Sacramento County
Department of Health and Human Services
Sacramento County Medi-Cal Managed Care Stakeholder Advisory Committee

Meeting Minutes

January 23, 2012, 3:00 PM – 5:00 PM

DHHS Administration

7001A East Parkway

Sacramento, CA 95823

Conference Room 1

Facilitator: Bobbie Wunsch, Pacific Health Consulting Group

Chair: Sandy Damiano, PhD, DHHS

Scribe: Chris Silva

Meeting Attendees:

DHHS: Ann Edwards, Marcia Jo

DHA: Paul Lake

Advocates: Sujatha Branch, Jennifer Smith

Hospitals: Rosemary Younts, Claudia Crist, Patricia Rodriquez

Clinics: Jonathan Porteus, PhD

Physicians: Marvin Kamras, MD, Anthony Russell, MD

PHAB: Morgan Staines

Health Plans: Sean Atha, Cathy Lamb-Edwards, Janice Milligan, Steve Soto

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Guests: Athena Chapman, DHCS; Maynard Johnson, MD, Kaiser

Public in Attendance: 24

Topic	Minutes
Welcome and Introductions	Bobbie Wunsch welcomed members and the public, and facilitated introductions. Sandy welcomed everyone and reported that she will serve as Chair and Ann will serve as a Committee member. She gave a brief overview of committee history. ▪ April 2011 – First meeting, discussion of the committee purpose, structure and basic data about the health plans. ▪ July and October – Focus on SPD transition, an enormous change effort for DHCS and local Plans. Health Care Options and the Plans also presented basic information and SPD transition activities. ▪ These meetings were designed to create a foundation for the Committee to proceed having with adequate information regarding the GMC Medi-Cal Managed Care.
<u>Meeting Focus</u>: What is Working? What is Not Working with Medi-Cal Managed Care?	Sandy opened the topic by reviewing the participants scheduled to present, noting that the agenda is packed with perspectives about what's working and not working with M/C Managed Care in Sacramento. As the group begins to construct the focus and work toward system improvements. Sandy reminded participants that it is important to foster an environment where stakeholders may discuss difficult issues in a constructive manner.
Physician's Perspective	Marvin Kamras, MD: Dr Kamras outlined briefly how IPAs are used in Sacramento's GMC system. For physicians, there are (4) IPAs – EHS, River City, Hill and UCD (closed panel) Health Net: Enrollees served exclusively through IPAs

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Physician's Perspective (continued)	Anthem: Enrollees served exclusively through IPAs Molina: Enrollees served through IPAs, Molina Medical Groups, and direct contract with PCPs/Clinics Kaiser: Medi-Cal enrollees served through Kaiser system From a physician's perspective, transition of SPDs into Medi-Cal Managed Care has been difficult due to many factors. Because of multiple conditions, treatment of SPD patients require more time. Also a more expensive population to treat. There has also been confusion. Dr Kamras described the IPAs in Sacramento as ranging in customer service from completely unacceptable to excellent. Barriers experienced by physicians include economic exclusion through subpar rates offered, IPAs using a limited panel and many physicians not included, limited access to care (many physicians in the IPAs not taking new patients), unreasonable demand for authorization for women's privacy services, delayed payment of claims up to 6 months or a year, limited subspeciality networks, inaccurate or incomplete information on the IPA websites. Dr Kamras emphasized that physicians are willing to participate and do want to treat Medi-Cal patients. What they expect is fair reimbursement and quality care. Processes are burdensome and some IPAs pose great difficulties. Anthony Russell, MD, Kaiser: Kaiser's mission is to improve the care of patients and members. Geographic managed care mode allows members to have a seat at the table. ▪ What is working: Kaiser's integrated model allows for quality care. All have access to specialty care and communication between providers is more efficient. Patients often have same day access to appointments or specialty care. Medi-Cal members have same access to all Kaiser services as commercial members. ▪ What is not working: High no-show rate among Medi-Cal population. This limits access to

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Physician's Perspective (continued)	commercial members. They would like DHCS to consider developing and supporting policies to improve no-show rates similar to what commercial plans do. Also, there seems to be excess paperwork requirements for Medi-Cal. Would like find a way to utilize EMR to reduce this. ▪ Claims management and review processes are barriers for physicians Maynard Johnson, MD, Kaiser, guest presenter: GMC has improved members' access to care using the integrated model by: ▪ Improving access to subspecialty care ▪ Allowing the health plan, hospital, and providers to work together to develop programs to decrease ER visits and hospital admits. ▪ Allowing GMC patients to receive the same type of care as other members. Questions from the Committee ▪ Why are physicians so dependent on IPAs? Answer: Since the Health Plans have elected to use IPAs to serve their Medi-Cal members, physicians who wish to serve Medi-Cal clients have no choice but to contract with an IPA. ▪ What has been different about the transition to managed care? Access improved from FFS to GMC. It also allowed for better access to specialty care. Dr. Kamras stated that Medi-Cal has changed continuity of care, due to beneficiaries being underserved in certain geographic areas. ▪ What the physician perspective is in regards to the exemption process and continuity of care? Dr. Kamras explained that it is a burden to patients to have to change IPA, and a burden on the providers to have to link to an IPA. Dr. Johnson stated that the transition time is an issue. ▪ Sujatha asked for clarification on Kaiser's enrollment cap. Patients are being told that they are not accepting new members. Kaiser does have an enrollment cap of 24,000,

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Physician's Perspective (continued)	and they are approximately 3,000 members over this cap. However, new members are allowed to enroll based on certain criteria. ▪ Would it be beneficial to the community if IPAs were to be invited to a discussion? No, the health plan is responsible for their performance. ▪ Why do the health plans use IPAs? Began in 2007 in response to rates. Health plans are ultimately accountable. They conduct regular audits – financial and quality and try to work through issues. Some require more effort than others. Blue Cross and Health Net use IPAs. Molina has a combination of medical groups, IPA and direct contract. Plans count on IPAs to be able to field a comprehensive team of primary care and specialty providers (network). Sacramento is unique in that most of their business is through IPA as opposed to commercial plans.
Hospital Perspective	Rosemary Younts opened the conversation and explained that CHW, Kaiser, Sutter, and UC Davis collaborated to present the Hospital Perspective. Presentation completed by Rosemary Younts, Claudia Crist and Patricia Rodriquez. See Hospital Power Point Presentation dated 01/23/12. Questions from the Committee: ▪ Do health plans require IPAs to provide after hours care? Plans have call centers, nurse advice lines and some contract with urgent care centers. Anthem will provide 24/7 physician on call and next day appointments. It was suggested that a subgroup meet with hospitals to discuss ER issues. However, Kaiser reported that several hospitals and managed care plans studied ED use Statewide. This was a four year project. There are various issues including patient preference to be treated in the emergency department, lack of disincentive, etc.
Clinics Perspective	Jonathan Porteus presented on behalf of the community clinics. He also expressed his appreciation for the County's desire to work with the small network of community clinics on the LIHP.

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Clinics Perspective (continued)	What is working: ▪ An advantage to being an FQHC is having access to additional insurance, decreasing risk. ▪ Community clinics are trying to offer "geographic healthcare" by having clinics in multiple locations, creating a "health neighborhood." This will allow for greater quality of care. ▪ The Efforts T-3 pilot was successful in tripling the rate of PCP visits, helping to reduce ER visits. Challenges: ▪ There is currently a shortage of primary care physicians. ▪ There is limited access to specialty care. ▪ Younger clinics need support and training in negotiating with plans and IPAs. Jonathan suggested a standardized approach with dealing with IPAs. ▪ Clinics would like to opportunity to have more than one IPA. Exclusivity is a problem. ▪ DHCS could possibly provide more support.
Advocates Perspective	Sujatha Branch and Jennifer Smith provided brief updates on their presentation from the last meeting noting the advocates' perspective. ▪ Issues with due process. NOAs are inadequate and terminations are due to health plans misunderstanding of available services. Mainly in other counties. ▪ Confusion of navigating a complex system including IPAs. Patients may have multiple conditions and specialists may not be associated with the same IPA. ▪ There seems to be a lack of contracted providers (specialists) ▪ There is a continuing need to provide education on extended continuity of care and the Medi-Cal exemption process ▪ There are problems with child SSI Medi-Cal, when a parent isn't listed as an authorized contact, Medi-Cal and HCO will not disclose patient information ▪ There seems to be a problem communicated patient change of address between systems.

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Advocates Perspective (continued)	This impacts communication with patients, and possible lapses in eligibility for services. Athena Chapman, State DHCS, stated that these conversations are very informative. ▪ It helps the State be cognizant of local issues and what they may be able to do to support plans and providers. They are working on the role of the enrollment broker. ▪ The State is working on the SPD transition, new proposed populations and budgetary reductions. ▪ If there are problems with emergency disenrollment, the Ombudsman should be contacted.
Public Comments	Nathan Allen, MD: Expressed concern over provider/patient relationships being disrupted by Medi-Cal Managed Care. Lack of contracts with providers. He would like Plans to have more discussions with community providers.
Next Meeting	The next meeting is scheduled for March 26, 2012 and will focus on the role and structure of the Committee. Bobbie asked for feedback from committee members. ▪ Should review the statute and charter. ▪ Be innovative, coming up with low cost solutions, fresh suggestions, and thinking outside the box – focusing on quality. ▪ Look at processes that are working. ▪ Don't reinvent the wheel. ▪ Look at geographical issues, data and trends We may be contacting some of you for feedback over the next couple of weeks.
Meeting Closure	Sandy thanked everyone for their participation and adjourned the meeting.