



**Medicaid and Exchange Advisory Committee (MEAC)
Meeting Minutes for September 23, 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
✓	Simone Rueschemeyer		Laurel Sanborn	✓	Stacy Weinberger

DVHA Staff Present:

✓	Zachary Goss	✓	DaShawn Groves	✓	Adaline Strumolo
✓	Alex McCracken	✓	Jennifer Rotblatt	✓	Sandi Hoffman
✓	Sven Lindholm	✓	Stephanie Barrett	✓	Dan Fay
	Alicia Cooper				

SOV/Other Attendees:

✓	Monica Ogelby		Megan Tierney-Ward		Ashley Berliner
	Brendan Krause	✓	Madeline Powers		Nicole DiStasio
✓	Lori Vadakin	✓	Tim Walker		Kathy Walker
	Timothy McSherry		Rebecca Copans	✓	Scott Cerreta
✓	Michael Miller		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 9.23.24-MEAC-Agenda.pdf MEAC-PPT-9.23.24.pdf	
1. Call to Order Sharon Henault, Co-Chair	Meeting was convened at 10:02 AM.	
2. Roll Call Establish Quorum Approve Minutes Zack Goss, Director of Customer Communication	Roll call was completed. Minutes approval was delayed until quorum was reached.	
3. Chair Update Sharon Henault, Co-Chair	<ul style="list-style-type: none"> • Sharon announced that Cory has accepted a position out of state and will no longer be serving on MEAC. • As such, a new co-chair will be needed. Anyone interested in serving as the chair should reach out to Sharon or DVHA staff. 	
4. Commissioner's Office Update DaShawn Groves, Commissioner (DVHA) Adaline Strumolo, Deputy Commissioner (DVHA)	<ul style="list-style-type: none"> • DaShawn Groves introduced himself. He has been in the DVHA Commissioner role for three weeks. He has had a long career working with Medicaid, most recently in Washington DC as the Special Projects Officer to the Medicaid Director at the Department of Health Care Finance. • Addie shared that open enrollment includes new eligibility for DACA recipients. There is national litigation in process on this expanded eligibility which DVHA is following. • There is Congressional activity around extension of enhanced marketplace subsidies, and Vermont has signed a letter along with other state exchanges and outreached VT delegation. • CMS has set a date for completion of unwind backlogs of December 2025. Vermont does have a backlog and will be reallocating work buckets and workforce to prioritize it. Certain second-round renewals 	

	<p>coming due over the next couple of months will be paused to put additional resources on the backlog.</p> <ul style="list-style-type: none"> • She noted that coverage is intact while renewals are pending so this backlog doesn't negatively affect beneficiaries while they are being completed. 	
<p>5. Fiscal 2024 Close-Out & Outlook</p> <p>Stephanie Barrett, Chief Financial Officer (DVHA)</p>	<ul style="list-style-type: none"> • Stephanie began by presenting the average numbers of Medicaid beneficiaries in State Fiscal Year 2024 (SFY24). She shared that the estimated average and actual average were only off by about 274. • She next presented the monthly program spending for SFY24 and the budget to actual comparison for SFY24. • There is a difference of over \$31 million over budget. • She noted that \$18.3 million of that was related to the Change Healthcare outage which is still being recollected. • Almost \$17 million of the overage is in claims which is in line with the experience of other plans. It was noted that this line item are non-ACO attributed claims. • Discussion ensued. It was noted that percentage-wise, the variance isn't out of ordinary, but from a fiscal standpoint it is challenging to be over budget. • Stephanie presented the FY25 budget and current projected comparison. She noted that the line labeled "Agreement-Based Payments" was renamed from "Financial Transactions". • Legal aid is also not listed as it was reallocated to another line. • She shared the SFY25 budget as passed compared to the current projected spending. • In January 2024, MCAP (Manufacturer copay assistance programs) was lifted which has added pressure to the budget. MCAP maintained an average manufacturer price cap. • The budget is a continuum, constantly moving forward and being updated. As it is in the early stages of the budget, items can change from these projections. Additionally, budget adjustments can be requested. • ACO-attributed payments are in the Agreement Based Payments line which all the VT hospitals are enrolled in. 	

	<ul style="list-style-type: none"> • For future planning, it was noted that ACO providers may have higher claims than what was projected for calendar year 2024. 	
<p>6. Open Enrollment</p> <p>Dan Fay, HAEEU Director (DVHA)</p> <p>Zack Goss, Director of Customer Communication (DVHA)</p>	<ul style="list-style-type: none"> • Dan presented expectations for 2025 which included <ul style="list-style-type: none"> ○ DACA individuals will be able to apply for and enroll in QHP coverage with subsidies ○ Silver loading/targeted gold mapping ○ Processes that were not in effect during Medicaid renewal restart (“unwind”) will resume this year (FTR and verifications) • FTR means failure to reconcile (i.e. using IRS data to check that customers reconcile advance payments of tax credits as part of their tax filing). • He explained the significant changes to reenrollment metal plans. • The timeline for the 2025 Open Enrollment and Renewal period was presented from renewal notices which began to go out in August to the end of open enrollment on January 15. • Zack presented open enrollment communication key updates and messages. • He emphasized that gold plan premiums will be lower than some silver plan premiums which will provide more value for many customers. Those that would see greater value will automatically be moved to a gold plan for the lower premium, with an option to change it. • Customers will no longer be able to enroll in a silver 73 or silver 77 plan as they are no longer a better value than gold plans. • The biggest message going out to customers is to shop the options and look at the levels available to you, even if you’d previously dismissed them due to price. • Mike Fisher noted that it’s not only the metal levels, but also the carriers, that have more variance than usual. • Jessa suggested messaging that acknowledges what customers may have seen in the news around increases. 	

	<ul style="list-style-type: none"> • Zack reviewed the communication mediums for direct, indirect, and partner communication. • Discussion ensued. 	
<p>Minutes Approval</p>	<p>Motion: Approve the May 20, 2024, June 24, 2024, and July 22, 2024 meeting minutes as presented.</p> <ul style="list-style-type: none"> • Minutes were approved. 	<p>Minutes Approval Motion: Mike Second: Mary Kate Abstain: Kelly (June), Lisa (June), Devon (July), Joan (June, July), Mary Kate (June), Simone (All), Stacy (July) Minutes approved.</p>
<p>7. AHEAD & CCBHC</p> <p>Brendan Krause, Director of Health Care Reform (AHS) Lori Vadakin, Mental Health and Health Integration Director (AHS)</p>	<ul style="list-style-type: none"> • Lori began by sharing that the 2024 State of Mental Health in America Report was released. • CCBHC stands for Certified Community Behavioral Health Clinic, federally, and Certified Community-Based integrated Health Center in Vermont. • She explained that a CCBHC ensures access to integrated mental health and substance use disorder treatment. Treatment models cover all ages. • She reviewed the certification criteria for a CCBHC which includes <ul style="list-style-type: none"> ○ Staffing ○ Availability and Accessibility of Services ○ Care Coordination ○ Scope of Services (9 Core Service Areas) ○ Quality and Reporting ○ Organizational Authority • Lori reviewed the growth of CCBHCs. • She shared that Vermont is one of ten states that were added to the CCBHC Medicaid Demonstration program which provides states with sustainable funding through Medicaid reimbursement. 	

- She reviewed next steps in planning phase completion then explained the demonstration phase which will cover four years. The first two provisional sites will be certified for July 1, 2025 – Clara Martin Center and Rutland Mental Health Services.
- Question asked: How is this different than existing DAs (Designated Agencies), particularly in terms of access? Lori explained that CCBHCs will be able to provide care coordination to veterans which currently isn't the case. Also care coordination for mental health and substance use treatment which expands knowledge base to treat the whole person. And increased peer services to connect families and client.
- Simone noted that many DAs are already doing a lot of what is covered under CCBHCs and enrollment as a CCBHC enhances the offerings.
- A majority of the country is moving towards this, and it helps that it is a federal model.
- Enhanced mobile crisis can also be part of CCBHC which is in process.
- Discussion on how current programs will be incorporated into this new model and the bridges are being built to connect current programs with CCBHCs.
- One hope is that the care coordination through CCHBC will reduce the stigma of substance use disorder.
- Simone noted the roll out may be limited in some areas of the state as agencies pull together resources to implement – structure, staffing, etc.
- Every community is different, and needs are different which will be reviewed in auditing to ensure the staffing and programs are there to support the local community.
- Brendan provided a summary of the AHEAD program. Vermont was accepted as one of the first states to implement. It is different than the current ACO model. One difference is that the funding is more apparent and less reliant on state matching.

	<ul style="list-style-type: none"> • Vermont is asking CMS for a credit for the savings that have accrued through VT Medicare/Medicaid to be built into the baseline and trended forward over the next nine years. • They met with the director of CMMI who will decide for CMS what the deal will look like and it went well. • Also met with Administrator of HRSA, Carole Johnson, and VT will engage with them to be certain they are maximizing the available funding to enhance offerings. • It was noted that the timeline requires that an agreement must be signed by July 2025. 	
8. Medicaid Director Update Monica Ogelby, Medicaid Director	<ul style="list-style-type: none"> • No update. 	
9. Public Comment Sharon Henault, Co-Chair	<ul style="list-style-type: none"> • None. 	
10. Final Committee Discussion Sharon Henault, Co-Chair	<ul style="list-style-type: none"> • Sharon shared that Mary Kate has agreed to serve as interim co-chair for a few months only. • A vote will be scheduled for November to appoint another co-chair. 	MEAC member application: Advisory Committee Members Department of Vermont Health Access
11. Adjourn Sharon Henault, Co-Chair	Meeting adjourned at 11:59 AM. Next meeting October 28, 2024	Motion to Adjourn: Mary Kate Second: Simone Approved