

## Bright HealthCare Public Policy Committee Meeting Minutes

08/16/2022

Voting Committee Members in Attendance			Non-Voting Attendees/Presenters			
✓	Udayan Shah, MD, Chair, Covered CA Medical Director	✓	Sara Kemp, Director, Quality Compliance, Bright HealthCare			
✓	Melissa Mello, DrPH, Co-Chair, Covered CA Program Manager		Amber Halstad, Accreditation Manager, Bright Healthcare			
✓	Susan LaPadula, Enrollee Representative, John Muir Health	✓	Christine Keery, Manager, Patient Experience & Engagement, John			
			Muir Health			
✓	Pamela Laesch, MD, Provider Representative, Committee Member, Hill	✓	Lauren Franco, Managing Director, Market Leader, Bright Healthcare			
	Physician Medical Group					
		✓	Liz Romero, Quality Coordinator, Bright HealthCare & Committee			
			Secretary			
		✓	Stephanie Skarolid, Project Manager, Accreditation, Bright Healthcare			
		✓	Missy Mougey, Director, Appeals & Grievances, Bright Healthcare			
		✓	Jason Daniel, Representative, Provider and Network, bright Healthcare			
		✓	Amanda Wolfe, Clinical Program Manager, Care Manager, Bright			
			Healthcare			
			David Milligan, Regional VP, California Medicare Sales, Bright			
			Healthcare			
		✓	Daniel Astorga, Director of Quality, Bright Healthcare			
	Guests/Speakers					
<b>✓</b>	Timothy Cereceres, Hill Physician Medical Group	✓	Wendy Manna, Hill Physician Medical Group			
✓	Jennifer Chen, Hill Physician Medical Group		Rema Ahmed, Hill Physician Medical Group			
<b>√</b>	Lizzie Vinluan, Hill Physician Medical Group		Tiffany Nguyen, Hill Physician Medical Group			

<sup>\*</sup>Indicates Alternate



Agenda Item/Presenter	Motions/Major Discussion	Action Taken
#1 Call to Order	The meeting was called to order at 1:02 pm PST. A quorum was present. Dr. Laesch joined the meeting at 1:08 pm.	
#2 Approval of Minutes	Introduction- New Committee Member Dr. Pam Laesch, Hill Physicians Medical Group	Informational
U. Shah, MD, Chair	Dr. Shah introduced new Public Policy Committee member, Dr. Pam Laesch.	
	<ul> <li>Dr. Laesch comes from Hill Physicians Medical Group and is the Senior Vice President of Clinical</li> </ul>	
	Services. She oversees population health activities which include quality patient satisfaction and	
	community programs in their Care Management Programs. Dr. Laesch has a background as an	
	Emergency Physician with a career mostly based in the Bay Area, including Berkley and Oakland.	
	Approve Committee Minutes: 05/17/2022	Mello/ LaPadula
	The Public Policy Committee minutes from 05/17/22 were presented for approval.	
#3 Standard Reports	IFP CA Membership Report	Mello/ LaPadula
Discussion	Dr. Udayan Shah presented the IFP CA Membership report, on behalf of David Milligan	
U. Shah	Currently there are 421 IFP members	
	<ul> <li>Sales Channel shows 67% Broker Distribution &amp; 33% Direct to Consumer</li> </ul>	
	o Broker: 269	
	o Direct: 152	
	About 2/3 of members are coming from brokers and 1/3 from direct to consumer	
	• With a majority of members in the 55 to 64 age range and predominately in the silver membership level	
	o Silver: 307	
	o Bronze: 100	
	Appeals/Grievances/Complaints Report	Mello/ LaPadula
M. Mougey	Missy Mougey presented the Appeals/ Grievances/Complaints reports	
	Evolent Health (EVH) Complaints- Closed	
	o 4 Complaints Resolved and 4 Compliant Complaints were recorded from January 2022-June	
	2022	
	February 2022:	
	Complaints Resolved:1	
	Compliant Complaints: 1	
	■ March 2022:	
	Complaints Resolved:1	
	Compliant Complaints: 1	
	■ April 2022:	



	Complaints Resolved:1	
	Compliant Complaints: 1	
	■ May 2022:	
	Complaints Resolved:1	
	Compliant Complaints: 1	
	June 2022:	
	Complaints Resolved:1	
	Compliant Complaints: 1	
	<ul> <li>Volume remains low but will continue to monitor for trends</li> </ul>	
	Appeals- Closed	
	o No appeals have been received from January 2022-June 2022	
	Will continue to monitor	
#4 Special Presentations	Introduction to Bright HealthCare's Care Management Programs	Informational
A. Wolfe	Amanda Wolfe presented an overview of the Care Management programs currently offered to qualifying	
	members of the California IFP market	
	Care Management Program Preview	
	<ul> <li>Focus on enrollees who are transitioning from an acute care setting to home and who are</li> </ul>	
	predicted to be high risk for readmission within 30 days post discharge.	
	<ul> <li>Transition Care- Pediatrics</li> </ul>	
	<ul> <li>Referral Sources: Automated Data Transfer (ADT)/Health Information Exchange HIE),</li> </ul>	
	Utilization Management (UM), Provider, Care team, Enrollee/Caregiver, Stratification	
	• Overview: Enrollees who are transitioning from an acute care setting to home, and who	
	are predicted to be "high-risk" for readmission within 30 days post discharge	
	<ul> <li>Intended Outcomes: Decrease avoidable readmissions by ensuring the enrollee has a</li> </ul>	
	timely provider follow up, self-management support, a comprehensive medication	
	review, and a symptom identification and response plan	
	<ul> <li>Currently National Committee for Quality Assurance (NCQA), Population Health</li> </ul>	
	Program (PHP) Accredited	
	Behavioral Health Care- Pediatrics  - Form on any place with a helponical health and distantial and a property and able to	
	• Focus on an enrollee with a behavioral health condition who needs support and able to	
	live independently within their communities  Referral Sources: Risk screening, UM, Health Risk Assessment (HRA), Provider, Care	
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	team, Enrollee/Caregiver, Stratification Overview: Enrollees with a behavioral health condition who need support to be able to	
	live independently within their community.	
	hve independently within their community.	



- Intended Outcomes: Engage enrollees in self-management activities to improve health and quality of life, create pathways for appropriate utilization of services, and help increase ability to live independently within their community
- Pregnancy Care- High Risk
  - Focus on women of all ages who are pregnant and considered to be high risk for preterm delivery.
  - Referral Sources: Risk screening, UM, HRA, Provider, Care team, Enrollee/Caregiver, Stratification
  - Overview: Pregnant women of all ages who are considered high-risk for preterm delivery
  - Intended Outcome: Prevent preterm delivery and the resulting poor birth outcomes
- o Care Compass
  - Focus on enrollees of all ages with a Social Determinants of Health (SDoH) need or have open care gaps. And the program focus really is care coordination.
  - Referral Sources: UM, HRA, Provider, Care team, Enrollee/Caregiver
  - Overview: Enrollees of all ages with an SDoH need or open care gap(s). The program focus is care coordination.
  - Intended Outcome: Proactively assist with care coordination of needed resources to address barriers or SDoH needs, close gaps in care, and assist with the appropriate access to care.
- o Transition Care program member facing communication was shared with the committee which included Bright health Care Management contact and program information
- Catastrophic Care Pediatrics
  - focus on enrollees who have complex medical and care coordination needs that were due to serious medical conditions and event or an injury
  - Referral Sources: UM, Provider, Enrollee/Caregiver, Care team, Stratification
  - Overview: Case Management program for enrollees who have complex medical and care coordination needs due to serious medical condition(s), injury, or event.
  - Intended Outcome: Coordinating care, services, and resources to assist enrollee in reaching maximum medical improvement and improved quality of life, while preventing avoidable readmissions and unnecessary ER utilization.
  - NCQA PHP Accredited
- Complex Care Pediatrics
  - Disease management program for enrollees who have one or more chronic conditionsincluding heart failure, asthma, diabetes, etc.
  - Also, those who are predicted to be at high risk for medical events within 12 monthsmade a note that it can include coma conditions including behavioral health



- Referral Sources: UM, HRA, Provider, Care team, Enrollee/Caregiver, Stratification
- Overview: Disease management program for enrollees who have 1 or more chronic conditions (Adult: Asthma, CAD, COPD, Diabetes, Heart Failure; Pediatrics: Asthma, Diabetes) and who are predicted to be at "high-risk" for medical event(s) within 12 months. May also have other comorbid conditions, including behavioral health.
- Intended Outcome: Identify high-risk enrollees earlier, engage them in self-management activities to improve health and quality of life, and prevent avoidable admissions, ER visits, and medical utilization.
- NCQA PHP Accredited
- Condition Care -Pediatrics
  - Disease management program for moderate risk enrollees who have one chronic condition- and have a pediatric breakout for asthma and diabetes, and again, they may also have other comorbid conditions, including behavioral health.
  - Referral Sources: UM, HRA, Provider, Care team, Enrollee/Caregiver, Stratification
  - Overview: Disease management program for moderate-risk enrollees who have one chronic condition (Adult: Asthma, CAD, COPD, DM, HF, HTN; Pediatrics: Asthma, Diabetes). May also have other comorbid conditions, including behavioral health.
  - Intended Outcome: Improve self-management of chronic condition, adherence to treatment plan, and encourage the development of a symptom response plan with the provider.
  - NCQA PHP Accredited
- Care Management member communication was shared with the committee which included Bright health Care Management contact and program information and introduce what a path is or a personal approach to health would be considered.
- Prevention & Wellness Program Preview
  - o Diabetes Prevention program
    - Diabetes prevention program that's managed by our vendor partner Omada, a wellness and prevention tool for members at risk for type 2 diabetes.
  - Smoking Cessation
    - Bright-managed
    - The interventions are particular to support and address tobacco use and smoking cessation and then also further how to prevent tobacco use.
  - Healthy Weight
    - Bight-managed
    - Interventions to support members with an unhealthy body weight (BMI>30)



Omada for Prevention member correspondence was presented to the committee. Information about the Omada app, which deploys for enrollees to leverage when it comes to 24/7 access to support and other overall weight loss and health prevention needs.

## L. Franco & J. Daniel

## Introduction to Bright HealthCare's Provider Relations Team

Lauren Franco and Jason Daniel gave an overview of Bright's Provider Relations team and the support they offer to close payer-provider-member alignment through operations and oversight

- Acting Liaison between Bright HealthCare and Contracted Medical Group
  - o Driving long-term, durable, trusting, two-way relationships between consumers and their primary providers
  - Share clinical insights, economics, and data/technological resources to continually improve performance
  - o Facilitate integration of Bright HealthCare programs to drive improved member experiences
  - Establish the relationships at the contracted care partners and our goal is to make sure that we're being very transparent and interactive with them.
- How We Support Our Care Partners
  - o Technological driven data sharing
  - o Continuing joint-operational workgroups
  - Performance reporting and provider education through regular joint operations, work groups and meetings
  - On a regular basis the department shares clinical insights and financial performance with care partners
  - The team promotes frequent and consistent collaborative interactions with Bright's care partners, John Muir and Hill physicians
- Our Team
  - Ed Benjamins- EVP, Provider Network Operations
  - Lauren Franco- Managing Director
  - Jason Daniel- Provider & Network Representative
  - In California, for our Covered California product specifically, where are in Contra Costa County
  - The team offers care partner group level training, such as sharing of data, but also at the individual provider level that would include training with network education, benefit, resource education
  - Provider Relations work with key facilities to make sure that we're maintaining our networks operational
  - o Some day-to-day activities include:

Informational



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	<ul> <li>Managing the relationship directly with our IFP care partners and provide support on network operational issues</li> </ul>	
	<ul> <li>Key indicators on performing and reports</li> </ul>	
	<ul> <li>Provider directory and updates and changes in the network claims</li> </ul>	
	<ul><li>Provider education</li></ul>	
	<ul> <li>Issues that would affect our internal stakeholders and our IFP members</li> </ul>	
#5 Public Comment	5 Public Comment The topic of restricted access to Urgent Care facilities on holidays and after regular business hours was brought	
U. Shah, MD/Chair	MD/Chair up during the public comment segment. The Committee acknowledged the comment and will investigate	
	potential resolutions for this issue. This topic will be added to a future Public Policy Committee agenda for	
	further discussion.	
Adjourn	Adjourn Meeting was adjourned at 1:26 pm PST.	

**NOTICE:** Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Committee but not on the agenda. Committee members are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.

**NEXT MEETING:** 11/15/2022, 10:00 am-11:00 AM, PST, virtually

Submitted this o	11/15/2022 day:
	DocuSigned by:
Submitted by: _	Melissa Mello, DrPH
	<b>DrPH.</b> Co-Chair. Covered CA Program Manager

**Acknowledgement of Committee Approval** 

Udayan Shah

Udayan Shah, MD, Chair, Covered CA Medical Director