Care Coordination Work Group

Meeting Minutes
August 27, 2018, 3:00 PM – 5:00 PM

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

WORK GROUP MEMBERS			
X	Advocate – Hillary Hansen (LSNC)	X	Health Plan – Cathy Lumb-Edwards (Kaiser)
	Clinic – J. Miguel Suarez, MD (HALO)	X	Health Plan – Peggy Rossi (Aetna)
X	Clinic – Jonathan Porteus, PhD (WellSpace)	X	Hospital – Tory Starr (Sutter Health) – ***Co-Chair***
X	DHS Primary Health – Sandy Damiano, PhD	X	Hospital – Liza Kirkland for Ashley Brand (Dignity Health)
X	DHS Behavioral Health – Uma Zykofsky	X	Hospital – Trina Gonzalez (UC Davis Health)
X	Health Plan – Les Ybarra (Anthem) – ***Chair***	X	IPA – Janice Milligan (River City)
X	Health Plan – Jane Tunay (Health Net)		Physician – Ravinder Khaira, MD
X	Health Plan – Lucia Recinos for Ashley DeLanis (Molina)	**GUEST PRESENTER**	
X	Health Plan – Jennifer Nuovo (UnitedHealthcare)	X	Beau Hennemann, Anthem Blue Cross

Work Group Members (14) / Presenter (1) in Attendance: 15
Public in Attendance: 29

Staff: Sherri Chambers

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Topic	Minutes
Welcome and Agenda Review – *Les Ybarra*	Les Ybarra welcomed group members, guests, and members of the public and facilitated introductions. Materials: All members received a copy of the agenda, 2018 GMC Enrollment Data, 2018 IPA Enrollment Data, Anthem Health Homes Program PowerPoint Slides, Hospital Systems Emergency Department (ED) Data Summary, Kaiser ED Data, Dignity Health ED Data, and UC Davis Health ED Data. *Meeting materials are posted on the website.* Link: www.SacGMC.net Agenda Topics: Announcements and Data, Health Homes Program, Emergency Department Utilization, and Public Comment.
Announcements & Data – *Sandy Damiano*	Announcements: • GMC Model Update – The Legislative Analyst's Office contacted Sandy and requested a meeting. They are researching managed care models and are most interested in the Los Angeles two-plan model, where plans delegate to other plans. They are speaking to both GMC counties for input. The meeting with Sandy is scheduled for August 31. In October, the Care Coordination Work Group will focus efforts on GMC issues and Health Homes planning. Data: • GMC Enrollment Data (*posted on the website*) – As of August 1, Sacramento County GMC enrollment was **422,099**, a net decrease of 1,459 members from the previous month. Aetna and Kaiser had net increases while the other plans had net decreases. The net change does not reflect all enrollment changes within a plan. The State did not report enrollment numbers for UnitedHealthcare (about 4,400 based on the State email informing stakeholders of the Plan's intention to exit Sacramento GMC). The default rate was 33%, the lowest in the state. San Diego's default rate was 41%. Les added that the enrollment trends are based on eligibility. Fewer individuals are enrolling in Medi-Cal each month, and larger numbers are dropping off the program. The trend is statewide. • IPA Enrollment Data (*posted*) – About once per year, IPA enrollment data is provided by the GMC Plans and IPAs. The data reflects point in time enrollment. River City Medical Group has the largest enrollment at nearly 200,000 members, more than all other IPAs combined. Excluding Kaiser, 97% of all Sacramento GMC members are currently delegated. Only 79% of non-Kaiser members were delegated in 2017. This is a substantial increase in the number of members delegated to IPAs.

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Health Homes Program – *Beau Hennemann, Anthem Blue Cross*	Les welcomed **Beau Hennemann, Director of Special Programs, Anthem Blue Cross**. Special Programs include Palliative Care, Long Term Services & Supports, Homeless Programs, Whole Person Care, and Health Homes. Anthem went live with Health Homes in San Francisco and Alameda on July 1, 2018. Beau provided a PowerPoint Presentation on the Health Homes Program (HHP). *See PowerPoint slides posted on the website.* Key Points: • Goals – Integrate care across multiple systems. Connect physical health, behavioral health, and social needs. Improve health care and health outcomes while reducing costs. • Background – Established through ACA. Enhanced funding (90%) for first two years. 22 states have opted in. Different in every state: 34 different models nationwide. Anthem has HHP models in New York, Washington, Iowa & West Virginia. • Implementation – California chose to roll out in phases. Most counties pushed out to July 1, 2019. Only San Francisco had July 1, 2018 implementation. Anthem rolled out early in Alameda using Whole Person Care funding for the first year. Sacramento go-live: July 1, 2019 for members with chronic conditions and SUD; January 1, 2020 for members with Serious Mental Illness. • Services – The State identified six core services. Housing Navigation and Tenancy Support is also part of the program and requires more than just referrals. Members must receive assistance with completing applications, securing deposits, learning how to be a tenant, etc. • Program Design – Aimed at pushing intensive case management into the community where the member receives services. The State contracts with the Plan, the Plan contracts with Community-Based Care Management Entities (CB-CME). The CB-CME is a clinic or community organization where members already receive services. Plan delegates responsibility for core services to the CB-CME. • Eligibility – Criteria set by the State include specified chronic conditions plus acuity/complexity factor. State sends a list of potential members to the Plan. Potential members can also be identified through internal plan processes and by referral. Members must opt in. Benefit: Single point of contact. • Bay Area Implementation Challenges – This population is difficult to reach and keep engaged. Overlapping programs such as Whole Person Care make it difficult to avoid duplication and waste. Other gaps include lack of housing, data sharing issues, revenue, and readiness among providers. • Lessons Learned – Find out who is interested in being a CB-CME and engage them early in the process. Collaborate with other plans on training, reporting requirements, etc. Focus on the details and recognize that it will not be easy.

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Health Homes Program – *Beau Hennemann*	Discussion: • Tory Starr thanked Beau and echoed the benefit of collaboration among plans. Regarding the suggestion to treat CB-CMEs as partners, Tory urged plans to include health systems due to their role in provision of acute care. • Uma Zykofsky asked whether CB-CMEs are contracted with each health plan. *Beau: Yes. Plans are responsible to build networks with multiple CB-CMEs. There is potential overlap.* • Tory asked about the reimbursement model. *Beau: It is a comprehensive all-inclusive reimbursement rate.* • Jane Tunay introduced Scott Crawford, Director of Strategy & Execution, who is overseeing Health Homes for Health Net. Scott stressed the importance of collaboration among plans and providers. • Janice Milligan asked if Adult Day Health Centers would be contracted as CB-CMEs in Sacramento. *Beau: Bay Area has two such entities, Family Bridges and Stepping Stone. Too early to tell if it is working or not. The biggest challenge is connecting to primary care and behavioral health care.* • Jonathan Porteus asked about coordination between HHP and Whole Person Care. *Beau: The programs have similar services and use the same provider network. However, Plans administer HHP. The differences (rules, payment structure) are in the background. The programs will complement each other.* • What happens when a member with a Health Action Plan (HAP) switches health plans? *Beau: If both plans are contracted with the member's CB-CME, the HAP could transfer. This is an area where plans could collaborate. In the Bay Area, we provided care plan and assessment templates, but they are free to use their own if requirements are met. The templates could be consistent across plans, if plans agree.* • Les and Sandy underscored the importance of a unifying common approach among plans.
Emergency Department Utilization – *Sandy Damiano and Hospital Systems*	Sandy Damiano introduced the topic and discussed a recent California Health Care Foundation (CHCF) article – "*California Emergency Departments: Use Grows as Coverage Expands*." See the full article on the CHCF website: https://www.chcf.org/wp-content/uploads/2018/08/CAEmergencyDepartments2018.pdf . Key Points: • Medi-Cal was the payer for 43% of Emergency Department (ED) visits in California in 2016. • ED visits per 1,000 residents increased 33% from 2006 – 2016. Sacramento above average in 2016. • 2016 ED visits not resulting in hospital admission: Acuity level Minor – 6%, Low/Moderate – 18%. • ED visits by payer in the Sacramento region: Medi-Cal – 42%, Medicare – 24%, private – 25%. Sandy reviewed the ED Utilization Data Summary (*posted on the website*) • The top table shows GMC plan point in time enrollment for December 2016 and 2017. • The next two tables show ED visits for Primary Care by plan and by hospital system.

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Emergency Department Utilization (cont.) – *Sandy Damiano and Hospital Systems*	• Hospital systems will discuss their data sheets (*posted on the website*). Complete data for Sutter Health was unavailable but will be posted on the website later. **Kaiser** – Cathy Lumb-Edwards reviewed and discussed Kaiser's data highlights: • Consistent in the region with 41-42% Medi-Cal payer. • Much lower rate of ED visits for primary care than Dignity Health. • Care Coordination team receives daily lists of Kaiser Plan members seen in the ED and conducts outreach. Now sending similar lists to all plans. • They have an urgent care at the South Sacramento facility. Considering the need to expand. • Kaiser Plan members tend to go to the Kaiser ED. **Dignity Health** – Liza Kirkland reviewed and discussed Dignity's data highlights: • They also send daily lists to health plans. • Partnership with Health Net and the Patient Navigator Program with Sacramento Covered began to focus efforts on Health Net members in May 2017. • They meet with FQHCs along with Sac Covered to determine root causes for inappropriate ED utilization. Also working with Health Net to identify top needs and areas leading to ED utilization. • Database with Sac Covered incorporates data points related to reasons members use ED for primary care. • Looking forward to what impact the various strategies will have on 2018 data. Discussion: • Sandy asked if any themes are emerging from the targeted efforts. *Liza: Patients do not know where to go. Patient navigators with Sac Covered have been helpful in educating patients on where to go such as Urgent Care Clinics. Also working with Health Net to get patients appropriate care.* • A member asked about specific aid codes. Liza said she will provide that information. • Sandy noted patients do not know how to use their benefit. Health literacy and consistent messaging across the system are important. **UC Davis Health** – Trina Gonzalez reviewed and discussed UCD Health's data highlights: • They have a patient navigator from Sac Covered. Currently looking at ways to incorporate what the navigator learns into patient records.

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Emergency Department Utilization (cont.)	• ED/inpatient discharge planners refer directly to Ambulatory Case Management. • They have a Substance Use Counselor who assists with referrals and health insurance literacy. Next Steps: • Staff will post Sutter's ED data and an updated summary sheet when available. • Uma will provide an update on the Mental Health Triage Navigators (Behavioral Health staff in EDs). • The Work Group will consider how to improve consumer health literacy and simplify the process of figuring out where to go. Many members do not know how to utilize managed care. Will require repeated efforts over time by all parties.	
Public Comment	Fabbi Cruz, Senior Project Manager, Aetna Better Health – Aetna is highly interested in collaboration to prepare for HHP. It seems a long way off, but some deliverables are due soon. One concern is that the intent of the program will be undermined if every plan has its own model. Collaboration will be more efficient.	
Closing Remarks and Adjourn	Next Meetings – Sandy Damiano announced: Medi-Cal Managed Care Committee Meeting on September 24 – Special focus on Palliative Care: Anna Berens, Coalition for Compassionate Care of California (CCCC), the CEO of CCCC, and the Chief Medical Officer with Partnership Health Plan will present. One or more Sacramento GMC Plans will also participate. Care Coordination Work Group Meeting on October 22 – Will resume work on GMC model issues. Sandy noted that HHP is the perfect opportunity to focus on streamlining care coordination efforts. Les thanked everyone for attending and participating in today's meeting. *A special thanks to the Presenters.* With no additional business to discuss, the meeting adjourned.	
Next Meetings	***Medi-Cal Managed Care Advisory Committee Meeting*** Monday, September 24, 2018 / 3:00 – 5:00 PM ***Care Coordination Work Group Meeting*** Monday, October 22, 2018 / 3:00 – 5:00 PM	**Location:** DHS Admin Building Conference Room 1 7001A East Parkway