
Medicaid Advisory Board
Meeting Minutes
September 23, 2010

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PRESENT

Board: Christina Colombe (Member), Trinkia Kerr (HCO), Larry Goetschius (VAHHA), Kay Van Woert (VFN), Paul Harrington (VMS), Michael Sirotkin (COVE), Sharon Henault (Member), Laura Pelosi (VCHA), Jackie Majoros (SLTC Ombudsman), Peter Taylor (VSIDS), Julie Tessler (VCDMH), Dale Hackett (Member), Nathaniel Waite (VDH) and Kristi Kistler (DHMC).

Other Interested Parties: Corey Armstrong (Alt. Member), Jennifer Fredette (MAXIMUS), Sonia Tagliento (MAXIMUS), Barbara Beaty (HP), Cherie Bergeron (HP), Anne McBee (DCF) and Lena Hemenway (DCF).

Staff: Susan Besio (DVHA), Lori Collins (DVHA), Michael Farber (DVHA), Stephanie Beck (DVHA), Greg Needle (DVHA), Daljit Clark (DVHA), Clark Eaton (DVHA) and Stacey Baker (DVHA).

HANDOUTS

- Agenda
- June 24, 2010 Meeting Minutes
- American Health Benefits Exchange Basics (9/15/10)
- Affordable Care Act (ACA) Funding Opportunities (as of 9/23/10)
- Blueprint for Health Rules #10-19

CONVENE

Kay Van Woert chaired the meeting.

Approval of Meeting Minutes

The June 24, 2010 meeting minutes were not submitted for approval and will be submitted for approval at the October 28, 2010 board meeting.

Commissioner's Update – Susan Besio

The Commissioner of the Department of Vermont Health Access (DVHA), Susan Besio, opened the discussion by informing the Medicaid Advisory Board (MAB) that there is no real news yet on the SFY '12 budget. There have been reports that the state will be looking at an approximate \$120 million deficit, but that number is not official by any means. The DVHA has no budget instructions or any targets yet, and is only in the process of developing SFY '12 budget templates.

For the current year, the SFY '11 Medicaid budget is on track; projected expenditures are slightly lower, but Medicaid utilization and caseloads are running a bit higher. Overall, budget execution should even out.

Moving to Health Care Reform, Susan discussed mandatory benefits going into effect between now and January 1, 2011 in Vermont that include: 1) no more annual limits, 2) no more lifetime limits and 3) coverage for dependents up to age 26 who live at home with their parents. Susan also touched on an immediate (October 1) additional Medicaid

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benefit that will pay for smoking cessation counseling for pregnant women (covered in depth later in the agenda).

Susan covered information from the Health Care Reform Commission's meeting on September 15th. A handout was provided to the MAB that tracks Affordable Care Act (ACA) funding opportunities that have been released from CMS, HHS and HRSA. The Vermont Department of Health (VDH) has just been awarded a \$1.1 million grant for each of the next five years to expand the public health infrastructure. This is a significant infusion of dollars to assist the public health alliances with the Blueprint for Health, including necessary data analyses to support prevention work within the Blueprint. The ACA Funding Opportunities worksheet will be updated monthly on the HCR website; updates also will be distributed regularly to the Joint Fiscal Committee, the HCR Commission and the MAB.

The ACA also mandates that a Health Benefits Exchange option be developed and implemented in each state by January, 2014. This will be a large, complicated and complex development process and each state can elect from four operating options. Susan indicated Vermont is proceeding toward developing and operating its own state Health Benefits Exchange. There is one model out there now (Massachusetts), but the new exchanges will have to be much broader in scope and include: 1) an eligibility function, 2) the ability to compare price and quality, 3) a cost calculator and 4) a full system navigation function. A planning grant will help the state examine the pros and cons of all the various approaches/sub-approaches required to make an effective state Exchange Program. Consultants will be hired to assist along the way to be sure we design and model the best system possible, which actually will need to be ready by 2013.

Proposed Blueprint for Health Rules – Hunt Blair

Hunt Blair, Director of Health Care Reform at DVHA, addressed the board regarding proposed rule change AHS Bulletin No.10-19, Blueprint for Health Rules. This proposed rule change reflects the fact that the Blueprint for Health program is now under DVHA's umbrella and also covers other key elements, including: 1) the process for provider enrollment in the Medical Home Program, 2) the process of development of new Community Health Teams, 3) the process for insurer participation, grievance & appeals, and 4) the process for hospital participation and certification.

The rules also provide guidance for the structure and sequence of the Blueprint expansion process, also detailing the process for modification of the payment reforms and participation of hospitals in the statewide Health Information Exchange network to support the Blueprint's IT infrastructure.

Julie Tessler questioned whether behavioral and mental health medical homes are included. So far, there is nothing that precludes mental health billing, but there needs to

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be more specific and better integration of behavioral and mental health components in the program.

A public hearing is scheduled for Friday, November 19, 2010 from 1:00-3:00 PM in the DVHA conference room, 312 Hurricane Lane, Suite 201, Williston, Vermont. Written comments may be submitted no later than 4:30 PM on Friday, November 26, 2010 to Greg Needle, DVHA, 312 Hurricane Lane, Suite 201, Williston, Vermont 05495.

Board Discussion Topics – MAB Membership

Sharon Henault discussed the hardship in establishing medical homes for difficult beneficiaries in the Northeast Kingdom with chronic issues. Trinkia Kerr also expressed a general concern about beneficiaries sometimes having difficulty accessing doctors. In response, Vermont Health Access Member Services assists beneficiaries who are looking for primary care providers by maintaining a list of Medicaid-enrolled providers by geographical area. Beneficiaries can also use the HP Provider Services website to view providers who is accepting new patients in a specific area. In more difficult situations, DVHA's provider relations staff can assist in contacting providers and connecting them with beneficiaries. The DVHA will outline steps for assistance regarding access to primary care providers and provide feedback to the MAB.

The two MAB consumer member vacancies were discussed; DVHA, with Kevin Veller's assistance, will prepare an outreach announcement that can be provided to MAB members. The membership can take advantage of their own networks to get the word out on the vacancies. Clark Eaton will coordinate this effort.

Susan Besio does not support the statutory requirement for term limits for MAB consumer members; it is an equity issue because there are no term limits for other provider and advocate organizational MAB members. She will seek a statutory change this coming year to eliminate the term limit language for MAB consumer members. Members also requested that there be mentoring for new members; this will be discussed at the next meeting.

Economic Services Division Call Center – Anne McBee/ Lena Hemenway

Call Center support is improving with the addition of new staff positions and two temporary positions. All health care calls are now being directed to Maximus, which has a positive impact on phone wait times for clients. Also, pure administrative questions are being redirected quickly, freeing up more time to focus on eligibility questions.

Issues surrounding the Economic Services Division's Eligibility/Modernization/Call Center efforts remain of great concern to MAB members.. This should be an agenda item for the October MAB meeting. A MAB Consumer Subcommittee meeting will also be scheduled in October, immediately following the regular MAB meeting, to further discuss Eligibility/Modernization/Call Center issues.

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Smoking Cessation Counseling Benefits – Daljit Clark

Daljit Clark, DVHA's Clinical Operations Director, expanded on new Medicaid smoking cessation counseling benefits. Effective October 1, 2010, the DVHA will cover face-to-face counseling for smoking cessation for pregnant Vermont Medicaid beneficiaries. The maximum number of visits allowed per calendar year is 16. Providers who can bill Vermont Medicaid for smoking cessation counseling are physicians, nurse practitioners, licensed nurses, nurse midwives, and physician's assistants. "Qualified" Tobacco Cessation Counselors are also allowed (requires at least eight hours of training in tobacco cessation services from an accredited institute of higher education).

MAB Request Topics/Data

- Health Care Reform Update
- Challenges for Change Impacting Medicaid (DAIL, IFS)
- Update on Dual Eligible Study
- Medicare/Medicaid interface – Info & Outreach
- 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 – Fall
- ADA Compliance Officer for AHS
- Modernization/Eligibility
- Policy Review – Limitations on OT/PT for Chronic Conditions (seek legislative changes)
- Recruiting New Consumer Members for MAB

Next Meeting

October 28, 2010

Time: 10:00AM – 12:00PM

Location: Department of Vermont Health Access, Williston, VT

Consumer Subcommittee Meeting

October 28, 2010

Time: 12:15PM – 1:30PM

Location: Department of Vermont Health Access, Williston, VT