Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes
September 24, 2018, 3:00 PM – 5:00 PM

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

COMMITTEE MEMBERS			
X	DHS, Primary Health – Sandy Damiano, PhD – Chair		Hospital – Rosemary Younts – *Excused*
	Advocate – Todd Higgins – *Excused*	X	Hospital – Tory Starr
X	Advocate – Hillary Hansen	X	Hospital – Trina Gonzalez
	Beneficiary – J.R. Caldwell, Sr. – *Excused*	X	IPA – Sean Atha
X	Clinic – J. Miguel Suarez, MD		IPA – Paveljit Bindra, MD
X	Clinic – Jonathan Porteus, PhD		Physician – Marvin Kamras, MD
	DHA – Ethan Dye	X	Physician – Ravinder Khaira, MD
	DHS, Behavioral Health – Uma Zykofsky – *Excused*	**EX-OFFICIO MEMBERS**	
X	Health Plan – Les Ybarra	X	Health Care Options – Lili Zahedani
X	Health Plan – Abbie Totten	**PRESENTERS**	
X	Health Plan – Cathy Lumb-Edwards	X	Anna Berens, Coalition for Compassionate Care of CA
X	Health Plan – Ashley DeLanis	X	Judy Thomas, Coalition for Compassionate Care of CA
X	Health Plan – Jeff Dziedzic	X	Robert Moore, MD, Partnership HealthPlan
X	Health Plan – Kevin Kandalaft	X	Beau Hennemann, Anthem Blue Cross
		X	Marvin J. Gordon, MD, Health Net

Staff: Sherri Chambers

Sacramento Medi-Cal Managed Care Advisory Committee

Committee Members (15) / Presenters (5) in Attendance: 20

Public in Attendance: 32

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. *A special welcome to guest Dr. Peter Beilenson, the new County Director of Health Services.* • Materials: All members received copies of the Agenda, GMC Enrollment Data, Zip Code Data, Coalition for Compassionate Care of CA Palliative Care PowerPoint, Partnership HealthPlan Palliative Care PowerPoint, and Health Net Home Based Palliative Care slides. • *Materials are posted on the website.* Website link: www.SacGMC.net • Agenda Review: Announcements and Data, DHCS Care Coordination Assessment Project Update, Palliative Care, and Public Comment.
Announcements and Data – *Sandy Damiano*	Sandy Damiano provided announcements and reviewed data. *All handouts are posted on the website.* Data: • GMC Enrollment Data (*posted*) – As of September 1, the total enrollment is **422,061**, a net decrease of 38 members from the previous month. UnitedHealthcare enrollment was not reported. Aetna and Anthem had increases, the other plans had small decreases. This does not represent the total churn, as there are many enrollments and disenrollments per plan each month. The default rate was 33%, the lowest in the state. Comparable county San Diego's default rate was 40%. • Zip Code Data (*posted*) – DHA pulled data from the CalWIN computer system on 9/1/18. *Thank you DHA!* The report shows Medi-Cal enrollment by zip code for each month from January – August 2018. The data includes managed care and fee-for-service beneficiaries. The zip codes with the largest Medi-Cal enrollment are in South Sacramento and Del Paso Heights, all with consistently high rates of poor health outcomes. Announcements: • Health Homes Follow-Up – *Thank you to Beau Hennemann of Anthem for last month's presentation*. Based on lessons learned during San Francisco implementation, plans need to start early and collaborate with one another. The goal is a unified approach. Will discuss at the October meeting. Key dates: o March 1, 2019 – Policies & procedures due to DHCS.

Announcement and Data – *Sandy Damiano*	o May 1, 2019 – Network due. o July 1, 2019 – Sacramento implementation for members with chronic conditions and SUD. • UnitedHealthcare (UHC) – Sacramento members received first and second notices of UHC's October 31 exit. For members who do not choose a new plan, the default logic will attempt to assign them with the same provider / network. UHC members will be allowed to request exemption from managed care like new members, as long as they meet exemption criteria. • Annual Network Certification – Plans that did not fully meet time and distance standards were placed under a Corrective Action Plan (CAP). This included all Sacramento GMC plans except Kaiser and Molina. Plans have six months to correct deficiencies and must report progress monthly to DHCS. DHCS also completed "secret shopper" survey calls for all plans under a CAP. All plans passed in the first round except CareFirst (San Diego GMC). • All Plan Letters – DHCS sent out DRAFT revisions of APL 17-015, *Palliative Care*, and APL 15-019, *Continuity of Care for Members Who Transition into Medi-Cal Managed Care*. Both are revised to incorporate children's services, as the Pediatric Palliative Care Waiver ends 12/31/18. Feedback is due to DHCS by 9/28/18. DHCS posted APL 18-014, *Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care* (supersedes APL 17-016). Key change: Plans must screen adult members annually for alcohol misuse.
DHCS Care Coordination Assessment Project Update – *Abbie Totten and Sean Atha*	Sandy Damiano reported that Abbie Totten and Sean Atha were selected by DHCS to serve on the statewide Care Coordination Work Group. Abbie and Sean provided an update on the DHCS Care Coordination Assessment Project. See the DHCS website for details. Link: https://www.dhcs.ca.gov/services/Pages/Care-Coordination-Assessment-Project.aspx Key Points: • DHCS is evaluating coordination of care for Medi-Cal beneficiaries across delivery systems. • Work group members represent about 50 organizations. They engage in structured conversation. • Major topics include carved out services and "assessment fatigue." Exploring how to improve alignment. • Discussed the pros and cons of NCQA accreditation. • Next meeting topic: Fee-for-service delivery system. Should there be a uniform benefit package? • Future topic: Funding flexibility. Example: "In lieu of" services are allowable under federal law, but the State has not moved forward. • Work group members have the opportunity to submit additional information outside of the meetings.

	Discussion: • Are the discussions similar to our GMC model discussions? *Abbie stated that the issues we identified with the GMC model are common themes being discussed. The focus is alignment across systems, not model change. Sandy met with DHCS officials in June. They noted the themes were consistent across the state and were not specific to GMC. They viewed the Care Coordination Project as a means to address these issues.* • Home health agencies and nursing facilities are not represented on the work group. Is their voice heard? *Abbie/Sean: Their perspective is shared through high level associations. Also through public comment.*
Palliative Care – *Coalition for Compassionate Care of California, Partnership Health Plan & GMC Plans*	Sandy welcomed Anna Berens and Judy Thomas with Coalition for Compassion Care of California, Robert Moore MD with Partnership HealthPlan, and the GMC Plan presenters. As of January 1, 2018, Medi-Cal Managed Care Plans are responsible to provide palliative care to their members. Links to the All Plan Letter and a California Health Care Foundation brief were sent out to stakeholders with the email blast. **Anna Berens, Program Director, Coalition for Compassionate Care of California (CCCC),** introduced the topic. She noted that there are many overlapping programs and entities, and some of the disease states overlap with the Health Homes Program. With the SB 1004 legislation and so many different entities trying to reach out to sick members, it is the right time to see how palliative care fits in. **Judy Thomas, CEO, CCCC,** provided a PowerPoint Presentation on Making the Case for Palliative Care. *See PPP slides posted on the website.* Key Points: • CCCC has been around for 20 years. They work to change the culture about serious illness and palliative care. One effort involved working toward consistent standards across lines of business. • SB 1004 – Legislation requiring Medi-Cal Managed Care Plans to provide access to palliative care. • Key Elements – Multidisciplinary team, informed decision-making, symptom and medication management. Focus is on the whole person. • Hospice – Must have a prognosis of 6 months or less and must forego curative treatment. • Palliative Care – Any time during illness and can be combined with curative treatment. • Care Model under SB 1004 provides for a gradual shift over time to less curative care and more palliative care.

Palliative Care – *Coalition for Compassionate Care of California, Partnership Health Plan & GMC Plans*	• Data indicates symptoms, hospitalization, and ED visits decreased with palliative care services. • Sufficiency – defined as capacity as a percentage of need. Sacramento has inpatient palliative care sufficiency of 80%, but community based sufficiency of only 31%. Discussion: • Are there programs we can look to as best practices? *Judy: Resolution Care, Aim (Sutter), Sharp (San Diego), and Collabria Care (Napa) are a few.* • How can the community prepare? *Judy: CCCC and partners work to educate the public. It helps the system when patients are prepared.* **Robert Moore MD MPH MBA, Chief Medical Officer, Partnership HealthPlan (PHP),** provided a PowerPoint Presentation on PHP's implementation of SB 1004. *See PPP slides posted on the website.* Key Points: • Managed Care Model – PHP is a County Organized Health System (COHS). One plan, government control. • Partners in Palliative Care (PIPC) – PHP's outpatient pilot program that started in 2015. They had four provider partners, six covered diagnoses, and several criteria for participation in the pilot. • Pilot Services – Multiple assessment and support services were included. They found that 24/7 telephonic support was critical to reduce unnecessary ED utilization. • Member Satisfaction – Very high. • Cost Savings – About $3 of hospital costs were avoided for each $1 spent in the PIPC pilot. • Major Challenge – Identifying and enrolling members. • New with SB 1004 – State payment for Intensive Outpatient Palliative Care. • Post Pilot Program – Engagement criteria aligned with SB 1004. No Medicare or other primary insurance. Four covered diagnoses (cancer, congestive heart failure, COPD, advanced liver disease). Enrollment criteria includes life expectancy of one year or less. • Authorization – No prior authorization required for assessment. Prior authorization required every three months for other services. The short timeframe allows for members who may improve and graduate from the program. • Quality Reporting – Contracted with Palliative Care Quality Network (PCQN) through UCSF. • Challenges – Variable penetration rates (from 16 per 10,000 in Humboldt to nearly zero in Solano & Sonoma). • Strategies – Build relationships (hospitals, local press, etc.)

Palliative Care – *Coalition for Compassionate Care of California, Partnership Health Plan & GMC Plans*	Discussion: • Was there a challenge finding enough providers? *Dr. Moore: That was true in Solano County. Statewide implementation all at once strained the delivery system. May also happen with Health Homes.* • What is the volume of members served? *Dr. Moore: Currently 127 enrollees. About 1 per 1,000 adults would be fairly robust. In Sacramento, with about 300,000 adults, 300 enrollees would be expected.* • Is PHP looking to expand? *Dr. Moore: We have a network in all 14 counties. In the rural north, the model used is a combination of in-person and telephonic.* • Some people graduate from the program? *Dr. Moore: Yes, some improve with palliative care. We offer step-down programs.* • Tory Starr noted the missing piece had been the payment source. Best practices will now be developed. **Health Net – Marvin J. Gordon, MD, Regional Medical Director,** provided an overview of Health Net's palliative care program. *See handout posted on the website.* • Palliative care program has been in place for about 4 years. 40 new members referred in August. • Common misconception – It is not hospice. Palliative care is for any stage of the disease. • Focus – It is care for the whole person. Coordination is key. • Referral criteria – Hospitalizations/ED visits, severe progressive disease, top 1% based on claims data, etc. • SB 1004 criteria are more stringent – only four diagnoses. • Research showed early palliative care resulted in fewer hospitalizations/ED visits and longer survival. • Services – Seven required core services. They believe 24/7 telephonic support is also important, though not a required service. • Lessons – Focus on members with high utilization, build relationships with vendors, and communicate. • Results – About 2/3 of patient deaths occurred at home vs. about 2/3 in the hospital without the program. Program enrollees had a 28% decrease in acute care costs and a 30% decrease in ED costs. Overall, cost savings are seen for about 2/3 to 3/4 of program enrollees. It is very cost effective. Discussion: • How can providers refer members to the program? *Dr. Gordon: Dr. Lee and I will be in Sacramento to explain the program. We are meeting with ProHealth, hospitals, physicians, etc. If you think you have a member, call one of our nurses. Abbie: To ensure it is a robust program, we are not delegating palliative care.*

Palliative Care – *Coalition for Compassionate Care of California, Partnership Health Plan & GMC Plans*	**Anthem Blue Cross – Beau Hennemann, Director of Special Programs,** provided an overview of Anthem's palliative care program. • Model – They built a community-based palliative care model, similar to other plans. Palliative care is not delegated. The contracted vendor provides all core services and coordinates with the primary care provider and any specialists so that services are integrated. • New program – They did not have a palliative care program in California until SB 1004 implementation. • Enrollment – Currently about 186 enrollees in 29 counties. 43 enrollees in Sacramento. A little lower than 1 in 10,000. It was challenging in the first few months, but enrollment efforts are now starting to pay off. • Identification – Members are identified through algorithms, referrals from external providers, utilization management and case management referrals, etc. Currently focusing on how partners can refer members. • Savings Models – Looking at how to build out. The State required the services, but did not provide additional funds. So far, it looks promising. **Molina – Ashley DeLanis** provided an overview of Molina's palliative care program. • Information Sessions – In San Diego and Imperial, they invited high volume primary care providers and specialists to several sessions to learn about the program. They saw an uptick in referrals following the sessions. Getting ready to roll out in Sacramento. **Kaiser – Cathy Lumb-Edwards** provided an overview of Kaiser's palliative care program. • Model – Similar to Health Net and Anthem, except that as a hospital system, they have inpatient palliative care as well as outpatient. • Eligibility Criteria – All diagnoses are eligible, not just the four required by the State. • Services provided in clinic, telephonically, and by home visit. • Identification – Northern California registry, direct provider referrals. **Aetna – Jeff Dziedzic** provided an overview of Aetna's palliative care program. • As a new plan (live since January 1), key issues are data and identifying patients. Two members were identified in the last week.
Public Comment	None.

Sacramento Medi-Cal Managed Care Advisory Committee

Closing Remarks and Adjourn	Next Meetings – Sandy Damiano announced: Care Coordination Work Group Meeting on October 22 – Will discuss Health Homes Program and GMC issues. Other topics may be added. Medi-Cal Managed Care Committee Meeting on December 3 – *Reminder: This meeting is off cycle due to the holidays. There is no meeting in November.* Sandy thanked everyone for attending and participating in today's meeting. *A special thanks to all presenters and guests.* With no additional business to discuss, the meeting adjourned.	
Next Meetings	***Care Coordination Work Group*** **Monday, October 22, 2018 / 3:00 – 5:00 PM** DHS Admin Building 7001-A East Parkway, Conference Room 1	***Medi-Cal Managed Care Advisory Committee*** **Monday, December 3, 2018 / 3:00 – 5:00 PM – *Off cycle*** DHS Admin Building 7001-A East Parkway, Conference Room 1