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**Medicaid & Exchange Advisory Board**  
**Meeting Minutes**  
August 13, 2012

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**Board Members Present:** Bram Kleppner, Christina Colombe, Clifton Long, Dale Hackett, Donna Sutton Fay, Ellen Gershun, Gladys Mooney, Julie Tessler, Kay Van Woert, Larry Goetschius, Laura Pelosi, Lisa Maynes, Liz Cote, Madeleine Mongan, Michael Roche, Michael Sirotkin, Paul Bakeman, Randy Cook, Shannon Wilson, Sharon Henault, Sheila Reed, Susan Barrett, Tim Ford, Trinkia Kerr, Floyd Nease, Joan Lavoie

**Board Members Absent:** Catherine Hamilton, Cathy Davis, Harry Chen, Julie Lineberger

**Other Interested Parties Present:** Jill Olson, Kelly Stoddard, Jackie Majoris, Mary Beth McAffery, Susan Gretkowski, Betty Morse, Michell Blanchard, Sonya Tagliento, Bill Richardson, Charles Storrow, William Lambrukos, Paul Soychak, Lucie Garand, Danielle Hibbard, Sonia Tagliento, Michele Blanchard, Cherie Bergeron, Jean-Denis Couillard, Leigh Tofferi, Susan Bauer, Christina Kelley, Anthony Otis, Betty Morse, Gery Richards, Heather Caldwell, Jeanne Kennedy.

**Staff Present:** DFR: Margot Thistle, David Martini DVHA: Nicole Wiedman, Connie Schutz, Greg Paradiso, Erick Carrera, Molly Warren, Emily Yahr, Lindsey Tucker, Paul Hochanadel

**HANDOUTS**

- Agenda
- Federal poverty guidelines
- Essential Health Benefits presentation
- Exchange visual identity presentation
- Exchange outreach and education presentation

**CONVENE**

Bram Kleppner and Kay Van Woert chaired the meeting.

**Welcome and Introductions – Kay Van Woert & Bram Kleppner, MEAB Co-Chairs**

**Board Business**

After making one change to the July 2012 minutes, the Board unanimously accepted them.

A draft version of the Medicaid and Exchange Advisory Board Operations Manual was discussed and was unanimously accepted.

**Commissioner's Update**

CMMI State Innovation Grant opportunity. Mark spoke about a new opportunity provided by the Center for Medicaid and Medicare Innovation (CMMI) for states to apply for grants to move from fee-for-service models to models that reward improved health outcomes. Mark introduced Anya Rader Wallack, Chair of the Green Mountain Care Board, who spoke further about the opportunity. The GMCB has been pursuing opportunities for payment reform, and sees this grant as an opportunity to advance these efforts and present to CMMI a comprehensive picture of our reform landscape. The application is due September 17<sup>th</sup>, and there is potentially \$60M in funding available for a four year period. There is an internal core group working on the grant, and a larger inter-agency group providing input. This is the first time this has been discussed in a public

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setting, and Anya is interested in feedback from this group. Additional efforts are underway to update key stakeholders and elicit comments and support for this initiative.

Goals of State proposal:

1. Expand on integrated networks of care,
2. Expand value-based payment and delivery system models to Medicaid and commercial payers
3. Implement other Medicaid-based payment reforms based on quality rather than volume,
4. Continue pursuit of financing and delivery models for dually eligible consumers,
5. Further development of evaluation model using VHCURES to evaluate impact of reforms on health care quality and costs.

Mark indicated that there are limitations to the activities proposed in the grant. Proposals can't propose changes to eligibility criteria, can't change covered services, can't merge Medicare and Medicaid funding.

Kay Van Woert expressed a concern that the unique needs of children with disabilities may get lost in reforms that focus on payment for performance or outcomes and a need to ensure that payment reform is mindful of the unique challenges of children with special needs. Paul Bakeman seconded that concern and added it applied to adults with developmental disabilities as well. Mark stated that these dynamics are on the radar.

Dale Hackett questioned what it will mean to have control groups, and asked about the testing model and whether or not it refers to the traditional populations. Anya described how CMS will examine the testing model, as well as the requirement for an outside evaluator. She explained that there is a Blueprint control group methodology already in use and said the new initiative would likely incorporate a similar approach. Dale asked a question about the extent to which developmental disability can be served by this opportunity, and Anya suggested that the duals project is already exploring this but the grant can allow the state to operationalize these ideas.

Michael Sirotkin asked if participating in this is voluntary for the consumers, and Anya indicated that it is. Julie Tesler asked about opportunity for flexibility of provider types that could qualify for reimbursement, and Anya indicated that they are exploring this and encouraged Julie to document her suggestions for further consideration.

Mark suggested that this opportunity is another effort to improve outcomes, reduce costs, and expand coverage on a broad scale, seeking a unified health system that works across a number of populations.

- Dual eligible initiative. Mark indicated that the State is still on track for the duals demonstration project. The application was submitted in May, and the next step is signing an MOU with CMS, which may not happen until September. The new CMMI grant is pushing the State to further develop the duals initiative, which is helpful.

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- Federal Health Care Reform update. Aside from the most recent Supreme Court ruling, there are no significant changes on the horizon.
- Provider tax strategy. In June the State sends out provider tax calculations to hospitals, and they are given the opportunity to appeal. Larry Goetschius asked if is there guidance that any providers who benefit from the tax must also pay the tax. Mark suggested that it is not possible to create a one to one ratio for the amount paid and the amount received.
- MMIS. The Medicaid Management Information System (MMIS) is the tool Vermont uses to receive invoices from providers for Medicaid costs and authorize payments. It is now time for the State to update the system, and this is a large project the State is undertaking in the coming years. Sharon Henault expressed a concern that multiple technology modernization efforts are underway but that these various systems are not able to talk to each other. Mark shared this concern, and spoke about efforts to ensure systems are compatible. He also spoke about modernization in the context of moving to electronic medical records. Christine Colombe expressed a concern that errors in electronic medical records open up patients to significant problems, especially if the provider were to leave the area while retaining ownership of the record. Madeleine Mongan clarified that HIPPA provides a process to modify or update the record.

**Exchange Update**

- Plan Design. Erick Carrera (DVHA) updated the Board on the process of plan design. A workgroup continues to develop cost sharing structures at each actuarial level. Individuals with income below 400% of the federal poverty level will qualify for a premium tax credit, and individuals with income below 250% federal poverty level will qualify for other cost sharing reductions. On August 21<sup>st</sup> the commissioner will make recommendations on plan design to the GMCB, including a recommendation of the total number of plans available on the Exchange.
- Essential Health Benefits: Mark updated the MEAB on the following recommendations he made to the GMCB on August 9<sup>th</sup> regarding essential health benefits:

*Recommendation #1: BCBSVT as Benchmark Plan.* After consulting with stakeholders and comparing the benefits in each of the plans, DVHA recommends BCBSVT as the benchmark plan for the Exchange. Choosing BCBSVT as the benchmark plan would mean the least amount of change for Vermonters – 77 percent of Vermonters in markets that are expected to enter the Exchange currently have a BCBSVT product and would continue to receive those same benefits in addition to any new benefits outlined by the ACA.

*Recommendation #2 – State Children’s Health Insurance Plan (SCHIP) as Pediatric Oral Benchmark Plan.* The services covered by SCHIP are comprehensive and currently used by many Vermont families.

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*Recommendation #3 – Plans cover Habilitative Care as they do Rehabilitative Care.*  
DVHA recommends that plans cover rehabilitative services, similar to the way they cover habilitative care – so that Vermonters are guaranteed coverage whether they are recovering from an accident or developing an essential skill or function.

Dale Hackett requested the State to explore the option for vision care to be considered as a habilitative service. Sharon Henault suggested that the MEAB may want to further consider the definition of habilitative. Clifton Long asked a question about whether or not other products can be offered on the Exchange, such as dental or vision coverage. Mark said that is currently being considered, and is included in the overall plans for the Exchange.

Mark said that the GMCB is taking comments on the EHB benchmark decision through the end of the month. Sheila Reed asked if there are cost estimates of the costs for adding adult dental benefit to the EHB, and Mark responded that DVHA is working on this analysis for the GMCB and will share when it is available. A member of the public asked about the possibility of substitutions/exclusions, and Erick Carrera said that we are awaiting further federal guidance on the definition of “substantially similar”. A member of the public spoke about guidance offered by Act 171 that children would not be separated from their parents in the dental plan. Clifton Long asked about whether or not the State expects a surplus when Catamount goes away. Mark indicated that there are some expenses the State will no longer have to pay, but that there will also be new expenses as a greater number of individuals receive coverage. He declined to comment on the net effect given the number of uncertainties that exist.

- **Outreach and Education Update.** Alison Betty and Melissa Morales from GMMB provided an update on a number of items related to Exchange outreach and education. They began by reviewing the research that has been conducted to date, including a statewide benchmark survey and stakeholder outreach interviews that have been presented at the April, 2012 Exchange Advisory Board. Focus groups were conducted in June, 2012. Michael Roche shared a concern that the cost-sharing mechanisms provide an incentive for individuals to under-report income. Lindsey Tucker offered to provide information on fraud, waste, and abuse requirements for the Exchange as they are developed.

**Visual Identity:** Allison provided a presentation regarding the name and image that will form the visual identity for the Exchange, to be supported by broader outreach and education efforts. The suggested name is “Vermont Health Connect,” with the tagline, “Find the plan that’s right for you.” These and the logo are in process. The Board was supportive of the suggested visual identity.

**Outreach and Education Plan:** Alison provided information on the outreach and education plan, including the minimum federal requirements, components of the plan, guiding strategies, and target audiences. Gladys Mooney asked about how we plan to reach the 18 to 34 year old market that may not be easily reached by traditional outreach efforts. Allison spoke about the need for grassroots efforts as well as social media to reach these groups. Allison spoke about the challenge of addressing Vermont’s multiple

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hard to reach populations, and her interest in working with the MEAB to explore ways to reach these groups. Allison and Melissa offered to come back with further material at a future meeting. Lindsey encouraged members to contact Emily Yahr, the Outreach and Education Manager at the Exchange, with any comments, questions, and recommendations regarding the outreach and education plan. [Emily.yahr@state.vt.us](mailto:Emily.yahr@state.vt.us).

**Navigator Program:** Melissa briefly reviewed the state and federal requirements for the Navigator program, as well as the types of organizations who can serve as Navigators. She reviewed the activities that are underway, which includes development of a compensation plan, evaluation of the role of brokers, development of a certification process, and the creation of a training program.

Lindsey shared that both the outreach and education plan and navigator program development are avenues where MEAB feedback will be valuable to the ultimate success of the Exchange.

**Public Comment**

Public comment was interspersed throughout the meeting.

**Meeting Wrap-up and Next Steps**

Kay reviewed action items from the previous meeting to appoint a workgroup for Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) as well as the workgroup to assist with developing the recommendation regarding Essential Health Benefits for the Exchange. Donna Sutton Fay commented that the work of the latter is nearly done.

The Board discussed various processes for the MEAB to provide comment to the GMCB regarding both EHB and plan design. Sharon Henault made a motion to recommend to GMCB to seriously consider and evaluate providing adult dental and vision coverage in the essential health benefits package. Joan Lavoie seconded.

- Yay: Bram Kleppner, Catherine Hamilton, Cathy Davis, Christina Colombe, Clifton Long, Dale Hackett, Donna Sutton Fay, Ellen Gershun, Gladys Mooney, Julie Tessler, Kay Van Woert, Larry Goetschius, Laura Pelosi, Lisa Maynes, Liz Cote, Madeleine Mongan, Michael Sirotkin, Paul Bakeman, Randy Cook, Shannon Wilson, Sharon Henault, Sheila Reed, Susan Barrett
- Nay: none
- Abstentions: Trinkia Kerr, Tim Ford, Michael Roche

The motion passed. The Chairs will forward that recommendation to the GMCB.

The group reviewed topics of interest for future work that had been identified in the first two meetings and divided them into specific request or tasks:

**Data Requested (when DVHA develops these numbers in the course of their work):**

- Savings generated by the Exchange
- Costs of adding dental and vision benefits to the Exchange

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**Short Term Ad Hoc Group Work (to be organized at the September meeting):**

- Define and make recommendations regarding habilitative services vs. rehabilitative services
- Provide input to Exchange on Navigator program

**Topics to Monitor / MEAB Updates and Discussion as Work Progresses:**

- Exchange outreach and education plan
- MMIS /electronic medical records and interface
- Fraud, waste, and abuse protections

**Possible Future MEAB Work Groups or Issues for Study:**

- Access Issues in Current Public Programs
- Independent Living

**Next Meeting**

**September 10, 2012**  
**Time: 11:00 – 3:00PM**  
**Site: DVHA, Williston, VT**

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

**<http://dvha.vermont.gov/advisory-boards>**

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