

Medicaid Advisory Board
Meeting Minutes
November 15, 2007

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PRESENT

Board: Edna Fairbanks Williams (Consumer), Kristi Kistler (DHMC), Christina Colombe (Consumer), Deborah Lisi-Baker (VCIL), Madeleine Mongan (VMS), Sarah Littlefeather (Consumer), Larry Goetschius (VAHHA), Michael Sirotkin (COVE), Mary Shriver (VHCA), Kay Van Woert (Parent to Parent), Dale Hackett (Consumer), Sheila Reed (VVC), Peter Taylor (VSDS), Trinka Kerr (HCO).

Other Interested Parties: Brendan Hogan (DAIL), Jackie Levine (ESD), Jen Fredette (Maximus), Cherie Bergeron (EDS), Les Birnbaum (DCF), Shawn Skaflestad (AHS), Sandra Driscoll (CMS), Marjorie Power (DRS), Leslie Wisdom (DRS), Kathleen Denette (DRS), Anita Hoy (COVE).

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

HANDOUTS

- Agenda
- October 25, 2007 Meeting Minutes
- Global Commitment Quality Strategy – Summary
- Memo: State Plan Changes – Medicaid Payments to Nursing Facilities
- Medicaid Advisory Board Recommendations on Vision Benefits, Dental Benefits, Provider Reimbursement and Dual Eligibles/ Durable Medical Equipment

CONVENE

Kay Van Woert chaired the meeting.

Approval of Meeting Minutes – Kay Van Woert

The October 25, 2007 meeting minutes were submitted for approval and were approved unanimously.

New Initiatives/Processes Group Report – Trinka Kerr

Trinka Kerr, Chair of the New Initiatives/Processes group, discussed the group's initial interest in MCO investments. Following a series of informational meetings, the group will now focus on a set of program changes or new initiatives that might receive consideration under Vermont's Global Commitment to Health waiver.

The group's November 8th meeting with Suzanne Santarcangelo at the Agency of Human Services (AHS) identified ways that AHS could better connect to the Medicaid Advisory Board (MAB) and provided a list of current AHS initiatives that the work group could look at and follow.

This group will become a longer term subcommittee and continue to interface with AHS and the MAB to stay on top of new initiatives and determine the best ways to stay informed and exchange timely and effective input on these initiatives.

Administrative Issues – Kay Van Woert

Updated MAB Reference Manuals were distributed at the meeting, which include the purpose and role of the board, federal and state authorizations for the board, current

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membership and other information about the Office of Vermont Health Access (OVHA) and AHS. Other resource and website information is still being prepared and will be provided at a later date; MAB members should submit good web sites and other resource ideas directly to Clark Eaton at the OVHA for inclusion in the new Reference Manual.

Alternate representation at meetings was discussed to ensure continuous, adequate attendance. Any MAB member who is unable to attend a meeting can contact and send a designated alternate as long as the OVHA staff support person is notified in advance.

After discussion, the board decided that future MAB meetings will start at 10:00 AM and end at 12:00 PM, instead of at 12:30 PM.

Managed Care Organization (MCO) Quality Report – Shawn Skaflestad

Shawn Skaflestad summarized the activities that AHS is pursuing that pertain to Quality Assessment and Performance Improvement as part of the state's Global Commitment Quality Strategy. The OVHA is a public MCO and the AHS is the state's Medicaid agency that monitors and oversees the OVHA's quality activities.

A handout was provided that outlined the four major activities that the AHS Quality Committee will address: 1) Performance Audits, 2) Performance Measures, 3) Performance Improvement Projects and 4) External Quality Review Organization. The Performance Improvement Project in the first year focused on Preventive Care and the next year's focus likely will be on Oral Health. The Quality Committee is committed to a continuous improvement process and will look at ways to expand and incorporate more inputs in the future that will include cost quality and value improvements.

Director's Update- Joshua Slen

Having just returned from a Medicaid Directors' Meeting in Washington, DC, Joshua Slen recapped discussions held with Dennis Smith from the Centers for Medicare & Medicaid Services (CMS). There was no encouraging news concerning the rules/policy changes CMS introduced in August. CMS intends to enforce the changes over the next year. As previously discussed, the State Children's Health Insurance Program (SCHIP), rehabilitative services in schools and other school-based health services all could be significantly impacted.

Concerning SCHIP, Vermont will be evaluating over the next few weeks whether to join into either a lawsuit prepared by New Jersey, one prepared by New York or to pursue a different option. The OVHA will keep the board informed on developments concerning CMS rules changes/policy issues as we move forward.

On budget development matters, the OVHA does not yet have the complete agency departmental input on case load trending or an overall revenue picture. Also, SFY 09 target requirements have yet to be set from the Governor's Finance Office. Although the

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OVHA has completed its own budget trending, the OVHA won't be able to provide an accurate, overall SFY 09 Medicaid budget until all of the other agency inputs and state requirements are available and considered. More information should be available for the December MAB meeting.

State Plan Changes: Medicaid Payments for Nursing Facilities – Leslie Wisdom

Leslie Wisdom, Staff Attorney, AHS Division of Rate Setting, briefed on the State Plan changes relating to Medicaid payments for nursing facilities. Substantive amendments were undertaken in response to recommendations made in a final report submitted by the Vermont Nursing Home Medicaid Reimbursement Methodology Task Force, dated January 4, 2007.

Many significant changes have been adopted that have generally positive implications for Medicaid support of the operation of nursing facilities in Vermont. Key changes include: 1) removing the sunset on the 90 percent minimum occupancy requirement, 2) rebasing all costs on July 1, 2007, 3) rebasing costs biennially in the Nursing Care category, 4) enhancing the inflation factor for the Nursing Care cost category by adding one percent per year, 5) increasing the cap on Nursing Care costs to the 90th percentile cost per case-mix point, 6) increasing the cap on the indirect cost category to the median plus five percent, and 7) reclassifying costs of the MDS coordinator from the indirect cost category to the Nursing Care cost category.

The effective date of the new rules is October 29, 2007, but the amendments to the rules are applied to payments for services rendered on or after July 1, 2007. The MAB can play a key role, over time, in the development of future reimbursement methodology for nursing and other long term care facilities.

Action Items

- MAB members provide suggested web sites and other resource material ideas for inclusion in the MAB Reference Manual

MAB Requests

- OVHA inventory of provider reimbursement rates/rate increases

Topics for December Meeting

- Health Care Reform Update
- State Level Budget Process

Next Meeting

December 13, 2007

Time: 10:00 AM – 12:00 PM

Location: OVHA – Williston

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Consumer Subcommittee Meeting

Present

Kay Van Woert (Parent to Parent), Sharon Henault (Consumer), Edna Fairbanks-Williams (Consumer) and Sarah Littlefeather (Consumer).

Staff

Nancy Clermont (OVHA) and Clark Eaton (OVHA)

Kay Van Woert opened the meeting and continued to focus on ways the consumer subcommittee could improve its effectiveness in identifying and communicating the most important consumer issues.

The role of the subcommittee in relation to the full Medicaid Advisory Board (MAB) and other state boards/ committees was discussed. Once key consumer issues are identified and prioritized, there needs to be a process to determine what is most appropriate for this subcommittee to take on and what issues should be addressed by other boards or committees. The subcommittee could present its prioritized issues to the MAB, recommending what the subcommittee would take on itself and, likewise, what might be directed to either the MAB or other boards/committees for resolution.

The group discussed the importance of consumer involvement on key issues and program development, particularly when policy and procedures are being created. Consumers need to be involved from the beginning and at every step along the way. The consumer /user perspective is a critical element in creating any best desired plan, product or service.

Subcommittee members were asked to put together a list of issues; these can be discussed at the next subcommittee meeting. Also, items of concern can be sent directly to Nancy Clermont. Her e-mail is nancy.clermont@ahs.state.vt.us . The Consumer Subcommittee will maintain this list of ongoing projects and follow up on status at each meeting.

The MAB will survey its members to see what connections MAB members have to other Vermont consumer and advisory boards, and to see where connections are lacking.

Finally, The MAB will make a determination of things that are “parking lot issues” that may be just individual glitches or be part of broader system issues; these issues can be followed up on by the Health Care Ombudsman and/or by the OVHA for resolution.

Next Consumer Subcommittee Meeting

There is no meeting in December. During early 2008, MAB meetings will held in Montpelier. The next Consumer Subcommittee meeting will be scheduled in the spring when the MAB meetings are again held at the OVHA in Williston.