
Medicaid Advisory Board
Meeting Minutes
March 25, 2010

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PRESENT

Board: Christina Colombe (Member), Edna Fairbanks-Williams (Member), Sarah Littlefeather (Member), Larry Goetschius (VAHHA), Kay Van Woert (VFN), Michael Sirotkin (COVE), Denis Barton (BSPCA), Sharon Henault (Member), Hilde Hyde (Alt. Member), Jackie Majoros (SLTC), Kristi Kistler (DHMC) and Dale Hackett (Member).

Other Interested Parties: Jennifer Fredette (MAXIMUS), Cherie Bergeron (HP) and Barbara Beaty (HP).

Staff: Susan Besio (OVHA), Lori Collins (OVHA), Vicki Loner (OVHA), Clark Eaton (OVHA), Robert Larkin (OVHA), Stacey Baker (OVHA) and Lorraine Siciliano (OVHA).

HANDOUTS

- Agenda
- January 28, 2010 Meeting Minutes
- February 25, 2010 Meeting Minutes
- VDH SFY '11 Budget Summary
- Grievances and Appeals Rule Change Documents
- OVHA Chronic Care Teams Map

CONVENE

Kay Van Woert chaired the meeting.

Approval of Meeting Minutes

The January 28, 2010 and February 25, 2010 meeting minutes were submitted for approval. Both sets of minutes were approved unanimously by the board.

Director's Update – Susan Besio

The Director of the Office of Vermont Health Access (OVHA), Susan Besio, opened the discussion by addressing recently signed Federal Health Care Reform (FHCR), noting that the Governor's Health Care Cabinet is meeting on March 26, 2010 to begin to analyze the bills and their impacts for Vermont. Susan stated that the majority of the changes being implemented through FHCR will not happen until 2014. However, one significant change that will go into effect soon allows dependents/children up to age 26 to be covered under their parents plan. There will be many state-level changes/impacts that will have to be evaluated as a result of the federal legislation.

Shifting to the State SFY '11 budget submission, Susan reviewed the decisions of the House Appropriations Committee (HAC) regarding OVHA's items in the Governor's recommended budget. The HAC chose to decline a proposed 2% reduction in reimbursement rate for Federally Qualified Health Centers (FQHC's) and, likewise, declined a proposed reduction in the annual Adult Dental Cap (\$495 to \$200). The HAC did agree to increase the Catamount deductible from \$250 to \$500, and co-pays increasing from \$10 to \$25, as well as to increase co-pays for Tier I and II drug by \$5;

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however, the committee rejected the proposal to increase premiums. Susan also indicated that Physical, Occupational and Speech Therapy will be restricted within adult groups to 30 total visits per year; there would be exceptions for scenarios involving traumatic brain injury, stroke, severe burns, and amputations. The committee also accepted the proposal to include Prior Authorization for PT's, CAT Scans, and MRI's. Drug testing lab reimbursement will also be adjusted to a single rate. Urine drug testing will be restricted to no more than 8 tests per month.

Regarding OVHA's workforce, Susan noted that the committee approved the addition of 2.3 FTE's that will work in DCF performing Quality Control work regarding eligibility determinations. In addition, OVHA was granted 6 new positions for its Program Integrity Unit that will concentrate on cost savings through the elimination of provider and member fraud, waste and abuse. OVHA had requested only 3 new positions, but the committee recommended 3 more to expand the overall savings potential.

Other proposals approved by the HAC included the adjustment of the AWP for pharmacy, expanding the HIPP program, limiting emergency room visits to 12 per year and adding a Quality Control position to OVHA's Medicaid Transportation staff.

Grievance and Appeals Rule Change – Keri Andersen

Keri Andersen, a Health Program Administrator at OVHA, briefly covered a proposed Grievance and Appeals Rule Change. Some of the suggested changes came as a result of an external quality review. Reconsiderations for beneficiaries are being removed from the new Grievance and Appeals Rule; in essence, asking for a reconsideration is asking for an appeal, and an appeal gives beneficiaries all of the rights and protections to which they are entitled. Some definitions have also been clarified to improve understanding and expectations. Keri can be e-mailed with any questions that come up; she also will ensure that member services will be properly trained on the new changes and prepared to answer questions regarding the Grievance and Appeals Rule.

VDH Budget Update – Wendy Davis

Dr. Wendy Davis, Commissioner for the Vermont Department of Health (VDH), began by announcing key staff changes within the department. The Deputy Commissioner of Public Health is now Dixie Henry, and Dr. Breena Homes is the new Director of the Maternal and Child Health Division.

Dr. Davis stated that H1N1 response work is just beginning to wind down. The department successfully immunized over 199,000 Vermonters, with 44% representing high risk groups. The department is already planning for next year's flu season and will reevaluate the use of school-based clinics.

Dr. Davis touched on VDH's recent involvement with ensuring health safety surrounding the tritium leak at VT Yankee in Vernon, VT. This has been a significant concern, but, to

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date, there haven't been any findings or indications that the leak has posed any impact on public health.

Dr. Davis addressed the SFY '11 budget, providing a handout that showed a summary of proposed reductions that would have programmatic impacts for VDH. The summary included three appropriations within the VDH: 1) Admin & Support, 2) Public Health and 3) ADAP. All of the reductions within the Admin & Support Appropriation have been restored in the budget by the HAC. Questions were fielded and board members expressed their concerns about the budget process, specifically about the need to ensure better interdepartmental collaboration within the state. Board members wanted to better understand who runs programs, sets policy and makes cuts.

DMH Budget Update – Michael Hartman

Department of Mental Health (DMH) Commissioner Michael Hartman provided an update on the Department's SFY '11 budget. Mr. Hartman summarized the current collaborative effort in the community mental health system; a population of children and families represents just under 10,000 individuals, with just over half that number coming through the Success through Six program. The Adult Outpatient population represents 6,700 individuals and Crisis and Emergency Services accounts for nearly 11,000 individuals. Mr. Hartman noted that this latter number could include individuals from other services.

About 99% of the Department's funding is through the Global Commitment Waiver. The DMH also will be facing a \$7500 reduction in its Community Service Partners program. A five to seven percent reduction is on the horizon for services at designated agencies due to the Challenges for Change statute. Mr. Hartman also discussed the ongoing redesign of adult services within the department.

Chronic Care Initiative – Vicki Loner

Deputy Director of the OVHA, Vicki Loner, summarized the Chronic Care Program that began in 2007. She provided the board with a Chronic Care Initiative handout, mapping coverage in Vermont and showing the newly proposed enhanced coverage areas. The new areas (Rutland and Franklin Counties) both have significant Medicaid eligible populations; these areas will have new OVHA Community Care Teams under a new pilot concept. Both selected counties will have three-member teams work in provider offices and provide case management services. Vicki noted that these efforts will be cost neutral.

The Challenges for Change pilot initiative is scheduled to take place in SFY 2011. The intent of this initiative is to provide a single point of contact for beneficiaries with multiple needs. The new Medicaid direct care coordination staff will work to improve beneficiaries' ability to self-manage through closer on-site collaboration with the physician and community. OVHA will conduct a comprehensive evaluation of the program's success at improving clinical and utilization outcomes to demonstrate that the

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pilot has been successful at assuring that beneficiaries receive appropriate health care at the appropriate time and place, and health care costs are contained over time.

MAB Membership – Next Steps

For the April meeting, the board will request an Agency of Human Services (AHS) level briefing on the state's Challenges for Change initiatives.

MAB Request Topics/Data

- Health Care Reform Update
- Challenges for Change Update -- AHS
- TIGER Team Update
- Update on Dual Eligible Study
- Update on Bridges Program
- Evaluation of Chronic Care Initiatives
- MMIS Update
- Information on PMPM net of premiums, particularly for Dr. Dynasaur and Pharmacy programs
- Blueprint Data Update/Evaluation
- Palliative Care for Children Report

Next Meeting

April 22, 2010

Time: 10:00AM – 12:00PM

Location: Capitol Plaza Hotel, Montpelier, VT