

Sunset Advisory Commission

Board and Commission Review of Medicaid and Exchange Advisory Committee

The Commission reviews every State board and commission and takes testimony regarding whether each board or commission should continue to operate or be eliminated and whether the powers and duties of any board or commission should be revised. Each board and commission has the burden of justifying its continued operation. The Commission also reviews whether members of a board or commission should be entitled to a per diem and, if so, the amount of that per diem.

In testifying before the Commission, you should be able to provide the following information:

1. In general, how often does the board and commission meet? Provide specific information on how often the board or commission has met in the past two fiscal years. Provide information on where agendas and minutes of meetings can be found.

The Committee meets approximately 10 times per calendar year. Regarding meetings during the last two fiscal years (2018 and 2019), the Committee met on 7/24/17, 8/28/17, 9/25/17, 10/23/17, 11/20/17, 12/18/17, 1/22/18, 2/26/18, 3/26/18, 4/23/18, 5/21/18, and 6/25/18 and then 8/27/18, 9/24/18, 10/22/18, 11/26/18, 1/28/19, 2/25/19, 3/25/19, 4/22/19, 5/20/19, 6/24/19. Agenda and minutes may be found on [Vermont Health Connect's](#) website.

2. Provide the names of members of the board or commission, their term length and expiration, their appointing authority, and the amount of any per diem they receive.

The names of members of the Committee are indicated in the table below, along with their status, and term end date. The term length is 3 years; the appointing authority is the Commissioner of the Department of Vermont Health Access. Several positions are currently under recruitment. Per diem compensation and reimbursement for travel expenses is applicable for members whose participation is not supported through their employment/association. Members eligible for Medicaid or who are enrolled in a health plan through the Exchange and whose income does not exceed 300 percent of the federal poverty guidelines are eligible for reimbursement of expenses, including costs of childcare, personal assistance services, and any other service necessary for participation.

Status	Position	Representing	Term Ending	Name
Active	Board Member	Consumer Advocates	6/30/2020	Fay, Michelle
Active	Board Member	Consumer Advocates	6/30/2019	Fisher, Mike
Active	Board Member	Consumer Advocates	6/30/2020	Henault, Sharon
Active	Board Member	Consumer Advocates	6/30/2020	Maynes, Lisa
Active	Board Member	Consumer Advocates	6/19/2019	Murphy, Kirsten
Active	Board Member	Consumer Advocates	6/30/2020	Van Woert, Kay
Active	Board Member	Health Care Professionals	6/30/2020	Barnard, Jessa
Active	Board Member	Health Care Professionals	6/30/2022	Green, Devon
Active	Board Member	Health Care Professionals	6/30/2022	Labun, Helen
Active	Board Member	Health Care Professionals	6/30/2020	Maguire, Erin
Active	Board Member	Health Care Professionals	6/30/2020	Tessler, Julie
Active	Board Member	Health Care Professionals	6/30/2022	Williams, Jason
Active	Board Member	Health Commissioner		Waite, Nathaniel (Representative)
Active	Board Member	Health Insurer	6/30/2022	Heintz, Rebecca
Active	Board Member	Medicaid Beneficiary	6/30/2020	Draper, Lisa
Active	Board Member	Medicaid Beneficiary	6/30/2018	Hackett, Dale
Active	Board Member	Medicaid Beneficiary	6/30/2020	Konstantin, Gladys Mooney
Active	Board Member	Medicaid Beneficiary	6/30/2022	Lavoie, Joan

3. Provide an overview of the board or commission's purpose.

Pursuant to 33 V.S.A. § 402, the Committee was established to advise the Commissioner of the Department of Vermont Health Access on policy development and program administration for the state's Medicaid and Medicaid-funded programs and the Vermont Health Benefit Exchange (Vermont Health Connect), consistent with requirements of federal law.

4. Is that purpose still needed? What would happen if the board or commission no longer fulfilled that purpose?

Federal law requires the establishment of a committee to advise the Medicaid agency about health and medical care services (42 CFR § 431.12). A State plan must provide for a medical care advisory committee to meet the requirement to advise the Medicaid agency director about health and medical care services. The agency director, or a higher State authority, must appoint members to the advisory committee on a rotating and continuous basis. Pursuant to 42 CFR § 431.12(d), committee membership must include:

- Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care;
- Members of consumers' groups, including Medicaid beneficiaries, and consumer organizations such as labor unions, cooperatives, consumer-sponsored prepaid group practice plans and others; and
- The director of the public welfare department or public health department, whichever does not head the Medicaid agency.

Pursuant to 42 CFR § 431.12(e), the committee must have an opportunity for participation in policy development and program administration, including furthering the participation of beneficiary members in the agency program.

Additionally, Section 1311(d)(6) of the Affordable Care Act requires that an Exchange consult with specific stakeholders, including consumers and consumer advocates. Vermont's Medicaid Advisory Committee and Exchange Advisory Committee were combined to form the Medicaid and Exchange Advisory Committee in 2012, per Act 48 of 2011.

5. How well is the board or commission performing in executing that purpose? What evidence can you provide to substantiate that performance?

The advisory committee has the potential to be an entity of great value to the State Medicaid Director and state department administering Medicaid if the meetings provide a place for stakeholders, especially Medicaid members and providers, partners and the general public to provide feedback on health and medical care services and the Exchange.

6. If the purpose is still needed, can State government be more effective and efficient if the purpose was executed in a different manner?

The purpose is still needed, as the advisory committee is a federally mandated body with the responsibility to advise the State Medicaid Director about health and medical care services and the Exchange.

7. If the purpose is still needed, do any of your board or commission's functions overlap or duplicate those of another State board or commission or federal or State agency? If so, is your board or commission still the best entity to fulfill the purpose?

Based on the federal requirement for establishment of an advisory committee and for committee membership, it does not appear that there is overlap. Additionally, it appears this Committee is still the best entity to fulfill the purpose.

8. Does the board or commission's enabling law continue to correctly reflect the purpose and activities of the board or commission?

The enabling law may be more prescriptive than is required under federal law, which could impact the ability of the Committee to meet its intent – to advise the State Medicaid Director about health and medical care services, furthering the participation of beneficiary members in the agency program, and the Exchange.

9. Provide a list of the board and commission's last fiscal year expenditures including staffing costs. How are these funded?

Staffing is provided by the Department of Vermont Health Access, with a budget estimate of:

- DVHA Health Access Eligibility and Enrollment Communications Manager: \$15,500 per state fiscal year;
- DVHA Deputy Commissioner: \$11,000 per state fiscal year;
- DVHA Staff Attorney I: \$2,850 per state fiscal year;
- Per diem compensation (SFY19): \$1,900;
- Reimbursement for travel expenses (SFY19): \$2,531.95.

10. Is the board or commission required by law to prepare any reports or studies for the Legislature, the Governor, or any State agency or officer? If so, have those reports or studies been produced? Does the board or commission have ongoing reporting obligations?

The Committee is not required by law to prepare any reports or studies; the Committee does not have any ongoing reporting obligations.

11. How would you measure the performance of the board or commission?

Federal law requires committee membership to include Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and members of consumers' groups, including Medicaid beneficiaries. Though it would require a change to 33 V.S.A. § 402, an appropriate way to measure performance may be through the number of Medicaid-enrolled providers and members and specific Exchange stakeholders, including consumers and consumer advocates, who find the Committee valuable enough to become and remain members.