

Coordinated Care Initiative (CCI) Santa Clara County Stakeholder Advisory Committee meeting notes May 25, 2016

1. Welcome & introductions

2. Health plans update and CCI implementation issues

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

The Department of Health Care Services (DHCS) audited Anthem Blue Cross Cal MediConnect Plan. These changes were made to the case management program:

- New regional and local teams to help the low-touch and high-touch members
- New jobs for Nurse Case Managers
- A new Community Advocate job. The Community Advocate will lead community outreach and help with questions.

Santa Clara Family Health Plan (SCFHP)

The Department of Managed Health Care (DMHC) and DHCS audited SCFHP. SCFHP is working on:

- Budget planning
- The Whole Person Care proposal for Medi-Cal 2020
- NCQA Accreditation for Cal MediConnect case management
- The Health Homes program

OnLok Lifeways

- Edits are being made to the dashboard.
- They had their program's 45th anniversary.
- Their prior CEO, Bob Edmundson, retired and a new CEO has agreed to fill the open job.

3. Dashboard action items

- Learn more about the finance model
- Find ways to best let members know about In-home Supportive Services (IHSS)
- Find rewards for providers who urge members to renew

4. Regulatory Review

New DHCS quarter one goals are:

- To change Continuity of Care for Medicare from 6 months to 12 months
- To change how Long Term Services and Supports is reported
- Build up Long Term Services and Supports (LTSS) referrals and care coordination
- Standardize Health Risk Assessment (HRA) questions for LTSS referrals
- To keep Cal MediConnect (CMC) membership up, including passive enrollment

DHCS gathered, tracked and trended data about members. It included assessments, referrals, approvals and denials for:

- IHSS
- Long Term Care

- Community Based Adult Services
- Multipurpose Senior Services Program
- Care Plan Options

DHCS removed passive enrollment because statewide advocacy groups objected.

The "Evaluation of CMC: Beneficiary Perspective" by UC Berkeley shared that:

- 43% of those who opted out of SCFHP didn't know they had opted out
- 23% opted out of SCFHP because a provider helped or told them to

We talked about the stakeholders' enrollment comments. We shared how the loss of passive enrollment impacts the success of CMC.

Below are the action items:

- Create best practices based on Inland Empire Health Plan's CMC success
- Look at Medicare Advantage benefits to increase competitiveness
- Find and work with providers that helped or told members to opt out of CMC or go to feefor-service Medicare
- The CCI Communication Committee will share success stories about how the case management program helps members and their families with providers
- Set up a meeting to suggest a different passive enrollment plan
- Invite DHCS to:
 - Meet with Santa Clara County stakeholders in person
 - Talk about the CMC program
 - Hear straight from plans and stakeholders

5. Upcoming meetings and potential topics

The next meeting will be on August 17, 2016, at the Anthem Blue Cross Cal MediConnect Plan offices. We may talk about:

- Health Homes
- Care plan options
- When we are unable to contact members

Meeting Adjourned

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