

Integrated Care Initiative Consumer Implementation Council

Monday October 19, 2015

DLT Room 73-1

2:00pm – 3:30pm

Meeting Minutes

I. Welcome

- a. Jenn Bowdoin welcomed the group, and advised Secretary Roberts will join shortly. Ms. Bowdoin notes the hope is for strong input, particularly consumer input, into the Integrated Care Initiative (ICI). Today the crowd is made up of about ten providers, ten or so advocates, five from state agencies, and about five caregivers in the room (based upon self-reporting) There is a goal to increase the consumer focus more as we move forward and will work to grow that consumer group base for these meetings in the future.

II. Role of the Integrated Care Initiative Consumer Implementation Council

Secretary Roberts: Welcome and thank everyone for attending today. Working with consumers and advocates is always a priority for the Executive Office of Health & Human Services (EOHHS), in particular for issues like the Integrated Care Initiative, and we welcome your input and feedback. The EOHHS Task Force meets monthly, and is a large, open meeting where we have an opportunity to present EOHHS' ongoing initiatives within EOHHS. We welcome feedback from you, the healthcare community and the public. We will keep you updated on initiatives including: Reinventing Medicaid, Money Follows the Person, and the ICI. As we enter into phase II of the ICI, we recognize a need to have consumer input, and input from all of you. Reconvening this Advisory Committee as the Integrated Care Initiative Implementation Council. We will hold monthly meetings on this very focused topic, and use the time to have substantial conversations about the happenings in Phase II. This allows us to meet a requirement by CMS for consumer participation, and more importantly it help us as the program begins. This group will evolve over the next few months, and we felt it was crucial to have this meeting to give a detailed overview of the timeline for implementation, for more information around the consumer assistance programs, and to talk about the outreach, education and training associated with a strong roll out of Phase II. Thank you!

III. Timeline for Implementation

- a. Jennifer Bowdoin, EOHHS/Xerox, presents on the timeline for Phase II implementation. Ms. Bowdoin: The ICI was implemented in 2013, for two distinct populations, the first group, those who are dually eligible for Medicare and Medicaid, and then those who are eligible just for Medicaid but also eligible for LTSS. Under ICI Phase I, Rhody Health Options, Neighborhood Unity, takes the Medicaid benefits and put them into managed care. We also have Connect Care Choice Community Partners, which added in some additional care management, coordination around Long Term Services and Supports (LTSS) with 3700 enrolled in that program. Both of those groups include those who are

dually eligible, and Medicaid only but receiving LTSS. Both of those programs are optional, and if folks did not want to participate in a managed care program could opt out.

Phase II was designed to put them into a capitated delivery system, and eliminate some of the misaligned incentives, and improve outcomes. Under Phase II which we hope to implement and go live in the spring of 2016. We will have one health plan to provide Medicare and Medicaid benefits to those in the program.

Timeline. Currently we have a signed MOU with the Centers for Medicare & Medicaid Services (CMS), a federal demonstration, a test to fully integrate the population. We are in the process of negotiating a three way contract with CMS, Neighborhood Health Plan (NHP), and EOHHS. We expect to have that contract fully executed this coming winter. We are looking at enrollment activities beginning in late March. Beginning in May 2016 we expect to have our first enrollees receiving benefits through the program being called Neighborhood Integrity.

The enrollment will happen in two ways. First they can actively enroll – through a paper application, or online. A few months after that enrollment we will begin what we call passive enrollment or auto enroll – taking people already in NHP and auto enrolling them in Neighborhood Integrity. This will happen in 2016, about 14, 000 or 15,000 people eligible for passive enrollment into the program.

Questions:

Q. The new Neighborhood Integrity is only for dual eligibles?

A. Correct.

Q. You mentioned some numbers. Can you be specific?

A. We expect about half of those to be eligible in opt in enrollment, about half eligible for passive enrollment. When we take the total population with projections we expect to see about 12,000 enrolled in Neighborhood Integrity.

Ms. Bowdoin: One of the things we are working on right now is what we refer to as readiness activities. We, in partnership with CMS, will do a number of activities with Neighborhood and the community groups to really work on readiness activities, ramping up in December/January. Once NHP has been approved as the contract goes through, and CMS says we can go live, you will really see the work roll out, much of which Diana Beaton will speak to shortly. We are also in the process of creating notices for the demonstration. We have about 20 – started with 30 and we were able to get CMS to scale back that to 20. We understand that may cause some confusion.

Ms. Bowdoin: From a consumer perspective things we will be doing in terms of formal outreach are call center, the ombudsman and the ADRC Ship Counselors.

The call center contract is with Xerox state healthcare. We are working with them now on training materials, and to ensure they have the information that they need, and the right way to triage calls for those calls that are more complicated. Will have hours in the evenings, and on weekends as well with 10-12 folks staffed. We based the projections of calls based on the work of other states – we are the 13th state to do a financial demonstration. They will be located in the US, based out of Mississippi, and we do understand that out of state is less than ideal, so let me explain: it was a trade off on costs and extended hours and additional staffing. We also wanted to work with an existing call center with experience, and a strong infrastructure. We will have a more local project management team which will work with us, and we are planning to go to Mississippi to help with the training, and we are working to have EOHHS staff on the ground when we go live. To the question of language, we do require English and Spanish, with interpreter services for other languages beyond that available upon request.

On the ground here we will have counselors here to give options counseling. With a federal grant we will expand the work of the ADRC Ship counselors. These folks will be able to actually help, do hands-on counseling and support for an individual or an individual's family member.

We received funding for an Ombudsman specifically for dual eligibles, to help advocate for families and individuals. Its similar to the LTC Ombudsman but with more of a focus on the duals population. We will issue an RFP in the next couple of weeks, have the ombudsman program up and running, fully operational, and ready to advocate on folks' behalf.

Questions:

Linda Katz: There had been a group that was convened last year, and I wasn't sure if any of that feedback was carried into the RFP or if there is opportunity to do so?

Ms. Bowdoin: I would say, based on timing, if anyone has thoughts or recommendations on that RFP, please send it to us ASAP. We don't want to hold up issuing that RFP as we want to be sure to have that program up and running during enrollment.

Maureen Maigret: The initial proposal for the ombudsman proposal was based on a higher degree of funding, with a considerable amount of budgeting in house.

Ms. Bowdoin: The revised budget that we submitted put almost all of the money into a contracted entity. We kept some of the dollars for meetings that the state staff has to go to, but more for the team supporting the program as a whole. There may be an opportunity to extend the demonstration for an additional two years, and if we did we heard from CMS we would have a chance for extended funding.

- V. Outreach, Education & Training - Diana Beaton, EOHHS/Xerox
Ms. Beaton presents on the plan for outreach, education & training. A power point presentation was given and handed out – slides available upon request via email to lauren.lapolla@ohhs.ri.gov

Anyone who is interested in working with us on outreach and education please let us know.

Questions:

Q. Are the notices working off the UHIP systems?

Ms. Beaton: No, it is separate from UHIP.

We will be convening a communications and marketing work group and will reach out with more information about that shortly. We will be aligning with what NHP is doing as we want to have the same messages when we reach out to consumers. Have a draft plan, we welcome your input.

Q. Do you have someone who does the website for this program?

Ms. Beaton: We can add or change web pages on the EOHHS website.

Q. Learning from the lessons from phase I there was a lot of confusion when the initial letters went out, such that folks either looked at it didn't know what it meant and threw it out, or that the CNAs who read it for them weren't trained enough to be able to speak to the letters. Are there plans to do the community planning and forums prior to the letters go out?

Ms. Beaton: Yes, absolutely that is the goal – plan and execute the trainings prior to the letters go out. We will be looking at lessons learned in Phase I. We welcome your input, but yes that is our goal.

Q. I am familiar with what The Point does, so I am trying to figure out how we tell folks to call either the enrollment lines or options counseling, and what each would be able to tell them. Where do you send folks for what questions?

Ms. Beaton: We will define that more clearly as training is implemented. Ship counselors will have access to the online MMP, and the formulary will be online (and on NHP's website).

Ms. Bowdoin: The goal is to not have people have to decide who to call, but rather that wherever they call, they can get to the folks they need. Connections and transfers from NHP to the Ombudsman, to the call center, etc. This will require some work; we need feedback to determine how that is working. Need to know what the line is for, the enrollment line will be for basic high level information.

Q. What about warm transfer – let's say I call the call center, and ask about providers. Will

they put me on hold, and then call the right person and transfer me from there.

Ms. Bowdoin: Yes, the enrollment call center can reach out to the SHIP counselors, and then transfer the line. The challenge will be when the hours don't overlap, but that is the goal.

Q. Will there be more people to answer phones with the ADRC grant?

Paula Parker: Our plan is to expand capacity by hiring additional people not just to answer the phones, but to counsel in person, and help where we know there is high need. For the elders it is much more effective for example, to sit with them. We will hire three people that will focus just on this program.

Q. How many of the 30,000 duals are seniors vs those with disabilities?

Ms. Bowdoin: We do have those numbers though I do not know them off the top of my head.

Q. Okay, I just remember when The Point was first established it was always to be for folks with seniors and those with disabilities, but it was initially through the Department of Elderly Affairs website and those with disabilities felt they shouldn't go through there. Perhaps it is in the communications and marketing area, but need various marketing materials to ensure that we reach out to the disabled population as well as the elders.

Q. Related to the enrollment line, for beneficiaries who select to opt out, will the line be tracking reasons for opting out?

Ms. Bowdoin: Yes, we have a list of reasons why consumers may opt out.

Q. Can you share that with us?

Ms. Bowdoin: Yes.

Q. In April and May there are about 7000 people per month opting in. It seems to be that starting with 7,000 in the first month is very ambitious. I worry that if people have a bad experience in the first month, then word gets out and we lose momentum.

Ms. Bowdoin: It is a lot, and we do not expect most of those 7,000 to enroll; in most states you get 5-15% enrolling in the program. We do hear you on the timelines, it is aggressive, but given the timelines we want to be sure we maximize enrollment.

Q. You couldn't start out smaller, and then spread out the passive enrollment?

Ms. Bowdoin: You could, but we believe that might increase the confusion potential. We want to minimize the mixed populations for enrollment.

Q. I just worry about what we see, learning from the enrollment experience from HSRI – so even if you just expect 10% up take ... I just want to raise that issue.

Ms. Bowdoin: Yes. Thank you. We do have some flexibility, and in other states we have seen that if we need to halt things, if it is too aggressive, we can do that.

Q. For those who do not opt in during the first two waves, can they opt in during passive enrollment?

Ms. Beaton: Yes, they can opt in at any time after they receive the letter.

Maureen Maigret: When we had this work group in Phase I, we received regular standard reports about data for enrollment in Phase I. Can we go back to that same type of data sets and breadth of reporting as we move forward to Phase II?

Holly Garvey: Yes, I believe you may be talking about the opt out data? We hope to have more information for next month's meeting.

VI. Public Comment – No additional public comment was offered by the public at this time.

VII. Adjourn – Meeting adjourns, next date is 11/16/2015 at 2pm