

San Diego Member Advisory Committee Meeting Minutes

June 9, 2022, 01:30PM

Council Members

Council Members	Committee Members Absent	Blues Shield Promise Health Plan
<ul style="list-style-type: none"> • 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 • Jack Dailey Consumer Center for Health Education and Advocacy • Martha Ranon- Southern Caregiver Resource Center • Steve Carrol- LGBT Center • Nancy Vera- Access to Independence • Tanissha Harrell/Aidee Roman – 211 	<ul style="list-style-type: none"> • Filpa Rios - Interfaith Community Services • Nancy Sasaki - United Way of San Diego County 	<ul style="list-style-type: none"> • Sandra Rose – Sr. Director of Community and Provider Engagement • Dr. James Cruz- Interim Chief Medical Officer • Araceli Garcia - Program Manager, Sr. • Lucy Ventura-Nunez- Sr. Manager Enrollment and Retention • Christine Nguyen – Director, Clinical Quality • Stephanie Stephens – Sr. Manager, Strategic Planning

Topic	Presenter	Decisions/Action items
<p>Welcome and Introductions Araceli welcomed the group and proceeded with introductions, called the meeting to order at 01:35pm</p>	<p>Araceli Garcia</p>	
<p>Recap of Q1 2022</p> <p>Medi-Cal Redetermination Update</p> <p>What is Medi-Cal Redetermination? Lucy provided an Medi-Cal update to the group. Each year, the county will conduct a review to determine if you and/or your family members continue to meet Medi-Cal eligibility requirements. This review process is called your annual redetermination.</p> <p>What Happened? A public health emergency (PHE) was declared by the federal government in 2020 which did not allow terminations or reduction in benefits to occur. It is still in effect and on-going. Purposed date to be lifted is July 2022.</p> <p>Who is impacted? When the public health emergency is lifted:</p>	<p>Lucy Ventura-Nunez</p>	

<ul style="list-style-type: none"> - Up to 3 million Medi-Cal beneficiaries could lose eligibility. - Medi-Cal beneficiaries will be redetermined - Beneficiaries who are no longer eligible could: <ul style="list-style-type: none"> o Enroll in an individual and family Plan (IFP) Plan (i.e., Covered CA) o Gain coverage through their employer sponsored coverage or be uninsured <p>Next Steps:</p> <ul style="list-style-type: none"> -Outreach to all our Community Bases Organization partners to provide education, talking points, and resources on redetermination -Host Community Alliance forums for Community events <p>Lucy reiterated the importance of educating the community to update their personal information with the county. This will help streamline the redetermination process.</p>		
<p>Improving Quality of Care and Services</p> <p>Christine introduced herself and provided some background on what the Quality team is working on.</p> <ul style="list-style-type: none"> • We want to ensure our members receive the care and services they need. • We set goals each year to improve our care and services. • We measure our members are receiving certain preventive screenings and treatment care they need. • What changes do we need to make that will help improve our care and services? <p>Key Quality Measures for 2022,</p> <p>Women’s Preventive Care-</p> <ul style="list-style-type: none"> • Breast Cancer Screenings, Cervical Cancer Screening (Pap Test), Chlamydia Screening. <p>Childhood Preventive Care-</p>	<p>Christine Nguyen</p>	

<ul style="list-style-type: none"> • Child and Adolescent Well Care Visit, Adolescent Immunizations, Well Child Visits 0-14 months, Well Child Visits 15-30 Months, Lead Screening in Children, Childhood Immunizations. <p>Mental Health-</p> <ul style="list-style-type: none"> • Follow-Up After Emergency Department Visit for Substance Abuse, Follow-Up after Emergency Department Visit for Mental illness. <p>Maternal Health-</p> <ul style="list-style-type: none"> • Postpartum Care, Timeliness of Prenatal Care <p>Chronic Condition Management-</p> <ul style="list-style-type: none"> • Diabetes Hemoglobin A1c Poor Control, Controlling High Blood Pressure <p>These measures are for Medi-Cal and Call MediConnect members.</p> <p>Comments and Feedback</p> <p>Tanisha Harrell posted a question; does it have to be measured by who comes in the emergency room?</p> <p>Christine answered, for this measure this is what the state is looking at but there are a lot of other mental health measures that we look at as well.</p> <p>Jack Dailey asked how do we get the data regarding the follow up care?</p> <p>Christine answered, that is a challenge, we do get some data through the state. But there is probably lots of gaps. All health plans are working on acquire the data.</p> <p>Kimberly Fritz – stated that SD is working on a data sharing system. Blue Shield Promise is working directly with the county to create this process.</p> <p>Jack Dailey is interested in knowing if the county is willing to put the data through to one of the CIE as well because this will open more door to assist more people.</p> <p>Kimberly Fritz stated that that is something we ask for from the county.</p>		
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<p>Dr Cruz amplified that the health plans and the state are working hard to get the state to share this data. The biggest barrier we are facing is the county mental health system. The state is pushing for increased accountability on the side of the health plan to reach out to members after an emergency department visit, especially after a behavioral health type of intervention. But the county mental health system isn't as cooperative as the state, or the health plans need it to be. We are trying to work through that and will continue to do so.</p> <p>Jack Dailey stated that he appreciated all the detail on the effort thanked us for the work we are doing in this regard.</p> <p>Maternal Health-</p> <ul style="list-style-type: none"> • Postpartum Care, Timeliness of Prenatal Care <p>Chronic Condition Management-</p> <ul style="list-style-type: none"> • Diabetes Hemoglobin A1c Poor Control, Controlling Health Blood Pressure <p>Current Activities we are doing to improve Quality Measures</p> <p>Member Engagement</p> <ul style="list-style-type: none"> - Blue Shield Promise schedules an appointment for member - Have health navigators at provider group (doctor office) - Education regarding preventive screenings and medication management - Mobile Mammograms - Member incentives (selected) - Due Date Plus app for expectant mothers - Remote blood pressure cuffs <p>Planned Activities to improve Quality Measures</p> <p><u>Member Engagement</u></p> <p>Member Mailings</p>		
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<p>In-home visits Reminding members about needed services when members call Customer Care Working with community-based organizations to engage members Community health advocates Comprehensive member incentives/raffles</p> <p>We have been working with several of our clinics in San Diego to provide Bluetooth enabled blood pressure cuffs to our members who have high blood pressure. This is a tool for our members to use to check their blood pressure.</p> <p>Comments and Feedback Member B asked what is the In-Home Supportive Program going to look like?</p> <p>Christine answered that that will be new to us and launching it later this year. We will focus on having our nurse practitioners or physicians' assistance go out to our member's home to conduct the wellness visits.</p> <p>Member B suggested that if we take in consideration culture difference and languages. She thinks members would be more open to receiving service.</p> <p>Member B asked how the raffle will work?</p> <p>Christine answered, if a member goes in for a service they will be put into a raffle.</p> <p>Member B thinks that we should be incentivizing members that do go to their services regularly like they should be doing.</p> <p>Katrina stated that she has anxiety going to the doctor's office and she feels better doing calls instead of going in.</p> <p>Member A shared that she really appreciates reminder calls from her doctor's office. It helps her remember what appointments she has coming up.</p>		
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<p>Dr. Cruz asked if she likes to get the reminder calls a week before or days before?</p> <p>Member B stated that she likes getting the reminder call a week ahead. She also is appreciated our transportation services. She recommends us to her family and friends and asked if we will be providing services in northern ca?</p> <p>Dr Cruz answered we are currently working on getting services to other counties.</p> <p>Dr Cruz asked for feedback on our incentive programs. He would like to know if members would like to receive the incentives, they are qualified for to a bank account, all at once?</p> <p>Stephen Carroll shared that they also give out incentives for different reasons. The feedback they receive is consistent that folks prefer to receive incentives as they're going along verse banking them.</p> <p>Member B made a point on the fact that members that are going to their appointments may get upset that they don't qualify for an incentive. They may stop taking care of their health to qualify.</p> <p>Araceli thanked Ruth for her feedback and well note that to explore it further.</p> <p>Tanisha Harrell asked whether the intent of the incentive is around changing member's behaviors.</p> <p>Christine answered, yes that is the intention. We are starting the program mid-year and it won't be extended to everyone. But coming next year a lot they may be a lot more members that qualify for the incentive. She will take the member's feedback to her team to review.</p>		
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<p>Sandra Rose added that we have had the incentive program that's around change behaviors. She asked the group what else can we offer more people to go to their doctor's visit.</p> <p>Nancy Vera stated that members have a hard time going to their doctor's office due to lack of transportation. She thinks it's a good experience for members to know and hear from word of mouth. Maybe reevaluating our messaging.</p> <p>Member B thinks that transportation is the biggest issue for our members that don't drive. Member's may still think that transportation is limited to a certain number of rides per year. She also believes that member's culture is keep member's from attending screening visit.</p> <p>Tanisha Harrell asked in the comments: will the incentives adversely impact individuals who are receiving public benefits?</p> <p>Jack Dailey stated that the incentive depends on the impact that it helps the members. He believes that since the incentives are minimal, this could be the reason why members continue to not go to their visits.</p> <p>Dr Cruz stated that immigration action against our member's is the key areas were concerned about that.</p> <p>Member C stated he save the incentive to use them at the end of the year for Christmas presents for his grandchildren. He thinks that receiving the funds electronically is the easiest way to receive them.</p> <p>Tanisha Harrell stated that as a patient she would like to see her follow up with her doctor on some type of dashboard. This impact would be greater if you are seeing yourself participating in your health. The dashboard can highlight the outcomes and disparities.</p>		
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<p>Rick Ocoocki shared some information on member outreach engagement. He noticed that people that had more information and detailed information with a QR code were more engaged. He noticed that some provider also had brief information on flyers but had a QR code that took members to more information on a website.</p> <p>Araceli thanked everyone for their feedback and a great discussion.</p> <p>The Consumer Center or “CCHEA”</p> <ul style="list-style-type: none"> • The team is comprised of knowledgeable consumer health advocates and experienced health care attorneys. • They help educate consumers about and navigate health systems. • They advocate for consumers to obtain/maintain needed coverage and access needed services. • They serve as the department of Health Care Services' CalMedi-Connect Ombuds program, Dept. of Managed Health Care Consumer Outreach and Assistance (COAP) partners; and Covered California Consumer Assistance Program. <p>Substantive Updates: Jack shared about the Medi-Cal RX program</p> <p>Medi-Cal Updates:</p> <ul style="list-style-type: none"> • Medi-Cal Rx program (fee-for-service medication) began 1/2022. See our consumer flyer in English and Spanish. The continuity of care protections that were supposed to end after 180-days have been extended. This means if consumers had a prior authorized medication in 2021, they should be able to continue to have it covered without a new prior authorization. • Public Health Emergency continues. It was scheduled to end July 15th, but it will continue at least into August at this point. <p>Medicare updates-</p>	<p>Jack Dailey</p>	
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<p>New CMS regulations will require D-SNPs to have consumer advisory board and one unified Medi-Cal and Medicare plan level appeal process. Members can take their appeals interlay and externally.</p> <p>Trend and Questions:</p> <ul style="list-style-type: none"> • Have there been problems or delays accessing medications since the Medi-Cal Rx rollout? Any challenges that can be shared? • The Medi-Cal program will increase its asset limit from \$2,000 to \$130,000 in July. Do board members have questions or feedback about the impact of this change? <p>Comments and Feedback</p> <p>Member B hasn't had any problems with this the new RX program transition.</p> <p>Member C stated that everything is working fine with the new RX program. He asked if he will be affected by cost of living?</p> <p>Jack answered: No, as the PHE is still going on. There is an adjustment with an increase, and it shouldn't impact members. It adjusts for cost of living.</p> <p>Katrina asked why are some meds not covered?</p> <p>Jack answered that all forms of coverage have some set of criteria and who is covered for a particular medication. So, when the provider prescribes medication, that they think it is necessary and important for you to have. They should be cross referencing your coverage to see and make sure it is covered.</p> <p>Dr Cruz added that for Medi-Cal if the FDA has approved the drug, it is covered. Where doctors have a difficult time is because depending upon the individual's condition, there may be dozens of medications that can be selected to treat. So, it's</p>		
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not easy to look up all the medications that are available. There might be an age barrier and your age might be factors.

Open Discussion and Closing Remarks

Araceli thanked the group and closed the meeting at 3:06pm

Araceli Garcia

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