

## Sacramento Medi-Cal Managed Care Advisory Committee

### Meeting Minutes

September 28, 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 – Tory Starr
	Advocate – Todd Higgins - <i>excused</i>	X	Hospital – Rosemary Younts
X	Advocate – Jenni Gomez	X	Beneficiary – J.R. Caldwell, Sr.
X	Clinic – J. Miguel Suarez, MD	X	IPA – Sean Atha
X	Clinic – Jonathan Porteus, PhD	X	IPA – Anna Berens
X	DHA – Mary Behnoud		Pharmacy – Frank Cable
X	DHHS – Sherri Heller, EdD		Physician – Marvin Kamras, MD
X	DHHS, Behavioral Health – Uma Zykofsky		Physician – Nathan Allen, MD
X	DHHS, Social Services – Debbi Thomson		
	Health Plan – Jane Tunay (interim) - <i>excused</i>		<b>EX-OFFICIO MEMBERS</b>
X	Health Plan – Steve Soto		County Board of Supervisors – Ted Wolter
X	Health Plan – Janet Paine (interim) / Lesley Adair		County Board of Supervisors – Lisa Nava - <i>excused</i>
X	Hospital –Carol Serre	X	State DHCS – Kasey Baker
X	Hospital – Laura Niznik Williams	X	Health Care Options – Lili Zahedani

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**Committee in Attendance: 18**

**Public in Attendance: 22**

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks</p> <p><i>Sandy Damiano, PhD, Chair</i></p>	<p>Sandy Damiano, PhD, welcomed the committee, and members of the public, facilitated introductions, and reviewed the agenda and meeting materials.</p> <p>Sandy Damiano provided the following updates:</p> <ul style="list-style-type: none"> <li>▪ <b>Enrollment Data:</b> As of September 1, 2015, total enrollment is <b>412,656</b>, with a take-up of <b>3,899</b> and default rate <b>27%</b>. Health plan distribution provided on the on the Enrollment Data. See <b>Medi-Cal Managed Care Enrollment Data</b> - <i>available on website</i></li> <li>▪ Ellen Brown has left her seat on the committee. She was representing Kaiser but she has moved to a new position with Sutter Health. Carol Serre will fill the Kaiser seat. Cathy Lumb-Edwards remains on leave so Kaiser is represented with one seat.</li> </ul> <p>Today's agenda includes DHCS updates, Molina Healthcare report back on mental health access and complex care management, and access issues (primary care, specialty, and mental health).</p>
<p>State DHCS Update – <i>Kasey Baker and Dana Durham</i></p>	<p>Kasey Baker:</p> <ul style="list-style-type: none"> <li>▪ <b>GMC Request for Application (RFA):</b> RFA released August 31. Applications are due October 12. Address questions or comments about the RFA to Office of Procurement at <a href="mailto:omcprfp6@dhcs.ca.gov">omcprfp6@dhcs.ca.gov</a>.</li> </ul> <p>Dana Durham:</p> <ul style="list-style-type: none"> <li>▪ <b>Behavioral Health Treatment (BHT) Implementation:</b> BHT will be a health plan benefit. Some beneficiaries are receiving BHT through the Regional Centers. These services will transition to health plans beginning February 1. DHCS is working with the health plans to ensure that they can adequately serve all the beneficiaries. The implementation plan is on track.</li> <li>▪ <b>1115 Waiver:</b> DHCS is in negotiations with CMS. The current waiver expires at the end of October. DHCS expects to have a new waiver in place by November 1. The waiver includes continuation of existing services and some new, innovative components. Dana did not have details of the new components.</li> </ul> <p><u>Committee Questions/Comments:</u> Marcia Jo – What does the implementation entail? Dana Durham – BHT involves persons under age 21 who have</p>

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	<p>a disorder on the autism spectrum. For beneficiaries who have been receiving BHT from the Regional Centers, the implementation plan is to ensure they will continue to receive those services through their health plans.</p> <p>Tory Starr – What time period will the waiver cover? Dana Durham – Through 2020.</p> <p>Steve Soto – When do you anticipate the waiver being approved by CMS? Dana Durham – Cannot say due to intense negotiations underway, however, the current waiver expires at end of October and DHCS has not requested an extension as they believe new waiver will be in place by November. An extension will be requested if new waiver will not be approved in time.</p> <p>Sandy Damiano – Do you have information about the Homeless Services Support benefit? Dana Durham – No, but it is one of the items being negotiated and includes health homes, housing options, and long-term care waivers.</p> <p>Rosemary Younts - Does this include supportive housing? And if so, would DHCS be working with community based providers? Dana Durham – Yes, along with finding ways to have group homes and supportive care integrated into the community as a whole.</p> <p>Sherri Heller – Some of the items that are approved in the waiver will still require matching funds, correct? Would clients access supportive housing and other services through their managed care providers? In other words, would managed care providers be contracting for them or would there be a separate contracting process? Dana Durham - Can't answer fully, it is part of the waiver, but parts are in the community and parts are in managed care. It's fairly complex. Sherri Heller – Agreed it is complex and she is concerned about people building programs based on a small amount of information without knowing how to access the services who decides on funding them and contracting for them and where the matching funds will come from.</p> <p>Rosemary Younts – Theoretical question, if there is already a program in place that is showing good results and needed or wanted to expand, could that entity versus the county provide the matching funds? Sherri Heller – We don't know yet. Dana Durham – Negotiations are confidential so our knowledge is hindered quite a bit.</p> <p>J.R. Caldwell – Would it require one medical group or several? Dana Durham – Items covered in the waiver would require several participants to be part of it, but she cannot provide details until after negotiations.</p> <p>Sandy Damiano asked DHCS to email an update regarding the waiver to her before the next meeting.</p>
<p>Molina Healthcare Report Back – Steve Soto</p>	<p>Steve Soto provided an update:</p> <ul style="list-style-type: none"> <li>▪ <b><u>Mental Health Access:</u></b> For the period January through June, 147 Molina enrollees accessed <b>Medi-Cal carved-in behavioral health services</b>. Count is low and was based on claims data which assumes claims have all been submitted (which they have not) and it does not account for denied claims. Data will be refreshed and updated by October 1. Steve will provide the updated numbers to Sandy. Molina <b>Medi-Cal Behavioral Health Network</b> has 51 directly contracted mental health providers. Two contracts are pending</li> </ul>

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<p>Molina Healthcare Report Back – Steve Soto</p>	<p>which would add another 9-12 providers. Rates continue to be an impediment to adding providers.</p> <ul style="list-style-type: none"> <li>▪ <u>Complex Care Management</u>: Steve presented information regarding the Molina’s “Complexist Program.” Power Point is available on the website. Link: <a href="http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx">http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx</a></li> </ul> <p><u>Committee Questions/Comments</u></p> <p>Tory Starr – The Sutter and Molina collaboration has been in operation for about a month and has been <i>successful in providing a safe transition of care plan for members with complex challenges.</i></p> <p>Steve Soto – Molina is also in conversations with Dignity. Molina received requests from hospitals for post hospital discharge visits which triggered Molina to create the Complexist Program. This program is designed for patients with complex conditions moving from a hospital stay to management in primary care and specialty care settings reducing the need for hospital readmission.</p> <p>Sandy Damiano – Is that happening with the other plans as well? Tory Starr – A dialogue has begun. Creating the infrastructure takes time. This is a really nice example of collaboration to assist with continuity of care. We would be interested to hear of other collaborations.</p>
<p>Access Issues: Primary Care, Specialty, and Mental Health - Committee Members</p>	<p>Sandy Damiano stated that access has been problematic since the ACA enrollment surge. To start the conversation Sandy asked Rosemary Younts, Marcia Jo and Jenni Gomez to outline their perspectives. Their perspectives include: hospital navigators (Rosemary); homeless navigators, criminal justice navigators and the Refugee Clinic (Marcia) and advocate (Jenni).</p> <p>Rosemary Younts: The Dignity Health Navigator program is in partnership with Sacramento Covered. Six navigators are in the emergency department and focused on Medi-Cal and Uninsured patients in need of primary care. After treatment and before discharge, a navigator will meet with each patient, find out who their provider is, make follow-up appointments, arrange transportation if necessary, and provide any needed social support services. <b>Issues</b> include: Trouble getting clinics on the phone, long appointment waits (some 3 months out to December), rescheduling of appointments by clinics with little notification to patients or navigators, no appointment availability at some clinics, and difficulty getting uninsured patients into follow-up treatment.</p> <p>Marcia Jo: DHHS started a navigation program and simultaneously built a database to track outcomes but has not had as much success as desired. Navigators do about 50 encounters per week at sites such as Mercy Clinic, Loaves and Fishes, Friendship Park, Homeless Shelters, Single Room Occupancy housing, and Adult Day Reporting Centers.</p>

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Access Issues:  
Primary Care,  
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*Committee*  
*Members*

We also see a significant number of newly arrived refugees (in the Refugee Health Clinic) who need to be linked to a permanent health care home. More than half are assigned to a health plan.

It has been easy to get someone started with eligibility and connected to Health Care Options (assists with selecting a health plan). Navigators are dogged and persistent, but it has been difficult getting appointments. **Issues** include: transient and vulnerable population, confusion navigating the system, reluctance to engage with services when not feeling ill unless it is to refill medication, difficult getting patients in for follow-up care, can't get through on the phone (clinics and members services), and member services are uninformed about their urgent care centers. Health Care Options has been a positive experience.

Jenni Gomez:

Legal Services covers 32 counties, about half of the health related calls come from Sacramento County. **Issues** seen by advocates include: timely access, phone access, referrals to specialists, lost referrals, transportation, out-of-date network lists, lack of cultural competency, and uninformed member services staff. Jenni asked health plans to send her their transportation policies to help advocates assist patients. It is not for litigious purposes.

### Committee Questions/Comments

J.R. Caldwell – Homeless people with warrants are hesitant to begin the eligibility process at 28<sup>th</sup> and R Street due to the presence of sheriffs. Is there a way we can work with judges for some type of amnesty program? Mary Benoud – There are sheriffs at that location so it is a valid concern. Homeless can enroll over the phone or they could enroll with an eligibility specialist stationed at Friendship Park.

Sean Atha/Steve Soto – Both asked the speakers to send them a list of access issues. They want to work on them and report back as to how they are addressing them within their organizations.

Marcia Jo – What can this group do to improve access? Can we relax some of the billing requirements so that anyone who can see the patient is able to see the patient or is there a place for more accessibility to the urgent care sites?

Sandy Damiano – We have talked about system-wide recommendations since these issues are across the board.

Steve Soto – These issues lend themselves to a local system-wide approach which is one reason he asked DHCS about the waiver as this could be an opportunity for a pilot program to make process or system changes that tackle these issues.

Marcia Jo – Out-of-county Medi-Cal/Inter-county Transfer (ICT) process is a problem. Sean Atha – Long-standing problem, Sean has addressed with DHCS. Corrections need to be made by originating county. Any corrections made by plans are overridden when monthly eligibility files prepared by the counties are received. Trendy Technology is the company managing data for the state. They said this can be fixed but requires a contract

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<p>Access Issues: Primary Care, Specialty, and Mental Health - <i>Committee Members</i></p>	<p>modification. Jenni Gomez – ICT is also a problem for Legal Services. Mary Benoud – Data entry problems can add to the time it takes for changes to take effect. Yana Nerdinskaya – ICT has two steps; changing address and changing code of county where person resides. Once address is changed in MEDS (State Medi-Cal data system) the person can enroll in managed care in the new county but it takes time to update county of responsibility and it can only be updated for future months. Lili Zahedani – Health Care Options can make enrollment changes once the address is changed even if county code is not yet changed. Sean Atha – Suggested a unique Sacramento homeless identifier.</p> <p>Sandy Damiano asked that access issues list be sent to her prior to the next meeting. She also asked the committee to look at changes we can recommend that do not require a waiver. The committee can also look at what we want to recommend to the department because it is unique to serving the expanded adult population. Traditional medical services might not fit well.</p> <p>Sandy Damiano reviewed <b>FQHC Expansion</b> document. All FQHCs except Elica submitted information. See document posted at: <a href="http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx">http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx</a>. CARES and Native American Health Center are expanding at current sites or in close proximity to current sites. Miguel Suarez – HALO’s Explorer site could be open as early as tomorrow. Updates will be ongoing. Jonathan Porteus – WellSpace is expanding at current sites. Pediatric dental site is new. J.R. Caldwell asked Jonathan about the availability of Saturday clinics. Jonathan answered that there is Saturday service at some sites but they cannot offer that at other sites because they are used by others at that time. David Quackenbush – Three Peach Tree sites are coming online. Peach Tree took over management of two small sites and their physical structure limits expansion. The Rosin Court site is new. Peach Tree is purposely not adding dental services because several providers are already adding dental services, but they are adding a vision center. Sandy asked FQHCs to send information about sites as they go live. She is maintaining a list of all Sacramento County FQHCs. The county runs a small health center (Sacramento County Health Center) under Marcia Jo’s direction. This health center has partnerships with UCD Department of Internal Medicine, Department of Psychiatry and is in process of adding the UCD School of Nursing (NP). The focus is on primary care and teaching primary care providers to prepare for work with low income individuals in community settings. This is much needed due to the primary care provider shortage.</p>
<p>Public Comment</p>	<p>Julie Beyers, First 5 and staff to Medi-Cal Dental Advisory Committee – Fox 40 interviewed some of the dental folks with regard to access to care for the disabled community. It airs tonight on 10 PM news. New All Plan Letter #15-012 deals with general anesthesia and intravenous sedation issues. The new policy which became effective immediately, has caused numerous cancellations throughout the state, Sacramento has been impacted quite a</p>

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	bit. Julie would like to discuss this issue with the health plans after this meeting concludes.
Closing Remarks and Adjourn	<p>Sandy Damiano thanked everyone for attending and participating in today's meeting.</p> <p>Topics for next meeting:</p> <ul style="list-style-type: none"><li>• Continuation of the access discussion. What system wide recommendations can we make that will benefit our community?</li><li>• Metrics</li></ul> <p>With no additional business to discuss, the meeting adjourned.</p>
Next Meeting	<b>Monday, October 26, 2015 / 3:00 – 5:00 PM / DHHS Admin Building / 7001A East Parkway, Conf. Rm. 1</b>