

San Diego Provider Advisory Council Meeting Minutes

September 15, 2022, 07:30AM

Council Members

Council Members	Committee Members Absent	Blues Shield Promise Health Plan
<ul style="list-style-type: none"> Alberto Cortes, Mama's Kitchen Fran Butler-Cohen, Family Health Centers of San Diego Dr. Hassan Kafri, Cardiologist Karen Widerynski, California Association of Health Facilities Kate Sheldon, California Psychcare Kenneth Schell, American Society of Hospital Pharmacists Paul Durr, America's Physician Group Dr. Rakesh Patel, Integrated Health Partners Dr. Viet Dao, Family Medicine 	<ul style="list-style-type: none"> Dr. Jennifer Tuteur, Healthy San Diego Dr. Paul Hegyi, San Diego County Medical Society 	<ul style="list-style-type: none"> Sandra Rose, Sr. Director, Strategic Planning and Performance Kristen Cerf, President, and CEO Araceli Garcia- Program Manager, Senior Promise-Community Provider Engagement Dr. James Cruz- Sr. Chief Medical Director Stephanie Stephens, Sr. Manager, Strategic Outreach and Planning Julianne Holloway, Director of Medicare Duals Christine Nguyen, Director of Medi-Cal Quality Improvement Brandi Melville, Program Manager Consultant Melinda Kjer, Director, Provider Services Network Kimberly Fritz, Director, Account Management Lindsay Gervacio, Shield Emerging Leader Mary Katherine Waters, Sr. Manager, Program and Project

<p>Welcome and Introductions</p> <p>Sandra Rose called the meeting to order at 7:30 am.</p>	<p>Sandra Rose</p>	
<p>Department of Health Care Services Medi-Cal Managed Care Procurement</p> <p>Kristen shared a brief update on the statewide bid. Our regulator the Department of Health Care Services is the entity that we have a contract with to offer Managed Care Medi-Cal in San Diego. The state of California and regulator embarked on the first of its kind for California, statewide bid. Where every market that could bid did put in a bid, 30 to be exact. She thanked everyone that has reached out after finding out the results. We were unsuccessful, it's a super disappointing outcome. Kristen's background as an attorney who participated in many protests and appeals in multiple states Medicaid managed care cases, she states that this is just the beginning. She announced that we are appealing and, in that process, now. From her experience and with the fact that she is personally invested and committed to serving our communities. She believes in the things we do together for our members and patients that we serve. It is a gift to her to be able to do the work she does within in organization like Blue Shield that trust its employees like Araceli and Sandra to figure out how to best help our members best. She loves our system because everyone is so well intended. Our doctors show up to the table and provide feedback. She thanked the group again for everything they have done to show up. She genuinely appreciates the opportunity to collaborate, to be a true</p>	<p>Kristen Cerf</p>	

partner and to get better every single day. She emphasized that while repealing nothing changes. Were still in San Diego! She doesn't know where this will end but this is where we are. Nationally, there has been 5 out of 7 appeals overturned and conducted a rebid. So, our chances look good. Were here to do it together, in an imperfect system. Showing up everyday is what's going yield the best possible outcome.

Comments and Feedback

Ken Schell asked, what this means to the patients who are enrolled are currently with you guys?

Kristen answered, what it means right now is that they'll stay with us at least for January of 2024. She believes it might be longer as we may expect to see a lot of litigation. San Diego and Los Angeles are the two hottest markets in the states. There is a lot of appeals in these markets. It highly unlikely but we might see DHCS will move forward with implementation and go live. In the meantime, she is concerned about the members confusion, patient confusion. So, if anyone hears anything, if they're confused, we're talking to our members to please let us know. Nothing changes right now.

Ken Schell suggested that we should reach out to pharmacies because sometimes patients will go there and have continuity of care issues. He thinks it would be helpful for us to reach out to the pharmacies so they can have a stock answer for those members that may question whether they can continue to get their medications or who is going to pay for it.

Kristen answered, yes because they're carved out benefits so folks will forget about that. So, we will do that.

We will let pharmacies know what is going on regarding the statewide bid. So, they can convey the same messaging to our members.

<p>Dr. Kafri, stated that he is not familiar with the state procurement bid process and asked if DHCS reached out to clinics, hospital, and providers to get input before they made their choices? Or did they do it based on other secret criteria?</p> <p>Kristen answered the criteria was local presence, community engagement, relationship quality and how we're implementing California advancing and innovating and medical among other things like transparency. They had 15 goals and we will send those out to all of you. She answered his question with a no. they didn't ask anyone what they thought. In all the work she has done she has never seen this not be part of the process. Stories matter to her, and Sandra Rose will be gathering voices, stories. Please share any stories that anyone may have. She is making herself available to anyone with questions.</p> <p>Sandra Rose shared that we received 162 letters of support letter for all our plan partner throughout the state. It was unfortunate that they weren't read but we invite anyone that would like to send themselves to please do so.</p> <p>Fran Butler-Cohen stated that she knew that Kristen can't discuss legal strategy but in all the appeal process that you have personally seen. Did everyone go alone? In the sense of arguments of some sort with other health plans. Is there any value in collectively going at the appeal and the process as opposed to each individual plan?</p> <p>Kristen stated that that is a hard question to answer. The criteria are that first you must be responsive. Second, you must be truthful. If you're honest and truthful in your response. Then it goes to highest winner but to Fran's point. It's not unheard of or it's possible. For transparency, Community Health Group is the largest health plan in San Diego. They only operate in San Diego, and they have 330,000 members in San Diego, and they have a quality on par with Kaiser which is truly</p>		<p>Kristen asked for Sandra Rose and Araceli to send out the slider on the state bid 15 goals to the group.</p>
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<p>phenomenal, and they were not successfully. So, we have three national for profit plans that swept the state. And then every single plan that is a nonprofit local plan didn't get it. When you see it that landscape something isn't right there?</p> <p>Fran stated that she understands but when you look at problems you can boil down to process people or technology, right? The process stinks and its equally stinks for everyone that was involved. The power if coming together and challenge the process as opposed to individual plans, trying to make the case because the case was already made. She shared her feeling on how Kaiser got the deal and didn't have to go through the process. She believes this is what needs to be challenged. If there are bid processes and decisions that impact the patient's the organization's the infrastructure that we serve, then we need to call it out. She shared her thoughts on how the governor also took away the 340 B funds and look where those funds are now. So, thought on that is that no one stood up to say something as they funds left our state. She stated that she does not like it when process are not fair. She sees this as opportunity to say to the powers to be and the governor's plan. Hold off and look examine this.</p> <p>Kristen added in response to that, as we move through the administrative process and then through the litigation process, whether it's an administrative law judge, who by the way is appointed by DHCS. She has never seen an administrative law judge tell their regulatory agency that they were wrong. They will look at across all arguments. People make mistakes and that's okay.</p> <p>Dr. Hassan Kafri shared his disappointment with the state discussion. From his personal experience and being around for 20 years. So, he knows a lot of people and all if them are disappointed and shocked. He has dealt with all plans, and they all know which ones get the work done and which one drag you through the mud to get stuff done. He</p>		<p>Fran is requesting someone come to her office to speak on the bid process and what to expect.</p>
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<p>wants to know what will happen in 2024 because is this implemented it will be bad for Medi-Cal patients. He hopes something good happens next year to changes this.</p> <p>Kate Sheldon thanked us for the work that we do, she thinks we do phenomenal to work with. And on behalf of providers of behavioral health treatment for individuals with autism and developmental disabilities. She shared that they went to DHCS and spoke up on our behalf. Your behavioral health team is so much easier to work with and they are concerned now about access to care issues from the winners. this is a big issue for providers in her space. She shared that she has an association that is meeting, and she knows this will be a big topic for many. She would like to stay posted on any efforts and anything that she can do to support those efforts. She is behind us!</p> <p>Kristen stated that she is available to speak to any group that our providers thinks is necessary to hear the message.</p> <p>Fran added Blue Shield has engaged in innovative pilots and taken risks on process improvement proposals, in San Diego at an unprecedented level. Always appreciated.</p> <p>Alberto Cortes shared his experience with Blue Shield has been exceptional. As a relatively new entity in the healthcare environment, no managed care program has been more supportive than Blue Shield.</p> <p>Sandra Rose added that we will be reaching out to the group after the call to brainstorm to see how we can all work together and reminded everyone that nothing is change right now. We will continuously be working with our community-based organization. Our commitment is unwavering, and so we'll follow up with each one of the you afterwards. As Kristen mentioned, Dr. Cruz, Eileen, and others, are all happy to lean in and support you, with any questions and concerns for</p>		
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<p>you through this transition reminding patients, nothing changes for them. We will continue to grow and there's opportunities to enroll any new patients who want to join. Were here and we want to support them through their enrollment process.</p> <p>Kristen thanked the whole group and all our providers for everything they do. And reminded the group we will fight and assured that were not giving up. If anyone needs us to go talk with them, we are here for everyone. We are a mission-based organization, and this gives us the opportunity to invest in our communities and partners. Try and build that infrastructure that was discussed. She shared she was really looking forward to making in impact of change and to impact what is acceptable behavior in this industry. She is excited about this legal process and thanked the group again for their support and stated to please let us know how we can support you any way.</p> <p>Recap of Q2 2022 meeting</p> <p>Christine shared a recap, key takeaways, and action items from our Q2 meeting. She is making herself available to group to discuss any issues.</p> <p>Topic: Medi-Cal Quality Improvement Initiatives</p> <p>Discussion Recap</p> <ul style="list-style-type: none"> • 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 	<p>Christine Nguyen</p>	
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<p>certain preventive screenings and treatment care they need. This tells us what we are doing well or may need to change.</p> <p>Key Takeaways/Action items</p> <ul style="list-style-type: none"> • We will be piloting staff incentives with a provider group. • We are working with cross-functional teams to gather additional data and refresh our data more frequently for behavioral health measures. • We will use physician extenders and non-traditional care providers to provide services to our members in various modalities. <p>Blue Shield Promise Health Plan Updates</p> <p>Julianne shared our Cal MediConnect transition process and updates.</p> <p>Cal MediConnect Transition</p> <p>What is changing?</p> <ul style="list-style-type: none"> • Blue Shield Promise Cal MediConnect Plans are ending effective December 31, 2022 <ul style="list-style-type: none"> • Cal MediConnect plans will continue to enroll new members through November 30, 2022. • All active members will be automatically transitioned into Blue Shield TotalDual Plan (HMO D-SNP) with matching Medi-Cal through Blue Shield Promise effective January 1, 2023. • Effective January 1, 2023, Dual Eligible Special Needs Plans (D-SNPs) will be categorized as: <ul style="list-style-type: none"> • Exclusively Aligned Enrollment (EAE) or Medicare Medi-Cal Plans 	<p>Julianne Holloway</p>	
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<ul style="list-style-type: none"> • Non-Exclusively Aligned Enrollment (Non-EAE) <p>What is a Dual Eligible Special Needs Plan (D-SNP)? Dual Eligible Special Needs Plans (D-SNP) are a special type of Medicare Advantage plan that provides health benefits for people who are “dual eligible,” meaning they qualify for both Medicare and Medi-Cal.</p> <p>D-SNP characteristics:</p> <ul style="list-style-type: none"> • Low to no cost plans for members • Supplemental benefits beyond what is covered by Medicare or Medi-Cal • Must have a Model of Care (MOC) approved by NCQA and CMS <ul style="list-style-type: none"> • MOC documents how the D-SNP will manage care for its enrollees, especially those who are most vulnerable • MOC is unique to each plan offering a D-SNP • Providers caring for a plan's D-SNP members <u>MUST</u> complete the Blue Shield Model of Care training upon contracting and annually thereafter <p>What is Exclusively Aligned Enrollment?</p> <ul style="list-style-type: none"> • Exclusively aligned enrollment is when a SNP is limited to only have members that also have Medi-Cal coverage through their D-SNP's matching Medi-Cal plan <ul style="list-style-type: none"> • Blue Shield TotalDual Plan (HMO D-SNP) and Blue Shield Promise Medi-Cal in Los Angeles and San Diego • Non-exclusively aligned enrollment is when Medicare and Medi-Cal coverage are offered by two different and unaffiliated carriers. <ul style="list-style-type: none"> • Blue Shield D-SNP Plans in other counties 		
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<p>Serving EAE D-SNP members</p> <p>Single ID card</p> <ul style="list-style-type: none"> Members provide a single ID Card for Medicare and Medi-Cal with a single member ID <p>Benefits</p> <ul style="list-style-type: none"> DSNP coverage primary, but members have access to D-SNP & Medi-Cal benefits <p>Network</p> <ul style="list-style-type: none"> D-SNP is primary and part of Blue Shield's Medicare network plus access to Promise Medi-Cal network <p>Care management</p> <ul style="list-style-type: none"> D-SNP Model of Care and HRA processes take precedent over Medi-Cal <p>Pharmacy Medicare Rx benefits through D-SNP but will also have access to Medi-Cal Rx</p> <p>Authorizations Submit Medicare D-SNP authorizations using D-SNP member ID</p> <p>Claims Submit Medicare D-SNP claims using D-SNP member ID</p> <p>Appeals & grievances / PDR Unified D-SNP and Medi-Cal AGD review and notifications</p>		
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<p>Provider services (800) 541-6652</p> <p>Provider Connection Online access to all the same portal functionality for D-SNP and Medi-Cal</p> <p>Key dates for Transition</p> <p>Mid-Late June 2022 Providers received informational communications on plans ending and next steps. These are NOT termination notices.</p> <p>Late July 2022 CMC members received retention marketing mailer notifying them of transition. Transition page also posted on CMC website.</p> <p>Sept 30, 2022 CMC & Coordinated Choice members receive ANOC* and 90-day plan non-renewal notice.</p> <p>Oct 2022 CMC & Coordinated Choice members receive their provider medical group assignments.</p> <p>Oct 17, 2022 CMC providers receive termination notices.</p> <p>Nov 15, 2022 CMC members receive a 45-day plan non-renewal notice.</p> <p>Nov 30, 2022 Last day for CMC members with a 12/1 effective date to enroll.</p>		
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<p>Dec 31, 2022 CMC & Coordinated Choice plans end.</p> <p>Jan 1, 2023 Enrollees effective in their new plans.</p> <p>* Annual notice of change (ANOC)</p> <p>Annual Culturally and Linguistically Appropriate Services (CLAS) Program and Program Evaluation Report</p> <p>Brandi shared our report of the Annual Culturally and Linguistically Appropriate Services (CLAS)</p> <p>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.</p> <p>The CLAS report help us:</p> <ol style="list-style-type: none"> 1. Better understand our members' cultural and language needs, and 2. See if the doctors in our system can meet the cultural and language needs of our members <p>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.</p> <p>Member Race and Ethnicity</p> <ul style="list-style-type: none"> • African American 7% • American Indian/Alaskan 0% • Asian/Pacific Islander 5% 	<p>Brandi Meville</p>	
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<ul style="list-style-type: none"> • Caucasian 8% • Hawaiian 0% • Hispanic/Latino 16% • Other 35% • Unknown 29% <p>• <i>Unknown is defined as race/ethnicity is not assigned, undefined, or declined to report by member.</i></p> <p>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:</p> <p>What are we doing well?</p> <p>Interpreter Services</p> <ul style="list-style-type: none"> • 13,853 Blue Shield Promise Health Plan members called to request interpretation services in 2021. • We met all interpreter services requests. <p>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.</p> <p>Top 5 Languages</p> <ul style="list-style-type: none"> • Armenian, Cantonese, Mandarin, Spanish, Vietnamese <p>Comments and Feedback</p> <p>Fran suggested creating a workgroup, that can come together and discuss how we can streamline this process. How can we automate it so</p>		
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<p>that it's not so people dependent and asked if it takes so much time across all systems?</p> <p>Sandra Rose answered there's a couple of things they're being asked to unpack that too. There's scheduling, assisting members with helping schedule face to face interpreter services, then there's sometimes challenges with getting the on demand telephonic interpreter services, and then there is video remote interpreter services too.</p> <p>Kate shared that she has limited knowledge on this topic but has heard positive feedback about our interpreter services.</p> <p>Fran shared that they have gone away from doing in-person interpretation and so she would welcome a workgroup to further discuss this issue.</p> <p>Scenario #1 Opportunity for Improvement</p> <ul style="list-style-type: none"> To better collect our doctor's race/ethnicity information. <p>Why is it important to our members?</p> <ul style="list-style-type: none"> 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. <p>What are we doing?</p> <ul style="list-style-type: none"> 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. <p>What ELSE can blue shield Promise health plan do?</p>		<p>Sandra Rose will take back Frans idea about creating a workgroup, regarding interpreter services.</p>
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<ul style="list-style-type: none"> • What can we do to help Angie see a Filipino doctor? <p>Comments and Feedback</p> <p>Sandra Rose shared that the percentage number of our providers that disclose this information is small. So, we are looking from the group to share with us about your challenges or doctors that we know or that you know, that may prevent them or not motivate them to be inclined to share their race, ethnicity information.</p> <p>Kate Sheldon shared that she sees the potential issue is the systems not connecting through the rostering. On her end she imagined that the information has been input through the credentialing and then the ongoing provider roster. Her team only inputs what is required and bypasses the rest.</p> <p>Dr Cruz posted a question to the group. Do you feel that there might be a hesitancy on the part of the physicians to include race and ethnicity and language out of a sense that they may skew? Patients who are looking for a physician that they might get more patients and in particular, general view is that a larger number of Medi-Cal recipients are Spanish speaking and if they say they speak Spanish they will get a flurry of Medi-Cal members and they're afraid of to take that on?</p> <p>Paul shared that he has heard that, to your point about going up your waiting room with Medi-Cal patients. I haven't heard that about ethnicity. Until we have more factors relating to race and ethnicity that they become more of a quality factor because he thinks that those negatively impact them in that regard. Also, physicians don't know the purpose of the race and ethnicity questions and what they will be used for. This might be another thing that we need to do is educate around it. Connectivity is another piece.</p>		
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<p>Fran shared that they collect that data upon hire. We can transmit updates quarterly? monthly? Joint Commission requires years as a physician, languages, gender, etc. so this can be available when patients specifically ask for certain qualities in their provider choice, at the time the appt is made. This is routinely updated to the Call Center when pts call for appts.</p> <p>Fran added that she now sees the new young physicians wanting to serve their population. She doesn't see any barriers with sharing the information but more in the systems not working correctly and that can be fixed.</p> <p>Dr. Hassan Kafri shared that he sees multiple ethnicities, predominantly Middle Eastern, but he also sees a bit of Russian because he speaks Russian. He would be labeled Middle Eastern but he also speaks Russian so it can be complicated to report that.</p> <p>Dr Cruz stated that he is absolutely right we see that with multiple of our providers.</p> <p>Mary Katherine added that we launched a new provider portal that has been updated were you can look at the individual members and your roster. In there, now you can add your race, ethnicity, and language. We will ask you all directly to fill this out and you will be able to select more then one. This is one of the pathways to get this data and another way is to receive your feedback on using this portal.</p> <p>Sandra Rose stated that will take that as a takeaway and reach out to the group to collect feedback.</p> <p>Scenario #2</p> <p>Opportunity for Improvement</p>		<p>Araceli will reach out to our providers and collect feedback regarding our new provider portal.</p>
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<ul style="list-style-type: none"> To better collect the languages our doctors, speak. <p>Why is it important to our members?</p> <ul style="list-style-type: none"> 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. <p>What are we doing?</p> <ul style="list-style-type: none"> Update our system to automate collecting and reporting on languages spoken. <p>What ELSE can blue shield Promise health plan do?</p> <ul style="list-style-type: none"> What can we do to help Johnny's family? <p>Scenario #3</p> <p>Opportunity for Improvement</p> <ul style="list-style-type: none"> Increase member and doctor awareness of translation services to improve member satisfaction. <p>Why is it important to our members?</p> <ul style="list-style-type: none"> 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. <p>What are we doing?</p>		
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<ul style="list-style-type: none"> • Educating doctors and giving them materials on how to request interpreter services at a doctor's office. <p>What ELSE can blue shield Promise health plan do?</p> <ul style="list-style-type: none"> • How can we help Sandy get an interpreter at her doctor's visit? <p>Comments and Feedback</p> <p>Sandra Rose encourages the importance of all our providers using the new provider portal. She invites everyone to look at it, see how we laid out the selection on race, ethnicity, and language abilities. And then if there are any ideas of our work or ways, we can better share information to remind other providers that we have interpreter services, in terms of translating that they are. We welcome your feedback. We will follow up with Fran to scheduling some overviews with your staff and anyone else who would like us to come and talk to your teams on what the enrollment process for members. Overall, we will be circling back with you all.</p> <p>Closing</p> <p>Open Discussion</p> <p>Kate Sheldon shared her appreciation for our teams and the work that we do.</p> <p>Dr Cruz added that we are growing stronger, and we are doubling down now.</p> <p>Closing Remarks</p> <p>Next meeting</p>		
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<ul style="list-style-type: none"> • November 17, 2022 • 7:30 AM – 9:00 AM <p>Closing Remarks and Adjournment</p> <p>Sandra Rose adjourned the meeting at 8:47 am.</p>	<p>Sandra Saenz</p>	

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