

# Sacramento Medi-Cal Managed Care Advisory Committee

## Meeting Minutes

July 22, 2013, 3:00 PM – 5:00 PM

### DHHS Administration

7001A East Parkway

Sacramento, CA 95823

Conference Room 1

COMMITTEE MEMBERS			
X	DHHS – Sandy Damiano, PhD – Chair		Hospital – Rosemary Younts - <i>excused</i>
X	Advocate – Sujatha Branch – Co-Chair		Hospital – Tory Starr – <i>excused</i>
X	Advocate – Stacey Wittorff	X	IPA – Ted Fong
X	Clinic – J. Miguel Suarez, MD	X	IPA – Anna Berens
	Clinic – Jonathan Porteus, PhD		PHAB – <i>vacant</i>
X	DHA – Mary Behnoud		Pharmacy – Frank Cable
X	DHHS – Sherri Heller, EdD	X	Physician – Marvin Kamras, MD
	Health Plan – Cathy Lumb-Edwards - <i>excused</i>	X	Physician – Nathan Allen, MD
	Health Plan – Janice Milligan		EX-OFFICIO MEMBERS
	Health Plan – Steve Soto		County Board of Supervisors – Cecilia Coronado
X	Health Plan – Sean Atha		County Board of Supervisors – Ted Wolter
X	Hospital – Ellen Brown	X	State DHCS – Keith Parsley
X	Hospital – Robert Waste, PhD	X	Health Care Options – Lili Zahedani

## Sacramento Medi-Cal Managed Care Advisory Committee

### PANEL MEMBERS - *not on the committee*

Ethan Dye, Sacramento County Dept. of Human Assistance  
 Mary Behnoud, Sacramento County Dept. of Human Assistance  
 Danni Van Lone, Sacramento County Dept. of Human Assistance  
 Marcia Jo, Sacramento County Low Income Health Program

**Public in Attendance:** 13

Topic	Minutes
Welcome, Introductions and Opening Remarks	<p>Sandy Damiano, PhD, welcomed the committee, members of the public, and facilitated introductions. Sandy announced that the committee has two new members: Anna Berens, IPA representative, and Tory Starr, Hospital representative. Tory was unable to join the committee today. Items include a State DHCS update from Keith Parsley and Eligibility and Enrollment Changes due to Health Care Reform by Ethan Dye and Danni Van Lone from Dept. of Human Assistance.</p> <p>The meeting will be abbreviated today due to a health care stakeholder meeting at 4:00 pm.</p>
State DHCS Update	<p>Keith Parsley reported back on several questions that were raised at the June meeting. The date of implementation for the 10% reduction in fees to Medi-Cal providers has not been set. Keith will continue to provide updates on this topic to the committee or to Sandy for email distribution.</p> <p>DHCS received approval from the Centers for Medicare and Medicaid Services (CMS) to implement the increase for Medi-Cal payments to primary care providers. This “bump” allows for retroactive payments to 1/1/13 and will go through 12/31/14. Rates are still under development. DHCS chose to follow the model of a capitation payment and then a subsequent reconciliation to meet the higher rates. Keith will get more details as they are established and provide details to Sandy for distribution. From Sean Atha’s understanding, DHCS will keep capitation rates fairly stable. Plans will be responsible for submitting utilization claims to DHCS for subsequent payments.</p> <p>It was recently announced that the rural county Medi-Cal managed care expansion will occur in phases. The 8 northern counties with County Organizational Health Systems will be transitioned on 9/1/13. First phase notices have been mailed with informational booklets and FAQs. A</p>

## Sacramento Medi-Cal Managed Care Advisory Committee

<p>State DHCS Update <i>(cont.)</i></p>	<p>reminder notice will be mailed on 8/15/13. The remaining 18 counties, plus Imperial and San Benito, will transition on 11/1/13. DHCS expects that the first notice will be mailed on 9/1/13. FAQs may be sent about a week later. The reminder notice will be sent in October. In these 18 counties, transitioning Seniors and Persons with Disabilities (SPDs) will be voluntary. However, SPDs will need to transition in 2014. Community Based Adult Services will continue to be a fee for service benefit, but will be rolled into managed care later. Health Care Options will start taking calls this in October, and Enrollment Service Representatives (ESRs) will be placed in counties soon to assist with enrollment. Analysis is being completed by Maximus and Health Care Options to ensure that ESRs are placed in counties with greatest need.</p> <p>Sujatha Branch shared that Disability Rights California will be sending a letter to DHCS regarding their concerns about beneficiary role in this transition. They will be requesting detailed information from DHCS so that they can provide information to their clients.</p>
<p>Health Care Reform: DHA Enrollment and Eligibility Changes</p> <p><i>See Enrollment &amp; Eligibility PPP available on the website.</i></p>	<p>Ethan Dye and Danni Van Lone from the Sacramento County Department of Human Assistance (DHA) presented on eligibility and enrollment changes that will be implemented as a result of the Affordable Care Act. The Power Point presentation is available on the website. One of the most important changes facing DHA is that they will no longer evaluate if a client is eligible, but which program the client is eligible for. DHA will hire 300 new employees to handle the increased demand. Covered California will transfer callers who may qualify for Medi-Cal to counties for handling. Calls must be answered within 30 seconds 80% of the time. If the caller required an interpreter, Covered California will transfer the interpreter with the caller.</p> <p><u>Questions/Comments from the Committee:</u></p> <p><i>How many of the new DHA employees will be dedicated to the expansion population? The Service Center houses about 300 employees and all of these employees will be assigned to MAGI clients (0-138% Federal Poverty Level). However, clients can be assisted at any location for all programs by any eligibility worker as part of DHA's horizontal integration approach.</i></p> <p><i>How many enrollees does DHA expect to enter the Medi-Cal program? DHA is estimating 56,000 new Medi-Cal enrollees. 12,000 of these are currently LIHP. Concerns were shared that there are not enough providers to handle these volumes.</i></p> <p><i>Do IPAs have the resources to accept and provide care for 30,000 to 70,000 new patients? It will</i></p>

## Sacramento Medi-Cal Managed Care Advisory Committee

Health Care Reform: DHA  
Enrollment and Eligibility Changes  
(cont.)

be difficult for IPAs to provide services to this many patients. This is why IPAs continue to ask about the PCP bump as discussed in the DHCS update. Without higher rates, it will be difficult to ask providers to add additional patients. Larger clinics are more optimistic about the change, but even they are having trouble filling their panels with providers.

*Will there be a large volume of patients demanding services as soon as Medi-Cal coverage takes effect?* People will be evaluated for Medi-Cal eligibility starting in October for coverage effective 1/1/14. There will be people who have been determined eligible and waiting for coverage to go into effect. Those that are enrolled in LIHP will remain with their provider. That will be the default if patient takes no action. Patients have a right to change plans or providers.

*How often will DHA share information on new enrollees with plans?* DHA is not sure on the details and logistics of this information sharing. DHCS has oversight of the plans.

*How will data be shared between DHA, DHCS, and the plans?* It would be most efficient to share directly between DHA and the plans. As is the process today, DHCS will need the information on enrollees in order to issue benefit identification cards to beneficiaries. DHA will continue to send information to DHCS.

Sujatha Branch would like DHA to remember the importance of cultural and language diversity when hiring new employees. It is much easier to converse and obtain information when working directly with a staff member in his/her native language rather than utilizing an interpreter, although it is great that the interpreter will remain with the caller when the call is transferred from Covered California.

Sandy stated that open enrollment will be 6 months in the first year, but will be 3 months in subsequent years. This will be a confusing process. Everyone will learn more as rules are defined and more electronic systems are put in place.

Nathan Allen, MD, inquired about rates for physicians assisting with surgeries. These rates are established through negotiated contract with the IPA. The Medi-Cal rate is normally used as a guideline for these rates, especially for specialists. Dr. Allen will follow up with the IPA representatives and/or plan for more information.

## Sacramento Medi-Cal Managed Care Advisory Committee

<p>Public Comment Public Comment (cont.)</p>	<p>May Ying Ly, Southeast Asian Assistance Center: <i>What is the estimated impact on DHA in terms of increased numbers and access?</i> DHA expects about 30,000 new beneficiaries. DHA plans to hire 300 new employees and expect to train 900 staff members before January. Phone banks will have staff to answer calls within 30 seconds for Covered California. Staff will also be redeployed as necessary to cover needs of all programs. Interpretation will be provided by Covered California for many of the calls, and the County utilizes interpreting contractors as needed.</p> <p><i>What are the rules for retroactive coverage?</i> Covered California does not have retroactive coverage. The date of application dictates the date of coverage. For people applying before the 15<sup>th</sup> of the month, their coverage will go into effect in 2 months. For example, an application date of October 10 would mean an effective date of December 1. If a person applies after the 15<sup>th</sup>, a person must wait an additional month for eligibility to start. This is different than Medi-Cal.</p> <p>Jim Ellsworth, Capitol Health Network: <i>Will CalHEERs be useful in assisting patients in selecting a medical home, or just up to the point of selecting a plan?</i> DHA has been shown demonstrations where several questions such as region or the need for special care can be queried to provide a list of providers.</p>
<p>Meeting Closure</p>	<p>The August and September meetings are cancelled due to staff obligations with budgetary matters and other workload demands. County staff will reassess the continuation of meetings in October. Sandy will continue to send updates as needed on eligibility and on topics of interest from DHCS.</p> <p>Sandy thanked everyone for their participation and closed the meeting. Meeting adjourned at 4:00 pm.</p>
<p>Next Meeting</p>	<p>Monday, October 28, 2013 3:00 – 5:00 PM</p> <p>DHHS Administrative Building 7001A East Parkway</p>