

Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

1.	10:00	Call to Order	Devon Green and Erin Maguire, Co-Chairs
2.	10:00	Roll Call Establish Quorum Approve Previous Minutes	Zack Goss, Health Care Training and Communication Manager (DVHA)
3.	10:10	Membership Update	Zack Goss, Health Care Training and Communication Manager (DVHA)
4.	10:30	American Rescue Plan Act (ARPA) Health Care Provisions Overview	Nissa James, Health Care Director (DVHA)
5.	10:40	ARPA: DVHA implications and changes	Seán Sheehan, Senior Policy and Implementation Analyst (DVHA)
6.	11:15	Committee Discussion: ARPA and Premium Processing Communications	Devon Green and Erin Maguire, Co-Chairs
7.	11:30	Commissioner's Update	Cory Gustafson, Commissioner (DVHA) Sandi Hoffman, Deputy Commissioner (DVHA) Addie Strumolo, Deputy Commissioner (DVHA)
8.	11:45	Public Comment	Devon Green and Erin Maguire, Co-Chairs
9.	11:50	Final Committee Discussion	Devon Green and Erin Maguire, Co-Chairs
10.	12:00	Adjourn	Devon Green and Erin Maguire, Co-Chairs

April 26, 2021
10am-12pm

Roll Call, Quorum, March 22, 2021

Meeting Minutes

Devon Green and Erin Maguire, Co-Chairs

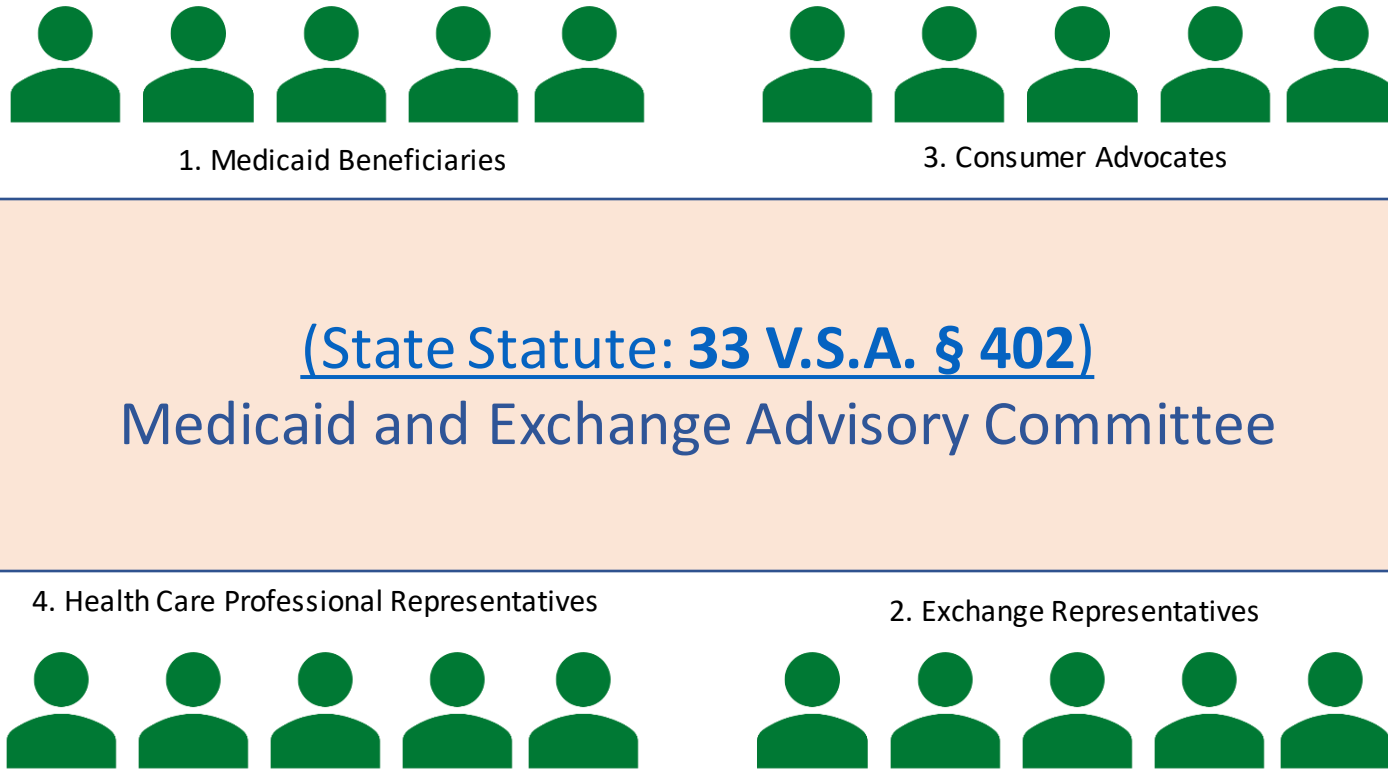
Zack Goss, Health Care Training and Communication Manager (DVHA)

Membership Update

Zack Goss

Health Care Training and Communication Manager (DVHA)

Medicaid and Exchange Advisory Committee Composition



***22 Member
minimum**

One quarter of the members shall be from each of the following constituencies:

1. beneficiaries of Medicaid or Medicaid-funded programs;
2. individuals, self-employed individuals, health insurance brokers and agents, and representatives of businesses eligible for or enrolled in the Vermont Health Benefit Exchange;
3. advocates for consumer organizations; and
4. health care professionals and representatives from a broad range of health care professionals.

Membership and Chairperson Process

At the end of 2019 the Committee decided:

- Membership would follow the fiscal calendar (July 1 – June 30)
- Current members who wish to serve another term must complete a renewal application to seek Commissioner reappointment
- Beginning July 1, 2020 the Advisory Committee would have two Co-Chairs” serving a 1-year term.
- Chairs may serve more than one year as term.

2021 Committee Membership

- The committee currently has 22 active voting members
 - The committee has three open seats in the *individuals, self-employed individuals, health insurance brokers and agents, and representatives of businesses eligible for or enrolled in the Vermont Health Benefit Exchange* member category.
- One member's term is ending June 30, 2021 and will have the option to submit a renewal application
- Six member's terms will end on June 30, 2022.

2021 Chairperson Election

- Any current Medicaid and Exchange Advisory Committee Member can be nominated as a co-chair.
- Members are permitted to self-nominate.
- Nominations must be received by email to Zachary.Goss@Vermont.gov by May 15, 2021. (Please contact Zack directly for alternative voting methods).
- A list of nominees who are willing serve as a one-year co-chair will be circulated on Monday, May 17 with voting to follow that week.
- July chairs will be announced at the May 24th meeting.

**Effective immediately, chairperson nominations can be received at Zachary.Goss@Vermont.gov until May 15, 2021.*

American Rescue Plan Act (ARPA) Health Care Provisions Overview

Nissa James
Health Care Director (DVHA)

American Rescue Plan Act (ARPA)

Key Health Care Related Provisions

April 1, 2021

House Committee on Health Care

Key Health Care Related Provisions of the American Recovery Plan Act (ARPA)

Source: Manatt Health Manatt Insights

- **Medicaid**
- **Provider Relief Fund**
- **Nursing Facilities**
- **COVID-19 Vaccine, Testing, and Tracing Funds**
- **Medicare**
- **Mental Health and Substance Abuse**
- **COBRA**
- **Marketplace**

Medicaid

Source: Manatt Health Manatt Insights

- **Extension of Medicaid and CHIP Coverage Postpartum.** Gives states the option to extend Medicaid/CHIP eligibility for pregnant people enrolled in Medicaid/CHIP for 12 months postpartum. These provisions take effect “at least” one year after the bill’s enactment and will remain in effect for seven years.
- **Mandatory Coverage of COVID-19 Vaccines in Medicaid and CHIP.** Provides coverage, without cost-sharing, for COVID-19 vaccines and vaccine administration for Medicaid and CHIP populations until the last day of the calendar quarter ending one year after the end of the federal PHE. This provision fills a gap in vaccine coverage for “limited benefit” populations, such as individuals eligible only for pregnancy-related or family planning coverage, as well as for Medicaid expansion adults. The bill provides 100% FMAP for vaccine and vaccine administration services during this period.
- **Mandatory Coverage of COVID-19 Treatment in Medicaid and CHIP.** Provides coverage, without cost-sharing, for drugs, biologics, and other treatments for COVID-19 for most “full benefit” Medicaid and CHIP populations, plus the optional Medicaid COVID-19 testing group, until one year following the end of the PHE.

Medicaid

Source: Manatt Health Manatt Insights

- **State Option for Community-Based Mobile Crisis Interventions.** Authorizes states to claim Medicaid matching funds for community-based mobile crisis intervention services for Medicaid beneficiaries experiencing a mental health or substance use disorder crisis, for a period of five years beginning one year after enactment of ARPA. States that establish qualifying community-based mobile crisis intervention services can claim such services at an increased 85% FMAP for the first three years during which they provide such services (this provision would not displace higher applicable matching rates, such as the 90% matching rate that applies to the adult expansion population). The bill also appropriates \$15 million for planning grants to help states develop state plans and/or waivers to develop qualifying community-based mobile crisis interventions.
- **Enhanced FMAP for Home- and Community-Based Services.** Provides a one-year, 10 percentage point FMAP increase for specified Medicaid home- and community-based services (HCBS). The provision includes HCBS authorized by state plan or waiver as well as home health, personal care, PACE, case management, rehabilitation services, and other services as specified by the Secretary of HHS. This FMAP increase takes effect April 1, 2021, through March 31, 2022, for states that implement, or supplement implementation of, activities to enhance, expand, or strengthen HCBS. The increased matching rate must be used to supplement, not supplant, the level of state funds expended on HCBS as of April 1, 2021.
- **Additional provisions include:** Enhanced FMAP for Medicaid Expansion, Elimination of Rebate Cap, Rebates for COVID-19 drugs, Enhanced FMAP for Urban Indian Health Organizations, Maintaining Medicaid DSH Allotments.

Provider Relief Fund

Source: Manatt Health Manatt Insights

- **Funding for Rural Providers.** Adds \$8.5 billion to the Provider Relief Fund, specifically for rural Medicare- and/or Medicaid-enrolled providers.
- The bill directs HHS to establish an application process whereby eligible providers submit a statement of need, specifically including documentation regarding their lost revenues attributable to COVID-19 and health care-related expenses attributable to COVID-19.

Nursing Facilities

Source: Manatt Health Manatt Insights

- **State Nursing Home Strike Teams.** The bill provides Medicare and Medicaid funding for states to establish deployable strike teams to respond to COVID-19 outbreaks in skilled nursing facilities and nursing facilities, respectively. The strike teams will assist with clinical care, infection control, and staffing, as needed, during the emergency period. \$500 million to states and territories.
- **Skilled Nursing Facility Infection Control.** Appropriates \$200 million to HHS to carry out infection control support related to COVID-19 in skilled nursing facilities through quality improvement organizations. The provision also supports the development and dissemination of prevention and mitigation protocols.

COVID-19 Vaccine and Testing Funding

Source: Manatt Health Manatt Insights

- **Vaccine Distribution and Promotion.** \$7.5 billion to HHS to carry out activities to plan, prepare for, promote, distribute, administer, monitor, and track COVID-19 vaccines. The permitted uses of the funds are broad; the bill instructs HHS to:
 - Conduct activities to enhance, expand, and improve nationwide COVID-19 vaccine distribution and administration, including activities related to distribution of ancillary medical supplies related to vaccines.
 - Provide technical assistance, guidance, and awards (grants or cooperative agreements) to state, local, Tribal, and territorial health departments for enhancement of vaccine distribution capabilities including for uses ranging from staffing support and establishment of community vaccination centers to information technology, data, and reporting enhancements to communications with the public. (The exact amount to be awarded to these recipients is left to HHS discretion.)
 - Appropriates \$1 billion for Centers for Disease Control and Prevention (CDC) use in strengthening vaccine confidence and improving rates of vaccination throughout the United States.
- **Vaccine, Therapeutic Supply Chain.** \$6 billion to HHS for necessary expenses with respect to research, development, manufacturing, production and purchase of vaccines, therapeutics and ancillary medical products to prevent, prepare for or respond to COVID-19 or any disease with potential for creating a pandemic. Section 2304 appropriates an additional \$500 million, specifically to the FDA, for the evaluation of vaccines, including with respect to COVID-19 variants, oversight of the supply chain and other purposes.

COVID-19 Vaccine and Testing Funding

Source: Manatt Health Manatt Insights

Appropriates \$47.8 billion to HHS to:

Implement a national testing, contact tracing, surveillance, and mitigation strategy.

- Provide technical assistance, guidance, and awards (grants or cooperative agreements) to state, local, and territorial public health departments
 - Support the development, manufacture, procurement, distribution, and administration of COVID-19 tests
 - Expand and establish federal, state, local, and territorial testing and contact tracing capabilities
 - Enhance information technology, data modernization, and reporting to support sharing of data related to public health capabilities
 - Issue awards (via grants or cooperative agreements) to state, local, and territorial public health departments for work force purposes
 - Cover necessary administrative and program support costs
-
- Appropriates an additional \$1.75 billion to HHS for genomic sequencing and surveillance.
 - **Data Modernization and Forecasting Center.** Appropriates \$500 million to HHS, for use by the CDC director, to establish, expand, and maintain efforts to modernize the U.S. disease warning system.

Medicare

Source: Manatt Health Manatt Insights

- **Medicare Imputed Rural Floor for Wage Index.** Requires CMS to re-establish an imputed rural floor for the Medicare hospital area wage index for hospitals in all-urban states. This reverses a policy change that dates back to 2018 and will have the effect of decreasing Medicare rates of payment to some hospitals in the all-urban states of New Jersey, Delaware and Rhode Island. The requirement need not be budget neutral, meaning any resulting increases in hospital payments should not decrease payments to hospitals in the remaining states.
- **Section 1135 Waiver Authority Relating to Ambulance Services.** Authorizes CMS, under Section 1135 waiver authority, to permit Medicare payment for ground ambulances that, due to COVID-19, were not able to transport a beneficiary to a qualifying destination.

Substance Abuse

Source: Manatt Health Manatt Insights

SAMHSA Block Grant.

- \$1.5 billion to states and territories under the SAMHSA Substance Abuse Prevention and Treatment program; states have until September 30, 2025 to utilize the funding.

COBRA Subsidies

Source: Manatt Health Manatt Insights

- What is COBRA?
 - The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances.
<https://www.dol.gov/general/topic/health-plans/cobra>
- **ARPA COBRA Subsidies.** Section 9501 provides federal premium assistance equal to 100% of COBRA continuation coverage premiums for COBRA-eligible individuals and families from the first of the month after enactment through September 31, 2021.
- IRS will provide a refundable payroll tax credit to reimburse employers and health plans for the premiums.
- Section 9501 also includes requirements that employers notify employees about COBRA eligibility and the expiration of premium assistance.

American Rescue Plan Act (ARPA) and Vermont's Health Insurance Marketplace

Seán Sheehan

Senior Policy and Implementation Analyst (DVHA)

Five Ways ARPA Impacts Vermont Health Insurance

- 1) More Generous Premium Tax Credits – for 2021 and 2022
- 2) Tax Credit Eligibility for Vermonters with Much Higher Incomes – for 2021 and 2022
- 3) Opportunity for Zero-Premium Plans with Very Low Out-of-Pocket Costs for Households with 2021 Unemployment Compensation – for 2021
- 4) Holiday from Tax Credit Reconciliation – for 2020 only
- 5) Full COBRA reimbursement for six months (April 1 – Sept 30, 2021)

Require System Updates

Impact Current Exchange Members and/or Direct Enrollees

Key 2021 Milestones for Vermont's Health Insurance Marketplace

Special Enrollment Period for New Members

All winter, spring, and summer: Vermonters have been able to enroll in the marketplace through a COVID special enrollment period.

Previously slated to end May 14, a soon-to-be-announced extension will allow:

- Vermonters without insurance to take advantage of the new American Rescue Plan Act (ARPA) subsidies
- Vermonters on COBRA to enroll in the marketplace after their temporary COBRA subsidy ends in September.

Plan Transfers from Direct-Enroll

April-Nov: Members who direct-enrolled with an issuer can transfer their plan into the marketplace.

Members will qualify for tax credits for every month enrolled in the marketplace – so it pays to act soon.

They will be able to take this tax credit as a tax refund next spring and/or as a discount on their monthly bill later this year.

Any payments already made toward the deductible and out-of-pocket limit will transfer with their plan.

Applying Subsidies for New and Current Members

Summer: System updates will be deployed.

Members will automatically be told of their new subsidy calculations. They will have the opportunity to apply some or all of their new tax credits as a discount on their monthly bill.

Vermonters who hadn't wanted to enroll at previous levels of subsidies will be able to enroll and take advantage of new subsidies.

Opportunity to Change Plans Mid-year

Summer: Members can decide to change to a different metal level or plan design that best meets their needs and takes fullest advantage of their new subsidies.

An updated 2021 Plan Comparison Tool will be available by May to assist them with their decision.

2022 Open Enrollment

Nov-Dec: Most of ARPA's expanded subsidies continue into 2022.

Starting in 2022, all members will pay their monthly premium to their insurance company.

To qualify for subsidies, members still must apply and select a plan through the marketplace.

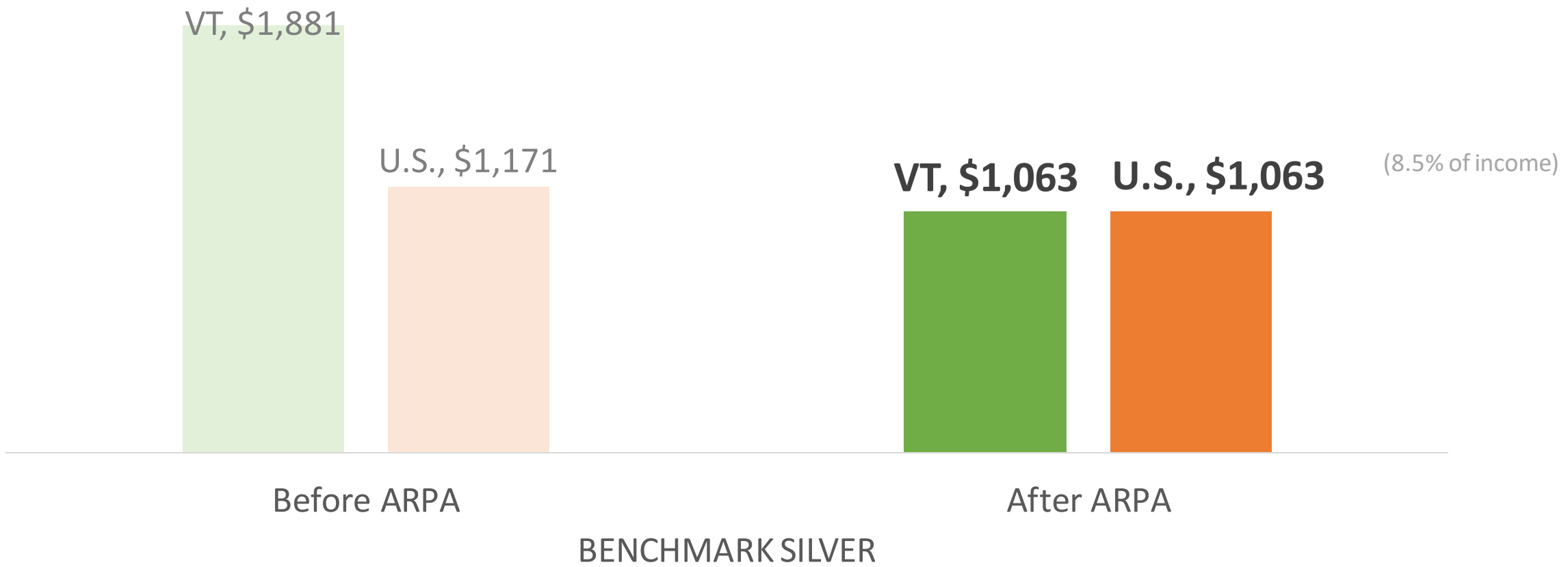
Federal Message: Health Insurance Has Never Been So Affordable

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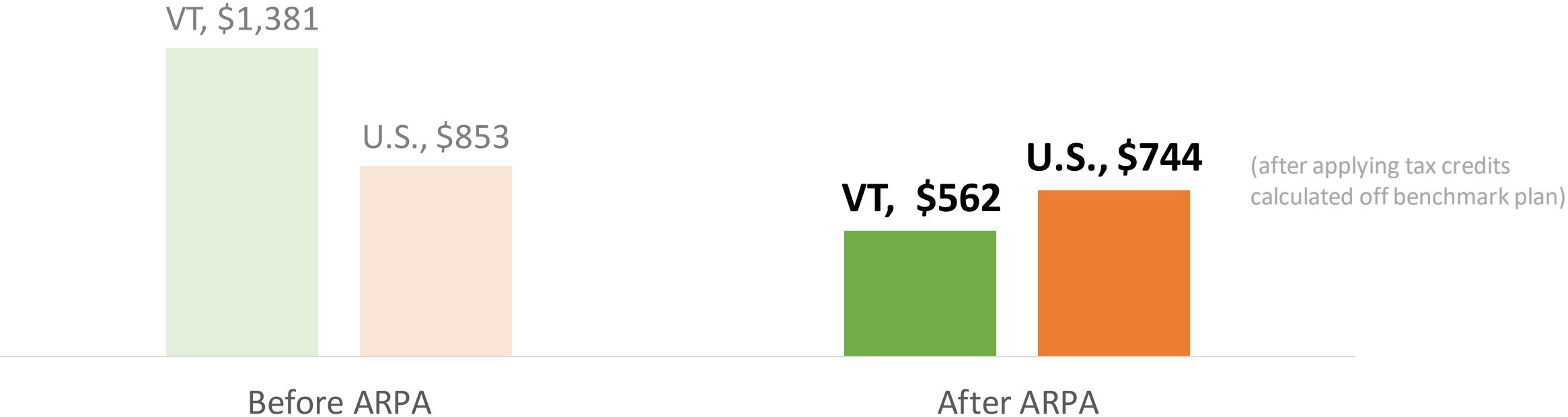
But did you know that, under ARPA, Vermont's Marketplace is often more affordable than the national average?

Net Silver Premium for Family of Three with \$150,000 Income



National figures from KFF, assumes two 40-year-old non-smokers and one 10-year-old child

Net Bronze Premium for Family of Three with \$150,000 Income



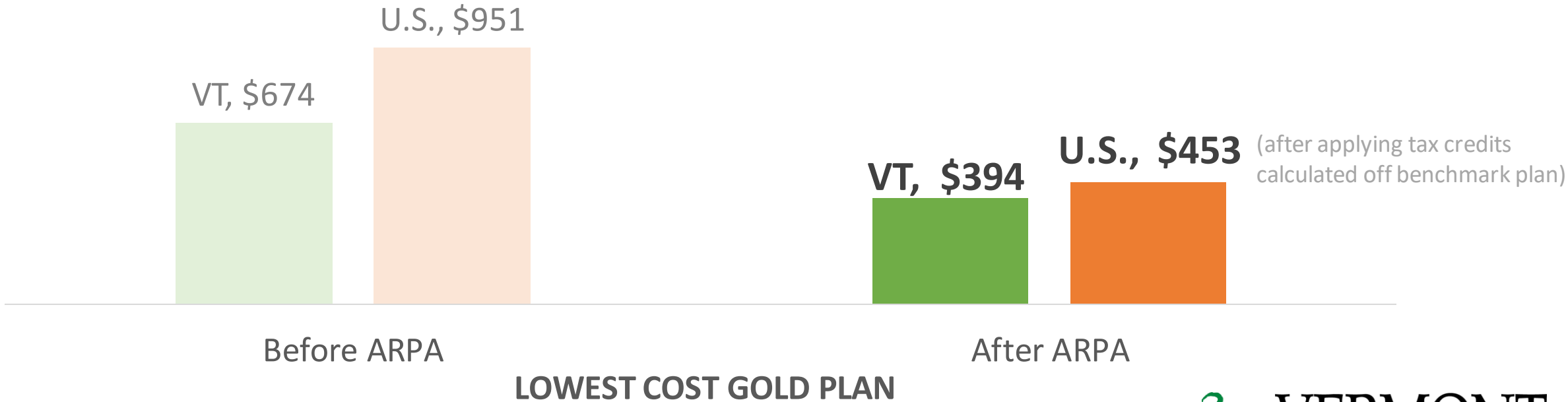
LOWEST-COST BRONZE



AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

National figures from KFF, assumes two 40-year-old non-smokers and one 10-year-old child

Net Gold Premium for 60-year-old individual with \$55,000 Income

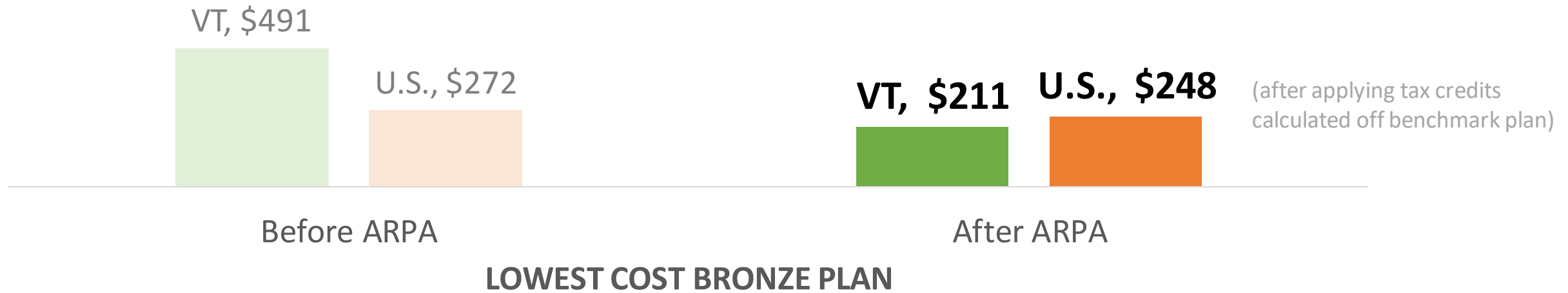


LOWEST COST GOLD PLAN



National figures from KFF

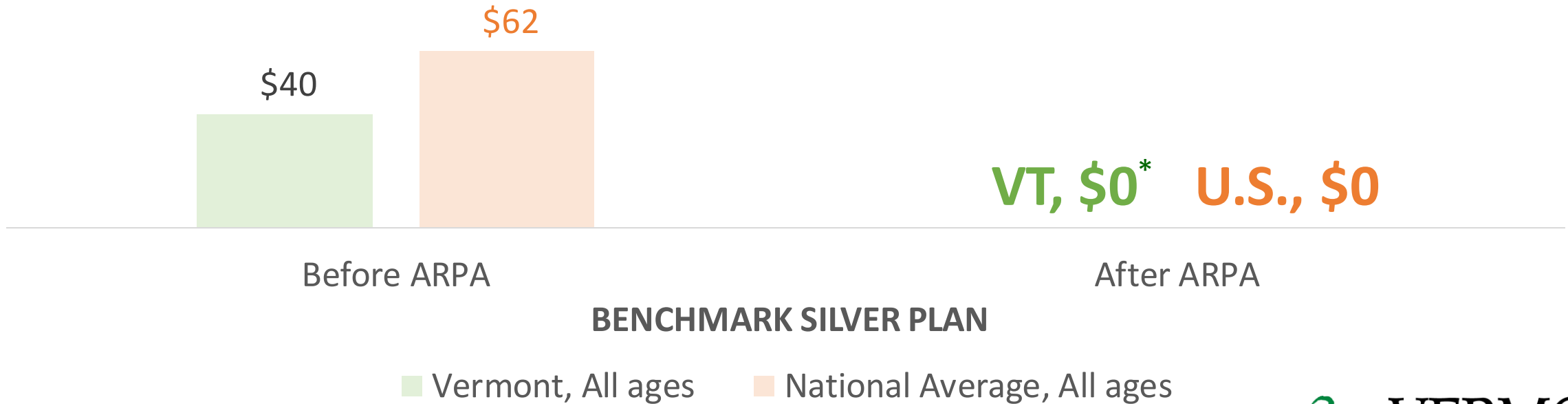
Net Bronze Premium for 27-year-old individual with \$55,000 Income



National figures from KFF

Net Silver Premium for Individual with \$19,000 Income

*If a Vermonter chooses a plan that costs more than benchmark (second lowest cost silver plan), they can use Vermont Premium Assistance to bring down cost.



National figures from KFF

In sum: who can do what when

If you:	What can you do right now?	What can you do this summer?
Don't have health insurance	Apply for coverage and financial help through Vermont Health Connect.	Login to your account or call us to start getting your premium tax credits in advance.
Are enrolled with Vermont Health Connect	You don't need to do anything right now.	Login to your account or call us to start getting your premium tax credits in advance.
Get health insurance directly from Blue Cross and Blue Shield of Vermont or MVP Health Care	Read our instructions for transferring your qualified health plan. The sooner you transfer your plan, the more tax credits you will get!	Login to your account or call us to start getting your premium tax credits in advance. You can also switch plans.
Got unemployment benefits in 2021	Call Vermont Health Connect and tell us you got unemployment in 2021. You'll get extra financial help.	Login to your account or call us to start getting your premium tax credits in advance.
Have COBRA coverage	You don't need to do anything. The federal government will pay your COBRA premiums through September 2021. If your COBRA coverage has not yet started, you can enroll through Vermont Health Connect instead.	Decide if you want to enroll in Vermont Health Connect coverage when the federal government stops paying your COBRA premium after September 2021.
Have job-based insurance	You don't need to do anything. People with affordable job-based insurance can't get financial help through Vermont Health Connect.	
Have Medicaid or Medicare	You don't need to do anything. People with Medicaid or Medicare can't get premium tax credits.	

Currently posted at <https://info.healthconnect.vermont.gov/ARPA>

Commissioner's Update

Cory Gustafson, Commissioner (DVHA)

Sandi Hoffman, Deputy Commissioner (DVHA)

Addie Strumolo, Deputy Commissioner (DVHA)

Public Comment & Final Committee Discussion

Adjourn

Devon Green and Erin Maguire, Co-Chairs