

Integrated Care Initiative Consumer Council  
Monday January 11, 2016  
2:00pm – 3:30pm  
Meeting Minutes

Attendees: Jim McNulty, Gretchen Bell, Kelly Lee, Alison Croke, Kate Silvia, Liz Boucher, Alison Buchser, Steve Brunero, Saundra Fournier, Betty Murray, Jennifer Bowdoin, Diana Beaton, Donna Lonschien, Virginia Burke, Ann Mulready, Nicholas Oliver, Bryon Blissm, Nancy Silva, Moe Bourdeau, Lauren Lapolla, Rory Carmody, Mike Walker, Sam Salganik, Karen Beauchene, Maureen Maignet, Joe Ciccone, Karina Gibbs

I. Welcome

Jennifer Bowdoin and Diana Beaton welcomed members from the community for joining us today. A few hand outs were provided to the group, including a copy of a recent letter that went out on 4CP, an info sheet on 4CP, and a slide on Phase I enrollment statistics, Ms. Beaton began before the set agenda to seek volunteers for new subgroups.

Diana Beaton: There is one subgroup on marketing and communications, and we had feedback to develop fact sheets for specific populations. If any have specific expertise in any of those areas who can participate in person, by email or by phone, we are hoping to help with messaging for consumers and provider groups. A signup sheet will be passed around for those interested in assisting.

Nicholas Oliver: Do you know about the status of hiring and training thus far on the call center?

Jennifer Bowdoin: The dedicated enrollment line will be available 8:30am-7:00pm Monday-Friday and Saturdays 9am-12pm with call center enrollment assistance. The call center staffing is for eleven staff, some of which will be bilingual, plus supervisors, managers, etc. They will make direct enrollment actions into the MMIS portal. The representatives haven't been hired yet, it is too far out for that, but in process of hiring supervisors and trainers, and we are working on training manuals. We want a train the trainer approach so that they can keep people up to date and have dedicated subject matter experts on hand.

II. Update on Redesign of Connect Care Choice Community Partners (4CP)

Jennifer Bowdoin: This is enhanced fee for service (FFS) with care management on top of it. The state is in the process of redesigning this,

meaning that right now the state is in the process of moving everyone in the 4CP program into Rhody Health Options (phase I) and then for phase II into NHP Unity. The only thing that changes is the delivery system that they receive their benefits through. It is voluntary – passively enrolled. If those do not wish to be in it, they can dis-enroll at any time. It shouldn't affect the providers, it may but in all likelihood it will give patients more access to providers. If you look at the column that says RHO, most of these people will be eligible for Phase II – that 18,000 number will likely increase as people come out of the 4CP program for passive enrollment. By having a larger number of clients in NHP by the time we go live, that gives us good work for the

Maureen Maigret: It was my understanding that in 4CP people went to specific primary care practices and worked with nurse care managers in those practices. Will that continue?

Jennifer Bowdoin: That will look a little different. All of the practices that were in those programs are in NHP's network so that won't change.

Within those, NHP has its own care management resources.

Maureen Maigret: It helps but I was thinking about continuity. If they are used to working with a particular nurse care manager in a practice, thus there may be some change for some people?

Jennifer Bowdoin: Yes there will be for some people, as were hired through a different contract than those hired through NHP, but their access to care management programs will be available.

Virginia Burke: I have two problems with the letter. It is dated 12/31 and then requested response by 01/11. That is not enough time for clients to make a decision or for facilities to make that transition. Why the short time line?

Jennifer Bowdoin: I do not have a great answer for you on this, unfortunately the person who did run the project on this was unable to join us this afternoon. We wanted the letters to go out sooner than they did, and there are issues with facilities having difficulty processing we will work with NHP to help resolve that.

Virginia Burke: Yes that is an issue for us. Secondly, the line that states that you will continue to receive the services you currently have, is an issue for some of our patients.

Jennifer Bowdoin: We hear you – while we cannot adjust a letter that has already gone out, we can be proactive in accessing your input to improve materials that are going out in the future.

Diana Beaton: Absolutely, we can work with you on that.

Betty Murray: Are they doing this in cycles?

Jennifer Bowdoin: All of the partner participants in RHO are going in 02/01.

Unidentified Participant: I thought we needed two options in the state, which is why we had 4CP as well as RHO?

Jennifer Bowdoin: The feds require two managed care options, if you are going to make managed care mandatory. As this is not mandatory, we are only required to do one. We have an interest in getting folks into managed care, but not mandatory. We want to redesign care management for those who decide to remain in FFS to provide additional care management there.

Nicholas Oliver: With the FFS population mandated to have care management or "4CP2.0", is EOHHS looking to subcontract that out, or part of current caseworker workforce? What have the discussions been thus far?

Jennifer Bowdoin: Too preliminary at this point to really speak to that, I am not certain what the discussions will be going forward. Holly Garvey is actively working on this and we can ask her to provide an update at the next meeting to see what we can say there. It may be too preliminary to talk about specifics of those decisions, then we may not be able to address that, but we will make an effort to update.

Nicholas Oliver: As part of that, if we can find out what that timeline would be, that would be very helpful. Given within LTSS in the community the opt-out rate is high, I would only imagine that the people in "4CP1.0" would contribute to that opt-out rate.

Jennifer Bowdoin: Right. And that won't change our arrangements with the LTSS community. We can ask Holly to provide an update to folks about an interim plan and what we can say about long term plan.

Marjorie Waters: If I got this letter I would assume, from the line that says the program is ending, how would I know that it is being redesigned and reinvigorated?

Jennifer Bowdoin: I think it wasn't mentioned as the eligibility may be different thus the folks may not be still eligible the same in the future. I agree we can always do a better job with our communications, and we want to leverage our relationships with you all to try to do a better job.

Sandy Fournier: I have about 20 people in the line now who are in the 4CP program, but none of them have received this letter. If we continue to service them we would have to have them opt out right now, but none of them have received this letter.

Jennifer Bowdoin: Thank you. There may be some legitimate reason, in that a small group of folks were held aside and tabled, but we can talk offline.

Sandy Fournier: Five were LTSSSS eligible and others were waiting, but yes let's confer.

Maureen Maigret: On the 4CP program, were enrollees getting access to

community health workers?

Jennifer Bowdoin: Some but not all. Through Carelink and RIPIN. Could that continue through RHO?

Alison Croke: You are asking about the transition of the 4CP program members in to NHP and what they will get. The intent, while we [NHP] are still working, but that they come with their care plan as is and we work to continue that over for at least the first 6 months.

### III. Medicare-Medicaid Plan Integrated Appeals Process

Jennifer Bowdoin: We have worked closely with the Medicare & Medicaid office to really work on the appeals process. There are big differences between the appeals process on Medicaid side, and Medicare side, so we are working to mitigate confusion. Whichever program offers the most benefits those are the rules that trump. We have a few different pathways on appeals that people can go down under this program. If it is a service that Medicare is always primary on, they will follow the Medicare appeals process. One level of internal plan appeal, and if not to the beneficiary, then to a Medicare independent Review Entity for review. If someone is appealing a decision where Medicaid is always prime, then it follows the regular Medicaid appeals process – two levels of internal plan appeals, and then if the decision not to the beneficiary they can appeal to the state fair hearing office or the state external review office. Whatever most favorable to the beneficiary that is what the plan must follow. A low number of the appeals will get to outside of the plans, but if it does, the Ombudsman will be able to assist with the process at that stage. We will want to get help from folks on communication when it is a overlap service. When the service might be Medicaid prime, or may be Medicare prime, depending a bit on behavioral health services or skilled nursing facility – if not clear which is prime the person receives both appeal rights. Hopefully our communications' will be clear here to mitigate confusion.

Ann Mulready: Years ago we talked with Medicaid about a prior authorization process in regards to DME. I don't know if for duals there will be a way to get a prior authorization process in place so that you know that Medicaid will pay so that then there is a better way to chase Medicare appeals. That to me is an answer, as in a lot of instances Medicaid law is favorable, so beneficiaries should be able to get the benefit of the Medicaid decision and not wait to exhaust appeals.

Jennifer Bowdoin: This is one place where the Medicare Medicaid claim can resolve the problem. NHP will have one integrated benefit package. If it is covered under one or both then the person can receive it and NHP will have one consistent prior authorization process for this one area.

Maureen Maigret: At some point could you provide a decision tree to help us figure this out?

Jennifer Bowdoin: Yes, we have a flow chart, but we should probably simplify it a bit and make it easier to read. There are some differences – the appeals processes for Medicare Part D are a bit different than what we laid out here. If someone is in a hospital there may be a different route when dealing with discharges, etc. We can try to make it into a simply schematic.

Sam Salganik: For the overlap services, let's say you are in overlap and you choose to go down a Medicaid route, with a fair hearing officer. Would that fair hearing officer have full training on Medicare rules to full adjudicate?

Jennifer Bowdoin: Unfortunately probably not – Medicaid is really only authorized to make decisions on Medicaid side, as IRE for Medicare really only authorized to do so on the Medicare side. NY is the only state who has integrated their appeals office, but they received implementation funding which we do not have access to at this juncture.

Sam Salganik: It may be worthwhile to think through the state system to work with the fair hearing officers, perhaps relaxation of state rules. And perhaps some rudimentary training to just make it a bit easier to have the information.

Jennifer Bowdoin: I agree – we have not quite gotten to that point. I am not anticipating many people will get to that point of an appeals under overlapping services. It may not be as protective as we like. We will look into it more. We discussed having everything appealable through Medicaid, but saw it would add a lot of confusion for folks that may do more harm than good, or may give a false view of what the Medicaid rules can do. We want to balance both worlds, watch it closely, and ask you all to let us know if we need to modify things as we go along.

Sam Salganik: Is there a point in which you would issue something in writing so that there is an opportunity to revise and make suggestions?

Jennifer Bowdoin: There is language written into the contract, which will be public when the contract is public. As a part of one of the subgroups too we can look at what type of communications we provide to people to ensure they know clearly their options.

Unidentified Participant: Is there someone looking at notices being sent to clients, and will there be a chance to review that – re: the right to appeal?

Jennifer Bowdoin: We have done a lot of work on the general notices related to this work, those notices on everything, enrollment, actions, etc. - a set of 20 and we will plan to make those available to folks so that if you have questions or suggestions we can take those in. We have worked closely with some advocates here on that Maureen, Marjorie, etc. We sent it to CMS, because of language that they need in notices for Medicare we

did not make all the changes we wanted to, but have send the changes to some advocates that they want to. We have versions we have sent to CMS as final and we are waiting for those back. They are a lot better than our normal state notices, should be a lot more understandable, with a lot of detail. There is some language within those notices that talks about appeals, but it is pretty basic and not a lot of detail. Looking at whether we can modify the state appeals notices themselves. Not fully in our control, but certainly can work on it. FAQ documents and other materials that we can have access to, so that if people do not understand what is in the notice themselves they have an ability to find information to explain it further. The existing state notice around appeals, itself, does not change, but I know there is interest in EOHHS to work on cleaning that up. Diana Beaton: Just to add, there is an FAQ that was developed last summer, and we originally developed it as a double sided one pager, but we working to simplify it further to just a one pager, and will work with a subgroup to do so. When we train people they have a better understanding of what is involved.

#### IV. Contract Update

Jennifer Bowdoin: To go live with this demonstration you need to have a three way contract with the state, CMS and NHP. We are actively working with CMS to finalize the contract. We just had it go through the state approval process, thus signed off by EOHHS, now in the CMS clearance process. Once finalized through that process it will be sent to NHP for review. Up to this point NHP has been blind to the contract, only to the MOU. We are about one month out from that – if all goes well, NHP will receive, review and barring any major changes it will be ready for signature within a few weeks after that. We are getting close to having a contract and getting all the parties official agreement to it. Probably the next meeting there may be a bit closer timeline for signatures.

Sam Salganik: In NY they provided a five day period of public comment before it was executed. Is there a plan to do that here?

Jennifer Bowdoin: I would need to talk to CMS about that. I do not know to what extent that public review process was to have people to review it and make recommended changes, but we can talk about it. Obviously the contract is the contract, but doesn't mean it wouldn't be amended. It is a demonstration, so there is more flexibility than you would otherwise see out of CMS. We want to be sure this goes well, so even if something is in the contract if things in one area that needs improvement, we do have a little bit of room for dialogue and improvement.

Nicholas Oliver: Question about contract with Phase I – Phase I is a three year contract set to expire this fiscal year. Does the phase II include the Phase I three-year renewal? Or are they separate?

Jennifer Bowdoin: Phase I contract is totally separate. Phase II says expires in 2018 with the option for a two-year extension for the demonstration. We are not sure what it will look like entirely after the demonstration. We do have two extension years in the RHO I contract as well.

V. Other Items

Jennifer Bowdoin: The state received 460,000 over three years for the ombudsman program specific to this demonstration. We have an RFP that is currently in the state purchasing office, and it will be released as soon as they sign off on it and will follow the state purchasing rules on response. We will have a committee review those proposals and then select based on criteria. The criteria are consistent with the funding opportunity announcement. This is an entity that will act similarly to the LTC ombudsman in terms of supports and services but the scope of their focus is different – this demonstration ombudsman will focus on anything related to the demonstration and any Medicare Medicaid services as covered in this demonstration. The plan is to have an ombudsman program up and running by the time we go live with the demonstration, which would put us ahead of other states who had their programs go live post demonstration.

Nicholas Oliver: On occasion, EOHHS has asked advocates to participate in bid selection processes in a non-voting capacity. Would EOHHS consider doing so in the case that there is more than one bid?

Jennifer Bowdoin: We are open to discussion – would need to walk that request back to be sure it is acceptable to EOHHS. I think the feedback timeline would need to be quick and the group would need to be small to be efficient, but I can walk it back and check on that. If you are interested in that process, just email Lauren Lapolla at [lauren.lapolla@ohhs.ri.gov](mailto:lauren.lapolla@ohhs.ri.gov) and she will note your interest.

Jennifer Bowdoin: We have been talking a bit about restructuring this group to move it from me talking at you, to something more consumer driven. We received a strong proposal from the voices for better health team to really transition this into a more consumer driven council with formal membership with a formal structure and membership. We are meeting on January 22, and if you are interested in being a part of this process reach out to us. We want to keep that group small and manageable as we can quickly get the work done, but let us know and we can work that out.

Maureen Maigret: Specifically I would add we are looking for consumer advocacy representatives to come to that meeting. Don't want to exclude providers, but do want it to be a consumer led process.

Nicholas Oliver: The benefit of having the provider community involved

is because some of our consumers are patients that are home bound or facility bound. We don't use technology for access to these meetings which would provide you more of a voice. In that void, that is where the provider group is necessary.

Jennifer Bowdoin: Absolutely, we do want to have a balance. The proposal we have is for 51% consumer representation. I agree the providers have a good voice, but I think if you have clients or residents who are able and interested in participating we should try to make that happen. Whether they are a formal member, or we find a way to make remote technology available.

Nicholas Oliver: I have providers with patients who are interested in participating, however EOHHS barred home care providers providing transportation outside their care plans.

Marjorie Waters: We have planned for that contingency, so that transport and a stipend are a way to step over that hurdle.

Maureen Maigret: Certainly not intention to exclude particular stakeholders, we just want to make an effort to have a more full consumer driven process.

Jim McNulty: I respectfully disagree with including providers in helping consumers participate in the process. I have been a consumer advocate for some time, and I think it is more often the case that when providers are there their voice drowns out the consumer voice. In my world, the mental health world, people are afraid that if they say what they think then they will get in trouble. They require that they send in reports on how clients do, and uniformly the two areas that get the lowest rating are in care plan participation and satisfaction with the care team. In Massachusetts it is done by consumers; I agree with your point to get technology to people which would really help many to participate. Then I think there is a point where we all come together. I would vote that you let that consumer flower bloom and it will pay off in the long run.

Jennifer Bowdoin: Thank you – I think what will likely happen, it will be a formal council with formal membership, though all in a public meeting format so all can come. There will likely be smaller work groups as well. No shortage of work to do on this demonstration, so anyone willing to help would be welcome.

Maureen Maigret: I really want to make the point that we brought this idea to Secretary Roberts, and she was very receptive. I think that is a point to make to show it may be a bit different now in this administration. Also encourage family care giver representatives.

Maureen Maigret: Is there anything new on the ADRC Grant?

Jennifer Bowdoin: The state received the notice of award, and I think they started hiring, but I am not certain on that. We will provide additional training from those new members the existing SHIP counselors as well.

Nicholas Oliver: Without having the full slide deck, but could we have a new column for break down into FFS and Opt outs so we can see the full population. Also success may look different in various populations (Community LTSS, SPMI etc.), so we need that full context.

Jennifer Bowdoin: Yes we can do that. Thanks.

Virginia Burke: The auto enrollment letter than went to the 4CP people is very similar to the auto enroll letter that went out for Phase I. Can we make the letter for Phase II auto enroll letter available for comment first?

Jennifer Bowdoin: Yes. About 75 days before they will receive a passive enrollment notice. We will make them available to you before then as soon as we have them finalized. With the passive and opt in letters we will provide a FAQ document. The notices are tough to change, but the supplemental documents are much easier to change and we can edit as we go.

Maureen Maigret: Is it still the intent that the revised fact sheet would go with the enrollment letters?

Diana Beaton: Yes. It has changed a little so we will send it to you for additional review, but yes.

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

VII. Adjourn