Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

March 26, 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	X	Health Plan – Jane Tunay
	Advocate – Hillary Hansen – *Excused*	X	Health Plan – Cathy Lumb-Edwards
	Beneficiary – J.R. Caldwell, Sr. – *Excused*	X	Health Plan – Ashley Delanis
X	Clinic – J. Miguel Suarez, MD		Health Plan – Jeff Dziedzic – *Excused*
X	Clinic – Jonathan Porteus, PhD		Health Plan – Kevin Kandalaft – *Excused*
X	DHA – Mary Behnoud		Physician – Marvin Kamras, MD
X	DHHS – Sherri Heller, EdD		Physician – Ravinder Khaira, MD – *Excused*
X	DHHS, Behavioral Health – Uma Zykofsky	**EX-OFFICIO MEMBERS**	
X	Hospital – Rosemary Younts		Health Care Options – Lili Zahedani – *Excused*
X	Hospital – Tory Starr		County Board of Supervisors – Lisa Nava
X	Hospital – Laura Niznik Williams	**PRESENTER**	
X	IPA – Janice Milligan for Sean Atha	X	Brian Jensen, Hospital Council
X	IPA – Paveljit Bindra, MD		

Staff: Sherri Chambers

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Committee Members (15) / Presenter (1) in Attendance: 16

Public in Attendance: 21

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. • <u>Materials</u>: All members received copies of the Agenda, GMC Enrollment Data, GMC Model Discussion: What Is Not Working, and GMC Model Brainstorm Summary. • *Materials are posted on the website.* Website link: http://www.dhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx. • <u>Agenda Review</u>: Announcements and Data, Health Information Exchange, New Transportation Policy Update, GMC Model Discussion, and Public Comment.
Announcements and Data – *Sandy Damiano and All*	Sandy Damiano provided announcements and reviewed data. *All handouts are posted on the website.* <u>Announcements</u>: • <u>Committee Changes</u> – Sandy welcomed two new Committee members. Dr. Paveljit Bindra, CEO, Imperial Health Holdings, is assuming the IPA seat previously held by EHS. Imperial Health Holdings has been working with Anthem since October and currently has 20,000 – 25,000 members. Ashley Delanis, Director of Provider Services, Molina, is assuming the Molina seat on the Committee and Care Coordination Work Group. • <u>County Reorganization</u> – Effective March 18, Primary Health, Public Health and Behavioral Health are in the new Department of Health Services. Sherri Heller will remain director until her retirement on April 28. Correctional Health Services has moved from the Sherriff's department to Primary Health Division. • <u>Network Adequacy Requirements</u> (APL 18-005) – Effective July 1, 2018, plans must certify network adequacy annually and when there is a significant change. Plans may use telehealth and mail order pharmacy to meet access requirements. Plans are responsible for "Behavioral Health Treatment" services for all members under age 21, even without a diagnosis of autism. See APL 18-005 and APL 18-006 on the DHCS website for detail. Link: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx <u>Data</u>: • <u>GMC Enrollment Data</u> (*posted*) – As of March 1, the total enrollment was **429,105**, with a net decrease of 1,069 members from the previous month. The new plans and Kaiser had increases while the others had decreases. The default rate was 29%, among the lowest in the state. San Diego's default rate was 38%.

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Health Information Exchange – *Brian Jensen*	Sandy welcomed Brian Jensen, Hospital Council. Brian provided a status update on a limited use local Health Information Exchange (HIE) which is geared for pre-hospital / hospital information exchange.

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Key Points:

- Participants – The four health systems and the two largest fire entities (Sac Metro and Sac Fire).
- SacMIH – The project is known as Sacramento Mobile Integrated Healthcare (SacMIH), and is based on the model developed in Mesa, AZ. A mid-level practitioner will be paired with a paramedic to respond to patients calling 911 with non-emergent needs. This is a pilot program and is expected to launch soon.
- Community Care Response Unit – This unit will pair a nurse practitioner with a paramedic for dispatch to patients with non-emergent needs. The unit is not a full ambulance.
- Behavioral Health Response Unit – This unit will pair a behavioral health clinician with a paramedic to serve clients with behavioral health needs.
- Target Population – Super utilizers of ambulance / local emergency departments. Some call multiple times per day and up to 70-80 times per year.
- Goals – Decongest the emergency medical system and help solve the underlying problems of super utilizers through education, assessment of living environment, medication reconciliation, etc.
- Sacramento Health Information Partnership (SHIP) – is comprised of the same partners as the SacMIH.
- Approach – Rather than purchase a new system, they capitalize on existing investments in EHR / ePCR (electronic patient care reporting for advanced life support providers) and build out interoperability. Cost is lower and it is easier for practitioners. Practitioners will be able to query all health systems for information on prehospital and acute care.
- Current Status – Work is in process with the City's Whole Person Care program to see how the pieces can fit together, and fire entities are working out protocols. Still need to resolve use of data agreements, legal, etc.

Questions & Answers:

- How will the local HIE work for providers who must deal with statewide entities? *Brian: SHIP is working with California Association of Health Information Exchanges (CAHIE) to discuss such issues. They do not want to build a closed system. More of an internet rather than intranet. It is already working elsewhere, e.g. CTEN.*
- Who owns the information? An internet-based open platform raises concerns about how this sensitive information will be used. *Brian: That is the primary consideration and the biggest challenge. The same providers who own the data now will still own it, and the rules that apply now will still apply.*
- Are the Health Plans involved? *Brian: The plans have been involved in three or four conversations. The Plans will realize the most benefit from HIE, in terms of appropriate utilization and better care coordination.*

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Health Information Exchange – *Brian Jensen*	• Is funding in place? *Brian: Year 1 has been funded. Year 2 funding has not been identified. Some may want to see how it works before investing. Need to get SacMIH units in the field so people can see the success of the pilot in terms of patient outcomes and cost savings.* • Are partners thinking about a reimbursement model? *Brian: Yes, billing for services would provide the most sustainable funding. Medi-Cal has a code to bill for these services, but it is not funded. Need to work with the State to make it a billable service. Other areas (like Mesa, Arizona) have shown tremendous cost savings.* • Will the mobile units be used to triage patients to Urgent Care? *Brian: SacMIH will connect patients to the most appropriate services, whether education, primary care, urgent care, etc. Transportation to urgent care will not be provided.* • What are the hours of operation? *Brian: During Year 1, SacMIH will operate 12 hours/day, 7 days/week. Because it is a pilot, they will experiment with different placement and hours of operation.* • What geographic area will the pilot be starting with? *Brian: Not yet decided. Currently working on dispatch protocols for review by the medical directors. Where and when to operate is to be determined.*
New Transportation Policy Update – *Plans*	Les Ybarra provided an overview of the new transportation policy effective July 1, 2017. See APL 17-010 Revised 07/17/17 for details. Link: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx Key Points: • Non-Emergency Medical Transportation (NEMT) – For patients who are not ambulatory and need assistance. • Non-Medical Transportation (NMT) – For patients who are ambulatory and need no assistance from the driver. NMT includes public transportation, private vehicles, etc. • Biggest Change – Plans cover transportation for any covered service, including carved out services such as dental, serious mental illness, and California Children's Services (CCS). • Physician Certification Statement (PCS) Form – Used to determine most appropriate transportation. • Anthem – Subcontracts with Logisticare to handle all aspects including the PCS Form. The Plan gets involved in certain cases such as long distance transportation and air transport. Committee Discussion: • Does the patient or provider make the transportation request? *Les: Either. Anthem requests 72-hour notice.* • Can regular transportation be set up for chronic conditions (e.g. dialysis)? *Les: Yes.* • Janice Milligan commented that Logisticare does a good job overall. The biggest complaint is verifying the appointment the night before. Sandy noted it helps when Logisticare is informed about special situations such as homelessness.

	• Does Logisticare report its success rate to plans? *Les: Anthem monitors complaints, volumes of patients not picked up, and utilization rates for carved out services. Will look into utilization of carved in vs. carved out services.* • Sandy stated that each plan's transportation policies are listed in the <u>Care Coordination Guides</u> posted on the committee website under Resources. Link: <u>http://www.dhs.saccounty.net/PRI/Pages/Care-Coordination-Guides.aspx</u>
GMC Model Discussion – *Sandy Damiano and All*	Sandy recapped the last two meetings: • <u>January 2018</u> – Committee members engaged in a structured brainstorm process to address three questions: 1) What is working? 2) What is not working? 3) What changes are needed? Feedback was then grouped into themes. *See "Structured Brainstorm Summary" posted on the website.* • <u>February 2018</u> – Committee members began to discuss issues that are not working in GMC. The Committee got through three issues – Complex system, confusion, and access. *See "Discussion: What is Not Working" posted on the website.* <u>Process:</u> We will pick up where we left off last meeting and discuss the remaining themes in the Structured Brainstorm Summary handout under "What is not working," beginning with Lack of Standardization. <u>Committee Discussion:</u> Sandy facilitated the discussion on themes under what is not working, beginning with Lack of Standardization. Sherri Chambers documented the responses on easel pads. Responses will be incorporated into the document "Discussion: What is Not Working" and will be provided at the next meeting. <u>Next Steps:</u> • Sandy asked if members wanted to proceed with the presentation on Homeless Initiatives scheduled for the April meeting, or focus on the GMC Model discussion. Members decided to go forward with the Homeless Initiatives presentation in April and continue the GMC Model discussion if time allows. • The full Committee is invited, but the April meeting will remain Care Coordination Work Group.
Public Comment	<u>Jennifer Stork, Planned Parenthood Mar Monte</u> – Jennifer echoed Dr. Suarez's concerns with the burden of lab expenses on the provider. When the patient sample ends up at the wrong lab, the lab charges the clinic.

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Closing Remarks and Adjourn	Next Meetings – Sandy Damiano announced: Care Coordination Work Group Meeting on April 23 – Emily Halcon and Cindy Cavanaugh will present on City & County Homeless Initiatives, plans will report back on their refined data parameters for the high utilizer data pull, and we will continue the GMC Model Discussion as time permits. Medi-Cal Managed Care Committee Meeting on May 21 – Will try to wrap up the GMC Model discussion. Sandy thanked everyone for attending and participating in today's meeting. With no additional business to discuss, the meeting adjourned.

Next Meetings	*Care Coordination Work Group* **Monday, April 23, 2018 / 3:00 – 5:00 PM** DHHS Admin Building 7001-A East Parkway, Conference Room 1	*Medi-Cal Managed Care Advisory Committee* **Monday, May 21, 2018 / 3:00 – 5:00 PM *– Off-cycle*** DHHS Admin Building 7001-A East Parkway, Conference Room 1