

Coordinated Care Initiative (CCI)
Santa Clara County Stakeholder Advisory Committee meeting notes
November 18, 2015

1. Welcome & introductions

2. Health plans update and CCI implementation issues

Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan)

- **Enrollment:** 3,384 members are currently enrolled.
- **Health Risk Assessments (HRAs):** 41% or 383 completed. Of that 41%, 32% completed the HRA with incorrect contact information or insufficient contact information.
- **Long-term Services & Supports (LTSS):** 78 members are currently enrolled in custodial-only nursing facilities (NF). 1,388 members are currently enrolled in In-Home Supportive Services (IHSS).
- **Community-Based Adult Services (CBAS):** 18 members are currently enrolled.
- **Multipurpose Senior Services Program (MSSP):** 10 members are currently enrolled. MSSP is now at 99% capacity. Approximately 30% of members are Anthem Blue Cross Cal MediConnect Plan members, and the remaining members are SCFHP members. A small percentage of MSSP beneficiaries are still enrolled in fee-for-service Medi-Cal. MSSP has enrolled 83 members since January and 69 have disenrolled. Approximately 8 new members enroll each month.
- **Behavioral Health (BH):** There are 208 open BH cases with 160 of those cases coded as BH-prime. 50% of BH members receive specialty mental health services.

Santa Clara Family Health Plan (SCFHP)

- **Enrollment:** 8,906 members are currently enrolled. Approximately 36-40% of members choose to opt-out.
- **MSSP:** 246 members are currently enrolled, with 39 members currently enrolled in Cal MediConnect (CMC) and 207 members currently enrolled in Medi-Cal.
- **CBAS:** 546 members are currently enrolled, with 95 members currently enrolled in CMC and 451 members currently enrolled in Medi-Cal.
- **IHSS:** 9,965 members are currently enrolled.
- **Long Term Care (LTC):** 1,348 members are currently enrolled in LTC, with 285 members currently enrolled in CMC and 158 members currently enrolled in Medi-Cal. The other 905 members are enrolled in Medicare and Medi-Cal but are not enrolled in CMC.

Program of All-inclusive Care for the Elderly (PACE) — On Lok Lifeways

There are updated numbers for PACE on the CMC dashboard. On Lok is unable to contact 20% of the current members. Some beneficiaries are getting put in PACE before they have enrolled. This occurs when a member selects PACE as an option under CCI, but does not enroll. They are not released and are told they

have to disenroll. The state is working on this issue. It is not an issue caused by or controlled by the health plans or PACE.

3. Issues from last meeting

Care coordination summary — SCFHP presentation

The presentation described the SCFHP Care Coordination or case management program that is offered to all members, with specific requirements for high-risk members, including CMC members. Case managers learn about and assess the member's health care needs and social factors that influence their ability to care for themselves. They help members navigate the health care system and get access to social support resources.

The presentation stated that each CCI health plan has an approved Model of Care that details how care coordination will be provided. Care must be coordinated across all service providers, including medical, BH and LTSS. Care must also reflect a person-centered approach and follow the member's direction about which caregivers and medical providers they want involved. Key components of care coordination include:

1. Risk stratification: This identifies high- and low-risk members based on their health care use and demographics
2. Assessment: This includes a review of the member's clinical information, completion of the HRA and LTSS assessment review for members who participate in LTSS programs such as IHSS, MSSP, CBAS and LTC in a nursing facility.
3. Care planning: This engages the member in creating a care plan that has actionable and achievable goals.
4. Care team: The care team helps develop and implement the care plan.

Care transitions are a subset of care coordination.

Below is the definition of a Care Coordinator from the 3-way contract that the CCI health plans have with the California Department of Health Care Services and Medicare:

“A clinician or other trained individual employed or contracted by the PCP or the Contractor (health plan) who is accountable for providing care coordination services, which include assuring appropriate referrals and timely two-way transmission of useful Enrollee information; obtaining reliable and timely information about services other than those provided by the primary care provider; participating in the initial assessment; and supporting safe transitions in care for Enrollees moving between settings. The Care Coordinator serves on one or more Interdisciplinary Care Teams (ICT), coordinates and facilitates meetings and other activities of those ICTs. The Care Coordinator also participates in the Initial Assessment of each Enrollee on whose ICT he or she serves.”

SCFHP publication

The publication “Member Perspectives” was shared with the group. This was produced to help SCFHP partners learn about the impact and benefits of Cal

MediConnect, particularly care coordination. Organizations needing additional copies should request them from SCFHP.

Deeming

SCFHP began the Medi-Cal deeming process on November 1, 2015. Letters were mailed to 78 Medi-Cal members who might be deemed. SCFHP does not have accurate data yet on outcomes. Approximately 30-40 members are deemed into Anthem Blue Cross Cal MediConnect Plan monthly, but the majority of those members are ineligible because they are deceased, have moved out of the area or for other reasons. The deeming process will last for one month.

SCC CCI dashboard & discussion on committee role and meeting structure

The group received a revised draft summary of the Committee's role and commitment. The committee was asked if they would revisit their purpose, goals and discuss the commitment made by committee members to not just share information and hear from the health plans, but to engage in problem-solving around key issues.

It is a requirement that health plans must have a committee that meets a set of requirements. Committee members can also provide support on issue resolution and be helpful to the plans. The committee did this when the health plans sought a list of low income, senior or family housing sites in the county and asked members to help. It is helpful for members to bring updates from their respective networks to the larger group.

After reviewing the dashboard as a tool for sharing updates, the group decided to pilot a new method through March of 2016 and then review how it has worked. For future meetings, updates will be submitted in advance of the meeting through the use of the Santa Clara County CCI dashboard. Members will be sent a link to the Google-doc prior to the meetings with a request to insert their respective updates. The dashboard will then be sent out in advance of the meeting for all to review. This will save meeting agenda time that can be used to present updates. Any and all questions should then be brought to the meeting.

4. Regulatory Review

Notifications

- Home- and community-based services (HCBS) corrected the institutional indicators files so plans can identify high reimbursement members.
- The Health Care Options (HCO) processing time frame for the out-of-area guidance & disenrollment request form is now 3-5 business days. When members refuse to provide a move date or new address, the appropriate box must be checked.
- The SCAN Foundation released the evaluation data from the "Rapid Cycle Polling Project" measuring CCI/CMC Satisfaction.
- The 3-way contract amendment is still in discussions after more than a year.
- All Plan Letters (APLs) and Dual Plan Letters (DPLs) under review include those based on:
 - Rate recasting

- CMC deemed continued eligibility requirements
- Care coordination

5. CMC Ombudsman

LTSS and BH updates

- **BH:** The MOU is being amended to streamline the business association agreement for eligibility file sharing. This allows members to be matched with the services they receive. This also streamlines coordination and data sharing.
- **IHSS:** The CCI unit currently receives approximately 100 calls per month, including 25 expedited referrals from health plans. The CCI unit has reduced the time frame for expedited referrals to 30 days, with an 8-day initial response time.
- **MSSP:** MSSP staffing is now made up of 7.5 case managers and 2 full-time RNs.

The staff encounters issues such as:

- Referrals for nonemergency medical transportation.
- Timing of wheelchair-accessible transport.
- Members going to medical appointments with specialists being told that their provider is not in the CMC network. Representatives from the health plans suggest that MSSP case managers refer clients to the phone number on their member ID card.
- Continuity of care issues related to PCPs and care managers when members switch from plan to plan and require different vendors.
- **CBAS:** A flier that was developed by SCFHP in partnership with its CBAS providers was shared. It was produced to educate providers about the impact and value of CBAS as part of a larger outreach strategy to increase CBAS enrollment.
- **LTC** — A question was asked about skilled nursing facilities (SNFs) making decisions on behalf of patients. This would result in SNFs no longer being able to take patients that did not have a POLST (Physician's Order for Life Sustaining Treatment) and were unable to decide about a hospice referral.

Meeting Adjourned