



**Amador County  
Community Advisory Committee Meeting  
Minutes**

<b>DATE:</b>	June 12, 2024
<b>TIME:</b>	12:00 p.m. – 1:00 p.m.
<b>LOCATION:</b>	Microsoft Teams

SUBJECT	TOPICS
<ul style="list-style-type: none"> <li>➤ <b>Welcome and Introductions</b></li> </ul>	<p>Desiree Dalby, Anthem Blue Cross            David Lavine, Anthem Blue Cross            Khrystyna Lotsunyak, Anthem Blue Cross            Alana Pfeffinger, Anthem Blue Cross            Kamyra Sanjay, Quantified Ventures            Nina Machado, First 5 Amador            Christian Tucker, Amador County Public Health            Jodi Nerell, Sutter Health            Melissa Cranfill, Amador County Behavioral Health            Angela Mackiewicz, Amador County Social Services            Stacy Bradford, Amador County            Spencer Dutschke, Nexus</p>
<ul style="list-style-type: none"> <li>• <b>Quantified Ventures</b></li> </ul>	<p>Kamyra Sanjay, from the social impact advisory firm Quantified Ventures, shared the collaboration with Anthem. She expressed an interest in networking with stakeholders who regularly interact with community members. The aim is to understand how engagement within underserved, specific populations of focus occurs and how services can be promoted. Kamyra intends to contact individual organizations to schedule one-on-one stakeholder meetings, with the aim of customizing the approach. She emphasizes the opportunity for Amador County to be one of the first to offer valuable feedback.</p> <p>Nina and Chris suggested a more unified strategy that entails conducting a single stakeholder meeting that includes all organizations. Given that Amador County is smaller and there's a significant overlap in communication due to many of these organizations collaborating, this consolidated meeting could enhance efficiency and facilitate mutual learning.</p> <p>Desiree mentioned the possibility of utilizing a meeting that we already have scheduled with the county due to their limited capacity. Such as utilizing more time on a future CAC meeting or be added to an Amador County CalAIM Steering Committee Meeting agenda.</p>
<ul style="list-style-type: none"> <li>• <b>Account Management</b></li> </ul>	

**Timely Access – David Lavine**

David Lavine, a program manager with Anthem Medi-Cal, joined to discuss timely access to care, the provider appointment availability survey, and the after-hours survey. He underlined the importance of timely access to care for preventive medicine, patient loyalty, and class stratification. Using the cold winters in upstate New York as an example, he illustrated the importance of quickly addressing health issues through timely medical assistance to prevent them from worsening.

The effects of COVID-19 on the healthcare system were discussed, particularly in relationship with patient wait times. David clarified that Anthem reports timely access to the Department of Managed Healthcare via the provider appointment availability survey and the after-hours survey. He detailed survey strategies, processes, results, and compliance thresholds. Emphasis was given to the fact that less than 70% compliance in areas such as urgent and non-urgent appointments results in corrective action plans for providers.

In addressing compliance shortfalls, David revealed incentives for meeting standards through the 'medical value payment program'. He also pointed to potential penalties for non-compliant providers, which could escalate up to contractual sanctions in cases of repeated noncompliance.

In terms of improving timely access to health care, David suggested strategies such as ensuring that the front office staff is properly trained on the importance of timely access, setting up policies to leave last-minute slots available for urgent or sick appointments, utilizing telehealth, and keeping demographic information (like phone numbers and emails) up to date.

Anthem will launch a timely access training course for educational purposes and is working on a system that uses combined data to identify problem areas in network access, with the aim of bridging these gaps. They're also running a project on advanced access, where if a primary care provider schedules all appointments within the same or next day, they are automatically compliant in the provider appointment availability survey.

David shared that the overall compliance rate for Amador County was 50%, with urgent care compliance at 37% and non-urgent care at 62%. He pinpointed urgent appointments as a key area that required improvement.

Nina Machado asked whether the shortage of providers in Amador County is accounted for when analyzing these numbers, considering how significantly it impacts timely access. She expressed concern about penalizing existing providers for lack of capacity to meet the demand, fearing it might lead to their departure as well. She emphasized this point by mentioning the recent closure of the Wellspace clinic, the county's only Federally Qualified Health Center (FQHC).

David acknowledged Nina's concerns and offered several measures they are currently implementing or planning for the future to address these

issues. First, he clarified that when a provider is deemed noncompliant and receives a corrective action plan (CAP), the requirement is not necessarily to meet timely access standards promptly, but rather to train the front office staff on understanding these standards, given the unavoidable shortages in some specialties in certain counties, such as Amador.

Secondly, he shared that they are mulling over the idea of filing a material modification with the Department of Managed Healthcare, which is essentially a provision for alternative time lapse standards. This could potentially extend the compliance period for urgent cases if one can demonstrate a shortage of a particular provider type in certain areas.

Lastly, he expanded on their long-term goal of improving the network to alleviate such provider shortages, hoping to see a decline in the shortfall of specialists.

Desiree emphasized the provider shortage across all rural counties, including Amador County, for not only specialty providers but primary care as well.

David expressed interest in working with anyone interested from Amador County given that the survey begins in July, and they will be planning interventions, educational seminars among other activities. He is more than willing to participate in a follow-up discussion concerning compliance rates.

Chris discussed and extended an invitation to the forthcoming Public Health Community Assessment forum and his intent to question community members and fellow agency collaborators on relevant topics such as healthcare challenges and access to healthcare within the county. Additionally, Chris asked about who conducts outreach efforts to the providers.

David mentioned that while providers are subject to surveys from several regulatory bodies, the particular survey in discussion is an annual one conducted for the Department of Managed Healthcare. This survey is executed by their vendor, Sutherland. The speaker emphasized that it's crucial for providers to recognize Sutherland, given past instances where providers dismissed the survey calls as spam, which led to their non-participation. This year, proactive efforts are being made to reach out to provider groups, with the hope that awareness of Sutherland's involvement will encourage more providers to participate as they'll recognize the legitimacy of the call.

Nina highlighted the existing issue of numerous individuals having to look beyond the county limits to access services because of the shortage of local providers. As a result, nearly every specialty would necessitate traveling out of county. She questioned about how this is factored into the compliance measurements. Nina expressed her concerns about whether these figures accurately reflect the entire system within Amador County.

David acknowledged Nina's concern about the survey results not being fully representative of the membership in their county since members often seek services from providers in neighboring counties. However, he clarified that the provider appointment availability survey and the after-hours survey are provider-centered, examining only the providers within their own county for appointment availability.

In addition to these surveys, the speaker mentioned another measure called "GeoAccess," reported to the Department of Health Care Services. This analysis incorporates providers from neighboring counties that can cater to their members. He highlighted that Amador County is not unique in this respect – there are several counties where members must travel outside their county but remain within a certain accessible radius, allowing for 'geographical access'.

Chris, with additional information on the subject, had another question for David. He wanted to know the average distance a member travels to receive care. Furthermore, he expressed his worry about whether, if Amador County residents seek care from a clinic that complies with the standards, it would affect their ability to obtain care outside the county.

David explained that there are set standards for distance or travel time to a provider, not just recommendations. For a primary care provider (PCP), it's always 10 miles or 30 minutes, irrespective of the county's density. However, for specialists and other provider types, the standards are based off county density. He didn't specify Amador County's density but acknowledged it as a less densely populated county. He mentioned an All-Plan Letter (APL 23-001) from the Department of Health Care Services, which contains all related standards. He stated that he would share the link to these standards in the chat, acknowledging that it may be updated this year. David also clarified that the providers aren't subject to geoaccess standards - they are only held to timely access standards. The responsibility for adhering to geoaccess standards falls on the health plan, which in turn holds the PMCs accountable for geoaccess as part of the subcontractor network certification. As all providers in Amador County are fee-for-service, there isn't any specific regulation requiring the providers to ensure access within a particular time or distance. This implies that the responsibility rests primarily with the health plan. Providers wouldn't be penalized if the standards are not met in some cases - the onus is on the health plan to meet these standards.


**General**

- Medi-Cal Redetermination – Ready, Set, Renew

Desiree shared a reminder about Anthem's Ready, Set, Renew campaign centered around Medi-Cal Redetermination. This is a reminder for all Medi-Cal Members to update their contact information to ensure they avoid any lapse in coverage.

- LHD Collaboration

Desiree then shared about the collaboration happening with the Managed Care Plans and Amador County Public Health to co-develop a SMART Goal that aligns with the goals and priorities in the county's CHA/CHIP.

	<ul style="list-style-type: none"> <li>• <b>MOU Execution Update</b> Desiree shared about the efforts currently underway to execute the LHD, MHP-SMHS, DMC State Plan, IHSS, County Child Welfare, and WIC MOUs within the county. The goal is to have these executed by Q3/Q4 2024.</li> <li>• <b>Quarter 2 Data Report</b> Desiree reviewed the Quarter 2 data report for Amador County.</li> </ul> <div style="text-align: center;">           6155712          1033874CAMENABS       </div> <p>While discussing data, Nina sought information on the number of members assigned to WellSpace, expressing concern due to the clinic's imminent closure. Desiree will follow up on ability to retrieve this data. Furthermore, Nina requested that members' ages be incorporated when collecting this data.</p> <p>Chris and Nina also mentioned looking into seeing if any other rural FQHC's might be interested in expanding into Amador County. Desiree will take this to leadership and follow up.</p>
<ul style="list-style-type: none"> <li>• <b>Provider Experience</b></li> </ul>	<p>No updates.</p>
<ul style="list-style-type: none"> <li>• <b>Quality Management</b></li> </ul>	<p>No updates.</p>
<ul style="list-style-type: none"> <li>• <b>Community Relations</b></li> </ul>	<p>No updates.</p>

<ul style="list-style-type: none"> <li><b>CalAIM</b></li> </ul>	<ul style="list-style-type: none"> <li>Khrystyna, who oversees the Doula program, shared ongoing efforts to promote and expand the program in Amador County, as there are currently no contracted Doulas or potential Doulas in the county. However, they are closely collaborating with a Doula in Cameron Park, located in El Dorado County, who might be willing to travel to provide services in Amador County. The intention is to involve a few Doulas willing to travel to Amador County for services and are working towards this, but ideally, we identify Doulas within Amador County that are interested in contracting with the MCPs. Anthem also plans to partner for education and promotion to generate interest among providers in Amador County in receiving training and certification to become Doulas. The aim is to establish local representation, for which they are prepared to offer guidance. Khrystyna mentioned that she would get in touch with Desiree or the concerned person directly, most likely within the coming weeks, to discuss possibilities once they have a clearer direction.</li> </ul>
<ul style="list-style-type: none"> <li><b>Community Member Updates</b></li> </ul>	<ul style="list-style-type: none"> <li>Melissa Cranfill shared about a community planning process, which is still under the Mental Health Services Act (MHSA) for the current year as they're transitioning to the Behavioral Health Services Act (BHSA). The new program coordinator, Melissa is on board. Melissa confirmed that surveys are now available and focus groups are being set up as part of the ongoing community planning process. Another significant update from the Behavioral Health side is the planned commencement of the 24/7 mobile crisis service from July 1st. However, their plan has yet to secure approval due to some questions and clarifications they responded to, causing a possible delay in going live. These were the key updates shared.</li> </ul>
<p><b>2024 Meeting Schedule</b></p>	<p><b>Next Meeting: TBD</b></p>

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We can translate this at no cost. Call the customer service number on your member ID card.

English

Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID Card).

Spanish

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。

Chinese

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.

Hmong

Мы можем перевести это бесплатно. Позвоните в отдел обслуживания участников плана по номеру, указанному в вашей карточке участника плана (ID Card).

Russian

Maaari namin itong isalin-wika nang walang bayad. Paki tawagan ang numero ng customer service sa inyong ID card na pang miyembro.

Tagalog

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.

Vietnamese

