

Care Coordination Work Group

Meeting Minutes

May 20, 2019, 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 – Peggy Rossi (Aetna)
	Clinic – J. Miguel Suarez, MD (HALO) – <i>Excused</i>	X	Hospital – Tory Starr (Sutter Health) – Co-Chair
X	Clinic – Jonathan Porteus, PhD (WellSpace)		Hospital – Ashley Brand (Dignity Health) – <i>Excused</i>
X	DHS Primary Health – Sandy Damiano, PhD		Hospital – Vanessa McElroy (UC Davis Health)
X	DHS Behavioral Health – Ryan Quist, PhD		Hospital – Brian Heller de Leon (Kaiser)
X	Health Plan – Les Ybarra (Anthem) – Chair		IPA – Janice Milligan (River City)
X	Health Plan – Vernell Shaw for Susan Mahonga (Health Net)	GUESTS	
X	Health Plan – Cathy Lumb-Edwards (Kaiser)	X	Beau Hennemann, Anthem Blue Cross
X	Health Plan – Ashley DeLanis (Molina)		

Work Group Members (10) and Guests (1) in Attendance: 11

Public in Attendance: 13

Staff: Sherri Chambers

Care Coordination Work Group

Topic	Minutes
<p>Welcome and Agenda Review – <i>Les Ybarra</i></p>	<p>Les Ybarra welcomed group members and members of the public and facilitated introductions.</p> <p><u>Materials:</u> All members received a copy of the Agenda, 2019 GMC Enrollment Data, New DHCS Quality Requirements PowerPoint slides, Managed Care Discussion Local Convenings handout, and San Diego County handout. <i>Meeting materials are posted on the website.</i> Link: www.SacGMC.net</p> <p><u>Agenda Topics:</u> Announcements & Data, Managed Care Quality, Managed Care Discussion, & Public Comment</p>
<p>Announcements and Data – <i>Sandy Damiano, Les Ybarra, and Beau Hennemann</i></p>	<p><u>Data:</u></p> <ul style="list-style-type: none"> • <u>GMC Enrollment Data</u> (<i>posted on the website</i>) – As of April 2019, the total enrollment was 428,109, a net increase of 207 members from the previous month. Aetna, Health Net, and Kaiser had net increases while Anthem and Molina had net decreases. <i>The churn rate is much higher than reflected in the total net change.</i> <p>Les added that member retention continues to be a challenge. Anthem is stepping up efforts to encourage members to complete redetermination. Seems to be a statewide trend.</p> <p><u>Announcements:</u></p> <ul style="list-style-type: none"> • <u>Health Homes Update</u> – Beau Hennemann of Anthem Blue Cross reported current focus is on readiness for July 1 go-live. Soon the focus will shift to contracting and training. Beau has started a list of broader issues to be solved. Plans are working with Whole Person Care (WPC) to ensure members get services from the appropriate program. This summer they must update the MOUs with the County for the January 2020 roll-out for SMI. The Community Based Care Management Entities (CB-CMEs) are mostly the same as in WPC. Plans will provide CB-CMEs to counties. It will be a phase in process depending on readiness. • <u>DHCS Request for Feedback</u> – Sandy Damiano announced that DHCS sent out draft updates for the Facility Site Review and Medical Record Review Survey Tools and Guidelines. Feedback is due by May 29. • <u>State Budget</u> – Sandy reviewed managed care highlights from the Governor’s May Revision: <ul style="list-style-type: none"> ○ Full-scope Medi-Cal expansion for undocumented young adults ages 19-25 is targeted for January 2020. ○ Additional Proposition 56 (Tobacco Tax) funds are budgeted for 1) restoring adult optical benefits, 2) the Value-Based Payment Program, specifically for behavioral health integration, 3) training providers to conduct trauma screenings, and 4) loan repayment program for physicians/dentists. ○ Prescription drugs will transition from managed care to fee-for-service effective January 2021. ○ The Managed Care Organization Tax was not included in the May revise and will expire June 30, 2019.

Care Coordination Work Group

	<ul style="list-style-type: none"> • <u>New Program</u> – Les announced that Anthem started a collaboration with CareMore (Anthem subsidiary) and River City targeting top utilizers. The model is based on wraparound services. It will not take the place of Health Homes.
<p>Managed Care Quality – Les Ybarra</p>	<p>Les Ybarra provided a PowerPoint Presentation on the <i>New DHCS Quality Requirements</i>. See slides posted on the website for details.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>Major changes</u> – Minimum performance level increased from NCQA 25th percentile to 50th percentile, new quality metrics, and added sanctions. • <u>Timing</u> – Changes announced in March are effective for measurement year 2019 which began in January. This means it is challenging to intervene as interventions take time. • <u>New measures</u> – The Behavioral Health category is new. Some other measures are new or expanded. • <u>Analysis</u> – Looking at the new metrics with the most recent data available, they determined it will be difficult to meet the new requirements given lack of ramp up time. Two types of data – encounters (claims) and quality (chart reviews). In a delegated model, IPAs pay claims on behalf of plans. As data moves through different gates, it can be lost, rejected, etc. • <u>Lab/Radiology</u> – If an IPA contracts with only one provider, it can negatively impact quality metrics. May need to look at fully integrated models like Kaiser to reduce barriers. • <u>Improving encounter data</u> – Need to focus on the primary care provider (PCP), labs, IPAs, even hospitals (e.g. Hepatitis B shots are provided but not captured on a claim so no encounter is created). <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Tory Starr noted that it appears many services are not getting completed timely, and maybe access is the problem. Plans are contracted with the same providers. Are there enough providers to serve the population? Les commented that it is not all related to access. There needs to be a focus on preventive measures at the PCP level. Another significant factor is the data exchange process. • Ashley DeLanis said they are looking at the 2018 data and it is a coding issue, not access. They are working with their high volume providers to ensure coding is correct. • Les stated the Electronic Medical Record (EMR) is a factor. Some clinic EMRs may miss measures, and it is not easy to resolve. Plans may need to reduce low-performing providers.

Care Coordination Work Group

<p>Managed Care Discussion – <i>Sandy Damiano (facilitation)</i></p>	<p>Sandy Damiano facilitated a discussion on managed care. She reminded members that the final GMC convening will be June 17, and our next Advisory Committee meeting will be June 24. Sandy reviewed a handout on some of the themes noted in the local GMC convenings. <i>See handout posted on the website for details.</i> Sandy asked members for comments: Jonathan Porteus wanted to know which body has decision-making authority. He stressed that this committee should have the authority due to expertise and experience. He thought the conveners should have been brought to our forum. Sandy noted that efforts were made and that members were invited to the Sierra Health convenings. Les said he was surprised that some people at the convening were not aware of this committee’s work on managed care issues.</p> <p><u>San Diego County</u> – Sandy reviewed a handout with details about San Diego’s GMC committee and role in contracting. <i>See handout posted on the website for details.</i> <u>Additional information:</u></p> <ul style="list-style-type: none"> • <u>Work Groups/Subcommittees</u> – Ashley DeLanis noted that the work groups report up to the subcommittees and the subcommittees report up to the Healthy San Diego Joint Advisory Committee. Plans are responsible for staffing the work group meetings. These meetings last all day. She noted that more meetings does not mean more quality or depth of discussion. She compared the meetings. • <u>FQHCs</u> – In San Diego a single entity (consortium) represents all FQHCs on the Joint Advisory Committee. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Jonathan repeated his concerns about the authority of this body. He stated that this committee has the right mix of stakeholders and has been working on the issues. Many concurred. Discussion followed about trying to get the final convening moved to this committee. In summary, most agreed this would not occur but noted we needed a unified voice/recommendation. • Some wanted similar language to San Diego. (<i>Main difference is pre-selection of plans to recommend, not the committee.</i>) Jonathan suggested we ask to have authority conferred. He cited Dental Managed Care. Sandy noted that it differs since Sacramento has the only mandatory managed care dental plans in the state and access was below Dental FFS. Physical health care standards for plans are statewide. However, the committee can ask for legislative authority to mirror San Diego County. Some members questioned whether having the same authority as HSD would solve the issues. Les & Sandy pointed out differences between the two GMC counties: Different systems, primary care networks, HIE, etc. Ashley DeLanis added that San Diego’s two largest plans (Molina & Community Health Group) have little to no IPA involvement. Physicians move away from IPAs. The only similarity is that both counties are GMC. She doubts San Diego is working as well as people think. She said they talk about the same problems, but this committee has more robust discussions. The direct contracts are a large difference.
---	---

Care Coordination Work Group

<p>Managed Care Discussion – <i>Sandy Damiano (facilitation)</i></p>	<ul style="list-style-type: none"> • Jonathan noted that there are COHS counties looking at a model change. • Tory Starr suggested looking at a UCSF study that evaluated quality measures by managed care model. • Cathy Lumb-Edwards recommended figuring out what we are trying to solve before asking for authority. Jonathan indicated we still need to know who has authority to make changes. For model changes, the County makes a recommendation to the State and the State would need to agree. • Tory commented that there are two major questions: Who has decision-making authority and what are we trying to solve? He mentioned the list of problems previously developed by the committee and suggested convening a work group. Les noted that a model change would not solve most of the problems on the list. • Many members agreed the first step is to clarify the problem before developing solutions. Need to look at the list of potential solutions created by this group, then develop recommendations from the committee. <p><u>Action:</u> Set up a conference call. Will also send out our list of issues/solutions prior to the convening.</p>	
<p>Public Comment</p>	<p>None</p>	
<p>Closing Remarks and Adjourn</p>	<p>Les 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><i>Medi-Cal Managed Care Advisory Committee Meeting</i> Monday, June 24, 2019 / 3:00 – 5:00 PM</p>	<p>Location: DHS Admin Building Conference Room 1 7001-A East Parkway</p>
	<p><i>Care Coordination Work Group Meeting</i> Monday, July 22, 2019 / 3:00 – 5:00 PM</p>	