

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

January 25, 2016, 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 – Tory Starr
X	Advocate – Todd Higgins	X	Hospital – Rosemary Younts
X	Advocate – Jenni Gomez	X	Hospital – Laura Niznik Williams
X	Clinic – J. Miguel Suarez, MD		Beneficiary – J.R. Caldwell, Sr.
X	Clinic – Jonathan Porteus, PhD	X	IPA – Sean Atha
	DHA – Mary Behnoud	X	IPA – Anna Berens
X	DHHS – Sherri Heller, EdD	X	Pharmacy – Frank Cable
X	DHHS, Behavioral Health – Uma Zykofsky	X	Physician – Marvin Kamras, MD
X	DHHS, Social Services – Debbi Thomson		Physician – Nathan Allen, MD
X	Health Plan – Jane Tunay		EX-OFFICIO MEMBERS
	Health Plan – Steve Soto - <i>excused</i>	X	County Board of Supervisors – Ted Wolter
X	Health Plan – Trish Daly (Janet Paine substitute)		County Board of Supervisors – Lisa Nava - <i>excused</i>
X	Health Plan – Cathy Lumb-Edwards		State DHCS – Kasey Baker
X	Hospital – Carol Serre	X	Health Care Options – Lili Zahedani

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Committee in Attendance: 21

Public in Attendance: 21

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks - <i>Sandy Damiano, PhD, Chair</i></p>	<p>Sandy Damiano, PhD, Chair welcomed the committee and members of the public, facilitated introductions, and reviewed the agenda and meeting materials.</p> <ul style="list-style-type: none"> ▪ <u>Materials</u>: All members received Agenda, Enrollment Data, 2015 Topics and the DHCS Managed Care Monitoring Handout, which will be posted on the website: Committee members also received the following: 2016 Meeting Calendar, Charter, Membership Roster and Contact List. <p>Website link: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx.</p>
<p>Updates and Announcements – <i>Sandy Damiano</i></p>	<p>The State has decided to only attend quarterly, instead of monthly. The next meeting is in March. Sandy will review all updates and announcements with committee participation.</p> <p><u>Enrollment Data</u>: As of Jan 1st the total enrollment is 430,545, with a decrease of -1,648. Health plan distribution is provided on the “Medi-Cal Managed Care (MCMC) Enrollment Data” - <i>available on website</i>.</p> <ul style="list-style-type: none"> ▪ Default rate increased to 40%. Beneficiaries must receive additional education to understand the timeframe for selecting a plan and plan options. Interestingly, San Diego County (GMC model) has a default rate 45%. ▪ The 2015 net increase in managed care was 48,729 in comparison to 122,535 in 2014. ▪ GMC enrollment Point in Time for Jan 2013 = 231,560 in comparison to Jan 2016 = 430,545 shows a massive increase in enrollment. <p><u>Medi-Cal Injunction</u>: DHA provided the following update. An automated fix has been implemented for “no renewal” discontinuance reason. CalWIN has discontinued automatically cases for “no renewal” in December. A revised Notice of Action (NOA), system generated, includes a 90-day rescind language. The automated fix is not yet implemented for “failure to provide verifications” reason. Automation is pending for March 2016. A manual NOA has been implemented to discontinue cases for this reason at the Medi-Cal Service Center. The injunction may contribute to higher enrollment numbers.</p> <p><u>Dignity Contracts with Anthem Blue Cross and Health Net</u>: Rosemary Younts – It was mentioned at the last meeting that Dignity’s contract with Anthem will expire January 1st. Contracts are in place with Anthem and Health Net. They are in the final stages of execution. Sean Atha - IPAs expect health plans to provide details soon.</p>

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Updates and
Announcements –
Sandy Damiano

Rosemary also noted that Dignity Health is the largest Medi-Cal provider in the State.

Opioid Task Force: Uma Zykofsky stated that the County Mental Health Plan (MHP) and Division of Public Health are launching a multi-year Opioid Taskforce. Stakeholders are welcome to participate. The first meeting is Feb. 29th, 2:00-4:00 PM. The taskforce will consist of six strategies, one of which is working with the medical community. Committee members or representatives from health systems are encouraged to participate. Stakeholders have not been identified. Uma will forward a meeting announcement through Sandy Damiano.

GMC Procurement: On January 12th the State made awards for Sacramento and San Diego for United Healthcare and Aetna. There was one plan that was not awarded. The State will not provide information on timelines for the procurement process completion or start dates for plans. Will provide an update when available.

Medi-Cal Expansion for Undocumented Children SB 75: Medi-Cal Expansion for income eligible undocumented children under 19 years will be eligible for full-scope Medi-Cal benefits. The target date is May 1st. Notices will be sent to children who have active restricted scope Medi-Cal. It is important that children on restricted scope keep their enrollment current and programs may wish to prompt children who qualify to enroll. Kaiser will communicate with their program beneficiaries who may qualify to apply for the new full scope program. Will post a copy of the Draft letter which has FAQs.

1115 Waiver – Medi-Cal 2020: Approved Dec 30th. \$6.2 Billion over five years. Programs in the waiver include two for hospitals, a Whole Person Care Pilot and a Dental Transformation Initiative. See DHCS website for details: <http://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>.

Whole Person Care (WPC) Pilot: Up to \$300 million statewide per year (competitive application). County must administer the program and provide local matching funds. This requires the participation of County Health and Mental Health, one other public department, one health plan, and two community organizations. The purpose is coordination of health, behavioral health and social services on behalf of the beneficiary. Target population includes those with high utilization of avoidable care, two or more chronic conditions, mental health and/or substance use disorder, and/or homelessness. Internal preliminary discussions have begun. There is a compressed timeframe and need to identify GF dollars which may be problematic given the reduction in funding. The application predates the budget cycle. Counties with public hospitals may be likely candidates as there are other initiatives also to shift services and costs from the emergency department to outpatient services.

Health Homes: Are an optional program authorized under the ACA allows states to create health homes to provide supplemental services that coordinate the full range of physical health, behavioral health and community based long-term services and supports (LTSS) needed by enrollees with chronic conditions. Health Plans will administer the program. State plans to phase in services. Sacramento is targeted for January 1, 2018 (for

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<p>Updates and Announcements – <i>Sandy Damiano</i></p>	<p>members with serious mental illness and July 1, 2018 for others). The initial See Health Home Concept Paper Version 3: http://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx.</p> <p><u>Dental Transformation Initiative</u>: There is very low access for dental services across the State. This focuses on access and increasing preventive care. The Medi-Cal Managed Dental Committee will focus on this initiative.</p> <p><i>“Sacramento: Pressures to Control Costs Persists Alongside Growing Capacity and Access Challenges,”</i> CHCF, January 2016. Report covered hospital systems market positions and capacity constraints, changes due to the Affordable Care Act (ACA), non-Kaiser plans access and quality issues (low), County Board of Supervisors support for a program for undocumented county residents and mental health system restructure, 57% growth in Sacramento managed care with fairly even distribution of growth across plans, the committee’s limited funding and staffing, issues with the safety net structure and FQHCs growing pains and issues. This regional report is produced every few years. Some commented that the report was accurate.</p> <p><i>“California’s Health Care Safety Net: A Sector in Transition,”</i> CHCF, January 2016. Please review this report for recent data on safety net population as compared to the non-safety net.</p> <p><u>Committee Website Changes</u>: Posted DHCS Reports <i>“Understanding Medi-Cal’s High Cost [Adult] Populations”</i> and <i>“Understanding Medi-Cal’s Child Population”</i> which detail the high cost populations and underlying drivers. Added a link to the Medi-Cal Managed Care Performance Dashboard which is quarterly. This has statewide ratings specific to access, quality and satisfaction.</p> <p><u>DHHS Primary Health Services website changes</u>: Added the most recent FQHC list, Health Care Services for Uninsured resource list, and a Healthy Partners (county limited benefit healthcare program for undocumented residents) program page and a link to the Healthy Partners Advisory Group.</p> <p><u>Committee Membership Composition and Meeting Schedule</u>: Next month the committee will have a discussion on membership changes and/or change meeting frequency and/or length.</p>
<p>2016 Topics – <i>Sandy Damiano</i></p>	<p>Sandy Damiano facilitated a discussion on 2016 Topics for Consideration. The 2015 Topics handout was distributed. 2015 meetings focused on access issues from various perspectives (specialty, mental health, homeless and criminal justice populations), Telehealth and Federally Qualified Health Centers (FQHC) expansion. See handout on website.</p> <p>Committee members began to introduce and discuss potential topics for 2016. Key themes included the following:</p> <p><u>Access</u> – Where are we now? How can we measure? Look at specific points of access such as mental health,</p>

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<p><i>Sandy Damiano (facilitator) / Members</i></p>	<p>primary care, transportation, interpretation. Access and identify resolutions and link with coordination of care. Some noted low reimbursement rates. Providers have availability, but only open up to Medi-Cal when commercial business is low. Others said rate increases may not be the only solution.</p> <p><u>Mental Health Care Transition</u> – Jonathan Porteus recommended discussion on mental health care transitions between County Mental Health Plan (MHP), plans and providers. Need to identify a standard tool to assess severity, access points/backlines, referral protocols, standardized tools, protocols across the system, and identify language. Plans and MHP met but did not complete operational protocol. Standardized protocol is recommended as this is a very confusing area for providers as well as advocates. Co-morbidity of health and behavioral health has high utilization rates. Need a broad collective community to look at the issues, and integrate the system to connect all services to work with the whole person. Adding two more plans further complicates a system if each plan has a different process.</p> <p><u>Care Coordination</u>: This is a key component and theme. How is care coordinated on behalf of beneficiaries? How does this work in GMC with differences? This is the focus of the Whole Person Pilot, Health Home, Mental Health, etc. Many expressed interest - Tori Starr, Sean Atha, Debbi Thomson, Jenni Gomez, Anna Berens, Jonathan Porteus, Uma Zykofsky and Sandy Damiano. Rosemary Younts also expressed interest, but has time constraints. Plans would be required to participate. Sean and Jenni volunteered to lead this effort through a subcommittee.</p> <p><u>Enrollment and Education</u> - Address increase in default rate and out of County beneficiaries who come to Sacramento. What are the navigators or outreach staff doing? Are they educating members about benefits and plan selection? Rosemary noted that navigators should also schedule first appointments and follow-up. Lili said Health Care Options (HCO) provides outreach and reviews with individuals on how to select a plan and provider. Individuals are sent a packet - many do not call to for assistance. Will provide training. The Care Navigation Council met recently. Karen Giordano provided a presentation on Medi-Cal Managed Care during the last meeting. Some navigators are not knowledgeable about managed care. Consumers need consistent information and assistance. This topic may be part of access.</p> <p><u>Drug Medi-Cal Organized Delivery System</u> -</p> <p>Counties have been responsible locally for substance use services. The State has approval to establish organized systems. Uma Zykofsky can present on what this means and next steps. Sacramento is in phase three.</p> <p>Other areas discussed included metrics and how they relate to areas of focus. Uma Zykofsky also had interest in the CCS program and a possible presentation.</p>
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<p>DHCS Managed Care Data and Reports – <i>Sandy Damiano</i></p>	<p>Sandy Damiano facilitated discussion. See handout entitled, “DHCS Managed Care Monitoring” posted on the webpage. Key DHCS reports - Understanding Medi-Cal’s High Cost Populations for Children and Adults are posted on the webpage. Members did not all review possible data reports.</p> <p>Plans are in process of collecting data to report to State. May look at HEDIS scores at the end of the year, or data elements that are required or that impact the default. Consider areas where Sacramento (collectively) is not meeting minimal performance standards. Review frequent admissions to hospitals where beneficiaries are not seeking care from providers and coordinate care to lower the costs of care, especially with beneficiaries who have not established a provider. Committee may want to look at data related high cost conditions.</p>
<p>Public Comment</p>	<p><u>Devin McBrayer, Health Care Advisor, Congresswoman Matsui’s office</u> – The Congresswoman’s top priority is health. There is a \$1 million health planning grant that will be available soon. Individuals are encouraged to reach out to the State in support of the grant. The Mental Health Excellence initiative is focused on creating Certified Community Behavioral Health Clinics.</p> <p><u>Julie Byers, Medi-Cal Dental Advisory Committee</u> – A Dental study on Sacramento Geographic Dental Managed Care will be presented to the Board of Supervisors tomorrow at 9:30 AM. A link to the study will be posted on the Medi-Cal Dental Advisory Committee webpage soon. There was a press release from the California Dental Association calling for a dismantling of dental managed care in Sacramento. Sandy Damiano noted that there are only two managed care dental counties in the State – Sacramento (mandatory) and Los Angeles (voluntary). All other counties have Fee for Service.</p>
<p>Closing Remarks and Adjourn</p>	<p>Sandy Damiano thanked everyone for attending and participating in today’s meeting. Tentative topics for the next meeting will include: 2016 Topics for Consideration and Committee structure review.</p> <p>With no additional business to discuss, the meeting adjourned.</p>
<p>Next Meeting</p>	<p>Monday, February 22, 2016 / 3:00 – 5:00 PM</p> <p>DHHS Admin Building 7001A East Parkway, Conf. Rm. 1</p>