
Medicaid & Exchange Advisory Board
Meeting Minutes
August 22, 2016

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Board Members Present: Trinka Kerr, Donna Sutton Fay, Bram Kleppner, Julie Tessler, Amy Vaughan (phone), Jackie Majoros, Rebecca Heintz, Lisa Maynes (phone), Paul Bakeman (phone), Joan Lavoie, Vaughn Collins (phone), Christina Colombe (phone), Nate Waite, Dale Hackett (phone), and Gladys Konstantin.

Board Members Absent: Erin McIntyre, Sharon Henault, Laura Pelosi, Kay Van Woert, Sharon Winn, Michelle Fay and Clifton Long.

Other Interested Parties Present: Jessa Barnard (VMS), Sherry Greifzu (ACHHH), Betty Morse, Bill Lambrukos, Brendan Hogan and Anne Burmeister.

Staff Present: Department of Vermont Health Access (DVHA): Deputy Commissioner Aaron French, Deputy Commissioner Lori Collins, Chief Medical Officer Tom Simpatico, General Counsel Howard Pallotta, Marybeth Bizarri and Clark Eaton. AHS Policy: Ashley Berliner and Hillary Hill.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) July 25, 2016 Meeting Minutes
- Medicaid Rule Update – Chiropractic Services (August, 2016)
- Medicaid Rule Update – Pharmaceutical Manufacturer Fee (August, 2016)

*all are posted to the VHC website

CONVENE

Donna Sutton Fay and Bram Kleppner chaired the meeting.

Welcome/Introductions/Approval of Minutes/Continuation of Current Co-Chair

Board members and meeting attendees introduced themselves around the room. Board members approved the meeting minutes for July 25, 2016. There were 14 yeas, 0 nays and 1 abstention.

Introduction to All Payer Model (APM) – Howard Pallotta

Howard Pallotta, DVHA General Counsel, discussed the All Payer Model (APM) concept. The model is structured on two significant pieces: 1) Medicaid and 2) Medicare/private payers. DVHA is concerned with the Medicaid portion. Because DVHA has a related RFP process that is ongoing, there will be some limitations to specifics that can be discussed. DVHA Commissioner Steven Costantino discussed the background and basics of the program. In its basic sense, the Medicaid piece will include “Medicare-like” A and B services. These are hospital services and the whole host of physicians, specialties and other services. This will be an attribution model based on “who’s in”, which becomes the primary care network. An Accountable Care Organization (ACO) will have a primary care provider network and there will be patients associated with it; they become “attributed” to the ACO. The payment flow will be different than the traditional fee for service payment. An all-inclusive, population based payment perspective (per member per month) will be developed/negotiated (using a quality based payment formula). The ACO will then pay providers. The APM waiver is being negotiated now at the federal level. Donna Sutton Fay asked about how the Medicaid ACO and the APM fit together; a future presentation should be considered. The Commissioner discussed the timetable for starting a Medicaid ACO beginning in January, 2017. Dental providers will not be included. Many of the

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specific questions asked were not able to be answered because an RFP is in process; specific topics can be addressed once the RFP process is completed in the coming weeks.

Jackie Majoros discussed services related to the Medicaid pathways and focused on Medicaid transportation. There are issues related to access to Medicaid transportation. The Commissioner asked if Vermont Legal Aid could provide some examples of issues related to Medicaid transportation. They will forward information within the next few days. Julie Tessler also suggested that the full MEAB membership be queried this week on examples of transportation issues.

Dental Benefit Follow Up – Aaron French

Aaron French, DVHA Deputy Commissioner, provided follow-up information on dental benefit questions that were asked at the July MEAB meeting relating to adult utilization and costs of surgical procedures. For Medicaid eligible adults, there is an annual cap on dental services set at \$510 per calendar year. The Dental Society/other advocates wanted to consider carving oral surgical procedures out of the \$510 cap, freeing up the cap for other services. There are 126,000 adults who are eligible for dental benefits; however, only 32,000 of these eligible adults actually use services. Further, only 4.5% of the 32,000 reach the dental cap. Access to care is a consideration, but Aaron pointed out that DVHA monitors access and that this is only one aspect of why eligible people don't go to the dentist. Donna Sutton Fay/other members pointed out other considerations like fear of dentists, transportation issues, neglect and coverage limitations contributing to a relatively low adult utilization rate. Jackie Majoros asked if DVHA could look at the differing ages of adults using the dental benefit. Aaron stressed that DVHA will continue to look at the overall dental benefit and specifically, the adult dental benefit.

Bill Lambrukos, Delta Dental, noted that from their perspective, the single most common reason people don't go to the dentist is cost – it ends up being considered too much of an out-of-pocket expense.

Rules Updates/Discussion Item – Ashley Berliner

Ashley Berliner, AHS Health Care Policy Director, presented two rules for discussion that are in the drafting phase and haven't been formally filed or reached the public comment stage:

1. **Chiropractic Services** - A current rule (7304) that is being reformatted into the new administrative rule style. It will align current clinical best practices. It also adds a prior authorization requirement for beneficiaries age 5 and under. There is no programmatic impact. AHS policy will first share the draft rule with VT Legal Aid and the VT Chiropractic Association before it goes out for public comment. Formal filing is anticipated in November.
2. **Pharmaceutical Manufacturer Fee** -- This rule change is a result of recent legislation. It amends current rule 7701. The calendar year drug spending fee is increasing from .5 % to 1.5%. DVHA is now being required to maintain on its website a list of the manufacturers or labelers who fail to provide timely payments. The rule is also being reformatted into the new administrative rule style.

The Medical Society (Jessa Barnard) expressed some concern on the administrative burden that may be brought on for physicians by the proposed requirement to have prior authorizations for cardiac imaging procedures. The Global Commitment Register change would have an effective

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date of October 1, 2016, but the public comment period is open until September 12. Ashley noted that all comments are encouraged and will be considered before policies go into effect.

Board Positions, Process and Reappointments – Howard Pallotta

Howard Pallotta discussed the Board's member reappointment subgroup that was effective for continuation on July 1, 2016. These reappointments include: Amy Vaughan, Sharon Winn, Lisa Maynes, Joan Lavoie, Bram Kleppner and Rebecca Heintz. Donna Sutton Fay noted that Trinkia Kerr (VT Health Care Advocate) and Jackie Majoros (State Long Term Care Ombudsman), both within Vermont Legal Aid, are retiring. It was suggested that Lila Richardson, staff attorney, VT Legal Aid, be appointed to represent both MEAB positions until permanent replacements are selected for each position. Commissioner Costantino concurred with this approach. There are also other member appointments to be actioned for the Medical Society vacancy (incoming: Jessa Barnard) and the Addison County Home Health & Hospice vacancy (incoming: Sherry Greifzu).

MEAB Discussion Items – Board Members/DVHA

Donna Sutton Fay noted that Vermont Health Connect (VHC) will make its quarterly report to the MEAB at the September meeting. Because VHC now reports out only quarterly, the Board's ongoing point of contact at VHC will be Sean Sheehan, who can address concerns that may come up. The MEAB would also like to continue to receive the VHC legislative reports that go out monthly. Donna also pointed out that there has been a recent problem (last week) getting through to Member Services and the Assister Program. DVHA was made aware of this and it has been worked out. Please let Lori Collins know if you become aware of any additional problems.

Public Comment Opportunity – Co-Chairs

There was no public comment during the meeting. Paul Bakeman did note that MEAB meeting documents (in addition to the Agenda and Minutes, which are there) need to be added to the MEAB section of the website. Clark Eaton will follow up.

Adjournment

The meeting was adjourned at 11:50PM.

Topics for Regular Update:

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

Draft Topics for September 26 Meeting:

- Vermont Health Connect Quarterly Update
- Possible Budget Development Process/Considerations

Future Meeting Topics:

- Health Care Reform - All Payer Model
- Medicaid Transportation – current and future budget
- Reinvestment in Community Based Services

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- 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

September 26, 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