

**Medicaid Advisory Board**  
**Meeting Minutes**  
October 27, 2011

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**PRESENT**

**Board:** Christina Colombe (Member), Kay Van Woert (VFN), Susan Barrett (BSPCA), Wendy Davis (VDH), Laura Pelosi (VHCA), Trinkia Kerr (HCO), Sheila Reed (VVC), Corey Armstrong (DHMC), Madeleine Mongan (VMS), Larry Goetschius (VAHHA), Peter Taylor (VSDS), Lisa Maynes (Member), Michael Sirotkin (COVE) and Dale Hackett (Member).

**Other Interested Parties:** Danielle Hibbard (BSPCA), Sonia Tagliento (MAXIMUS), Alexis Perkins (MAXIMUS), Cherie Bergeron (HP), Barbara Beaty (HP), Jill Guerin (KSE Partners), Lucie Garand (DRM), Anthony Otis and Theo Kennedy (Chiro, Pharm and Delta Dental), Donna Sutton Fay (CHCS), Julie McCarthy (CMS) and Betty Morse (VFN).

**Staff:** Daljit Clark (DVHA), Bill Clark (DVHA), Sue Mason (DVHA), Clark Eaton (DVHA) and Stacey Baker (DVHA).

**HANDOUTS**

- Agenda
- August 25, 2011 Meeting Minutes
- Family Planning Option Eligibility Rules (Bulletin No.11-20P)
- Family Planning Option Information Public Meeting Flyer (8/30/11)
- Proposed Medicaid Rule Change (AHS Bulletin No.11-11)
- Follow-Up on the OTC Drug List (AHS Bulletin No.11-13)
- Proposed Medicaid Rule Change (AHS Bulletin No.11-15)
- Proposed Medicaid Rule Change (AHS Bulletin No.11-17)
- Integration of Medicaid and the Health Benefit Exchange

**CONVENE**

Kay Van Woert chaired the meeting.

**Approval of Meeting Minutes**

The August 25, 2011 meeting minutes were submitted for approval and were approved unanimously.

**Medicaid Rules Update – Greg Needle/Steve Sease**

Steve Sease, Department for Children and Families (DCF), started by describing the new Family Planning Option eligibility category (proposed in AHS Rule Change Bulletin 11-17) that will provide medical assistance for family planning services and supplies to individuals (men and women) who were previously ineligible for Medicaid. There will be broad eligibility criteria, with income not exceeding 200% FPL and no age restriction. The new category will be implemented by April 1, 2012. Wendy Davis asked that the state explore whether this new category potentially could introduce a capacity problem; the Department of Vermont Health Access (DVHA) will track this concern.

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Greg Needle, Policy Administrator with DVHA, covered the highlights of AHS Rule Change Bulletin Numbers 11-11, 11-13 and 11-15. Bulletin Number 11-13, involving the creation of an Over-the-Counter (OTC) drug list, was previously briefed to the MAB at the August 25, 2011 meeting. Per Vermont Act 63, DVHA was directed to reduce Medicaid spending on prescription drugs by creating and managing a preferred over-the-counter drug list, establishing lower reimbursements for specialty drugs, and requiring justification for prescribing multi-source brand-name drugs. This effort is now covered in AHS Bulletin Number 11-15. Greg handed out the OTC drug list for review. Decisions on the list's content were made by the Drug Utilization Review Board (DUR), which has monthly public meetings at DVHA. DVHA will review the list and provide the MAB an indication of changes – what has moved from “covered” to “not covered”.

Greg Needle went on to cover/summarize AHS Bulletin No.11-11, Rehabilitative Therapy Services for Beneficiaries under Age 21. This emergency rule is being implemented per the recommendations of the DVHA Clinical Utilization Review Board (CURB) and amends (for beneficiaries under age 21) PT, OT and ST visits from a period of 4 months to 8 visits before requiring a prior authorization (PA). Overall services for this age group are not being limited. Daljit Clark, DVHA's Director of Clinical Operations, indicated that looking at clinical criteria and best practice standards for children, it was appropriate to start earlier intervention. Also, getting a PA would not necessarily require a break in treatment. Trinkia Kerr questioned why this action was being implemented under an emergency rule and MAB members also asked if it was possible to have more time to comment on this rule change. Mark Larson indicated that DVHA would look into these concerns. Kay Van Woert noted that MAB concerns about last year's imposition on limitations of adult OT PT had not yet been addressed by DVHA.

**Commissioner's Report – Mark Larson**

The new Commissioner of DVHA, Mark Larson, introduced himself to the MAB membership, indicating how much he looked forward to working together with everyone as Vermont moves forward toward a universal, single payer, comprehensive health care system.

DVHA is now in the early stages of the SFY '13 budget development process. There is no detail yet, but it is important that the budget is developed in a way that is most responsive to Vermont's Medicaid population. This includes, wherever possible, having timely inputs from consumers and other constituents as the whole budget process moves forward.

Mark also provided a handout of DVHA's Draft Strategic Plan for the MAB to review and provide any thoughts or suggestions. Many of the MAB's policy and process principles forwarded to the DVHA Commissioner in August have been incorporated in the Draft Strategic Plan. The September flooding shifted the timeline for strategic

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planning, but most of DVHA's out-year planning is dictated by Act 48. DVHA needs to play a leading role in the development of a universal, publicly financed, health care system. Mark summarized the six main goals of the strategic plan and noted that MAB members can submit e-mail comments on the strategic plan on behalf of their individual organizations or stakeholders or wait to weigh in during the November MAB meeting.

**Integration of Medicaid and the Exchange – Robin Lunge**

Robin Lunge, Vermont's Director of Health Care Reform, provided the MAB an overview of Health Care Reform at their June 23, 2011 meeting. With a handout, Robin recapped that overview by providing the MAB with the broad goals outlined in Act 48 and by reviewing the timeline stages of Vermont's proposed health reforms. She then focused on the creation of the Health Benefit Exchange (including the Health Reform Board) starting this year. There will be an integration plan developed for a "Single Payer Exchange" and a report back to the legislature in 2012. The plan is for the Health Benefit Exchange to become operational in 2014.

When operational, the Health Benefit Exchange would serve: 1) individuals without employer-sponsored insurance, 2) small businesses and their employees and 3) people with incomes under 400% FPL (through federal tax subsidies). Robin also covered a slide addressing broadly what happens in 2014 to VHAP, Catamount Health, and employer-sponsored insurance assistance, as well as what happens to coverage for seniors and individuals with disabilities. MAB members are encouraged to provide feedback in these areas and for all areas of the presentation, including inputs for the development of future Vermont Health Benefits Programs and Health Coverage Options for Medicaid and the Exchange for 2014.

**MAB Discussion -- MAB Membership**

Kay Van Woert circulated a list for MAB members to indicate priority topics for building future MAB agendas. The priority list will also be circulated to members not in attendance for their inputs and suggestions. The list will be included monthly in the MAB minutes. Mark Larson stressed the importance of everyone staying involved over the coming months as the state and DVHA moves toward the Health Benefit Exchange and a single payer system. Robin Lunge will be invited back to continue her discussions and get feedback on Health Care Reform for Vermont.

As a recap, DVHA will: 1) look into the use of the emergency rule process, 2) revisit the OTC drug list and indicate what went from "covered" to "not covered" on the list, and 3) consider timing for a MAB workgroup briefing on the Drug Utilization Review Board (DUR) – what it is and what it does.

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**Priority Areas of Interest for MAB Near-Term Discussion and Work**

- Vermont Health Care Reform/Exchange Board/MAB role (and how to connect disability perspective)
- DVHA Strategic Plan
- Issues with current public programs:
  - o EPSDT (MAB workgroup)
  - o Dual Eligibles
  - o DUR/Rx
  - o Transportation
  - o Supplies/DME)
  - o Limitations on adult OT PT

**Ongoing Areas of Interest --Updates from DVHA as Timing is Appropriate**

- Federal Health Care Reform Updates
- Chronic Care Initiative/Blueprint
- Update on Provider Tax Strategy and RFP
- Workgroup on Process Improvements (date for follow-on?)
- Loss of PCP/PCP continuity following break in benefit-DVHA to report back
- Dual Eligible Initiative
- Voc Rehab
- Integrated Family Services
- Bridge Program
- Autism Insurance
- Medicaid Home Health Initiative
- MMIS

**MAB Requested Data/Information**

- Global Commitment report
- PMPM net of premiums for Dr. Dynasaur and Pharmacy
- ADA Compliance process for AHS
- Vermont's CHIP participation
- Evaluation of cost of 12 month continuous eligibility for children
- Data on churn (get from Steve Kappel?)

**Next Meeting**

**November 17, 2011**

**Time: 10:00AM – 12:00PM**

**Location: DVHA, Williston, VT**

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**Notes from the 10/27/11 EPSDT Workgroup Meeting (12-1:00PM)**

**Attendees:** Wendy Davis, Trinkia Kerr, Kay Van Woert, Sheila Reed, Madeline Mongan, Betty Morse and Donna Sutton Fay, Barb Prine.

Wendy Davis led the meeting. The group “compared notes” on barriers in access to EPSDT (Early and Periodic, Screening, Diagnosis and Treatment) benefits for children. Challenges were captured and will be circulated in draft to the group prior to the next meeting to be finalized into a consensus problem statement. Wendy Davis will provide more information on barriers to screening. The group agreed on a need to scan and inventory current initiatives already ongoing to address EPSDT access issues. Wendy Davis will start a draft of that inventory for the next meeting. Peter Taylor asked that the Dental Society be added to the group. Others are welcome to join in the next discussion following the regular November MAB meeting.