


**Amador County
Community Advisory Committee Meeting
Minutes**

DATE:	March 11, 2024
TIME:	12:00 p.m. – 1:00 p.m.
LOCATION:	Microsoft Teams

SUBJECT	TOPICS
<p>➤ Welcome and Introductions</p>	<ul style="list-style-type: none"> • Desiree Dalby, Program Manager, Anthem Blue Cross • Alana Pfeffinger, Regional Program Manager, Anthem Blue Cross • Dieumi Nguyen, Program Director, Anthem Blue Cross • Khrystyna Lostunyak, Program Administrator, Anthem Blue Cross • Maryiat Yerasosyan, Program Administrator, Anthem Blue Cross • John Zamboni, Provider Relations, Anthem Blue Cross • Nina Machado, Executive Director, First 5 Amador • Alan McNany, President & CEO, American Legion • Jodi Nerell, Director Community Health, Sutter Health • Gail Abbott, Amador Behavioral Health Department • Joe Bors, Executive Director, ATCAA • Marsha Stone, Amador County Public Health
<ul style="list-style-type: none"> • Account Management 	<p>General</p> <p>Ready, Set, Renew/Medi-Cal Redetermination: Remind your patients to update their Medi-Cal Managed Care Information Desiree shared the Ready, Set, Renew flyer. Counties needs to have Medi-Cal enrollees’ current contact information and need to be aware of any changes that could affect enrollment/eligibility.</p> <ul style="list-style-type: none"> • Medi-Cal enrollee should provide the County with such changes: <ul style="list-style-type: none"> ○ Contact Info: <ul style="list-style-type: none"> - Phone Number - Mailing Address - Email Address ○ Changes in circumstances: <ul style="list-style-type: none"> - Disability status - Income - Someone becomes pregnant or moves out of county. • Anthem County Account Management team is in contact with the County and is providing member/client demographic updates via secure email and/or SFTP. <p align="center">  6155712 1033874CAMENABS </p>

Provider Manual

Maryiat presented most current updates as of 1/1/2024 to the Provider Manual per DHCS requirements to make this document more publicized and allow providers to give feedback. Updates to this document stem from DHCS' All Plan Letter, Assembly Bills, Senate Bills, and/or any new State Regulations.

The Provider Manual is a reference guide for providers within our Anthem Blue Cross Medi-Cal network containing general information, as well as information on special programs, provider procedures and responsibilities, claims, grievances, appeals, and many other topics. The manual is 102 pages and available to access any time.

90 days prior to any updates to the Provider Manual, letters go out to all providers with reference to the updated areas.

- Healthy Changes in telehealth subsection, updated to comply with Senate Bill 184, Assembly Bill 52 and APL 23-007. Added language about community health workers requiring to have a written recommendation letter from the Medi-Cal Managed Care Physician or licensed practitioner.
- Added language on DHCS prohibiting providers to bill eligible members for covered services.
- Added subdivision on topic of PCP initiated member changes with a link to a new form that providers can fill out to have a member removed from their roster.
- Updated continuity of care requirements to comply with APL 23-22 added subdivision on mandatory continuity of care and out of network reporting standards.

Everything is available for review in the provider manual:

https://providers.anthem.com/docs/gpp/california-provider/CA_CAID_ProviderManual.pdf

Provider Manual feedback:


Canoc@Anthem.com or Maryiat.Yeranosyan@Anthem.com

Alan McNany asked about the hospital-to-hospital Non-Emergency Medical Transports requiring a prior authorization for these transports. Alan shared that in APL 22-008 it states that Non-Emergency Medical transports hospital to hospital, hospital to skilled nursing, hospital to psychiatric facilities is exempt from pre-authorizations, yet he shares that ModivCare continues to deny claims stating there was no prior authorization.

Desiree will investigate this and connect with our ModivCare liaison to address this concern and shed more light on the prior authorization process for transportation.



APL22-008.pdf

	<p>Utilization Report Desiree reviewed the embedded data and utilization report for Quarter 1.</p> <ul style="list-style-type: none"> - Membership Enrollment and Demographics - Telehealth Utilization Report - Transportation Utilization Report <p> 2024-Q1 Amador County Data.pptx</p> <p>Nina inquired about the anticipated arrangements at the newly established Dialysis Center in Amador County, specifically whether they would accept Medi-Cal. John, responding to her query, indicated that he was unsure about the details surrounding this matter. Desiree has taken up the task to ascertain the name of the dialysis center. Once she possesses that information, she intends to pass it onto the relevant internal colleagues. Their objective would be to engage in discussions with the clinic about the potential for entering into a contract, presuming the clinic is not already registered as an Anthem provider.</p>
<ul style="list-style-type: none"> • Provider Relations 	<p>No updates.</p>
<ul style="list-style-type: none"> • Quality Management 	<p>No updates.</p>
<ul style="list-style-type: none"> • Community Relations 	<p>No updates.</p>
<ul style="list-style-type: none"> • CaAIM 	<p>Justice Involved Population of Focus Alana conducted a review of the two most recent Enhanced Care Management (ECM) Populations of Focus specifically targeting the Justice Involved (JI) and Birth Equity groups, which were initiated on January 1, 2024. The JI population forms part of a broader initiative which aims to deliver enhanced care management services post-release. In the subsequent phase, Anthem will facilitate a grant opportunity for California to provision services 90 days prior to release, a policy which should begin implementation by October 2024.</p>

A prevalent challenge noted is the difficulty in maintaining visibility of individuals due to be released from incarceration. The process requires that Managed Care Plans are comprehensively prepared, ensuring that they are proficiently educated in the processes of referral, re-entry individual collaboration, and the building of an ECM provider network.

It's important to also note that there is some distinction between how the justice system and Medi-Cal define 'Adult' and Youth individuals who are incarcerated. Medi-Cal considers anyone 21 years of age and older as an Adult, whilst anyone younger than this is categorized as Youth. However, within the ECM populations of focus, certain exceptional circumstances exist particularly involving foster youth.

As far as the Adult Population, these individuals must have transitioned from incarceration within the past 12 months plus have another co-occurring condition, such as diabetes to be eligible for ECM services. For children and youth, the qualification for ECM is having transitioned in the past 12 months with no additional criteria required.

Feedback from the Department of Health Care Services (DHCS) regarding the ECM implementation, provider network and areas of opportunity is continually processed by MCPs. Since the inception, the primary focus has been on establishing an ECM network to serve these members while identifying additional ECM partners with experience in catering to this population.

Further to this, guidance from DHCS on JI insists on a focus on contracting with CBOs or similar entities that are equipped to serve the ECM population and are staffed by individuals who have lived-experience.

Nina proposed that greater participation in the Children and Families Program Committee Meetings in Amador County could be beneficial to these discussions, given that CBOs providing local services comprise the majority of their constituents. This would help in understanding how these discussions can be localized and which individuals could gain from affiliating with Amador College Connect for academic opportunities and Human Services certificate qualification, enabling them to contribute their services professionally.

An implementation report is also available. This document provides essential figures, such as the number enrolled in the program, with the denominator indicating the overall count of individuals enrolled in Medi-Cal.

Doula Benefit
 Khrystyna has been appointed as the main contact for the Doula Benefit in Amador County. During this session, an overview of the benefit, a recent introduction through CalAIM, was offered by Dieumi. It was identified that Amador County currently has no doulas; however, upon successful completion of the approval process via Medi-Cal, the aim is to expand the doula provider network in the county.

Doulas are valued support personnel who provide services to pregnant or post-pregnancy women. They serve during childbirth, miscarriages or abortions, and postpartum periods. Their roles consist of preventing perinatal complications, promoting physical and mental health of the mother and child, providing guidance, health navigation and evidence-based education, aiding in birth plan development, and connecting members to community-based resources.

The benefits, offered on written recommendation, include an initial visit with the doula, up to eight extra visits throughout the prenatal and postpartum times, support during labor and delivery, and up to two extended visits post-delivery.

Before enrolling, doulas must complete the PAVE process (Provider Application for Validation and Enrollment portal). They must submit all requested information and documentation to DHCS through PAVE. When DHCS approval is obtained, DHCS will send a letter and provide MCPs with a list of approved doulas to expedite the contracting process.

Doulas from neighboring counties, provided they are willing and capable, can also deliver their services, including virtually.

Minimum qualifications expected of all doulas:

- Must be adults, have CPR certifications, completed HIPAA training, will complete 3 hours of ongoing training every 3 years, undergo PAVE process.
- Must also undergo the training pathway to get certification of completion to be certified as a doula or go through PAVE process.
- Letters of attestation, letters of recommendation to prove they have the level of experience.

Member eligibility:

1. Medi-Cal eligible
2. Enrolled in Anthem Blue Cross member
3. Pregnant or recently pregnant

No age limit on members eligible for doula services.

Doula services are not deemed preventative; while no authorizations are required, adherence to a recommendation process is necessary for documentation reasons.

Who can make a recommendation?

- physician or any other licensed practitioner (midwife, nurse, OBGYN, mental health specialist, etc.)
- recommending provider ensures that the member meets the eligibility criteria (pregnant/recently pregnant) and completes the form for the member. It's accessible on our provider website.
- Send this form into the Anthem.

Nina inquired about the recruitment process and whether there was active advertising for these positions. Dieumi shared her personal experience of meeting with doulas, disseminating this information among providers, and so on. Anthem attempts to provide this information to the public as much

	<p>as possible. Dieumi further disclosed that the rates for doulas have increased in 2024.</p> <p>Marsha sought clarity on whether a member would continue collaborating with an obstetrician or nurse practitioner while working with a doula. The answer is affirmative; a doula augments the support team during pregnancy and does not replace an OBGYN, Midwife, or Nurse Practitioner. The role of a doula is to provide physical, mental, and emotional support and offer advice on managing pregnancy.</p>
<ul style="list-style-type: none"> Community Member Updates 	<p>Nina brought attention to the upcoming "Celebrate our Children" event scheduled for April 27th, 2024, recognizing it as an excellent opportunity for interaction with children and families.</p> <p>Furthermore, Nina sought clarification concerning information about the physician WellSpace that is considering departure. Desiree indicated ongoing internal efforts at Anthem in response to the concerns with WellSpace. This involves coordination with another colleague closely connected with the WellSpace clinic and its team of physicians. The objective is to facilitate a dialogue focused on how to equip the clinic to meet the needs of Amador County. Feedback from rural counties consistently highlights the challenge of sourcing and retaining providers. Desiree is currently in the process of assembling more extensive information on this persistent issue within the county.</p> <p>In addition, Nina is engaging with Ana from Amador Public Health to introduce dental services via a Registered Dental Hygienist in Alternative Practice (RDHAP) and is examining the feasibility of fostering a partnership in this regard.</p>
<p>2024 Meeting Schedule</p>	<p>Next Meeting: TBD</p>

www.anthem.com/ca/medi-cal

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Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID Card).	<i>Spanish</i>
我們可以免費為您提供翻譯版本。請撥打您ID卡上所列的電話號碼洽詢客戶服務中心。	<i>Chinese</i>
Peb txhais tau qhov no pub dawb. Hu mus rau qhov chaw pab neeg tus naj npawb xov tooj nyob rau ntawm koj daim ID ua mej zeej.	<i>Hmong</i>
Мы можем перевести это бесплатно. Позвоните в отдел обслуживания участников плана по номеру, указанному в вашей карточке участника плана (ID Card).	<i>Russian</i>
Maaari namin itong isalin-wika nang walang bayad. Paki tawagan ang numero ng customer service sa inyong ID card na pang miyembro.	<i>Tagalog</i>
Chúng tôi có thể phiên dịch văn bản này miễn phí. Xin gọi văn phòng dịch vụ hội viên qua số điện thoại ghi trên thẻ ID (thẻ hội viên) của quý vị.	<i>Vietnamese</i>