



HealthChoices Consumer Advisory Meeting SouthEast Zone

Tuesday, July 24, 2018

10:00 AM – 12:30 PM

801 Market Street
Conference Room 1154A
Philadelphia, PA 19107

Meeting Agenda

1. Introductions

Ms. McDonnell welcomed all who were in attendance to the SouthEast HealthChoices Advisory Committee Meeting and gave an opportunity for all to introduce themselves.

2. Review/Purpose of the Meeting

Ms. McDonnell reviewed the purpose of the Advisory Meetings

- These meetings are sponsored by the PA Department of Human Services and led by the Pennsylvania Enrollment Assistance Program (EAP).
- They are held three times each year throughout the Commonwealth of Pennsylvania.
- The meeting goal is to involve and educate Medical Assistance Consumers and the Community about program services.
- This is your opportunity to exchange ideas with HealthChoices providers, community organizations and other consumers in the SouthEast Zone.

3. Enrollment Assistance Program Update

- a. Data review -- Ms. McDonnell provided data from PA Enrollment Services from January through March 2018 in a pie chart; data from March 2018 through May 2018.
 - Enrollments
 - Plan Transfers – Health plans consumers are transferring from
 - Plan Transfers – Health plans consumers are transferring to
 - Top 10 Transfer Reasons – Specific to the Zone, Overall top 10 transfer reasons across the state.
- b. Committee and Subcommittee Implementation -- Ms. McDonnell spoke to the development and rollout of sub-committee in each HealthChoices zone in 2018. The rollout started in the western part of the state with the NorthWest and SouthWest Zones. In the upcoming months, the plan will be to rollout the Lehigh Capital and NorthEast Consumer Advisory Meetings. The last zone to rollout their committee will be the SouthEast. She discussed looking for volunteers for the committee who can commit to attend meetings in person and participate in related committee calls. Committee members to include: consumers, families, an individual identifying to represent special needs, one representative from each MCO health plan, and one

representative from each MCO behavioral health plan, and other members the committee deems as necessary.

- c. 2018 Webinar Series – Ms. McDonnell referenced webinars are posted on the www.enrollnow.net website. There are open webinars that are posted on the website for all to attend.
- May 15, 2018 Webinar; Supplemental Nutrition Assistance Program (SNAP) & Temporary Assistance for Needy Families (TANF). There were 124 attendees for this webinar.
 - Upcoming August 21, 2018 Webinar; Children’s Health Insurance Program (CHIP)

There are closed webinars in which specific entities are invited. These are not posted on the website.

- June 19, 2018 Webinar, PA-EAP Enrollment Process – For all HealthChoices Physical & Behavioral Health Plans. There were 102 attendees from across the plans who attended this webinar.

Archived webinars can be found on the www.enrollnow.net website under the “Go to a meeting or Webinar” box.

4. Department of Human Services Initiatives & Updates

Mr. Luckie from the Department of Human Services gave the following updates:

- HealthChoices Re-procurement: The Department of Human Services Legal team is still reviewing the final decision and no direction has been given yet.
- The Department of Human Services (DHS) received approval from the federal government for a waiver amendment allow DHS to continue to receive federal Medicaid funding to be used for the treatment of individuals in Substance-Use Disorder (SUD) treatment facilities.
 - Demonstration Waiver Amendment was developed in collaboration with the Department of Drug and Alcohol Programs to continue more than \$55 million per year in federal funding to provide more than 12,000 individuals access to high-quality, medically necessary treatment for SUD across the commonwealth through more than 150 service providers.
- January 2019 Community HealthChoices (CHC) Phase II Implementation for Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties – SouthEast Zone rollout
- Open Data PA Website: <https://data.pa.gov> - This website displays state government data.
- Resources for information:
 - HealthChoices Website: <https://healthchoicespa.com/>
 - Open Data: <https://data.pa.gov/stories/s/Pennsylvania-Opioids/9q45-nckt/>
 - PA Governors News Room: <https://www.governor.pa.gov/newsroom/>

5. Feature Presentations & Panel Discussion – Special Needs Unit & Member Services Departments from the Managed Care Organizations



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- a. Aetna Better Health Plan – Nicole McKinsey, Leander Monk, Jennifer Oglesbee
- b. Health Partners – Candida Martinez-Negron, Phuong To
- c. Keystone First – Patricia Spires
- d. United HealthCare Community Plan – Savoeun Tauch
- e. Community Behavioral Health – Mary Soler
- f. Community Care Behavioral Health – Kelly Doyle
- g. Magellan Behavioral Health – Donald Beam

Each plan presented on the role of their Member Services departments, Special Needs Units, the role of Case Management, Care Management, and Utilization Management.

Questions and responses from the panel discussion: Ms. Comes from PA Enrollment Services facilitated the panel discussion.

1. Scenario: I'm considering changing my health plan and one of my medications requires prior authorization. If I change my plan, will the prior authorization continue with the new plan or will I need to start the authorization process again with the new plan?

Response: There is a coordination of care process across plans. When an individual transfers to a new plan, the new plan will honor the authorization that was in place with the previous plan until the end date on that authorization. We can also outreach to pharmacies to cover a certain number of days of medications if the authorization has expired while a new authorization is in process.

2. Scenario: My family has Medical Assistance and my son is going out of state for college, will he have medical coverage out of state? Will he need to come home every time to be seen for medical attention?

Response: Contact the health plan prior to your son leaving for college. You can also check the plan's website. Many of the plans have doctors/practices they contract with out of state. Also, explore medical services in the area of the college your son will be attending. Some plans will contact the university and see your son would be covered by campus services and/or develop a single case agreement with out of state doctors, this is case by case, and not done across the board. General medical care and routine appointments should be scheduled while your son is home from school. There is always the option for emergencies to seek care at hospital emergency rooms (ER).

3. How can a consumer find out if all the health services they need will be covered by a health plan before they enroll or transfer plans? Can a consumer contact member services prior to being active with the plan?

Response: The consumer can check the comparison guide for health plans on the www.enrollnow.net website. The consumer can also talk with their doctors to see what plans

they accept. He/she can contact member services at the health plans but would only be given general information unless he/she is a member.

4. Are the providers you contract with required to accept the Access card prior to the health plan start date?

Response: Yes, providers who accept Medicaid Health Plans need to accept the access card. If a doctor accepts the plan the individual is enrolled in but is stating he/she doesn't accept fee-for-service; if the plan is notified they contact their provider relations department who will contact and educate that provider. If there is a case manager from the plan involved, he/she would outreach and address with the doctor and/or office staff.

5. If a consumer enrolls into a health plan without choosing a PCP, what process do you use to assign them a PCP?

Response: The consumer would be assigned to a PCP by location. We assign to a rolling population of PCP's. These PCP's meet our gold standard criteria. We also, outreach by calling the consumer to have them make a selection.

6. What should a consumer do in the circumstance that they are using the Medicaid plan as their secondary coverage, and their PCP/Specialist does not accept Medicaid? Will they still need to select a PCP on the health plan card?

Response: Yes, you do still need to choose a PCP for your secondary insurance. Need to see the PCP at least one time per year. It's important to coordinate your health care needs with your primary care.

7. Scenario: I voluntarily enrolled into a health plan and selected my PCP. When I received my health plan card, there was a different PCP listed on my card than what I selected? Why does this happen?

Response: The PCP that was selected, his/her panel may be full which means he/she reached the limit/cap regarding the number of patients assigned. If you call the health plan, member services can outreach to the PCP to see if he/she will open their panel. If he/she will open his/her panel, then the PCP will be assigned and back dated. If the PCP will not open his/her panel then a new PCP will need to be selected or you can choose to stay with the one assigned.

8. How do the physical and behavioral health plans collaborate to ensure continuity of care for consumers? What are some of the challenges coordinating this care?

Response: The biggest challenge is with confidentiality. We need to have signed consents and agreements in place in order to talk and coordinate care. Additional complications occur with confidentiality requirements when collaborating and coordinating with drug and alcohol needs

and services. There are integrated care plans which are developed and occur between the physical health plans and behavioral health plans working with consumers.

9. What role does the behavioral and physical health plans play regarding the opioid crisis and treatment?

Response: The opioid crisis has forced a more integrated collaborative model between physical and behavioral health plans. We have a hand in hand partnership with one another in response to the opioid crisis and treatment. We are always looking for better ways of partnering with one another and in better collaborative care. Other resources involved and engaged are include the use of Recovery Specialists and Narcan training and education.

10. Scenario: A consumer is receiving behavioral health treatment. Are all costs with treatment billed through the behavioral health plan? Are there costs that the physical health plan would cover?

Response: Physical health covers the medications, behavioral health covers the services.

11. Scenario: A consumer is prescribed Suboxone as part of treatment. Their provider no longer participates with their MCO plan. What steps should the consumer take to continue treatment without experiencing a lapse in coverage?

Response: Call the Special Needs Unit for your current insurance. We will work with and coordinate your care and treatment with the provider, assist you in locating a new provider and/or, if necessary, coordinate with another health plan should you choose to transfer plans. We can also authorize and pay for medication.

6. Physical Health Managed Care Initiatives, Updates & Upcoming Events

- a. Aetna Better Health Plan
 - CORA – State of the art RV which travels to events and does health screenings, has entertainment (Just Dance on the Wii, life size connect four, checkers), smoothie bar.
 - More events check our website at: www.aetnabetterhealthpa/events
- b. Health Partners
 - Interactive Cooking Classes
 - August - Dental Screenings
 - St. Christopher’s Hospital for Children – Dental Screenings for Children
 - Yoga tonight – 7:00pm
- c. Keystone First
 - Jefferson Methodist – Cervical Screenings
 - August 4th Smith-Kline



- d. United HealthCare Community Plan
 - Hosting Dental screenings at the health Centers
 - August 22nd, 9:00am - 6:00pm Back to School – Dental Screenings
 - Parent Advisory Meeting – Asthma
 - For more information about these events, call 215-832-4621.

7. Behavioral Health Managed Care Updates & Upcoming Events

- a. Community Behavioral Health
 - check our website
- b. Community Care Behavioral Health
 - Upcoming training at the Sheraton in Frasier, PA from 8:30am-3:30pm suicide prevention, health education, recovery.
 - New website launched with the capability to search for providers, mile radius, and level of care.
 - Recovery Library on the website
- c. Magellan Behavioral Health
 - August 14th – My Life, at Merakey
 - Delaware My Life Contact person has changed

8. Community Based Organization Updates & Upcoming Events

- Latino Behavioral Health Coalition – August 9th Opioid Care in Philadelphia

9. Open Discussion

- No items brought up for open discussion
- Reminder given by Ms. McDonnell to complete the survey in the meeting packet of information. The feedback is valuable and assists with planning future meetings, agenda items, and presentation topics.
- Attendees encouraged to network after the meeting with one another

Total Number of Attendees: 46



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Next Meeting: HealthChoices Consumer Advisory Meeting SouthEast Zone

Dates: Tuesday, October 23, 2018

Time: 9:30 AM – 12:00 PM

Location: Community Behavioral Health

801 Market Street

7th Floor Conference Room

Philadelphia, PA 19107