DATE: November 1, 2017

EVENT: Managed Long-Term Services and Supports Meeting

>> **PAM MAMARELLA:** Good morning everyone, let's call too order why don't we start with introductions Barbara I think you have someone to your left now.

>> **FEMALE SPEAKER:** Linda Litton from Philadelphia Pennsylvania I'm a participant.

>> **FEMALE SPEAKER:** Barb polzer liberty.

>> **FEMALE SPEAKER:** Veronica comfort PCOA.

>> **MALE SPEAKER:** Jim Fetzer, recovery resources.

>> **FEMALE SPEAKER:** Tanya Teglo, I'm now a new member of the NAACP part of their education committee as well.

>> **PAM MAMARELLA:** C Congratulati ons.

>> **MALE SPEAKER:** Carol leverage here for Blair Borach.

>> **MALE SPEAKER:** Jack Kane.

>> **WILLIAM WHITE:** Bill White, AARP.

>> **PAM MAMARELLA:** Pam ma'am or relevant la, new court land,.

>> DEPUTY SECRETARY BURNETT: J Jen Burnett, press press Fred Hess.

>> **MALE SPEAKER:** Steve Touzell, Philadelphia corporation for aging.

>> **MALE SPEAKER:** Drew Neglee brain injure association.

>> **THEO:** Theo Brady, male ray Prushnok.

>> **MALE SPEAKER:** Jesse speeds willedder man.

>> **FEMALE SPEAKER:** Lu Luba Somits ,.

>> **PAM MAMARELLA:** People on the phone.

>> **FEMALE SPEAKER:** We have bend A she lost her voice, she is here.

>> DEPUTY SECRETARY BURNETT: W Welcome Brenda.

>> **MALE SPEAKER:** Arse next Ustayev is on the phone.

>> DEPUTY SECRETARY BURNETT: A Anyone eliminates?

Anyone else on the phone?

Okay.

Okay.

Thank you welcome everyone to the November MLTSS subcommittee meeting.

We'll go over some housekeeping roles Fred is going to go over our evacuation procedures. And then we'll get started.

So as a point of order, if you could direct all of your comments and questions to me. And keep your comments down to two minutes that will be great.

Transcripts and meeting documents are posted on the Listserv, that everybody has on their agendas today, remember to turn off your cell

phones.

Clean up after yourself when the meeting is done.

Public comments would be heard, at the end. And we, Jen really worked hard to move the agenda around and give us enough time, little more time to substantively get involved in some of the subjects we're talking about today.

We as always encourage everyone from this committee to submit their agenda items, things they're hearing about CHC questions, comments even good things that might be happening, so far under CHC would be really of value.

The public can submit their agenda requests through the CHC web site now Fred I'll turn it over to you for the evacuation procedures.

>> **FRED HESS:** Good morning everyone.

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

If you need assistance to evacuate, you have to go over here to the safe area located right outside of the main doors.

OLTL staff will be in the safe area and stay with you until you are told can you go back in or you're evacuatedded.

Everyone must exit the building take your belongings with you, do not operate your cell phones.

Don't use the elevators, they will not work.

We will use stairwell 1 and 2, to exit the building for stairwell 1, exit the suite on left side near the elevator, turn right and go down the hallway by the water fountain, it is on the left.

Stairwell two, exit the suite on the right side of the room or the back doors for those exiting the side doors over here, turn left, stairwell two is right there if you come out the back doors turn left and left again. And it will be directly ahead.

Keep to the inside of the stairwell and merge to the outside.

When you against outside turn left, and walk down dewberry Alley to Chestnut Street, turn left to the corner of the fourth street, turn left to Blackberry street across fourth street to the train station everyone will gather.

>> **PAM MAMARELLA:** Okay.

Thank you Fred I appreciate that.

I did want to mention to the committee that sometimes you see me looking at my feign and I wanted to let you know that I'm actually communicating with Pat and the people to the left I'm not actually just answering texts or texting other people. And with that I'm going turn it over to Jen Burnett.

>> DEPUTY SECRETARY BURNETT: G Good morning everyone.

I -- actually, I have a some things I want to cover with everybody.

I want to start out with, high level report on aging well and the community meetings that they're doing in the southwest I'm not going to

get into too much detail because aging well is actually agreed to come here and give us a report on what is happening at those community meetings.

Aging well is the entity that is coordinating them for us.

I do want to say, that it has been a learning process for not only aging well, but also, the people that are helping aging well out in the community all the volunteers and then also the Office of Long Term Living.

It has been a evolving process, if you will.

We had feedback on some, one or two ever the early sessions that was pretty negative.

In fact there was an article in the Pittsburgh post Gazette about one of the session questions did an immediate with aging well's support and actually, their initiative did an immediate course of correction with aging well. And spent time with them, trying to figure out what could we do differently, lots of suggestions came from them.

Including declining questions during the meeting, asking people to put their questions down on note cards and that has actually been helpful for us because so many participant questions have come in, that we've been able to then log and then answer consistently, so that people are not getting different answers.

We continue to learn from those sessions but I'm not going say too much more about it because aging well is here to do their report.

There are 41 sessions happening and they're pretty close to the end of those sessions.

So but I will let them, talk more in detail about it.

I did personally attend one of the sessions.

It was one of the smaller sessions because it was in rural coninfluence, Pennsylvania, and it was an interesting trip into Cnofluenc,

40 minutes off the Turnpike you come into the town over this ridge and then it's just fog because it is a lot of rivers come following in Confluence,

what a name.

It was at the senior center. And what I learn from that is, it was well done by the AAAs and the AAA there in Somerset County and service coordination entity, did the presentations.

They were very dedicated to helping people understand what was going on.

I think one of the challenges we've had at these sessions is making sure that providers understood understand these are not sessions for providers to come and ask their questions.

They are really truly sessions for participants.

And getting that message has been an evolving one we have not -- it's still not solved we are still getting providers at these meetings they ask questions.

So I will say, in general, there are 3 areas that the participants are asking questions.

This is pretty consistent.

A lot of confusion about Medicare and open enrollment.

People thinking well does this effect my Medicare? And then also, some concerns about copays and that has been also one of the participant concerns.

So we are, also looking into at this point, because of the feedback we've had, in some legislative inquiries, that we've had to adding some sessions in certain areas where where we had maximized, we had closed registration and ended up having a waiting list.

So that's changing.

So in addition to these participant communications that we're talking about, we do continue to communicate with stakeholders.

October 25th and 31st which was yesterday, we did 3 different sessions for legislators two of them were for the legislative staff, specifically for legislative staff in the southwest part of the State and actually at the one yesterday, we had legislative aides come from both Pittsburgh and outside of Pittsburgh one of the counties outside of Pittsburgh who absolutely knew nothing about community HealthChoices we continue to work on educating our legislators we'll do a bigger push get out to some of the districts out in western, southwestern Pennsylvania, to make sure all of the legislative staff understand what is happening.

We're actually brain storming with some of our some of the leadership

in both the aging and human service area of the legislature.

Those two committees have been doing some brain storming with us about how to get, do a better job of getting the word out to legislators and legislative staff.

On November 2 and 3, which is tomorrow and Friday, we're holding a webinar for nursing facilities on both of those days.

We are -- this is a webinar that is going to be both for nursing facility staff but also then any res dented this is can get into a meeting room, who are interested and have gotten their packets and wondering what is going on.

We have -- we continue to send out provider specific resources one of the things we did add, and we've got the feedback on aging well the provider influence at the meetings that aging did at the community meetings is to have a one pager for providers as they come in to hand them so they know there are lots and lots of places where they can get information. And how to go about getting that.

We have also just, released training for nursing facilities staff for service coordinators, for direct care workers and a general 25 minute CHC overview training on our web site.

It's pretty easy to find if you go to HealthChoices pa.gov, that is our HealthChoices all HealthChoices is located there, that's HealthChoices, behavioral haj choices and community HealthChoices if you go that web site, the first thing you'll be asked is are you a

provider or are you interested -- are you a participant?

And if you hit the provider tab on that page, you'll get to a community HealthChoices page and, sort of scroll down slightly you'll get to those different trainings I just mentioned.

Those trainings are available for anyone to look at.

They really are set up as trainings where you can go forward and go back and they're narrated and they're pretty easy to follow.

We continue to do our third Thursday webinars -- yeah, Barb do you have a question?

>> **FEMALE SPEAKER:** Um we viewed that service coordination module that was very great.

Question is, are there going to be more modules done that are going to take a deeper dive into this?

>> DEPUTY SECRETARY BURNETT: If you can give us recommendations on what that might look like absolutely.

If you can talk to your staff come back with recommendations of questions they have, other things you want us to do, deeper dive into that, we're glad to do that.

>> **FEMALE SPEAKER:** Great thank you.

>> DEPUTY SECRETARY BURNETT: S Sure.

Third Thursday webinars.

We have our third Thursday webinar this month on November 16th all are welcome to come to it.

We also if you're on the Listserv you'll get the invitation to the third Thursday webinar and the information on how to sign into the webinar.

That's really the best way to stay in touch with the third Thursday webinars.

You just get on our Listserv get that information sent directly to you.

If you, aren't on our Listserv, please get on it.

It is very easy to get to, if you go to the CHC home page, there's a little video right above that is the direct LINK to the Listserv to go ahead and get yourself signed up.

Just have to put in your name, and your email address and then you have to confirm, a confirmation comes out through email.

You have too confirm then you're on the Listserv you can get the information directly.

We also on our web site have a lot of QA documents.

We have CHC acronym guide.

We have information on organized health care delivery system.

We have information, a QA document on provider billing.

We have a QA document, so many I have to read them.

On provider disputes, we have a QA on provider education.

One on provider enrollment and one on provider rates.

Those are all on our web site now and we're developing many more.

The way that we've come up with these QA documents are through questions asked at this forum, as well as at the third Thursday webinar as well as through our resource account and then also, the community meetings when we get provider questions, those questions are coming in and we're, sorting them into these big buckets, they're just random questions and those are the -- those are so far the -- the subject areas that we've gotten lots of questions about and, have been able to do a QA document.

So as questions come in, we continue to produce those question and answer documents.

When we launch on January 1, 2018, I want to talk a little bit about the over sight that we're planning to do.

Because we are not going to have a robust data set either in our encounter datas or in our claims data, so we have developed and have been working with the MCO's on creating our launch indicators, we have 4 domains.

I think we talked about this at the last time, Wilma gave a presentation on this.

But I would like to remind people because, it really has, knowing this information is going to be coming makes me comfortable that our launch is going to have enough information that we can do these rapid course corrections and make changes as you know, almost on a realtime basis.

So the domains are service, continuity, service coordination and continuity of service coordination.

Provider participation and information systems transfer.

If you go to the last month's MLTSS sub-MAAC there's a presentation that Wilmarie Gonzalez did about that, it has more detail.

To give you an example for service coordination how do we measure how do we -- what indicators are going to be going date of birth collecting I'll give you one of them.

Weekly enrollment and disenrollment of participants into community HealthChoices.

That's something we'll be getting on a weekly basis the reports on that.

Weekly enrollment and disenrollment of legacy waiver participant noose community HealthChoices, into the waiver. And then, participants with a home and community based service interruption in the first two weeks since launch that's another indicator that we're going to be collecting.

On service coordination and continuity, weekly HCBS participants with assigned service coordinators is a report we'll be getting, provider participation we'll be looking at weekly claims submitted to the managed care organizations.

And on information system transfer which is say really important one, one we have been spending a ton of time is, the IT interface and our --

the MCO's ability to get information, from all of our systems as well as us to be able to get information from their system.

And, MCOs being able to get information to and from the PPL system which is the current fiscal management service as well as the independent enrollment broker.

All of those systems have been, we've been doing a lot testing.

The IT information transfer the participant organization collection IEB from the Department of Human Services to MCOs we'll be monitoring that very closely.

We found in other states, this is become a big problem where the MCO thinks they have got one participant the IB thinks it's a different participant we'll be looking that the very closely and, paying a lot of attention to it, to make sure that it's consistent across all -- between what our client information system says, between what the MCO system says and between what the IEB says.

The I already talked the frequently asked questions.

I do want to say before I turn it over to aging well, actually I'll open it up for questions I have a little time, the as of yesterday, we had 17,753 people make advanced planned selections that is a very large amount, almost 25 percent of our population, have already chosen an MCO.

When we talked to other states, they tell us that is unheard of.

So to have such good participation already I really think it's

because of all of the information we're putting out there and I also really believe that those sessions that are being conducted out in southwest PA have been very helpful they have really made it real for people they get their enrollment packet they got that earlier this month.

Some people are just getting their enrollment packets for example the people who were in the OBRA waiver just getting them.

And they are, asking questions they're going to those participant sessions and asking questions to try to figure out, or they're calling the IEB.

Lots and lots of calls into the IEB it's interesting probably more than 30 percent of these are coming in, in the mail.

And the rest are called into the IEB.

The toll free number people are using there's a web site, called www.enrollchc.com.

That is the enrollment web site that people are using they can go on there and do a plan comparison they can find out what providers are currently in with each plan.

I will say though that just one caveat on that it changes every week.

As plans are adding more and more providers. And they can also call we have an 800 number which is 844-824-3655 and we also have a TTY number, which is 1-833-254-0690.

We have heard from inquiries from advocates and service coordinators and also even participants, regarding misplaced enrollment packets if

someone you think should have gotten an enrollment packet hasn't gotten one, please direct them back to the IEB, they can send them a new enrollment packet with all of the information that they need that is specific to them.

I will say that, we have gotten the county assistance offices have gotten some of the enrollment forms back that is not where the enrollment forms get sent to.

But there have been some going to serve counties I'll give you an example which is Washington county assistance office has gotten a few of these enrollment packets, they really need to go to the enrollment, back to the enrollment broker which is community HealthChoices, P.O. Box 61440 and, that's in Harrisburg.

17106.

I want to talk about the behavioral health mailer that we asked you guys to look at, and give us feedback on we did get four comments back on that.

So thank you very much.

It was sent out to this committee on October 25th.

And the comment period ended yesterday, we did hear some language change comments which we really appreciate.

And we also have, we've also been advised that there are ten different handbooks for at Omhsas for behavioral HealthChoices those behavioral HealthChoices MCOs assigned new people which are the

people in the aging waiver, and people in nursing facilities they will get the specific member packet specific to them when they get enrolled into the behavioral HealthChoices which will happen at the end of the year.

So each of the behavioral health MCOs will send that information out, doesn't pertain to CHC specifically it's the behavioral health MCOs responsible for sending that out.

That is all that I have.

I will, open it up for questions for a few minutes and then we'll turn it over to aging well.

>> **FRED HESS:** Yeah.

I got one real quick.

During the during the transition period, the providers that are already there, right now, that aren't going to be in the program, how are they going to do the billing? How are they going to take care of that? I mean, some of these people are not going to be able to get on the IT and all of that.

So like, for transportation entities that are not in there exactly yet or for, for food delivery things like that.

>> DEPUTY SECRETARY BURNETT: So we have MCOs here talking about that, they will talk about how they will handle those things.

The expectation is if a participant is getting served in that MCO

that provider gets paid.

>> **FRED HESS:** I have another real good one.

[laughter]

When the meeting came in.

>> DEPUTY SECRETARY BURNETT: I I'll decide whether it's good noter.

[laughter]

>> **FRED HESS:** Okay.

Okay.

Well, when I went to the, the meeting that we had down there in my office, okay.

They had come in and --

>> DEPUTY SECRETARY BURNETT: A Age willing well did, um -- disability options network hosted one of our larger sessions we had over 100 people at that session that was New Castle Pennsylvania so thank you for hosting that.

>> **FRED HESS:** You're welcome.

They brought up a thing to me that I was not even ware of, even being on this committee.

If your PCP is not in the -- is not enrolled, that you only have a 60 days to find another PCP and that's not 6 month transition I've been trying to find a new PCP now for almost a year I can't find one.

If I can't do it in a year how am I supposed to do it in 60 days I

don't understand that at all.

>> DEPUTY SECRETARY BURNETT: 60 days as you'll recall, the physical health side, of HealthChoices, we are following all of HealthChoices rules, and the standard in physical health managed care, is a 60 day continuity of care period.

So we are just simply following the HealthChoices rules, that's continuity of care for PCPs or any other health care related thing.

So I am sorry to hear you're having such a problem of getting your own personal physician, that is really unfortunate, but, I don't know what else to tell you except that we are following the community, the HealthChoices all of the HealthChoices physical health plan responsibilities are, the same as what we're doing in community HealthChoices not making any changes to that.

>> FRED HESS: Okay.

>> DEPUTY SECRETARY BURNETT: T That's been part, that was out, that went out in all of the information we've sent out, included that, that was in the agreement that was put out for comment for do different times in December, November and December of 2015.

So there is ample time to comment on that, we did not hear any comments on that.

So I'm sorry you're just finding out about it at the community session. **>> MALE SPEAKER:** I'm wondering of the 17753 people who have done

the advanced plan selection, are you seeing any trends in that data for example, are you seeing that you know, older adults are represented in terms of their percentage of the population as well as people who are currently enrolled in waivers?

>> DEPUTY SECRETARY BURNETT: We don't have that level of detail but, I will see what kind of detail we can get.

I'm not sure.

But let me, let me look into that and see if we can find that out I'll bring to the next meeting.

>> MALE SPEAKER: And the reason I ask, is that there might be a need to do some more targeted outreach and education.

>> DEPUTY SECRETARY BURNETT: O Okay.

>> PAM MAMARELLA: Tanya.

>> FEMALE SPEAKER: I just have a general question and I think someone needs to hit me in the head to get plea to understand this I don't know.

But, um, my question is this -- okay.

You're saying that everybody is getting like, their enrollment packets and stuff, which is a good thing.

Because we need to look at them.

But we, I thought and again, this is me being probably stupid I thought we as a subcommittee we would be reviewing what a enrollment packet, looked like before it went out, to the public? To be able to

give you feedback on it? What am I, like, do you understand why I would be thinking that should have been a step in the process somewhere?

>> DEPUTY SECRETARY BURNETT: We did have some of the material reviewed by some of the sub-MAACs and the consumer sub-MAAC looked at some of the materials.

I you know, we talked about what would be in the enrollment packet.

During this meeting I went over it, at the last meeting.

And you know we needed to continue the enrollment packet is a standard thing we put out there.

The biggest difference is getting the information from -- that people will need to make planned selections based on different aspects of the plans for example, does the plan, what -- supplemental services are offered by the plan? And we, those are coming into us as we speak.

I mean those, that is part of the ready I necessary review process.

>> **FEMALE SPEAKER:** Again I'm suppose.

>> **FEMALE SPEAKER:** I'm supposed to be part of the readiness review , along the way.

As part of readiness review I never received a single document to look over, to read through any way.

And I am not sure how or why.

>> DEPUTY SECRETARY BURNETT: T The readiness review process that you were part of was really to help us figure out how do we measure

readiness in long-term services and supports.

It's different than measuring readiness in health care and health care we have pretty standard measures that are nationally recognized and in long-term services and supports, we don't have standard measures for readiness for long-term services and supports.

So I think that committee was really helping us it's not actually looking at -- helping us with the actual readiness review that's a function of the department.

It's helping us, figure out how do we measure readiness and the long-term services and supports arena.

>> **FEMALE SPEAKER:** I have personally, I kept thinking and waiting for like some big huge package to be emailed or sent to me, to be reading through and like nothing ever came and I'm thinking, okay.

You want people to be making these selections on which ones they want to choose but we have -- we haven't looked at them yet.

>> DEPUTY SECRETARY BURNETT: Y Yeah. The role, it is the department's role, to really do readiness review and that's something we're doing on an ongoing basis it's happening on a daily basis we're reviewing materials.

Tons and tons of materials are coming in to us, that material, is being farmed taught many subject matter experts in the department who know things about like for example prior authorization policies for pharmaceuticals.

Those kinds of things -- we don't have expertise on those, they go over to our pharmacy area and they review them.

So we rely on a lot of expertise that has been established over the last 20 years through HealthChoices and behavioral HealthChoices quite frankly and so our team which is the whole department is really the one responsible for readiness review.

This committee is really been -- it's an advisory committee to the medical assistance advisory committee that's the role of the committee.

It's not to actually help us with the job of doing readiness review.

Kevin you have something else you want to add to that.

Can you come to the mic.

>> **KEVIN HANCOCK:** Sure.

>> **FEMALE STUDENT:** I expected thousands of pages of worth of --

>> DEPUTY SECRETARY BURNETT: We need to do a better job communicating.

>> **KEVIN HANCOCK:** Just we did have a, we did have participants and consumers provide a lot of feedback on a lot of the documents that came through especially any document that would be going out to, individual participants themselves.

We will have to be doing that again obviously for the southeast implementation.

So, it sounds like you're volunteering to be part of that group.

We did have, participants we worked with through the Pennsylvania

health law project and consumer sub-MAAC as well as this sub-MAAC to have that review take place sounds like you want to volunteer to be part of the that participant group which is to be clear, just what that means.

[laughter]

It's like we, and -- Mr. Gates can certainly attest to this, we have a process for the review that is pretty, has a pretty stringent turn around time I know, I mean, I've communicated with you before, you're going to be actually I think you'll be an excellent contributor to that process.

But it is, it is a lot of work.

So -- we have had great contributors in that process as well, I think were more than happy to take that help if you're willing to volunteer.

>> **FEMALE SPEAKER:** I'm willing to do it, but I have to know that the feedback that I'm willing to provide though, is really going to be listened to so we can actually feel like awful us in this room have really played a part in the over all process of making this thing work.

Because to me, I don't mind coming to these meetings participating in feign calls or doing whatever the heck else you guys ask us to do.

But if it is hard for me because the work that I usually do you can see things progress.

You can see what you have done.

And you can see like, when you hit a goal you know you hit it.

>> **KEVIN HANCOCK:** Sure.

So --

>> **FEMALE SPEAKER:** With this it is hard too do that.

>> **KEVIN HANCOCK:** So when we, receive comments from participants or consumers on these types of documents, we normally receive them either through the Pennsylvania health law project or some other individual who is involved in the MLTSS sub-MAAC or the consumer sub-MAAC we provide feedback how we'll be making those changes most cases we make the change s that are recommended. And then normally we would ask those sort of the people who are helping us, gather the information and send it back and forth to share how that feedback is being provided -- and, I think they do that.

So when you're part of this group doing these reviews, when we look at the southeast materials I think that you can have the expectation that you'll be getting the feedback how your information was used.

>> **PAM MAMARELLA:** Thank you James you had a question?

>> **MALE SPEAKER:** I have one.

Quick question when those enrollment packets are sent to the wrong place in like the CAO, what happens to them?

So is there a directive to the CAO to forward it onto send it back to the consumer I would not want them going into a black box.

>> **KEVIN HANCOCK:** They do not go into a black box, that's a great

question.

Depending upon what the mailing is, the notices are sent by the county assistance offices they get the return mail and then there's an investigation process that takes place to make sure we have the correct address in the system that -- reflects where the mailings should go.

With the, the -- preenrollment packets Tanya was asking about, that is directly from the independent enrollment broker and the independent enrollment broker gets that return mail they work to find out if there's some sort of, discrepancy and if there is something they have to correct with the county assistance office, they will make sure that's communicated as well there's a lot of, a lot of review with that information.

Some cases depending upon the mailing the department will be, Office of Long Term Living specifically will be doing the investigation.

We -- we use it as a way to validate and update the information if needed.

>> **MALE SPEAKER:** Sure just to be clear. And I may have missed you on that.

I think, Jen mentioned that a few of those preenrollment packets have accidentally gone to the CAO, instead of IEB.

>> DEPUTY SECRETARY BURNETT: R Right.

>> **MALE SPEAKER:** That's my question is, is the CAO given directive on that.

>> DEPUTY SECRETARY BURNETT: T They're sending back to us.

>> **PAM MAMARELLA:** The other answer was a really good one, about what happens.

[laughter]

That would have been a good follow-up question.

Theo you had a question.

>> **THEO:** Yes. Yeah. For Kevin I don't want to volunteer for anything but I do have a question.

[laughter]

When the informational packet, well, not when they go out, is there any kind of digital version of it? You know for example, Center of Independent Living are called to safety and help a lot of the participants, is there anything available so we can look at it and be prepared to do that?

>> **KEVIN HANCOCK:** Absolutely if you go to the enroll chc web site the entire preenrollment packet is available to print and also to download and PDF form so the entire documented you can access there.

>> **THEO:** It's called enrollment packet.

>> **KEVIN HANCOCK:** Preenrollment packet it is enroll CHC.com, www considerate enrollchc.com.

Use this web site as a resource if you're helping people going through the enrollment process.

>> **THEO:** Thank you.

>> **PAM MAMARELLA:** Okay very good commercial, thank you.

[laughter]

Do we have anymore questions for OLTL.

>> **MALE SPEAKER:** Just on the, question of -- this supplemental benefits that MCOs can advertise and when they're available to do that, how do people know have a criteria are those published as part of the enrollment packets for the people to make a choice? Or the second question on that, which point are participants auto assigned how is the -- what is the auto assignment criteria in terms of how they get signed on.

>> DEPUTY SECRETARY BURNETT: O Okay.

Yes. The enroll CHC.com web site, has a plan comparison which includes those supplemental benefits listed there certainly the materials that the MCOs prepare themselves provide that information as well.

Auto assignment happens on November 15th but the close off is November -- the closing date is November, end of November, 13th.

After that they will be auto assigned Kevin do you want to talk about any of the auto assignment process.

>> **KEVIN HANCOCK:** Sure.

>> DEPUTY SECRETARY BURNETT: J Just so you know, people are assigned to an MCO they didn't want to be assigned to, they can make a change

right up to the end of December.

>> **KEVIN HANCOCK:** Sure.

Okay.

Let's make sure it's on.

So the auto assignment process there's a a lot of steps that take place for participants to make a plan choice we're looking for every opportunity to be able to gather information about participants to support Medicare alignment meaning if we know they're D-SNIP or receive services through a nursing home facility or some other sort of alignment if they were in HealthChoices there was an alignment with the community HealthChoices in the HealthChoices plan we would look for opportunities to be able to use that information to be able to intelligently assign people to the managed care organizations but after all that takes place or mostly the person is able to make the choice then there would be an auto assigner process.

The auto assignment process is algorithm.

It does take into consideration if there are family members that are part of a certain plan, they would go through that, that type of enrollment.

If there's some other type of alignments they would go through that enrollment after all those checks, are presented we can, provide all of those checks, to you in writing, then the assignment itself is random.

So -- make sense?

>> **MALE SPEAKER:** So DSNP in terms of how the algorithms works not that I have any idea how they work -- but generally it's DSNP alignment HealthChoices alignment, what are the other?

>> **KEVIN HANCOCK:** Those are not part of the algorithms.

They're part of what the independent enrollment broker would be do to help inform plan choice for the participants.

Algorithm happens after all of those steps are exhausted and there's no still no participant choice in place and then, there's these, automatic steps that take place, through the client information system, that ultimately assigned an individual to a plan.

So --

>> **PAM MAMARELLA:** I have a follow-up question because I think I got confused and that is to say that I understand the role of the IEB and the coaching or aligning between the DSNP and MLTSS, and when you then go into auto assignment you're also using a as a criteria to make a match DSNPS community health or you're not then it is just, random.

>> **KEVIN HANCOCK:** The DSNP itself in the auto assignments, would not be criteria.

Just because it's not known to us automatically through the system eligibility system, what that DSNP it, that's a good question, that is not part of the auto assignment the algorithms for it, it's not known to the record.

Make sense?

>> **PAM MAMARELLA:** It does.

The more we can integrate the better for people and so -- we don't know, have the information we can't do it.

That then, is Behooves us to make sure we're communicating with people as much as possible to work through the IEB so that becomes known.

>> **KEVIN HANCOCK:** Absolutely correct making sure that people when they call, the independent enrollment broker is going to be better for them to make sure they make known to the IEB who, what is their DSNP, who the providers are all the type of information that would help them make the most intelligent choice for themselves.

>> **PAM MAMARELLA:** Understood.

>> **MALE SPEAKER:** Thank you.

>> **KEVIN HANCOCK:** To be sure did I answer your question.

Policeman ma'am Barbara has a question.

>> **FEMALE SPEAKER:** So I've seen the plan comparison, in the enrollment packet the consumer will want to do research on what providers are in the network.

So there's an online -- way to do that.

>> DEPUTY SECRETARY BURNETT: T That changes weekly.

>> **FEMALE SPEAKER:** What happens when a consumer does not have access to a computer? How -- how are we assisting them.

-so the best approach would be to have that participant call the IEB.

>> **FEMALE SPEAKER:** They will be able to walk them through.

That would be -- probably time consuming.

>> DEPUTY SECRETARY BURNETT: T That's what they're doing the calls are long.

>> **KEVIN HANCOCK:** They are long, average is around 12 minutes long for a talk time.

That's the average.

They can be sometimes much longer doesn't matter burp bur some can be a minute, 10-10 seconds what do I have to do, others can be, you know, half an hour I mean it's a real range.

>> **FEMALE SPEAKER:** I'm sure if someone needs assistance.

>> DEPUTY SECRETARY BURNETT: W What people are doing is saying, is this person on -- which here's my provider, iminterested in and then they search it.

And they get the information.

>> **FEMALE SPEAKER:** Okay.

All right.

>> **PAM MAMARELLA:** We have a question from the telephone.

Do you have it?

>> **FRED HESS:** Go ahead with the phone.

>> **PAM MAMARELLA:** So Brenda has a question, can consumers print and an enrollment packet if they misplaced one mailed to them I'm assuming

through the web portal.

And the answer is.

>> DEPUTY SECRETARY BURNETT: C Calling the IEB.

>> KEVIN HANCOCK: Always have another one mailed to them.

>> PAM MAMARELLA: They can call the IEB, have another one mailed or go to the web site if they have the means to do that and print it out.

>> KEVIN HANCOCK: Correct.

>> PAM MAMARELLA: Thank you.

>> FRED HESS: Is there a way far centers for independent living to help process this at any way whatsoever to speed it up and maybe take some of the heat of the IEB.

>> KEVIN HANCOCK: What do you have in mind.

>> FRED HESS: Just use ossifier like when we went with the other insurance you had what they call them -- people helped you out with it --

>> KEVIN HANCOCK: Navigators.

>> FRED HESS: Navigators can they be set up as a and a halfiator.

>> KEVIN HANCOCK: Absolutely.

If you have a participant that is calling and needs help to get through we have a form that we're going to be distributing that actually captures provider information.

You can work with a participant to identify which providers they want to continue to be able to use you can even be, like the participants

or their, caregiver power of attorney they have to go through the process, but, you can help them through that call, answer questions and point them in what they, in the -- where they can receive the information and, have answers to the questions that they may need.

I think, that the CILs would be a great resource in helping the participants help figure out what questions they want to have answered.

They need to know, you know if they're in a DSNP or a dual special needs plan having them make sure they identify that with the independent enrollment broker and identifying the providers including their primary care physician is another great way to -- to help them get through the process and then just understanding, what type of needs they have, to understand what kind of providers they have to pay attention to. And also, helping them go through the -- the value added or expanded benefit s each of the managed care organizations are offering to participants.

Just through them to let them which one of these are you most interested in and these would be available to you.

>> **FRED HESS:** Because we're doing a monthly lunch and learn over the CHC and everything so we want to know how we can get more involved and get better at.

>> **KEVIN HANCOCK:** Invite us we'll go through it happenly.

>> **FRED HESS:** Absolutely.

[Laughter]

>> DEPUTY SECRETARY BURNETT: I I'm out of time I want to go over a couple of questions that did come in.

One has to do with non-participating provider I think we answered that.

But earlier, how will those providers get paid and participants be able to continue using them.

The along with that, came some examples of providers and we will work with the MCOs to address those issues.

We'll go ahead and do that I don't want to mention them here out loud.

Another question is about assessments for service planning.

OLTL gave a presentation at the last meeting about the testing of a national assessment developed by InERIE to determine whether the applicants meet the level of care necessary, to receive waiver services under community HealthChoices let me make one correction this is a Pennsylvania specific tool, that is based on, questions that are available through the INTEEI, it's not a national -- assessment.

[interi]

This is a tool we went out and used some of the questions we added some our own questions that is done over a course of a year and it was also tested, with the area agencies on anal

aging organizations, expected OLT will expect the service coordinateddors use this assessment to determine services let me make a

correction there we're not expecting, that the that FED the functional eligibility determination it is comprehensive needs assessment that will be used in person centered planning.

It is in fact our assessment for clinical, for the functional eligibility determination for nursing facility clinically eligibility, eligibility that is all.

It is not about doing care planning, it is not about assessing for care plan needs.

So but we do, we are, expecting all 3 of the MCOs to use the interi home care which is a big suite of questions tested and validated each of the MCOs will have their service coordinators use those questions.

Support broker this has to do with people who self-direct their services --

>> **PAM MAMARELLA:** Jen it looks like drew has a question about what you just said.

>> **MALE SPEAKER:** Yes. I think the spirit of this question has to do with when the MCOs service coordinators are using the inter REI home and community tool, has it been tested for translation into specifying services because that's the piece that I think the question is really asking you know you did -- you did do a, pilot for the FED but has there been any you know work done to show, how the INTEREI tool can translate into a care plan.

>> DEPUTY SECRETARY BURNETT: T That's a question you need to ask the MCOs later on.

We did do a lot of work with the brain injury I I know whether it translates for people who have brain injure or cognitive --

>> MALE SPEAKER: I'm asking in general.

>> DEPUTY SECRETARY BURNETT: FED does have cognitive questions that, get at doing decision. And they those questions are required which is different than the current LCD those are optional questions in the LCD, so we are going to be getting at that, through the this is the functional eligibility determination.

Going further than that, once a person is functioning eligible they have enrolled in an MCO and now they have got with an MC on and the MCO service coordinator is with them, they will be using the MCO, the system that the MCO has, which is using those questions that are in interi.

>> MALE SPEAKER: Understand that process one is an assessment process and the other is a care planning process.

And I guess, you know we're used to the service coordinators working with the individual to develop a plan of care, based on the menu of services that are in the waiver.

And, I guess, we don't flow how that is going to work with the MCOs.

>> DEPUTY SECRETARY BURNETT: R Right.

That is how it's going do work with the MCOs I did ask the MCOs to

talk about this, that's one of the prep questions that I gave them.

So later on when we have time for them to actually talk about how they plan on doing it each one will describe that.

>> PAM MAMARELLA: We did give extra time for the MCOs we gave them an hour instead of the standard half hour.

>> DEPUTY SECRETARY BURNETT: Q Quick question on supports broker then we need to get on because we're running -- I'm over time here.

We are, in the process of procuring a new fiscal management service and it is an open procurement right now we're in a blackout.

But that, one of the requirements in that is a support broker.

So the question was, is our support, will the support broker be similar to the support broker service that is available in the office of developmental programs I don't know the answer to that question.

But I'll research it.

>> DEPUTY SECRETARY BURNETT: T That's all I have.

>> PAM MAMARELLA: Thank you, thank you very much Jen.

That brings us now to presentation aging well, Rebecca may Cole and Brad LeVan,.

>> DEPUTY SECRETARY BURNETT: C Can you come up here so the guys on the phone can hear you.

>> REBECCA MAY-COLE: Good morning my name is Rebecca may Cole here on behalf of the age well with me is Brad Lev anJen did a nice job talking about what has been hatching we can provide more details then

we're welcome, available to answer any questions.

So I'm going turn it over to Brad he has the, the page another of the, specifics.

>> **MALE SPEAKER:** We'll answer the question questions know how to answer which is probably one of the biggest things we learned in the first several meet me meetings we did.

Within a 22 day period we'll have completed 41 meetings in the southwestern region.

Over 78,000 letters went out to people to let them know about the meetings.

We've had meetings in each of the counties with more meetings in the higher populated counties.

Ever it thousand individuals as of October 27th have attended these.

[2,000]

The meetings are structured, very deliberately in two parts.

The first part is, is about a 20 minute overview of, community health choices, what it's about, what the goals are.

What people can anticipate in terms of changes.

And, we learned very early that it doesn't make sense to take questions during that session.

And part of the reason it doesn't make sense to do that is that folks want to have, their questions answered they don't necessarily want to hear everybody else's questions.

With one caveat, we also came to understand that there are policy people, administrative people, and, other folks who are at that level, not at the participant level who do want to hear all much the questions because they want to know what is on people's minds.

But it makes for a kind of a clumsey dynamic when you're run being a meeting that way.

The second part of the meeting allows individuals to talk face-to-face, one-to-one or in small group with a hand full of people who have been train daed to do that.

We've been fortunate we've had, 71 individuals from AAAs, and from service coordination entities who have gone through a training process, to be able to answer questions.

And, we typically have 4-6 of them at any given meeting.

So after our first 20 minutes is finish we had can basically identify them and say, these are the folks that can try to answer your questions.

We were not prepared if the Court please the type of questions we were going to get.

And I'm not sure anyone could have been prepared for the type of questions we got.

Any time you have a massive major change of this size taking place you can anticipate from the start of the change until the things get back tonearm al.

There's going to be confusion, there's misunderstanding, there's going to be a period of time

when people try to figure out how do we make this thing work? We found

ourselves right smack in the middle of that.

Simple things I probably should have known walking into it, but

didn't.

People don't know the difference between Medicare and Medicaid.

They don't care.

A all though know this card gets me food stamps we learned very

quickly the acronyms and the terms that we use on a day-to-day basis are

absolutely meaningless to about 90 percent of the folks who are there.

That took an adjustment in our part it's an adjustment people are

still making.

Is you spent your career, saying things like NFCE, it is really hard

to stop doing that.

So we know that the people that we've worked with, that we've been

training to do this are, diligently trying to shift their language to

make this more accessible to folks.

So that was one of the first things we learned.

What else do I need too tell you that Jen didn't go over?

Service providers.

I was surprised that at the begin about 50 percent of the people who

were showing up at meetings were service providers.

As I had a chance to talk with them it became real clear why they

were there. And very understandable why they're there.

The enrollment package went out October 6th Mr. of them didn't know that was happening.

And they were getting calls from their people saying, what is this about?

And, they didn't know how to answer those questions.

So there was a real need on their part to get any information they could get.

We found that if we have room we could certainly welcome them to stay.

And most of those who did stay walked away knowing a little bit more about the process than they did before.

But it was real clear that they were caught off guard to some extent.

I should also point out though in the last 4 sessions I just came back from Pittsburgh where we did four sessions in Pittsburgh.

What was surprising there is the number of people who were enrolled and those who showed up shifted drastically.

In our other sessions we had overflow.

More people than we were supposed to have.

In these last four sessions we had about half of the people that we were supposed to of we have a lot of empty space.

When I heard Jennifer saying that we now have, 17,500 people who are

already enrolled, it is starting to make sense to me why that is happening.

The number I last heard before that was, 12,000 people enrolled so I suspect we're seeing an acceleration of people enrolling.

And once people are enrolling, their need to want to come to a session like that is diminished quite a bit.

I can talk a little bit about the kinds of concerns that people had.

The kinds of questions that they had.

Most of them, not most of them a large percentage of them had to do with Medicare.

Very confused about the impact this would have on Medicare and really concerned about how it was going to effect any other kinds of plans they may have.

We needed to clarify that information. And, OLTL actually did a really nice job and created a new handout that, outlines that stuff pretty clearly.

So we were able to make that adaptation in the program.

And give that information to people and it really relieved a lot of people's concerns.

I want to take a minute to talk about one of the things that I have personally have seen happen at these meetings that has been important for me.

The number of people who come in with different agendas is kind of astounding.

There are people who come in, who are very, very articulate who are very well educated and who are superb advocates.

There are other people that come in, that just want this to go away.

They just want it to go away they don't want to have to think about it.

For those people, we found if we can give them a path a way to think about it, a way to take the next step, it becomes a really useful process for them.

It can be little things like, how I had a couple in Bedford who said my daughter is working with a therapist the first therapist she has been able to communicate with.

And I said, that's really important that she can do that they stopped me and said you don't understand -- she doesn't communicate, period.

This is the first person that she had a relationship with.

So their concerned what happens if we can't keep that therapist.

Those are the kinds of concerns that many people come in with. And I found it interesting because it was kind of split and I appreciated your question Fred about the 60 days, versus the 180 days.

There are some people who really concerned about the medical aspects so that 60 days kind of has them, how am I going to deal with this?

But there's a equal number of people who are less concerned about

the medical and they're more concerned about the long-term services and supports.

Because those relationships, that they have, with someone they finally click with, are the most important to them.

When we can tell them at least those looking for the long-term services an supports you got that transition period you have half a year to work through this.

You have a half a year to encourage the service providers to get on board if they're not on board.

You can change your MCO.

You've got that time frame to do that.

It really kind of relieved many of their concerns.

For those who were concerned about the medical things that's tougher one of the the things we found out in the last several session he's I did, there is apparently a significant number of physicians who have started the process, that haven't finished the paperwork they need to be part of it the MCO.

We have been able to counselor coach people to say, if that's your position you need to talk with them.

You need to talk with them and say, it's finish the paperwork.

Those types of information online, are going to be updated as more and more physicians complete that.

I think the other piece that goes with that, is the recognition that

a lot of people don't know who their service providers are.

They know so and so comes to my home.

Or they know I see this doctor but they have no sense of the doctor being part of the larger practice or larger system. And as we were able to get people to start thinking through that and writing that down, they started to feel more empowered of now when I talk with the independent enrollment broker I have specific things that can help them, help me work through this.

This is something I probably shouldn't say but will because I think it's true.

We heard many people saying I'm not happy when I call the IEB I'm not getting the answers I want.

And I'm sure that is true.

Part of what I, encouraged our people to say to them is, the same thing that I believe to be very, very true.

About 3 weeks ago I was listening to my wife talking to our internet provider because the internet wasn't working it's on speaker phone because I have a severe hearing loss so that's the way our phones are in our house.

And as I'm listening to the person from the internet provider he is making perfect sense to me.

I understand absolutely everything he is saying.

And I am listening to my wife asking the question, she is making

perfect sense to me and the two of them, don't have a clue what the other one is saying.

They just simply were not communicating at all.

It was painful to listen to.

I wanted to jump in and say, Karen I realize that the going to work they have to work this out.

So our approach has been doesn't matter who you call about anything.

You'll find some people, you just do not connect with.

And that's ok.

Hang up call again.

Find the person you can connect with.

That's the approach that many people felt comfortable with, they thought yeah I can do that.

I can keep pushing them until I can get someone, that I can communicate with, who can understand what I'm trying to say and that we can actually work through this together.

I was surprisedded at the number of people that didn't think that they had the right to do that.

The fact of the matter is, they do.

There was a lot of relief when people realized that they could change the managed care organization.

There was some real concern about what if I get into one I want to get out.

I think that was a real nice built in feature for people to be able to say, no you can change this.

There's a period of time that is going to take, but you can change this.

The fact that there's, at least for the long-term services and supports that 180 day transition period, really relieved a lot of concerns because, folks realized, I'm going to have the same services in place, while I continue to investigate.

While I continue to learn more about the managed care organizations so that I can relax and say I don't have to have the perfect answer for making a choice now.

I can change it, if it's the wrong choice.

So those are some of the things that we've learned in the process.

I'm not sure what else I can tell you but more th happy to entertain questions you may have may have.

>> **FEMALE SPEAKER:** Any value in developing frequently asked questions document and sharing it with providers service coordinators CILs?

>> **MALE SPEAKER:** Yes, I think one of the things we're doing is we're gathering questions on index cards, when people have questions we're asking them to write down during the presentation so they don't forget them afterwards secondly we're gathering them so we can, give them back to OLTL so they can start to look at those and quited honestly they can start to flush through what is the best answer to this

particular question.

I think there's another use for this as well.

That is for whoever does the outreach and education, for the Commonwealth I believe, that the training for those people who are there as facilitators needs to be a little more rigorous in part based upon the type of questions we have.

The frequently asked questions become part of their vocabulary.

Part what they know they're going to run into.

>> **FEMALE SPEAKER:** One more.

One more question.

The people that have been trained you said 71 people have AAAs and service coordination agencies is that for the southwest zone and do you plan on doing trainings for the other zones or are those trainers -- statewide.

>> **BRAD LeVAN:** The plan is to recruit people from both AAAs and the service coordination we were lucky to get as many as we did I wasn't sure that was going happen.

I really can't speak to, what changes might be made in the other parts of the State.

But we have learned that those people that are being trained, probably need a little more rigorous training than they have.

We also know there's some people who are better, presenting than others.

So we're trying to identify who is a good presenter who can take the information and presented it in a conversational way.

And, that doesn't mean, that the other people don't have value because they still need to know answers to the questions when they're meeting with the people one-to-one.

>> **THEO:** I have to disagree with something -- a lot of what you heard, what I heard is great on the money.

One of the most frustrating thing that I know personally is continue calling someone and it is a very self defeating thing.

And you suggest that I keep calling IEB.

When IEB should be able to help me.

That's a frustrating thing.

To the point where often people just give up.

Personally I have done that myself.

And so I'm suggesting to you that, that there has to be a better option than people just calling.

>> **BRAD LeVAN:** I can certainly appreciate that.

It is a frustrating thing and I may have over simplified it I mean we've suggested in conversations and the conversations have been uniquely individual.

But in some cases it's been you can also ask for a supervisor.

And other cases also been if you're not getting satisfaction people can't correct this unless they know that it needs to be corrected.

So here's the number you call to complain and, you need to follow-up with that, if you want to see this corrected.

Unfortunately I don't have a magic wand to come up with the solution to how to fix that.

I think our role is seen more as to try to find a way to help guide people through it.

In the most reasonable way possible.

>> **KEVIN HANCOCK:** Do you mind if I chime in on the question.

We have had the opportunity to attend a lot these sessions as well we the departments a lot of the questions that we've heard reflected exactly your point a lot of people have very specific individual case issues that may not even be, something that the independent enrollment broker may be able to answer, complex they may or may relate to community HealthChoices but to eligibility process itself.

So, what we've asked, aging well to do through these sessions is capture the individual question and the content information for these individuals, and get them back to us and we'll help them go through the guidance process to be able to have those questions answered.

Because, just, some of the cases you know, some of the questions that I heard, were would have required a lot of additional research and work with the county assistance offices to be able to figure out what would be the right pathway people would need to take and, just to -- echo what you're saying.

Just having them call the independent enrollment broker which Brad and his folks are not suggesting for these really complex cases just doesn't work.

So we, we are using this as an opportunity to help people try to navigate a process they have a particular condition that is so complex they need additional help.

>> **BRAD LeVAN:** Other thing which is interesting to me the number of people who have actually made that request and remember we have over 2,000 attending it is fewer than 20.

That's surprising to me I thought we would see a lot more than, 20 people who said I want to get back to me, with this particular thing.

>> **KEVIN HANCOCK:** Those 20 cases need a lot of help.

>> **BRAD LeVAN:** They're on pretty complex.

>> **KEVIN HANCOCK:** Yeah.

>> **PAM MAMARELLA:** Steve you have a question.

>> **MALE SPEAKER:** Sort of the same question I asked Jen earlier looking at the 2,000 people coming anecdotally do you feel you're getting a fair cross section of the demographic of the population for community choice?

>> **BRAD LeVAN:** That's a difficult one for me to answer I can tell you that as I've looked at registration sheets and people have signed in I've seen more people, who were there as a response for representing someone else, than I anticipated I would sa say.

I have seen a equal mix of people older adults than younger.

And sometimes, you know my bias is talking to a guy in Bedford he

was 81 I assumed he was the participant.

He was there for his mother who is 101.

[laughter]

So we've seen a fairly good cross session.

When we're at facilities we see a population that is still

comfortable we still see older adults showing up or people slowing up

representing older adults.

>> **FRED HESS:** Pretty diversified a lot people, we had two

sessions saw the same thing with both sessions.

>> **PAM MAMARELLA:** Okay.

Do we have any other questions?

Okay.

Thank you very much, for the presentation.

>> **FRED HESS:** Thank you for you did a fantastic job at the meeting

at my office I would like to thank you for that, you did a great job.

>> **BRAD LeVAN:** I appreciate hearing that.

>> **PAM MAMARELLA:** We'll now hear from Kevin han cook and Je anne Parisi about the independent enrollment

broker.

>> **KEVIN HANCOCK:** Thank you.

So you'll be my guide, Michael?

As I go through the slides?

>> **SPEAKER:** Just say next slide it will happen.

>> **KEVIN HANCOCK:** Thank you.

Good morning everyone, the -- I think Je next probably touched on a lot of this data.

Because we're pretty excited about it, at this point but, we wanted to, take an opportunity to discuss with the committee, the process for, for plan selection for community HealthChoices in the southwest. And give you an update how it is going rightfully.

This presentation is going to go over just a high level process also pointing out to -- to the committee, on what the role of the independent enrollment broker is for this process and then have an opportunity to answer your questions after we have we go through some of the data we've seen so far.

Starting with the role of the independent enrollment broker.

So the independent enrollment broker is -- we have an independent enrollment broker for the home and community based waiver the IE, B for the home and community waivers provides guidance to participants on selection of a waiver as well as going through the enrollment process for long-term care services, in the community as well.

This role for this independent enrollment broker is augmented and somewhat different.

So we actually have it segmented it's specific to community HealthChoices the focus is to walk people through, walk people through

the plan selection process for community health choices so we have set up a separate call center specifically to help people go through plan selection, and, understand what is the best possible managed care organization choice for them as they move into community HealthChoices that's the purpose.

>> **PAM MAMARELLA:** Kevin I would be remiss if I didn't say or the LIFE program.

>> **KEVIN HANCOCK:** Thank you very much.

>> **PAM MAMARELLA:** We can say that, that is alternative option to this.

>> **KEVIN HANCOCK:** Just to also be clear when we talk about community health choices, we do talk about LIFE program in tandem and we also present it as an option as part of the script that the independent enrollment broker uses when going through the plan selection and plan choice.

So they walk people through, their options.

And they are also required to follow-up with individuals so the independent enrollment broker, was -- after the call center began at the end of September beginning of October, and the call center was set up after the pretransition notices went out.

But it really became active after, the preenrollment packets were mailed.

They, the independent enrollment broker did mail those packets.

Those packets provided a lot of information for participants but it also encouraged them to call or mail in a form that, that indicates what plan they would like to choose.

And, those preenrollment packets as they were mailed they were mailed from the beginning of October, all the way up October 23rd for any of the initial, the initially identified participants who are going to be moving into community HealthChoices, those packets generated a lot calls.

That was what they were intended to do.

And -- we have had -- especially in the middle of October we had spike class over 2,000 on a given day.

And, what they were intend today do is have people call, ask questions and find out which MCO would best meet their needs some of the criteria that they used, obviously included and just to also build on Pam's point to also determine determine whether or not they want to reach out to a LIFE program to see if that's a better option the criteria was list provider options the provider network and the managed care organizations had information on service providers for each of the managed care organizations.

As Jen mentioned that's being updated on a weekly basis continues to be updated we'll probably, be updated indefinitely.

In addition, they also helpedded participants go through plan comparisons that's particularly relevant on on the -- the expanded

services or value added services the managed care organizations would offer they also, provide and discuss options, with the participants on their Medicare program and what it would be the best alignments their nursing facility services what would be the best alignments or, continuity of services with HealthChoices as I had mentioned earlier.

That is what the enrollment broker's function is.

It is dedicated to community HealthChoices and the LIFE program it is also dedicated to help individuals make choice for this process.

It is really a separate call center for home and community based services.

So -- so this is how people will enroll through the process.

Adds mentioned people did receive a notice in October.

Letting them know they will be moving through community HealthChoices the initial pretransition notice also had, rights for participants if a participant, thought for whatever reason they were not appropriately part of this population, they were given instructions how to they would be able too communicate that to the department ore go through an appeals process.

We already had our first preliminary review of these cases.

We did a relatively small number of cases that came back to us and, it was discovered for most people they just were conduced what this actually meant and, Mr. Cases, those individuals withdrew their appeal.

Now they understood it a little bit better.

After that, the independent enrollment broker sent out this preenrollment packets and that provided the information which included the 1800, which is 1-844-824-365.

I'll repeat.

844-824-365 and, the TTY line for people who have hearing impairments is 1-833-254-0690.

1833, 254-0690.

Those are the numbers that people will need to call, to be able to have their questions answered.

There's also a web site, available.

Which is www.enrollchc.com.

Those are the two places where people, will get the information they need and they can actually on the phone they can take the enrollments for people or people can mail them in and limb bit later this, in November, they're going to be able to enroll online.

That functionality will be available after November 13th. And it will, benefit people who are, thinking about, making a plan change after the auto enrollment process.

We are encouraging everyone in this room, and everybody who is involved with the stakeholders they want, to choose their plans themselves.

We want people to choose their own plan we want to have people have their own questions answered we want people to feel comfortable with the

choice they made for the managed care for community HealthChoices if you're talking to anyone, who is going to be enrolled in community HealthChoices encourage them to call the independent enrollment broker look at the web site to find the information they need to be able to make that choice themselves.

Because it's important for them to be, to feel as if they're part of the process.

If they do not pick an MCO by the cut off date Jen mentioned was November 13th one will be ought automatically assigned to them,

throughout the program, people can change the MCO at any time, if they change their managed care organization before the end of the calendar year, that change will still be effective on January 1, 2018.

So people need to choose a plan.

If they don't, they will auto assigned.

So how can people get more information about it, the community HealthChoices where to enroll they can go to www.enrollchc.com.

That's www.enrollchc.com they can call 844-824-365.

1-844-824-365.

We should have everybody say it out loud.

If they they can use the TTY, 1-833-254-0690 and, when they think about this, they really should think about the provider network all 3 of the MCMs they have a dual special needs plan they will be offering in the southwest.

And, they -- they want to take into consideration the real opportunities of Medicare alignment.

>> **MALE SPEAKER:** Kevin?

>> **KEVIN HANCOCK:** Yes, sir.

Drew? I'm sorry theo.

>> **THEO:** What about if a participant can't call or go email, is it text email address they can also use to enroll?

>> **KEVIN HANCOCK:** So asking if they have an email they would be able to send through, we do have to have some verification that we're talking to the right person and it's really difficult to do that via email.

So, so there is instructions, how they can get support through enrollchc.com if they go the web site they really do need to have some sort of direct contact for that process.

If you have any suggestions on how we can reach, outreach that population we appreciate it.

>> **THEO:** We do.

We can talk.

>> **KEVIN HANCOCK:** Great I appreciate it.

I'll catch you after the meeting.

>> **MALE SPEAKER:** Kevin, you were mentioning that people should think about what, which MCO the providers participate in.

How are they supposed to think about that?

I mean, they really need a concrete list, many people, they have to pick their, physical health services as well as the LTSS services.

>> **KEVIN HANCOCK:** Correct.

>> **MALE SPEAKER:** Many people people have up to five or more specialty, physical health providers that their wanting to think about whether they're participating, or, and they might have more than one, MLTSS provider as well.

So, is there, you know, they would have to do more than think about it, they have to know, concretely if their pro providers are participating-hain mentioned they have to write down who their providers are, think about who their providers are, make a list they would either consult the web site, enrollchc.com to look at the list or call the independent enrollment broker once they have the identification of those -- once they have identified those providers are there that's a very good point I hope I didn't misstate what I mean by thinking about it, they have to write them down and use that as a guide for plan selection that's absolutely correct.

>> **PAM MAMARELLA:** Tanya has a question.

>> **FEMALE SPEAKER:** Yes, I do.

How much will the enrollment broker be able to tell someone like me about services my way and the difference between, the differences between how the MCOs are going to look at it.

>> **KEVIN HANCOCK:** So, services my way is far people who need, that allows for budget authority for people in a participant directed model

allows people a lot of flexibility in the way that they are able to direct manage their services and it is a service we are highlighted in community HealthChoices because, to be perfectly honest it's pretty small at this point we would like to see it grow.

The independent enrollment broker will not be the role of the independent enrollment broker is to provide, plan counseling to address, questions associated with the provider network.

It really isn't appropriate for the independent enrollment broker to answer service questions, which would be either the State plan services that are covered under the -- physical health part of the program or long-term services and supports.

So what we are encouraging people to do, if they want to do that, that type of research is to reach out to the managed care organizations themselves.

Managed care organizations, can provide details, on how they're planning to manage those programs.

>> **PAM MAMARELLA:** Drew.

>> **MALE SPEAKER:** I'm sorry Kevin I have a follow-up to my earlier question.

So let's say people had made a list of their five or more providers, is there a search function on the web site so they can type in the name of their provider and see which MCO the provider is participating with?

>> **KEVIN HANCOCK:** There absolutely is, if you go to

enrollchc.com, there's a tab that specific to allow people to search their provider information.

And -- drew thank you for these questions you're helping me do my presentation.

So just to be clear, one caveat on that particular, on that particular question, these lists are updating all the time.

So, you may find when you do that search, that you may not see your provider and I'm not going to give an example of one -- I'm going give you an example I'll be very generic there was a primary care physician had the MCOs flame, as part of that but that's not yet part of the provider file it's going to be part of a later update.

So, we flow that provider is, part of that, that network.

But it looks like the provider file needs updating before that happens.

So, since it is a new program, the provider files are updating so, it's not a bad idea to communicate to the participants that, you still may want to, if you have concerns, or questions or, if it just doesn't make sense to you, call the independent enrollment broker.

To to verify, what you're saying.

>> **MALE SPEAKER:** One concern I have is that, some providers he especially on the physical health side maybe part of a practice group so the name that they would type in, they would have to know that name not just the doctor's name and, I'm concerned about people getting fouled up

in the search function.

>> **KEVIN HANCOCK:** Just to be clear.

That's a -- that's a real concern that even exists in the very mature HealthChoices search provider services.

It's a particular challenge and, another another challenge, when it comes to that search is that, these provider names change fairly frequently.

They change depending upon a different location or if they are, some sort of a merger, so and sometimes the information on the networks, can be a little bit behind.

So, it is, something that we are required to be diligent and continue to update we have in the department we'll have a tool that will , it's part of our responsibility to constantly validate network adequacy and constantly validate the information that is submitted by the MCO's to the independent enrollment broker and to us is updated so we're going to have to keep up with that, it is an ongoing challenge.

>> **MALE SPEAKER:** I think I'm going to go in and practice searching myself and I would encourage all of the advisory members to do so.

>> **KEVIN HANCOCK:** I strongly encourage that, we really appreciate feedback.

We made changes and improofments it will continuously be improved and updated we would love to hear the feedback on the search function.

>> **PAM MAMARELLA:** Thank you drew, Tanya you had another question.

>> **FEMALE SPEAKER:** Yes, I do, in regards to services my way, not an awful lot of people know what that is, yet.

>> **KEVIN HANCOCK:** Absolutely correct.

>> **FEMALE SPEAKER:** My question then is, okay.

If they, if they're reading threw the MCO choices and their provider choices and stuff they come across services my way.

Who then if it's not the independent enrollment broker is going to be able to provide them the information what services my way is, there going to be a specific thing in the enrollment packet if you're interested in services my way, these are your contact people you need to talk too from each of the MCOs to find out what this waiver, what this -- type of program is.

>> **KEVIN HANCOCK:** So, the managed care organizations all 3 managed care organizations as part of their agreement are required to offer services my way.

They will I'm into the going to speak for them I'm going make an assumption that their service coordinators are going to be very educated on the offering of the program for services my way.

So the managed care organizations will be able to answer how they plan to offer services my way.

But if a participant selects a managed care organization and wants services my way the participant service coordinator will have the

information they need, too know how to access it, that is a responsibility of that service coordinator, or, the managed care in general.

>> **FEMALE SPEAKER:** I get your answer but I'm not sure you completely understood my question.

>> **KEVIN HANCOCK:** You want me to, can I pair a phrase it for you? You want all materials to be advertised in the opportunity for services my way.

>> **FEMALE SPEAKER:** That and if you said the -- the independent enrollment broker can't answer these questions, is there going to be interested in service that's way, dial this numb, speak to Jack bill job, from each of the MC ons about it, so you know what this program is.

>> **KEVIN HANCOCK:** Going to be up to the MCOs to determine if they want a dedicated person.

>> **PAM MAMARELLA:** Let's rerequest the question when we hear from the MCOs.

>> **KEVIN HANCOCK:** I'm going stress the service coordination role to be well versed on the benefit.

So, okay.

So, talked about how people enroll we'll give a quick update on the enrollment activity.

The first is participant plan selection.

This is a little, there is from yesterday.

As of yesterday we had 15,653 but as Jen mentioned we've gone over 17,000 we're really hap with where we're at right now with plan section.

National average for MLTSS enrollment is actually really low for plan selection we're above the national average at this point we're really happy with what we're seeing.

We're hoping there is not particular to the southwest and the southwest does have some structural advantages to encourage plan selection.

One of which is they have a really good penetration of Medicare advantage and dual special needs plans.

So they're paying attention to this.

Or they may even be calling the independent enrollment broker to see if it relate toss the Medicare coverage when they find out it relates to the Medicaid coverage, it gives them a pathway to start educating them about the plan choice.

So this is good, this is good data right now we're really happy with what we're seeing.

We're hoping it continues and, just to be clear, we have offered in training for this service coordination entities that are out there and we're also offering intensive training for nursing facilities, that intensive training is scheduled for later on this week.

And the reason why we're offering intensive training by the independent enrollment broker for nursing facilities is to support this

process, is because nursing facilities, always have a very, very comprehensive relationship with participants and with the enrollment process, we really want them to understand, what they need to do.

We also want to make sure that it is, there's an opportunity, it's actually the LIFE program is another entity that has a lot of direct relationship with the enrollment process we are, doing all we can to make sure the LIFE program has the same education available to them.

So that's where we're at with plan selection and we're very pleased with it.

So moving onto the preenrollment packet mailing.

As you see this is sort of how it flowed.

We sort of front loaded the preenrollment packet mailing for participants who are initially identified most of them went out before October 10th and when we look at the call center statistics you'll see how that was reflected and they were completed on October 23rd there's going to be another mailing for participants who are newly enrolled, or newly eligible for long-term services and supports and we're identified after this, this initial list was developed. And that will be on an ongoing basis as well. And, these packets are also, available far people to be emailed we also have had a lot of remailings with these packets as well as you can see, if you total up the numbers they roughly exceed the 80,000 people, that were the target for mailing we had remailings based upon request, so we're very happy with what we're

seeing with the preenrollment packets as well they generated a lot of

interest the next slide will, show where it is sort of peaked our peek

day was, October 16th.

Which was, pretty much the couple days after the peek of the mailing

as well.

The calls have tapered up they're starting to tick up again the

reason why is because people are, doing a little bit of their own

research and they're starting to we're starting to ramp more plan selection, this week and past week, had

an increase in the number of plans have been plans have been selected by

participants we're expecting, these call volumes to continue to increase

over the next, over the next several weeks until, not only until

November 13th but through until the end of the calendar year.

With that, that's where we're at with the independent enrollment.

I'll look to Pam to see if there are any other questions?

>> **PAM MAMARELLA:** Do we have any other questions?

Barbara? Male.

>> **FEMALE SPEAKER:** Kevin, can

someone call been are on behalf of the consumer get information.

>> **KEVIN HANCOCK:** They can call, they may not be able to do the

plan selection unless they have a arrangement recognized in our

eligibility system power of attorney or other types of arrangements.

>> **FEMALE SPEAKER:** What about someone who is using a translator an

outreach worker?

>> **KEVIN HANCOCK:** Good question.

>> **FEMALE SPEAKER:** This is not related to CHC it would transfer over --

>> **KEVIN HANCOCK:** In general yeah.

>> **FEMALE SPEAKER:** Southeast aging community in Philadelphia, is having trouble with MAXIMUS.

That they're refusing to speak an outreach coordinator, and there's even trouble when they try and get language line calls set up.

Where pl MAXIMUS hangs up.

>> DEPUTY SECRETARY BURNETT: C Can you give us side bar give us specifics on this, because we need to follow-up and listen to the calls and, figure out a game plan with IEB.

>> **FEMALE SPEAKER:** I did reach out to the person with the CMAC she has not gotten back to me with specifics when I get them I will, definitely share them with you.

>> DEPUTY SECRETARY BURNETT: O Okay.

Great that's great thank you.

>> **KEVIN HANCOCK:** The independent enrollment broker has to offer translation services and support translation as part of this whole process.

The point that you had asked specifically about the translator, is point of education for the enrollment brokers on the phone.

As Je next mentioned we, as we get this cases we bring them to MAXIMUS they incorporate it as part of their education.

But it is education.

It's just lack of education on the part of the, on the part of the person on the other end of the phone.

>> DEPUTY SECRETARY BURNETT: I just want to under score that, every bit of feedback the more specific we get, the better it is, for us to help MAXIMUS get better at this and they do, they take whatever feedback we give them and, the next thing they're doing is training of all their call center representatives.

So these things are getting incorporated as we run into them.

>> **FEMALE SPEAKER:** I knew you were going to ask that, I asked for specific details.

[laughter]

Policeman ma'am how many call center reps is it taking to stay on track?

>> **KEVIN HANCOCK:** We have over 50, many over 50 depends on the call volume in the given day they reallocate.

But, certainly more than 50 and during the peek period we had to bring in over 70, that's pretty common for a roll out like this.

>> **PAM MAMARELLA:** Okay.

>> **FRED HESS:** Anyone have a question.

>> **FEMALE SPEAKER:** For new waiver enrollees what day will we use for them what has been identified for them with respect to if you don't, sign up for the State there's auto enrollment are you using 12/31.

>> **KEVIN HANCOCK:** That's a good question, if they are, eligible for prior to November 13th, they will be part of the same process.

So, if -- they will get a pretransition notice, they, if it's too close, they may be auto assigned they will get the preenrollment packet, they will make a call if they want to make a plan change it will be effective December 31st if it enrollment falls during that enrollment period they will be offered to go through the process for plan selection for people ineligible for long-term services and health care choices the managed care organization will be, will be required to -- to start coordinating care day one of eligibility.

It really depends on, when they become eligible.

Actually, in future meeting because in the next meeting, we'll have, we'll be in the December time period.

We'll, flow this out to show how this effects people who are, eligible between the, middle to end of November and, through the end of December. And HAOU plan action is going to take place.

Great question.

Better to show it visually.

It's complicated.

>> **FEMALE SPEAKER:** Thank you.

>> **PAM MAMARELLA:** Thank you Luba.

Tanya.

>> **FEMALE SPEAKER:** One last question.

>> **KEVIN HANCOCK:** I doubt that.

[laughter]

Just kidding.

>> **FEMALE SPEAKER:** For this, it's like me to read can I call the n enrollment broker, and say -- okay.

I want to know T the ins and outs of every single MCO.

Can you send me, a thousand page document on each MCO, so I can sit down, use an index, read it myself and make my own decisions in my own time?

>> **KEVIN HANCOCK:** The independent enrollment broker depends on what the content is, that you're asking about.

The independent enrollment broker would not be able to provide that information.

>> **FEMALE SPEAKER:** Where would I get it?

>> **KEVIN HANCOCK:** Probably want to go to the managed care organizations web sites.

Themselves.

>> **FEMALE SPEAKER:** Web site or -- calling them because, if you try to get it now, like as a an experiment, I did this.

You can't.

They send you to the public assistance office.

How do I know, if I'm asking them, when I'm choosing my plan that some person that has worked there previously isn't even going to understand what I'm talking about when I say, MCO, and I need all this information, because I want to read it and look through the choice of each 3 that I have, different indexes for different things that I know ahead of time I'm already going to need so I can sit there, read it with my own eyes and highlight it, for myself and then make my decision based upon that.

How can I be sure, I actually get that information.

>> KEVIN HANCOCK: All 3 of the MCOs will have a web site all 3 will have a lot of content on that web site.

The MCOs themselves will be able to answer specifically what type of content they would have have available.

But, the one thing I would have to say it really depends what you're looking to see.

If you're looking for like medical policy bulletins especially ones originating out of the department you will want to look at our web site which is, which is community HealthChoices.gov I forget.

>> PAM MAMARELLA: Doesn't web the remember web site.

>> DEPUTY SECRETARY BURNETT: H HealthChoices, HealthChoices pa.gov or.c movement.

>> **AUDIENCE MEMBER:** H HealthChoi ces pa.com.

>> DEPUTY SECRETARY BURNETT: W Works both ways.

>> **KEVIN HANCOCK:** Landing HealthChoices.pa.gov go into the information about it.

>> DEPUTY SECRETARY BURNETT: It asks you the first thing it asks you, are you interested in as a provider or a participant you have to pick one of throws.

>> **FEMALE SPEAKER:** Okay.

The reason why I ask, is because different people I have that work for me have different types of insurance policies they actually can get books when they want to see information and read it.

They can get a book. And an all enprint book.

Can we get that?

>> **KEVIN HANCOCK:** Well the reason, a commercial insurance you're asking me a good question, commercial insurance there might be a different, differences in policy, depending upon which commercial insurance and individuals employer or they themselves purchase.

So, it makes sense that they would have an individual policy bulletin to reflect their spin of benefits.

But with Medicaid the State benefit packet benefits are available depending upon the eligibility category you fall under they're going to be the same.

They're really, those types of services are directed by the

department.

So you, you -- what you're looking for you really probably want to get from our web site.

That, that detail of the benefits that are available, especially for physical health services and certainly for long-term services and supports that's from our web site. And I have your email. And I will send you the LINK to our web site, so that you can access that information.

>> **FEMALE SPEAKER:** Okay.

Yes.

>> **MALE SPEAKER:** Send to me.

>> **KEVIN HANCOCK:** I'll send it to -- Marilyn you can, you can forward it.

>> **PAM MAMARELLA:** Steve has a question and then we want to move onto hear from the CHC MCOs after that.

>> **KEVIN HANCOCK:** Steve chair is that the Steve chair doesn't matter what your last name is -- just changed it.

[laughter]

>> **MALE SPEAKER:** Quick question to follow-up to Tanya's question, when will be the participant handbooks be available, that will answer more globally some of the questions that folks might have.

>> **KEVIN HANCOCK:** Great question, participant handbook is a handbook provided by the manage the care organizations offer information

about rights and responsibilities as well as some key benefit information and content information for the managed care organizations themselves.

The MCOs are are aggressively looking forward to developing finalizing these and submitting them to the department for approval, one component of that, they're waiting for us we're hoping to get to them before the end of the week.

They will be, we're hoping they will be ready, they have to go through an approval process with us which we will be doing Ray I'm looking at you, we'll be doing that, since we received them they're waiting for one piece of information we're waiting to give them one piece of information before it can be completed.

So we're hoping, they will be ready to go in December time frame.

>> **PAM MAMARELLA:** Okay.

Thank you.

Thank you very, very much Kevin.

>> **KEVIN HANCOCK:** Thank you all for your time.

>> **PAM MAMARELLA:** Okay.

And if, if people think of questions after this meeting again if you send them to the Listserv, that will be great we can prepare for next week.

Jen I'll turn it over to you.

>> DEPUTY SECRETARY BURNETT: It would be great if the -- when the

MCOs, if they could come up to this end so the people on the phone I had complaints about, them not being able, when they sit down there they can't hear the phone.

Okay.

>> **RANDY NOLEN:** I'm Randy Nolen, real quick.

Responsible for readiness review.

I want to give you a quick overview I want to turn most of the time over to the MC ons.

I'll make this quick because Kevin ate into 10 minutes of my time I have to apologize I have no web site or phone numbers to overly recite to you.

So I apologize for that.

[laughter]

I think you had enough of that already.

Okay.

I'll give you Kevin's personal cell phone number, if you want that.

You'll take that.

[laughter]

Real quick readiness review we're continuing down the path all the MCOs submitted all of the appoint asks well over 80 percent approved by the department finalizing a number of them, some of them centered around some items that we're still working on getting out to them like Kevin said with the participant handbook and things like the,

hearings and peels and grievances template we're still working through that process.

We are doing on site reviews at the second site, first week of December to monitor the participant hot line.

Listening in on their calls interview their staff work through that process.

We're also providing a number of technical assistance tersions with the MCOs, one of them, we behavioral health MCOs and CHCMCOs, some on NHT and other templates we're working on, bureau of hearings and appeals will be doing that also.

We're continuing to move forward with that and -- things are really well at this point in time with that.

What we want to do today, is especially with the extension of us having an hour instead of a half hour was, Jen and I we sent out a number of topics we wanted MCAs to cover and go over with you today.

So we'll turn it over to the MCOs and let them do that.

I wasn't sure who I was going select first to go obviously ray made that choice by coming up here I'm going to turn it over to Ray and U parks MC.

>> **MALE SPEAKER:** Penance you pay far following instructions.

[laughter]

Go to the front of the room.

>> **FRED HESS:** Great to volunteer.

>> **MALE SPEAKER:** AmeriHealth gets alphabetically that works out in favor with the U.

So -- as Randy said the department, was provided with a list of questions we'll run through that's a whole set of, areas that you know there's QA but, first I think from a network standpoint, you know, there really isn't much of an update from the last meeting our fiscal health network is stable.

Our home and community based services network is stable and established we believe we found you know, all other providers as mentioned earlier, if there are providers that turn up, our intent is to identify them, with the continuity of care files which we expect to receive at the end of this month and December, we identify providers we're not contracted with, we'll outreach to them and execute contracts as quickly as possible.

Additionally, we are, still working through some final contracts with the nursing facilities.

I believe there are 152 that in the zone we're working with, and we have about 2 dozen we're finalizing rate sheets some of those are with larger chains having multiple facilities we're working through those final stages but, it is basically -- but the core agreements are executed.

In terms of our web site there are some questions you know around

the timing of launch, everything will be up and running, you know, by the 13th but in terms of where we are now UPMC health plan.com/chc is our, web site, we have some basic information right now, that is more provider focused and facing including some FAQs and some references back to the Commonwealth but, next week we'll have some pieces that are launching and the following week, the final parts including our final directory but, for information about our provider directory and, providers you can of course call the IEB or our member services has access to that, those databases on the back end they will be online and searchable within about a week.

Customer service and you're approach, we -- we have done one thing that is, perhaps a little different which is, integrating our community HealthChoices customer service representatives with our dual eligible SNP customer representatives we believe cross training will really help to smooth out especially cases where we have a person who is, enrolled in both our DSNP and CHC program simultaneously and you know, that staff is currently you know receiving calls you know referrals from the IEB and you know vice versa, we are -- we are active and you know working with that staff through not only some larger comprehensive trainings our team is doing our product team is doing a daily stand up meetings with those reps to make sure we're confronting issues corresponding with Randy if there are questions we don't know though answer that have come in, things have really smoothed out with the IEB communication between the

customer service reps.

In perspective we received you know, of of 64 calls last week about CHC almost entirely were current

members who.

[664]

On the DSNP wanted to know how this effects the dual benefits.

But the customer service team again we're very proud of our award winning team with a focus on one call resolution whether it's a warm transfer back you flow to another area or, connecting the person to a physician or, to the IEB or other resources.

There were some questions about our health risk assessment.

So part of we've heard a lot about the comprehensive needs assessment we'll have a health risk assessment that we'll be sending out with while go to every one our primary focus is for those well dual eligibles who are not participating in home and community based services or living in nursing facility toss get to know them better and some of the things that we are finding out are you know how many prescriptions do you take? Have you been admitted to the hospital or visited the ER in the last year.

Do you have difficulty making doctor's appointments or scheduling, trouble paying for medicines or services? Asking questions about where you might need help whether it's working with your doctor, if there are language barriers you may be confronting, about your cultural believes as they pertain to you, chronic conditions.

[beliefs]

Chronic conditions basic thing on housing the type of caregiver support you might be receiving ADLs all these things really scratch the surface, 19 compound questions really help us understand do we need to have a person with behavioral health background expertise reach out or someone to reach out because of an ADL need to see if this person can qualify for HCBS or extra needed supports, that's the purpose, that will really focus in on those individuals who are nursing facility ineligible.

We were also asked to talk about service coordination pre and post continuity.

And you know I think first and foremost the continuity of care period is there, to make sure that there's minimal disruption and that service coordinator relationship and those providers are intact.

So, in the ideal world there isn't much change that happens when the switch flips on January 1.

In terms of, as we move forward and we you know there are going to be new instruments so we have the interREI which is a lot more detailed than what is presently being used and also, has the back up of a lot of, experience in other states drew is asking about you know, this area in particular.

And this is an area where, we can draw from not only the caps and scales that are sort of built into the interREI itself but also, time

and tasking tools and other reference points that other state
s have used.

And I think some of the things that will be noticed with our service coordination model is you know I think the streamline approach and the speed we're able to do things, comparedded to today we're looking to empower our service coordinators so that, as long as the -- the person centered plan is it is being developed in the home, fits within what we expect and there aren't -- extraordinary things that require super advisory review, that those services will be able to be initiated, very quickly.

So using technology to do the assessment, build that first draft of the person centered plan and initiate services hopefully in a matter of days including pushing out you know service requests when a person is identified a specific provider to that provider.

Value added services had been a major focus as we've sort of know the grids are out there, we're receiving a lot of questions.

We have generally two different areas where we have value added benefits the first is, they apply to everyone they're not LTSS focused and some that are more LTSS focused, we have a maternity program we also work with, a company to provide smartphone access which includes a talk data and text plan.

We also are offering a comprehensive vision benefit and a comprehensive dental benefit.

Those two benefits will build on the existing benefit they receive from medical assistance.

So in the case that, you know a person has reached a limit, maxed out of medical assistance benefit.

These are, these are dollars that can wrap around that.

And you know, if there's a -- um, a comprehensive dental service like a crown or if you exhausted your denture benefit these are the things where you can apply those dollars, many individuals also have a DSNP with the benefit the idea is that the services wrap around that.

In terms of the, LTSS connected benefits we have two benefit that is are focused more on NHT, one is around supporting the community transition service and rather than having a life time cap we have made that an annual cap of $6,000. And have no individual transition cap again to make sure we're making, all the available resources that we have available to smooth that transition.

Additionally, we are offering an extended home and community based services benefit for people who are nursing facility ineligible at the presented have gone through the NFCE process, the idea there is that if you're waiting for your final financial determination from the CAO, you're participating in NFI participant on our CHC plan we don't hesitate and get the services in, so that, we know you're at risk you've been found NFC how do we get services to avoid institutionalization, we also are working with individuals to help them

with their medical redetermination.

We're continuing the states tenant based assistance program, for

people transitioning from nursing home, where housing is say barrier and

the last benefit is a company called senior LINK we'll be providing care give support, to family members who are living in with a

waiver participant and giving them some stipend support to, continue

doing what they're doing to keep, our participants independent.

So those are very high level you know pieces on the benefits I'm

sure electrical be more questions please don't hesitate to contact me or

our team.

We also are going through our beginnings of our provider trainings,

we have five set up.

Including one focusing in on service coordinators.

We have had two already this week.

If, please if you're operating in the southwest zone reach out we'll

give you more detail and reinsurance on billing and the lastly, we were

asked to talk a little bit about -- also on the provider front we'll be

doing a few trainings jointly with the other MCOs, one with HHHH change

and one with the nursing facility associations, next week.

That nursing facility meeting will be, you know, detail with all of

the facilities again really focusing in on nursing home specific issues

for HHH exchange, how we're using that platform, they're

principally EVV company, they have the ability to also help us post

service plan information so providers can go in and see it, we go into

this transition, it will be important and we'll be communicating with each provider to say, okay, check your log in, make sure your user ID is working now go in, hear the individuals who, -- we've identified as being participants with your provider, verify that.

Check the eligibility on EBS and using that as a way to hopefully get in front of any issues where we might have concerns in mismanagement, expect to hear more about that process as well from us that's all I have for now. And -- turn it back to Randy.

Noel Noel okay.

All right.

Do you want questions now for Ray.

>> **PAM MAMARELLA:** We should go through all 3 MCOs take questions so they will have a chance.

>> **RANDY NOLEN:** So the next group will be Pennsylvania health wellness, Norris you want to come up, come up front.

>> **MALE SPEAKER:** Sure.

>> **PAM MAMARELLA:** Thank you Ray.

>> **MALE SPEAKER:** Good morning.

Most you have know me I'm Norris bend government relations at the PA health wellness, I'm hap to report that you're not going to hear perfect plea today.

[laughter any purpose here today is really introduce A for example na Key, senior director of senior partnerships she comes from the

Florida plan. And a lot of please and calls and texts and emails, I was able to persuade her to join us in Pennsylvania.

So, are you going mostly hear from Anna today I want to introduce you to her if you have not met her already.

So -- okay.

>> **FEMALE SPEAKER:** Hi you guys. And Norris knows me from our Florida plan but if you've never met a Kansasan, raised in Kansas I've been in Florida, Florida for 2 years how in the world would she come to Pennsylvania -- from Florida? Not a problem I miss the seasons.

And -- I really like Pennsylvanians you guys are, warm and friendly and I've had the best experience so far.

I'm not new to the area of disabilities.

I've been in the area of disabilities for 30 years.

It's all I know.

Which is why I don't know why they hired plea because I really don't know a lot about managed care.

Which -- they're coming along I'm teaching them how to do it right now.

Right.

Joking.

Sort of.

So -- Norris asked me to come along this is my first week so you'll be gentle on me during questions because, I'm fresh in Pennsylvania.

We have been reviewing all of the questions you had and let's address some of them and I'm happy, to get a little deeper in if you need more information.

Regarding network adequacy, we have every major hospital system and their provider groups including Armstrong and Washington PHO and UPMC all locations and providers.

We meet all time and distance adequacy standards we recently added more independent PCPs in the areas adjacent to the Pittsburgh metro area.

Those are changing regularly, so if you do go online and you don't see your PCP, call.

We can check.

Contracts are getting in every day.

So if you don't see them, give us their name as well we'll send someone out to contract with them if you need.

If you need to.

Just -- don't think it's the end of the world if you get online don't see their name.

We expect to be complete with the nursing home network in the next 2 weeks.

We reached out and contacted all of the LTSS non-nursing home providers and have more 80 percent contracted, with more contracts coming in, every single day.

And we're prepared to offer contract toss anyone who requests one.

If they were missed in the first round of the outreach, we'll go back out again.

And we also have a single case agreement process, in place to ensure continuity and no disruption in services or delays in payments.

After we go live at the providers if not yet contracted.

That really protects individuals have a provider out there, that is not in the network.

You don't miss a day of service.

As far as our web site goes, the provider manual has now been approved and it will be posted on our web site within the next few days.

We are still testing the web site with some of our partners in the disability network asking them to take a look at it.

Give us their feedback on how friendly it is.

Some of our friends that are on various committees in our parent company, have even given feedback to us we're looking for whether or not it is, easy to navigate if you have sight impairment or hearing impairments any of the types of technology that is used by individuals out there with disabilities so they can navigate the system easily.

Our approach to customer service, well, as someone who has used a lot of services in the past, I will tell you that, we can do good service, or we can exceed your expectations to service and that would be our hope that we exceed them.

And the way we do that is just what Jen Burnett has always said every time I listen to this meeting in another capacity I held that individuals get services and providessers get paid you can say that or you can make sure it's done and I would say that, we're doing everything we can from our leadership on down every meeting I attend that's become on a piece of paper last week on the board.

Is it was participants get services providers get paid. And we are working very hard to meet those expectations and anticipate what we might run into that would cause a bump in the road.

If there is anyone that has an experience that is not positive, you really want to call and darn if you get my name just call me we'll track it down.

So we certainly want everyone's experience to be really positive.

Value adds, value adds all of those different services above and beyond what are covered benefits services.

We offer to folks and Norris's just got the most recent update of those so I'm going to have him kind of speak too it.

>> **MALE SPEAKER:** I know I promised I wasn't going to say anything.

[laughter]

I guess you knew better than that.

Just, some of the value adds we offer, wellness programs, for

participants, which includes gift cards for farmers markets, offer home delivered meals post acute.

We have health access to our health library.

We have Cent account, a rewards program, so participants can use a card a sort of like a credit card, benefits card for health related purchases at authorized retailers.

Of course nonmedical transportation, and, that's pretty much the general overview one of the value adds we offer.

I'm not saying anything else.

[laughter]

>> **FEMALE SPEAKER:** Okay.

You sure will I bet you will.

Service coordination, well I want do do one other so value adds just do piggy back something Tanya asked earlier when you're choosing an MCO look at those value adds something might appeal that doesn't appeal to a friend of yours.

Or, if a family is looking it over for something things like the nonmedical transportation.

Or, no copays things like that have an impact on whether or not it's the right fit for you and you can find those if I Tanya your Geeky side, pahealtwelness.com can you look into all the things and pulp the information online before the written piece is out.

Service coordination always a hot topic.

We continue to brain storm and work with our community partners to get feedback from the community across all of Pennsylvania as to concerns about service coordination, and so far as we're putting our plans together per the Commonwealth's directive, Pennsylvania Health & Wellness will partner with all service coordination groups, to ensure that the continuity of care in a partnership between Pennsylvania Health & Wellness and the service coordination entities.

If you have not already signed a provider agreement to ensure continuity of payment, upon go live, we want folks to contact PHW so we can get that in place.

On 1/1/18 all current HCBS members will remain under the services of the current service coordinator through the respective service coordination entity.

So, as to ensure our contractual obligation with the Commonwealth, and ensure it adherence to continuity of care.

We don't want anything to change, on 1/1 that you have today.

We don't want any kind of disruption in services.

Or -- feelings of comfort

with the service coordinator you have it's our intent you'll not see a lot differences come on 1/1 with your service coordination.

New HCBS participants and LTC participants, that do not have a current service coordinator, will have one assigned with Pennsylvania Health & Wellness to ensure that they have a plan in place and that

there's not any disruption in their care.

And then we have service coordination supervisors that will work

with all of the participants the recipients of service coordination to

make sure that everybody is on the same page and getting what they need.

How will you handle complex cases during the launch.

This is, this is a a tricky one, this reminds me of a story of a friend that is in

another another part of the country Iowa, she ran into the situation Kate

, pretty advanced form of MS, I got a call from her, after they launched

managed care she was really concerned personal care attendant was really

care because Kate had gone to get her pharmacy, script, when she went

too get it, it was denied at the point of sale which means the

pharmacist, person came over and told her she could not get it.

She just went back home, because -- as you guys will know, scripts

are really expensive.

She went back home and didn't call anyone.

And then about, 10 days in she started experiencing some symptoms,

from not taking that medication.

That were pretty concerning.

That's when her she had someone reach out to me, we started working with the problem, it turned

out the health plan she chose had a pharmacy policy that didn't go over

30 days and her doctor had written the script over 90 days, when it went

in for 90 days she didn't get it filled she didn't think to ask about

that because it had always been a certain way.

We want to make sure that doesn't happen so -- when we're talking about really complex cases, part of the entire continuity of cave function that we have, is to make sure folks do have participations in place, those don't change.

Everything stays the same rolls over without any kind of denial piece. And, that's where the service coordinators an the health plan really communicate well together so, a situation like what happened with Kate doesn't happen we got hers all fixed up within 24 hours everybody fixed it and it was good.

But, the fear she had had, shouldn't have happened, she just didn't know to call anyone with the change.

So, we don't want that to happen to anyone here.

With those cases we want irregardless of the disability or the complexity of the disability we want everyone's care to remain and feel the same as it was before you went over to a managed care or organization with go live.

Health risk assessment process.

We are required by the Commonwealth to use the in text r RAI for the needs assessment we have, several like Ray was saying our health plan as well has lots of many mini assessments to also support part of the person's light, that the inter RAI may not catch, some of those have to do with quality of life and -- um, levels of support, that a person may need.

In order to, remain independent.

It's very important that individuals that want to self-direct their care have that opportunity and have support to get that done.

So, how do we support you to make that happen and what, what do we need to fill in the gaps, beyond the interRAI to know the level of supports that you need?

So, we'll have those in place.

And work with folks on that.

In addition to any kind of health care needs because one of the biggest keys as we know to be independent has to do with how, our health is, so that we don't have to have more restrictive level of care if we can just, remain healthy.

To stay independent and have jobs and all of those other pieces of our life.

Provider training, and can the MCO meet the time frames to training get payment systems tested.

I got calls about this even last week from providers that were starting to get concerned about well what happens if I have not been trained, by the time that 1/1 hits? We have started our town hall meetings actually begin next week.

Forever eighth, ninth and tenth with weekly Wednesday webinars.

That will be begin shortly thereafter.

We want to make sure that providers have what they need, to bill and not be concerned about it not happening if you did have those concerns

give us a call.

Okay.

Give us a call and we will, have someone talk to you, schedule a time to go out to see you we'll make sure you're ready by 1/1.

Okay.

We have been on the ground in the community doing education.

We have many providers volunteers sending us different provider claims for us to test. And it is going really well.

We'll also participate with nursing home claims testing as required by the State.

We should be in pretty good shape.

But again, if you have concerns call us.

Let us know, let us get someone who is your contact to work with on that.

And how will we work with the -- the broker to improve the enrollment process?

It is important that you have enough information to make an informed choice.

Like we do with anything.

Things as simple as buying a home appliance.

You want to make sure that you have weighed the pros and cons before you do it.

If you don't feel like you have enough information, give us a call.

We can get you information, go to the web site.

Whatever it is, you need to make an informed choice is critical so that you know you're doing the right thing. And then, always keep in mind that if it is not the right choice, then you have options for changing those as well.

But, in this interim period, we can get you whatever information you need, to feel comfortable.

>> **MALE SPEAKER:** I said I wasn't going say anything else.

[laughter]

>> **FEMALE SPEAKER:** Thanks everybody.

>> **RANDY NOLEN:** We'll hold questions.

>> **PAM MAMARELLA:** Thank you very much.

Thank you.

>> **RANDY NOLEN:** Thank you to Norris and Anna we'll bring up Mary health Faddy and Chris.

Come up.

I'll move.

>> **FEMALE SPEAKER:** Can I come too.

>> **RANDY NOLEN:** That's why I'm moving.

>> **MALE SPEAKER:** This is Chris with the a player health care it is going to provide a couple of updates on provider networks trainings, web site and I'll turn it over to Patty and Jen for the service carnation and, some of the other topics.

But for provider network, we continue to add, providers, physical health LTSS providers nursing facilities, on the physical health network, it is ongoing process as we identify any providers that have not, agreed to an agreement with us.

We're still outreaching to them, we have not left them to the side.

So it's -- it's continual effort, we do have a form from the adequacy standards outlined in the agreement, time and distance, we do have the all of this, all the adequacy measures met, the challenge areas we want to be more robust in that, so it's not just, okay we meet adequacy we want to make sure it's a more pleasant experience for participants as they choose their providers.

Nursing facilities, we continue ongoing dialogue with the facilities in the southwest.

There are we have over, 60 percent of those, facilities under agreement, we have updated the rate sheet so we're having ongoing conversations with them as they have questions about different reimbursement member odd pledge oddologies and making sure they understand fully what the expectation would be, moving after January first.

So those are continuing conversations that we have.

Number of still ongoing schedule for remaining this week and into next week, but that will continue on and I think we're close with some

of the larger entities that we'll be able to move forward and have them under soon.

From the LTSS providers, that network we have reached out and contracted with almost all of the providers at this point in the southwest.

And even providers outside of the southwest that, are able to perform services -- in counties as well, we didn't just isolate our search to -- those 14 counties.

And as was mentioned earlier as we receive the continuity of care files we will review that, see if there's any gaps, any providers that we may have missed or -- are brand new we have not identified on any of the -- the previous outreach attempts and, we will reach out to them, make sure that we can do everything we can, to secure an agreement, prior to 1/1, if not, the continuity of care period does allow that participant to go ahead and continue services with that provider.

We have policies in place, to be able to go through do our check to make sure we get the appropriate data to load the providers into the system, so that they will continue to receive payment, so we would not stop on day one.

So we do have that, that plan in place in case something like that does happen.

So, our expectation though is we be able to come to some sort of agreement before January 1st to make sure we can include them in our

network.

For our trainings for our providers our provider trainings are begin ning next week.

Our individual sessions will be begin on November 7th we'll have a series of sessions for home and community based providers.

We have already mentioned the nursing facility training taking place next week as well.

There will be meetings and there's ongoing meetings currently with the service coordination entities and, continued meetings with them as we move forward.

So we're trying to touch on all of the providers we do have training sessions scheduled for physical health providers as well, so our hospitals, our PCPs specialists, they will actually have their own individual trainings as well, because they're, their needs and questions are different than, the home and community based providers so that's why we're trying to break it out into the specialties.

It will cover all of the community HealthChoices, to reinforce, some of the information, that maybe confusing between HealthChoices and community HealthChoices for that network.

Training -- billing, education, those are all part of the -- the sessions that have taken place.

We're also doing testing internally on our systems.

Billing is obviously a hot topic to make sure providers get paid.

So we've done, our testing internally.

Our next step is we're moving to testing with external providers, receiving data in processing it through the system, to make sure that, we get the desired result that we're, we're expecting as we complete urine te our internal testing that is going to be a ongoing process as well.

That will continue through the end of November into the early December.

Just so that we try to cover as many scenarios as possible.

And weeking together with OLTL as well as nursing facilities to make sure their claims come in and we're all working together to work through those testing scenarios as well.

For our web site, currently there's general information up there, about enrollment, community HealthChoices.

Referring participants providing the IEB phone number.

Over the next couple of weeks you're going see, quite a bit more information being placed out there, both on the provider side as well as the participant side.

As materials are approved and -- we're able to put that on the web site.

So over the next couple of weeks you'll see a lot more information, being placed out on our web sites.

>> **FEMALE SPEAKER:** Hi my name Pattedy Wright administrator for CHC for AmeriHealth Caritas Pennsylvania, community HealthChoices what is our approach to customer service, similar to, what is already been shared, but in addition to that, our customer service we call our contact center staff, is also, educated to be able to answer questions regarding Medicare if we have some dual eligible individuals that may call in, but, something that we did to really help prepare our contact center staff for community HealthChoices was we did not, we wanted them to understand the difference of the populations of HealthChoices versus community HealthChoices.

And that some of the participants, in community health choices may have some different challenges when, they're calling into the contact center.

So, one of the things we did is we received a lot of feedback from service coordination entities but also AIM and liberty we went and visited their CILs and we actually took staff from our contact centers as well as our training staff with us, to both of those locations, far what we called listening and feedback sessions.

So, they had individuals join us that were participants in individuals just consumers from the community and they were able to share with our staff some of the challenges, that they encounter when they're calling contact centers.

And, it really was very enlightening for our staff.

They shared a lot with us about -- individuals that needed especially that were using sign language interpreters, they helped our staff understand that sometimes there's going to be a pause because the participant has to sign to the interpreter, who then has to view that interpret that and then, translate it into the call for the caller.

So they, many of them, one gentleman shared he often gets hung up on because people hear a delay and a wait, they think there's no one there.

So our staff really, took a lot of that, that feedback in and they talked about their challenges with minutes on many of them have limited minutes on their phones.

And that they may call especially to call into the contact center towards the end of the month, it may be information that we're going to look up for them, and we're going to ask them do you want to hold or would you like us to call you back.

Because they really shared with us that often they're kept on hold for a long period of time and it is utilizing their minutes.

And their minutes are very valuable to them especially, when they call towards the end of the month.

So our staff we really have incorporated that into our training program so, that they will ask the question, would you like us to call you back? And also, that our staff is cognizant that if they're going to call someone back it's towards the ends of the month, they call back

that the participant may not be able to answer,
if it's the last day or two of the month, but for our staff not to
assume, that they do not want the information or don't want to answer
the phone and that we will put in a tick letter in our system to call
them back the first day first or second day of the next month, when
their minutes are back.
[tickler]
It really was a great opportunity the staff really appreciated it,
and it was, it was just wonderful feedback and we
incorporatedded that into our customer service approach for the staff.
And in addition to that, we have been educating all of our departments
on what is CHC who are the participants what are are their challenges
and the over all goals of the program.
Some of our added value add services just to talk about the two of
the main ones one we're calling a flexible benefit, in this is a value a
add available to our members that are dual eligibles.
Medicare and Medicaid but do not have LTSS services if we find that
there are risk or jeopardy of possibly being hospitalized because of a
need for services then Jen and her team will work with them on a service
plan could have added benefits of personal attend anted care and RESPIT.
So we're looking at utilizing other services, for the dual eligibles
that, may not be in their core benefit packet. And I'm just looking on
the questions on my computer.

The ear is what we're calling the welcome home benefit.

And, that is a benefit we will use to provide additional financial assistance to individuals that are transitioning from nursing facilities into the community.

Our approach will be to partner with the nursing home transition teams. And we are meeting with a group of them we've invited then to join us in the afternoon of November 7th to begin a dialogue how we can partner together and this benefit, is welcome home benefit will be able to supplement the funds that are available currently, through the nursing home transition program.

And in addition to that, we'll have various wellness incentives and what we're calling a care card which instead of a gift card, it is a more generic care card can be used at various venues, for appropriate items that are approved by the department.

So I know, in the interest of time, Cen I wanted to be able to turn it over to you, so you can address some of the questions and our approach to service coordination.

>> **FEMALE SPEAKER:** Sure.

Hi name my name is Cen Rogers directeddor of service coordination of AmeriHealth Caritas, I've been asked to address service coordination our goal is to follow the intent and spirit of what OLTL put out as the continuity of care period.

We'll be meeting with the service coordinationen at this times with you in the room, and on the phone we appreciate the time meeting with us in your locations in the southwest to discuss your training, what is in play currently and identify what gaps might exist, when we're AmeriHealth Caritas can address those a gaps so everyone is ready to, go live with community HealthChoices on 1/1.

On example is the interRAI training.

We want to ensure that all the service coordination entities have access to the training which is required by the certified interRAI trainer.

Again, we, were telling the service coordination entities I'll repeat here that it's, our goal to set everyone up for success, and, the service coordination entity as well as internal service coordinators will have the same access to tools and resources, to help make it, a seamless transition have seamless interactions with our participants across the Commonwealth.

So our model is that we are hiring in-house service coordinators that will supplement the service coordination entities during the 180 day continuity of care period.

This will give us a time to get to know the service coordination entities and evaluate the quality and strength.

The next question was how we will handle complex cases during the launch.

This is something again, that in our discussions with the service coordination entities in the southwest we're talking about this, because not all complex cases come across in a data file.

So, some of those service coordination entities are already compiling lists of folks that you know we need to make sure have extra care taken on the, 1/1 launch and then we'll have the information from the enrollment files that will upcoming to AmeriHealth Caritas starting in November and December and 1/1/18, it is our goal to have the dialogue open but not only with the service coordinationen tilt advertise but the with the providers make sure any questions and uncertainties are covered so it's a seamless Pam, it's business as usual on 1/1.

So -- earlier to you Mr. Neglele, you asked about the health risk assessment and our colleagues at UPMC and Pennsylvania Health & Wellness talked about the inner RAI tool how it's a requirement of the OLTL I wanted to add our goal, is to ensure that the service coordinators whether they're internal or external are trained not only on approach, but making appropriate observations and, where permissible engaging with the participants what we're calling a person centered plan ning team to ensure that, they're represented, represented fairly and appropriately and they're, the conversation is comfortable and it's helping us move towards accomplishing the support for the participant in the life they want.

>> **FEMALE SPEAKER:** Only thing, Jen, again, just to address is part of we have a very robuster training training program for service coordinateddors part of that training program is, we are involving, providers, specialty providers such as though with brain injury.

Cognitive learning to help us in educating and training the service coordinators we will have individuals from adult protective services, so from various specialties incorporated into the training program for the service coordinators.

>> **FEMALE SPEAKER:** Is that it.

>> **PAM MAMARELLA:** Thank you very much there will be questions so, if Anna perhaps you can come back up and Ray you're here.

We'll open up to the committee for questions.

If I may, committee I'm going start with one that came in through the phone from Terry, that is, and Randy where you to help facilitate?

Hi Randy, come on back up.

But, Terry has a question, if a nursing facility, does not have an agreement, with an MCO and Medicaid participant has been auto assigned to that MCO how will the facility be paid for that resident.

>> **RANDY NOLEN:** Okay.

So -- let me understand the question so the nursing facility did not enroll with the MCO, but through the continuity of care period the MCO

has to pay them out of network provider so they're going to have to have an agreement with them to pay them in this manatee.

Again they have to be a willing provider that is willing to negotiate, and accept the rate from the MCO but they will have to work with the MCO toss do that.

>> **PAM MAMARELLA:** Host the nursing facility has to contract, or, that person who is, at that nursing facility, needs to choose an MCO that is covered? Who is the predominant person in that scenario? Neil Noel it's always the individual's choice.

To choose what MCO they want to.

In the nursing facility they chose in the MCO cannot work out a contract they have to pay them out of network provider for the individual.

Any plan selection is always driven by the participant.

>> **PAM MAMARELLA:** Came let's start with drew and then Fred and then I think Tanya you had a question.

So drew?

>> **MALE SPEAKER:** Thank you.

If I could get back to my interRAI and service planning soapbox for a minute.

I'm glad that you, are all thinking about it. And, in terms of training on the interRAI, Jen mentioned certified trainers, and so, I guess, you you know I want to make sure everybody that, all the MCAs are

approaching this in a similar fashion.

And actually, using the resources from the University of Michigan if they have certified trainers, and but specifically addressing how you use the results of the interRAI and translate that into service planning.

So, um, and -- Ray you mentioned learning from other states.

I think that's, important the other states that are using the interRAI however don't have the same service menu, in their waivers as we do here in Pennsylvania.

But the State that has the closest service menu, to ours in their waiver is New Jersey.

And, New Jersey is not using the interRAI.

So, I think there is going to be some work needed on translating the assessment into service and care planning.

So I don't know if people want to respond to that? But I also as you're talking about, service about training service coordinators I wanted to mention once again that the brain injury association, does have training available for service coordinators to understand cognitive impairment and how to work with people effectively who have cognitive impairment and, we would, you know be a resource that all of the MCOs could work with I've spoken with Anna about it I don't know who to speak with at the other MCOs.

So, um, if you want to respond to that.

>> **FEMALE SPEAKER:** Well, I think -- I can defer to Jen, number one, you know you certainly can outreach to Jen Rogers with that training we have involved brain injury providers in helping develop our curriculum and our education piece for service coordination.

InterRAI is a tool.

And I think it's important for just to emphasize that it is a tool that helps guide, when we're developing the service plan we have the comprehensive needs assessment but it really comes out of a dialogue with an assessment of the participant.

So, we are providing service coordinator, service coordinators with the abilities to make those assessments it's not as if, the tool is, just an absolute cut and dry it says a number, and because that number says this, that number equates to only, four, 15 minute units that service coordinator, will have the ability to work with their supervisor manager, to make their assessment, that says okay this tool, might indicate four units, of attendant care however, their mailbox happens to be down a flight of steps and at the end of the cul De Sac they want to be able to retrieve their own mail.

The service coordinator will be able to use their professional judgment to address the service plan based upon the discussion and assessment with the participant, is that -- I want to make sure.

>> **FEMALE SPEAKER:** Yep.

>> **FEMALE SPEAKER:** Soy

just -- --

>> **FEMALE SPEAKER:** So I know most states use the interRAI you dictated a tool the tool takes away the service coordinators, keen ability of observations, and interaction with the participant in developing that service plan it doesn't it's a guide.

>> **MALE SPEAKER:** I appreciate that Patty this swings both ways even before CHC, there was a wide range in service coordinators abilities to -- do this kind of work.

And, I think what the State is trying do, is to get some kind of uniformity in that across the board.

So I mean I appreciate the individualized you know approach and you want your service coordinator those do more than just use that tool.

And that is good.

But I do think that, there's you know been enough, emphasis on there, the OLTL that they're going expect people to use it.

We want to make sure it gets used effectively.

>> **PAM MAMARELLA:** Okay.

Thank you Fred do you have a yes? Do the other MCOs have a different answer? Want to add anything or can we move to the next question.

>> **MALE SPEAKER:** Just want to add we're happy to work with drew and take advantage the training opportunities he is providing.

>> **PAM MAMARELLA:** Okay.

Fred?

>> **FRED HESS:** Yeah. As an advocacy coordinator 3 things that I'm really worried about and concerned about and these have been issues for years upon years and years.

That's transportation whether it would be medical or, or nonmedical transportation.

And that's crossing county lines, weekends, evenings.

Once it hits Saturday and Sunday no one gets to go to anywhere or go to church or anything, what I would like to know is, number one, how -- are you thinking about this or are you planning to improve the transportation system in any way?

And, my second thing is, on housing how do you guys plan on, increasing the amount of housing for people with disabilities? Because there's a lot of, housing out there but not that are accessible.

Another concern I've had a lot of people come to me say, hey listen I want to get out in the community, but they will not give me a power chair because they said I can walk 125 20 feet I can't go into this particular store because they don't happen to have a cart which is what I have too use.

So -- how -- and I thought that we were supposed to be --

helping people get the durable medical equipment for community integration not only just physical also for emotional for community integration.

>> **MALE SPEAKER:** I'll take a shot at that, Fred.

I guess, answer to your first question is yes. We hope to improve the transportation model and I can speak from personal experience, having a mother who had transportation problems crossing county lines, not crossing over from PHOPBT government epito Philadelphia County.

I understand it and appreciate that concern.

We are working hard to improve the transportation model and, interestingly we actually have someone working on the very issue you mentioned, to make sure, people can go to church on Sunday.

So, we're working hard to improve the transportation model, we have a vendor, we have selected to do that, very same thing and, we think that we're going to be able to improve the way transportation services are currently delivered.

>> **FEMALE SPEAKER:** I'll I'll piggy back on that Fred you mentioned something about using.

Housing is a significant issue across our country.

We actually have identified a person her name is Felicia Alexander in Pittsburgh her primary responsibility is employment an housing working with the different providers in that area to look at innovations how we can do different things with housing look for more information on

that she just started this week.

>> **FRED HESS:** Okay.

I'm sorry, is she the only person from the entire southwest region.

>> **FEMALE SPEAKER:** No.

No.

A it's just that is her primary focus.

We have other folks involved in it as well.

But she has some outcome was that.

>> **FRED HESS:** Okay.

>> **FEMALE SPEAKER:** And also, for housing, we have a our newest team member is our housing manager, who is Amy Pr obst many people know Amy we're very excited about trying to think out of the box around housing.

With beige Amy, our team as well as, chief medical officer, Dr. McCallister was really very instrumental and was on the board at the Camden project in cam den, New Jersey, really unique approaches to housing they will be spending time with the clinical team as well as our network account looking at social determination different ways to address the housing issue.

>> **FRED HESS:** What about the DME question.

>> **MALE SPEAKER:** Transportatio n, so -- similar, approach is AmeriHealth Caritas we heard some of the same challenges crossing county lines getting to the appointments as we started looking at our provider

networks, you know certain specialties may be on, one side of the line of the county where, it meets the time and distance but it's not within the county.

Those are some of the challenges we had encountered and realize early on we've actually selected a vendor as well to help, improve that -- we'll still work within the, the perimeters MATP when appropriate but also have a broker that will be able to provide and improve upon the transportation issues have been encountered in the past hopefully to minimize the impact and improve upon that.

Again that goes for medical as well as nonemergency medical transportation as well as nonmedical transportation so that, people can get to church go to the activities that they, that are within their service plan.

>> **MALE SPEAKER:** Sure in terms of, you know, I would echo a lot of the same thing around transportation, we are required to provide the non-emergent you know nonmedical transportation through the program, capacity is an issue even when you have you know a network that is something we'll continue to look to to improve and look for creative ways to expand that.

We have, we're hiring for housing coordinators and we're already in discussions with a lot of the local housing authorities and agencies to you know, very you know first point to understand what capacity is out there and coordinate with them to, match capacity where we find need.

That's a more direct activity with some specific organizations.

And then you asked about DME and, you know this is an area where it is exciting as UM people get, UM people are excited about the opportunities as we come into MLTSS we, you know, I think probably all operate under the same type U.S. of, roles under Medicare and the criteria you know under LTSS and, CHC we'll be able to you know have closer coordinations so we're Medicare is saying well, it is for for example, the 20 feet but, with MLTSS it's about your independence and getting out of the community and making sure you can get to the store so -- we look forward to working with you.

It, is also going to be the, the sort of, um, as we move a lead and something the department is committed to, is -- we coordinate you know where the Medicare, hand says no and the Medicaid hand says yes how do we make sure this is clear and doesn't, confuse people, there is something we're looking forward to working on.

>> **FRED HESS:** Okay.

Thank you -- any ea other questions.

>> **FEMALE SPEAKER:** I asked this one, several months ago.

One of the last times that I was here that, I was able to -- speak with MCO representatives.

Across the table and I was not happy at all, with the answer I received.

So I'm going to ask it again today.

See how many of you have done your homework and have, improved, what you think.

So services my way, how do you plan on increasing the number of consumers that use it.

And, how do you plan on increasing the consumers independence to use it, or what they need.

I would like to hear different responses, to that -- from each one of you.

If see how unique you are in your thinking and how committed you are to the idea, of true independence.

>> **MALE SPEAKER:** I'll start.

And I think I was absent that day you asked that question I have a note from my doctor.

[laughter]

Excusing my absences]

Laughter]

No in all seriousness, that's right I'm not supposed to talk but -- and all seriousness the over all goal of community HealthChoices is, to get, participants the services they want and to provide services in the community.

And self-directed services, I mean that is a covered benefit, and, we're wholly committed to enhancing and continuing the self-directed model of care.

So you know whatever we need to do, to make sure that happens we're commit today doing that.

>> **FEMALE SPEAKER:** How are you going to do that?

>> **FEMALE SPEAKER:** So Tanya one of the ways to -- we looked at in other areas is just to get folks that experience it, that can share with other individuals.

What their experience has been.

A lot of individuals, with disabilities, are fearful they change up what they're doing, they go self-directed personal attendants will not show up they won't have the ability to fix things that are not being handled by another entity if they are controlling it themselves.

Were we need folks to tell about their experience.

>> **FEMALE SPEAKER:** I don't think they're getting the proper picture what, services my way even is, yet.

So -- people can I interject just because I do have experience I've seen it be very successful, with participants in the Commonwealth --

>> **FEMALE SPEAKER:** Go ahead.

>> **FEMALE SPEAKER:** I appreciate that you're an advocate for the model and I think that it is our task as a plan to educate the service a coordinators whether they're internal or external what it is how it works and what and look and see exactly, what is possible, right.

So, um, I can speak for our plan that we're not going to see the same challenges, because of the platform that we have developed and

configured to account and accommodate the services my way model.

So I think, participant directed service asks a component of it, but there's much more that the model can do and I think that, community HealthChoices presenteds us with an opportunity do make improvements and expand access.

>> **MALE SPEAKER:** In terms of differences, first thing I'll say Tanya we're not, proposing a different model than what currently exists today that I think would be different than the other plans.

I think the difference is going to be in the training that, we're giving our service coordinators and the part of, I have often why more people don't do did I see it as a model where you know I would, I would like that autonomy I'm a big believer in personal responsibility and people making choices better than than we'll make for them people will be wise Stewards of what their needs are.

The biggest thing is education of the service coordinators and how we're implementing it we have within our -- um, service coordination platform, you know a module that, converts the service plan into a budget and -- that, you know, that's a conversation that the service coordinators will trained to have.

In terms of you know how we grow and promote it again it's another choice we're not promoting it over other choices the person prefers an agency or preserves self-direction, that's entirely their you know, that is up to the individual participant.

But, I think the difference will be, that, it will be a consistent model that is trained and promoted and accessible through our software, you know will be presented across the board I can't speak to how it's being presented today.

I do see it as an opportunity to grow.

I think there's opportunity out there more people will take us up on it.

>> **FEMALE SPEAKER:** Clearly you have some things in your mind that would work.

That -- from your own experience and your conversations with peers what are some of those ideas.

>> **FEMALE SPEAKER:** Well let me -- I have been using services my way for a year and a half, two years now.

And for me what it does, what it enables people to do -- is it, eliminates a lot of the barriers.

Eliminates a lot of worker turn over, it will eliminates the need to constantly hire new a attendants you can set the wage rate yourself the State is not, dictating to you, what that wage rate has to be as long as you can budgets it, within your given budget that you're presenting.

So it will, it will actually, in my over all opinion, cut down on a lot of unnecessary across the paperwork, cut down on a lot of necessary cost of retraining shall if it's done right.

But I any a lot of the improvements have to come into play yet, and this is just from my own experience is like, whether you order a product, it's got to be faster and it has delivered and sometimes, it takes months and the with that is, by the time you set it in motion to be orders sometimes you're already past the point of needing it, you had fog get it some other way, because the paper work or something.

Got -- tangled up somewhere I have recently, emailed, Mike Hail and you I know you probably can do them all I know we have not had this discussion yet.

But I'm hoping that we do.

>> DEPUTY SECRETARY BURNETT: We agree, Tanya we have some issues just for your information, using you may not be familiar with the term services my way is what Pennsylvania calls cash and counseling.

So that's the model that we're talking about here.

Where, the service -- they get a budget as opposed to a service plan.

They use the budget.

It's a further more, autonomous, consumer employer model.

Tanya has a lot of experience she is offered too come and -- talk to this body about, services my way.

She, proposed that so -- we'll be talking with the chair and co-chair, about putting services my way on a future agenda.

Probably after launch.

But I think next month's meeting will be very full.

But -- Tanya we'll figure out your specific issues independently of this meeting.

But we are going to be bringing services my way to the table as we well.

>> **FEMALE SPEAKER:** Thank you.

>> **FRED HESS:** We have time for one more, Veronica.

>> **FEMALE SPEAKER:** Okay.

I'll learn this how will each of the plans provide service coordination after the continuity of care specifically what service coordinate writing activities do you plan to delegate to other entities?

Other other service coordination entities?

>> **MALE SPEAKER:** So we, um, we're developing what we're calling a hybrid model where we will have our own internal service coordinators and also, contract with externals this is a delegated model where we're delegating a contract responsibility with the contract with the Commonwealth it will look differently than today we're not looking for service coordination models one ever the kind, we're looking for partners to help us to help us impremeditate the model across the Commonwealth, in terms of specifics we think we we have a lot of conversations we heard from many of the service coordinationen at this times until we get into continuity and begin building working relationships and understanding where there's on a potentially good fit off our needs their capacity whether or not they're sustaining partner

it's too early to say you have the relationships an constant feedback during the reporting and understanding before the end who we're going to be continuing on with.

>> **FRED HESS:** Okay.

>> **MALE SPEAKER:** We similarly are going to use that hybrid model for continuity of care and we're going to use, the continuity of care period to evaluate the existing service coordination entities, to determine you know long term, that will make good partners for us going forward.

>> **FEMALE SPEAKER:** And we don't stray very much from the same responses you saw with UPMC and PA health and wellness except we're using the continuity of pair period to train all the external service entities on our model of care and our system so we can use the 180 days to evaluate their quality and, um, identify their strengths and path forward beyond day 180.

>> **FRED HESS:** Okay.

That will do it for this meeting the next meeting is right here, December 5th.

Same time.

[meeting concluded]