



Consumer Affairs Committee Minutes – December, 2013

In Attendance:

Committee Members: Blanca Esquerro, Danette Zuniga, Hung Vinh, Myrna Vega, Rachel Hart, Tammy Nguyen, Vanessa Ho, Vu Nguyen,

SCFHP Staff: Jeff Robertson, Matt Woodruff, Pat McClelland, and Tanya Nguyen

Item	Discussion	Action	Assigned to:	Due Date
Call to Order and Roll Call	Roll call was taken. A quorum was present at 6:06 pm and the meeting was called to order.			
Review of Minutes	The minutes from the September, 2013 meeting were reviewed and approved.	The minutes were approved	All	
Public Comment	No public comment			
Health Plan Updates	<p>Mr. Woodruff provided an update on the Health Plan (HP) membership. As of December 1, 2013, the HP membership is above 153,000 members. The HP anticipates membership will increase by an additional 15,000 members in January 2014 as a result of Medicaid Expansion under the Affordable Care Act program. In Santa Clara County, under the Medicaid Expansion program, the current Low Income Health Program (LIHP) will transition to Medi-Cal effective January 1, 2014.</p> <p>The Committee asked how Covered California works is under the Affordable Care Act and whether or not the HP will assist people to apply for coverage. Mr. Woodruff responded Cover California is</p>			



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	<p>under Affordable Care Act. However, the HP does not participate under Cover California. Mr. Woodruff suggested Committee members to visit the web- site at Coveredca.com. In addition, residents can enroll over the phone by calling 1.408.556.6605 or arrange to meet in person with Certified Enrollment Counselor.</p> <p>Mr. Woodruff also updated the Committee about several programs the HP's will be responsible for in 2014 such as enhanced Mental Health and Long Term Care services. The Committee asked how the HP is preparing to serve the increased membership. Mr. Woodruff shared all the operational teams have been working diligently to prepare for these changes.</p> <p>The Health Plan (HP) continues to prepare for the Cal Medi Connect program. The go live date has changed from April 1, 2014 to January 1, 2015. The HP continues to work closely with key stakeholders in the community.</p>			
Overview of Medical Management	<p>Dr. Jeff Robertson presented an overview of the HP's Medical Management operations. He explained the team is responsible to help members get to the care they need. Overall, utilization management approved 96% of incoming requests for services covered by the Health Plan that meet medical necessity.</p> <p>Dr. Robertson also explained how the Health Plan facilitates care coordination for members. The case management team works directly</p>			



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	<p>with providers and hospitals to ensure the proper level of care is provided and that member is transition smoothly from the hospital to home or in some instances to skilled care facilities.</p> <p>In addition, Dr. Robertson provided other important roles within Medical Management:</p> <ul style="list-style-type: none">• Health Risk Assessments (HRA): The HP conducts an intensive assessment to evaluate a member's current health risk and to identify members at higher risk and those who have more complex medical needs. The assessment survey tool includes 17 key areas such as medication and substance use, immunizations, nutrition and socialization, etc. The process identifies 3 levels of care needs. The members with highest care needs receive case management services from a Register Nurse (RN). About 65% of our members have low care management needs and 30% have intermediate care needs. The remaining 5% have special needs or chronic conditions and require complex case management and care coordination.• Individual Care Plan (ICP): The Case Managers also create an ICP with the member. The care plan includes many elements including goals, concerns, action items, member and family preferences, advance directives, etc.• Interdisciplinary Care Team (ICT): This include the member and family/caregivers, Health Plan staff, Primary Care Provider/Specialist, Home Health provider, Diabetic Educator			



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	<p>Senior Center, etc. work together to manage member's medical needs.</p> <ul style="list-style-type: none">• Long Term Care Alternatives: These are community services referred to as Long Term Services and Supports (LTSS) and include Community-Based Adult Service Center (CBAS), In-Home Support Services (IHSS) and Multi Senior Services programs (MSSP). The goal of these programs is to provide services that will allow seniors to stay in their home or preferred setting instead of being placed in a long term care facility. <p>Dr. Robertson shared the team uses several specific measures to evaluate a members outcomes. This includes member satisfaction with health services and health status, the reduction of hospitalizations readmissions and member improvement in self-management and independence, pain management and quality of life.</p> <p>The health plan follows state and federal guidelines as well as adopting industry best practices and process to continually monitor, evaluate and update systems.</p>			
Future Agenda Items	The Committe would like to receive additional update on Cal Medi Connect program and health promotion activities such as diabetic management at future meetings.		All	



Santa Clara
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Adjournment	The meeting adjourned at 7:07pm.			
Next Meeting Date	The next meeting is scheduled for March 11, 2014 from 6:00- 7:00p.m			

Consumer Affairs Committee Chairperson

Date