

Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

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|----|-------|---|---|
| 1. | 10:00 | Call to Order | Dale Hackett & Mary Kate Mohlman, Co-Chairs |
| 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 | DVHA and Medicaid Orientation | Andrea De La Bruere, Commissioner (DVHA)
Adaline Strumolo, Deputy Commissioner (DVHA)
Ashley Berliner, Director of Medicaid Policy (DVHA) |
| 4. | 10:45 | 1115 Waiver Update | Ashley Berliner, Director of Medicaid Policy (DVHA) |
| 5. | 11:35 | Commissioner's Office Update | Andrea De La Bruere, Commissioner (DVHA) |
| 6. | 11:50 | Public Comment | Dale Hackett & Mary Kate Mohlman, Co-Chairs |
| 7. | 11:55 | Final Committee Discussion | Dale Hackett & Mary Kate Mohlman, Co-Chairs |
| 8. | 12:00 | Adjourn | Dale Hackett & Mary Kate Mohlman, Co-Chairs |
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July 25, 2022
10am-12pm

Roll Call, Quorum, May 23, 2022 & June 27, 2022 Meeting Minutes

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

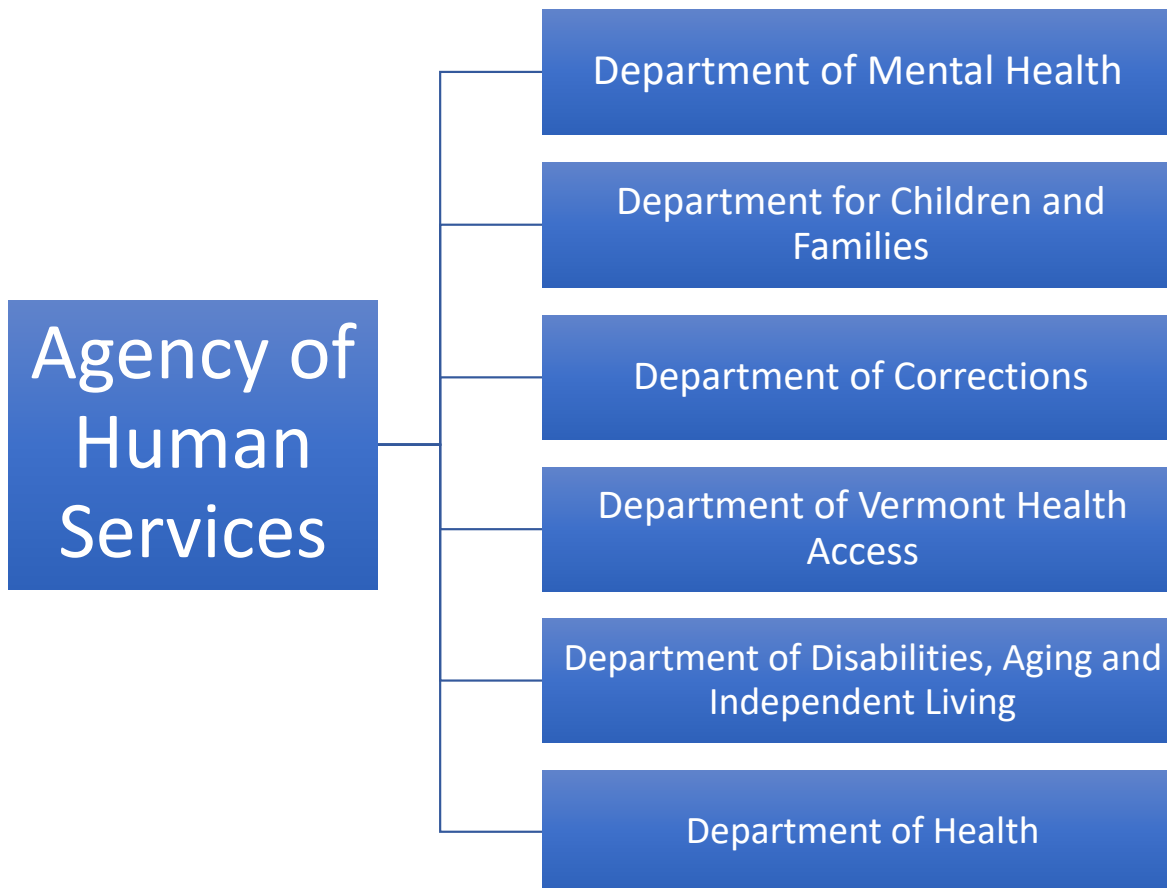
DVHA & Medicaid Orientation

Andrea De La Bruere, Commissioner (DVHA)

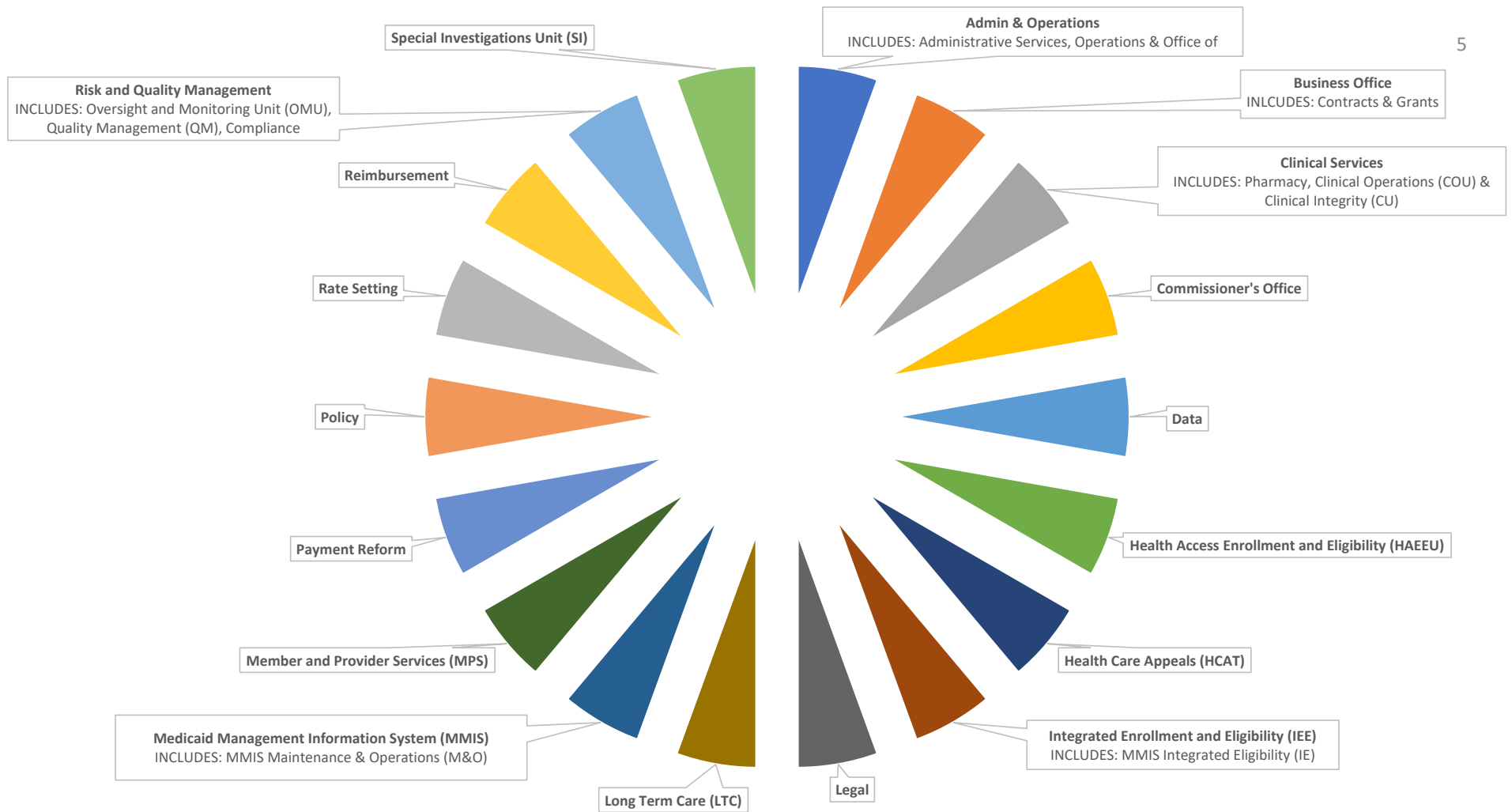
Adaline Strumolo, Deputy Commissioner (DVHA)

Ashley Berliner, Director of Medicaid Policy (DVHA)

AHS Structure



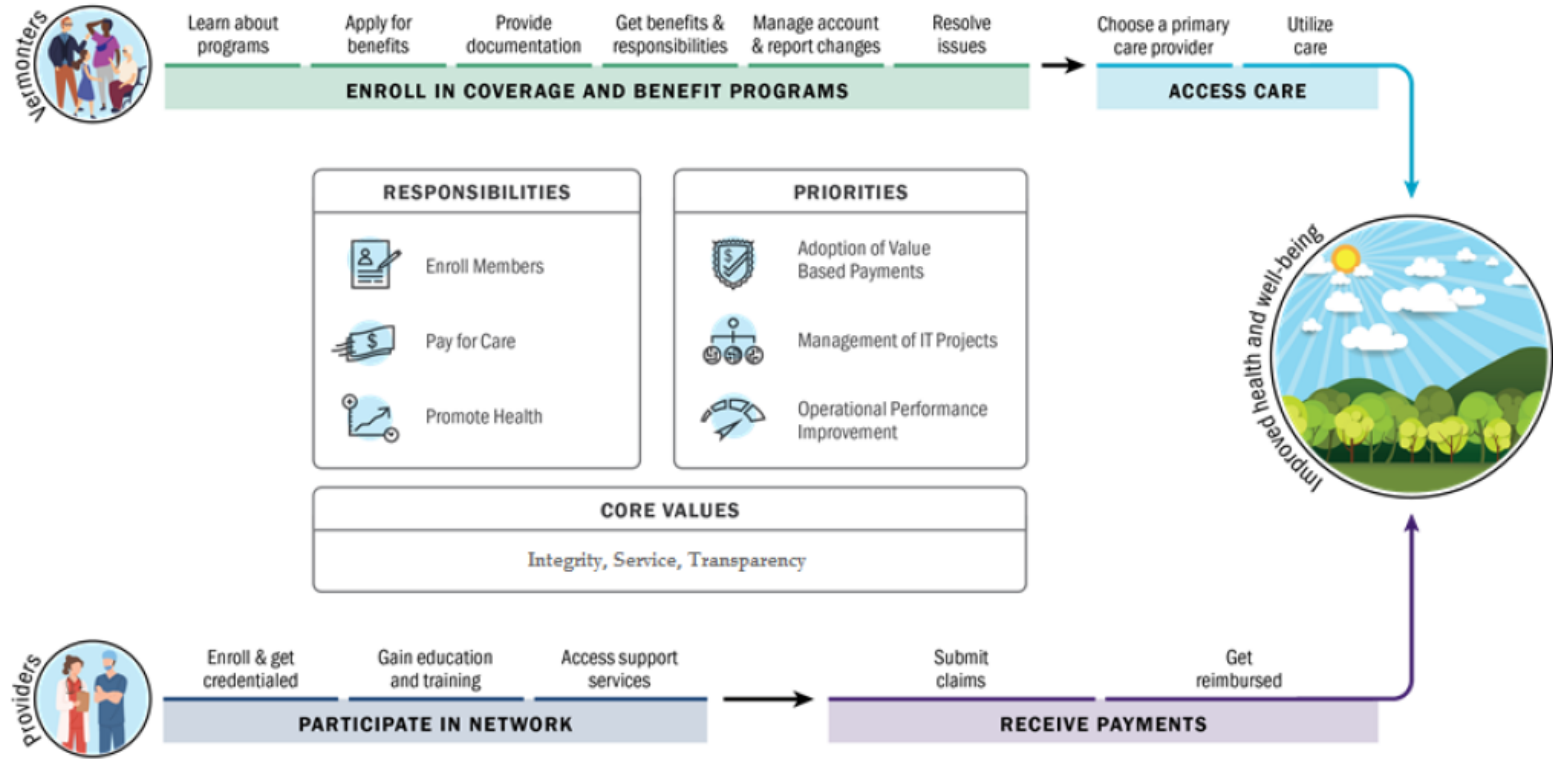
Department of Vermont Health Access (DVHA) *by unit*



DVHA'S MISSION

DVHA'S MISSION, RESPONSIBILITIES, PRIORITIES, AND CORE VALUES

OUR MISSION: IMPROVE THE HEALTH AND WELL-BEING OF VERMONTERS BY PROVIDING ACCESS TO QUALITY HEALTHCARE COST EFFECTIVELY.



Member Experience

How we enroll people

- Outreach and Education
- Eligibility and Enrollment
- Member Account Maintenance
- Coverage, Benefits, and Cost Sharing
- Grievances and Fair Hearings



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Provider Network Management

How we enroll providers

- Provider Demographics
- Enrollment and Credentialing
- Training
- Support Services for Providers



Claims Services



How we provide services

- Clinical Review and Operations
- Data Management and Analysis Unit
- Special Investigations Unit
- Claims Payment
- Pharmacy Unit
- Coordination of Benefits

Quality Improvement

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How we improve our systems of care

- Quality & Clinical Integrity Unit
- Payment Reform, Reimbursement & Rate Setting

“Healthcare is a changing landscape”



The Global Commitment to Health 1115 Demonstration Waiver

1115 Waivers

- Federal government can “waive” many, but not all, of the laws governing Medicaid, including eligible people and services.
- Section 1115 waiver authority is intended to encourage state innovation in the Medicaid program.
- Often, states identify ways to save Medicaid funds and are permitted to use the savings to expand coverage
- The federal government approves Section 1115 Demonstrations for five-year terms, but Demonstrations can be extended.
- **Section 1115 waivers must be budget neutral.**

Without a waiver:

- Medicaid is limited to what is approved by CMS in the Medicaid State Plan – mandatory and optional populations and services.
- Medicaid is strictly administered in compliance with Medicaid regulations (either FFS or Managed Care).

What does Vermont's Waiver Do?

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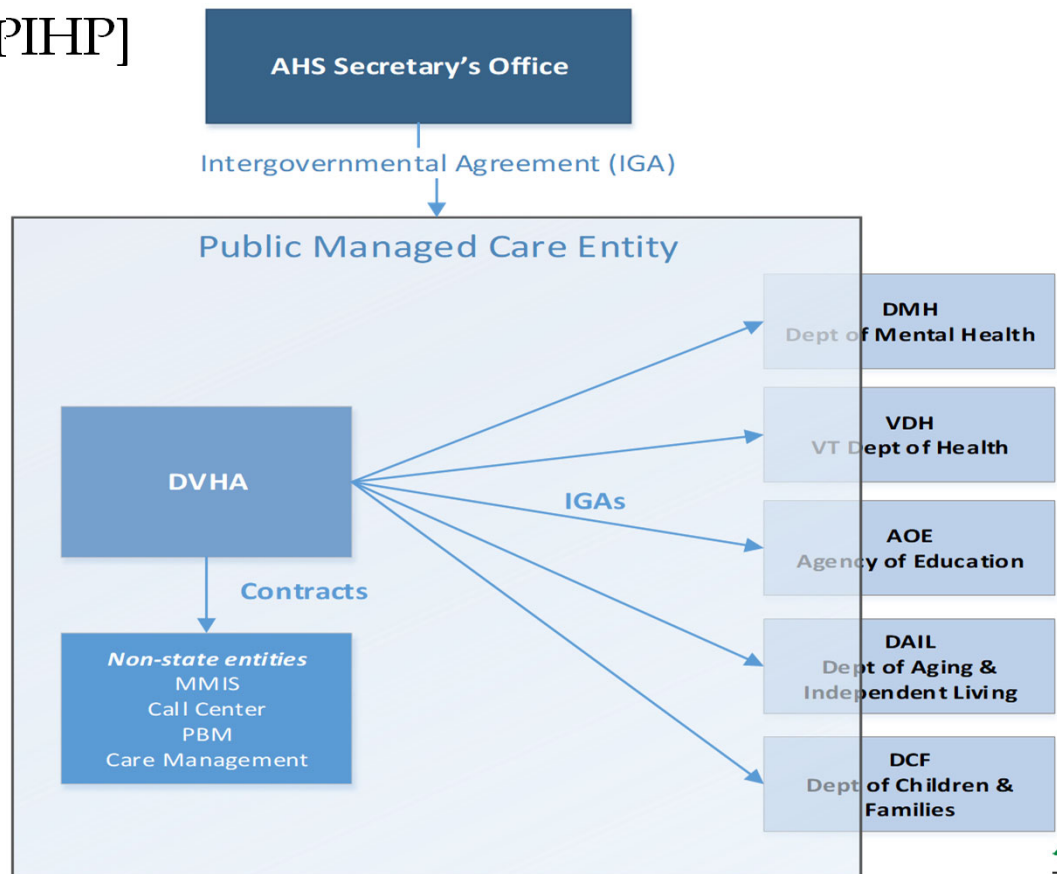
Vermont has had an 1115 waiver since 2005, allowing:

1. FFP for populations and services that are not authorized under the State Plan
 - Marketplace subsidy (up to 300% FPL)
 - CRT (over 138% federal poverty limit)
 - Vpharm
 - Moderate Needs
 - Investments
 - IMD payments
 - Cost-Effective alternatives
 - Children's palliative care service

2. Flexibility to manage using a unique delivery model – Public Managed Care
Waivers of:
 - Payments outside of State Plan
 - State-wideness/Uniformity
 - Reasonable Promptness (CFC only)
 - Amount, Duration, and Scope (limits service array for some pops)
 - Freedom of Choice of Providers (allows restriction)
 - Upper Payment Limit (above Medicare amounts)

Waiver Delivery Model

[Public Non-Risk PIHP]



MEDICAID ELIGIBILITY: WAIVER POPULATIONS

FPL = Federal Policy Level

Medicaid State Plan Eligibility Groups – Full State Plan Benefits

<p>Aged, Blind, Disabled Eligible for SSI or otherwise meet financial eligibility for ABD</p>	<p>New Adults at or below 138% FPL who are:</p> <ul style="list-style-type: none"> • Not Pregnant • Not 65 or older • Not Receiving Medicare 	<p>Working Disabled at or below 250% FPL</p>
<p>Pregnant Women [Dr. Dynasaur] at or below 213% FPL</p>	<p>Children under 19 [Dr. Dynasaur] at or below 317% FPL</p>	<p>Katie Beckett Disabled children under 19 meeting institutional level of care. Parental income/resources not counted.</p>

HCBS for Designated State Plan Populations – Full State Plan Benefits + HCBS

<p>CFC Highest/High Needs -DAIL</p>	<p>Children under 21 with Severe Emotional Disturbance -DMH</p>
<p>Developmental Disabilities -DAIL</p>	<p>Traumatic Brain Injury -DAIL</p>

Limited Benefit Waiver Groups – Not State Plan Eligible

<p>VPharm For Medicare beneficiaries with income 150 - 225% FPL.</p>	<p>Moderate Needs -DAIL Below 300% of SSI benefit rate who meet clinical criteria and are at risk of institutionalization.</p>
<p>Marketplace Subsidy Program For individuals at or below 300% FPL who purchase health care coverage in VHC.</p>	<p>Community Rehabilitation Treatment -DMH For individuals with severe and persistent mental illness over 138%FPL</p>

Waiver Only Expenditures

<p>Investments</p>
<p>IMD Payments</p>
<p>Cost-Effective Alternatives</p>
<p>Palliative Care for under 21 - VDH</p>

Allowable without Waiver (WOW)

With Waiver Only (WW)

1115 Waiver 2022 Renewal Update

Ashley Berliner, Director of Medicaid Policy (DVHA)

Unprecedented Flexibility

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- **More Dollars to Stabilize and Promote Continued Innovation in Vermont's Health Care System.**
- **Budget Neutrality (BN) Adjustments to Increase Provider Rates.**
- **Strengthening Providers' Data Exchange Capabilities to Advance Population Health.**

New and Expanded Coverage

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- **Expanded Access to Substance Use Disorder (SUD) Treatment for Vermonters Above Medicaid Income Limit**
- **Permanent Supportive Housing Program**
- **Community Rehabilitation & Treatment (CRT) – No income limit**
- **New Peer Support Benefit for SUD and CRT**

New and Expanded Coverage (cont.)

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- Sustainable funding for Lund Home.
- Reimbursement of Personal Care and Life Skills Aide for Parents and Caretakers (BI, Children's, Developmental Services [DS])
- Choices for Care (CFC) New Life Skills Aide Benefit
- CFC: Moderate Needs Change to Clinical Criteria
- Increased Pharmacy Benefit for Low-Income elderly Vermonters

Commissioner's Office Update

Andrea De La Bruere, Commissioner (DVHA)

Public Comment & Final Committee Discussion

Adjourn

Devon Green and Erin Maguire, Co-Chairs