

## Sacramento Medi-Cal Managed Care Advisory Committee

### Meeting Minutes

February 23, 2015, 3:00 PM – 5:00 PM

### DHHS Administration

7001A East Parkway  
Sacramento, CA 95823  
Conference Room 1

COMMITTEE MEMBERS			
x	DHHS, Primary Health – Sandy Damiano, PhD – Chair	x	Hospital – Laura Niznik Williams
x	Advocate – Sujatha Branch – Co-Chair	x	Hospital – Tory Starr
x	Advocate – Jenni Gomez	x	Hospital – Rosemary Younts
x	Clinic – J. Miguel Suarez, MD	x	Beneficiary – J.R. Caldwell, Sr.
	Clinic – Jonathan Porteus, PhD	x	IPA – Sean Atha
	DHA – Mary Behnoud	x	IPA – Anna Berens
	DHHS – Sherri Heller, EdD		Pharmacy – Frank Cable
	DHHS, Behavioral Health – Uma Zykofsky	x	Physician – Marvin Kamras, MD
x	DHHS, Social Services – Debbi Thomson	x	Physician – Nathan Allen, MD
	Health Plan – Cathy Lumb-Edwards		<b>EX-OFFICIO MEMBERS</b>
x	Health Plan – Effie Ruggles		County Board of Supervisors – Ted Wolter
	Health Plan – Steve Soto		County Board of Supervisors – Lisa Nava
x	Health Plan – Scott Coffin	x	State DHCS – Kasey Baker <i>for Keith Parsley</i>
x	Hospital – Ellen Brown	x	Health Care Options – Lili Zahedani

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**Committee in Attendance: 17**

**Public in Attendance: 25**

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks – <i>Sandy Damiano, PhD, Chair</i></p> <p>See <b>Medi-Cal Managed Care Enrollment Data</b> – <i>available on website under Health Plan Data</i></p>	<p>Sandy Damiano, PhD, welcomed the committee and members of the public, facilitated introductions, reviewed the agenda / handouts, and noted the focus for today’s meeting.</p> <p>Minutes from last month’s presentation focused on <b>Mental Health Networks and Access</b> are posted on the website, along with current <b>Medi-Cal Managed Care Enrollment Data</b>.</p> <p>Sandy Damiano provided the following announcements:</p> <ul style="list-style-type: none"> <li>▪ <u>Enrollment Data</u>: Medi-Cal Managed Care had extremely robust enrollment in 2014 with 122,535 net increase and another 7,193 in January 2015. In February, there was a <u>net decrease</u> in enrollment by <b>2,304</b> with total GMC enrollment at <b>388,353</b>. The default data continues to be low at <b>32%</b>. Some members wanted to know why enrollment may have decreased. It may be due to multiple factors including but not limited to: individuals churning back and forth from Medi-Cal to Covered California, deferred renewals, change in to MAGI process, production dates, etc. Some plans in other counties also had decreases in January and February.</li> <li>▪ <u>Covered California</u> ended the 2015 regular open enrollment period and started a special enrollment period for individuals who did not appear to be aware of the tax penalty and subsidy. This began Monday and will end April 30, 2015. Sandy reported that at a recent conference the Covered California Director noted that there may be higher rates between enrollment periods due to churning back and forth from Covered California and Medi-Cal Managed Care.</li> <li>▪ <u>Future Meetings Proposed Topics</u> based on the last two meetings topics for consideration discussions: <ul style="list-style-type: none"> <li>March - Specialty Access (Health Plans and IPAs)</li> <li>April - Homeless Special Population (Homeless Death Report, navigation, data)</li> <li>May – Criminal Justice Special Population (Probation, Correctional Health, overview)</li> <li>June - FQHCs (will connect with FQHCs further on this session)</li> </ul> </li> </ul> <p>Committee Members agreed with the proposed topics and did not add additional topics. Sandy suggested that we continue to weave certain areas throughout the year as requested such as the Emergency Department presentation by Dignity Health today. Other hospital systems may present this year.</p>

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	<ul style="list-style-type: none"> <li>▪ <u>Healthcare Coverage for Undocumented Immigrants</u>: This is not related to Medi-Cal Managed Care but Sandy wanted to share this departmental announcement. The County Board of Supervisors will hold a workshop on March 18, 2015 at 2:00 pm. DHHS will have materials including a briefing paper. These materials should be released the Friday prior to the workshop. This workshop has been announced via the healthcare planning email distribution list. The meeting is open to the public.</li> </ul> <p>A question was raised regarding current eligibility issues. <u>Yana Nerdinskaya, Department of Human Assistance (DHA) responded</u>. 3,767 individual records were identified on 02/11/15 to receive a Notice of Inaction. The list was provided to State. They are working on disposition and will identify duplicates. The final number will be reduced by the time Notice of Inaction goes out. The date when the notice will be sent by State is not set yet. Individuals that are pending over 45 days are being activated by State weekly directly in MEDS (8E aid code). This aid code is Fee-for-Service. The week of 02/13 there were 246 and the week of 02/06 there were 193 that were successfully activated.</p>
<p>State DHCS Update – Kasey Baker</p>	<p>Kasey Baker announced that Keith Parsley has moved to another State position and no longer works for DHCS. A replacement has not yet been announced for the committee. Her updates:</p> <ul style="list-style-type: none"> <li>▪ <u>GMC Request for Application (RFA)</u> - will be released by end of March. Existing GMC plans operating within the county do not need to apply. Will send Sandy more information when available.</li> <li>▪ <u>Covered California</u> – there is a process for members who transition from Covered California to Medi-Cal to match their current plan when available. Others will default to a plan.</li> </ul>
<p>Medi-Cal Dental Advisory Committee (MCDAC) Report</p> <p>See “<b>Medi-Cal Dental Advisory Committee Overview PPP</b>” and “<b>Hospital Based Dentistry – Authorization Process</b>”</p>	<p>Medi-Cal Dental Advisory Committee Panel included: Dr. Terrance Jones (Chair), Sean O’Brien (Health Net Dental Plan), Kate Varanelli (Vice-Chair), Julie Byers (Planner), and Toni Moore (First Five). Julie Byers briefly reviewed the Committee history.</p> <ul style="list-style-type: none"> <li>▪ Medi-Cal Dental Advisory Committee accomplishments include: access for care increased for zero to 3 years beneficiaries from 6% in 2008, to 20-24% in 2008, and 43% in 2012.</li> <li>▪ The barrier to accessing dental appointments for children was transportation. Dental Plans provide taxi vouchers, but taxis will only take children with car seats. Car seats were made available.</li> <li>▪ They worked with Senator Steinberg’s office to establish protocols to identify patients who should be accessing care at the hospital versus clinic.</li> <li>▪ The State made a provision allowing beneficiaries to move from Dental Managed Care to Fee for Service if needed due to inability to access dental care. <i>To date, no clients have opted out of dental managed care.</i></li> <li>▪ Access to hospital dentistry is difficult to obtain in Sacramento. Sutter reduced availability. Rates for hospital fees and anesthesiology are barriers to reduction in hospital-based dentistry.</li> </ul>

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- They have virtual dental home in Sacramento through University of the Pacific School of Dentistry. Trained dental hygienist sees patients with cameras and patients virtually connect with a dentist. Since equipment is portable, care may be provided in preschool settings and senior care facilities.
- California Dental Association is working on efforts with legislature to improve care and access. A Joint Assembly and Senate Health Committees meeting is scheduled March 4, 2015.
- Sean O'Brien spoke about the shared responsibility between Dental Plans and Health Plans. This requires coordination (see authorization sheet for hospital based dentistry). Coordinating care for hospital-based services is complicated because Dental Plan must work with the health plan, hospital, beneficiary, and sometimes an IPA.
- Dr. Jones discussed the challenges of hospital dentistry. Coordination of hospital-based treatment takes time and sometimes other dental care needs develop during this waiting period.
- Julie Beyers reported that when dental care is not provided timely in a clinic, dental emergencies in local emergency departments are costly.

### Committee discussion:

- Dr. Kamras reported that he is the manager of Sacramento Surgery Center in Sacramento, which is owned by Health Net. The barrier to using this facility is the costs involved. Services cannot be provided due to low provider rates and the facility use costs. Julie Byers reported that there still is an unmet need for hospital-based care.
- Rosemary Younts reported that a large portion of children and adults come through the emergency department for access to dental care. Dignity has on-call dental surgeons that provide care when needed. Rosemary asked if Federally Qualified Health Centers (FQHCs) could provide the service at a surgery center due to higher rates.
- Dr. Suarez reported that the rates would not be sufficient. Additionally, the process for FQHCs to requires a change in scope to Health Resources and Services Administration (HRSA) which may take up to 6 months. Prior to going to HRSA, the center needs to be in compliance regulatory and licensing processes, which can take up to a year. In reality, expanding services may take 1-2 years.
- Sujatha Branch reported that the process for authorizing hospital-based services is complicated and lengthy. Beneficiaries would benefit from a faster, less complicated process, especially those with limited communication or disabilities. When services are not provided timely, impacts to housing, family, and behavioral health may occur. Sean O'Brien responded to the comment by indicating that the model in Sacramento County with two separate managed care systems – health and dental - make it complicated because responsibility is shared. In other structures such as Covered California, pediatric dental is a benefit within the health plan. Regarding Health Net Dental Plan, 2/3 of Health

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	<p>Net Dental Plan enrollees are enrolled in a Health Net Healthcare Plan which makes the process easier.</p> <ul style="list-style-type: none"> <li>▪ Effie Ruggles inquired about virtual dentistry.</li> <li>▪ Dr. Jones suggested health plans and dental plans work together on this process. Julie Beyers reported that the purpose of coming to today’s meeting was to collaborate with health plans to improve care for beneficiaries.</li> <li>▪ Tory Starr suggested plans use single case agreements if unable to contract with a hospital or surgical center.</li> <li>▪ Sean Atha recommended reviewing medical codes to see if there is another code that may be utilized at a higher reimbursement.</li> <li>▪ Anna Berens suggested that health plans reimburse service providers at a higher rate. Sean O’Brien reported that Health Net already implemented this process for dental.</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>▪ Health Plans (Scott Coffin, Effie Ruggles, Steve Soto) to review data on utilization of hospital dentistry and report back next meeting.</li> <li>▪ Kasey Baker will review applicable medical codes available and report back next month.</li> </ul> <p>Sandy Damiano reported that five states (including California) have challenges with access due to expansion of the dental benefits. Partly due to low reimbursement rates and lack of provider participation. (California Healthline article dated 02/19/15)</p>
<p>Dignity Health: Emergency Departments Navigation Program Update – <i>Rosemary Younts</i></p> <p>See <b>“Patient Navigator Program Update”</b> - available on website</p>	<p>Rosemary Younts, Dignity Health: Patient Navigator Program Update. See PowerPoint Presentation.</p> <p>Some key points include:</p> <ul style="list-style-type: none"> <li>▪ Hospital Navigation Program partners with Sacramento Covered and Health Net since August 2013.</li> <li>▪ Navigators provide direct assistance in the emergency departments to Medi-Cal and uninsured patients who are admitted for primary care.</li> <li>▪ One navigator per hospital from 10am – 7pm, with busier hospitals sharing another navigator.</li> <li>▪ Currently program designed for avoidable primary care visits and Dignity is considering navigation for mental health services.</li> <li>▪ <u>Data</u> - About 50% of patients seen in their four emergency departments present for primary care needs. 60% are Medi-Cal or uninsured (over 60,000 annually). 79% – 80% are scheduled for a follow-up appointment with their PCP or a clinic. Of those 67% – 70% attend the appointment.</li> </ul>

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Outcomes are strong: there is a 51% reduction in ED visits for primary care and a 44% reduction in urgent care (comparison of pre versus 6 months post navigation). The most utilized clinics – Elica (J Street), HALO (Assembly Court, Southgate) and Wellspace (H Street, Rancho Cordova and San Juan).

- Data indicates that patients are not used to managed care and have difficulty navigating and understanding the process.
- Program saves costs and an actual cost-savings analysis will be available in six months – one year.
- There is a 10% increase in visits (Medi-Cal). See table for breakout by GMC Plan, FFS.

### Committee Members Discussion:

- Sean Atha asked if this program could also be used for dental. Rosemary reported yes, but resources have been targeting primary care visits due to existing staffing and high volume.
- Anna Berens inquired the breakdown of uninsured versus insured, which Rosemary reviewed.
- Sujatha Branch asked about the type of health concerns. Rosemary reported visits for chronic conditions, respiratory concerns, and back problems.
- Navigators ask patients reasons for presenting to the ED. There are a variety of reasons including: convenient, don't know who provider is, cannot get an appointment with provider, no transportation to provider. Ellen Brown reported that individuals also seek ED services due to convenience, access and all services available at one location. Transportation appeared to be less of a barrier.
- Dr. Kamras asked if IPAs are monitoring timely access to services. Anna Berens responded affirmatively.
- J.R. Caldwell asked if the navigators are accessing appointments already allocated to patients. Rosemary reported follow-up appointments scheduled 7 days – two weeks away and are not taking slots already allocated. Patients obtain care and leave with medication prescriptions.
- J.R. Caldwell inquired about tracking individuals who seek care from multiple hospitals. Dr. Suarez noted a longer term goal to build a patient registry. Dr. Suarez is interested in reviewing the cost-savings report once made available.
- Jenni Gomez praised the navigator program as she has heard many success stories from clients.
- Sean Atha asked about which providers offered primary care follow-up appointments for the uninsured. Rosemary responded that Elica has been providing follow-up care for majority of uninsured.
- Effie Ruggles reported that she gets data from Rosemary, sorts the data, and distributes the data to IPAs/providers. These are reviewed for patterns of repeat ED visits. She has noted clients connecting and re-connecting with their medical homes.

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	<ul style="list-style-type: none"> <li>▪ Scott Coffin said that Anthem is considering an emergency department diversion program.</li> <li>▪ Sandy Damiano commented that it is critical to get data back to IPAs and providers.</li> </ul>
Public Comment	<p>Britta Guerrero, Executive Director, Sacramento Native American Health Center (SNAHC): There are two pilot programs (Santa Barbara and Santa Cruz) operated by FQHCs having independent contracts with dental centers. SNAHC reach out to newly assigned patients and encourages them to establish care with their medical home provider. River City (Tiffany) has been very helpful.</p> <p>Kelli Weaver, Health Program Manager, DHHS Behavioral Health Services Division, provided a brief update of a new navigator program through SB 82 grant. The contract has been awarded to Transitional Living and Community Support (TLCS) and it is targeted to begin July 1, 2015. There will be 21 navigators. Each emergency department will have an assigned peer navigator. There will also be navigators at Loaves and Fishes (homeless) and at the Main Jail (quick releases). Navigators will be masters' level or peer partners. Kelli will return to the committee at a later date to provide further detail.</p>
Closing Remarks and Adjourn	<p>Sandy Damiano thanked the dental managed care panel. There is a link to their webpage on our webpage. We will have follow-up at the next meeting. Sandy also thanked Rosemary Younts for her follow-up presentation. Other hospital systems were encouraged to present at later dates.</p> <p>Next meeting – DHCS report, Hospital Dentistry Coordination (Health Plans/DHCS), Specialty Access update (Health Plans/IPAs), data and 2015 calendar.</p> <p>Sandy Damiano thanked everyone for attending and participating in today's meeting. With no additional business to discuss, the meeting adjourned.</p>
Next Meeting	<p><b>Monday, March 23, 2015</b>  <b>3:00 – 5:00 PM</b>  DHHS Administrative Building  7001A East Parkway, Conference Room 1</p>