

**INDIVIDUAL AND FAMILIES WORKGROUP  
MAY 11, 2015 MINUTES**

Next Meeting

June 9 2-3:30

In Attendance

MEAB members: Donna Sutton Fay, Trinkia Kerr, Rebecca Heintz, Lisa Maynes, Dale Hackett

VHC/DVHA: Jacqueline Rose, Brady Hoffman, Clark Eaton, Dani DeLong

Note taker: Donna

BCBSVT Update on Terminations and Dunning

BCBSVT sent out its second month of dunning notices for nonpayment of premiums as well as processing retroactive terminations based on direction from VHC.

Dunning notices are sent for nonpayment of premiums. BCBSVT started sending out “real” dunning notices in April. This meant April was month 1 of the 3 month grace period for those who receive APTC. May is month 2 of the grace period, which means claims are suspended and coverage for prescriptions at the pharmacy are denied. BCBSVT will hear from more members than it did in April as a result. Members who do not receive APTC only have a one month grace period, so those terminations have already started.

The retroactive terminations involve much more of BCBSVT’s time. About 5000 retroactive terminations have been sent by VHC to BCBSVT since January. Of these, approximately 1400 had claims. BCBSVT has been calling certain populations prior to termination, including everyone that had claims over \$1000. To date, research indicates that about 60% of the retroactive terminations were appropriate because the member had asked for termination, moved, became eligible for Medicaid, etc. BCBSVT is working with VHC to research the inappropriate terminations.

MVP is not processing retroactive terminations for members who have claims.

Retroactive terminations are causing a great deal of concern with providers, who may have payment recouped or who may be asked to reprocess claims for Medicaid.

BCBSVT and VHC will be looking at the entire process in June.

Automated COC Update

Jacq and Brady brought the attached update on the “automated” COC status. The technology is expected to be delivered May 31 for deployment on June 1. Staff will

start to undergo training very soon, probably next week. More staff will continue to be trained once the “automated” COC is functional.

With the exception of urgent cases, new COCs coming in now are being held to be dealt with once the new technology is available June 1.

Customers are not going to see any big difference right away. Only VHC staff will be able to process COCs. The expectation is that with the new technology COCs will be processed much more quickly, so that a change reported by the 15<sup>th</sup> of the month will be reflected in the next billing cycle and a change reported after the 15<sup>th</sup> will be reflected in the second billing cycle following the reported change. For example, a change reported May 10 would be reflected in the June invoice. A change reported May 20 would be reflected in the July invoice.

We encouraged VHC to use more precise language than “automated COC” because most Vermonters hearing that it will be functional May 31 will likely have a very different picture of what it means for them than is actually the case. Explaining in more precise language to the public might help head off dissatisfaction and more bad press.

#### Implementation of 2015 FPLs for Dr D and Medicaid

VHC has not implemented the 2015 FPLs for Dr D and Medicaid and doesn't expect to until July. This is of great concern to the workgroup. It means that there are individuals who will not receive correct eligibility determinations because their eligibility is determined based on 2014 FPLs.

This can cause harm to individuals in a number of ways:

- Individuals could be denied Medicaid incorrectly and decide not to enroll because they cannot afford premiums for a QHP.
- Individuals may not get necessary medical care.
- Individuals could be paying premiums for a QHP and out of pocket costs when they are actually eligible for Medicaid.

Jacq explained that VHC is not implementing the 2015 FPLs timely because of the COC system update scheduled for June 1. We believe the ACA requires that the 2015 FPLs be used to determine eligibility for Medicaid in 2015. (The ACA requires that 2014 FPLs be used for determining eligibility for APTC and CSR). Jacq will find out and report back on VHC plans to address the implementation of FPLs and how implementation will impact customers. She will also see if there are any options for earlier FPL implementation in the future, including any relevant regulations and statutes. This issue will be on the MEAB May agenda.

#### Draft WG Guidelines

Donna will contact Kay to get more detail on her concerns with the draft guidelines before the May MEAB.