

Coordinated Care Initiative
Santa Clara County Stakeholder Advisory Committee
June 17, 2015 Meeting – Held at SCFHP offices

Agenda & Summary of Meeting:

1. Welcome & Introductions: Lori Andersen, SCFHP and Tammie Pitkin, Anthem, welcomed all Stakeholder Advisory members and guests to the meeting. List of attendees is attached to the minutes.

2. Health Plans Update:

SCFHP Updates: Lori Andersen shared updates for SCFHP Cal MediConnect Program:

- Cal MediConnect Current Enrollment: 6591 with an average of 420 enrolled in each of the last 3 months.
- Call Center: average of 800 calls per week with inquiry topics including:
 - Checking PCP and enrollment to CMC
 - Basic benefits and Part D
 - ID care request
 - PCP selection
 - Provider network and member materials
- HRA Completion for High Risk: 30-50% & growing
 - Of the completed HRAs, 80% of those mailed out are returned completed
 - 13% completed by phone
- SCFHP continues to expand its provider network including SNF contract, and exploration of in-home care, respite and housing services.

Anthem Blue Cross: Tammie Pitkin shared updates for Anthem's CMC program.

- Current Enrollment: 3,183
- Call Center: took 1065 member calls in May. Topics similar to those shared by SCFHP above.
- Rosie Jimenez shared that the HRA Completion for High Risk: 1,334 HRAs completed; 1,208 by phone, 112 face-to-face and 14 by mail. 1006 were "unable to contact". Anthem is actively involved in locating these individuals to include pharmacy claims, Provider offices, historical claims data to find the most current contact information.

3. Program Implementation:

Plans are receiving fewer calls about continuity of care issues but some providers continue to tell members they cannot provide services under Cal MediConnect. Sometimes this is due to the fact that physicians within specific groups are not aware of the contract that their group has with the plan for CMC. Provider Services staff at both plans continues to provide ongoing education to their providers and work individually with specific physicians including follow up when members notify them of these issues.

Challenges exist around contacting members to complete the Health Risk Assessments (HRAs) within the required timeframes. Plans are anxious to move more heavily into the care coordination following HRA completion. Other challenges include addressing glitches in new database systems related to claims.

CMC Consumer Advisory Board (CAB) meetings held in April and May included presentations by IHSS, MSSP and CBAS programs. Members have shared their experiences with CMC and raised other questions about benefits and community resources. The next meeting will be on July 29. Lori indicated that we are always looking for new CMC member participants and would like to have a representative from the IHSS Advisory Council.

4. Regulatory Review Updates: Lori Andersen from SCFHP shared the following updates:

DHCS Updates

- Dual Plan Letter 15-004 Requirements for CMC Plans and Qualified Agency Contract – direction for CMC Plans, Qualified Agencies and counties re. provision of IHSS via contracts between Qualified Agencies and Plans (does not apply in SCC)
- MSSP Transition Plan Timeline and Guidelines – transitioning MSSP from a waiver program to a managed care benefit; now extended through 12/31/17.
- MLTSS Contract Amendment for Medi-Cal Only and Partial Duals under CCI

Other Updates

- HRA DPL to be released mid-June
- 2016 Marketing materials released (Friday 6/12)
- Full Duals Rate Recasting/Reblending
- Continuity of Care All Plan Letter 14-021 revision

MLTSS

5. CMC Ombudsman – Tiffany Huyenh-Cho was not present, but Lori shared information forwarded in an email included:

- 1) Deeming Issue – individually assisting Clients in resolving the abrupt disruption in care and access to services. Consumers are being assessed a share of cost while an enrollee in a Cal MediConnect plan. The consumers are being abruptly terminated from the plan (it seems to be an automatic event) and unless they meet the share of cost, lose their CMC coverage, including Part D coverage and are turned away at the pharmacy. BayLegal assists individually in straightening out the confusion/plan enrollments for consumers. The Ombuds advocated for a deeming period be put into place with the health plans – which means that a consumer has a period of time to remain in the CMC plan and fix the Medi-Cal eligibility issue, before being terminated from the plan. From what we have seen, consumers are not being given notice of the share of cost and disenrollment from the Cal Medi plan because it happens very quickly which brings up due process issues. If you see consumers with this issue, please refer them to BayLegal.
- 2) Bills - Clients who saw providers while unknowingly enrolled in CMC are starting to get bills from their providers. BayLegal is resolving individually by contacting providers, educating them on Cal MediConnect, and requesting retroactive continuity of care from the health plans to cover the bills.
- 3) General questions about Cal MediConnect notices etc.

Committee members discussed the policy change effective 7/1/15 that gives plans the option of providing a 1-2 month period of ‘deemed continued eligibility’ for Medi-Cal.

Marta Avilar from HICAP shared some of the issues that they see with HICAP clients around the annual Medi-Cal re-certification process. HICAP helps Medi-Cal individuals with this process. The application is 6 pages long and it is no longer able to reinstate by phone. Many need assistance with the application. The County currently does do text and voice messaging to Medi-Cal members to let them know they need to apply for recertification.

At this time SCFHP has elected not to implement the deeming process for CMC members but to continue referring Medi-Cal only and CMC dual-eligible members to county Social Services for Medi-Cal eligibility issues. SCFHP is also evaluating other options for reaching out to CMC members with eligibility issues. Anthem will be participating in the deeming policy change allowing for a one month deeming eligibility period. Anthem plans to get the data from the State in order to make outbound calls to alert members to let them know about this process.

Steve Church shared that 80-85% of their SNF residents have Medi-Cal and the SNF reminds them of the deadline for recertification so it can be done. So, there is less of a risk for SNF residents. 98% of those who miss the deadline are eventually reinstated.

Service Coordinators from senior housing communities can also help remind residents about this process and the timing.

FOLLOW-UP ITEMS:

1. Share with Committee what the plans are doing to follow up with members on Medi-Cal recertification.
2. What % of the plan's members are in senior/congregate housing and/or SNFs?
3. Ask CCI Communications Committee to consider taking this on as a topic for presentations in the community.
4. Marta will share lists of senior housing and/or service coordinators with the group.

Communications Committee: Shelly Grimaldi, Harbage Consulting shared a ppt. presentation on the current activities of the committee. Given time limitations, she agreed to include a copy of this with these minutes. Tammie and the Committee were instrumental in producing a PSA in Vietnamese about CMC and it will be aired on Vietnamese radio stations 2-3x/day going forward. A link to the PSA is included here:

<https://www.youtube.com/watch?v=kXDhBVvjzjA>

<https://www.youtube.com/watch?v=8EcEe58rC8Q>

Shelly also talked about the importance of sharing with consumers the value of CMC to support enrollment now and when passive enrollment ends in December. The value of the CMC care coordination needs to be illustrated but NOT by using the term itself, but by sharing stories that successfully describe how this service has helped the member. Marta reported that the HICAP volunteers counsel on this often.

FOLLOW UP ITEM:

- Revisit this at next meeting – build a strategy for engaging HICAP and others to do outreach for newly eligible Medicare members around CMC.

- 6. In-Home Supportive Services Update:** – Kingston reported that IHSS is assembling the CCI Coordination Unit at IHSS to support coordination of IHSS for CCI recipients; Medi-Cal members and CMC. He was hired as the Unit Manager and 6 other positions include 1 Supervisor, 4 social workers, and 1 clerical. The current staff will meet with SCFHP on July 10th to discuss how they can work together particularly with expediting applications and interdisciplinary care teams. Kingston also shared that state funding to upgrade the case management data system for IHSS (CMIPPs) was not approved.
- 7. Health Insurance Counseling Advocacy Program (HICAP)** – Marta Avilar shared that HICAP continues to respond to calls about CCI, Medi-Cal redetermination, changing providers, provider network issues (particularly with community clinics) and providers billing members.
- 8. Multipurpose Senior Services Program (MSSP)** No MSSP representative was present
- 9. Behavioral Health (BH) Report:** Roxana Alizadeh and Sheila Yuter were present to share what's being done around CCI and BH. Training on how to access drug formularies and specialty clinics has been done for manager staff and contracting agencies. They are doing care coordination at different levels with CCI recipients including involvement in ICTs (Interdisciplinary Care Teams). They are becoming better at identifying CMC members at the clinics and the County Mental Health system. Coordination and involvement by DADS (Drug and Alcohol Services) is also occurring but in smaller numbers.

10. Stakeholder Input – Roundtable - Questions, Comments, New Initiatives

The agenda item requested by John Arnold to discuss and possibly draft specific set of objectives for the Committee wasn't covered due to lack of time.

FOLLOW UP ITEM:

Tammie and Lori will contact John and meet to draft some objectives and outcomes for the Committee to discuss at the next meeting.

Next Meeting: September 16th 12:15 – 2:00 (NOTE: meeting time has been extended)

We will meet at the Anthem Offices and a reminder notice will go out a few weeks ahead of the meeting