Long Term Care Coordinating Council

Integrated Care Initiative Consumer Advisory Council

January 15, 2014
Child and Family Services
1268 Eddy St.
Providence, RI 02905

DRAFT MINUTES

Louise Povall	Jennifer Reid	Alison Croke
Ken Pariseau	Maureen Maigret	Holly Garvey
Nancy Harrison	Kathleen Heren	Liz Boucher
Aida Crosson	Paula Parker	Jim Nyberg
Kate Sullivan	Bill Flynn	Leena Sharma
Ray Gagne	Sharon Kernan	Alison Buckser
Nicholas Oliver	Marlena Peabody	Toushoua Xiong
Vinnie Ward	Donna Leong	Lt. Governor Roberts
Virginia Burke	Sadie DeCourcy	

1. Welcome

Lt. Governor Roberts called the meeting to order at 10:00 a.m.

2. Approval of minutes from December 4th meeting

Meeting minutes were sent out through email. Minutes were approved without any amendments. Past minutes are uploaded onto the Secretary of State's Website.

3. Update on enrollment

Please see the attached chart for more detailed information on enrollment numbers.
Holly Garvey gave an update on enrollment numbers for the Integrated Care Initiative. Overall, there have been over 22,000 letters sent to eligible Rhode Islanders. Jim Nyberg asked if the 22,000+ letters represent all waves currently sent out. Yes, however, this number also includes the waves that have been sent out for future enrollment dates.

4. ICI memorandum of understanding and ombudsman grant overview

Alison Croke from Xerox and EOHHS gave a presentation on the MOU process and ombudsman grant. *The powerpoint is available upon request. Please see the powerpoint for more details.*

CMS is currently calling the Integrated Care Initiative a demonstration. CMS gives states the choice of applying to be managed fee-for-service (MFFS) or capitated payments. Rhode Island chose to be a capitated model. There are some states that have hybrid methods, such as Washington State, which uses both MFFS and capitated models. Minnesota has been working towards the integration of Medicaid and Medicare for a longer time frame and is using a different model. Minnesota had negotiated with CMS outside of the demonstration to obtain an administrative MOU, which provides waivers and reimbursement for state-side administrative costs.

Lt. Governor Roberts stated that many of the other states' demonstrations are going to be starting this year and asked if anyone knew when the states had signed their MOUs. Leena Sharma stated that Massachusetts has signed their MOU back in 2012 and entered into the three-way contract in July 2013. They are finally starting the enrollment process in January 2014. Currently, Massachusetts is conducting readiness training. Rhode Island is slated to start its demonstration process in 2015.

Maureen Maigret asked when health plans need to notify CMS of their requests to participate in the demonstration. Alison stated that the deadline for Notices of Intent to Apply (NOIA) has already passed. Health plans such as Neighborhood, Blue Cross, and United do not have to apply again to be considered for participation. The NOIA is nonbinding.

Maureen asked if the enrollment into the program was passive opt-out or passive opt-in. Currently, all ICI-eligible people are passively enrolled into an ICI program, but have the opportunity to opt-out. Alison stated that the current MOU has the demonstration operating on a passive opt-in enrollment model. Traditional fee for service will still exist under this model and all participants who are passively enrolled in managed care will be able to switch plans each month, should they choose.

Virginia Burke asked if consumers who opted out of managed care in Phase I would be receiving letters in Phase II that auto enrolled them *into* managed care. Maureen asked if auto renrollment is a CMS requirement, or if it was simply a choice made by EOHHS. Could this be changed if it were just an EOHHS choice?

Leena suggested that a way to amend the enrollment process to take into account both opt-in and opt-out requests would be to have a six-month period of voluntary *opt-in* enrollment, then afterwards create a voluntary *opt-out* procedure. Lt. Governor Roberts stated that the topic of opt-in and opt-out enrollment seems to be a point of interest with the ICI members and stated that the ICI CAC could perhaps look into further discussing the various models of enrollment.

It was stated that home care providers see their consumers becoming more confused about the ICI process and the providers are receiving many more questions about the program. Will there be a better process of informing the consumers in the future? Alison stated that EOHHS has applied for an ICI ombudsman grant that would fund community organizations to serve as ombudsmen for the consumers. Alison stated that the grant funding would be distributed after RFP processes that would determine which current community and state organizations would serve as ombudsmen.

Lt. Governor Roberts asked if there are bundled payments being used in the Medicaid system currently. Alison stated that there is currently a Medicare bundled payment pilot that some states are testing out, but there is no bundled payment model for Medicaid currently.

Maureen asked how these Medicare innovations with the bundled payments are being handled in conjunction with Medicaid. Is there alignment with Medicare initiatives and Medicaid initiatives? Alison stated that in ICI managed care, the dual-eligible consumers will receive Medicare reimbursements through their ICI health plan. The ICI also wants to eliminate Part D copays in the system, as well as the three-day observation periods. Additionally, EOHHS is trying to eliminate carve-outs from the ICI, especially for BHDDH services.

Alison stated that while there are more coordinated services in the ICI, there are many consumer protections that are built into the system so that their choices are protected. The major protection is the opt-out policy that it has. Consumers whoa re not happy with the program can decide to remain fee-for-service. Additionally, consumers with Medicare Advantage have not been automatically enrolled in the program.

Additionally, the ICI offers transition periods for newly enrolled consumers so that they can access out of network providers for a timeframe. The three-way contract will go into more details about the length of timeframe. There are additional nursing home protections that allow for the consumer to stay with their current nursing home, should they choose to.

EOHHS is currently attempting to align the four levels of appeals from Medicare and Medicaid.

<u>Appeals Process</u>
There was discussion from the audience members about the appeals process for the ICI. There were concerns brought up about the complexity of it. Currently, CMS has prewritten scenario letters that EOHHS is able to use in order to inform their consumers bout the ICI appeals process. There were also concerns about the level of reading comprehension needed to understand the appeals letters.

Lt. Governor Roberts noted that because the meeting is short on time, perhaps the council would like to dedicate a portion of the next meeting to discussing the appeals process at a more in-depth level.

Quality Management

There will be a quality payment withhold for the participating health plans. The withheld money will be withheld until the health plans can demonstrate that they meet specific quality measures, as laid out by CMS. The state of Rhode Island will most likely issue its own, state-specific quality measures that supplement the national measures in the future. CMS will conduct a national evaluation of the quality measures and health plans. One of the quality requirements that Rhode Island is mandating its health plans to do is to provide in-person visits for the managed care population.

Maureen asked if EOHHS has a contract with HealthCentric Advisors to determine quality measures. Alison stated that CMS funds an external evaluation of the overall program, but there has not been a similar, state-level evaluation.

There is also a predictive model that CMS has designed that would identify populations that would potentially need LTSS in the future.

Jim Nyberg asked if there would be notifications for network changes in the ICI health plans.

Alison stated that there would be stakeholder engagement for the ICI. These stakeholder meetings would be modeled after the meetings that EOHHS had held two summers ago. There would also be conference calls made. All of this input will be used to inform the final draft of the procurement.

Ombudsman Grant

As part of the financial alignment process, EOHHS was required to have an ombudsman for the ICI. EOHHS had sent in an application for a grant to fund the ombudsman service in Rhode Island.

The grant would last for three years and EOHHS will be notified of their status on April 1st. Although there is a range of grant amounts, EOHHS had applied for the maximum amount. The first six months of the grant would be used to fund the planning and infrastructure of the program.

The ombudsman program would have administrative staffing infrastructure housed at the Medicaid office and here would be local community organizations that would be used as contractors for the ombudsmen. Similar models have been successful in both California and Massachusetts. EOHHS would implement steering committees in order to oversee the direction of the program.

Jim asked what the ombudsmen would be doing in order to assist ICI consumers. Alison stated that the ombudsmen would have knowledge about the ICI health plans and would be able to help consumers choose a plan that fit their needs. As well, the ombudsmen would be able to advocate for the consumers if they were having trouble with their providers.

Sadie asked if the ombudsmen contractors would be a single organization, or if there was a regional approach to consumer advocacy. Alison stated that currently, the regional approach is being considered and they plan to have three community organizations hold the ombudsmen contract. There is some flexibility with the grant.

Virginia asked if there is any emphasis on augmenting the services of community health centers. Would there be more funding available through the ICI for community services in general? Does the ICI outline any attempts to divert hospitalizations? Alison stated that the ICI is able to blend Medicare and Medicaid benefits, and thus they can have more resources and more flexibility to have housing support so that these consumers can stay in the community. The managed care aspect of ICI can also help with preventative techniques.

Maureen asked whether the ICI would provide assistance to CBOs (community based organizations that receive community-based grants). Alison said that the proposal would create an RFP process so that CBOs can bid to become one of the ombudsman organizations within the state. The state would provide oversight and guidance for the organizations.

5. Public comment

Bill asked when the ICI stakeholder workgroup process would take place. Will the ICI CAC be notified of the meetings? Alison stated that they would send along more information in the future. Maureen Maigret also asked if the comments made at the ICI stakeholder process meetings two years ago have been incorporated into the ICI MOU. Holly stated that they would look into the comments again, but most of them were taken into account.

6. Next meeting will be held February 5th, 2014 from 10-11:30 a.m. at Child and Family

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Enrollment Update

Wave	**Rhody Health Options**	**Connect Care Choice** ***Community Partners***	**Total**
Wave 1, effective November 1	3,295	959	4,254
Wave 2, effective December 1	2,878	45	2,923
Wave 2.5, effective January 1		118	
Wave 3, effective February 1 (8,535 letters mailed)	6,599	1,936	
Wave 4, effective March 1 (4,848 letters mailed)	3,102	1,746	

Integrated Care Initiative Enrollment Snapshot as of December 1, 2013

Delivery System	Desc	# Member
CCCCP	MME, Community with LTSS	7
CCCCP	MME, NH>90 Days	86
CCCCP	MME, Community no LTSS	126
CCCCP	MA only, Community with LTSS	59
CCCCP	MA only, NH>90 Days	20
CCCCP	MA only, Community no LTSS	712
CCCCP Total		**1010**
RHO	MME, SPMI	23
RHO	MME, DD	3
RHO	MME, Community with LTSS	11
RHO	MME, NH>90 Days	755
RHO	MME, Community no LTSS	5175
RHO	MA only	255
RHO Total		**6222**
Grand Total		**7232**

Integrated Care Initiative Snapshot as of January 1, 2014

Delivery System	Desc	# Member
CCCCP	MME, Community with LTSS	18
CCCCP	MME, NH>90 Days	82
CCCCP	MME, Community no LTSS	202
CCCCP	MA only, Community with LTSS	62
CCCCP	MA only, NH>90 Days	20
CCCCP	MA only, Community no LTSS	723
CCCCP Total		**1107**
RHO	MME, SPMI	23
RHO	MME, DD	3
RHO	MME, Community with LTSS	15
RHO	MME, NH>90 Days	744
RHO	MME, Community no LTSS	5017
RHO	MA only	243
RHO Total		**6045**
Grand Total		**7152**