

## Sacramento Medi-Cal Managed Care Advisory Committee

### Meeting Minutes

March 23, 2015, 3:00 PM – 5:00 PM

### DHHS Administration

7001A East Parkway  
Sacramento, CA 95823  
Conference Room 1

COMMITTEE MEMBERS			
x	DHHS, Primary Health – Sandy Damiano, PhD – Chair	x	Hospital – Laura Niznik Williams
x	Advocate – Sujatha Branch – Co-Chair	x	Hospital – Tory Starr
	Advocate – Jenni Gomez	x	Hospital – Rosemary Younts
x	Clinic – J. Miguel Suarez, MD		Beneficiary – J.R. Caldwell, Sr.- <i>excused</i>
x	Clinic – Jonathan Porteus, PhD		IPA – Sean Atha
	DHA – Mary Behnoud		IPA – Anna Berens - <i>excused</i>
x	DHHS – Sherri Heller, EdD	x	Pharmacy – Frank Cable
x	DHHS, Behavioral Health – Uma Zykofsky	x	Physician – Marvin Kamras, MD
	DHHS, Social Services – Debbi Thomson	x	Physician – Nathan Allen, MD
	Health Plan – Cathy Lumb-Edwards - <i>excused</i>		<b>EX-OFFICIO MEMBERS</b>
	Health Plan – Effie Ruggles		County Board of Supervisors – Ted Wolter
	Health Plan – Steve Soto		County Board of Supervisors – Lisa Nava
x	Health Plan – Scott Coffin	x	State DHCS – Adam Grant
x	Hospital – Ellen Brown	x	Health Care Options – Lili Zahedani

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**Committee in Attendance: 15**

**Public in Attendance: 22**

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks – <i>Sandy Damiano, PhD, Chair</i></p> <p>See <b>Medi-Cal Managed Care Enrollment Data</b> – <i>available on website under Health Plan Data</i></p> <p>See <b>2015 Topics for Consideration</b> - <i>available on website</i></p>	<p>Sandy Damiano, PhD, welcomed the committee and members of the public, facilitated introductions, reviewed the agenda / handouts, and noted the focus for today’s meeting.</p> <p>Minutes and PowerPoint Presentations from last month’s presentation focused on <b>Medi-Cal Dental Advisory Committee Overview, Hospital Based Dentistry Authorization Process and Dignity Health Patient Navigator Program Update</b> are posted on the website, along with current <b>Medi-Cal Managed Care Enrollment Data</b>.</p> <p>Sandy Damiano provided the following announcements:</p> <ul style="list-style-type: none"> <li>▪ <u>Healthcare Coverage for Undocumented Immigrants</u>: This is not related to Medi-Cal Managed Care. The County Board of Supervisors held a workshop on March 18, 2015 from 2:00 – 7:00 pm. There is substantial work to complete and submit include meetings with key stakeholder groups and additional research prior to the report back. Timely response in confirming these meetings is much appreciated. Materials are posted on the county webpage.</li> <li>• <u>State Department of Health Care Services (DHCS)</u>: Sandy met with DHCS recently. Currently recruiting for Keith Parsley’s position. Kasey Baker represented DHCS last meeting. This week, Adam Grant is representing DHCS. When the position is filled, this individual will join the Committee.</li> <li>▪ <u>Enrollment Data</u>: Data as of March 1, 2015 depicted an uptake of <b>5,860</b> individuals into Medi-Cal Managed Care. As a result of requests, we are now tracking data for each health plan. The default data decreased to <b>28%</b>, which represents that members are actively selecting health plans. Approximately 1 million beneficiaries are up for renewal process. See 2015 Enrollment Data posted on the Committee webpage.</li> <li>▪ <u>2015 Topics for Consideration</u>: Briefly reviewed the outline for meetings and requested input. <ul style="list-style-type: none"> <li><u>April</u> - Homeless Special Population Panel presentation to discuss access to services, themes and healthcare navigation. Potential panel members will include: Sacramento Steps Forward, Division of Behavioral Health Services to report on mental health and substance abuse services, Department of Human Assistance (DHA) will speak about the grant they received for outreach to homeless population, Dignity Health will provide an overview of a pilot program with Lutheran Social Services, data provided by Dignity Health on hospital utilization, and a new partnership;</li> </ul> </li> </ul>

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	<p>Anthem Blue Cross Health Plan will discuss a new strategy to engage with the homeless population, and WellSpace will have a representative speak about Specialized Multiple Advocate Resource Team (SMART) and Interim Care (ICP).</p> <p><u>May</u> – Criminal Justice Special Population panel to provide an overview of current efforts to outreach, engage, and enroll individuals in health care and services. Panel to include: Probation and Correctional Health regarding enrollment efforts prior to release and post release at Adult Day Reporting Centers (ADRCs), County Behavioral Health, DHA efforts to outreach and enrollment efforts, and health plan to discuss strategy to engage individuals.</p> <p><u>June</u> – Panel members: California Primary Care Association (CPCA), Capitol Health Network and representatives from FQHCs. Currently pending feedback from CPCA and Capitol Health Network.</p> <p><u>July</u> – Medi-Cal Enrollment, Outreach and Navigation Efforts with a panel presentation from DHA, County Behavioral Health and Capitol Health Network.</p> <p><u>August</u> – Telehealth (new addition) Members should email Sandy or Karen if they would like to be on a panel or have additional topics.</p>
<p>State DHCS Update – <i>Adam Grant</i></p>	<p>Adam Grant provided the following updates:</p> <ul style="list-style-type: none"> <li>▪ <u>GMC Request for Application (RFA)</u> – Release date has been targeted for March 31, 2015 but may be delayed. Sandy requested that DHCS keep her informed about the procurement and send emails when there are changes.</li> <li>▪ <u>Hospital Dentistry</u> – DHCS is currently drafting an APL (All Plan Letter) to address dentistry and provide answers to questions from stakeholders. This document will be released soon.</li> </ul>
<p>Follow-up to Medi-Cal Dental Hospital-based Care <i>Holly Harper, Sutter Health</i> <i>Scott Coffin, Anthem</i></p>	<p>Sandy Damiano facilitated the follow-up discussion from last month’s topic Medi-Cal Hospital-Based Dentistry. Hospital dentistry is complicated with four health plans, three dental plans, and hospitals to coordinate care for hospital-based care. Need data on codes from DHCS.</p> <p><b>Holly Harper, Sutter Health</b>, provided a follow-up on hospital-based dentistry.</p> <ul style="list-style-type: none"> <li>▪ Sutter is the last hospital providing inpatient and outpatient based, general anesthesia dentistry in the area. Sutter serves approximately 1,000 patients a year in hospital-based dentistry. Reimbursement has been inadequate and Sutter has been losing well over \$1 million a year. When Sutter decided to terminate hospital-based dentistry, Sutter representatives met with Senator Steinberg’s office, other hospital systems, FQHCs and other stakeholders. Three working groups were convened by Senator Steinberg’s office: one group to establish protocols on what needs to be done in the hospital-based setting under general anesthesia. Due to this progress, Sutter Hospitals agreed to continue providing</li> </ul>

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limited surgeries inpatient at a 60% reduction based on the protocols developed in the work groups until September 2015. Sutter continues to meet with DHCS, attend the Medi-Cal Dental Advisory Committee, and participate in discussions regarding this dental crisis. The other two work groups were to address reimbursement and process. These groups did not make much progress. Reimbursement rates remain the same. Average loss to Sutter is \$2,500 - \$3,500 per dental surgery.

- Sutter Health also provides services for individuals coming through the emergency departments for hospital-based care.

Scott Coffin provided follow-up regarding Anthem authorizations for dental hospital-based care.

- The authorizations process is complicated because the health plans are responsible for the facility fees, professional fees and anesthesiologist based on medical necessity.
- Since January 2014, there were 454 unique members who were authorized for hospital-based care. Anthem also provides transportation but Scott was unable to get data on transportation needs.

Committee Discussion:

- Rosemary Younts stated that Dignity Health Systems has never provided hospital-based dentistry as a service line. Dignity has on-call dental surgeons for individuals requiring services that come in through the emergency department. Dignity Hospitals also allow dental surgeons to provide dentistry at the operating rooms on a limited basis.
- Sujatha requested clarification. Sutter has a limited program that provides for pro-active dental block for hospital-based dental care. Dignity has limited time available for dental surgeons to use the operating room.
- Dr. Kamras reported that the primary concern with hospital-based dentistry lies with the facility fee reimbursement rate by Medi-Cal. The Sacramento Surgery Center has surgeons and anesthesiologists who will provide the care with Medi-Cal rates, but are unable to do so because the facility rates are low and result in losing money each time a surgery is performed.
- Dr. Allen inquired if there is a strategy in place when Sutter Health ends the program in September and who regulates the rates. Holly Harper responded that there is no current strategy because the rates are so low. Sutter continues to engage in conversations with DHCS regarding rates. At this point in time, the rates remain the same.
- Ellen Brown reported that Kaiser has some capacity for Kaiser Members.
- Dr. Kamras indicated that he saw reimbursement as the barrier to hospital-based dentistry due to the low Medi-Cal rate for facility fees. Reimbursement is much lower than the actual costs. Providers are willing but unable to perform the surgeries because the facility fee for the use of the facility (pre and

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	<p>post-operation room, equipment and supplies and reimbursement fee is not enough and results in losing money.</p> <ul style="list-style-type: none"> <li>▪ Tory Starr inquired if the anesthesia reimbursement rate is a barrier. Dr. Kamras reported that there are anesthesiologists accepting the rates; the low rate for facilities is the barrier.</li> <li>▪ Sujatha Branch requested clarification on pro fees. Pro fees are professional fees that are provided to the surgeon and anesthesiologist.</li> <li>▪ Tory Starr inquired if health plans can track how much money is spent on dental care through emergency departments versus planned, authorized hospital-based care. Rosemary Younts reported that Dignity tracks the data. Last year, 1,800 cases received dental care through the emergency department resulting in a loss of \$5 million.</li> <li>▪ Tory Starr inquired if hospital systems have shared this data with legislation. Both Holly Harper and Rosemary Younts indicated that the information was shared with legislation.</li> <li>▪ Jonathon Porteus reported that this seems more like a medical issue than a dental issue. These patients have difficulty with routine care.</li> <li>▪ Sujatha Branch expressed concern that bureaucracy may be a factor in the lengthy authorization process, and noted a need to work together to shorten this process.</li> <li>▪ Scott Coffin reported that Anthem has an access to care team (nurses) who are often involved in these authorization processes working with the physician, dental plan, hospital, and patient/family.</li> <li>▪ Sandy Damiano reported that there were legislative hearings this month. The dental hearing was focused on access to care and obtaining data. They want a dashboard similar to Medi-Cal Managed Care's. Another hearing was held on the Medi-Cal rates and their impact on access.</li> <li>▪ Sujatha indicated that beneficiaries face challenges navigating this system. She urged health plans, dental plans and hospitals to work together to make this process less cumbersome for the beneficiaries.</li> </ul>
<p>Specialty Access – Scott Coffin</p>	<p><b>Specialty Access, New Strategies, Efforts and Timelines to Improve Access and Expand Networks</b> discussion, facilitated by Scott Coffin, Anthem Blue Cross. <i>Sandy Damiano suggested having the health plans that were not represented at this meeting report back regarding Specialty Access since Anthem Blue Cross is the only plan represented. Health Net is going through some changes. Effie Ruggles will be leaving Health Net and will be working for River City. Health Net currently putting forth efforts to replace Effie. Steve Soto has had conflicts due to his new role within Molina.</i></p> <p>Scott Coffin – Specialty Access:</p> <ul style="list-style-type: none"> <li>▪ Locally 151,845 members enrolled in Anthem Blue Cross, which is a market share of 40%.</li> </ul>

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- 82% (120,000) of Anthem members are assigned to IPAs (River City, EHS, and Hill Physician). The remaining 18% are managed directly through Anthem. Anthem works directly with IPAs to improve specialty access, timely appointments and transportation. They analyze data according to where individuals receive care.
- Anthem works with hospital medical groups and contracts with all local hospitals (except Kaiser).
- Anthem has a contract with UCD that is a reciprocity agreement. Individuals contracted with IPAs can also work with UCD.
- 25,000 of members seek care through Sutter Health. Anthem works closely with hospitals in the East Bay and San Francisco.
- Anthem continuously monitors networks and puts forth efforts to increase networks.
- The primary challenge to increasing specialty networks are the rates. California rates are one of the lowest in the nation.
- Anthem has 62 Telehealth sites in Northern California.

### Committee Discussion:

- Dr. Allen reported that he would like to know about the IPA specialty contracts particularly those out of network. Tory Starr suggested finding out where the gaps are in specialty care.
- Sandy Damiano asked if Scott could speak about some of the new ideas Anthem is considering that he reported during the talk with Congresswoman Matsui's office in January. Scott Coffin reported that he is working with the EHS IPA to bring in specialists from Los Angeles to assist with special cases. These efforts are not finalized.
- Dr. Allen suggested health plans meet with hospitals and IPAs to work on issues together.
- Tory Starr asked how often health plans report to DHCS. Scott reported quarterly, but Anthem tracks data on a weekly basis.
- Sandy Damiano suggested that specialty access is further strained because of the ACA enrollment surge.
- Rosemary Younts reported that Dignity Health's use of Telehealth (behavioral health) has had positive outcomes.
- Laura Niznik Williams reported that UCD is also working on Telehealth. Dr. Suarez requested to add Telehealth as a topic for a future meeting. In particular, he is interested in hearing about reimbursement for Telehealth. He has tried Telehealth with dermatology, but reimbursement was problematic.

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Public Comment	<p><u>Julie Byers, staff to Medi-Cal Dental Advisory Committee</u> requested the number of denied requests for hospital-based care. The process for authorizing treatment is lengthy due to many requests being denied initially. Additionally, Julie reported on the results of March 4<sup>th</sup> and March 17<sup>th</sup> hearings: in favor of taking action on rates, working on problems with Denti-Cal audit, having more transparency with DHCS, and more dental data from DHCS.</p>
Closing Remarks and Adjourn	<p>Sandy Damiano thanked everyone for attending and participating in today's meeting. Telehealth will be added to the "2015 Topics for Consideration."</p> <p>Next meeting – Panel on Homeless Special Population</p> <p>With no additional business to discuss, the meeting adjourned.</p>
Next Meeting	<p><b>Monday, April 27, 2015</b>  <b>3:00 – 5:00 PM</b></p> <p>DHHS Administrative Building          7001A East Parkway, Conference Room 1</p>