

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

May 19, 2014, 3:00 PM – 5:00 PM

DHHS Administration

7001A East Parkway

Sacramento, CA 95823

Conference Room 1

COMMITTEE MEMBERS			
X	DHHS – Sandy Damiano, PhD – Chair	X	Hospital – Rosemary Younts
X	Advocate – Sujatha Branch – Co-Chair	X	Hospital – Tory Starr
X	Advocate – Jenni Gomez		Hospital – Laura Niznik - <i>excused</i>
X	Clinic – J. Miguel Suarez, MD	X	IPA – Sean Atha
X	Clinic – Jonathan Porteus, PhD	X	IPA – Anna Berens
X	DHA – Mary Behnoud	X	PHAB – Raquel Simental
X	DHHS – Sherri Heller, EdD	X	Pharmacy – Frank Cable
X	Health Plan – Cathy Lumb-Edwards	X	Physician – Marvin Kamras, MD
	Health Plan – Effie Ruggles	X	Physician – Nathan Allen, MD
X	Health Plan – Steve Soto		EX-OFFICIO MEMBERS
X	Health Plan – Scott Coffin		County Board of Supervisors – Ted Wolter
X	Health Care Options – Lili Zahedani		County Board of Supervisors – Lisa Nava
X	Hospital – Ellen Brown	X	State DHCS – Keith Parsley

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Public in Attendance: 17

Topic	Minutes
Welcome, Introductions and Opening Remarks	<p>Sandy Damiano, PhD, welcomed the committee, members of the public, and facilitated introductions. She also went over the agenda, handouts, and focus for today’s meeting.</p> <p>Sandy made the following announcements:</p> <ul style="list-style-type: none"> • Bob Waste, Hospital System Seat (UC Davis) will be stepping down from his seat due to consistent conflicts. Laura Niznik has been appointed. She was unable to attend today but will attend the next meeting. • There is a new publication from the California HealthCare Foundation titled “Monitoring Access: Measures to Ensure Medi-Cal Enrollees Get the Care They Need.” http://www.chcf.org/publications/2014/05/monitoring-access-medical
State DHCS Update	<p>Keith Parsley provided follow-up on items from the last meeting.</p> <ul style="list-style-type: none"> • <u>MH Quick Heath Guide</u>: The DHCS had a few minor changes which Keith will provide today. • <u>Health Care Options (HCO) Call Center Wait Times</u>: The call center system automatically transfers calls to voice mail after 30-minutes on hold. HCO is actively trying to reduce call wait times as much as possible. A system upgrade that would add additional ports so that more calls can be answered. • <u>Applications</u> – At last meeting, it was reported that there was a backlog of 900,000 applications pending in CalHEERS. As of 5/13/14 this has been reduced to 800,000. For Sacramento, this number is estimated at approximately 50,000 per Department of Human Assistance (DHA). <p>Sujatha Branch asked Keith for an update regarding the rural healthcare expansion into Medi-Cal managed care as many of the beneficiaries residing in rural counties travel to Sacramento for specialized care. Keith responded that the rural expansion happened in the 20 non-County Organized Health System (COHS) counties effective 11/1/13. The Governor’s budget included mandatory transition of Seniors and Persons with Disabilities (SPDs) in the non-COHS counties effective 9/1/14. At this time the State is asking for stakeholder feedback on the 90-day informing</p>

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<p>State DHCS Update - continued</p>	<p>notice that will be sent out in the beginning of June. Keith will send a copy of the notice for distribution to this committee. Comments are due back by 5/23/14. The State is using the notice that was vetted through stakeholders for the first SPD transition that began May 2011. The updated notice will add health plan names and phone numbers. The SPD transition is expected to affect about 25,000 people with large populations residing in Butte, Placer, and Imperial counties.</p>
<p>ACA Updates</p> <ul style="list-style-type: none"> • Eligibility & Enrollment • Network Access • Care Coordination 	<p>Sandy reviewed the handout titled, “Sacramento Regional Estimates and Take Up” (see posted document). This is a projection of what to expect in Sacramento County in calendar year 2014. The CalSIM data is for the Sacramento region (Sacramento, Placer, El Dorado, and Yolo counties) and shows a Medi-Cal increase of 40,000 and 68,000, for base scenario and enhanced scenario respectively, in the Sacramento region. The current take up as of April 1 is 39,000. May data should be available soon. Enrollment was approximately 300,000. This is a significant increase within a short time. Historically, State Medi-Cal take up or enrollment rate has been around 61%.</p> <p>Sean Atha raised the issue of the ACA bump and that the funds are with the health plans and that by June or July there should be something that can be distributed to physicians. Scott Coffin responded that Anthem is working on it and planning to start distributing in June and July. Steve Soto added that Molina issued the 2014 Q1 bump earlier this year, but there were errors and that Molina was instructed to halt issuance of the Q2 adjustment until DHCS obtains additional guidance from CMS. Keith Parsley will follow up with Capitated Rates Development division and send an update to Sandy. Sean added that the update is needed for physicians that are part of a capitated group as opposed to the direct contract providers, and that an understanding of the methodology would be helpful.</p> <p>Tory Starr inquired about health plan panel sizes and length of time to see a provider. Steve Soto responded that the impact to Molina’s network has not been substantial, likely because at the end of 2013 Molina expanded specialty and primary care panels following their experience working with the LIHP population. Molina has also not seen an adverse impact in wait times. Sandy Damiano stated that the Committee should have the access standards. Keith Parsley will send the link to the contract that outlines the various wait time standards.</p> <p>Sean Atha added that providers are meeting wait times and seeing members for their initial</p>

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<p>ACA Updates - continued</p> <ul style="list-style-type: none"> • Eligibility & Enrollment • Network Access • Care Coordination 	<p>health assessment. If there is an urgent need, the health plan and the IPA are able to ensure a member is seen rapidly for that urgent need. Scott Coffin added that panel assessment is an ongoing process.</p> <p>Mary Behnoud, DHA, provided the following update:</p> <ul style="list-style-type: none"> • DHA Eligibility is open Monday – Friday, 8am – 6pm; Saturday, 8am-5pm, even though open enrollment for Covered California has ended. However, persons with life changing events may be able to enroll outside of the open enrollment period. The next Covered California open enrollment period is scheduled to begin 11/15/14 and end 2/15/15. Medi-Cal enrollment continues throughout the year. • Some notices that were mailed on May 7 may have had incorrect effective dates. Please refer these individuals to DHA phone line (916-874-3100) for clarification about the effective dates. • As of today DHA has taken 105,437 applications and 84,700 have been processed which is close to 80% of the applications. DHA hopes to catch up in the next few weeks. <p>Sandy Damiano added that there has been a delay until July for Medi-Cal redeterminations. Providers will want to monitor how that is proceeding.</p> <p>Sherri Heller inquired about the issue raised last meeting regarding the 51,000 beneficiaries who have Medi-Cal but not showing up in MEDS. There is not an update yet, but beneficiaries in this “pending” status should call DHA service center for assistance. Jenni Gomez confirmed that in her experience when calling on behalf of clients with an immediate medical need, DHA has been able to provide temporary beneficiary identification cards within 24 hours. Ethan Dye clarified that DHA does not make the presumptive eligibility determination. If a person is eligible, DHA can print BIC card and fax, but if not yet eligible, worker can walk through the application with the beneficiary to make sure they have everything needed to obtain eligibility.</p>
<p>MH Benefit Update</p>	<p>Scott Coffin reiterated that the Medi-Cal Behavioral Health Quick Guide is a one-page reference that consolidates information in one place. It does not cover everything, but it highlights process flows for categorizing, managing mild to moderate to severe need and has contact information. The vision for this document is that it will be handed out and distributed freely, posted in emergency rooms, and used by physicians as a reference point. The plans are working with Uma Zykofsky and her team to develop a more detailed operational guide that details how referrals</p>

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<p>MH Benefit Update - continued</p>	<p>occur.</p> <p>Steve Soto added that the health plans are also working on a reference guide with target audience of intake staff at County Mental Health Plan (MHP) as well as the provider community. That document will be used for provider training. The health plans are also working on operational documents between County MHP and each of the health plans to summarize processes, contact people, and operational requirements of each party. Those documents will feed into the memorandum of understandings (MOU).</p> <p>Uma Zykofsky added that MOUs are expected to be in place by the July 1 deadline. In the future, she hopes to look more closely at the alcohol and drug service system.</p>
<p>Committee Membership</p> <ul style="list-style-type: none"> • Charter review reminders • Consideration and timing of possible new members (MHP and/or Social Services) 	<p>Sujatha Branch reviewed the stakeholder advisory committee charter which is posted on the website. The mission of the committee is to establish improved services and health outcomes for beneficiaries and to provide input and recommendations to Sacramento County, the State, and managed care organizations. Mental Health Specialty and Dental are carved out of the charter.</p> <p>Sujatha noted that this committee is one of only a few in the entire state that has a rich membership of every stakeholder that is involved in Medi-Cal Managed Care. A lot is required of members including:</p> <ul style="list-style-type: none"> • Regularly attending meetings • Actively participating in meetings • Providing input from stakeholder’s perspective • Being a strong, unified, meaningful, local voice to provide input regarding the delivery of managed care in Sacramento • Presenting on topics that you have subject matter expertise • Completing and following up on assignments • Providing discussion topics for future meetings • Working on subcommittees as needed <p>Sujatha requested input regarding adding two new member representatives (mental health and social services) to the committee, and the timing for adding them. Rosemary Younts spoke regarding the importance of adding a mental health representative. Sean Atha spoke in support of adding a social services representative. With the committee in agreement, Sandy Damiano reported that she will consult internally regarding both appointments.</p>

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Public Comment	There was no public comment.
Areas of Focus/Schedule Work	<p>Sandy Damiano went over the Areas of Focus for 2014 table.</p> <ul style="list-style-type: none"> • <u>Behavioral Health</u> – updates monthly. • <u>Beneficiary Monthly</u> – workgroup to be led by Sujatha Branch • <u>Provider Rate Reduction</u> – workgroup to be led by Sean Atha who volunteered after the meeting. Sean’s plan for the workgroup is to employ their levels of expertise and experience to come up with a collective position for Sacramento County for consideration by decision making bodies. They will create position paper and present back to this body for adoption. • <u>GMC Procurement</u> – DHCS will release a Request for Applications (RFA) in May 2015. Two health plans (Centene and United Healthcare) have expressed interest in serving Medi-Cal recipients in Sacramento. This is an RFA process that could result in additional plans (meeting those requirements). Sandy Damiano noted that San Diego County, also a GMC county, has a role defined in statute that authorizes the plans that operate in their county. The committee discussed whether it should have a voice in this process for Sacramento and what that voice should be. <p>The following points were raised:</p> <ul style="list-style-type: none"> ○ Dr. Allan spoke in support of the committee having a voice and knowing which plans are applying. He would also like Sacramento to have the same authority as San Diego. ○ Jonathan Porteus inquired about the implications on quality of care and network adequacy. He would like to see saturation data to know how many plans would be too many or too few. ○ Sujatha asked if existing plans would continue operating in Sacramento. Scott Coffin and Steve Soto said that Anthem and Molina are committed to Sacramento. ○ Steve Soto noted that this committee was set up in statute to provide a vehicle for having a say in its own direction, and future, and that DHCS should be listening to this committee. It is important that we do what is best for members and the provider community. ○ Anna Berens asked about history of more than 4 plans. Sandy responded that at one time there 6 – Western Health Advantage and Care First. ○ Sandy Damiano said that if the committee wishes to have a voice in this process, we need to plan and agenda to get perspectives from advocates, providers, and

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<p>Areas of Focus/Schedule Work - continued</p>	<p>health plans on what it would mean to have more plans enter Sacramento. She added that plans would not necessarily give a position but just speak to their experience in other counties.</p> <ul style="list-style-type: none"> ○ Rosemary Younts is in favor of an educational session in order to know the pros and cons and asked if interested plans would make presentations to the committee. ○ Sherri stated that Sacramento County would start from the position that it is desirable if there are other companies who want to compete to better serve and attract Medi-Cal recipients. Sherri also asked about the purpose of asking interested health plans to make presentations. Sean Atha responded that they could speak to who they are, current participation in California, and why they want to enter Sacramento. Ellen Brown cautioned that we may need to do a public notice. ○ Dr. Kamras noted that regardless of the number of plans the provider base remains same. ○ Uma asked about the transition process. Sandy noted that there is a defined process. ○ <u>Emergency Department Utilization</u> – Topic to be discussed at July 28 meeting. Rosemary Younts will convene the hospital systems. They will present data for emergency room utilization for primary care (emergent/non-emergent visits). There will also be discussion of best practices, pilots, and programs such as T3, Dignity Navigators, etc. A second meeting will address emergency utilization for mental health. The committee discussed several factors: average cost, number of mental health ER visits, detox, and State report on ED utilization. <p>Sherri shared with the committee that the Behavioral Health Services Division will be releasing an 8-page article next week to be published in the Sacramento News & Review, the Business Journal, and the Sacramento Bee regarding mental health. The intent of piece is to educate and elevate the discussion.</p> <ul style="list-style-type: none"> ● <u>Medi-Cal Expansion</u> – Monthly updates regarding data and enrollment and impacts on the system. ● <u>Network Adequacy</u> – Monthly updates.
<p>Public Comment</p>	<p>There was no public comment.</p>

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Closing Remarks and Adjourn	<p>Sandy Damiano thanked everyone for attending and participating in today's meeting.</p> <p>The June meeting will be cancelled to provide time for workgroups and hospital systems to meet. Sandy will send an email blast with minutes and enrollment data.</p> <p>With no additional business to discuss, the meeting adjourned.</p>
Next Meeting	<p>Monday, July 28, 2014 3:00 – 5:00 PM DHHS Administrative Building 7001A East Parkway, Conference Room</p>