

## Care Coordination Work Group

### Meeting Minutes

May 22, 2017, 3:00 PM – 5:00 PM

### DHHS Administration

7001-A East Parkway  
 Sacramento, CA 95823  
 Conference Room 1

COMMITTEE MEMBERS			
X	Advocate – Jenni Gomez (LSNC)	X	Health Plan – Steve Soto (Molina) – <b>Chair</b>
X	Clinic – J. Miguel Suarez, MD (HALO)	X	Health Plan – Lydia Mata (Anthem)
X	Clinic – Jonathan Porteus, PhD (WellSpace)	X	Health Plan – Jane Tunay (Health Net)
X	DHHS Primary Health – Sandy Damiano, PhD	X	Health Plan – Cathy Lumb-Edwards (Kaiser)
X	DHHS Behavioral Health – Kelli Weaver for Uma Zykofsky	X	Health Plan – Debbie Tanabe (UnitedHealthcare)
X	IPA – Janice Milligan (River City Medical Group)		Health Plan – Sylvia Gates Carlisle, MD (Aetna)
X	IPA – Anna Berens (EHS)		Hospital – Tory Starr (Sutter Health) – <b>Co-Chair</b> – <i>Excused</i>
		X	Hospital – Rosemary Younts (Dignity Health)

Group Members in Attendance: 13

Public in Attendance: 15

Staff: Sherri Chambers

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Topic	Minutes
<p>Welcome and Agenda Review – <i>Steve Soto, Chair</i></p>	<p>Steve Soto welcomed group members and members of the public, facilitated introductions, and reviewed the agenda. Steve introduced guest Steve Heath, Executive Director, Capitol Health Network, who will lead a discussion on local efforts in the development of a Health Information Exchange (HIE). <i>Welcome!</i></p> <p><u>Materials:</u> All members received a copy of the agenda, 2017 GMC Enrollment Data, Timely Access Standards Handout, Health Plan Networks, EHS Care Coordination Guide, River City Medical Group Care Coordination Handout, Health Information Exchange PowerPoint Presentation slides, Mesa AZ News Article, and Health Plans 2016 Data Comparison. <i>All meeting materials are posted on the website.</i> Link: <a href="http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx">http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx</a></p>
<p>Announcements &amp; Data – <i>Sandy Damiano</i></p>	<p><u>GMC Enrollment Data</u> (<i>Posted on the website</i>) – As of May 1, Sacramento County GMC enrollment was 440,263 with a net decrease of 1,616 members over the previous month. Sacramento has a net loss for 2017. The default rate remains low at 32%.</p> <p><u>Timely Access Standards</u> (<i>Posted</i>) – DHCS developed proposed network standards to meet compliance with the Medicaid Managed Care Final Rule. The timely access standards are basically unchanged, except that standards have been added for Substance Use Disorder (SUD) services and skilled nursing. The Proposed implementation date is July 1, 2018. The full network standards document is posted on the DHCS website.</p> <p><u>Health Plan Networks</u> (<i>Posted</i>) – Stakeholders requested information regarding how the health plan networks are structured. Molina assisted the county in creating a template. The Health Plans provided information on their networks. Health Net utilizes a delegated risk model, Anthem is mostly delegated risk with some direct contracts, and Molina is a hybrid. Staff did not create a Kaiser handout since they are a closed network.</p> <p><u>Health Homes Program</u> – The revised implementation schedule is posted on the DHCS website. It reflects a one year delay. Sacramento is in group 3. No additional information other than the timeline has been provided. The implementation dates are:</p> <ul style="list-style-type: none"> <li>• <b>July 1, 2019</b> – Members with eligible chronic physical conditions and Substance Use Disorders (SUD).</li> <li>• <b>January 1, 2020</b> – Members with Serious Mental Illness (SMI).</li> </ul> <p><u>Medi-Cal Managed Care Request for Proposal (RFP) / Request for Application (RFA)</u> – The State is planning an RFP/RFA process for the entire system. All Medi-Cal Managed Care Plans will be under procurement according to the schedule beginning in late 2019 / early 2020. Sacramento GMC is expected to have the</p>

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	<p>RFP/RFA release in late 2019 / early 2020. <i>See the DHCS website for the complete schedule.</i>                  Link: <a href="http://www.dhcs.ca.gov/services/Documents/MMCD_RFP_RFASchedule.pdf">http://www.dhcs.ca.gov/services/Documents/MMCD_RFP_RFASchedule.pdf</a>  <u>Mental Health Parity Managed Care Rule</u> – The State recently gave a PowerPoint Presentation on Mental Health Parity and the various components that had to be considered for implementation. It is complex in California because some services are provided in plans and some services are outside of plans. Implementation date: October 2, 2017. <i>The PowerPoint Presentation is posted on the DHCS website.</i>                  Link: <a href="http://www.dhcs.ca.gov/services/Documents/MentalHealthParity_SAC.pdf">http://www.dhcs.ca.gov/services/Documents/MentalHealthParity_SAC.pdf</a></p>
<p>Health Information Exchange (HIE) –  <i>Steve Soto,                  Jonathan Porteus,                  and Steve Heath</i></p>	<p>Steve Heath, Executive Director, Capitol Health Network, presented an overview of efforts to set up a Health Information Exchange (HIE) in the Sacramento region. <i>Steve thanked Brian Jensen, Hospital Council of Northern and Central California, for his work in this area and for the use of some presentation slides. PowerPoint Presentation and materials are posted on the website.</i></p> <ul style="list-style-type: none"> <li>• HIE is both a noun and a verb.</li> <li>• Two different groups have been working on HIE in the Sacramento region: Sacramento Health Information Partnership (SHIP) and Sacramento Region Health Information Exchange Planning Group.</li> <li>• SHIP key partners include the four local hospital systems/Hospital Council and local fire entities. Their effort is patterned after the Mesa AZ nurse triage program – 911 calls are triaged and referred to appropriate resources. Requires interoperability between EMS and providers. Initially this will include the local fire entities and hospital systems.</li> <li>• Sac Region HIE Planning Group key partners are Capitol Health Network, County Department of Public Health, UnitedHealthcare, and Sutter. Their work is focused on a full spectrum HIE. San Diego, San Joaquin, and North State counties already have HIE.</li> <li>• SHIP and Sac Region HIE have recently met together. Health Plans were included in December 2016. The current focus: Gathering input from stakeholders regarding desired functionality. Planning to go forward with SHIP and work to expand interoperability.</li> </ul> <p>Jonathan Porteus:</p> <ul style="list-style-type: none"> <li>• The priority should be what is best for the patient.</li> <li>• The Mesa model shows patient receives high quality care but wonders if it is scalable due to size and complexity.</li> <li>• If it is done right, people will get better health care and there will be financial returns.</li> </ul>

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<p>Health Information Exchange (HIE) –  <i>Steve Soto,                  Jonathan Porteus,                  and Steve Heath</i></p>	<ul style="list-style-type: none"> <li>• Work Group members in health care need to see if their health records are in any of the big networks (such as Sequoia) and there is a need to explore how Avatar can fit in.</li> <li>• Emergency medical service providers have a structure to ensure the security of protected health information.</li> </ul> <p>Steve Soto:</p> <ul style="list-style-type: none"> <li>• The efforts to date are a great start.</li> <li>• Providers want to move beyond data access to something that leads to care coordination as soon as possible. The goal is a platform where all can interact to better manage and improve the health of members.</li> <li>• The State has declined to take the lead with regard to HIE, so we must move forward.</li> </ul> <p><u>Questions &amp; Answers:</u></p> <p><i>Brian Jensen, Hospital Council of Northern and Central California, was called upon to answer questions based on his subject matter expertise and leadership role in the SHIP.</i></p> <ul style="list-style-type: none"> <li>• What type of data will be sharable? <i>Clinicians and technology experts are working together to determine the answer. Working with EMS providers and Emergency Departments to find out what information they need.</i></li> <li>• Is the SHIP project just for Metro Fire or all fire entities? <i>Currently, Metro Fire, City Fire, and Cosumnes Fire are involved.</i></li> <li>• Who will administer the technology? <i>That is not decided. Just beginning to iron out the details. The direction is toward the concept of an internet as opposed to intranet. Systems are communicating and merging. A provider belonging to one system will be able to access others.</i></li> <li>• How will this be funded? <i>Still to be determined. Stakeholders do not want to rely on a funding source that is temporary, such as grants. The goal is to build in the funding and make it sustainable.</i></li> </ul>
<p>IPA Report on Care Coordination –  <i>Janice Milligan</i></p>	<p><b><u>River City Medical Group</u></b> – Janice Milligan provided an overview of RCMG care coordination activities. <i>Handout is posted.</i></p> <ul style="list-style-type: none"> <li>• 225,000 Medi-Cal beneficiaries. The network includes 150 Primary Care Providers and 550 Specialty Providers. They are contracted with all FQHCs except the County.</li> <li>• <u>Primary Care / Specialty Services</u> – Contracted with Anthem Blue Cross, Health Net, and Molina.</li> <li>• <u>Inpatient Care (Care Coordination/Transition of Care)</u> – Delegated to provide care coordination and Transition of Care services for Anthem and Health Net only.</li> <li>• <u>Complex Case Management for Anthem and Molina</u> – Identify and refer to plan care management services.</li> </ul>

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<p>IPA Report on Care Coordination – <i>Janice Milligan</i></p>	<ul style="list-style-type: none"> <li>• <u>Complex Case Management for Health Net</u> – Delegated to provide services.             <ul style="list-style-type: none"> <li>○ Member must qualify for program based on presence of one or more complex needs and specific hospital utilization criteria. Member must consent to participate in the program.</li> <li>○ Enrolled member is assigned an RN Complex Case Manager, who is supported by two Social Workers.</li> <li>○ Case management plan is developed with the Primary Care Provider (PCP).</li> <li>○ Pilot outcome: Successfully completed audit for delegation. Purchased case management software.</li> <li>○ Current status: 53 members enrolled as of May 18. Hospital utilization metrics pending.</li> </ul> </li> <li>• <u>RCMG Social Work Program</u> – A 12-month pilot launched 1/2016.             <ul style="list-style-type: none"> <li>○ Goal – Alleviate member barriers (transportation, food insecurity, etc.) to meaningful participation in their health care.</li> <li>○ Pilot began with 3 Social Workers. Average caseload: 40 members. Average length in program: 90 days.</li> <li>○ Increased to 10 Social Workers in January 2017.</li> </ul> </li> <li>• <u>Health Net provided a list of top 50 utilizers from the Data Summary Reports to their respective IPAs.</u> <ul style="list-style-type: none"> <li>○ RCMG had 28 members on the 2015 report and 19 on the 2016 report. Unduplicated total: 40 members.</li> <li>○ 10 members are in RCMG Case Management. 14 members are in the Social Work Program.</li> </ul> </li> </ul>
<p>IPA Report on Care Coordination – <i>Anna Berens</i></p>	<p><b><u>EHS Medical Group</u></b> – Anna Berens provided an overview of EHS care coordination activities. <i>Handout is posted.</i></p> <ul style="list-style-type: none"> <li>• <u>Management Services Organization (MSO)</u> – Synermed, based in Los Angeles. Synermed completes administrative functions such as authorizations, utilization management, care coordination, and claims.</li> <li>• <u>Local office</u> – is small and focuses on work with providers.</li> <li>• EHS has a 24-hour Nurse Help Line, as well as a robust network of urgent care clinics.</li> <li>• Responsible for providing coordination and referral with regard to Mental Health services, Substance Use Disorder services, transportation services, and linguistic services.</li> <li>• <u>Basic Case Management</u> – is provided for Anthem, Health Net, and Molina. The PCP retains primary responsibility.</li> <li>• <u>Complex Case Management</u> – Not delegated to EHS.</li> <li>• <u>Inpatient Care</u> – Delegated with Health Net only for Transition of Care services.</li> <li>• <u>EHS Care Coordination Team</u> – Consists of clinical and non-clinical staff.</li> <li>• <u>Emergency Department (ED) Data</u> – Recently started receiving ED utilization data from Kaiser on a daily basis. Data is sent to PCP for follow up. High utilizers are referred to case management. Received a</li> </ul>

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<p>IPA Report on Care Coordination – <i>Anna Berens</i></p>	<p>Dignity ED report from Health Net. Would prefer to receive the report directly from Dignity on a regular basis.</p> <ul style="list-style-type: none"> <li>• <u>Challenges</u> – Complexity of the GMC model, shortage of PCPs and specialists, unclear Division of Financial Responsibility (DOFR), Continuity of Care issues, non-compliant members, and lack of alignment among IPA, Plan, and Hospital incentives.</li> <li>• <u>Opportunities</u> – Synermed is operating successful models in other parts of the state.             <ul style="list-style-type: none"> <li>○ <u>DC3</u> – EHS took on full risk. Created a hot spot clinic. Member needs taken care of on a same day basis.</li> <li>○ <u>Patient Health Improvement Initiative (PHII)</u> – Created 2 hot spot clinics. Shared risk with hospital.</li> </ul> </li> </ul> <p><u>Committee Discussion:</u></p> <p>Work Group members had several questions regarding IPA responsibilities in Mental Health care. <i>Janice Milligan</i> – Mental Health care is not directly under RCMG. Must refer members. <i>Anna Berens</i> – EHS PCPs treat mild mental health needs such as anxiety and mild depression. If there is a moderate need, the member is referred to the Health Plan. <i>Steve Soto</i> – Molina has ongoing discussions regarding whether to delegate IPAs for mild to moderate Mental Health care. <i>Kelli Weaver</i> – It is unclear how to coordinate services for members with complex needs. Member may have a Complex Care Manager with the Health Plan, an IPA, a PCP at an FQHC, and Mental Health Specialty with the County. Who do we call? Work Group members agreed this is a very complicated subject and needs to be explored further. This topic will be addressed at future meetings.</p>	
<p>Data Summary Report Backs – <i>Health Plans</i></p>	<p>Due to time constraints, this topic was postponed to the next meeting.</p> <p><u>Action:</u> Plans agreed to complete the data pull for the full 12 months of 2016 by mid-July so the data reports will be revised.</p>	
<p>Public Comment</p>	<p>There was no public comment.</p>	
<p>Closing Remarks and Adjourn</p>	<p>Steve Soto thanked everyone for attending and participating in today’s meeting. With no additional business to discuss, the meeting adjourned.</p>	
<p>Next Meetings</p>	<p><b><i>Medi-Cal Managed Care Advisory Committee Meeting</i></b> Monday, June 26, 2017 / 3:00 – 5:00 PM</p>	<p><b>Location:</b> DHHS Admin Building Conference Room 1 7001A East Parkway</p>
	<p><b><i>Care Coordination Work Group Meeting</i></b> Monday, July 24, 2017 / 3:00 – 5:00 PM</p>	