

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

October 23, 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	Hospital – Rosemary Younts
X	Advocate – Todd Higgins		Hospital – Tory Starr – <i>Excused</i>
X	Advocate – Hillary Hansen	X	Hospital – Laura Niznik Williams
X	Beneficiary – J.R. Caldwell, Sr.		Physician – Marvin Kamras, MD
X	Clinic – J. Miguel Suarez, MD	X	Physician – Ravinder Khaira, MD
	Clinic – Jonathan Porteus, PhD - <i>Excused</i>	EX-OFFICIO MEMBERS	
X	DHA – Mary Behnoud	X	Health Care Options – Lili Zahedani
X	DHHS – Sherri Heller, EdD		County Board of Supervisors – Lisa Nava
X	DHHS, Behavioral Health – Uma Zykofsky	PRESENTERS	
X	Health Plan – Les Ybarra	X	Medi-Cal Dental Advisory Committee – Debra Payne
X	Health Plan – Jane Tunay	X	Medi-Cal Dental Advisory Committee – Julie Beyers
X	Health Plan – Cathy Lumb-Edwards	X	DHHS Behavioral Health – Stephanie Kelly
X	Health Plan – Bob O'Reilly	X	Anthem Blue Cross – Duane E. McWaine, MD
X	Health Plan – Jeff Dziedzic	X	Anthem Blue Cross – Nick Osterman
X	Health Plan – Kevin Kandalajt	X	Managed Health Network – Jessie Blake
X	IPA – Sean Atha	X	Molina Healthcare – Blanca Martinez
X	IPA – Anna Berens		

Staff: Sherri Chambers

Sacramento Medi-Cal Managed Care Advisory Committee

Committee Members (20) / Presenters (7) in Attendance: 27

Public in Attendance: 33

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>New Member</u>: Dr. Ravinder Khaira has joined the Committee as a Physician representative. Dr. Khaira has been a pediatrician for 20 years and is an Associate Professor at California Northstate School of Medicine. He operates 5 clinics in the local area serving about 40,000 members, half of whom are Medi-Cal. <i>Welcome!</i> • <u>Materials</u>: All members received copies of the Agenda, GMC Enrollment Data, Sacramento County Medi-Cal Zip Code Data, Performance Data, Medi-Cal Dental Advisory Committee Information, <i>Every Smile Counts!</i> Pilot Program Handout, Mental Health Split Benefit Questions, County Mental Health Plan Split Benefit Overview PowerPoint, Bi-Directional Referral Form DRAFT, Anthem Behavioral Health PowerPoint, and Anthem Behavioral Health Quick Reference Guide. • <i>Materials are posted on the website.</i> Website link: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx. • <u>Agenda Topics</u>: Announcements, Data, Universal Release of Information Work Group Update, Medi-Cal Dental Advisory Committee Update, Mental Health Split Benefit – Part 2, and Public Comment.
<p>Announcements – <i>Sandy Damiano and All</i></p>	<ul style="list-style-type: none"> • <u>Care Coordination Guides</u> – UnitedHealthcare has completed their Care Coordination Guide, and the other Plans have been working on revisions. All will be posted soon. • <u>Resources</u> – The <i>Member Services Guide</i>, <i>Urgent Care List</i>, and <i>Plan Networks</i> have all been updated to include UnitedHealthcare. See the Medi-Cal Managed Care Resources webpage. Link: http://www.dhhs.saccounty.net/PRI/Pages/healthcare-resources.aspx • <u>EMS Routing Application</u> – Hospitals, Plans, and Advanced Life Support providers are invited to a presentation on an EMS routing application that improves patient care. Date: October 24 at 2:00 PM. Location: 7001-A East Parkway, Conference Room 1. • <u>Proposition 56 Tobacco Tax</u> – Inland Empire Health Plan (IEHP) sent a flyer to providers with FAQs about the supplemental payments. We asked Sacramento Plans if they will distribute something similar. Several Plans indicated they were either working on it or would take a look at it. Sandy agreed to send the IEHP flyer to plans who had not seen it.

Sacramento Medi-Cal Managed Care Advisory Committee

	<ul style="list-style-type: none"> • <u>Kudos</u> – J.R. Caldwell Sr. thanked Health Net, EHS, and Wellspace for working with him to assist a member.
<p>Data – Sandy Damiano</p>	<p>Sandy Damiano reviewed recent data. <i>All handouts are posted on the website.</i></p> <ul style="list-style-type: none"> • <u>GMC Enrollment Data (posted)</u>: As of October 1, the total enrollment was 436,659, with a net decrease of 1,306 members from the previous month. The net decrease for the calendar year to date is 5,903. Sandy noted that the net change does not reflect the churn rate, which is very high. All plans had net decreases except Kaiser and UnitedHealthcare, who began receiving members October 1. The default rate is the lowest in the state at 33%. San Diego’s default rate – 41%. Do Members still wish to receive default rate updates? Members said yes. • <u>Zip Code Data (posted)</u> – Thank you to DHA for providing this data, which was pulled from the CalWIN eligibility system on September 1. The report shows Medi-Cal enrollment by zip code for each month from January – August 2017. The data includes managed care <i>and</i> fee-for-service beneficiaries. It does not match with State data due to different methodology. The three zip codes with the largest Medi-Cal enrollment are 95823, 95828 (South Sacramento) and 95838 (Del Paso Heights), all with consistently high rates of poor health outcomes. Rosemary Younts noted the same zip codes have the highest hospital utilization rates. She stated this report is very helpful. • <u>Performance Data (posted)</u> – The handout highlights a few measures from DHCS reports such as Health Effectiveness Data Information System (HEDIS) and the Managed Care Dashboard. Data presented includes Grievance Outcomes, Statewide Utilization Data, All-Cause Readmissions, Outpatient Visits, Diabetes Control, and Blood Pressure Control.
<p>Universal Release of Information Work Group Update – Les Ybarra</p>	<ul style="list-style-type: none"> • At the last meeting the group decided to convene an ad hoc work group for a limited period to finish the Release of Information (ROI) form and process. During the initial meeting the prior work was recapped. Plans were asked to obtain internal feedback on the DRAFT form. State approval will be required for any form used with members. Sandy acknowledged those participating in the work group: Anthem (lead), HealthNet, Molina, UnitedHealthcare, Dignity Health, River City, and County (Health/Behavioral Health).
<p>Medi-Cal Dental Advisory Committee Update- Debra Payne and Julie Beyers</p>	<p>Julie Beyers, Staff to the Medi-Cal Dental Advisory Committee (MCDAC), provided a committee update. <i>Handouts are posted on the website.</i></p> <ul style="list-style-type: none"> • <u>New Staff</u> – Julie introduced Robyn Alongi who is working with the <i>Every Smile Counts!</i> Pilot Program and Kris Clinton who will staff MCDAC after Julie retires in January. <i>Congratulations!</i>

Sacramento Medi-Cal Managed Care Advisory Committee

<p>Medi-Cal Dental Advisory Committee Update- <i>Debra Payne and Julie Beyers</i></p>	<ul style="list-style-type: none"> • <u>Top Issues</u> – Increasing approvals for General Anesthesia, increasing dental utilization, obtaining performance measure data (new measures coming soon). • <u>Existing Programs</u> – <i>Smile Keepers</i> provides mobile dental services to preschool-age children. <i>Early Smiles Sacramento</i> provides dental services to school-age children onsite at the schools. “<i>Smiles for Kids Day</i>” is held annually on the first Saturday in February and serves children who were identified in school screenings as needing follow-up care. • <u>Restoration of Adult Dental Benefits</u> – Effective January 1. Access will be an issue. • <u>MCDAC Meetings</u> – See handout for details. <p>Debra Payne, Vice Chair of the MCDAC, provided an update on the Dental Transformation Initiative – Local Dental Pilot Program (DTI – LDPP) known as <i>Every Smile Counts!</i> – See handout posted on the website.</p> <ul style="list-style-type: none"> • <u>Funding</u> – The program was granted just under \$10 million over 3.5 years. • <u>Partners</u> include the 3 Dental Managed Care Plans, FQHCs, Kaiser, Sacramento Covered, and many more. • <u>Structure</u> – <i>Every Smile Counts!</i> involves 3 pilots: <ul style="list-style-type: none"> ○ Virtual Dental Home – Services provided at school sites. ○ Medical/Dental Partnership – Medical providers will be trained to perform basic dental services. Kaiser is onboard. ○ Community Outreach & Parent Education – Community Health Workers and navigators will receive training to add a dental component to what they already do. • <u>Implementation</u> – The target date for all 3 pilots is January 1, 2018. Congratulations!
<p>Mental Health Split Benefit, Part 2 – <i>Sandy Damiano, Health Plans, and County MHP</i></p>	<p>Sandy Damiano recapped Part 1 of the Mental Health Split Benefit topic. The split benefit began January 1, 2014, and the Committee has discussed it periodically. Members wanted to address some of the issues related to the operationalization of the split benefit. At the August meeting, Part 1 of the discussion focused on the following:</p> <ul style="list-style-type: none"> • <u>Mental Health Benefit Overview</u> – Plan and MHP populations, criteria and services. • <u>Utilization Data</u> from Plans and MHP. • <u>Advocate Perspective</u> presented by Hillary Hansen. • <u>Split Benefit Questions</u> – A list of some of the questions that members wanted addressed by Plans and MHP. <p>See the website for Meeting Materials and Minutes from August 28, 2017. The Split Benefit Questions were also circulated again.</p>

Sacramento Medi-Cal Managed Care Advisory Committee

Mental Health Split Benefit, Part 2 –

Sandy Damiano,
Health Plans, and
County MHP

County Mental Health Plan – Stephanie Kelly, Health Program Manager, provided a PowerPoint Presentation on the Split Benefit and reviewed the Bi-Directional Transition of Care Request DRAFT. *Materials are posted on the webpage.*

Key Points:

- Affordable Care Act expanded mental health benefits.
- Plan Responsibility – Members with mild to moderate impairment in functioning.
- Exception – Specialty mental health is carved in for Kaiser only.
- Uniform Definitions for Mild, Moderate, Severe – Determined by each county. Plans and County MHP have been working on a screening tool to standardize definitions.
- Screening Tool – Based on a tool used in San Diego County, with some modification. Elements are scored from 1 (mild) to 3 (severe). Total score determines level of impairment.
- Transitions – Plans and MHP have been working to develop a bi-directional referral process to facilitate transitions to more intensive and less intensive services. Member must agree to any transition.
- Primary Difference – The bi-directional process involves a centralized referral point for Plans.
- Care Coordination – A Care Coordination Guide has been developed. The Guide includes points of contact.

Committee Discussion:

- Has the screening tool been tested? *Stephanie: It has been tested with some MHP RST providers. A few adjustments were needed, but it seems to be hitting the mark.*
- If a patient meets two criteria for severe on a single element, is the score 3 or 6? *Stephanie: The score is 3. The maximum score for any single element is 3.*
- When will the form be operational? *Stephanie: It needs some fine tuning. We are hoping for late November.*
- Dr. Khaira expressed concerns with possible delays in receiving services for members scored in the moderate range and therefore referred to the Plan. He also disagreed with the scoring methodology as described.
- Sandy Damiano also noted that FQHCs may treat members with serious mental health conditions. Will these be required to go to the Health Plan's POC? There is a difference between physician provider groups and FQHCs (with BH integration).
- Under MHP Transition of Care Coordination, the referring MHP provider will continue to provide services until the member has seen the new provider. Is this a new or current expectation? *Stephanie: Current.*
- What if a member should be stepped down but cannot find a provider? *Jessie Blake, MHN: The member is assigned a Case Manager for the transition. The Case Manager assists with finding a provider.*

Sacramento Medi-Cal Managed Care Advisory Committee

Mental Health Split
Benefit, Part 2 –

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- Seems complicated. How will we know it works? *Uma Zykofsky: Having a single tool will simplify the process. Each Plan has a point of entry. If the point of entry was each provider, it would be chaos. The new form will provide the data to see if it is working.*
- Kevin Kandaloft suggested that baseline data must be obtained prior to implementing the new referral process. Also clear goals and objectives. Otherwise, we will be unable to determine the success of the process.
- If a provider sees someone with severe impairment, do they go through the Plan rather than directly to MHP? *Uma: That is how the process is supposed to work, so that we can gather the data from the referral form. Jessie Blake: The top priority is getting members the services they need. If necessary, the provider will refer directly to MHP. Dr. Duane McWaine, Anthem: The new process will make it easier, but it will not prohibit other methods of referral. We may miss some of the data, but the priority is member care.*

Anthem Blue Cross – Dr. Duane McWaine, Behavioral Health Medical Director, and Nick Osterman, Behavioral Health Director, provided a PowerPoint Presentation on Anthem Behavioral Health. *Posted on the website.*

Key Points:

- Care Coordination – When a challenge exists with finding a provider in certain geographic areas or within certain treatment subspecialties, Case Management gets involved. Case Managers carry a member through the process, whether from MHP or from a provider to MHP.
- Referrals – Primary Care Providers (PCP) are often the source of referrals.
- “PC Insite” – Anthem initiative aimed at increasing the availability of behavioral health expertise in the primary care setting, thereby decreasing the need to refer out. WellSpace has been a great partner.
- Opioid Epidemic – Anthem won a grant from California Health Care Foundation to address the opioid epidemic. Focus: Augmenting the availability of Buprenorphine. Their approach is increasing the availability of pain management expertise within the primary care setting. They are using video tele-link to make experts available to patients and PCPs.
- STAR Program – Pilot program operating at Sutter Medical Center. Targets members admitted to the hospital with a medical condition plus a behavioral health diagnosis. The goal is seeing the member face-to-face while they are in the hospital. 18 members have been engaged so far. Hoping to expand to other hospitals.
- Mild to moderate / Severe – Not static populations. Members move back and forth. There is no bright line between the categories, which is a disservice to many members whose recovery depends on a relationship with a specific provider or system. The State has recently issued guidance regarding functional impairment.
- Information Exchange – The State is getting better at sharing data about who has been served in MHP. There are challenges with HIPAA and 42 CFR.

Sacramento Medi-Cal Managed Care Advisory Committee

Mental Health Split
Benefit, Part 2 –

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Managed Health Network (MHN), Health Net’s Behavioral Health subsidiary – Jessie Blake, Director of Clinical Services, discussed Health Net’s mental health services.

- Members who present with mild to moderate symptoms can call the 24-hour access line. They will be evaluated and receive an appropriate referral.
- No preauthorization is required for regular outpatient services.
- MHN has a robust network in the Sacramento area.
- They offer telehealth for remote members.
- They deliver provider education at provider sites and by phone.
- Providers are encouraged to use MHN clinicians to help determine where a member belongs for services.
- Risk algorithms based on Health Risk Assessments and claims data are used to pinpoint high risk members who may benefit from services.

Molina Healthcare – Blanca Martinez, Director of Case Management, discussed Molina’s mental health services.

- Thank you to County MHP for all their hard work and responsiveness to Health Plans.
- Molina is working to develop a strong Case Management team to help members.
- Case Managers go out to see members in the hospitals, at home, or wherever they are. This helps build rapport with members.

Committee Discussion:

- Dr. Suarez stated that if a 5150 case presents at the clinic, they call 911. He asked how these patients move through that system and transition to care. *Uma: Law enforcement has an assigned clinician who decides whether the patient goes to the hospital ED or to the Mental Health Treatment Center. The process is undergoing change. In about one month, the Mental Health Urgent Care Clinic should be open.*
- Sean Atha asked if IPAs would be included in reviewing and providing input on the screening tool. *Uma: The form is very similar to San Diego’s, which has been in use for years, so there should be confidence in the tool. Plans and MHP have invested substantial work to launch the tool. IPA review will delay implementation. If others feel that IPA input is necessary, then we can delay implementation.*
- Dr. McWaine commented that Anthem has been training IPAs on a variety of initiatives, but it did not occur to him to talk to them about the screening tool. He thanked Sean for raising the issue, and indicated they would add it to the presentations to IPAs.

Sacramento Medi-Cal Managed Care Advisory Committee

	<p><u>Next Steps:</u> Sandy thanked the Plans and County MHP for their work on the bi-directional referral process. Plans and MHP were requested to send the following to Sandy or Sherri Chambers:</p> <ul style="list-style-type: none"> • Let us know if it is decided to solicit IPA feedback on the screening tool; • Send forms, processes, and target date for the screening tool and bi-directional referral form. 	
Public Comment	There was no public comment.	
Closing Remarks and Adjourn	<p><u>Next Meetings</u> – Sandy Damiano announced:</p> <p><u>Care Coordination Work Group Meeting</u> on December 4 (<i>Note: Meetings are off-cycle due to the holidays</i>) – Plans will present high utilizer data for the first half of 2017, we will begin planning for 2018, and we would like Aetna to provide status updates at both the December and January meetings.</p> <p><u>Medi-Cal Managed Care Committee Meeting</u> on January 22, 2018 – Agenda is not yet finalized, however, we will review Committee work in 2017, continue planning for 2018, review data, and have other items to be decided later.</p> <p>Sandy thanked everyone for attending and participating in today’s meeting. <i>Special thanks to all of the Presenters!</i> With no additional business to discuss, the meeting adjourned.</p>	
Next Meetings	<p><i>Medi-Cal Managed Care Advisory Committee Meeting</i> Monday, January 22, 2018 / 3:00 – 5:00 PM DHHS Admin Building 7001-A East Parkway, Conference Room 1</p>	<p><i>Care Coordination Work Group Meeting</i> Monday, December 4, 2017 / 3:00 – 5:00 PM DHHS Admin Building 7001-A East Parkway, Conference Room 1</p>