

**Medicaid Advisory Board
Meeting Minutes
March 22, 2012**

Page 1

PRESENT

Board: Christina Colombe (Member), Kay Van Woert (VFN), Betty Morse (VFN-Alternate), Danielle Hibbard (BSPCA-Alternate), Nathaniel Waite (VDH), Elizabeth Cote (VSIDS), Trinkia Kerr (HCO), Madeleine Mongan (VMS), Larry Goetschius (VAHHA), Hilde Hyde (Member), Sheila Reed (VVC), Michael Sirotkin (COVE), Sharon Henault (Member), Trinkia Kerr (HCO), Julie Tessler (VCDMH), Laura Pelosi (VHCA) and Dale Hackett (Member).

Other Interested Parties: Camille George (DAIL), Sonia Tagliento (MAXIMUS), Cherie Bergeron (HP), Barbara Beaty (HP) and Mark Kaufman (VCIL).

Staff: Lindsey Tucker (DVHA), Kevin Veller (DVHA), Stacey Baker (DVHA) and Clark Eaton (DVHA).

HANDOUTS

- Agenda
- February 23, 2012 Meeting Minutes
- Essential Health Benefits in the Exchange (Power Point 2/23/12)
- MAB Draft Letter – Dental Benefits for Pregnant/Post Partum Women

CONVENE

Kay Van Woert chaired the meeting.

Approval of Meeting Minutes

The February 23, 2012 meeting minutes were submitted for approval and were approved unanimously.

Medicaid and Exchange Advisory Committee (MEAC) – Lindsey Tucker

Lindsey Tucker, Deputy Commissioner, Health Benefit Exchange, Department of Vermont Health Access (DVHA), indicated she largely wanted to spend some time answering questions board members might have on the new MEAC board. Specifically, she wanted to discuss the process and timing of merging into the MEAC on July 1, 2012, as well as how current MAB members might want to be involved in future contractor projects and their desire for participation on the new board.

Kay Van Woert stressed that, down the road, it would be important to ensure that Medicaid's critical functions of treating special conditions and providing care services remained in the forefront and were well integrated.

Lindsey outlined, per Act 48, that the new board would be made up of 22 members: one health insurer, the Commissioner of Health, five consumers, five advocates for consumer organizations, five individuals (self-employed or representatives of small business), and five health care professionals. There has been discussion of possibly asking the Legislature to change the wording in Act 48 to indicate "at least 22 members". On one front, based on federal guidance, the new board will need to add a large employer

**Medicaid Advisory Board
Meeting Minutes
March 22, 2012**

Page 2

representative and a broker/agent representative; these needs were not considered when the legislation was drawn up. Also, Lindsey expressed her intent, as a good start point, to send a letter to MAB members, asking individuals to respond if they want to be considered for membership on the new board.

Sharon Henault expressed concern that, for the five Medicaid consumers for the new board, there needs to be broad representation, including a disabled representative. Though not specifically stated in the legislation, Lindsey stressed that it has always been the intention to have the broadest representation possible on the board and diversity within categories of representatives (like consumers).

There were a number of other recommendations and concerns that were introduced for consideration as Vermont moves toward standing up the new MEAC in July, including: 1) looking into expanding the number of providers who could serve on the board, 2) the possible need to have sub-committees work as part of the MEAC to take advantage of specialized expertise and experience, and 3) making necessary accommodations for consumers who need to access/attend meetings.

Kay Van Woert read from a letter that was sent from the MAB to the Legislature last year that outlined concerns and considerations when creating the new MEAC. She suggested updating and resending a letter to Commissioner Larson that would synthesize the MAB's formal testimony on the future MEAC with the many recent discussions and concerns the MAB has expressed. Current MAB input could then be shared with those organizing and appointing the new MEAC. She will circulate a draft for MAB comments before sending the letter to DVHA.

Lindsey distributed a chart on Exchange design and development which listed 19 project areas that would need engagement, input and work. She covered and described each project area and asked MAB members to indicate which (if any) project areas they would be interested in. If interested, they were also asked to indicate the project stage they wished to be involved in: 1) Pre-work Conversation, 2) Draft Review or 3) Final Review. This information will help with planning and no one is signing up for anything at this point.

Lindsey stressed how important it has been to have had the MAB's input and involvement over recent months; with the challenges ahead, it will be important for all interested Vermonters to have continued participation and feedback in the overall Health Care Reform process as we move forward.

VDH SFY '13 Budget Update – Commissioner Harry Chen

Dr. Harry Chen, Commissioner of the Vermont Department of Health (VDH), provided a brief overview of VDH's accomplishments, future challenges and initiatives, and the proposed SFY '13 VDH budget.

Medicaid Advisory Board
Meeting Minutes
March 22, 2012

Commissioner Chen was particularly pleased that, for the second straight year, Vermont was ranked by a key study as the #1 healthiest state within the U.S. He also pointed out that there are many continuing health challenges within Vermont. Two important areas for improvement include a mediocre immunization rate, and binge drinking, particularly within the age 18-25 population group. On this latter concern, VDH is reaching out to work with colleges and universities within the state. Each has good ideas on how to deal with the problem.

Dr. Chen handed out the latest 2011 VT High School Youth Risk Behavior Survey and he was very encouraged by the results. Conducted every two years, Vermont is showing a marked decrease in smoking and alcohol use at the high school level. Other key health indicators have remained relatively stable; diet and exercise will be a future priority, along with a category called Youth Assets, where results show that more students are contributing to their communities through volunteer work and that more of our teens feel that they matter to people in their community. MAB suggestions to improve the next survey can be submitted through the VDH MAB representative.

The Commissioner was also glad to report that there was generally good news related to the VDH proposed SFY '13 budget. Across the board, all of VDH's spending plans were either level funded or increased compared to the previous year. Concern remains on unanticipated losses of federal funding and the potential impact on the state. One example is a recent 20% federal cut in emergency preparedness funding. There are ongoing worries about funding for both chronic diseases and food safety considerations. Food safety affects one in six Americans per year.

Dual Eligibles Project Discussion – Mark Larson

The DVHA Commissioner, Mark Larson, first provided some background on Dual Eligible (Medicaid and Medicare) individuals and the project and proposal development that is currently in progress.

There are approximately 22,000 Dual Eligibles in Vermont who have annual costs of almost \$600 million. It is a relatively small group for which we spend a significant amount of money. These individuals have among the most complex care needs and, by following the standards of two separate programs, the current operating system often fails in delivering comprehensive, effective and coordinated person-directed care.

DVHA, with the cumulative help from much stakeholder input at ongoing meetings, is preparing a demonstration project proposal for CMS. Through combined resources, the core goals will be to integrate care, improve outcomes, and reduce costs for dual eligible individuals. The challenge is to continue to serve everyone comprehensively and efficiently and, at the same time, guarantee savings that would be applied back to both the Medicaid and Medicare programs.

Medicaid Advisory Board
Meeting Minutes
March 22, 2012

Page 4

The demonstration project proposal will identify at least five core elements for success in creating a new person-directed service delivery system. These include: 1) enhanced care coordination with a single point of contact, 2) integration with a Blueprint medical/health home and a Community Health Team, 3) comprehensive individual assessments/tailored plans, 4) support during care transitions, and 5) a single integrated pharmacy benefit plan. Mark noted that this will be a great first step toward a good working model that is not in place today.

A final project proposal will be due to CMS on May 10, 2012 and DVHA will post a draft of the proposal for public comment on March 30, 2012. DVHA will provide MAB members with a link to this proposal and also information on future Dual Eligibles project stakeholder meeting activity.

Eligibility: Health Care: Notice of Decision Project Briefing – Stephanie Beck and Michele Betit

Stephanie Beck, Policy Director, DVHA, and Michele Betit, Health Care Director, Economic Services Division of DCF, gave the board some preliminary information on both near and longer term improvement projects for eligibility Notices of Decisions (NOD's).

Some NOD's are overly complicated while others are more straight forward; in both cases there is room for improvement. Two straight forward NOD improvements on co-pays and covered services are going to be addressed for implementation on July 1, 2012. DVHA (including Members Services) has done some preliminary internal work to address this near term project and will invite MAB members and other interested parties to participate in a meeting on this activity very soon.

MAB Discussion – MAB Members

Sheila Reed followed up on an initiative that has been introduced in the legislature. In February, Sheila Reed requested and received MAB support for this initiative -- implementing comprehensive dental benefits for pregnant women. A MAB letter of support has been prepared and circulated. Kay Van Woert asked that if members had any more editorial comments that they please submit these shortly; the letter should go out very soon.

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

Medicaid Advisory Board
Meeting Minutes
March 22, 2012

Page 5

- Transportation
- Supplies/DME
- 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
- Long Term Care (e.g. home access, case management, reinvestment of nursing home savings in community based services)

MAB Requested Data/Information

- ADA Compliance process for AHS
- Evaluation of cost of 12 month continuous eligibility for children
- Per member per month program cost data net of premiums for the program

Next Meetings

April 26, 2012

Time: 9:30AM – 12:00PM

Site: Capitol Plaza, Montpelier, VT

May 24, 2012

Time: 10:00 – 12:00PM

Site: DVHA, Williston, VT
