

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

July 27, 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		Hospital – Laura Niznik Williams - <i>excused</i>
x	Advocate – Sujatha Branch – Co-Chair – Todd Higgins	x	Hospital – Tory Starr
	Advocate – Jenni Gomez	x	Hospital – Rosemary Younts
x	Clinic – J. Miguel Suarez, MD	x	Beneficiary – J.R. Caldwell, Sr.
	Clinic – Jonathan Porteus, PhD	x	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		Physician – Marvin Kamras, MD
	DHHS, Social Services – Debbi Thomson	x	Physician – Nathan Allen, MD
	Health Plan – Cathy Lumb-Edwards – <i>on leave</i>		EX-OFFICIO MEMBERS
x	Health Plan – Jane Tunay (interim)	x	County Board of Supervisors – Ted Wolter
x	Health Plan – Steve Soto		County Board of Supervisors – Lisa Nava
x	Health Plan – Janet Paine	x	State DHCS – Kasey Baker, Nathan Nau & Dana Durham
x	Hospital – Ellen Brown (filling in for both Kaiser seats)	x	Health Care Options – Lili Zahedani

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Committee in Attendance: 17

Public in Attendance: 28

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks – <i>Sandy Damiano, PhD, Chair</i></p>	<p>Sandy Damiano, PhD, welcomed the committee and members of the public, facilitated introductions, reviewed the agenda and packet, including Topics for Consideration, Data Enrollment, Capitol Health Network paper by Nenick Vu, and noted the focus for today’s meeting.</p> <p>Last month’s presentation on <i>Federally Qualified Health Centers (FQHCs)</i> was provided by a panel including: Capital Health Network, California Primary Care Association and representation from local FQHCs. Minutes, Medi-Cal Enrollment Data, PowerPoint Presentations (PPP) and handout are posted on the website: http://www.dhhs.saccounty.net/PR1/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx</p> <p>Sandy Damiano provided the following updates:</p> <ul style="list-style-type: none"> ▪ <u>Enrollment Data</u>: As of July 1, 2015, total enrollment is 402,147, with a take-up of 2,238 and default rate 32%. Health plan distribution provided on the on the Enrollment Data. See Medi-Cal Managed Care Enrollment Data - available on website
<p>State DHCS Update – <i>Kasey Baker, Dana Durham and Nathan Nau</i></p>	<p>Kasey Baker, Dana Durham and Nathan Nau, provided updates. The department will have representatives from each division at the meeting.</p> <ul style="list-style-type: none"> ▪ <u>GMC Request for Application (RFA)</u>: GMC RFA release date is still pending. ▪ <u>Network Adequacy</u>: State is undergoing a monitoring project and will post a synopsis of each tool used for monitoring provider directories and network adequacy on the website. Then they will determine which tools will be used to bolster monitoring efforts, keeping in mind the new federal regulations. One monitoring tool, called “secret shop,” is used to ensure providers meet timely access standards. <p><u>Committee Questions/Comments:</u></p> <p>Dr. Allen – Requested clarification about the secret shoppers. Dana: State calls the provider to find out how long it takes to get an appointment.</p> <p>Dr. Suarez – Will monitoring take into consideration pharmacies 340B? Nathan encouraged all to review the audit findings that are posted on the website.</p>

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	<p>J.R. Caldwell – Can an individual who has been dropped return to the same doctor. And, if so, what is the timeline? Nathan: To mitigate churning between Medi-Cal and Covered California, there is a process of timely re-enrolling individuals who churn. If it is private insurance instead of Medi-Cal, it is up to the health plan to allow a patient to continue care with the physician. Health and Safety Code 1373.96 provision allows individual to complete treatment. Rosemary Younts – Do you survey patients? Dana: Most data comes from beneficiary grievances, Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and other formal surveys. Tory Starr – What is the link to the website? Nathan: The link: http://www.dhcs.ca.gov/services/Pages/ManagedCareMonitoring.aspx</p>
<p>Mental Health Benefit – <i>Health Plans / County MHP</i></p>	<p>Health Plans and County MHP provided updates on mental health (MH) access:</p> <p><u>Janet Paine (Anthem Blue Cross)</u> - Anthem has their own behavioral health department based in San Diego which includes case managers. They required prior authorizations in 2014 but this discontinued in 2015. Efforts are in place for providers and PCPs to share information. 2014 – Authorized 639 individuals for outpatient behavioral health (psychiatry and counseling). 2015 – Authorized 522 individuals for outpatient behavioral health (psychiatry and counseling). 35 enrollees have had case management services during 2015.</p> <p><u>Uma Zykofsky (County Mental Health Plan)</u> - Data presented on GMC referrals for outpatient services from January through June. Plans and County communication has been good. Referrals have doubled since last year. 6.3% of all referrals are from health plans. There was a spike in referrals in June. Total referrals 1,168 (Molina 160, Health Net 354, Anthem 508 and Kaiser 139). County implemented four community care teams, one at each Regional Support Team (RST), to work with clients who enter and those ready to exit. Three way phone calls have been useful to talk with plan, beneficiary and County Access.</p> <p><u>Jane Tunay (Health Net) - Announcement</u> – Centene has acquired Health Net, which may take nine months for regulatory approval to complete. Health Net continues to provide services to members, work with partners and remains active in the GMC.</p> <p>Health Net has a behavioral health subsidiary called Managed Health Network (MHN). They received 1,083 calls for MH in 2014. Of these, 90 from County MHP, 214 from PCP/IPA, 550 calls from Member Services call center to MHN clinical staff, and 85 calls referred by MHN clinical staff back to County MHP. They received 859 calls year to date in 2015. Of these, 153 were from County MHP, 180 from PCP/IPA, 491 calls from Member Services call center to MHN clinical staff, and 64 were from from MHN clinical staff back to County MHP.</p>

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Mental Health
Benefit – Health
Plans/ County
MHP

Steve Soto (Molina) - Molina directly contracts with community providers and has ongoing efforts to expand the network. Contracting has limitations due to the Medi-Cal rates. Currently developing a tracking mechanism to review utilization and adding a team in Sacramento to work with providers and County MHP. The larger behavioral health team is located in Long Beach. Molina will be amending contracts with providers to emphasize integration and have providers work with psychiatrists. Steve will provide utilization data for the next meeting.

Committee Discussion:

Sean Atha – Asked whether the data was specific to Sacramento. Janet: The data is not specific to the county.

Cindy Hochart – What percentage of individuals receive case management services? Janet: When we receive a phone call from a physician or provider, then staff will reach out to the beneficiary.

Rosemary Younts – Is the data County MHP for outpatient? If so, it seems low. Uma: Yes.

Ellen Brown – Does County MHP data include individuals that self-refer? Uma: No, this data does not include individuals who self-refer and have Medi-Cal Managed Care.

Sandy Damiano – Does Health Net track utilization (visits/service types)? Jane: This data reports calls only. Can get data and report in the future. Sandy requested utilization data from all.

Rosemary – Does Health Net get calls from Emergency Departments (EDs)? Jane: Yes, these calls are included in Member Services calls to MHN clinical staff.

Tory Starr – Assuming that you did predictive modeling, are you near where you thought you would regarding service demand? Steve – There was no time to use any predictive modeling as there was little information given to plans on what to build. Efforts have been in building networks.

Dr. Allen – Where do you send clients who need hospitalization and is there a shortage? Steve: Inpatient care is carved out and County MHP is responsible for inpatient services. County services are stretched. There are 320 inpatient beds in Sacramento, 35% are used by out of County individuals due to state-wide shortage.

Sherri – Also noted there is an inpatient bed shortage, but individuals may end up in inpatient services because of a lack of supportive housing or respite services in the community. We need to look at increasing structure and supportive services in the community so that people get prompt access to services they need in the community and don't end up in the hospital system.

Tory – Have you looked at the interplay between physical health and behavioral health for beneficiaries and cost of care? Janet: Anthem has worked with County MHP and offers case managers assist beneficiaries as indicated.

Sandy stated there is a new publication that from DHCS “*Understanding Medi-Cal’s High-Cost Populations*,” June 2015. Will send the link in the next healthcare email distribution.

J. R. Caldwell – Do foster care and elderly receive timely network changes so that they are not left out? Sherri: County MHP and Child Protective Services pay close attention to foster children aging out.

Steve – DHCS actively looks at network adequacy.

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Care Navigation
– *Nenick Vu and
Cindy Hochart*

Nenick Vu and Cindy Hochart, Capital Health Network presented. See website for the Care Navigation Council PPP and Care Navigation Paper by Nenick Vu. Link: <http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx>

Key points:

- Care Navigation Council requests stakeholder participation.
- Goals include standardize language/definitions, create common performance accountability and provide uniform training and certification for navigators and care coordinators.
- Pilot a program with shared HIE so that all can access real time information about beneficiary.

Committee Discussion:

Tory - Who are the stakeholders? Nenick: Would like to involve all stakeholders – plans, IPAs, hospitals, providers.
Rosemary – How is the council structured and is Sacramento Covered involved? Nenick: Yes, we are in conversations with Sacramento Covered and the Council will be based on membership.

Sandy – What level of participation from stakeholders? Nenick: Supervising navigators and care coordinators.

Dr. Allen – How do you work with plans? Nenick: We need to structure who does what, identify roles/responsibilities.

Steve – Plans and many IPAs have navigation. It would be important to include all. Note areas of underutilization, overutilization, or health conditions where people are not engaged enough in caring for their health condition.

Uma – Is this unique to Sacramento? Nenick: Our efforts will focus on Sacramento County.

Rosemary – What is your pilot? Cindy: Start with FQHC and a payer, scheduling a patient into PCP after an ED visit or hospitalization or getting patients in who are enrolled but not seen.

Tory – This effort is similar to a project with Share Cared Plan in Whatcom County. Rosemary – How are you managing HIPAA? Cindy: Falls under consents FQHCs get.

Tory – It's great if the patient owns the care plan and it follows them around.

Sherri – Who chose the IT solution and was it competitively procured? Cindy: There was no procurement process. Not obligated to use it. We are using this as a model to show how it can be done.

J.R. Caldwell – Have you considered having a forum with community colleges about workforce development?

Nenick: Yes, we have but there is a problem with non-standardized language.

Rosemary – I understand that San Francisco has a great community training program for community health workers.

Tory – It's a great idea to get standardization in language and roles. Sandy – Please report back on your outcomes from your pilot.

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<p>Committee Structure – <i>Sandy Damiano, Chair</i></p>	<p>Sandy Damiano facilitated brief discussion of committee goals to think about for next meeting. What does the Committee want to work on and what recommendations does the Committee want to make? <u>Areas of concern have included:</u> improving access to primary care, specialty, mental health, alcohol and drug services and ED utilization (avoidable primary care).</p> <p><u>Committee Discussion:</u> Rosemary – Would like to focus on access. Steve – Agree with Rosemary. Would like to focus on access for primary care and specialty and the 1115 Waiver. Kasey– Will follow-up on the Waiver status. Sandy – Suggested reviewing data on access. Tory – Requested follow-up from Plans on management of complex care.</p>
<p>Public Comment</p>	<p><u>Tiffany McFadden (RCMG)</u> – Clarify Cindy Hochart’s phone number prefix – 816? Cindy: 816 prefix is correct. <u>Jennifer Stork</u> – Experience over the weekend with an ED visit for family member. There were a lot of services provided that may have been unnecessary because providers did not talk with each other. Encouraged providers to talk with each other instead of sending individual to ED when possible. <u>Julie Byers (Medi-Cal Dental Managed Care Advisory Committee/First Five Sacramento)</u> – I am very interested in working with Care Navigation Council. Challenge in Medi-Cal beneficiaries understanding the importance of preventative care and seeking dental services while baby teeth. <u>Fernay Jackson (DHHS, Nurse Navigator working with Criminal Justice Population)</u> – Applaud efforts of Care Navigation Council. The system has been very difficult to navigate. It’s hard for me and I know the system, but it is such an important role for the clients.</p>
<p>Closing Remarks and Adjourn</p>	<p>Sandy Damiano thanked everyone for attending and participating in today’s meeting.</p> <p>Next meeting focus: Telehealth (Dignity / UC Davis). Will also have other report backs.</p> <p>With no additional business to discuss, the meeting adjourned.</p>
<p>Next Meeting</p>	<p>Monday, August 24, 2015 / 3:00 – 5:00 PM / DHHS Admin Building / 7001A East Parkway, Conf. Rm. 1</p>