Care Coordination Work Group

Meeting Minutes
December 4, 2017, 3:00 PM – 5:00 PM

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

COMMITTEE MEMBERS			
X	Advocate – Hillary Hansen (LSNC)		Hospital – Tory Starr (Sutter Health) – ***Co-Chair*** – *Excused*
X	Clinic – J. Miguel Suarez, MD (HALO)	X	Health Plan – Lydia Mata (Anthem)
	Clinic – Jonathan Porteus, PhD (WellSpace)	X	Health Plan – Arianna Phillips for Jane Tunay (Health Net)
X	DHHS Primary Health – Sandy Damiano, PhD	X	Health Plan – Cathy Lumb-Edwards (Kaiser)
X	DHHS Behavioral Health – Uma Zykofsky	X	Health Plan – Debbie Tanabe (UnitedHealthcare)
X	IPA – Effie Ruggles for Janice Milligan (River City)	X	Health Plan – Sylvia Gates Carlisle, MD (Aetna)
	IPA – Anna Berens (EHS) – *Excused*	X	Health Plan – David Eibling, MD (Molina)
X	Hospital – Ashley Brand (Dignity Health)	**INCOMING CHAIR**	
		X	Health Plan – Les Ybarra (Anthem)

Group Members in Attendance: 13
Public in Attendance: 17

Staff: Sherri Chambers

Care Coordination Work Group

Topic	Minutes
Welcome and Agenda Review – *Sandy Damiano, PhD*	Sandy Damiano welcomed group members, guests, and members of the public and facilitated introductions. Materials: All members received a copy of the agenda, 2018 Meeting Schedule, 2017 GMC Enrollment Data, County Mental Health Plan Data, High Utilizer Data Summary Report, Health Net Case Management Referral Form, Committee Activities Completed in 2017, and Proposed Activities for 2018. *Meeting materials are posted on the website.* Link: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx Agenda Topics: Announcements and Data, 2017 High Utilizer Data Reports, 2018 Committee Planning, and Public Comment.
Announcements & Data – *Sandy Damiano and All*	Announcements: • Work Group Chair – After Steve Soto left Molina, Sandy asked for a volunteer from a Health Plan to Chair the Work Group, since care coordination is a plan function. Les Ybarra of Anthem Blue Cross has agreed to Chair beginning next meeting. Tory Starr will continue as Co-Chair. Les said he appreciates the opportunity and looks forward to working with the group. • Meeting Calendar (*posted on the website*) – The 2018 meeting schedule was included in meeting packets and is posted. Two meeting dates are off-cycle due to holidays. Members were reminded to add the dates to their calendars, as county staff does not send appointments. • Aetna Update – Dr. Sylvia Gates Carlisle, Chief Medical Officer, reported that Aetna GMC is set to go live on January 1, 2018. She stated they are looking forward to collaborating with their IPA partners and developing innovative programs. Aetna is partnering with River City Medical Group, Nivano, and Hill Physicians. *Congratulations, Aetna!* • New Plans – Aetna and UnitedHealthcare will be asked to give an update at the January Medi-Cal Managed Care meeting. Hillary Hansen asked if UnitedHealthcare has a cap on members selecting UC Davis Medical Group for primary care. Debbie Tanabe indicated she would report back. • County Mental Health Urgent Care Clinic – opened on November 29. Uma Zykofsky reported that many patients were seen the very next day. After a month or two of operations, Uma would like to have staff give a presentation to members.

Care Coordination Work Group

Announcements & Data – *Sandy Damiano and All*	Data: • GMC Enrollment Data (*posted on the website*) – As of November 1, Sacramento County GMC enrollment was **429,636** with a net decrease of more than 7,000 members from the previous month. The net decrease for the calendar year to date is nearly 13,000 members. November 2015 was the last time enrollment was below 430,000. The default rate was 28%, the lowest in the state. San Diego's default rate was 36%. • County Mental Health Plan Data (*posted*) – The top chart shows GMC members, including children, who received County Mental Health Plan (MHP) services in June 2017. This is point in time data. About **2.9%** of GMC members were served in MHP. The bottom chart shows adults (18+) served in MHP in June 2017, broken down by Plan. This data was used by Plans to cross-reference with high utilizer data.
High Utilizer Data Reports – *Sandy Damiano and Health Plans*	Sandy Damiano provided an overview of the high utilizer data reports. Plans previously presented high utilizer data for 2015 and 2016. Today's data is for the first half of 2017. At our last meeting, data parameters were refined to be more consistent with Health Home criteria. Changes include: • Plans pulled highest 3% of adult members based on non-primary care utilization (previously 50 members). • Diagnoses added – Obesity and Traumatic Brain Injury (TBI). • Several parameters deleted. Plans were asked to report on any notable data and comment on how their care coordination strategies are working. The data was consolidated into one handout with all plans side-by-side *(posted on the website)*. **Anthem Blue Cross** – Lydia Mata reviewed and discussed Anthem's highlights. • Complex Care Management – Only 8% of members engaged. Probably low because they pulled just the Complex Case Management cases and did not include members in care coordination programs, readmission reduction programs or disease management programs. If other programs were included, members actively engaged would be much higher. • Mental Health Diagnosis – Seems high at 43% of members. The Behavioral Health team is now doing outreach (started last quarter). • Diabetes (59%) and Congestive Heart Failure (47%) are high. The Quality Outreach Team is focusing on these areas and partnering with Case Management. • ICD-10 Codes – Each plan may be using different codes to define diagnoses, which may account for the variable results in some categories. • Case Management Programs – Discussed in detail last meeting. *See Anthem Case Management PowerPoint Presentation with September 25 meeting materials posted on the website.*

Care Coordination Work Group

High Utilizer Data Reports – *Sandy Damiano and Health Plans*	**Health Net** – Arianna Phillips reviewed and discussed Health Net's highlights. • Sample size – 3,363 members. They used 3% of total enrollees. • Percentages look low compared to other plans, perhaps as a result of using different diagnosis codes. It would be helpful to have all plans use the same codes. • Complex Care Management – Only .6% actively engaged. Defining the parameter was difficult. • County Mental Health Specialty – Shows 0% because they were unable to pull the data. • Homeless – 3% of the members were homeless, as defined by an indicator on the claim form. • Coming soon – Working with Case Management to expand services next year. They are hoping to start "Member Connections," a new program employing home visits to assist members with complex needs. **Kaiser** – Cathy Lumb-Edwards reviewed and discussed Kaiser's highlights. • Sample size – Kaiser's sample size (1,218) was larger than Anthem's (904). Cathy was not sure why. Their data analyst said they pulled the highest 3% of adult members based on non-primary care encounters. • Data as expected – There were no compelling results to point out. **Molina** – Dr. David Eibling reviewed and discussed Molina's highlights. • Mental Health Diagnosis – 56% of members according to the data pull. Dr. Eibling stated he believes it is much more based on anecdotal evidence. • Substance Use Disorder – Should be more than 50%. • Congestive Heart Failure – Should be more than 28%. Probably underreported. • Complex Care Management – Relatively high at 82% because Molina is actively pursuing high utilizing members. Each one is reviewed. The list goes out to Case Management, who then attempts three phone calls and two home visits before the member is determined uncooperative. • Molina has started working more with Behavioral Health, as it is a big driver of service utilization. Discussion: • Dr. Eibling asked why Chronic Kidney Disease and Renal Failure were not included in the data parameters. Sandy responded that the target population for Health Home includes high risk members who present the best opportunity for improved health outcomes and may not include those diagnoses.

Care Coordination Work Group

High Utilizer Data Reports – *Sandy Damiano and Health Plans*	• Significant differences among plan data were observed, and members suggested that each Plan may have pulled data using different ICD-10 codes. Sandy reminded the group that the Plans worked to standardize data parameters in a conference call earlier this year, but some of the participants have changed. Many agreed the Plans should review and use the same ICD-10 codes to ensure data comparability. • Some members commented on the wide variation in Complex Care Management engagement, likely due to differences in defining the term. Lydia Mata said Anthem used the NCQA definition of Complex Case Management, which did not allow for them to count members in the various high-touch programs they offer. Members agreed that a common definition was needed. • Ashley Brand noted that Plan definitions for homelessness varied considerably. Sandy explained that Plans were unable to come up with a consistent way to pull homelessness. <u>Next Steps</u>: • Plans agreed to share the specific diagnostic codes used in the data pull. • Lydia Mata agreed to coordinate Plan activities regarding sharing and selecting diagnostic codes. • Plans also need to agree on a common definition for Complex Care Management. Sandy suggested that high-touch programs should be included, even if they do not meet the NCQA definition. • Sandy requested Plans decide on diagnostic codes by March. Next data reports will be summer 2018. • Sandy stated that county could be involved in the call as needed but will need the final list of categories, selected CPT codes, and definitions. Will share the SUDS codes with Behavioral Health which will assist them in service planning.
2018 Committee Planning – *Sandy Damiano and All*	Sandy Damiano facilitated a discussion on Medi-Cal Managed Care Committee and Care Coordination Work Group Planning for 2018. Sandy reviewed and discussed the planning handouts (*posted on the website*). <u>Activities Completed in 2017</u> included: • <u>Data</u> – A variety of data reports were produced and discussed. • <u>Information Sharing</u> – Worked toward completion of a Universal Release of Information (UROI). Les Ybarra is leading the UROI Work Group to finalize the form and process. • <u>Care Coordination</u> – Strategies for high utilizing members, split Mental Health benefit, IPA care coordination. • <u>New Plans</u> – Aetna and UnitedHealthcare provided updates. • <u>Resources</u> – New and updated tools for providers and navigators were posted on the website.

Care Coordination Work Group

2018 Committee Planning – *Sandy Damiano and All*	Proposed Activities for 2018: • Data Reports – Frequency for different reports is listed. • Data Sharing – Hope to have a ROI finalized in 2018. • Care Coordination – Will schedule a Mental Health split benefit update including rollout of the screening tool and bi-directional referral process. • Quality – Will ask Plans to report on their efforts to improve HEDIS scores. • Program Rollouts – Health Homes, Drug Medi-Cal Organized Delivery System, etc. Discussion: • Ashley Brand suggested the ROI Work Group work with the City's Whole Person Care program in order to have a release form that is truly universal. Les Ybarra responded that he talked with the Anthem leader working on Whole Person Care, and they agreed it makes sense to align as much as possible. Les said the next step for the ROI Work Group is for Plans to get feedback on the draft form. Sandy noted that plan and county feedback was included in the county final draft which is under another plan review. She added that anyone will be free to use the form, and it can be used for any member needing care coordination. • Ashley asked if we can work on coordinating care across multiple systems. For example, if a member has a care plan, how can it be shared no matter which system the member accesses? • Uma Zykofsky asked for Plans to provide education on their transportation policies. Action – Suggested topics will be added to the Proposed Activities list and will be discussed at the January Medi-Cal Managed Care meeting.
Public Comment	The following provided public comment: • **Effie Ruggles, River City Medical Group:** 1) Effie echoed support for Ashley's comments about working on the ROI. She suggested merging the two forms rather than continuing to work separately. 2) Effie noted that the Care Navigation Council is working on various tools for navigators. She indicated it may be helpful to have the Care Navigation Council give a presentation at a future meeting. Sandy noted that this group uses many of the resource documents posted on our webpage and they seek clarification.
Closing Remarks and Adjourn	Next Meetings – Sandy Damiano announced: Medi-Cal Managed Care Committee Meeting on January 22 will feature a presentation by Brian Jensen of the Hospital Council on the status of Health Information Exchange. We will also have updates from

Care Coordination Work Group

	UnitedHealthcare and Aetna, review enrollment data including net change since 2011, and have a final discussion on proposed committee activities for 2018. Care Coordination Work Group Meeting on February 26 will feature a presentation on City and County Homeless Initiatives by Emily Halcon and Cynthia Cavanaugh. Early 2018 – We would like to have an update on the Mental Health screening tool and bi-directional process. Also on the Drug Medi-Cal Organized Delivery System waiver. Behavioral Health can let us know which month will work. Sandy thanked the Plans for their continued work on providing data to guide strategies. Sandy thanked everyone for attending and participating in today's meeting. With no additional business to discuss, the meeting adjourned. *Happy Holidays!*	
Next Meetings	***Medi-Cal Managed Care Advisory Committee Meeting*** Monday, January 22, 2018 / 3:00 – 5:00 PM	**Location:** DHHS Admin Building Conference Room 1 7001A East Parkway
	Care Coordination Work Group Meeting Monday, February 26, 2018 / 3:00 – 5:00 PM	