

**Medicaid Advisory Board
Meeting Minutes
December 16, 2010**

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PRESENT

Board: Christina Colombe (Member), Lila Richardson (HCO), Michelle Parent (Bi-State PCA), Lisa Maynes (Member), Kay Van Woert (VFN), Sharon Henault (Member) Madeleine Mongan (VMS), Anita Hoy (COVE), Sheila Reed (VVC), Laura Pelosi (VCHA), Larry Goetschius (VAHHA), Jackie Majoros (SLTC Ombudsman), Julie Tessler (VCDMH) and Kristi Kistler (DHMC).

Other Interested Parties: Sonia Tagliento (MAXIMUS), Spring Shover (HP), and Suzanne Chiarito (Conceptus-Women's Health).

Staff: Susan Besio (DVHA), Lori Collins (DVHA), Stacey Baker (DVHA), Peter McNichol (DVHA), Rob Larkin (DVHA) and Clark Eaton (DVHA).

HANDOUTS

- Agenda
- November 18, 2010 Meeting Minutes
- Affordable Care Act (ACA) Funding Opportunities (as of 11/12/10)
- Proposed Rule Amendment Memo – Medicaid Payment Rates for LTC Facilities
- Annotated Proposed Rule – Medicaid Payment Rates for LTC Facilities

CONVENE

Kay Van Woert chaired the meeting.

Approval of Meeting Minutes

The November 18, 2010 meeting minutes were submitted for approval and were approved unanimously by the board.

Commissioner's Update – Susan Besio

The Commissioner of the Department of Vermont Health Access (DVHA), Susan Besio, first noted that the State's Global Commitment Waiver renewal still is awaiting final sign-off at the federal level. Late edits have contributed to the delay, but DVHA still anticipates having a three year Global Commitment Waiver renewal in place soon.

The DVHA is continuing to meet bi-monthly with other Departments and the incoming Administration on the SFY '12 budget development, but there is nothing that can be shared at this time. The SFY '12 budget remains a work in progress for now; DVHA continues to look at trends for our budget inputs and is closely tracking enrollment growth rate. The new administration is in the process of gaining a full understanding of the dynamics of DVHA's budget and the development of the overall state budget. Susan also indicated that DVHA's current SFY '11 budget execution is on track.

Susan went on to discuss recent highlights from the updated handout that is provided monthly to the MAB that tracks Affordable Care Act (ACA) funding opportunities that have been released from CMS, HHS and HRSA. Discussion areas included: 1) the acceptance of a \$135k consumer assistance grant for the Health Care Ombudsman from

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BISHCA to provide additional services to Vermonters with health insurance issues, 2) moving forward for BISHCA to hire five limited service positions to support insurance product rate reviews as part of a \$1mil Premium Review Grant, 3) negotiating a contract with the preferred bidder for a \$1mil Health Insurance Exchange planning grant, 4) collaborating with other New England states, with MA as lead, on an innovator grant to support and explore utilization of infrastructure elements/shared technologies that will allow Vermont to move more quickly to deploy effective individual insurance exchanges, 5) examining and advancing on the dual eligible study through the pursuit of federal planning grant opportunities, 6) taking advantage of recently announced Medicaid Health Home planning grants that could provide for enhanced FMAP for an extended period, and 7) moving forward on significant funding opportunities to expand Federally Qualified Health Centers in Vermont.

Lisa Maynes asked if the Medicaid Health Home concept would include children as well as adults. The future intent is to include children; once more information is available on the Health Home initiative, an update will be scheduled for the MAB.

Draft Rule Amendment-Nursing Home Rate – Kathleen Denette/Leslie Wisdom

Kathleen Denette and Leslie Wisdom from Vermont's Division of Rate Setting outlined a new proposed rule that would amend the way nursing home rates are updated for changes in acuity in order to conform to a change in federal law. A focus group from the Division of Rate Setting, DAIL and the Vermont Health Care Association agreed that it would move away from using its own Resource Utilization Group (RUG) formula and adopt the new federal RUG-IV resident classification system.

This proposed rule is an interim rate setting rule so that the Division may set Medicaid rates for nursing homes while studying the federal RUG-IV data. The Division anticipates that this interim rate setting rule will be effective until July 1, 2013; then the Division can fully incorporate RUG-IV into the rate setting process. Kathleen and Leslie covered other minor changes that would be included in the rule.

It is not anticipated that this proposed rule, in aggregate, will increase or decrease reimbursement to Vermont nursing facilities for care provided to Medicaid eligible residents any more than would normally occur with the fluctuation of case-mix scores.

Medicaid Transportation Update – Bill Clark

Bill Clark, Director of Provider/Member Relations at DVHA, provided a brief update on the new draft manual for Medicaid Non-Emergency Medical Transportation (NEMT) that was briefed to the MAB at their November 18th meeting. The manual has been revised to reflect suggestions received from CMS to bring Vermont's program into full federal compliance. The MAB received this document for review prior to the meeting and members were asked to contact or feedback to Bill Clark directly with any inputs. Inputs are due by December 18, 2010.

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Bill again stressed that almost all of the document remains unchanged and that DVHA principally wants to take an education and outreach approach to clarify and communicate proper use of the Medicaid NEMT benefit. Vermont needs to continue to work collaboratively with CMS in meeting Medicaid transportation compliance and avoid possible punitive actions or fines in the future.

There has been little specific MAB feedback to date; the Health Care Ombudsman should be providing input. In general, MAB members continue to recommend that Vermont avoid creating Medicaid Transportation policies that are complex, invasive and burdensome for individuals. The MAB recommended that longer term, AHS should use the opportunity provided by Global Commitment to blend funding streams so that transportation needs can be met more holistically and that programs can be less costly to administer.

Bill Clark noted that the revised program needs to be in place for the 2011 contract period, but he also stressed that the NEMT transportation manual would remain a living document and suggestions/improvements would be considered in the future. The MAB suggested that the NEMT program be discussed again in 3-4 months to get a sense of how the revised program is working.

Modernization/Eligibility/Call Center – Les Birnbaum

Les Birnbaum with the Department for Children and Families (DCF) provided an update on Benefits Eligibility Processing and Customer Service within the Economic Services Division. Les noted that, going forward, he would be moving out of his Modernization role and going back into a Health Care Policy role with DCF. Data reports (generated weekly) were provided to show the progress made in getting cases decided within acceptable 30 day timeframes and also show how the Benefits Service call Center is doing.

In Summary, there's been a significant improvement in the Call Center, but it's not up to the desired level acceptable for the state. With additional staff and better workload (call load) management, call-in wait times have been shortened considerably and should continue to decrease. An important positive is access to the "my benefits" website; in November, 25% of benefit applications were being submitted on-line. There are problems being addressed; some individuals were being closed out to benefits inappropriately because paperwork reviews were not being completed on time. As of November 30, there are safety net procedures in place to preclude unintended closures. Also, an Economic Benefits Ombudsman phone contact has been created for additional assistance.

The MAB remains concerned and interested in improving all key aspects of the state's eligibility system; members want to keep this topic on future MAB meeting agendas over the short and long term.

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Board Discussion Items – MAB Membership

The MAB is very aware of the large gap that will have to be covered in the development of the SFY '12 budget. The MAB voted to weigh in before the year's end with Governor-elect Shumlin on the MAB's concerns as the new budget is being developed. The board reviewed letters that the MAB has sent to the administration/legislature in prior years; MAB chair Kay Van Woert agreed to draft a letter to Governor-elect Shumlin that will express the MAB's current concerns as the budget process unfolds. Kay will complete the draft, collect edits and input from MAB members and get the letter out before the December holiday period.

MAB Request Topics/Data

- Update on Dual Eligible Study
- Update on Bridges Program
- Evaluation of Chronic Care Initiatives
- MMIS Update
- Information on PMPM net of premiums; Dr. Dynasaur and Pharmacy programs
- Blueprint Program & Data Update/Evaluation – Spring
- ADA Compliance Process for AHS
- Modernization/Eligibility
- Policy Review – Limitations on OT/PT for Chronic Conditions (seek legislative changes)
- Recruiting New Consumer Member for MAB
- Update on Medicaid Home Health Initiative
- Vermont's CHIP Participation; CHIPRA Update

Next Meeting

January 27, 2011

Time: 10:00AM – 12:00PM

Location: Capitol Plaza Hotel, Montpelier, VT