

Medicaid and Exchange Advisory Committee Meeting: 2/28/2022

Committee Members Present

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

Other Attendees Present

✓	Nissa James	✓	Andrea De La Bruere	✓	Brittney Richardson
✓	Zachary Goss		Sandi Hoffman	✓	Sean Sheehan
✓	Adaline Strumolo	✓	Alicia Cooper	✓	Amy Coonradt
	Molly Sweeney	✓	Stacy DeSisto	✓	Katie Smith
✓	Jennifer Rotblatt	✓	Brendan Hogan	✓	Sarah Peterson
	Bard Hill		Betty Morse		Sebastian Arduengo
✓	Susan Aranoff		Tim Walker	✓	Elizabeth Boody
	Erika Wolffing		Matt McMann	✓	Kelsey Thornton

Agenda

Supporting Documents:

Posted to <https://dvha.vermont.gov/advisory-boards/medicaid-and-exchange-advisory-committee/agendas-and-materials>.

- Advisory Committee 2_28_22 Agenda.pdf
- Advisory Committee PPT 2_28_22.pdf

Convene:

The February meeting of the Medicaid and Exchange Advisory Committee was called to order at 10:03 A.M.

First Order of Business: Agenda Revision

Co-chairs Devon Green and Erin Maguire were unable to attend today's meeting; Mike Fisher was asked by the Chairs to serve as chair. There were no objections to the change.

Roll Call, Approval of Minutes, and Quorum:

Mike Fisher called for a motion to approve the January 2022 minutes, a motion was made to approve the January 2022 meeting minutes and it was seconded. Zack Goss, Health Care Training and Communication

Manager (DVHA), completed the roll call. During the roll call, Members also voted to approve the January 2022 meeting minutes. The requirement for a quorum was not met; as a result, approval of the January 2022 meeting minutes will be carried over to the next meeting, to be held March 28, 2022.

Discussion of Future Agenda Items:

Mike Fisher, Acting Chair, and Nissa James, Health Care Director (DVHA)
Committee Discussion

The Department's Health Care Director explained that this agenda item for today's meeting is looking forward to the March, April, and future Advisory Committee meetings to ensure the Committee has an opportunity to participate in policy development, program administration, and is involved in developing agendas for future meetings based on any questions members may have. The Department's Health Care Director mentioned 2 items that have previously been suggested:

1. An update on the 1115 Global Commitment to Health demonstration waiver negotiation, when timing is appropriate; and
2. An update on the Home- and Community-Based Services Spending Plan and enhanced federal medical assistance percentage opportunity under the American Rescue Plan Act.

The Acting Chair facilitated Committee member discussion, with Committee members offering the following suggestions for the Department's consideration:

- An update on the All-Payer Accountable Care Organization Model and future planning;
- Vermont's current Medicaid spending limit and impacts for the future of the Medicaid program;
- A presentation following planning for the future of health care as the Green Mountain Care Board, Agency of Human Services and key stakeholders determine next steps;
- Workforce shortages and the impact for the Vermont Medicaid program;
- Would it be helpful for the Commissioner to hear dedicated updates from members during the meeting?
 - If so, it would require the Chairs to outreach to members to help them be ready to present their update.
- Ages 0-17 Medicaid Population: Are their needs being met?

A Committee member asked about a possible discrepancy between a CMS regulation and information she personally received; the Department of Vermont Health Access indicated it would follow-up with both the Committee member and the Agency of Human Services department with jurisdiction over the issue, the Department of Disabilities, Aging, and Independent Living, with Mike Fisher copied given his role both in the meeting and as Chief Health Care Advocate.

The Acting Chair reminded members that agenda suggestions can be sent to DVHA staff and the co-chairs at any time.

Medicaid for the Aged, Blind, and Disabled Self-Service Application Project – Overview and Launch Plan:
Brittney Richardson, Project Lead (DVHA)

The Department's Project Lead presented the Medicaid for the Aged, Blind, and Disabled (MABD) Self-Service Application Project that recently launched. This project made the MABD online application available for self-service by new applicants or enrollees transitioning from Medicaid for Children & Adults (MCA), meeting Federal requirements and enhancing the ease by which Vermonters can apply for benefits. This application includes enhanced features for user convenience. The Project Lead noted that when this application was being developed, it was tested by Vermonters who made suggestions that were incorporated into the final product, such as the option to print and/or save the PDF of the completed application.

The application can be found on the DVHA website, and by going to this page: [MABDapply.vermont.gov](https://mabdapply.vermont.gov).
Please view Advisory Committee PPT 2_28_2022.pdf slides 5-14 for more details.

Vermont Medicaid Next Generation ACO Program – 2020 Performance Year Results

Alicia Cooper, Ph.D., Director of Managed Care Operations (DVHA)
Amy Coonradt, Director of Operations – ACO Programs (DVHA)

The Department explained that the Vermont Medicaid Next Generation (VMNG) Accountable Care Organization (ACO) program contract expired last year. After a Request for Proposals process, a new contract was negotiated with OneCare Vermont (start date of January 1, 2022). Rates are renegotiated annually and reconciliation may occur more frequently, as necessary. The Public Health Emergency (PHE) impacted many components on the health care system, including the ACO's financial and quality performance in the VMNG program. As such, 2020 was made a reporting-only year for the VMNG quality measure set and the data COVID-19 costs was removed from the Actual Total Cost of Care as it was unknown when rates were negotiated. The Department noted that the program expanded attribution, starting in 202, which made more Medicaid members eligible for attribution.

The Department presented financial results and performance for 2020, explaining that OneCare and DVHA agree on the price upfront and the ACO is entitled to retain the difference between 96-100% of that cost. For 2020, spending was approximately \$11.6 million less than expected for the traditional attribution cohort and \$5.2 million less than expected for the expanded attribution cohort which OneCare will receive, after application of other necessary adjustments. A Committee member asked what percentage of attributed members are high risk/severely disabled and may require a higher level of care. Department staff offered to evaluate availability of more specific data and follow-up as appropriate. The Department affirmed that the attribution doesn't discriminate against level of care, but rather considers only provider relationships and Medicaid membership.

The Department noted that the VMNG program created crucial stability in the health care system during the COVID-19 public health emergency in the face of severe revenue decreases as elective visits and procedures during the pandemic came to a halt. Providers who were part of the VMNG program were better able to withstand the loss of fee-for-service revenue for non-Medicaid lines of business. A community member expressed concern that Medicaid money was being given to providers who were also eligible/receiving Federal emergency funds and



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asked if it was considered to cancel the contract given the PHE. The Department stated that it was not contemplated to terminate the contract as the Department recognized that it would be a lifeline for providers, especially in the early months before federal and state funds were available. It was also explained that providers were not able to claim lost revenue for services that were paid through this program when submitting for state stability funds. Final report may be found here:

https://dvha.vermont.gov/sites/dvha/files/documents/Initiatives/VMNG%202020%20Results%20Report_FINAL_01-14-2022.pdf.

Please view Advisory Committee PPT 2_28_2022.pdf slides 15-26 for more details.

Commissioner's Office Update

Andrea De La Bruere, Commissioner (DVHA)

Adaline Strumolo, Deputy Commissioner (DVHA)

Sean Sheehan, Senior Policy and Implementation Analyst (DVHA)

Medicaid Continuous Coverage

The Families First Coronavirus Response Act (FFCRA) went into effect in Spring of 2020 and required continuous Medicaid enrollment, with certain exceptions. This is a condition of receiving the 6.2% enhanced Federal Medical Assistance Percentage (FMAP) during the public health emergency. The federal COVID-19 public health emergency is renewed for up to 90-day periods; the most recent renewal took place January 16, 2022 with an expiration of April 30, 2022. The Biden Administration has committed to providing states 60-days notice prior to terminating the COVID-19 public health emergency.

The continuous coverage requirement means that the Department of Vermont Health Access is generally not performing eligibility processes that could result in termination. As a result, Medicaid enrollment has grown by more than 30,000 since March 2020, creating fiscal pressures. The 6.2% enhanced FMAP is intended to offset these fiscal pressures for state Medicaid programs. The Department is in the process of planning for the "unwind" of "emergency flexibilities" in preparation for the termination of the COVID-19 public health emergency. Vermont has the benefit of an integrated marketplace for Medicaid and low or no-cost qualified health plans, providing a way to transition Medicaid members who are no longer eligible for Medicaid to a qualified health plan with financial assistance whenever possible. Finally, planning includes a variety of strategies for communication and outreach so the Department can be transparent with Vermont Medicaid members about expectations.

Please view Advisory Committee PPT 2_28_2022.pdf slides 28-41 for more details.

Marketplace Planning and Mini-Grant Opportunity

Sean Sheehan, Senior Policy and Implementation Analyst (DVHA)

The Department provided an update that a notice of application was released for mini-grants for community organizations to connect with underserved and vulnerable communities, families, and individuals. Committee members were asked to spread the word about the opportunity. Applications are due by April 1, 2022. More information may be found here: <https://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=56244>.



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Public Comment:

No public comment.

Final Committee Discussion: Next Meeting is March 28, 2022 from 10AM – 12PM.

The Acting Chair asked that the household health insurance survey results be a future agenda topic as soon as the results are public. A short discussion ensued on the 1115 Global Commitment waiver negotiations, indicating they were still in process and that Vermont had received a six-month extension for its current waiver.

Adjournment:

The meeting was adjourned at 11:58 A.M.

Additional about the Department's response to the COVID-19 public health emergency may be located here:

<https://dvha.vermont.gov/covid-19>