

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

March 28, 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	X	Beneficiary – J.R. Caldwell, Sr.
	Clinic – Jonathan Porteus, PhD	X	IPA – Sean Atha
	DHA – Mary Behnoud	X	IPA – Anna Berens
X	DHHS – Sherri Heller, EdD		Pharmacy – Frank Cable
X	DHHS, Behavioral Health – Uma Zykofsky	X	Physician – Marvin Kamras, MD
X	DHHS, Social Services – Debbi Thomson		Physician – Nathan Allen, MD
	Health Plan – Jane Tunay – <i>excused</i>		EX-OFFICIO MEMBERS
X	Health Plan – Steve Soto		County Board of Supervisors – Ted Wolter – <i>excused</i>
X	Health Plan – Janet Paine / Joel Gray		County Board of Supervisors – Lisa Nava – <i>excused</i>
	Health Plan – Cathy Lumb-Edwards	X	State DHCS – Katie Stepanick
X	Hospital – Carol Serre	X	Health Care Options – Lili Zahedani

Sacramento Medi-Cal Managed Care Advisory Committee

Committee in Attendance: 19

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 copies of the Agenda, Enrollment Data, Health Homes for Patients with Complex Needs (HHP): 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. ▪ <u>Agenda</u>: Today's agenda includes Updates, Enrollment Data, HHP: The Basics, 2016 Areas of Focus, Committee Membership and Meeting Structure, and Public Comment. ▪ <u>Enrollment Data</u>: As of March 1st the total enrollment is 432,713, with a net increase of 1,464. Health plan distribution: Anthem 170,507; Health Net 124,250; Kaiser 77,347 and Molina 60,609. Health Net and Molina had net reductions and Anthem and Kaiser had net increases. Default rate is 23%. San Diego (comparable county) default rate is 30%. ▪ Welcome Joel Gray, Anthem Representative, to the Committee. <i>Thank you, Janet Paine for your interim representation and participation!</i> Also joining the meeting today are Kevin Kandalaft (UnitedHealthcare) and Kevin Phelan (Aetna) who have been invited to participate in the work group on coordination of care. Kevin is filling in for Mike Easterday.
<p>Updates and Announcements – <i>Sandy Damiano</i></p>	<p>Katie Stepanick, DHCS, provided an update:</p> <p><u>New Health Plans Readiness Activities</u>: Aetna and United Healthcare will need to show IT infrastructure and networks. Start-up timeframe TBD.</p> <p><u>Committee Discussion</u>: Steve Soto/ Sean Atha would like start-up timeframes for new health plans. Sandy Damiano – New health plans kick off meeting has been moved from March to April. Also, not all plans submitted interest in participating as health homes – Do all plans need to participate? Katie will inquire and provide clarification.</p>

Sacramento Medi-Cal Managed Care Advisory Committee

<p>Drug Medi-Cal Organized Delivery System Overview – <i>Uma Zykofsky</i></p>	<p>Drug Medi-Cal Organized Delivery System Overview (DMC-ODS) Waiver – <i>Uma Zykofsky PowerPoint Presentation (PPP) – available on website.</i></p> <p><u>Key Points in PPP:</u></p> <ul style="list-style-type: none"> • Authorized and financed under the 1115 Bridge to Reform Waiver. • Five year waiver to demonstrate/evaluate improved care, increased efficiency and reduce costs. • Increased local control and oversight; focus on access, quality, integration and care coordination with other systems (hospitals); and criminal justice population focus. • Service increase for youth, residential services expanded beyond perinatal. New services: recovery services, withdrawal management, medication-assisted treatment, case management and physician consultation. • Phase 3 Central Valley (Sacramento) – First meeting scheduled this week and then County will submit a plan for approval by DHCS and Centers for Medicare and Medicaid Services (CMS). • Challenges: Rates TBD, no reliable historical data, provider readiness, need MOUs with system partners and need a youth residential treatment facility. <p><u>Committee Discussion:</u></p> <p>Rosemary Younts – What is current access? Uma – if beneficiary has drug Medi-Cal, beneficiaries seek care from providers. Uma will send a copy of the provider directory. If patient does not have Medi-Cal, the Drug & Alcohol system of care arranges services.</p> <p>Tory Starr – What is the estimated population? Uma – Unknown at this time, likely there are individuals with pent up needs. Will provide a population estimate at the next meeting.</p> <p>Steve Soto – Do you expect eligibility criteria changes from the State and do you need MOUs from plans? Uma – Eligibility by the State has already determined. Will need MOUs from plans and hospitals.</p> <p>Janet Paine – May be able to use boiler plate language plans received from other counties. Uma will reach out to Bay Area Counties to get boiler plate contract language.</p>
<p>Health Homes for Patients with Complex Needs (HHP) – <i>Sandy Damiano / All</i></p>	<p>Sandy Damiano facilitated a discussion and reviewed Health Homes for Patients with Complex Needs (HHP): The Basics – <i>available on website.</i> Version 3 Final Draft, not yet approved by Federal Government.</p> <p><u>Health Homes (HH) Key Points:</u></p> <ul style="list-style-type: none"> ▪ This is an optional benefit through the Affordable Care Act (ACC) and is not a waiver program. ▪ Goals: Improve care coordination and community linkages within health homes, team-based care, improve outcomes for individuals with high risk, chronic diseases, and report cost avoidance in two years. ▪ Administrator: Managed care plan, work across systems (County, homeless organizations), payment flow from DHCS to plan (risk-based per member per month with two periods – engagement and ongoing services).

Sacramento Medi-Cal Managed Care Advisory Committee

	<ul style="list-style-type: none"> ▪ State determines population eligibility – Highest risk, 3%-5% of population with chronic conditions. ▪ Core services: intensive set of services for a small subset of members, including comprehensive care management and transitional care, care coordination, health promotion, individual/family support and referrals. ▪ Care team structure: HH network with multidisciplinary members functioning as a team, based off an individualized Health Action Plan that ensures access to all needed services, based on physical health, mental health, substance use, housing as appropriate, long-term services supports that engage member in multiple ways. Care Manager ensures access to all services. May include other disciplines. If working with homeless, must include a housing navigator. ▪ Implementation: Jan 2018 for members with serious mental illness (SMI); other eligible members July 2018. ▪ Plan may contract out or have primary care physician provide care coordination. ▪ All plans must implement at the same time. ▪ Care coordination aspect will be funded. <p><u>Committee Discussion:</u> Sandy Damiano – It is unclear if all plans need to participate. Sandy requested clarification from the State. Janet Paine – Concept paper has 4th revision. Just received an updated document from the State which has not been posted. Sandy will provide updated version when posted. Steve Soto – Revised document made changes to the implementation date for individuals with serious mental illness. Plans have many questions regarding the concept paper.</p>
<p>2016 Areas of Focus, Work Groups and Structure – Sandy Damiano</p>	<p>Sandy Damiano facilitated a discussion on 2016 Areas of Focus, Work Groups and Structure and reviewed handout of 2016 Areas of Focus, a summary of topics for consideration based on last meeting discussion – <i>available on website.</i></p> <p><u>Whole Person Care (WPC) Pilot Update:</u> The pilot was reviewed in detail at last month’s meeting. See posted document and meeting minutes. This initiative is through the Medi-Cal 2020 Waiver. Requires County to be lead entity and provide local match funds. Payments are not for services or housing. After internal discussions and webinars, County DHHS is recommending not to apply. Rationale – sustainable local match is required for the project, multiple competing priorities (such as the ODS Waiver). Additionally it does not increase services. Counties with public hospitals are more likely to apply.</p> <p><u>Committee Discussion:</u> Janet Paine – When will the Board make a decision? If moving forward, health plans will need time develop plans. Dr. Miguel Suarez – Where will the new revenue stream from medical marijuana be spent and could these fun WPC? Sherri Heller: There will not be an action item for the board. It will be through briefings. The revenue is pertinent, but there are other factors leading to a recommendation not to apply.</p>

Sacramento Medi-Cal Managed Care Advisory Committee

	<p>Steve Soto – Molina is willing to make an investment should DHHS apply. Sandy: Can only use local government funds as a match. Revenues (for DHHS Primary Health are tight since State reduction in funding in 2014).</p> <p><u>Areas of Focus (see page two of Areas of Focus document on website):</u></p> <p>Care Coordination Work Group – Decided to proceed with a Care Coordination Work Group. Will schedule the Medi-Cal Managed Care Committee and Care Coordination Work Group on alternate months for the remainder of 2016. For the first meeting, Tory Starr volunteered to craft the agenda and Steve Soto will facilitate. This will be a smaller subset of the Committee to include – All non-Kaiser Plans (and new Plans), IPAs (2), Hospitals (2-3), FQHC (2), County Health (1-2), County BH (1-2), County Social Services (1-depends on population) and Advocates (2). Will start April 25, 2016.</p> <p>Committee comments – Start with NCQA standards, review high cost utilizers, etc.</p> <p>Other topics will continue through the regular Committee meetings – Access, Drug Medi-Cal ODS Updates, Enrollment & Education, Metrics, and Dental Managed Care.</p>	
Public Comment	<p><u>Joann Seibles, MD, Family Medicine Clinic UC Davis</u> – Request adding the RN advice phone numbers to the navigator documents that will be posted. Sandy: We will post this information.</p>	
Closing Remarks and Adjourn	<p>Sandy Damiano thanked everyone for attending and participating in today’s meeting. With no additional business to discuss, the meeting adjourned.</p>	
Next Meetings	<p><i>Care Coordination Work Group Meeting</i> Monday, April 25, 2016 / 3:00 – 5:00 PM DHHS Admin Building 7001A East Parkway, Conference Room 1</p>	<p><i>Medi-Cal Managed Care Advisory Committee Meeting</i> Monday, May 23, 2016 / 3:00 – 5:00 PM DHHS Admin Building 7001A East Parkway, Conference Room 1</p>