



Participant Advisory Committee (PAC) Meeting Minutes

Date: Wednesday, June 26, 2019

Time: 11:00 AM – 1:00 PM

Co-Chair: Michelle Murphy

Co-Chair: Maritza Padua

John F. Street Community Center

1100 Poplar Street

Philadelphia, PA 19123

Agenda Item	Owner(s)	Discussion	Action Steps
Call to Order	Michelle Murphy	The meeting was called to order at 11:26am	
Welcome and Introductions	Maritza Padua	The group was welcomed to the Keystone First Community HealthChoices (CHC) Participant Advisory Committee (PAC) meeting. Introductions of committee members followed.	
What is a Participant Advisory Committee	Michelle Murphy	PAC purpose, roles, and responsibilities were discussed. KF-CHC PAC charter was reviewed with the group. We are open to topic suggestions.	
CHC Overview What is the difference in coverage and services	Michelle Murphy	Michelle Murphy, Director of Pharmacy reviewed the Keystone First Roadmap of Benefits for Community HealthChoices. The Roadmap detailed specifics regarding: <ul style="list-style-type: none"> - ID Cards, appointment reminders, how to change your doctor, LTSS and Service Coordination. <ul style="list-style-type: none"> o ID cards are a confusing area—different cards: Access/Medicare/ Part D card, etc. The suggestion 	



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		<p>is to always present all of your cards to ensure you aren't missing out on any benefits.</p> <ul style="list-style-type: none"> ○ Tonya Moody, VP of Keystone First VIP Choice added—if you are aligned with our Medicare plan—your card will have both logos on the card. - The Roadmap also outlined Pharmacy, Dental, Service coordination, Nursing Home transition and Behavioral Health. <ul style="list-style-type: none"> ○ Participant explained that he does not have any issues with his medications but has had some issues with his wheelchair. <ul style="list-style-type: none"> ○ Pattie Wright, LTSS Plan Administrator explained that a mailer just went out that should address those concerns. 	
KF VIP Choice Medicare Advantage Plan	Tonya Moody	<p>Keystone First VIP Choice is a Medicare Advantage Plan - Part A, Part B, Part C and Part D. You must have Medicare Part A and B to qualify. No co-payments, no monthly premium, strong provider network. Competitive formulary, script co-payments: \$0-8.50 depending on eligibility—most do not go over \$2.50. Exception program for drugs not on formulary: Case by case basis. No deductible for Part D. Hearing benefit - \$1,000 allowance will get you one hearing aid. Vision \$200 limit and dental preventive no co-payment \$1,000 limit. Education/Wellness benefit. 30 one way trips for transportation.</p>	
Contact Center Frequently Asked Questions	Vladimir Azocar	<p>Contact Center discussed Frequently Asked Questions (FAQ) trends. These questions include topics such as:</p> <ul style="list-style-type: none"> - Choosing a PCP - Medicare VS AmeriHealth and which is primary 	Contact center FAQ to be discussed at next meeting



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		<ul style="list-style-type: none"> - How CHC affects Medicare - How to utilize CHC benefits - Transportation 	
Round Table	Group	<p>Received feedback from a Participants:</p> <ul style="list-style-type: none"> - Disability discussion: from the effective date of disability until 2 year point you are eligible <ul style="list-style-type: none"> a. Medicare - can receive % for low income subsidy which will determine what you pay for scripts – Tonya – everyone should call Social Security to see if you are eligible - Trouble receiving scripts for cotton balls, swabs, etc. for participant care – have provider network support that can reach out to physician office to educate. <ul style="list-style-type: none"> b. Most Medicare plans have an over the counter catalog with materials. Participants/Aides can call contact center and have the items sent to you. c. The catalog often includes over the counter medications (vitamins, minerals, cough and cold), bandaids, diapers, ect. d. The process to obtain what is in the catalog will vary by the Medicare plan e. Keystone First VIP offers \$70 towards the catalog per quarter— each plan differs. <p>2. POA Discussion:</p> <ul style="list-style-type: none"> a. POA needs to be notarized will be attached to files. b. KFCHC will also have to fill out paperwork 	2. POA discussion at next meeting



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		<ul style="list-style-type: none"> c. Vladimir commented that Participants can call into contact center and help you obtain and complete the forms. d. If you are the POA, you cannot able to be a direct care worker for the family member. <p>3. Accuracy and how quickly participants receive care:</p> <ul style="list-style-type: none"> a. Temp hours for appointment – Participant needed 2 additional hours and was told she needed to do another assessment. <ul style="list-style-type: none"> i. Before CHC it was much easier to get extra hours. State took all the benefits packets in each waiver and combined them. They found that those in the waivers needed more visits. CHC then added trigger events, hospital visits, ER or additional hours prompt our SCs to visit the Participant. Services Coordinator does not understand that if they are temporary they do not need to do another assessment. We will better educate them, thought any request for hours needed assessment not temp hour this is not needed. <p>4. How does the end of continuity of care affect our services?</p> <ul style="list-style-type: none"> a. When participants moved over to CHC the State gave the MCOs all the authorizations, under CHC there are more benefits. State said everyone you are supporting during COC you have to see them and use new assessments to see if they can benefit from the new services. The goal was for the SC to see their participants by 6/30/19. Want to make sure everyone 	<p>3. Ongoing training for Services Coordinator and entities to review differences between temp hours and additional hours. Will communicate the information to partner entities.</p>
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		<p>in CHC has a chance to have a new service plan including the new benefits. We realize that some have not been able to see all Participants.</p> <p>KFCHC is honoring the current plan until someone can get out to see the participant.</p> <p>5. Direct care workers are having difficulties with PPL, have to call SCs to have their hours authorized. Authorizations have to be made prior. This issue has been brought up to Liberty.</p> <p>a. PPL changed their system – now we have to put authorizations in each month with the hours. It was a learning curve for the SCs. We need to spend time with PPL to discuss this issue. Also continue to communicate with internal and external SCs.</p>	
How PAC Committee Members want to communicate	Group	Reviewed discussion on the means in which the best communicate with one another outside of our meeting.	
Closing Discussion			
Adjournment	Michelle Murphy	The meeting was adjourned at 1:08pm	