

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

February 25, 2019, 3:00 PM – 5:00 PM

DHS Administration

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

COMMITTEE MEMBERS			
X	DHS, Primary Health – Sandy Damiano, PhD – <i>Chair</i>	X	Hospital – Rosemary Younts
	Advocate – Todd Higgins – <i>Excused</i>		Hospital – Tory Starr
X	Advocate – Hillary Hansen	X	Hospital – Trina Gonzalez
X	Beneficiary – J.R. Caldwell, Sr.		Hospital – Brian Heller de Leon
	Clinic – J. Miguel Suarez, MD	X	IPA – Sean Atha
X	Clinic – Jonathan Porteus, PhD	X	IPA – Veronica Van Orman for Paveljit Bindra, MD
X	DHS, Behavioral Health – Melissa Jacobs	X	Physician – Marvin Kamras, MD
X	Health Plan – Les Ybarra		Physician – Ravinder Khaira, MD
	Health Plan – Abbie Totten	EX-OFFICIO MEMBERS	
X	Health Plan – Cathy Lumb-Edwards	X	Health Care Options – Lili Zahedani
X	Health Plan – Ashley DeLanis	PRESENTER	
X	Health Plan – Jeff Dziedzic	X	Ryan Raether, Molina Healthcare

Staff: Sherri Chambers

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

Public in Attendance: 25

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks - <i>Sandy Damiano, PhD, Chair</i></p>	<p>Sandy Damiano, PhD, Chair, welcomed the committee and members of the public, facilitated introductions, and reviewed the agenda and meeting materials.</p> <ul style="list-style-type: none"> • <u>Materials</u>: All members received copies of the Agenda, GMC Enrollment Data 2019, HEDIS PowerPoint Presentation (Anthem), Quality PowerPoint Presentation (Molina), and Plans & Homeless Services Collaboration DRAFT. • <i>Materials are posted on the website.</i> Website link: www.SacGMC.net • <u>Agenda Review</u>: Announcements, Data, Behavioral Health Services Update, HEDIS Improvement, Managed Care Model Discussion Update, Next Meetings, and Public Comment.
<p>Announcements – <i>Sandy Damiano and All</i></p>	<ul style="list-style-type: none"> • <u>Committee Changes</u> – Sandy announced the following membership changes: <ul style="list-style-type: none"> ○ Melissa Jacobs is the Acting Deputy Director for County Behavioral Health (replacing Uma Zykofsky). Recruitment is in process. ○ Jane Tunay is no longer with Health Net. Susan Mahonga, Director of Service Coordination, will replace Jane on the Care Coordination Work Group. Abbie Totten will remain on the Medi-Cal Managed Care Committee. ○ UC Davis Health has appointed Vanessa McElroy, Director of Care Transition Management, to the Care Coordination Work Group. Trina Gonzalez will remain on the Medi-Cal Managed Care Committee. All four hospital systems now have representatives on the Care Coordination Work Group. • <u>Medical Interpretation Services Study</u> – Required by Assembly Bill 635 (2016). DHCS contracted with a vendor to identify current requirements, analyze other state Medicaid programs, and make recommendations on medical interpretation services to improve service delivery. Recommendations are expected Fall 2019. • <u>Procurement</u> – The Managed Care procurement schedule was pulled from the DHCS website. The schedule is being reviewed and will be released in the near future. • <u>Briefing: Medi-Cal Explained</u> – Hosted by California Health Care Foundation on February 25. Part of a new series looking at Medi-Cal comprehensively. See the CHCF website for details: www.chcf.org/MC-explained • <u>Health Care Options (HCO)</u> – Lili Zahedani reported that HCO will start face-to-face enrollment assistance in San Diego GMC effective July 1. Previously, San Diego County provided this service.

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<p>Data – <i>Sandy Damiano</i></p>	<ul style="list-style-type: none"> • <u>GMC Enrollment Data</u> – As of January 2019, the total enrollment was 426,825, a net decrease of 2,016 members from the previous month. Only Aetna had a net increase. Last meeting we reviewed net change data for 2011 through 2018. Sacramento GMC peak enrollment was 442,562 in 12/2016. Current enrollment is down about 15,000 from the peak. Statewide trends are similar. <i>Reports are posted on the website.</i> • <u>Renewal Data</u> – Last meeting we reviewed data on Sacramento County Medi-Cal renewals, of which 82% resulted in continued Medi-Cal benefits. A question was asked about how Sacramento compares to other counties. Staff looked at San Diego and found their continuance rate was similar, but slightly higher at 85% versus Sacramento’s 82%. <i>Sacramento data is posted on the website.</i>
<p>Behavioral Health Services Update – <i>Melissa Jacobs</i></p>	<p>Melissa Jacobs, Acting Behavioral Health Director, provided an update on County Behavioral Health Services.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • In November 2017, the Board of Supervisors authorized Mental Health Services Act (MHSA) funds to expand services to individuals with severe mental illness who are experiencing homelessness. Current status: <ul style="list-style-type: none"> ○ <u>New Adult Outpatient System</u> – Currently under RFP – Applications are due March 1. Will serve about 200 individuals. ○ <u>Full Service Partnership Program</u> – Involves a “whatever it takes” approach with 24/7 services. Request for applications (RFA) to be released in the next few weeks. Will serve about 200. • <u>Children’s System of Care</u> – Recently completed a procurement to redesign the system. Will include 24/7 crisis response by all providers and a broader array of services at each provider. • <u>Foster Family Urgent Response System</u> – Contracted with Sacramento Children’s Home for a 24/7 mobile response system for Former Foster Youth. Hoping to implement by April. • <u>Outreach & Engagement Program for Commercially Sexually Exploited Youth</u> and a program for <u>Transition Age Youth</u> to be implemented this year. Both are contracted through Stars Behavioral Health. • <u>Drug Medi-Cal Organized Delivery System (ODS)</u> – Targeted for July 1 implementation. Currently working on readiness.
<p>HEDIS Improvement – <i>Les Ybarra and Ryan Raether</i></p>	<p>Sandy reminded members that quality was identified as a focus topic for 2019. The first step is understanding how quality is measured and what the Health Effectiveness Data and Information Set (HEDIS) is. Les Ybarra, Anthem Blue Cross, and Ryan Raether, Molina Healthcare, volunteered to provide an overview and context for the HEDIS discussion.</p> <p>Les Ybarra, Anthem Blue Cross, provided a PowerPoint Presentation on Healthcare Effectiveness Data and Information Set (HEDIS). <i>See PPP slides posted on the website.</i></p>

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HEDIS
Improvement –
*Les Ybarra and
Ryan Raether*

Key Points:

- DHCS looks at 21 measures for the plans.
- Hybrid Measures – Each plan samples only 411 members. Scores are easily impacted, both up and down.
- Administrative Measures – The whole population within the plan is sampled. These measures are more difficult to improve because it is the entire population.
- Strategic Approach – They look at performance not just at the county or plan level, but also at the IPA and provider levels. Interventions are tailored to the specific patient population and provider organization.
- Aggregated Quality Factor Score (AQFS) – A single score calculated annually by the State based on HEDIS measures. Plans look at an entire year (measurement year) before reporting. Results come out in fall of the following year. The effect of interventions takes time to reflect in the data.
- Auto Assignment – DHCS uses a point system to determine default plan assignment (members who do not choose a plan). It is based on HEDIS performance over 6 specific measures plus points for improvement and safety net assignment. Higher scores result in a higher percentage of the members assigned through default. Anthem's default percentage dropped in 2019, but Les noted it is based on 2017 performance data.
- Data Issues can significantly impact scores. Example: Hepatitis B shots given at birth are not reported on a claim. Data may show immunizations were incomplete when they were actually complete.
- Continuous Enrollment – Member must be enrolled with the plan for the full period of the measure to be in the sample. Includes multi-year measures such as cervical cancer screening.

Ryan Raether, Senior Program Manager, Molina Healthcare, provided a PowerPoint Presentation on Quality. See PPP slides posted on the website.

Key Points:

- Collaborative Effort – Quality involves many healthcare partners.
- Practice Facilitation Team – Visits provider offices, distributes care gap reports, reviews HEDIS guidelines.
- Data – Work with provider groups to ensure all data is captured.
- Improvements – They had a 13% increase in postpartum care and a 10% increase in well child visits from 2017 to 2018. Accomplished through working with providers and educating them on proper documentation.
- Mothers of Molina (MOMs) won an award for ensuring postpartum visits are completed within the 21-56 day window. Nurse Practitioners go to member homes for an exam. Members who complete the exam are given a diaper voucher.
- Pregnancy Notification Form – Assists the primary care provider with getting credit for the first trimester visit.

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<p>HEDIS Improvement – <i>Continued</i></p>	<p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Sandy acknowledged two of our Health Plans: <ul style="list-style-type: none"> - <u>Molina Healthcare</u> for receiving the first-ever DHCS <i>Health Equity Award for its MOMs Program</i> and - <u>Kaiser</u> for receiving the <i>DHCS 2018 Outstanding Performance Award</i>. Excellent work! Congratulations to Molina and Kaiser. • Dr. Kamras asked about the disparity in quality scores between Kaiser and the other plans. Les noted the differences in provider networks (closed system) and E.H.R. that includes data across services. Non-Kaiser plans do not have real-time data exchange. Cathy Lumb-Edwards added that Kaiser is a fully integrated system and has a focus on prevention. The E.H.R. is at every touch point to prompt completion of required services. • Do plans notify members about screenings that are due? Les: Yes, plans notify members by letter, phone call, etc. but with little success. It is important for all to be aware of preventive service needs. Jonathan Porteus noted that care integration may help improve HEDIS scores. Dr. Kamras added that access may be a factor. If an appointment is not available and patient goes to the ED, screenings are not completed. • Members discussed several approaches: Can look at measures that tie in to our high utilizer data, focus on measures by HEDIS domain (e.g. care for chronic conditions), identify gaps in data and figure out solutions, look at measures that are consistently low, analyze root causes, and replicate best practices. Sandy stated we will get more direction from plans then revisit quality/HEDIS.
<p>Managed Care Model Discussion Update – <i>Sandy Damiano</i></p>	<p>Sandy provided a brief update on the managed care model discussion that has been occurring in multiple forums and asked Sean Atha and Jonathan Porteus to join in the overview.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>Convening</u> – Senator Pan and Health Access hosted a convening in April 2018. Senator Pan held another meeting on February 15 with co-conveners Peter Beilenson (County DHS) and Chet Hewitt (Sierra Health Foundation President). • <u>Participants</u> included four hospital systems, UCD providers/medical students, three FQHCs (including Jonathan Porteus), a Health Net representative, River City (Sean Atha), Blue Shield Foundation, Sierra Health Foundation, advocates, CBOs, and County Health Department (Sandy Damiano and Melissa Jacobs). • <u>Issues</u> identified in the invitation letter and opening comments – little DHCS oversight and need for local oversight/control. Also noted the goal of the first meeting was to examine the current state of managed care. Subsequent meetings to explore opportunities for improvement.

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<p>Managed Care Model Discussion Update – <i>Continued</i></p>	<ul style="list-style-type: none"> • <u>Presenters</u> – <ul style="list-style-type: none"> ○ <u>Stan Rosenstein</u> – Discussed history and models of managed care. Similar to presentation at Medi-Cal Managed Care Committee in February 2018 (<i>posted on the website</i>). ○ <u>Dr. Joy Melnikow, MD, MPH (UC Davis)</u> – Discussed a draft paper called “The Landscape for Improving Medi-Cal Managed Care Beneficiary Care in Sacramento County.” Key points: Instability with plans / IPAs, access and quality issues, and an urgent need for change. <p>Sean Atha shared the following comments:</p> <ul style="list-style-type: none"> • <u>Meeting Coordination</u> –They are trying to expand the invite list for future meetings. Most of the issues discussed are not unique to the GMC model. • <u>Plan & IPA Changes</u> – Not necessarily disruptive to beneficiaries. Due to network overlap, DHCS has been able to maintain most primary care assignments throughout transitions. • <u>Draft Paper</u> – Dr. Melnikow’s report had some inaccurate information and some outdated data. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Jonathan Porteus noted that Wellspace operates in three counties, and all are discussing the same issues with managed care, not just GMC. Sandy added that in her meeting with DHCS last year, Sarah Brooks indicated the same concerns as our committee are being expressed across the state. • Sandy noted that in various convenings with State officials they have been discussing how Medi-Cal is super-confusing/complex for beneficiaries and how they need to address it. The State plans to release information in the Summer/Fall. They noted it is likely a multi-step process. • Members discussed the authority of the Medi-Cal Managed Care Committee and how San Diego differs. Sandy noted key differences: San Diego was given funding and more authority. Some discussed the timing may be better to approach this issue. • Members asked why the convening did not occur in our forum and how this forum has representation for those working within Medi-Cal Managed Care in our community. • <u>Next Steps</u> – Sandy stated Senator Pan and the co-conveners are planning a series of meetings. The next will be this spring. Sandy would like this process to occur within our committee and has made that recommendation. She is also meeting with the State DHCS in March. Sandy will keep members updated.
<p>Next Meetings – <i>Sandy Damiano</i></p>	<p>Sandy facilitated a discussion on topics for the next meetings.</p>

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	<p><u>Health Plans & Housing/Homeless Services Panel</u> – A committee priority has been care coordination for Medi-Cal members experiencing homelessness. Many entities are involved. Will need to come together for Health Homes. Sandy reviewed a DRAFT document outlining the issues (<i>posted on the website</i>). Key points:</p> <ul style="list-style-type: none"> • <u>Participants</u> – Plans, County Mental Health, DHA, Sacramento Steps Forward, City & County Homeless. • <u>Date</u> – March 25 (Care Coordination Work Group). Medi-Cal Managed Care representatives may also sit at the table. • <u>Feedback</u> – Sandy solicited changes to the draft document, and asked members for suggestions on framing the issues for the panel. Many members wanted time to provide feedback. • <u>ACTION</u> – Members will send suggestions for the panel to Sherri Chambers by March 5. <p><u>Mental Health Panel</u> – Tentative Date April 22nd pending managed care discussion.</p> <ul style="list-style-type: none"> • <u>Participants</u> – Plans, County Mental Health Plan, Providers, etc. • <u>Topics</u> – Utilization, access, transitions of care, care coordination for high utilizers, etc. • <u>ACTION</u> – Sherri will send instructions to Plans, County MHP.
Public Comment	<p><u>Jennifer Stork, Planned Parenthood Mar Monte</u> asked if there was a movement to use CPT 2 coding related to HEDIS measures. They are starting to see it emphasized through incentive programs. Les Ybarra responded that CPT 2 coding is utilized, because it enables plans to get data directly off a claim.</p> <p><u>Diane Wolfe, Psychiatrist in private practice</u> would like to see the committee address the complaint by patients that they are not well-treated by Medi-Cal providers. She would also like the Mental Health panel to discuss available capacity of inpatient mental health treatment. Also the problem where family members say they called for help and were told by first responders that the patient does not qualify.</p>
Closing Remarks and Adjourn	<p>Sandy Damiano announced the next meetings are:</p> <p><u>Care Coordination Work Group Meeting</u> on March 25 – Health Plans & Housing/Homeless Services Panel</p> <p><u>Medi-Cal Managed Care Committee Meeting</u> on April 22 – Mental Health Panel and/or Managed Care Model Discussion.</p> <p>Sandy thanked everyone for attending and participating in today’s meeting. <i>A special thanks to the presenters!</i> With no additional business to discuss, the meeting adjourned.</p>

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Next Meetings	<i>Care Coordination Work Group</i> Monday, March 25, 2019 / 3:00 – 5:00 PM DHS Admin Building 7001-A East Parkway, Conference Room 1	<i>Medi-Cal Managed Care Advisory Committee</i> Monday, April 22, 2019 / 3:00 – 5:00 PM DHS Admin Building 7001-A East Parkway, Conference Room 1
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