

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

December 3, 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 – <i>Chair</i>		Hospital – Tory Starr
X	Advocate – Todd Higgins	X	Hospital – Trina Gonzalez
X	Advocate – Hillary Hansen	X	Hospital – Brian Heller de Leon
X	Beneficiary – J.R. Caldwell, Sr.	X	IPA – Sean Atha
X	Clinic – J. Miguel Suarez, MD	X	IPA – Paveljit Bindra, MD
X	Clinic – Jonathan Porteus, PhD	X	Physician – Marvin Kamras, MD
X	DHS, Behavioral Health – Stephanie Kelley for Uma Zykofsky	X	Physician – Ravinder Khaira, MD
X	Health Plan – Les Ybarra	EX-OFFICIO MEMBERS	
X	Health Plan – Jane Tunay for Abbie Totten	X	Health Care Options – Lili Zahedani
X	Health Plan – Cathy Lumb-Edwards	PRESENTERS	
X	Health Plan – Ashley DeLanis	X	Meredith Chillemi, LifeSTEPS
X	Health Plan – Jeff Dziedzic	X	Paul Dobrovolsky, Nivano Physicians
	Hospital – Rosemary Younts – <i>Excused</i>	X	Lori Miller, DHS Behavioral Health

Staff: Sherri Chambers

Sacramento Medi-Cal Managed Care Advisory Committee

Committee Members (19) / Presenters (3) in Attendance: 22

Public in Attendance: 25

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>Materials</u>: All members received copies of the Agenda, 2019 Meeting Calendar, Medi-Cal Managed Care Committee Membership Roster, LifeSTEPS PowerPoint Presentation, Nivano Physicians PowerPoint Presentation, Committee Activities in 2018, and DRAFT Committee Work for 2019. Imperial Health Holdings provided a PowerPoint that was not included in meeting packets but is posted on the website. • <i>Materials are posted on the website.</i> Website link: www.SacGMC.net • <u>Agenda Review</u>: Announcements, LifeSTEPS Thriving in Place Program, Nivano Physicians, Imperial Health Holdings, Health Homes Unified Approach, DHCS Care Coordination Assessment Project Update, Drug Medi-Cal Organized Delivery System Update, 2019 Committee Planning, and Public Comment.
<p>Announcements – <i>Sandy Damiano and All</i></p>	<p>Sandy Damiano provided the following announcements. <i>All handouts are posted on the website.</i></p> <p><u>Announcements</u>:</p> <ul style="list-style-type: none"> • <u>2019 Meeting Calendar</u> – Included in packets and posted on the website. Sandy reminded members to add meetings to their calendars. We do not send appointments. Meetings are off-cycle in May and December. • <u>GMC Enrollment Data</u> – DHCS completed a procurement and Maximus has been awarded a new contract effective October 1. As a result, enrollment data was not provided for November. The State is checking on future availability of the COPS-25 report. We will transition to the State’s capitation reports for our enrollment data. <i>The data differs because the reports are pulled at different times.</i> • <u>Committee Membership</u> – Sandy reviewed the current roster (<i>posted on the website</i>). Changes include: <ul style="list-style-type: none"> ○ Brian Heller de Leon is the new hospital representative for Kaiser. (Replaced Carol Serre) ○ DHA decided to retire their seat but will provide reports and attend meetings on an ad hoc basis. ○ UnitedHealthcare was removed. ○ Dr. Khaira will only sit on the Medi-Cal Managed Care Committee. ○ Uma Zykofsky is leaving county service in January. She has been leading many initiatives and this is a huge loss for the county. DHS will appoint an interim Behavioral Health Director and begin recruiting for her replacement. <i>The Committee will miss Uma’s participation. Best wishes!</i>

Sacramento Medi-Cal Managed Care Advisory Committee

<p>Announcements – <i>Sandy Damiano and All</i></p>	<ul style="list-style-type: none"> • <u>GMC Model</u> – Sandy announced that Senator Pan is convening another stakeholder meeting in early 2019 to discuss managed care issues in Sacramento County. Dr. Beilenson is a co-convenor. Dr. Pan hosted a convening with Sierra Health and Health Access last April. Sandy will bring back updates. • <u>All Plan Letters</u> – See the DHCS website for details: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx <ul style="list-style-type: none"> ○ <u>Diabetes Prevention Program</u> (APL 18-018) – Plans must cover and make the program available to eligible members effective January 1, 2019. ○ <u>Family Planning Services Policy for Self-Administered Hormonal Contraceptives</u> (APL 18-019) – Clarifies that plans must cover a 12-month supply from qualified providers including out-of-network providers. • <u>Moment of Silence</u> – At the request of J.R. Caldwell, Sr., all attendees observed a moment of silence for the victims of the Camp Fire in Paradise. Sandy thanked everyone who has worked to help victims of the fire.
<p>LifeSTEPS Thriving in Place Program – <i>Meredith Chillemi</i></p>	<p>Sandy welcomed Meredith Chillemi, Director of Aging & Education Services with LifeSTEPS. Meredith provided a PowerPoint Presentation on LifeSTEPS Thriving in Place Program. <i>See PowerPoint slides posted on the website.</i></p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>LifeSTEPS</u> is a non-profit organization founded in 1996. They provide social services in 320 apartment complexes statewide with 48 in Sacramento. About half are senior communities. • <u>“Aging in Place”</u> – The ability to live and age in one’s own home. • <u>Link between housing and health</u> – Opportunities exist within housing to affect 70% of the determinants of health outcomes. They want to expand their social services focus to have a positive impact on that 70%. • Many of their residents have <u>health access barriers</u> that lead to unmet needs, hospital readmissions, and inability to thrive in place. • <u>Collaboration</u> – They partnered with USA Properties to work on the problem of residents not thriving in place. • <u>Pilot program</u> – Employed a RN to provide education and case management at 3 senior complexes. On-site case managers were already in place to provide social services. Staff work with residents to improve health behaviors, honest communication with physicians, and following health advice. • <u>Chronic Conditions</u> – Many residents have multiple chronic conditions. Staff provide education. • <u>Outcomes</u> – The program is yielding 200 positive outcomes per month (care plans, linkages, etc.). • <u>Next Steps</u> – Looking to partner with health plans to fund on-site housing RN and Service Coordinators. • <u>Contact</u> – meredith@lifestepsusa.org for more information.

Sacramento Medi-Cal Managed Care Advisory Committee

<p>LifeSTEPS Thriving in Place Program – Continued</p>	<p><u>Questions & Answers:</u></p> <ul style="list-style-type: none"> • What is the total population you work with in Sacramento? <i>Meredith: 14,000 residents in 50 complexes. 11,000 are in multi-family housing and 3,100 are in senior or special needs housing. The average age was 62, but is now 79, which shows they are aging in place. However, they have higher needs.</i> • What are the income levels served? <i>Meredith: All are low income. About 50% qualify for Medi-Cal.</i> • Is there a plan for the older population (80+)? <i>Meredith: Would like to partner to figure out the best approach.</i> • The program is available in how many counties? <i>Meredith: Nearly all counties.</i>
<p>Nivano Physicians- Paul Dobrovolsky</p>	<p>Sandy welcomed Paul Dobrovolsky, Director of Network Operations with Nivano Physicians. Paul provided an overview of Nivano Physicians’ current structure and services. <i>See PowerPoint slides posted on the website.</i></p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>New Leadership</u> – All new team including CEO Sarath Artham. • <u>Prior issues</u> – 1) Financial – Clinic-based model did not generate sufficient volume so needed to be reconfigured. 2) Internal differences. • <u>Current status</u> – All deficiencies were resolved. Membership: 37,000 lives in 9 counties, 16,000 in Sacramento. Plans: Anthem & Aetna. Would like to expand partnerships. • <u>Contracts</u> – 300 primary care providers, 500 specialists. Rheumatology, endocrinology available in Roseville. • <u>Expansion</u> – Working to acquire Hispanic Physicians, a Southern California IPA. • <u>Focus on technology</u> – Text messaging service, live chat function & phone app for physicians, etc. • <u>Reporting</u> – Detailed reports available through QualMetrix licensed products. • <u>Case Management</u> – Monitor and coordinate care for members with high utilization and/or complex needs. • <u>Virtual Examiner</u> scrubs claims data and helps identify gaps in care. • <u>Encounter Management</u> – 85% of claims are submitted within 60 days. • <u>HEDIS Data</u> – They have their own repository that pulls data from provider EMRs. Reduces issues with low scores due to lack of data. <p><u>Questions & Answers:</u></p> <ul style="list-style-type: none"> • What is Nivano’s top accomplishment? <i>Paul: Network expansion. We brought in hard to find specialties such as endocrinology, pediatric neurology, & cardiology. Also, integration of different technologies to better care for patients.</i>

Sacramento Medi-Cal Managed Care Advisory Committee

	<ul style="list-style-type: none"> • What if providers and/or patients lack access to Nivano’s technological resources? <i>Paul: Technological tools are a resource for providers, but not mandatory. The goal is to reduce provider workload. We work with local groups to reach patients who lack access to technology.</i>
<p>Imperial Health Holdings Medical Group – <i>Pavel Bindra, MD</i></p>	<p>Sandy welcomed committee member Pavel Bindra, MD, CEO, Imperial Health Holdings Medical Group. Sandy noted that IPAs River City Medical Group, Hill Physicians, and EHS presented a few years ago. Dr. Bindra provided an overview of Imperial’s philosophy and services. <i>See PowerPoint slides posted on the website.</i></p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>Thank you</u> to staff members Jason Daniel and Veronica Van Orman, and stakeholders Jonathan Porteus, Dr. Kamras, and Les Ybarra for contributing to Imperial’s success. • <u>Operations</u> in 15 counties statewide. Medi-Cal members served in 4 counties. • <u>Sacramento County</u> – Contracted with Anthem. • <u>Collaborations</u> – UC Davis, Sutter, Dignity, and all FQHCs. Network extends to Bay Area. • <u>Goal</u> – To deliver value. • <u>Approach</u> – They use a medical home concept and a holistic approach to care. • <u>Comprehensive Case Management Team</u> works to make the connections to various resources. • <u>Gift</u> – Dr. Bindra presented a copy of the book he authored entitled, <i>The Core Elements of Value in Healthcare</i>, to Sandy Damiano for DHS.
<p>Health Homes Unified Approach – <i>Health Plans</i></p>	<p>Health Plan representatives provided an update on the Health Homes Program (HHP) Unified Approach. <i>The Town Hall PowerPoint is posted on the website with today’s meeting materials.</i></p> <p><u>Joint Town Hall Meeting</u> (Nov 9) – Les Ybarra reported that the meeting’s purpose was to bring in organizations who may be interested in being a Community Based Care Management Entity (CB-CME). Plans realized there is much work to do, especially around alignment. Plans agreed to keep Health Homes in the discussion in multiple forums. They also want to encourage potential CB-CMEs to participate.</p> <p><u>Next Steps</u> – Jane Tunay reported that the next step is for potential CB-CMEs to return the Letter of Interest, which will then be assessed by the plan. On February 1, the plan will release the HHP Certification Application, and the review process will begin in March. Jeff Dziejczic added that DHCS is monitoring the process closely. <i>Entities interested in applying to be a CB-CME can contact the plan representatives on the committee.</i></p> <p><u>Estimates of Eligible Members</u> – Sandy reviewed each plan’s estimate of HHP eligible members in Sacramento:</p>

Sacramento Medi-Cal Managed Care Advisory Committee

	<ul style="list-style-type: none"> • <u>Anthem</u> – 3,000 members • <u>Health Net</u> – 5,600 • <u>Molina</u> – 3,857 (Ashley DeLanis clarified this number includes members with chronic conditions and SMI). • <u>Aetna</u> – 7-10% of membership (Jeff added that it was difficult to estimate due to their small enrollment). <p>Note: These are estimates only. Actual enrollment will be reported post go-live.</p>
<p>DHCS Care Coordination Assessment Project Update – <i>Sean Atha</i></p>	<p>Sean Atha 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</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • DHCS convened this group to improve the Medi-Cal delivery system. The approach was to learn how care is coordinated in various managed care models. This resulted in in-depth discussions on a range of topics. • Since the 1990s, the program has evolved. Are we doing it right? Do the models make sense? • Top questions – How do we improve the data? What are the major barriers? Do carve outs make sense? • Discussed contracting, shared savings, FQHC payment structures (alternative payment model), etc. • DHCS is looking at building a new procurement document. • Federal support for change may be lacking. DHCS will work diligently on strategies/changes to address issues that have a strong chance of being supported. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Les thanked Sean and Abbie Totten for being vocal and providing good insight as work group members. This work will be influential in how the procurements come out. Hopefully, DHCS gained insight into how complex and siloed the system is currently. • Sandy echoed Les’ comments and added that many recent articles suggest Medi-Cal needs to change. There have been numerous program changes and added populations since Managed Care Medi-Cal was created. They need to look at it comprehensively. DHCS plans on releasing a concept paper in 2019.
<p>Drug Medi-Cal Organized Delivery System Update – <i>Lori Miller</i></p>	<p>Sandy welcomed Lori Miller, Division Manager with Alcohol & Drug Services, County Behavioral Health. Lori provided an update on the County’s implementation of the Drug Medi-Cal Organized Delivery System waiver.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • The State conducted a readiness review in November. Overall, the County did well. • Final documents are due to the State in January. State will send documents to CMS for approval.

Sacramento Medi-Cal Managed Care Advisory Committee

<p>Drug Medi-Cal Organized Delivery System Update – <i>Continued</i></p>	<ul style="list-style-type: none"> • Current work includes finalizing policies, MOUs with health plans, contracts and training for providers and staff. • Hope to complete contract amendments including rates by February. • April 2019 is the target date for implementation. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Everyone is eagerly awaiting better access to substance use disorder services. Lori will be asked for an update prior to go-live.
<p>2019 Committee Planning – <i>Sandy Damiano and All</i></p>	<p>Sandy reviewed and discussed the 2018 and 2019 Committee Planning documents. <i>Both are posted on the website.</i></p> <p><u>Committee Activities in 2018</u> – No members had changes for this document. <i>Sandy Damiano thanked Les Ybarra for his leadership role as Chair in the Care Coordination Work Group.</i></p> <p><u>Committee Work for 2019 DRAFT</u>– Sandy reviewed the draft document and solicited changes.</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Jeff Dzedzic suggested adding Diabetes Prevention Program. A lot of work is needed. • Jonathan Porteus requested adding transfer of patients between County Mental Health Plan & Health Plans (medical homes). Also would like to look at efforts around prevention. • Les suggested there may be interesting opportunities around data if we look at the Emergency Department Information Exchange (EDIE). Les also requested feedback about resuming the ROI Work Group. • Jeff Dzedzic – Work on the ability to geographically track individuals experiencing homelessness. Would like health plans to have access to the homeless database. • Sean Atha – Access issues, especially for the hard to find specialties. There is renewed interest in working with hospital systems for those services. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • Sandy and staff will revise the 2019 document, send it out to the committee/work group for any other suggestions, and bring it back to the next meeting. • Committee members – Email or call Sandy Damiano or Sherri Chambers if you have something to add, or if you would like to present on a topic either individually or as part of a panel.

Sacramento Medi-Cal Managed Care Advisory Committee

Public Comment	None.	
Closing Remarks and Adjourn	<p>Sandy Damiano announced the next meetings are:</p> <p><u>Care Coordination Work Group Meeting</u> on January 28 – Will focus on High Utilizer Data Reports.</p> <p><u>Medi-Cal Managed Care Committee Meeting</u> on February 25 – Topics to be determined.</p> <p>Sandy thanked everyone for attending and participating in today’s meeting. <i>A special thanks to all presenters & Happy Holidays!</i> With no additional business to discuss, the meeting adjourned.</p>	
Next Meetings	<p><i>Care Coordination Work Group</i> Monday, January 28, 2019 / 3:00 – 5:00 PM DHS Admin Building 7001-A East Parkway, Conference Room 1</p>	<p><i>Medi-Cal Managed Care Advisory Committee</i> Monday, February 25, 2019 / 3:00 – 5:00 PM DHS Admin Building 7001-A East Parkway, Conference Room 1</p>