



**Medicaid and Exchange Advisory Committee (MEAC)
Meeting Minutes for June 26, 2023**

Board Members Present:

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

DVHA Staff Present:

✓	Zachary Goss	✓	Andrea DeLaBruere	✓	Adaline Strumolo
	Sandi Hoffman	✓	Jennifer Rotblatt		Max Croneberger
✓	Sven Lindholm	✓	Ginger Irish	✓	Katie Moino

SOV/Other Attendees:

	Megan Tierney-Ward	✓	Betty Morse		Nicole DiStasio
	Dillon Burns		Keith Brunner		Vicki Jessup
	Susan Aranoff		Wren Lansky		Rebecca Copans
	Anders Aughey		Kathy Walker		Sara Teachout
✓	Emma Zavez	✓	Erika Wolffing	✓	Mark Humowiecki
✓	Timothy McSherry	✓	Riz Carthins	✓	Scott Cerreta

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

	boards/medicaid-and-exchange-advisory-committee/agendas-and-materials MEAC_Agenda_6.26.23.pdf MEAC_PPT_6.26.23.pdf	
1. Call to Order Mary Kate Mohlman & Dale Hackett, Co-Chairs	Meeting was convened at 10:01 AM by Mary Kate Mohlman.	
2. Roll Call Establish Quorum Approve Minutes Zack Goss, Health Care Training and Communication Manager	Roll Call was completed by Zack Goss. May 22, 2023 Meeting Minutes were approved as written.	Motion to approve 5/22/23 Abstain: Joan Approved
3. Camden Coalition Presentation: Vermont Team-based Care Model Improvement Project Mark Humowiecki, Camden Coalition, General Counsel & Senior Director for National Initiatives	<ul style="list-style-type: none"> • The Vermont Team-based Care Model Improvement Project is a partnership between the VT Agency of Human Services (AHS) and the Camden Coalition. • Mark Humowicki stated that the Camden Coaliton is based in Camden, NJ with a mission to improve care for people with complex needs. • There are four team members at Camden and about 24 throughout AHS, from all departments. • The goal of the Vermont team-based Care Model Improvement Project is to further advance a care model to support teams working on behalf of individuals with complex needs and local care ecosystems working to address regional population health improvement. • There are four phases of the project: <ul style="list-style-type: none"> ○ Project launch (Month 1-2): Project charter, major milestones, detailed project plan, and shared practices for collaboration and communication including regular meetings, expectations around leadership involvement and public communications 	VT Team Based Care Model: Community Focus Group on Thursday, July 6 12:00-1:00 PM Join here via Zoom , or email rcarthins@camdenhealth.org to request a calendar invitation.

	<ul style="list-style-type: none"> ○ CURRENT PHASE Model assessment (Month 3-6): Vermont Team-based Care Model Evaluation Report ○ Recommendations (Month 7-9): Vermont Team-based Care Model – Current Infrastructure and Next Steps Recommendations for Implementation ○ Implementation plan (Month 10-12): Vermont Team-based Care Model Implementation Plan ● Sharon asked if they are looking at the independent living network as being a partner in this and Mark stated that they are a critical stakeholder whom they want to make sure this program is working for them. ● Riz Carthins, Camden Coalition Program Manager, shared that they've conducted focus groups in Brattleboro, St. Johnsbury, and Burlington as well as have held 1:1 interviews with internal AHS Stakeholders. Additional external stakeholders focus groups have been scheduled and include: One Care Vermont, Pathways Vermont, Vermont Medical Society, Preferred Provider Network VATTP, OTP Directors HUB, and Vermont Care Partners. ● Project charter, major milestones, detailed project plan, and shared practices for collaboration and communication including regular meetings, expectations around leadership involvement and public communications ● The Camden Coalition, in partnership with AHS, will define and evaluate the existing Team-Based Care Model and co-design implementation recommendations. ● The goal of the Team-Based Care Model is to support people with complex health and/or social needs in achieving their goals and improve their health/well-being. The project will include local health and social care ecosystems as they understand that it looks different in different areas. ● This model of care will serve as an example to advance the practice of Team-Based Care for all Vermonters. 	
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	<ul style="list-style-type: none"> • Model components include: <ul style="list-style-type: none"> ○ Interdisciplinary care teams ○ Cross-sector partnerships that deliver person-centered care ○ Supports diverse populations • Discussion ensued. • They welcomed participation in the VT Team Based Care Model: Community Focus Group on Thursday, July 6 12:00-1:00 PM. The goal of this focus group is to better understand both the strengths and weaknesses of the state of Vermont’s current model. • It was clarified that this project is an evaluation and expansion of the existing model beginning. 	
<p>4. Health Benefits Eligibility and Enrollment (HBEE) Rule Revisions</p> <p>Addie Strumolo, Deputy Commissioner</p>	<ul style="list-style-type: none"> • HBEE is an eight-part rule that establishes eligibility and enrollment requirements for Medicaid/Dr. Dynasaur as well as QHP insurance coverage. • Updates are made annually to implement changes in federal and state law. • DVHA is commencing rulemaking with a target effective date of January 2024. It will be filed with ICAR in July, public comment September-October, and filed with LCAR in November. • Addie reviewed the substantive revisions being made in this rule-making. Seven of the eight parts will be opened, part 4 is only updates to website links. • Parts 1-2 General Provisions and Eligibility Standards <ul style="list-style-type: none"> ○ 3.00, 7.03 Post-partum extension from 60 days to 12 months ○ 7.03 12-month continuous eligibility for children ○ 12.05 Subsidy ineligibility if failure to reconcile tax credits two consecutive years 	

- Addie noted that section 12.05 is in the rule, but the failure to reconcile process has been suspended by the federal government until IRS system updates are made to accommodate this change..
- Part 3 Nonfinancial Eligibility Requirements
 - Clarification around citizenship/immigration status
- Part 5 Financial Methodologies
 - Clarification around use of resources in MABD eligibility
- Part 7 Eligibility and Enrollment Procedures
 - **56.11** Income verification for subsidies – self attestation accepted if no tax information is available through data sources
 - **71.03** Enrollment opportunity when someone does not receive timely notice of triggering event for a special enrollment period
- Part 8 State Fair Hearings
 - **80.05** Administrative review of HHS eligibility appeal decisions
 - This has always been true, but it has been codified on the federal level so DVHA is doing the same.
- Discussion ensued.
- S.135 was brought up and an excerpt was shared from Joint Fiscal Office memo:

Under VT Saves, employees will be enrolled to make automatic contributions of 5 percent of their salary or wages by default, with the ability to change this contribution rate (or opt out entirely) at any time. Employees may also elect to make contributions as a fixed dollar amount, rather than a percentage of pay, as permitted by the State Treasurer. The bill calls for the State Treasurer to provide, on a uniform basis, for annual increases of not less than one percent in each active

	<p>participant’s contribution rate up to a maximum rate of 8 percent – but employees may opt out of this, as well. In all cases, contributions are subject to the IRA eligibility limits applicable under the Internal Revenue Code.</p> <p>https://ljfo.vermont.gov/assets/Publications/2023-2024-As-Passed-the-General-Assembly/6e48438d5e/GENERAL-369996-v2-FN - S 135 VT Saves.pdf</p>	
<p>5. Medicaid Renewal Status Update</p> <p>Addie Strumolo, Deputy Commissioner</p>	<ul style="list-style-type: none"> • Addie presented the dashboard which showed the recent activity from the first renewal cycle in April. She explained that the data will be cumulative as more renewal months are completed. • She noted that they are launching the disenrollment survey to understand more about those who did not respond or did not move to another plan on the exchange. • The May renewals are due June 30 and the data will be added to the dashboard for July’s meeting. • Discussion ensued on the members whose Medicaid ended due to non-response. Addie noted that the non-response rate was lower than pre-pandemic, and DVHA is tracking how many of those come back through Medicaid or the exchange in the next 30-60-90 days. • Let Zack know if there are providers who do not have the information to share as they have materials they can send to them to start the conversations. • Discussion ensued on the dashboard, communication modes, and data tracking. Addie noted that some backlog in renewals that are processing was expected. 	<p>Medicaid and the End of the COVID-19 Public Health Emergency webpage: https://dvha.vermont.gov/unwinding</p>
<p>6. Commissioner’s Office Update</p> <p>Andrea DeLaBruere, Commissioner</p>	<ul style="list-style-type: none"> • FY24 was passed during the veto session last week and several new items were added that were not in the governor’s recommended budget. • Emergency dental services allowed in addition to removal of the dental cap for certain members. 	

<p>Addie Strumolo, Deputy Commissioner</p>	<ul style="list-style-type: none"> • Increased rate of reimbursement for dentists and raising the dental cap to \$1500. • Removal of coverage for a portion of OTC medications – melatonin, vitamin D, and antihistamines. A public notice will be going out and it will be implemented on August 1. • Concern raised about the antihistamine coverage removal and question raised about the education that will be provided to members with other options. • Kirsten asked to be involved in getting the message out in plain language about the dental benefit changes. • DVHA is also working with the dental society to get messaging out about the changes. • Discussion on the impact the rate increase will have, hopefully increasing access to dentists and emergency dental services for Medicaid patients. The data will be tracked as this is implemented. • Andrea shared that Monica Ogleby has joined AHS as the VT Medicaid Director. This role has historically been filled by the DVHA commissioner. Having a central Medicaid Director will be an asset in working with all departments who work on Medicaid. 	
<p>7. Public Comment</p> <p>Mary Kate Mohlman & Dale Hackett, Co-Chairs</p>	<ul style="list-style-type: none"> • None. 	
<p>8. Final Committee Discussion</p> <p>Mary Kate Mohlman & Dale Hackett, Co-Chairs</p>	<ul style="list-style-type: none"> • Kirsten mentioned the set of rules proposed by CMS called the access rules. Comments are due July 3. • She noted that one of the sections affects the Medicaid advisory committee as well as created a new board of beneficiaries. • Addie stated that DVHA is aware of these rules and have been reviewing them. DVHA will share their public comment 	<p>CMS Proposed Rules; public comments due July 3:</p> <p>Medicaid Program: Ensuring Access to Medicaid Services (CMS-2442-P)</p> <p>https://www.regulations.gov/doc</p>

	<p>with the committee.</p> <ul style="list-style-type: none"> • Discussion continued on these proposed rules. • Reminder that there is no August meeting. • Members and staff expressed their appreciation for Dale's service as co-chair this last year. 	<p>ument/CMS-2023-0070-0001</p> <p>Medicaid Program: Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality</p> <p>https://www.regulations.gov/document/CMS-2023-0071-0001</p>
<p>9. Adjourn</p> <p>Mary Kate Mohlman & Dale Hackett, Co-Chairs</p>	<p>The next meeting is July 24, 2023.</p> <p>Meeting adjourned at 11:56 AM.</p>	

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