

**Meeting of the
Medicaid Revitalization Committee
September 21, 2006
Draft Minutes**

Members Present:

Leslie C. Ellwood, M.D., Medical Society of Virginia
/Virginia Academy of Pediatrics
Rose Chu, Board of Medical Assistance (on
conference call)
Doug Gray, Medicaid MCO Representative
George Braunstein, Virginia Association of
Community Service Boards
Sheryl Garland, Virginia Commonwealth University
Marcia Tetterton, Virginia Association of Homecare
Judith Cash, Virginia Healthcare Foundation
Maureen Hollowell, Persons with Disabilities
Jill Hanken, Virginia Poverty Law Center
Bill Farrington, National Alliance on Mental Illness
Hobart Harvey, Virginia Health Care Association
Chris Bailey, Virginia Hospital and Healthcare
Association
Timothy Musselman, Virginia Pharmacists
Association

DMAS Staff:

Patrick Finnerty, Agency Director
Cynthia B. Jones, Chief Deputy Director
Cheryl Roberts, Deputy Director of Programs & Operations
Steve Ford, Director, Policy & Research Division
Gerald Craver, Policy Analyst, Policy & Research Division
John Kenyon, Policy Analyst, Policy & Research Division
Scott Cannady, Policy Analyst, Policy & Research Division

Meeting Facilitator:

Barbara Hulburt

Welcome and Overview of Agenda by Pat Finnerty, Director of DMAS

Mr. Finnerty began by welcoming everyone to the Medicaid Revitalization Committee (MRC) meeting, and then he reviewed the agenda. He indicated that, after a brief review of the Committee's draft recommendations, the members would hear public comments and then have a discussion of the draft report and recommendations.

All documents that were provided to the Committee members during the meeting are available on the Medicaid Revitalization Committee's website at: http://www.dmas.virginia.gov/ab-revitalization_home.htm.

Approval of the August 9th Meeting Minutes

Committee members suggested some minor changes to the minutes of the August 29, 2006 MRC meeting, after which the minutes were approved.

Presentation by Pat Finnerty, DMAS Director, of the MRC Draft Recommendations

Mr. Finnerty reviewed each of the seven draft recommendations, indicating that detailed discussion of the report and the recommendations would be held after the public comment period. Mr. Finnerty reminded the Committee of the difficulty of developing cost estimates of

each recommendation because the details many of the proposed initiatives have not been fully specified.

Public Comment Period

The Committee allowed each speaker five minutes to present their public comments. Three individuals representing the organizations listed below provided public comments to the Committee. Copies of the first two comments are available on the MRC website (the third set of comments were only presented orally).

#	Name	Representing
1.	Jennifer Fidura	Virginia Network of Private Providers
2.	Lisa Specter-Dunaway	CHIP of Virginia
3.	Rick Klusovsky	Accredo (Medco)

Committee Discussion of Draft Report and Draft Recommendations

After the public comment period, Barbara Hulburt opened the meeting to a general discussion of the draft report and the recommendations. DMAS staff indicated that several comments had been received by email and most of these had been incorporated in the report. During the general discussion period, several additional changes to the draft report were suggested and DMAS staff indicated that these changes would be incorporated in the report and would be sent to members on September 27, 2006. The changes suggested by the Committee included the following:

- One Committee member felt that the tone of the Executive Summary could be improved and volunteered to submit language that would address this concern.
- There was a discussion about Recommendation #1 (disease management programs) and Recommendation #2 (enhanced benefit accounts) regarding possible punitive implications of these programs for patients who are not always capable of following medical advice. Discussion focused on whether the wording in Recommendation #1 implied that the program was applicable to broad populations which might include individuals for whom specific interventions might not apply. To address this concern, the MRC recommended modifying the recommendation by adding the qualifying term “population-based” before disease management programs.
- On Recommendations #3 and #4, there was a request for clarification regarding the implications of these recommendations (electronic funds transfer and web-based claims submissions) for consumer directed care services. The Committee agreed to add language to Recommendation #3 to ensure that electronic funds transfer would apply to consumer

directed attendant services within long-term care where feasible. There was also a minor clarification in Recommendation #4, adding the word “services” in the following sentence: “This would exclude consumer directed care **services** within long-term care services”. In other words, these consumer directed care services would not fall under the web-based claims submission requirements.

- One MRC member questioned the wording of Recommendation # 6 (regarding public subsidy of employer-sponsored health insurance for Medicaid-eligible individuals). The consensus of the Committee was that DMAS should study the potential impact of modifications to existing programs and that any expansions of these programs should include consumer protection mechanisms.
- There was a suggestion that Recommendation #7 (buy-in programs) include the Family Opportunity Act as one of the buy-in program options.
- Even though provider reimbursement was not part of the Committee’s charge, members thought it important to include a statement indicating that Committee members and individuals who submitted public comments supported increases in provider reimbursement and broader Medicaid eligibility.
- In the discussion of disease management programs, the Committee thought it was important to indicate that a program for high-risk pregnancies should be considered in any expansion of the disease management program, even though high-risk pregnancies might not be considered a “disease state”.
- When discussing the buy-in program, concern was expressed that this program would open the Medicaid program to higher income people when the current Medicaid program excludes many very low-income people who would not be able to afford to “buy-in” to the program. The Committee agreed to add language emphasizing that this low income population might not get coverage unless premium subsidies are included.
- Finally, the MRC discussed the relationship of the Early Periodic Screening Diagnosis and Treatment (EPSDT) program to the Disease Management program, noting that the EPSDT program is a vital tool for early recognition of diseases in children. Committee members decided that additional marketing of the availability of EPSDT services is needed. This language was added in the managed care section of the report because so many children are enrolled in the Medicaid and FAMIS managed care organizations.

After the committee concluded its discussion, Ms. Hulburt reminded the Committee members that another MRC meeting had been tentatively scheduled for October 10, 2006 from 9:00 am to 12:00 pm. Ms. Hulburt asked members whether they thought it was necessary to have this meeting. The Committee agreed to keep the October 10 meeting on the calendar until members had had a chance to review the changes to the report. It was agreed that there would be no meeting unless two or more members requested the meeting.

DMAS staff indicated that it would post the revised report on the MRC web site by September 27 and that MRC members were expected to get comments on the report back to DMAS by

October 4, 2006. It was agreed that if DMAS did not receive any requests for another MRC meeting by the morning of October 5, DMAS would let MRC know by email.

MRC members indicated that the report had done a good job of addressing the charge of House Bill 758 and thanked DMAS staff for their work.

Ms. Hulburt adjourned the meeting at approximately 12:00 pm.