



San Diego Member Advisory Committee **Meeting Minutes**

Council Members		
Council Members	Committee Members Absent	Blues Shield Promise Health Plan
 Member A, Blue Shield of California Promise Health Plan Member Member B, Blue Shield of California Promise Health Plan Member Member C, Blue Shield of California Promise Health Plan Member Member D, Blue Shield of California Promise Health Plan Member Jack Dailey, Consumer Center for Health Education and Advocacy Legal Aid Society of San Diego, Inc. Leticia Zuno/Casey Mayers, Access to Independence Stephen Carrol, LGBT Center 	 Filpa Rios, Interfaith Community Services Martha Ranon, Southern Caregiver Resource Center Rick Ochocki, National Alliance Mental Illness Tanissha Harrell/Aidee Roman, SD 211 	 Araceli Garcia, Program Manager, Sr. Dr. James Cruz, Chief Medical Officer Kimberly Fritz, Director, Account Management Promise Linda Fleischman, Sr. Manager, Lifestyle Medicine Promise - Health Education Paul Montanchez, Senior Health Educator (Lifestyle Medicine) Promise - Health Education Sandra Saenz, Program Coordinator Promise Som Florendo, Program Manager, Consultant Stephanie Stephens, Sr. Manager, Strategic Planning Valerie Martinez, Senior Director, Promise Chief Health Equity Officer



Topic	Presenter	Decisions/Action items
Welcome and Introductions Araceli welcomed the group and proceeded with introductions, called the meeting to order at 01:30pm	Araceli Garcia	
Q3-2022 Discussion Topic Recap and Update Som Florendo provided a recap from our Q3 2022 meeting. Discussion Topic: Annual Report and Evaluation of the Culturally and Linguistically Appropriate Services (CLAS) Program	Som Florendo	
 Providing Culturally and Linguistically Appropriate Services (CLAS) is a way to improve the quality of services to all individuals, to help reduce health disparities, and achieve health equity. 13,853 Blue Shield Promise Health Plan Members called to request interpreter services in 2021. We met all interpreter services requests. We compared languages spoken among our members and doctors and found we are meeting the language preferences of our Members in both Los Angeles and San Diego counties. 		

Member D stated that her doctor's office, San Diego Family Health Centers offers interpreter services. If they don't have a person that speaks the language then they provide one over a phone service system, which is a great service.

Member D added that she went on the Promise website and didn't see an option for other languages. She is only aware of an English version. She logged in through her phone and she doesn't believe the app matches the desktop site. She also brought to our attention the fact that some members many have low literacy levels and may not know how to use the website due to them not being able to read.

Member D asked has there been any discussion about the different cultures, and do we have any progress on contracting doctors that speak the member's languages.

Dr. Cruz answered that there is a shortage of network providers in San Diego and the culturally issue will always exist. But what we can rely on is our translation services to help those members.

Member D stated that her main takeaway is that we are working on it and that we are trying to contract providers that speak multiple languages.

Takeaways/Action Items

- Add a new webpage on Find a Doctor that provides Members with information about how to contact Member Services to learn more about their provider's race and ethnicity – In development – go live Q1-2023
- Give providers information on how Members can request interpreter services –
 Completed
- Inform providers on how to update their information in the provider portal Completed



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Population Needs Assessment Update	Paul Montachez	
Paul Montaches provided information on what is a Population Needs Assessment (PNA)?		
 Blue Shield Promise Health Plan conducts a Population Needs Assessment (PNA) to ensure members' health education and cultural and linguistic needs are met. 		
 Results of the Population Needs Assessment will be used to develop an action plan to address the barriers to care gap in services. 		
Summary of Key Findings		
 CAHPS survey data shows that 72% of members report that their doctor always communicates well. CAHPS survey data shows that 50% of adult members report getting the flu shot. Department of Health Care Services (DHCS) inequities data shows that only 47% of Black/African American Members are controlling high blood pressure compared to 59% for all members. 		
2022-2023 Population Needs Assessment Health Education Goals		
 Increase the number of members who report that their doctor always communicates well. 		
Increase the number of members who get an annual flu shot.		
Increase the number of Black/African American members who are controlling high blood pressure.		
 Increase the percentage of members who report getting an interpreter when they need one. 		
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Top 10 Chronic Health Diagnoses Among Promise Medi-Cal Members, 2021

- Diabetes 13%
- High Cholesterol 20%
- High Blood Pressure 22%
- Osteoporosis 3%
- Kidney Disease 6%
- Substance Abuse 6%
- Heart Disease 7%
- Depression 6%
- Arthritis 8%
- Lung Disease

Virtual Health Education Classes

Class Title	Number if Sessions	Frequency	Day of the Week	Time
Diabetes Manageme	nt 2 sessions	Quarterly	Tues/Thurs	5PM
Heart Healthy Lifesty	le 1 session	Quarterly	Tues/Thurs	5PM
Blood Pressure Mana	gement 2 session	Quarterly	Tues/Thurs	2PM
Nutrition	1 session	Quarterly 1	Tues/Thurs	2PM
Bone Health	1 session	Annually T	ues/Thurs	2PM
Asthma Managemen	t 1 session	Annually	Tues/Thurs	2PM
Tobacco Cessation	1 session	Annually T	ues/Thurs	2PM
Stress Management	1 session	Annually	Tues/Thurs	2PM
Exercise/Physical Act	ivity 1 session	Annually	Tues/Thurs	2PM
Memory Health	1 session	Annually	Tues/Thurs	2PM

Members can register for virtual classes by calling Promise Health Education Department. All classes are offered in English, Spanish, Cantonese, and Mandarin.



Member D asked when will we offer different languages for these classes? She has noticed that Arabic members may participate in more classes if we offered them in their languages.

Paul answered that we currently don't have the staff to offer other threshold languages, but we do provide interpretation services to those members. If a member is not available, the day and time of the class we can provided the recordings on an individual basis, and we will use interpretation services in the member's preferred language.

Araceli added that that was a great reflection for to remind our members of the services we provide our members.

Steve add that at one point he worked in the behavioral medical system of care in San Diego. They didn't have to create materials for members, the county provided the for them in all threshold languages. And asked if that was still the case.

Paul answered that we do have 20 mandated materials that are available in all threshold languages. A member would just need to contact us, and the material would be sent to them in their preferred language.

Steven added that in respects to the data that Paul shared, what stood out to him was the data regarding 50% of members that have received a flu shot. He asked what that data looked like from 2021-2020 in terms of how that influences our goals for the following year.

Paul answered that the CAHPS survey is done annually with our Medi-Cal population. Historical the PNA was the population needs assessment based on the CHAPS data and other internal data that is specific to the health plan. From this data they will develop their PNA goals. They have switched it to every 3 years. So, this PNA will run for the next 3 years but the CHAPS survey will continue to be conducted yearly.

Member B asked if these classes are offered in San Diego County?

Araceli will connect with the members for them to connect to our health education classes.

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Paul answered that all these classes are offered virtually, and they are developing a quarterly calendar and they will share it once it is ready. In 2023 we will reinstate our inperson classes and their goal is to get out in the community again and provided classes in various locations throughout San Diego County.		
Member D asked how we are serving members that are functionally illiterate. She thinks these members may not be able to read our materials and may not know how to use the website. Paul answered that we provide all the information at a 6-grade reading level or lower. Some of our members may not be able to read the materials so we have ways to address these barriers, such as providing it verbally.	Stephanie	
Member D added that these members also need the information we provide.	Stephens	
Araceli thanked member D for bring this issue up and emphasized that we will focus on interpretation services and on our member's reading and language barriers to better communicate with our members.		
Committee Discussion		
Stephanie Stephens, Senior Manager of Strategic Outreach Initiatives is now overseeing and co-managing our Promise website.		
Stephanie provided some background on why we are seeking the committees feedback, regarding how to improve our website to make it easier for members to find information they need, to get care, and to stay healthy. O Throughout 2022 we have been asking our members for their feedback about the overall experience of Blue Shield of Ca Promise Health Plan. O We use something called Net Promoter Score survey to seek the feedback.		

Promise Health Plan

- The first question asked is, on a scale from zero to ten how likely are you to recommend Promise Health Plan to a friend or a family member?
- Member responses that we get from this question, give us a score of how satisfied members are or how happy they are with Promise health plan.
- o 2022 overall we are doing well but we want to do better.
- o For that reason, we ask some more questions like, how is easy is it to understand what the plan covers? Do you feel like you can get help when you need it? Do we answer your questions on the first call? Do we help solve your problems? Can you find what you are looking for on the website? Is the website easy to use? And do we give you the information you need?
- O This helps us find the areas where we need to improve.
- o These questions really focus on how the members feels about the plan.
- There is also another survey called CAHPS survey. This survey asks about a member's experience with the quality of care and services that they get.
- o Based on the response we have received this year; we're finding two major areas where we need to improve, and one area is the website.
- Specifically finding information on the website and the ease of the use of our website.
- o Another area is understanding what the health plan covers.
- o So, getting this feedback will hopefully help improve our scores.

Actions taken from the feedback we received:

- We've a plan to improve the content and the navigation of the website throughout 2023.
- o Ideally, we are going to be making small incremental changes to increase the satisfaction with the information that is on there until we present it.
- There are parts we cannot change but we can present and change how we say and present the information and how members navigate through the site.

Stephanie then asked the group for their feedback by answering the questions below.

Blue Shield Promise Website

What are the reasons you go to the website? What is the most important information you want to see on the homepage? How can we make a great first impression on our homepage?

Member D suggested that we should have different nationality, special needs individuals, and providers on the homepage picture. She think that shows that we are in all-inclusive family. She also thinks that we should add the telephone number of both counties' customer service. So, it's easy for the members to contact us.

Member C added that we should prompt our mental health services without having to ask their PCP. She would like to so more self-service options. She has anxiety and it is hard for her to bring it up to her PCP.

Steven added that it nice to have an area where we present the team. Bios of the staff. So, members get to know who it behind the scenes. He also thinks that it's hard to find the information like the Health Education classes that members need. They must scroll all the way to the bottom of page to find that information. Also, he think the find a doctor page is very dense with text. He thinks that we should have our events calendar on the homepage, so members don't have to go through multiple pages to find that information.

We then went over our benefits page.

When you read "benefits", what does that mean to you? What benefits are most important to our members/you? What do you want to know about the Medi-Cal benefits?

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Member D interprets the word benefits is what a member can get from us, but she thinks	
that for other cultures it may main something different. Once again, she sees a language	
barrier. So, she thinks the wording must be more universal. She also thinks that the picture	
needs to reflect what we are speaking about on pages. She believes members would feel	
more connected and feel that we will take care of them if they can relate with the visuals.	
Member D added that the picture doesn't represent benefits. She would like to see more	
diversity throughout the site.	
Marshar Cadded that adding substances abuse services link or telephone number on that	
Member C added that adding substances abuse services link or telephone number on that	
page. So, members that are having a problem they can find that information faster.	
Steve added that 988 is being highlighted in SD and we should add it too. He thinks that	
the page does feel confusing the mental health information. He sees telephone numbers	
on the page but is unsure if the telephone numbers are to the county services or is it to us.	
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Stephanie summarized Steve's feedback. So, whatever number we are providing it needs	
to be clear or who we're sending you to and what you can expect.	
Member B added that we should add elder abuse services information on to the page as	
well.	
Well.	Araceli will send a copy of
Member D added that we should add more senior services as well.	the cheat sheet to member
	D
Araceli added that it would be smart to create a small group offline sessions where we can	
share what we have around process draft version and continue the feedback because this	
group has amazing ideas.	
Next, we moved forward to our new member page.	
What do our members/you need want to know about Blue Shield Promise and the	
Medi-Cal Program?	

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We heard from members that they do not understand how to use their health plan. What do members/you want to know specifically?			
Member D stated that we should add a cheat sheet with all our services available to our members. Adding our class, and important telephone numbers.			
Araceli added that we should revisit the cheat sheet that the committee members created and see how we can incorporate it to our website.			
Jack Dailey added that on the new member page, he'd suggest pushing the contact information to the bottom and moving up the breakout boxes (e.g., FAQ, Member rights, etc.) up below the nurse line section. Those breakout boxes are helpful, but I feel they are buried at the bottom of the page.	Jack Dailey		
Jack added that our transportation services, case management and care coordination services should be added as a Medi-Cal benefit.			
Stephanie thanked the group for their feedback and time and let the group know that she will be back to provide updates.			
Ombudsman: What is trending?			
Jack Dailey provided an update overview of the states Ombudsman's office and what is trending.			
Blue Shield Promise – PHP Member Committee Update			
The Consumer Center or "CCHEA"			



- Our team is comprised of knowledgeable consumer health advocates and experienced health care attorneys.
- o We help educate consumers about and navigate health systems.
- We advocate for consumers to obtain/maintain needed coverage and access needed services.
- We serve as the Dept. of Health Care Services' CalMediConnect Ombuds program; Dept. of Managed Health Care Consumer Outreach and Assistance (COAP) partners; and Covered California Consumer Assistance Program.

Updates for Members

- Cal MediConnect transition to Dual Special Needs Plans Members have received 45-day notice regarding this transition.
 - Small number of CMC beneficiaries did not get notices due to missing addresses in CMS system. CMS is working with plans to make sure they are transitioned smoothly. Receipt of Part D notice termination notice only is an indicator.
- DHCS issued guidance (ACWDL 22-25) confirming asset elimination starting 1/1/2024 (starting with applications received as of 12/1/23)
- COVID-19 Public Health Emergency (PHE) extended at least through 2/1/23.
- See our COVID-19 and MPox resource pages at www.HealthConsumer.org

Trends and Questions: Focus on Medical Debt

- Recent data shows that over 36% of survey respondents indicated that the cost of care, medical debt, or fear of medical debt led to patients delaying access to care.
- Recent federal and state laws have enhanced protections for consumers relating to medical debt (e.g., HFPA, NSA, etc.)

- We are currently exploring how best to improve our education efforts to patients about medical debt and billing protections, and we'd appreciate your feedback:
 - If you've ever received a medical bill, do you think the notices and letters are clear about your rights? Your options for getting questions answered or help with understanding the bill?
 - Generally, are consumer directed brochures or mailers with information about your rights helpful?
 - What other recommendations or concerns do you have about medical debt?

Dr. Cruz stated that this is an important topic, and he has seen that medical offices sometimes put the burden on the members if they can't confirm their health coverage and bill the member. Telling them that they can get reimbursed. He is also seeing clinics charging member's for missed appointments, which is illegal. He thinks a lot of this is going on.

Jack added that they are working on an education packet, there is a movement to came up with an oath of things providers should never do. To commit to a list of nerves. Such as never charge Medi-Cal members.

Dr. Cruz added that the office managers should also be made aware of the things as well.

Member D added that the members need to be aware of this as well. Educating them on what to say when they are asked to pay for a service or missed appointment at a doctor's office.

Dr. Cruz highlighted the fact that medical offices are not seeing members unless they pay in these situations. No matter what the member says they are being turned around and not seen until the missed appointment is cleared. We don't want our members to go through this experience.

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Jake added he sees the opportunity to educate on both sides. Educating the provider offices and empowering the members to identify when something feels wrong. Providing insight about what the protections are, and then how to seek help with our protection and that their goal.	Dr. Cruz	
Araceli reminded the group that we do have a provider engagement team that goes out to our provider offices to educate them on subjects like this one.		
Contact information: The Consumer Center for Health Education & Advocacy Toll-Free: 1-877-734-3258 Fax: 619-471-2782 Key Managers: • Jack Dailey, HCA Coordinator/Director of Policy and Training - 619-471-2606 or JackD@lassd.org • Alexandria Forester, Senior Attorney – 619-471-2686, AlexandriaF@lassd.org. • Carol Neidenberg, Program Manager - 619-471-2612 or CarolN@CCHEA.org • Websites – www.lassd.org and www.HealthConsumer.org		
Closing Remarks		
Closing Remarks / Looking Ahead to 2023		
Dr. Cruz shared that he would like to close out the year 2022 by sharing what to expect in 2023. There are three areas that he went go over.		
 California Advancing and Innovating Medi-Cal (CalAIM) Will be implemented January one, 2023 The Doula benefit will be added in 2023 		

Promise Health Plan

- Medi-Cal expansion to groups that have been a part of foster care system.
- Office of Health Equity
 - In 2023 we will fully implement our Office of Health Equity.
 - We have a new Chief Health Equity Officer, Valerie Martinez.
 - We will be providing updates on what we are doing and how we are doing in terms of eliminating health care inequities with our members.
- New Reports in 2023
 - We will provide regular reports and updates on the three areas below. We are working hard to improve our member satisfaction for CHAP survey results by focusing on these areas.
 - Membership
 - o Interpreter Services
 - o Appeals and Grievances

Appeals and Grievances

Dr Cruz provided a high-level explanation on the differences between the Appeals and Grievances process.

- Appeal: If a member thinks Promise Health Plan has made a mistake in denying a medical service or if they do not agree with our decision, a member can submit an appeal.
 - If an appeal is upheld, that means the decision to deny a medical service stays the same.
 - If an appeal is overturned, that means the decision was changed to approve a medical service.

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•	Grievance: If a member is unhappy about any part of their care or with Promise	
	Health Plan, they can submit a grievance (complaint). All grievances are resolved.	
Тор 3	reasons a member files an appeal (Q3 2022)	
1.	Services and/or claims denied as not being medically necessary.	
2.	Claims denied for non-payment.	
3.	Pharmacy medication denials.	
Тор 3	reasons a member files a grievance (Q3 2022)	
1.	Members are unable to access care in a timely manner.	
2.	The care received or not received adversely impacted or had the potential to	
	adversely impact the enrollee's health.	
3.	The attitude/behavior of a provider's office, the Plan's staff and/or a provider	
	contracted with the Plan.	
Arace	li shared a short video with the group.	
	The Best of California: Medi-Cal is Here for You	
	 English: https://www.youtube.com/watch?v=4aw2N98SvmQ 	
	o Spanish: https://www.youtube.com/watch?v=NH6OVAICGpM	
•	Closing Remarks	
•	meeting ended at 3:05 PM	



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