to start meeting on a quarterly basis, unless there was a specific issue to work on. The first issue continues to be finding ways to improve prior authorizations. A summary of what two other states have for

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laws/procedures regarding prior authorizations will be presented at the next meeting (in early January).

EPSDT Work Group – The Early Periodic Screening & Diagnostic Treatment (EPSDT) Work Group last met on October 2. The next meeting is scheduled for Friday, December 4th; the primary focus will be on updating key topics on the group’s internal tracking document.

Vermont Health Connect (VHC) Update – Cassandra Gekas

Cassandra Gekas, Director of Operations for Health Care Eligibility and Enrollment, provided updates on Vermont Health Connect (VHC) key activity.

2016 Open Enrollment – Open enrollment began on November 1 and runs until January 31, 2016. December 15 will be the last day to enroll in or change plans for new coverage to start by January 1, 2016. January 15 will be the last day to enroll in or change plans for new coverage to start by February 1, 2016. New applicants will be invoiced immediately following plan selection. A renewing enrollee may select a different plan between December 5 and December 15, with a January 1 start date.

Operations – Cass covered Medicaid Renewals. For Medicaid for the Aged, Blind and Disabled (MABD), redeterminations began in November, 2015 and will continue on a monthly basis into 2016. For Medicaid for Children and Adults (MCA), redeterminations will begin in January, 2016, and will continue on a monthly basis. Concerning verifications, final reminders were mailed to 1,145 households on November 4 in an attempt to verify the eligibility on customers whose SSN’s, citizenship and/or immigration status couldn’t be confirmed through federal data services. If items can’t be resolved, VHC will proceed with disenrollments for 2016. System upgrades should be available soon which should improve Medicaid redetermination integration, Department of Labor verifications, billing and payment functionality, and notices.

Metrics – Sean Sheehan, Director VHC Outreach and Education, reviewed slides on system performance, results from customer support center activity, and a recap of dunning (late notices) and terminations.

Enrollment Numbers – Sean provided the board with the Medicaid Program Enrollment and Expenditure Report (Q4 SFY 2015) that was provided to the legislature. This is dashboard type information for enrollment; other DVHA dashboard information will be available soon for the board.

Outreach & Education – Sean provided newly prepared health insurance literacy handouts for board members to take away and share.

Members should contact VHC with any comments or suggestions on future VHC data/information presentations. Current VHC information and activities can always be viewed at www.vermonthhealthconnect.gov

Global Commitment Renewal/Submission/Discussion – Selina Hickman

Selina Hickman, AHS Health Care Operations, Compliance and Improvement, provided a review of the state’s regularly scheduled extension request (with CMS) for its Global Commitment waiver. The next extension would take effect on January 1, 2017, and the state’s application is due by December 31, 2015. The state extension request will be for a five year period, and requests no changes to the Demonstration currently in effect. The public notice period runs from November 1 – December 10, 2015. All materials are posted online and have been forwarded to MEAB members. Selina distributed a handout which tracked her slide presentation and covered

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the Section 1115 Demonstration Waivers, the Extension Timeline/Milestones, and the Contents of the Extension Request. Selina also described the goal to align the Global Commitment extension with the All-Payer Model (APM) and related waivers. The GC waiver should be able to accommodate APM under its existing structure.

Immediately following the November 23 MEAB meeting at DVHA, a public hearing was convened for public comments to be heard concerning the GC extension request.

MEAB Discussion – Board Members

The co-chair asked board members to consider and review potential agenda items (listed below) for the next MEAB meeting.

Public Comment Opportunity – Co-Chairs

Kirsten Murphy asked if there was a policy method in place on determining how to reinvest savings achieved under the Global Commitment waiver. Selina Hickman described the application process that takes place; it is conducted at the AHS level. There was additional public comment provided earlier in the meeting (see page 2).

Adjournment

The meeting was adjourned at 3:00PM.

Topics for Regular Update:

- Vermont Health Connect Topics/Discussion
- Commissioner Updates (Current Topics Discussion)
- Duals/VHIP/SIM Update/Discussion
- GC Waiver (as Necessary)
- Medicaid Shared Savings Program
- MEAB Work Group Meeting Reports
- Quarterly Advocate Report (Legal Aid)

Draft Topics for December 21 Meeting:

- DVHA SFY '16 Update/Discussion
- Medicaid Analytics
- Global Commitment Register

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

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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
- Small Employer Work Group
- Individuals and Families Work Group
- Provider Reimbursement Work Group

Next Meeting

December 21, 2015

Time: 11:00AM – 3:00PM

Site: DVHA, 312 Hurricane Ln, Williston, VT

Please visit the Advisory Board website for up-to-date information:

http://info.healthconnect.vermont.gov/advisory_board/meeting_materials