

Care Coordination Work Group

Meeting Minutes

October 22, 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)
X	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 – Ashley Brand (Dignity Health)
X	DHS Behavioral Health – Uma Zykofsky	X	IPA – Janice Milligan (River City)
X	Health Plan – Les Ybarra (Anthem) – Chair		Physician – Ravinder Khaira, MD
X	Health Plan – Jane Tunay (Health Net)	GUEST PRESENTER	
X	Health Plan – Ashley DeLanis (Molina)	X	Beau Hennemann, Anthem Blue Cross

Work Group Members (13) / Presenter (1) in Attendance: 14

Public in Attendance: 20

Staff: Sherri Chambers

Care Coordination Work Group

Topic	Minutes
Welcome and Agenda Review – Les Ybarra	<p>Les Ybarra welcomed group members, guests, and members of the public and facilitated introductions.</p> <p><u>Materials:</u> All members received a copy of the agenda, 2018 GMC Enrollment Data, Anthem LiveHealth Online PowerPoint Slides, and Sacramento GMC Health Homes Planning Timeline.</p> <p><i>Meeting materials are posted on the website. Link: www.SacGMC.net</i></p> <p><u>Agenda Topics:</u> Announcements and Data, Anthem's LiveHealth Online Program, Health Homes: Unified Approach, Upcoming Meeting Topics, and Public Comment.</p>
Announcements & Data – Sandy Damiano, Les Ybarra & All	<p><u>Data:</u></p> <ul style="list-style-type: none"> • <u>GMC Enrollment Data (posted on the website)</u> – Sandy reported that Sacramento County GMC enrollment was 421,548 as of October 1, a net decrease of 513 members from the previous month. UnitedHealthcare enrollment was not reported, but was about 4,200 based on a different report. Aetna and Anthem had net increases while the other plans had net decreases. <i>The net change does not reflect the churn rate.</i> For example, the State reported 8,044 members enrolled in Sacramento GMC from 8/28/18 – 9/24/18. Since the <i>net</i> decrease was about 500, the number of members disenrolled was about 8,500. The default rate was 32%, the lowest in the state. San Diego's default rate was 41%. • <u>Enrollment Trends</u> – Les noted that the total number of eligible members is decreasing, in contrast with the gains of the last few years. About 56% of Anthem members disenrolling are losing Medi-Cal eligibility (as opposed to moving or switching plans), and this trend is statewide. Causes may involve improved economy, fear of renewing due to the political climate, etc. <p>Cathy Lumb-Edwards commented that Kaiser just saw its largest net loss in enrollment since 2016 or 2017. Sandy said county staff will provide a report showing net change in enrollment by year. Plans noted it is difficult to determine what happened to members who left the plan. Dr. Suarez asked if plans could report on one or two performance measures and how churn affects them. Les stated he would follow up with plans and report back.</p> <p><u>Announcements:</u></p> <ul style="list-style-type: none"> • <u>Palliative Care</u> – Les reminded plans to send their referral forms to Sherri Chambers to be shared with committee members. So far, Anthem and Health Net provided their forms.

Care Coordination Work Group

<p>Announcements & Data – <i>Sandy Damiano, Les Ybarra & All</i></p>	<ul style="list-style-type: none"> • <u>Managed Care Performance Dashboard</u> – Reports linked on committee website: www.SacGMC.net. HEDIS data was refreshed on September 1. Sandy noted that Kaiser North and South were the top performing plans. Also, Molina and Anthem showed improvement. Kudos to all! • <u>Health Homes Webinar</u> – Hosted by Health Management Associates on October 30. Will discuss key lessons learned in other states where Health Homes already rolled out. Sherri Chambers will send the link. • <u>Health Affairs Event</u> – “Improving Care for Californians” held on October 15. Available via webcast. • <u>CHCF Almanac</u> – “Substance Use in California: A Look at Addiction and Treatment” (October 2018) provides an overview of substance use based on recent data. Link to article on last e-blast, and will send again. • <u>Drug Medi-Cal Organized Delivery System</u> – Uma Zykofsky urged plans to expedite getting MOUs executed.
<p>Anthem's LiveHealth Online Program – <i>Les Ybarra</i></p>	<p>Les Ybarra provided a PowerPoint Presentation on Anthem's <u>LiveHealth Online</u> program. See <i>slides posted on the website</i>.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>What is it?</u> – A mobile and web-based telehealth program that provides members access to video visits for urgent care (physical health) and behavioral health. • <u>Features</u> – Board certified physicians for physical and behavioral health; ability to electronically prescribe. • <u>Soft launch</u> – Rolled out for Medi-Cal members on 9/1/18 (initially through employer-based coverage only). • <u>Physical Health (Urgent Care focus)</u> – 24/7 on-demand access; no age limit; average wait time – 10 minutes. • <u>Behavioral Health</u> – Must make an appointment (14 days or less for psychiatry; 4 days for psychology). Age requirements. • <u>Limitations</u> – Does not provide preventive or ongoing care, specialty care, or access to translation services. • <u>After visit</u> – Member can share visit information with primary care provider (PCP) via fax or email. • <u>Kiosks</u> – In addition to mobile and web-based access, they plan to have kiosks that can be used where cell and/or internet service is unavailable. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • For behavioral health patient with a care plan, is it communicated to the LiveHealth Online provider? <i>Les: Not prior to services. However, it is structured to refer back in network.</i> • Medi-Cal members may be unlikely to enter PCP fax number. <i>Les: Will monitor and work on issues.</i> • Are video visits being reimbursed? <i>Les: Not all telehealth services are captured during the State's rate setting process, but plans are working with the State to get telehealth encounters accepted more broadly.</i>

Care Coordination Work Group

	<ul style="list-style-type: none"> Many members said the program sounds very promising and may help patients with transportation and other issues.
Health Homes: Unified Approach – <i>GMC Plans</i>	<p>Les welcomed Beau Hennemann, Director of Special Programs, Anthem Blue Cross. Beau reviewed the DRAFT Health Homes Planning Timeline and led the discussion on the health plans' unified approach. See <i>the Health Homes Planning Timeline posted on the website</i>.</p> <p><u>Timeline:</u></p> <ul style="list-style-type: none"> <u>August 2018 – Ongoing</u> – Calls with all local plans to discuss how to implement in Sacramento and how to leverage work done in other counties. Also discussing providers that may be potential Community-Based Care Management Entities (CB-CME). <u>November 2018</u> – Joint town hall kick off meeting (tentatively Nov 9). Will invite community partners. After town hall meeting, plans will accept letters of interest (LOI) from potential CB-CMEs and complete an initial round of site visits to share information and go over a readiness review tool. <u>Between November and March</u> – Extensive interaction between plans and CB-CMEs. <i>Working to align across all plans to reduce overlap</i>. <u>March 1, 2019</u> – Plans must submit policies & procedures (P&P) and readiness materials to DHCS. Also will begin the onsite readiness review process with CB-CMEs. <u>May 2019</u> – Plans must demonstrate network adequacy to DHCS. Also will begin required provider training. <u>July 1, 2019</u> – Implementation for members with chronic physical conditions and SUD. <u>After July 1</u> – Another set of deliverables for the 1/1/2020 launch for members with serious mental illness. <p><u>Items Plans Are Working to Align:</u></p> <ul style="list-style-type: none"> <u>Training</u> – DHCS requires training on 4 core topics. Harbage Consulting developed training and Anthem has training used in the Bay Area. Plans expect to work together on joint training sessions. <u>Monthly reporting by CB-CMEs</u> – Looking to standardize the reporting templates. <u>Letter of Interest</u> – Looking at how to do jointly. Also attempting in L.A. Did not do in the Bay Area. <u>CB-CME Readiness Tool</u> – Working toward one tool. Also exploring whether onsite readiness review can be done jointly. In the Bay Area, they had one tool, but plans did reviews separately. <u>Scope of work</u> – Looking at developing common scope of work language for the contracts. Unable to do common contracts.

Care Coordination Work Group

<p>Health Homes: Unified Approach – <i>GMC Plans</i></p>	<p><u>Other Plans:</u></p> <ul style="list-style-type: none"> • <u>Molina</u> – Ashley DeLanis reported they are doing similar things in San Diego, and trying to go a step further. San Diego has filed one P&P with all plans. Molina has shared their entire contract (minus compensation page) with other plans. They also shared their payment models. • <u>Health Net</u> – Jane Tunay stated that Scott Crawford, Director of Strategy & Execution, was not able to attend the meeting, but he echoed the information shared by Beau. They are committed to collaborating with other plans and reducing the administrative burden on CB-CMEs. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Have the plans offered grants to help provider partners develop? <i>Ashley DeLanis: Molina did not, but Inland Empire Health Plan did. It has been a barrier in building the Molina provider network. Beau: San Francisco Health Plan did offer grants, and Anthem did not due to complex rules about how grant money can be used. Local Initiatives have more flexibility.</i> • Will plan directories indicate who the Health Homes providers are? <i>Beau: Yes. Will follow up and see if the changes have been implemented already.</i> • Is there a role for the health systems? <i>Beau: Since outreach and engagement are key, collaboration with hospital systems can help to identify members who present in the ED. Also, transitions of care are a key piece. Conversations with the health systems are needed, but must focus on CB-CMEs first.</i> • Will member ID cards state if a member is enrolled in HHP? <i>Beau: No, but it will be in the provider portal.</i> • Any discussion about aligning palliative care (PC) with HHP? <i>Beau: Will look at which program best meets a person's needs on a case by case basis. They may transition from HHP to PC, but not enroll in both.</i> • Will there be a HHP provider list? <i>Beau: Providers will be flagged in the directory, but members will not self-assign. The plan will try to assign member to an appropriate HHP provider based on current services or geographic location. Member must actively opt in and may change provider anytime.</i> • Is Kaiser engaging in the unified approach? <i>Beau: Kaiser is involved in the discussions and all are working to unify as much as possible. There will be differences even among non-Kaiser plans. Cathy Lumb-Edwards: Kaiser wants to collaborate as much as possible. May be limited due to the different delivery model.</i> • What differences across plans do you foresee? <i>Beau: The payment structure may look a little different. Whether any responsibilities will be delegated to provider groups may vary. Anthem is not delegating. How data is shared between CB-CME and plan may vary slightly. Plan support team structure will vary. Ashley: Molina is not delegating. Jane (Health Net): Will follow up. Fabbi Cruz (Aetna): Will not delegate.</i>
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Care Coordination Work Group

Health Homes: Unified Approach – <i>GMC Plans</i>	<ul style="list-style-type: none"> Can a member be enrolled in multiple programs (HHP, Complex Case Management, Whole Person Care)? <i>Beau: Can only receive case management services from one program.</i> One challenge is knowing how to connect patients who present – What is the pathway? Who to call? Anticipated volume? <i>Beau: Has been analyzed, but will need to follow up with the number. Fabbi Cruz: Aetna estimates 7-10% of membership. Sandy: State initially projected 3% – 5%.</i> <p><u>Follow Up:</u></p> <ul style="list-style-type: none"> <u>All Plans</u> – Please send estimate of your Sacramento County HHP eligible members to Sherri Chambers. <u>Health Net</u> – Will report back on program delegation. 	
Upcoming Meeting Topics – <i>Sandy Damiano</i>	<p>Sandy Damiano reviewed the topics planned for the next meetings:</p> <p><u>Medi-Cal Managed Care Committee Meeting</u> on December 3 – <i>Meeting is off-cycle due to the holidays.</i> We will have some brief presentations – LifeSTEPS services for seniors, Nivano Physicians will share on their restructure and services, Abbie Totten and Sean Atha will provide an update on the DHCS Care Coordination Assessment Project, Uma will give an update on the Drug Medi-Cal Organized Delivery System waiver, and we will discuss committee work for 2019.</p> <p><u>Care Coordination Work Group Meeting</u> on January 28, 2019 – Plans will present high utilizer data for the first half of 2018. Other topics may be added.</p>	
Public Comment	<p>Jennifer Stork, Planned Parenthood Mar Monte asked how many providers are available in Anthem's LiveHealth Online program. She was concerned that access could be impacted if providers were all from our community. Les Ybarra responded that the providers are all licensed in California, but not all reside in California. His hope is that the program will actually expand access.</p>	
Closing Remarks and Adjourn	<p>Les thanked everyone for attending and participating in today's meeting. With no additional business to discuss, the meeting adjourned.</p>	
Next Meetings	<p><u>Medi-Cal Managed Care Advisory Committee Meeting</u> Monday, December 3, 2018 / 3:00 – 5:00 PM <i>Note: Meeting is off-cycle</i></p> <p><u>Care Coordination Work Group Meeting</u> Monday, January 28, 2019 / 3:00 – 5:00 PM</p>	<p>Location: DHS Admin Building Conference Room 1 7001-A East Parkway</p>