

## Children's Health Insurance (CHIP) Advisory Council Meeting Wednesday, June 21, 2017 Meeting Summary

<b>COUNCIL MEMBERS PRESENT:</b>	<p>Abington Health – Dr. Stephen A. Shapiro          Capital BlueCross – Jennifer Foerster          Children's Hospital of Pittsburgh – Dr. Steven G. Domico          Department of Human Services, - Delegate for Secretary Ted Dallas, Jenifer DeBell          Pennsylvania Insurance Department – Delegate for Commissioner Teresa Miller, Seth Mendelsohn          PA State Senator – Delegate for Arthur L. Haywood III, Lina Walters          United Healthcare – Delegate for Jason Selig, Nikki Bayby          Department of Health – Delegate for Secretary Dr. Karen Murphy, Loren Robinson</p>
<b>COUNCIL MEMBERS ABSENT:</b>	<p>PA State Representative – Marquerite Quinn          PA State Representative – Vanessa L. Brown          PA State Senator – Robert B. Mensch          Parent Representative – Cathy Cortijo</p>

**CHIP Staff:**

Lisa M. Watson, Acting Executive Director  
 Marcy Domen, Director of Policy and Planning  
 Richard Chesek, Director of Operations Support  
 Virginia Perry, Director of Quality Assurance

The CHIP Advisory Council meeting was held on Wednesday, June 21, 2017, in the Clothes Tree Conference Room (12-48), Commonwealth Towers, 303 Walnut Street, Harrisburg, PA 17101. The above-named Council members and CHIP staff were in attendance or participated over the phone via Webinar. The meeting began at 10:04 a.m. and ended at 11:25 a.m.

### Welcome and Introductions:

Lisa Watson, Acting Executive Director of CHIP, introduced herself and opened the meeting by expressing her gratitude to those who were in attendance. Ms. Watson then asked all attendees to introduce themselves. Ms. Watson briefly stated the importance of the meeting, to provide updates about CHIP, have meaningful policy discussions, and provide a forum for individuals to provide input and ask questions.

### CHIP by the Numbers:

Richard Chesek, Director of Operations with CHIP, discussed how overall enrollment has continued to rise steadily from May 2016 to May 2017, explained how Unemployment Rates contributed to the decline in enrollment for some rural counties, and discussed the importance of continuing to monitor increasing and decreasing enrollment for the purposes of outreach. Mr. Chesek concluded by briefly discussing application handling times, the importance of identifying aging applications, with the overall goal of refining how processing data is analyzed.

### Policy Changes:

Marcy Domen, Director of Policy and Planning with CHIP, discussed CHIP's call center metrics from January to mid-May 2017. Ms. Domen then gave a brief overview the impact of the Health Care Hand-shake (the process of transferring calls from Medicaid to CHIP) had on data, and discussed how Issues Sheets (inquiries from CHIP members), are being used to determine system problems and contractor and member issues and concerns, allowing CHIP to track improvements.

Ms. Domen discussed the benefits of CHIP moving to DHS Connect, a new phone platform in late summer of 2017, with a major goal of improving language barriers for CHIP recipients and members.

Ms. Domen advised of current and future plans to use call center staff for the following initiatives:

1. Outreach to verify network advocacy of contractors
2. Assisted with Express Lane Eligibility (ELE) Projects
3. 1095-E undeliverable mail processing
4. Outreach to families regarding the Subsidized School Lunch Form.

Ms. Domen concluded by discussing the Express Lane Eligibility (ELE) Initiative and the benefit of CHIP making families better aware of the role of Community Partners.

Quality Assurance Updates:

Virginia Perry, Director of Quality Assurance with CHIP, identified the two Performance Improvement Projects (PIPs); lead and developmental screening, and discussed future plans to work with other Commonwealth departments and CHIP contractors to determine which form of lead testing was the preferred method, and developing different informational marketing products for members and their families. Ms. Perry then discussed the effects of the CMS Final Rule, which requires the MCOs be enrolled in PROMISE by June 30, 2017 and for CHIP providers be enrolled by December 31, 2017.

Ms. Perry concluded by overviewing and discussing CHIP's plan to reinstitute Contract Monitoring and On-Site Visits, with the primary purposes being to:

1. Determine compliance with CHIP requirements
2. Discuss areas of concern that CHIP has with the contractor
3. Review the quality of service contractors are providing to enrollees
4. Determine accessibility to the providers
5. Learn the MCOs processes
6. Determine enrollee trends

General Updates:

Ms. Watson provided the contact information for the new Administrative Officer with CHIP, Crystal Polite, and the upcoming Advisory Council Meeting dates.

Closing and Wrap-Up:

Ms. Watson closed the meeting by thanking everyone for participating.

## Advisory Council Meeting June 21, 2017 Question and Answer Summary

1. Has the actual analysis been done to prove in these counties where decreased enrollment is occurring, that the enrollment in Medical Assistance has increased?

**Answer** – This is some of the information that we are still looking into.

2. If Medicaid resources begin to become limited, then what?

**Answer** – Analysis will be incorporated in the next meeting.

3. Does Processing Time metrics take into consideration applications that were first sent to Medicaid, but after further investigation were determined to be for CHIP?

**Answer** – No it does not. Day one starts when the application is received by CHIP.

4. In regards to CHIP moving to the new platform, DHS Connect, what would consumer see that is different?

**Answer** – In regards to CHIP, the consumer will not see any change or difference.

5. With DHS Compass, will this new system be able to capture metrics regarding Compass Application times, paper applications, or some other form that customers use to apply?

**Answer** – With IT Transition, and CHIP moving into eCIS, there will no longer be a referral from MA, so there will only be one system and be able to capture all data from the different sources. CHIP can currently pull out how different applications are received, but not from the phone system.

6. From a human factor, when families call in, will they still have an option to talk to staff?

**Answer** – Yes; the human component will always be there for the members.

7. Have you been able to gather information from Call Center data to be able to use for marketing or other campaigns?

**Answer** – Yes; using data to take a closer look at marketing would be a great idea.

8. Does CHIP have staff that goes out in the field to do outreach and what other type of outreach does CHIP do? Does CHIP have other outreach other than commercials?

**Answer** – Yes; CHIP has a contractor that has done outreach over the last year, and we have an additional RFA out to have another contractor come one to do additional outreach. CHIP's press office has also gone out to different events that they have been requested to appear at. CHIP has also had staff go out to do outreach.

9. Do you reach out directly to providers for network adequacy?

**Answer** – Yes we do. As part of the onsite monitoring process, the Office of CHIP (OOC) Call Center staff are reaching out to providers to verify the accuracy of the provider network information provided by the CHIP Contractors. The OOC Quality Assurance staff will discuss those findings with the MCO contractors during the onsite monitoring visits.

10. Has CHIP ever thought to use the Contractors as a method of outreach, maybe host a Lunch-&-Learn and collect data from them?

**Answer** – No; but I think that is a great idea and that we should consider it.

11. What is the timeframe from between when the post cards will be sent out and when the calls will be made for the ELE initiative?

**Answer** –The Pelican unit mailed reminder postcards to the non-responsive families; all postcards were mailed by March 5. Phone outreach began on March 7 and lasted until April 6.

12. Has the Compass website been streamlined? Is the number of individuals who are using Compass as a way to submit applications an indication that the numbers are going up or that people are using other methods more to apply?

**Answer** – Improvements are constantly being made and the number can indicate either scenario.

13. Compass was really hard to get into, is it still that way?

**Answer** – We have always had a number of challenges with Compass. On the MA side, they have applied for a grant which they plan on using funds from to streamline Compass.

14. Will the lead brochure be posted on CHIP's website?

**Answer** – Yes it will be.

15. It is my understanding that MA covers field testing but CHIP does not, is this something CHIP can review to incorporate as a covered benefit in the future?

**Answer** – That is something that we can look at, however there is the cost that would have to be considered.

16. Can you indicate why the processing times for January and February were so high and if it was due to open enrollment were additional staff added to compensate?

**Answer** – Yes that is why processing times were higher. CHIP and MCOs adjust staffing levels for open enrollment season.

17. Is there a schedule for the On-Site Visits?

**Answer** – Yes, all contractors will be informed.

18. Is it the MCO's responsibility to have the Provider enrolled?

**Answer** – It is the responsibility of the MCOs to ensure they are communicating the enrollment process to their network providers on an ongoing basis. A transmittal will go out outlining the application process for the provider. The transmittal includes a provider letter that the MCOs should distribute to the providers.

19. Do we have enough resources to handle 176,000 children?

**Answer** – At this current time; yes. CHIP will continue to monitor the contractor's provider network and the expectation is for the MCOs to monitor their provider networks regularly.

20. If a provider is already enrolled in the PROMISe system, do they need to enroll again?

**Answer** – No, they do not.

21. What is PROMISe and what does it do?

**Answer** – There is no benefit for the CHIP contractors, but for the MA side, providers can receive payments for services. The CMS Final Rule states that the CHIP providers must be enrolled, so PROMISe is the avenue by which the providers will be enrolled to ensure compliance.

22. What standards is CHIP using to determine network adequacy?

**Answer** – CHIP is currently relying on the Department of Health's analysis of the networks for the CHIP MCOs. Network adequacy is run by the Department of Health and they use Act 68 as their guideline. CHIP will be taking on a more active monitoring role in determining the adequacy of the contractors provider networks. Discussions are occurring on what additional measures and processes need added to CHIP so that all standards are being followed. Currently the majority of the work is done by the DOH.

23. Are MCO PROMISE ID's assigned by zone or per contractor?

**Answer** – Each MCO will have a different number and it is not assigned by zones.

24. Is there a letter that will be addressed to the families to inform them of the process involving Provider enrollment?

**Answer** – It is not CHIP's intent to send out a letter and unnecessarily alarm the families. No one should be surprised on the contractors or CHIP's side which Providers have not been enrolled. CHIP plans to monitor this moving forward to the December 31<sup>st</sup>.

25. Is the Provider enrollment for dental providers?

**Answer** – All providers.