Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes
February 26, 2018, 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	X	Health Plan – Abbie Totten for Jane Tunay
X	Advocate – Hillary Hansen	X	Health Plan – Cathy Lumb-Edwards
X	Beneficiary – J.R. Caldwell, Sr.	X	Health Plan – Vivian Urquizu
X	Clinic – J. Miguel Suarez, MD	X	Health Plan – Chet Uma for Jeff Dziedzic
X	Clinic – Jonathan Porteus, PhD	X	Health Plan – Kevin Kandalaft
	DHA – Mary Behnoud	X	Physician – Marvin Kamras, MD
X	DHHS – Sherri Heller, EdD		Physician – Ravinder Khaira, MD
X	DHHS, Behavioral Health – Uma Zykofsky	**EX-OFFICIO MEMBERS**	
X	Hospital – Rosemary Younts	X	Health Care Options – Lili Zahedani
X	Hospital – Tory Starr		County Board of Supervisors – Lisa Nava
	Hospital – Laura Niznik Williams – *Excused*	**PRESENTER**	
X	IPA – Sean Atha	X	Stan Rosenstein, Health Management Associates

Staff: Sherri Chambers

Sacramento Medi-Cal Managed Care Advisory Committee

Committee Members (18) / Presenter (1) in Attendance: 19

Public in Attendance: 31

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, Committee Work for 2018, Medi-Cal Managed Care Models PowerPoint, GMC Model Information, Medi-Cal Managed Care Dashboard Excerpts, CAHPS® Survey Report Excerpts, and GMC Model Brainstorm Summary. • *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 Review: Announcements and Data, Managed Care Models Presentation, GMC Model Discussion, and Public Comment.
Announcements and Data – *Sandy Damiano and All*	Sandy Damiano provided announcements and reviewed data. *All handouts are posted on the website.* Announcements: • Retirement – Dr. Sherri Heller is retiring effective April 28. Dr. Heller stated she has two more months and intends to work throughout. • County Department of Health & Human Services Reorganization – The Board of Supervisors approved a change in the county structure. Effective March 18, DHHS will become two new departments. The Department of Child, Family and Adult Services will have Child Protective Services, Adult Protective Services, and In-Home Support Services Divisions. The Department of Health Services will have Primary Health, Public Health and Behavioral Health Divisions. Correctional Health is moving from the Sheriff's department to Primary Health. • Committee Work for 2018 – Final (*posted on the website*) – The proposed topics were reviewed at both the Medi-Cal Managed Care Committee and the Care Coordination Work Group. Very little feedback was received, so the list was finalized and will be used for planning meeting topics. Can be modified if needed. Data: • GMC Enrollment Data (*posted*) – As of February 1, the total enrollment was **430,174**, with a net increase of 2,126 members over the previous month. All plans had increases except Health Net and Molina. The default rate was 33%, again the lowest in the state. San Diego's default rate – 42%.

Managed Care Models – *Stan Rosenstein*	Sandy welcomed Stan Rosenstein, Health Management Associates, who has worked with the County on multiple projects over the years. Stan has many years of experience including his prior role as the State DHCS Medicaid Director. He is a subject matter expert on Medi-Cal and Medicaid. Stan provided a PowerPoint Presentation (PPP) on Medi-Cal Managed Care Models. *See PPP slides for details (posted)*. Key Points: • There are four basic models operating in the State at this time. ✓ Geographic Managed Care (GMC) – Only in Sacramento and San Diego. The State contracts with multiple commercial plans. ✓ County Organized Health System (COHS) – A single Medi-Cal managed care plan in the county. County government either creates an independent public authority or contracts with an existing COHS. The Board of Supervisors establishes the governing board of the COHS. Each COHS has authority in federal law. ✓ Two Plan – One plan is the Local Initiative (created or selected by the County), and the other is a commercial plan selected by the State. The Local Initiative plan can be created by the County as an independent public authority, or the County can select a commercial plan to operate as the Local Initiative. ✓ Regional Model – Two commercial plans. Mostly in rural counties. • Model Choice – In the early 1990s the State chose Sacramento County for a pilot program to test mandatory managed care. At the time, the Two Plan model had not been created and Sacramento was not interested in a COHS. When the State went to implement GMC and COHS in the remaining large counties, they faced resistance. The Two Plan Model was created. No county has changed models once implemented. • Model Change – Any would require federal approval and a change in state law. 1) Moving to COHS would require a change in federal law. COHS models provide more local control and have been successful. However, the required law change and implementation could take 2-4 years. 2) Two Plan models provide more local control and have been successful. However, implementation could take 1-2 years. • Improve GMC – Could work with the State to develop solutions to problems, or could ask the State to reduce the number of plans in Sacramento GMC. First, the County would need to clearly articulate the problems. Questions & Answers: • How does federal law limit COHS models? *Stan: Federal law limits the number of COHS a state can have. California can add one, but it belongs to Merced. There is also a limit on the total population served by COHS, and California is near that limit.*

	• Do COHS have Knox-Keene license requirements? *Stan: Not required, but all COHS except one have chosen to be licensed.* • Are COHS financially backed by the counties? *Stan: No, the county is not liable. At times, COHS have had financial problems. Counties have chosen to assist in some circumstances.* • How is quality better under COHS? *Stan: HEDIS scores are fairly high in COHS, and patient satisfaction scores are high. Provider satisfaction is much higher in COHS. However, there are a few commercial plans with higher HEDIS scores than COHS.* • Do COHS have mandatory enrollment for most groups such as SPDs, etc.? *Stan: COHS have greater enrollment than the other models. Everyone is enrolled in the plan as soon as Medi-Cal is approved.*
GMC Model Discussion – *Sandy Damiano and All*	Introduction: Sandy recapped last month's GMC model discussion and provided additional information requested last meeting. In addition to the structured brainstorm process, members also asked about any literature or data on the GMC topic. Sandy reviewed the GMC Model Information handout (*see handout posted on the website for details*): • CHCF 2009 – GMC is fragmented and a burden on providers, but increased access over fee-for-service. • CHCF 2012 – Advisory group convened to address dissatisfaction. "Will the model survive?" • Manatt 2016 – Barriers include fragmented delivery system and lack of accountability. Is structural reform needed? • Health Access 2018 – Public plans outperform commercial plans where they compete head-to-head. • ITUP 2018 – Fragmented care, displaced accountability. Need to manage better. Links to the articles will be provided on the email distribution blast along with links to committee materials. Data: Members also asked for data on managed care models. Sandy reviewed excerpts from the Medi-Cal Managed Care Performance Dashboard and the CAHPS Medicaid Managed Care Survey Report (*posted on the website*): • Dashboard – GMC members file more grievances than the other models. In the 2017 HEDIS Aggregated Quality Factor Scores, Kaiser was high-performing while other Sacramento plans were below average. • CAHPS® – Consumer survey completed in 2016 shows Kaiser was top-rated for both adults and children. Other Sacramento plans were below the Medi-Cal Managed Care average.

Sacramento Medi-Cal Managed Care Advisory Committee

GMC Model Discussion – *Sandy Damiano and All*	Last Month Meeting Recap: Last meeting, the Committee engaged in a structured brainstorm process to address three questions: 1) What is working? 2) What is not working? 3) What changes are needed? *See Structured Brainstorm Exercise posted on the website with January meeting materials for committee responses*. Feedback was then grouped into themes. Sandy reviewed the GMC Structured Brainstorm Summary (*posted on the website*): • What is working? – The Medi-Cal Managed Care Committee, collaboration, quality, choice, miscellaneous. • What is not working? – Complex system, confusing, access, lack of standardization, quality, contracting. This will be the subject of today's discussion. Process: We will look at each theme in the handout under "What is not working." *(See GMC Model: Structured Brainstorm Summary posted on the website for details.)* Committee members will provide feedback on whether the issue is due to managed care, to the GMC model, or other (specify). The format will be open discussion. Committee Discussion: Sandy facilitated the discussion on themes under what is not working. Sherri Chambers documented the responses on easel pads. This document (along with the GMC Model: Structured Brainstorm Summary document) will provided at the next meeting. Next Steps: • Sandy asked if members wanted to continue the topic to next meeting. Brian Jensen is scheduled to present on Health Information Exchange, but we could discuss GMC for the remainder of the meeting. Members wanted to continue the topic. Both documents will be provided at the next meeting. • Sherri Chambers will send out links to the articles referenced during the meeting.
Public Comment	Karen Giordano, Sacramento County Refugee Health Clinic Manager – The Refugee Health Clinic served over 5,400 refugees last year. Staff appreciates the resources provided by the committee staff and posted on the website. However, they continue to encounter difficulties in accessing language and interpretation services. It is difficult with four different forms for transportation and four-six different phone numbers for interpretation. It would be great if plans could standardize the forms. Another problem is sometimes the plan returns the transportation form because the member is pending or denies the form due to missing information. Karen hopes we can work together to better serve the population.

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Public Comment	Janice Milligan, River City Medical Group – Janice has worked in San Diego, and there are huge differences from Sacramento. San Diego has all the providers participating. Not true in Sacramento, especially UC Davis. If San Diego did not have UC San Diego, they would have the same problem we have with patients being sent out of county. As large as we are, we still send a significant amount of care to the Bay Area. If not attached to a health system, you cannot go to that facility (both Medi-Cal and commercial). They will not send you to their competitors. Additionally, San Diego received money for staffing and has a stronger charter for its advisory group. During the last procurement, San Diego rejected one of the plans. Sandy added that when the Medi-Cal Managed Care Committee was formed, she asked the State for money like San Diego. The State could not provide funding due to the recession. The State was unwilling to make structural changes similar to San Diego. The State also denied Sandy's request for county participation in the most recent procurement.	
Closing Remarks and Adjourn	Next Meetings – Sandy Damiano announced: Medi-Cal Managed Care Committee Meeting on March 26 – Brian Jensen of the Hospital Council will provide an update on Health Information Exchange, and we will continue the GMC Model Discussion topic. Care Coordination Work Group Meeting on April 23 – We have tentatively scheduled a presentation on City & County Homeless Initiatives by Emily Halcon and Cindy Cavanaugh. Plans will report back on their refined data parameters for the high utilizer data pull. 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*** **Monday, March 26, 2018 / 3:00 – 5:00 PM** DHHS Admin Building 7001-A East Parkway, Conference Room 1	***Care Coordination Work Group*** **Monday, April 23, 2018 / 3:00 – 5:00 PM** DHHS Admin Building 7001-A East Parkway, Conference Room 1