



**Coordinated Care Initiative (CCI)
Santa Clara County Stakeholder Advisory Committee
Summary Notes for November 19, 2014 Meeting**

<u>Health Plan participants:</u>
Lori Andersen, SCFHP
Laura Watkins, SCFHP
Tammie Pitkin, Anthem Blue Cross Cal MediConnect Plan
Matt Woodruff, Anthem Blue Cross Cal MediConnect Plan
Joaquin Belloso, Anthem Blue Cross Cal MediConnect Plan

Agenda and Summary of Meeting:

1. Welcome and Introductions

2. Behavioral Health Report. A CCI educational presentation was given to the Behavioral Health Services Older Adult System of Care on November 8, 2014. Beacon's letter of intent was received for the effective date of January 1, 2015.

3. Health Plans Update:

Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan): Matt Woodruff provided updates for Anthem Blue Cross Cal MediConnect Plan, CareMore Cal MediConnect Plan (Medicare-Medicaid Plan) and Anthem HealthKeepers Medicare-Medicaid Plan (MMP), a Commonwealth Coordinated Care plan. CareMore Cal MediConnect Plan has an opt-out rate above 55 percent. Anthem HealthKeepers MMP has a 30 percent opt-out rate. Anthem HealthKeepers MMP provides services to approximately 30 different counties. It is expected that Anthem Blue Cross Cal MediConnect Plan will mirror the results of Anthem HealthKeepers MMP rather than those of CareMore Cal MediConnect Plan. Numbers are dramatically declining once a member is enrolled, so members are less likely to opt-out once enrolled in a health plan. Reports of opt-outs have been interpreted differently from Cal MediConnect (CMC) health plans due to the calculation of a different denominator. It was asked that both Anthem Blue Cross Cal MediConnect Plan and Santa Clara Family Health Plan (SCFHP) work to make sure that reports show the same information. The call centers are averaging 10-11 minutes per call. Member packets are set to be sent out and in members' hands by December 1, 2015. The current Provider Network for Anthem Blue Cross Cal MediConnect Plan includes Daughters of Charity and Physicians Medical Group. Provider training is underway to work with providers on CMC education and to help providers support fewer opt-outs. Provider directories are available on the website.

SCFHP: Lori Andersen shared that SCFHP is staffing up in many departments. The website is updated with documents, marketing materials and provider directories. Threshold language materials will be available later this week. SCFHP met with Skilled Nursing Facility (SNF) providers for CCI trainings, which mainly included the Managed Long Term Services and Supports (MLTSS) transition. More partnership and educational opportunities with

Silicon Valley Independent Living and the Alzheimer's Association are being explored through the delegated models.

Consumer Advisory Board is planned for January 28, 2015, with monthly meetings after that date. Anthem Blue Cross Cal MediConnect Plan and CareMore Cal MediConnect Plan will work together to recruit 12 total advisory members; six from each of the plans. Recruitment of members will reflect membership demographics and family caregivers.

4. Regulatory Review.

The following timeline for the Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS) regulatory updates was provided:

DHCS:

November 4, 2014: Health Risk Assessment (HRA) policy updates for members without past claims data to be stratified as High Risk effective December 1, 2014

November 12, 2014: Draft CCI Bill of Rights from California Association of Health Plans (CAHP)

November 12, 2014: Draft Provider Bulletin on Crossover Claims Payment

November 17, 2014: Interdisciplinary Care Team (ICT)/Individual Care Plan (ICP) policy updates

CMS:

October 21, 2014: Updated CY 2014 Core Reporting Requirements

October 29, 2014: CY 2015 Core Reporting Requirements

October 30, 2014: MMP Medicare Network Adequacy Standards

November 7, 2014: Update to the Part D Reporting Requirements Technical Specifications

November 17, 2014-November 25, 2014: Chronic Care Improvement Program (CCIP) and Quality Improvement Project (QIP) submissions

Matt Woodruff said he will send out the Core Reporting Requirements to the group.

(Completed)

- 5. CMC Ombudsman:** The Ombudsman has not received many calls yet for Santa Clara. They expect to get more calls closer to the go-live date. Most of the issues and concerns that they have seen in other CMC counties have been:
- a. Members passively enrolled when they've opted out and timely processing of disenrollment.
 - b. Continuity of Care (COC) authorization concerns (Durable Medical Equipment or DME: authorized supplies) and proof of upcoming appointments sought by plans for out-of-network providers.
 - c. Different Independent Practice Association (IPA), still in-network, but plans are treating it as a COC.
 - d. Medicare Part D (Prescription) — beneficiaries disenrolled and not choosing a Part D plan, which delays assignment up to two months. Encouraging Health Care Options (HCO) to include language in their phone script to have beneficiaries select a Part D plan right away.
 - e. Transportation Benefit — The health plan representatives were asked to explain the current Medi-Cal nonemergency medical transportation benefit and the added CMC benefit. SCFHP Member Services arranges for member transportation through vendors. Vouchers do not need to be issued. Matt Woodruff confirmed that Anthem Blue Cross Cal MediConnect Plan currently handles this the same way. The CMC

“nonmedical” transportation benefit refers to the mode of transportation, not the destination. Therefore, the destination still needs to be for a medical purpose. Under CMC, the first 30 trips will be tracked and paid for by Medicare and the rest will be paid by Medi-Cal.

6. **Health Insurance Counseling and Advocacy Program (HICAP):** HICAP is currently receiving an average of 40-50 calls a day, averaging 10-11 minutes per call. Some calls last up to an hour if the member needs a language interpreted. Calls are received from beneficiaries, family members and providers. Based on the calls received, the estimated enrollment/disenrollment decisions have been: 40-45 percent wanting to opt out, 20-25 percent enrolled and 30 percent undecided. One of the key concerns and questions from beneficiaries is whether their providers are in-network. HICAP staff is still seeing many members choosing to opt out, even when providers are in the plan’s network, mainly due to beneficiaries’ hesitation about the changes.
7. **Communications (Workgroup/Outreach):** An outline of the past outreach and presentation sessions was provided. These included consumer and key stakeholders, advocates, leadership, staff and key community resources outreach. Some lessons learned from the Communications group are:
 - Outreach and the ability to ask/answer questions in one’s own language is of great value.
 - It is best to reach out first to service providers and then the community they serve.
 - People want to know how these changes will impact their current care.
 - Stakeholders want to hear stories about the implementation in southern California.

The next provider webinar will be on December 2, 2014.

8. **In-home Supportive Services (IHSS) Update:** The CCI In-Home Supportive Services (IHSS) Coordination Guide will be given to the county’s leadership team in mid-December. The guide is for IHSS staff to use as a tool for the implementation and process flow. It will be made available on the county’s intranet. Once the guide is approved, it will be sent out to the Stakeholder’s group. **(Completed)**

IHSS has hired 20 new staff members since July, which includes 16 new social workers. Each social worker averages a caseload of 310 cases. The ideal caseload to meet all mandated requirements is approximately 250 cases per social worker. IHSS currently receives 300 case intakes per month.

9. **Medicare Shared Savings Program (MSSP):** Matt Woodruff reported that both health plans went to MSSP training for the October 1, 2014, go-live date. Reconciling members who are MSSP recipients has gone smoothly. MSSP in Santa Clara County currently has a waitlist of approximately 15 people.
10. **Stakeholder Input. Roundtable - Questions, Comments, New Initiatives:**
Questions were raised about how the group will learn about the quality indicators for CMC. Answers will be shared with the stakeholder committee as well as the Consumer Advisory Committee.
11. **Meeting Schedule – Set Next Meeting:** The Committee will start meeting every other month on the third Wednesday. Upcoming meeting: **January 21, 2015.**

Anthem Blue Cross Cal MediConnect Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Anthem Blue Cross is the trade name of Blue Cross of California and Anthem Blue Cross Partnership Plan is the trade name of Blue Cross of California Partnership Plan, Inc., independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

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