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**NOTE: The Managed Care Organizations (MCO) did a presentation on Direct Care Workforce at the Long-Term Care Council meeting on August 23, 2018. The MCO power point presentations are available on the Long-Term Care Council website at:**

**<https://www.aging.pa.gov/organization/PennsylvaniaLongTermCareCouncil/Pages/Resources.aspx>.**

DATE: November 7, 2018

EVENT: Managed Long-Term Services and Supports Meeting

>> BARB POLZER: Good morning we're going give everybody two minutes to get settled then we'll start good morning everyone.

Good morning everyone we would like to get started.

Can we start with introductions Linda, would you mind?

>> SPEAKER: Linda Litton participant advocate.

>> SPEAKER: Jim Pieffer, leading edge PA.

>> SPEAKER: Jim Fetzner comfort care.

>> SPEAKER: Carrie Bach, vices for independence I'm sitting in for Tanya.

>> SPEAKER: Nina,.

[introductions]

>> SPEAKER: Sitting for Jessie, executive vice president nothing

like Jesse.

[laughter]

>> SPEAKER: Luba.

>> SPEAKER: Rich Wellins, retired and soon eligible for the senior health-care services.

>> BARB POLZER: We have committee members on the phone?

>> KEVIN HANCOCK: I think we have some committee members on the phone if you would want to introduce yourselves?

>> SPEAKER: I'm Veronica comfort.

>> SPEAKER: Fred Hess I'm on.

>> BARB POLZER: In Fred's --

>> SPEAKER: Blair Borocho united health care.

>> BARB POLZER: Good morning Blair. I'm going to go through the housekeeping talking points and our favorite emergency evacuation procedures.

Committee rules please keep your language professional, direct your comments to the chairman.

Wait until called on and please keep your comments to two minutes.

Our meeting minutes and the transcripts are all posted on the Listserv.

And the documents are typically posted a few days after the meeting.

The captionist is documenting the discussion so please speak clearly and slowly. And meeting is also being audio recorded. The immediating is scheduled until 11:00. So to comply with the logistic call agreements we have to end promptly that the time.

If you have any questions or comments that weren't heard please send your questions and comments to the resource account, where you can see me afterwards I can get them for you.

Please turn off your cell phones. Please clean up after yourselves take your empty cups bottles wrappers. Public comments will be taken during the presentation. There is an additional comment per. The 2019 meeting dates are posted and the Department of Human Services web site.

And now, our emergency evacuation procedures.

In event of an emergency or evacuation, we will proceed to the assembly area to the left of the Zion church on the corner of fourth and market.

If you're requiring assistance to evacuate you must go to the safe area located right outside the main doors of the honors suite, OLTL staff will be in the safe area stay with you until you are told you may go back into the honors Suite or you're evacuated everyone must exit the building, please take your belongings with you, do not operate your cell

feigns and do not try to use the elevators as they will be locked down.

We will use sayer well one and two, to exit the building.

For stair one, exit honors suite through the main doors on the left side near the elevator.

Turn right and go down the hallway by the water fountain, stairwell one is on the left.

For stairwell two, exist honors suite through the side doors on the right side of the room or the back doors.

For those exiting from the side doors turn left and stairwell two is directly in front of you for those exiting from the back door exits turn left and then left again and stairwell two is directly ahead.

Keep to the inside of the stairwell, merge to the outside. Turn left, and walk down dew bery to be chestnut, turn left to Blackberry turn left to the train station.

First item on the agenda would be the OLTL updates from Kevin.

>> KEVIN HANCOCK: Thank you barb good morning everyone.

>> SPEAKER: Before we start, you know we're here -- I'm here with Pennsylvania ADAPT we demand that choices and services and we also demand we extend the period, for people to choose -- their MCOs.

Discussing in the southeast.

>> KEVIN HANCOCK: You want to go beyond December 21st?

>> AUDIENCE MEMBER: We have to go beyond next Tuesday as far as all

of the enrollment.

>> KEVIN HANCOCK: The way it's going to work just -- we'll get into this much more detail, we do have auto enrollments that occurs in November, but then, individuals who wish to override those enrollments will be able to do, until December 21st that will be effective on January 1, 2019. You want to go beyond December 21 I'm not sure --

>> AUDIENCE MEMBER: We're going to need -- yes. Absolutely.

Why?

>> SPEAKER: We're asking for this to now Kevin it is outrage that is happening in the southeast that's not to stop, people do not know what is going on, they have not gotten stuff -- we're not here to solve it for a couple of people for thousands of people, because -- we don't believe, the way it's being done is right.

People have no idea, what is going on --

>> SPEAKER: So --

>> SPEAKER: It's next Tuesday. They're going to auto enroll we want to know, is how many people today are as of yesterday, actually signed up in the southeast and how many in the southwest and how many people are auto enrolled to who, we don't think as Pennsylvania a dap this can continue we think we're doing this for the managed care companies we're doing nothing for the consumers and it is, extremely upsetting.

>> KEVIN HANCOCK: So --

>> SPEAKER: Nothing about us without us.

>> SPEAKER: This is say Sham meet.

>> KEVIN HANCOCK: Later on in the presentation we'll be going in detail.

>> SPEAKER: We would like to go to nothing about --

>> SPEAKER: Something rock.

[Audience members talking over top of each other]

>> KEVIN HANCOCK: Is there someone from ADAPT who is going to be the spokesperson.

Someone from ADAPT who ask going to be the spokesperson.

Are you going to be the spokesperson for ADAPT.

Someone going to be a specs person for ADAPT.

Is someone --

[audience members talking over top of each other]

>> KEVIN HANCOCK: Is someone going to be a spokesperson for ADAPT.

So I'm going to go Zach, to -- speak for ADAPT, is that all right, with everybo here? Okay.

So -- Zach your first request was to extend the enrollment period I already told you that you'll be able to make a plan, planned choice, by December 21st.

>> SPEAKER: A lot of us not gotten our enrollment packets each been making a complaint about for awhile I still have not gotten them, it is not just about me it's about -- thousands of people in the southeast that have not, nothing. If I didn't get it, what about the others?

>> KEVIN HANCOCK: We don't we received, um, 100 examples from the lib at the community economicses of individuals who stated they have not received their enrollment packet.

>> SPEAKER: It's not about that 100 people. Thousands in the southeast.

>> KEVIN HANCOCK: What's help with that, 100 it gives us example to see if there was a particular problem in the way of the enrollment products were distributed right now the -- the addresses that are of that 100, are the same, in our enrollment system, as they were in our case management system.

So we don't see -- at this point as being an address problem we're researching to find out, why the -- any possible reason, why the enrollment packets were sent to the addresses that were in our enrollment system which is, what it was designed to do.

But -- anyone, you know of, who has not received their enrollment packets, have them reach out to MAXIMUS the independent enrollment broker or to us we'll make sure they get the enrollment packet right.

>> SPEAKER: That's not going to fix the problem. If we don't

believe you learned anything from this southwest. People have no idea, what is happening.

And that is an outreach.

So -- you just sent packets out you should have sent to every SE agency they should have given them to people, it is not in English people that are deaf don't even understand how to read it, some of us can't understand how to do it. They don't have access to a computer.

They don't have minutes on their feign, it is outrageous we're 40 percent of this population, going in, and it is going to be the same old same old again. And we want the numbers we don't want people to then, auto enroll them and have to figure out to do it themselves you're making it so outrageously ridiculous there's no consumer roll.

>> KEVIN HANCOCK: One thick I have to nea Nancy fairness to the process you can be submissive. This committee and your membership -- has had plenty of time to comment on the enrollment materials that were sent out.

We have not engaged with you personally Nancy and this committee on how that information to be distributed.

Your very much aware what has been going on, in the situation. As has been distributed we have been I have too say --

>> SPEAKER: Lessons learned I believe, you I believed you lessons were not learned.

>> KEVIN HANCOCK: I can tell you how, you -- we have been pretty clear how we were applying lessons learned from the southwest to the southeast we've done more enrollment languages outreach to language I have to agree with you about -- the Philadelphia area, is particularly challenging to reach a lot of these populations we've used your employer, we have used every single resource we could to be able to identify how we can do outreach to those individuals to those communities we continue to do that and we're going to continue to do -- outreach to those communities all the way up until the very last day which is December 21st.

We have to --

>> SPEAKER: A lot of those communities were senior citizen communities.

>> KEVIN HANCOCK: I have -- we did a lot of outreach to the senior citizen communities we've done a lot of outreach to, communities to the -- under 60 -- disability community as well.

>> SPEAKER: If you did not receive the enrollment letter you had no idea, 40 different community meetings were going, people had no idea because they never had the letter. Some still don't have the letter. It's ridiculous.

>> KEVIN HANCOCK: What do you why do you think they didn't receive it?

>> AUDIENCE MEMBER: I don't know I didn't do the process.

>> KEVIN HANCOCK: You're making -- you're making the statement, why do you -- like we have the address in there, and their eligibility record to be able to mail the pockets why did those individuals not receive it.

>> AUDIENCE MEMBER: We don't know Kevin the way you're doing it -- it would have made more sense if you could have sent right to supports coordinators how many much -- you can't read it.

>> KEVIN HANCOCK: You're here in a public meeting, yelling at me, and you're not -- you're not, you're not giving me a solution.

>> AUDIENCE MEMBER: Know what you know.

You know we're extremely upset. We have to actually, see the people, and they don't -- people don't even understand they have Medicaid and Medicare what's the difference it's so outrageous there paying taking people of elderly they don't know though help them, families we've heard the stories over and over again they call us they have no idea that's not right, what we're saying is about the consumer not about the MCOs it's about the consumer understanding what is going to happen, come January. Not -- you auto enroll them and they don't know what do do. That's wrong. They should have a choice.

Informed choice.

>> KEVIN HANCOCK: Make a recommendation. What -- what is the solution.

>> AUDIENCE MEMBER: We did have a recommendation.

>> AUDIENCE MEMBER: Maybe send the education to service coordinators since we have more connection with each consumers and give us a responsibility for us to go and face them.

>> KEVIN HANCOCK: I totally agree with that suggestion.

We have actually, we are working with service coordination agencies and we eventually what we have call these -- setting aside hours --

>> AUDIENCE MEMBER: I ain't seeing it in Philly.

>> KEVIN HANCOCK: We're asking service coordination agencies to are every single service coordination agency.

>> AUDIENCE MEMBER: No?

>> KEVIN HANCOCK: Now. We've had -- we've already had --

>> AUDIENCE MEMBER: Service coordinators don't even understand the language you're sending out they don't understand the language you're.

>> AUDIENCE MEMBER: I'm confused.

>> KEVIN HANCOCK: I mean we're -- I'm sorry.

--

>> KEVIN HANCOCK: I'm only going to be answer one statement at a time let me focus what we're doing with service coordination I'll come back to the two of you if it's already. With service coordinators we

train service coordinators on what to be able to communicate to their participants in their programs and we're allowing service coordinators to use service coordination hours during this period, to be able to -- answer questions for participants, we -- all of the enrollment packets are available to service coordinators and anyone else, on the enroll now CHC and -- as well as on our web site they can use that information we can also make all that information available, to anyone who needs it, to be able to provide that type of education.

Paver we've done a lot of outreach in the service coordinators we've asked them, as well as nursing facilities to work with the populations -- to provide that background for community HealthChoices.

>> AUDIENCE MEMBER: They don't understand the language that you're putting out.

>> AUDIENCE MEMBER: I'm from Philadelphia, and -- it is a small amount of service coordinators that actually do their job it is -- it's a battle that we have in our home care agencies we have to contact coordinators they're not doing their job we have to be given preference -- can home care agencies take that responsibility as well, so we all can work together?

>> KEVIN HANCOCK: You're suggesting home care agencies be part of that.

>> AUDIENCE MEMBER: Downloaded we could then give -- they could go home and try to spend time, figuring it out, and comparing the plans. They can't do that. There's no reason why not.

It needs your name and last four digits of the Social Security number you know, I call -- MAXIMUS, won't give -- -- their press would not send it out I was not the person what the hell does that mean.

What does that mean.

It is going to the person's home, why can't you do that.

And we heard people call MAXIMUS get laughed at, not get the right information.

This is a problem. So why couldn't that form be downloaded anyone can make copies we could just give it out to people. There are more ways than just the way you're doing it.

>> KEVIN HANCOCK: Think we can take that into consideration.

I mean -- you and I -- not you and personally. You proposed that.

>> AUDIENCE MEMBER: Every time I come in, say considerations considerations. It's hat noping.

It's not happening.

>> AUDIENCE MEMBER: Couple of days left.

>> AUDIENCE MEMBER: You're confusing me it's not happening.

I got people coming to me, about the situation.

>> AUDIENCE MEMBER: I know there's service coordinators that are a  
are not doing their job it's not about -- they're trying. It so.

>> SPEAKER: This conference as minimum number of participants will  
attempt to close this conference.

If you wish to remain in the conference.

[conference line message]

>> SPEAKER: Can you show the data of the auto enroll.

How many people --

>> KEVIN HANCOCK: We'll give you for sure. Can I answer --

>> AUDIENCE MEMBER: Southwest --

>> KEVIN HANCOCK: These two --

>> SPEAKER: We have I wanted to comment, all this -- speculation  
about the process and everything -- you want people to enroll.

>> KEVIN HANCOCK: We do.

>> AUDIENCE MEMBER: Within the next month, you know, I think it's  
absurd, to -- think about you know like -- now working with service  
coordinators other -- kicked down the road for like for years -- how can  
this it's absurd we're having this conversation right now.

We all were skeptical about it working.

And it is not working. We have every right to be skeptical.

>> KEVIN HANCOCK: So -- we just.

>> AUDIENCE MEMBER: I asked people, if they have received --

enrollment packet, that was -- I would say two thirds, maybe three-quarters of the people, at the session, who should have gotten the packet, did not receive it.

Don't think the manner why they did not receive it.

>> KEVIN HANCOCK: So -- here's the challenge we have.

So here's the challenge we have with what you're just stating so, you absolutely, always have always have the right to be skeptical I'll go on the record to say that. We always like we, have we have an eligibility record that is the basis for all of our playings. That eligibility record is, is in our client information system, it is used testane Medicaid eligibility.

Is what we have, because it is what participants give us.

When they go through the Medicaid eligibility process, it is up to the participants or their caregivers to be able to continuously update that information.

If they have a power of attorney, et cetera --

>> AUDIENCE MEMBER: Can't give -- they can't give us.

>> KEVIN HANCOCK: If they're a power of attorney for example, they have -- they have the authority to be able to --

>> AUDIENCE MEMBER: What if they're not.

>> AUDIENCE MEMBER: It's a challenge for the State, this is their

lives so -- big deal challenge from the State this is their lives that the way you do it we're saying it's not wait that is helping people.

This is not fair. We have seen what they're going through.

They don't even understand what is happening. But that seems to be okay we'll just auto enroll them we'll have equal stuff among the MCOs that is wrong.

They should know what is going on and have a choice. People are a different languages, different literacies and living in poverty. So yeah they should update their address every day. That is the first thing.

>> AUDIENCE MEMBER: I -- I don't even understand how to fill it out.

>> KEVIN HANCOCK: So we -- so,.

>> AUDIENCE MEMBER: You wrote these packets we can't understand them.

You can't even get on the computer the right way to put it in, even enroll.

>> SPEAKER: I tried to enroll yesterday.

And it said, instead of my putting my first name last name and social, last four digit of my social I know my social. It denied me I know the last four digits I know them all.

I know how to spell my name correctly why is it not allowing me to do.

>> KEVIN HANCOCK: After the meeting with me do you want to sit down we'll go through see if we can figure it out.

>> AUDIENCE MEMBER: It's not about me. It's not about me. It's about everybody else.

>> KEVIN HANCOCK: Okay.

>> AUDIENCE MEMBER: You had months and years to get this right you still ain't getting it right.

>> KEVIN HANCOCK: I can only tell you what we've done.

[audience talking over top of each other]

>> AUDIENCE MEMBER: It's about us, it's about us, it's not about you it's about filling your pockets as long as you fill your pockets you're fine I don't you don't care whether we live or die. If you all did, you would include us, you would not be sitting there --

>> SPEAKER: Mr. Kevin you remember me? My name is Tony brooks from Philadelphia, ADAPT, you remember back in the beginning of this year I did ask you, how are you sending out information to people.

It is the end of the year now.

How many months have passed, we've been coming here for months, asking you how these packets are sent out this the year, you said you're changing it from general one in southeast Pennsylvania.

I don't want to go through each -- I would have to be calling people and asking them why is my insurance changed my doctor I cannot see again.

I would love to see my same doctors with my same insurance. If I have a problem, with who am I going face?

>> SPEAKER: Extend the period until the end of the year do not auto enroll them come November 14th do not do that.

>> KEVIN HANCOCK: We have to.

>> AUDIENCE MEMBER: Why do you have to.

>> KEVIN HANCOCK: Because --

>> AUDIENCE MEMBER: You got time.

>> AUDIENCE MEMBER: And enrolling themselves they're like my doctor is over here.

But since I'm going this, I have to switch, some people don't he don't want to switch his doctors.

>> FRED HESS: Can I get in here for one second.

>> AUDIENCE MEMBER: Shouldn't even be like that we should have the choice we don't.

>> AUDIENCE MEMBER: Who mailed the packets MAXIMUS?

>> KEVIN HANCOCK: Yes.

>> AUDIENCE MEMBER: There we go. So -- let's give it to them.

>> FRED HESS: Can I jump in. Yeah.

>> BARB POLZER: Fred. You have a comment?

comment?poll.

>> FRED HESS: Can I speak.

>> BARB POLZER: Yes.

>> FRED HESS: Do me a favor I can cannot hear what the hell is going on, I can't hear that, can you -- you know, one person speak please at a time?

>> AUDIENCE MEMBER: We don't even have a seat if he table.

>> AUDIENCE MEMBER: There lies a problem.

>> AUDIENCE MEMBER: You can extend to the end of the year.

>> KEVIN HANCOCK: Nancy just to be clear -- people, it is, people can make a plan choice all the way up until December 21st.

>> AUDIENCE MEMBER: You keep saying everybody can make a plan choice up to December, what if people can't do it by then. They're going to be up shits creek, plain and simple extend it. That's all you have to do.

>> KEVIN HANCOCK: We're not going to --

>> AUDIENCE MEMBER: You don't want to that's the problem.

>> KEVIN HANCOCK: The reason we can't --

>> AUDIENCE MEMBER: What discuss are you going to give now I'm listening. What excuse are you going to give that's all you're giving today is excuses to extend it, you keep throwing out excuses stop

throwing out excuses extend T it's that simple.

>> KEVIN HANCOCK: Nancy to be clear we're not going extend the -- the enrollment date, we will let, people can make their plan change up until December 21st.

>> AUDIENCE MEMBER: You can't make your plan change if the thing keeps kicking out.

>> KEVIN HANCOCK: That's true. You can't.

>> AUDIENCE MEMBER: You just said that's true you know it.

>> KEVIN HANCOCK: We have to find out,.

>> AUDIENCE MEMBER: Exactly fix it.

>> AUDIENCE MEMBER: Extend it that's only way you're going fix it.

You're talking about fixing it extend it.

>> AUDIENCE MEMBER: Don't auto enroll anyone.

>> AUDIENCE MEMBER: You have time to fix it.

>> AUDIENCE MEMBER: What's so hard about that.

>> KEVIN HANCOCK: Two thing I have to say you can make a -- you can -- your plan selection.

>> AUDIENCE MEMBER: You keep saying the same language make a plan.

What's so hard about extending it, stop taking make a plan if you want to fix it, extend it and then fix it.

What's so hard about this, stop taking you can make a plan extend it.

>> KEVIN HANCOCK: No.

>> AUDIENCE MEMBER: Why won't you extend it.

>> KEVIN HANCOCK: Because do you want talk about -- mechanics of why we have to have the enrollment date.

>> SPEAKER: Hi, um I'm Jeanne spaz Parisi I want to go over what the process, why Kevin is saying we can't change the auto enrollment for November 14th the system -- sorry. The system is designed to do this automatic callically on November 14th.

And anyone who is auto enrolled on the 14th will receive post enrollment packets identifying who they were assigned to, if they were auto assigned instead of making a selection.

>> AUDIENCE MEMBER: You're going to Jack up everybody's services.

>> JEANNE PARISI: As Kevin said after they get that packet, or before any time notary public 12/21 they can make a different plan selection.

>> AUDIENCE MEMBER: Why do they have to wait a.

>> AUDIENCE MEMBER: You sent the first packet, good chance they're not going get the second packet I guarantee if you auto enroll them they try to reenroll it's not going to work. That's what is going to end up happening then they're going to be stuck again. And we are just talking there are thousands we're 40 percent, that is going in, and this is all

that is going to happen. Screw you and work out great for the MCOs it will equal it out.

>> AUDIENCE MEMBER: It's money.

>> JEANNE PARISI: What MAXIMUS is doing currently we did -- identify, that there's a large group of people didn't get the packets, where we're researching why, to see how widespread this might be. We don't know why that --

>> AUDIENCE MEMBER: You want to see how widespread this is going to be you do know that deadline is coming up.

>> JEANNE PARISI: MAXIMUS is actually researching now. Why that happened.

>> PAM AUER: Why can't the date be changed if it's a computer system bring it back further to ensure that people wanted to make the choice, but didn't get the information, to make the choice, have the ability to make an informed decision, why can't you change -- I'm not hearing that, based upon what you're saying.

>> JEANNE PARISI: The system changes are -- very, very complicated to make and could not even do that. Individuals can still make their choice for 12/21.

>> AUDIENCE MEMBER: You have to make your choice Jean General we're not making a choice --

>> AUDIENCE MEMBER: You're not making a choice I don't want you to

make a choice for me.

I want to make my own choice.

>> AUDIENCE MEMBER: I we don't enroll you're going to auto enroll us correct that's one.

I mean if you auto enroll us, and I got a doctor I'm seeing somewhere I can't take you because -- your stuff is over here I got to see a whole new doctor, which means I got get familiar with that doctor, who doesn't even have my records.

>> AUDIENCE MEMBER: People are enrolled as of today,.

>> JEANNE PARISI: As of yesterday, over 33,000.

>> AUDIENCE MEMBER: Where is the proof.

>> AUDIENCE MEMBER: Oust how many?

>> JEANNE PARISI: Out of 131,000.

>> AUDIENCE MEMBER: You have a third, that's all there is.

>> JEANNE PARISI: Last packets -- the last packets were sent out October 29th and MAXIMUS,.

>> AUDIENCE MEMBER: You'll force auto enroll everybody, just to meet your deadline.

>> JEANNE PARISI: No. What MAXIMUS is --

>> AUDIENCE MEMBER: I can can guarantee, by the time your deadline comes you'll voice everybody to be auto enrolled to meet your deadline.

>> JEANNE PARISI: What MAXIMUS is currently doing after the packets

were sent out the last ones were sent out October 29th.

>> AUDIENCE MEMBER: You know how many people get evaluation there's  
MAXIMUS.

>> JEANNE PARISI: MAXIMUS is currently.

MAXIMUS is provided this for us.

>> AUDIENCE MEMBER: Enrollment date what's so hard about that you  
keep saying if you keep --

>> JEANNE PARISI: What is the date you want it pushed back to the  
problem with pushing it back --

>> AUDIENCE MEMBER: You keep saying the problem you did it before.

>> AUDIENCE MEMBER: You did it before.

>> JEANNE PARISI: No we didn't.

>> JEANNE PARISI: Deadline.

>> KEVIN HANCOCK: So we -- so -- just to be clear, enrollment  
process for the southeast is following the same pattern that it did for  
the southwest.

>> JEANNE PARISI: We did move up -- we did move up the 12/21 date  
we did move up because we wanted to make sure that we had enough time to  
do the data entry required for any plan transfers to take effect.

[talking over top of each ear]

>> AUDIENCE MEMBER: Everything you are doing is completely jacked

up you have attendants not even getting paid.

Not getting paid.

>> JEANNE PARISI: Any specific we need to we need to know about so we can investigate.

>> AUDIENCE MEMBER: Working in the southeast it's not working.

Pointblank period.

>> KEVIN HANCOCK: You have -- you have made your point.

So -- at this point --

>> AUDIENCE MEMBER: Clearly I did not.

>> KEVIN HANCOCK: You made your points.

>> AUDIENCE MEMBER: Lessons learned are why are in the spot as the southwest in the enrollment enGeneral we're not in the same place. The process is the same. But we started earlier. So -- in order to give people more time to started about a month earlier than the southwest.

>> AUDIENCE MEMBER: Didn't happen because people didn't get it we're still at a third 40 percent of this population.

>> KEVIN HANCOCK: So I appreciate what you're saying we would love to have, everybody in this process selecting a plan. But, what we saw in the southwest, what we have seen nationally with a long-term services and supports program, a lot of people just don't pay attention to what

is being sent to them and then they don't make a -- let me -- let me finish my point. Let me finish my point please.

>> AUDIENCE MEMBER: What about people did not get anything sent to them.

>> KEVIN HANCOCK: That's fair we'll make sure we'll find out what happened to them.

>> AUDIENCE MEMBER: You have a deadline, how do you make sure stuff gets to these people.

>> KEVIN HANCOCK: Let me finish my point.

>> AUDIENCE MEMBER: Guarantee, before that deadline you'll rush this stuff out, it will still be jacked up.

>> KEVIN HANCOCK: So -- it is just, it is just, has been a national experience that a lot -- there isn't a lot of plan selection with this type of a program.

And, primary reason is because, the majority of people, in this program are duly eligible --

>> AUDIENCE MEMBER: How many MCOs in the fold? How many? How many MCOs are-an 3 managed care organizations between --

>> AUDIENCE MEMBER: How is the world is 3 managed care companies taking over all this.

>> KEVIN HANCOCK: That's a different question.

>> AUDIENCE MEMBER: You have MAXIMUS is already overloaded still

getting overloaded.

>> KEVIN HANCOCK: We're going to focus on the enrollment.

>> AUDIENCE MEMBER: You're not listening to us. You're not listening to this.

>> KEVIN HANCOCK: I have to say I am.

You don't even.

>> AUDIENCE MEMBER: Don't even give us a seat at the table.

>> BARB POLZER: We have comments from the phone -- Teresa heart man from a service coordination agency has proactively reached out to each participant reviewed the enroll process as well assisting them, this has helped our participants many received the packets but lost them or threw them out we addressed this by reviewing the enrollment materials in person, or via the phone to help them enroll.

We have a comment from Carolyn -- can anyone please explain that the changes in auto enrollment have not been issue in the southwest.

Members have been able to change their provider without issue.

And another from Teresa hartmanni think we can resolve this by offering packet that is a at a few central locations perhaps having a webinar review of the community meeting, so people can attend from home or gather at a central location.

Fred do you have a comment?

>> FRED HESS: Yes FYI -- um, I'm here -- hey hey I'm here in the southwest, I'm in the southwest I was oughted Owen roled and nothing changed for me.

>> AUDIENCE MEMBER: Good for you.

[applause]

>> AUDIENCE MEMBER: People have a right to have a choice you could have sent it out a year ago.

Talk us about not being part of the process every part of the process, no one listens but we keep showing up.

Every part of the process, testified everywhere, said everything you could have started, last year actually sending this out giving people more time they don't know is what going on I'm sorry we talked about this before for us not the rest of the state majority of people live in poverty they have more to do than worry about a letter coming from you.

But we can take to have the computer say we'll help you out we'll help you out, it doesn't come off we can all sit in judgment over the the consumers.

>> AUDIENCE MEMBER: What I've heard Kevin tried to offer some help it was just over talked by everyone.

He did -- -- should could have half --

>> AUDIENCE MEMBER: It has to with people's lives it should have,

it is the State. The State made this decision to go in this direction.

Not us.

Pennsylvania had great services. So now we're here we would like to know what the hell is going on aid.

>> SPEAKER: I agree the community needs more help than other places where you've had different programs or whatever.

It's the community that is suffering, getting.

>> AUDIENCE MEMBER: I have a question -- supports --

>> SPEAKER: Okay.

So a new guy, so endarch usous everyone is talking over everybody's head. So we're not listen to each other.

That's not going to get us anywhere.

That's number one. Number two, going back to the past is not going to get us anywhere.

I'm hearing I could be wrong about this that -- I'm hearing a number of issues.

Some of which may be resolved by extending 30 days. Many of which, will not be resolved by extending 30 days well let me finish hold on.

Okay.

Okay.

I understand that.

I do understand.

I have a son --

[inaudible comment]

I had to learn through the process.

So -- what I'm hearing, and it is not going solve in an hour and a half meeting what I'm hearing.

Is -- first of all, for whatever reason, some people, are not getting information to begin with.

Packages -- let me finish please. Okay.

So is that a problem or is it not a problem, are people not getting what they're supposed too be getting? Is there -- I don't -- I have no idea, what is in play there are other ways to have people get what they need I don't know. The second problem I'm hearing is the support that is required, to make an informed decision, between the 3 providers.

And -- even if they get the package, I'm hearing, that some people are confused.

Not getting the support, they need, to make the choice that is best for them.

Right?

It is assuming they get a package. So, that seems to be a second issue, third issue seems to be around an extension deadline which is short term I'm hearing there's nothing that can be done about the

extension deadline.

But -- my curiosity for action or moving forward is how, are we mutually addressing the issues of people getting information, and -- how are we mutually addressing the issue of people getting counseling to make the right choices.

>> KEVIN HANCOCK: Thank you.

>> SPEAKER: May take time for you to explain to this group, everything that is being done. And you should all listen.

And -- for you, and for you --

>> AUDIENCE MEMBER: Have you been for these last six months. Since -- the southwest enrolled. Maybe you should do more than listen.

>> SPEAKER: I went through southwest.

I went through southwest.

>> AUDIENCE MEMBER: Done listening. We're done listening.

>> AUDIENCE MEMBER: Okay you're done listening where is that going do get us, sir. What are you going do do.

>> AUDIENCE MEMBER: State could do it if you chose to do it.

>> AUDIENCE MEMBER: Do what? Do what? Add add extend the period.

Download the enrollment packet.

Give it to us, it is not a special thing.

>> JEANNE PARISI: If I could speak to the again the extension and the time frame. The reason that the enrollment form is not downloadable

is because the form itself bar coded so that MAXIMUS, is sure that everyone who submitting a form is actually eligible.

So if -- far some reason the web site is not working you should contact MAXIMUS, or the participant help line we'll follow-up why it is not working for you.

You know we can't, have MAXIMUS fix it unless we're informed there's an issue today is the first time I've been told that anyone had trouble accessing the record. So -- if you let me know, you contact the participant help line -- we'll research it with MAXIMUS, and have it fixed as quickly as possible. In addition to that, after the --

>> AUDIENCE MEMBER: Why what did MAXIMUS fix all these years it's a lot of things that are not fixed General enthere are things they have fixed --

>> AUDIENCE MEMBER: Take over something that belongs to us I -- you take over my life general

General November 14th deadline is for planned choice.

If you are auto enrolled.

>> AUDIENCE MEMBER: We don't want it.

>> JEANNE PARISI: Change until 12/21. We have --

>> AUDIENCE MEMBER: You want an extension.

I can't hear you all you want an extension. Or what?

Extension.

>> JEANNE PARISI: If I can finish.

>> KEVIN HANCOCK: So what we have --

>> KEVIN HANCOCK: Let me be clear about there.

So -- people -- okay.

The position of the department is we.

>> AUDIENCE MEMBER: We want an extension we don't want to hear anymore, not just for us but everybody everybody is in the system.

>> KEVIN HANCOCK: You can make a plan change until December 21st, effective on January 1st.

>> AUDIENCE MEMBER: End of December. You can do this -- you all did this on your own.

Without us knowing.

Then you pop up wisdom --

>> SPEAKER: I just got my enrollment packet on October 25th it has not I have not gotten a chance to look over it and pick anything.

I understand the frustration.

>> BARB POLZER: One person speak at a time please.

>> SPEAKER: Nothing is going do get heard.

So -- spit fire every time someone opens their mouth, they need to be heard just like you want to be heard.

>> SPEAKER: Can I ask a question, just -- is there a way to segregate those folks, who are auto enrolled -- is there a way to create

a list of those folks who are auto enrolled and notify existing service coordinators, we that individual, has been auto enrolled because they didn't self select? And then, can that service coordination agency, then be told, go visit this person? And help them to.

>> KEVIN HANCOCK: Answer would be yes.

That -- is a good idea.

We asked all service coordinators in the southeast to to -- reach taught their population what we can do as a suggestion is -- identify, once the auto enrollment occurs to develop a list -- we can identify -- we flow who the people are auto enrolled know who the service coordinators are, we can distribute to the service coordinators the notification these individuals did not make a active active plan selection would you reach out to them work with them, to see if -- if they are happy with the plan they select or do they want to make change.

>> AUDIENCE MEMBER: I understand that people move a lot of times people with disabilities don't think about I got a letter let the county assistance office know where I live, you -- I get this whole thing is -- is very very confusing and very, very difficult.

And, and -- from an end user perspective, even though you know the system and you understand it, the details of those applications get very confusing.

So so what as some kind of compromise, if there's a way to segregate

those who are automatically enrolled, and then, fly each service coordination agency, these individuals, have been automatically enrolled it creates a sense of urgency now, because -- because OLTL is sending a list of actual people's names to service coordination agencies, with the expectation, that they could put feet to the street found them help them enroll. So -- so just a suggestion.

>> KEVIN HANCOCK: It's a good suggestion.

To the earlier point made about service coordination in the southwest we have some great service coordinators in the southeast we have a lot of service coordinators have not really been that responsive . So -- the challenge we have, is to encourage those service coordinators list responsive to recognize that urgency you're talking about. That being said I think it's a great suggestion we'll Communistly we'll definitely we'll give it a try.

>> BARBARA POLZER: Ma'am -- can you come to the mic please.

>> BARB POLZER: Push the button.

>> AUDIENCE MEMBER: I'm new at this. Thank you for your time today, we have -- really since summer reaching out to our consumers we mailed them various times, called them multiple times and -- have gone out to, visit.

To ensure our consumers are enrolled and they have a choice.

But we are coming across a couple of, um issues there are sometimes technical issues with the -- with the enroll CHC web site you cannot make the selection there. So we call MAXIMUS the MAXIMUS number so they could go through there. But one of the thing we're finding a lot of the physicians are not yet, associated and so even -- if the consumer, or participant is ready to make a does are selection, they don't know, who their primary care physician is associated with, because they're still, in that process. so -- I'm not sure what is being done to -- um, educate the -- the physicians help them, et cetera, so they can be in the system I know that, providers are being added all the time.

Bottles -- that's -- also, um -- the delaying our process for people to make the choice.

>> KEVIN HANCOCK: Can speak to that a little bit.

So -- first and foremost, most of like 88 percent of the people who are in the southeast are duly eligible for Medicare and Medicaid if they -- have a Medicare primary care physician they don't need to make a change for community HealthChoices Medicare primary physician can be their prime primary physician. The second part of your question, that sometimes, the -- enroll CHC web site, is not updated with the most up to date network information, reality is, that network information is changing all the time.

The managed care organizations are growing throned works and changing throned works that is also true for the southwest to be perfectly honest. So it is possible that a participant will go on one day may not see their provider but, in a few days, that could change because the record could be updated to, to reflect new and updated information of other providers so -- so, it -- they could keep checking but, in most cases primary care physician is the Medicare they don't have to make a change.

So what we're doing the third party your question, what are we doing to educate. So -- we're working with the Pennsylvania Medical Society and other, other -- entities that support the -- the physical health providers including primary care physicians hospitals et cetera.

Educating them on what community HealthChoices is, we have also, been working with our partners, our Federal partners with the centers for Medicare and Medicaid services and -- they're going to be doing a playing directly to their Medicare providers to let them flow what community HealthChoices is and most importantly, to educate people that, if people have changes to their Medicare coverage they do not need to make any changes to their Medicare coverage if they, don't want to make any changes to their Medicare coverage community health choice asks about the Medicaid coverage that's the education point making sure they understand they can still see those participants, without

any real change to their insurance.

Is that helpful?

>> AUDIENCE MEMBER: Yes.

>> KEVIN HANCOCK: Thank you.

>> BARB POLZER: Carrie.

>> SPEAKER: Carrie Bach sitting in for Tanya, after January 1st,  
what does the enrollment open back up?

>> KEVIN HANCOCK: Enrollment is always open.

>> SPEAKER: Let me rephrase that, when are participants permitted  
to change their MCO.

>> KEVIN HANCOCK: Immediately they can change it at any time.

>> SPEAKER: So after if they're auto enrolled on the 21st, once it  
turn those 1/1 they can change their MCO if they choose.

>> KEVIN HANCOCK: Any time if they change on 1/1 or 1/2, that  
change will effective February 1st, if they change on -- 1/18,  
or January 18th, that will be effective on March 1st. So, we have  
these date rules they follow, people can change their managed care  
organizations, in the system at any time.

We do not have an open enrollment period it is always open  
enrollment period.

>> BARB POLZER: Linda.

>> SPEAKER: I have a suggestion -- as you went out and, did the

seminars on the community HealthChoices.

How many about having some seminars where people can go -- and, have their admission packet looked at they can be enrolled by people that the time.

In a general area to help -- to inform people and get the word out. Within the community?

>> KEVIN HANCOCK: We'll have to take that back thank you for the suggestion.

>> AUDIENCE MEMBER: I want too say that you know what I think that in is a lot of talk about making the you know, certain parts of this process.

I think we have to understand that our community over 100,000 of our people are being asked to advocate for this and away that they have never before and a lot of people like don't want to do that and I mean I think it's absurd like a lot of this language about eligibility, makes it sound like this is a choice that a lot of people throw out the letter say I just don't want to deal with this.

I like thing the way they are I'm going keep going.

But it is not a choice. This is a mandatory thing no one is explaining that to these people.

And, the more complicated we make it, to advocate for themselves I mean we're losing people left and right. And you know, when you talk

about like you know, the -- Medicare you know, educating these people, again through another mailing -- another mailing is not going to do it.

In fact, that's what has gotten us here.

It is so frustrating to me on this side of the table this -- um, I feel like we're being offered up --

>> BARBARA POLZER: We have a request from the people on the phone, that you please identify yourself when you're speaking.

>> PAM AUER: This is Pam Auer I still, not clear why it can't be pushed back if it is a computer system.

I like what she said about a place where people can go once they have the enrollment packet. To be able to understand get the help. What about delaying it so we can do something like that, so people get the help they need. We're talking about people who don't have computers. People who very limited phone, they get crazy messed up with MAXIMUS I don't care if anyone doesn't like that comment, MAXIMUS is not -- my favorite. And they don't get things right.

So you're already, putting all these barriers in front of these individuals, and -- they're from Philadelphia, they're not southwest Pennsylvania. They have their own barriers their own issues, so -- let's treat them like the unique people they are give them the opportunity to educate the community more, give them the resources let them get stuff offline, let MAXIMUS help them, get them to the people who need it

instead of saying no you're giving me address and phone number I'm never going send to them, even though it's the right place.

Do the things let's take that step back it's not going hurt to go to the end of the year, at least I'm not hearing from you in any way, what dead triment to the State, or to the process, that there will be to push it back to give these guys the opportunity to be able to give their consumers educated. All these great idea, service coordinators, yeah iffy on that, but there's some great ones they can do the work too.

I am hearing the volunteering of home care agencies wanting to help as well. There's a lot of people who want to help, why not take that opportunity to give them that chance?

>> KEVIN HANCOCK: So, just the one thing I have to say Pam is that, it is, people can make a can make a choice, until December 21 effective January 1st.

Why is it that not meeting what you're asking for.

>> PAM AUER: Causing chaos and more okayous in someone else's life when you give them a little more opportunity to avoid the -- make an informed decision I've had -- insurance changes.

And how crazy it is, when you have to figure out, okay.

Does this plan do I want this plan or do I want another plan.

First, actually.

You're telling them on November 14th or the -- that's when the switch will be made, when they will be notified get time to make these decisions? Then they have all of their doctor stuff they have to figure out what they put in me, does that work for me? And all my doctors and all my medical stuff? In a timely manner? Does that work I have to do the research on top of that, get me medical. You're talking about people who have fragil, some people are very Fragile I hate using the word Fragile in our community, that's true, some of our community members have really bad health issues you're taking a chance of them having to figure out, this process and figuring out their medical and staying healthy staying out a facility.

>> KEVIN HANCOCK: I mean I completely agree with the challenges and barriers that you just outlined, completely agree.

For just in terms of the process itself there's nothing about enrollments, versus plan change up until December 21st that would -- in any way, make any difference to what you just described. People can people can still have their plan that they want by January 1, all the way up to making that choice on -- until December 21st.

>> AUDIENCE MEMBER: Or after.

>> KEVIN HANCOCK: Afterwards, after December -- actually if you make a -- your choice after December 21st, it will be -- any change you make effective February 1.

>> SPEAKER: The choice is not the issue.

>> KEVIN HANCOCK: They can make a choice at any time.

>> SPEAKER: You can pick any plan you want.

>> AUDIENCE MEMBER: That's not how it works okay.

The people, get the plan they stay in it they have enough going on that's not how it works how are you doing the auto enrollment for the southeast region how is that going to be a third, third, third.

>> KEVIN HANCOCK: Third, third, third.

>> AUDIENCE MEMBER: That works out for some of those managed care organizations doesn't it.

That seems to be the problem, that's our concern.

It is more for the managed care organizations than it is for the person, once they're auto enrolled they don't know they can go on there again they can't go on again, they don't have access, it doesn't matter.

You're not doing anything to help the process. For them to understand, it is the same thing. That's all we ever hear the same thing.

You're very compassionate you listen to us Kevin it doesn't go anywhere.

>> AUDIENCE MEMBER: You have a completely different view than we do.

You only care about the money.

They don't care about the consumers we're not.

[inaudible]

Whatever happens in my life leave me alone.

>> AUDIENCE MEMBER: Kevin you remember --

>> BARB POLZER: Please use the mic and identify yourself.

>> AUDIENCE MEMBER: Sorry about that, my name tony brooks member of ADAPT, I every time I come here I introduce myself to you, from a personally at times too but you remember, we've had, meetings about this extension what it is being rolled out -- in Philadelphia, it is the end of the year.

How many people have you rolled out right now total out there, it's less than what you think is out there. In Philadelphia.

Southeast -- Pennsylvania.

It is a lot of people out there.

We got rural areas which it had to get into -- someone in that aristo -- so --

>> KEVIN HANCOCK: So -- just, can I --

>> AUDIENCE MEMBER: Person like me in that neighborhood -- in the rural accessible neighborhood which is out of all this communication, all this -- how are you going to.

>> KEVIN HANCOCK: Can you restate your question. So I understand it. You're asking -- how we're doing outreach to -- urban areas.

>> AUDIENCE MEMBER: No so everybody.

>> KEVIN HANCOCK: Okay.

So --

>> AUDIENCE MEMBER: The numbers you're showing in there I believe it is not all the numbers of us people with disabilities, out of the Philadelphia right now.

>> KEVIN HANCOCK: These are the number of people we know who are in our program I can say that at least.

>> AUDIENCE MEMBER: Does that include the elderly.

>> KEVIN HANCOCK: Yes.

>> AUDIENCE MEMBER: Does it include children.

>> KEVIN HANCOCK: No.

>> AUDIENCE MEMBER: There's no one --

>> AUDIENCE MEMBER: That's number, we're a third of the population. So that other two thirds is not in. We're going to be auto enrolled that should make the other MCOs happy.

Aid haw.

[inaudible comment]

>> KEVIN HANCOCK: Okay.

>> SPEAKER: We have lives you know.

>> KEVIN HANCOCK: Just to clarify, Nancy is right you're about -- you're about 36 percent of the population. People who are

receiving, long-term care, in the community, are about 36 percent of the southeast population.

Very large portion of the population.

So --

>> BARB POLZER: Sir, I'm sorry I don't know your name can you please identify yourself.

>> AUDIENCE MEMBER: I'm Gabriel brown from north central PA we're the next north central PA ADAPT we're the next region up in my area can we please get -- the -- the enrollment packets sent out or shall not sent out, but provided to us so we can go through it, with our consumers?

>> KEVIN HANCOCK: Sure.

Absolutely.

>> AUDIENCE MEMBER: Tomorrow. Not next year, tomorrow.

>> KEVIN HANCOCK: So it would be -- they would not be specific to your consumers we can give you the generic packet you'll be have able to your participants that's right.

>> AUDIENCE MEMBER: Can we submit them?

>> KEVIN HANCOCK: No we won't be able to start opening enrollment for the -- for the northeast are you from the Scranton area.

>> AUDIENCE MEMBER: Well the Williamsport.

>> KEVIN HANCOCK: That will be -- what we call the northeast zone

-- enrollment for the north east zone will not be available until late summer next year.

>> AUDIENCE MEMBER: We can have the packets now.

>> KEVIN HANCOCK: You can get the packets now.

>> SPEAKER: Why can't we submit them so they can start being coded?

>> KEVIN HANCOCK: There's no way -- they're still -- those individuals have not been identified to be enrolled in community HealthChoices yet. So, if we --

>> AUDIENCE MEMBER: Not part of the program any way --

>> KEVIN HANCOCK: Let me finish answering the question. So -- right now they look like they're still in fee for service waiver they're enrolled in now, if we try to enroll them in community HealthChoices, it will reject because -- it doesn't look like they're in community HealthChoices yet. They have to be identified as moving into community HealthChoices before they can be enrolled.

Make sense?

You can certainly go through -- the information, the enrollment information and actually it would be a good thing to get ahead of communicating with your participants, about community HealthChoices coming your way next year as early as possible.

That's I think that will be great thank you for you're willingness

to be so proactive.

>> AUDIENCE MEMBER: Need the actual form you can't take it offline.

So you'll do nothing for us in the southeast.

>> KEVIN HANCOCK: We can certainly get you a generic form you'll be able to use.

>> AUDIENCE MEMBER: You still can't submit it.

>> AUDIENCE MEMBER: You'll do nothing for us, right Kevin.

You're doing nothing for us in the southeast that's your answer.

>> KEVIN HANCOCK: I thought Shona had a very great suggestion, when people go through after November 14th people go through the process -- we identify, who they were. We reach out to the service coordinators we put pressure on the service coordinators to do that outreach to make sure people are making affirmative -- either they're happy with the plan they were auto assigned into -- or, they could make a -- they could make a change.

>> AUDIENCE MEMBER: Are you going to do that or just a suggestion?

You got like a minute, so the 13th is any second.

>> KEVIN HANCOCK: In fairness to myself, I -- want before I commit to something I want to make sure it's technically possible if it is technically possible we'll do it.

>> AUDIENCE MEMBER: We know it's technically possible.

>> KEVIN HANCOCK: I -- -- I am -- I am fairly certain it is technically possible.

>> AUDIENCE MEMBER: Once you do what you say how are we going to know it's technically possible.

>> KEVIN HANCOCK: We'll make sure it's communicated to you --

>> AUDIENCE MEMBER: When? How?

>> KEVIN HANCOCK: I have lots of opportunity to talk to Nancy, I will make sure Nancy knows, before the end of this week, if technically possible is that fair?

>> AUDIENCE MEMBER: Not really.

>> BARB POLZER: Ma'am? Can you please come to the mic?

>> AUDIENCE MEMBER: I can speak loudly.

>> BARB POLZER: Can you identify yourself please come to the MIC for the people on the phone thank you.

>> AUDIENCE MEMBER: My name is Mrs.

[inaudible]

I'm a home care provider I want to ask Kevin if home care agencies can be involved as well -- because, from my experience, some service coordinators do not do their job I hear from consumers they don't even visit them, maybe once a year they see them give a call once a year.

So -- are you can you involve home care agencies as well.

>> KEVIN HANCOCK: I'm sorry to say I agree with you, a lot of cases

, with service coordinators where they're not engaged, as much as they should be with the population.

We'll have to talk about how that will help, do you mind -- I -- be happy to take your card.

>> AUDIENCE MEMBER: That's fine,.

>> KEVIN HANCOCK: Talk that through with you, if you're part of your -- the Pennsylvania home care association they might be helpful with this as well. Blot -- so -- thank you.

>> BARB POLZER: Ray.

>> SPEAKER: Ray Prushnok from UPMC.

I wanted to just say a couple of things I think, you know first as a member of this committee, I do think that the department did take the advice of the consumers when it came to the timing of the mailings. The increase frequency of the meetings across the southeast. And -- they did really, put forth I think a genuinely, um, strongest to get the word out.

But I also know it is in complete.

You know, not everyone has been reached I do think it deserves to be acknowledged the effort the department put in I also want to just from our experience you know at this point last year, these numbers, are actually, pretty good a lot better than they were at this point last year. And the -- um, the HCBS numbers that's about 17,000 people.

That's over 40 percent, I would venture to guess I don't know what the denominator is I think it's over 40 percent at this point. And the next mailing that goes, the one with the auto assignment last year, was the one that actually prompted the most action. When people got a letter that said, you now have a plan they say I don't know who these guys are I don't want them that prompted a lot more action. So I'm really hopeful that in our December meeting we'll see that HCBS number has gone way up, hopefully you know, to two thirds or -- who knows what.

I mean, it is already, looking pretty good and -- you know, the questions around the 21st versus last year it might have been 28th or 29th.

To be clear, I think from an MCO standpoint, it opens up different risks if we don't have more than just two days to load final service plans into our system.

So it is sort of if you think about it from the other perspective we only have two years over the new years holiday to get the data right so our providers, can see who is appropriately matched up with each MCO, and the service coordinators know which plan that you're in, we need those ten days it really makes a difference for us and -- it you know, it will help this go a lot more smoothly than it did, in the west.

But I doubt that the recommendation to have personal assistants,

workers and have the agencies and the service coordination entities on notice again there is this opportunity there's another 45 or so days in the enrollment period you can change through the end of the year and -- it is important to note that, the State built in the 6 month continuity of care period where the MCOs we pay every claim. We -- doesn't matter which provider it comes from. We you know will work with your providers for the six month period, and -- it doesn't, in are I mean I don't want to say it doesn't matter, in many in ways doesn't matter which one you have auto assigned to, we have to function in that way. That's that opportunity beyond the enrollment period to get to know an MCO and make them a more informed choice there will be more time and word on the street that the point, about -- whether or not we're someone who you want to work with for the long haul.

You know, I hear the concerns I share them, that you know there are going to be people that get missed.

I do think the State has done a great job here in many respects and there are opportunities specifically, we should be pushing the department to get more concrete pushes to home care agencies and service coordinators to communicate clearly.

>> KEVIN HANCOCK: Thank you ray. Can I just -- I'm thinking, Nancy one of the points you made about the downloadable too many it is too late to be able to do anything about that this year, but, can you --

I mean, I'm not sure I can completely understand what you're proposing about the downloadable form I mean, you can print it out I think what you're --

>> AUDIENCE MEMBER: Print it out you can give to people that needed it. So, when we did sessions with could be assumers we would have been able to do something right then and there, it -- you cannot do did I don't see why not it has bear code nothing to do with it, it can be taken off we're just trying every opportunity to help consumers through this process. We're not getting anything out of it, we're not an MCO we don't get anything.

Except a big headache and scared to death for our people.

They don't know it is sad, to listen to them and they have no idea they don't even know that they have that Medicare or Medicaid what the difference is, that's how sad it is.

For the people that have communication issues, the people that have language issues the people with literacy issues and then they just get -- once again, the big government just screws you over. So we're trying to help -- we've been involved since the beginning Kevin we have not not been involved and then, every time we think we know something the next week it's something different we don't know.

There isn't transparency in the process we talked about SEs, lucky if SEs will be here two years from now that's going to go away we see

what is happening we want our consumers to have something through to start understanding the process. All they say is are you going to -- they don't know. That's scary.

This is one part of their life it is easy once you have something every day.

Then you're going to change it.

And that's upsetting we know change is upsetting for everyone. We, have been doing this in this day for 30Damn years now the MCOs come along it is completely different they don't even know what is happening.

You might had a lot more community meetings they didn't get the Daln letter to show up most of them were at aging places.

That's not where they're at.

>> KEVIN HANCOCK: I'll roll it back dot downloadable form I get the constraint about having the bar code that's the way they sort them but, let's -- I would love to have a conversation about that. How we can make downloadable forms a little bit more generic they could be distributed they were able too do that before one of the -- issues with that kind of a process, is that -- they often misenroll the people, misenroll the wrong people if they don't have the bar codes that's the way they identify the population. Take that -- we'll take that as a consideration as well.

>> SPEAKER: Kevin instead of the bar code could it be the MA recipient number.

>> KEVIN HANCOCK: What they used in these type of systems it's a document management system that scans the bar deed through route to the right person, that it is much more accurate than having a computer system reading number when you're talking about many people, it's hard to process something like that, without some sort of level of automation. There's so much of a degree of error that could be involved.

>> AUDIENCE MEMBER: How about an extension on that.

>> SPEAKER: I agree PAS providers should get that -- um, segregate the list because PAS providers have daily contact with consumers and so I mean -- if that could happen, that would -- help a lot.

>> KEVIN HANCOCK: I appreciate the suggestion.

One thing I have to say about the PAS providers it really isn't -- they're committed to doing it they want to do it, it isn't their job it's the service coordinator's job it is the service coordinator's job to do this.

>> AUDIENCE MEMBER: I understand as a PAS provider I can tell you we will be doing that, and --

>> AUDIENCE MEMBER: We are doing it, but I don't have enough knowledge of it.

So, I can't go into details I have consumers -- we help fill it

out and complain each MCOs and then they make their own selections.

I don't have education to do that.

We have online training for providers that you can take.

We'll make sure if you give me your card we'll make sure you get that link that's broadcasted again, so all home care providers know that is something available to them. The online training will give you all the information you need to talk to participants about the program.

Won't answer every one of questions it will help to give the overview to make the choice.

>> BARB POLZER: Okay.

Kevin?

>> KEVIN HANCOCK: Okay.

>> BARB POLZER: Would you like to proceed.

>> KEVIN HANCOCK: Let's jump into the enrollment numbers if that's all right.

Since it is the focus.

So the first -- slide here, shows the distribution by managed care organizations.

And it also, brokes it out by the individual populations

. So the first population or the NFI dual, dual individuals not in need of long-term services and supports.

The break down here has keystone first 11,883 and keystone first if you remember in the southeast, is the same plan as -- AmeriHealth Caritas and the rest of the state.

Pennsylvania Health and Wellness, has 2297. And UPMC has 2819, so -- largest distribution is, to keystone first at this point. The home and community based duals those are individuals duly eligible for Medicare and Medicaid eligible for long-term care receiving their long-term care in the community, they are -- they are, 8343 for keystone first, 1696 for Pennsylvania health wellness.

And 1768 for UPMC.

For the -- community long-term care non-duals those are, individuals who are receiving their long-term care in the community but are not duly eligible for Medicare and Medicaid.

And we are paying a lot of attention to there population.

Because this population actually is receiving their physical health services and hailth choices.

That's 3882 in keystone. And 500 in Pennsylvania health wellness and 588 in UPMC.

The long-term care duals those are duly eligible individuals nursing facilities that's 628 Pennsylvania health wellness, is 579 and, UPMC is 297 that population is actually a concern Linda, this is a concern -- because we have low numbers of individuals who are in nursing facilities

have net to enroll in the program we're working -- we're doing outreach to nursing facilities to try to figure out why.

To raise earlier point with a lot of these populations we're much further ahead in the southeast than the southwest with the population we're much further behind. It is not actually long-term care in the community that's behind, compared to the southwest. It really is, individuals nursing facilities that's a concern for us.

And I look at Linda Litton you're our most important advocate in that area. So if you have any ideas let us know.

Long term non-duals 67 in keystone and 42 in Pennsylvania health wellness and 17 for UPMC and two not assigned, that's the way, 24805 in keystone, 5114 in Pennsylvania health wellness and 5489 for UPMC.

35,408 is the distribution 28 percent, is that right? Jean General  
I don't know.

>> KEVIN HANCOCK: Of the total population, the vast majority right now are the keystone.

So when we go into the plan selection, we already went through these numbers here.

For distribution, and how they enrolled, as you see here the most important, the most common form for keystone, was for the -- with paper enrollments.

And that's also true for Pennsylvania health wellness and UPMC.

Calls, have been second most common form and the web site is the third most common form we really appreciate the feedback about how the web site is working for you.

And -- we're certainly going to evaluate it, is that -- do you want to be a test case I'll be happy to go through it with you, to see if we can figure out what is wrong I have my laptop with me now.

And then -- the grand total is the same. Keystone regardless of the form is -- receiving the most plan selections at this point.

So -- keystone enrollment is reflecting a lot what we saw with UPMC last year with the southwest.

Any questions about the enrollment numbers.

>> SPEAKER: Break out by age.

>> KEVIN HANCOCK: We can get the break out by age.

I should have anticipated that question.

You asked it last year.

>> KEVIN HANCOCK: Okay.

So -- we continue to work with the southeast implementation. We have finished the community sessions.

We'll go into more did he Dale about that in a second. But -- we, recognize that, there might be opportunities for more outreach with certain language based populations or populations that live in certain

neighborhoods in Philadelphia, that we may not have been able to reach, through the community sessions so we're going to be engaging, in a -- in a -- with a vendor in the southeast that, can be able to provide additional outreach that engagement is, hopefully going to be completed within the next six weeks.

For participant education and outreach as mentioned these community sessions have been completed we had 44500, attended we'll see how many attended.

Total sessions under 72, the vast majority were in the City of Philadelphia.

[4500]

Those sessions occurred -- were scheduled in English, Russian, Mandarin, Chinese, can ton knees and we tried to be as -- populations specific as possible.

When it came to the language preferences.

[spanish]

We continue as mentioned with the service coordinator outreach.

That outreach and education efforts, is something that we have been encouraging the service coordinators to the earlier points we have had a lot of what we call meaningful contact, I think it's -- between 8 and 10,000 at this point, is that little Jill?

>> SPEAKER: That's correct.

>> KEVIN HANCOCK: When we talked about 46,000 individuals, we have a long way to go to be able to complete that meaningful -- a lot of it has to do with the fact that we've had struggles getting the service coordinators to be engaged so we'll continue to advocate we very much appreciate the feedback about the efforts that home care associations in the southeast are hearing about the efforts of the service coordinators we're open for any suggestions ones again, Shona's suggestion about, the suggestion about -- potentially doing more targeted outreach with those who are auto assigned will be particularly helpful.

And then, we continue online participant training that is currently in development we think that will be developed within the next two weeks is that right?

>> SPEAKER: That's correct.

>> KEVIN HANCOCK: Okay.

We already talked in length about southeast communication our focus right now is for service coordinators and nursing facilities.

The nursing facility enrollment is a an area we're not going be happy with this at this point we think there might be opportunity we had a higher levels in the southwest, at this point and -- we want to make sure that, nursing facility participants have as much opportunity for affirmative choice is in the plan. Email, we continue to blast the topics the most recent have been related to

Medicare and as well as billing and service coordination, it's, it's we have provider specific training that is available. That -- home care providers for example can access, to be able to answer some of the questions you may have about the program also to be able to communicate to your participants we did have the 9 provider summits with more than 2,000 southeast providers attending that was in June, we make ourselves available at any point the department and our our agents including the managed care organizations MAXIMUS, et cetera, to be available at any time to be able to present on any topic related to community HealthChoices just in site us we'll be there.

And, that will be continuing indefinitely.

So we're doing as much provider education as we possibly can.

Only thing I have to say at this point is -- in a lot of cases it is just that, that -- it is hard, sometimes to get people to meet, as engaged as we would like them to be.

Once again we're open to any suggestions, that we can reasonably accommodate.

Last up Randy will give a detailed of readiness review later on.

But just to highlight some points -- we have completed reviewed all of the policies and procedures that haven't submitted by the managed care organizations.

Nearly awful them have been reviewed and approved at this

point. The managed care organizations, continue to develop their provider networks and, the two focuses that we're paying attention to are hospital network enrollment and nursing facility network enrollments we're at the same place we were this time the last year, with the nursing facilityity enrollments we're much farther behind with hospital enrollments. The southeast has a lot of hospitals and -- that's an area where we do have some concern.

To be honest. Because we have a lot of hospitals that may have been enrolled with one or two MCOs there's some hospitals have not enrolled with MCOs we want to make sure all of them are in the program if they can be.

The monitoring continues in the southwest, but -- monitoring, and -- communication with stakeholders, in the southeast is something that is going to be starting very -- very actively in December time frame as we get closer to the implement dates.

, the monitoring teams continue to work with the Department of Health to be able to monitor the development of the networks for network adequacy.

And, I think you've completed all 3 sites for the MCOs you continue to -- managed care organizations continue to administrator contracting and -- also, training for providers for billing, training for their -- case management systems, claims testing and et cetera.

Any questions about southeast implementation we've already covered?

Okay.

>> SPEAKER: So I'm not going to beat you up but next time could we get an update on how many of the, the participants kind of chose LIFE.

Um, as opposed to a CHC MCO option.

>> KEVIN HANCOCK: The way we have to answer it, good question, we would have to show what the new enrollment numbers are with the LIFE program we can do that we can't say why at this point.

>> SPEAKER: That's fine.

>> KEVIN HANCOCK: Only way we would be able do that is ask participants even the LIFE plans themselves.

>> SPEAKER: Thank you.

>> KEVIN HANCOCK: Moving to southwest operations update. We still have all 3 managed care organizations on corrective action plan when it comes to person centered plan developments.

All 3 managed care organizations are moving through this corrective action plans, taking different approaches and how they're -- working with their service coordinators on educating how person centered service plans are being developed.

They have not graduated from those -- corrective action plans but we see a lot of progress.

We continue to provide technical assistance, with the managed care organizations based upon a lot of feedback from stakeholders and participants recent example of technical assistance we've offered, has been on, providers who support the brain injury population, that -- that technical assistance session had provided to managed care organizations the specific requirements of that population.

As well as, different methods and requirements for communicating with that population as well.

In addition, we will be having a technical assistance session later on this month for nursing facilities that support individuals who have needs, pure group 13, nursing facilities will be meeting with them, to talk about the special requirements for their populations as well.

We also, are working with the managed care organizations on denial notices. UPMC has graduate from that requirement they are approved to send denial notices AmeriHealth Caritas and Pennsylvania health wellness are still working through the requirements and -- we are hoping to see progress in with those two managed care organizations as well.

>> PAM AUER: I was wondering -- about the notices.

Sorry.

Can we find out what is going to change, what happened with the process for it because I've been hearing from people in the southwest people in nursing homes are not, finding out, from their MCO, what

the -- the process would be. And if they're going to talk to nursing homes, the -- the managed cares are going to talk about nursing homes about it, can we find out what that process is, the same thing or what documents -- if an individual is in a nursing home --

>> KEVIN HANCOCK: I don't understand your question.

>> PAM AUER: I can tell, someone is in a nursing home and, they want nursing home transition but they're you know -- denied that.

What is -- what's their appeal process, what is documented? How are people even knowing, um, you know, that they have the right, and, when you're in a nursing home you're doing the transition they say they want a specific item and, if SC says no, are the consumers being educated on that process in the nursing home as well? What they can do?

>> KEVIN HANCOCK: Nursing home transition is not, like a like a -- denial for service in the way that durable medical equipment for example would be a denial of medical service we consider to be a right like you do. If a participant asks to go through the nursing home transition process or even has been identified, to be a good candidate for nursing home transition, they have the right to go through the process. So -- and -- it is the way it's being managed we talked about is, administrative function of the managed care organizations.

And they will be working with -- external entities to be able to support people moving through the process.

But it's not something that a participant can be denied if they want to go through transition for nursing home transition, it's something that they, have to be able to I mean there has to be a process I mean it has to be realistic.

Has to be housing available has to be everything in place to be able to have a successful and safe transition.

Into the community --

>> PAM AUER: They will not know that up front the person has to have that right to try to go through the process.

>> KEVIN HANCOCK: Absolutely.

>> PAM AUER: Okay.

If someone is -- is, saying, that they don't feel they're getting that opportunity, they will go --

>> KEVIN HANCOCK: The department, if you want to go to the department, I think, I can't imagine managed care organizations would -- ever, want to have it, said they're not, supporting nursing home transition as part of their operations.

>> PAM AUER: I get it, it happens we're hearing it is happening.

>> KEVIN HANCOCK: Start with us.

>> PAM AUER: Okay.

Always specific examples when it comes to something like that we want to definitely talk to the participant about that.

>> PAM AUER: The other part if you're in the southwest as well, some -- transitions where the people left without any equipment, that kind of thing is that just a regular appeal process, or is there something special -- when they're going through the NHT process.

>> KEVIN HANCOCK: So, if they're going through the NHT process they need services -- to be set up -- there's sometimes, eligibility is a challenge if the transitioning back to the community.

The managed care organizations should be working with the participants in the agency supporting the nursing home transition.

But, for the person on the phone -- I'm answering another question, but -- I guess we'll be lap I t happy to come back to you.

>> KEVIN HANCOCK: She was answering another call. So -- --

>> PAM AUER: Just the equipment, durable --

>> KEVIN HANCOCK: We're talking through these requirements as you know.

So -- it's going to be hard for me to answer your question specifically it's case by case, what you're asking for is you think people need to have, what they need in place, at the point of the transition to make sure it's successful and safe transition. And -- you're concerned the managed care organizations may not understand what is required to do that.

>> PAM AUER: If it doesn't get provided.

>> PAM AUER: My real question goes out to what you were talking about, what the MCOs are going to do, is talk about, nursing home stuff they're not talking about transition stuff.

Appeals through the rights to denials of plans for nursing homes this is something separate? Than just the transition stuff.

I guess I'm trying to understand that.

>> KEVIN HANCOCK: Nursing home transition a separate process, I would say yes.

>> PAM AUER: They're not going to be talking about what the nursing homes are going -- if they can appeal.

>> KEVIN HANCOCK: It is the responsibility to be -- educate nursing facility gone that way. What is required for nursing home transition.

The work with the providers all of their providers to talk about the process.

Does that answer your question.

>> PAM AUER: I can ask more later. Thank you.

>> SPEAKER: My question to Pam how do we know the process, who is overseeing the managed care? Who is overseeing the nursing home?

No one except the administrator.

We explained over and over again, last two years, referrals have dropped, every since you changed the process, where no one is overseeing the nursing home they knowing, so what is going to change about this

process?

Consumers are not even enrolling from nursing homes because no one is going to help them they don't know what is going on you lucky if you they get mail I don't understand, who is actually responsible when that person is in there, who is going to be overseeing, who is overseeing the administrator of the nursing homes.

>> KEVIN HANCOCK: So that's -- I mean that's a great question actually I think, that might be -- Pam's earlier point Nancy thank you for the clarification that -- nursing homes might be the impediment to nursing home transition that could be a possibility.

So, if -- so if that is the case, the responsibility, nursing home transition is administrative responsibility of the managed care organizations to answer your question, managed care organizations have the responsibility to oversee the nursing home transition process they have to work with the nursing home facilities.

>> AUDIENCE MEMBER: He said -- he said, what I wanted to say.

>> AUDIENCE MEMBER: This is Liam doughtery, Philadelphia ADAPT, what if the MCO owns the nursing home there's a -- obvious conflict there?

>> KEVIN HANCOCK: So -- managed care organization has a nursing facility that is part of a broader network that they're affiliated with, it doesn't matter.

They still have the responsibility to educate that nursing facility to encourage, to encourage nursing home transition if that's what the participant want and -- we'll get right back to you spit fire.

So -- it doesn't matter, actually. They still have the responsibility. And it is a requirement and there are agreements to be able to oversee that process.

>> AUDIENCE MEMBER: Any agency can go over there.

>> AUDIENCE MEMBER: Who is overseeing the MCO? How do we do we even know.

>> KEVIN HANCOCK: The department.

>> AUDIENCE MEMBER: You'll know everybody is in the nursing home. Whether they're getting the information about the MCO and whether they want to transition in. You'll be -- continuing to oversee, all of the nursing homes?

>> KEVIN HANCOCK: Managed care organizations will know who is transitioning, out of the nursing facility, up to the department to make sure that, the managed care organizations are meeting the requirements with the agreement when it comes to the service.

>> AUDIENCE MEMBER: Do they process, is there a personally don't want to a death camp I will not go.

In a nursing home, is there any new process or other -- anyone inventing it?

Any due process, or -- do I have a choice?

>> KEVIN HANCOCK: They absolutely have a choice. It is -- it is the requirement of the managed care organizations. If they're, if people are in need of long-term care it is a requirement of the managed care organizations I think they are committed to this philosophically as well, to offer community based placement for long-term care first.

>> AUDIENCE MEMBER: I have not seen it I have not seen it.

Not many people are getting out.

>> KEVIN HANCOCK: So, different question about enrollment in nursing facilities versus transition. The managed care organizations have -- not only do they have a requirement but they also have the incentive, to transition people back to the community.

Because we all know the community based services is more cost effective than -- that.

>> AUDIENCE MEMBER: I worry about the -- cash Cow thing.

Make money.

Never mind what they want.

>> AUDIENCE MEMBER: My name is Brandon, I'm with Philly ADAPT they have a requirement, in the sense what is the requirement what is the incentive.

>> KEVIN HANCOCK: Do you want me to read the requirement. Okay can you give me a couple of seconds to pull it up.

>> SPEAKER: Ray from UPMC. With -- each new person is there identified if they're certainly newly enrolled in the nursing home facility we're able to perform an assessment, get to know each individual speak with each participant at least every quarter so we watch that documentation from a work flow on our staff, in you're -- know, in our sort of don't want to do really call it assessment of our quarterly structured interview.

We talk to every person, even if they have already told us before they don't want to transition.

We ask them if they want to transition again it is a priority for us it is something we know as a focal point for the department we have someone who we identified we ask people to give it a shot, they may not be able to convince themselves they're ready to leave if they're willing to talk to our partners Jim or Shawna or other folks we work with, around nursing home transition we set up that conversation again for their consideration.

In terms of the incentive side of the this the way that, CHC is set up from a rate perspective if someone lives in the community or in a nursing home the State is taking those dollars they smush them together in one rate down the middle so we don't get paid enough so to speak for people living in nursing homes we get paid too much on the community side we're incentivized each year to not only rebalance but

to rebalance faster than our competitors so -- it is, all of the financial incentives are sort of pushing the -- you know, the community level.

>> SPEAKER: Are you saying we move out nursing home, you all get the incentive, of us moving out of the nursing home.

>> SPEAKER: Yes.

>> SPEAKER: See.

>> KEVIN HANCOCK: So -- Ted, this is the literal requirement for nursing home transition in the agreement. The CHR MCOs must provide nursing home activity to participants rate are reside understanding the nursing home facilities who express a desire to move back to their homes, or other community based settings so -- to answer your point that's the expression of the right on the part of the participants the CHCMCOs must provide nursing home transition activities using appropriately qualified staff, whether employed by -- or under contract with the CHCMCOs we have the requirement they demonstrate qualifications for nursing home transition not everybody, is qualified to do nursing home transition.

There has to be a lot of experience, a lot of understanding what that transition actually means.

So, not everybody will -- will be a nursing home transition

contractor that being said the MCOs have a requirement to present to the participant as a right. So --

>> BARB POLZER: Shawna you had a question.

>> AUDIENCE MEMBER: This is just -- a comment, but without an expedited enrollment process on the community side, it is not possible because you can get, into a nursing facility in 24 hours.

You can't get community services in months, so -- we need, we really -- I'm saying this, in this room, so it goes on record, because we really need to solve the enrollment issue, because there are people in nursing homes today -- that can't get out because they're not guaranteed they will have attendant care on day one. So -- it's a real problem so, so -- you know, to someone's point -- it's not the same, because -- you can go to your doctor tomorrow, and, say you want to go to a nursing home, and they can find a reason to put you in there.

But you can't go to your doctor tomorrow and say you want attendant care at home get it the next day. It's not possible.

>> KEVIN HANCOCK: Two different problems do you want to talk briefly what we're doing technically to address the transition issue from nursing homes to -- home and community based services.

>> JEANNE PARISI: Yes. We have identified that there is an issue on nursing home transition.

And if someone has been determined eligible for nursing home

services there's still a delay and often a gap of couple of weeks even for the financial eligibility for the waiver to be determined.

So we've been working with OIM over the last several weeks.

>> KEVIN HANCOCK: Office of income maintenance.

>> JEANNE PARISI: In order to identify a process that will allow some individuals already enrolled, in MA in the nursing facility to -- use that eligibility to go right into the community whether they're ready, so there's no gap in services.

And, I would think within maybe 3-4 weeks, you should see more information coming out about what that process will be.

Our target date is January 1st.

The issue of the hospital, we don't have a resolution to yet.

>> BARB POLZER: Eric?

>> KEVIN HANCOCK: Can we have a microphone for him?

>> SPEAKER: Hold on Eric.

>> SPEAKER: I can't reach it.

>> AUDIENCE MEMBER: Is it more expensive to live in the community, than in the nursing home?

>> KEVIN HANCOCK: Just the opposite. It is much -- on average it much less expensive to receive your long-term care services in the community than in the nursing facility.

>> AUDIENCE MEMBER: That's what the way I understood it, also.

>> AUDIENCE MEMBER: They don't get reimbursed for the nursing home.

>> SPEAKER: The point I was attempting to make is that, so -- it cost less to -- cost less to serve someone in the community, it should be -- cost more to serve someone in the nursing facility, we're paid the same whether or not you're in the community or nursing home. It is sort of -- the model is a blended rate we get paid exactly the same. For someone in the community than we do -- the same person in a nursing home so there's incentive for the plans, to identify people that could benefit from living in the community.

>> SPEAKER: Okay.

>> KEVIN HANCOCK: Okay.

Thank you Eric.

>> BARB POLZER: Okay.

Spit fire.

>> AUDIENCE MEMBER: You know,.

>> BARB POLZER: Come to the microphone please.

>> AUDIENCE MEMBER: Is there any -- you never answered my question.

Is there any due process so unscrupulous doctor wants to show someone put someone in, do they have someone that defend them, maybe they can have attendant care like a great concept of cash Cow you know what I mean?

Do they have any due process.

Is there no -- they do nothing.

Excuse and summary you know.

>> KEVIN HANCOCK: I'm not a lawyer to answer the question about due process I can say people have the right to live anywhere they want to live that's what our program assigned.

>> AUDIENCE MEMBER: We don't get a right. Here we go again following orders right and left.

>> SPEAKER: Liam Dougherty, maybe I misunderstood the math, there are many cases where if it is more, expensive to live in the community than in a nursing home, I mean --

>> SPEAKER: Oh please --

>> AUDIENCE MEMBER: I'm just saying if -- if there is someone who requires, a lot of care, um,.

>> SPEAKER: I require 24 hour attendant care.

>> SPEAKER: To feel like there's a financial incentive for the MCO to keep them in nursing homes is that am I misunderstanding --

>> KEVIN HANCOCK: So like, so -- just -- I'll repeat what you said in a little bit of a different way, if that's all right.

We do have cases of people who are living in the community, who would be the average cost of their case, is -- more expensive in some cases it would be more expensive than a nursing facility that is true, that being said our program, is set our -- number one goal for

community HealthChoices is to provide long-term care in the community, if that's a participant's preference. The requirement -- number one, just let me finish the number one requirement, for managed care organizations when it comes to long-term care, is to -- to reflect participants preference and if a participants preference is to stay in the community regardless of their needs, regardless of their cost, it is a requirement of the MCOs to be tabl to be able to do that.

>> SPEAKER: I want to speak to the fact that it seems like, before we were saying that there's a requirement and an incentive, they're both pushing in the same direction. So that should put us at ease but sometimes those two things, can be -- in opposite directions we shouldn't trust that the MCO should make a decision based upon financial inare --

>> KEVIN HANCOCK: So just to be very clear, we are counting you on as an advocate to give any case you think that's not working out that way.

>> AUDIENCE MEMBER: Does that mean that -- so I -- I'm, not understanding what that means --

>> AUDIENCE MEMBER: We have no access to the information so how do we do that?

>> KEVIN HANCOCK: So -- people will come to you and complain the department's responsibility to investigate it, we'll be looking at that

ourselves.

>> AUDIENCE MEMBER: They live in a nursing home, they are not going come to us to explain they don't have a phone.

>> KEVIN HANCOCK: You're talking about -- --

>> AUDIENCE MEMBER: Only way we knew stuff from the -- we actually have the information who wanted to move out or said they wanted to move out.

Now, you know according to your Regs if they ask, a lot of people they can't ask, that will not be happening so I don't know what you do then.

But it doesn't mean they won't get out a lot of times they knew about it because you you were at the bed talking to them talking to someone else, that's how they knew, the nursing home will not tell them this is something they can tell them, move out.

>> AUDIENCE MEMBER: Cash cow again.

>> KEVIN HANCOCK: I have to say you'll have to partner with the managed care organization when's it comes to nursing home transition because -- I think, to your earlier point those two, the -- the requirement and the incentive, and aggregate are pushing in the same direction.

The system is -- is designed, to support people, to receive their long-term care in the community that's the way it's been designed

so you have a partner in the managed care organizations, the managed care organizations are doing a lot of nursing home transition now in the southwest.

They're pushing in the same direction.

>> AUDIENCE MEMBER: If and all of us not just me all around the State, if referrals have gone down the last two years since we stopped getting the MDS information, can you please tell me how it will get better when it's going down.

>> KEVIN HANCOCK: The question would be, whether or not the nursing for nursing home transition services what is the different with nursing home transition they have an opportunity to partner, with the external entities or they can do it all themselves.

>> AUDIENCE MEMBER: You know, we had this conversation, over and over I could just pick the one nursing home, same people for umpteen years as soon as stop the process they did not do one referral, now I understand there's 11 other providers we ask the other providers there was not one referral. Because you're not watching them. They're not stupid.

Their self interest is to keep people in the nursing home and unless they hate you. Then they want to get you out right way. So it completely changes it is not, just me.

I -- I talked to the others. So fine you can have 20 providers.

But if you're not getting, one referral, from that place, something is really wrong.

>> KEVIN HANCOCK: Referrals are coming from the managed care organizations and community HealthChoices.

Managed care organizations will be managing over all process they will know, Jill was making a point to me earlier what is different in the community HealthChoices nation to -- the nursing facility case managers, everybody has their service coordinator assigned to the managed care organization as well the service coordinators will be working with the participants in independently of the nursing facilities, to identify if -- they're going to be developing a person centered service plan. And if that person wants on the person centered plan it has to be accommodated it is the right of the participant to be able to receive that.

>> BARB POLZER: We're running extremely behind time so I'll ask that -- that we hold the questions until after the presentations now.

>> KEVIN HANCOCK: So -- so thank you Barb. So -- we wanted to give a quick update on the monitoring reports we were receiving from the southwest. We will be providing a number of monitoring reports in this meeting, through the course of the implementation of community health choices.

One of the, monitoring reports, that will be, presenting today -- is,

what we call the participant nurse hot line statistics, I'm not going to read this statistic we have a slide for it, we'll slow it show it, you can review and ask questions.

Grievances and complaints will be

available for December 6th the detail will be available on December 6th services not delivered will be available in January, 2019. We've had some interesting experiences in trying to collect that data. But we expect that will be something that we'll be be available in the January time frame. Monthly changes to person centered service plans will be presented today.

Person centered service plan activities will be -- presented in January.

Denial log, will be presented in the next meeting in December.

And, the first slide, shows participant hot line calls results statistics by managed care organizations by month.

And -- as see here, it varies, a lot of those calls were, early implementation time period which is not surprising.

And sort of steady pretty much since -- March April -- average similar numbers of calls for the number of calls received and the number of calls answered within 30 seconds.

Next slide shows more detail on -- participant hot line that's the number of calls all 3 of the managed care organizations are meeting the requirements for service levels the next slide shows --

person centered changes the volumes would should be extremely low  
extremely low for the first six months because of the continuity of care  
period they continue to be low because of the correct I have action  
period as well.

They will show changes whether there are increases or  
decreases.

To close out the presentation for me today, reminder of the  
CHC MCO contact information.

Including the web sites email address and 180 number next slide  
shows the standard resource information including the Listserv  
information you can sign up if you have not signed up I can't believe no  
one in the room has not signed you if you have not signed up we  
encourage you to do so, encourage you to look at the CHC web site it  
will provide the most up to date information about the program we  
encourage you to continue to look at this sub-MAAC web site to provide  
see the transcript information as well as any presented in any of the  
sessions email comments email majority RA mailbox -- is listed for any  
comments or any questions you may have for the program. As well as the  
-- the provider line in the participant line where you can submit any  
questions.

>> SPEAKER: Fraud, fraud --

>> KEVIN HANCOCK: The independent enrollment broker 800 number and

-- web site, is listed here.

I have been called a fraud by spit fire for the last 18 years I love her to death she say great advocate. With that -- I think, we can it turn tougher -- Randy to provide any updates on the readiness review you think are necessary I covered them all.

>> RANDY NOLEN: You covered them all, let's turn to the MCOs at there point.

>> KEVIN HANCOCK: You covered enrollment you answered all the questions.

>> BARB POLZER: Okay.

Thank you we can have the MCOs come up front and open up for questions.

>> BARB POLZER: There is dead silence do you guys have presentations or are you just waiting for questions?

>> SPEAKER: This is open QA today.

>> BARB POLZER: Okay.

All right.

Okay.

That's okay.

I'm sorry.

I'm sorry I don't remember your.

>> SPEAKER: Gabrielle brown I have a question about home mods and

-- do we have a -- can we get, an average time frame of like requests to denial or -- accepta acceptance? In a lot of cases -- the thing that block people from getting back to the community -- in the nursing home is not having the necessary, home mods in their community, the place of residence.

>> SPEAKER: It is -- it's Patty from AmeriHealth keystone first, I don't know if there's a time line

we're not in a process of denying services OLT is still looking all the denials we are responding evaluating home mods within two days.

We have made, um, some modifications, in our process, in as we began to evaluate, some of the home plods especially those that are pretty consistent the need for ramps, grab bars in the bathroom, those types of home mods.

We found that the need for 3 bids was actually slowing down the process.

So, we're working with our nursing home transition teams, that we're going to set a dollar amount, so if anything is less than a certain dollar amount we're not going require 3 bids.

Because what we have come to nurse, is that, to say we need grab bars.

There are contractors saying I'm going come and bid, the same guy is bidding he is competitive you tend to use that agency I don't want to keep going in and bidding so we're having trouble getting multiple bids for products, or services or home plods when one

of the nursing home transition teams may have the very good relationship, with a contractor that think been successful with, that we know is competitive much so we can get in, so we're revising our process, to try to streamline that, we think that will decrease some of the weighting time, we're looking at that process to see if there's anything we can do, but we are as we're continuing to expand through southwest, taking that as lessons learned and modifying and trying to streamline the process as much as possible for home mods.

>> SPEAKER: I unfortunately this is Ray from UPMC I don't have an average time frame but it is something I'll -- I will look up and figure out I mean as Patty points out there are multiple steps sort of from the point of assessment or -- request, and then, you know, there's a home visit, that occurs, to scope and that's where we are have an independent evaluation from you know a home mod professional and our -- on our, um, that we have contracted OT or through NHT partner. You know, a lot of work with BFI in particular.

On these things getting bids to construction I don't know honk each of those steps is taking, what we have done you know hundreds of home mods to date I don't know exactly how long they will take.

>> SPEAKER: This is Anna with PA home and wellness I have to echo what ray said I don't have a number today.

But -- we're -- we're voluming our process we're revising our process as we go through.

To -- streamline a little bit proper so somewhere falling between AmeriHealth is and where UPMC has landed.

In that same boat.

>> SPEAKER: Can we get the number next month.

>> KEVIN HANCOCK: Can I -- just speak to that, we actually, have presented some numbers on home modifications to the consumer sub-MAAC if we flow, if this is something that the committee or the audience is interested in hearing, ahead of time just let us know we'll make sure we have that data available we'll have it compiled but did is a great question. Really a great question. Just we need a little bit of in -TSZ we'll make sure we'll have the data available we can have it available the next time.

>> SPEAKER: Thank you.

>> KEVIN HANCOCK: I was asked to present at the consumer sub MAAC again so -- I'll have it available for the next meeting is something we can definitely have available.

>> BARB POLZER: Matt.

>> MATTHEW SEELEY: All right. Good morning.

Still -- Matt from the SILC, issue that has come up in a couple of forums, I know the panel some members of the panel here, at the rehab

council and the -- PADES last week is employment.

I know they all have an employment function. But, CHC consumers, have to be referred to OVR first.

I don't know, if they can answer this.

Maybe Kevin can.

Members of OVR are very worried about the influx of people coming to OVR I'm I would that

exhausttion of OVR resources will trigger their function of employment.

>> KEVIN HANCOCK: Do you want to give that a shot I think the department should answer

it.

>> MATTHEW SEELEY: I encourage next meeting in the future someone from OVR be invited to this meeting.

>> KEVIN HANCOCK: I love I love that idea.

>> SPEAKER: Hello everyone. We are working diligently on employment in and trying to work that initiative.

And we're also working with our Office of Vocational Rehabilitation, OVR, one of the things that we're doing is, looking at an option where if for whatever reason OVR is unable to begin a process with the individual, so after -- after an initial referral to OVR, for employment services or employment related services that we would after a certain amount of time, be able to allow people to be able to use the job specific services in the waiver program. So we're

looking forward to that time and actually developing a process where, indeed the person has to approach OVR and be, complete an online assessment, to get to OVR services.

But, if for whatever reason they're not able to get to the person because of the resource issues or anything like that we don't want to further hold people back from employment opportunities. That is something we're working with and discussing with the MCOs and the employment plans as we go forward. You'll hear more about that, as we communicate that out hopefully that will be very soon does that answer your question.

>> MATTHEW SEELEY: I have a follow-up if you'll have someone, at a later meeting talk about this? I can wait.

>> SPEAKER: We're type do that.

>> BARB POLZER: Okay.

Shona do you have your hand up?

>> SPEAKER: No.

Pam?

>> PAM AUER: Follow-up to the -- um, home mod question.

Patty whether you were talking about the -- with the HT if they need a quick ramp or the bars or that kind of thing who is making that as those decisions, are they trained, um, I guess, what would trigger that -- there's a a lot of questions based upon that, because I'm concerned

that some people who, may not know transitions very well, want to get out real quick, out in the home, polite not be seeing the -- the bigger picture that some other, home modifications programs do, maybe more trained on HTs who is making those decisions.

>> SPEAKER: We're partnering with the community nursing loan transition teams.

And all of our home mods, we -- um, request that PT/OT evaluation to occur.

So evaluation will occur, especially those that kind of inherited as we move to CHC, when we received, those request for home modifications, we notice that a lot of them the initial requests may have been made more than 3 or, five or six months ago, work had not been started, we went out and made sure we did a new evaluation, because there could have been a change in the environment, could have been a change with the participants needs we're doing the evaluation, and thin, we will be empowering our nursing home transition teams that are working with us with our home mod partners to kind of give them that freedom if you have someone in a specific area, that has installed grab bars has done well for you, and we have not experienced any quality issues, then you would not have to receive 3 bids we're looking at, putting a dollar amount on it.

Then of course if there are any quality issues then we would work

with the home mod nursing home team and, if there is a specific contractor, that there's an issue with then we would of course, relook at the bid process they're included in.

>> PAM AUER: Not necessarily thinking about that quality of the --

>> BARB POLZER: Pam use the microphone.

>> PAM AUER: Sorry I turned it off.

I guess I'm not, thinking this much about the quality of the, um, of the contractor as much as, seeing the whole person's picture when they're leaving a facility you're looking to the NHT, and then, um, are you also, when you, talk about PT and OT, are you including -- people that -- I don't know what certification, um the people who are already doing -- like, Rick are you looking at their certifications or -- when Stewart Kreiger she does currently for our NHT the home view of the, the home and what is needed and what is necessary not necessary.

Are you including those as well or just PTOT.

>> SPEAKER: We are including the whole team from the nursing loam transition teams. And home modification partners when we're doing that of course the participant is included.

And that is well, that is not -- the home mods are not limited just to the nursing loam transitions.

I mean -- we have individuals that are in their homes today.

That because either changing condition environment, et cetera they

need a home modification.

You know we are working with that individuals we know there's a certification for individuals also.

That is around modifications so we're including them as part of the treatment team.

>> PAM AUER: One more question.

>> SPEAKER: This is Brenda Dare I have a comment I would like to make regarding all of the home mods.

>> PAM AUER: I'll ask about DME after that.

>> SPEAKER: Okay.

>> SPEAKER: You first Brenda.

>> SPEAKER: Okay.

With the OT and PT -- is wrote in there I would like to see, a process happen if there's a disagreement, between the participant and their support and what needs the therapist recommends because I know sometimes there's been a barrier here in the southwest OT or PT, not as knowledgeable as in-home products and how a person functions outside of the environment, those evaluations could have more power to the goal of getting someone transitioned. So I just want to make sure there's a layer built in where someone can shelter what is offered in that evaluation if it doesn't go well. Pooh.

>> SPEAKER: They are because is part of the discussion and if we,

if we did not approve it entire home mod to say we have done evaluation, and -- we agree that, there needs to be one egress and one exit in and out of home and one exists, um, that -- that is really the primary, in and out of for the participant if there's any type of our home modification that may vary from what was initially requested it's included in the denial letter it's actually one of the examples that we had to develop to send to OLTL for their review so that would immediately, give the -- the participant the appeal rights.

>> SPEAKER: Thank you.

>> PAM AUER: I wanted to know, um, how -- how things are going with the DME because in the southwest because -- I'm not hearing I'm hearing some things making me nervous not getting the DME transition it is taking a really long time, people are living without it, necessary DME being denials. What is the process for someone to get -- the requested DME is there some kind of a hold up or -- what is happening if you want an example I heard two choices one individual told me of -- two people transitioning with out one person transitioning without a bed. He had no furnish fishing, in the house, slept two days in the power wheelchair a gifted power wheelchair it wasn't he requested a power wheelchair as well was denied that. That's one example there's a couple of I have heard of.

>> SPEAKER: So -- for as to that transition process, that's all

captured in the plan and, identified and reviewed for the equipment that might be necessary.

That might be necessary to aid in the transition.

We have not encountered any issues with the delivery of the equipment that I'm aware of, if you have something -- or denying I'm not aware of denying the equipment either. So -- if there's something that you're aware of it's relative to AmeriHealth Caritas, community HealthChoices please reach out and let us know we'll touch base with our service coordination team as well as our utilization management team to make sure there's something happening there on our side.

But specific examples related to us please reach out let us know.

>> SPEAKER: And -- Pam the only thing I can think about that may be a challenge with an individual, is if they are transitioning from the nursing home they have an MCO while they're in the nursing home when they transition out if they did not, eligibility process if that eligibility process, is occurring after the transition if an MCO can't deliver it because the participants no longer with them I'm not sure but -- again if it is with us please share with us.

>> SPEAKER: I think -- yeah.

I think I have to hear more about a specific case if it is with us I want to take time -- I think with, nursing home transitions that is highlighted an important point that we are, you know looking to address

those gaps in eligibility and -- but that, you know should not be a barrier in these cases there were, you know, there were certainly some challenges with the DMEs as the program launched, you know, just the primary irsecondary payer pieces with NF Is in particular, with NFC participants we were on the waiver, we -- I think, have a fairly fluid process, where you know our -- if it would normally be covered by Medicare and we, you know, or -- we work with another Medicare payer we just make sure it's on the service plan and, it goes -- right through. So -- but again I think, if there's specific cases please bring them to our attention we'll work through them.

>> SPEAKER: Pam, um, PA health wellness contracts with a number of DME companies we're not getting, those kinds of complaints we've had some denial issues with them just on coding.

But then it's getting corrected so -- that's not really the issue.

If you hear of anything, call directly.

>> PAM AUER: I don't know if the person is bringing to the attention of you guys.

>> BARB POLZER: Jim dive question?

>> SPEAKER: Sorry.

3 quick comments one was -- um, back to home modifications, um, when I talk about that the presentation on housing the other thing that I think about it, people are going back do feareddable housing

communities more off the an mandated to do reasonable accommodation as well we did the partnership with ray with a couple of transitions we've done, we were already prepared to do that we have providers in mind, actually worked very smoothly.

So folks are going back to affordable housing, tax credit HUD type of situation, actually have additional resources under the circumstances.

And then, maybe my friend from the LIFE program could comment better on this than I do. But LIFE has been doing this for a long time. So a lot of times when we start, transition planning on nursing homes we'll start talking to the LIFE programs you know from the first or second day -- they often have the most flexibility in doing home modifications, and -- do a lot things outside of the scope of the normal process that's often has been a good resource for us, that's been a good resource for us in the past for community HealthChoices then lastly I would say about the equipment issue I've heard from the housing service coordinators ray some of these were related to some of your didn't you make a few contract changes -- during the process, few provider contract changes I understood that during that process, there were a couple of, delays in DMA, once that process was over, it is now back.

[DME]

Now it's back, that's only thing I've heard from the our team and in the southwest.

>> BARB POLZER: Tony and then Shona.

>> AUDIENCE MEMBER: Yes we have been talking about Tony brooks.

We've been talking about transitioning what about the person in the community and needs a DMA of the home mod. What is the process on that?

>> SPEAKER: The individual would work with their service coordinator, and -- again we would do the same thing we would go out, do an evaluation, could be a bathroom modification.

And there's a need to replace a tub with a roll in shower.

So the service coordinator would work we would coordinate, we have home mod partners, construction partners. And then, they would work with the participant in the service coordinator to go in and complete the home modifications.

>> AUDIENCE MEMBER: DMEs too.

>> SPEAKER: Yes.

>> AUDIENCE MEMBER: What is -- because I am in the process of getting a wheelchair replaced.

I have my evaluation done in August.

I've got my approval letters I'm still waiting for the wheelchair.

Is it -- a bit that is going on, what is lapping?

>> SPEAKER: So -- from a wheelchair once it is approved, and we re lay to the actual provider that is supplying the equipment, obviously

depending upon the amount of customization it would take place that could extend out and have a delivery of potentially six to 8 weeks or a little bit longer but for standard equipment, most providers would have, in stock, that's -- within a couple of days that equipment should be going out. Now, again, it is, each individual is different and depending upon the equipment that they need, based upon that evaluation it could take some time to create, that piece of equipment for that individual.

But, you know, general time frame for a custom seating and everything would be 6-8 weeks what you're looking at.

>> SPEAKER: You should, your service coordinator should be having a conversation with you and -- providing you with an update on an anticipated delivery date.

>> AUDIENCE MEMBER: I've contacted my insurance my service coordinator the DME company you know they're telling me, it is in the process of acceptance but I've got employee acceptance from the insurance company.

>> SPEAKER: So that's, that's a situation where once, you're enrolled with the our health plan if you're going through that, that's where the service coordinator, if you're not getting that answer from the -- the individual provider, they would reach out to our provider network team, to have a conversation with that provider to find out,

exactly where it is in process. Because, if they're saying they are waiting on authorization that's where the service coordinator comes in and will be able to show that, hey it is already approved here's the actual approval, move forward with the equipment.

Or, if there's a challenge with that particular DME supplier then we need to be aware of that as well and take the appropriate actions from a -- from our perspective.

Thank you.

>> SPEAKER: Tony we have a similar process if you're not getting an answer we have a team called the rapid response team and they have a requirement to respond within 48 hours to -- um, resolve the concern and we would track it down and see where the gap was.

>> SPEAKER: Thank you.

>> BARB POLZER: Shona.

>> AUDIENCE MEMBER: Two comments on previously mentioned items first of all back to home mods with the, um, OT and PT one of the things that we have found is that, OT's even though they're trained, to think about how a participant uses a home modifications they don't, always do that.

And so, function the way someone functions is getting ignored and we come in, after the OT evaluation we have to educate the OT, about why what they recommend, it is wrong.

So, I really hope that we can continue that partnership with that the OT's recommendation is not the only recommendation that each of the 3 of you, would consider.

Secondly I want to talk a little bit about, I want to add to the DME question, um, in particular with nursing facility transitions, we've had situations where people have transitioned, and their bed was not delivered until 7:00 at night.

And, it is really difficult, to get someone ready for bed, if they don't have a bed.

And -- so I really hope we can come up with a standard I get it.

That some of you don't know whether tomorrow, they will be your recipient or not I understand that.

In cases where you do know if that could be delivered the day before, and set up the day before, they get home they can lay down, even if it's in the middle of the day that would be, really awesome.

Lastly there's another issue that's not been discussed that is -- workers as a PAS provider I want to incentivize my workers to be available for the best jobs they can do.

There's a worker shortage all across Pennsylvania.

And we really need to solve that problem together.

It is -- really hard I can't even, describe how difficult it is, to find workers in any area but in particular the rural areas I want to

know what each MCO is going to help us to incentivize finding those workers because -- I'm not, in PAS yet for -- um, CHC but -- it is really scary to me because, we have to respond to thing like missed services.

If I don't have a person to send out to someone, I can't provide service and so I think we need to we need to, incentivize the worker, I think we need to think smart and work together to solve this problem.

So -- are there initiatives that you're all working onto help us as providers, to get a better worker get someone who is going to want to dottles jobs? You know, because -- we have not had a rate increase in Pennsylvania for 9 years.

And you know, I can't, I am doing as much as I can to incentivize my attendants but I can't do much more.

Because I'm almost at the ceiling.

>> SPEAKER: That's a good point, Kevin I know all 3 MCOs we were asked to put together a presentation for the -- the long-term care Governor's council meeting and, it focused on our efforts what we were exploring doing, et cetera around direct care workers and work force Kevin I don't know if it is, possible to share those -- the presentations.

>> KEVIN HANCOCK: Sure.

>> SPEAKER: Share the presentations perhaps, Kevin can add them or

-- include them somewhere because they were shared and it kind of outlined all 3 approaches.

>> KEVIN HANCOCK: So the approaches are, for the long-term care council that was a public meeting as well so they are available publically.

We could add -- I guess we can find a way to add to the web site to -- at least, link to our web site, to make sure, make it, clear what the 3 MCOs have proposed to save time.

But, if we continue to talk about this, and just to be clear we, administration completely agrees with the initiative for looking for opportunities to incentivize direct care workers and the need to build a strong robust direct care work force.

We, can talk about that as a specific focus of MLTSS sub-MAAC in the future as well. If that's acceptable to everyone.

>> SPEAKER: Thank you.

>> BARB POLZER: Okay.

There's a question from the phone.

For all 3 MCOs will external SC agencies be offered as a choice during COC for newly enrolled waiver participants, enrolled after 1/1/19?

>> SPEAKER: For UPMC, the answer is usually no.

If in some cases we, did make refers in the southwest like we did in

the west and the southeast we'll assign new cases almost every case to internal service coordinators.

>> SPEAKER: For keystone we have actually been meeting with the service coordination entities in the southeast, we'll follow the same process as we did in the southwest that is, once the agency, has completed their interRAIs and are comprehensive assessment on legacy participant cans show they understand the tools understand the process we'll make new refer states to the entities.

But not until they complete with they're current legacy participants.

>> SPEAKER: And there is Anna from PA health wellness the answer would be yes, we will ensure folks have choice, identifying what areas service coordinators are located and -- then individuals can choose or if they come forward and they selected PA health wellness already have a service coordination entity in mind, they can voice that we will help connect them with that service coordination entity.

>> BARB POLZER: Do we have any other questions?

Gabrielle?

>> AUDIENCE MEMBER: Yes -- thank you. I'm actually, asking this for this gentleman right here.

His name is Jessie I don't know if you can see him he is behind me.

But -- he had some frustration when he moved from an they're did have an MCO I believe Altoona, yes. He moved from

Altoona to Williamsport where we're from, he had a gap in services we talked about a limb bi little bit we talked about it briefly of six weeks he had to pay his caregiver out of his own pocket.

He has already been here he was already in a waiver, here, originally.

On top of that, he attempted, he had to transition from a nursing home, to another nursing home and then, go through the NHT process to get back in the community.

So what's being done to help people to avoid -- being in similar situations to Jessie.

>> KEVIN HANCOCK: So -- six weeks is unacceptable. There's no reason why he should have had any type of gap in service if is he trancing from CHC into the community. There's a process, that transitions a person from managed care to fee for service but they're still eligible for long-term care moving from one area to another.

This is a assured if -- the problem for people, um, is a short term problem because once after next year, everybody will be a managed care so that kind of transition will not happen again. But -- six weeks transition is, unacceptable I have no idea what -- what have caused a problem that would have create aid gap like that, we would be type look at his case to big outbreak sure it doesn't happen to him or anyone else again. If he was going from nursing home -- if he was moving

from nursing home to nursing home -- it is almost impossible to understand why there would be any he will gentleman eligibility gap at all I could see if someone is transition purchasing managed care to -- to fee for service that, the -- office of income maintenance has to change the record a little bit.

It should still not had a lapse in any type of coverage in a nursing facility, they're both state planned services should not been any eligibility gap at all his case, hopefully is very unique.

We would love to research it a little bit to find out what happened it's absolutely not what should have happened at all.

So -- in you can get if you're willing to get me his informs, we'll research it thoroughly and report back to him, to -- first ever all apologize for the inconvenience to make sure it doesn't happen again to anyone else.

>> AUDIENCE MEMBER: Okay.

>> AUDIENCE MEMBER: We have people are going move to states we don't want them to -- loose coverages I know, you know, state also different.

>> KEVIN HANCOCK: States are different. If they're moving in state it should be -- a seamless as possible if they're moving from one state to the next -- that's a different story because different states have different levels of eligibility requirements.

For Medicaid coverage you would have to, it is different.

State to state movement is different, within the State it should be seamless as possible.

>> AUDIENCE MEMBER: My name is.

[inaudible]

From the time they started how many medical providers -- are in the fold right now as we speak.

>> SPEAKER: I don't have the specific numbers I know we're so we're submitting weekly reports to OLTL and Department of Health.

On our networks, I don't know the specific numbers of providers it is a, it is in the thousands I just don't know, if you're looking for -- I can get that break down as far as PCPs and specialists.

From the OLTSS home and community based provider perspective, we received over 660,

in the southeast a lien they're going -- they're working through the credentialing process with us.

That's for keystone first community health close questions expect they will be completed by January 1, even if they are not as I believe, ray had push are mentioned early error Kevin I cannot remember about the continuity of care period we will work together with any -- provider that is part of that current existing service plan.

So, that -- that does not matter, if they are completing the

credentialing contracted and credential willed with us and participating we'll honor their claims that he come in, make sure we process and pay those claims.

We have been doing provider education too many things we stress to the providers as we move forward, service coordinators do not change they, we will still work with the external service coordinators and the service plans do not change.

We will not touch the services that are in place, on 12/31 continue through, into January.

We will work with all of the provider that's past those service plans whether they are participating or non-participating at this point.

>> SPEAKER: Just to add to what Chris said. We have also been doing some proactive outreach to service coordination entities asking them if there are specialists or doctors that individuals have that are not showing up in our network yet. Get us their names we'll send folks out to talk to them get them signed up if there's a unique provider we want know who that is, we can confirm we have them in the network.

>> AUDIENCE MEMBER: For my example time period to get into the fledged work.

>> SPEAKER: We're signing them up every day right now. So there's not a deadline for them to get in.

>> SPEAKER: Same thing for keystone first we'll continue on past January 1st I can tell you we're still, contracting and credentialing the providers in the southwest region we're outside of the continuity of care we're still adding providers it will be continual process.

>> SPEAKER: I'm going to add one other thing, there are doctors that serve multicultural populations, or folks with language barriers, those folks would really we really want to nolo to reach out to them we can get them in in network and -- have them signed up so we can make sure folks don't have any type of clamths, with their doctors we'll go ahead and pay the, we want them in our net work.

>> BARB POLZER: Okay.

>> AUDIENCE MEMBER: With that question who do we contact at keystone or PA health wellness, that's the issue on TKUR with our city -- the health the health like the -- the clinics and stuff like that, that are people will not want to change from, they're not in there, so -- who do we contact, what effective way can we talk to someone, that's a big issue right now.

>> SPEAKER: Yep.

>> SPEAKER: One slide up there, had each of our -- email addresses so -- you know, but -- there's no wrong door CHC providers is our address for providers if you have providers that you -- you know that are gaps or if we have T\* you have -- as a provider running into issues,

no wrong door just get in touch with me or our provider in box.

>> BARB POLZER: Question once we provide the names to you, how long does it take until the doctor physician, specialist will show up?

Because consumers have been asking us that.

>> SPEAKER: So Barb I'll take that for PA health wellness we do an update to our system on a regular basis it may not show upright way it may take 2-3 weeks to show up.

But if you, have the flame and want us to check internally we can just ask the contracting team to pull it up they can confirm.

>> SPEAKER: So -- for keystone first community HealthChoices, it -- that's kind of a, it's not a straight forward answer because providers if they're brand new would have to go through a credentialing process we have to verify all of their background all of the information that could take 30 days, um, to complete.

Once they sign the contract, and send in their application.

And if -- because we do have to, primary source verify all that information, schooling education training before they would be able to be entered into our system.

And complete that process. So it could take -- 30-45 days depending upon, how detailed how far back we have to go to get the information.

But yeah if they're already participating, um, we do -- nightly refreshes to our system to be able to show on the directory.

>> SPEAKER: It is generally the same for us, so -- from application through credentialing you know, through -- when it's loaded into a system weekly file of called the ops5 file when we up load, whether it gets to MAXIMUS each step adds some time.

>> BARB POLZER: Thank you. I have a question -- from the phone. How many external service coordinators were terminated in the southwest.

>> KEVIN HANCOCK: I'll take that -- take the MCOs off the hook this time.

UPMC, terminated 31 contracts with the external service coordination entities. They notified participants, via mail on August 24th and the last service date from that transition was October 12th. Pennsylvania health wellness, has not yet determined if they're terminating contracts with any service coordination entities at this time and then that is -- in the process of being evaluated AmeriHealth Caritas has terminated 19 contracts with external service coordination entities, to date that is as of -- October 31st they can give an update if they have anymore to say.

>> SPEAKER: Kevin have been two oceans notified to low participation with us they -- stopped providing service coordination for

AmeriHealth because they have one or two participants they were -- they made that decision on their own.

>> KEVIN HANCOCK: Puts you to 21 thank you.

>> SPEAKER: How many service coordinators have you contacted in the southwest region are you waiting --

>> SPEAKER: I don't have an exact count of how many are contracted I think there are upwards of 100 that, we, have reached out to, most of them we have applications and this most point of them are contracted I think for specific questions like this we can make sure we update next month. You know, so you can see precisely how many we have under contract.

>> SPEAKER: For keystone first, we have outreach to all of the entities that are providing service coordination, in the southeast region.

Last report that I have we have 80 of those entities we sent back there the contracts and application to us they're going through that process.

>> SPEAKER: We'll continue to work with them.

>> SPEAKER: Yeah. If -- again, as I mentioned earlier whether they are, participating or not we will continue to work with them, through the continuity of care period there will be no no changes we're

not looking to move individuals from their service coordinator.

>> SPEAKER: This is Anna we reached out to all of the service coordination entities that were provided to us on the list for the southeast.

>> AUDIENCE MEMBER: There's service coordinators in southeast that already have contracts or still waiting for it to be begin?

>> SPEAKER: I think, they're -- they're all in various phases with all 3 but all 3 MCOs, well I believe we're all saying we're all committed to contract with all of them I believe it's 104 service coordination entities in the southeast. And again as Chris had mentioned, as they seasoned in their application we're putting them through the process, as part of couldn't flewtive care, I think that's the same message all 3 of us have delivered is we will not be moving anyone from their current service coordination we're going to honor that relationship and continue to work with them.

Speak.

>> AUDIENCE MEMBER: What happens after the six months.

>> BARB POLZER: Please use the microphone.

>> AUDIENCE MEMBER: What happens after the six months?

So -- um, we -- so will the SCs have to wait until Juan to get a contract and then, if there's -- given a contract, is that contract,

six months? A year like what happens after the continuity of care period should SC as be prepared to not have work on July 1st.

>> SPEAKER: I think for at least keystone first, it varies we have been meeting with all of the service coordination entities.

We have been sharing with them, we've been very transparent in our quality and audit tools in our requirements for charting.

As Kevin had mentioned earlier you know the MCOs have on a cap foreperson centered service plan. You know we don't want to cap -- in the southeast we have been working very closely so that every entity understands how we'll be evaluating them assisting them, teaching them, for keystone first we've actually started training an having webinars with all of the service coordination entities starting in I believe it's late August into September, October.

Webinars twice a week.

Anyone who is completed at least two of their sessions, we are giving them full access into our system that way, they are in a training environment.

And it gives them all of this time to go in and become comfortable with our systems so that they have, a comfort level, full knowledge level, how to use our system as we go live on January 1st. And then we have supervisors and senior service coordinators that will be working in partnership with the existing service coordination entities,

to help them, as we go through audits and look for compliance and quality and it will be -- ongoing discussions if we're going continue with entities beyond the continuity of care period we'll be engaging in those discussions by March and April.

>> BARB POLZER: Nancy?

>> AUDIENCE MEMBER: There is flannery from PA AZAPT so my question on transportation.

My comment though on sports coordination when you do take an internal you better be Damn good at it, that is the key if you're not -- it's not a threat it is a promise, that Pennsylvania ADAPT will have a lot to say about that is really scary my question is January 1st, to 018 -- what will trappings be not what will look like, what will be --

>> SPEAKER: Faze was in the southwest however it is being arranged currently we will continue to pay for and support.

Their methods using if they're buying bus passes or train passes working with individual transportation providers whatever it might be -- we'll support that friends and family so again we look for the continuity of transition to -- understand the different modes of transportation.

Make sure we have all of those different companies in our network, and -- make sure that you know it say smooth as possible. So is really is, one of the areas that is critical for communication between the

MCOs, and the service coordination entities because they're often gaps that, emerge where we may not know about an authorization they may be using nontraditional means to build out OLTL we, a lot of different scenarios.

>> AUDIENCE MEMBER: July 1st, 2019 will be the same or will it change, you said continuity of care period.

After that, is it going to replain the same.

>> SPEAKER: After continuity I think we look to formalize these things. So we would not want to sort of pass through a friends and family mileage to a service coordinator if it can be run through, our -- um, our transportation vendor so in that case it does change. But, in practice it is still the same thing. We would you know sort of pay mileage to friends and family. So -- there will be exchanges but again, making sure we, fully understand what is going on, before we make changes.

>> SPEAKER: I wanted to echo what ray was saying we are taking it very seriously.

At the PA health wellness we are meeting with and contracting with as many -- with our MTM is our contractor and we are very active in making slur that, there is going to be no interpretation of service.

It is something that we know, it is very critical to the independence of individuals with disabilities and people who are age 60

to make sure they can stay active in the community we don't want to have any interruptions. We're very, we take this very seriously we're very mindful of this as well.

>> SPEAKER: I'm going back up what Daniel said.

I think one of the lessons we learned in the southwest was that the way you're managing transportation in the southeast works with the southeast it's not our intention to change you'll continue to do what you're doing currently.

>> SPEAKER: For keystone first, we'll take the same approach with continuity of care perspective understanding what is happening this is one of the agenda topic that's is -- that we have, with as we're meeting with the service coordination entities to fully understand how their managing and working with them today, so we can learn and move forward with that process I know we have ongoing discussions with OLTL as well they're committed to making sure that this continues on and -- it is, um, there are no disruptions with the transportation.

>> KEVIN HANCOCK: As the department meeting with the transportation transportation providers and entities involved later this month, an including SEPTA and, I keep saying that in the southeast, what is different about the southeast I know that people argue this, southeast has SEPTA you have a world class transportation infrastructure, that actually wasn't available in the southwest.

And, that actually kind of, makes things not necessarily easier but it does allow for abetted of a focus we also have some key partners including liberty community connections and Philadelphia cooperation for aging have been engaged in the challenges of transportation for a long time we have a lot we can build on]

Corporation]

For understanding transportation in the southeast.

>> BARB POLZER: Matt.

>> MATTHEW SEELEY: I know Kevin took the MCOs off the hook I think I need to put UPMC on the hook for a minute I'm sorry to go back to the southwest.

Just for a second.

You said Kevin said a little while ago the notice, UPMC had graduated I assume that means approved? Now?

I would like to ask ray, about six months ago, you came here when we were talking first about that notice, you had said, because the notice had not been approved, you were not -- when it does, however you were looking at that, you were not going to be sending that notice to the people who shouldn't be getting them right?

>> SPEAKER: I think there's two issues I think, here so the first is the, we does we did terminate 31 service coordination entities from our network we still have about 60 percent, of our, um, service

coordinators --

>> MATTHEW SEELEY: I'm not talking about service coordinators I'm asking about --

>> SPEAKER: The second is denials.

>> MATTHEW SEELEY: People their hours are going to be changed that's the notice we're talking about.

>> SPEAKER: That's a separate thing.

>> MATTHEW SEELEY: That's the notice I'm worried about.

>> SPEAKER: Denial notices we, I don't recall the -- so -- the denial notices we were sending out, around you know, early stages post continuity, you know -- we're not specific enough in -- many ways that we acknowledge and work with OLTL to correct.

So, many areas including you know having the service coordinators name being very specific about what was approved and what service --

>> MATTHEW SEELEY: My real question is though you said you were not -- people that should have received that, but did not because the notice was not adequate you said you were not going to send it to those people.

Now I'm.

>> SPEAKER: We did not so.

>> MATTHEW SEELEY: Six months later now it's happening.

>> SPEAKER: In the present time, if you are you know assessed for a

new request or you know, reassessed, moving forward if we find that, you know the services requested, are you know, not in line with the service need, you know, there the person would receive a denial notice and then will be informed you know to grieve that and go through the grievance process. And if that's not satisfactory through the fair hearings process as well.

>> KEVIN HANCOCK: Point a clarification there is a little bit part of my update Matt.

We require all 3 of the managed care organizations for a period of time, demonstrated areas of opportunity in the development of their denial notices.

And the department, made it clear to all 3 managed care organizations, and also made training available to managed care organizations that -- that -- you know improvement opportunity is, is a goal that they should try to achieve.

So two of the 3 managed care organizations continue to work with the departments they do not have approval to send out denial notices at this point.

UPMC actually has met the requirements, to -- be able to send out denial notices review their templates review the language they're using.

And, their practice they have approval to send out denial notices now, when the other two managed care organizations still have to have

theirs reviewed it's partly because they want to go review the process they are making a lot of progress in getting to that point of opportunity -- achievement and making clear to participants the reason for the denial and also being able to inform participants denial so that if they decide to appeal, appeal it they this will have that information available to them.

>> MATTHEW SEELEY: Sending that notice retroactive that's probably the wrong word?

>> SPEAKER: No, so if we -- we're sending a notice it is based upon a -- you know more recent assessment.

You know --

>> MATTHEW SEELEY: Fair enough.

>> BARB POLZER: Carrie?

>> SPEAKER: So -- having gone through, some of the southwest, this is a question and comment for providers.

One to provider whose are currently going through contracting, if you do not have your contracting finished with the the MCOs starting January 1st, do not give up all hope they will continue to work through that process.

Continue to work with them, it does not mean they're done.

So, don't, because if you give up hope, then our consumers, don't have you there to help represent get it sorted out.

Because truthfully January first comes and it is like kicking the ant hill everybody starts to Scurry in all different directions not flowing exactly how this is going to work. So -- on January 1st, this question is for the MCOs, what can providers do that is helpful to get this all moving again in the right direction. And, what is it, that providers, can do on January 1st, that is not helpful at all.

>> SPEAKER: The most important thing before January 1st in my mind is yes, continue to be persistent with the contracting go do HHA exchange training, they're happening this week, next week. Go an HHA exchange training that's really important for all 3 MCOs hopefully with -- um, the first data file we begin to receive one thing did not occur in the west we hope will be you know there in front of you in the east is that -- you'll have, live access to authorizations in December.

Again if you have your HHA credentials can you go in make sure that, all of the authorizations are there and correct.

And we're developing a reconciliation process, so -- all right -- this person is yours this person is not.

These units are off, these units you know, are a bit too high or too low making slur we can do that before 1/1, in January, hopefully not in February, we'll continue that.

So again we'll work with you, if -- you know, it is a simple as set sending us a screen hot that was approved in HICSUS before, this is what it should be after CHC we'll work with you make

sure we get those things right.

>> SPEAKER: Um, in addition to the HHA exchange trainings attend the individual MCO trainings webinars inperson trainings whatever they're holding make sure you attend those as well so you understand from a contracting credentialing process, I will, recommend that as providers, send in their documentation, if it is missing documentation, please look out, whoever you're listing as your credentialing contact, they will be reaching back out to those individuals please send in that documentation don't disregard that email or that phone call.

Because we do need that information before we can finalize the credentialing process so that's where you know we're doing a lot of outreach.

There is, additional documentation that the MCOs are required to gather as well.

That, full-time equivalent data, please submit to the MCOs we are struggling with trying to gather that information from some of the providers.

OLTL is asking us to gather that information we're doing a lot of outreach there.

Go to the individual MCO's web site our documentation will be out there, how you know, the contact information and then, if you still have

the additional questions, our account executives for keystone first HealthChoices are more than willing to come out, whether it is say webinar, if you're in various locations meet with you in your office to provide and give you additional training.

So -- please engage with each of the MCOs and especially with us as you're working forward and account executives to assist.

>> SPEAKER: Couple of lessons what -- Chris and ray said is spot on. But when you're sending folks to training send the right folks to training. It's great to have the executive directors there.

But if it's your billing training send the billing people, so they understand the billing processes.

That's really important and then, after January -- um, big lesson learned, we, when we get concerns or -- feedback from the community, it is generalized, we can't fix generalized.

We fix specifics if you hear things in the community, um, find out, where we need to go, to get the information so we can track it down get it resolved.

Otherwise it just -- it gets to be a lot of flies.

And we can't fix that, so -- bring us some detailed information we will track it down resolve it.

>> SPEAKER: For those new providers in the southeast, the reason

they're saying, no HHA is because of the majority of your payments, will be coming through HHA if your team doesn't know how to use that program, you can't bill them therefore you can't get paid.

>> BARB POLZER: Nice segway into a question that came in over the phone, it will take to process PAS bills with the MCOs after 1/1/19.

>> SPEAKER: So I'll actually I want to go back to the HHA, HHA is not the only way, in order to get claims to keystone first community HealthChoices if you have an established relationship with a clearing house already you're -- um, you can still, continue that relationship.

You -- if you want to use, another method to submit claims to us you're able to do that as well.

So, I just want to make sure that's not only way to submit a claim to us.

Now, as far as claims coming in and processing time frames -- we are averaging under 14 days from the date we receive the claim to the date we process and -- cut the check to send out to providers so we would encourage you to sign up for electronic funds transfer so you'll get your reimbursements quicker as well that -- that time period I just quoted is all claims not just -- the physical health LTS hospital claims and nursing facilities.

>> SPEAKER: By in large the same our claims are paying you know, very fast if it comes through HHA it could be as little as a week but

again generally speaking you're time frames are within couple of weeks you know, again -- assuming that the authorizations are supported and everything is working as planned.

>> SPEAKER: Same with PA health wellness.

>> BARB POLZER: We have time for one more question.

Woman in the back from PAS agency you were up at the mic do you still have a question.

>> SPEAKER: We heard keystone first talk about the contracting of service coordination we didn't hear from UPMC or PA wellness.

>> SPEAKER: Sure I think our approach will look largely the same as it did in southwestern Pennsylvania we intend to have a hybrid model we will have approximately 50-60 percent of our service coordinators employed through contracted partnerships. We -- you know will -- be looking at a number of things as we go through continuity of there are you know, really just -- the core of it is really just the quality of the relationship. It is you know the organizations that you know are responsive you know performing their assessments on time giving us all the documentation.

And support we need.

We will not be, you know working with all 104 you know, when it is all said and done it may not be July 1st as Kevin indicated October 12th is when we transitioned in the

wested it's going to be the highest quality partnerships that can help us, meet our goals.

>> SPEAKER: My name is Brandon I'm from PA adapt, you said you'll have relationships with SEPTA my question is do you have a relationship with SEPTA yet.

>> SPEAKER: Yes.

>> SPEAKER: When is that relationship established.

>> SPEAKER: We use MTM as same as PA health wellness our broker has been engaged with SEPTA for several months at this point going back and forth making sure we are set up appropriately with them. It is an ongoing, um, conversation, to -- ensure that we have everything, um -- correct for 1/1/19.

So it is not a -- a kind of -- it is a not a one conversation we're done.

>> AUDIENCE MEMBER: One month, two months, six months, 3 months?

>> SPEAKER: I mean it's ongoing so you can use SE parks TA.

In January.

And February.

>> SPEAKER: This doesn't have too do with CCT stop contracting with the one you just said.

There is that people can use SEPTA.

>> KEVIN HANCOCK: Okay.

Only thing I would add the department met with SEPTA in June, I will say it again, SA parks TA is your mass transportation system in the City of Philadelphia, I mean -- what else they're going to have to -- they will have to develop a relationship with SEPTA as are we, we met with them, continue to talk with them they are -- one-stop-shop when it comes to mass transit transportation you'll be able to use SEPTA.

>> BARB POLZER: Okay.

We are at 1:00. We need to close this meeting. If anyone has any questions or complements that we could not address please submit them to the RA account.

Thank you everyone for your attendance and participation our next meeting is December 6th.

Same place.

[Meeting concluded.]