
Medicaid Advisory Board
Meeting Minutes
September 27, 2007

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PRESENT

Board: Edna Fairbanks Williams (Consumer), Trinka Kerr (HCO), Kristi Kistler (DHMC), Christina Columbe (Consumer), Deborah Lisi-Baker (VCIL), Hunt Blair (Bi-State PCA), Denis Barton (VDH), Paul Harrington (VMS), Sarah Littlefeather (Consumer), Larry Goetschius (VAHHA), Michael Sirotkin, Jacqueline Majoros (LTC Ombudsman), Michael Del Trecco (VAHHA), Mary Shriver (VHCA), Julia Arel (Parent to Parent), Dale Hackett (Consumer), Sheila Reed (VVC).

Other Interested Parties: Cherie Bergeron (EDS), Tom Madson (Eli Lilly & Co), Anita Hoy (COVE), Jackie Levine (ESD).

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

HANDOUTS

- Agenda
- June 28, 2007 Meeting Minutes
- August 23, 2007 Meeting Minutes
- M900 Draft Long Term Care (LTC) Rules Changes
- Adult Dental Work Group Meeting Notes, August 13, 2007
- Adult Dental Work Group Meeting Notes, September 10, 2007
- Adult Dental Work Group Recommendations, September 25, 2007
- Eyeglass/ Vision Benefits Report, September 26, 2007
- Summer Initiative Work Groups
- Medicaid Advisory Board (MAB) Future Meeting Dates
- New Orientation Binders (Draft Contents)
- Green Mountain Care Brochure (h/o during meeting)
- Dual Eligibles Work Group Recommendations (h/o during meeting)
- Provider Reimbursement Work Group Recommendations (h/o during meeting)

CONVENE

Trinka Kerr chaired the meeting.

Approval of Meeting Minutes – Trinka Kerr

The June 28, 2007 meeting minutes were submitted for approval. Following discussion, the June minutes were tabled. They will be adjusted to provide more detail on the state's departmental briefings on Managed Care Organization (MCO) Investments and will be resubmitted for approval at the next meeting.

The August 23, 2007 meeting minutes were submitted for approval and unanimously approved.

Health Care Reform Update – Kevin Veller/Betsy Forrest

Kevin Veller provided a brochure and discussed the state's new umbrella program, Green Mountain Care, which will start on October 1, 2007. The new Catamount Health

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plan, designed for adults who have been uninsured for 12 months or more, is being introduced at the same time. The intent is to make Green Mountain Care recognizable and user friendly for everyone; there is a 1-800 number and website that includes a screening tool that will direct enrollees to the health care program that is right for them.

There is a new application form for Catamount Health and existing applications will be used for other ongoing plans. Potential Catamount Health enrollees will be able to choose between two plans, Blue Cross/ Blue Shield or MVP, and elect whichever is best for them.

For the introduction of Catamount Health, the Department of Banking, Insurance, Securities, & Health Care Administration (BISCHA) has already put rules in place for eligibility. Clark Eaton will check into any eligibility issues.

A TV media campaign for Green Mountain Care and Catamount Health will start on November 1, 2007 and radio spots will begin running in January, 2007; print ads will be running periodically over the next few months. A speaker's bureau is also being developed and trained to address key organizations and interface with the media.

Centers for Medicare & Medicaid Services (CMS) Rule Changes Update- Joshua Slen

Joshua Slen first addressed the State Children's Health Insurance Program (SCHIP), stating there was no update on the possible administration veto of the SCHIP reauthorization bill. While both the Governor and the State support having SCHIP reauthorized, a veto would have no immediate effect on our State program. If SCHIP is not re-authorized, the state will review the options available to continue to provide coverage to the approximately 3,000 Vermont children who now qualify.

Concerning possible CMS rule changes on administrative expenses and rehabilitative service coverage in schools, Joshua stated there have been a number of calls made to determine what the original CMS documentation means. There may not be any definitive answers for at least a couple of months. The OVHA will provide interested board members, through Clark Eaton, any documents that we receive as a result of these nationwide calls so that discussion on these issues can be followed.

There is a lot to work through on these CMS issues to determine what the final scenarios will look like. The OVHA will follow each issue very closely, knowing that some may involve multiple state departments with defined packages of service. These packages of service may have to be redefined if these rule changes go through as proposed.

M900 (Long Term Care) Rules Changes- Esther Perelman/ Bill Frasure

Esther Perelman discussed the draft handout on M900 Long Term Care Rules Changes. There are no significant changes to the document; the update will serve as a catch-up

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bulletin, updating language and better describing how business is being done. Bill Frasure described how to identify types of changes in the document.

The MAB members were encouraged to provide comments/suggestions to the document in the next two weeks directly to Bill Frasure: bill.frasure@ahs.state.vt.us.

Summer Initiatives Groups- Recommendations – Trinka Kerr

1) Adult Dental Care Program/Denture Benefits

This group prepared handout recommendations that were presented and discussed by Michael Sirotkin on behalf of the group Chair, Peter Taylor. The group recommends restoring denture benefits in a manner mindful of the VT Supreme Court opinion of 2002 & of opportunities for reasonable limitations that may be afforded under the Global Commitment. Further, they recommend 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. There will be further discussion at the next meeting.

2) Restoring/ Reinstating Vision Benefits

Michael Sirotkin presented and discussed a handout with a list of concepts to assist the MAB in making recommendations concerning the restoration of eyeglass coverage for Medicaid eligible adults. Fiscal limitations and opportunities under Global Commitment must be considered. There will be further discussion at the next meeting.

3) Dual Eligibles in Relation to Durable Medical Equipment (DME)

Jackie Majoros, Chair of the group, provided a handout and outlined the problem that individuals who are eligible for both Medicaid and Medicare often cannot get the medically necessary durable medical equipment (DME) and supplies that they would get if they were eligible for Medicaid only. There was a motion to approve a recommendation that the OVHA identify and implement a comprehensive long term solution to the dual eligible access problem and report back to the MAB in six months on progress made. Nancy Clermont said she would need to discuss this with the OVHA Director to determine if this could fit into the OVHA's priorities. The recommendation was voted on and approved to go forward to the OVHA from the MAB.

4) Provider Reimbursement

Larry Goetschuis, Chair of the group, provided a handout and explained why an objective, fair system needs to be defined and implemented over time in Vermont. A series of objective reimbursement principles were outlined and discussed. The board cautioned against recommendations that could pit providers against beneficiaries. The work group supported the OVHA's plan to inventory provider rates/rate history and look at provider groups that haven't received increases recently. There will be further discussion at the next meeting.

5) New Initiatives/Processes

Trinka Kerr, Chair of the group, discussed their focus on developing a process for the MAB to be involved in the decision-making thought process on Global Commitment investment flexibility initiatives. They have conferred with Joshua Slen and these

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“operation adjustments” are now going to be called Special Expenditure Authorities. A meeting date is being set with Suzanne Santarcangelo to see if there are changes to MCO Investments (different items) for SFY 07 and 08 and to discuss any possible new Special Expenditure Authorities. The group will probably have more by November.

Consumer Issues/Next Consumer Meeting Date- Nancy Clermont

The last Consumer Meeting centered on the discussion of Diapers. Nancy Clermont reported that the OVHA’s Clinical Unit has an overall recommendation that will go before the OVHA’s Policy and Payment Committee on October 2, 2007. Issues remain and the OVHA may not be ready to go forward with the diaper issue until November. The Consumer Subcommittee decided to meet again in October following the MAB meeting to discuss general topics, including discussion on how to most effectively /efficiently connect consumer identified issues to OVHA for investigation and reporting back to consumers and the MAB.

MAB Requests

- E- mail Banner Page on Eyeglass Changes for Children
- E- mail prior year report on Reinstating Vision and Dental Benefits
- Flyer for October 23 Conference
- BISCHA’s role in HCR eligibility requirements
- Update – could CMS changes impact the Global Commitment Waiver?

Topics for October Meeting

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

Next Meeting

October 25, 2007

Time: 10:00 AM – 12:30 PM

Location: OVHA – Williston

Next Consumer Subcommittee Meeting

There is a Consumer Subcommittee Meeting scheduled for October 25, 2007 at 1:00 PM at OVHA following the Medicaid Advisory Board meeting.