

BAYOU HEALTH REPORTING

REPORT INFORMATION

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Health Plan Name: Healthy Blue
Health Plan Contact: Kim Chope
Health Plan Contact Email: kim.chope@elevancehealth.com
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Definitions and instructions:

- **Reporting quarter**

2nd Quarter, June 2022

- **Agenda topics**

- Introductions
- Health plan updates
- Health equity
- Member rights and responsibilities
- Group discussion – takeaways

- **Introductions**

- All attendees gave their name, title, and organization they were representing.
- Kathy Victorian, Medicaid Territory Marketing Manager, was the host for the meeting. Kathy thanked everyone for taking time to join and explained why Peter Lambousy, Director of Medicaid Marketing, was not able to attend.
- Karen Kosinski, Health Equity Director, gave the presentation on health equity. Kathy gave the presentation on member rights and responsibilities.

- **Health plan updates**

- Current total membership: 361,024 (as reported by LDH in June 2022).
- The increase in membership is due to the COVID-19 pandemic.
- The COVID-19 public health emergency (PHE) through the Centers for Medicare and Medicaid Services (CMS) and the State deemed it appropriate to suspend renewals and recertifications during that time so nobody would be in jeopardy of losing their needed coverage.
- The COVID-19 PHE has been extended to October 2022.
- The pink letter campaign has begun. If the member received a pink letter, then the address on file is correct. Those who have not received the pink letter should contact LDH to update their address.
- Notifications will be sent to members at least 60 days prior to renewal date.

- LDH announced the 2023 contract awards to all six health plans. The newest health plan is Humana.
- **Health equity**
 - Karen defined health equity as stated by the Robert Wood Johnson Foundation. “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.”
 - Karen stated that healthcare expands far beyond clinical care. Healthcare expands into every aspect of a person’s lifestyle and environment. As a managed care organization (MCO), we are being tasked with attempting to identify different types of barriers to health that our members face. The goal is to address these barriers in new ways. This includes looking at the factors that may be contributing to differences or disparities in health outcomes.
 - It’s not necessarily what we do, but how we do it. How we’re looking at our data? How we’re looking at our health outcomes? How are providers engaging members that may come from different cultural or linguistic backgrounds? How are we ensuring that we are providing fair opportunities for people to achieve their best health?
 - Health equity is a part of all these areas of operation:
 - **Healthy Blue employees:** Health equity administrator, cultural competency training, implicit bias training, employee engagement groups, and the diverse supplier program
 - **Quality improvement:** The NCQA Multicultural Health Care Distinction, the Annual Culturally and Linguistically Appropriate Services (CLAS) Evaluation, the Collateral Materials Approval Process (CMAP), and the Geospatial Mapping of Health Disparities and Equity Resources
 - **Member and provider supports:** Translation and interpretation services, inclusive member communications and alternative formats, Community Health Workers/Navigators, the “Find a Doctor” tool and Community Resources (formerly Aunt Bertha), and MyDiversePatients.com
 - **Healthy Blue elevates population health management:** Predictive modeling; inclusive of social risk; tailored clinical programs and population interventions; care coordination, including social determinants of health (SDOH) referrals; and community partnerships; alignment with state priorities; identified disparities; and stakeholder needs
 - Incorporate cultural competence and humility into all areas
 - **Data-driven approach and health equity process:** Analyze data, identify disparities, seek stakeholder input, identify impact measures, design and implement strategies, evaluate impact, and adjust interventions
 - **Priority domains:** Maternal/child health, chronic disease management, prevention and wellness, access to substance use treatment, and overdose prevention
 - **Priority populations:** Foster care, formerly incarcerated, Department of Justice (DOJ) nursing home population, members experiencing homelessness, and tribal communities
- **Member rights and responsibilities**
 - As a Healthy Blue member, you have the right to:
 - **Privacy**
 - Be sure your medical record is private. To be cared for with dignity and without discrimination. That includes the right to:
 - Be treated fairly and with respect.
 - Know your medical records and discussions with your providers will be kept confidential.
 - The right to receive a copy of your medical records (one copy free of charge). The right to request that records be amended or corrected.
 - **Take part in making decisions about your healthcare**

- Consent to or refuse treatment and actively take part in treatment decisions. You can refuse medical service or treatment at any time on religious grounds. In the case of a child, the parent or guardian may refuse treatment for the child. You have the right to participate with your practitioners to make decisions about your healthcare.
- **Receive counseling or referral services that are not covered by Healthy Blue**
- If you need counseling or referral services that are not covered by Healthy Blue due to moral or religious objections, call the Enrollment Broker. at **855-229-6848 (TTY 855-526-3346)**.
- **Receive care without restraint**
- Not be restrained or secluded if doing so is:
 - For someone else's convenience.
 - Meant to force you to do something you do not want to do.
 - To get back at you or punish you.
- **Have access to healthcare services**
- Get healthcare services that are similar in amount and scope to those given under fee-for-service Medicaid. That includes the right to:
 - Get healthcare services that will achieve the purpose for which the services are given.
 - Get services that are fitting and are not denied or reduced due to:
 - Diagnosis
 - Type of illness
 - Medical condition
- **Receive all information in a manner that may be easily understood**
- Be given information in a manner and format you can understand. That includes:
 - Enrollment notices.
 - Information about your health plan rules, including the healthcare services you can get, and how to get them.
 - Treatment options and alternatives, regardless of cost or whether it is part of your covered benefits.
 - A complete description of disenrollment rights, at least annually.
 - Notice of any key changes in your benefits package at least 30 days before the effective date of the change.
 - Information on the grievance, appeal, and state fair hearing procedures.
 - A list of your member rights and responsibilities.
- **Receive a member welcome packet at least once a year if you need it, including a copy of the member handbook.**
- **Discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.**
- **Receive information on Healthy Blue services**
- Receive information on Healthy Louisiana services, the organization, its practitioners and providers offered through Healthy Blue. That includes:
 - Covered benefits.
 - Procedure for getting benefits, including any prior approval requirements.
 - Any copay requirements.
 - Service area.
 - Names, locations, and phone numbers of, and non-English languages spoken by current contracted providers, including at a minimum:
 - Primary care providers.
 - Specialists.
 - Hospitals.
 - Any restriction on your freedom of choice of network providers.

- Names of providers who are not accepting new patients.
- Benefits not offered by Healthy Blue but that members can obtain and how to get them. This includes how transportation is offered.
- Service utilization policies.
- Request a copy of our guidelines by calling Member Services.
- Member rights and responsibilities.
- **Get information about the Healthy Blue health plan prior to joining**
- Receive information about Healthy Louisiana offered through Healthy Blue so that you can make an informed choice. That includes:
 - Basic features of Healthy Louisiana.
 - The populations that may or may not enroll in the program.
 - The responsibility of Healthy Blue to arrange care in a timely manner.
- **Get information on emergency and after-hours coverage**
- Receive detailed information on this coverage. That includes:
 - What is an emergency medical condition, emergency services, and post-stabilization services? Post-stabilization care services are Medicaid-covered services that you get after emergency medical care. You get these services to help keep your condition stable.
 - Post-stabilization rules.
 - Notice that emergency services do not require prior approval.
 - The process and procedures for getting emergency services.
 - The locations of any emergency settings and other sites where providers and hospitals furnish emergency and post-stabilization covered services.
 - Your right to use any hospital or other setting for emergency care.
- **Get the Healthy Blue policy on referrals**
- Get the Healthy Blue policy on referrals for specialty care and other benefits not given by your primary care provider (PCP).
- **Get help from LDH and the Enrollment Broker**
- Know the requirements and benefits of the Louisiana Medicaid CCN program.
- **Get oral interpretation services**
- Receive oral interpretation services. That includes the right to:
 - Receive these services free of charge for all non-English languages, not just those known to be common.
 - Be told these services are offered and how to access them.
- **Exercise your rights without adverse effects**
- Exercise your rights without adverse effects on the way Healthy Blue, our providers or LDH treats you. That includes the right to:
 - Tell us your complaint or file an appeal about Healthy Blue or the care or services you receive from our providers.
 - Make recommendations regarding your rights and responsibilities as a Healthy Blue member.
 - As a Healthy Blue member, you have the responsibility to:
 - **Learn about your rights**
 - Learn and understand each right you have under the Medicaid program. That includes the responsibility to:
 - Ask questions if you do not understand your rights.
 - Learn what choices of health plans are available in your area.
 - **Learn and follow your health plan and Medicaid rules**
 - Abide by the health plan Medicaid policies and procedures. That includes the responsibility to:
 - Carry your Healthy Blue and Medicaid ID cards at all times when getting healthcare services.
 - Let your health plan know if your member ID card is lost or stolen.

- Never loan, sell or give your member ID card to anyone else — doing so could result in loss of eligibility or legal action.
- Let your health plan know right away if you have a Worker’s Compensation claim or a pending personal injury or medical malpractice lawsuit or been involved in an auto accident.
- Learn and follow your health plan and Medicaid rules.
- Learn and follow plans and instructions for care, as agreed upon with your doctors.
- Make any changes in your health plan and PCP in the ways established by Medicaid and by the health plan.
- Keep scheduled appointments.
- Cancel appointments in advance when you cannot keep them.
- Always contact your PCP first for your nonemergency medical needs.
- Be sure you have approval from your PCP before going to a specialist.
- Understand when you should and should not go to the emergency room (ER).
- **Tell your providers about your healthcare needs**
- Share information relating to your health status with your PCP and become fully informed about service and treatment options. That includes the responsibility to:
 - Tell your PCP about your health.
 - Talk to your providers about your healthcare needs and ask questions about the different ways healthcare problems can be treated.
 - Help your providers get your medical records.
 - Provide your providers with the right information.
 - Follow the prescribed treatment of care recommended by the provider or let the provider know the reasons the treatment cannot be followed as soon as possible.
- **Take part in making decisions about your health**
- Actively participate in decisions relating to service and treatment options, make personal choices and take action to maintain your health. That includes the responsibility to:
 - Work as a team with your provider in deciding what healthcare is best for you.
 - Participate in developing mutually agreed-upon treatment goals with your doctors.
 - Understand how the things you do can affect your health.
 - Do the best you can to stay healthy.
 - Treat providers and staff with respect.
- Healthy Blue provides health coverage to our members on a nondiscriminatory basis, according to state and federal law, regardless of gender, sex, sexual preference, race, color, creed, age, religion, national origin, ancestry, marital status, program membership, or physical, behavioral, or mental disability, or type of illness or condition.
- **Takeaways**
 - Riichi Torres-Oyama, NCQA Consultant for Healthy Blue – “Our member Medicaid website doesn’t have a search bar. Our website is nice, but not user friendly without a search bar.”
 - Dr. Adeleye Ovayoza – David Raines – “We have taken on telesite. Most members don’t have cameras on their phones. Do you know of any grants or resources that can help or clients with this? Most phones are flip phones and our clients cannot utilize the telesite.”