

San Diego Member Advisory Committee Meeting Minutes

December 10, 2020 • 1:00pm- 3:00pm

Council Members

Committee Members	Committee Members Absent	Blues Shield Promise Health Plan
<ul style="list-style-type: none"> • Antonio Garcia – Member • Erin Murphy – Interfaith Community Services • Jack Dailey – Consumer Center for Health Education and Advocacy Legal Aid Society of San Diego • Ruth Relyea – Member • Steve Carroll – LGBT Center • Gary Martin – Member • Cathryn Nacario • Guadalupe Aguirre (representing Jessica Romero) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Kristen Cerf (Blue Shield Promise Health Plan CEO President) • Kellie Todd Griffin (Blue Shield Promise Health Plan) • Stephanie William Rogers (Blue Shield Promise Health) • Araceli Garcia (Program Manager for Consumer and Stakeholder Engagement) •

Topic	Presenter	Decisions/Action items
<p>Welcome and introductions</p> <ul style="list-style-type: none"> • Shared gratitude and 2020 career reflection • Our Social Service team has been selected to participate in the California Health Care Homeless Learning Community Initiative <ul style="list-style-type: none"> ○ Innovative approaches to improve health services for homeless populations • Donated 1000+ toys to SD YMCA and Boys and Girls Club of Greater SD 	<p>Kristen Cerf</p>	
<p>Promise Health Plan Updates</p> <p>Dr. Cruz and Johana reported on the following:</p> <ul style="list-style-type: none"> • Pharmacy Carveout <ul style="list-style-type: none"> ○ Governor Gavin Newsom signed an executive order requiring the Department of Health Care Services (DHCS) to transition pharmacy services from managed care plans to a new state-run pharmacy benefit program called “Medi-Cal Rx”. COVID-19 ○ Order has been delayed scheduled to go live <u>April 1</u> ○ You may have received a letter which said Medi-Cal Rx would go live January 1st. Please disregard this notice. ○ DHCS will send you a notice letting you know Medi-Cal Rx has been delayed. ○ For now, BSC Promise will continue to administer your pharmacy benefits without any interruptions ○ BSC Promise has been working closing with the state to ensure benefits continue ○ You will receive a new ID card in the mail in preparation for the change ○ Mental Health provided by Telehealth • COVID-19 <ul style="list-style-type: none"> ○ Nationally, COVID-19 infection has disproportionately affected POC compared to non-Hispanic white. Rates are 3.4x higher in African American, and 3.3x higher in LATINX. ○ California mortality rate has highly impacted the LATINX community, making up 60% of all COVID-19 cases and 50% of all COVID-19 deaths. 	<p>Johana Lockwood and Dr. James Cruz Sr.</p>	<ul style="list-style-type: none"> • Follow up with Ruth and send her a copy of the notice the state sent – Johana • Dr. Cruz to follow up with Ruth to provide recommendations regarding COVID-19 weight impact • Dr. Cruz follow up with Antonio regarding weight impact due to COVID-19

<ul style="list-style-type: none"> o There will be insufficient ICU beds available in about two weeks o As of yesterday, there are 170 ICU beds throughout SD county for intensive care o Need to follow state and county recommendations o We need to continue testing and ensure healthcare workers, first responders, and vulnerable populations are tested o There will be 327,000 doses of vaccines by mid-December o San Diego will receive 28,000+ of the first run of vaccines and will receive another similar amount of doses a month later o Please visit www.coronavirustisenSD.com for all latest information regarding testing o San Diego public health officials have developed a plan to roll out the vaccine in three phases <ul style="list-style-type: none"> ▪ 1st phase Health care personnel and long-term care residents ▪ 2nd phase – Essential workers, first responders, education, agriculture, transportation ▪ 3rd phase – High risk individuals and 65+ • Provider Telehealth <ul style="list-style-type: none"> o The CDC survey showed a high percent in POC wanting to commit suicide o Nationally Beacon seeing providers delivering services via telehealth and some face-to-face o Number of unique utilizers have scientifically increase in the use of telehealth for mental health services o <u>Key learnings:</u> <ul style="list-style-type: none"> ▪ Telehealth now accounts for almost 80% of mental health visits. ▪ While previously not in the top five, Generalized Anxiety Disorder is now the most common diagnosis ▪ Easier for parents and for people who work to access care ▪ Clients feel more comfortable being expressive ▪ Can easily work with clients that are sick or those with mobility issues ▪ Fewer no shows, adherence to treatment improved significantly o Challenges: <ul style="list-style-type: none"> ▪ Difficult to engage younger children 		
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<ul style="list-style-type: none"> ▪ Difficulty being open and honest during session with other family members around ▪ Technology is challenging for some clients ▪ Challenges if member has special needs (i.e. hard of hearing, need interpreter) or have very acute symptomology ○ Telehealth Strategies: Increase patient access to primary care and mental health physicians <p>Questions:</p> <ul style="list-style-type: none"> • Are there programs available for people staying at home with weight gain? – Members • Are we going to be able to go to local pharmacies to get COVID-19 vaccines? – Members <ul style="list-style-type: none"> ○ I do not know where they will have folks go to, but it could be at later phases when there is wider distribution. For the time being, it may be specific location where they can manage all doses. – Dr. Cruz <p>Comments:</p> <ul style="list-style-type: none"> • I have not received any updates or letters from Medi-Cal nor the State regarding this change. I was not aware this was happening, until yesterday. – Members • The pandemic has impacted my weight especially with the stay at home order. – Members • There are number of vaccines and different types of vaccines. The FDA approved vaccine has a strong element of safety. Do not be overly concern of the effectiveness or risks once it has been approved by the FDA. – Dr. Cruz • There is a lot of misinformation promoted by individuals we look at as leaders. Dr. Fanucci from the National Institute of Allergy and Infectious Diseases and others are continuously studying and trying to understand the virus to best approach it. – Dr. Cruz 		
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<p>Ombudsman Report Jack reported on the following:</p> <ul style="list-style-type: none"> • Project of Legal Aid Society of San Diego, Inc. <ul style="list-style-type: none"> ◦ Non-profit law firm offering free and dynamic civil legal services • The Consumer Center or "CCHA" serve as the state's Cal Medi Connect Ombud's program since 2014 <ul style="list-style-type: none"> ◦ Partner and coordinator of The Health Consumer Alliance ◦ Our team is comprised of knowledgeable consumer health advocates and experienced health care attorneys • We help consumers through education, providing legal counsel, advocate and negotiate with county and state agencies • CCI Ombud's Services Program <ul style="list-style-type: none"> ◦ Provide education and advice regarding CCI MLTSS Medi-Cal and Cal MediConnect ◦ Advocate on behalf of CMC members to ensure retention of Medi-Cal eligibility and resolve enrollment or disenrollment problems ◦ Assist CMC members to resolve access to care issues • Other Legal Services at LASSD <ul style="list-style-type: none"> ◦ Health, Mental Health Patient Rights Advocacy, Government Benefits, Consumer Protection, Housing, Family – contested custody issues, Immigration, Federal tax disputes, and Pro Bono • Updates <ul style="list-style-type: none"> ◦ COVID-Presumptive Eligibility; waiver of 250% WDP monthly premiums (must request). ◦ New Law Implementation effective Dec. 1st-See HCA fact sheets ◦ COVID-19 resource page at www.HealthConsumer.org/COVID19 ◦ Medi-Cal aged & disabled FPL income limit was increased ◦ We can assist folks who had a high share of cost and have not been converted to free Medi-Cal program ◦ Ending loop whole that bounces folks on and off from Medi-Cal. Once you qualify for Med-Cal it will not have the effect to kick you out. ◦ Shared FAQ for New Law that Increase Access to Medical Records and Completion of Forms by Health Care Providers 	<p>Jack Dailey</p>	<ul style="list-style-type: none"> ▪ Araceli to share extra resources with the members
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<p>https://mcusercontent.com/8dcd367ba761d15be274efa09/files/11443baa-187e-4345-a353-5f33d03f50c9/AB_2520_FAQ.pdf</p> <ul style="list-style-type: none"> o Transgender Healthcare Symposium Virtual Meeting 12/12/2020 with UCSD School of Medicine https://cpd.ucsd.edu/transgender/ o Highlight Help Consumer website: https://healthconsumer.org/ <p>Questions:</p> <ul style="list-style-type: none"> • How long will it last for the 250% program –Member <ul style="list-style-type: none"> o As soon as the government determines we are no longer in a pandemic - Jack 		
<p>Transportation Guillermo reported on the following:</p> <ul style="list-style-type: none"> • From 12/15/2020 – 1/1/2021 BSC will be moving with a single enterprise vendor vs three • Obtain a better contract and provider better services to the members • New SOW with higher standards and performance guarantees • Centralized governance and oversight model • Improved customer journey <ul style="list-style-type: none"> o less member touchpoints transfers o BSC can create, view, and modify reservation directly in vendor system • Streamline process and escalation points <p>Comments:</p> <ul style="list-style-type: none"> • What I like about Call a Car is that they notify me prior to my appointment. – Member • We are getting into a longer-term commitment, working on technology road maps to enhance services and easy access. – Guillermo • Only concern is my doctor charging me a no-show fee when it was not my fault and I do not have the money to pay. – Member <ul style="list-style-type: none"> o Will research no show fee – Guillermo • Glad we are moving to a single vendor. Had problems with different vendors in the past that would not show up. – Member • I appreciate the move to a single vendor as well. -Stephen • Really great for ease and quality. – Cathryn 	<p>Guillermo Rodriguez</p>	<ul style="list-style-type: none"> • Guillermo to research more on “no show fee” and following up with Member.

<ul style="list-style-type: none"> • New update, we can schedule the appointment on the member's behalf. – Guillermo 		
<p>Emergency Preparedness for People with Disabilities Carmen reported on the following:</p> <ul style="list-style-type: none"> • We want to make sure all our members are included when it comes to services and programs • Grant background <ul style="list-style-type: none"> ○ Goal/Outcome: ○ Protect the health, safety, and independence of people with disabilities impacted by natural, health and human-caused disasters. ○ Its important for health plans to be involved and create an emergency plan and response guide to save lives and decrease devastating expensive among people with disabilities ○ Grant allows the Plan to choose where we want/need to strengthen in emergency preparedness. ○ Why should we get involved? <ul style="list-style-type: none"> ▪ Health plans are partners with community and government organizations, including emergency communications. ○ Things we are doing now <ul style="list-style-type: none"> ▪ Gathering contact information, home visits to check for safety, checking on members, coordinating care and services, sending out member material and communications ○ Where we want to be <ul style="list-style-type: none"> ▪ Recognize including assessment and planning specifically in disaster preparedness ▪ Know about disaster geography and be able to make decisions based on where the members live ▪ Identify people with disabilities ▪ Share emergency disaster related information and alert members in real time ▪ Have systems and processes that can manage the information collected 	Carmen	<ul style="list-style-type: none"> • Araceli send PLOST form (bright pink) to members • Barbara suggested Vial for life from the county

- We want to reach as many people as we can and ensure all members get the help they need in time

Questions:

- How can BSC Promise improve how they support members during an emergency, natural, health or human-made disaster?
- What are some barriers you experience that may prevent you from being adequately prepared to stay safe in an emergency?
- How many members of BSC have the knowledge of the emergency response system? I had problems in the past and wanted to contact a specific person and I was transferred to various departments. How is BSC trained for emergencies? – Ruth
 - Good starting point would be calling the member service line to direct you to the right department. We want to look for gaps to improve whether it is a recording or place to go to. We need to send information to everyone. Currently trying to solve how we can send information to everyone and ensure all have access. – Carmen
 - When there is different emergency in the area, we can quickly pull up member information impacted, and we start to reach out. – Carmen
- Do you keep records of members who live alone and need help accessing food, toiletry, and other items? Do you have a program or a list of members that struggle with that? I have not been contacted. – Member
 - From your prospective, if the members do not call us and inform the plan that they need some assistance, is there an indicator? – Dr. Cruz
 - Possible having a survey with postage paid, asking the members if they require specific services or assistance, noting if they are of certain age. – Member
 - Call members once a year or every 6months to check up on member. – Member
- Hospitalization are easier ways to get data and do the outreach. What about the members that are not connected with case management? What is being done to improve and close that gap? – Member
- How do we identify those members in those situations? – Carmen

<ul style="list-style-type: none"> • Look at the website, what is there that is helpful and what do you think we should add? – June <p>Comments:</p> <ul style="list-style-type: none"> • This is so vital I am glad to see this taking place – Tanissha • It would be beneficial to have a laminated card that is wallet size that list our disabilities in case of an emergency. It would help the EMTs better serve us. – Member <ul style="list-style-type: none"> ◦ We do have PLOST form – Carmen • I think people need to know what and where to get the necessary items needed – Tanissha • Folks need a hub to access real time or up-to-date accurate information - phone number, website, app – Stephen • We have great community partners and want to work on partnering with community partners to bring awareness. We thought about reaching out to the county to see what we can do for the members. – Carmen • Barriers - being able to talk to someone directly when a member calls -Stephen • Barriers - members who do not answer phone numbers that they do not recognize. – Stephen • Make outbound calls to remind members what the health plan can assist them with. – June • NAMI San Diego Helpline 800-523-5933 		
<p>Highlight Community Based Organization</p> <p>Cathryn reported on the following:</p> <ul style="list-style-type: none"> • National Alliance on Mental Illness San Diego • Have 17 support groups every month for peers, family, criminal justice etc. • Support groups are free and can be found at www.namisandiego.org • Our helpline has double in one quarter from March to June <ul style="list-style-type: none"> ◦ NAMI San Diego Helpline 800-523-5933 • Helpline is used for various resources like housing, food, family support, legal aid, etc. • Opened our first independent living home for women who are experiencing mental health challenges and houses 8 women. 	<p>Cathryn Nacario</p>	<ul style="list-style-type: none"> • Araceli share helpline and website with members • Dr. Cruz reach out to Steve regarding telehealth

<ul style="list-style-type: none"> o Currently have 7/8 beds occupied o Rent is 850 a month, includes 3 meals and utilities. • NAMI operates connection to Community Clubhouses that support those that are experiencing homelessness <ul style="list-style-type: none"> o Clubhouse accepts males • We have been able to reach more individuals by being virtual • Booth on the ground program distributing backpacks to the community • 50% staff are working from home and the rest are out in the field <p><u>Comments:</u> Cathryn - thank you for all that you and your team do! - Steve</p>		
<p>Comments</p> <ul style="list-style-type: none"> o Is there any interest or tracking of differentiating from phone base or video base telehealth? We are having challenges with phone base telehealth since we cannot see the members body language. – Steve o We may capture or provide some insight with the challenges between the two. I am very interested in looking at that as a regular piece of date. Clinically there is something that only works with video. Those facial expression and body queues are important in engagement. – Dr. Cruz 	Araceli Garcia	
<p>Closing Remarks and Adjournment</p>	Araceli Garcia	