

## Sacramento Medi-Cal Managed Care Advisory Committee

### Meeting Minutes

September 26, 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>	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.
X	Clinic – Jonathan Porteus, PhD	X	IPA – Sean Atha
X	DHA – Mary Behnoud – <i>excused (Danni Van Lone)</i>	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
X	Health Plan – Jane Tunay		<b>EX-OFFICIO MEMBERS</b>
	Health Plan – Steve Soto – <i>excused</i>		County Board of Supervisors – Ted Wolter
X	Health Plan – Joel Gray		County Board of Supervisors – Lisa Nava – <i>excused</i>
X	Health Plan – Cathy Lumb-Edwards		State DHCS (attends quarterly)
X	Hospital – Carol Serre	X	Health Care Options – Lili Zahedani

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**Committee in Attendance: 19**

**Public in Attendance: 30**

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"> <li>▪ <u>Materials</u>: All members received copies of the Agenda, 2017 Meeting Dates, GMC Enrollment Data, IPA Enrollment Data, Sacramento County Medi-Cal Zip Code Data, Performance and Satisfaction Data, Universal Release of Information (ROI) document, and sample ROI forms from Merced County and Los Angeles County. <i>Materials are posted on the website.</i> Website link: <a href="http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx">http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx</a>.</li> <li>▪ <u>Agenda Topics</u>: Announcements and Data, Care Coordination Status Update, Universal Release of Information Form, and Public Comment.</li> </ul>
<p>Announcements and Data – <i>Sandy Damiano</i></p>	<p>Sandy Damiano provided announcements and reviewed data. <i>All handouts are posted on website.</i></p> <p><u>Announcements</u>:</p> <ul style="list-style-type: none"> <li>• The Health Homes implementation schedule has been revised and is posted on the DHCS webpage. Sacramento County is in group 3. The revised date for implementation for members with eligible chronic physical conditions and substance use disorders (SUD) is 7/1/2018; for members with serious mental illness is 1/1/2019.</li> <li>• 2017 Meeting Calendar for the Medi-Cal Managed Care Advisory Committee and the Care Coordination Work Group is scheduled and posted on website.</li> </ul> <p><u>GMC Enrollment Data</u>: As of September 1, 2016, the total enrollment is <b>438,291</b>, with a net increase of <b>2,111</b>. Enrollment has been pretty flat in 2016. Since 1/2016, Anthem has gained about 9,000, Health Net has decreased by over 5,000, Kaiser has added around 5,000, and Molina is about the same. Default rate is <b>27%</b>, lowest statewide.</p> <p><u>IPA Enrollment Data</u>: Data as of June 1, 2016 shows IPA enrollment by plan. NCPMG only has enrollment with Anthem, River City is the largest IPA.</p> <p><u>Zip Code Data</u>: This report was completed by DHA. Data was pulled on 9/8/2016. This report includes Fee-For-Service and GMC beneficiaries, as well as about 10,000 out of county beneficiaries.</p>

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<p>Announcements and Data – Sandy Damiano</p>	<p><u>County Mental Health Plan Data:</u> For county fiscal year 2015-16, 31,822 individuals were served in the County Mental Health Plan. 26,585 were served in outpatient only. Further broken down by age 0-17 and 18+. <i>Data summary is posted.</i></p> <p><u>Performance and Satisfaction Data:</u> Sandy noted that the State has numerous reports posted. This report provides just a small sample. By aid code group, SPDs have the highest utilization rates. The ACA population has a large number of hospital visits and prescriptions. The ACA group filed the most grievances. Kaiser performed highly across multiple measures statewide. With regard to all-cause readmissions, Kaiser performed best followed by Molina. Kaiser and Anthem had the highest rates of childhood immunizations by the 2<sup>nd</sup> birthday. The GMC Model has the highest number of grievances.</p> <p><u>Committee Discussion:</u> Tory Starr – The higher rate of grievances among ACA aid codes may be due to access issues. Rosemary Younts – The satisfaction data are pre-ACA, so not very useful. Sandy: Satisfaction data is produced every 3 years, Performance data (HEDIS) is produced annually, and the Medi-Cal Managed Care Dashboard is produced quarterly. We can pull information of interest to committee members. Rosemary: We should look at the dashboard. Sandy: We can send a link to the dashboard (about 30 pages) and other reports.</p>
<p>Care Coordination Status Update – Work Group Members</p>	<p>Care Coordination Work Group members provided an update:</p> <p><u>Data Pull:</u> Jane Tunay reported that parameters were set for the data pull. Plans will pull the 50 highest utilizers of non-primary care services in 2015, adults only. Plans agreed to present a summary report at the October 24 meeting. Joel Gray added that the data pull is similar to what they are pulling in other counties for the Whole Person Pilot. Some parts are consistent with Health Homes. Sandy stated they will also discuss themes and areas of opportunity.</p> <p><u>Resources:</u> Jenni Gomez reported that the plans were asked to provide their transportation policies and other information. Sandy Damiano reported that Care Coordination Guides are posted on the website for all three non-Kaiser plans.</p> <p>Care Coordination Website: <a href="http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx">http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx</a></p> <p>Medi-Cal Managed Care Committee /"Resources" section for Care Coordination Guides: <a href="http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx">http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx</a></p>

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Universal Release of Information (ROI) Form –  
*Sandy Damiano*

Sandy Damiano facilitated a discussion on the Universal Release of Information (ROI) and briefly reviewed forms developed by Los Angeles and Merced Counties as part of an integrated physical health / behavioral health project.

Context, Items for Consideration and Samples:

A Universal ROI will support Care Coordination. We need to look at how to coordinate care with individuals outside of the health plan network. Plans must coordinate care within the network and outside of the network. Examples: County Mental Health Specialty Services, IHSS, Homeless, Probation Officer, etc. Some are providers and some are non-providers but key partners.

Some areas for consideration:

- Entities vary in what they believe they can share.
- What are the needs for a Universal ROI?
- What stakeholders are needed?
- Who is the target population?
- Entities will need to limit information for non-provider entities.

Committee Discussion:

Dr. Kamras – What are the beneficiary’s rights? Do they give up any rights when enrolling in GMC?

Joel Gray – From a plan perspective, a form like this poses significant challenges. It must be 6<sup>th</sup> grade reading level, must be approved by the State. Who creates it? Better if a government entity (county or state) creates it.

Jenni Gomez – The law outlines what needs to be in the form. If it meets the requirements, format does not really matter. A Universal ROI would be beneficial.

Jonathan Porteus – The LA form has been signed off on, so CFR (Code of Federal Regulations) has been addressed. No need to reinvent the wheel. A HIE (Health Information Exchange) platform is needed.

Many Committee members expressed challenges with developing and implementing a Universal ROI, however, the general consensus was that it would be a good idea. Some of the key stakeholders included: Mental Health Plan, Drug & Alcohol, IHSS, or housing navigator. Others included: Alta Regional case manager, probation officer, schools, community-based organizations, telemedicine vendor, or transportation providers. Committee discussed work in other counties that may be similar such as the CCI or WPC. Joel and Jane indicated they would research forms or processes used in other counties for care coordination.

Follow-up: Health Plans will report back on use of “coordinated care” type releases / processes at the Care Coordination Work Group meeting on October 24.

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<p>Public Comment</p>	<p><u>Beth Hieb, California Health Collaborative</u> – We run multiple care navigation programs. I wonder if you are trying to bite off too much. We find we need releases of information for three basic areas: 1) one for medical and mental health, 2) one for county-provided services, and 3) one for everyone else. As care navigators, we work with so many entities. Even though I may have a release from a contract, I will get additional releases. Merced’s is specific to their needs, but it does have blank lines for other entities. Make it as simple as possible.</p> <p><u>Ryan Collins, Elica Health</u> – I heard the word “homeless” kicked around while discussing the high utilization population. Some of the stakeholders were identified, such as health plans, mental health, alcohol and drug, IHSS, housing services/housing navigator, transportation, CBOs, Regional Centers and probation. I did not hear mentioned Veteran’s Administration, Housing Authority, non-profits such as educational, job training, domestic violence, trafficking, shelters, crisis residential, transitional programs, detox, rehab, respite centers, counselors, social workers, family, friends, other support persons, first responders such as police, fire and EMT. Training will be needed.</p>	
<p>Closing Remarks and Adjourn</p>	<p>Sandy Damiano discussed items for the next meeting. New Health Plans were asked to provide a status update at the December Meeting. Will also provide updates from the Care Coordination Work Group and the Data Pull which may help inform our ROI. Sandy thanked everyone for attending and participating in today’s meeting. With no additional business to discuss, the meeting adjourned.</p>	
<p>Next Meetings</p>	<p><b><i>Medi-Cal Managed Care Advisory Committee Meeting</i></b>  <b>Monday, December 5, 2016 / 3:00 – 5:00 PM</b>                  DHHS Admin Building                  7001A East Parkway, Conference Room 1</p>	<p><b><i>Care Coordination Work Group Meeting</i></b>  <b>Monday, October 24, 2016 / 3:00 – 5:00 PM</b>                  DHHS Admin Building                  7001A East Parkway, Conference Room 1</p>