

BAYOU HEALTH REPORTING

REPORT INFORMATION

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Definitions and Instructions:

- **Reporting Quarter**

1st Quarter, March 2021

- **Agenda Topics**

- Introductions
- Health Plan Updates
- Value Added Benefit Survey
- Group Discussion

- **Introductions**

- All attendees gave their name, title, and organization they were representing.
- Peter Lambousy, Marketing Director for Healthy Blue, stated during this meeting we would be discussing VABS (Value Added Benefit Survey) – Services not covered by Medicaid currently but are valuable to members.

- **Health Plan Updates**

- Current total membership: 330,729
- This growth is due to unemployment. This increase is across all Medicaid plans.
- There are 200,000 new members in Louisiana since March 2020.
- The state and federal government has frozen and locked in membership.
- No member must show eligibility and renewal information until the emergency is removed.
- The state is still sending out eligibility letters. If you do not reply to the letter, you will not lose coverage.
- Members will get a notice from the state when eligibility will be turned back on.
- There was an emergency contract issued by the Louisiana Department of Health (LDH).

- The original contract with the state (renewed in February 2015) was a 3-year contract with two 1-year extensions available to it, that lasted through December 31, 2019.
- When the RFP was released, there was some protest about the way it was scored. The governor issued an emergency contract to make sure the program continued. That contract was from January 1, 2020 through December 31, 2020.
- No decision was rendered on that RFP, so the LDH decided to throw it out. There were some inconsistencies in scoring, but there was also a new administration under Dr. Courtney N. Phillips. The LDH felt, that because of the COVID-19 pandemic and a lot of emergencies such as hurricanes, that it would be prudent to redo the RFP with different types of strategic objectives concerning the COVID-19 pandemic. The awards were rescinded that Healthy Blue had been given at that time for the 2020 contract.
- We are going back into a new RFP. We expect the release of this RFP sometime in spring. We will respond to that and we are confident that we will continue to serve this population.
- Under this RFP, the contract would go into effect January 1, 2022.
- **Valued Added Benefit Survey**
 - **Community Resource Link**
 - A website which shows available free or reduced-cost community-based programs, benefits, and services to assist you in meeting your life needs
 - Website provides up-to-date information with resources currently available in your area to increase your independence and stability, and to improve your overall health and well-being
 - **Examples of Community Resource Link (Possible Services Available)**
 - Local services related to housing, food, and other goods; employment; transportation; childcare (or care support for any age); and health education and care
 - Resources related to financial assistance and government benefits, as well as financial education related to insurance, loans, and tax preparation
 - Legal services if you have a legal problem and cannot afford an attorney
 - Peter explained how to use the link: by entering your ZIP code, all the resources and organizations will populate in that area. He also mentioned that physicians are starting to use the link to survey members.
 - Alisa Stevens with Safe Sleep Task Force and SWLA Center for Health Services – “I currently use this survey for SDOH (Social Determinants of Health) for patients/clients. Is this link the same as the Aunt Bertha platform?” Peter replied that it was, but Anthem branded it as Community Resource Link, and it offers the same information.
 - Alisa – “We work in the platform through Daughters of Charity and the Louisiana Primary Care Association (LPCA), and it is very useful because we have sites in Lake Charles, Oberlin, Crowley, and Lafayette. If you’re in Lake Charles and get a call from a patient in the Lafayette area and don’t know what’s available, it’s a very useful way to get the information. During hurricanes, there were individuals in Dallas and were patients. They would call us, and we would put that ZIP code in and find resources for them in the Dallas and Houston area. On my end, I’m not able to run reports, but Daughters of Charity and LPCA can.”
 - Peter – “Healthy Blue ran a pilot program and I’m trying to get funding to expand it to additional community organizations. Providers are making referrals to different organizations. We issued five \$10,000 grants to five different community organizations for them to close the loop on the referrals. It’s one thing to make the referral, but it’s another thing to know whether the member got help. Some providers are on the backend checking to see if the member got help and update that information. The \$10,000 grant is to cover the entire year. We’re asking the organizations to go into the Aunt Bertha system or respond to an email that goes to the community organization administrator over the Aunt Bertha site. They can acknowledge the referral by email or go into the system. They will acknowledge they got the referral, get in touch with the member, and possibly provide an update on whether they were able to help the member.”

- With this project, we're trying to get a better understanding of referrals and the flow of information; whether it's helping by giving somebody a phone number. (Is this a helpful thing, or does the member need more assistance in navigating and understanding it?)
- **Flexible Funding Programs**
- Flexible funds are funds (often via gift cards, vouchers, or checks) used to pay for food, housing, or other needs often not provided through existing federal or state programs.
- These are extra health benefits that do not cost you more money.
- **Examples of Flexible Funding Programs**
- A set dollar amount usually between \$1,500 to \$3,000, per member per lifetime, that could help with:
 - Funds to help with housing and rent: paying a portion of the rent or getting an individual "caught up" on rent, rental application fees, deposits (security and utility), moving fees.
 - Funds for housing needs – furniture, cookware, or cleaning supplies.
 - Funds to buy food, clothing, and other household essentials.
- Peter – You will have to put some around this, whether it's postoperative or from the homeless standpoint. Providing \$3,000 per member at 300,000 members gets to be a \$90 million program. There must be certain parameters around this program so it can be scalable and affordable for everyone involved.
- Alisa – "I think this is great because I meet individuals who are homeless. There may be agencies that are tapped out. Right now, Calcasieu Parish Police Jury (CPPJ) is only helping individuals with rental assistance who were affected by COVID-19. We've been affected by two hurricanes. There are people who are homeless and have lost their jobs, and there's no hurricane money right now. I suggest an income standard that could be a stop gap if there are no other resources."
- Peter asked Alisa when they are working with people who are homeless how do they handle that subject. Is it part of the SDOH survey, or do people give that information?
- Alisa – "Sometimes it's volunteered, but the information is on the SDOH survey (What is your housing situation like today? Are you afraid of losing your housing?). Then people would just start talking. Other times, people would walk up to you and say, 'Hey, I'm homeless. I need this help.' The challenge here right now is finding a way to help them. If Catholic Charities has run out of funds and CPPJ is only helping those who have a reduction in funds due to COVID-19, you have thousands of people who fall in between that. There's nothing there to help them."
- Christopher Wallace, Behavioral Health Liaison for Healthy Blue – "This program is so needed in a homeless demographic. Many people we serve who need housing don't have the support that many of us have to help us move. This program has helped in my former life because you may have an individual who may not have the money to go to U-Haul, or the manpower to help them move. Alluding to what Alisa said, a lot of times programs like Catholic Charities or TCA are tapped out with money, so when you have a flexible funding program it comes in handy to help with electric or water bills."
- Nasheika Malbreaux with SWLA Center for Health Services – "Will this be a fund they will get by making their appointments regularly? Or will it be something they have to qualify for based on an income guideline?"
- Peter – "This would be in addition to. We have incentives, and those would remain in place. There are incentives to do whether it's well-child visits, immunizations, diabetic screenings, and/or prenatal/postpartum exams. All the dollar amounts vary from \$20 to \$25 per visit, and this program will be in addition to those incentives."
- **Member Welcome Center – What is it?**
- A place (at various locations) where you can go to talk to a Member Health Advocate in person for help with your medical and non-medical needs. They can:
 - Help you with understanding your Medicaid plan and benefits, as well as help you access care and services to manage your health.

- Show you where to find information and sign up for your health insurer’s online sites and apps to learn about your Medicaid plan.
- Help you access resources and services to meet your everyday needs (housing, food, employment, transportation, or childcare).
- Hold member events such as exercise classes, or community events like food donations.
- **Examples of Member Welcome Center**
- Talk to an associate in person to help you with your plan benefits and services.
- Help you update your health plan account information, such as your address.
- Help you find or change your primary care physician.
- Put you in touch with a case manager from your healthcare plan to help you manage your health condition.
- Participate in free exercise classes like yoga or Zumba.
- Attend educational sessions or community events like flu clinics, food donations, or pop-up farmer’s markets.
- Peter asked if there’s value in having a brick-and-mortar that people can go in? Or, in light of COVID-19 and everything being virtual, is it important to have an actual space for people to go in? Or is it more important to just have somebody who will get back to people quickly when they need assistance? Would you take the money and rent a space, or pay more people to take calls and be an advocate for people?
- Nasheika – “We have patients who we work with virtually and over the phone, as well as starting to see people in the office, where we help them apply for Medicaid and Affordable Care Act (ACA) insurance services. We also have a group in our outreach department that helps with housing, food needs, and transportation, and it has been very useful. Especially being able to have them come in person to take care of all this. Most people like to handle things in person and not over the phone.”
- Martha Marak with Food Bank of North Louisiana – “I will share my thoughts because I don’t have firsthand experience. They have other community centers in North Louisiana with West Louisiana. I feel there’s some redundancy. The ones I know of seem to not be where the members are. And getting there can be a real issue. If I had to pick between providing rental assistance and dollars that help move people through their crisis versus this model, I would prefer to help clients directly. I look at these Welcome Centers more like church. Church is open to anyone, but only a select group, those that go and go often.”
- Peter – “Healthy Blue is running a pilot program and is not doing it alone. We found a space in the Baton Rouge area where four community partners were coming together to create a safe space for youth. Not only these four organizations would be housed, but Healthy Blue would be in there too.”
- Martha – “I feel location is so essential. Being placed where people can easily access them would be one of the big benefits.”
- Peter – “Anthem/Healthy Blue should place the Welcome Centers within the communities that need them the most.”
- Charmekia Martin, Strategic Growth & Engagement Director East Region – “Every time Anthem opens a Welcome Center, the goal is to bring resources to the community that we’re serving. So, we want to be in the middle of where the need is. The community center is an access point for resources, but it’s also for activities such as baby showers, exercise classes, and education sessions. It’s a hub of all the things we can bring into that neighborhood; and it’s ongoing. People can come in and ask for it. It’s a great hub to connect with members and the community.”
- Lisa Ellsworth, Community Relations Representative for Healthy Blue – “When we talked about having a Welcome Center in Baton Rouge, I was thinking about bringing in another division of Healthy Blue, like the Medicare/Medicaid division. Perhaps if we had a space, we could share together. In the Medicare/Medicaid population, there are some opportunities to bring members in pre-COVID-19. Also, in terms of referring members, and members coming in to ask questions about health plans, I don’t see that being very useful. Most times members would either call customer service, go through the federally qualified help centers, or any place they can enroll to get answers. In terms of a hub to hold member events or classes, it would help if we could share the expense with another department such as Health Promotions or Quality.”
- Peter – “That’s the model we’re working on in the Baton Rouge area, what Charmekia and Lisa suggested.”

- Susan Reihn with Families Helping Families of Southwest LA – “We have a resource center that has been operating for almost 30 years which is specific to disabilities. Last year we had to change the way we do things drastically, so I can see the value in both ways. I miss having people just finding us and coming in. They are on the bus route and in the middle of town, so we have a good location. We have been helping people over the phone, through Zoom and Webinar’s, and they’ve been successful. I can see value in both models. Partnering with another community agency to bring value may be the way to go.”
- **Member Health Advocate – What is it?**
- A dedicated person to assist you with understanding the healthcare system, including providing you with health information, helping you to connect to your doctor, and connecting you with community resources
The Member Health Advocate will provide educational resources and information specific to your medical and non-medical needs.
Depending on your preference, a Member Health Advocate may be available:
 - To meet you at a designated, mutually agreed-upon place such as a Member Welcome Center.
 - By phone.
- **Examples of Member Health Advocate**
- The Member Health Advocate can connect you to community resources to meet your needs, such as social services agencies like the Food Stamp Program.
If you or your family member has a health condition, such as diabetes, the Member Health Advocate will provide you materials on how to manage that condition.
The Member Health Advocate can also:
 - Help with locating interpreter or translation materials.
 - Help scheduling rides to medical or behavioral health visits.
 - Help with understanding Medicaid benefits and health plan extra benefits like rewards for getting annual well visits.
- Peter – You can call it a community health worker or a health navigator. It’s all combined in with the Welcome Center. It’s somebody who will devote time to you like a case manager. A case manager would work closely with an individual, possibly with a chronic condition or high need, or high-risk individual going into a situation. This sits outside of that for individuals who don’t fit that description but need additional services that cannot be satisfied through traditional customer service channels. It can be anything from helping with locating interpreter services, scheduling rides, or helping understand medical benefits from an insurance standpoint.
- Martha – This is a wonderful benefit. I see clients at the food bank that either forget to take medicine, don’t understand the importance of taking medicine, or really can’t read the prescription. It’s helpful if there’s someone there who can help explain a lot of health issues and why it’s important to follow your doctor’s advice.
- – I think it’s a great benefit as well. I have an AmeriCorps program and we do some of this. An AmeriCorps program is temporary, so this will be a great benefit as permanent.
- **Transportation to Grocery Stores/Food Banks – What is it?**
- Free rides to grocery stores or food banks/pantries
- Since Medicaid only covers rides to doctors and other health or behavioral health visits, this would be a free service from your Medicaid health plan.
- **Examples of Transportation to Grocery Stores/Food Banks**
- Member would schedule rides 48 hours before trip. It takes 48 hours to assign and schedule a driver. The driver would pick you up and drop you off at the grocery store or food pantry, then return in an hour to take you home.

- Rides also can be scheduled as a weekly (or more frequent) occurrence.
- Peter – “Contractually, we are required to supply transportation for both our physical and behavioral health members. Whether it’s behavioral health only or if it’s integrated (both physical and behavioral), we are required. But the state only covers certain types of rides as basically covered Medicaid services. They do not cover rides to the pharmacy, even though it’s a covered service. Even though there’s value to providing this, there are some pitfalls to the transportation that Medicaid plans do provide. They are subject to two- or four-hour windows for getting there and back. In the state of Louisiana, we are not allowed to use Lyft or Uber. Because of legislative reasons, we’re not allowed to use those vendors in the state of Louisiana. We are also looking into a \$25 or \$30 gas card and/or a \$50 bus pass if they’re in an urban setting.”
- Martha – “I love this! I think this is amazing. We get so many calls from members who need food and are homebound. They’re seniors, and their children have gone to other communities for better jobs. Unfortunately, this leaves seniors homebound. They may live in a food desert where food isn’t available to them and they call the food bank. We work as hard as we can to find volunteers. It would be wonderful to know that the basic need for food is covered and we don’t have to jump into crisis mode to help clients.”
- Peter – “I just had a thought in my head to give to Charmekia that we remember. But I don’t know how we would implement it. Is it conducive to have someone to have to make a ride out to get the food? What if there was a way of (wrapping around much like the success of Amazon) having everything delivered to their home? Or providing some type of delivery service for people?”
- Martha – “It’s real expensive, and larger food banks with larger budgets do that. It could even be an Uber one-way delivery of a box. Unfortunately, the way the food bank system works is that if you’re homebound you can choose up to five people to go pick up your food box. But you must go once a year for the pantry to lay eyes on you, sign your application, and fill out all your paperwork. The other eleven times someone can go for you.”
- Alisa Stevens – “Our main food pantry in the area is Catholic Charities. We have established a partnership with them for our patients who are food insecure. They chose SWLA Center for Health Services as the designated person that can pick up food. We go on the second and third Fridays of the month and pick up all the boxes at one time and deliver them.”
- Charmekia – “When we talk about delivering food, what does this look like in the more rural areas? Are you able to make it out to them? How are we ensuring that they get food? I’m sure the further out you go it’s harder to make sure they’re able to get to their meals.”
- Alisa – “We have five sites. For the Lake Charles site, I travel over 100 miles delivering food to other cities and towns. If you’re our patients and you’re food insecure, we have rural sites. I will go to those rural sites and deliver it. If you’re hungry, we’ll get it to you.”
- Martha – “We have about 150 distribution points across Northwest Louisiana. We try to align food in every community, there are some gaps in small areas. We try to get the food out closest to where the need is.”

- **Employment Assistance – What is it?**
- Resources and assistance to help you prepare for, enter, or grow in the workforce
- Access to a network of career development support services (resources to help you identify job opportunities, prepare your resume, access clothing for interviews, or job coaching)
- **Examples of Employment Assistance**
- Skills assessment/skills training
- Career training
- Resume preparation; interviewing skills
- Job application assistance
- A job coach or mentor to help you find a job and interview, help while you are getting hired, and support you while you get used to the job

- Free or low-cost professional clothing and haircuts for interviews
- \$100 cash card that can be used for childcare while you interview for a job
- Limited funding for bus passes or gift cards for gas in your car while you interview for a job
- Christopher – “The program GEDWorks goes by your pay. It helps members because they pay for it and it is online. The disparity in the rural areas would be a lot if members couldn’t afford the internet for these courses, especially the GEDWorks because it’s online. The challenge was to get them to a community center or library to use computers to facilitate completing their GED. I would also say LA Works and vocational rehab are also good resources. They also put money aside to help if someone wanted to do construction work. They would pay for them to go to construction school.”
- Lisa – “That’s a great resource to have at the resource centers.”
- **Assistance with Distance Learning – What is it?**
- Assistance to help members effectively participate in distance learning (also called online learning)
- Provide members with technology, supplies, and resources they need to participate in online school/classes
- Members can be at all levels of learning – from pre-school to high school for children, as well as college and vocational training for adults
- **Examples of Assistance with Distance Learning**
- Free Chromebook
- Internet assistance such as funds (in the form of gift cards or vouchers) that can be used to pay the local provider for internet services
- Access to online learning programs that are age-appropriate
- School supplies – paper, pens, glue, markers, books, etc.
- Peter – “This is more of what we’ve learned through COVID-19. There is value in continuing to be able to provide aid with distance learning (whether through internet assistance, free Chromebooks, or access to online learning programs). This could be focused for school-age children or this can go into adulthood for online university classes, technical college classes, or GED classes.”
- Christopher – “Free Chromebooks are a good idea, and a big help along with the school supplies.”

- **Emergency Preparedness Kit – What is it?**
- Items that would help you during and after an emergency such as a hurricane, flood, or other natural disaster
- **Examples of Emergency Preparedness Kit**
- First aid kit
- Flashlight/batteries
- Canned goods and nonperishables (vegetables, tuna, soup, crackers, etc.)
- Manual can opener
- Water
- Gas/fuel voucher
- Prepaid cell phone data gift card
- Duffle/travel bag
- Cell phone charger and backup battery
- Wrench or plier (to turn off utilities)

- Alisa – “I think you are on point. We ran a distribution site from September to December 2020, and we did a food distribution on Tuesday, March 16, 2021. Over 500 people showed up. You are on point with the flashlights and first aid kits. These are all the things we gave, and a manual can opener. We were giving out canned goods and they couldn’t open them.”
- Peter – Asked Alisa if she has data on all the things they gave out? “Is there anything that was left off the list that needs to be added?”
- Alisa – “The nonperishables were what everybody was looking for when we first started. Afterward, as we got into it, they were looking for fresh fruits.”
- Monette Kilburn, Community Relations Representative for Healthy Blue – “Baby wipes”
- Nasheika – “Everybody always needed toothpaste, toothbrush, shampoo, conditioner, and soap. The soap could be the liquid body wash because it lasts longer. The bar soap would dry out in the heat. Cleaning supplies.”
- **Take Away**
 - Peter – “I really appreciate the feedback. We know that we are trying to create things in a situation that we don’t quite understand, or we have experienced a lot of issues. We don’t want to create anything in a vacuum. We want to make sure we are getting the right input. We conducted a series of interviews with actual Medicaid recipients on these same topics to listen to true member experiences and what their needs are. Until you live a situation, you don’t really understand what’s going on. I can be empathetic with somebody, but I’m not in their shoes. I’m a firm believer that we need to listen to the individual for whatever that reason is; from SDOH, health equity, or the issues we’re facing in the country with racism. We want to be good listeners because we might not understand the perspectives of everyone. The most important thing is allowing our members and our community to voice their experiences and communicate that to us. And, for us to be good listeners. To accept what these individuals must deal with on the day-to-day basis, and work to provide a solution instead of being a part of that problem.”