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**Medicaid Advisory Board**  
**Meeting Minutes**  
October 25, 2007

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**PRESENT**

**Board:** Edna Fairbanks Williams (Consumer), Kristi Kistler (DHMC), Christina Colombe (Consumer), Deborah Lisi-Baker (VCIL), Denis Barton (VDH), Madeleine Mongan (VMS), Sarah Littlefeather (Consumer), Larry Goetschius (VAHHA), Anita Hoy (Cove), Jacqueline Majoros (LTC Ombudsman), Mary Shriver (VHCA), Kay Van Woert (Parent to Parent), Dale Hackett (Consumer), Sheila Reed (VVC), Grant Whitmer (BSPCA), Peter Taylor (VSDS), Lila Richardson (OHCO).

**Other Interested Parties:** Brendan Hogan (DAIL), Jackie Levine (ESD), Jen Fredette (Maximus), Hunt Blair (BSPCA).

**Staff:** Joshua Slen (OVHA), Nancy Clermont (OVHA), Clark Eaton (OVHA), Judy Jamieson (OVHA).

**HANDOUTS**

- Agenda
- June 28, 2007 Meeting Minutes
- September 27, 2007 Meeting Minutes
- VT Application Streamlining and Improvement Project Slides (10/23/07)
- Green Mountain Care Application and Enrollment Update (10/23/07)
- Work Group Recommendations – Dental Benefits
- Work Group Recommendations – Vision Benefits
- Work Group recommendations – Provider Reimbursement

**CONVENE**

Kay Van Woert chaired the meeting.

**Approval of Meeting Minutes – Kay Van Woert**

The June 28, 2007 and September 27, 2007 meeting minutes were submitted for approval and were both approved unanimously.

**Administrative Issues – Kay Van Woert**

Nancy Clermont addressed the issue of putting Medicaid Advisory Board (MAB) member and alternate names on the Office of Vermont Health Access (OVHA) website. Following discussion, the board decided to post the names of members/alternates and their affiliated organizations. For consumer members, only their name and town would be listed.

Kay Van Woert also asked that the MAB and the OVHA consider having alternates appointed for the consumer representatives on the board. The OVHA will provide a recommendation on the issue of consumer alternates for discussion at the next meeting.

**Health Care Reform Update – Kevin Veller/Betsy Forrest**

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Kevin Veller thanked the MAB for their previous input. Their suggestions have been incorporated in the newest printing of the Green Mountain Care brochure.

Health care reform training for providers, practice managers, community partners and interested individuals will be conducted throughout the state starting on October 30, 2007 from 2-4 PM at Fletcher Allen Hospital and will be scheduled at other sites into December. Once the dates have been secured, they will be e-mailed to the MAB. Training sessions will be offered by the Agency of Human Services in partnership with the Vermont Association of Hospitals and Health Systems.

Kevin also thanked the consumers who met with the consultants of Health Policy Matters (HPM) regarding their work on application simplification. She presented a power point of the final report that was delivered to the legislature on October 22, 2007. The complete report will be forwarded to the MAB electronically. HPM's recommendations were organized according to short, medium and long term goals. The state will determine next steps based on available time, resources and where the greatest returns can be found.

The series of notices that go to program participants was discussed. A full set of notices will be provided to a select number of MAB members who will analyze them for possible improvement.

Betsy Forrest reviewed the Green Mountain Care Application and Enrollment Update handout. The total number of applications received since October 1, 2007 now exceeds 800. Plan Information Request Letters have gone out to individuals who are employed half- time or more to verify if they have Employee Sponsored Insurance programs available to them. To date, 523 applicants/ individuals do not have access to insurance programs and are eligible for the Catamount Health program.

Any further questions or suggestions to improve the application process or the overall reform program should be forwarded to Clark Eaton at the OVHA.

**Retroactive Eligibility for Pharmacy Programs (Act 71) – Jackie Levine**

Jackie Levine, Economic Services Division (ESD) of the Department for Children and Families (DCF), outlined how Act 71, on 1/1/08, modifies the Vermont Health Assistance Program (VHAP) to provide benefits from the date of application instead of from the date eligibility was approved. Act 71 also asks the DCF to analyze the costs and benefits of doing the same thing for those who receive pharmacy benefits. This analysis is due on November 15, 2007 and also asks for MAB input. A similar approach on pharmacy programs may be more complex and costly.

ESD has not done an analysis yet, but will do this soon. Once an initial analysis is complete, ESD will coordinate or meet with selected MAB members to collect their inputs. Clark Eaton at the OVHA will coordinate this action.

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Nancy Clermont emphasized that this is only a study to determine if pharmacy should be brought in line to be consistent with the VHAP decision.

**Director's Update- Joshua Slen**

Joshua Slen discussed the hard media launch for Catamount Health that is being finalized for November 1, 2007. Although member services have already experienced a 13% increase in call volume since October 1, 2007, the OVHA expects even more of an increase next month with the addition of a TV media campaign.

Concerning the budget, the OVHA is now working on its re-estimation of the SFY 08 first quarter results. As analysis is completed over the next few weeks, it will allow OVHA to accurately complete the Governor's Budget Recommend for SFY 09. The OVHA has not received any actual targets yet from the Governor's office. Initially, the Medicaid budget for Vermont in SFY 09 shows about a \$100 million deficit, \$40 million of which would be state dollars. The OVHA has already taken many steps to improve efficiency and effectiveness that will reduce the potential need for more painful programmatic changes.

The OVHA has substantially completed budget trend analysis for SFY 07, with some work remaining. As trend analyses are completed in the future, they can be made available to the MAB.

**Summer Initiatives Groups- Recommendations/Reports**

1) Restoring/ Reinstating Vision Benefits

The board reviewed and discussed the findings and recommendations of the Vision Benefits group and then voted to unanimously approve the following resolution to go forward to the OVHA and the state: *"The Vermont Medicaid Advisory Board recommends that Vermont fully explore the costs and appropriateness of restoring eyeglasses for traditional Medicaid Eligible adults."*

2) Adult Dental Care Program/Denture Benefits

The board reviewed and discussed the findings and recommendations of the Dental Benefits group and then voted to approve the following resolution to go forward to the OVHA and the state: *"The Vermont Medicaid Advisory Board recommends that the existing cap on adult Medicaid dental benefits be increased in a manner to restore it to a level adequate for the benefits offered and the oral health of Vermonters. Further, the Vermont Medicaid Advisory Board recommends that the State of Vermont restore denture benefits for traditional Medicaid Eligible adults."*

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3) Provider Reimbursement

The board reviewed and discussed the findings and recommendations of the Provider Reimbursement group and then voted to approve the following resolutions to go forward to the OVHA and the state:

*1. Vermont should move progressively toward a system of provider reimbursement based on the following principles:*

- a. Rates should be high enough to allow for beneficiaries to access covered services
- b. Reimbursement rates should be set proactively, not primarily in response to crisis in beneficiary access or provider non-participation.
- c. Rates should be related directly to the cost of providing the service.
- d. Regular, periodic, automatic rate adjustments should be made without providers or beneficiaries needing to resort to persistent administrative or legislative lobbying.
- e. Underpayment of providers is detrimental to Vermont's health care system. Payments should strive to provide equity among provider groups/types.
- f. When Vermont considers expanding health care programs to new populations, or adding benefits never previously provided, the state should evaluate whether existing provider reimbursement levels in current programs are adequate to ensure that current beneficiaries have real access to the benefits for which they are eligible.

*2. The Vermont Medicaid Advisory Board supports OVHA's planned work for the fall of 2007 to inventory provider rates and rate history, and would like to include in the inventory provider groups for whom reimbursement is planned in other Departments (e.g. DAIL).*

*3. Once this work is done, the Vermont Medicaid Advisory Board requests that this data be shared with the Medicaid Advisory Board, and that an ad hoc work group consisting of representatives from the Medicaid Advisory Board, the Agency of Human Services, OVHA, DAIL, Departments of Health and Mental Health, and any other relevant departments be convened to discuss ways to move toward the principles outlined above.*

4) Dual Eligibles/Durable Medical Equipment(DME)

The Dual Eligibles/DME group already passed a recommendation to go forward at the September meeting. The recommendation follows:

*The Vermont Medicaid Advisory Board (MAB) recommends that OVHA identify and implement a comprehensive long term solution to the dual eligible access problem:*

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*a. The solution should ensure that dual eligibles receive Medicaid coverage that is as comprehensive as coverage for people who receive only Medicaid;*

*b. OHVA should develop a plan for implementing the solution. This plan should include written information to providers and beneficiaries about how dual eligibles will access DME and supplies;*

*c. OVHA should report to the MAB in six months on the progress it has made identifying and implementing its solution to the dual eligible access issue.*

These four resolutions will be forwarded to the Governor, Lieutenant Governor, the HAOC and the Secretary of the Agency of Human Services.

The New Initiatives group will make a report at the next meeting.

**Action Items**

- OVHA recommendation on issue of having alternate consumer members
- Set up Pharmacy Act 71 coordination plan or meeting between ESD and MAB designees

**MAB Requests**

- E-Mail report on the Application Streamlining and Improvement Project
- E-Mail ( to selected group) full set of notices provided to health care program participants
- E-Mail Health Care Reform Training dates when available
- E-Mail final work group resolutions

**Topics for November Meeting**

- Report from New Initiatives group

**Next Meeting**

**November 15, 2007**

**Time: 10:00 AM – 12:30 PM**

**Location: OVHA – Williston**

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**Consumer Subcommittee Meeting**

**Present**

Kay Van Woert (Parent to Parent), Christina Colombe (Consumer), Edna Fairbanks-Williams (Consumer) and Sara Littlefeather (Consumer)

**Staff**

Nancy Clermont (OVHA), Stephanie Beck (OVHA) and Clark Eaton (OVHA)

Kay Van Woert opened the meeting and recapped the possibility of designating one or more alternates for the MAB consumer membership. The OVHA will explore the issue and have a recommendation for discussion at the November MAB Meeting.

The meeting centered on how the consumer group could be most efficient and effective in communicating consumer issues. Likewise, there are other issues that might be better handled separately by the consumer subcommittee or directed individually to the OVHA for answers. Prioritization is needed and each consumer subcommittee member will be asked to come to the next subcommittee meeting with examples of issues that they feel are important. A structured process will be developed that ensures concerns will be tracked and addressed by the appropriate decision makers.

The committee agreed that health care application forms and the enrollment process still need significant improvement, and this should remain a high priority. This topic should be revisited within the next three to four months, once the launch of the Green Mountain Health Care program is completed.

**Next Consumer Subcommittee Meeting**

There is a Consumer Subcommittee Meeting scheduled for November 15, 2007 at 12:45 PM at the OVHA in Williston following the Medicaid Advisory Board meeting.