VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Medicaid and Exchange Advisory Committee (MEAC)
Meeting Minutes for March 27, 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	✓	Molly Sweeney		Danielle Fuoco
✓	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		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_3.27.23.pdf MEAC_PPT_3.27.23.pdf	
1. Call to Order Mary Kate Mohlman & Dale Hackett, Co-Chairs	Meeting was convened at 10:03 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. February 27, 2023 Meeting Minutes were approved as written. Sharon requested to add Durable Medical Equipment to the agenda.	**Motion to approve 2/27/23** **Minutes:** Mike Fisher **Second:** Kirsten Murphy **Abstain:** Jessica Jacobs **Approved**
3. Telehealth Presentation Sandi Hoffman, Deputy Commissioner	• Sandi began by defining Telehealth which includes: 1. Telemedicine - provides real-time services through audio and video. 2. Remote patient monitoring - allows remote monitoring of a member's health-related data. 3. Store and forward - allows for transmission of medical information from the member or provider to a different site without member presence. 4. Audio only – self explanatory. • She explained that DVHA allowed payment for services via telehealth to ensure access to services during the Public Health Emergency (PHE), including for codes that historically wouldn't have been allowed. At the time, a multi-disciplinary team was formed to review the codes to determine whether it was clinically appropriate for remote service delivery as well as aligned with federal regulations. The team also looked at Medicare and tried to align with them when possible. • The team continues to meet and is now tasked with reviewing the codes opened during the PHE again to assess whether they are clinically appropriate for telehealth. A particular consideration is to establish what services can delivered effectively as audio only. Once the review is complete, a	Future agenda item: Recap of the CAHPS survey.

	fiscal analysis will be completed to determine the rates compared to in person visits. • DVHA is also working with partners at Vermont Care Partners, VAHHS, Bi State, and VMS to explore options for the future. • Sandi noted that telehealth has increased access, especially where there are barriers like transportation, and remote care can also be more efficient. • Customized questions were added to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey beginning in 2020 to understand how members feel about telehealth. • Responses overall indicate that members are using telehealth and satisfaction is high, increasing slightly between 2021 and 2022. • Risks to telehealth include that the modality might not be the best for the patient, particularly in situations where the member does not have broadband and received audio only services for convenience rather than being the best option clinically. • The fiscal impact is unclear as providers were using audio only services prior to the pandemic without billing. Data is being explored to determine if the audio services being billed today replaced in person visits or are in addition to in person visits. If the former is true the fiscal impact could be minimal but if the latter is true the impact would be significant. • Sandi presented two graphs of the 1. Current Utilization trends which show that telemedicine makes up the highest amount of telehealth services. 2. Utilization by Provider Type shows that a bulk of those services is in the mental health arena which has historically had access challenges. • Vermont Medicaid Healthcare Administrative Rule 3.101 for Telehealth outlines the Medicaid requirements for telehealth	

	service delivery. This rule is in the rulemaking process currently with amendments to allow audio-only service delivery beyond the PHE and extend remote patient monitoring to two additional diagnoses, hypertension and diabetes. • Sandi stressed that Medicaid must follow correct coding requirements and any Medicaid regulations that include telehealth in regulations for specific benefits. For example, the federal home health regulations at 42 CFR 440.70 specify that the face-to-face visit required for the initiation of services may occur through telehealth. Other codes may require face to face therefore eliminating the possibility for payment for audio only. • The question was raised: is there utilization data by provider location? The location data can run into safe harbor protections so disclosure can be complicated. • 2022 CAHPS data was just compiled this past Friday and will be available to the public.	
4. Telehealth Discussion Mary Kate Mohlman & Dale Hackett, Co-Chairs	• Member asked if there are guidelines available to consumers about what is appropriate for telehealth. It was noted that this is the responsibility of the provider and discussion ensued on how consumers can also be informed to request. • Consumer choice in telehealth was brought up that if a member can be seen in person and wants to be, then they should be, and if they want appropriate telehealth services, that also should be provided. • Discussion ensued on member and provider experience and preference regarding telehealth. • Additional discussion on provider office staffing and the impact on telehealth availability. • Are providers offering telehealth to members who are unable to get transportation at the last minute? Discussion ensued on this question and the benefits for the provider to offer it which may not be a part of the workflow for some provider	

	offices. It was brought up that it could be a consumer education that it could be an option so they know to ask if it would be clinically appropriate when they can't make it to an appointment. • It was noted that patients with different communications abilities may or may not want a support person there and the right to privacy can be challenging, possibly more so in the telehealth environment. Suggestion for a guideline or other way to address that. • Access is the goal.	
5. Medicaid Renewal Status Update Addie Strumolo, Deputy Commissioner	• Renewals will be starting in April. This will be a standing agenda item over the next year. • Addie asked members to reach out if they have any ideas of where DVHA can be presenting or sharing this information and the plan. • It was clarified that communication is organized throughout the year, not just as one big push then months before a member hears more about their renewal. • Zack mentioned the stakeholder newsletter which is a resource for providers and others and to let him know if there is anyone who should be added to that distribution. • Zack presented the communication timeline for an individual as well as indirect communications through social media, town halls, website, etc. • The individual communications include texts, mailings, and email over two-three months encompassing the renewal period for that individual. • DVHA is leaning on partners to continue sharing the message and help prevent information fatigue by members. • The renewal groups each contain 10k-12k members. • Discussion on wait times. Molly noted that open enrollment staffing levels have been maintained at the call center. • Is there a way for a member to find out when their renewal will be? Addie explained that there will be more information	

	posted on the website, and a member can call to find out more on their renewal timing. It was clarified that if a member received the postcard, the financial renewal will be in the next couple of months. • The time period for the renewals is 12 months to initiate the renewals and 14 months to complete them. • Zack shared a couple videos that will be released on social media, Twitter @vthealthconnect and Facebook Vermont Health Connect, that can be shared.	
6. Open Chair Position Zack Goss, Health Care Training and Communication Manager Mary Kate Mohlman & Dale Hackett, Co-Chairs	• Dale told members that being chair is a rewarding experience and encouraged members to consider becoming chair with Mary Kate this next year. • Zack explained that last year the committee set up a process in which the chairs were appointed for staggered terms. Dale started this process with a one-year term then is stepping down for another member to co-chair with Mary Kate. • Commitment is chairing at the meetings and two other meetings to discuss agenda and debrief from the meeting, each scheduled for an hour. • Members were encouraged to reach out with any interest or questions.	
7. Commissioner's Office Update Andrea DeLaBruere, Commissioner Addie Strumolo, Deputy Commissioner	• Andrea noted that legislature just passed crossover, which is when bills need to be crossed from house to senate, or vice versa.	
8. Public Comment Mary Kate Mohlman & Dale Hackett, Co-Chairs	• Anders Aughy asked if there was an appeals or hearing process for members who are losing coverage. • Addie explained that there are two paths: 1. Someone loses Medicaid because they are no longer eligible and the state will work with them to maintain coverage with another health insurance plan on the exchange. 2. For those who did not respond within the renewal period	

	have a 90-day reconsideration period which will then result in getting back onto Medicaid or working with exchange to find another plan. • There is also a right to a fair hearing. • Zack noted that there are more subsidies than there used to be through Vermont Health Connect so they may be more affordable than they have been in the past.	
3. Final Committee Discussion Mary Kate Mohlman & Dale Hackett, Co-Chairs	• Sharon brought up a concern on Durable Medical Equipment (DME) and that designated vendors are not always able to supply the needed equipment leaving members to pay out of pocket to get it from a non-designated vendor. It can take six months to get the needed part. • She noted that the Transition Advisory Committee is willing to meet with DVHA staff to share DME concerns. • DVHA staff will review this concern and reach out to Sharon as well as discuss DME at a future meeting. • April meeting will not be rescheduled.	Future Agenda Item: Durable Medical Equipment (DME)
4. Adjourn Mary Kate Mohlman & Dale Hackett, Co-Chairs	The next meeting is April 24, 2023. Meeting adjourned at 11:54 AM.	**Medicaid and the End of the COVID-19 Public Health Emergency webpage**: https://dvha.vermont.gov/unwinding