

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

May 29, 2012, 3:00 PM – 5:00 PM

DHHS Administration

7001A East Parkway
Sacramento, CA 95823
Conference Room 1

Chairs: Sandy Damiano, PhD; Morgan Staines

Facilitator: Bobbie Wunsch

Scribe: Chris Silva

Committee Members in Attendance (seat): Sujatha Branch (Advocate); Ted Wolters (County Board/Supervisor MacGlashan), Jonathan Porteus, PhD (Clinic), Marty Keale (Clinic), Paul Lake (DHA), Sandy Damiano (DHHS), Steve Soto (Health Plan), Janice Milligan (Health Plan), Cathy Lumb-Edwards (Health Plan), Rosemary Younts (Hospital), Patricia Rodriguez (Hospital), Morgan Staines (PHAB), Frank Cable (Pharmacy), Anthony Russell, MD (Physician), Javier Portela (State DHCS), Lili Zahedani (Health Care Options)

Public in Attendance: 11

Sacramento Medi-Cal Managed Care Advisory Committee

Topic	Minutes
Welcome and Introductions	<p>Sandy Damiano welcomed members, the public and facilitated introductions.</p> <p>Sandy noted that we had a great strategic planning meeting in March and would like to complete some of those pieces today. She also acknowledged Javier Portela who is the Plan Management Branch Chief for DHCS Medi-Cal Managed Care. He will be presenting today on behalf of Margaret Tatar, Chief of DHCS Medi-Cal Managed Care and now an ex-officio member of this committee. There will be more updates on members in another portion of the meeting.</p> <p>Morgan Staines was also acknowledged as the PHAB representative and new Co-Chair.</p>
Follow-Up from Last Meeting and Purpose of Today's Session	<p>Morgan Staines discussed the positive results of the last Strategic Planning Session, stating that it provided an opportunity for the committee to develop stronger relationships and deeper trust as they have become more familiar with each other.</p> <p>As a follow up to the last meeting, topics today would include:</p> <ul style="list-style-type: none"> ▪ Values ▪ Committee Name ▪ Metrics to focus on going forward
State DHCS Update	<p>Javier Portela provided a State DHCS Update:</p> <ul style="list-style-type: none"> ▪ Procurement will be following its regular schedule. The process takes 12 – 18 months. Contracts must be in place by January 1, 2014. The procurement process was discussed, particularly if there is an opportunity for public feedback. Javier noted that they follow the federal requirements closely. It was requested that the Committee be acknowledged in the GMC RFP with a requirement to fully participate. Javier will follow-up. ▪ Adult Day Health Care (ADHC) is now Community Based Adult Services (CBAS). The date has been postponed from July 1 to October 1 for GMCs for implementation. County Organized Health Systems (COHS) will roll out on July 1 as planned.

Sacramento Medi-Cal Managed Care Advisory Committee

<p>State DHCS Update (continued)</p>	<ul style="list-style-type: none"> ▪ Dual Eligibles Pilots – single integrated delivery for both programs. Initially there were (4) pilots. There will now be a total of (8). Sacramento and Contra Costa will not be participating in 2013. Each only had one plan submission. Sacramento County is targeted for 2014. ▪ Healthy Families Transition to Managed Care – There may be slight revisions. Transition will occur in three phases, contingent on State budget. For fee for service counties, phase 1 will be October 1. ▪ The SPD transition was completed May 1st. This was a very large scale effort by the State DHCS and Plans.
<p>Membership</p>	<p>Bobbie Wunsch discussed committee membership and planning.</p> <ul style="list-style-type: none"> ▪ <u>Consumers</u> – All noted the desire for consumer representation. For various reasons, it has been difficult to find consumers willing to participate in the committee. The planning group recommends the formation of a subcommittee to explore ways to obtain members or members feedback. Sujatha Branch has agreed to co-chair this subcommittee; health plan and clinic representation was requested. Marty Keale advised that he may be able to identify a consumer. Jonathon Porteus agreed to participate on the subcommittee. Paul Lake said that he would appoint someone from DHA to participate. It was stated that the participation in the subcommittee isn't restricted to committee members, but could be a delegate of a member. The subcommittee may explore options and potential barriers/solutions and report back next meeting. ▪ <u>Health Plans</u> – Moved from ex-officio to full members ▪ <u>Ex-Officio</u> – New members are Margaret Tatar of DHCS and Lili Zahedani of Health Care Options. ▪ <u>Health Officer</u> – It was agreed that due to her schedule, her involvement would include reporting to the committee and participating in discussions approximately quarterly. Sandy will consult with the Health Officer as the committee progresses. ▪ <u>Board of Supervisors</u> – Panorea Avdis has left the county to take another position. Supervisor Serna will identify a replacement. ▪ <u>IPA</u> – Morgan is working on this. <p>Discussed trade off with committee size and involvement in Medi-Cal Managed Care. Some, like</p>

Sacramento Medi-Cal Managed Care Advisory Committee

<p>Membership (continued)</p>	<p>Sierra Health, attend as public regularly and county as well as many stakeholders also participate in their forums. County has also met separately with Sierra Health as part of Sierra's Planning initiatives.</p>
<p>Values Document</p>	<p>Sandy Damiano reviewed the Values document (derived from the March Strategic Planning Meeting) to obtain committee feedback.</p> <p>DRAFT DOCUMENT -</p> <p>The Sacramento Medi-Cal Managed Care Advisory Committee is committed to:</p> <ul style="list-style-type: none"> • Excellence in performance with patients receiving the most appropriate care in right time and right place • Working together and building meaningful collaboration among stakeholders and partners • Maximizing resources and embracing innovation at all levels of the health care delivery system • Transparency and accountability, measurement and quality outcomes • Being a strong, unified and meaningful local voice providing input to Sacramento County Board of Supervisors and CA DHCS on health care reform and Medi-Cal expansion in 2014 • Acting with courage and trust, letting go of past strained relationships <p>AREAS OF FOCUS for the Committee's Work:</p> <ul style="list-style-type: none"> • Access – reduce barriers to prevention, primary and specialty care • Quality Measures and Outcomes • Care Coordination <p>It was recommended that in the third bullet “maximizing resources” be changed to “optimizing resources”. Also recommended was including cost effectiveness. The new statement is: Optimizing resources and embracing innovation and efficiency at all levels of the health care system. For the fourth bullet, accountable was discussed. There was a brief discussion about the areas of focus. Initially no changes were recommended based on the Values conversation. Later however, it was suggested that due to challenges in different areas, “Best Practices” could also be added.</p> <p>All agreed that the document would be revised and brought back to the committee for final review and approval.</p>

Sacramento Medi-Cal Managed Care Advisory Committee

<p>Committee Name</p>	<p>Morgan Staines presented some suggestions for the committee name, and acknowledged that he hasn't received much feedback from the committee on his recommendations. There was some concern from the committee that many of the suggestions included "CARE" and that it might cause confusion within the community, since CARES Clinic is such a recognizable presence. Also noted was that none of the suggestions reflected "Health."</p> <p>After much discussion, it was decided to try to maintain a name closest to its function but to shorten it. The name finally agreed upon was "Sacramento Medi-Cal Managed Care Advisory Committee."</p>
<p>Metrics</p>	<p>Bobbie Wunsch led a discussion in possible quality and access data options. These included:</p> <p>Enrollment:</p> <ul style="list-style-type: none"> • Numbers enrolled by plan • Choice rates • Voluntary and involuntary disenrollment <p>Grievances:</p> <ul style="list-style-type: none"> • Number • #PMPM • Type <p>Call Center:</p> <ul style="list-style-type: none"> • Calls received • Calls answered • Average speed to answer (ASA) • Average wait time • Call abandonment rate - English & Spanish, etc. <p>Member inquiries & type</p> <p>Timely Access Standards:</p> <ul style="list-style-type: none"> • Provider: member ratios

Sacramento Medi-Cal Managed Care Advisory Committee

<p>Metrics (continued)</p>	<ul style="list-style-type: none"> • Time and distance • General appointment scheduling • After hours and urgent care <p>Quality Measures: HEDIS /CAHPS</p> <p>Things to consider:</p> <ul style="list-style-type: none"> ▪ What should be reported on? ▪ How often should the reports be reviewed? ▪ How should the data be used? <p>Bobbie also distributed and shared several tables with data to allow some perspective. Many reports are available on the DHCS. However some reports are not available. It is indicated in the charter that the committee will report back to the state regarding plans performance and provide feedback on the measurements. It was agreed that the committee would focus on a small number of elements to begin with to decide how the data should be used. Areas of interest included: timely access standards, access quality, and coordination of care.</p> <p>No decisions were made at this time, and it was agreed that the topic would be continued next meeting.</p>
<p>Public Comment</p>	<p>Nathan Allen, MD: Commented that low HEDIS scores may related to cultural competence of IPAs and suggested more of an emphasis. Current emphasis of IPAs is on quantity, not quality.</p> <p>Kelly Bennett-Wofford, Cover the Kids: If needed, Cover the Kids is willing to assist with obtaining consumer subcommittee and input. She recommended a possible stipend would be helpful.</p>
<p>Process and Next Steps Going Forward</p>	<p>Sandy Damiano noted that there have been questions concerning IPAs at several meetings. She asked if the Committee would appreciate a brief presentation by the Health Plans and IPAs on how they work together. All agreed it would be useful. Plans should work with IPAs on a joint presentation. This should include River City, Hills, and EHS.</p> <p>Sandy also noted that due to the new meeting schedule, the next meeting will be on Friday, June 29th from 3 – 5 pm. Unfortunately there was no room availability on our regular meeting day.</p>

**Sacramento
Medi-Cal Managed Care Advisory Committee**

Meeting Closure	Bobbie facilitated closing comments from each committee member, thanked everyone for their participation, and adjourned the meeting.
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Next Meeting: June 29, 2012 3:00-5:00 in Conference Room 1.