

Report on
Elderplan FIDA Participant Advisory Committee and Feedback Session
June 24th, 2016, 10:00 a.m. – 1:00 p.m., Brooklyn, NY

Elderplan conducted a combined Participant Advisory Committee and Feedback Session (which we referred to as a Town Hall) for our FIDA Participants on Friday, June 24, 2016. The meeting was held at Menorah Center for Rehabilitation and Nursing Care in Manhattan Beach, Brooklyn (part of the MJHS family). A conference line was also made available for all participants who preferred to dial-in.

ELDERPLAN FIDA TOWN HALL MEETING

The event was designed to educate, engage and obtain feedback from Elderplan FIDA participants. Each of the covered areas concluded with Q&A and discussion. Topics included:

- Brief overview of the benefits offered by our FIDA plan, including any benefit changes
- Presentation on fall prevention
- Valuable information on the uses of the emergency room versus urgent care
- Recap of the Plan's performance to date
- Feedback Session/Open discussion. Participants were encouraged to ask additional questions or offer comments about their experiences with Elderplan FIDA.

Midway through the Town Hall, we took a Chair Yoga break. Lunch was served at the conclusion of the session.

As follow up to the discussion about the new benefits for participants, OTC Mobile was available onsite. They will be Elderplan's vendor for managing the OTC benefit for FIDA Participants starting July 1, 2016. OTC Mobile representatives were available after lunch to provide an overview of eligible items, as well as a tour of the van. Participants with remaining balances on their OTC card were able to purchase items in the van; those who did not have any funds remaining were able to pre-order items in advance of their July 1st replenishments.

Logisicare, Elderplan's transportation vendor, was also represented at the meeting. They were available to answer Participant questions directly and to coordinate transportation to and from the Town Hall.

Simultaneous Interpretation

In order to make the Town Hall sessions more inclusive, Elderplan piloted in-person simultaneous interpretation at the June 2016 Town Hall. Simultaneous interpretation is a specialized area of translation requiring accurate and complete oral translation, occurring at the same rate of speech as the speaker, with only a few seconds of lag time.

In order to achieve this, Elderplan hired the services of a company that provided the translation equipment, the interpreter, and a technician who set up the equipment at Menorah on the previous day and were available to troubleshoot during the meeting. Spanish-speaking participants were given headsets to listen to during the presentations. The volume of the headsets

could be adjusted to the Participant's comfort level. Feedback obtained from the Participants immediately following the meeting about the simultaneous translation was positive, in terms of the ease of use and the quality of the translation. Elderplan staff observed that there was significant participation from its Spanish-speaking attendees and attribute the headsets with facilitating the conversation.

Recruitment of Participants

Elderplan was highly committed to recruiting participants for the Town Hall session. Invitations were mailed to the homes of all Elderplan FIDA participants 3 weeks in advance of the meeting. Spanish speaking members received their invitations in Spanish and the Call Center conducted proactive outreach.

One week prior to the Town Hall, Elderplan had successfully recruited 20 Participants:

- 15 participants agreed to attend the meeting in-person:
 - 3 participants delegated family members to attend on their behalf
 - 1 participant asked for a family member to accompany them to the meeting
 - 11 participants requested to attend with their aides
- 5 participants requested the opportunity to dial-in

The 20 participants accounted for approximately 7% of our membership. They represented all five Boroughs of NYC. 5 participants had previously attended at least one PAC session in 2015. Transportation was offered to all Participants or their delegates and an accompanying home health aide.

Attendance

Given the age and frailty of many of our participants, there was a significant falloff in actual attendance. On June 24th, 7 FIDA participants were represented:

- 5 participants attended with their aides;
- The daughter attended on behalf of a sixth;
- The husband and aide accompanied the seventh.

The Town Hall attendees came from the Bronx, Brooklyn, Manhattan, and Staten Island. 3 attendees spoke Spanish and 4 spoke English; six were women. 3 of the 7 participants had attended or sent a delegate to attend previous Town Halls.

THE PROGRAM

Introduction

Diane Ashley, Vice President from Elderplan, welcomed everyone to the Plan's third Participant Advisory Committee meeting and introduced the panel members from Elderplan.

At the start of the program, Participants were given a brief history of MJHS, how Elderplan was one of the original social HMOs and how the organization continues to carry on a tradition of compassion, dignity and respect first established by the Four Brooklyn Ladies when they founded MJHS in 1907. Attendees were also told about HomeFirst, Elderplan's managed long term care plan. Many Participants acknowledged awareness of HomeFirst, as they were former

members of the plan. One member acknowledged that she had been transferred from HomeFirst to Elderplan FIDA.

Before proceeding with the program, participants were encouraged to ask questions and share their thoughts at the conclusion of each section of the program. Spanish speaking participants were encouraged to provide feedback if the use of the headset devices were not working.

FIDA Benefits and Services

Frank Polanco, Vice President from Elderplan, explained the benefits offered by Elderplan FIDA. Specifically, this included having a comprehensive benefit package that coordinates Medicaid, Medicare, home and community-based services; 90-day transitional care; an interdisciplinary team (IDT); behavioral health and substance abuse coverage; a focus on self-direction and member participation; and an integrated appeals and grievance process and the availability of Ombudsman resources. Furthermore, there was an emphasis on the no-cost services that Participants should take advantage of, including PCP visits, transportation to a doctor's office, specialist care, preventive screenings, and eye, dental and hearing exams.

The Over-the-Counter (OTC) benefit was discussed, starting with the observation by Elderplan that utilization varied greatly among the Participants, including those who have not even activated their cards. Several attendees reported being active users of their cards. The opportunity was given to Participants to who have not activated their cards to speak with Elderplan staff members so they can assist them with accessing this important benefit. There was also a discussion on upcoming changes to the OTC benefit, effective July 1st. The benefits will now be managed by a vendor called OTC Mobile.

At this point in the conversation, a Participant asked about the frequency of the benefit, which transitioned into a broader explanation of the benefit as a whole. Participants will receive \$150 every quarter to spend on eligible items. Participants can obtain items through 3 different methods; by calling and placing an order through OTC Mobile's call center, ordering online, or visiting a OTC Mobile van parked in selected neighborhoods.

When asked if Participants would prefer to have their items shipped directly to their homes rather than making a trip to the store, one Participant's delegate expressed appreciation. However, a Participant stated their preference for going to a store and being able to browse and select items from any number of stores. There were subsequent comments that voiced concerns over the changes. One Participant wanted to know about what types of items you can purchase using the card, and if this list is available in Spanish; Elderplan confirmed they can receive it in their preferred language. Another Participant took the opportunity to express their satisfaction with the current OTC benefit and that they prefer going to the store to purchase items rather than using the telephone for purchase, as well as the transportation benefit, which promoted another participant to express her unsatisfactory experience with transportation.

At this point in the discussion, Elderplan introduced Elaine Trizulino, a representative from Logisticare, Elderplan's transportation vendor, who will be available to speak with members about their particular situation during the break.

Participants were asked if they had any more feedback to give on the OTC benefit or other benefits, or if they have any questions or comments they would like to share. No one had additional questions at the time.

While the Benefit portion of the presentation concluded at this point, further feedback was received about the proposed OTC benefit change after the Town Hall. As a result of the feedback obtained from the Town Hall, as well as feedback received from Participant Services, Appeals and Grievances and Care Management, a decision was made to pull back the implementation of OTC Mobile to administer the OTC benefit until a more thorough investigation of member preferences in how to access the benefit was determined.

Elderplan FIDA Performance Update

Felicia Dyer Johnson, Senior Vice President discussed the plan's performance for 2016. As of June 2016, Elderplan had 288 enrollments in the FIDA plan with 25 disenrollments since the start of the New Year.

In addition, there were 8 FIDA-related appeals during the period and 8 grievances during the first quarter of 2016. 3 of the 8 appeals were based on PCW services, and 5 of the 8 grievances were also related to PCW services.

Participants were also informed that there is a dedicated staff member within Elderplan to address any complaints, so participants should feel free to bring forward any issues that may arise during their enrollment.

2016 Quality Improvement Project: Reducing the Risk of Falls

Josephine Frisari, Director from Elderplan discussed the Plan's initiative to reduce Participants' risk of falls, as 1 out of 3 people aged 65 or older fall each year. 1 out of 5 falls result in serious injury such as broken bones and head injury. Over 700,000 people are hospitalized each year. 2.5 million people go to Emergency Rooms as a result of injuries from falls.

Risk factors for falling include difficulty with walking and balance; vision problems; weakness in the lower body; use of multiple medications or medications used to treat depression, sleep disorder, and high blood pressure; Vitamin D deficiency; foot pain or poor footwear; and home hazards such as cluttered areas and throw rugs. The risk for falling increases as the number of factors a person has increases.

Elderplan is helping participants prevent falls a number of ways. Assessment Nurses identify each participant's fall risk during the in-home evaluations. A Care Manager will also contact participants to discuss their level of fall risk and may send referrals to see a podiatrist, ophthalmologist, physical therapist or other specialist. Elderplan will also conduct a review of medications.

Participants may also take measures on their own to decrease fall risk. Participants can consult with the Plan's pharmacist or their PCP to discuss any concerns they may have about their level of risk. Participants can do strengthening exercises, clear their home to reduce the number of items they can trip over, and use of nightlights. At the end of the program, Participants were given

free nightlights to install in their homes to reinforce the points that were discussed during the presentation.

Healthy Break: Chair Yoga

Dr. Rene David Alkalay, from Genesis Tree of Life conducted the Chair Yoga session. This provided a relaxing break for the FIDA Participants, their guests and aides, the Ombudsman, and the Elderplan staff. Feedback from caregivers and participants was positive.

How to Use Urgent Care & Appropriate Use of the Emergency Room (ER)

After the break, the program focused on appropriate uses of the ER and Urgent Care. Dr. Melissa Miller, AVP of Elderplan's Medical Affairs began the presentation by asking the group if they have recently been to the ER and to describe their experience. One staff member described going to the ER for their child, as they were referred to the ER by their PCP. A Participant described being hit by a car and having to go to the ER. These two examples were illustrations of correct and appropriate uses of the ER. Participants and staff alike are encouraged to utilize the ER for cases like these; however, a large national survey found that 56% of ER visits are unnecessary, and overuse is on the rise across all groups.

There was a discussion about the impact of overusing the ER. One impact is long wait times; the average wait time is about 4 hours, which can be attributed to overcrowding as a result of overuse. The ER doctors are oftentimes unaware of the particulars of a person's medical history; this can result in unnecessary testing that may be invasive and painful, may take up a lot of time, and ultimately are not helpful. In addition, any information shared with participants at the ER will mostly likely not be communicated back to the PCP, which makes coordinating care difficult.

ERs should be utilized for life-threatening issues or those that will result in permanent disability if not treated quickly. They include having troubles breathing, bleeding heavily, circulatory or neurological issues, sudden drooping on one side of the face or body, cardiac problem, high fever with a headache and stiff neck, coughing or vomiting blood, vomiting or loose stools that do not stop, poisoning or overdose of alcohol or drugs, or suicide or homicidal thoughts.

While visiting the ER is sometimes necessary, urgent care centers are an additional resource for participants. They are available to address minor, non-life threatening conditions such as: minor cuts, strains, sprains, migraine headache, falls, low-grade fevers, limited skin rash, minor burns, minor eye irritations, minor allergy symptoms, flare of known chronic conditions, UTI, dehydration, cellulitis, among others.

Elderplan also has a 24/7 nurse advice line where participants can speak with a medical professional to determine what type of care is most appropriate for them. Additional resources include Elderplan Participant Services, who will be able to assist participants or who can help connect participants with their Care Manager.

Feedback Session/Open Discussion

Participants, their family members and home health aides were asked if they had any additional questions or comments they'd like to share.

A participant asked Elderplan why they were not affiliated with Brooklyn Hospital. This has made it hard for the participant to see the doctor that they prefer. Elderplan representatives stated that during the lunch break, a staff member will meet with the participant so they can obtain the name of the doctor, and Elderplan will see if it will be possible to get this doctor to join Elderplan's network.

A participant's delegate had a question about transportation. They gave feedback that the Participant has to wait 2-3 hours after their appointment in order to get a ride back home. Ms. Trizulino from Logisticare stated that while a typical pick up window is 90 minutes, this can be lessened if the pick-up time is arranged in advance. Elderplan staff asked if the Participant or the delegate had called our Participant Services department when they had this issue; they stated that they had not. Elderplan thanked the delegate for providing this feedback and encouraged the participant and all attendees to reach out to Participant Services about this and other types of issues in the future. That is because Elderplan will not be able to fix any issues if they are not aware of it. Participant Services and open forums such as this Town Hall represent the many ways that Participants can provide feedback about the services they are receiving, and their feedback will be used to drive improvement projects moving forward.

This discussion led to another Participant to ask if they can receive a MetroCard rather than receive a car service to get to their appointments. The participant was referred to a staff member, who will follow up with the Participant about how they can make those arrangements.

Another participant asked about the status of supplies they ordered, as they have not yet arrived; Elderplan Care Managers, Michelle McCammon and Frank Multari was onsite at the meeting and was asked to follow up with the participant during the break.

Conclusion of Program

At the end of the program, Elderplan invited Ms. Anne Kelsey, FIDA Ombudsman and staff member at ICAN to speak briefly to participants about the services offered by the Ombudsman office. Ms. Kelsey reported that Ombudsman offices can assist participants in reviewing their needs, including picking a plan. Participants were also encouraged to write down the FIDA Participant Ombudsman contact information:

FIDA Participant Ombudsman
1-844-614-8800
Monday – Friday from 8:00 AM to 8:00 PM
Online: icannys.org

In closing, all participants were thanked for choosing Elderplan FIDA and for traveling to attending the Town Hall Meeting. Participants were given the contact information for Elderplan FIDA Participant Services:

Elderplan FIDA Participant Services
1-855-462-3167

TTY: 711
8:00 AM to 8:00 PM, 7 Days a Week

Lunch and Informal Conversation

Members of the Elderplan panel and staff joined the participants for lunch. During this time, Elderplan staff followed up with the members who had voiced any concerns during the presentation. We also had the opportunity to discuss what participants liked about Elderplan FIDA. At the conclusion of the Town Hall meeting and lunch, all participants were provided transportation so they would be escorted safely back to their homes.