

# Sacramento Medi-Cal Managed Care Advisory Committee

## Meeting Minutes

October 22, 2012, 3:00 PM – 5:00 PM

## DHHS Administration

7001A East Parkway

Sacramento, CA 95823

Conference Room

<b>COMMITTEE MEMBERS</b>			
x	Chair – Sandy Damiano, PhD	x	Hospital – Patricia Rodriguez
x	Advocate – John Tan		Hospital – Robert Waste, PhD
	Advocate – Sujatha Branch	x	Hospital – Rosemary Younts
x	Clinic – J. Miguel Suarez, MD	x	IPA – Matt Mengelkoch
x	Clinic – Jonathan Porteus, PhD		Pharmacy – Frank Cable
x	DHA – Paul Lake	x	Physician – Marvin Kamras, MD
x	DHHS – Tracy Bennett	x	Physician – Anthony Russell, MD
x	Health Plan – Cathy Lumb-Edwards		<b>EX-OFFICIO MEMBERS</b>
x	Health Plan – Janice Milligan	x	County Board – Cecilia Coronado
x	Health Plan – Steve Soto	x	County Board – Ted Wolter
	Health Plan – Sean Atha		State DHCS – Margaret Tatar
	Hospital – Holly Harper		Healthcare Options – Erica Valencia

## Sacramento Medi-Cal Managed Care Advisory Committee

PRESENTERS	STAFF
DHA – Kathy Harwell, Deputy Director	Pacific Health Consulting - Bobbie Wunsch
Health Care Options – Lili Zahedani	DHHS – Marcia Jo
	DHHS – Chris Silva

**Public in Attendance:** 20

Topic	Minutes
Welcome and Introductions	<p>Sandy Damiano, PhD, welcomed the committee, members of the public and facilitated introductions.</p> <p>Sandy shared that the County held a Low Income Health Program (LIHP) Press Event last week. The Press Release along with some of the materials are available on the LIHP webpage. Sandy was pleased that some of the work in this Committee has been operationalized in the LIHP. This includes collaboration with County, Health Plan, Primary Care Medical Homes, &amp; Hospitals. County includes Health, Eligibility and Mental Health Plan. The LIHP will transition into Medi-Cal Managed Care in 2014 so we will talk about at future meetings.</p> <p>Sandy noted that since the committee’s decision to hold meetings monthly instead of quarterly, there has been a decrease in attendance by some participants. Member attendance and participation by health care leaders working within Medi-Cal Managed Care is crucial to improving the system and keeping all informed. Attendance will be discussed at a future meeting.</p> <p>The focus of the November 26<sup>th</sup> meeting will be the Healthy Families transition. Planned participants include State DHCS, Health Plans, Provider Network, Mental Health Plan representatives, and Childrens’ Advocates.</p> <p>By member’s request, the focus of today’s meeting will be Eligibility and Enrollment. There was discussion among committee members at the September 24<sup>th</sup> meeting related to the challenges to providers when beneficiaries enroll and disenroll. Clarification was also requested regarding</p>

## Sacramento Medi-Cal Managed Care Advisory Committee

	the State algorithm for default enrollment into a Plan.
State DHCS Update	Not Present
<p>Eligibility Process <i>Kathy Harwell, Deputy Director, Sacramento County Department of Human Assistance (DHA)</i></p> <p><i>See Power Point Presentation (PPP) for more detail.</i></p>	<p>Kathy Harwell provided a PowerPoint presentation explaining the Sacramento County DHA eligibility process for Medi-Cal.</p> <p>During and after the presentation, several questions were raised by the committee.</p> <p><u>Q/A: Complete applications must be approved or denied within 45 days. What is the percentage of applications approved/denied within 45 days by DHA?</u> Approximately 68%. Those that are not completed within the 45 days are generally due to missing verifications with their application. The most common missing verifications include: property, income, and residency. Clients are sent a notice of missing verification. The notice allows clients an additional 20 days to submit required information.</p> <p><u>Q/A: How is state residency defined and is there a specified timeframe?</u> A person is a State resident if they have an address in California. A person is considered a resident the day they move to the State. US Citizenship is required.</p> <p><u>Q/A: We (providers) see pregnant women who move to California for the access to Medi-Cal covered prenatal care, even those who are surrogates. Is there any way to avoid this?</u> There are no requirements for duration of residency or intent to stay, and Kathy has no knowledge of legislation restricting residency.</p> <p><u>Q/A: How many Medi-Cal cases are discontinued due to beneficiary failure to complete mid-year check in?</u> This information is currently not available. Kathy will provide data to Sandy for distribution.</p> <p><u>Q/A: What are the anticipated changes with health reform?</u> No anticipated changes with residency, but may eliminate property requirements for some eligibles. Income will be based on modified adjusted gross income (MAGI).</p> <p><u>Q/A: How does cost sharing work with Medi-Cal?</u> Certain populations (i.e. Seniors and Persons</p>

## Sacramento Medi-Cal Managed Care Advisory Committee

	<p>with Disabilities) with incomes over \$250 FPL are eligible for Medi-Cal with a Share of Cost. The client's share of cost obligation is their monthly income amount that exceeds Medi-Cal Maintenance of Need level (for an individual this is \$600 per month). Once this obligation is met, Medi-Cal will cover.</p> <p><u>Q/A: What is the impact regarding cost sharing for Healthy Families enrollees who transition to Medi-Cal?</u> 27,000 transitioning to Medi-Cal will no longer need to make their monthly premium payment.</p> <p><u>Q/A: It was mentioned in the presentation that DHA Medi-Cal Service Center handles over 38,000 calls per month. What is the response time to these calls and what impact will Healthy Families transition have?</u> Generally there is a 1 – 2 minutes response time to calls. Wait time is sometimes longer at the beginning of the month. Data can be provided. DHCS is providing funding for additional staff which will allow DHA to accommodate additional calls. The call center is staffed with eligibility workers trained to handle calls for Medi-Cal and Cal-Fresh, so there is no need to hand off calls. [Comment from committee member: Called DHA call center today, had only a 15 second wait time and found the automated system very helpful.]</p> <p><u>Q/A: How will the current 68% application completion rate be affected by HF transition?</u> Not sure yet. DHA is adding new positions as noted above, and there is pending legislation to simplify the process. DHA is looking at ways to improve process to decrease determination time. Will discuss further at next meeting and begin to track.</p>
<p>Plan Assignment/Eligibility <i>Lili Zahedani, Director Field Operations, Health Care Options (HCO, Maximus)</i></p> <p><i>See Power Point Presentation (PPP) for more detail.</i></p>	<p>Lili Zahedani explained Health Care Options roles in Plan Enrollment.</p> <p>Health Care Options representatives are stationed in Sacramento County DHA Offices to assist new Medi-Cal beneficiaries in selecting and enrolling in a Health Plan. Health Care Options and DHA have a very successful working relationship, and have been able to decrease the percentage of default enrollments in Sacramento County to 25%, the lowest in the state.</p> <p>During and after the presentation, several questions were raised by the committee.</p> <p><u>Q/A: What is being done to improve the default percentage?</u> The “Outbound Call Campaign” was implemented to reduce number of defaults. DHA provides HCO with a list of all new</p>

## Sacramento Medi-Cal Managed Care Advisory Committee

	<p>beneficiaries and their call center makes 5 attempts to reach each client. (These are live, not automated calls). Forms can be downloaded, picked up or mailed. Clients can have services face to face or over the phone. Also, HCO is participating in as many community meetings as possible to provide additional outreach.</p> <p><u>Q/A: What happens if a beneficiary moves to another county?</u> It is the beneficiary's responsibility to contact previous county eligibility worker to discontinue services. Consumer should call HCO when they change their address to the new county, and HCO can assist in enrollment. HCO does an emergency disenrollment and client is placed on regular Medi-Cal until Aid Code changes in MEDS. Also, if new county of residence Human Assistance calls Sacramento DHA, they can do an automatic transfer of eligibility.</p> <p><u>Q/A: What are the criteria and timeframes for exemptions?</u> Criteria for exemptions is an emergency medical condition that is being managed by a provider not enrolled with GMC. DHCS, not HCO, manages the exemption requests, so the timeframe is not available. DHCS will be asked to report to the committee on this topic.</p>
Beneficiary Concerns	<p><u>Jackie Coleman – Advocate</u> Sujatha Branch was unable to attend today's meeting. Jackie Coleman presented on her behalf.</p> <p>Consumer concerns regarding Community Based Adults Services (CBAS). Dual eligibles are having the most problems because the rule is that to use CBAS, the enrollee must be in a managed care Plan. So clients are dropping their adult day care in order to continue to see their established (out of network) primary care provider. Social workers are assisting with linkage to GMC. Also, issues obtaining DME. There were no questions or concerns about eligibility or enrollment.</p> <p><u>John Tan – Advocate</u> John noted that the exemption process is the biggest concern. It was difficult during the SPD transition, and many questions are expected during the Healthy Families transition.</p> <p>Another concern is the DHA call center. Clients are finding it difficult to obtain the required PIN numbers. Also, the call center can be difficult to navigate, especially for non-English speaking clients. DHA thanked John for the feedback and agreed to work toward providing clearer</p>

**Sacramento  
Medi-Cal Managed Care Advisory Committee**

	instructions to clients.
Feedback from Health Plans	<p>Janice Milligan expressed interest in continued discussion on CBAS transition with focus on the experience since October 1 implementation. Encouraged State participation.</p> <p>Steve Soto congratulated HCO and DHA for reducing the default rate to 25%. That is a very good number considering our GMC model. HCO attributed it to being able to work so well with DHA, stating that they have nearly a 100% referral rate.</p>
State Default Process	<p>Janice Milligan and Steve Soto provided information on the State Default Process due to State DHCS absence at today's meeting.</p> <p>A variety of indicators are factored into the algorithm, including: beneficiary proximity to open providers, Health Plan quality scores, number of safety net providers in network who see certain percentage of Medi-Cal beneficiaries.</p> <p>Plans also use encounter data from the DHCS when assigning beneficiaries to a provider. Continuity of care is important. HCO defaults individual beneficiaries to their previous Plan. If a family is disenrolled, they are defaulted as a new enrollee.</p>
Additional Committee Questions	<p>Dr. Kamras asked about Medi-Cal eligibility visibility, when traditional FFS Medi-Cal clients become GMC mid-month. Dr. Kamras has experienced that he cannot get reimbursed for his visit because FFS is eliminated back to the first of the month. HCO explained that GMC enrollment is always the beginning of the following month, and is not sure why Dr. Kamras is having this problem. Unfortunately, there is no way for providers to see real time pending status. This means providers like Dr. Kamras must print out screens to document eligibility/date served.</p> <p>What should hospitals do when beneficiary presents at the emergency department and, when advised to see their assigned primary care provider (PCP), state that they do not want that PCP? HCO suggested that beneficiary should call their Health Plan to switch providers; call HCO if they want to switch Plans.</p> <p>Dr. Miguel asked about children who travel between counties due to separated parents, as well as foster and adopted children. Kathy advised that only foster children or adopted children can "opt out" and have a FFS aid code. For all others, an "emergency disenrollment" would be</p>

**Sacramento  
Medi-Cal Managed Care Advisory Committee**

	<p>required each visit across counties.</p>
<p>Public Comment</p>	<p>Bobbie thanked everyone for their presentations and announced that it was time for public comment.</p> <p>She reminded all that during the formal meeting, discussion is among committee members. Non-committee members are invited to comment during the designated public comment period. Comments time is limited to one minute per speaker.</p> <p>Paula (CMISP Beneficiary) stated that she had problems with communication regarding her CMISP approval, and that it had taken a year for her to get her first appointment with a primary care provider. She likes the program. She appreciates the information she heard today regarding Medi-Cal.</p> <p>Michael Monasky expressed his opinion about several committee practices. He expressed the opinion that that committee is geared more toward political and financial interests, not consumers, and that Board of Supervisor appointment and financial disclosure should be required, as with the Denti-Cal Board. He expressed the opinion that there is insufficient input from PHAB, parents, and families. He expressed the opinion that the Medi-Cal application is not geared toward the homeless population. He also stated his questions and comments during the committee presentations were shut down. He noted that one of the committee members left the meeting before public comment.</p>
<p>Next Steps and Meeting Closure</p>	<p>Sandy Damiano thanked everyone for their participation and closed the meeting. Meeting adjourned.</p>
<p>Next Meeting</p>	<p>Monday, November 26<sup>nd</sup></p> <p>3:00 – 5:00 PM DHHS Administrative Building 7001-A East Parkway</p>