

Medicaid and Exchange Advisory Committee Meeting Agenda

September 23, 2024
10:00 AM – 12:00 PM

10:00	Call to Order	Sharon Henault, Co-Chair
10:05	Roll Call, Establish Quorum Approve Previous Minutes	Zack Goss, Director of Customer Communication (Department of Vermont Health Access, “DVHA”)
10:10	Chair Update	Sharon Henault, Co-Chair
10:15	Commissioner’s Office Update	DaShawn Groves, Commissioner (DVHA) Adaline Strumolo, Deputy Commissioner (DVHA)
10:30	Fiscal 2024 Close-Out & Outlook	Stephanie Barrett, Chief Financial Officer (DVHA)
10:50	Open Enrollment	Dan Fay, HAEEU Director (DVHA) Zack Goss, Director of Customer Communication (DVHA)
11:10	AHEAD & CCBHC	Brendan Krause, Director of Health Care Reform (AHS) Lori Vadakin, Mental Health and Health Integration Director (AHS)
11:30	Medicaid Director Update	Monica Ogelby, Medicaid Director (AHS)
11:45	Public Comment	Sharon Henault, Co-Chair
11:55	Final Committee Discussion	Sharon Henault, Co-Chair
12:00	Adjourn	Sharon Henault, Co-Chair

Roll Call

05/20/2024, 06/24/2024, 07/22/2024

Meeting Minutes Approval

Zack Goss, Director of Customer Communication (DVHA)

Commissioner's Office Update

DaShawn Groves, Commissioner (DVHA)

Adaline Strumolo, Deputy Commissioner (DVHA)

Fiscal 2024 Close-Out & Outlook

Stephanie Barrett, Chief Financial Officer (DVHA)

ALL MEDICAID BY ELIGIBILITY GROUP	SFY 24 Avg Estimate	SFY 24 Avg 6/15/2024*	variance
Aged, Blind, or Disabled (ABD)	7,428	7,116	
Dual Eligibles	22,376	22,939	
General Adults	15,337	14,100	
New Adult Childless	41,237	41,426	
New Adult W/Child	23,171	24,217	
Subtotal Adults	109,549	109,799	250
Blind or Disabled (BD)	1,925	1,930	
General Children	58,344	57,734	
Underinsured	640	517	
SCHIP (Uninsured)	4,388	4,462	
Subtotal Children	65,297	64,643	(654)
Pharmacy Only Programs	9,245	9,192	
Premium Assistance (CSR is a subset)	12,541	13,272	
Subtotal Direct Services	21,786	22,464	678
Grand Total	196,632	196,906	274

Other Programs

Refugee - Fed	1	6
Immigrant Health Ins Program - State Only	219	255
HIV	163	182

*Retroactivity adjustments in subsequent months are typically minor

DVHA Monthly Program Projected Spend (\$s)

Final SFY24

Actual Monthly Expenditures for the most recent 3 months

	Apr-24	May-24	Jun-24
Budgeted By PMPM			
Claims	55,992,925	74,219,259	60,142,031
Rx Rebates	(2,956,758)	(34,981,593)	(9,381,648)
Financial Trans ¹	34,088,155	23,094,212	23,808,863
Total by PMPM	87,124,323	62,331,877	74,569,246

Budgeted by Line

Buy-In	4,836,354	4,875,517	4,860,349
DSH	0	0	0
GME	0	0	0
Legal Aid	45,665	45,665	45,665
Clawback	3,647,029	3,644,658	3,635,239
Total by Line	8,529,048	8,565,841	8,541,254

Budget to Actual Comparison

SFY'24 Budgeted w/ BAA adjs	SFY24 Actual Spend	Variance resolved by net transfers
735,914,147	752,804,551	(16,890,404)
(173,700,000)	(155,387,676)	(18,312,324)
291,223,179	293,397,179	(2,174,000)
853,437,326	890,814,055	(37,376,728)

Prior Year Data For Reference

Annual SFY'23 Actual
743,333,425
(173,683,186)
297,015,892
866,666,131

61,879,302	57,860,385	4,018,917	57,988,762
22,704,471	22,704,470	1	46,365,645
51,217,782	51,217,782	0	51,217,782
547,983	547,983	0	547,983
43,719,725	41,550,604	2,169,121	35,919,289
180,069,263	173,881,224	6,188,039	192,039,461

Total Program	95,653,371	70,897,718	83,110,499
----------------------	-------------------	-------------------	-------------------

1,033,506,589	1,064,695,278	(31,188,689)	1,058,705,592
----------------------	----------------------	---------------------	----------------------

¹ Financial Transactions include: ACO Capitation & Incentives, Brattleboro Retreat APM, Blueprint, Non Emergency Medicaid Transportation

DVHA Monthly Program Projected Spend (\$s)

Budget: SFY25 As passed
Month Ending: August 31, 2024

	Actual Monthly Expenditures			SFY'25 YTD Actual	% of Bud.
	Jun-24	Jul-24	Aug-24		
Budgeted By PMPM					
Claims	39,725,029	44,911,631	44,446,337	89,357,968	24.91%
New PRTF program (yr1)	n/a			0	
Rx Claims	20,417,002	17,856,082	22,612,568	40,468,650	15.86%
Rx Rebates SFY25	(34,981,593)			0	0.00%
Agreement Based Payments ¹	23,094,212	7,279,588	42,398,371	49,677,959	14.25%
OT-Global Payment Claims Tail				0	0.00%
Total by PMPM	48,254,649	70,047,300	109,457,276	179,504,577	22.06%

Budgeted by Line					
Buy-In	4,875,517	4,825,818	4,806,943	9,632,761	14.57%
DSH	0	0	0	0	0.00%
GME	0	0	29,182,356	29,182,356	50.00%
Clawback	3,644,658	3,608,035	3,625,440	7,233,475	15.79%
Total by Line	8,520,176	8,433,853	37,614,738	46,048,591	23.86%

Total Program	56,774,825	78,481,153	147,072,015	225,553,168	22.40%
----------------------	-------------------	-------------------	--------------------	--------------------	---------------

¹ Agreement Based Payments include: ACO Capitation & Incentives, Brattleboro Retreat APM, Blueprint, Non Emergency Medicaid Transportation, Global Payment Program

SFY24 Rx Rebates paid in SFY25 (CHC outage)	(14,235,245)	(517,443)	(14,752,689)		
---	--------------	-----------	--------------	--	--

Budget to Current Proj. Comparison

SFY'25 As Passed Budget	Current Projected SFY'25 Spend	% of Bud.
358,676,165	417,201,566	116.32%
3,557,031	3,557,031	
255,193,294	256,060,597	100.34%
(161,515,460)	(153,636,358)	95.12%
348,668,681	348,882,886	100.06%
9,279,583	9,279,583	
813,859,294	881,345,304	108.29%

SFY 2025 Projected Variance
Deficit of: (67,486,010)

66,109,593	66,109,593	100.00%
22,704,471	22,704,471	100.00%
58,364,712	58,364,712	100.00%
45,821,144	45,821,144	100.00%
192,999,920	192,999,920	100.00%

SFY 2025 Projected Variance
Deficit of: 0

1,006,859,214	1,074,345,224	106.70%
----------------------	----------------------	----------------

SFY 2025 Projected Variance
Deficit of: (67,486,010)

Est. Overhang

(18,312,324)	(14,752,689)	80.56%
--------------	--------------	--------

Prior Year (\$ millions)

Annual SFY'24 Actual	SFY'24 Avg/Mo
492.0	41.0
n/a	n/a
263.1	21.9
(155.4)	(12.9)
291.1	24.3
n/a	n/a
890.8	74.2

57.9	4.8
22.7	1.9
51.2	4.3
41.6	3.5
173.3	14.4

1,064.1	88.7
---------	------

Open Enrollment

Dan Fay, HAEEU Director (DVHA)

Zack Goss, Director of Customer Communication (DVHA)

2025 Expectations

- 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)

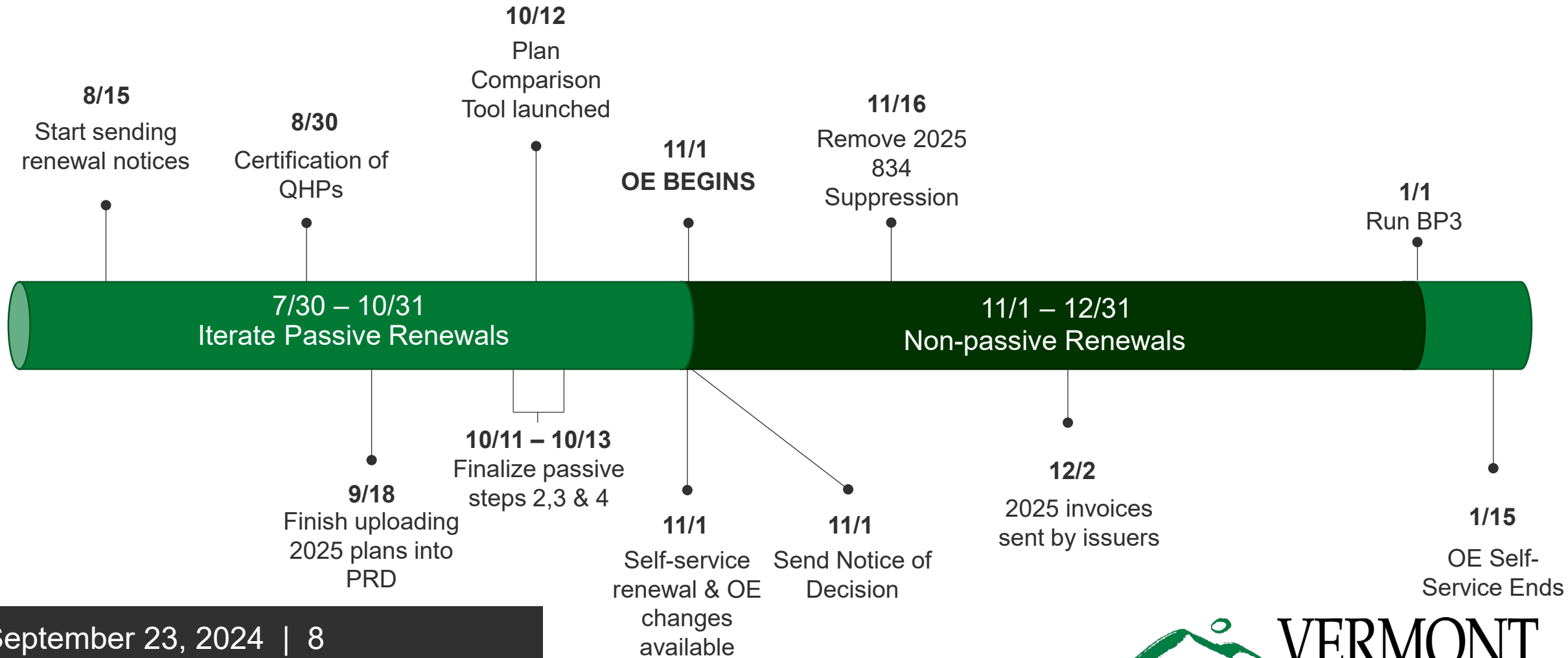
2025 Expectations

Significant changes to reenrollment:

- Certain enrollees in silver plans will be auto-enrolled to more generous, less expensive gold plans.
- Customers aging off a catastrophic plan will be auto-enrolled into a Bronze level plan.
- New non-standard gold plan, MVP VT Plus Gold 4, to replace existing non-standard MVP VT Plus Gold 2 plan.

VHC 2025 Open Enrollment & Renewal Period

As of 7/30/2024, dates are subject to change



Open Enrollment Communication

- Key Updates and Messages for 2025
- Communication Mediums

Key Updates and Messages for 2025 Open Enrollment

Key Updates:

- The calculation for how much tax credits Vermonters received has changed for 2025.
- Gold plan premiums will now be lower than Silver plan premiums.
- Many customers will find more value in a Gold Plan.
- Some customers will automatically be moved to a Gold Plan if it offers greater value for a lower premium.
- Customers will no longer be able to enroll in a Silver 73 or a Silver 77 plan, as they are no longer a better value than Gold plans.

Key Messages

- “For 2025, customers who can get financial help will get more than last year!”
- “In 2025, Gold plans in the health insurance marketplace will offer an even better value compared to Silver plans. This change is due to increased subsidies and adjustments in plan calculations, making Gold plans more affordable and beneficial for you.”

Communication Mediums

Direct Communication

- Notices
- Postcards
- Emails
- Text messages

Indirect

Communication

- Website Updates
- Social Media
- Press Release
- Town Hall
- [Plan Comparison Tool](#)
- [General Education](#)

Partner Communication

- Partner Newsletters
- Assister training
- Stakeholder Toolkit

AHEAD & CCBHC

Brendan Krause, Director of Health Care Reform (AHS)

Lori Vadakin, Mental Health and Health Integration Director (AHS)

CCBHC Initials

Federal

Vermont

**Certified Community
Behavioral Health Clinic**

**Certified
Community-Based
integrated Health Center**

What is a Certified Community-Based integrated Health Center (CCBHC)?



- Ensures access to integrated mental health (MH) and substance use disorder (SUD) treatment and health care screening/monitoring with a particular focus on individuals with significant MH/SUD and/or physical health disorders across the lifespan .
- Offers a comprehensive range of services in a coordinated approach, including evidence-based practices, culturally responsive care, MH/SUD crises response, and other supports identified in a community needs assessment.
- Meets CCBHC Certification Criteria

CCBHC 2023 Certification Criteria

CCBHC Program Requirements

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
 - 9 Core Service Areas
5. Quality and Reporting
6. Organizational Authority

Minimum Scope of Services

- | | |
|--|---|
|  Crisis mental health services |  Screening, assessment, and diagnosis, including risk assessment |
|  Outpatient mental health and substance use services |  Psychiatric rehabilitation services |
|  Primary care screening and monitoring |  Peer support and family/caregiver supports |
|  Targeted case management* |  Mental health care for uniformed service members and veterans |
|  Person-centered treatment planning or similar processes* | |

Growth of CCBHCs

- ❖ **Local CCBHC Planning Development & Implementation (PDI) Grants or Improvement & Advancement (IA) Grants**

- 4 years for \$4 million (or 2 years for \$4m)

- ❖ **State-level CCBHC Planning and Implementation Grants**

- 1 year for \$1 million

- ❖ **National CCBHC Medicaid Demonstration Pilot**

- 4 years with enhanced Medicaid match (*not a grant*)



Vermont is Selected to Join the Demonstration!

On June 4, SAMHSA announced **10 new states were added to the CCBHC Medicaid Demonstration Program:** Alabama, Illinois, Indiana, Iowa, Kansas, Maine, New Hampshire, New Mexico, Rhode Island and **Vermont.**

- The Demonstration Program provides states with sustainable funding through Medicaid reimbursement, enabling CCBHCs to provide more comprehensive access to mental health and substance use services and primary care screening.



CCBHC Next Steps: Planning Phase Completion

Vermont's CCBHC State Planning Grant Activities



- No-cost extension awarded – updated deadline is 3/30/2025.
- State and local integration of Mental Health (MH) & Substance Use Disorders (SUD)
- Evaluation and certification processes
- Onboarding new CCBHC sites
- Infrastructure for CCBHC payment methodology
- Technical Assistance to sites
- Billing codes for MH, SUD, and primary care monitoring and screening services
- Peer and family support staff
- CCBHC Steering Committee shifted to standing committees for input

CCBHC Next Steps: Demonstration Phase

- ❖ **CCBHC Medicaid Demonstration Program – 4 Years**
 - Lori Vadakin is Demonstration Program Director
- ❖ **Demonstration phase work:**
 - Same content under planning grant until completed
 - Certify first 2 provisional sites (Clara Martin Center & Rutland Mental Health Services) for 7/1/2025
 - Onboard 2 additional sites possibly in July 2026
 - Requires work to start January 2025
 - Create plan and guidance for re-certification
 - Monthly community-wide meetings for updates
 - Sub-group work meetings to inform
 - Build capacity to report on required quality measures
 - Develop a sustainability plan

Benefits to Approach

Integrated Care

Culturally Responsive Care

Person & Family-Centered Care

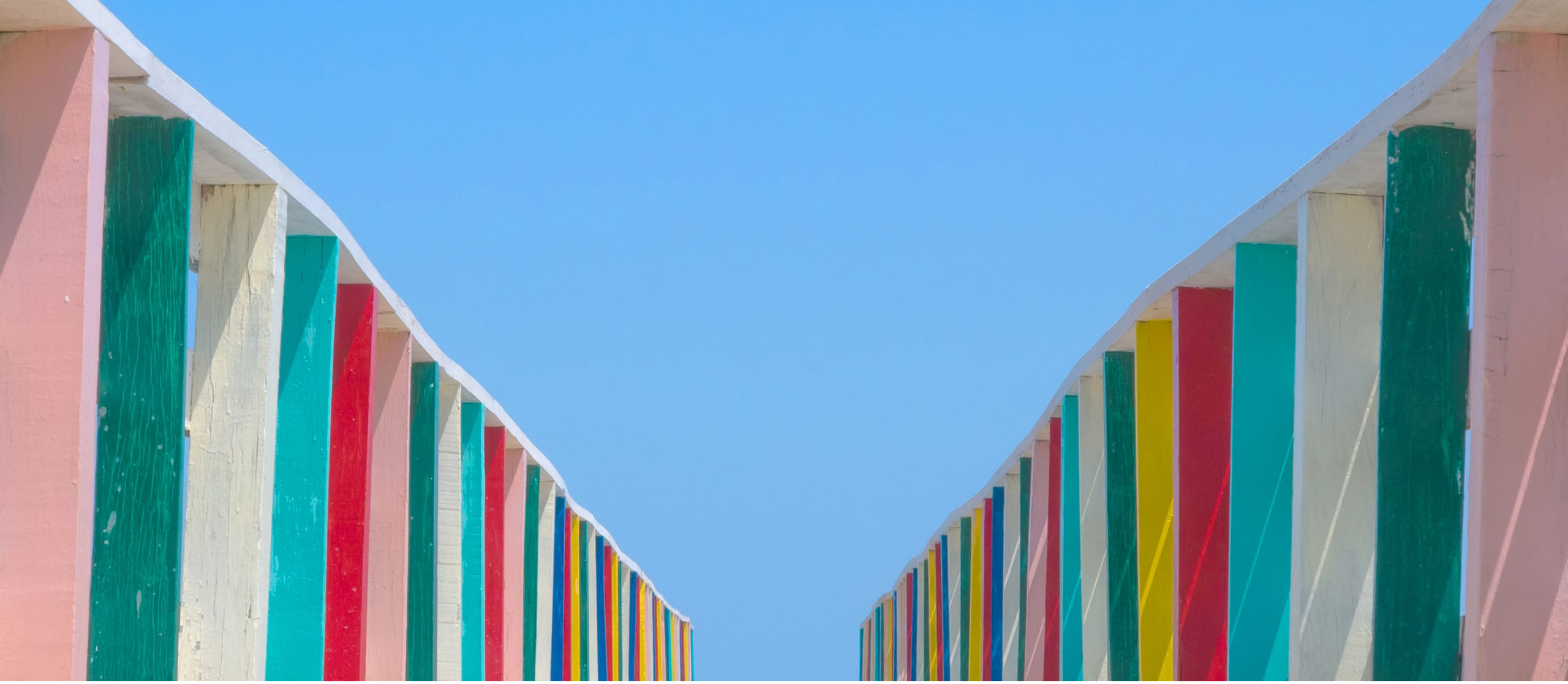
Community Collaboration & Coordination

Reduced Barriers to Care

Increased Access to Primary Care

Enhanced Quality of Care

Workforce



Thank you!

Medicaid Director Update

Monica Ogelby, Medicaid Director (AHS)



Public Comment Final Committee Discussion Adjourn

Sharon Henault, Co-Chair