



**Medicaid and Exchange Advisory Committee (MEAC)
Meeting Minutes for July 22, 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		Dani Fuoco	✓	Bethany Ledoux
	Stephanie Barrett	✓	Michael Swaim	✓	Matthew Malenczak

SOV/Other Attendees:

	Monica Ogelby	✓	Megan Tierney-Ward		Betty Morse
✓	Ashley Berliner	✓	Nicole DiStasio	✓	Tim Walker
✓	Marjorie Stinchcombe	✓	Kathy Walker	✓	Michael Miller
	Timothy McSherry		Rebecca Copans	✓	Scott Cerreta
	Vicki Jessup		Tom Perkins		Wilda White

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

	exchange-advisory-committee/agendas-and-materials 7.22.24-MEAC-Agenda.pdf MEAC-PPT-7.22.24.pdf	
1. Call to Order Sharon Henault & Cory Gustafson, Co-Chairs	Meeting was convened at 10:05 AM.	
2. Roll Call Establish Quorum Approve Minutes Zack Goss, Director of Customer Communication	Motion: Approve the May 20, 2024 and June 24, 2024 meeting minutes as presented. Minutes were approved, dependent on quorum clarification from DVHA legal.	Minutes Approval Motion: Dale Hackett Second: Neil Allen Abstain: Kelly Dougherty (June), Lisa Draper (June), Mary Kate Mohlman (June), Lauren Sanborn (June) Minutes approved. Budget Letter Approval Motion: Cory Gustafson Second: Neil Allen Budget letter approved
3. MEAC Budget Letter vote Sharon Henault & Cory Gustafson, Co-Chairs	<ul style="list-style-type: none"> • Approved during roll call above. 	
4. Assister Program Outlook Michael Swaim, Assister Program Manager (DVHA) Zack Goss, Director of Customer Communication (DVHA)	<ul style="list-style-type: none"> • Addie introduced the assister program was federally established to provide in person support for the health care enrollment process. • Michael Swaim explained that this program came out of the Affordable Care Act. • Three types of assisters – <ul style="list-style-type: none"> ○ Certified Application Counselor (CAC) ○ Navigator ○ Broker 	

- CACs are mostly provider-based. They are only required to assist those who are members of their organization. There is no fee for their services.
- Navigator organizations receive grant funding from the State and must serve any Vermonter. Current funding for navigator grants is \$40k. There is no fee for their services.
- Brokers are insurance brokers who can receive a fee for their service.
- Over time the population of Assisters has shifted to fewer Navigators and more Certified Application Counselors.
- The Vermont Assister Program prioritizes supporting vulnerable and underserved Vermonters.
- Michael explained that assisters can become a trusted connection to members who they can go to when questions arise.
- Clarification that assisters are not versed in Medicare, but they can support members who have a change in eligibility and need to apply for Medicaid for the Aged, Blind or Disabled (MABD).
- Discussion on the tax credits granted to members on subsidy plans which are determined by income throughout the year. Michael explained that those credits are resolved by the IRS when they file their return. It is possible that customers may owe some or all of the tax credits back to the IRS, but the hope is that it would be determined ahead of time to prevent that situation.
- Assisters are located throughout the state in hospitals, provider offices, and community organizations.
- Currently there are
 - 45 Assister Organizations
 - 121 Individual Assisters
 - 111 CACs
 - 4 Navigators
 - 6 Brokers
 - 24 Assister in Training
- It was noted that the number of assisters fluctuates.

- Michael reviewed program challenges which includes that vulnerable populations can have trouble connecting with assisters. Recruiting new organizations and assisters is also a challenge, especially as the program is voluntary and funding limited.
- He noted that small business employees sometimes need health insurance support and there is no formal connection between the small business community and the Assister program.
- A MEAC member stated that bigger businesses can also struggle with health insurance navigation.
- Michael opened it up for feedback on the assister program's role as well as ways to expand the program.
- Discussion ensued.
- Jessica shared her work with small businesses around insurance and the balance between employer contribution and employee contributions.
- Neil noted that small businesses don't usually have HR departments to help make those insurance decisions.
- [Is your job-based health coverage affordable? | Vermont Health Connect](#) webpage provides information for employees that can also be used by employers, including linking to an affordability calculator.
- Discussion ensued on additional support for small business health options and how those resources can be set up through DVHA or elsewhere in the state.
- Suggestion to send out questionnaires to customers and employers for feedback. The questionnaire could be provided to assisters to distribute to customers.
- Laurel mentioned families with children with disabilities have a need for help navigating their options. Some have insurance through their employer and through Medicaid for their special needs child and/or support through Katie Beckett.

<p>5. Beneficiary Engagement</p> <p>Jennifer Rotblatt, Administrative Services Coordinator (DVHA)</p> <p>Zack Goss, Director of Customer Communication (DVHA)</p>	<ul style="list-style-type: none"> • Jennifer gave an overview of the new requirements. • In April, CMS released updated rules which include the required creation of a Beneficiary Advisory Committee (BAC). The BAC will be separate from, and work with, the MEAC. The BAC is to be comprised of current and former Medicaid beneficiaries. • The rule allows the state to establish the term limit, but specifies that members cannot serve consecutive terms. They can serve multiple, non-consecutive terms. • 25% of MEAC must be made up of BAC members. The current committee already is made up of 25% beneficiary members. • Administrative requirements of the rule which will be fulfilled by DVHA is to: <ul style="list-style-type: none"> ○ Create Bylaws that cover both MEAC and BAC, ○ Take minutes and attendance ○ Manage recruitment, selection, and appointment of members ○ Schedule meetings (at least quarterly) • The rule allows BAC meetings to be open for public participation at the discretion of members, it is not required. • Accessibility • Annual report for MEAC and BAC. • Members of the committee now can become part of the beneficiary advisory committee. • Zack presented the implementation timeline and process from conceptualization to the first meeting by July 9, 2025. • Feedback requested from members. • Suggestion to request contacts for disability organizations through Independent Living council (DAIL). • DVHA wants to do this in a collaborative way that really works for Vermont and will continue to come back to MEAC for feedback. 	<p>Complete Rule 42 CFR § 431.12 Rule Fact Sheet</p>
<p>6. Commissioner's Office Update</p> <p>Adaline Strumolo, Acting Commissioner</p>	<ul style="list-style-type: none"> • Final Medicaid renewals overview dashboard has not been posted yet to allow for additional data collection. • Addie shared a draft dashboard to review takeaways from the unwinding period. 	<p>Stephanie Barrett, DVHA CFO, will attend for a future agenda item on how the unwind affected the budget.</p>

	<ul style="list-style-type: none"> • She noted that many transferred to exchange health plans and those enrollment numbers have been higher than ever. • Currently there are around 178,000 Medicaid members. In March 2023 there were 204,000 members. This drop was expected and the figure is still leveling through reinstatements. See Health Insurance Maps Department of Vermont Health Access • Vermont Household Health Insurance Survey in 2025 will show the impact on the coverage map in VT. • Discussion of budgetary impact of reduced membership. Addie noted that utilization is up which also affects the budget. • DVHA has learned a lot from the unwinding experience. We have implemented eligibility and enrollment flexibilities and functionality to streamline the renewal process. • Eligibility flexibilities implemented during the unwind will remain in place through June 2025. • Two recent deployments enhance eligibility functionality and address compliance issues identified through the unwind: <ul style="list-style-type: none"> ○ MABD online renewal form ○ Individual ex parte renewal functionality • Some states have made press announcements about completing the unwinding period. Unless there is feedback, DVHA intends to roll this into open enrollment communications. • Other updates – DVHA is starting work on various legislative studies. In particular, the marketplace structure study will be brought to the committee for feedback. It is being conducted through a contractor. 	
<p>7. Medicaid Director Update</p> <p>Monica Ogelby, Medicaid Director</p>	<ul style="list-style-type: none"> • Ashley Berliner, AHS Director of Medicaid Policy, provided an update on behalf of the Medicaid Director. • Re-entry waiver amendment was granted on July 2. Vermont is one of 5 states who received a 1115 waiver to pay for medical services for people who are incarcerated in the 90 days prior to being released. The implementation goal is for it to be live January 2026. 	

	<ul style="list-style-type: none"> • Medicaid claims through the correctional provider will be done for the first time. • The idea to wrap around these individuals as they transition out of the correctional system. • Neil noted that this has been done in NH and she is aware of one county that had recidivism drop. • July 2 Vermont was approved for the new federal AHEAD model which is a first step to work with CMS to create a program that works for VT. • It builds on the all-payer model. Once set up, it could be in place for 9 years. • The State also received a grant for ~\$2.5 over three years from CMS to implement school-based services in Vermont. Working with University of MA to ensure DVHA is optimizing the funding and increasing access as well as decreasing administrative burden. Three-year timeframe for development and implementation. • Certified community behavioral health clinics demonstration program. Implementation planning for July 2025. 	
<p>8. Public Comment</p> <p>Sharon Henault & Cory Gustafson, Co-Chairs</p>	<ul style="list-style-type: none"> • None. 	
<p>9. Final Committee Discussion</p> <p>Sharon Henault & Cory Gustafson, Co-Chairs</p>	<ul style="list-style-type: none"> • Sharon explained that the budget letter will be submitted. • Next agenda suggestion: transportation 	<p>MEAC member application: Advisory Committee Members Department of Vermont Health Access</p>
<p>10. Adjourn</p> <p>Sharon Henault & Cory Gustafson, Co-Chairs</p>	<p>Meeting adjourned at 11:47 AM</p> <p>Next meeting September 23, 2024. No August meeting.</p>	<p>Motion to Adjourn: Kelly Second: Neil Approved</p>