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**Medicaid Advisory Board**  
**Meeting Minutes**  
August 23, 2007

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Page 1

**PRESENT**

**Board:** Edna Fairbanks Williams (Consumer), Kay Van Woert (Parent to Parent), Kristi Kistler (DHMC), Christina Columbe (Consumer), Peter Taylor (VSDS), Lila Richardson (VCDR), Grant Whitmer (Bi-State PCA), Garry Schaedel (VDH).

**Other Interested Parties:** Tuck Rainwater (COVE), Cherie Bergeron (EDS), Tom Madson (Eli Lilly & Co), Richard Comshaw (Eli Lilly & Co), Brendan Hogan (DAIL), Jen Fredette (Maximus).

**Staff:** Joshua Slen (OVHA) through Call-In, Nancy Clermont (OVHA), Stephanie Beck (OVHA), Clark Eaton (OVHA).

**HANDOUTS**

- Agenda
- June 28, 2007 Meeting Minutes
- Health Care Reform Update – August 21, 2007
- Green Mountain Care Logo
- Vision Coverage Chart (SFY 99-10)
- Assistive Community Care Services (ACCS) -# Paid (SFY 03-08)
- ACCS Expenditures (SFY 05-08)
- Buprenorphine Program Brochure
- Care Coordination Program (CCP) Brochure
- Chronic Care Management Program (CCMP) Brochure
- Medicaid Rate Change Timeline (SFY 00-07)
- Contents for New Orientation Binders (Draft)
- Summer Initiative Work Groups

**CONVENE**

Kay Van Woert chaired the meeting.

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

There was not a quorum present at the meeting. The June 28, 2007 meeting minutes will be submitted for approval at the September 27, 2007 Medicaid Advisory Board (MAB) meeting.

**Introductory Comments - Kay Van Woert**

Kay Van Woert conveyed that many MAB members were attending the State Emergency Board Meeting that was being held simultaneously in Montpelier. The majority of the MAB agenda was set for the six Summer Initiative Groups to provide current statuses, conduct breakout work sessions and then provide summary report-outs to the entire MAB. With so few in attendance, Kay suggested that the MAB have a short status report and general discussion on each of the group's initiatives.

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**Medicaid Advisory Board**  
**Meeting Minutes**  
August 23, 2007

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Page 2

Managed Care Organization (MCO) investments were discussed. Clarification is necessary to define and distinguish “investments” as compared to flexibility initiatives that are derived from savings from this program. This understanding is particularly important for the work that the New Initiatives/Processes Group is doing. Nancy Clermont will contact the Agency of Human Service’s (AHS) central office and identify a spokesperson to meet with the New Initiatives Group and discuss MCO Investments.

**MOVE Project Update – Judy Higgins**

Judy Higgins, the OVHA’s Information Technology (IT) Director, briefed on the AHS’s new project - Modernization of Vermont’s Enterprise (MOVE): VT Medicaid is Changing its IT World. The OVHA is taking the lead on this project. Both the current Medicaid Eligibility and Enrollment System and the Medicaid Management Information System require major technology upgrades or replacement and the complete project will take several years. New systems will be designed and implemented to support three overall goals for the Medicaid Program: 1) increase access to affordable health insurance for Vermonters, 2) improve the quality of care and 3) contain health care costs. Vermont has hired a consultant (FourThought Group, Inc.) to assist with the project over the next two years, but the general timeline for assessment, development of requirements, procurement and implementation extends out to 2011. Clark Eaton (OVHA) will distribute/e-mail a one page MOVE summary to the MAB.

**Summer Initiative Group Statuses – Kay Van Woert**

- 1) Adult Dental Care Program/ Denture Benefits  
Peter Taylor, Chair of this group, provided a progress report. The group met on August 13, 2007 and is focusing on two issues: 1) increasing or eliminating the cap on adult dental Medicaid benefits and 2) exploring the feasibility of restoring full and/or partial dentures to the program. The group will meet again on September 10, 2007 and expects to have a written report out to the MAB prior to the MAB’s next meeting on September 27, 2007. Edna Fairbanks-Williams asked to be added to this group.
- 2) Restoring/ Reinstating Vision Benefits  
This group has not met yet. They are requesting a report that was done during a prior year legislative session on reinstating vision and denture benefits. The OVHA will try to locate the report. Edna Fairbank-Williams asked to be added to this group. She also asked about changing eyeglasses for children more often than every two years. John Dick said, if medically needed, it could be done more frequently. Nancy Clermont she would ask for a banner page to highlight this for providers and describe the vision change requirement(s).
- 3) Dual Eligibles in Relation to Durable Medical Equipment (DME)  
No report available.
- 4) Provider Reimbursement  
This group is concerned about the best general strategy to improve provider reimbursement. John Dick, the Reimbursement Director at OVHA, provided

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**Medicaid Advisory Board**  
**Meeting Minutes**  
August 23, 2007

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Page 3

technical background and described how the reimbursement system is set up to pay providers. John said that complaints about access or complaints from providers provoke OVHA to look at reimbursement levels. OVHA looks at data and bench marks to see how far out of line any reimbursement level is and makes recommendations on reimbursement methods or payment codes which may be added to the Governor's budget. The external advocacy process plays a part with both the Governor and the legislature (i.e., lobbyists being successful in having more money appropriated into specific portions of the Medicaid budget).

Kay Van Woert expressed concern that certain providers (or those they provide for) lacked the size or political clout or organization or financial ability to lobby for raises (for example, family employed children's personal care workers). These kinds of providers are at extreme disadvantage if the process is based on how loud a constituency group complains.

Nancy Clermont said that the OVHA will convene a group during the fall to look at which providers have received reimbursement increases recently and which providers have not. The plan is to use an informational matrix during OVHA's budget building exercise. Nancy said she would make this matrix available to the MAB once it is completed.

5) New Initiative/Processes Group

This group met on August 22, 2007 and reviewed the MCO Investment Summary provided by the OVHA. As previously stated, Nancy Clermont will contact the Agency of Human Service's (AHS) central office and identify a spokesperson to meet with the New Initiatives Group and discuss MCO Investments.

6) Streamlining the Access and Enrollment Process Group

This group met on July 16, 2007, with Meryl Price of Health Policy Matters, a consultant who is helping the State look at issues relating to application simplification and streamlining. Consumers at the meeting discussed opportunities to improve the applications, notices and processes associated with applying for health care assistance in Vermont. Minutes of this meeting were provided to the work group and also will be provided to the MAB.

**Health Care Reform/SCHIP Update – Joshua Slen (Call-In)**

Joshua Slen called in to the MAB meeting to report on the Emergency Board meeting that had just been completed in Montpelier. In response to lack of federal action on a pending waiver amendment request to provide Federal Financial Participation (FFP) for the Catamount Health enrollees between 200 and 300% of the Federal Poverty Level (FPL), the Emergency Board approved state funding to make up the anticipated deficit for families that would be affected at the 200-300% FPL. The cost is estimated at \$18.5 million over three years (\$3.5 mil the first year and \$7.5 mil in the second and third years).

Joshua also reported on the Emergency Board's discussion surrounding a new federal proposal to restrict funding for the State Children's Health Insurance Program (SCHIP) to

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**Medicaid Advisory Board**  
**Meeting Minutes**  
August 23, 2007

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Page 4

children below 250% of the federal poverty level. If this proposal is implemented, over 2,100 Vermont children could potentially lose coverage and the state could lose \$3.8 million in funding. Vermont will be working hard through the National Governors Association and our Congressional delegation to reverse this proposed federal policy action.

Stephanie Beck (OVHA) discussed the Health Care Reform handout and the new Green Mountain Care logo. She also reviewed all of the handouts provided, in order, and described why they were included.

**MAB Orientation Binder- Kay Van Woert**

Kay Van Woert met with Clark Eaton in early August to discuss updating the Medicaid Advisory Board Orientation Binder. A list of suggested items to be included in the update was provided in the meeting handouts. Kay Van Woert asked Board members to review the items and e-mail her or Clark with any other suggestions.

**MAB Requests**

- Identify MCO Investment Spokesperson
- E-Mail MOVE Project Handout
- Consumer Group Meeting Minutes (July 16, 2007)
- Prior Year report on Reinstating Vision and Dental Benefits
- Banner Page on Eyeglass Changes for Children

**Topics for September Meeting**

- Health Care Reform Update
- Reports/Updates on group activity

**Next Meeting**

**September 27, 2007**

**Time: 10:00 AM – 12:30 PM**

**Location: OVHA – Williston**

**Next Consumer Subcommittee Meeting**

There is no Consumer Subcommittee Meeting scheduled for September 27, 2007. Consumer Subcommittee attendees at the September 27, 2007 MAB meeting will meet briefly following the meeting to establish the date for the next Consumer Subcommittee Meeting.