



**Medicaid and Exchange Advisory Committee (MEAC)
Meeting Minutes for March 25, 2024**

Board Members Present:

	Neil Allen	✓	Jessa Barnard		Kelly Dougherty
✓	Lisa Draper	✓	Mike Fisher	✓	Devon Green
✓	Cory Gustafson	✓	Dale Hackett		Rebecca Heintz
✓	Sharon Henault	✓	Jessica Jacobs	✓	Joan Lavoie
✓	Mary Kate Mohlman	✓	Kirsten Murphy		Wendy Rogers
✓	Laurel Sanborn	✓	Stacy Weinberger		

DVHA Staff Present:

✓	Zachary Goss	✓	Adaline Strumolo	✓	Sandi Hoffman
✓	Alex McCracken	✓	Jennifer Rotblatt		Alicia Cooper
✓	Sven Lindholm	✓	Ashley Berliner	✓	Lisa Hurteau
	Stephanie Barrett		Max Croneberger		

SOV/Other Attendees:

	Megan Tierney-Ward		Betty Morse	✓	Monica Ogelby
	Pat Jones	✓	Nicole DiStasio	✓	Tim Walker
	Susan Aranoff	✓	Kathy Walker		Michael Miller
✓	Timothy McSherry	✓	Rebecca Copans	✓	Scott Cerreta
	Vicki Jessup		Tom Perkins		

Topic & Presenter	Discussion	Action
Meeting Materials	Posted to https://dvha.vermont.gov/advisory-boards/medicaid-	

	and-exchange-advisory-committee/agendas-and-materials 3.25.24-MEAC-Agenda.pdf MEAC-PPT-3.25.24.pdf	
1. Call to Order Mary Kate Mohlman & Sharon Henault, Co-Chairs	Meeting was convened at 10:04 AM.	
2. Roll Call Establish Quorum Approve Minutes Zack Goss, Director of Customer Communication	Motion: Approve the February 26, 2024 meeting minutes as presented. Minutes approved.	Motion: Mike Fisher Second: Joan Lavoie Abstain: Lisa Draper, Jessica Jacobs, Laurel Sanborn, Stacy Weinberger Minutes Approved
3. Change Healthcare (CHC) Outage Update Lisa Hurteau, Director of Pharmacy	<ul style="list-style-type: none"> • Lisa explained that CHC is a third-party contractor who is Vermont Medicaid’s Pharmacy benefit administrator (PBA) and also operates pharmacy claims processing. On February 21, CHC experienced a cyber security incident to their system. They took their systems offline immediately as a security measure. • As of March 18, Vermont Medicaid’s processing is back online. • This has had a widespread impact beyond pharmacies and Medicaid. • She stressed that the State of Vermont remains secure, and no state systems were compromised during the cyber security attack. • It was clarified that claims processing is a small piece of what needs to be done to bring systems back online. Many automatic processes are being done manually by CHC right now. • DVHA focused on Medicaid member access to services and provider stability during the outage. While the pharmacy claims processing was down, members could still access prescriptions. • DVHA established an advanced payment mechanism to pharmacies to ensure they were paid for covered services and could remain operational. This process has involved DVHA 	DVHA Press Releases: News Department of Vermont Health Access DVHA Pharmacy Communications: Pharmacy Department of Vermont Health Access Change Healthcare Pharmacy Help Desk: 1-844-679-5362 Optum Pharmacy Help Desk 1-800-880-1188 Provider support email: AHS.DVHAChangeHealthcareServiceOutage@vermont.gov Change Healthcare’s estimation of restorations site: Information on the Change

	<p>issuing payments to pharmacies weekly according to their average weekly claims.</p> <ul style="list-style-type: none"> • The outage impacted the prior authorization (PA) process and instructions were issued to pharmacies and providers regarding prescriptions that require prior authorization. • Vermont Medicaid removed all copay requirements for all members for the duration of the outage (February 21 – March 18, 2024). Vermont Medicaid will pay the entire amount, including the copay amount typically collected from the vendor. Pharmacies will not lose reimbursement for the copay amount. • Other Medicaid providers are impacted by the incident because of their internal claims submission systems. CHC is unable to provide DVHA with a list and an email address has been set up for impacted providers to contact DVHA. DVHA is directly outreaching providers with known impacts. • It was clarified that all other PAs did not experience interruptions. • DME was affected if it went through the pharmacy benefit; however, most DME does not. • DVHA welcomes feedback on communication. • Discussion on what can be learned from this and what can be strengthened to improve future responses. 	<p>Healthcare Cyber Response - UnitedHealth Group</p>
<p>4. Medicaid Renewal Status Update</p> <p>Adaline Strumolo, Acting Commissioner</p>	<ul style="list-style-type: none"> • March is the last month of unwind renewal initiation. • CMS shared that they are not tracking the completion of the renewal backlog as part of the official unwind period, only that renewals have been initiated in the 12months window. • Addie stated that it would be helpful to hear from the committee what reports would be useful as DVHA transitions out of the renewal restart to the second round of renewals post Medicaid continuous coverage. • It was noted that renewals were challenging pre-pandemic and this renewal restart has shown that it is still. • Call center wait times were discussed. 	<p>Medicaid Renewals Restart Department of Vermont Health Access</p> <p>Renewal Dashboards Department of Vermont Health Access</p>

	<ul style="list-style-type: none"> • Discussion ensued on how to get information on coverage status of Vermonters outside of Medicaid and the exchange. • Addie noted that CMS gave DVHA E14 waivers, which can be found on the renewals website, under references). These include automatic renewal of those with “stable income” and waiver of the asset test. These waivers will remain in place through 2024. • Other enrollment flexibilities will also remain in place through 2024 including the unwind special enrollment period. • It was shared that premium invoicing was suspended for Dr. Dynasaur during the renewal restart and this suspension will be continued. 	
<p>5. Chair Update</p> <p>Mary Kate Mohlman & Sharon Henault, Co-Chairs</p>	<ul style="list-style-type: none"> • Mary Kate reminded committee members that her term as chair ends June 30. She asked that members submit written nominations to DVHA in the next month and include if you have discussed it with the nominee. Verbal nominations will also be accepted in April. • The vote on the chair will occur in May, allowing a transition period for the new chair. • She explained that the MEAC budget letter has historically been completed in October/November; however, the budget is already close to completion by then. It has been decided to move to June submission. • A call for FY26 budget letter subcommittee members will go out in April with drafting completed in May and finalization in June. 	<p>Submit chair nominations to: Jennifer.Rotblatt@vermont.gov</p>
<p>6. Global Commitment Waiver Presentation</p> <p>Ashley Berliner, Healthcare Policy Director</p>	<ul style="list-style-type: none"> • Ashley shared that DVHA has prepared an amendment request to Vermont’s Global Commitment to Health 1115 Waiver. • Ashley gave an overview of the timeline. <ul style="list-style-type: none"> ○ 3/20-4/19 State public comment period ○ 4/22-4/30 Finalize application based on public feedback ○ 4/30 Submit to CMS ○ 5/1-5/16 CMS Initiated 15-day completeness check ○ 5/17-6/17 Federal public comment period 	<p>1115 Waiver Documents Agency of Human Services (vermont.gov)</p> <p>Public comment email: AHS.MedicaidPolicy@vermont.gov Please indicate “1115</p>

	<ul style="list-style-type: none"> ○ 6/17-? CMS negotiations • Ashley noted that these are requests and there is a high chance of many things not being approved due to a high backlog at CMS. • Ashley reviewed the proposals. <ul style="list-style-type: none"> ○ Proposal 1 – Transition CRT and Mental Health Under 22 (iHCBS) Benefits to the Medicaid State Plan. ○ Proposal 2 – Cover the Totality of Costs for Residential Treatment. Current federal rules prohibit Medicaid from covering room and board for stays at residential facilities. ○ Proposal 3 – Closing the Coverage Gap for Substance Use Disorder Community Intervention and Treatment (SUD CIT) Expansion Group. A technical change is needed to cover the full range of Medicaid populations. This program is expected to be launched in 2026. ○ Proposal 4 – Coverage of Medical Respite and Rent/Temporary Housing Under the Supportive Housing Assistance Pilot. Vermont seeks to create a new benefit tier under the existing Supportive Housing Assistance Pilot to offer up to 6 months of medical respite and rent/temporary housing. • Ashley noted that Vermont Medicaid has an outstanding request from 2022 with CMS regarding re-entry coverage for people who are released from prison. <ul style="list-style-type: none"> ○ Proposal 5 – Health Related Social Needs (HRSN) Infrastructure. Vermont requests \$10.4 million in federal Medicaid matching funds for investments in HRSN infrastructure to support capacity building among community-based organizations, social services providers, and other community partners that will enhance their ability to successfully deliver medical respite, rent/temporary housing, and community transition services to eligible Medicaid enrollees. ○ Proposal 6 – Adding a New Benefit to the Developmental Disabilities Services Program. 	<p>Amendment Public Comment” in the subject line of the email message.</p> <p>Written comments: Medicaid Policy Unit 280 State Drive, NOB 1 South Waterbury, VT 05671-1010 Please indicate “1115 Amendment Public Comment” in the written message.</p> <p>First Public Hearing In-Person Only Friday, April 5 from 9:00 – 9:30 AM ET Charlotte Library 115 Ferry Rd Charlotte, VT 05445</p> <p>Second Public Hearing Virtual and In-Person Wednesday, April 10 from 9:30 – 10:00 AM ET <i>Virtual Meeting Details</i> Call in: +1 802-552-8456 Phone Conference ID: 531 329 56# Video Conference: https://bit.ly/48FwCFL Meeting ID: 298 196 082 421 Passcode: kYR68M <i>In-Person Meeting Details</i> Waterbury State Office Complex</p>
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	<ul style="list-style-type: none"> ○ Proposal 7 – Ability to Implement Hospital Global Payments. Vermont is pursuing participation in CMS’s States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. ● Ashley mentioned that CMS is submitting a large regulatory package soon which may remove the need for a 1115 waiver for hospital global payments. 	Room: Oak 280 State Drive Waterbury, VT 05676
<p>7. Medicaid Director Intro and Role</p> <p>Monica Ogelby, Medicaid Director, Agency of Human Services</p>	<ul style="list-style-type: none"> ● The Medicaid Director role has historically been held by the DVHA Commissioner and as the program has grown, the role’s vastness grew. ● Monica explained that the role is part of the Secretary’s office at Agency of Human Services (AHS) which reflects the Medicaid programming throughout the agency. ● This centralized position allows for coordination of the financing and policy work in addition to the programming. ● She noted that AHS needs to be more strategic as the program comes out of pandemic funding. ● Monica is a nurse by training. She started at DVHA developing the palliative pediatric program 10+ years ago and has remained in state government. ● Monica encouraged members to invite her to come to their groups to speak. ● Discussion ensued. ● The importance of bringing in all the pieces of Medicaid into this committee, not just the areas connected to DVHA, was emphasized. 	
<p>8. Commissioner’s Office Update</p> <p>Adaline Strumolo, Acting Commissioner</p>	<ul style="list-style-type: none"> ● Addie stated that there are still items related to Medicaid in the legislative committees and that conversations on them will be ongoing. 	

	<ul style="list-style-type: none"> • Mike noted that household health insurance survey is on the wish list for the appropriations committee which he sees a great need for this year. 	
9. Public Comment Mary Kate Mohlman & Sharon Henault, Co-Chairs	<ul style="list-style-type: none"> • None. 	
10. Final Committee Discussion Mary Kate Mohlman & Sharon Henault, Co-Chairs	<ul style="list-style-type: none"> • None. 	MEAC member application: Advisory Committee Members Department of Vermont Health Access
11. Adjourn Mary Kate Mohlman & Sharon Henault, Co-Chairs	Meeting adjourned at 11:47 PM Next meeting April 22, 2024.	