



Long Term Care Coordinating Council
 Integrated Care Initiative Consumer Advisory Council
 September 3, 2014
 10:00-11:30
 Child and Family Services
 1268 Eddy St.
 Providence, RI 02905

DRAFT Minutes

Kathy Ullrich Linda Katz Meg Shanley Paula Parker Donna Martin Jennifer Baron Jennifer Reid Deb Burton Kathleen Heren Claire Rosenbaum Leena Sharma Diane Taft Kate Sullivan	Bill Flynn Jackie Dowdy Ken Pariseau Maria Petrillo Sharon Kernan Julianne Voss Nicholas Oliver Lisa Corrente Hetland Doreen Nelson Lousie Povall Liz Boucher Jillian Vanhouwe Jim Nyberg	Kathleen Kelly Randi Belhumeur Holly Garvey Marianne Raimondo Virginia Burke Michelle Marandola Laureen Curci Cathy Eldredge Patrice Cooper Christina Morra Marea Tumber Lt. Governor Roberts
--	---	--

1. Welcome

Lt. Governor Roberts welcomed everyone to the meeting. The Lt. Governor announced that Sister Marietta Walsh passed away recently while on a retreat. Sister Walsh was an engaged member of the ICI-CAC, and she will be greatly missed. Sadie DeCourcy has left the Lt. Governor's office for a position at Community Catalyst in Boston, and Marea Tumber has taken over her responsibilities. The Lt. Governor also welcomed Christina Morra to her administrative staff.

2. Approval of minutes from July 2nd meeting

The minutes were approved, and are posted on the Secretary of State's Website.

3. Announcements

Holly Garvey announced that the MOU is in the final stages of completion. Jennifer Baron stated that the MOU is in final clearance, and that there will be an in-depth update soon, hopefully at the October meeting.

Paula Parker announced that the first Ombudsman Steering Committee meeting was scheduled for September 4th. Paula stated that the initial meeting was for input, and that once the Committee is formed, the meetings will be open for public participation. People who will seek grants from the program cannot be on the steering committee.

This was Alison Croke's last meeting as part of the Xerox team, and she will be greatly missed by the ICI members. She will be Director of Operations and Strategy for home-based care at NHP. Holly will be the point person at EOHHS.

4. Engaging Already Enrolled ICI Consumers (*presentation attached*)

Leena Sharma, Community Catalyst

Bessie DeLoach could not attend the meeting. At the July meeting, she had raised the issue about how people who are enrolled, but are not using services, can be engaged. Bessie also stated that there is a lot of confusion about which health insurance card to use.

Leena Sharma, Senior State Advocacy Manager at Community Catalyst gave a presentation about engaging dually eligible beneficiaries. There are 11 states with MOUs signed, and Leena described some of the strategies those states are using to engage consumers. There have been some enrollment challenges: providers don't understand the program, people aren't aware they should enroll, or are enrolled and don't know how to engage.

Some of the strategies that other states have used include: weekly outreach updates, a robust customer service call center, an effective ombudsman program, a consumer friendly website, town meetings and forums, PSAs, conference, events and provider education. Information needs to be translated and accessible in different formats and languages for various consumer groups.

The Lt. Governor asked if there are any partnerships, similar to the SHIP program, that provide federal funding, or is up to the states? Leena said that Massachusetts has SHINE (Serving the Health Insurance Needs of Everyone: <http://www.mass.gov/eohhs/consumer/insurance/one-care/>) which is partly funded by CMS. California has a duals website as well: <http://www.calduals.org/>.

Virginia Burke asked about why the percentage of enrolled duals was so low since they were auto-enrolled. Leena stated that they are being phased in by county, and some counties have not been phased in yet. RI is different because we only have one

plan. Massachusetts, for example, has postponed passive enrollment due to capacity issues, and they have 4 passive counties of a total of 9 counties. The slide reflects everyone in the denominator, so that makes the percent enrolled look artificially low. All states have an ombudsman program.

Marjorie Waters stated that transportation is a huge issue in the community. There are a lot of folks in high-rises whose rides do not show up and drivers do not call. They miss appointments; some doctors are threatening to stop seeing these patients due to missed appointments. She will bring some consumers to the Long Term Care Coordinating Council (LTCCC) meeting to speak about their personal experiences with the transportation company. Discharge planning is really important as well; we need to focus on keeping people well. Marjorie stated that the elderly are reluctant to complain, we need to give them “help advice;” to teach them to advocate for themselves.

Sharon Kernan stated that she has weekly meeting with Logisticare and complaints are down. The key is to know specific concerns and the exact nature of a complaint. She needs to know if the person needs a wheelchair, oxygen, or just a ride. Also, those who are able should be encouraged to take the bus.

The Lt. Governor asked how NHP is addressing these concerns. Doreen Nelson said that people can call member services and they will help facilitate the situation with Logisticare. Ken Pariseau said that he’s out in the community every day. He does functional needs assessments, and is looking at ways to help partners improve.

EOHHS requires members to contact Logisticare directly when they have a complaint. Several at the meeting said that this is problematic because seniors are reluctant to do this, so the numbers of transportation complaints are higher than what is reported.

The Lt. Governor asked for an explanation of why consumers need to call Logisticare directly to complain. Sharon Kernan said it’s not a strict requirement and consumers can also call NHP. Doreen said that NHP logs calls, but that EOHHS didn’t want health plans reporting. Sharon Kernan stated that she will look into this, and maybe it can be changed so that NHP can report. Jim Nyberg questioned the process of Logisticare self-reporting its own complaints. Linda Katz asked if Logisticare could provide more detail about the nature of the complaints they receive.

The Lt. Governor said that the transportation conversation will be continued at the July 9th LTCCC meeting. These relationships are about trust and support, and she wants NHP and CCCC to be our partners to help solve this problem with consumers. NHP can advocate on higher level than Logisticare can. She acknowledged that the problems do seem to be improving 4 months into the contract.

Kathy Heren announced that there is a transportation meeting at the Alliance For Better Health on the last Wednesday of each month at 10:30 a.m. She asks that

anyone who is planning to attend to please send her an email (kheren@alliancebltc.org) so that she can plan for sufficient seating. Marjorie asked about the level of care that people receive. People typically get 2 hours of services, and it is not enough. What's next level of care so they can get more hours, or is adult day care the only option? The Lt. Governor asked if HHS could provide a bar chart with the different levels of hours of care.

Linda Katz gave an update on the fact sheet that she has been working on in the marketing subcommittee. It is aimed at engaging both those receiving services and those who are not, and describes the 3 options (NHP, 4CP and PACE). If you opted-out, please opt back in, and if you are currently in, why you want to stay in. It has been out to a designer and will be ready before the next meeting. NHP has seen it, and she will speak with HHS about it. Linda would like to know how many copies to print in addition to the online format. People can email her with the number that they would like.

The Lt. Governor asked about the numbers of those who have enrolled but are not currently using LTSS services. Most discharges are Medicare, so what happens if they now need LTSS? Cathy Eldredge said that NHP gets notified, and that since most discharges are at RIH, they have a transition team in place there. NHP is the secondary insurer and follows them through the continuum care. Linda Katz stated that there are many groups and that since financial integration only affects a small portion, will HHS be continuing to track all? Holly will look into how this is being handled.

5. Budget Article 18 Overview (*presentation attached*)

Alison Croke, EOHHS

In response to the passage of budget, a number of changes/clarifications were made. EOHHS originally used non-RI based call center, and it didn't work well. They were open for more hours, but EOHHS couldn't interact with the staff. They needed to train staff to help, not just send the caller to the website. EOHHS also amended their notices to include the help line. They can't give everyone a provider directory, so people can call the help line for a provider. EOHHS is updating member letters so they will have Ombudsman information. Alliance for Better Health is the current Ombudsman. Deidre Gifford has designated NHP to be the provider liaison. The financial savings section is still being analyzed. This legislation really focuses on MCOs, and payment incentives are not a requirement of those contracts.

6. Enrollment and Call Center Update (*presentation attached*)

Holly Garvey, EOHHS

There were 17,137 in RHO, 5,025 4CP, and 285 in PACE for a total ICI enrollment of 22,447. Some people, such as those in hospice, are not part of the ICI and are not in the numbers presented.

Medicare Premium Payment Program (QMB, SLMB, QI): Some people have only Medicare Part A or B, but not both, so they don't qualify for the ICI. A question was asked about Medicaid eligibility for people who have Medicare. Linda gave a brief explanation about some of the different eligibility groups:

Seniors and people with disabilities who have Medicare coverage are eligible for full Medicaid if income is below 100% FPL and resources are less than \$4,000. (These are the standards for an individual, the standards for couples are different.) If the individual has income below 100% FPL and resources below \$7,160, that person is not eligible for full Medicaid, but can have the cost of the Medicare Part A and Part B premium paid by Medicaid. This person is a "Qualified Medicare Beneficiary" (QMB). The Part B premium is \$104.90 and is deducted from the individual's social security check. If they are eligible for QMB, they do not have that amount deducted and thus have more income.

The income limit for full Medicaid and for QMB is the same – it is only the resource limit that is different. So, if a person is QMB eligible and then their resources drop below \$4,000 (the resource limit for full Medicaid), that person should be switched (or ask to switch) to full Medicaid coverage. Holly said she would check to see whether there is a process for identifying when a person should be switched.

If the individual's income is above 100% FPL and below 120% FPL, and resources are below \$7,160, the individual may be eligible as a "Specified Low Income Medicare Beneficiary (SLMB) and Medicaid can pay the Medicare Part B premium. Like QMB, this means the person would have an additional \$104.90/month.

Finally, the income limit for the Medicaid expansion population is 138% FPL. Linda suggested it would be worth looking at raising the Medicaid income limit for seniors and people with disabilities to 138% FPL. This would have major financial implications for the state, however.

7. Dashboard Report: (Presentation attached)

There were 2 appeals in July; one upheld, and one overturned.

8. Next Meeting: October 1 from 10-11:30 am at Department of Labor and Training Conference Room (1511 Pontiac Ave Cranston)