



Consumer Advisory Board Meeting Minutes 2.25.15

1. Welcome/Introduction: Tammie Pitkin, Anthem Blue Cross, and Lori Andersen, Santa Clara Family Health Plan, welcomed Consumer Advisory Board members to the second meeting. Members were reminded to not share personal health information in the open group forum and any individual health concerns can be addressed privately with health plan representatives after the meeting. Members were also informed that the meeting is being recorded for meeting minutes and note taking purposes.

2. Care Coordination Overview: Mary Jane Hattala, Anthem Blue Cross, and Diane Brown, Santa Clara Family Health Plan, provided an overview of care coordination and what that entails to assist the members. Mary Jane Hattala talked about providing a holistic approach to ensuring that members are receiving support to help with health care, behavioral, social services needs through assessment, planning and intervention. One of the first steps for care coordination is to complete a Health Risk Assessment (HRA) a list of questions including those about the member's health status, medications, housing needs and other services received. The health plan case managers will reach out to each member to arrange for the best way to complete the HRA.

Diane Brown discussed how the HRA is the first step toward putting a care plan together with the member as part of case management. The Care Plan is an actual document that has a to-do list that member, caregivers, doctors, care managers agree to do within the specified timeframe and goals to resolve any of the members' health issues and concerns. The care plan is centered around the member and member has to agree to participate in as little or as much depending on one's health care situation. Diane also shared how the case managers help with coordinating and arranging for services with other providers and case managers. This might include social workers with IHSS, Mental Health Providers, MSSP or CBAS case managers or community clinics to coordinate one care plan. These different case managers may be part of an interdisciplinary care team (ICT) that the member chooses to include as well as their doctor, family caregiver or neighbor. With the members' permission, health plans will convene a time to talk with the ICT members to discuss the care plan. The health plan case manager also communicates with the doctors to ensure that they provide information to health plans and vice versa to ensure that members' needs are met.

Transitional care from hospital to home is an important component for some members who will need more assistance to getting the coordination and services.

3. Question/Answer/Feedback:

Q: Why was I assigned to a different doctor but I wanted to stay with my current one?

A: If you wish to switch physicians, you can contact the health plan at any time. If your doctor is not in the network, you can continue to see the doctor for up to 6 months based on continuity of care provisions.

Q: What does IHSS stand for?

A: In Home Supportive Services- County program. IHSS provides services according to the IHSS recipient's ability to perform daily activities to assist members in the home.

Q: It seems like there are thousands of members coming at once, so is there enough staffing to cover case management?

A: The enrollment is a yearlong process based on birth month so not all of the Cal MediConnect members will be enrolled at once. SCFHP leverages staffing from RN, social workers and care coordinators to assist members. Anthem has nurse care managers with assistance from case specialists assigned to each member to assist with their care coordination.

Q: How do I know if I will continue to be eligible if I go back to work again.

A: Enrollment is only once a year and county social services will determine eligibility for Medi-Cal

Q: My doctors do not have future calendar dates ready or available and it is inconvenient for members to remember to call back in 2-3 weeks.

A: Great feedback for doctors' office. Valley Medical Center is starting with the Myhealth link for calls for appointment reminders. We do not have that quite yet but will continuously work towards that goal.

Q: With CareMore, there were no Prescription co-pays, but there has been a change now with Anthem and member is paying co-payment for some drugs.

A: Co-pays for prescription are listed in the Prescription and Drug Formulary may differ with each of the health plan coverage.

Q: Transportation with Valley Med has been challenging since they do not allow for scheduling of transportation generally in the first week of the month because they do not have the appointment scheduling available.

A: Health Plan will take that back to work out.

Q: If I receive the member card with the wrong physician's name, what do I do?

A: Contact Member Services to issue you a new card with the correct information and any changes.

Some physicians are saying that they are not accepting Cal MediConnect (CMC) when they are part of the plan's CMC provider network. One member was able to connect with SCFHP staff to resolve the issue while at the doctor's office. Health plans continue to reach out to providers to educate and referral departments to explain how Cal MediConnect works and to talk them through the system and process flow. If members have a similar experience at the provider's office or are told that they can't receive services because they are on CMC, don't hesitate to follow-up with the health plan's member services department to let them know and to get help with accessing care or services.

Members also commented about the long hold waiting time on the phone at some of the clinics and doctors' offices to try to get a hold of someone.

5. Next Meeting – March 25, 2015 same place and same time. Health Plans will reach out to Consumer Advisory Members for the next meeting.