

Los Angeles Member Advisory Committee Meeting Minutes

September 7, 2022, 01:30PM

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 Member E, Blue Shield of California Promise Health Plan Member Halina Fardin, Worksite Wellness LA Jackie Dai, Neighborhood Legal Services of LA County Joann Cannon, Personal Assistance Council Claudia- Spanish interpreter 	 Member F, Blue Shield of California Promise Health Plan Member Anwar Zoueihid, Partners in Care Foundation Lisa Cahill, Pathways LA Hector Ochoa, Southern California Services for Independent Living Richard Ayoub, Project Angel Food Margie Harper, National Alliance Mental illness 	 Kristen Cerf, President, and CEO Sandra Rose, Sr. Director of Community and Provider Engagement Araceli Garcia, Program Manager, Sr. Christine Nguyen, Director, Clinical Quality Julianne Holloway, Director of Medicare Duals Mary Katherine, Sr. Manager Program and Project Management Lucy Ventura-Nunez, Sr. Manager, Enrollment and Retention Linda Fleischman, Sr. Manager, Lifestyle Medicine Patricia Mowlavi, Sr. Director, Finance Analytics Eileen Moscaritolo, Consultant Danika Cunningham, Director, Clinical Quality Lorraine Greywitt, Director, Operations Melinda Kjer, Director, Provider Services Som Florendo, Program Manager, Consultant Brandi Melville, Program Manager, Principal Eloisa Estrada, Sr. Manager, Provider Services James Cruz, Chief Medical Officer, Promise



Topic	Presenter	Decisions/Action items
	Araceli Garcia/ Sandra Rose	
Welcome and Introductions		
Araceli Garcia, called the meeting to order at 01:33pm		
Recap of Q2 2022 meeting		
Christine provided a recap from our last meeting Topic: Medi-Cal Quality Improvement Initiatives	Christine Nguyen	
 Discussion Recap Blue Shield Promise wants to ensure our members get the best health care. We have a quality improvement program to ensure our members get quality care. Each year, we set goals to improve our care and services. One goal is to help our members take better care of their health. We want to create programs and services to meet the needs of our members. We measure whether our members are receiving certain preventive screenings and treatment care they need. This tells us what we are doing well or may need to change. 		



 Key Takeaways/Action items We are evaluating our new comprehensive member incentives program and considering member's feedback to revise as necessary in 2023. We are working with our provider partners to make it easier for our members to get needed services completed in settings that are convenient for our members. We will be working on sharing impactful messages in a variety of ways that can influence members to get preventive care services completed. Sandra Rose emphasized that we hear our committee members during our meetings, and we are following up on all their recommendation. 	
Blue Shield Promise Health Plan Updates Our President Kristen Cerf provided an update on the procurement process. She spoke on the step we took, and she shared the state results with the group. There is no impact in Los Angeles County, and all will stay the same. We are appealing the decision for the rest of the state.	Kristen Cerf
Sandra Rose reminded the group to please reach out to Araceli or herself if anyone has any questions during this time. Cal MediConnect ends Julianne shared the latest updates on Cal MediConnect and what to except as it comes to an end. Blue Shield Promise Cal MediConnect will end on December 31, 2022, and all members will automatically transition to an Exclusively Aligned Dual Eligible	Julianne Holloway
Special Needs Plan (D-SNPs); also known as Medicare Medi-Cal Plans , effective January 1, 2023.	



What is a Medicare Medi-Cal Plan D-SNP?

- A D-SNP is a special Medicare Advantage plan for dual eligible beneficiaries.
 The Medicare Medi-Cal Plan D-SNPs require members to receive their Medicare and Medi-Cal coverage through the same company.
 - Blue Shield TotalDual Plan (HMO D-SNP) and Blue Shield Promise Medi-Cal Plan are both offered by Blue Shield of California.

Transitioning Member Experience

- Members currently in Blue Shield Cal MediConnect Plans will **not** have to do anything to move into their new plans for 2023.
- Provider network (doctors, specialists, medical groups) will be bigger.
- Existing authorizations and prescriptions will be copied from the current plan to the new plan.
- Members will still work with one plan to receive all their Medicare and Medi-Cal benefits and services.
- Members will have **one ID Card** that works for Blue Shield Total Dual Plan and Blue Shield Promise Medi-Cal Plan.
- Concierge Customer Service team to answer all questions.

Discussion

- Are we missing anything from a member experience?
- Do you understand what will happen with the transition and when?

Comments and Feedback

Member Gloria asked, will this limit those who are already assigned and seeing certain doctors?

Julianne answered that it won't change anything. We are working to make sure that the members will be able to see the same providers that they are currently assigned to.



Member B asked, what will happen to the members that are not on Cal Medi-Connect and just are on Medicare and Medi-Cal?

Julianne answered those members will not be affected. They are considered as dual members and their Medicare will remain as fee for service if they choose to keep it that way.

Member B stated that her Medicare plan has never been under any health plan. If she chooses a plan, will it affect her in any way?

Julianne answered, you can enroll your Medicare with a plan if you choose to, and it won't affect your benefits. It will be a condonation of your full benefits and you doctors would stay the same.

Cal MediConnect Transition Timeline

- Last week of August 2022 First letter about Blue Shield Promise Cal MediConnect Plan ending
- September 30, 2022 October 2, 2022 Blue Shield Promise Cal MediConnect members receive their Annual Notice of Change (ANOC) and 90-day plan non-Renewal letter, notifying them their plan is ending and comparing their current plan benefits to their new plan's benefits.
- October 3, 2022 October 31, 2022 Blue Shield Promise Cal MediConnect members receive provider change notices. Telephone outreach will also occur.
- November 15, 2022 Blue Shield Promise Cal MediConnect members receive a 45-day reminder about their plan ending.
- December 31, 2022 Blue Shield Promise Cal MediConnect Plans end.
 - No gap in coverage
 - No application required
- January 1, 2023 Members are effective in Blue Shield TotalDual Plan and Blue Shield Promise Medi-Cal Plan.



Discussion

- Do you think additional communications are necessary?
- What can Blue Shield do to make this transition easier for its members?

Comments and Feedback

Member A suggested that the plan should make sure our health plan name is visible and clear when sending any notification on this transition.

Member B asked, members that will remain on the plan, will the get a letter notifying them that Cal MediConnect will be ending? And are the providers aware of the changes?

Juliana answered, only current Cal MediConnect member will receive a letter regarding the smooth transition.

Julianne answered that we are in contact with our providers, and we are making sure that we continue to contract with the doctors that are currently contracted with Cal MediConnect to make sure our members receive continuity of care.

Julianne suggested if any members have any questions on Cal MediConnect, they can reach out to HICAP and Health Care Options (HCO) or call us at our Customer Care line.

The California Health Insurance Counseling & Advocacy Program (HICAP) phone number is 1-800-434-0222 (TTY: 711) if you want to talk with a health insurance counselor for free about plan choices or changes.

Jackie and Connor from NLSLA/HCC also extended their assistance with any Cal MediConnect questions. They can be reached at 1-800-896-3202

Araceli will send the committee the telephone number to HICAP.



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Annual Culturally and Linguistically Appropriate Evaluation Report	, , ,	Som Florendo	
Som Florendo spoke on the results from our annual CLAS report.			
Cultural and Linguistic Appropriate Services (CLAS) is a way to improve the quality of services to all individuals, to help reduce health disparities and achieve health equity. The CLAS report help us: • Better understand our members' cultural and language needs, and • See if the doctors in our system can meet the cultural and language needs of our members When doctors can tailor services that are respectful of and responsive to each person's culture and communication needs, they can improve the health of all members.			
Doctors:Culturally competentUse interpreter servicesProvide quality services	Member: better experience More engaged Improved health		
Member Race and Ethnicity			
 African American 7% American Indian/Alaskan 0% Asian/Pacific Islander 5% Caucasian 8% Hawaiian 0% Hispanic/Latino 16% Other 35% Unknown 29% 			
 Unknown is defined as race/ethnicity is not assign member. 	ed, undefined, or declined to report by		



Member Languages

Based on current data Blue Shield of Promise Health Plan, 60.2% of the 452,738 total members speak a language other than English. Members in Los Angeles (LA) and San Diego (SD) Counties are represented by the following language categories:

- Armenian 1.01%
- Cantonese/Yue Chinese (LA) 0.01%
- English 50.20%
- Mandarin 0.37%
- Tagalog 0.50%
- Spanish 32.20%
- Vietnamese 0.68%

Comments & Feedback

Member B asked what does other mean on the pie chart?

Som answered, other means members that identify themselves as mixed-race.

Som shared that we are adding a new feature on our website where members will be able to safe identify their ethnicity. Currently we only receive this information when we receive the members data when they first apply for Medi-Cal.

What are we doing well?

Interpreter Services

- 13,853 Blue Shield Promise Health Plan members called to request interpretation services in 2021.
- We met all interpreter services requests.

Member and Provider

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.



Top 5 Languages

- Armenian
- Cantonese
- Mandarin
- Spanish
- Vietnamese

Opportunities for Improvement & Action Plan

Scenario #1

Opportunity for Improvement

• To better collect our doctor's race/ethnicity information.

Why is it important to our members?

- Angie is a Filipina member.
- She wants to see a doctor that is Filipina like her.
- She looked at Blue Shield Promise for a list of doctors and didn't find a Filipino doctor near her home.

What are we doing?

- Update the doctor's portal to include race/ethnicity and language fields for doctors to directly share their information.
- Send out notifications to doctors regarding this new opportunity to share race, ethnicity, and language information.

What ELSE can blue shield Promise health plan do?

What can we do to help Angie see a Filipino doctor?

Comments and Feedback

Member B stated that when she first joined the plan, she was given a handbook and it had all the doctors available and it had the doctor language next to their names. She asked if that information is still being provided to new members.



Som answered, yes, we still provided this to our members it's called a Provider Directory.

Member C asked if the health plan plans to contract with more Hispanic providers? She thinks it would be helpful for members that only speak Spanish.

Member A suggested that we send a message to all doctor to ask what languages they speak. This would help connect members to the right doctor that speaks their languages. Make messaging urgent so doctors provide this information.

Member D stated that she agrees that it is more adequate to see a provider that speaks her language. She is very happy with the services she has received so far.

Scenario #2

Opportunity for Improvement

• To better collect the languages our doctors, speak.

Why is it important to our members?

- Johnny is 12 years old, and his parents speak Cantonese.
- They want to choose a Cantonese-speaking doctor for Johnny.
- Johnny's parents did not find any Cantonese-speaking doctors near their home.

What are we doing?

• Update our system to automate collecting and reporting on languages spoken.

What ELSE can blue shield Promise health plan do?

What can we do to help Johnny's family?

Comments and Feedback

Member A emphasized on her suggestion that we need to send an urgent message to all our contracted doctors to find out what languages they speak, and we also should find out what doctors speak multiple languages and are able to help more members

Trending Issues:



with their different language needs. She also thinks we should recruit more doctors that speak multiple languages. Som reminded us that our committee members and CBOs can remind our members that these services are available to them. Scenario #3 **Opportunity for Improvement** Increase member and doctor awareness of translation services to improve member satisfaction. Why is it important to our members? Sandy speaks Spanish and needs an interpreter at her next doctor's appointment. • Her doctor's office does not have a Spanish-speaking interpreter for Sandy. Sandy is upset that the doctor's office cannot help her. What are we doing? Educating doctors and giving them materials on how to request interpreter services at a doctor's office. What ELSE can blue shield Promise health plan do? How can we help Sandy get an interpreter at her doctor's visit? **Ombudsman Report** Jackie from Neighborhood Legal Services of LA County shared an update on the state | Jackie Dai Ombudsman program. CCI Ombudsman Report: Q4 2021 **Medi-Medi Case Numbers:** June: 49 cases, July: 34 cases, August (1-15th): 22 cases



- In Home Supportive Services: Enrollment, Hours Adjustments
- Retroactive Insurance Coverage
- Non-Emergency Medi-Cal Transportation delays/no shows
- Medical Debt, Medi-Cal Dental Billing Problems

Comments & Feedback

Member Gloria ask about the retro active process.

Jackie answered that they will help prospects apply for Medi-Cal and request retroactive eligibility in cases where an induvial was hospitalized and needs assistance paying a bill for treatment.

Member B asked do they provide transportation for non-emergency services?

Jackie answered in cases of non-emergency such as dialysis, Medi-Cal will pay for you to get to your appointment. For emergency services members should call 911 and an ambulance will transport the member to the nearest emergency room.

COVID-19 Update (as of 8/15/2022)

Medi-Cal negative actions suspended until end of October

- Prohibits premium increases, negative Medi-Cal changed due to turning 65, and Share of Cost increases until end of Public Health Emergency" (PHE)
- There should be a 60-day advanced notice before end of the PHE occurs.
 Impact on beneficiaries' coverage not expected until a few months after end of PHE.

Monkeypox Update (as of 8/15/2022)

- Medi-Cal will pay for the monkeypox vaccination & testing. Medicare has also been directed to provide coverage.
- LA Department of Public Health (LADPH) determines the eligibility criteria for the monkeypox vaccine:
 - Monkeypox vaccine is currently available to gay or bisexual men and transgender persons 18 years of age and older who:



- Had multiple or anonymous sex partners in the last 14 days including engaging in survival and/or transactional sex (e.g., sex in exchange for shelter, food and other goods and needs)
- LADPH pre-registration link currently full
- CA updates and information: https://healthconsumer.org/monkeypox/

In Home Supportive Services (IHSS)

- Statewide program funded by Medi-Cal to help people with disabilities remain safely in their home.
- Provides numerous services, including meal preparation, laundry, bathing, grooming, help with prescriptions/injections, safety monitoring.
- Health care provider must fill out form stating that patient cannot do some
 Activities of Daily Living and without IHSS the patient would be at risk of needing
 to be transferred outside their home.
- Can apply online or at Department of Social Services. IHSS worker will go to the home to determine how many hours of assistance is needed.
- Beneficiaries can contact NLSLA for assistance if they are denied IHSS or do not receive enough hours.

Comments and Feedback

Member A asked regarding Monkeypox and its seriousness.

Dr Cruz answered that symptoms can be respiratory, rashes and fatigue. It can be spread by very close intimate contact. It can be serious for unhealthy individuals with pre-existing conditions but for healthy individuals it is more of a nuisance.

- Closing Remarks, meeting ended at 3:06 PM
- Next meeting
 - Tuesday, November 8, 2022
 - 1:30 PM 3:00 PM

Araceli Garcia



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