

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

February 22, 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
	Advocate – Todd Higgins – <i>excused</i>		Hospital – Rosemary Younts
X	Advocate – Jenni Gomez		Hospital – Laura Niznik Williams – <i>excused</i>
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 – <i>excused</i>		Pharmacy – Frank Cable
X	DHHS, Behavioral Health – Uma Zykofsky	X	Physician – Marvin Kamras, MD
X	DHHS, Social Services – Debbi Thomson	X	Physician – Nathan Allen, MD
X	Health Plan – Jane Tunay		EX-OFFICIO MEMBERS
X	Health Plan – Steve Soto		County Board of Supervisors – Ted Wolter
X	Health Plan – Janet Paine		County Board of Supervisors – Lisa Nava
X	Health Plan – Cathy Lumb-Edwards		State DHCS – Kasey Baker – <i>excused</i>
X	Hospital – Carol Serre		Health Care Options – Lili Zahedani – <i>excused</i>

Sacramento Medi-Cal Managed Care Advisory Committee

Committee in Attendance: 16

Public in Attendance: 24

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, Whole Person Care (WPC) Pilot: The Basics, and 2016 Areas of Focus (materials are posted on the website). Website link: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx. ▪ Today's agenda includes Updates, Enrollment Data, WPC Pilot, 2016 Areas of Focus, Committee Membership and Meeting Structure, and Public Comment.
<p>Updates and Announcements – <i>Sandy Damiano</i></p>	<p><u>State DHCS</u>: Will attend quarterly, instead of monthly. The next meeting is in March. Sandy will request information as needed.</p> <p><u>Anthem Blue Cross</u>: Janet Paine will continue to represent Anthem due to changes again in leadership within Anthem. She provided a transportation handout and contracted Urgent Care Facilities information to the county. Documents from other plans have been requested and will be posted on Committee website as made available.</p> <p><u>Enrollment Data</u>: As of February 1st the total enrollment is 431,249, with an increase of 704. Default rate is 31%. Health plan distribution “Medi-Cal Managed Care (MCMC) Enrollment Data” – <i>available on website</i>.</p> <p><u>GMC Procurement</u>: On Jan 12th the State posted awards for United Healthcare and Aetna. No information is available on the timeline. The new health plans received an invitation to meet with DHCS for a kickoff meeting in March (date TBD). Will provide an update when available.</p> <p><u>Medi-Cal Expansion for Undocumented Children SB 75</u>:</p> <ul style="list-style-type: none"> • Income eligible undocumented children under 19 years will be eligible for full-scope Medi-Cal benefits in May 2016. Children in restricted scope Medi-Cal will not need to take any action to transition to full scope. They will receive notices. All families are encouraged to obtain restricted scope Medi-Cal and/or maintain it so they will transition into full scope coverage in May. • As part of the Health4All Children’s’ initiative, educational materials are available in English and Spanish. Link to materials: http://www.sfccc.org/blog/2016/2/12/its-happening-medi-cal-for-all-californias-eligible-children.

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Medi-Cal 2020
Whole Person Care
Pilot –

Sandy Damiano

Sandy Damiano facilitated a discussion on Medi-Cal 2020 Whole Person Care (WPC) Pilot and reviewed a handout, “Whole Person Care Pilot: The Basics” – *available on website*. See the WPC Pilot section in the Special Terms and Conditions (STCs), pages 83- 88 for details. DHCS website link: <http://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>.

Key Points:

- Attachments are under development and are not yet available.
- Focus: Bring together counties systems and partners to improve health service delivery, coordination of care and outcomes to high risk, high cost populations through development of infrastructure and data sharing.
- Applicants: Competitive process, County is lead entity and a County local match is required annually for five years.
- Minimum required participants: County Health and Mental Health, one additional county entity, one or more health plans, and two other partners serving population (hospital system, clinic, etc.).
- Populations: Repeated incidents of avoidable care, two or more chronic conditions, mental health and/or substance use disorders, homeless or risk of homelessness.
- WPC does not: Increase services, provide payments for services otherwise reimbursable, or pay for housing.

Sandy and Uma noted they have had preliminary internal discussion. Challenges are the local match requirement. Sandy noted dramatic decrease in funding due to the ACA transition. Currently have no funds for a new initiative. Uma discussed her challenges with another major initiative which will be resource intensive (Drug Medi-Cal Organized Delivery System).

Committee Discussion:

Steve Soto – Stated it was unfortunate that the State designed this with county match. The pilot design works best for counties with public hospitals, complementary to other hospital funding.

Sean Atha – Care coordination for WPC is similar to Health Homes which will begin Jan 2018. If County is unable to do WPC, would like to work on care coordination.

Janet Paine – Anthem is holding internal discussions and would like to participate at some level in care coordination.

Uma Zykofsky – Application due 60 days after release and funding is already allocated to other initiatives.

J.R. Caldwell – Work as a region with other counties on pilot if no County local funding available.

Most members agreed with pilot concepts of care coordination, data sharing and would like to work on activities regardless of participation within the pilot. Sandy and Uma will inform Committee of County’s ability to participate. Many concurred that care coordination component is worthwhile and a theme throughout initiatives.

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2016 Committee
Topics Exploration
– Sandy Damiano

Sandy Damiano facilitated a discussion on 2016 Topics Exploration and reviewed handout 2016 Areas of Focus, a summary of topics for consideration based on last meeting discussion – *available on website*.

Key Points: Six areas of interest: Access, Care Coordination, Mental Health Care Coordination and Transition, Drug Medi-Cal Organized Delivery System, Enrollment and Education and Metrics. Also, Dental Managed Care Advisory Committee report and coordination will be scheduled twice this year.

Committee Discussion:

Access – Jenni Gomez recommended continued work on Access because many navigators and beneficiaries have difficulty accessing services. Jenni participates in a navigators meeting held by Capital Health Network (CHN). CHN aims to improve access to care by serving as a navigator. They also want to provide training to better equip navigators.

Care Coordination – Sean Atha recommended a care coordination subgroup. Uma Zykofsky – multiple providers provide different types of services. Steve Soto – Each plan provides case management and care coordination differently. Molina will provide information to the committee on accessing transportation and translation services. Miguel Suarez recommends having information available in multiple languages. Anna Berens and Sean Atha recommended a resource binder for navigators on how to access various services by plan.

Many members (Tory Starr, Sean Atha, Jenni Gomez, Anna Berens, Miguel Suarez, Sandy Damiano and Steve Soto) expressed interest in care coordination and improving beneficiary health outcomes. Navigators also need information to support clients in service access at various points.

Mental Health Care Transition – Community and beneficiaries need operational guidance and standardization across plans and County Mental Health Plan (MHP). Most of the service provision (mental health benefit) lies with health plans. There is co-morbidity of health conditions and mental health with individuals who have high utilization rates. Sean Atha stated the committee should consider a depression screening tool across providers. Uma Zykofsky would like to hold a meeting with plans and report back to committee on protocols for movement within and across plans and MHP.

Drug Medi-Cal Organized Delivery System - Uma Zykofsky will provide an overview at a future meeting in March or April. Counties have been responsible locally for substance use services. The State has approval to establish organized systems. Sacramento is in phase three.

Enrollment and Education – Default rate was 40% in January and 31% in February. Navigators and beneficiaries need education on selecting a plan. Health Care Options (HCO) provided information at CHN Navigator meetings. Anna Berens suggested leaving topic on list. Sean Atha requested data on reasons for default rate and disenrollment. Sandy will request information from the State.

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	<p><u>Metrics</u> – Committee does not have recommendations.</p> <p><u>Other Topics</u> – Care Coordination System, Health Home.</p>
<p>Committee – <i>Karen Giordano</i></p>	<p>Karen Giordano facilitated discussion on Committee Membership and Scheduled Meetings.</p> <p><u>Membership</u> –</p> <ul style="list-style-type: none"> • Public Health Advisory Board (PHAB) - has had no representation since 2013. There is a PHAB member in the audience today. Chair will report back on membership. • DHCS - will maintain ex-officio status and attend quarterly. • Federally Qualified Health Center (FQHC) - representation from two largest FQHCs. Miguel Suarez will contact FQHCs and report back on maintaining current participants and/or change one of the members. • New health plans - have been waiting for timeline. Will invite to participate due to nature of topics and make seats official when timelines for contract are known. <p><u>Future Meetings/Length</u> - Option - If the committee forms a subcommittee, the committee can meet every other month and the subcommittee may meet on alternating meetings already scheduled. Or if continue monthly meetings, committee has an option to shorten length of meeting to 1.5 hours. Members will take under consideration and report back. Many were in favor of utilizing existing time.</p>
<p>Public Comment</p>	<p><u>Nenick Vu, CHN</u> – Health Care Options reported that the default rate increase last month may have been attributed to a technical error.</p> <p><u>Jennifer Stork, CHN</u> – All FQHCs are on the CHN Board now. She will discuss with committee representation.</p> <p><u>Gloria Torres, La Familia</u> – Many do not know how to complete the Medi-Cal applications. Staff members assist with applications, follow-up after 30 days and will host an event in May for applicants.</p> <p><u>Jo Ann Seibles, Family Medicine Clinic</u> – If meetings scheduled alternating months, will they remain open to the public. Sandy Damiano – yes.</p> <p><u>Jack Reeves, PHAB</u> – If Committee holds a subcommittee meeting, will the meetings be closed to the public? Sandy Damiano – No decision has been made to date. Will be discussed during the next meeting.</p>
<p>Closing Remarks and Adjourn</p>	<p>Sandy Damiano thanked everyone for attending and participating in today’s meeting.</p> <p>With no additional business to discuss, the meeting adjourned.</p>
<p>Next Meeting</p>	<p>Monday, March 28, 2016 / 3:00 – 5:00 PM DHHS Admin Building / 7001A East Parkway, Conf. Rm. 1</p>