

Date: March 7, 2024
 To: JLMBC
 From: Staff
 Subject: **Projects & Activities Report**

JLMBC MEMBERS:
Management
Dana Brown, Chairperson
Tony Royster, First Prov. Chairperson
 Matthew Rudnick
 Matthew Szabo
 Holly Wolcott
Employee Organizations
Jenita Igwealor, Vice-Chairperson
Marleen Fonseca, Second Prov. Chairperson
 Chad Boggio
 Esteban Lizardo
 Lisa Palombi

DISCUSSION

Following are informational, project, and staffing summary updates for the LAwell Civilian Benefits Program (LAwell Program) for the month of February 2024 and the upcoming meetings calendar.

A. Informational Updates

- **Anthem Network Update** – Staff provides updates in the monthly projects & activities report regarding Anthem provider negotiations that may potentially impact City members. The following is a follow-up to a prior Anthem network update.
 - **UC Health** – At the February JLMBC meeting, staff reported that the Anthem network agreement with UC Health was set to expire March 1, 2024. Below are some follow-ups from Anthem in response to questions that were brought up by the JLMBC relating to utilization and continuity of care.
 - 18 HMO and Narrow HMO members are assigned to a UC Health medical group
 - Over the past 12 months, 363 members from the Anthem PPO, HMO and Narrow HMO plans have utilized a UC Health facility. Please note that members may be counted more than once if they had utilized different UC Health facilities and that some of the utilized physicians may have admitting rights outside of the UC Health system.

Hospitals	Member Count
UC IRVINE MEDICAL CENTER	50
UCSD MEDICAL CENTER	11
UCSF MEDICAL CENTER	1
UCLA MEDICAL CENTER	211
Santa Monica	90
TOTAL	363

Attached (**Attachment A**) is a copy of the Anthem Continuity/Transition of Care Request Form. The form outlines certain health conditions where continuity or transition of care is considered in a situation where there may be a network change that affects the member’s provider.

Lastly, on February 5, Anthem advised that it and UC Health have agreed in principle on a new contract providing members with continued access to affordable care at UC Health’s facilities. Both organizations have agreed to extend the current network agreement to April 1 to allow sufficient time to finalize the new contract and to also allow members continuing and uninterrupted in-network care.

The City and Anthem microsite has been updated to reflect this change. Anthem has also advised that it will be sending a follow-up letter to members impacted by the network negotiation with UC Health. The letter emphasizes that members’ enrollment with their current primary care physician will not change at this time and includes instructions to contact Anthem if the members have enrolled with a new medical group after receiving the initial letter and wish to re-enroll with UC Health or another medical group. Attached (**Attachment B**) is a copy of the new letter.

Benefits Provider Presentation Update – At its February 1, 2024 JLMBC meeting, a presentation for the Support Plus Employee and Family Assistance Program (Support Plus EFAP) was presented by the provider, Optum, regarding the Support Plus EFAP utilization and current/future outreach and educational efforts. During the presentation, the JLMBC asked why the Adult/Eldercare WorkLife Services reflected a strong decline after 2021.

	Adult/Eldercare
■ 2023	9%
■ 2022	9%
■ 2021	35%

Optum stated that it would need to look deeper into the data to determine the cause, and could provide an update to the JLMBC at a later date. Below is the response from Optum in regards to a question about the drop in elder care for 2021 and 2022.

During the pandemic, Optum saw a spike in members searching for elder care support due to the uncertainty of the time and the lockdowns in retirement/nursing home communities or in homes in general. Members were concerned about how to support their parents through this difficult time of isolation. As conditions have changed and as the nation has moved past the pandemic, Optum has seen a drop in related searches in this area for their book of business which aligns to what it is seeing with City members.

A. Project Updates

- **Affordable Care Act (ACA) Update** – In late January, approximately 44,000 ACA 1095 forms were produced and mailed to employees by the January 31 form furnishment deadline. Following the mailing of the ACA 1095 forms, staff and BenefitScape, the City’s ACA consultant, has, thus far, only received a minimal number of outreach from members regarding the ACA 1095 forms.

Staff is currently working with BenefitScape on the next phase of the process, which is to complete the furnishment of the final report of data to both the state of California and the Internal Revenue Service (IRS).

- **Request for Proposal (RFP) Update** – The following are updates to the Health and Dependent Care Spending Accounts and the Life, Disability, and AD&D RFPs.
 - **Health and Dependent Care Spending Accounts RFP** – This RFP was finalized and posted to the Regional Alliance Marketplace for Procurement (RAMP) on February 15. A pre-proposal conference is set for March 7. Proposals from interested firms are due on March 21.
 - **Life, Disability, and AD&D RFP** - This RFP was finalized and posted to RAMP on January 31 (earlier than previously anticipated and reported). The pre-proposal conference was scheduled and held on February 22. A total of 13 different firms attended the pre-proposal conference. Proposals from interested firms are due on March 12.

Based on the attendance at the pre-proposal conference for the Life, Disability, and AD&D RFP there is a strong possibility that staff may receive multiple competitive proposals for each proposal. The Life, Disability, and AD&D concepts are quite complex. Any resulting staff recommendation will take ample time to present the concepts and options to the JLMBC. For these reasons, staff believes an additional special meeting in May – which was previously on schedule as tentative - is now required to thoroughly present the recommendations for these RFPs.

Staff will be able to confirm the need for an additional special meeting and the planned approach at the JLMBC’s April 4, 2024 meeting, after the proposal deadlines have passed.

B. Staffing Summary

In February, completed the hiring process to fill the vacant Senior Benefits Analyst I position overseeing the Wellness Program.

- Andrew Torres accepted the job offer for the Senior Benefits Analyst I position overseeing the Wellness Program effective January 29. Andrew previously worked as a Senior Personnel Analyst I with the Personnel Department Office of Workplace Equity.

The following is a summary of the current staff positions supporting the LAwell Program:

Position Authority	Incumbent Job Class	Staff Member	Function	Est. % Allocated to LAwell Program
Personnel				
Chief Personnel Analyst	Ch Benefits Analyst	Paul Makowski	Division Chief	60%
Senior Benefits Analyst II	Sr Personnel Analyst II	Daniel Powell	Governance-Wellness-Contracts/Procurements	60%
Senior Benefits Analyst II	Sr Benefits Analyst II	Chuong Tran	Member Services Section Manager	100%
Senior Benefits Analyst I	Personnel Analyst	Karina Aguiar	Data Compliance/Payroll	100%
Senior Benefits Analyst I	Senior Benefits Analyst I	Theodore Vasquez	TPA Administration/ACA/Member Services	100%
Senior Benefits Analyst I	Sr Personnel Analyst I	Andrew Torres	Wellness Program Coordinator	100%
Accounting Rec. Supvr II	Accounting Rec. Supvr II	Maria Gomez	Direct Bill Supervisor/Trust Fund Budget	100%
Benefits Analyst	Sr Benefits Analyst	120-Day Appt	Communications/JLMBC/Participant Services	100%
Benefits Analyst	Management Analyst	Robyann Jumaoas	COBRA/EFAP/BPP	100%
Benefits Analyst	Benefits Analyst	Isela Jurado	Contractor Efficiency & Direct Bill	100%
Benefits Analyst	Benefits Analyst	Brianna Collins	Wellness Program Assistant	100%
Benefits Specialist	Management Assistant	Matt Elmange	Direct Bill	100%
Benefits Specialist	Management Assistant	Benedict Paz	Direct Bill	100%
Benefits Specialist	Benefits Specialist	Marisela Hernandez	Member Services Rep	100%
Benefits Specialist	Sr Administrative Clerk	Araceli Goza	Member Services Rep	100%
Benefits Specialist	Administrative Clerk	Teresa Rubio	Member Services Rep	100%
Accounting Clerk	Accounting Clerk	Lanellie Apostol	Accounts Payable and Receivable/Audits	100%
Accounting Clerk	Accounting Clerk	Skyлар Cain	Accounts Payable and Receivable/Audits	100%
City Attorney				
Deputy City Attorney	Deputy City Attorney	Charles Hong	Committee Counsel	25%

B. Upcoming Meetings Calendar

Staff maintains a calendar of upcoming Board meetings and proposed topics (**Attachment C**). The calendar is subject to change based on multiple factors and should be considered tentative for planning purposes only.

Submitted by:

Chuong Tran, Senior Benefits Analyst II

Approved by:

Paul Makowski, Chief Benefits Analyst

Continuity of care and **transition of care** are ways of making sure that if you're already in the middle of treatment or scheduled for treatment, you may be able to continue care with your current provider for a limited period of time, despite your provider terminating from the network or if you change health plans.

Anthem may offer you transition/continuity of care options when:

- Your primary medical group (PMG), independent physician association (IPA), preferred provider organization (PPO) provider, hospital or other provider leaves or is terminated from your health plan. That's called **continuity of care**.
- You're a newly covered member to Anthem Blue Cross and the doctor or other provider for your treatment is not part of your new Anthem Blue Cross plan. That's called **transition of care**.
- There are other reasons that you have no control over, which puts the continuity of your care at risk.

The option is NOT available if you:

- Have chosen to make changes to your coverage, in which your doctor or other provider is no longer in your plan.
- Require ongoing care for a chronic condition, but you're not in an acute phase of an illness requiring a special course of treatment.

In these cases, there's no need to fill out this form. Instead, contact Member Services at the number on your Anthem ID for support with finding a doctor or other provider who can give you the care you need. If your doctor is leaving your Anthem PMG or IPA, contact your medical group directly and they will assist you with finding a new primary care doctor. If you are changing plans and your current medical provider is in our network, you're all set.

Health conditions where continuity or transition of care is considered

An acute condition. A medical or behavioral health condition that involves a sudden onset of symptoms due to an illness or injury — or one that requires prompt medical attention (but for a limited time). Completion of covered services shall be provided for the duration of the acute condition.

Serious chronic condition. A medical or behavioral health condition due to a disease, illness or other medical or behavioral health problem or disorder that is serious and continues without a full cure, worsens over time or requires ongoing treatment to keep it in remission or from getting even worse. Completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the health plan in consultation with the enrollee and the terminated provider or non-participating provider and consistent with good professional practice. Completion of covered services will be considered for a limited period of time not to exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered enrollee.

Pregnancy. You can complete covered services for the three trimesters of your pregnancy and the immediate postpartum period.

Maternal mental health condition. A mental health condition that can impact a woman during pregnancy, peri or postpartum, or that arises during pregnancy, in the peri or postpartum period, up to one year after delivery. For an individual who presents written documentation of being diagnosed with a maternal mental health condition from their treating health care provider, completion of covered services for the maternal mental health condition will be considered for a limited period of time, not to exceed 12 months from the diagnosis or from the end of the pregnancy, whichever occurs later.

Terminal illness. An incurable or irreversible condition that has a high probability of causing death within one year or less. You can complete covered services, even if the duration of the terminal illness goes longer than 12 months from the contract termination date or from the effective date of coverage for a new enrollee.

Care of a newborn child between birth and 36 months old. Completion of covered services will be considered for a limited period of time, not to exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered enrollee.

Surgery or other procedure that has been authorized by the plan or its delegated provider and is scheduled to occur within 180 days of the contract's termination date — or within 180 days of the effective date of coverage for a newly covered enrollee.

If the above situations apply to you, call Anthem Blue Cross Member Services to request continuity/transition of care OR for help in filling out this form to help make sure your care is not interrupted.

For medical requests for California members, fax this completed form to 1-877-214-1781.

For behavioral health requests for California members, fax this completed form to 1-877-521-4787.

For applied behavior analysis services for California members, fax this completed form to 1-866-582-2287.

Continuity/Transition of Care Request Form California



Help us review your request by:

1. Filling out the form completely and not leaving any blanks. Use "N/A" if the question doesn't apply to you.
2. Using a separate form for each family member who needs to have care transitioned to another provider.

Subscriber/Patient information

Subscriber last name		First name		M.I.	Subscriber ID, if issued
Subscriber employer name				Date active with Anthem (MM/DD/YYYY)	
Patient last name		First name		M.I.	Relation to subscriber
Date of birth (MM/DD/YYYY)	Gender	Allergies			
Preferred phone no. <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			Secondary phone no. <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Are you a new enrollee to Anthem? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill in the green-shaded areas a) and b). If No, skip to the yellow-shaded area c).					
Name of terminating insurance plan: _____					
a) Type of terminating plan: <input type="checkbox"/> HMO <input type="checkbox"/> Vivity <input type="checkbox"/> POS <input type="checkbox"/> PPO <input type="checkbox"/> EPO <input type="checkbox"/> CDHP <input type="checkbox"/> Other: _____					
Member ID and/or medical record number of terminating insurance plan: _____					
Name of PMG/IPA with terminating plan: _____ Name of new Anthem Blue Cross PMG/IPA: _____					
b) New Anthem Blue Cross plan: <input type="checkbox"/> HMO <input type="checkbox"/> Vivity <input type="checkbox"/> POS <input type="checkbox"/> PPO <input type="checkbox"/> EPO <input type="checkbox"/> CDHP <input type="checkbox"/> Other: _____					
c) Please provide the name of your doctor or hospital canceling your care or terminating with Anthem Blue Cross: _____					
Diagnosis (include pertinent history and physical findings): _____					

1. Do you have an upcoming appointment to see a specialist? Yes No If yes, please provide the applicable information below.

Specialist type	Provider name (last, first)	Provider address	Provider phone no.	Date of next office visit	Reason
Obstetrician for pregnancy					
Due date: (MMDDYYYY) Hospital for delivery: _____					
Applied behavior analysis (ABA) provider					
Blood or cancer specialist					
Heart specialist					
Infectious disease specialist					
Kidney specialist					
Licensed clinical psychologist					
Licensed clinical social worker (LCSW)					
Licensed marriage and family therapist (LMFT)					
Lung specialist					
Neurologist					
Orthopedic specialist					
Psychiatric/mental health nurse practitioner (PMHNP)					
Psychiatrist					
Other (please be specific):					

2. Are you currently receiving any of the following services? Yes No If yes, please provide the applicable information below.

Services	Facility	Company	Provider name	Provider address	Phone no.
Applied behavior analysis (ABA)					
Clinical laboratory					
Dialysis					
Home therapy					
Intensive outpatient					
IV medication/chemotherapy					
Medical equipment					
Medication assisted treatment					
Medication management for a behavioral health condition					
Occupational therapy					
Organ or stem cell/bone marrow transplant					
Outpatient electroconvulsive therapy					
Oxygen					
Partial hospitalization					
Physical therapy					
Psychological testing					
Radiation therapy					
Rehab treatment					
Residential care					
Speech therapy					
Transcranial magnetic stimulation					
Other (please be specific):					

3. Do you have any hospitalizations, surgeries or procedures scheduled? Yes No If yes, please provide the applicable information below.

Date scheduled (MM/DD/YYYY)	Type of surgery/procedure	
Name of physician performing surgery/procedure	Physician phone no.	Hospital/facility name

4. Requested start date for transition of care/continuity of care

Date (MM/DD/YYYY)

5. Other needs

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Signature required

I authorize Anthem Blue Cross to leave confidential information on my voicemail at the number(s) provided on the form above. Please check all that apply: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Do NOT leave confidential information on my voicemail		
Signature of patient if age 18 or over X	Printed name	Date (MM/DD/YYYY)
Signature of parent or guardian if patient is under age 18 X	Printed name	Date (MM/DD/YYYY)

Continuity/Transition of Care Request Form
Authorized Disclosure Form
California



Patient information

Patient last name	First name	M.I.	Date of birth (MM/DD/YYYY)
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Authorization – Signature required

I, _____ (patient's name) hereby authorize my provider to give the Anthem Blue Cross reviewing unit and/or Care Management any and all information and medical records pertaining to my current course of treatment as necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand that, with the exception of behavioral health services, the Anthem Blue Cross reviewing unit and/or Care Management may share information and discuss my care with my new primary care physician/medical group under my Anthem plan. I understand that the Anthem Blue Cross reviewing unit may need to contact my current provider in order to complete my request, and I authorize such communications. I understand that I can help by following up directly with my provider to let them know that I have requested transition assistance and need their cooperation.

Unless I specify otherwise on this form, I intend this authorized disclosure to include, if applicable, all substance use disorder records maintained by my provider about me pertaining to my current course of treatment and relevant to the transition assistance. I understand that my substance use disorder records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this authorization at any time. I understand that I cannot cancel this authorization when this form has already been used to disclose information.

I understand that I am entitled to a copy of this authorization form.

Signature of patient if age 18 or over X	Printed name	Date (MM/DD/YYYY)
Signature of parent or guardian if patient is under age 18 X	Printed name	Date (MM/DD/YYYY)



P.O. Box 70000
Van Nuys, CA 91470

[date]

«FNAME» «LNAME»
«ADDRESS1»
«CITY», «ST» «ZIP»

Dear Anthem Blue Cross Member,

On January 3rd, we sent you a letter informing you that *that the CaliforniaCare HMO Agreement between Anthem Blue Cross and the UC Davis Medical Group, UC Irvine Medical Groups, UC Los Angeles Medical Groups, and the UC San Diego Medical Groups (henceforth 'UC Health') would no longer participate in the Anthem Blue Cross HMO Network effective March 1, 2024* and that you would be assigned to an alternate participating medical group at that time.

Since we notified you of this pending change, Anthem and UC Health have agreed to extend our current contract to April 1, 2024, to offer Anthem members uninterrupted in-network care at UC Health while both parties finalize the renewal contract. **As a result, UC will remain in the Anthem Blue Cross HMO network and your enrollment with your primary care physician will not change at this time.** If you enrolled with a new medical group after receiving the initial letter and wish to re-enroll with UC Health or another medical group, please contact Anthem Blue Cross using the toll-free customer service number, 1-844-971-0117, OR the toll-free member services number on your current ID card.

If you have any other questions regarding this notice, please contact Anthem Blue Cross using the toll-free customer service number, 1-844-971-0117, OR the toll-free member services number on your current ID card. If you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects consumers, by telephone at its toll-free number, 1-888-466-2219, or at a TDD number for the hearing and speech impaired at 1-877-688-9891, or online at: www.dmhca.gov.

Your health care needs are very important to us, and we are committed to providing you with exceptional service. Please be assured that your health care coverage will not be interrupted and that this does not result in a change to your covered benefits.

Sincerely,

Anthem Blue Cross

JLMBC MEETINGS CALENDAR - 2024 PLANNED ITEM

(Subject to change)

MEETING	AGENDA ITEM	PRESENTATION
4-Apr-2024	HRP-Workday Transition Update	
	Benefits Provider Presentation – LAwell Third Party Administration	TELUS
	2023 Open Enrollment Data Review	
	Workday System Demonstration	HRP Team
	Disability Claim Statistics (JLMBC Report Back)	
	Medical Plan Renewal Update <i>(tentative)</i>	
	LIVEwell Program Update	
	Monthly Projects & Activities Report	
2-May-2024	HRP-Workday Transition Update	
	Benefits RFP Evaluation	
	Medical Plan Renewal	
	LIVEwell Program Update	
	Monthly Projects & Activities Report	
16-May-2024	Benefits RFP Evaluation	
	Medical Plan Renewal <i>(if needed)</i>	
6-Jun-2024	HRP-Workday Transition Update	
	2025 LAwell Program Design and Renewals	
	Employee Benefits Trust Fund Staffing Reimbursement - 3rd Qtr FY 2023-24	
	LIVEwell Program Update	
	Monthly Projects & Activities Report	
20-Jun-2024	2024 LAwell Program Design and Renewals <i>(If Needed)</i>	
4-Jul-2024	REGULAR MEETING CANCELED – July 4 th Holiday	
1-Aug-2024	HRP-Workday Transition Update	
	Benefit Provider Presentation – Wellness Program	Virgin Pulse
	Benefits Trust Fund Status Report	
	Employee Benefits Trust Fund Staffing Reimbursement - 4th Qtr FY 2023-24	
	2024 Open Enrollment Communications and Activities for Plan Year 2025	
	LIVEwell Program Update	
	Monthly Projects & Activities Report	

5-Sep-2024	REGULAR MEETING CANCELED	
3-Oct-2024	Benefit Provider Presentation – TBD	TBD
	LIVEwell Program Update	
	Monthly Projects & Activities Report	
7-Nov-2024	Benefit Provider Presentation – Health and Dependent Care Accounts	Health Equity/ Wageworks
	Employee Benefits Trust Fund Staffing Reimbursement - 1st Qtr FY 2024-25	
	LIVEwell Program Update	
	Monthly Projects & Activities Report	
5-Dec-2024	Benefit Provider Presentation – Disability, Life, & AD&D	Standard
	Election of 2025 Chairperson and Vice-Chairperson and 2025 Meeting Schedule	
	2024 Open Enrollment Implementation Update for Plan Year 2025	
	LIVEwell Program Update	
	Monthly Projects & Activities Report	