



**Coordinated Care Initiative (CCI)
 Santa Clara County Stakeholder Advisory Committee Summary Notes
March 18, 2015**

Health plan participants:
Matt Woodruff, Anthem Blue Cross Cal MediConnect Plan
Tammie Pitkin, Anthem Blue Cross Cal MediConnect Plan
Allison Lam, Anthem Blue Cross Cal MediConnect Plan
Sandi Sanchez, Anthem Blue Cross Cal MediConnect Plan
Lori Andersen, Santa Clara Family Health Plan Cal MediConnect Plan
Laura Watkins, Santa Clara Family Health Plan Cal MediConnect Plan

Agenda and summary of the meeting:

1. **Welcome and introductions:** Matt Woodruff, Anthem Blue Cross Cal MediConnect Plan, and Lori Andersen, Santa Clara Family Health Plan Cal MediConnect Plan, welcomed all stakeholder advisory members and guests to the meeting.

2. **Health plans update:**

Anthem Blue Cross Cal MediConnect Plan: Matt Woodruff gave the status of the Cal MediConnect (CMC) program for Anthem Blue Cross Cal MediConnect Plan:

- There are 3,244 members enrolled.
- The call center averages 50 calls each day. The most frequent topics include eligibility and benefits clarification.

Santa Clara Family Health Plan Cal MediConnect Plan: Lori Andersen shared the following updates:

- There are 5,918 members enrolled.
- The call center averages 150 calls each day. The average length of a call is two minutes longer than the Medi-Cal program.
- Santa Clara Family Health Plan Cal MediConnect Plan continues to expand its provider network, including the Skilled Nursing Facility contract and exploration of in-home care, respite and housing services.

OnLok: OnLok received an average of 10-15 referrals each week through Maximus, which is normal for the Program of All-Inclusive Care for the Elderly (PACE) in CCI counties around California. The glitch discussed during the last meeting was resolved. Because of the confusion around how PACE referrals are selected, a back-up plan needs to be put into place. The marketing team continues to provide education to beneficiaries. OnLok has the capacity for growth within their San Jose and East San Jose sites.

3. **Program implementation:**

There is still a lot of confusion among physicians and beneficiaries as to what benefits are covered and which providers are in the CMC network.

The biggest selling point for CMC is the case management benefit. Members value care coordinators who can assist members with access to health care and other supports.

CMC Consumer Advisory Board meetings have been held monthly since January 2015. The past two meeting topics covered a summary of CMC, Health Risk Assessments and care coordination.

4. Regulatory review updates: The following regulatory updates were reported:

DHCS:

We received approval on January 29, 2015, to complete HRAs for passive enrollees 20 days prior to their coverage effective date.

- The Medicare-Medicaid Plan Annual Requirements and Timeline for CY 2016 were updated on February 23, 2015.
- The ICT/ICP DPL was updated on March 9, 2015.
- The Provider Preventable Conditions were updated on March 11, 2015.
- The MMP Medicare Network Adequacy Test Submissions were updated on March 11, 2015.
- Updates to the AEVS CMC plan type were made on April 27, 2015. Anthem Blue Cross Cal MediConnect Plan name was showing up incorrectly and was corrected by the state at the end of April 2015.

Pending — In Process:

- State-specific quality-withhold technical notes for demonstration year one will be drafted and released for comment.
- IHSS, via contracts between Qualified Agencies and MCPs/MMPs APL/DPL, will be finalized.
- California-specific reporting requirements will be revised.
- The Medi-Cal encounter companion guide will be finalized.
- The HRA DPL will be updated.
- The COC DPL will be updated.
- The encounter reporting guidelines for care plan options and supplemental benefits will be updated.
- The full duals rate recasting/reblending APL/DPL will be updated.

5. CMC Ombudsman — Issues brought up by individuals calling the CMC Ombudsman include:

- Incorrect information about the program
- Consumers who are not aware of their Continuity of Care (COC) options or rights
- Consumers who are disenrolled, but were not assigned to a Part D plan
- A lack of education about pharmacy benefits and changes
- Misinformation given by providers referring to the provider's toolkit for clarification

6. Communications Committee: Harbage Consulting reported that the committee continues to be proactive in providing education for CCI beneficiaries. The committee has completed 1800 presentations, webinars, health fairs, etc., 1/3 of which were provided in different languages, including:

- Cantonese
- Mandarin

- Spanish
- Vietnamese
- Farsi
- Korean

More than 21,000 flyers have been distributed or mailed, including the information distributed through the IHSS Public Authority newsletters to IHSS beneficiaries. Three messages are being conveyed:

- Look for blue mail
- Address update
- Who to call for what

The education for front line workers at organizations covers enrollment materials and consumer protections. Provider education focuses on COC options, enrollment materials and referral of resources. There are online resources, such as the Cal MediConnect Toons and a YouTube video by Jane Ogle explaining CMC. Webinars are scheduled for contracted and noncontracted providers and specialists were invited to participate in these forums.

Upcoming outreach efforts are focused on:

- Catholic parishes
- Community organizations
- The investigation of radio segments
- The continuation of the physicians' webinars

Challenges include targeting non-English speaking physicians and IHSS providers.

7. Behavioral Health (BH) Report: The BH committee continues to meet twice each month to talk about care coordination issues and care plans. On March 23, 2015, training was held for all BH contracted agencies about operations. Santa Clara County is working with the health plans on discharge planning training to address level of care, specialty mental health, authorizations, etc.

8. In-Home Supportive Services Update: The Board of Supervisors approved seven positions for the IHSS CCI unit, including one manager, one supervisor, four social workers and one clerical position. The transition will occur in June/July 2015. The new positions will ease the burden of the current social workers' caseloads, which averages 360 cases each. The IHSS social workers are also required to participate in Interdisciplinary Care Teams (ICT) for CCI beneficiaries and to do initial intake visits in institutional care settings. The ICT meetings with Santa Clara Family Health Plan Cal MediConnect Plan have been going well, and 25 ICTs are scheduled for Anthem Blue Cross Cal MediConnect Plan.

9. Health Insurance Counseling Advocacy Program (HICAP): The largest wave of calls to HICAP were reported in January. 40-60 calls regarding CCI were received each day. Calls including non-English speaking consumers took longer than calls without non-English speaking consumers. Forty percent of consumers who called HICAP asked to opt-out because:

- His or her preferred provider is not in the network
- He or she did not want any changes to occur to their plan

If the caller did join CMC, 80-95 percent of callers chose Santa Clara Family Health Plan Cal MediConnect Plan. Any issues or problems were referred to the CCI Ombudsman. HICAP

was made aware of pharmacists telling patients to not participate in CMC and giving incorrect information to consumers. HICAP received a few calls about access to providers and will follow up with further provider education.

10. Multipurpose Senior Services Program (MSSP): Fifty-four percent of MSSP clients are enrolled in CCI. For Anthem Blue Cross Cal MediConnect Plan, care coordinators set up appointments for ICT meetings. Santa Clara Family Health Plan Cal MediConnect Plan provided training for case managers focused on benefits and navigating the health plans. The limit of Durable Medical Equipment vendors may be causing member disenrollment.

11. Stakeholder Input — Roundtable - Questions, Comments, New Initiatives:

Questions asked during the meeting included the following:

Q: How long are ICT meetings expected to last?

A: It depends on the case. ICT communication/conferences are usually done by telephone. The meeting can take a minimum of 15-30 minutes.

Q: How responsive are the primary care physicians (PCP)? Do plans anticipate PCPs' participation?

A: The answer to this question is pending.

The committee discussed whether the physicians see value in accessing the plan's HRA. The health plans shared that 50 percent of providers see value in the HRA.

12. Meeting Schedule: The next meeting date/time/location/agenda will be sent.

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