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**Medicaid Advisory Board**  
**Meeting Minutes**  
May 28, 2009

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**PRESENT**

**Board:** Christina Colombe (Member), Kristi Kistler (DHMC), Edna Fairbanks-Williams (Member), Madeleine Mongan (VMS), Sharon Henault (Member), Garry Schaedel (VDH), Jackie Majoros (VLA), Kay Van Woert (VFN), Michael Sirotkin (COVE), Trinkia Kerr (HCO), Julie Tessler (VCDMH) and Lisa Maynes (Member).

**Other Interested Parties:** Brendan Hogan (DAIL), Kim LaFrance (DCF), Cherie Bergeron (EDS) and Leslie Hammond (VHCA).

**Staff:** Susan Besio (OVHA), Lori Collins (OVHA), Clark Eaton (OVHA), Robert Larkin (OVHA), Kim Harnois (OVHA) and Stacey Baker (OVHA).

**HANDOUTS**

- Agenda
- April 23, 2009 Meeting Minutes
- Rule Change: Long Term Care Services
- DAIL Developmental Services Waiting List Information
- CHCS Dual Eligibles Initiative
- OVHA Overview of FY '10 Budgets
- SFY '10 MAB Meeting Dates

**CONVENE**

Kay Van Woert chaired the meeting.

**Approval of Meeting Minutes**

The April 23, 2009 meeting minutes were submitted for approval. The minutes were approved unanimously by the board.

**OVHA Director's Update – Susan Besio**

Susan Besio, Director of the Office of Vermont Health Access (OVHA), provided an update regarding the State Fiscal Year (SFY) '10 budget. At this point, attention is focused on what will happen when the legislature reconvenes on June 2, 2009. Susan covered the most current list of key budget items, line by line, with the board.

The current Global Commitment Waiver is set to expire October 1, 2010. The OVHA can ask for a three year extension on the current waiver and there are many factors that may make an extension advantageous for Vermont. As such, OVHA has decided to request a waiver extension, and the letter of intent must be submitted by October 1, 2009.

Susan addressed the state's desire to take risk management responsibility for individuals who are "dual eligible" for Medicaid and Medicare. An 18 month grant has been approved for Vermont and five other states. The grant will provide dual eligibility technical assistance in the areas of fiscal analysis, CMS regulations, design and critical thinking. Skilled individuals will provide support to the state's staff in the aforementioned areas in order to help prepare a well-rounded proposal to assume risk

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management responsibility. A meeting will be held in Washington, D.C. in a few weeks to begin discussions regarding the grant and process.

**Rule Change: Long Term Care Services – Esther Perelman/Keri Andersen/Adele Edelman**

A rule change involving Medicaid Long Term Care (LTC) Covered Services was summarized for the board. The Economic Services Division (ESD) is currently in the process of renumbering rules and making them available on-line this summer, including this particular change involving LTC.

The LTC rule change deals principally with “housekeeping changes” and bringing it to current standards; there were no substantive, operational changes made. There is a page that actually outlines and identifies where all changes have been made. Jackie Majoros cautioned that, with this type of update/review, there sometimes can be change, even unintentionally. One area that may need additional work to bring everything into compliance is the Children’s Long Term Care Facilities.

Many board members wanted to look at the LTC rule change further and were encouraged to study the provided handout. Board members should send all questions and comments to Jackie Majoros by June 19, 2009; the information can then be forwarded to Keri Andersen at OVHA for further consideration and response.

**VPHARM Therapeutic Substitution – Ann Rugg**

Ann Rugg, Deputy Director for the Office of Vermont Health Access (OVHA), discussed the proposed VPHARM Therapeutic Substitution Equivalency Pilot Program. The pilot program will focus mainly on three generic drugs that can cover the need for Statin and PPI (Proton Pump Inhibitor) medication within the VPHARM program. These two classes of drugs represent 17% of what is currently spent in VPHARM. An annual Drug Utilization Review (DUR) Board meeting takes generic medications into consideration when assessing the need for affordable alternatives to brand name prescription drugs.

Board members expressed some concern over the proposed generic alternatives; for one, there is often the need to take the generic equivalent many more times a day. Certain members pointed out that, for individuals with cognitive memory issues, a more frequent dosage routine might result in an overall negative impact. Ms. Rugg suggested that the DUR Board will discuss adding a cognitive memory issues section to prior authorization forms that would ensure accurate prescriptions.

**MAB Request Topics**

- Budget Update
- June meeting -- discuss/determine topics for small work group meeting over the summer (no formal MAB meetings in July and August)
- Global Commitment briefing (“Investments”) for June meeting

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- Federal Health Care Reform briefing for September meeting
- Trend data from DAIL (Brendan Hogan)

**Next Meeting**

**June 25, 2009**

**Time: 10:00AM – 12:00PM**

**Location: Williston, VT**

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**Notices Work Group Meeting**

**Attendees:** Kay Van Woert (VFN), Trinka Kerr (HCO), Sharon Henault ( Member), Kristi Kistler (DHMC), Edna Fairbanks-Williams (Member), Kim LaFrance (ESD), Donna Sutton Fay, Esther Perelman (OVHA) and Clark Eaton (OVHA).

**Discussion – Notices/Disenrollment**

The Notices Work Group met immediately following the MAB meeting. Kay Van Woert described the initial intent of the work group coming together: 1) summarize the issues, 2) identify problem areas and 3) move forward to define a problem statement.

Sharon Henault provided background information and examples of problems with notices and disenrollment. For the general Medicaid population, notices can still be difficult to understand. Also, particularly for people with limited fixed incomes, there is too short a time period (reaction time) to prevent a lapse in health insurance coverage. Premium payments are due on the 15<sup>th</sup> of the month, and if they are not received by the 1<sup>st</sup> of the next month, coverage lapses. Suggestion: an additional five-day grace period could significantly reduce the problem. Many beneficiaries receive income checks on the first of the month and, if they get behind, they need that next check(s) to get caught up.

Kim LaFrance suggested that a representative group sit down and look at sample notices and provide feedback. The goal for everyone is to put everything in notices into simple, understandable terms. Adding an additional five day grace period may not that simple; it could involve a rule or regulation change. The ESD and the OVHA will look into this.

The work group will need to meet again, possibly in July. In the short term, participants should collect notice samples that are problematic and forward them to Clark Eaton at the OVHA. Also by July, there will be a better idea of stimulus money available for assisting in this type of improvement activity.