



**Medicaid and Exchange Advisory Committee (MEAC)
Meeting Minutes for January 22, 2024**

Board Members Present:

✓	Neil Allen	✓	Jessa Barnard	✓	Kelly Dougherty
✓	Lisa Draper	✓	Mike Fisher	✓	Devon Green
✓	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
✓	Alicia Cooper	✓	Jennifer Rotblatt		Max Croneberger
✓	Sven Lindholm	✓	Amy Coonradt		Stacy DeSisto
	Dr. Michael Rapaport	✓	Alex McCracken		

SOV/Other Attendees:

✓	Megan Tierney-Ward		Betty Morse		Monica Ogelby
✓	Pat Jones	✓	Wendy Trafton	✓	Faith Skerit
	Susan Aranoff	✓	Juliet Domb	✓	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	

	1.22.24_MEAC_Agenda.pdf MEAC_PPT_1.22.24.pdf	
1. Call to Order Mary Kate Mohlman & Sharon Henault, Co-Chairs	Meeting was convened at 10:02 AM.	
2. Roll Call Establish Quorum Approve Minutes Zack Goss, Director of Customer Communication	Motion: Approve the December 11, 2023 meeting minutes as presented. Minutes approved.	Motion: Mike Fisher Second: Dale Hackett Abstain: Kelly Dougherty, Laurel Sanborn, Neil Allen, Kirstin Murphy Minutes Approved
3. AHEAD Model Funding Opportunity Pat Jones, Interim Director of Health Care Reform Wendy Trafton, Deputy Director of Health Care Reform	<ul style="list-style-type: none"> • Pat explained that in Health Care Reform the goal is for payment changes to support changes in how care is delivered, leading to better health outcomes and population health. • The current All-Payer Model allows Medicare, Medicaid and commercial insurers to pay for health care differently. It relies on an accountable care organization (OneCare Vermont) to support providers that agree to take responsibility for the quality and cost of care. • The current model ends at the end of this year and the federal Centers for Medicare and Medicaid Services (CMS) is working with the State to extend it through 2025. • Going forward CMS is offering only models that can operate in multiple states. It was clarified that this doesn't mean that states combine to jointly provide the model, but the model would be implemented in each state that participates. • Member asked how CMS will account for the different dynamics that each state has. Pat explained that the model we are looking at is expected to have some flexibility to account for those differences along with the similarities. • AHS and Green Mountain Care Board have provided feedback to the CMS Innovation Center's new model leaders during the past year, informed by feedback from Vermont providers and others. • A future model was announced on September 5, called States Advancing All-Payer Health Equity Approaches and Development (AHEAD). • In November CMS released the Notice of Funding Opportunity 	

	<p>(NOFO) for the AHEAD model.</p> <ul style="list-style-type: none"> • Vermont has decided to apply to the model as an early (Cohort 1) participant and the application is due to CMS on March 18, 2024. • This is a competitive application; CMS will choose no more than 8 states for AHEAD. • Pat presented the timeline from CMS through 2034 which includes three cohorts. If Vermont is selected for Cohort 1 and decides to move forward with the model, the implementation would be January 1, 2026 after an 18 month pre-implementation period. • CMS is expected to provide Notice of Award to selected states in May. • Pat reviewed the goals and approaches in the AHEAD model. She noted that Vermont has programs such as Blueprint for Health which puts the state in a good position for the AHEAD model. • Discussion ensued on the intent of this model and it was clarified that the emphasis on primary care is a recognition that it has historically been under supported, but this emphasis would not change how people receive care. • Wendy emphasized that the key model goal is to enhance health equity and defined what that means for Medicaid. • She presented the key strategies and activities of the AHEAD model to advance health equity. • Question raised about what the capacity is for providers to collect data and make referrals. Pat explained what Medicaid has already been doing to strengthen community connections to ensure providers know what resources are available for referrals. • Pat explained that hospital global budgets are fixed annual payments to hospitals, determined in advance based on past payments, with adjustments for factors like inflation, changes in people served, and changes in services provided. Hospitals that decide to join AHEAD will receive separate global payments for each payer that joins. Initially these will be to cover hospital inpatient and outpatient services. • Vermont could have a role in designing the Medicare global budget model. • Four components to Primary Care AHEAD: <ul style="list-style-type: none"> ○ Medicare Enhanced Primary Care Payment (\$15-21 per person per month for traditional Medicare members) 	
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	<ul style="list-style-type: none"> ○ Care Transformation ○ Alignment with Medicaid Primary Care Programs ○ Increased Investment in Primary Care ● Pat presented a diagram to show what CMS means by Care Transformation in Primary Care AHEAD. ● She emphasized that Vermont is already doing a lot of these things, including through the Blueprint for Health, but the AHEAD model would provide additional support for care transformation. ● Discussion ensued. 	
<p>4. Medicaid Renewal Status Update</p> <p>Adaline Strumolo, Acting Commissioner</p>	<ul style="list-style-type: none"> ● Trends have been consistent. It is taking 3-4 months to get all the way through a renewal batch in terms of backlog. This information is helpful in the conversation with CMS on extending the period to the summer. ● The media has reported widely on Medicaid termination rates since the beginning of the renewal restart process. State data reports that the Medicaid caseload dropped by about 10,000 between March and September of 2023. ● Dashboards have been recently updated. ● Addie noted that there was an increased reinstatement rate among August renewals which may be reflective of the flood. ● Overall Medicaid reenrollment rates were higher during Open Enrollment. ● QHP uptake among those found ineligible for Medicaid has remained in the 20-30% range. 	<p>Medicaid Renewals Restart: https://dvha.vermont.gov/unwinding</p> <p>Medicaid Renewal Dashboards https://dvha.vermont.gov/unwinding/renewal-dashboard</p>
<p>5. Commissioner's Office Update</p> <p>Adaline Strumolo, Acting Commissioner</p>	<ul style="list-style-type: none"> ● Press release issued on continuous eligibility for children enrolled in Medicaid. ● Addie noted that open enrollment recently ended with around 30,000 plan selections. This enrollment would be a 25% increase from this time last year, which is good news. ● Follow-up on the Medicare Savings Program (MSP) recommendation from the committee last month. DVHA is working with the legislature on this proposal and continues to be willing to work with them on the technical, financial, and other support on this proposal. ● Legislative update: DVHA did not bring a technical bill forward this year. The governor's budget will be released tomorrow. ● Wednesday DVHA will be in House Health Care Committee 	<p>Press Release: https://dvha.vermont.gov/news/vermont-announces-continuous-medicare-eligibility-children-under-age-19</p>

	<p>providing testimony on H.721.</p> <ul style="list-style-type: none"> • Deputy Commissioner Sandi Hoffman spoke about Prior Authorization (H.766) to the House Health Care Committee last week. • Commissioner search is underway. • Dale brought up S.164 regarding medication coverage. Addie noted that it is not DVHA-specific, but is one DVHA is tracking. • Brief discussion on DME access issues. 	
<p>6. Committee Role</p> <p>Mary Kate Mohlman & Sharon Henault, Co-Chairs</p>	<ul style="list-style-type: none"> • Mary Kate explained that the co-chairs have been thinking about the role of the committee and the feedback loop on recommendations. • The state statute that established the Medicaid and Exchange Advisory Committee in Vermont, 33 V.S.A. § 402, lays out the feedback loop on recommendations. <p>(d)(1) The Advisory Committee shall make policy recommendations on proposals of the Department of Vermont Health Access to the Department, the Green Mountain Care Board, the Health Reform Oversight Committee, the Senate Committee on Health and Welfare, and the House Committees on Health Care and on Human Services. <i>When the General Assembly is not in session, the Commissioner shall respond in writing to these recommendations, a copy of which shall be provided to the members of each of the legislative committees of jurisdiction and to the Green Mountain Care Board.</i></p> <p>(2) <i>During the legislative session, the Commissioner shall provide the Advisory Committee at regularly scheduled meetings with updates on the status of policy and budget proposals.</i></p>	
<p>7. Public Comment</p> <p>Mary Kate Mohlman & Sharon Henault, Co-Chairs</p>	<ul style="list-style-type: none"> • None. 	
<p>8. Final Committee Discussion</p> <p>Mary Kate Mohlman & Sharon Henault, Co-Chairs</p>	<ul style="list-style-type: none"> • Upcoming chair position opening July 1. Mary Kate and Sharon are available for questions for anyone who may be interested. • Zack also noted that there are multiple vacancies on the committee and encouraged members to refer others to apply. 	<p>MEAC member application: https://dvha.vermont.gov/advisory-boards/medicaid-and-exchange-advisory-committee/advisory-committee-members</p>

9.Adjourn Mary Kate Mohlman & Sharon Henault, Co-Chairs	Meeting adjourned at 11:36 AM. Next meeting February 26, 2024.	
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