
Medicaid Advisory Board
Meeting Minutes
June 24, 2010

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PRESENT

Board: Christina Colombe (Member), Trinka Kerr (HCO), Larry Goetschius (VAHHA), Kay Van Woert (VFN), Madeleine Mongan (VMS), Michael Sirotkin (COVE), Sharon Henault (Member), Laura Pelosi (VCHA), Jackie Majoros (SLTC Ombudsman), Peter Taylor (VSDS), Julie Tessler (VCDMH), Sheila Reed (VVC), Nathaniel Waite (VDH) and Kristi Kistler (DHMC).

Other Interested Parties: Corey Armstrong (Alt. Member), Jennifer Fredette (MAXIMUS), Sonia Tagliento (MAXIMUS), Leslie Wisdom (Rate Setting), Kathleen Denette (Rate Setting) and Cherie Bergeron (HP).

Staff: Susan Besio (OVHA), Lori Collins (OVHA), Michael Farber (OVHA), Keri Andersen (OVHA), Greg Needle (OVHA), Clark Eaton (OVHA) and Stacey Baker (OVHA).

HANDOUTS

- Agenda
- May 27, 2010 Meeting Minutes
- Draft SFY '11 Rule Changes
- Proposed State Plan Amendment: Long-Term Care Facilities (June 23, 2010)

CONVENE

Kay Van Woert chaired the meeting.

Approval of Meeting Minutes

The May 27, 2010 meeting minutes were submitted for approval. The May 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 reminding the Medicaid Advisory Board (MAB) that the OVHA officially will change its name and begin operating as a Department (Department of Vermont Health Access (DVHA) on July 1, 2010.

Susan went on to provide an update on current state Medicaid related issues: 1) the OVHA will not continue to pursue recoupment of the \$250 federal pharmacy rebates, even though Vermont had already covered these costs for recipients. The Governor sent a letter of concern to the Department of Health and Human Services and Vermont hopes that this kind of unintended penalty is a one-time occurrence; 2) the state's decision to limit beneficiaries to 12 ER visits annually is on hold, awaiting a final decision from CMS; 3) the OVHA is in the process of hiring additional Care Coordinators as part of the Challenges for Change initiative, focusing on the Rutland and St. Albans regions; 4) there are now eight of ten individuals identified for possible service on OVHA's new Clinical Utilization Review Board (CURB). Potential board members will be recommended to the Governor; 5) Hunt Blair is working on the 340B Challenges for Change initiative, a

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federal reform bill component that would allow critical access hospitals and FQHC's to take advantage of 340B pharmacy pricing; 6) the OVHA is actively involved in the state's Family Integrated Services initiative which is focusing on care coordination/care management for entire family units; and 7) the Blueprint for Health program will come under the OVHA's umbrella on July 1, 2010, though they won't physically move to OHVA until the middle of August.

Sharon Henault expressed her concern that the new CURB membership selection should include consumer representation. Susan and OVHA's Medical Director, Dr. Michael Farber, both stressed that this will be a very technical board requiring medical expertise and individuals with a vast knowledge of medical treatment and procedures. Kay Van Woert suggested this issue be tabled for now and that this concern be monitored in the near future as the CURB takes final shape and meets.

Susan asked MAB members to forward any suggestions for two new consumer candidates who would be good selections to serve on the MAB. Forward any names to Clark Eaton at OVHA. Susan also noted that, by statute, actual consumer membership should be staggered, with consumer members serving three year terms. For now, focus should remain on filling the vacant consumer positions. Kay Van Woert noted that term limits would not be helpful to the productive work of the MAB.

Lori Collins addressed the MAB's prior concern that Cerebral Palsy (CP) was not one of the five excluded diagnoses that could exceed 30 therapy visits per year starting on July 1, 2010. Lori indicated that research showed that the majority of these cases were for children, and children would not be limited. Also, research indicates that 18-24 visits for adults typically covers this therapy. Moreover, there are no limits if the therapy is delivered through home health care or paid through Medicare. Some MAB members still feel that CP therapy limits should be decided on a functional basis; while 18-24 visits might be enough for therapy related to the chronic condition of CP, if an individual with CP developed an additional (non-chronic) health episode or injury, medically needed therapy for that injury on top of chronic therapy needed for CP would likely exceed the caps and have to be denied. For now, it is part of law and will need to be addressed again in the legislature. In the coming year, OVHA can run a report to see if any adults with CP reach the 30 visit therapy limit.

SFY '11 Rule Changes – Keri Andersen

Keri Andersen, Health Programs Administrator for OVHA, addressed the board regarding draft rule changes. Ms. Andersen provided draft versions of two proposed rule changes, Bulletin No.10-11, VPharm and VScript Rebate Agreements and Bulletin No. 10-13, State Fiscal Year 2011 Coverage Changes.

Ms. Andersen first addressed Bulletin No.10-13, the draft permanent version of the emergency rule. The permanent rule goes into effect on 10/29/10 and the only change

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from the emergency rule is changing the OVHA from an Office to a Department. The emergency rule is available on the OVHA website, which also includes all the comments and responses that were received. There will be a public hearing on this rule on August 17, 2010 at OVHA from 10:00 -11:00AM.

For Bulletin No.10-11, Ms. Andersen noted that the handout provided should replace the version first e-mailed to the MAB. Language should have included both VPharm and VScript. There will be a public hearing on this rule on August 17, 2010 at OVHA from 11:00 AM -12:00 PM. Written comments on this rule will be due by August 24, 2010.

Nursing Home Rate Setting Process – Leslie Wisdom and Kathleen Denette

The Division of Rate Setting is amending the State Plan to implement changes directed by the 2011 State Appropriations Act. This Act modifies the way nursing homes will be paid in two different ways for SFY 2011: 1) by modifying the methodology used to calculate inflation paid to nursing homes and 2) by reducing by one half the case-mix weights of the four lowest resource utilization groups (RUGs), which can affect facilities' Nursing Care rate components. A handout was provided that explains these two changes in detail. They will be in effect for one year only.

The estimated effect of the state plan change in inflation should reduce the total cost to the Medicaid program by \$4,100,000 for SFY 2011. The overall weighted inflation going from SFY '10 to SFY '11 is about 2.5%. The effect of the state plan change reducing case-mix category weights will reduce the projected costs to the Medicaid program by \$800,000.

MAB Issues – MAB Membership

Trinka Kerr discussed the recent discovery that the state, under ARRA, has not been applying the earned income exclusion to determine eligibility for health care programs; this should have been happening since January 1, 2010. DCF and ESD will be working together, with assistance from OVHA, to develop a retroactive fix for this problem.

Kay Van Woert asked if there were specific areas or issues the board wanted to work on over the summer months – there are no formal MAB meetings scheduled for July and August. The board felt it was most reasonable to reengage key issues in the fall.

Eligibility/Modernization – Joe Patrissi and Les Birnbaum

Joe Patrissi, Deputy Commissioner of DCF, and Les Birnbaum at ESD provided an update of the Eligibility/Modernization effort. Mr. Patrissi stressed that even though DCF is in the final stages of their Modernization effort, it is still a transition period and there are still issues to overcome. The project should be 90-95% complete by early fall.

Les Birnbaum outlined progress that has been made in key areas of the project: 1) the Call Center has been fully activated and all clients are calling into the 1-800 number. Four more call agents are being recruited and this will bring the Center to full staffing at

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18 agents, 2) an interview staff is being positioned with 15 members who will coordinate interviews for times that are most convenient for clients. These members will also back-up the Call Center staff during high call volume periods, 3) the website “mybenefits” is up and running, 4) a provider portal is being developed for early fall, and 5) an upgrade that will allow clients to apply only for specific programs.

Les described how the Division is getting provider and consumer feedback through an advisory group and that a survey is being created to gather consumer and client input. Board members felt there needs to be more communication and means for more consumer input. OVHA can assist in getting more information out to the MAB when it is available for those members who want it.

After Les summarized the progress to date on the eligibility/modernization effort, the meeting adjourned at 12:00 PM. A smaller group of interested members stayed on for more in-depth discussions on eligibility/modernization.

MAB Request Topics/Data

- Health Care Reform Update
- 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 Program & Data Update/Evaluation –Early Fall
- Medicare/Medicaid interface – Info & Outreach
- Policy Review – Limitations on OT/PT for Chronic Conditions
- ADA Compliance Officer for AHS

Next Meeting

September 23, 2010

Time: 10:00AM – 12:00PM

Location: Department of Vermont Health Access, Williston, VT