

# Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

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1.	10:00	Call to Order	Devon Green, Co-Chair
2.	10:05	Roll Call Establish Quorum Approve Previous Minutes	Zack Goss, Health Care Training and Communication Manager (Department of Vermont Health Access, "DVHA")
3.	10:10	Member Recruitment	Zack Goss, Health Care Training and Communication Manager (DVHA) Devon Green, Co-Chair
4.	10:25	PHE Unwind	Addie Strumolo, Deputy Commissioner (DVHA)
5.	11:15	Commissioner's Office Update	Andrea De La Bruere, Commissioner (DVHA) Addie Strumolo, Deputy Commissioner (DVHA)
6.	11:45	Public Comment	Devon Green and Erin Maguire, Co-Chairs
7.	11:55	Final Committee Discussion	Devon Green and Erin Maguire, Co-Chairs
8.	12:00	Adjourn	Devon Green and Erin Maguire, Co-Chairs

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**May 23, 2022**  
**10am-12pm**

# **Roll Call, Quorum, April 25, 2022 Meeting Minutes**

Zack Goss, Health Care Training and Communication Manager (DVHA)

# Member Recruitment

Zack Goss, Health Care Training and Communication Manager (DVHA)

Devon Green, Co-Chair

# Reappointment Process & Recruitment

- Reappointment applications have been submitted
- Commissioner's office will complete the reappointment application review in the coming weeks
- Continued outreach and recruitment of small business entities

- Dale Hackett and Mary Kate Mohlman will take over chair positions beginning July 1, 2022
- Dale's position will be a 1-year term and Mary Kate's will be a 2-year term
- This will allow chairs to have staggered terms moving forward
- Current chairs have agreed to support the transition

# PHE Unwind

Addie Strumolo, Deputy Commissioner (DVHA)

Zack Goss, Health Care Training and Communication Manager (DVHA)

# Medicaid Continuous Coverage

May 23, 2022

# Families First Coronavirus Response Act

- FFCRA requires continuous Medicaid enrollment, with certain exceptions, through the end of the month in which the federally declared Public Health Emergency (PHE) ends
- This is a condition of receiving enhanced 6.2% Federal Medical Assistance Percentage (FMAP) during the PHE
- Congress put this measure in place to support states with increased caseload during the pandemic



# Public Health Emergency

- The PHE has been in effect since January 31, 2020
- The Secretary of HHS periodically renews the declaration
  - The default renewal is for 90 days
  - The most recent renewal took place on April 16, 2022
  - If PHE expires, continuous coverage to end July 31, 2022
- The Biden Administration has committed to providing 60 days notice prior to the end of the PHE and confirmed that the PHE will be extended into fall 2022

# Planning for End of Continuous Coverage

# Parameters

- CMS has issued guidance about the “unwind” process
- The unwind period begins when a state initiates renewals that could result in termination
- States have 12 months to initiate renewals of total caseload
- States have 14 months to complete required renewals
- CMS will monitor states’ progress through regular reporting

# Work Buckets

- **Renewals**

- Renew entire Medicaid population: ~207,000 members
- Approximate monthly renewal volume:
  - ~7000 MCA
  - ~2500 MABD
  - ~275 LTC
- Prioritize ineligible cases, maintain even ex parte distribution
- Address verifications and certain reported changes through renewal
- Maintain routine processes (applications, COCs)

# Process and Policy Changes

- **Technology**
  - Ex parte renewals
  - External verification sources
- **Waivers from CMS**
  - Extended eligibility for certain populations
  - Verification flexibility
- **Coverage transitions**
  - Special enrollment period for QHP
  - Dr D premium suspension
  - Medicaid post-partum expansion

# Communication & Outreach

- **Updating contact information**
  - Enhanced returned mail review process
  - Call center verifying and updating contact information when customers call
- **Member noticing**
  - Post card/flyer to members before processing
  - Special envelope
- **Texting platform**
  - Use of texting to remind members to update their mailing addresses and to respond to renewal notices
- **Stakeholder engagement**
  - Town halls
  - Social media

# Commissioner's Office Update

Andrea De La Bruere, Commissioner (DVHA)

Addie Strumolo, Deputy Commissioner (DVHA)

# Remote Patient Monitoring & Legislative Update

Medicaid and Exchange Advisory Committee  
Department of Vermont Health Access (DVHA)

May 23, 2022



# Remote Patient Monitoring

- Act 153 from the 2014 VT Legislation required DVHA to:
  - Cover remote patient monitoring for one or more conditions or risk factors for which it determined, using reliable data, that home telemonitoring services are appropriate.
  - The Act also allowed DVHA to expand coverage to include additional conditions, using evidence-based best practices, as funds become available.
- While promulgating the original rule, DVHA received requests from stakeholders to expand diagnosis requirements to include other conditions in addition to congestive heart failure.
  - At the time, DVHA was not looking to expand services.
- Because we are making other amendments, adding additional conditions during this rule amendment seemed appropriate.

# Remote Patient Monitoring

DVHA is amending HCAR Rule 3.101 Telehealth to come into compliance with Act 6 of the 2021 VT Legislative Session and make a few other changes:

- Adding audio-only under the Telehealth umbrella of service delivery methods (per Act 6 requirements)
- Changing the term 'telemonitoring' to the more common term 'remote patient monitoring' throughout the rule, and
- Per the recommendation of the Clinical Utilization Review Board, expanding conditions for remote patient monitoring to include diabetes and hypertension.

# Legislative Highlights

- Vermont Legislature adjourned on Friday, May 13<sup>th</sup>
- A historic legislative session and the end of a difficult biennium
- A very busy session for the Department of Vermont Health Access
- The legislature ultimately passed an \$8 Billion dollar budget
- Awaiting the Governor's signature

# H.655

*An act relating to telehealth licensure and registration and to provisional licensure for professions regulated by the Office of Professional Regulation*

- The bill balances expanding provider access for Vermonters, while keeping protections in place to ensure the safety of Vermonters receiving services via telehealth.
- The three licensing options for providers:
  - Telehealth registration
  - Telehealth license
  - Traditional Vermont licensure
- Allows flexibility for out-of-state providers, who don't want to pursue full Vermont licensure, to serve a limited number of patients. This was not possible in the past.
- It also allows an option for providers that want to be fully licensed in Vermont.

# H. 266

## *An act relating to health insurance coverage for hearing aids*

- There are no fiscal or programmatic implications anticipated for Vermont Medicaid.
- Administrative work will be needed to update Vermont Medicaid's Alternative Benefit Plan via a State Plan Amendment to align with the new essential health benefits benchmark plan.
- DVHA will collaborate with the Department of Financial Regulation in the administrative process to obtain approval from the federal government for adding hearing aid coverage to qualified health plans for 2024.
- Current Medicaid coverage of hearing aids and other audiology services is detailed in the Agency of Human Services Health Care Administrative Rule 4.213 Audiology Services.

# H.279

- DVHA's housekeeping bill
  - Removes outdated statutory text related to Vermont Medicaid pharmaceutical benefit
  - Clarifies the Medicaid dental benefit statute so that medically necessary preventive services are not limited.
- Introduced in 2021 (pharmacy sections having previously passed the House in 2020 but not having passed the Senate due to the COVID-19 public health emergency)
- The House amended the bill to remove sections that were no longer needed, and to remove the VPMS expanded access section for DVHA's Pharmacy Services Director
- House Health Care added a section on un-merging the individual and small group health insurance markets for 2023 which was subsequently removed by the Senate Committee on Health and Welfare.

# H.489

- Department of Financial Regulation (DFR)'s technical bill
  - Federal No Surprises Act compliance
  - Insurance Parity in Residential Care Working Group
  - Insurance market structure
- Section 9 - separate the individual and small group health insurance markets for plan year 2023
- Section 10 - working group to “identify options for, consider the advantages and disadvantages of, and develop recommendations regarding maintaining separate individual and small group health insurance markets in future plan years in a manner that reduces premiums in the small group market without increasing costs in the individual market”

# **Public Comment & Final Committee Discussion**

## **Adjourn**

Devon Green and Erin Maguire, Co-Chairs