

# Sacramento Medi-Cal Managed Care Advisory Committee

## Meeting Minutes

July 30, 2012, 3:00 PM – 5:00 PM

## DHHS Administration

7001A East Parkway  
Sacramento, CA 95823  
Conference Room 1

**Chairs:** Sandy Damiano, PhD; Morgan Staines

**Consultant:** Bobbie Wunsch, Pacific Health Consulting Group

**Committee Members in Attendance (seat):** Sandy Damiano, PhD (DHHS), Morgan Staines (PHAB), John Tan (Advocate), Janice Milligan (Health Plan), Cathy Lumb-Edwards (Health Plan), Rosemary Younts (Hospital), Anthony Russell, MD (Physician), Marvin Kamras, MD (Physician), Patricia Rodriguez (Hospital), Frank Cable (Pharmacy), Lili Zahedani (Health Care Options), Ted Wolters (Board of Supervisors), Marty Keale (Clinic), Michael Dutra (State DHCS), Celia Coronado (Board of Supervisors), Matt Mengelkoch (IPA), Robert Waste, PhD (Hospital)

**Panel Guests:** Ted Fong (River City Medical Group), Jennifer Pereur (Hill Physicians Group), Doug Robertson (Hill Physicians Group)

**Public in Attendance:** 24

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<b>Topic</b>	<b>Minutes</b>
Welcome and Introductions	<p>Sandy Damiano welcomed the committee, the panel and members of the public. Acknowledged new members – Matt Mengelkoch (IPA), Cecelia Coronado (Board), and Bob Waste (Hospital). Reviewed the agenda and today’s focus – DHCS report, closure on the Values document and continuation of the IPA discussion. Last month the Plans presented detailed information regarding their relationship with IPAs. Today, IPAs will be presenting on their respective medical groups. The committee packets contain an IPA Survey handout.</p>
State DHCS Update	<p>Michael Dutra, Chief, Local Initiative Unit, Medi-Cal Managed Care -</p> <p>Last meeting, there was a request for information from DHCS on the transition of SPDs in Sacramento County. The information that is being given out today is also on the DHCS website: <a href="http://www.dhcs.ca.gov/individuals/Documents/MMCD_SPD/ChartsRptsData/SPD_Dashboard">http://www.dhcs.ca.gov/individuals/Documents/MMCD_SPD/ChartsRptsData/SPD_Dashboard</a>. Information is still coming in on the last few months of the transition.</p> <p>There are 35,215 SPDs enrolled in Medi-Cal managed care as of June, 2012, which includes those individuals enrolled before the transition. See SPD Summary for Sacramento County 07/30/12 for Michael’s written report.</p> <p>There were 306 extended Continuity of Care (COC) requests: 172 approvals, 99 denials. Some of the denials are due to confusion as to which providers were eligible for COC. For example, Durable Medical Equipment providers do not qualify.</p> <p>The Ombudsman office took 3,462 complaints during the time period from 6/2011 to 5/2012. This tally only counts calls that are answered. Therefore, Michael suggested that the number of calls after mandatory managed care should not be compared to the number before since the Ombudsman office added more staff and therefore had more capability to answer calls.</p> <p>Questions from committee members: Dr. Russell suggested that DHCS should know how many people tried to call and were dropped. Michael acknowledged that there was an increase in calls.</p> <p>Dr. Russell asked about COC denials (top reasons for denial). Data was based on submissions by the plans. Michael will follow-up and report back.</p> <p>Dr. Kamras asked for top three reasons consumers called the Ombudsman office. Dr. Kamras noted that in his experience patients who were previously obtaining prescriptions by their</p>

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	<p>providers (FFS) are now disgruntled when the providers are attempting to provide preventive care/quality medicine and not just providing prescriptions.</p> <p>He noted some access issues may be related to patients wanting to continue with their FFS provider. Michael Dutra also noted in some cases a patient started with the Ombudsman, learned about the continuity of care provision, and made a state fair hearing request. Members can file grievances with plans and a state fair hearing request at the same time.</p>
Values Document	<p>See “Committee Values and Areas of Focus” Draft Document 07/30/12</p> <p>Morgan requested final committee review and feedback. One grammatical correction made to Draft Values Document: First bullet now reads “...at the right time and in the right place.” Dr. Russell moved that the Committee accept this as the final Values statement. Sandy seconded the motion. No further discussion: all in favor - none opposed. Wraps up this piece of work.</p>
IPA Panel Introduction	<p>Bobbie Wunsch reminded people of the parameters of the discussion today. The IPAs should not be asked about specific rates or specifics about the individual performance of providers. We are here to look at systems issues. We are glad to have all three IPAs represented. There have been many questions about how IPAs work and their relationship to the health plans that have come up over the last several meetings. Questions included how they measure, communicate with, and contract with their providers and how IPAs are structured and regulated. We will ask specific questions after each IPA representative presents, and we will then have a broader discussion about systemic issues that concern all three IPAs.</p>
SynderMed/EHS Medical Group	<p>Matt Mengelkoch, Regional Administrator</p> <p>See <a href="#">07/30/2012   SynerMed/EHS</a> (Power Point Presentation)</p>
River City Medical Group (RCMG)	<p>Ted Fong, Chief Operating Officer</p> <p>See <a href="#">07/30/2012   River City Medical Group</a> (Power Point Presentation)</p> <p>Questions for Mr. Fong:  Marty Keale: What percentage of managed care patients are assigned to FQHC clinics? Mr. Fong: RCMG estimate is 15%. Mr. Mengelkoch: SynerMed has not yet negotiated a contract with FQHCs but is in process. Hills also in process. Dr. Russell: Can you go deeper into “IPAs risk</p>

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	<p>bearing”? Mr. Fong: IPAs have a DOFER (Division Of Financial Responsibility) with the plans. If they go over what the plans give they have a loss. They have to pay claims in a timely fashion and have enough equity to cover known and unknown liability. Dr. Russell: all providers and health plans cover risk. Do IPAs cover more risk than health plans? Mr. Fong: No, health plans carry more risk. Rosemary: are the criteria that providers need to meet to be part of the IPA? Mr. Fong, credentialing and lengthy application.</p>
<p>Hill Physicians Medical Group</p>	<p>Jennifer Pereur, Director of Government Programs / Doug Robertson, Regional Director</p> <p>See <a href="#">07/30/2012   Hill Physicians Medical Group</a> (PowerPoint Presentation)</p>
<p>Public Comments</p>	<p>No Public Comments</p>
<p>Next Steps</p>	<p>Do we have enough committee members in August? Confirmed meeting for August.</p> <p>Sandy Damiano reported that she is arranging a panel on FQHCs for the August meeting. Jonathan Porteus, PhD, The Effort has confirmed. The other FQHCs are pending.</p> <p>Morgan Staines shared that he is leaving the committee. He has accepted a promotional opportunity in the legal department at MRMIB. The committee is in conflict with that role. Sandy Damiano expressed her appreciation for Morgan’s active participation and role in the committee. Morgan will continue to sit on the Public Health Advisory Board.</p>
<p>Meeting Closure / Next Meeting</p>	<p>Thanks to the Committee, the IPA panel and public attendees.</p> <p>Next meeting is scheduled for:</p> <p><u>Tuesday, August 28<sup>th</sup></u>  3:00 – 5:00 PM  DHHS Administrative Building  7001-A East Parkway</p>