

Care Coordination Work Group

Meeting Minutes

September 23, 2019, 3:00 PM – 5:00 PM

DHS Administration

7001-A East Parkway
 Sacramento, CA 95823
 Conference Room 1

WORK GROUP MEMBERS			
X	Advocate – Hillary Hansen (LSNC)	X	Health Plan – Ashley DeLanis (Molina)
X	Clinic – J. Miguel Suarez, MD (HALO)	X	Hospital – Tory Starr (Sutter Health) – Co-Chair
	Clinic – Jonathan Porteus, PhD (WellSpace)	X	Hospital – Elissa Southward, PhD (Dignity Health)
X	DHS Primary Health – Sandy Damiano, PhD	X	Hospital – Vanessa McElroy (UC Davis Health)
X	DHS Behavioral Health – Stephanie Kelly for Ryan Quist		Hospital – Brian Heller de Leon (Kaiser) – <i>Excused</i>
X	Health Plan – Les Ybarra (Anthem) – Chair	X	IPA – Janice Milligan (River City)
	Health Plan – Susan Mahonga (Health Net)	GUESTS	
	Health Plan – Cathy Lumb-Edwards (Kaiser) – <i>Excused</i>	X	Beau Hennemann, Anthem Blue Cross
	Health Plan – Rafael Gonzalez-Amezcuca, MD (Aetna)	X	Leila Duncan, Anthem Blue Cross

Work Group Members (10) and Guests (2) in Attendance: 12

Public in Attendance: 26

Staff: Sherri Chambers

Care Coordination Work Group

Topic	Minutes
<p>Welcome and Agenda Review – <i>Les Ybarra</i></p>	<p>Les Ybarra welcomed group members and members of the public and facilitated introductions. <i>Welcome to new member Elissa Southward from Dignity Health who is replacing Ashley Brand on the Work Group.</i></p> <p><u>Materials:</u> All members received a copy of the agenda, 2019 GMC Enrollment Data, Annual Network Certification Report Summary, Public Charge Guide, Long Term Care Memorandum, Emergency Department (ED) Primary Care Visit Summary, Dignity Health ED Data, Kaiser ED Data, UC Davis ED Data, & Primary Care Quality Performance PowerPoint slides. <i>Meeting materials are posted on the website.</i> Link: www.SacGMC.net</p> <p><u>Agenda Topics:</u> Data & Announcements, Health Homes Update, Emergency Department Utilization, Managed Care Quality, & Public Comment</p>
<p>Data and Announcements – <i>Sandy Damiano</i></p>	<p><u>Data:</u></p> <ul style="list-style-type: none"> • <u>GMC Enrollment Data</u> (<i>posted on the website</i>) – As of August 2019, the total enrollment was 427,812, a net increase of 355 members from July. Aetna, Anthem, and Kaiser had net increases while Health Net and Molina had net decreases. <i>Net change does not reflect the total enrollments and disenrollments per month.</i> • <u>Annual Network Certification – July 2019</u> (<i>posted on the website</i>) – Staff created a summary of Sacramento GMC plans’ results. Each plan had an overall result of <i>Pass with Conditions</i> and will have a temporary standard in place with a Corrective Action Plan. Deficiencies must be resolved within 6 months. See the full report on the DHCS website. Link: https://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx <p>Les Ybarra explained that Anthem had <i>Noncompliant</i> in total physician ratio due to a technicality related to the provider file submission. It should be corrected by October. He also noted that all plans have a challenge with “OB-GYN for primary care” because the providers do not want to go through the requirements to be a PCP. This is not an issue with “OB-GYN specialty.”</p> <p><u>Announcements:</u></p> <ul style="list-style-type: none"> • <u>DHCS Director</u> – Jennifer Kent announced she is resigning effective September 30. This is a major change at a critical time. We will let everyone know when a transition plan is released. • <u>Managed Care Convenings</u> – Senator Pan did not meet with DHCS in September due to Jennifer Kent’s resignation. We will keep everyone updated. • <u>California Advancing and Innovating Medi-Cal (CalAIM)</u> is the new DHCS initiative aimed at reducing variation and complexity across the delivery systems and improving quality. They are soliciting members for 5 stakeholder workgroups. Deadline: 9/27. See the DHCS website for details: www.dhcs.ca.gov/calaim

Care Coordination Work Group

	<ul style="list-style-type: none"> • <u>Medi-Cal Expansion</u> – Undocumented young adults currently on restricted scope Medi-Cal will transition to full scope no sooner than January 1, 2020. Approximately 1,573 individuals are targeted for transition in Sacramento County. Individuals who may qualify and are not on restricted scope Medi-Cal will need to apply. • <u>Public Charge Guide</u> (<i>posted on the website</i>) – Published by the California Health & Human Services Agency, this guide clarifies the federal public charge policy and provides useful information. • <u>Long Term Care (LTC)</u> (<i>posted</i>) – Effective January 2021, LTC services such as SNF, subacute, ICF and coverage of transplants will be carved in to Medi-Cal Managed Care for all model types. Beau Hennemann of Anthem added that health plans have no other information at this time, but this change will impact network build, services, etc. Plans will report back as they learn more. Les noted that Anthem already covers these services in Los Angeles and Santa Clara Counties. • <u>Managed Care Pharmacy Benefit transition to FFS (carve out)</u> – Also targeted for January 2021. • <u>Next Meeting</u> (October 28 Medi-Cal Managed Care Committee) – FQHCs will present their strategies to improve access to care and quality metrics. HALO and Sacramento Native American Health have confirmed. We will reach out to other FQHC partners. Would like to have most present similar to our IPA presentations.
<p>Health Homes Update – <i>Beau Hennemann</i></p>	<p>Beau Hennemann, Director of Special Programs, Anthem Blue Cross, provided a Health Homes update.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>Contracts</u> – Since the rates were not finalized until June 30 for July 1 go live, it took a while to finalize contracts. Anthem is currently contracted with WellSpace, Sacramento Native American, and Elica. Soon to be contracted with Sacramento Covered and River City. • <u>Enrollment</u> – Numbers are low, which is what they expected. The population is disengaged from health care and it takes time. Anthem has about 10,000 members eligible for the Health Homes Program (HHP). • <u>Challenges</u> – They have had some data issues. DHCS has also issued frequent changes (program guide, reporting template, etc.) • <u>Program integration</u> – Plans agreed to revisit long term integration after the initial push of go live. They started a group with plans, CB-CMEs, and hospitals and developed a list of top priorities: <ul style="list-style-type: none"> – A “connection point” to find out if a person is enrolled and which program. – Interaction between Whole Person Care (WPC) and HHP – All agreed that homeless members are better served in WPC, but need to consider how to transition members to HHP as WPC reaches its enrollment cap or sunsets. – SMI rollout January 1 – How will coordination work?

Care Coordination Work Group

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<p>Emergency Department Utilization – <i>Hospital Systems, Les Ybarra (facilitation)</i></p>	<p>Les Ybarra stated the following handouts are included for the ED reports (<i>all are posted on the website</i>):</p> <ul style="list-style-type: none"> • <u>Emergency Department (ED) Primary Care Visit Summary</u> – The top table shows GMC plan point in time enrollment for December 2017 and 2018. The other tables show ED visits for primary care by plan and by hospital system (2018 followed by 2017). • <u>ED Visit Data</u> for Dignity Health, Kaiser, and UC Davis Health. <i>Data for Sutter Health was unavailable but will revise the handout once data is submitted.</i> <p><u>Dignity Health</u> – Elissa Southward reviewed Dignity's data highlights (<i>see handout for details</i>):</p> <ul style="list-style-type: none"> • They had an overall increase in ED visits from 2017 to 2018. ED utilization was highest at Mercy San Juan followed by Methodist. • 42% of all ED visits were for primary care. Of those, 51% were GMC payer. • From 2017 to 2018, ED utilization for primary care decreased overall. <p><u>Kaiser</u> – Representatives were unable to attend the meeting. <i>See handout posted on the website for data.</i></p> <p><u>UC Davis Health</u> – Vanessa McElroy reviewed UCD Health's data highlights (<i>see handout for details</i>):</p> <ul style="list-style-type: none"> • Primary care visits were defined using CPT codes Level 1 and 2 that could have been treated more appropriately in a non-urgent setting. • 15% of all ED visits were for primary care. Of those, 47% were GMC Medi-Cal payer. • <u>Clarification</u> – “Other GMC Medi-Cal” refers to other Medi-Cal managed care plans, not necessarily GMC. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Janice Milligan asked if OB admissions through the ED were counted as primary care visits. Most agreed that if admitted, the visit would be excluded. However, if not admitted (e.g. labor check) it could be counted as a primary care visit. Some members were interested in looking at the issue. Sandy and Les suggested hospitals consider consistent data parameters and report back on 1) how an OB visit is counted when not admitted and 2) when admitted to delivery from the ED.

Care Coordination Work Group

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<p>Managed Care Quality – <i>Les Ybarra and Leila Duncan</i></p>	<p>Les Ybarra welcomed Leila Duncan, Quality Manager with Anthem Blue Cross. We will look at blinded data relating to primary care performance. Important because most managed care members are assigned to safety net clinics. The goal is to start a dialogue around improvements, interventions, and how to meet State expectations. Les noted that we must work together as a community to find solutions.</p> <p>Leila Duncan, Quality Manager for Sacramento, Region 1 & Region 2 for Anthem Blue Cross, provided a PowerPoint Presentation on <u>Primary Care Quality Performance</u> (see slides posted on the website).</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>HEDIS</u> – Healthcare Effectiveness Data and Information Set: A set of metrics used to assess patient care. • <u>Plan goal</u> – Improve the volume and integrity of claims and encounter data. The quality team visits FQHCs to provide education and ensure proper coding. They believe the services are provided but not always captured. • <u>Challenges</u> – It takes time for data to travel to the plan (“claim lag”) and data requirements are particular. • <u>Minimum Performance Level (MPL)</u> – Plans are held to MPL on 19 measures. MPL was the 25th percentile but changed in mid-2019 to the 50th percentile. Very difficult for plans to achieve. • <u>Other changes</u> – They expect the State will transition from HEDIS to the CMS Core Set. They also think medical record review will become obsolete and all measures will be based on claims/encounter data. • <u>Default measures</u> – Five HEDIS measures are used to determine default auto-assignment to plans. This helps plans increase membership. Data pulled for the presentation was based on the default measures. • <u>Data</u> – The clinic/PCP data for measurement year 2018 is shown in a blinded format. Les noted that DHCS uses “hybrid rates” (based on chart reviews and small samples) in public reports. Anthem used “administrative data” (claims/encounters) from the entire population for this data pull. Their goal is to obtain all quality measures from administrative data, since it appears DHCS is moving in that direction and it is more efficient. <i>Note: Even though plans are held to the 25th percentile for MY 2018, the chart shows the 50th percentile since that will be the standard going forward.</i> • <u>Immunizations</u> – A challenge because the State mandated entering the data in the California Immunization Registry (CAIR). Providers have it on paper, but are behind on data entry. Have seen some improvement by helping providers catch up.

Care Coordination Work Group

<p>Managed Care Quality – <i>Continued</i></p>	<ul style="list-style-type: none"> • <u>Partnerships</u> – They want clinics to let them know how they can help. They are willing to partner with other plans to ensure all succeed in meeting the new standards. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Tory Starr commented that the data should be captured in the EHR. Dr. Suarez explained that sometimes it is scanned in and not entered in a data field. Some members come in late and cannot get the whole panel of vaccines. Some get vaccines at other clinics. Some are coding issues. He has seen improvement, but not enough to meet the 50th percentile. He said FQHCs, IPAs, and plans need to work together. • Janice Milligan observed another challenge with capturing immunizations is that the Vaccines for Children program requires providers to make multiple data entries. Also, some counties have only one clinic system, so they do not have the problem of vaccines provided at other clinics. • Les mentioned immunizations for newborns given in the hospital as a data capture opportunity, preferably through the EHR rather than chart review. Another challenge is the child who comes in shortly after the 2nd birthday. The immunization is captured, but it is a negative. Plans are delving for every bit of data, but more needs to happen. We need to educate the community. Leila added that continuous education with providers and operations staff can have a huge impact. • Sandy asked members to think about what steps we can take toward working together. Leila shared that River City convened a HEDIS work group with plans and FQHCs. The FQHCs shared best practices and it was productive. They will meet monthly going forward. Sandy asked participants to bring back specific strategies. 	
<p>Public Comment</p>	<p><u>J.R. Caldwell, Sr., Medi-Cal Managed Care Advisory Committee Member</u>, suggested hosting a health fair and inviting plan members, physician groups, and others to help members get a better understanding of what the health plans are doing.</p>	
<p>Closing Remarks and Adjourn</p>	<p>Les thanked everyone for attending and participating in today’s meeting. <i>A special thanks to the presenters!</i> With no additional business to discuss, the meeting adjourned.</p>	
<p>Next Meetings</p>	<p><i>Medi-Cal Managed Care Advisory Committee Meeting</i> Monday, October 28, 2019 / 3:00 – 5:00 PM</p>	<p>Location: DHS Admin Building Conference Room 1 7001-A East Parkway</p>
<p><i>Care Coordination Work Group Meeting</i> Monday, December 9, 2019 / 3:00 – 5:00 PM – <i>Note: This meeting is off cycle.</i></p>		