
**Medicaid Advisory Board
Meeting Minutes
March 27, 2008**

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PRESENT

Board: Mary Shriver (VHCA), Christina Colombe (Member), Sarah Littlefeather (Member), Kristi Kistler (DHMC), Deborah Lisi-Baker (VCDR), Trinkka Kerr (HCO), Dale Hackett (Member), Peter Cobb (VAHHA), Michael Sirotkin (COVE), Madeleine Mongan (VMS), Jacqueline Majoros (VLA), Kay Van Woert (Parent to Parent), Julie Tessler (VCCMHS), Anita Hoy (COVE), Edna Fairbanks-Williams (Member), Sharon Henault (Member), and Sheila Reed (VVC).

Other Interested Parties: Cherie Bergeron (EDS), Les Birnbaum (DCF), Brendan Hogan (DAIL) and Jen Fredette (MAXIMUS).

Staff: Nancy Clermont (OVHA), Clark Eaton (OVHA), Stacey Baker (OVHA) and Robert Larkin (OVHA).

HANDOUTS

- Agenda
- February 28, 2008 Meeting Minutes
- Enrollment Growth Trend July 1994-December 2007
- Provider Rate History-OVHA
- Vermont Medicaid Premium Coverage Group Closures: Jan. and Feb '08
- Impact on Beneficiary and State Due to Premium Increases and Application of Co-Pay
- Green Mountain Care Overview of Response Rates
- Lake Research Partners Statewide Survey for Green Mountain Care
- ESI and Catamount Health Premium Assistance Program Report Feb. '08
- 2009 MAB Co-Pay and Premium Increases Subcommittee Notes
- Christina Colombe letter

CONVENE

Kay Van Woert chaired the meeting.

Approval of Meeting Minutes

The February 28, 2008 meeting minutes were submitted for approval and were approved, noting one correction that would be made. The corrected February minutes will be forwarded to board members with the March 27, 2008 meeting minutes.

Office of Vermont Health Access (OVHA) Director's Update/Budget Discussion – Joshua Slen/Nancy Clermont

Nancy Clermont, Deputy Director of the OVHA, announced that previously requested data is available for discussion. Joshua Slen, Director of the OVHA, presented data that included an analysis of provider rate increase history, the impact of co-pays on beneficiaries, separate reports on January and February disenrollment -- available on the Department for Children and Families (DCF) website -- and also details on changes that were made at OVHA and how this impacts the actual caseload.

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An update was provided regarding House committee action on the OVHA Budget. Although it has yet to be voted on, the House has presented it and it appears that there will not be any substantial changes before it comes out of committee.

The largest House action was the inclusion of a rate increase of the \$8 million for hospitals. The House also took the co-payments off of the table, increased a small, pharmacy-only premium above the Governor's recommend and reduced premium payments approximately in half across all other categories of the Governor's recommend.

The House funded an additional \$8.6 million above the Governor's recommend by creating a Global Commitment waterfall.

The Governor's Recommend returns SCHIP premiums to \$80. The VT program is for children between 225% and 300%. The August 17th letter from Dennis Smith states that premiums and cost sharing must be within 1% of private premiums and cost sharing for the program. At this point, the OVHA does not believe that it can successfully argue a number less than \$80/month which means that there could be a loss of SCHIP enhanced funding in August if premium levels were to dip below the \$80 amount. (Kay Van Woert noted that there is a possibility that Congress will put a moratorium on SCHIP income and other recent onerous rule changes, but whether this will happen and when is unknown.)

A new eligibility system was discussed; it is under development and should be ready in about two years. Many of the capabilities desired for the future will go on a requirements list for the new system.

Premiums/Co-Pays/ Safety Net – Les Birnbaum

Les Birnbaum, Economic Services Division of DCF, spoke to the Board about possible or already existing safety nets regarding premiums and co-pays. The legislature has maintained its authority regarding the setting and changes of premiums and co-pays. There is a hardship exemption, but it is a narrow one at best. It does not deal with economic hardship, but rather with the physical incapacity to pay the bill. In such a case, the person could remain within the program until the end of the month by either paying the bill themselves or having an outside party settle the balance.

MAB Subcommittee Report-Outs

Anita Hoy spoke on behalf of the MAB Premium/Co-pays Subcommittee and reported on data suggesting that the average person in a recent study required 8.8 prescriptions per month. If they were forced to pay the higher co-pay, then they would be hitting the \$100 per month mark. In addition, other equipment and supplies such as diapers, wheelchairs, etc., may also raise the cost of co-pays and make it impossible for the individual to receive the proper treatment.

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Three motions were put on the table: 1) Premiums need to reflect the income level of the individual, 2) The MAB supports the action of the House Appropriations Committee recommending no co-pays for pharmacy programs and hopes that they will be sustained within the Senate and 3) the Medicaid Budget should be determined by the population need and the benefit package and not by an outside revenue set. (Variations on these concepts and language were discussed. Ultimately, the board voted to incorporate all three motions into one letter, which Chairman Van Woert volunteered to draft.)

Health Care Reform Update – Betsy Forrest

Betsy Forrest, Health Care Affordability Project Director, provided a premium assistance enrollment update, as well as an outreach update on behalf of Kevin Veller. As of the end of February, 2008, 3,344 members have enrolled in new program components. At the same time, VHAP enrollment is also on the rise.

Post marketing campaign surveys showed that the advertising really did make a difference; one in five people who saw the ads took some form of action.

When asked about enrollment strategies that may not be working, Ms. Forrest explained that another survey/study will be done this summer and that those results will be available later in the year. As far as March's numbers go, they will not be in until mid April.

Integrated Children's Services – Sue Schmidt

Sue Schmidt, Agency of Human Services, briefed on the Integrated Children's Services (ICS) initiative. Inputs are encouraged and continue to be received on the best way to get ICS started off on the right foot. There has been some initial discussion on exactly how ICS will be reconfigured, considering services have been up and running for two years. Up until now, the Child Development Division looked at prenatal care to the age of six; the Agency plans to broaden the definition of this service and look at prenatal care to the age of twenty-three.

Efforts will focus on various funding streams and their working potential. Also, there are many unanswered questions concerning funding in general, about funding flexibility and about what kinds of care and services families in need are receiving. Often, there are multiple caseworkers working with a family, with no one really taking the lead. An option will be explored to have one primary case worker in a lead role; this individual wouldn't handle every aspect of care, but would know the case plan well and track the progress of all caseworkers involved.

New Business

There was no new business.

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MAB Request Topics

- Meeting site handicapped parking
- Web address for disenrollment data
- Clarification of any Medicaid transportation policy changes
- Rx impact analysis using “mode” method of averaging
- Follow-up on errors on closure data (DCF)
- Outcome of closure data –where did former recipients go? (DCF)
- Provider rates by percent, as well as by amount

Next Meeting

April 24, 2008

Time: 10:00 AM – 12:00PM

Location: Capitol Plaza Hotel – Montpelier, VT