Beneficiary Engagement Subcommittee
Status Report to the MCAC

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NC Department of Health and Human Services

10/18/2018
Beneficiary Engagement Subcommittee Report to MCAC

Agenda

I. Beneficiary Engagement Subcommittee Background
   a. Establishment
   b. Representation
   c. Meetings
   d. Subcommittee Purpose
   e. Technical Difficulties with Webcast

II. Subcommittee Accomplishments

III. Recommendations from Subcommittee

IV. Noted Concerns and Potential Risks

V. Response to Feedback
I. Beneficiary Engagement Subcommittee Background

a. Established in March 2018
b. Representation
   i. Diverse group
   ii. Twenty (20)+
   iii. Public participants
c. Meetings held - monthly April through August 2018
d. Purpose of subcommittee per the charter
   i. Recommend which entities to use for engaging beneficiaries
   ii. Provide input and recommendations on communication methods and strategies for engaging beneficiaries
   iii. Provide feedback on policy papers, requirements for PHP marketing, member materials, and design elements of the Beneficiary Support System (See Appendix)
Beneficiary Engagement Subcommittee Background (Cont’d.)

e. Technical difficulties during 2/6 sessions

- Audio problems
- DHHS actions
  - Problem corrected, no further issues
## II. Subcommittee Accomplishments

<table>
<thead>
<tr>
<th>Charter Tasks</th>
<th>Status/Date</th>
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| Review Beneficiaries in Managed Care Concept Paper                           | ✓ Reviewed concept paper  
✓ Consolidated feedback from the subcommittee and other external stakeholders. May 2018 |                                           |
| Review recommendations for operations of Beneficiary Support System (i.e. PHP Member Services, Enrollment Broker, Ombudsman Program) | ✓ Discussed Beneficiary Support System components June 2018  
✓ Subcommittee members offered edits to Beneficiary Fact Sheet issued with the PHP RFP August 2018 |
| Address strategy and methods for engaging beneficiaries                     | ✓ Beneficiary Engagement and Communication Strategies evaluated July 2018  
✓ Beneficiary Communications Approach validated August 2018                     |
| Discuss strategy for communicating with beneficiaries                       | ✓ Beneficiary Engagement and Communication Strategy/Approach initial thoughts June 2018          |
| Review marketing and member materials                                        | ✓ Reviewed PHP Marketing and Member Services requirements June 2018                           |
III. Subcommittee Recommendations

- Ongoing and frequent meetings
- Communication with beneficiaries
  - Simple messages early
  - Utilize style of 2017 communication and distribute widely
  - Involve associations early
  - Involve non-traditional partners
  - DHHS look at the communicate methods given complexity of transformation
  - Ensure consistent messaging across PHPs, EB, DHHS
  - Engage media i.e. PSAs
  - Community specific
  - Target small groups
- Make PHP/EB performance information available to beneficiaries
  - Need for transparency – beneficiaries must have information on PHP performance so they can make wise choices
- Address language translation and interpretation requirements
- Ensure managed care vendors provide EPSDT education
- Additional BH/IDD and CFAC representation needed
Subcommittee Recommendations Cont’d

- Consider PHPs’ ability to meet network adequacy standards
  - Change PHP position in algorithm hierarchy if request an exception to network adequacy standards
- Need strong behavioral health choice counseling
- Provide proactive education on network adequacy standards and beneficiary rights to go out of network
- Enrollment Broker’s PHP selection tool needs to include information on clinical coverage policies for each PHP
- Ombudsman
  - Should not have access to beneficiary specific data
  - Use consistent mechanisms to share information with referral entities
  - Provide periodic public reports
IV. Potential Risks/Noted Concerns

- Providing right amount of and timely support to beneficiaries
- HIE
  - Connectivity issues,
  - Communication between EB, PHP and providers
  - NC Fast changes (reference 2013 launch)
- Enrollment Broker
  - Timing and useable Provider directory tool
- DSS
  - Physical presence in offices
  - Reporting mechanisms if DSS staff impacted by EB negative performance
  - Workflow from DSS to EB
  - Approval or denial of non-clinical with cause disenrollment requests
- DSS Staff training – impact of transformation on DSS operations
- Clarity on role of DSS, EB, Ombudsman
  - Avoid beneficiaries being stuck in a whirlpool between PHP, EB, DSS, Ombudsman
- Address PHP marketing and outreach which may keep the outreach from being meaningful
- PHP initiated disenrollment – preventing adverse outcomes for beneficiaries
Potential Risks/Noted Concerns Continued

- Interpretation/Translation include
  - Language translation
  - ASL
  - Visual aids
  - Other forms of translation
  - Identify which information need to be available in Spanish
  - Ensure translation occurs timely
DHHS Response to Recommendations

• Integrated into PHP RFP

• Integration into Enrollment Broker implementation

• Leverage subcommittee to:
  − Provide feedback on required tasks for beneficiary engagement plan
  − Complete specific review of materials prior to finalization i.e. notices

• Continue to consider:
  − Program design, federal and state laws or regulations, and program goals and priorities
  − Subcommittee and external recommendations and feedback for incorporation into policy or standards over time
APPENDIX
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<thead>
<tr>
<th>Slot Represented</th>
<th>Proposed Individual</th>
<th>Company/Affiliation</th>
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<tbody>
<tr>
<td>MCAC</td>
<td>Marilyn Pearson</td>
<td></td>
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<tr>
<td>MCAC</td>
<td>Jenny Hobbs</td>
<td></td>
</tr>
<tr>
<td>Individ. Practice/Group</td>
<td>Danielle Cole</td>
<td>Triad Adult and Pediatric Medicine</td>
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<tr>
<td>Hospital</td>
<td>Ruth Zyry</td>
<td>Mission Hospital</td>
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<tr>
<td>Beneficiary/Family Member</td>
<td>Lori Brigman</td>
<td>Family Member of child on CAP C</td>
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<td>Provider Associations</td>
<td>April Morgan</td>
<td>NC Community Health Center Association</td>
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<td>Local Health Departments</td>
<td>Chris Dobbins</td>
<td>Gaston Co. Public Health</td>
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<td>Academic/University</td>
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<td>Health Care policy</td>
<td>Brendan Riley</td>
<td>NC Justice Center</td>
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<td>Heath Policy Expert</td>
<td>David Richardson</td>
<td>Retired</td>
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<tr>
<td>Other</td>
<td>Debra Farrington</td>
<td>DHHS</td>
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<tr>
<td>Other</td>
<td>Sharon McDougal</td>
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<td>Sandra Terrell</td>
<td>DHHS</td>
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<tr>
<td>Other</td>
<td>Mary Hooper</td>
<td>I2i formerly NC Council of Community Programs</td>
</tr>
<tr>
<td>Other</td>
<td>Willona Stallings</td>
<td>NC Get Covered</td>
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<tr>
<td>Consumer Advocate</td>
<td>Carla Obiol</td>
<td>Care4Carolina</td>
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<tr>
<td>Consumer Advocate</td>
<td>Karen Kranbeuhl</td>
<td>Attorney, Social Worker</td>
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<tr>
<td>Consumer Advocate</td>
<td>Ames Simmons</td>
<td>Equality NC</td>
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<tr>
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<td>Timothy R. Biggerstaff</td>
<td>Family Member/Consumer/RHA</td>
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<tr>
<td>Beneficiary</td>
<td>Bonnie Foster</td>
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<tr>
<td>LME-MCO</td>
<td>Christina Dupuch</td>
<td>Vaya Health</td>
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Charter

• Review Beneficiaries in Managed Care concept paper and comments received

• Review recommendations for operations of Beneficiary Support System; i.e., PHP member services, Enrollment Broker, Ombudsman

• Address strategy and methods for engaging beneficiaries
  – Identify new engagement methods
  – Evaluate and make recommendations for leveraging existing bodies; i.e., Consumer Family Advisory Committee

• Discuss strategy for communicating with beneficiaries

• Review marketing and member materials