



**Medicaid and Exchange Advisory Committee (MEAC)
Meeting Minutes for September 26, 2022**

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
	Erin Maguire	✓	Mary Kate Mohlman	✓	Kirsten Murphy
✓	Jamie Rainville	✓	Sarah Teel		Julie Tessler
✓	Jason Williams				

DVHA Staff Present:

✓	Zachary Goss		Andrea De La Bruere	✓	Adaline Strumolo
✓	Sandi Hoffman		Jennifer Rotblatt	✓	Max Croneberger
✓	Sven Lindholm	✓	Molly Sweeney	✓	Sean Judge
✓	Suellen Bottiggi	✓	Ginger Irish	✓	Brendan Beaudoin
✓	Ashley Berliner	✓	Mike Bodin	✓	Pat Farrell

SOV/Other Attendees:

	Katie Smith		Betty Morse		Tim Walker
	Bard Hill		Katie Kanelstein		Stefani Hartsfield
	Susan Aranoff		Marty Baker		
	Michael Miller				

Topic & Presenter	Discussion	Action
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Meeting Materials	Posted to https://dvha.vermont.gov/advisory-boards/medicaid-and-exchange-advisory-committee/agendas-and-materials	
1. Call to Order Devon Green & Erin Maguire, Co-Chairs	Meeting was convened at 10:00 by Dale Hackett	
2. Roll Call Establish Quorum Approve Minutes Zack Goss, Health Care Training and Communication Manager	Motion: Approve the June 27, 2022 meeting minutes as presented. Roll Call was completed by Zack Goss. Meeting Minutes could not be approved. It was decided that the Meeting Minutes would be sent out for approval at a later date.	Motion: Second: Abstain: Not Approved
3. Personal Care Assistant Services Megan Tierney-Ward	<ul style="list-style-type: none"> • Zack gave an overview of the Personal Care Assistant Services (PCA). Megan Tierney-Ward continued by providing a high-level overview of the DAIL program considerations, and spoke on developmental disability services, highlighting that the budget caseload is managed by DAIL and is not a Medicaid entitlement. COVID flexibilities for the per-person/per-month payments have been extended through 2025. • The Choices for Care Program was detailed next, where it was stated that it covered services across various settings. Historically speaking, Medicaid for MABD only received entitlements in a nursing home. There is program-wide financial monitoring (approved vs. spent. Budget). There are small teams of quality management reviewers to focus on consumer outcomes and compliant with program policies and procedures. Although it is on-hold due to the COVID, the National Core Indicators survey is planned to continue to measure satisfaction with services. • DAIL and DVHA working closely to implement a project with Medicaid vendor Gainwell. We are also working on tracking Medicaid data to compare what is spent vs. what is authorized, as well as various other assessment efforts. • Questions were opened up to the committee, the first being how 	

	<p>do providers give data for flexible choices employers? The data used is managed by an Eris contract. There are three systems to contain the data – one is the Eris Payroll system, one is a Medicaid system, and the third is the Sams (sp?) program authorization system. Right now, that data is pulled by state employees and reviewed manually. There is as of now no consumer involvement in that process, and this group of the DAIL advisory group is a good place to give feedback.</p> <ul style="list-style-type: none"> • Lacking time to go into more questions in detail, it was decided that questions would be gathered and answered at a later date, and a request was made that these questions and answers should be put in writing. It was noted that a waiver provides all the flexibility that is needed to implement creative solutions. 	
<p>4. Interoperability and Patient Access</p> <p>Suellen Bottiggi</p>	<ul style="list-style-type: none"> • Suellen spoke on the CMS requirement to improve patient’s access to health information by Jan. 1st of 2023. New requirements will allow Medicaid patients to access claims, clinical, and pharmaceutical data. • These changes will enable Vermont Medicaid members to access health data on a mobile device or a computer, with the information being provided via third-party app. This is anticipated to be going live in the beginning of January 2023. It will have seamless data exchange, real time information about OOP costs, and copay information. It will allow for better chronic disease management and improved health outcomes. • It is important to note that Vermont Medicaid is not allowed to require or recommend an application for a consumer to use, cannot dictate how the information is displayed, and has no control over the data once is downloaded to the app. The third-party app may not be subject to HIPPA privacy and security regulations. • Guides will be available to learn more about the apps, and flyers are planned to be sent to provider waiting rooms, with 	

	<p>QR codes for Medicaid members to learn more.</p> <ul style="list-style-type: none"> • The first pilot for the program was implemented in August 2022, consisting of 5 Medicaid members, and lasting for 1 month. The second pilot will be starting in November 2022, consisting of 30-50 Medicaid members, and also lasting for 1 month. General roll out of the system is scheduled for January 2023. • The priorities for the system are to support members who have not received health information, determine the effectiveness of flyers and website content, improve experience on downloading and using apps, access the accuracy of app info, and determining escalation resources for users to report errors. Alternate language support is also being developed. • The call was opened for questions. The first point of discussion was about how people without internet access or a cell phone could access their Medicaid data. To access these applications, an internet connection is required, so this question was brought back to the team. The next question was about the process for making sure ADA requirements are being met. The apps do have to comply with ADA requirements, and there is a committee to review the apps to make sure of this. • Mike stated that this is the first time he has heard of this system, and that his office has not be reached out to regarding the apps. Sean discussed the rules around the apps and the assessment of their security, and Mike asked how we could best advise Vermonters about this system. There is a project team in place, and there is continuous work being done on the front-facing side. A follow-up meeting was requested to discuss this further. 	
<p>5. Open Enrollment Molly Sweeney and Zachary Goss</p>	<ul style="list-style-type: none"> • Molly began the discussion with the Open Enrollment timeline, highlighting key areas such as the launch of the Plan Comparison Tool, noting that auto-renewal will also began. 	

	<p>Open Enrollment starts on Nov. 1st and ends on January 15th. The Customer Support Center will have extended hours during Open Enrollment as well.</p> <ul style="list-style-type: none">• The Annual Assister Conference will be held on October 11th, which will include Open Enrollment training. Other notable aspects discussed were the increase in plan subsidies due to the Inflation Reduction Act, enhanced communications plans, and the fix for the Family Glitch.• Mike asked if DVHA will do outreach for people affected by the Family Glitch. Brittney answered that we have contacted individuals who have put in applications, but those who have not entered the exchange or chose not to enroll have not been outreached.• Zack continued with the general communication plan going into Open Enrollment. It is designed to reach new and returning customers and to help make them more aware of opportunities and changes. The Communications Team is seeking to engage key stakeholders, trying as much as possible to use clear and consistent language. A high-level overview calendar of upcoming communication efforts was shown and discussed, going from October through Open Enrollment. The Communications Team plans to post social media updates almost every day to increase awareness, to update the website, and to keep Assisters informed.• Research has been done to make our posts more eye-catching, using animations and sounds, and to make them more relatable to drive interest. The Communications Team is interested in feedback on this, specifically:<ul style="list-style-type: none">• What is most important message? Cost savings? Continued enhanced subsidies? Open Enrollment deadlines? Important of Health insurance?• The Family Glitch will also be integrated into Open Enrollment communications.• Mike noted that this topic is difficult for many people. He asked if we could have a focus on letting people know that they have	
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	<p>tax credits available.</p> <ul style="list-style-type: none"> • It was noted that it is important to emphasize enhanced subsidies and cost savings, not just directly to the public, but also to the small business and employer community if possible. 	
<p>6. Commissioner’s Office Update</p>	<ul style="list-style-type: none"> • In anticipation of the PHE unwind, DVHA is working with CMS on waivers and to minimize document requirements. DVHA will then put out an updated public facing document. In terms of the status of the PHE, we know we can expect an extension into January. We will hear in November if that is the final extension. CMS operational communications suggest that it may be. More time will be dedicated to this topic on the next meeting. If January is the end date, the overlap with Open Enrollment will complicate the process. • A question was raised about another wave of Covid coming in. How does this fit in with the PHE extension conversation? When is that decision made? • The mechanics of the decision-making process are clear. The official declaration lasts for 90 days. There are many factors that go into the decision that we do not know since we interact with this on an operational level. • A request was made for an agenda item to discuss legislative details during the next meeting. • Zack brought up the meeting scheduled for the week of Thanksgiving to determine if the meeting date should be moved as it is currently scheduled for the 28th of November. • During the last couple of years, a Medicaid budget message has been sent out. Should this be done before or after the budget release? There was no objection to submitting a letter. Devon, Mike, Jessa, Susan, and Rebecca Heintz volunteered to draft the letter. 	
<p>7. Public Comment</p>	<ul style="list-style-type: none"> • Concerns about data privacy were brought up based on the prior discussion, raising a larger concern about broader data privacy. There are broad concerns about using a Social Security Number as a primary identifier. Anyone who has data going into VCARES will be affected by this change, raising concerns 	

	<p>about date breaches.</p> <ul style="list-style-type: none"> • A request for an agenda item was made to hear updates from DVHA or AHS about a federal option to use the 1115 waiver in regards to reproductive services. 	
8. Adjourn	Meeting adjourned at 11:00 am by Dale.	<p>Additional about the Department's response to the COVID-19 public health emergency may be located here:</p> <p>https://dvha.vermont.gov/covid-19</p>

