

**TITLE XIX ADVISORY COMMITTEE MEETING
January 31, 2014**

Conference Call

MINUTES

Members Attending

Claudia St. Clair, Chair
Heather Milliren, Skagit P2P
Gerald Yorioka, MD
Dean Riskedahl, OD
Molly Firth
Joan Brewster
Ginger Kwan
Christina Peters
Michael Hassing
Maria Nardella

Members Not Attending

Thomas Trompeter
Kyle Yasuda

Staff

MaryAnne Lindeblad, Medicaid Director, HCA
Jim Stevenson, Chief Communications Officer, HCA
Manning Pellanda, Division Director, EPSD
Mary Wood, Section Manager, EPSD
Gail Kreiger, Section Manager, HCS
Connie Bergener, HCA

Guests

Andrew Busz
Daniel Gross
Hugh Ewart
Janice Tufte

Approval of Agenda

The agenda was approved.

Approval of Minutes

Maria Nardella will send Tamarra Paradee an update to the Roundtable discussion that should be included in the minutes. Approval of minutes was tabled until next meeting.

Medicaid Expansion Update

Manning Pellanda shared the most recent enrollment numbers through MAGI. As of 8:00 a.m. January 31, 2014, there are 526,967 enrollments into Medicaid. Out of that total, 231,654 are identified as new Medicaid population. This total also includes those that have come through as continuing Medicaid through the WA Healthplanfinder portal.

The Basic Health Plan ended December 1, 2013. A great deal of work was done to get information through the system to ensure continued coverage for those 25,628 members. A number of phone calls were made and notices sent in the last quarter of 2013. As of January 2,

2014, 19,253 Basic Health adults applied for coverage through the WA Healthplanfinder portal. That means 75 percent of the population moved through the system for determination. 13,547 of that population were determined eligible for Medicaid, which is 75 percent of the total. This is not as high as we would have liked, but it was well above where we thought we would be for newly eligible adults – 110 percent. 5,706 went through the application process and went into a tax subsidy qualified health plan.

Washington was recognized in the Washington Post as being able to tell the numbers apart. 149,000 are brand new to the system.

HCA has put together a number of SWAT teams to address issues as they come up. As an example, there was an issue with adding newborns. A team was set up just to open newborn accounts whose mothers were in Aces. A HCA worker was dedicated to work with the refugee immigrant population to process their applications and get them into coverage. An error SWAT team was set up to address errors and to move those applications through the system. The numbers of issues are going down rather than up. The SWAT team for pending applications is different from the errors team.

A number of safeguards were set up to manage the phone calls that came in. Calls flooded our phone lines, which was overwhelming and difficult to manage. A fix at the Health Benefits Exchange (HBE) is in the works. Next month there will be 600 call takers at the HBE in the hopes this will give them capacity to manage call activity and move calls to us for Medicaid as appropriate. When managing calls with emails and letters, it helps us be more responsive to the Medicaid population.

Medicaid Renewals/Terminations

Mary Wood indicated we continue to track Medicaid renewals. In November and December 2013, final termination letters were sent that explained their accounts would be closed the end of December. Letters were sent 60 days ahead of the renewal date. They also received a phone call from the Department of Social and Health Services staff. Renewals were extended for one month. We continue to reinstate cases as they contact us. Over the last two weeks, we have reinstated 2,400 cases for November and December 2013. We are also extending January renewals for one month. We are sending a final letter asking them to contact us in one of three ways: call the HCA directly, email us, or tear off the bottom of their letter and return it in the postage paid envelope provided. We continue them on coverage until we can find them in the WA Healthplanfinder. We can backdate eligibility for 90 days. Five percent come back after 90 days.

A survey will go out asking for feedback on how the renewal process can be improved. Are there barriers to the process? Hopefully this will provide insight as to why people are not renewing. When the system stalls, there is a lot of manual work. Mary and her team will work with HBE on the renewal situation to understand what's happening and how it impacts the coverage system fixes we want to see in place, not only today, but moving forward for the population moving through the system without erring out. We are hoping the system will

create the outcome we need. The backlog of paper applications has been eliminated. We will continue to monitor the situation.

Mary's team did a huge amount of training in the community and will continue to refine the training. She is currently developing six topic-specific trainings that will be offered to community partners. The first training session is via webinar on February 13, 2014.

Christina Peters attended an event where the question came up about Medicaid enrollment. It appears that people aren't aware that they can enroll in Medicaid at any time and that there is no end date for enrolling.

Outreach Brainstorming Effort

Jim Stevenson sent a list of ideas for outreach strategies. We are working with the Centers for Medicare and Medicaid Services (CMS) to develop an accredited campaign that would include a financial incentive to partners. We are also looking at this from a budget perspective. This is just one thing we are looking at. Some other ideas are posters; continue to work with those we know might be eligible; PSAs in Spanish; hire a number of staff in the community to help people enroll. We also never turn down opportunities to speak about the program.

We are looking for ideas on how to meet the needs for those in the center of the state, specifically Yakima, Kittitas, Benton, Grant counties, and others where we show recruiting weakness. These are counties we should be strong in, not weak. We need to work more closely in these areas and we are hoping to get more dollars.

Other ideas from the committee today are:

Maria Nardella has concerns for the kids with special needs, their parents, and those kids when they age out. We could reach out to subsidized child care programs, vocational education programs, higher education, and special education programs at the Office of the State Public Instructor.

Ginger Kwan suggested contact with local community leaders, not the mainstream but the grassroots leaders and groups. They very often can spread the word. Media-wise, use local media like radio, newspapers, and go to the farm communities.

Joan Brewtser is doing coordinating work with three agencies. They have identified college groups as their next target. Could use help with Spanish speaking people, especially pregnant clients. More outreach in this area would be helpful. They are looking for more funds and ways to compensate the communities so they don't have to curtail their activities. More work with Community Services Offices.

Mike Hassing checked with people in his area and asked for assistance in outreach. They are facing long wait times for in person assisters who are booked over a month out. There is a fair amount of difficulty in the system and with calling into the HELP line. With the Hispanic

population, a lot of people have had enough difficulty that many are just postponing and waiting until things get better.

Claudia St. Clair will share input from Jorge and his ideas of how to reach the Hispanic influenced areas, such as face-to-face, speaking the language, and drive to places where they can enroll. There is too much emphasis on enrolling online. Suggested going to their events, such as religious-based events.

Ginger Kwan has concerns with children who have special health care needs. 125 kids in Skagit County will not be able to use the new client services. How do we deal with kids that have complex health care needs?

MaryAnne Lindeblad indicated we will also need to address issues with the WA Healthplanfinder. Individuals we're speaking about searched by qualified health care plans and it involved moving kids with needs. Health plans looking to reach out to these families. We are looking at a Smart Assignment number of things going on to help smooth out the transition.

RSN Legislation and Updates **SIM Legislation and Updates**

MaryAnne Lindeblad referenced the House Bill 2572 and Senate Bill 6228 attachments. The current version of HB 2572 is a reflection of changes that we need related to improving purchasing and following up with the State Innovation Model (SIM) grant. These are areas we need to move forward. Companion legislation was included in the Health Care Purchasing bill, and a policy brief about what we're doing to drive the care delivery system. Both the SIM and Regional Support Networks (RSN) legislation is being heard. Both are in markup and we expect there will be changes. We are working on issues with CMS on RSN contracting and first right of refusal. We are trying to keep bills as consistent as possible.

We are looking at joint procurement, regionalization of purchasing strategies, etc. *MaryAnne* suggests that folks keep on top of these bills. There is a lot of dialogue happening now, with much more to come. Know it is out there and we are working through the legislative process. Let us know if you have questions.

Claudia St. Clair met with legislators this week. One legislator indicated the companion bill wasn't necessary. If CMS says we can do it, we could go ahead.

MaryAnne Lindeblad thinks we would be better served if we had legislative authority. It's good to have the legislative debate.

Open Microphone

Michael Hassing noted that the materials included for today's meeting are more for people in urban areas rather than rural areas. He understands that these innovations are targeted for the larger populations, but the rural areas have the same issues. Often times the resources don't get there. He is always paying attention to what the plans are to work with the rural environment. He doesn't see a lot. He doesn't want rural areas to get lost in the conversation.

Gerald Yorioka asked if the goal was still to increase Medicaid up to 1.5 million with the expansion. *MaryAnne Lindeblad* indicated it would be very close to that figure and we could even exceed that number.

If anyone has thoughts or ideas on how to improve our outreach, contact Jim Stevenson.

The next meeting is face-to-face on March 28, 2014.

Meeting adjourned at 9:30.