

ICI Advisory Council Meeting
June 20, 2016
2:00 - 3:30pm
Meeting Minutes

I. Welcome

Jennifer Bowdoin: Welcome - let's get started. We have a number of items on the agenda, but we should be able to move through and answer questions.

II. Enrollment and Call Center Report

Jennifer Bowdoin: I have copies of the enrollment schedule for who is targeted, and which month things go out. This is just what we are doing initially. We have taken the eligible populations and separated into two groups - opt in and auto enroll. There are about 8500 in the opt-in, and about 17,000 in passive.

Jennifer Bowdoin: The opt-in group we are targeting right now. Sent notices to about 500 since June 1. We will send another 3700 at the end of this month beginning of next month, and more on August 1. These are people who receive an application, and will need to complete and reply by mail or call and fill out on the phone.

Jennifer Bowdoin: The next group, the passive waive is a larger group. We will target nursing facilities as a group, for example, target those receiving LTSS in the community, etc. Provide more effective outreach and enrollment outreach with those populations. Jenn Duhamel do you want me to give updates?

Jennifer Duhamel: The call center for the month of June has received about 60 phone calls. About 40 are folks requesting further details, and more information, about 10 wanted to be sure they weren't being auto enrolled, another 10 did enroll. This week we received 50 paper applications. 15 are being processes, 8 are missing key pieces of information. Another 27 that seem to have sent in paper apps prior to receiving an enrollment letter.

Jennifer Duhamel: These folks will need to have their eligibility verified against CMS data.

Kim Capuano: How are they getting the application?

Jennifer Duhamel: I think about half came from one AL facility. I think someone was assisting and made copies, or perhaps were downloaded from our website.

Betty: Is the application specifically asking enrolling in this?

Jennifer Bowdoin: Yes specific to this program.

Jennifer Duhamel: We haven't had too many who wanted to transfer to SHIP counselors. We did have 5 calls transferred to NHP to confirm RX and Networks, but not too many.

Jennifer Bowdoin: We will keep updating these call center report outs, and will formalize as the volume up.

Maureen Maigret: For those transferred, what was the reason?

Jennifer Duhamel: Questions were about RX if those were covered, some if their providers were in network, one who lived on a border with MA.

Linda Katz: It sounds like you are collecting really good information on an ongoing basis, will that be what you continue to maintain?

Jennifer Duhamel: Yes that is the plan - I am not sure if we will have so much detail on the reasons for transfers when the volume picks up but we can try.

Linda Katz: I think that is very useful.

Marjorie Waters: Especially since so few have been asked to be transferred to counselors. Either more informed, or comfortable.

Diana Beaton: And also NHP will give us data on their intake calls as well.

Jennifer Bowdoin: WE can refine the report over time, but want to be cautious about making too many changes over time. Once a draft report is available we can talk to modify so it is informative. The staffing right now is at six folks, with a likely increase as the volume increases.

Jennifer Duhamel: And two of those are bilingual in English and Spanish, and there is interpreters' services available beyond that.

Linda Katz: Are you tracking wait times?

Jennifer Bowdoin: Well right now about nine seconds. But we will track for when the volume increases. Their average talk time is about 6-10 minutes to be sure the client is satisfied. If you hear concerns please let us u know.

Jennifer Bowdoin: Counselors say a bit on their end?

Kim Capuano: At the United Way and the counselors we have had about 8 calls thus far. On average the calls were 15-20 minutes long, most were concerned they were being auto enrolled. In addition to that we are setting up two meetings for face to face interactions with the beneficiaries. We will meet in a common area and an office for privacy purposes. Not doing any home visits at this time.

Marjorie Waters: I think that being important face to face is critical.

III. Update on the Ombudsman Program

Jennifer Duhamel: We are still in contract negotiations, but towards the end of that. July 1 was our goal date - that is looking a bit iffy, but early June seems likely.

Jennifer Bowdoin: Once the vendor has been selected, and contract has been completed, we will begin putting that information on all of the hand outs and member materials.

Sam Salganik: RIPIN one the tentative award (I think that is public information on the transparency portal). We have an existing call center to help folks with insurance - we will need to train and buildup of course, but we are ready to take calls as soon as the contracts is completed and signed.

Maureen Maigret: Where is it publicized for people to call RIPIN now?

Sam Salganik: WE provide services to any Rhode Islander with any type of health insurance coverage, so we do that at back to school events, when a commercially covered person gets a denial our number is in their denial package. In the past we have gotten some calls from duals, but I do not know specifically how they have found us in the past- anyone who calls OHIC often inquiries are referred to us, other constituent services offices. Once this is official obviously it would be easier for folks to reach us.

Marjorie Waters: And I'm sure word of mouth.

___: They are not allowed to work on this project yet as the award is not formalized so they cannot work.

Maureen Maigret: I understand that. But how did they get calls in the past?

Sam Salganik: Many come from congressional referrals, it is word of mouth and outreach, rather than our marketing.

Maureen Maigret: Do you work with Healthcentric Advisors?

Sam Salganik: Not in any formal way.

Maureen Maigret: The process if you are requested to leave a NH or a hospital, you only have so many days or hours to appeal. Healthcentric is a reference on that.

Sam Salganik: Thank you.

Jennifer Bowdoin: Any questions?

IV. Reminders

a. Proposed Rule 1475

Jennifer Bowdoin: Available now, the public comment period ends June 27, so please be sure to submit those by that date if you want to be formally heard. It affects multiple programs but including duals.

Maureen Maignet: have you heard about 1500 rule? LTSS?

LL& Jennifer Bowdoin: We can check in on that for you - I think it is still in the works.

b. Implementation Council Nomination

Moise Bourdeau: So far we have 29 returned forms, ten of whom are beneficiaries, the rest are family members, caretakers and providers. We have extended the dates for sign up and nom forms till June 24 for those who may still have an interest, but missed the deadline.

Deanne Gagne: When we will be telling folks if they will be a part of the council?

Moise Bourdeau: After the June 24 date, we will do a verting process, we will outreach to those who submitted a form, and any necessary follow up.

Nicholas Oliver: Can you explain the design of the group itself, once EOHHS selects those to serve on the council, what is their role and how will EOHHS engage with them?

Moise Bourdeau: WE have a charter that we can pass along to you, has been circulated in the past. Based on a MA model, we have worked with the suggestions of the Voices for Better Health to formalize a Consumer Advisory Group.

Nicholas Oliver: I hope it's better than Massachusetts, because I hear that group is really a yes group.

Linda Katz: I want you to feel comfortable, that for the VBH group we wanted to come up with a consumer led advisory committee that was an understanding that it is an input group rather than a "yes" group. I think Jenn has taken up the standard bear of ensuring it is consumer driven, and I think we feel comfortable as a group that this truly will be consumer led, driven and a partner in decision making.

Linda Katz: And it is a challenge as well as you can imagine. This group is a cross disability, age group and It think a unique experience for all of us to work together.

Jennifer Bowdoin: The expectation, per the charter, is that the council will provide formal recommendations to EOHHS and EOHHS will respond in writing to those recommendations. In the past we have heard we have not provided explicit reasoning for why not accepting of a recommendation and this was an attempt to address that.

Maureen Maignet: Thinking about it, many folks in nursing homes have some organizations or family support consumer groups, but I am not sure we have that with home care folks. I want to be sure that segment has a voice somehow. We did want to have transformation provided, so if any of your providers have any consumer recommendations they should let the consumer or family know this is an opportunity to participate.

Jennifer Bowdoin: I would love to find other ways to engage people who are homebound, but that is such a tricky activity. We may try to use technology, but want to be sensitive to hear and be heard. Even if not a formal member of the council there may be other ways we can hear their voice.

Marjorie Waters: I think the training will be key - we will work with folks who may never have been out in a role like this that they can be heard, and that they

Nicholas Oliver: Last week when Jenn requested if anyone had questions, I reached out and said if this group transitions into this consumer council, where is the opportunity for providers or representatives of providers to interact with EOHHS on the ICI.

Jennifer Bowdoin: I think we can do a couple of things - having some type of sub work group or subcommittee of the council that s provider focused would allow us to move through that. Member so of the work group may not serve on eh council, but they can give feedback to the Council and then the council can work from there. Keeps the work together.

Nicholas Oliver: In theory it sounds good - but some of the issues that have been brought up by the providers are not consumer issues, but rather policy issues. They may not be important to the consumer, rather it is a contracting issue - I.E.EVV.

Jennifer Bowdoin: In some cases it may be an issue for NHP to work with the providers - like EVV - that may be more appropriate there. The other thing is we are calling it a consumer council, but any issue that impacts the program inevitably impact the program. I don't want to just do "consumer issues"

Linda Katz: Even EVV is something that - the whole way the council operates is that all items should work through that. It could be a small provider issue, it could be an overarching policy issue, but it should be transparent, and consumers should have a chance to respond to that. Even if it's something that provider things is keeping a provider from giving good care,

__: When Moe was reporting on the applications, some providers have applied - is the intent to include providers too? (YEs) it would seem like hat voice would be heard, and then I like eh idea Jenn had of a subcommittee that discusses and then reports up.

Jennifer Bowdoin: Anyone have concerns about creating a provider work group off of this council? (No response) Ok so we can work on that. Navigate a bit about what is to be discussed, and we can weed out what to float up to the full group as appropriate.

Maureen Maigret: Does EOHHS have a provider liaison person right now? Does NHP have a person interacting with provider?

Alison Croke: At NHP, we have a department the provider contracting department have people who work with designated reps for designated providers. LTSS provider have a designated rep, etc.

Maureen Maigret: Ok well what about Medicaid?

Betty Murray: On the PACE side, i am the Medicaid rep.

Holly Garvey: HPE who performs provider relations for the Medicaid program - as different issues come up we have strong working relationships with the staff there.

Jennifer Bowdoin: If people are having issues or concerns directly for this program they can certainly come directly to me.

Alison Croke: I think NHP would support any facilitated conversation with providers. If EOHHS facilitates a group of providers it should be within the topics germane to EOHHS vs NHP. EVV would be more a conversation between NHP and providers, less so with EOHHS. We would need to work through topics in that way to be sure.

Jennifer Bowdoin: Right and there are many issues which may be in the grey area.

Jennifer Bowdoin: We did also have Provider Office Hours on Fridays - it worked for some, but not all. We may need to do a Thursday morning for some, and an evening time for others. We will do something perhaps once a month, in a regular schedule to provide a venue to for questions and concerns. Anything else on this?

V. Updates on Outreach

Diana Beaton: There is a handout with some slides on this information, working very closely with NHP as partners in these outreach efforts. [Slides avail upon request]]

Alison Buxor: RSC play a key role in reaching this population. MW gave us some excellent advice reaching out through meetings, emails, and also through webinars. We are hoping to educate the RSC with the main goal being that when beneficiaries come to them they can have general info, and also know where to send folks to connect for additional information. We are hoping they can develop meetings for their residents so the counselors can meet with them.

Diana Beaton: Yes the same strategy - get out a head, train folks who can then help us spread the word.

Diana Beaton: This is just a bit about what has been going on, a lot of startup work, and as it keep moving forward we can certainly include you all again as you are interested.

Marjorie Waters: Trying to understand that the population you are working with is about 25K - so what does success look like? What percentage of clients are you seeking to enroll for success?

Diana Beaton: That is a different hat than I wear, but other states we have used as models to project.

Marjorie Waters: Yes usually there is a breakeven point

Jennifer Bowdoin: I think the financial question is different than the enrollment question, as financing relies on the mix of those who enroll. Right now we expect 10-15% to enroll. If we hit 15% or higher that is a great sign. For passive enrollment it is 60-70% in other states, and if we hit 70% then we are in good shape. The high end numbers wise overall is 14K which would be good.

Maureen Maigret: Diana, you said CMS put out a fact sheet on Part D, can you put that on the website? It is my understanding that the program has to follow part d, but no copays for medications for those in ICI.

Diana Beaton: Yes, yes. This was more tailored for people who enroll in Integrity they will get a notice saying their Part D is ending - more for those with Part D plans not so much for us. We saw a draft of that, sent is back for adjusting.

Maureen Maigret: So people right now who are potential enrollees with part D plan, who choose to switch over to Integrity to get their medications, will there be any differences in what may or may not be covered? Some part D plans only cover certain medications, for some you need to do a step, some you need prior authorizations, will there be issues?

Sam Salganik: There will be different formularies. NHP will maintain its own formulary.

Linda Katz: Has there been a crosswalk?

Sam Salganik: there are too many part d plans in RI for them to see all.

__: Medicare has its own formulary.

Sam Salganik: Part D has some flexibility, have to cover two within each class, but that may vary.

Marjorie Waters: The benefit of the NHP part D is that the people will not have to go through hassles, or not pay the copay.

Jennifer Bowdoin: NHP has a formulary that is required to meeting PT D requirements, just like any PT D Plan. They meet minimum Part D standards. They do have flexibility to have step therapy and prior authorization requirements, but they are very clearly listed in the formularies. There are also projections for beneficiaries - a 90 day continuity of care on prescriptions not covered. Those in facilities have additional protections in place. If there is a step therapy requirement, there can be exceptions requested by providers, there can be appeals which much be decided in 72 hours for part d drugs or 24 hours in an emergency.

Sam Salganik: As the ombudsman program if that is signed that is a big part of our scope of work.

Kim Capuano: And for the MEE counselors we will ask clients what their RX s are, and do the comparison for what is covered and where.

Alison Croke: I would say I think these conversations are really helpful - as we launch the consumer council and as the counselors do their work, as much feedback to the plan that you can share is key. We are bound by pt. rules, but understanding more information is always key to help us help people.

Marjorie Waters: Those types of issues may help folks make decisions, so as much clarity and transparency is key.

Sam Salganik: How similar is your MMP formulary to your Medicaid formulary?

Alison Croke: I cannot do a drug by drug comparison, but they are similar. Not the Medicaid generic first policy.

Ann Mulready: I am glad we are having this conversation, for consumers i think drug prices are key - whatever you can share with us or discuss, that is what people will care about. I know at one point we

thought about developing materials for individuals about why it is good to join, so I hope we could get back to that. I do worry about people being passively enrolled, then opting out, and then having trouble enrolling elsewhere.

Jennifer Bowdoin: Great - are there other topics besides Part D that folks think we need specific FAQ on?

Sam Salganik: Provider network.

Linda Katz: I think what we want are key to help individuals know what this is. What about your meds, here's what you should know that's what we should be developing? We could do that in the health coverage project, but we don't want to duplicate what is in the works at EOHHS or NHP, so perhaps we can meet to help sell it to the consumer.

Linda Katz: Second point, as it relates to RIBridges and to others who will work with clients - i think we need to work to give them simple explanation on what is what. If Medicaid comes up for renewal at the same time they receive an ICI enrollment information, then we need to integrate the strategy about this and that. Particularly I have outreached to the Secretary about this, and want to mention it here to support his strategy.

Marjorie Waters: And that's the OPB, the other people benefits that RSC will touch and work with folks to move it forward. In order for this to work as well as possible all programs should strive to go ahead.

Maureen Maignet: have you heard a different timeline on Bridges?

Sam Salganik: Not officially. Rumors.

Linda Katz: I requested additional information from DHS for the transition period in July.

Jennifer Bowdoin: WE do need to get some information available for the call center on those programs as folks may not differentiate between call centers and materials at all times. We can work on making that available in other ways. It doesn't fall under this program, but we hear you.

Linda Katz: Right, if someone has had a good experience with an MME counselor, and they cannot get through to DHS.

Diana Beaton: How often should the outreach group meet?

Linda Katz: I think it would be useful to start, to talk about materials and then we can assess from there.

Nicholas Oliver: During the provider hours that were held last month, the CAP agency workers requested to receive more information I didn't see those listed her. Is there any follow up there?

Diana Beaton: I communicated with the administrator of the CAP agency association

Alison Croke: Our outreach to them wasn't listed here as they are often extensions of interdisciplinary care teams so both did work there.

Alison Buxor: And CAP agencies are also included in the e-blast.

Sam Salganik: Regarding Bridges, I'm thinking about the transition and hoping that you will have a point person to work on the eligibility issues affecting this group so that there is an internal person who can help with escalations. Also, notices is there a new system for that? If there is a new Medicaid applicant that will go through bridges before MMIS,

Jennifer Bowdoin: It will be done by bridges and then a feed to MMIS.

Sam Salganik: Our experience with HSRI implementation just be careful with mistakes being fed into MMIS carefully. Copy and paste and save lists.

Linda Katz: And also generating a list of Medicaid renewals for people in the ICI, for if their renewal comes up through bridges when they are getting this program note we want to be sure they aren't losing their coverage.

Jennifer Bowdoin: Part of the challenge is that information is in different systems, it may be challenging to ask for additional information making this happen. We are aware this could be rocky and we certainly don't want to harm beneficiaries. I want to be sure that we have resources available to respond as quickly as possible, we should try to leverage as much as possible.

Jennifer Bowdoin: we expect new people to be coming on all the time. If we miss anyone in the initial enrollments, we will do a sweep at the end, to catch them and we will also do quarterly to the end.

Linda Katz: In the best of all possible worlds people hear this is a good program to be in and they ask to enroll.

Sam Salganik: They can right?

Jennifer Bowdoin: They can, but it is a little tricky as would have to do a post reach out verification transactions. We are cognizant of that.

VI. Public Comment - Nothing offered at this time from the public.

VII. Adjourn