

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

April 22, 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
X	Advocate – Todd Higgins	X	Hospital – Tory Starr
X	Advocate – Hillary Hansen	X	Hospital – Trina Gonzalez
X	Beneficiary – J.R. Caldwell, Sr.	X	IPA – Sean Atha
X	Clinic – J. Miguel Suarez, MD	X	IPA – Jason Daniel for Paveljit Bindra, MD
	Clinic – Jonathan Porteus, PhD		Physician – Marvin Kamras, MD
X	DHS Behavioral Health – Melissa Jacobs	X	Physician – Ravinder Khaira, MD
	Health Plan – Les Ybarra – <i>Excused</i>		Health Care Options – Lili Zahedani – <i>Excused</i>
X	Health Plan – Elizabeth Evenson for Abbie Totten	GUEST PRESENTERS	
	Health Plan – Cathy Lumb-Edwards – <i>Excused</i>	X	Nick Osterman, Anthem Blue Cross
	Health Plan – Ashley DeLanis	X	Alicia Pimentel, Anthem Blue Cross
X	Health Plan – Jeff Dziedzic	X	Jessie Blake, Managed Health Network
	Hospital – Brian Heller de Leon	X	Stephanie Kelly, County Mental Health Plan

Staff: Sherri Chambers

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Committee Members (14) / Presenters (4) in Attendance: 18

Public in Attendance: 18

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, Mental Health Panel, Health Plan Mental Health Data for 2018, Health Plan Mental Health Data for 2016, County Mental Health Plan 2018 Data, County Mental Health Plan 2016 Data, and Welfare & Institutions Code GMC Excerpts. • <i>Materials are posted on the website.</i> Website link: www.SacGMC.net • <u>Agenda Review</u>: Announcements & Data, Mental Health Split Benefit Panel, Managed Care Discussion, and Public Comment.
<p>Announcements – <i>Sandy Damiano</i></p>	<ul style="list-style-type: none"> • <u>New Behavioral Health Director</u> – Sandy announced that Ryan Quist, PhD, was selected as the Deputy Director for County Behavioral Health and will start on May 6. He comes from Riverside County Behavioral Health. <i>Thank you to Melissa Jacobs for her work as the Acting Deputy Director.</i> • <u>Sanctions</u> – DHCS is ramping up sanctions. Two recent financial sanctions for quality were posted: Health Plan of San Joaquin (\$135K) and Health Net (\$335K) each had plan wide indicators below the minimum performance levels in report year 2018. An additional plan received a sanction but was not posted due to appeal. Several County Mental Health Plans (not Sacramento) were sanctioned for network adequacy. Link to Health Plan sanctions: https://www.dhcs.ca.gov/services/Pages/Admin-FinancialSanctions.aspx • <u>Managed Care Performance Dashboard</u> dated March 28 is now posted on the DHCS website. Sandy noted that grievances have increased significantly, the most common complaint is poor provider/staff attitude. Link: https://www.dhcs.ca.gov/services/Pages/MngdCarePerformDashboard.aspx • <u>Briefing: Improving Quality in Medi-Cal Managed Care</u> – Hosted by California Health Care Foundation on April 29. See the CHCF website for more information and to register: https://www.chcf.org/event/briefing-improving-quality-medi-cal-managed-care/
<p>Data – <i>Sandy Damiano</i></p>	<ul style="list-style-type: none"> • <u>GMC Enrollment Data</u> (<i>posted on the website</i>) – As of March 2019, the total enrollment was 427,902, a net increase of 430 members from the previous month. All plans except Molina had net increases. Molina had a net decrease of 1,251 (second consecutive month with a net decrease over 1,200 members).

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Mental Health Split
Benefit –
Panel Presenters

Sandy Damiano welcomed the panel presenters, provided an overview, and facilitated the Mental Health Split Benefit discussion. *All handouts are posted on the website.*

Presenters:

- Nick Osterman, Behavioral Health Director, Anthem Blue Cross
- Alicia Pimentel, Program Manager, Anthem Blue Cross
- Jessie Blake, Regional Director of Clinical Services, MHN/Health Net
- Melissa Jacobs, Acting Deputy Director, County Mental Health Plan
- Stephanie Kelly, Health Program Manager, County Mental Health Plan

Overview:

- In January 2014, the State split the mental health benefit – Health Plans serve individuals with mild to moderate needs and County Mental Health Plan (MHP) serves those with severe mental health needs.
- The Committee last discussed the split benefit in 2017 when it was still fairly new. Now that it has been in place for a while, members wanted an update.
- Plans and County MHP provided 2018 utilization data. Packets include 2016 data for comparison.

Data:

- Anthem – Nick Osterman noted that each category (unduplicated members, percent of plan members who received plan MH services, and encounters) doubled in 2018 over 2016.
- Health Net – Jessie Blake stated a data error may exist since the penetration was low (3.7% of members) but they had a high number of encounters (73,739). She will check the data and provide any corrections.
- Aetna – Jeff Dziejczic apologized for not providing the data in time for the meeting. He said they will send it.
- County MHP – Melissa Jacobs noted that the data is consistent from 2016 to 2018. She reminded members that County MHP defines a child as up to age 21, therefore, individuals from age 18-20 can be served in the child or adult system of care.

Health Plan Service Access:

- Health Net – Members generally access services through their 24/7 call center. If the member needs referral to a therapist, referral is given. If more severe, a licensed clinician does a phone assessment and either finds a provider in the network or facilitates transfer to County MHP. Jessie indicated access has not been a

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Mental Health Split
Benefit –
Continued

big challenge in Sacramento. It is challenging for psychiatry, but not as severe in Sacramento as elsewhere. They are increasing use of telehealth. Most difficult: Child and adolescent psychiatry.

- Anthem – Nick explained that no prior authorization is required for the mild to moderate benefit. Member can access on the website or through the call center. They are also using telehealth with a 15-20 minute wait for services. Psychiatry is available with about a ten-day wait, and member can keep the provider. Alicia Pimentel added that 111 members in Sacramento County have downloaded the app since Sept 2018.
- Question – Sean Atha asked whether primary care providers and specialists are aware of how to help members get referrals to mental health. Nick and Jessie both responded that their entities engage in a great deal of provider education.

Health Plan Access Challenges:

- Provider List – Hillary Hansen stated members have difficulty finding a provider off the list. Some are no longer contracted, not accepting new patients, etc. Member will call back to member services only to be redirected to the list. Health Net – Jessie said they offer a provider availability check to every member. If accepted, a call center representative makes the calls to get an appointment. Anthem – Nick said they have care coordinators who will find a provider for the member. Member is referred to care coordination through an internal referral process. Aetna – Jeff said they try to find a provider through member services; if unable, member is referred to case management. They are also looking into telepsychiatry.

County MHP Service Access:

- Mental Health Access Team integrated adult and child services in 2015.
- Call Center Model began in 2016. There is a single access number. It takes about 3-4 days for a person to be linked to a provider.

County MHP Access Challenges:

- Timeliness – Getting people in for services quickly.
- Foster Youth – Continuum of Care reform.
- Staffing Issues

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Mental Health Split
Benefit –
Continued

Transitions of Care:

- Health Net – Jessie explained that they find out about members needing to step up to more intensive services from providers, members, etc. They track both step-ups and step-downs. Each member is assigned a care coordinator who stays with them through the process.
- County MHP – Stephanie described the bilateral Transition of Care request for use by plans/County MHP to initiate the step up and step down transitions.
- Anthem – Nick stated the bilateral process works well. It is mostly used for step downs from County MHP to plan. Referrals for higher levels of care are coming from many sources.
- Question – Todd Higgins asked if they have data on individuals who do not qualify for County MHP and are referred to the GMC plan. Melissa said they have data on calls that result in a service request. Sandy asked her to share the data with the Committee.

What is Working Well?

- The Mental Health Urgent Care clinic and Mobile Crisis Support Teams have expanded access.
- Stephanie Kelly noted that County MHP has points of contact for each plan, and care coordination is working well. They are able to get issues resolved quickly. Others concurred that it is working well.
- Challenge – Rosemary Younts and Tory Starr shared that a major challenge involves individuals admitted to the hospital with both acute medical and mental health needs (“med-psych”). Hospitals find it difficult to get the individual placed in the appropriate level of care once the medical need is stabilized.

How do Plans and County MHP work together?

- County MHP and GMC plans have a joint meeting quarterly (separate meeting with Kaiser).
- County MHP also meets monthly with plan care coordinators for specific members. Alicia noted they work closely with Stephanie’s team on step-downs.
- Nick added that they collaborate and develop a plan for challenging cases (e.g. eating disorders).
- Question – Dr. Suarez asked how they work with the primary care provider/medical home. Stephanie said they ensure a patient is linked to a PCP. They can also complete a release of information to coordinate with the PCP.

How do Plans and County MHP coordinate services for high utilizing members?

- Health Net has integrated case management – a single case manager coordinates medical and behavioral health needs for identified members who opt in. Members who opt in have better outcomes.

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<p>Mental Health Split Benefit – <i>Continued</i></p>	<ul style="list-style-type: none"> • <u>Anthem</u> – Physical and behavioral health are integrated. They have joint rounds and discuss high utilizers. • <u>County MHP</u> is beginning to look at data on hospitalizations for GMC members who are not connected to the MHP, especially those with multiple readmissions. <p><u>What work is still needed?</u></p> <ul style="list-style-type: none"> • Sandy noted the areas already mentioned such as inpatient and “med-psych.” • Jeff commented that the split benefit is challenging for all parties. It is unlike anywhere else in the U.S. • Jessie observed that plans have come a long way in the last two years. Members continue to need guidance. • Nick stated they need to get to members who enter a hospital with comorbid behavioral/physical conditions and get them into treatment before they leave the hospital. Nick described a small scale program they have with three local hospitals where a licensed clinician goes in and meets these members while in the hospital to provide face-to-face care coordination. • Hillary said it has improved, but some members still fall through the cracks especially in transitions between plan and County MHP. She suggested routine assignment to case management for these members. She asked about oversight of contracted providers for provision of case management. Melissa explained that each provider has a contract monitor who oversees the contract. Stephanie added that they look at data. <p><u>Follow Up:</u></p> <ul style="list-style-type: none"> • Sean Atha suggested collaborating as a group to explore opportunities for interventions especially for high utilizing and/or complex members. • Rosemary Younts asked how patients are connected to a provider following an inpatient psychiatric hospital visit, because it does not seem they are getting ongoing care. Melissa agreed and said they are starting to look at the data and make sure patients are connected prior to discharge. Plans could also have a meeting with psychiatric hospital administrators. • Sandy stated County MHP can report back with themes/recommendations after they analyze the data. We can also work on Sean’s suggestion, perhaps by looking at some ideas outside the meeting then bringing them back.
<p>Managed Care Discussion – <i>Sandy Damiano & All</i></p>	<p>Sandy provided a brief update and facilitated a discussion on managed care.</p> <p><u>GMC Stakeholder Meeting – April 12:</u></p> <ul style="list-style-type: none"> • The Medi-Cal Managed Care Committee was well represented with all 5 GMC plans, 2 IPAs, 2 physician representatives, and at least one representative each from clinics, advocates, and consumers.

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<p>Managed Care Discussion – <i>Continued</i></p>	<ul style="list-style-type: none"> • <u>Recap</u> – Top priorities identified as access to care (primary care, specialty, behavioral health), complexity (managed care), and quality. Providers discussed administrative burdens associated with plans which increases with the number of plans. • There was some discussion about the difference between Sacramento and San Diego GMC. Sandy noted a few key differences: Healthy San Diego existed for many, many years before our committee, the legislation differed, San Diego received funding, San Diego did their own managed care enrollment (recently transitioned to Health Care Options), they have mature FQHCs as well as an FQHC IPA and a consortium, their committee is robust with many subcommittees, etc. A handout was distributed with the Welfare and Institutions Code excerpts related to the formation of San Diego and Sacramento GMC committees. • <u>Next</u> – The final meeting is planned for late June. They are drafting a paper to outline priorities and options and will solicit feedback. The paper should be out prior to the next meeting. Sandy will circulate it. Sandy stressed the need for recommendations from the Committee. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • A member asked what actions are under consideration. Sandy responded that the first meeting in 2018 seemed to be focused on model change. Now in 2019, they are also looking at system improvements. • Sean Atha noted that a draft report written by a UCD faculty member contained some errors. He pointed out many of the challenges were part of the Medi-Cal experience and not just GMC. Some of the data was dated. Sandy echoed Sean’s comments and added that some non-GMC counties want to change models (one discussed by Jonathan and one in Ventura). Managed care complexity is being discussed throughout the state in different forums. In meetings with DHCS, they acknowledged managed care is confusing and they are looking at ways to simplify. Their primary methods include completing a procurement and heightened focus on quality and network adequacy. • Dr. Khaira concurred with simplifying the system and suggested a different rate structure would help. • <u>ACTION</u> – Sandy will ensure committee members receive invitations to the next convening, and that they receive copies of the paper. There will be time for discussion on the May meeting agenda. Committee Members should read the paper and be prepared to make recommendations.
<p>Public Comment</p>	<p><u>Peggy Rossi, Aetna Better Health</u> stated that health plans do not get notified when a patient is admitted to or discharged from a psychiatric facility, so they have no opportunity to work with those members to get them linked to a network provider. Then the member ends up back in the ED or hospital. They are asking the psychiatric facilities to meet with them and build relationships to help navigate patients to the right setting. (All concurred this would be helpful.)</p>

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	<p><u>Eric Preszler, Sacramento County Behavioral Health</u> has followed up with the Inpatient/Outpatient meeting and collected contacts from each of the facilities. He also identified someone from each GMC Plan willing to work on scheduling a meeting with psychiatric hospitals. He is currently working on setting up a process and obtaining data to facilitate the discussion.</p> <p><u>Diane Wolfe, Psychiatrist in private practice</u> requested a change in meeting format so the public can ask questions. She asked about wait times from county referral to an appointment with a provider. She asked if mental health care is by self-referral for all GMC plans, and if primary care providers inform their patients. She sees inadequate psychiatric care provided by PCPs. She commented that in private practice, she hears that parents whose child is discharged from a facility are told to “find them a follow up appointment within 2 weeks.” County MHP did not have the answer to the wait time question. They will report back and it will be posted with meeting notes. Health plans noted that members and providers receive their respective handbooks, but it is hard to gauge awareness of the process. This may be a good area for a shared process.</p> <p><u>Lindsay Coate, Sierra Sacramento Valley Medical Society</u> shared that Physicians for a Healthy California has \$220 million available for loan repayment for physicians and dentists who maintain a patient caseload of at least 30% Medi-Cal beneficiaries.</p>	
<p>Closing Remarks and Adjourn</p>	<p>Sandy Damiano announced the next meetings are:</p> <p><u>Care Coordination Work Group Meeting</u> on May 20 – Managed Care Discussion and other topics to be decided.</p> <p><u>Medi-Cal Managed Care Committee Meeting</u> on June 24 – Topics under development.</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>	
<p>Next Meetings</p>	<p><i>Care Coordination Work Group</i> Monday, May 20, 2019 / 3:00 – 5:00 PM <i>Off-cycle meeting</i> DHS Admin Building 7001-A East Parkway, Conference Room 1</p>	<p><i>Medi-Cal Managed Care Advisory Committee</i> Monday, June 24, 2019 / 3:00 – 5:00 PM DHS Admin Building 7001-A East Parkway, Conference Room 1</p>