



**Medicaid and Exchange Advisory Committee (MEAC)
Meeting Minutes for December 11, 2023**

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	✓	Andrea De La Bruere		Adaline Strumolo
	Sandi Hoffman	✓	Jennifer Rotblatt		Max Croneberger
✓	Sven Lindholm		Dan Fay		Stacy DeSisto
✓	Dr. Michael Rapaport	✓	Alex McCracken		

SOV/Other Attendees:

	Megan Tierney-Ward		Betty Morse		Monica Ogelby
	Tom Perkins		Emma Zavez		Erika Wolffing
	Susan Aranoff		Marty Baker		Brendan Beaudoin
	Michael Miller		Rebecca Copans		Scott Cerreta
	Vicki Jessup		Tim Walker		

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

	MEAC_12.11.23_Agenda.pdf MEAC_PPT_12.11.23.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 October 24, 2023 meeting minutes as presented. Minutes approved.	Minutes Approved
3. Age Strong Vermont Plan Megan Tierney-Ward, Deputy Commissioner, Dept. of Disabilities, Aging, and Independent Living (DAIL)	<ul style="list-style-type: none"> Information sent via email on November 27 when original meeting was postponed, not presented at this meeting. 	
4. MSP (Medicaid Savings Program) Eligibility Mary Kate Mohlman & Sharon Henault, Co-Chairs	<ul style="list-style-type: none"> Topic was presented on by Mike Fisher in October who brought forth a proposal for the committee. Mike gave an overview. Proposed motion: The Medicaid Exchange and Advisory Committee recommends that the Dept. Of Vermont Health Access work with the Vermont Legislature to increase the income eligibility threshold for the Medicare Savings Programs (MSPs) to improve affordability and access to care for Vermonters on Medicare. Discussion ensued on establishing a process for voting on proposed motions. It was noted that members should not be put in a position to take a side on behalf of their constituents or vote on a specific bill in legislature. It was specified that the statutory role of MEAC is to advise the DVHA commissioner which this motion does. Consensus that the committee can vote on motions, allowing time for members to bring it back to their constituents, as applicable. 	Motion: The Medicaid Exchange and Advisory Committee recommends that the Dept. Of Vermont Health Access work with the Vermont Legislature to increase the income eligibility threshold for the Medicare Savings Programs (MSPs) to improve affordability and access to care for Vermonters on Medicare. Moved: Dale Hackett Second: Devon Green Approved

<p>5. Medicaid Renewal Status Update</p> <p>Adaline Strumolo, Deputy Commissioner</p>	<ul style="list-style-type: none"> • At about halfway through the unwind period. • Call volumes have been unprecedented with renewals and open enrollment; DVHA is working with the call center vendor to improve that. • Addie noted that some dashboards are delayed due to issues reporting from the legacy eligibility system. • Addie reminded members that the ineligible populations were targeted in the first quarter on the unwind and termination rates were higher as a result. As the unwind continues, the data trends are stabilizing. • The official final month that DVHA can initiate renewals is March with two months to complete; however, DVHA expects it to take longer. This deadline is also being discussed at the federal level so may be shifted. • Discussion ensued on the Vermont Household Health Insurance survey which is completed by AHS/Vermont Department of Health and timing for the next one. 	<p>Medicaid Renewals Restart: https://dvha.vermont.gov/unwinding</p> <p>Medicaid Renewal Dashboards https://dvha.vermont.gov/unwinding/renewal-dashboard</p>
<p>6. Comprehensive Pain Program Pilot</p> <p>Dr. Michael Rapaport, Chief Medical Officer</p>	<ul style="list-style-type: none"> • Dr. Rapaport shared that this program addresses the complex issue of chronic pain and takes the whole person into consideration for healthcare treatment. • The contract was signed with UVMMC last month and first Medicaid members will start the program in January. • In 2020, it was reported that more than 1 in 5 adults in America have chronic pain and 1 in 13 have chronic pain that frequently limits activities, known as High Impact Chronic Pain (HICP). • The price of chronic pain is financial as well as having emotional and mental health costs. Those with chronic pain are 4x more likely to have depression and 2x more likely to commit suicide. • Another price is unintended addiction. Dr. Rapaport presented information on the opioid crisis. • In 2017 Daniel Clauw, MD director of the University of Michigan Medicine's Chronic Pain and Fatigue Research Center defined the problem this way: "Opioids get a lot of attention from both patients and physicians, and they distract from what we really should be doing to manage chronic pain." • In 2017, UVMMC established the Comprehensive Pain Program 	

	<p>(CPP) to improve treatment options for patients struggling with opioid use for musculoskeletal pain conditions. This program created Partners Aligned in Transformative Healing (PATH), a 16-week intensive outpatient program.</p> <ul style="list-style-type: none"> • PATH is what Medicaid members will be participating in. • VT is the first state in the country to offer this type of program to its Medicaid population. • The program creates a patient specific pain management plan that draws from a large list of pain management resources including reiki, mindfulness, health coaching, art therapy, occupational therapy, group therapy and more. • Group assisted care allows patients to interact and support each other in an average cohort of 12 patients. • BCBSVT has already implemented this program and their experience with the first 120 people who participated showed a decrease in expenses from 12 months prior to starting PATH and 12 months after completion. • UVMHC uses a number of validated surveys to evaluate Quality of Life outcomes. • Dr. Rapaport gave an overview of the funding and shared that this is one-time funding and the hope it to expand it based on the results of this first group of about 100 members. • All members are eligible to participate, but preference will be given to members who utilize HCBS, are prescribed opioids for pain management, and have frequent emergency department visits. • Considerations and monitoring areas were presented. • Discussion on economic and education barriers that affect people’s ability to manage pain. • Questions asked: is there outreach to doctors to recommend patients for the program? Dr. Rapaport said that they are reaching out to doctors to make them aware of the program and it is hoped they will make recommendations. 	
<p>7. Commissioner’s Office Update</p> <p>Andrea De La Bruere,</p>	<ul style="list-style-type: none"> • Commissioner DeLaBruere announced that she has resigned from DVHA for another opportunity in state government. Addie will step in as acting commissioner. 	

Commissioner		
8. Public Comment Mary Kate Mohlman & Sharon Henault, Co-Chairs	<ul style="list-style-type: none"> • None. 	
9. Final Committee Discussion Mary Kate Mohlman & Sharon Henault, Co-Chairs	<ul style="list-style-type: none"> • Brief discussion on how pain care can be informed by learning about how animals handle pain. • Next year's meeting series will be sent out by Jennifer Rotblatt. • Zack asked that members refer anyone who may be interested in joining the committee to apply. 	
10. Adjourn Mary Kate Mohlman & Sharon Henault, Co-Chairs	<p>Meeting adjourned at 11:40 AM.</p> <p>Next meeting January 22, 2024.</p>	