BAYOU HEALTH REPORTING

REPORT INFORMATION

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4th Quarter, December 2024

Agenda Topics

- -Introductions
- -Health Plan Updates
- -HEAC Purpose
- -Quality Improvement
- -Whole Health
- -Community Birth Companion (Doulas)
- -Group Discussion
- Attendees: Brooke Deykin-Healthy Blue, Daisey Shipley-Healthy Blue, Louise Droddy-United Way NWLA, Molly Taylor-Healthy Blue, Jennifer Campbell-Healthy Blue, Kathy Victorian-Healthy Blue, Daphne Woodly-Healthy Blue, Monette Bourque-Healthy Blue, Rashad Bristo-Healthy Blue, Divine Bailey-Nicholas-Community Birth Companion, Robert Blue-Healthy Blue, Lawrencia Gourgisha-LDH/SHHP, Kolletta Davis-Healthy Blue, Martha Marak-Food Bank of NWLA, Rhea Morell-Healthy Blue, Takiya Montgomery-Nest Healthcare, one (1) member, Mary Schulteis-Crescent City Health, Brittny Soteropulos-Healthy Blue

Introduction

Kathy Victorian-Thanks everyone for joining the 2024 Q4 Health Education Advisory Committee Meeting. The reason we are meeting in the evening is so we can figure out what time works best for our members. Thanks for carving out time in your evening.

• Health Plan Update

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- Current Total Membership: 268,035
- Open Enrollment ended December 2, 2024
- o Healthy Blue came in third place for Open Enrollment
- o If members have any questions regarding their benefits they can call Healthy Blue with any questions at 1-844-521-6941

HEAC Purpose

• The mission of the Health Education Advisory Committee is to promote a collaborative effort between health plan, members, community advocacy groups and providers to enhance the delivery system in local communities while maintaining member focus.

Goals of the Health Education Advisory Committee

- Provide member insight and perspective regarding the development and implementation of programs and services
- Provide member insight and perspective to improve the quality of care and service
- Ensure that materials and programs meet language and cultural competency requirements, are understandable to the membership, and address the health education needs of members

HEAC Core Plan:

- o Committee members will provide input into the annual review of policies, procedures, and programs for QM and Marketing
- o Identify cultural values and beliefs that must be considered in developing culturally competent health care programs
- o Review member materials for language requirements, cultural competency, and reading comprehension
- o Identify health education needs of the membership
- o Provide information regarding health care barriers and gaps within the local communities
- Provide feedback regarding 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 diverse population and community served. Committee members are comprised of the following:
 - Quality Management Leaders
 - Member Advocates
 - Network Providers
 - Community Representatives
 - Health Plan Members/Families/Parents/Guardians
 - Advocacy groups
 - Health Educators

- Quality Management-CAHPS Survey Presented by Jennifer Campbell, GB QM Health Plan Director
- **Understanding CAHPS-**CAHPS is a survey that we send to our members on an annual basis. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems.
- From the position of a member advocate The CAHPS system really helps us understand what is the work that we are doing, what's the effectiveness, how does a member feel when they come into a provider's office, what's their experience with us as a health plan. These are really critical surveys.
- We take a lot of time as a team to evaluate the scores we receive, so we know what interventions we need to put in place to help support our members.
- Survey is administered through mail, phone or follow-up.
- The survey comes out the same time every between January and February they are mailed out
- Member enrollees should let the member know to take the opportunity to let their voice be heard by completing and returning the survey
- There are three CAHPS surveys but the member doesn't need to complete three:
 - Adult Survey
 - Child Chronic Condition
 - Child General Population
- These are some questions that we feel are really important and some of the measures we are looking to:
 - o Are you getting the needed care?
 - Are you getting your care quickly?
 - Are you able to access the information that you should rightly be able to access?

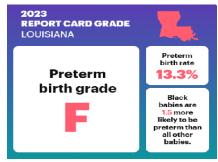
Measures	CAHPS Survey Questions
Getting Needed Care	In the last 6* months, how often was it easy to get the care, tests, or treatment you needed?
	In the last 6* months, how often did you get an appointment with a specialist as soon as you needed?
Getting Care Quickly	In the last 6* months, when you needed care right away, how often did you get care as soon as you needed?
	In the last 6* months, how often did you get an appointment for a check-up or routine care as soon as you needed?
	Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?
Access to Information	In the last 6 months, how often did the written materials on the Internet provide the information you needed about how your health plan works?
	In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?
	In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

- Jennifer Campbell asked the **member** and the member advocates these questions:
 - Do you have a personal doctor also known as a PCP?
 - Member replied Yes, I do.
 - As you are receiving care do you feel you are respected and heard by your doctor?
 - Member replied I do.
 - Would you say it's easy for you to go to the urgent care or ER if necessary?
 - Yes, I have done the Emergency Room. I don't think I've used urgent care.
- Jennifer Campbell explained to the member that Healthy Blue can provide resources such as Case Management, if she needs to know where her nearest urgent care was located.
 - Member-The reason why I didn't use the urgent care is because it was a matter where they had to call the ambulance for me. I was doing well so I had to go by ambulance to the emergency room, I was past the urgent care stage at that point.
 - When it comes to well visits do you find it easy to set up an appointment for your annual well visit? Or do you find that difficult to be able to get in to see the doctor?
 - Member-No, it hasn't been difficult. The only difficulty I did have and I shared it with Mr. Rashad Bristo, is that one of my doctors used to take Healthy Blue but then they stopped taking it for some reason. He sent it to the right person and let them know and they worked with the doctor's office and got put back on the list. That happened in the beginning of the year, something they didn't get at the beginning of the year to add Healthy Blue back on their list of providers.
 - o Jennifer Campbell-I'm glad that was addressed. Rashad thank you so much.
 - Kathy Victorian-Ms. Hall was one of our amazing community partners from Shreve Memorial Library. Ms. Hall can you let everyone know how
 you went from a community partner to a member.
 - Member-Thanks Kathy. It started off as a partnership with Amerigroup first then with Healthy Blue. I've been a community partner for many, many years. I would do the community breakfast. Rashad would come a couple times a month to set up a table, pass out information and just be visible in the community. When we had events we would invite Amerigroup/Healthy Blue and we all became a network of partnership. Two years ago, I was diagnosed with breast cancer. I have not worked in the last two and a half years. I found myself having to have insurance and based on my income, I was able to apply for Healthy Blue. I have a minor son who is also on Healthy Blue Medicaid as well. I was just fortunate to have the right resources by being a community partner to decide to use Healthy Blue. That's how I became a member. If I never had the partnership and I know all the wonderful things Healthy Blue did just in the community and being visible and working with Rashad and Kathy and Mr. Blue. Mr. Blue would come do workshops for us. So I knew the whole team for Healthy Blue to make that decision and it was easier instead of going to another plan. When I was in the hospital and they were asking me what plan I want, I immediately said Healthy Blue. They said we have these other plans and I said I want Healthy Blue. I was signed up that way for the insurance.

- Jennifer Campbell-I'm just curious for your experience for your son with Healthy Blue:
 - O Would you say that it's been a pleasurable experience for your son?
 - o How would you rate your son's personal care doctor?
 - Member-I would rate it the highest rating. One thing I can say I like about Healthy Blue, if they see something. Like when I was in the hospital, before I got out of the hospital, they called and asked me if I needed any equipment to go home before I even made it home. If I needed home health care? At that point and time, when I got to the hospital in July, they were thinking about the doctors because I was going to have to go to a rehab hospital for a month because I needed continuous IVs. I stayed in the hospital an extra week to see if the treatments they were going to give me were going to work. I'm going to get back to my son but I just like the way they check back on you. They texted me did you get your flu? Did Seth get his flu shot? I got a call last week, they were following back up-did you'll get your flu shots, do you'll need anything? Are you having problems with your medicine refills? I've never had that experience even with my paid insurance company. They never called back to check on these things. By this being Medicaid sometimes I can see how things fall in the cracks with people that may say oh, I forgot or I didn't know I can go here and get a flu shot. A lot of people think they have to go to a doctor's office and get the flu shot. They can go to a CVS or Walgreens. Healthy Blue at one time partnered with local people and they had the bus that they have and they did the flu shot on site. It's a lot of resources that they call and let you know what's going on. This is the 1-800 number calling and texting me asking me if we had these different things, which is awesome. Some people need just a little reminder. I'm that person now that needs a little reminder because I've had such life changing events in the last couple of years. It's good to know somebody is looking out to make sure I'm doing these things that need to be done.
 - Thank you so much for sharing your experience with us. It really grounds us in the work that we're doing and this is why we do what we do.

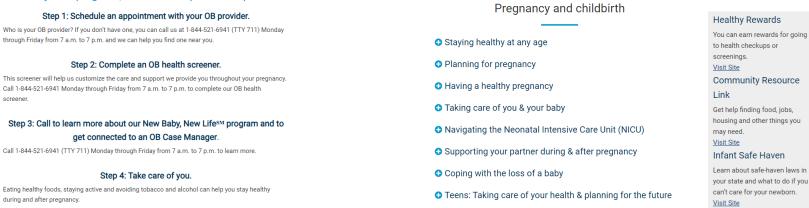
 Thank you for the partnership and I hope when you see that CAHPS survey between January and February, please by all means let us know how we are doing. We want to know.
 - o Member-Ok, I sure will.
- What is Health Equity? What are Health Disparities? What is SDoH? Presented by Molly Taylor, BSN-RN, Whole Health Director
- Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health (CDC.gov).
 - Molly Taylor What does Health Equity mean to you?
 - Robert Blue-I'm the Cultural Competency facilitator. For me, a lot of times when I think about health equity it goes into culture. Different cultures believe in different things that can either improve your health or enhance your life. That would be part of that equity that you would appreciate their culture.
 - Mary Schultheis-Crescent City Family Services-I totally agree with what Robert just said. It's definitely giving people access and taking all of those things into consideration, their culture and their background. Just making sure people having access to services and resources. I definitely agree with the cultural background especially in Louisiana, we are serving so many families from different cultures. That has always been one of our concerns at Crescent City Family Services that we take that into consideration.
 - Kathy Victorian-The one thing I think Health Equity brings out is that you must respect the culture. Not just accepting and knowing the different
 cultures that exist but that respect goes a long way as well. That's all part of the equity piece when we talk about it in the community.
- **Health disparities** are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment (CDC.gov).

- **SDoH**, or Social Determinants of Health, are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes (CDC.gov).
 - Education, Literacy
 - Employment
 - Occupational Risk Factor Exposure
 - Physical Environment Safety
 - Housing
 - Food
 - o Transportation
 - Financial
 - Social Environment
 - Personal Safety
- **Healthy Blue Approach: Health Equity By Design** Something that Healthy Blue does to address and to really push for health equity. This means in our strategies, in our daily work, in our evaluation of effectiveness we are keeping in mind our health equity needs.
- Healthy Blue is the only MCO, the only Medicaid plan in Louisiana to have the prestigious NCQA Health Equity + Accreditation. This means we are measuring outcomes and we are evaluating outcomes in real time as they come up and pivoting when we need.
- We are very strategic in everything we do. We request feedback from our members, member advocates and community partners because we need that. It helps us to inform our strategy. Feedback that we hear here is brought back to our senior level leadership. This is brought back in our daily work.
 - O What drives you to participate in calls like this?
 - Member-What drove me to participate in the call today is because I was a community partner but now I am a member. Just to keep abreast
 of all things going on with Healthy Blue. I called in to see what's new and what knowledge I can get from the call today to share with others
 and for myself.
 - Martha Marak-Food Bank of NWLA-I love joining these calls because I learn a lot every time I'm on these calls. I love hearing the patient side because your customers are our customers. What you said earlier on food and health, there's such a strong correlation that this is very important to us. We love the partnership with Healthy Blue and wanted to show how committed we are to this partnership. To be here even at 6:30 on a Wednesday night.
 - o Mary Schultheis-Crescent City Family Services-I just want to echo what has been said. It's been great having a partnership with Healthy Blue. We are all serving the same families, we are addressing those social determinants of health, we are looking at those disparities. As a WIC service provider in the state of Louisiana and a Healthy Start grantee, just knowing the importance of food and food insecurity. Working with other partners who are on the call, we have been able to bring in 5000 lbs. of food in our food pantry. Our projects have always been supported by Healthy Blue so we are excited to say that this partnership has had a really big impact on families in the New Orleans area and surrounding parishes.
 - Do you know how to reach Healthy Blue if you want to give feedback outside of a call such as this or a satisfaction survey?
 - 1-844-521-6941 (TTY 711) open Monday-Friday 7 a.m. to 7 p.m. On the Member portal there is a message center that members can send a secure note at any time.
- Health Equity: Maternal Child Health-Does Louisiana Have Maternal Child Health Disparities?
- Molly Taylor shared the March of Dimes Report Card It is out of a traditional A through F grading scale.



- Is this information shocking? What's your reaction when you hear this? Do you know how to get help if you need to?
- Louise Droddy-United Way-Do you mind if I ask a quick question? In response to that question? My question is in the study what was the information collected? Twenty plus years ago, I gave birth to micro preemies at 32 weeks and at 28 weeks. I had prenatal care but my body just wasn't equipped to handle pregnancies. I had preeclampsia and going into help. Both babies died and had to be delivered to be resuscitated. My question is with that, is any of this information being collected because I would hate for a state to be pinpointed for something that's not necessarily their fault. When the mother is doing everything they can to ensure that they deliver healthy babies but their bodies just don't allow for it.
- o Molly Taylor shared the link to the March of Dimes Report Card https://www.marchofdimes.org/peristats/reports/louisiana/report-card
- o Molly Taylor stated that the question will be a takeaway for her because usually these kinds of rates will have various exclusions.
- o Louise Droddy-United Way-Thanks for sharing the link so I can look into myself.
- o What can Healthy Blue do to help especially in this Maternal Child Health space?
- Molly Taylor shared a screenshot of Healthy Blue's member website:

If you're pregnant, take these important steps:



Has any member or member advocate used the Healthy Blue website to navigate and get resources? If so, do you have any feedback?

- No response.
- If you have any feedback:
 - O What are some issues that may stop you from getting help?
 - O What do you think about the available online resources?
 - O What do you think about the problems presented today?
 - No response.
- We try to get more and more member feedback. If you have any feedback, just on how we can hear you better, let us know.
- Since in the past we didn't have as many members on our calls as we liked, we took our listening to the community.
- Some examples of Healthy Blue Listening in within the community:
 - Maternal Health Listening at our Community Baby Shower with 150 registered community individuals; we were able to get feedback from Healthy Blue members, community partners, community members and other professionals
 - Along with Robert Blue we started a series of tribal listening sessions through Powwows, community centers, health fairs and food pantry
 pickups, we've been honored to be a part of the various tribes around the state to listen for feedback
 - Women's Healthy Listening at the inaugural Maternal Health and Equity Summit. During this session that was provided and aimed at healthcare
 providers for medical, doctors, registered nurses, social workers, advocates, nutritionists and a wide range of professionals dedicated to
 maternal health and equity, we were able to get some really great feedback.

• Community Birth Companion-Doula Program presented by Divine Bailey-Nicholas, Founder and Executive Director

- Divine is a Certified Lactation Counselor, Maternal-Child Community Health Worker, Black Maternal Health Advocate and Subject Expert.
 Currently, she serves as a member of the Healthy St. Landry Steering Committee, local Ambassador for the National Perinatal Task Force and participates as a Faculty Member of the Community Birth Initiative for the Louisiana Perinatal Quality Collaborative.
- o Charlotte Shilo-Goudeau Licensed Midwife, Certified Professional Midwife, Evidence Based Birth Instructor®, Maternal Health Advisor for Community Birth Companion
- Community Birth Companion started in 2012 with the mission of decreasing infant and maternal mortality rates through childbirth education, breastfeeding support and community doulas in Opelousas, Louisiana.
- Our Vision: Community Birth Companion has a commitment to Birth Justice, as we believe that all families have autonomy over their bodies and should be empowered to make informed decisions about their pregnancy, birth, and postpartum care.
- We believe in the Community Model of Care: care provided for the community, by the community, with the goal of working together to improve health for all.
- Circle of Care: Community Birth Companion creates partnerships with doctors, midwives, doulas, and lactation consultants to ensure that our mamas and families are enclosed in a "Circle of Care" that works together to ensure the best experience possible. We combine Evidence Based and Patient Centered Care with Shared Decision Making and the B.R.A.I.N method to build trust, cultural competency and congruency.
- B-Benefits, R-Risk, A-Alternatives, I-Intuition, N-Negotiate does it have to be done now-we teach our families to use the B.R.A.I.N. method each time they have to make a decision
- Community Birth Companion Community Doula Training-What makes it different from others is it's focused on supporting families who are birthing in Louisiana. To support mothers in their particular parish.
- Trained community health providers who provide physical, emotional, and informational support to pregnant people before, during and after childbirth. As trusted members of the communities they serve, doulas are intermediaries between the health care and social services systems and community members, helping to ensure that services are provided in a culturally appropriate way.

CBC Doula Health Goals:

- o For pregnancies to reach a gestation of 37 weeks or greater. FULL TERM
- For newborns to have a birth weight of 5 lbs. 8 oz or greater. FINE BABIES
- o For women (and their families) to bond well to their babies.
- To start and succeed at breastfeeding
- o Decrease cesarean section rates
- To increase client/patient satisfaction
- Mother-focused care where shared decision making with providers and other maternal health care workers really happens

Doula Tasks:

- Comfort Measures
- Birth Plan
- Postpartum Plan
- o Prenatal, Labor, Postpartum Basic Breastfeeding Support
- o Individualized Culturally Appropriate Care
- Client Centered Care
- Provides Resources
- Provides Evidence Based Information
- Home Visits

CBC Training will Not teach:

- Clinical tasks
- Diagnosis
- Vaginal exams
- Fetal heart monitoring
- Medical advice

• CBC Meeting our Goals:

- Quarterly Peer Reviews Bi-Monthly Professional Training
- o Café au Lait Louisiana Breastfeeding Support for Families of Color
- Circle of Care Childbirth Education Class
- o Strengthening Relationships with our local birthing hospitals and birth centers
- Sharing the tenets of Birth Justice

• Divine Bailey-Nicholas asked if there were questions:

- Mary Schultheis-Crescent City Family Services I just want to congratulate you on the beautiful you're doing. We found out that doulas made a
 big difference with our moms in Jefferson parish. We were able to give 85 moms free doula services. To hear your presentation today, I just
 want you to know that I know doulas are impacting what we are seeing with infant mortality and maternal mortality.
- Kathy Victorian-I am always in awe with the dads who talk about how important it is to have a doula. Congratulations to you and all the doulas
 who are out there. The men, the partners they definitely appreciate what you'll do.

Takeaway

- Louise Droddy-United Way-Do you mind if I ask a quick question? In response to that question? My question is in the study what was the information collected? Twenty plus years ago, I gave birth to micro preemies at 32 weeks and at 28 weeks. I had prenatal care but my body just wasn't equipped to handle pregnancies. I had preeclampsia and going into help. Both babies died and had to be delivered to be resuscitated. My question is with that, is any of this information being collected because I would hate for a state to be pinpointed for something that's not necessarily their fault. When the mother is doing everything they can to ensure that they deliver healthy babies but their bodies just don't allow for it.
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