Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes
January 22, 2018, 3:00 PM – 5:00 PM

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

COMMITTEE MEMBERS			
X	DHHS, Primary Health – Sandy Damiano, PhD – Chair	X	Health Plan – Les Ybarra
	Advocate – Todd Higgins – *Excused*	X	Health Plan – Abbie Totten for Jane Tunay
X	Advocate – Hillary Hansen	X	Health Plan – Cathy Lumb-Edwards
X	Beneficiary – J.R. Caldwell, Sr.	X	Health Plan – Vivian Urquizu
	Clinic – J. Miguel Suarez, MD	X	Health Plan – Jeff Dziedzic
	Clinic – Jonathan Porteus, PhD	X	Health Plan – Kevin Kandalaft
X	DHA – Mary Behnoud	X	IPA – Sean Atha
X	DHHS – Sherri Heller, EdD		IPA – Anna Berens – *Excused*
X	DHHS, Behavioral Health – Uma Zykofsky	X	Physician – Marvin Kamras, MD
X	Hospital – Rosemary Younts	X	Physician – Ravinder Khaira, MD
X	Hospital – Tory Starr	**EX-OFFICIO MEMBERS**	
X	Hospital – Laura Niznik Williams	X	Health Care Options – Lili Zahedani
			County Board of Supervisors – Lisa Nava

Staff: Sherri Chambers

Sacramento Medi-Cal Managed Care Advisory Committee

Committee in Attendance: 19

Public in Attendance: 32

Topic	Minutes
Welcome, Introductions and Opening Remarks - *Sandy Damiano, PhD, Chair*	Sandy Damiano, PhD, Chair welcomed the committee and members of the public, facilitated introductions, and reviewed the agenda and meeting materials. • Materials: All members received copies of the Agenda, 2018 Meeting Calendar, GMC Enrollment Data, Enrollment and Net Change Data 2011-2017, Committee Activities Completed in 2017, and Proposed Activities for 2018 DRAFT. • *Materials are posted on the website.* Website link: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx. • Agenda Topics: Announcements and Data, GMC Model Discussion, and Public Comment.
Announcements and Data – *Sandy Damiano*	Sandy Damiano provided announcements and reviewed data. *All handouts are posted on the website.* Announcements: • Care Coordination Work Group – Les Ybarra is the new Chair replacing Steve Soto. *We are pleased to have a Health Plan representative in this role.* • Changes in GMC Entities – There are several changes in managed care entities. Molina continues to undergo change. Golden Shore Medical backed by Dr. Molina has replaced the Molina Medical Management with oversight of the MMG clinics and other contracted providers. EHS Medical Group is also in a state of transition. Managed Care Plans were ordered to terminate their contracts with EHS due to alleged wrongdoing by Synermed, the Administrative Services Organization (ASO) for EHS. The County has valued its partnerships for primary care and Healthy Partners with EHS. • Mental Health Screening Tool – County Mental Health Plan and Plans expect to roll out the new screening tool and bidirectional referral process effective January 29. They will provide an update at a future meeting. • 2018 Meeting Calendar – Included with meeting materials and posted on the website. Please add the 2018 meetings to your calendars, as we do not send appointments. Data: • GMC Enrollment Data (*posted*) – As of January 1, the total enrollment was **428,048**, with a net loss of 8,104 members from the previous month. Each plan had about a 2% decrease, except the new plans. The default rate was 25%, again the lowest in the state. San Diego's default rate – 36%.

Announcements and Data – *Sandy Damiano*	• Net Change Data 2011-2017 (*posted*) – The first chart shows point in time enrollment as of December 1 each year. The second chart shows the net increase or decrease each year. In 2017, there was a net loss of 6,410 members. The data is for *net* change only and does not represent the total change within a plan, as there are many members coming into and going out of each plan every month. • 2018 Committee Planning (*posted*) – This topic was discussed at the Care Coordination Work Group meeting in December. Sandy briefly reviewed the first handout, which lists the activities completed in 2017. The second handout lists proposed activities in 2018 including data reports, data sharing, care coordination, system improvement, and program rollouts. Members did not have any questions or comments. Action: Sandy requested members send any suggestions to Sherri Chambers by February 2. County will then finalize the proposed activities document.
Aetna Better Health Update – *Jeff Dziedzic*	Jeff Dziedzic, Chief Operating Officer, provided a brief update regarding Aetna's status since entering GMC on January 1: • Current enrollment in Sacramento is 63 members. Aetna has 147 members in the two GMC counties. All are choice (no default members yet). • Members had a very short timeframe to select Aetna, as they received their letter on December 1. • Phone calls are going well. They have done a lot of outreach. • They are excited to be getting members and look forward to serving the population.
GMC Model Discussion – *Sandy Damiano and All*	Sandy Damiano provided an overview of the GMC Model Discussion feedback process. All members were asked to actively engage in the process. Sandy will provide context, facilitate a structured brainstorm and committee discussion, take public comment, and wrap up with another round of committee discussion. Context: Sandy was asked to get stakeholder feedback about how the GMC model is working in Sacramento. When we began the stakeholder process in 2010, there was much dissatisfaction with GMC. As more key partners were brought in, there was improvement in relationships, education, and information. Though some areas have improved, issues with GMC continue to arise. Stakeholder feedback about GMC is not always discussed openly in meetings. Some feedback is shared outside this forum. It would be good to have an open discussion and obtain direct feedback. Initially, the State was involved with the stakeholder group in a robust way. They have stopped sending a representative to our meetings, and it is challenging to get them involved in a meaningful way. Lastly, it is a good time for a temperature check. How is it going? How can it be better? This will be a multi-part process.

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GMC Model Discussion – *Sandy Damiano and All*	Process: The first part will be a round robin exercise. We will go around the table, one question at a time. Members should say "skip" if they have no response. Repeat answers are OK. Plan responses will be asterisked. Sandy reviewed the process guidelines, including actively participate, one speaker at a time, be respectful, and provide input from the stakeholder's perspective while maintaining a systems perspective. Three questions will be addressed, one at a time: 1. What is working? 2. What is not working? 3. What changes are needed? Structured Brainstorm: Sandy facilitated the round robin format for answering the three questions. Sherri Chambers documented the responses on easel pads. *See GMC Model: Structured Brainstorm Exercise posted on the website.* Public Comment: • Jennifer Stork, Planned Parenthood Mar Monte, responded to the three questions: 1) Working – The conversations we all have; 2) Not working – Providers do not know who to bill for various services; 3) Changes needed – Standardize contracts and communicate to providers what the contract says. • Myri Valdez, Health Access California, thanked the committee for addressing issues with the GMC model. She agreed with all the responses given earlier on the topic of what changes are needed. She suggested exploring ways to improve network adequacy and timely access. • Ashley Brand, Dignity Health, responded to the three questions: 1) Working – The collaboration in this room; 2) Not working – Leaders in this room share and talk about data, but do not have actionable items to take away; 3) Determine where we have overlapping efforts and select a few items to have an impact. • Janice Milligan, River City Medical Group, commented that access is much better now than before GMC. Another positive is that we work together better than before. Regarding what changes are needed, Janice suggested standardization and putting doctors closer to the decision-making process. She believes the path we are on with Whole Person Care and Health Homes projects will help create a better model. Committee Discussion: • Dr. Khaira stated he disagrees with the full risk model. He said there should be shared risk and more oversight by the State. Abbie Totten responded that she believes managed care plans have always been full risk, and there is a large degree of State oversight. Sandy echoed that the plans are highly regulated, but how it functions on the ground locally is the problem.

GMC Model Discussion – *Sandy Damiano and All*	• Sherri Heller asked if the goal is standardization, then why have 6 plans? Abbie answered that standardization works well for administrative functions, but in other areas, variation can be positive. For example, different networks, partnerships with providers, etc. • Tory Starr expanded on the idea that duplication is waste. Six plans have significant administrative overhead, which takes money away from direct services. • Sean Atha commented that the conversation would be much more dynamic if the State sent a knowledgeable representative to this meeting. Some of the State representatives who attended in the past were not well-informed. • Uma Zykofsky added that the State needs to participate, but also allocate resources to organize improvements. She also noted that different plans use the same providers, which requires the provider to do things differently for each plan. Can this be improved? Also, we should look at the diversity of the Medi-Cal population to see if some are not getting served as well as others. • Dr. Khaira observed that physicians or physician groups that are exclusive with an IPA that goes out of business find themselves scrambling for a contract. Otherwise, their patients get transferred. Physicians may choose to contract with multiple IPAs, but it is a business decision rather than good for patient care. <u>Next Steps</u>: • County will collate the responses and bring back information to the group. Sandy stated that members have different levels of understanding about models and managed care. She suggested reviewing the models and looking at the themes to see if problems are related to GMC, to managed care, or to lack of State involvement. • Hillary stated she would like to review all the models and evaluate the benefits of each. Dr. Heller agreed and added that we may want to consider what can we fix ourselves, what will require DHCS to fix, and what will require legislation? • Sean pointed out that State contracts are different in each model. Some may cost more than others and are limited. There are other variables to consider. • Kevin Kandalaft remarked that performance within a given model may not be caused by the model. There could be underlying characteristics causing differences. • Members opted to continue the topic in February. Sandy noted it may take more than two meetings. • Abbie recommended having an outside evaluation. Sacramento is different, for example, no public hospital. Sandy said the County's health care consultant will present on the managed care models. • Some members recalled reports on the subject. Sandy is familiar but believes the information negatively described GMC. Will review.

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<tr><td>GMC Model Discussion –

Sandy Damiano and All</td><td colspan="2">• Dr. Khaira suggested finding out what types of charting systems the provider groups are using.
• Sandy stated, per the group request, the topic will be continued on February 26. The regularly scheduled Care Coordination Work Group meeting will be changed to a Medi-Cal Managed Care Advisory Committee meeting. We will review the collated responses and have a presentation. The Homeless Initiatives presentation that was planned for February will be rescheduled. Health Information Exchange is still planned for March.</td></tr>
<tr><td>Public Comment</td><td colspan="2"><u>Steve Heath, Capitol Health Network</u>, commented that San Diego is the other county with the GMC model. Maybe we could learn from them.

<u>April Martin, Dignity Health</u>, asked the committee to consider what people mean by access. April did an extensive analysis of all the overlaps within IPAs. Most of the providers are in multiple networks. She thought it must be a burden for the provider. IPAs come to her for help with a particular specialist when there are very few in the community. They ask if she can give them access, but if she gives it to one IPA, then she must give it to all. This results in poor accountability. She urged the committee to include specialty care when discussing access.</td></tr>
<tr><td>Closing Remarks and Adjourn</td><td colspan="2"><u>Next Meetings</u> – Sandy Damiano announced:

<u>Medi-Cal Managed Care Committee Meeting</u> on February 26 – Part 2 of the GMC Model Discussion Feedback. Care Coordination Work Group will reconvene on April 23.

<u>Medi-Cal Managed Care Committee Meeting</u> on March 26 – Brian Jensen of the Hospital Council will provide an update on Health Information Exchange.

Sandy thanked everyone for attending and participating in today's meeting. With no additional business to discuss, the meeting adjourned.</td></tr>
<tr><td>Next Meetings</td><td>Medi-Cal Managed Care Advisory Committee- Note change
Monday, February 26, 2018 / 3:00 – 5:00 PM
DHHS Admin Building
7001-A East Parkway, Conference Room 1</td><td>Medi-Cal Managed Care Advisory Committee
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