

**Medicaid Advisory Board**  
**Meeting Minutes**  
June 23, 2011

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**PRESENT**

**Board:** Christina Colombe (Member), Laura Pelosi (VCHA), Hilde Hyde (Member), Kay Van Woert (VFN), Danielle Hibbard (BSPCA), Wendy Davis (VDH), Lila Richardson (HCO), Julie Tessler (VCDMHS), Sarah Launderville (VCIL), Larry Goetschius (VAHHA), Madeleine Mongan (VMS), Sharon Henault (Member), Michael Sirotkin (COVE), Peter Taylor (VSDS), Sheila Reed (VVC), Dale Hackett (Member) and Corey Armstrong (DHMC).

**Other Interested Parties:** Sonia Tagliento (MAXIMUS) and Spring Shover (HP), Jill Guerin (KSE Partners), Nick Emlen (VCDMHS) and Ed Paquin (DRVT).

**Staff:** Susan Besio (DVHA), Lorraine Siciliano (DVHA) and Clark Eaton (DVHA).

**HANDOUTS**

- Agenda
- May 26, 2011 Meeting Minutes
- Notices of Emergency Rulemaking ( Premium Grace Period and Coverage of lawfully Residing Children and Pregnant Women
- Overview of H.202: The Vermont Health Reform Bill of 2011
- Legislative Language re the Medicaid and Exchange Advisory Committee
- Overview of Basic Health Program (3/31/11)

**CONVENE**

Kay Van Woert chaired the meeting.

**Approval of Meeting Minutes**

The May 26, 2011 meeting minutes were submitted for approval and were approved unanimously.

**Commissioner's Update – Susan Besio**

The Commissioner of DVHA, Susan Besio, reminded the board that she would be retiring from state government effective July 1, 2011 and that her replacement has not been selected yet. Susan reiterated that the DVHA staff will have its hands full with tasks coming out of the recent legislative session, especially those related to Health Care Reform. She expressed her thanks to board members for their ongoing effective participation and inputs on Medicaid issues. Everyone brings a unique perspective to the table which is important to improving the ongoing operation of the program. Lori Collins will serve as the Interim Commissioner.

Members of the board again thanked Susan for her contributions to the Medicaid program and dedicated service to the State of Vermont.

**Autism Initiative – Suzanne Santarcangelo**

Suzanne Santarcangelo, AHS Director of Health Care Operations Improvement, addressed the state's autism initiative. At the end of the legislative session, the legislature

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went ahead with an Act to delay implementation of expanded Medicaid autism services for one year. For now, there are not enough qualified specialists to provide the desired treatment choice -- Early Interactive Behavior Intervention (EIBI) -- for the 0-6 year old age group if there was full participation. More time is needed to evaluate the statewide situation, looking at lessons learned and the best ways to grow access. Suzanne also pointed out that we can't build two systems of care -- one for children with an ASD and one for everyone else. Many of the services that families need are the same regardless of diagnosis (behavioral therapy, respite, caregiver support). It is the professional focus/expertise of the person delivering the service that varies. The state is currently working to integrate its family and children's programs including autism specialties into a seamless continuum based on functional and diagnostic assessments. We are learning from the flexible care pilot that has been operating in the personal care program and wish to expand that concept while making it administratively streamlined with Children with Special Health Needs and other programs. Kay Van Woert commented that provider shortages are often a result of lack of availability or inadequacy in Medicaid or other insurance reimbursement, and that if Medicaid reimbursement supported a viable business model, this would likely not be an issue.

Also, about 21% of Medicaid eligible children who have an ASD also have private insurance, yet private insurers only cost share in about 3% of the claims. This is in part due to exclusions for services in the natural setting versus clinic and differences in interpretation of rehabilitative versus habilitative care. Additionally, the coordination-of-benefits issues have been difficult to overcome in these instances when applying a traditional fee-for-service reimbursement model.

The MAB suggested a follow-up workgroup meeting be scheduled in the fall to get an update on the state's efforts in this arena and determine if there are other things that might help move this forward.

**Blueprint Program Update – Lisa Dulsky Watkins**

Lisa Dulsky Watkins, Associate Director-Vermont Blueprint for Health, provided an update on DVHA's Blueprint Program. The Blueprint initiative was launched back in 2003 as a chronic disease program focused on diabetes in adults. Since then, the program has expanded in scale and scope to incorporate other chronic diseases and also to include prevention and individual health maintenance.

The Blueprint Program now has a mandate for statewide expansion by October, 2013, with all health activities, payment reform and recognized medical homes to be in place. This will involve 230 primary care practices in Vermont. There is an interim expansion goal to have at least two primary care practices fully recognized as patient center medical homes by July, 2011. Community health teams and health information technology standards would also have to be in place. Lisa was pleased to report that Vermont will actually have 53 primary care practices fully recognized by July.

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There are resultant payment reform benefits for qualified practices and their communities. Based on a standard compliance grading system, enhanced payment amounts will be made to qualified practices. Traditional fee-for-service payment will also still apply. There also will be additional funding for community health teams and locally based care coordination teams.

The Blueprint effort also supports the Support And Services at Home (SASH) program; DVHA will forward more information on this program to MAB members.

**Medicaid and Exchange Advisory Committee – Robin Lunge**

Robin Lunge, the new Director of Health Care Reform, briefed the board on the plan for a new Medicaid and Exchange Advisory Committee that will be created and begin operating on July 1, 2012.

Robin provided two handouts for background information: 1) an overview of H.202: The Vermont Health Reform Bill of 2011, and 2) an Overview of the Basic Health Program as an option for Health care Reform. She then reviewed Section 7 of the new legislation (also handed out) establishing the new committee. Under federal law, there is the need to have Medicaid board oversight as well as oversight for the new Health Benefit Exchange for health care reform. The legislature decided there were more advantages to combining these needs and creating one new board that expands/changes the role of the current Medicaid Advisory Board.

The new Medicaid and Exchange Advisory Committee will be comprised of 22 members, which is close to the total MAB membership now. One member would be from a health insurance company, one would be the Commissioner of Health and the remaining members would be five beneficiaries of Medicaid, five individuals/representatives of small business (eligible for the Vermont Health Benefit Exchange), five advocates for consumer organizations and five health care professionals/representatives from a broad range of health care professionals. Other than adding the element of the Health Benefit Exchange, the purpose of the new committee remains consistent with the purpose of the current MAB. The new board will meet a minimum of 10 times a year.

Board members expressed individual concerns and there are still many questions to explore concerning the evolution of the Medicaid and Exchange Advisory Committee. The MAB will set aside time at their July meeting to discuss and prioritize concerns in this area. Robin reviewed the handout on the Vermont Health Reform Bill and agreed to come back and re-brief the MAB in the September timeframe to assess progress on this initiative.

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**Emergency Rules – Handout**

A handout was provided on proposed emergency rulemaking that: 1) provides a Dr. Dynasaur premium grace period and 2) provides coverage for lawfully residing children and pregnant women. These items have been briefed in concept to the board previously. If board members have specific questions on these items, they are encouraged to contact Les Birnbaum at AHS; his contact information is on the handout. The handout information also will be forwarded out electronically by DVHA to the board.

**Board Discussion Items – Workgroups and MAB Membership**

Kay Van Woert invited interested members to attend a follow-on meeting today (June 23<sup>rd</sup>) to discuss issues relating to consumer access to Medicaid benefits. Attendees will discuss with DVHA how to resolve/address access issues both individually and systematically.

The board also discussed whether or not to hold formal MAB meetings over the summer months in July and August. There was general agreement that with so much going on, the board should continue to meet over the summer. Peter Taylor stressed the need to focus on near term issues that are happening right now. The July meeting will be used to prioritize and discuss the most timely, critical issues. Kay Van Woert circulated a list for board members to indicate their preference for the top three topics to be covered at the July 28<sup>th</sup> meeting.

**MAB Requested Data/Information**

- 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?)
- Support And Services at Home (SASH)

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

- Loss of PCP/PCP continuity following break in benefit-DVHA to report back
- Dual Eligibles Initiative
- Chronic Care Initiative/Blueprint
- Bridges Program
- MMIS Limitations on OT/PT
- Medicaid Home Health Initiative
- Autism Insurance
- Integrated Family Services
- Voc Rehab--Sept or October
- Clarification to advocates on how to resolve Medicaid glitches beyond HCO

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**Areas for MAB Near-Term Discussion/Work**

- Health Care Reform (and how to connect disability perspective)
- Exchange Board and MAB role
- Issues with current public programs (e.g. EPSDT, Dual Eligibles, DUR/Rx, Transportation, Supplies/DME)

**Next Meeting**

**July 28, 2011**

**Time: 10:00AM – 12:00PM**

**Location: DVHA, Williston, VT**

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**Notes from the 6/23/11 Medicaid Access Issue Workgroup Meeting (12-1:00PM)**

**Attendees:** Kay Van Woert, Hilde Hyde, Sarah Launderville, Christina Colombe, Wendy Davis, Sharon Henault, Dale Hackett, Ed Paquin and Clark Eaton.

The group met to discuss challenges in Medicaid access related to process and policy, including a general lack of interface with broader AHS systems. They identified several areas for further exploration with Bill Clark, the Health Care Ombudsman, and MAB members. We need to figure how to more systematically identify patterns of problems and "fix" them systemically -- rather than expending consumer, advocate, and DVHA energy "fixing" one person at a time without improving the system.

General areas of concern include:

1. EPSDT (coordination of benefits issues, policy barriers, services for children with autism and similar functional challenges. Should this be a project of Integrated Family Services?)
2. Dual Eligibles (project ongoing)
3. DME/Supplies Policies/Process
4. DUR/Rx Policies/Process
5. Transportation Policies/Process