



# Franklin Regional Council of Governments

## Executive Committee —MINUTES

Date & Time:	Wednesday, May 13, 2015 /5:15 p.m.
Location:	JW Olver Transit Center, 12 Olive Street Greenfield, MA – Library
Facilitator:	Bill Perlman, Chair

### ATTENDEES:

- Bill Perlman, Regionally Elected Representative
- John Paciorek, Regionally Elected Representative
- Sam Lovejoy, Franklin Regional Planning Board Representative
- Kevin Fox, Colrain Representative

### STAFF:

- Linda Dunlavy, Executive Director
- Rebekah Boyd-Owens, Administrative Services Coordinator
- Phoebe Walker, Director of Community Services
- Lisa White, Public Health Nurse

### 1. Adopt 4/9/15 minutes

Bill Perlman opened the meeting at 5:15 p.m.

**Sam moved to adopt the 4/9/15 minutes. John P. seconded the motion. Motion passed unanimously.**

### 2. Medicaid Reimbursement and FRCOG Flu Vaccination Program

Public Health Nurse Lisa White explained two Department of Public Health (DPH) policy changes effecting the Cooperative Public Health Service (CPHS) vaccination program. (See PowerPoint Handout). In past years CPHS provided residents DPH-funded flu vaccines (1600 in 2014). Currently CPHS collects insurance reimbursement through private insurance, but not Medicare or MassHealth. Now DPH will provide flu vaccine to children and uninsured adults only; to pay for the vaccines, CPHS will need to find a way to collect reimbursement for vaccinations for Medicare and MassHealth insured adults (43% of those served in past years). DPH suggests Boards of Health buy vaccines out-of-pocket and then seek insurance reimbursement to continue service to adults and to cover program costs. CPHS and MAPHCO have sent letters saying this is a problem. Additionally, recording each vaccine recipient’s immunization history in an online database is a new DPH requirement and a significant burden that will slow down all clinics.

Liability issues make it hard to apply for Medicare or MassHealth reimbursement programs, which means the CPHS won’t reach the needs of eldest, frailest adults, who have been the primary recipients of the CPHS vaccination administration. Lisa described how this inability to collect reimbursement for all clients weakens an important segment of the nursing program.

Scenarios that might allow CPHS to continue to vaccinate adults in their ten member towns include: 1.) Adding MassHealth and Medicare Reimbursement (for vaccine and administration) which requires accepting or resolving liability issues around use of two staff members personal social security numbers; 2.) Privatizing as many clinics as possible with Lisa working on organizing and advertising, and purchasing vaccines for elders who visit the nurse during clinic hours, which will not be reimbursed; and 3.) Focusing on free clinics for children and the uninsured. CPHS staff would like to move forward using all three options. They requested that the Executive Committee (Exec Com) consider the question of application for Medicare and MassHealth provider status and any potential legal solution which might lessen personal liability of employees.

Exec Com members discussed the options. Bill P. told the committee that in a previous meeting they had agreed that FRCOG should not require anyone on staff to put themselves in the position of being personally liable for any fines related to insurance fraud. Lisa W. told the committee that over 100 towns in Mass are participating and that her research could not uncover a single provider town in Massachusetts sued.

Linda reported that staff had spoken to the congressional delegation to ask if there could be Federal rule changes, but Representatives reported no traction on this issue. She also said counsel has suggested an agreement between a social security number-providing employee and the FRCOG stating that "in the event of a suit, FRCOG would cover all costs," would be fairly meaningless, and they wouldn't recommend it. She has also contacted the FRCOG insurance provider and asked if individuals would be personally covered through the FRCOG policy and was told no.

Sam wondered if the program could be audited each year thereby adding the accountant's insurance to ours. Kevin suggested that was cost-prohibitive, but wondered if FRCOG could get a bond for the vaccination program. Linda explained that they were not discussing vaccine damage, only fraud. Kevin wondered if area hospitals would allow the CPHS to work beneath them. Sam wondered why Baystate was not being considered. Phoebe said they could be approached, but that they haven't been involved in this kind of program in the past.

Lisa said the flu vaccine service is valued. Boards of Health are stumped about what to do. The regulation change occurs September 1 and the application process is pressing. She needs to bring the plan before the CPHS oversight board on May 28, so they can sort out details. If Lisa can't give shots to the elderly, the oversight board needs a lot of advance warning to think about how to present this to the public, said Phoebe.

The Exec Com agreed to meet Wednesday, May 27 at 4 p.m. to come up with a response for this.

### **3. County Road Actions**

FRCOG received no letter from MassDOT re: Hatchery Road, and no petition from Northfield.

### **4 – Business Not Reasonably Anticipated 48 Hours in Advance of Meeting**

- 1.) Committee discussed advocacy letter writing and the need for programs at the FRCOG to gain approval from the Exec Com before doing so.
- 2.) The state proposes sick-time for all employees. FRCOG may need to provide sick time for employees who work less than 20 hours, which will add a new administrative responsibility.

- 3.) A contradiction in the FRCOG lease about the responsibility for payment of big facility-related costs exists. To be discussed May 27.

**Sam moved to adjourn the meeting; John P. seconded. Motion passed unanimously. Meeting adjourned at 6:08vp.m.**

Documents Distributed:

- Agenda
- Minutes from 4/9/15 meetings
- CPHS Flu Vaccination Program Power Point Handout