

## Sacramento Medi-Cal Managed Care Advisory Committee

### Meeting Minutes

April 24, 2017, 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 – Laura Niznik Williams
	Advocate – Todd Higgins – <i>Excused</i>	X	Hospital – Carol Serre
X	Advocate – Jenni Gomez		Hospital – Tory Starr – <i>Excused</i>
X	Clinic – J. Miguel Suarez, MD	X	Hospital – Rosemary Younts
X	Clinic – Jonathan Porteus, PhD	X	Beneficiary – J.R. Caldwell, Sr.
X	DHA – Mary Behnoud	X	IPA – Sean Atha
X	DHHS – Sherri Heller, EdD	X	IPA – Anna Berens
X	DHHS, Behavioral Health – Uma Zykofsky	X	Physician – Marvin Kamras, MD
X	Health Plan – Steve Soto		Physician – Nathan Allen, MD
X	Health Plan – Jane Tunay		<b>EX-OFFICIO MEMBERS</b>
X	Health Plan – Les Ybarra		County Board of Supervisors – Lisa Nava
	Health Plan – Cathy Lumb-Edwards – <i>Excused</i>	X	State DHCS – Sergio Lopez
X	Health Plan – Jeff Dzedzic		Health Care Options – Lili Zahedani – <i>Excused</i>
X	Health Plan – Kevin Kandalft		

Staff: Sherri Chambers

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**Committee in Attendance: 20**

**Public in Attendance: 29**

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks - <i>Sandy Damiano, PhD, Chair</i></p>	<p>Sandy Damiano, PhD, Chair welcomed the committee, guests, 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, GMC Enrollment Data, Refugee Health Clinic Data, Dental Flyer, <i>Every Smile Counts!</i> Dental Transformation Initiative Local Dental Pilot Program Summary, Care Coordination Release of Information Feedback, DRAFT Care Coordination Release of Information Form, Alcohol &amp; Drug Services PowerPoint, and Alcohol &amp; Drug Services Information.</li> <li>• <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, Medi-Cal Dental Advisory Committee Update, Drug Medi-Cal Organized Delivery System Implementation Plan, Care Coordination Release of Information Report Back, 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>• Thank you to our guests, Debra Payne and Julie Beyers, from the Medi-Cal Dental Advisory Committee. They will provide a Dental Managed Care Update.</li> <li>• Welcome to Sergio Lopez, Section Chief, DHCS Medi-Cal Managed Care Operations Division. Committee members would like regular DHCS representation.</li> <li>• <u>New Plans</u> – UnitedHealthcare is on track for July 1 implementation. Aetna’s start date has changed. Target date is now January 2018.</li> <li>• <u>DHCS Auto Assignment Policy</u> (full policy posted on the website) – DHCS intends to use the posted default algorithm when the new plans enter GMC.</li> </ul> <p>The policy was updated in April 2017. The policy states: <i>When a new plan enters a county, generally it receives the percentage of allocations it would receive if its performance equaled the county mean, until it can produce its own performance rates – usually within two to three years. However, default percentages for new plans may be handled differently for an initial period as determined appropriate by DHCS.</i></p>

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<p>Announcements and Data – continued <i>Sandy Damiano</i></p>	<p><u>Data:</u></p> <ul style="list-style-type: none"> <li>• <u>GMC Enrollment Data (posted)</u>: As of April 1, the total enrollment was <b>441,879</b>, with a net decrease of <b>524</b>. Anthem and Molina had small increases, Kaiser and Health Net had decreases. The default rate was <b>33%</b>, among the lowest in the State. San Diego’s default rate – 41%. Statewide average default rate – 40%.</li> <li>• <u>Refugee Health Clinic Dashboard (handout is posted)</u>: DHHS Primary Health Services operates the Refugee Health Clinic. There has been a steady increase in the number of newly arriving refugees over the last five years. The handout shows the number of provider assessments completed over the last three years. Each assessment consists of two visits due to requirements of comprehensive public health and chronic disease screening including multiple labs, immunizations and necessary linkages. Page 2 of the handout shows the country of origin and primary language data. The refugees all qualify for Medi-Cal Managed Care. Most have never experienced managed care. They require interpretation and education.</li> </ul>
<p>Medi-Cal Dental Advisory Committee Update – <i>Debra Payne &amp; Julie Beyers</i></p>	<p>Debra Payne, Vice Chair of the Medi-Cal Dental Advisory Committee, provided an overview of the Sacramento County Dental Transformation Initiative – Local Dental Pilot Program (DTI – LDPP) under the Medi-Cal 2020 Waiver. <i>DTI – LDPP Summary and Dental Flyer are posted on the website.</i></p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> <li>• Sacramento County was selected by DHCS as one of 15 Pilot Programs.</li> <li>• Program name: <i>Every Smile Counts!</i> Program start date: July 1, 2017.</li> <li>• Currently in budget negotiations with DHCS for \$10.4 million over 3 ½ years.</li> <li>• The pilot involves 3 strategies:             <ul style="list-style-type: none"> <li>○ Virtual Dental Home with Care Coordination.</li> <li>○ Medical/Dental Partnership with Care Coordination.</li> <li>○ Community Partner Dental Training for Referral and Care Coordination.</li> </ul> </li> <li>• Partnership with Amador County for an urban/rural approach.</li> <li>• Many partners involved, including the three Dental Managed Care Plans.</li> </ul> <p>Debra thanked Dr. Heller, Dr. Kasirye, and all other partners for their support.</p> <p>Julie Beyers, Staff to the Medi-Cal Dental Advisory Committee (MCDAC), provided a committee update.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> <li>• The First 5 website lists FQHCs that provide dental services.</li> <li>• The <i>Early Smiles Sacramento</i> program provides dental services for school-age children onsite at the schools.</li> <li>• <i>Smilekeepers</i> provides onsite services in preschools.</li> </ul>

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<p>Medi-Cal Dental Advisory Committee Update –</p> <p><i>Debra Payne &amp; Julie Beyers</i></p>	<ul style="list-style-type: none"> <li>• The MCDAC formed a General Anesthesia subcommittee to improve access.</li> <li>• Dental Managed Care is working better than in the past. The dental utilization rate for children (age 0 - 20) was 20% in 2008. It increased to 39.6% in 2014 and to 41.6% in 2015. Adult data is starting to come in.</li> <li>• The MCDAC now meets bimonthly on the first Thursday of the even months. Next meeting: June 1.</li> </ul> <p><u>Committee Discussion:</u> Some members had questions about coordination between health plans and dental plans. Debra Payne reported that she had a conference call with health plans and dental plans to discuss ways to share information. In addition, a dental alert system is being developed. An email will trigger the system. Follow up will be completed within 72 hours so that the member gets the information needed to access services.</p>
<p>Drug Medi-Cal Organized Delivery System Implementation Plan –</p> <p><i>Uma Zykofsky</i></p>	<p>Uma Zykofsky, LCSW, DHHS Director of Behavioral Health, gave a presentation on the Drug Medi-Cal Organized Delivery System (DMC-ODS) Implementation Plan. <i>PowerPoint Presentation and materials are posted on the website.</i></p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> <li>• Provided an overview of current Alcohol and Drug Services.</li> <li>• Recent improvements include increased access points, increased service capacity, and drug court expansion.</li> <li>• DMC-ODS is a five year waiver demonstration project.</li> <li>• Two phases to opt in: 1) Implementation Plan; 2) Fiscal Plan.</li> <li>• The implementation plan must be approved by the Board of Supervisors and submitted to DHCS by June.</li> <li>• <u>New services added under the waiver:</u> Residential treatment, additional medication-assisted treatment (MAT), recovery services, case management, physician consultation, coordination with criminal justice and hospitals, and increased quality assurance.</li> <li>• There is no bed capacity limit for residential services. The 16 bed Institutions for Mental Diseases (IMD) exclusion does not apply.</li> <li>• Must specify a care coordination plan with hospitals for transitions of care.</li> <li>• Must enter into a Memorandum of Understanding (MOU) with health plans.</li> <li>• <u>Challenges include:</u> Provider readiness, increased compliance, managing the Behavioral Health Realignment match, rate structure development, training, and the lack of a youth residential treatment facility.</li> </ul> <p><u>Committee Discussion:</u> A question was asked about the opportunities for plans and IPAs to work together to help target high utilizers. Uma responded that it might be limited because the local match funding cannot come from the plans, but there may be ways to coordinate and it should be explored further. Uma asked members to share what they consider to be the biggest challenge, and said from her perspective it is residential services.</p>

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<p>DMC-ODS Implementation Plan – continued <i>Uma Zykofsky</i></p>	<p><u>Issues:</u></p> <ul style="list-style-type: none"> <li>• The lack of a platform for sharing information.</li> <li>• The local match requirement. It will be difficult for the Board of Supervisors to choose among competing demands for local funds.</li> <li>• ADS treatment services are not carved in for health plans. Plans are only responsible for screening, brief intervention, and referral to treatment (SBIRT). For members with multiple problems, it leaves a gap.</li> <li>• The need for point of service authorization. When a member must be sent to a new process, we lose them.</li> <li>• The system is very complex. Case management is critical.</li> </ul> <p><u>Poll:</u> The committee indicated support for the County opting in to the ODS waiver.</p> <p><u>Next Steps:</u> Uma will schedule a meeting with the health plans to look at the Mental Health MOU as a possible framework for the ODS MOU. Uma will also put together a preliminary report on the Implementation Plan for the Board of Supervisors.</p>
<p>Care Coordination Release of Information (ROI) Report Back – <i>Sandy Damiano</i></p>	<p>Sandy Damiano facilitated a discussion about a Care Coordination Release of Information (ROI), and reviewed the DRAFT ROI along with a Committee Feedback handout – <i>Posted on the website.</i></p> <p><u>Background:</u> The Committee has been discussing information sharing within and across systems, County Mental Health Plan, County ADS, and those not providing treatment such as homeless navigators or criminal justice partners. Staff found a Care Coordination release form used in Washington State for the Health Homes program. Some of the plans involved are also in Sacramento GMC (Molina Healthcare / UnitedHealthcare). The Draft ROI mirrors the Washington state form except for the second page. The Washington form only contained blank lines to list providers and partners, but did not indicate the types of information to be released.</p> <p><u>Feedback:</u> Committee members were asked to provide feedback on the draft ROI. Feedback was received from Kaiser, Health Net, and County Mental Health Specialty.</p> <p><u>Key Issues:</u></p> <ul style="list-style-type: none"> <li>• Why is the term Health Home used? It was copied from the Washington form. The Committee needs to decide on the name.</li> <li>• Who will hold the form? Primary Care Provider? Health Plan?</li> </ul> <p><u>Committee Discussion:</u></p> <ul style="list-style-type: none"> <li>• Should the consent have an end date? Members indicated California law specifies a maximum time period.</li> <li>• Steve Soto recommended leaving the name “Health Home,” as it was already approved in Washington State.</li> </ul>

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<p>Care Coordination ROI Report Back – continued <i>Sandy Damiano</i></p>	<p>Kevin Kandalraft noted that the term “Health Home” may be a problem, as it has a specific CMS definition, however could use small letters versus caps.</p> <ul style="list-style-type: none"> <li>Sean Atha suggested that the Health Home should be the primary care provider (like an FQHC) because the provider has all the information about a patient. Steve Soto pointed out that it can vary, such as with the community physician practices. They rely on the plan or IPA for case management.</li> <li>Kevin Kandalraft and Steve Soto suggested that the ROI should be held by the plan.</li> <li>Sandy encouraged Committee members to submit feedback on the issues discussed today.</li> </ul> <p><u>Follow Up:</u></p> <ul style="list-style-type: none"> <li>Staff will post a summary of the 42 CFR changes in substance use disorder confidentiality regulations.</li> <li>Staff will send an email to Committee members requesting specific feedback with regard to the ROI.</li> </ul>	
<p>Public Comment</p>	<p>No public comment.</p>	
<p>Closing Remarks and Adjourn</p>	<p><u>Next Meetings:</u> Sandy Damiano announced that the <u>Care Coordination Work Group</u> meeting on May 22 will address the following: Health Information Exchange (led by Steve Soto, Jonathan Porteus, and Steve Heath); IPA Care Coordination (River City Medical Group and EHS); and Health Plan Data Summary Report Backs (Plans). The <u>Medi-Cal Managed Care Committee</u> meeting on June 26 will have a Homeless Services and Housing Panel led by the Department of Human Assistance.</p> <p><u>Reminders:</u> Sandy reminded the Health Plans to send their Data Summary follow up information to Sherri Chambers by April 28. She reminded the Health Plans and IPAs to send their Urgent Care List updates to Sherri by April 28.</p> <p>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, June 26, 2017 / 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, May 22, 2017 / 3:00 – 5:00 PM</b>                  DHHS Admin Building                  7001A East Parkway, Conference Room 1</p>