

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

February 25, 2013, 3:00 PM – 5:00 PM

DHHS Administration

7001A East Parkway

Sacramento, CA 95823

Conference Room 1

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 – Ted Fong
X	Clinic – J. Miguel Suarez, MD	X	PHAB – Marty Keale
X	Clinic – Jonathan Porteus, PhD	X	Pharmacy – Frank Cable
X	DHA – Paul Lake		Physician – Marvin Kamras, MD
X	DHHS – Sherri Heller, EdD	X	Physician – Nathan Allen, MD
	Health Plan – Cathy Lumb-Edwards		EX-OFFICIO MEMBERS
X	Health Plan – Effie Ruggles (February)		County Board of Supervisors – Cecilia Coronado
X	Health Plan – Steve Soto		County Board of Supervisors – Ted Wolter
X	Health Plan – Sean Atha		State DHCS – Michael Dutra
X	Hospital – Ellen Brown		Healthcare Options – Lili Zahedani

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PANEL MEMBERS - *not on the committee*

Wendy Greene – County MHP

Marcia Jo - LIHP

Public in Attendance: 17

Topic	Minutes
Welcome and Introductions	<p>Sandy Damiano, PhD, welcomed the committee, members of the public, and facilitated introductions.</p> <p>Sandy mentioned that the State DHCS update will not occur today, as the DHCS representative has a pressing assignment. DHCS will be in attendance next month.</p> <p>Sandy reviewed the agenda and handouts - agenda, the Low Income Health Program (LIHP): Bridge to Healthcare Reform Power Point, and a flyer from the River City Medical Group regarding a seminar they are offering on opioid prescribing. Today’s meeting will focus on Community Based Adult Services (CBAS) / Healthy Families (HF) transition updates, public comment on those items, a presentation on the LIHP, public comment on LIHP, and planning for future agenda items to discuss this spring.</p>
State DHCS Update	N/A
Community Based Adult Services (CBAS) Transition Update	<p>Steve Soto reported that they are now in month five of the transition. Each plan has contracted with adult day health centers and working with the health centers on developing procedures to improve claiming. Billing is a challenge in this transition as health centers are used to fee-for-service billing which is different from billing in the managed care system. The goal is to make billing as simple as possible for the health centers. Unfortunately, the system will not be uniform across the plans.</p> <p>The ongoing goal is to fix any “glitches” in the claiming system and to build good relationships for future collaboration. Plans are working with counties to develop best practices and alleviate problems. Kaiser has set up a conference call between all the plans to discuss streamlining the process for all providers and recipients. The plans will also continue to work with DHCS to</p>

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<p>Community Based Adult Services (CBAS) Transition Update – <i>Continued</i></p>	<p>discuss ongoing issues and build processes for the future.</p> <p>Effie Ruggles reported that the coordination meeting is scheduled for this Thursday, and that overall everything is going well and moving forward. They will know more after this Thursday's conference call.</p> <p><u>Questions from the Committee</u> <i>At the last presentation we heard some clients are looking to remain in fee-for-service rather than moving to managed care to retain their current provider. Would they lose their current provider if they moved to managed care?</i> In other parts of the state, some providers told their patients to stay on fee-for-service. This was incorrect information. Patients will still be able to see their providers when on managed care. This is not a large issue in Sacramento County.</p>
<p>Healthy Families (HF) Transition Update</p>	<p>Wendy Greene, County Mental Health Plan (MHP), reported the transition is set to start March 1 for all plans except Health Net (April 1). They have been working to train and educate all staff, from point of entry staff, providers, and support staff so everyone knows what to check and how to handle issues. The MHP referral form for GMCs is the County three page form. They have also developed a data reporting system in their Electronic Health System to report the number referred and the number receiving services, and have developed manual tracking to see what patients are self-referred versus referred by the GMCs. They have not received lists of the beneficiaries who will be transitioning from the plans yet, but are expecting the number to be higher than initially thought as other counties have had a significant increase over expected numbers. San Bernardino expected 400 and received over 600.</p> <p>Steve confirmed that the MHP is waiting for updated numbers from the plans. Plans are getting numbers of patients who used or had access to behavioral health services in the last 12 months. Managed care plans will focus on behavioral health in 2014 with greater integration for behavioral health services.</p> <p>Effie reported that Health Net is waiting for current data before they send numbers to Wendy.</p> <p>Sean Atha reported that Blue Cross only has 1,700 HF members in Sacramento County and is smaller than Health Net, so they anticipate fairly low numbers transitioning to HF.</p>

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<p>Healthy Families (HF) Transition Update - Continued</p>	<p>Sandy stated the network adequacy assessment noted potential concerns initially with mental health and dental services. As noted in the Dental representative’s report last month, they believe there is an adequate dental network.</p> <p><u>Questions from the Committee</u> <i>How many people does the MHP program expect to transition?</i> Wendy reported that they only expect 1-2 people on March 1 from Molina and Blue Shield, but that they expect 254 on April 1 from Health Net.</p> <p><i>Will children with ABA or autism will be transitioning into the County mental health system?</i> No, they will not be transitioning.</p>
<p>Public Comment</p>	<p>There was no public comment on the CBAS or HF transitions updates.</p>
<p>Low Income Health Program (LIHP)</p> <p><i>See “LIHP: Bridge to Healthcare Reform” Power Point Presentation</i></p> <p><i>Available on the website.</i></p>	<p>Sandy Damiano stated that this is the initial introduction of the LIHP to the Committee. This program was created under the State 1115 waiver as an early Medicaid coverage program and has been scheduled to transition into Medi-Cal Managed Care in January 2014. Today the committee will receive an overview and have opportunity to ask questions throughout the presentation. The LIHP will be on the agenda again in the future for updates when the path to 2014 is clarified and for transition updates.</p> <p>Steve Soto, Molina Healthcare, and Marcia Jo, Program Manager, assisted with Q&A. Molina Healthcare provides network and plan functions for the LIHP.</p> <p>See LIHP PowerPoint for presentation detail.</p> <p><u>Questions from the Committee</u> <i>If childless women on LIHP become pregnant, will they transition to Medi-Cal?</i> Yes, they will have a redetermination of eligibility for Medi-Cal and will have the opportunity to choose a plan at that time.</p> <p><i>Member asked to clarify comment regarding a potential delay in eligibility.</i> No, there is no delay in the eligibility process or assignment of medical homes. Once eligibility is approved, an enrollee is sent a Notice of Action (NOA). S/he then receives an ID card, medical home and</p>

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<p>Low Income Health Program (LIHP) - Continued</p> <p><i>See “LIHP: Bridge to Healthcare Reform” Power Point Presentation</i></p> <p><i>Available on the website.</i></p>	<p>informing materials. Assistance is available from county assister staff, Molina Customer Support and Medical Homes to help enrollees learn how to navigate managed care.</p> <p><i>How many new (non-CMISP) patients are enrolling in LIHP?</i> There are approximately 800 each month enrolling in LIHP via the new application process.</p> <p>Dr. Suarez commented that the system is not perfect, but that many new patients have been served and are learning the managed care system. He wanted to formally thank Steve, Sandy, and Marcia for their work in developing the LIHP. New patients take 30-45 minutes per visit, and walk-ins are not seen until there is availability in the schedule. Patients are learning that appointments are the best way to get the services they need, and are becoming motivated and proactive in maintaining their personal health.</p> <p>Steve noted that they had heard from other counties that this population does not have a good show rate. This has not been the experience.</p>
<p>Public Comment</p>	<p><u>Raquel Siemantel - Planned Parenthood:</u> <i>Does Sacramento County prefer the state based or county based option for Medi-Cal expansion in California?</i> Sandy noted that the LIHP was developed under the waiver as a transition or bridge program to reform. It was not built in terms of a permanent program. The state based option builds on the existing Medi-Cal managed care system, and the county based option builds on County LIHPs. The problem is that each county is managing their LIHP differently, some do not have a LIHP and if this option were chosen there would be additional federal requirements. The LIHP was developed in Sacramento to be a transitional program only, not a permanent system.</p> <p><u>Michael Monasky:</u> <i>Is there an equivalency between the levels of the Covered California exchange programs and the LIHP? DHHS chose to make mental health a “carve out” system for LIHP. Does this mean that FQHCs and look-alikes are giving mental health services? He is concerned that carving this out is a problem. Is there sufficient network adequacy for the LIHP? Is enrollment capped? Are the network provider minutes (meetings between Molina and their contractors) available to the public? He also asked if people with complaints about LIHP can go to the Department of Managed Health Care or the state ombudsman, why there are no client representatives on the managed care committee, if there is an issue discussing the state versus county approach to expanding Medi-Cal, and said that the committee should review an article in</i></p>

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<p>Public Comment - Continued</p>	<p><i>Time magazine regarding the state of healthcare.</i></p> <p>Some responses were provided after Mr. Monasky’s list of questions. LIHP is not compared to Covered California. LIHP mental health services for specialty, inpatient, and intensive services are “carved out.” Some Federally Qualified Health Centers (FQHCs) may provide mental health services within their scope of service. They do not provide MHP specialty services. Prior to implementation each LIHP must have their network adequacy reviewed by the state and federal government. Our LIHP met network adequacy for 14,000 enrollees for the November 1 roll out. There is no cap on enrollment other than budgetary limitations. Molina Network Provider Meetings are not open to the public. These are meetings between the plan and the network providers for operational issues.</p>
<p>Next Steps and Meeting Closure</p>	<p>Sandy discussed possible topics for spring meetings. She mentioned having several meetings to discuss the Coordinated Care Initiative (CCI). This may include an overview by DHCS, presentation by County Senior and Adult Services on the IHSS program, Health Plan preparation in other counties for the initial roll out and a panel. Sean Atha agreed, and believes this should happen sooner than later.</p> <p>Possible topics of discussion for March could be health plan data, ACA estimates data, and capacity planning. Regarding capacity planning, Sean could have a representative from Anthem give a presentation on the exchange, and he thinks it would be beneficial to hear the state’s perspective. Jonathan Porteus will share The Effort’s strategic plan, but believes that this would be better discussed after budget when each clinic and plan has a better idea for the next fiscal year. Ted Fong would like to have better numbers so they can better plan and budget. Steve Soto can provide assumptions to the committee next month. March’s meeting will likely cover health plan data and estimates expansion data with possible discussions on capacity planning in July.</p> <p>We will discuss Medicaid eligibility simplification at a future meeting, but final rules and guidance have not yet been distributed to states and counties. The expected date for distribution is unknown.</p> <p>Sujatha Branch would like to give an update on beneficiary recruitment and language utilized in the committee. Jonathan agreed that we should use more “person first” language. These topics</p>

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Meeting Closure	will be on the schedule for March. Sandy thanked everyone for their participation and closed the meeting. Meeting adjourned at 4:47 pm.
Next Meeting	Monday, March 25, 2013 3:00 – 5:00 PM DHHS Administrative Building 7001-A East Parkway