

**MEDI-CAL MANAGED CARE ADVISORY COMMITTEE
2016 AREAS OF FOCUS
March 28, 2016**

AREA	DETAIL	RESPONSIBLE	COMMENTS
Access	<p>Primary Care – Where are we now?</p> <p>Mental Health – See transitions below. Are we meeting the need? Data?</p> <p>Specialty Care – Plans and IPAs planned some interventions. What specific specialties are problematic? What are they doing?</p> <p>Transportation Policies – These were requested but not submitted.</p> <p>Language/cultural needs</p> <p>What measures?</p>	<p>Plans</p> <p>IPAs</p>	
Care Coordination	<p>What efforts are currently in process to improve care coordination?</p> <p>How is care coordinated on behalf of beneficiary needs? Physical Health, Mental Health, Substance Use, Specialty, etc. across levels of care and systems of care.</p> <p>What is the role of the plan? IPA? Physician / Clinic? Other system?</p> <p>How does this work when plans have differences (in contracted hospitals, IPAs, providers and processes)?</p> <p>What measures?</p>	All	
Mental Health Care Coordination & Transition	<p><i>There is some overlap for access and care coordination (of individuals with mental health conditions).</i></p> <p>When is it appropriate to refer to Health Plan mental health benefit?</p> <p>When is it appropriate to refer to County MH Plan Specialty? Criteria? Tool?</p> <p>What constitutes a need to transition from Plan to County MHP? Or vice versa? Need for warm handoff.</p> <p>Can we adopt operational guidance county-wide? (Too confusing if variation among non-Kaiser Plans for other system members and advocates.)</p> <p>Measures?</p>	<p>Plans</p> <p>County MHP</p>	

REVISED DRAFT

Drug Medi-Cal Organized Delivery System	August 2015 State received CMS approval under the Bridge to Reform Waiver to establish an Organized Delivery System and began implementation. They are on Phase Two Counties. Sacramento County is part of Phase Three. Overview of current status and next steps.	County BH Services	3/28/16 Overview by Uma Zykofsky, DHHS Behavioral Health
Enrollment & Education	Default rate increased to 40%. <ul style="list-style-type: none">• Are those providing outreach and assistance educating beneficiaries re: timeframe to choose a plan.• Once a plan is chosen, who provides education on how to use the plan services? This requires repeated education from system partners?		3/1 Requested default information from DHCS.
Metrics	Need to prioritize some measures for review. Plans suggested the 15 they review. We may also wish to review measures which indicate care coordination and/or look at measures related to high cost conditions.		

Other: Dental Managed Care Advisory Committee – report and coordination – April and Fall

POTENTIAL STRUCTURE - *if Committee decides to work on Care Coordination. There are a few options for focus.*

- Meetings
 - Move Medi-Cal Managed Care Meetings to every other month
 - Use the alternate meetings for the “Care Coordination (Name TBD) Work Group”
- Lead/Facilitator
 - Health Plan
- Minimum recommended members for consideration:
 - Non-Kaiser Health Plans – All including new plans
 - IPAs (2)
 - FQHCs (2)
 - County Behavioral Health (1-2)
 - County Primary Health (1 -2 plus staff)
 - County Social Services (1) --- depending on population