

# Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

1.	10:00	Call to Order	Devon Green and Erin Maguire, 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.	10:15	Act 48 Overview, Update and Discussion	Dani Fuoco, Health Care Assistant Administrator (DVHA) Nissa James, Health Care Director (DVHA)
4.	10:35	1115 Waiver Renegotiation Update	Ashley Berliner, Director of Medicaid Policy (DVHA)
5.	11:25	Commissioner's Office Update	Addie Strumolo, Acting Commissioner (DVHA) Sandi Hoffman, Deputy Commissioner (DVHA) Nissa James, Health Care Director (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

**November 22, 2021**  
**10am-12pm**

# **Roll Call, Quorum, October 25, 2021 Meeting Minutes**

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

# Upcoming meetings

- No December Meeting
- Next meeting January 24, 2022

# Act 48 Overview, Update and Discussion

Dani Fuoco, Health Care Assistant Administrator (DVHA)

Nissa James, Health Care Director (DVHA)

## Implementation Plan

# Implementation Plan - Context

- Act 48 of 2021 established a program to provide Dr. Dynasaur-like coverage for pregnant individuals and children under the age of 19 who have an immigration status for which Medicaid coverage is **not** available.
- There is an overlap between Immigrant Health Insurance Plan (Act 48 program) and Medicaid – Medicaid coverage **is** available for emergency services – **including all labor and delivery.**
- **Deemed Newborn** – Baby born to mom with Emergency Medicaid coverage gets 12 months of continuous Medicaid.

## How to offer coverage under Immigrant Health Insurance Plan and Emergency Medicaid?

- Can't require Medicaid application for Immigrant Health Insurance Plan.
- Can't create one application that satisfies Medicaid requirements and confidentiality provision in Act 48 of 2021.
- Can't grant Medicaid from an Immigrant Health Insurance Plan application.

### Solution:

DVHA will create an application that is specific to the Immigrant Health Insurance Plan; **however**, a Medicaid application will be **STRONGLY ENCOURAGED** instead – particularly for pregnant individuals.

# Implementation Plan

## One application for mom and baby, from the beginning.

Medicaid application can be used to grant coverage under Immigrant Health Insurance Plan (but not reverse).

	IHIP Application	Medicaid Application
Robust confidentiality	✓	✓
Suppression of information from the United States government.	✓	X
12 months of continuous Medicaid coverage for baby from birth	X	✓
Provides Act 48 <u>and</u> Emergency Medicaid coverage with ONE application	X	✓
Allows federal match for eligible services (including labor and delivery)	X	✓



# Implementation Plan

- Encouraging use of the Medicaid application, rather than a limited Act 48 application + a pregnancy-related emergency Medicaid application, will reduce confusion and burden.
- Assisters, providers, and community partners are crucial for success.

## Administrative Rule July 2022

## What is the same as Dr. Dynasaur?

- Income standard
  - MAGI-based income, household composition is the same as non-filers
- 3 months retroactive eligibility
- 45-day timeliness standard
- Appeals same as Medicaid with 2 exceptions
  - No expedited eligibility appeal
  - No requirement to exhaust internal appeals for covered services
- Enrollees will use existing Medicaid provider network
- No co-payments

## What is unique to Immigrant Health Insurance Plan?

- Confidentiality from United States government
  - Rights and responsibilities the same as Medicaid, but more protective on privacy
- Uninsured requirement
- No premium
- Application process
  - Proof of identity, age, state residency and income required
- Covered service exclusions
  - Long term services and supports (LTSS)
  - Waiver services

# Administrative Rule – Tentative Timeline

- November 23 – External Stakeholder feedback due
- December 23 – Pre-filing with Interagency Committee on Administrative Rules (ICAR)
- January 10 – Present to ICAR
- February 4 – Filing proposed rule with Secretary of State
- March 15 – Public hearing scheduled
- March 22 – Public comment period ends
- May 19 – Present to Legislative Committee on Administrative Rules (LCAR)
- June 15 – Adopted rule to be filed
- July 1, 2022 – Effective date of adopted rule

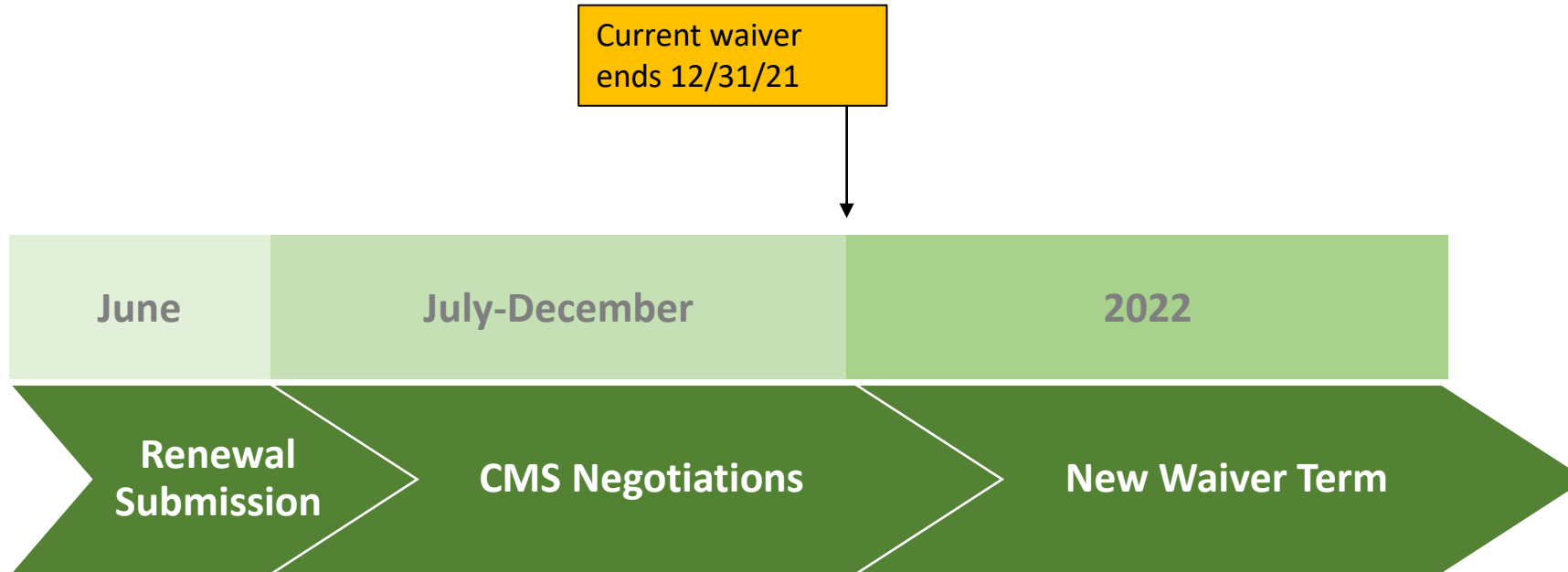
**Thank you!**

# Questions and Feedback

# 1115 Waiver Renegotiation Update

Ashley Berliner, Director of Medicaid Policy (DVHA)

# Global Commitment Renewal: Anticipated Timeline





# Overview of New Demonstration Features

In the demonstration renewal, Vermont proposes adding the following features to advance its goals and promote health equity.

New Waiver and Expenditure Authority Requests	Advancing toward population-wide comprehensive coverage	Implementing innovative whole person care models	Engaging Vermonters in transforming their health	Strengthening care coordination and population health management capabilities	Accelerating groundbreaking payment reform
Transition DVHA to a risk-bearing MCO	✓	✓	✓	✓	✓
Add Substance Use Disorder (SUD) Community Intervention and Treatment eligibility group	✓		✓		
Cover inmates 90 days pre-release	✓		✓	✓	
Offer a Permanent Supportive Housing Pilot		✓	✓		
Expand access to family-focused residential mental health and SUD treatment		✓	✓		
Maintain critical workforce development initiatives			✓	✓	
Support public health infrastructure			✓	✓	
Administer Blueprint for Health		✓	✓	✓	✓
Strengthen providers' ability to participate in health information exchange (HIE), advancing population health				✓	✓
Deploy an electronic patient engagement platform			✓	✓	



# Continuing Demonstration Features

In addition to the new features described in the previous slides, the Global Commitment demonstration will continue to authorize and/or support the following programs and services.

## Population-Wide, Comprehensive Coverage

- Coverage for the Moderate Needs Group for Choices for Care (CFC)
- Community Rehabilitation and Treatment (CRT) expansion group
- Presumptive Medicaid eligibility for pregnant women
- Marketplace subsidies to help Vermonters purchase qualified health plans
- VPharm prescription drug premium and copay assistance for Vermonters enrolled in Medicare Part D

## Innovative, Whole-Person Care Models

- Programs that provide home and community-based waiver-like services:
  - CFC
  - Developmental Disabilities Services
  - Brain Injury Program
  - Intensive Home and Community Based Services
  - CRT
- Enhanced hospice benefits for Vermonters with life-limiting illnesses
- Palliative care program for children with life limiting diseases
- Waivers of the IMD exclusion for mental health and SUD treatment

## Groundbreaking Payment Reform

- Participation in the All-Payer ACO Model Agreement
- Payment reform initiatives for services excluded from the All-Payer ACO Model:
  - Child and Adult Mental Health
  - Applied Behavior Analysis
  - Children’s Integrated Services
  - Residential SUD Treatment
  - Developmental Disabilities Services
  - High-Technology Nursing

## Care Coordination and Population Health

- Participation in Blueprint for Health’s multi-payer patient-centered medical home (PCMH) program
- Community Health Teams, designed to meet the needs of local populations in Vermont’s 13 Health Service Areas
- Hub and Spoke System of Care for opioid use disorder treatment
- Women’s Health Initiative, which provides enhanced services targeting whole-person health at participating OBGYN and family medicine practices
- Community Self-Management Program for Vermonters with chronic conditions
- Data and analytics to support delivery reform and evaluation of cost and quality outcomes

# Commissioner's Office Update

Addie Strumolo, Acting Commissioner (DVHA)

Sandi Hoffman, Deputy Commissioner (DVHA)

Nissa James, Health Care Director (DVHA)

# Public Comment & Final Committee Discussion

## Adjourn

Devon Green and Erin Maguire, Co-Chairs