
Medicaid & Exchange Advisory Board
Meeting Minutes
September 10, 2012

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Board Members Present: Catherine Hamilton, Christina Colombe (phone), Clifton Long, Dale Hackett, Donna Sutton Fay, Gladys Mooney, Julie Tessler, Kay Van Woert, Larry Goetschius, Laura Pelosi, Liz Cote, Madeleine Mongan, Michael Roche, Michael Sirotkin, Paul Bakeman, Gretchen Begnoche (for Randy Cook), Nathaniel Waite (for Harry Chen), Sharon Henault, Sheila Reed, Tim Ford, Trinkia Kerr, Floyd Nease and Joan Lavoie.

Board Members Absent: Bram Kleppner, Cathy Davis, Harry Chen, Julie Lineberger, Shannon Wilson, Lisa Maynes, Randy Cook, Ellen Gershun and Susan Barrett.

Other Interested Parties Present: Jill Olson, Kelly Stoddard, Mary Pierce, Tim Davis, Susan Gretkowski (phone), Betty Morse, Sonia Tagliento, George Richardson, Heather Shouldice (phone), Christine Oliver, Paul Soychak, Lucie Garand, Danielle Hibbard, Sonia Tagliento, Michele Blanchard, Cherie Bergeron, Jill Krowinski, Jill Guerin, Kim Steinfeld, Kate McInnis, Heather Caldwell and Jeanne Kennedy.

Staff Present: DFR: Margot Thistle, David Martini; GMMB: Melissa Morales; DVHA: Nicole Weidman, Connie Schutz, Greg Paradiso, Erick Carrera, Emily Yahr, Lindsey Tucker, Paul Hochanadel and Clark Eaton.

HANDOUTS

- Agenda
- Medicaid & Exchange Advisory Board (MEAB) August 13 Meeting Minutes
- Health Benefit Exchange Plan Design Recommendations to the Green Mountain Care Board (9/6/12)
- MEAB: Exchange Updates (9/10/12)
- Operating Vermont's Exchange for Small Businesses (9/10/12)

CONVENE

Kay Van Woert chaired the meeting.

Welcome and Introductions – Kay Van Woert MEAB Co-Chair

Board Business

The Co-Chairs recently met with the Department of Vermont Health Access (DVHA) staff to further discuss board operating procedures and ways to improve and streamline communications. A draft version of the Medicaid and Exchange Advisory Board Operations Manual was discussed and accepted at the last meeting. Kay Van Woert distributed blank note paper so that board members could make their own suggestions to improve operating procedures moving forward. Input can be considered as the board continues to develop and refine its operating manual.

To help the board stay on its time schedule, a decision was made to hold public comment to the designated time set aside on the agenda (at 2:45pm). Members of the public in attendance are asked to hold comments until that time.

The August meeting minutes were reviewed. Paul Bakeman asked that acronyms be spelled out prior to their first use. Tim Ford noted a possible voting discrepancy in the minutes; this will be verified and corrected. With this amendment, the Board unanimously accepted the August minutes.

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Commissioner's Update-Mark Larson

Telemedicine Initiative: Mark Larson, the DVHA Commissioner, provided the most current update on the Telemedicine Initiative that was briefed to the board at the last meeting. In accordance with Act 107, DVHA will be implementing telemedicine on October 1, 2012. It will follow the model used by Medicare and providers will be formally notified soon. Reasons will be required for the use of telemedicine and DVHA will be monitoring utilization. DVHA does not plan on adopting new rules for telemedicine because it is only a change in the delivery model. DVHA will look into whether consumers can participate in telemedicine while at home. Also, a Tele-health concept will be further explored.

Medicaid Transportation: Peter McNichol, DVHA Provider Relations, discussed an upcoming change to the Medicaid Bus Transportation Program in Chittenden County. Per federal guidance, DVHA needs to improve its accountability for bus transportation to and from authorized medical appointments. Effective October 1, 2012, Chittenden County Medicaid beneficiaries will be issued a 10 trip bus voucher for verifiable medical appointments instead of a regular bus pass. This will help ensure that bus transportation is for a valid medical appointment and cut down on misuse of this bus transportation benefit. Formal notification and communication of the change is scheduled and ongoing. This should affect approximately 1100 beneficiaries. The information on this change will be forwarded to the board and to Vermont Legal Aid.

Vermont Health Benefit Exchange Plan Design Recommendations: Mark Larson reviewed DVHA's benchmark and plan design recommendations to the Green Mountain Care Board (GMCB). DVHA made standard plan recommendations on August 21 and "choice" plan recommendations on September 6, 2012. DVHA has requested the authority to approve "choice plans" based on proposed criteria. Specifically, a choice plan would: 1) have to be meaningfully different from standard plans, and 2) have to foster significant innovations both in wellness promotion and in promoting individual engagement in prevention. One minor revision to the Bronze Plan was recommended based on reclassification of services for mental health and substance abuse; a generic pharmacy drug co-pay was adjusted from \$10 to \$12.

DVHA also recommended to the GMCB that it be allowed to make minor modifications to approved plan designs under certain conditions: 1) as needed to meet forthcoming federal guidance, and 2) modifications restricted to the following - - a. co-pay changes of less than or equal to \$15, b. co-insurance changes of less than or equal to 5 percentage points, and c. deductible changes of less than or equal to \$200. DVHA prepared five separate individual or household scenarios for the GMCB, outlining out-of-pocket costs for different metal plan levels.

Kay Van Woert reminded meeting attendees that meeting questions need to remain with board members; public comment and questions should be held until the designated public comment period.

Mark went on to discuss other recommendations to the GMCB, including: 1) clarification of the supplemental benchmark benefits needed under pediatric vision, 2) state cost estimates for offering adult dental services, 3) a clarification that stand-alone dental plans are not health benefit plans and therefore do not require the GMCB's approval, 4) the requirement to offer an identical child-only plan, 5) clarifying that it is up to the insurer to select the approach to

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providing habilitative services, and 6) the need to supplement the pediatric dental benefits with the state's Children's Health Insurance Plan (CHIP).

Kay Van Woert reiterated that tomorrow (Sept. 11) will be the last day the GMCB will be accepting MEAB or individual input on plan design; she asked that DVHA send that reminder information out one more time today to the MEAB distribution.

Michael Sirotkin expressed concern that DVHA's recommendation that they be able to make up to \$15 out-of-pocket cost sharing adjustments without GMCB approval might be a lot for beneficiaries (could double their out-of-pocket costs). He made a motion (seconded by Trinkia Kerr) that the MEAB recommend that GMCB approval be required to permit co-pay changes greater than 5% for maintenance drugs necessary for ongoing treatment. After discussion, the board voted to approve the motion.

- Yay: Clifton Long, Dale Hackett, Donna Sutton Fay, Gladys Mooney, Julie Tessler, Kay Van Woert, Larry Goetschius, Laura Pelosi, Trinkia Kerr, Michael Roche, Michael Sirotkin, Paul Bakeman, Sharon Henault, Sheila Reed, Joan Lavoie and Floyd Nease.
- Nay: Tim Ford, Catherine Hamilton
- Abstentions: Liz Cote, Madeleine Mongan

The Chairs will forward that recommendation to the GMCB.

Paul Bakeman made a motion (seconded by Donna Sutton Fay) that the MEAB suspend its operating rule that would require members abstaining from votes indicate why they are abstaining. After discussion, the board voted to approve the motion.

- Yay: Clifton Long, Donna Sutton Fay, Tim Ford, Trinkia Kerr, Catherine Hamilton, Gladys Mooney, Julie Tessler, Kay Van Woert, Larry Goetschius, Laura Pelosi, Michael Sirotkin, Paul Bakeman, Liz Cote, Madeleine Mongan, Floyd Nease, Sheila Reed.
- Nay: Dale Hackett, Michael Roche, Sharon Henault, Joan Lavoie.

Sharon Henault made a motion (seconded by Paul Bakeman) that the MEAB recommends (to both DVHA and the GMCB) that rehabilitative and habilitative services be considered equally and that the coverage of habilitative services be a factor when selecting a qualified health plan. After discussion, the board voted to approve the motion (10 Yay, 6 Nay, 3 Abstentions) and forward it to the GMCB.

Mark Larson asked for the MEAB's ideas on how they can best input into the development of DVHA's State Fiscal Year (SFY) 2014 budget. More discussion will follow throughout the fall. Mark also briefed on DVHA's upcoming State Innovation Model (SIM) grant application for a new delivery system and payment reform. The application timeline has been extended until September 24th. DVHA will send out a summary of our proposal for your review and also a complete draft by the end of the week. If there are individual comments, please forward them to DVHA.

Sheila Reed made a motion that the MEAB recommend to the GMCB that they accept the least cost, "prevention" option provided by DVHA for the adult dental program. The motion was seconded by Julie Tessler. Liz Cote urged that more discussion is needed to determine how adult dental coverage would be funded. Now, it would be a state-only cost. There were multiple

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concerns expressed about unintended consequences. The MEAB voted 16-0 to not approve Sheila's motion (2 Abstentions). Liz Cote made a motion that DVHA look at investing in the adult dental coverage for Medicaid as they build the SFY '14 Budget to help expand access and increase coverage for adult oral health. This motion was tabled so that a longer discussion on adult dental benefits could be scheduled for the next meeting.

Exchange Update –Lindsey Tucker

Updates: Lindsey Tucker, Deputy Commissioner, Health Benefit Exchange, provided an update on the Level Two Exchange Establishment Grant application that was submitted last June. DVHA received approximately \$104 million to support building all IT, infrastructure and staffing elements of the Exchange through 2014. The details are all available online through the DVHA website.

The federal oversight, design review process will be taking place this fall with the Centers for Medicaid and Medicare Services (CMS). DVHA should know by January, 2013 if the state is cleared to proceed into full operation for January, 2014. In the next few months, the Exchange will be launching its informational website, establishing the Navigator program and launching the Outreach and Education Campaign.

Outreach and Education Plan: Emily Yahr (Outreach and Education Manager) and Melissa Morales (GMMB) shared the overall Outreach and Education Plan with the board. Melissa shared both the guiding strategies for the Plan and summarized each of the target audiences across Vermont. Discussion of the Plan components included: 1) Materials Development, 2) Earned Media, 3) Paid Media, 4) Social Media, 5) Stakeholder Engagement, 6) Community Outreach and 7) State Employee Communication.

Kay Van Woert stressed the importance of soliciting support from individuals on the MEAB to help inform the outreach process; there is strong expertise and experience within this group. Emily does want members to volunteer to join an outreach planning work group in the very near future; board members are asked to let DVHA know by the end of the week if they want to participate (please respond by e-mail). Sharon Henault asked that special attention be paid to the 18-22 age-group and prepare materials for schools and community colleges. Larry Goetchius suggested doing some outreach centered around and at Town Meeting Day locations.

Volunteer involvement in the outreach program can be a little or a lot; there will be a range of opportunities for board members, other stakeholders or other interested parties. Please contact Emily at the Exchange, with your interest, comments, questions, and recommendations at Emily.yahr@state.vt.us

Navigator Program: Melissa Morales reviewed the background of the Navigator concept, which will be an integral piece in getting Vermonters signed up for a health care plan that will work best for them. A compensation plan is being designed for navigators, as well as developing an effective certification and follow-on training program. Next steps will include developing a model contract and an evaluation process. MEAB input will be a part of this entire process. If members want to be involved with the development of the Navigator Program, please contact Paul Hochanadel at the Exchange at Paul.hochanadel@state.vt.us

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Small Business Guide: Lindsey Tucker provided a brief overview of the Small Business Guide (posted online). Fifty in-depth interviews were conducted in the spring with Vermont small employers offering health insurance. The guide presents the results as well as recommendations for the small business components of the Exchange. As an example, four “Employee Choice” models for selecting health plans were evaluated for employer responses. DVHA is leaning toward selecting at least two Choice Models, following additional analysis.

Michael Roche stressed that the board will need to have agenda time to discuss the individual mandate at the next meeting. There also needs to be more overall time allowed at meetings to discuss small business issues.

Public Comment

Tim Davis urged that the new Outreach and Education effort use the lessons learned from the fielding of the Catamount Program a few years ago. Some mistakes were made and they shouldn't be repeated this time around.

Meeting Wrap-up and Next Steps

Kay Van Woert recapped actions from this meeting and steps/activities moving forward:

- 1) The MEAB will make recommendations tomorrow to the GMCB that GMCB approval should be required for co-pay changes greater than 5% for ongoing maintenance pharmacy drugs, and that (for both DVHA and the GMCB), rehabilitative and habilitative services be considered equally and that coverage of habilitative services be a factor when selecting a qualified health plan.
- 2) A briefing and discussion should be scheduled on the October agenda concerning adult dental benefits for Vermont. What should they be, how should/could it be funded?
- 3) The Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) workgroup is set but has not met recently.
- 4) The Exchange is interested in identifying people interested the Outreach and Education Program as well as for the Navigator Program. Paul will send out email information to all members on how to get involved.
- 5) There are numerous process issues that we will be working on, including meeting flow, communication channels, possible changes to the operating manual. Your input has been requested and the co-chairs and any MEAB members who volunteer to meet with chairs as a small ad hoc work group will be evaluating this input.
- 6) Efforts will be made to develop balanced MEAB agendas that share equal amounts of time for Exchange topics and Medicaid topics.

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The group has captured topics of interest for future work that had been identified in the first three 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 Work Organizing Now:

- Provide input to Exchange on Navigator program
- Provide input to Exchange on Outreach
- Small group meeting with MEAB Chairs to evaluate MEAB process

Short Term Ad Hoc Group Work (to be organized at a future meeting):

- Define and make recommendations regarding habilitative services vs. rehabilitative services

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

October 22, 2012

Time: 1:00 – 5:00PM

Site: DVHA, Williston, VT

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

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