

Medicaid and Exchange Advisory Committee (MEAC) Meeting Minutes for February 27, 2023

Board Members Present:

\checkmark	Jessa Barnard	✓	Yacouba Jacob Bogre	\checkmark	Kelly Dougherty
\checkmark	Lisa Draper	✓	Mike Fisher	✓	Devon Green
\checkmark	Dale Hackett		Rebecca Heintz	✓	Sharon Henault
	Jessica Jacobs		Gladys Konstantin	\checkmark	Joan Lavoie
√	Mary Kate Mohlman	✓ (Kirsten Murphy	√	Jamie Rainville
✓	Sarah Teel	✓	Julie Tessler	√	Jason Williams

DVHA Staff Present:

✓	Zachary Goss	✓	Andrea DeLaBruere	V	Adaline Strumolo
\checkmark	Sandi Hoffman		Jennifer Rotblatt		Max Croneberger
\checkmark	Sven Lindholm		Molly Sweeney		Danielle Fuoco
\checkmark	Peter McNichol	\checkmark	Robert Larkin	√	Allison Nowak

SOV/Other Attendees:

Megan Tierney-Ward	✓	Betty Morse		Nicole DiStasio
Ellen Schwartz		Keith Brunner		Vicki Jessup
Susan Aranoff		Wren Lansky	✓	Rebecca Copans
Erika Wolffing		Tim Walker		Sara Teachout

Topic & Presenter	Discussion	Action
Meeting Materials	Posted to https://dvha.vermont.gov/advisory-	

	boards/medicaid-and-exchange-advisory-committee/agendas-	
	and-materials	
	MEAC_Agenda_2.27.23.pdf	
	MEAC_PPT_2.27.23.pdf	
40 114 0 1	DVHA_SFY2024_BudgetNarrative.pdf	
1.Call to Order		
	Meeting was convened at 10:06 AM by Mary Kate Mohlman.	
Mary Kate Mohlman & Dale	3	
Hackett, Co-Chairs		
2.Roll Call	Roll Call was completed by Zack Goss.	
Establish Quorum		
Approve Minutes	January 23, 2023 Meeting Minutes were approved as written,	
7 10 11 111 0 7	with Joan Lavoie and Devon Green abstaining.	
Zack Goss, Health Care Training		
and Communication Manager		
3.Non-Emergency	Peter explained that the Non-Emergency Medicaid	Non-Emergency Medical
MedicaidTransportation	Transportation (NEMT) provides transports for Medicaid & Dr.	Transportation information:
Deter McNichel Member 9	Dynasaur members who are unable to get to get to their	https://dvha.vermont.gov/provi
Peter McNichol, Member &	appointments. There are no other transportation options	ders/non-emergency-medical-
Provider Services Supervisor	available to the member as this program is intended as a last	<u>transportation</u>
	resort.	
	DVHA contracts with the Vermont Public Transportation	
	Association (VPTA) who oversees a regional network of	
	public transit providers.	
	Peter reviewed the program basics. A Physician Referral	
	form is required for requests over 100 miles from the	
	·	
	member's home. The form is reviewed by DVHA	
	transportation staff, including medical consultants to establish	
	if the member is being referred to the closest provider and	
	that the procedure is medically appropriate.	
	 There are also forms for bus exemptions and vehicle 	
	exceptions as well as an appeals process.	
	Per federal rule, if there is a vehicle in the household, the	
	household member is presumed to be providing the ride;	
	manufacture in the processing and many	

	 however, an exception can be filed if the car/family member is not available. Member inquired if the physician can have a say when there is a closer provider, but the physician feels another provider is more medically appropriate. Peter explained that the physician can explain this on the form and it will be reviewed by the medical consultants. Peter explained that the 2022 monthly ride numbers are about half of what they were prior to the pandemic and have been holding steady, along with the number of complaints and referrals for over 100 miles. Discussion ensued on what impacted the utilization. Biggest financial burden on VPTA is that the single ride use dropped while the regular use for members needing daily rides for dialysis and medication assisted therapy (MAT) participants increased. This increases costs as there are more rides per member/per month. There are statewide initiatives to recruit more volunteer drivers.
4. DVHA Language Access Plan (LAP) Rob Larkin, Provider Relations Specialist	 Rob Larkin provided an overview of DVHA's policy of ensuring equal access for all persons who are Limited English Proficient (LEP) as well as deaf or hard of hearing. He then explained the legal basis for providing written, oral, and in person translation services for all individuals at no cost. Five steps to implementing language access policies. Identify persons for language access; Provide language and communication access; Train DVHA staff and sub-recipients such as Maximus, the third-party call in center; Provide public notice of language and communication access; Monitor, evaluate, and update the LAP.

	 Brief discussion ensued on how people are informed of the available services. Rob stated that the next step for DVHA is to adopt proposed Language Access Plan (LAP) compilation. Following that updates and revisions will be made to any outdated Standard of Procedures (SOPs), policies, websites and member handbooks. DVHA will develop a plan for data collection on LEP populations and monitor/evaluate data, updating the LAP as necessary. Question was raised on what this looks like when members are communicating with providers – is there a transition from DVHA to the provider on translation needs or are they siloed? Rob explained that within providers' offices and as directed in provider manuals provided by the state is that providers have access to translation/interpretation services. DVHA also relies heavily on partners who are assisting people, such as AALV. Discussion ensued. Suggestion was made for multi-lingual flyers about the unwind to have displayed in primary care offices.
5. Budget Update Allison Nowak, Financial Director Andrea DeLaBruere, Commissioner	 Commissioner DeLaBruere began by noting that the proposed budget for FY24 includes an increase of \$84,936,049 (gross) in new appropriations. Allison walked through DVHA's proposed budget, mentioning that some items are determined by the federal government. She explained that one of the governor's initiatives is to raise dental rates to 75% of the delta dental rate, notable as it has been years since the dental rate has increased. Discussion ensued on the proposed drug coverage changes for Pharmacy Benefits, including concerns that over-the-counter antihistamines would no longer be covered.
6.Commissioner's Office Update	Legislature is in full swing, DVHA is mostly working with legislature on the budget including educating new legislators and committees on DVHA's structure and role.

Andrea DeLaBruere, Commissioner Addie Strumolo, Deputy Commissioner	 DVHA is preparing for the end of continuous coverage at the end of March. Renewals will begin in April and the first Medicaid renewal-based closures would be effective June 1. Messaging is ongoing and MEAC members are encouraged to share about the end of continuous improvement to leverage stakeholders and partners. Discussion ensued on keeping members engaged as well as the enormity of the redetermination process with 206k members. Zack gave an overview of the member communication process. Postcards will be going out quarterly to different populations. Additional modalities are the renewal notices, text messages, social media, stakeholder outreach throughout the year. It was clarified that no policies are changing and autorenewals should remain the same, though the month of renewal may be different for members who last renewed in 2019. 	
Mary Kate Mohlman & Dale	There were no public comments.	
Hackett, Co-Chairs		
8.Final Committee Discussion Mary Kate Mohlman & Dale Hackett, Co-Chairs	 Mary Kate explained that last year the committee established staggered terms for co-chairs; Mary Kate was appointed for two years and Dale for one. Committee members should consider if they would like to co-chair for a two-year term beginning in July, and reach out to current co-chairs with any questions. Both co-chairs are unavailable for April's meeting, discussion on if there is a need to reschedule which will be determined via email. 	
9.Adjourn	The next meeting is March 27, 2023.	Medicaid and the End of the
Mary Kate Mohlman & Dale Hackett, Co-Chairs	Meeting adjourned at 11:58 AM.	COVID-19 Public Health Emergency webpage: https://dvha.vermont.gov/unwinding