

**Healthy Blue
Health education advisory committee
Meeting minutes from fourth quarter, December 2020**

- **Agenda topics**

- Introductions
- Health plan updates
- Open enrollment
- Health education advisory committee (HEAC)
- Group discussion

- **Introductions**

- Kindoll Lamotte, Healthy Blue member, joined the meeting.
- Peter introduced a new addition to the Healthy Blue team, Mr. Christopher Wallace, behavioral health liason and community outreach.

- **Health plan updates**

- The current total membership count for Healthy Blue is 316,000 members. This report came in October from the Louisiana Department of Health (LDH) and the state enrollment broker.
- (We received an updated report right after the presentation ended. The total amount is right at 320,000.)
- The increase in our membership was due to COVID-19.
- If you check the membership in March prior to the COVID-19 pandemic beginning, the membership was at 267,000.
- Within that time frame we have added 55,000 new members. That's not all new because in the past, every individual was required to recertify their eligibility during annual enrollment. In addition, an income verification check would happen quarterly, which causes individuals to disenroll if they are not proactive in answering letters from the state about recertifying.
- Due to the COVID-19 pandemic, the state stopped all renewal, recertification, and income verifications for now. That was done so there would not be a chance of someone in need of medical care losing their coverage during this pandemic.
- All 50 states have followed suit when it comes to Medicaid.
- Louisiana paused recertifications and income verifications since March 2020. We have not received word from the state that they will turn that back on anytime soon.

- **Open enrollment**

Open enrollment did occur this year from October 15 to November 30.

- Background: The state has had annual open enrollment since the beginning of the managed medical care program in 2012. In 2019, the state did cancel open enrollment because there was an RFP (contract renewal) that we were part of last year. Healthy Blue did win an award out of that RFP, but there were two other MCOs that were not awarded. They ended up protesting in August. While they were under the protest, the state decided to cancel open enrollment.
- A new RFP will be coming out in the first quarter, early spring of next year to renew that contract.
- Open enrollment has finished, and Healthy Blue picked up around 3,000 new members.
- RFP contract: Our actual contract began February 1, 2015. We have spent a total of five years under that previous contract. Since the previous RFP was under protest and a decision hadn't been reached at the time, the governor issued an emergency contract to cover Medicaid for 2020. Now that the state has elected to redo the RFP (and form a new contract) so they can start fresh. There's a new administration at LDH, who want a start fresh. There will be a new RFP released, but the governor had to issue another emergency contract because we are outside of our contract renewal period. Medicaid continues to operate in the same way even though we are under an emergency contract. This does not affect the members in any way. From a member or provider's point of view, they would not know we are under an emergency contract because everything continues to go on the same. The emergency contract just legally allows the state to offer Medicaid.
 - There were some updates made in the contract. They are adding an additional line of coverage for children with severe disabilities living in institutions or at home, which is Act 421 Louisiana Children's Medicaid Option (LACMO). This will not go live until the first quarter of 2021.
- The state did add peer support services, which means we now offer peer support for behavioral health as well as methadone clinics. Dr. Bower-Stephens stated the state mandated that all behavioral healthcare/Medicaid managed care plans reimburse for and include in their network outpatient treatment programs for methadone in the state. Those are federally run programs. That means we are supporting reimbursement for methadone treatment through centers throughout the state. Dr. Bower-Stephens also stated that currently a prior authorization (preapproval) is required. These services are for members 18 and older who have been working to stop using opioids for at least one year, or who have been recommended by a physician (if they do not meet those requirements).
- Dr. Bower-Stephens stated that peer support has been important for decades. Georgia was one of the first states that paid for peer support with Medicaid dollars. Currently in Louisiana, the health plans have the option to offer peer support services, but it was not a required service for Medicaid plans. As of February, the Medicaid plans in Louisiana are now required to pay for peer support services. They will start reimbursing only local government entities for peer support at this time.

- Brook Deykin stated that with Act 421, those members will be included in the special healthcare needs population. They will get additional outreach to make sure they are connected with services and resources. This is for children ages zero to 20.
- Reason for Act 421:
 - Financial costs, such as premiums that an individual might not be able to afford for a commercial plan
 - Commercial plans may not cover the same level of services that a Medicaid plan covers
 - To provide wrap-around services to support a child's whole health
- **HEAC (health education advisory committee) purpose**
 - The mission of the health education advisory committee is to promote a team effort between the health plan, members, community advocacy groups, and providers to improve the delivery system in local communities while also keeping the focus on the member.
 - We really want to hear feedback such as:
 - If we are not doing something right.
 - If you are having trouble finding a provider.
 - If you are having trouble understanding something.
 - If our website may not have something you may need.

You can request help from Healthy Blue. It is part of our contract to share that information with anyone who requests it. We will take that information and bring it back to our health plan leadership.
 - **Goals of the health education advisory committee are to:**
 - Get member feedback about our programs and services.
 - Improve the quality of care and services.
 - Ensure that materials and programs meet language and cultural competency requirements, are understandable, and provide health education our members need.
 - Provide health education and outreach and refer to community programs and services.
 - Improve member satisfaction.
 - Improve our member website contents and marketing materials.
 - **HEAC core plan:**
 - Identify health education needs of the membership
 - Provide information about healthcare barriers and gaps within the local communities
 - Provide feedback about activities designed to improve member satisfaction and health plan programs and services
 - **Organizational structure:** Every effort will be made to ensure the committee reflects the population and community served. Committee members include the following:
 - Quality Management leaders
 - Member advocates

- Network providers
- Community representatives
- Health plan members, families, parents, and guardians
- Advocacy groups
- Health educators

- **Group discussions**

- Patricia Prudhomme: We set up telehealth on the first of the year, which helped us continue to deliver care to patients. Because three quarters of our building is gone (because of Hurricane Laura), we could not provide much in-person care anyway. We still rely on the telehealth platform. Peter stated that the building was severely damaged by Hurricane Laura. Peter asked Patricia to provide an update. Patricia explained their site was divided in three sections: dental building, medical building, and behavioral health building. They lost the medical and behavioral health buildings. Both buildings will take months to rebuild. There are temporary buildings in place that are going to be used for behavioral health and medical in-person care because everyone cannot use telehealth. The dental building was not really damaged. So the dental building was back up once the power came back using generators. They also used gym spaces, and some people gave up offices to create more exam rooms.
- Patricia had one request for next year: Patricia said they were considering education about what benefits members can access for each plan. Each plan has its own dental codes and requirements, and folks just aren't as versed as they are in the medical. That will be a priority for us for 2021. Just putting that out there as a possible topic for future meetings.

Peter replied by giving a quick update on dental: There are dental benefits for children ages zero to 20, individuals 65 and older, and different individuals depending on whether or not they receive disability. The only dental services that the state pays through a Medicaid contract are denture services. One of the companies with a contract for dental is Managed Care North America, or MCNA. Around 2014, the state carved out dental benefits from Medicaid. Then this year on January 1, DentaQuest started providing dental benefits for children ages zero to 20, and dentures for the elderly. So consumers now have two choices for children and dentures covered through Medicaid. The problem is, the state does not cover standard dental for members ages 21 and over. That's where the health plan comes in. Healthy Blue offers a valued added benefit that covers two cleanings per year with one set of X-rays, simple extractions, and fillings. We also always try to accommodate members if they need care for serious issues such as an abscess.

- Christin Cantavespri gave a Quality department update: We are planning in quarter one to do a deep dive into our CAPS results, which is an NCQA accreditation's survey. This survey happens yearly. Christin stated that the biggest positive that came from that survey is our health plan rating for child

and adult is currently in the 90th percentile. We have increased significantly because three years ago we were at the 33rd. So every year our member satisfaction is growing, which is a great win for Healthy Blue. It shows all the hard work our teams do on a daily basis. The state announced next year, all the managed care organization's (MCO's) performance improvement plans, which will focus on child development. We currently have two performance improvement plans that will also continue into 2021. One is our hepatitis C performance improvement plan, which aims to increase treatments. The second is a substance use disorder performance improvement plan, which focuses on ensuring our members get follow-up care after they are discharged from the ER or inpatient care (a hospital stay).

- Matthew Wallace of Easter Seals Louisiana announced that they were one of the 384 organizations chosen by MacKenzie Scott for her charity organization, receiving a \$5,000,000 gift. This gift is transformational and the largest one-time gift Easter Seals ever received. The gift will be put toward an innovation fund to improve their programs.
- Kathy Victorian reminded the community partners to submit their letters of support to the marketing representative in their area that they work with.