

EOHHS Task Force  
Monday August 24, 2015  
1:00pm – 3:00pm  
Meeting Minutes

- I. **Welcome:** Senator Izzo thanked everyone for coming out today. Advised that this group will now convene under the title of EOHHS Task Force, and as we will hear from Jennifer Wood, Deputy Secretary, the scope will include items we have already touched upon, and then be a deeper dive into some issues.

**Housekeeping:** We have a draft of our new appeal & hearings rules, circulating internally, and happy to share with those who ask. Please contact Lauren Lapolla (lauren.lapolla@ohhs.ri.gov) if you would like to see a draft of those rules. Any questions or issues around this task force, please see Lauren, as she is our main staff contact for this group and our members.

- II. **EOHHS Task Force Overview: Deputy Secretary, EOHHS Jennifer Wood**

Slides available up on request.

Use this body often as an informing mechanism, but also as an input and feedback body. Stakeholder engagement is the way to give us community voice, letting us know when we are directionally correct, when we need adjusting etc and we want to really tap into that.

**Comments & Questions:**

The concern was raised about how all the bodies will coordinate, with the example of what used to be children's policy coalition now formally known as the RI Children & Family Coalition, and that's a big change; the issue arises as to how to properly serve families unless everyone from all the agencies are in the room. How are those gaps bridged? To which Jennifer advised that she envisions seeing alignment and coordination back and forth between departmental advisory groups to the Children's Cabinet, and between departmental advisory groups to this EOHHS Task Force.

Virginia Burke raised a question about the Health Care Planning and Accountability Advisory Council (HCPAAC). Is any other state doing this as we are, with tailoring it to their own populations? At some meetings I have heard doubt and skepticism, so will we be innovating there as well, or are there states working on this similarly?

JW: According to those who understand statewide health planning, in the 70s and 80s, the feds paid for this type of planning, but over time that funding source stopped. Unfortunately many regulatory authorities that

require approval by the state's health care plan, and in order to have a health care plan, you would need HCPAAC. We critically need this, cannot right-size our healthcare without it, and it is key to creating a modern healthcare system in RI.

With the new and changed entities, how will we track scheduling? Will work to put up a master calendar for the groups and bodies in this schedule. Will report back on this in the next meeting to see where we are on this.

A question came inquiring about formal appointments for this task force, or is it informal, and thus without composition. Formal appointments? Jennifer advised that on the books there is an official composition, and we want to say thank you for serving, please continue to inform the 1115 waiver, but we would also like to ask you to serve more broadly. And as they are open meetings, we invite many who have interest to join for broader questions. We do need to ask ourselves if making statutory changes would serve our purpose. Senator Izzo noted that this group has been relatively stable over the months and years, and that is a benefit to this new charge. For the moment there seems to be sufficient stability from month to month, with the ability and opportunity to expand and evolve without statutory restraint.

There are benefits to growing the group, but it could become too large. Need to think about what the relationship is to other groups, think about agenda topics for the next few months, create a portfolio of work, such as perhaps ICI, transitions.

Next month agenda topic: "white board" all subgroups, Jennifer Wood to present and really see how the groups overlay, and look to show how this EOHHS Task Force will play out. Truly dig into the next layer at our next meeting.

III. **Reinventing Medicaid Implementation – Matthew Harvey, EOHHS, Project Director, Reinventing Medicaid**

Matt will circulate to this group the monthly executive scorecard on Reinventing Medicaid by the September meeting, and also hopefully have published versions of the work plans for the FY16 budget initiatives. This group will serve as a primary stakeholder engagement vehicle, for overall work. As an appendage to this group, there will be a smaller, "in the weeds" working group focused on the hospital incentive program, the nursing home incentive program, kids, long term care, and ACOs. If you are interested in any of those topics, reach out to Lauren or Matt. The appendages will be tight working groups, but then report back to this

task force. .

IV. **Integrated Care Initiative, Jennifer Bowdoin, EOHHS/Xerox**  
Presentation available upon request.

**Questions/Comments:**

**Q.** How do you contact the duals for these? Who is coordinating these programs?

**A.** If enrolled in a health plan, it is the health plan's responsibility to do that, first. You will get a letter if the client is eligible. Recall that Medicaid is always the payer of last resort.

**Q.** Third party insurance excluded as a part of this?

**A.** No. We don't want to exclude those who have third party coverage, but it does get a bit tricky. Trying to do what is best for the folks in the program.

**Q.** Passive opt-out enrollment, can you clarify?

**A.** There are people already in Neighborhood Unity, Phase I of Rhody Health Options. This would be what CMS refers to as cross-walking.

**Q.** Open enrollment starts in October, whether this pertains to seniors or not, they will be dual eligibles and ask about this. What direction is out there on this, where is the guidance?

**A.** DEA applied for a SHIP ADRC Grant that CMS awards to states in the financial alignment demonstration. Expands the capacity of the ADR Ship Program, aligning open enrollment, and this initiative, which is rolling out around the same time, looking to expand our capacity through this grant. The trained folks will be moving around, new staff trained on this specific program, in this specific program. All our counselors will be given information on where to direct folks to get answers on this.

**Q.** Will there be a clarified letter to the nursing home clients?

**A.** We are working hard on the notices, the appeals rights language, etc. but we want to work with members to know when the letters are hitting and what it means for their groups to prepare for questions and responses. CMS requires that notices get reviewed by advocates and others, will work with community catalyst, etc. We know it may not solve all the problems, but will include a factsheet type document and couple those with targeted outreach events. And as referenced above, the counselors at DEA will plan to train up and counsel clients. Key is that once the program is implemented that we do not let up, we identify problems, and we keep pushing forward.

**Q.** Who are the folks targeted in this Mandatory Managed Care Enrollment?

**A.** **Persons** living under 100% of FPL from their SSN benefit, you can get Medicaid along with Medicare coverage. they are the folks we are talking about here.

**Q.** What may be reason for opting out?

**A.** It was an issue of primary care networks, but the networks are expanding and that is becoming less of an issue.

**Q.** When looking at impacted population, the slide implies there are 6,500 people who are not yet enrolled in Medicaid managed care, but need to be moved in. Could be in Medicare choice, could be in FFS, there is a large opt-out population in phase I. 6500 people not in NHP, but if we are making it mandatory to be in managed care, can they pick to stay in Connect Care Choice as their mandatory managed care enrollment?

**A.** Connect Care Choice per Reinventing Medicaid is being redesigned so if this goes through it would not be an option for them. At this time yes, NHP would be the only option for this particular population. This is why we are doing the Category 3 change. Dual eligibles who meet the alignment for the demonstration can go into Neighborhood Integrity. In April/May of 2014 we put out a second procurement for interested parties to do the full demonstration, but did not receive any respondents.

**Q.** Can we request to have a chart with some of the numbers to provide a sense with who the population is, what the demographics of this group looks like?

**A.** Yes, we can do that.

**Q.** Can you talk about the process for this category three change?

**A.** Will have to do tribal notice, a public notice, then public hearings, posted to CMS website, additional public comment period.

V. **Money Follows the Person, Jennifer Reid, EOHHS/Xerox - This agenda item has been pushed to the September meeting due to time constraints.**

VI. **Public Comment** - No further comment offered from the public at this time.

VII. **Adjourn**