

BAYOU HEALTH REPORTING

REPORT INFORMATION

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Health Plan Contact: Gerri Smith
Health Plan Contact Email: gerri.smith@healthybluelua.com
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- **Reporting Quarter**

1st Quarter, March 2023

- **Agenda Topics**

- Introductions
- Health plan updates
- COVID– 19 unwind
- Whole health
- Health equity
- Group discussion – takeaways

- **Introductions**

- **Member attendees:** XXXXXX, XXXXXX, XXXXXX, XXXXXX, XXXXXX and XXXXXX
- **Attendees:** Robert Blue–Healthy Blue Tribal Liaison, Daphne Woodly–Healthy Blue Marketing Coordinator, Robin Bennett–Healthy Blue Community Relations Rep, Kathy Victorian–Healthy Blue Medicaid Territory Marketing Manager, Rashad Bristo–Healthy Blue Community Relations Rep, Abigail Perkins–The Safety Place, Amy Waters–The Safety Place, Pashion Norman–Healthy Blue Behavioral Health Liaison, Peter Lambousy–Healthy Blue Marketing Director, Molly Taylor–Healthy Blue Whole Health Director, Monette Bourque–Healthy Blue Community Relations Rep, Cassie Sibenaller–Healthy Blue Marketing Coordinator Sr., Stephenie Marshall–DePaul Community Healthcare, Kolletta Davis–Healthy Blue Clinical Quality Project Manager, Elizabeth Fussell–Baton Rouge Service Lighthouse Louisiana, Gilbert Brown–Community Street Clinic SWLA, Louise Droddy–United Way NWLA, Brooke Deykin–Healthy Blue HCMS Director, Christopher Wallace–Healthy Blue Program Consultant, Brittny Soteropulos–Healthy Blue Community Relations Rep, Karen Kosinski–Healthy Blue Health Equity Director, Aleksandra Richardson–Elevance Accreditation Manager, Martha Marak–Foodbank of NWLA, Riichi Torres-Oyama–Elevance Health Accreditation Consultant, Denise Malecki–Elevance Health Public Relations Director, Tonya Hoover–Family Tree/Healthy Start, Adriene Gill–Healthy Blue Clinical Quality Auditor Sr, Eman

Williams—LA Department of Health, Susan Riehn—Families Helping Families of SWLA, Jennifer Nethers—Healthy Blue Quality Management Director, and Mary Schulthies—Crescent City WIC.

- **Introductions:**

- Peter Lambousy – Introduced himself and welcomed everyone to the 1st Quarter of the 2023 Health Education Advisory Committee Meeting. Peter stated that Healthy Blue entered into a new Medicaid contract that was signed on January 1, 2023. He mentioned that we are coming to the end of the COVID-19 period. He stated that while the public health emergency (PHE) has not officially ended, it has been uncoupled. The renewals have been in suspension for the Medicaid population since March 2020. The suspension of those renewals have been uncoupled from the PHE. It's important that members understand what that does in some situations, but not all situations – they will need to be on the lookout for renewal packets.

- **Health plan updates**

- There was a membership reassignment due to the new Medicaid contract on January 1, 2023. At that time, we went from five different health plans – there was Healthy Blue and four other health plans that were managing the Medicaid population in the State. In January 2023, an additional health plan was added, which made it six health plans in total. Since a new health plan was added, the State felt it was appropriate to reassign and redistribute membership to make it a little more fair across the board for all the health plans. In December 2022, we had 376,000 members, and the State rearranged that and took members away from some of the larger plans and gave them to the smaller plans. Our membership decreased from 376,000 to 346,000. We didn't have a say on where the members went. A large portion of that membership stayed with the plan due to chronic illnesses, pregnancy, and behavioral health issues. These groups need continuous care from the same health plan. More than 50 to 60% of members who were previously with Healthy Blue stayed with the health plan. Then, we had 120,000 new members. Members who were redistributed to us and to other plans received the treatment they required thanks to what the State did. All the plans shared claims and prior authorization data. Therefore, there was no interruption in care for the member, including any type of ongoing medication that had previously been authorized by another plan, therapies, surgeries, or any other type of visit that was previously planned. If the member was transferred away from Healthy Blue or to us from another plan, the State did allow from November 8, 2022, to March 31, 2023, that members could transfer back to or go to another plan. Seeing that the member deemed fit, the member did have a choice, they weren't just stuck.

- **COVID-19 unwind**

- COVID-19 unwind is the term everyone is using now. The term is a result of the COVID-19 pandemic that took hold of the country in March 2020. The federal government suspended Medicaid renewals, meaning that anybody that had Medicaid would be locked in and would not lose coverage. There were a few things that would deem somebody to lose eligibility – a move to a different state with the Medicaid benefit from a different plan or death – but beyond that, all Medicaid members were locked in place. This has been in effect since March 2020. The first renewals will begin July 1, 2023. Members will have to start renewing their information. They will receive a packet from the Louisiana Department of Health (LDH) to renew. What we are trying to do now is make sure members have updated address information with LDH. If not, they can send it in. Healthy Blue has a convenient form that we can send to anyone who needs one. Once completed, members with a smartphone can take a picture of the completed form and email it to LDH at MyMedicaid@la.gov. Help is available by the State or through the Member Services number on the Healthy Blue member ID Card. Our Member Services team will take address information and transmit it electronically to the State. Sixty days prior to the person's renewal, notifications from the State will begin. The State will send a packet, and they will continue to send reminders – so will Healthy Blue. We will send out calls, text messages, emails, and social media to let members know. Not all members will have to renew if the State can verify the income information from other sources. According to LDH, they were able to renew about 50% of the members after

being able to confirm their income from other sources. There is another potentially 50% that will need to confirm their eligibility. Not everyone will renew on June 30th or July 1st. The renewals will be spread out evenly across a 12-month period. The main thing to remember is to make sure to have updated contact information (address) with the State.

- Gilbert Brown of Community Street Clinic SWLA asked in the chat if there's a portal for patients/clients to use? Cassie Sibenaller replied to Gilbert's question in the chat, "Yes, there is." She provided the name of the portal, LA E&E-Self Service Portal. Peter Lambousy stated that there's actually two portals. The State has a Medicaid portal for members, and there is another portal, but Peter will have to follow up with LDH to see if members are able to access it. The more information we have to contact members, such as cell phone numbers and emails, the better. A lot of times, we see people lose their coverage because they don't receive the packet, or they don't feel a need to act on it when they do.
- **LDH Medicaid renewal: Background information**
 - In March 2020, Louisiana Medicaid changed some of its eligibility rules in response to the federal COVID-19 public health emergency (PHE). This included stopping closures for most Medicaid members.
- **The recent passage of the 2023 Consolidated Appropriations Act ends this continuous Medicaid coverage and unties member Medicaid renewals from the end of the PHE.**
 - We are preparing to send letters and renewal packets to those members where redeterminations – or more information is needed – to determine if a member is still eligible. This will occur over a 12-month time period.
 - We want everyone who is eligible for Medicaid to maintain their coverage.
 - People enrolled in Medicaid are guaranteed 12 months of coverage postpartum.
- **What DO Medicaid members need to know?**
 - Medicaid renewals are returning. It is VITAL that Medicaid members make certain Medicaid has their current contact information.
 - Make sure your contact information, including your mailing address, phone number, cell phone number, and email address is up to date so you get important letters about your health insurance coverage.
 - Check your mail and if you get a letter from Louisiana Medicaid. Read the letter and follow the instructions. The letter will almost always require you to send Medicaid documentation or information.
 - Members who do not respond to renewal letters or requests for information risk losing their coverage, even if they are eligible.
 - Changes to contact information can be made by:
 - Logging in to MyMedicaid.la.gov
 - Emailing MyMedicaid@la.gov
 - Calling the health plan using the number on your member ID card.
 - Calling Medicaid's Customer Service hotline at **888-342-6207**. Hotline help is available Monday through Friday, 8 a.m. to 4:30 p.m.
 - In-person help is also available at any of the regional Medicaid offices. For an office closest to you, visit ldh.la.gov/medicaidoffices.
 - LDH is planning a comprehensive outreach and communications campaign that will include a range of methods for alerting Medicaid members and sharing information with those stakeholders and trusted community partners that serve and support Medicaid members.
 - In addition to mailed letters, members who have shared a mobile telephone number will get text message reminders.
 - LDH will also utilize traditional paid media and grassroots outreach efforts to reach Medicaid members. This includes radio, TV, and digital advertising as well as on-site, and in-person outreach to share information with Medicaid members in familiar community settings where people gather.
 - As always, Medicaid will work collaboratively with the managed care organizations (MCOs) that provide coverage for the majority of the Medicaid population to amplify outreach and education efforts for members and those stakeholders (providers, community organizations, etc.) that serve them.

- **Important dates**
 - The first batch of renewal letters will be mailed out at the end of April and beginning of May. Members who are no longer eligible will close at the end of June 2023.
 - Mailing of renewal letters will be staggered across 12 months, and it will take 14 months to complete the redetermination process for all Medicaid members.
- **The best way to communicate to Medicaid members**
 - Common approaches – phone calls, text messages, emails, mail, social media, advertisement, and community and faith-based organizations
 - What do you think is the best way to communicate with Medicaid members?
- **Jennifer Nethers -- Overall health**
 - Jennifer asked the members on the line what does that look like when you talk to your doctor about your overall health when you're going in for a visit. Are they just addressing your sick visit needs, or do you get to have conversations about what overall health looks like even when you're not sick?
 - Member, Sharon, replied, "nope" to Jennifer's question in the chat.
 - Jennifer introduced herself as the Director of Quality. She stated that any questions she poses are really in the lens of making the healthcare system better for our individual members. Jennifer asked for any advice that the member could give, any personal antidotes, or anything the members could think of that would make life better for them?
 - Member, Bonnie asked what was the processing time for prior authorization and why does it take so long?
 - Jennifer Nethers responded, "That is a great question."
 - Member, Bonnie – "My Nucynter ER prescription was pending on February 23rd; they said prior authorization is pending but didn't get approved until the 8th of March. Y'all took care of January and February, but it expired the prior authorization prior to that expired. So, I had to get another prior authorization, and the first guy just blew me off. He couldn't find any prior authorization, so he sent me straight to Carelon Rx. He made another prior authorization for me, supposedly. Then, shortening my third conversation, but that's under the denial. You say you have a policy of sometimes continuing the medication if you know the patient is on it that long – that would be the best thing to do. I spoke to three different people and got three different scenarios."
 - Brooke Deykin – "I am the Director of Case Management. I'm going to put my cell phone number in the chat. If you don't mind giving me call when this is over, I will try to get you setup with somebody so we can connect all those dots."
 - Member, Bonnie – "Daphne has my email."
 - Brooke Deykin – "I'm having trouble hearing you." Bonnie replied, "that's because of her hearing that she thinks she's speaking loud."
 - Daphne Woodyly – "Brooke, I will forward her email address to you."
 - Jennifer Nethers – "Thank you so much for bringing up that concern because if we know that it's happening to someone who is talking with us on this call, it's happening to other members. We really want to figure out why it's happening, so we can fix the problem."
 - Brooke Deykin – "Jennifer, once we talk to Ms. Bonnie and we can get to the bottom of what the issue was, then we'll bring that up together as a group so we can solve for it."
 - Jennifer Nethers – "Thank you, Bonnie, and that's what I want to hear from all of you on this call. Even if it's just a personal experience, that's what we care about."
 - Member, Bonnie – "A 19-year history of this, and my medication has never been stopped. The technicality of this wanting everything authorized is that my primary, which has never been changed on my policy, and I don't know why didn't get the memo that she was supposed to sign. But, when I signed up with Healthy Blue, I went to the top of the top in order to keep my physician. First thing I was told, number one, I had to find only

one doctor. I don't do that. I have specific doctors I see for my neuromuscular and my sinuses. Now this month, I'll be adding my social worker and psychologist. Because of my bipolar and the psychiatrist, I'm sorry it brings me to tears. The psychiatrist that I ordered that medicine – I get it – that was part of my psych regiment, but ever since then my brain has an electrical short, and I know it's my fault because I didn't get the psychiatrist sooner. It's hard.

- Peter Lambousy – “I do understand. I've had my fair share of issues.”
- Member, Bonnie – “The whole problem is not with you guys; it's the government.”
- Jennifer Nethers – I really appreciate you being so open and raw with us. This is very helpful to hear, although heartbreaking to hear the struggles you are going through. I'm really glad that you are bringing this up because this will help us really define what we need to do. So, if you don't mind me asking, what are the biggest struggles you're seeing in getting your behavioral health treated along with your physical health? It sounds like you are really hitting some big barriers, and I want to breakdown where they are coming from.”
- Member, Bonnie – “Getting an appointment at the clinic and the health unit to see a psychiatrist and social worker. The imbalance is not helping me at all. But it could be the same thing with blood pressure medicine. Our brains are our computer system. Once your brain is put on a ventilator your heart eventually will stop because it's not receiving a signal. Does that make sense to anyone?”
- Jennifer Nethers – “That makes a lot of sense, and I hear you about the difficulty of getting appointments. That's one thing we have heard a lot of and are definitely trying to figure out ways to make that an easier system.”
- Member, Bonnie – “I challenge a lot of people. I ask them what's your definition of growth exactly. And that's discrimination against my insurance company. In Louisiana, it's difficult to get the doctor you need when you're on a Medicaid plan. We get pushed aside. Nothing seems urgent to them.”
- Jennifer Nethers – “Do you believe if you were not on Medicaid your treatment would be better?”
- Member, Bonnie – “I know it would be.”
- Jennifer Nethers – “I think this is something that everyone on this call needs to think about after.”
- Molly Taylor – Stated in the chat – “That was a PROFOUND statement.”
- Susan Riehn – Stated in the chat – “I have heard this over and over, and have had family members experience this as well, not just with mental health, but other illnesses etc.”
- Riichi Torres-Oyama – Stated in the chat – “What Bonnie is saying aligns with the survey results and PSAT results.”
- Member, Bonnie – “I just joined Medicaid September 1st, so this is all new to me. I watched my patients for years go through this over and over. I'm south of Baton Rouge; we have an emergency room and a clinic. I've been living with this for 30-plus years. I began medication at the age of 32, I'm 64 now.
- Member, Sharon – “Do you mind if I interject because I'm hearing your story, and it's really resonating with me. I actually can relate so much to what you're saying. I'm also actually bipolar, and I had a lot of difficulty finding a psychiatrist as well. I actually was in a program in California because I couldn't find one here that aligned with my needs. They were able to help me find a psychiatrist here. The same issue with your part of my release plan, if you will include a certain medication; it's kind of a crisis-mode situation. Healthy Blue is an amazing program. It's been such an amazing blessing in my life at this time because I've really had some difficulties. To have this as an option has been amazing. I really didn't know what to expect when I signed up for this program, but upon talking with my psychiatrist about different medications, I do feel that there's a discrimination on it, first of all, because I can only go to Walgreens, I can't go to CVS. So, that's an issue I'm having right now, is that part of my plan and exiting my program, which is a mental health crisis program. I'm unable to utilize that medication, and I'll love to talk to someone about and how it can benefit me and others. I don't know the procedure, but I just want to share my story.”
- Member, Sharon – “I am Sharon, from Baton Rouge, and I'm a Healthy Blue member, and probably one of the newer ones to this organization. In 2017, I had a heart attack and if it wasn't for Healthy Blue rescuing me, I'll say it like that. The journey since then has been great. I have Erica

Green, just wonderful. The team that I have of physician assistants and doctors that care for me, I have diabetes and have had it for over 20 years. The changes that you go through with diabetes, but they have been so supportive. My heart goes out to the ladies that spoke before me but my experience has been different. I sing the praises of Healthy Blue, and I'm so glad that I do have it. My case worker, when I call if I can't get her, I can leave a voicemail and she calls me back. I just thank God for you guys being a blessing in my life. My only problem that I have is that the plan that I'm under the gym membership, the coverage that I get is from a different facility that's closer to me which is the YMCA. Is there any chance of getting membership at the YMCA?"

- Daphne Woodly – Member, after the meeting today, I will give you a call with the cell number I have for you, and try to get that to you.
- Karen Kosinski – In the chat – “We sincerely appreciate this level of open sharing. I hope it comes across that Healthy Blue really is here to help. It's so important for us to understand the reality of what people are dealing with when it comes to staying healthy.
- Member, Bonnie – “I don't know who my case worker is. I'm still lost with all this. The food stamps issue, I haven't figured that out.
- Brooke Deykin – “I am going to get one of our Case Managers to reach out to you once I get that email address from Daphne. I'll communicate with you first, then I'll get one of my nurses to reach out to you to help you coordinate all your stuff. We can call the SNAP benefits together and with one of my team members to navigate and find out where the process is for you.”
- Member, Sharon – “I wanted to know about SNAP. I did try to call the line. I filled out the application and every time I would call the number, it wouldn't go through. So, I never did get through. I'm hoping to not need that benefit for much longer, but it would be very helpful in case I continue to need it.”
- Mary Schultheis – In the chat – “Please call us, **504-616-9093**, Jefferson Parish Families at ccfs429.”
- Peter Lambousy – “Thanks everyone for sharing, I know it's difficult. I wish there were so much more than words I can provide right now, but we sincerely appreciate you sharing your stories with us. It's always great to hear good things, but we can't do better if we don't hear things that aren't being done right. Sometimes, it can be difficult to share those things, but we sincerely appreciate it. You have all our emails, all the people who have Healthy Blue on here and if you need to share those emails with other people, we're here to help. You can call the number on the back of your cards, but if you can't, you can email us directly and we'll get the message to right people and make sure you get help immediately. It is your right to have that through Medicaid. It is a guaranteed right through the Medicaid program that you have the right to quality care, speedy care. It's not something that's a favor, it's your absolute right to have the care that you need.
- Brooke Deykin – In the chat – “LA1 Case Management – la1casemgmt@healthyblueela.com. If anyone needs to refer a member to needed clinical services, this is case management email address for referrals.”
- Member, Bonnie – “I've canceled a colonoscopy four times already because nobody can tell me who does the prior authorization. Not ya'll, this is just the doctor office.”
- Peter Lambousy – “Like Brooke was saying, we can help with that. I know sometimes if people don't know where to go, it can be difficult. That is one of our missions – to make sure to have meetings like this to have people inform people. To let them know they have the help and support when they need it, and that we're here for them.”
- Stephenie Marshall – “Peter, I thank you for allowing those clients to share.”
- Peter Lambousy – “I was going to ask about the best way to communicate. The important thing about the conversation we had is how to get the information out to people. There are all these different ways, but people get bombarded with phone calls from health insurance plans, telemarketers, scams, and etc. If you're like me, I'm always leery about answering numbers I don't know. If I get a text, I may read it, but with that being said, are there any thoughts or better ways to communicate with our members? Our common approaches are phone calls, text messages, emails, print mail through the U.S. Post Office, social media advertising, and we work with our community leaders and faith-based organizations. If anyone has any thoughts on the best ways to communicate, please let us know.
- Member, Sharon – “I think an app is pretty good. That's a great way to communicate everything in one place.”

- **Whole health – Molly Taylor**

- Whole health is a strategic, data-driven approach to Population Health that is focused on measurably improving members' health and quality of life.
- Whole health addresses individual member needs as their health and social circumstances change over time. Social circumstances can be issues with transportation, trouble accessing care, food insecurity, housing insecurity, job insecurity, and more.
- Population Health focuses on keeping members healthy, monitors outcomes across different settings, assists with managing multiple chronic conditions, and complex case management.
- Healthy Blue Louisiana is committed to helping our members better understand their chronic conditions, the importance of medication regimen compliance, and our care coordination available for coordinating provider visits.
- For our diabetic members, we have noticed improvement in overall blood sugar control by monitoring hemoglobin A1c levels (blood test that shows the average blood sugar levels over a 3-month period).
- Despite our members' levels trending downward, the numbers remain elevated and Healthy Blue wants to ensure we are doing everything we can to help improve our members' health.

Questions for you:

- What can we do to best help our members to understand this importance?
- Molly Taylor – “I personally believe that if there were a better understanding of the disease process; the medication involved; and not just that, but what can happen if you don't follow the medication regimen prescribed by your doctor or if you don't understand the importance of continued follow-up with your medical provider. When you hear me talk about chronic conditions and medication compliance, just look at these questions and what speaks to you.”
- What ways do you best receive health related education? What ways do not help you to understand this information?
- Member, Sharon – “I would say that I've had many doctors in my life and many psychiatrists due to my condition. Currently, my doctor is very informative as to all the things you're talking about, but I think that that's rare. I think that the other option to learn about that at this point is by doing your own research or maybe ask for a pharmacist, but I think pharmacist really overworked and exhausted, so it might not be the right situation to ask them. It's a lot of different ways people can be educated around their medications and their health. I think one is social media – is a great way for sure. Even video content you can search. Someone can search, 'this is my health condition and what can I expect.' What you are saying about how explaining the medications and what they can do in detail and especially if you go off of them what can happen. What is really important.”
- Molly Taylor – “Thanks for your feedback. Personal experience, I completely understand what you're saying. I've been there before.
- What challenges have you experienced when managing a chronic condition?
- For those who are on the line, with chronic conditions or medications that you take over and over, are you enrolled in the pharmacy delivery?
- Member, Sharon – “I think the delivery service is a great service. Half of my medications aren't able to be delivered because they're a certain schedule. I have to basically call my doctor, go to an appointment every three months, and get the prescription in person. I hope that one day this can change for someone who maybe travels a lot or if it's just difficult for them to get to where they need to be for whatever reason.”

- **Health equity – Karen Kosinski**

- **Health Equity Task Force and Maternal Child Health Equity Advisory Group**
- **Who:**

- Members, community-based organizations, providers, and Healthy Blue staff
- **What:**
 - Health Equity Task Force: Broad focus, all health issues, and social needs
 - MCH Equity Advisory Group: Specific focus on mothers, parents, and children
- **Why:**
 - LISTEN to the communities we serve
 - UNDERSTAND challenges, needs, and opportunities
 - EVALUATE our strategies and interventions
 - IMPROVE the way we do business
- **When:**
 - Health Equity Task Force:
 - Monday, March 27th, 2 p.m. to 3.p.m.
 - Maternal and Child Health Equity Advisory Group:
 - Friday, March 24th, 11:30 a.m. to 12:30 p.m.
- Karen Kosinski – “If anyone on the line today would like to participate, please let me know.”
- Member, Sharon – “Yes, amazing! I’d love to.”
- Member, Lauren – “I would like to participate.”
- Tonya Hoover – “I would like to participate in the MCH work group.”
- Mary Schultheis – “I would love to participate.”
- Riichi Torres-Oyama – “Definitely reaching out to churches, LGBTQ, and organizations.”
- What is the best way to recruit members to participate?
- Adriene Gill – “Just as you have given the overview from the community perspective, I can’t speak for the members on the line, but when it’s plain and simple, do you want to help improve women’s health, do you want to help with just knowing if we can add more access to food or transportation. When you make it like that to the community they understand it and it gets them directly to what the ask is and how they can help.”
- Eman Williams – “Are there incentives for the community to participate?”
- Peter Lambousy – “Eman, yes we do I have to work through the process. We had it established, but when we went to file it, the State came back and said we had to file it as a VAB, so we’re in the process of doing that now. In the past, we didn’t know it had to be a VAB, so we had to go through some different channels to get it taken care of. Yes, we are in the process of getting that done.”
- Advice for promoting community engagement?
- **Third Annual Racial and Health Equity Symposium**
 - Registration to open this week – open to all.
 - Addressing crime and violence: Strengthening communities for the health, safety and wellness of Louisiana families
 - Investing in communities for safety
 - Equity in behavioral health access
 - Interpersonal violence and reproductive justice
- **Takeaways**
 - Peter Lambousy – “Thank you to everyone, once again. for the wonderful feedback. This is the best HEAC meeting that we have ever had. That’s because we have our members and our community partners, especially our members, to thank for sharing their stories and informing us of things

we need to do better. We are here to help and to take any kind of criticism – any feedback that you may have – that’s our job and that’s your right to have the care that you deserve and that you need. If there’s something someone was not comfortable with or forgot, you will get this presentation and you can respond to that email to anyone of us at Healthy Blue. We will get back to you as quickly as we can. If you want, you can call the number on the back of your ID cards, and there are websites on there as well. We want to make sure you have access to us. We are here for you.”