Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes
August 28, 2017, 3:00 PM – 5:00 PM

DHHS Administration
7001-A East Parkway
Sacramento, CA 95823
Conference Room 1

COMMITTEE MEMBERS			
X	DHHS, Primary Health – Sandy Damiano, PhD – Chair	X	Health Plan – Les Ybarra
	Advocate – Todd Higgins – *Excused*	X	Health Plan – Jane Tunay
X	Advocate – Hillary Hansen	X	Health Plan – Cathy Lumb-Edwards
X	Beneficiary – J.R. Caldwell, Sr.	X	Health Plan – Sonja Gonzales (Interim)
X	Clinic – J. Miguel Suarez, MD	X	Health Plan – Jeff Dziedzic
X	Clinic – Jonathan Porteus, PhD	X	Health Plan – Kevin Kandalaft
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
	Hospital – Rosemary Younts – *Excused*		
X	Hospital – Carol Serre	**EX-OFFICIO MEMBERS**	
	Hospital – Tory Starr	X	Health Care Options – Lili Zahedani
X	Hospital – Laura Niznik Williams		County Board of Supervisors – Lisa Nava

Staff: Sherri Chambers

Sacramento Medi-Cal Managed Care Advisory Committee

Committee in Attendance: 20

Public in Attendance: 26

Topic	Minutes
Welcome, Introductions and Opening Remarks - *Sandy Damiano, PhD, Chair*	Sandy Damiano, PhD, Chair welcomed the committee and members of the public, facilitated introductions, and reviewed the agenda and meeting materials. • Materials: All members received copies of the Agenda, GMC Enrollment Data, Health Plan Mental Health Data, County Mental Health Plan Utilization Data, Mental Health Benefit Overview, Mental Health Split Benefit Panel Questions DRAFT, Care Coordination Information Sharing Authorization Form DRAFT, and Care Coordination Release of Information Guidance. • *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. • Agenda Topics: Announcements and Data, Mental Health Split Benefit, Care Coordination Release of Information, and Public Comment.
Announcements and Data – *Sandy Damiano*	Sandy Damiano reviewed data and provided announcements. *All handouts are posted on the website.* GMC Enrollment Data (*posted*): As of August 1, the total enrollment was **437,963**, with a net increase of 2,849 members over the previous month. We are still at a net loss of 4,599 for the calendar year. The default rate remains among the lowest in the state at **32%**. San Diego's default rate – 45%. Announcements: • GMC Leadership News – Steve Soto is no longer with Molina. He has been a valued partner and contributor, and his work with the Committee and the community has been significant. Sonja Gonzales will represent Molina on the Committee for now. *We hope to work with Steve again. He will be greatly missed.* • Medi-Cal Matters – A publication of the California Health Care Foundation (July 2017) depicting key facts and figures about Medi-Cal beneficiaries and costs. See the CHCF website for the full document. Link: http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20M/PDF%20MediCalMatters.pdf • Anthem Blue Cross – Will transfer 10,000 Medi-Cal members from Sutter Physicians to safety net providers. Sutter will maintain pediatric members but will be closed to new members. Adults will transition to IPAs/ FQHCs. Specialty care will be maintained for continuity of care, but no new referrals. Unsure regarding which IPAs/FQHCs will receive the 10,000 members, timing, and whether there are capacity or access issues.

Announcements and Data – continued *Sandy Damiano*	- Les Ybarra added that Anthem is watching the transition and will monitor. If members have questions, they may contact Anthem Member Services. - Anna Berens reported that EHS received 2,000 transfers on August 1, but did not receive membership files until August 18 making it difficult to coordinate care. About 60 have been identified for continuity of care. Case managers are trying to make contact with the members and get appointments with Wellspace. Anna expects an uptick in grievances, as members want to stay with their specialty providers. The primary issue is that there is not a network overlap for specialty services (EHS/River City with Sutter Physician Group). - Sean Atha reported that River City Medical Group has not received any Sutter transfers yet. Discussion with Anthem is ongoing. - Hillary Hansen asked whether a member who is denied continuity of care receives a notice and has appeal rights. Les responded that continuity of care is usually requested by the Primary Care Provider (PCP). If denied, the member is notified. - Sandy asked that Anthem report on status of the transfer each month. • Proposition 56 Tobacco Tax – Last month's announcements included the DHCS proposal to authorize Prop 56 funds for supplemental payments for certain physician services in Fee-For-Service Medi-Cal. DHCS has clarified that supplemental payments are also proposed for Medi-Cal Managed Care, pending approval of an allowable directed plan payment. See the DHCS website for more information. Link: http://www.dhcs.ca.gov/services/medi-cal/Documents/Prop_56_Methodologies_July_31_Notice.pdf • Restored Services – Full dental services for Medi-Cal adults will be restored effective January 1, 2018. See the DHCS website. Link: http://www.dhcs.ca.gov/services/Pages/RestorationAdultDental.aspx • New Services – DHCS announced a new Diabetes Prevention Program as a Medi-Cal covered benefit effective January 1, 2018. There are no further details at this time.
Mental Health Split Benefit – *Sandy Damiano, Hillary Hansen, Health Plans, and County MHP*	Sandy Damiano provided an overview of the Mental Health Split Benefit. The split benefit began on January 1, 2014. Now that it has been in place a few years, members wanted to address some of the issues. Specific questions include how is the split benefit working and how are services coordinated? Due to the complexity of the subject, we will have a two-part discussion. Today we will review data from Plans and County Mental Health Plan, Hillary Hansen will present the advocate perspective, and we will discuss and clarify the questions to be addressed at the October meeting. *All handouts posted on the website.* Sandy reviewed the Health Plan Mental Health Data for January – December 2016 (*Posted on the website*).

Mental Health Split Benefit – *Sandy Damiano, Hillary Hansen, Health Plans, and County MHP*	• Enrollment: Section 1 shows average enrollment and percent of total average enrollment for each plan. • Health Plan Mental Health Services: Section 2 shows number of unduplicated members and percent of plan members who received plan mental health services, as well as number of encounters. • Diagnoses: Top three diagnoses for each plan are listed. Anxiety disorder and Major Depressive Disorders appeared most frequently in the top three lists. Plan Comments: • Health Net – Jane Tunay noted that the top diagnosis was Autism Spectrum Disorder, followed by Major Depressive Disorder (Recurrent) and Major Depressive Disorder (Single Episode). The high number of Autism diagnoses may be due to the Behavioral Health Treatment transition from the Regional Center to Health Plans. • Anthem Blue Cross – Les Ybarra indicated he believes the top three diagnoses are listed in order. • Molina – Sonja Gonzales stated the top three diagnoses are listed in order. The Building Brighter Days program is a corporate initiative targeting members with mild symptoms of depression. Health Managers review data, contact members telephonically, and determine if additional services are needed. If so, member is referred to case management. Members with moderate symptoms are referred to case management. • Kaiser – Cathy Lumb-Edwards reminded members that specialty is carved in for Kaiser. Their encounters include psychiatric consultations within Kaiser emergency departments. Questions & Answers: • How did each plan pull the services data? *Anthem looked at their network behavioral health specialty providers. Molina used a broader context including providers at Molina Medical Group clinics and FQHCs. Health Net will report back.* • Since Anxiety Disorder and Major Depressive Disorder Single Episode are not part of the "carve out," why would there be any issues with referral to County MHP? *Clinical criteria include a target population diagnosis and significant functional impairment in an important area of life function.* Dawn Williams, Health Program Manager, County DHHS, reviewed the County MHP Services Data (*posted*). • Data Sources – Service utilization data was pulled from County's electronic health record, Avatar, and matched with MEDS to determine the assigned Health Plan. • Members Served – 23,615 unduplicated GMC members were served in County MHP outpatient services during calendar year 2016. About 46% were enrolled with Anthem Blue Cross.

Mental Health Split Benefit – *Sandy Damiano, Hillary Hansen, Health Plans, and County MHP*	• Types of Services – Data includes all types of services provided. Cancellations, no shows, and non-billable were included when aggregating the data to provide a full picture of services received by clients. • Highest Utilization – 46% of the service utilization was in the category Mental Health Services, which includes assessment, individual and group therapy, rehabilitation, plan development, collateral, Therapeutic Behavioral Services (TBS), and Katie A. (TBS for children). • Top Diagnoses – Did not pull, but in general they are Major Depressive, Bipolar, and Psychotic Disorders. Questions & Answers: • How do volumes, duration of treatment, and outcomes compare to other counties/states? *Uma Zykofsky: It is not an apples-to-apples comparison. Services and criteria differ.* • How do you quantify non-billable services? *Dawn: Clinicians document any service provided, for example, sending a letter to a client.* Hillary Hansen presented the advocate perspective on the split benefit. • The client's experience accessing Mental Health services is affected by the level of impairment. • Clients seeking help from Legal Services are most often those with mild to moderate impairment. Many have difficulty navigating the dual system. • These members are not always identified by the provider or plan as needing case management services or other support with the dual system. • Recent example: Client was treated by County MHP in the past, but was stable and receiving plan MH services. The provider terminated treatment. Client called the plan and received a list of providers, but ran into barriers finding a new provider. Even with the help of Legal Services, the client was bounced around and had trouble getting services. • Members with mild to moderate impairments should be identified and connected to case management. The PCP or case manager should take the lead. • What does "moderate" mean? MOUs exist so that Plans and CMHP use the same criteria to determine the appropriate system, but it is not happening in practice. Members are being passed back and forth. • For members with severe impairments, the primary issue is getting care / availability of services. • Ideas: 1) Provider should not tell member to call the plan or County, but should ensure the connection with the behavioral health provider. 2) Member services should not just give a list of providers, but should connect the member with case management or have the provider make a direct referral. 3) Clarify "mild to moderate" and "severe" and ensure people do not fall through the cracks.

Mental Health Split Benefit – *Sandy Damiano, Hillary Hansen, Health Plans, and County MHP*	Sandy reviewed and discussed the Mental Health Benefit Overview (*posted on the website*). The handout summarizes information from several sources. Health Plan and County MHP populations and criteria are listed. For County MHP, target population diagnosis and significant impairment in functioning are required. Services provided in each system are also listed. Sandy reviewed the DRAFT Mental Health Split Benefit Questions (*posted*) and facilitated the discussion. Next meeting, the plans and County MHP will discuss how they operate under the split benefit. The handout lists a few of the questions members may want addressed. Their questions included the following: • Are there uniform definitions? What direction is given to IPAs and providers? • How are members transitioned to less intensive services? To more intensive services? • How is care coordinated? • How are members educated about the split benefit? • How can we obtain better data? Committee Discussion: Several members suggested finding a metric or target that can be quantified. One idea was looking at grievance and appeal data, but Uma indicated the data is not specific enough. Jonathan Porteus suggested looking at one diagnosis that is common to both systems, such as bipolar disorder, and developing a strategy to specify the levels of functional impairment that will be served within the Plan or the County MHP. Uma responded that Plans and County MHP have been working on a bi-directional tool, and it is nearly complete. Sandy stated that we should listen to the presentations by Plans and County MHP in October. It may inform development of a metric.
Care Coordination Release of Information (ROI) – *Sandy Damiano*	Sandy Damiano facilitated a discussion on the DRAFT Care Coordination Release of Information (ROI). *Handouts posted on the website*. • Background – This is the fourth meeting we have worked on this topic. In January, we reviewed the form used in Washington State. We presented a draft in February and requested feedback. The revised form was reviewed and discussed in April, and the top issues were identified. • Current draft – Similar to the Washington form, but much more limited in scope. Primary differences are on page 2. Behavioral Health providers are listed in the top section, and there are check-boxes to specify information to be shared. The bottom section is for non-treaters (non-HIPAA entities) and the information choices are limited. • FAQs – We also created a FAQ sheet with some questions and answers about the use of the form. *This is a draft and some of the answers have not been determined. Feedback is needed.*

Care Coordination Release of Information (ROI) – *Sandy Damiano*	Committee Discussion: Questions were raised about who would initiate and who would hold the form. Sandy reminded members that during a prior meeting, the general consensus was the Plan should be the holder. It has not been decided who would initiate the form. Jane Tunay suggested the PCP should hold the form, because they see the members and Plans do not. Sandy responded the PCP could initiate and the Plan could hold or maintain the form. One member commented that all Plans must agree to utilize the ROI, or it will not work. Sandy reminded members that all agreed such a form was necessary to be able to communicate within and across systems; care coordination will depend on communication, especially under Health Homes. Further discussion ensued regarding the holder/initiator of the ROI. Sean Atha suggested a subcommittee may need to work out the issues. Many members concurred and proceeded to form a ROI Subcommittee. Initial volunteers include: • Les Ybarra, Anthem Blue Cross, facilitator • Jane Tunay, Health Net • Debbie Tanabe, UnitedHealthcare • Cathy Lumb-Edwards, Kaiser • Janice Milligan, River City Medical Group • Anna Berens, EHS • Sandy Damiano, County DHHS • Sherri Chambers, County DHHS • County MHP representative TBD
Public Comment	Crystal Harding, Capitol Health Network – They are working on creating in-service training and curriculum for navigators and community health workers. Crystal inquired about the best route for members to access mental health services. Sandy responded that the Committee webpage has a Resources link where Behavioral Health and Plan Member Services contact information can be found. She also stated that she should attend the October Meeting for Part 2 of the Split Mental Health Benefit discussion.
Closing Remarks and Adjourn	Next Meetings – Sandy Damiano announced: Care Coordination Work Group Meeting on September 25 – Hospital representatives will discuss ED utilization data and strategies aimed at getting patients into the appropriate level of care. Health Plans will discuss their care management programs including referral process and early outcome data. We will also discuss details of the next data pull.

Sacramento Medi-Cal Managed Care Advisory Committee

	Medi-Cal Managed Care Committee Meeting on October 23 – Part two of our Mental Health discussion. Plans and County Mental Health Specialty will address the questions raised in today's meeting. Sandy thanked everyone for attending and participating in today's meeting. With no additional business to discuss, the meeting adjourned.	
Next Meetings	***Medi-Cal Managed Care Advisory Committee Meeting*** **Monday, October 23, 2017 / 3:00 – 5:00 PM** DHHS Admin Building 7001-A East Parkway, Conference Room 1	***Care Coordination Work Group Meeting*** **Monday, September 25, 2017 / 3:00 – 5:00 PM** DHHS Admin Building 7001-A East Parkway, Conference Room 1