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**Medicaid Advisory Board  
Meeting Minutes  
September 24, 2009**

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**PRESENT**

**Board:** Christina Colombe (Member), Kristi Kistler (DHMC), Edna Fairbanks-Williams (Member), Madeleine Mongan (VMS), Kay Van Woert (VFN), Anita Hoy (COVE), Michael Sirotkin (COVE), Sheila Reed (VVC), Lila Richardson (HCO), Julie Tessler (VCDMH), Laura Pelosi (VHCA), Larry Goetschius (VAHHA), Sharon Henault (Member) and Dale Hackett (Member).

**Other Interested Parties:** Joan Senecal (DAIL), Kim LaFrance (DCF), Cherie Bergeron (EDS) and Jennifer Fredette (MAXIMUS).

**Staff:** Susan Besio (OVHA), Lori Collins (OVHA), Clark Eaton (OVHA), Robert Larkin (OVHA) and Lorraine Siciliano (OVHA).

**HANDOUTS**

- Agenda
- June 25, 2009 Meeting Minutes
- New OVHA Organization Chart (Sept.1, 2009)

**CONVENE**

Kay Van Woert chaired the meeting.

**Approval of Meeting Minutes**

The June 25, 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), addressed the State Fiscal Year (SFY) 2011 budget; unfortunately, there is no specific information, timeline or guidance available yet on the SFY '11 budget process. Susan did note that the state will be facing a significant deficit for 2011. She encouraged the board to pass along any recommendations that may provide savings. The board may want to review past year line item expenditures found in OVHA's budget book inserts that are broken down by category. Generally, there are two means to achieve the budget requirements: 1) increase dollars coming into the program or 2) reduce expenditures, thereby reducing administrative costs or dollars going out. In simple terms, existing co-pays could be increased or new co-pays could be introduced. On the other hand, expenditures could be decreased by reducing provider reimbursement rates, reducing program benefits or by finding more administrative program efficiencies.

Kay Van Woert suggested the OVHA look at achieving more efficiencies that run across departmental lines within the state. Susan agreed and cited joint efforts with the Department of Disabilities Aging and Independent Living (DAIL) on combined service initiatives. In facing this difficult year, Laura Pelosi suggested that the MAB get together and prioritize recommendations on what might be cut or not cut in light of SFY '11

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budget constraints. Kay Van Woert noted that the board has stated its principles for establishing priorities in the past and may want to meet and reevaluate its approach.

Susan handed out a chart displaying a recent reorganization (September 1, 2009) for the OVHA. A number of staff changes have occurred and the organization has been realigned so that like functions are grouped together and operations are more streamlined. The OVHA now has three separate divisions: 1) Health Care Reform, 2) Managed Care Organization and 3) Medicaid Policy, Fiscal and Support Services. A new Medical Director, Dr. Michael Farber also is set to join OVHA on October 1, 2009. He will be introduced at the next MAB meeting.

**Economic Services Division (ESD) Modernization Project – Les Birnbaum**

Les Birnbaum, gave a brief overview of ESD's Modernization Project for the state's benefits eligibility system, using new technology to create more avenues of communication between clients and departments. The program has focused on two enhanced components: 1) a new automated Interactive Voice Response (IVR) system and 2) a revamped call center. Both will be up and running soon. For those comfortable with automated phone operations, there will be easy options to access specific information and get answers to most frequently asked questions. For those more comfortable talking to a live representative, there will also be a call center in place for people to get answers to any of their questions. A successful pilot program was conducted within the state's Fuel Assistance Program.

Kay Van Woert urged the department to use the MAB's consumer expertise for testing and trial runs as this project moves forward. Sharon Henault also stressed the need for consumers to help with testing, particularly for the elderly and those with disabilities. There may be opportunities for assistance in testing the future web-based services, which isn't projected for fielding for another several months.

**State Plan Change (Nursing Homes) – Leslie Wisdom**

Leslie Wisdom, the attorney for the state's Division of Rate Setting, discussed the proposed state plan amendment for the way the state sets Medicaid rates for nursing homes. Specifically, the State Plan is being amended to implement Section E.308 of the Appropriations Act that provides for no nursing home inflation for SFY '10. This is an impact of the recession and while it saves the state \$1.8 million in general fund, it is a significant loss to nursing homes. Laura Pelosi pointed out that approximately 70% of Vermont's nursing home business revenue is derived from Medicaid. Some nursing homes may have to apply for emergency assistance.

The Choices for Care Program eligibility application process was also discussed. There are both clinical and financial criteria that are weighed for eligibility. There is an initial application process, with a follow up on financial eligibility. Some individuals are

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electing to curtail their application process because of the financial information that must be collected and provided.

**ESD Rule Changes – Marybeth McCaffrey/Steve Sease**

Marybeth McCaffrey and Steve Sease, Health Policy Analysts at the Economic Services Division (ESD), distributed proposed bulletin number 09-24P, Rule Changes to Medicaid, VHAP, Premium Assistance and Pharmacy Programs. The bulletin proposes changes to health care programs necessitated by:

- Vermont Act 61 (H.444, approved June 2, 2009) entitled, *An Act Related to Health Care Reform*
- Vermont Act 1 (Special Session, approved June 2, 2009 by the legislative override of Governor's veto) entitled, *The Fiscal Year 2010 Appropriations Act*,
- Federal *Children's Health Insurance Program Reauthorization Act (CHIPRA)*, and
- Additional rule changes initiated by the Department for Children and Families.

Steve Sease highlighted the specific amendments/changes under each of these actions. Comments will be welcome over the next few weeks. The intent is to address items that are not clearly presented or could be misrepresented; new or changed policy cannot be introduced at this time.

**Public Comment Period**

Anthony Otis, Public Policy Attorney, representing three health care clients, expressed his formal objection to the rules process that OVHA used for administrative rule 09-17 concerning pharmacy reimbursement. He also has presented his objection to the Health Access Oversight Committee and asked them to weigh in on his concern.

**Wrap-Up/Adjournment – Kay Van Woert**

To prepare for SFY '11 budget inputs, the MAB will review its principles statements and be prepared to discuss its principles approach at the October 22, 2009 MAB meeting. For interested members, a pre-meeting will be scheduled for 9:00 AM on October 22<sup>nd</sup> to discuss SFY '11 budget priorities.

MAB members are still concerned that the state is not "testing" new systems and procedures with consumers before they are implemented. Consumers need to be involved earlier in the development and testing phases of improvement projects to ensure all key concerns are addressed.

A separate meeting needs to be scheduled with the ESD's Eligibility Group to continue discussions on the timing of premium cut-offs; this is still an area that needs to be addressed.

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**MAB Request Topics**

- Budget Update
- New Medical Director Introduction
- Federal Health Care Reform briefing
- Trend data from DAIL (Brendan Hogan)
- Timing of Premium Cut Off

**Next Meeting**

**October 22, 2009**

**Time:10:00AM – 12:00PM**

**Location: Williston, VT**