Sacramento
Medi-Cal Managed Care Advisory Committee

Meeting Minutes

August 28, 2012, 3:00 PM – 5:00 PM

DHHS Administration

7001A East Parkway

Sacramento, CA 95823

Conference Room 1

Chair: Sandy Damiano, PhD (DHHS)

Committee Members in Attendance (seat): John Tan (Advocate), Jonathan Porteus, PhD (Clinic), Sean Atha (Health Plan), Janice Milligan (Health Plan), Cathy Lumb-Edwards (Health Plan), Steve Soto (Health Plan), Holly Harper (Hospital), Patricia Rodriquez (Hospital), Matt Mengelkoch (IPA), Anthony Russell, MD (Physician), Paul Lake (DHA), Tracy Bennett (DHHS), Margaret Tatar (DHCS)

Public in Attendance: 31

Topic	Minutes
Welcome and Introductions	Sandy Damiano welcomed the committee, the panel, and members of the public. She welcomed new members – Tracy Bennett (DHHS) and Holly Harper (Hospital) seats. Also announced that Lili Zahedani, HCO seat, will be leaving the committee due to her promotion as the Field Operations Director. Congratulations to Lili. HCO will be interviewing for the Northern CA Regional Manager, and that position will maintain the committee seat.

	Sierra Health Foundation cancelled their presentation yesterday due to a schedule conflict. California HealthCare Foundation (CHCF) Reports on the SPD transition were just posted to their webpage. Members were encouraged to review the reports. A link will be sent to the CHCF webpage. The reports will also be posted on our committee page. Please note Bobbie Wunsch was one of the authors. • A First Look: Mandatory Enrollment of Medi-Cal's Seniors and People with Disabilities into Managed Care • Raising the Bar: How Medi-Cal Strengthened Managed Care Contracts for People with Disabilities
State DHCS Update	Margaret Tatar, Chief, Medi-Cal Managed Care Division Duals Program: California is one of 15 states that applied to CMS and received an initial grant to develop a dual demonstration project. It will begin in 8 counties with managed long term support and services, fully integrating care across the continuum. The goal is to allow people to remain independent as long as possible. There are two meetings to solicit stakeholder input coming up: one tomorrow and one scheduled for September 5. DHCS is also working intensely with MRMIB and stakeholders on the Healthy Families to Medi-Cal transition plan and the expansion of managed care (rural FFS counties) with 28 counties to go. Also, the Community Based Adult Services (CBAS), successors to Adult Day Health Care (ADHC), have successfully transitioned to managed care in County Organized Health Systems (COHS) counties. The same transition for Two Plan and Geographic Managed Care (GMC) counties will be next. There will be a special session concurrent with next legislative session to prepare for 2014 implementation of ACA.

	Sandy noted DHCS is extremely busy and thanked Margaret and her staff for providing monthly updates to the committee. Margaret added thanks to all the people generous with their time during the stakeholder work. She specifically stated the Plans have been "fabulous."
Federally Qualified Health Center (FQHC), FQHC Look Alike and Clinic Panel Presentation *See Power Point Presentations (PPP) for more detail. PPP were provided by all presenters with the exception of Midtown Medical Center (MMC).*	<u>Sacramento Native American Health Center (SNAHC) – Britta Guerrero, Chief Executive Officer</u> Focused on the urban Indian population. They are governed by a Board of Directors that is fully Indian and designated as a Federally Qualified Health Center (FQHC) to serve the uninsured and Medi-Cal population. They are also certified as a provider through the Indian Health Services Act. They offer medical, behavioral, substance abuse, and community services including home visitation. The top five billable codes are: 1. Chronic conditions: diabetes, asthma, hepatitis, and HIV; 2. Mental health disorders such as depression, anxiety, and substance abuse; 3. Prevention, such as immunizations; 4.Treatment by dental carries; 5. Chronic pain disorders. They are a patient-centered medical home and keep their patients out of emergency rooms. They focus on continuous healing relationships and a “whole person” orientation. Questions: Matt asked if they only serve Native Americans. Answer: no. Dr. Russell asked if they contract with IPAs. Answer: Yes. SNAHC has started to contract to serve children with dental care who have “waived” out of their plan due to problems with access. <u>Health & Life Organization (HALO) – J. Miguel Suarez, MD, Clinical Project Director (Presenter) / Jerry Bliatout, Chief Executive Officer</u> They have three clinics in the Sacramento area and plan to have a fourth by the end of next year. They are expanding to increase capacity in response to expected need from the ACA expansion. Much of their population (approximately 60%) includes Southeast Asian immigrants, many of whom are isolated and have experienced trauma. See PPP for multilingual services. The clinic started a gardening project to increase health and socialization.

FQHC Presentation - Continued	In terms of payer source, mostly Medi-Cal but other payers as well. 62% of their patients are under 100% of the Federal Poverty Level (FPL) and 96% under 200% FPL. They offer comprehensive services including mental health and social services. They have lots of physical space to expand. They are in the process of creating more connections with hospitals. They plan to collaborate with the county to expand mental health services. Top conditions: Mental health 20%, Asthma 15%, Diabetes 13%, Hypertension 13%, Heart disease 12%, and Obesity 5% <u>The Effort – Jonathan Porteus, PhD, Chief Executive Officer</u> The Effort started as a free clinic. They become well known for their detox/residential/rehab treatment but do far more. The free clinic became a community clinic and applied for FQHC Look-Alike status and later full FQHC status. They focused on what was happening in emergency rooms and worked to bring patients out of emergency rooms and into their community health center. FQHC designation offered them an opportunity to expand. They have 133 different ways to fund patient care. Dr. Porteus stated he prefers safety blanket to safety net. He provided an article that was published in the Sierra Sacramento Valley Medicine. The Effort tries to treat the whole person - find homeless people housing, etc. Questions: Dr. Russell asked if there is a sliding fee scale? Answer: Yes but most are under 100% FPL. John Tan: In the population served, are there undiagnosed mental health needs that could be identified if there was a better process? Answer: Yes, data shows 60% of the clients have co-morbid behavioral health conditions. <u>Midtown Medical Center – Joe Kelly Director, Government Affairs</u> In recent months they received full 330 FQHC status. They started in 1979 as a wave of Russian and other Eastern European immigrants came to the Sacramento area. Now they have both Russian/Eastern European and more recently immigrants from Latin America and African countries. They are “the little clinic that could.” They have contracts with three health plans: Molina, Anthem Blue Cross and Health Net. They added behavioral health services through a behavioral health provider.

FQHC Presentation - Continued	Currently their biggest challenge is setting the FQHC PPS rate. Their most pressing needs are to upgrade health information and technology, improve clinic facilities, add more space, and invest in additional outreach and wellness staff. <u>CARES – Robert Kamrath, Executive Director</u> CARES was started by four hospitals in response to AIDS. Their mission includes research (between 20 and 30 clinical trials) and educational services. They have evolved into a comprehensive clinic. The fact that they are a teaching clinic makes them more expensive. They do not routinely see HIV negative patients. They provide anonymous STD/HIV testing and are reimbursed by Family PACT. Half of their patients have substance abuse and mental health issues. They issue 40 to 50 prescriptions per day free of charge. They have an Electronic Health Record and provide a patient-centered medical home. They use pharmacy revenues to offset costs. They will apply for FQHC Look ALike status in 2012. CARES legacy: comprehensive care for HIV/AIDS patients CARES future: open our comprehensive care model to the broader community. Question from Dr. Russell: What issues do the clinics have that this committee could help with? Opportunities or gaps in care? <u>The Effort:</u> Your work on dental care was very helpful. As we bring health care, we are bringing it to people who haven't had access before; that may be expensive at first: an example is children without dental care now getting access to care for the first time and needing a lot of catch up work before settling into routine care. <u>SNAHC:</u> We have case management needs for complex patients that are not currently reimbursable. <u>HALO:</u> We need to develop a better relationship with health plans and IPAS – referrals are too complicated. On the clinical side: we need more ways to help our population get exercise; we need help educating patients, especially with language diversity; we need to deal with the silent epidemic of violence.

Sacramento
Medi-Cal Managed Care Advisory Committee

Public Comment	Jim Ellsworth, Capitol Community Health Network, wanted to know why clinics have had difficulty contracting with IPAs and plans. One of the clinic leadership responded that the question was too difficult to answer right now.
Next Steps and Meeting Closure	Sandy thanked the Clinics for their presentations today. Their Power Point Presentations will be posted tomorrow on the website. A possible topic for the September meeting - data review and discussion. We may also discuss the new SPD reports. Meeting adjourned.
Next Meeting	Monday, September 24th 3:00 – 5:00 PM DHHS Administrative Building 7001-A East Parkway