

Medicaid and Exchange Advisory Board

Operations Manual

8/13/12 Draft

Overview

In compliance with Act 48, and as required by the Affordable Care Act, the State merged the existing Exchange Advisory Board (EAB) with the Medicaid Advisory Board (MAB) on July 1, 2012. The newly merged board is the Medicaid and Exchange Advisory Board (MEAB.)

Purpose

The MEAB advises the commissioner of the Department of Vermont Health Access (DVHA) with respect to policy development and program administration for the Vermont Health Benefit Exchange, Medicaid and Medicaid-funded programs, consistent with the requirements of federal law. The MEAB is not a governing board but will share recommendations with the commissioner as determined by a majority of the board.

Meetings

The MEAB shall convene at least 10 times during each calendar year. Meetings will be held in Williston, Vermont or Montpelier, Vermont on designated Mondays. Lunch will be served.

If at least one-third of the members of the MEAB so choose, the members may convene up to four additional meetings per calendar year on their own initiative by sending a request to the commissioner.

All MEAB meetings will be public and all meeting materials will be available online. Meeting agendas and materials will be shared with members and posted online prior to meetings.

Membership

The MEAB was established with the appointment of 30 members as follows:

- Commissioner of health (1)
- Insurer (1)
- Individuals, beneficiaries of Medicaid and/or Medicaid-funded programs (7)
- Self-employed individuals and representatives of small businesses eligible for the Exchange, broker, large employer (7)
- Consumer advocacy organizations (7)
- Health care professionals and representatives from a broad range of health care professionals (7)

Each member is a representative of an organization or the perspective of a community. Members should aim to represent the interests of their community and be a two-way conduit of relevant information. Members should also be responsible to the health system in Vermont as a whole.

It is recognized that in some cases, such as the representation by beneficiaries of Medicaid and individual consumers, a member's ability to represent a larger community will be limited but all members will make efforts to draw on a variety of perspectives in their respective communities.

Each member seat will be filled by an individual (not an organization). The individual can and should represent his or her organization and/or community; however, the individual's membership is not interchangeable with others from the same organization or community.

The individual appointed to serve on the MEAB will be responsible for attending meetings. Members can attend by phone if necessary, and members should strive to attend meetings in person whenever possible. Should a member not be able to attend a meeting, a designee may attend in his or her stead. Should the member fail to attend three consecutive meetings, the commissioner may appoint a replacement. That replacement is not required to represent the same organization but must represent the same community. In the event a member vacates a position mid-term, this same process is used, with the commissioner appointing a replacement to complete the remainder of the departing member's term.

Members will serve staggered, three-year terms. At the onset, the timeframe of a member's term will be determined by the commissioner and fall into one of three groups as detailed below:

- Group A – members will serve a three year term starting July 1, 2012 and ending June 30, 2015
- Group B – members will serve a two year term starting July 1, 2012 and ending June 30, 2014
- Group C – members will serve a one year term starting July 1, 2012 and will serve a subsequent three year term starting July 2, 2013 and ending June 30, 2016

At the completion of his or her term, a member can be re-appointed to serve a consecutive term. For terms starting July 1, 2014 and beyond, the commissioner will appoint the membership following a review of interested parties.

Leadership

The MEAB will be managed by co-chairs appointed by the Commissioner. Co-chairs are subject to the same terms as committee members. Should a chair not continue membership at the completion of her or his term, the commissioner will appoint a replacement co-chair. DVHA will support the co-chairs and the advisory committee with meeting logistics, refreshments, agenda creation, minutes, and website posting.

Voting

The MEAB will review DVHA policy proposals and make recommendations to the commissioner and to other governmental bodies as necessary and appropriate. Recommendations will be issued as a result of a voting process as determined by the co-chairs. Only appointed members may participate in a vote; designees sitting in for members do not have a vote.

A majority of the members (16) shall constitute a quorum, and all action shall be taken upon a majority vote of the members present and voting. Every vote will be recorded as a yay, nay or abstention in the meeting notes. Abstentions must note their reason for abstaining.

Organization

To accommodate the variety and number of issues facing the MEAB, the creation of a select number of working groups is permitted. Working groups will be responsible for bringing the results of their discussions to the full board. Each working group should have at least four members. For the purposes of the working groups, members may be represented by another individual at their organization with the appropriate expertise in the subject area of that working group.

Co-chairs may select one member to lead each working group and be responsible for ensuring that working group discussions are presented to the full MEAB. Members can volunteer for working groups; however, the co-chairs will oversee the distribution of working group membership to ensure equity across groups. Non-members can participate in working group meetings and discussions.

Per Diem Reimbursement

Members whose participation is not supported through their employment or association shall receive per diem compensation pursuant to 32 V.S.A. § 1010 and reimbursement of travel expenses. In addition, members who are eligible for Medicaid or who are enrolled in a qualified health benefit plan in the Vermont Health Benefit Exchange and whose income does not exceed 300 percent of the Federal Poverty Level shall also receive reimbursement of expenses, including costs of child care, personal assistance services and any other service necessary for participation in the advisory committee and approved by the commissioner.

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