

Coordinated Care Initiative
Santa Clara County Stakeholder Advisory Committee
March 18, 2015 Meeting

Health Plan Representatives:

Matt Woodruff, Anthem Blue Cross
Tammie Pitkin, Anthem Blue Cross
Allison Lam, Anthem Blue Cross
Sandi Sanchez, Anthem Blue Cross
Lori Andersen, Santa Clara Family Health Plan
Laura Watkins, Santa Clara Family Health Plan

Agenda & Summary of Meeting:

1. Welcome & Introductions: Matt Woodruff, Anthem, and Lori Andersen, Santa Clara Family Health Plan (SCFHP) welcomed all Stakeholder Advisory members and guests to the meeting.

2. Health Plans Update:

Anthem Blue Cross: Matt Woodruff provided an update of the current status of the Cal MediConnect (CMC) program for Anthem.

- Current Enrollment: 3,244
- Call Center: average 50 calls a day, most frequent topics included eligibility and benefits clarification
- HRA Completion for High Risk: average 50% completion and 45% unable to locate. Almost all completed by phone or face to face with a few completed by mail.

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

- Cal MediConnect Current Enrollment : 5918
- Call Center: 150/day average; average length of call is 2 minutes longer than Medi-Cal program
- 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.

On Lok: Katharine Kelly shared that OnLok has seen a steady number of referrals through Maximus every week. The referrals are averaging about 10-15 per week which is typical of other PACEs in Coordinated Care Initiative (CCI) counties around the State. The technical glitch has since been resolved by the State. The general feedback is that there is still confusion with the selection of PACE that there also needs a back-up plan. Marketing team has been continuously educating beneficiaries. OnLok has enough capacity for the growth with the two sites, one in downtown San Jose and East San Jose.

3. Program Implementation:

Santa Clara County is experiencing approximately a 50% opt-out rate for Cal MediConnect (CMC) which is higher than what was originally thought. There is still a lot of confusion among the physicians and beneficiaries as to benefits covered and which providers are in the CMC network.

The biggest selling point for CMC is the case management benefit; having the dedicated Care Coordinators who can assist members with coordinating access to health care and other supports.

CMC Consumer Advisory Board meetings have been held monthly since January. The past two meeting topics were around an overview of Cal MediConnect, Health Risk Assessments and Care Coordination. The next meeting will be on March 25.

4. Regulatory Review Updates: Kathryn Duarte from Anthem reported on the following regulatory updates:

DHCS Updates

- Approval to Perform HRAs for Passive Enrollees 20 Days Prior to Coverage Eff. Date (1/29/15)
- Medicare-Medicaid Plan Annual Requirements and Timeline for CY 2016 (2/23/15)
- ICT/ICP DPL (3/9/15)
- Provider Preventable Conditions (3/11/15)
- MMP Medicare Network Adequacy Test Submissions (3/11/15)
- Updates to the AEVS Cal MediConnect plan type (4/27/15)
Anthem CMC is not showing up correctly and will be corrected end of April by the State.

Pending – In Process (Release date?)

- Draft Quality Withhold Technical Notes for Demonstration Year 1
- IHSS via contracts between Qualified Agencies and MCPs/MMPs APL/DPL
- Revised CA-Specific Reporting Requirements
- Final Medi-Cal Encounter Companion Guide
- HRA DPL Update
- COC DPL Update
- Encounter Reporting Guidelines for Care Plan Options and Supplemental benefits
- Full Duals Rate Recasting/Reblending APL/DPL

5. CMC Ombudsman – Tiffany Huyenh-Cho reported on some of the issues brought up by individuals calling their office. They include:

- a. Misinformation about the program told to consumers
- b. Consumers unaware of their Continuity of Care (COC) option or right
- c. Consumers disenrolled but was not assigned to a Part D plan
- d. Lack of education regarding Pharmacy benefits and changes
- e. Misinformation from Providers so referring to Providers Toolkit for clarification

6. Communications Committee: Shelly Grimaldi, Harbage Consulting, reported that the committee continues to be proactive in many different areas to provide education for

CCI beneficiaries. So far, the committee has completed 1800 presentations, webinars, health fairs, etc. of which 1/3 were provided in different languages (Cantonese, Mandarin, Spanish, Vietnamese, Farsi, Korean.) Over 21,000 flyers have been distributed or mailed including the information distributed through the IHSS Public Authority newsletters to IHSS beneficiaries. In an effort to be more effective with outreach, three messages are being conveyed:

- a. Look for blue mail
- b. Address update
- c. Emphasize who to call for what

The education provided to front line workers at organizations has been about enrollment materials and consumer protections. Provider education has focused on COC options, enrollment materials and referral of resources. There are currently online resources such as the Cal MediConnect Toons, and a YouTube video by Jane Ogle explaining CMC. There are also webinars scheduled for Providers and outreach has been done to invite both contracted and non-contracted providers and specialists to participate in these forums.

Upcoming outreach efforts are geared towards the Catholic Parishes, community organizations, investigating radio segments, and continuation with the physicians' webinars. Challenges include targeting non-English speaking physicians and IHSS providers.

- 7. Behavioral Health (BH) Report:** Laura Luna reported the BH committee continues to meet 2x a month to discuss care coordination issues and care plans. On March 23, there was a training held for all BH contracted agencies regarding the operations. The County is working with the health plans on a discharge planning training to discuss matters surrounding level of care, specialty mental health, authorizations, etc.
- 8. In-Home Supportive Services Update:** – Terri Possley reported that the Board of Supervisors approved 7 positions for the IHSS CCI unit which will include 1 Manager, 1 Supervisor, 4 social workers, and 1 clerical. The transition is slated to occur sometime in June/July which will help take off some of the responsibilities that Kingston Lum and Terri has been overseeing and ease the burden of the current Social Workers' caseloads which is hovering at around 360 cases each. The IHSS Social workers are also required to participate in Interdisciplinary Care Teams (ICT) for CCI beneficiaries and to do initial intake visits in institutional care settings. The ICT meetings with SCFHP have been going well and 25 ICT are scheduled for Anthem.
- 9. Health Insurance Counseling Advocacy Program (HICAP)** – Edith Gong provided an update for HICAP. Edith stated that the largest wave of calls to HICAP were in January when they were receiving from 40-60 calls per day regarding CCI. For those who are non-English speaking consumers, it took more time with the translation and interpreters. Calls that came through to HICAP represented a breakdown of 40% wanting to opt-out because of a) provider not in the network or b) they did not want any changes. If they did join CMC, 80-95% of callers choose SCFHP. Any issues or problems were referred to the CCI Ombudsman. HICAP was made aware of Pharmacists discouraging CMC participation and giving out misinformation to

consumers. They did receive a few calls regarding access to Providers which will be forwarded to Shelly to follow up with further education to these Providers.

10. Multipurpose Senior Services Program (MSSP)–Elise Alarcon stated that 54% of MSSP clients are enrolled with CCI. For Anthem, the care coordinators have set up appointment for ICT meetings. SCFHP provided training for case managers which focused on benefits and navigating the health plans. There are concerns of limited Durable Medical Equipment vendors which may be causing disenrollment of members.

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

Q: How long are ICT meetings expected to last?

A: It depends on the case but generally ICT communication/conferences will be conducted by telephone. An approximate guess of the time for the ICT meeting may be from 15-30 minutes at a minimum.

Q: How responsive are the PCPs? Do plans see them participating?

A: This question needs to be followed up.

Discussion was raised about whether the physicians see value in accessing the plan's health risk assessment. The health plans shared that it was about a 50/50 split in terms of how the providers perceive the value of having the HRAs.

11. Meeting Schedule – The next meeting date/time/location along with an agenda will be sent out.