

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

November 26, 2012, 3:00 PM – 5:00 PM

DHHS Administration

7001A East Parkway

Sacramento, CA 95823

Conference Room

COMMITTEE MEMBERS			
x	Chair – Sandy Damiano, PhD	x	Hospital – Robert Waste, PhD
x	Advocate – John Tan		Hospital – Rosemary Younts
x	Advocate – Sujatha Branch	x	IPA – Matt Mengelkoch
x	Clinic – J. Miguel Suarez, MD	x	PHAB – Marty Keale
x	Clinic – Jonathan Porteus, PhD	x	Pharmacy – Frank Cable
x	DHA – Kathy Harwell	x	Physician – Marvin Kamras, MD
	DHHS – Tracy Bennett	x	Physician – Anthony Russell, MD
x	Health Plan – Cathy Lumb-Edwards		EX-OFFICIO MEMBERS
	Health Plan – Janice Milligan		County Board – Cecilia Coronado
	Health Plan – Steve Soto	x	County Board – Ted Wolter
x	Health Plan – Sean Atha	x	State DHCS – Keith Parsley
	Hospital – Patricia Rodriguez		Healthcare Options – Erica Valencia

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PANEL MEMBERS (not on the committee)	STAFF
Sutter Health – Raffie Barsamian (HealthNet for Janice Milligan)	Pacific Health Consulting - Bobbie Wunsch
Sacramento Covered – Kelly Bennett-Wofford	DHHS – Marcia Jo, Chris Silva
Health Net – Heather West (Healthy Families)	
County Mental Health Plan – Billee Wilson	

Public in Attendance: 13

Topic	Minutes
Welcome and Introductions	<p>Sandy Damiano, PhD, welcomed the committee, members of the public and facilitated introductions. She reminded members that we have all sectors of the system represented for communication purposes as well as providing specific feedback and recommendations.</p> <p>Sandy briefly spoke of committee membership. Sutter Hospital will be appointing a new representative soon. She also introduced Keith Parsley as the new representative for State DHCS, welcoming him and stating that the committee is happy to have regular State representation. Marty Keale has returned and will represent the PHAB.</p> <p>Sandy reviewed the agenda for today’s meeting. The agenda is very ambitious, covering two major issues: Community Based Adult Services (CBAS) and Healthy Families transitions. CBAS is in process and Healthy Families is slated for March 2013. These topics might generate more conversation. We will also be continuing some of the conversation at our next meeting in January. Other transitions such as the Medicaid expansion and Dual Eligible Coordinated Care will occur in 2014.</p> <p>Bobbie Wunsch said that following each panel presentation, the committee would enter into discussions with public comment to follow.</p>
Community Based Adult Services (CBAS)	<p><u>State DHCS</u> Keith Parsley gave a brief overview of the CBAS transition from the State perspective. He stated that the roll out began October 1, 2012 and is an ongoing process. Between October 1 and</p>

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Community Based Adult Services (CBAS) Continued

See PPP entitled, "Medi-Cal Managed Care CBAS Program Transition" by the Sacramento GMC Plans 11/26/12

December 1, patients are receiving individual assessments. "Easy back" re-enrollment by telephone was effective November 1. Keith acknowledged that issues have been raised regarding timely provider payments for fee-for-service. He encouraged providers to contact him if they were experiencing problems.

Health Plans

Raffie Barsamian provided the Health Plan perspective of the CBAS transition on behalf of the GMC Plans. See PPP for details. This is a very complex transition for the Plans.

On a statewide level, it impacted approximately 35,000 – 40,000 individuals. Local data is in the PPP slide which will be updated to include Molina (N = 153), Kaiser (N = 39), Anthem Blue Cross (N = 160). Data pending for Health Net.

Plans noted CBAS facilities are finding it difficult dealing with multiple organizations, as opposed to only DHCS as they had in the past.

At the time of roll out, DHCS estimated approximately 50% of those in Adult Day Health Centers would qualify for CBAS. After assessment, over 80% qualified. 15 – 20% were not eligible for CBAS but moved to the new Enhanced Case Management (ECM) program, which will be offered through August 2014.

Beneficiary Perspective

Sujatha Branch spoke on the beneficiary experience with CBAS transition. DRA was lead counsel in the litigation. She stated that CBAS is critical in keeping people in the community rather than living in nursing homes. Approximately 2,000 people statewide were terminated from ADHC. Advocates were successful in working with health centers to assist members in keeping services during the Fee for Service to Medi-Cal Managed Care transition. She noted that many providers had concerns about working with multiple plans. Processes and forms are not standard across all plans. Overall she felt advocates were successful in their work to resolve issues. There are currently no major issues noted.

These clients are part of a population with multiple health problems and feel that they are being put in a difficult position of choosing between CBAS and their current provider.

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	<p><u>Committee Discussion</u> Health Plans are receiving many calls regarding medical services being cancelled by Medicare FFS providers. Approximately 80 – 90% of the enrollees are dual eligible. Due to patient and provider confusion, patient would opt out of Medi-Cal Managed Care (which also means opting out of CBAS) or the provider would cancel appointments thinking patient was no longer eligible for Medicare FFS. Considerable efforts have been required to educate providers and families that enrollees may utilize Medicare FFS. Only CBAS / incontinence supplies are covered under Medi-Cal Managed Care. All other health services are covered under Medicare. (Providers needed to know they can bill Medi-Cal Managed Care for the crossover.)</p> <p>There was some committee member concern that information to providers is inadequate and not easily accessible. DHCS stated that they are providing webinars, email blasts, and meetings with providers, specialty groups, and hospitals. On the CBAS, they have met resistance from some providers. Keith noted that this is a managed care State. As the transitions and education process continues, more may feel comfortable participating. At this time he believes the Department is doing what they can given the initiatives and timeframes sanctioned by the legislature.</p> <p>Dr. Kamras suggested that the Medical Society could work with Plans to reach out to Providers to embrace change. It was also suggested that cultural sensitivities may play a part in resistance in closer knit communities.</p>
Public Comment: CBAS	<p><u>Jill Yungling, Eskaton (CBAS Provider)</u> – Adult Day Health Centers have been under attack (budget) for the past four – five years. She was pleased with Raffie’s presentation. These are frail, older adults. The transition has been difficult for health centers providing CBAS services. They find the eligibility process difficult to understand and unwieldy for families. Participants received multiple notices and were instructed to contact Health Care Options (HCO). Jill was unsuccessful in her attempts to reach a live person when calling HCO. She feels that although the transition was bad, Health Plans have been handling it well. State DHCS has had a lot of webinars but information and contacts change regularly. She thanked Disability Rights for their efforts and assistance.</p> <p>Committee members paused a moment for further discussion to discuss CBAS learning lessons.</p>

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	<p>The State used the experience to help inform their HF materials. Dr Kamras noted that the only reason Providers may not wish to participate is due to the IPA contract rate.</p> <p><u>Michael Monasky</u> – Expressed his concern that the government is not “stepping up to the plate.... police state versus social state.” Better communication needs to occur. He feels that there is skepticism and fear within the provider community regarding Health Care Reform, mainly due to cost. He strongly expressed his dissatisfaction with the presentation by the State and Plans, saying it was incomplete and should have included algorithms. He concluded by stating that the system is broken.</p>
<p>Healthy Families Transition</p> <p><i>See “About Cover the Kids” and “HF Fact Sheet – What You Should Know About the Healthy Families to Medi-Cal Transition”</i></p>	<p><u>State DHCS</u> Keith Parsley gave a brief overview of the upcoming Healthy Families Transition. The State is transitioning Healthy Families to Medi-Cal Managed Care in two phases. Sacramento will transition in Phase 1B on March 1, 2013. 60 day notices will be sent January 1. The State is hoping to have resolved as many issues as possible by then, making it a smooth transition. The State will be providing as much outreach as possible to Plans and Providers. The State feels that Provider outreach and communication is very important to ensure continuation of care for patients. Information is available online.</p> <p><u>Sacramento Covered (formerly Cover the Kids)</u> Kelly Bennett-Wofford, Executive Director, discussed the role of Sacramento Covered (formerly Cover the Kids) in the Healthy Families Transition. She provided handouts with a program overview (available on the Committee webpage).</p> <p>At this time, Sacramento Covered is working to alleviate concerns among parents regarding this transition. They field questions, are involved in the stakeholder processes, documenting concerns and are expanding to assist adults obtain coverage.</p> <p>Types of concerns frequently being addressed are: miscommunication in the media; non-English speaking clients unclear on transition (fear that Healthy Families is ending and they will lose benefits); Medi-Cal stigma; eligibility. They clarify coverage and inform clients of the benefits and positive aspects of Medi-Cal Managed Care. They are coordinating with Department of Human Assistance to ensure smooth transition at point of entry. Generally they support families in the process.</p>

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Sacramento County Mental Health Plan

Billee Willson gave an update on Sacramento County Mental Health involvement in the Healthy Families transition. The County has received some funding for the transition. Currently they have a Healthy Families program at River Oaks with 70 enrollees. They are anticipating between 100 and 700 enrollees may need services. The County will provide mental health services for all Plans except for Kaiser. Kaiser provides mental health services to their enrollees. Additional information will be provided at the next meeting.

Health Plans

Due to time limitations, a full presentation on the Health Plan perspective was not possible. Heather West stated Plans are working with certified application assisters within the plan to provide consistent messages and information, assisters are providing outreach to providers, Plans completed cross walks between Medi-Cal Managed Care and HF networks, outreach also in process with County Mental Health and children have been identified in CCS. Their primary focus is continuity of care.

IPA

Matt Mengelkoch provided a very brief summary of some items IPAs are addressing in preparation for the transition. These included: Provider Education, Positives, Co-Pays, Network Adequacy, Timely Access, New Providers, and Out of Area Authorization Processes. He will continue the presentation in January. Due to time limitations, a full presentation on the IPA perspective was not possible. Sandy will post his PPP for information purposes and we will continue the discussion in January.

Questions from the Committee

When the Affordable Care Act is implemented in 2014, will children on Medi-Cal over 133% FPL be changed to the Exchange? No, they will stay on Medi-Cal. Dr. Kamras suggested that Sacramento Covered reach out the Medical Society for assistance. Kelly Bennett-Wofford suggested that HCO be at the next meeting to address concerns as well.

Sandy noted that State DHCS has extensive CBAS and Healthy Families materials on their webpage. (Note: The Healthy Families Network Adequacy Assessment is also posted on the Committee webpage.)

See PPP entitled, "Healthy Families Rollover Into Medi-Cal: Medical Group Issues"

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Public Comment: Healthy Families Transition	<u>Michael Monasky – PHAB</u> : Questioned the number of medically indigent children in Sacramento.
Next Meeting	Focus will be on the Healthy Families Transition. Panel composition will remain the same and Sandy will also invite a representative from the Medi-Cal Dental Advisory Committee. We will also touch on CBAS.
Next Steps and Meeting Closure	Sandy Damiano thanked everyone for their participation and closed the meeting. Meeting adjourned.
Next Meeting	December - No meeting. Happy Holidays. Monday, January 28, 2013 3:00 – 5:00 PM DHHS Administrative Building 7001-A East Parkway