

Medicaid Advisory Board
Meeting Minutes
January 26, 2012

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PRESENT

Board: Christina Colombe (Member), Betty Morse (VFN-Alternate), Danielle Hibbard (BSPCA-Alternate), Nathaniel Waite (VDH), Laura Pelosi (VHCA), Trinka Kerr (HCO), Madeleine Mongan (VMS), Larry Goetschius (VAHHA), Hilde Hyde (Member), Lisa Maynes (Member), Sheila Reed (VVC), Michael Sirotkin (COVE) and Dale Hackett (Member).

Other Interested Parties: Sonia Tagliento (MAXIMUS), Cherie Bergeron (HP), Barbara Beaty (HP), Cheri L'Esperance (Wm Shouldice & Assoc. LLC), Donna Sutton Fay (CHCS) and Jill Guerin (KSE Partners).

Staff: Lori Collins (DVHA), Lindsey Tucker (DVHA), Dr. Michael Farber (DVHA), Greg Needle (DVHA), Stacey Baker (DVHA), Peter McNichol (DVHA) and Clark Eaton (DVHA).

HANDOUTS

- Agenda
- December 15, 2011 Meeting Minutes
- DVHA Strategic Plan (01/12)
- AHS Bull. #12-01, Proposed Rule Chg: Out-of-Network Elective Outpatient Office Visits
- AHS Bull. #12-03, Proposed Rule Chg: Eyeglasses and Vision Care Services
- Integration of Medicaid and the Health Benefit Exchange
- Draft Portion (pgs.75-81) VT Bill H.559
- DVHA Info: Impact of Dropping the Dental Cap on Pregnant and Postpartum Women (11/10/11)

CONVENE

Trinka Kerr facilitated the meeting.

Approval of Meeting Minutes

The December 15, 2011 meeting minutes were submitted for approval and were approved unanimously.

Commissioner's Report – Mark Larson

The Department of Vermont Health Access (DVHA) Commissioner, Mark Larson, began with a discussion of DVHA's proposed SFY '12 Budget adjustment. The current year adjustment is comprised of three main components: 1) an adjustment in utilization & enrollment trends, resulting in a \$39 million reduction, 2) a \$30 million increase in the budget to support Graduate Medical Education through UVM and Fletcher Allen, and 3) DVHA's request (approx. \$400k) to add 17 new positions within the Department. Eleven of these positions are intended to increase future programmatic savings by better managing care. The remaining six positions are needed to sustain core functions at DVHA, while simultaneously preparing for comprehensive health care reform.

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Mark announced that DVHA would be testifying to the Legislature (House Appropriations) on February 7, 2012 concerning the Department's SFY 2013 budget proposal. Some of DVHA's SFY '13 budget considerations are based on projected savings to be booked based on anticipated hirings in late SFY '12 as part of the SFY '12 budget adjustment. The new SFY '13 budget will reflect new trends on Medicaid program participation and enrollment; there will also be a proposal to fix the fact that some beneficiaries are paying more than 5% of their income for health coverage. Once the SFY '13 budget is briefed to the Legislature, it will be distributed to the MAB and posted on the DVHA website; the budget will be briefed in more depth during the February MAB meeting.

Larry Goetschius asked if there is a provider tax as part of the SFY '13 budget. The provider tax base will not be expanded, but there will be a few changes in the hospital provider tax; more details will be provided in February. The cost of the new Health Benefit Exchange will also start to be reflected in the SFY '13 budget.

On Health Care Reform, Mark Larson provided an overview of the administration's bill H559, which covers a number of items including (but not limited to): 1) discussion of small/individual market insurance plans to be sold within the Exchange, 2) defining a small business population as up to 100, 3) hospital and insurance rate setting processes, 4) language authorizing DVHA to negotiate with CMS on the Global Commitment Waiver and 5) a proposal on moving forward with the Dual Eligibles project.

The DVHA's published Strategic Plan is in its final format and was reviewed again by MAB members. Several positive suggestions were made to improve the plan. Mark Larson stressed that the plan was not static and that DVHA would welcome inputs at any time in the future.

Trinka Kerr noted the importance of the work on the Dual Eligibles project and requested that the MAB get an update on this project at the next meeting or as soon as possible.

Medicaid Rules Update – Greg Needle

Greg Needle, DVHA Policy Administrator, introduced two draft Medicaid rule changes.

The first bulletin (AHS No.12-03), Eyeglasses and Vision Care Services, would allow new eyewear yearly (instead of every two years) for children under age 6 and better clarifies coverage of medically necessary routine eye exams.

The second bulletin (AHS No. 12-01), Out-of-Network Elective Outpatient Office Visits, is being proposed per the recommendation of the DVHA Clinical Utilization Review Board (CURB). Dr. Michael Farber, DVHA's Medical Director, expanded on the positive reasons for this change. The CURB recommended that DVHA implement a requirement for prior authorizations for all out-of-state (non-network) elective outpatient

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office visits. This change would provide monitoring of elective outpatient office visits to ensure that VT Medicaid recipients receive appropriate care. In addition, this would ensure that medical care be most often provided by VT or Green Mountain Care Network providers rather than out-of-state (non-network) providers, unless it is medically necessary to see an out-of-state provider for an elective outpatient office visit.

Integration of Medicaid and the Exchange – Lindsey Tucker/Robin Lunge

Lindsey Tucker, DVHA's new Deputy Commissioner for the Health Benefits Exchange, summarized her new role with DVHA, which includes managing an overall \$18 million grant as part of the development and implementation of the Health Benefits Exchange.

DVHA's Exchange Division is tasked with the creation of a system for the exchange of health insurance information that offers Vermonters the means to compare information on available health benefit plans (including private insurance plans and state public plans), enroll in plans, and receive tax credits or public assistance, if eligible. The Exchange will also offer small businesses the opportunity to assist their employees in enrolling in health plans offered on the Exchange. Everything must be up and running by 1/1/14 and the Exchange will become the platform for VT's single-payer health system.

For successful Exchange development, Lindsey and Robin Lunge, Vermont's Director of Health Care Reform, outlined the need for well planned program integration steps as well as a strong administrative simplification plan. All of the development activity will require extensive stakeholder engagement and involvement. MAB members are encouraged to stay engaged and input to the process. Lindsey will be moving forward immediately to hire staff for the Exchange; DVHA will forward information out to the MAB when these positions are advertised.

Robin provided a handout on the key sections included in House Bill H.559 which is important to the next steps for Vermont's Health Care Reform. She expanded on each section that Mark Larson covered earlier in the meeting.

Lindsey Tucker thanked MAB members for their participation in a survey to help develop the best possible future health care program. She summarized the results; the input, comments and suggestions will be incorporated as we move forward.

MAB Discussion – MAB Members

Sheila Reed followed up on two initiatives that her organization (Voices for Vermont Children) is supporting in the legislature. She is requesting MAB support for: 1) 12 months continuous eligibility and 2) comprehensive dental benefits for pregnant women.

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Public Comment

Donna Sutton Fay, (CHCS), expressed her concern (as the Exchange plan is developed) that the population segment at 200-300% FPL may still need a state wrap to be covered. Robin and Lindsey took note of this concern.

Priority Areas of Interest for MAB Near-Term Discussion and Work

- Vermont Health Care Reform/Exchange Board/MAB role (and how to connect disability perspective)
- Issues with current public programs:
 - o EPSDT (MAB workgroup)
 - o Dual Eligibles
 - o DUR/Rx
 - o Transportation
 - o Supplies/DME
 - o Limitations on adult OT PT

Ongoing Areas of Interest --Updates from DVHA as Timing is Appropriate

- Federal Health Care Reform Updates
- Chronic Care Initiative/Blueprint
- Update on Provider Tax Strategy and RFP
- Workgroup on Process Improvements (date for follow-on?)
- Loss of PCP/PCP continuity following break in benefit-DVHA to report back
- Dual Eligible Initiative
- Voc Rehab
- Integrated Family Services
- Bridge Program
- Autism Insurance
- Medicaid Home Health Initiative
- MMIS

MAB Requested Data/Information

- ADA Compliance process for AHS
- Evaluation of cost of 12 month continuous eligibility for children

Next Meetings

February 23, 2012

Time: 9:30AM – 12:00PM

Site: Capitol Plaza, Montpelier, VT

March 22, 2012

Time: 9:30 – 12:00PM

Site: Capitol Plaza, Montpelier, VT
