Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

January 27, 2014, 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	X	Hospital – Rosemary Younts
X	Advocate – Sujatha Branch – Co-Chair	X	Hospital – Tory Starr
X	Advocate – Stacey Wittorff	X	Hospital – Robert Waste, PhD
X	Clinic – J. Miguel Suarez, MD	X	IPA – Sean Atha
X	Clinic – Jonathan Porteus, PhD		IPA – Anna Berens
X	DHA – Mary Behnoud	X	PHAB – Raquel Simental
X	DHHS – Sherri Heller, EdD		Pharmacy – Frank Cable
X	Health Plan – Cathy Lumb-Edwards	X	Physician – Marvin Kamras, MD
X	Health Plan – Effie Ruggles (for Janice Milligan)	X	Physician – Nathan Allen, MD
X	Health Plan – Steve Soto		**EX-OFFICIO MEMBERS**
X	Health Plan – Scott Coffin		County Board of Supervisors – Ted Wolter
X	Health Care Options – Lili Zahedani		County Board of Supervisors – Lisa Nava
X	Hospital – Ellen Brown	X	State DHCS – Keith Parsley

Sacramento Medi-Cal Managed Care Advisory Committee

PANEL MEMBERS - *not on the committee*
Ethan Dye, Sacramento County Department of Human Assistance (DHA) Marcia Jo, Sacramento County Low Income Health Program (LIHP) Uma Zykofsky, Sacramento County Mental Health Plan

Public in Attendance: 22

Topic	Minutes
Welcome, Introductions and Opening Remarks	Sandy Damiano, PhD, welcomed the committee, members of the public, and facilitated introductions. The committee welcomed new members – Raquel Simental representing the Public Health Advisory Board (PHAB) and Scott Coffin representing a Health Plan seat (Anthem Blue Cross). Sandy Damiano asked members to review the handout "Topics for Consideration for 2014." A structured brainstorming session is planned for the February meeting to determine the focus for 2014. This is a very big year with the Medi-Cal expansion, Mental Health benefit, Substance Abuse, etc. Members may also email additional topics for consideration.
State DHCS Update	Keith Parsley thanked Sandy for sending out the press release which was quite extensive and had a lot of good information in it. He provided the following updates: • Affordable Care Act (ACA) expansion's impact on total Medi-Cal enrollment in California is estimated to be an increase of about 1.2 million. • Preliminary numbers indicate 11,000 – 12,000 Low Income Health Program (LIHP) members successfully transitioned from LIHP into Medi-Cal managed care plans (MCPs) that operate in Sacramento. There were some bumps but overall the transition was extremely successful. • A mental health benefit is now covered by MCPs. More information will be presented about this later in today's agenda. • Not directly related to Sacramento until later down the road is the Coordinated Care Initiative (CCI). One part is the Cal MediConnect plan – in which dual eligibles (Medi-Cal/Medicare) receive coordinated care. The other part of that will be the carve-in of the managed long term support services (MLTSS) which will include in-home support services, regular long term care services, skilled nursing care, MSSP, CBAS all wrapped

State DHCS Update	into the plans. These services have traditionally been carve-outs in Sacramento County. CCI is not likely to come to Sacramento County before 2015. It requires legislative action and will be added as part of the State Budget process. CCI goes live in April in Riverside, San Bernardino and San Diego counties, and then Alameda, Santa Clara, and Los Angeles counties. CalDuals.org is the website for CCI and will have the latest information. Sean Atha noted Scott Coffin assisted the State in developing CCI in his previous position. He will be a good asset for the Committee.
Medi-Cal Expansion Updates • LIHP Transition • County Eligibility • County Medically Indigent	<u>Steve Soto provided the following update on the LIHP Transition</u>: • In December there were 12,800 members in the program. Between 11,000 – 12,000 members transitioned to Medi-Cal MCPs. The members were fairly evenly divided among the MCPs. • The State issued requirements to MCPs regarding continuity of care for transitioning the LIHP members. Molina shared open authorization data with the other Plans. • Largely, the LIHP members stayed with the primary care medical home they had while in LIHP. • There weren't any major disruptions. Programmatic issues were coordinated among the Plans. • At this point, Molina is still administering the LIHP program for the County. Even though the program ended at midnight on December 31, 2013, there are still claims to be paid, authorization issues, close out activities, reconciling costs, gathering utilization and data reporting, reporting to the State, federal claiming, etc. Molina's role will continue through most of 2014 and Molina will be available to help Anthem Blue Cross or Health Net with any of the enrollees who transferred to them. Steve Soto closed by thanking this Committee, the provider community, the hospitals, and the political leadership in the County for supporting the LIHP in Sacramento. It was a tough initial roll-out but he feels good about where we ended up. Marcia Jo noted that to administer the LIHP, Molina had to start a new line of business, address concerns, and problem solve in all of its systems: customer service, utilization review, claims payment, provider relations, quality management, and clinical care. She is grateful that Molina will continue to assist as the remaining activities are concluded. The LIHP has served over

Medi-Cal Expansion Updates • LIHP Transition • Medi-Cal Expansion • County Medically Indigent	16,000 people during its program period. Sandy Damiano noted that there was a great article in Healthline about the LIHPs and the untold story of the ACA and how approximately 630,000 individuals transitioned into Medi-Cal on day one. California was 1 of 7 states who participated in early Medicaid reform. Ethan Dye, County Eligibility, provided an overview of the "*Medi-Cal Expansion Implementation*." See Power Point for detail. Key points: • Open enrollment for the tax credit and private insurance programs through Covered California goes through March 31, 2014. Medi-Cal will be open throughout the year. • The interface between the County eligibility system and the CalHEERS system went live on January 21, 2014. • The County continues to accept applications that are filed online, via mail, in person, or by telephone. They also take "quick sort" telephone calls from CalHEERS for individuals eligible for Medi-Cal and process applications via the phone. "Quick sort" phone lines from Covered California are open Monday through Friday until 8:00 p.m. and Saturday from 8:00 a.m. until 6:00 p.m. "Quick sort" is when a person calls Covered California, and the individual is asked 7-8 questions. If the person is not eligible for a Covered California program, the call is transferred to an Eligibility Specialist who goes through the entire application with the individual, through plan selection if necessary. • 11,600 people were successfully transitioned from LIHP into Medi-Cal. • For Sacramento County, there are about 21,000 Medi-Cal applications that are pending review or pending an acceptance of a result. A timeline for determining eligibility for the 21,000 is not known at this time. DHA will research and provide an update. DHA will also provide a telephone number that individuals who are in this pending situation can call. • There were roughly 11,600 individuals transitioned from the LIHP program. • On average DHA receives about 8,000 Medi-Cal applications per month. Over the last six months there has been about a 22% increase in number of applications and beneficiaries. Stacy Wittorff asked about the timeline for presumptively eligible individuals to get their choice packet. Keith Parsley stated that those with a presumptive eligible (PE) aid code are Fee for Services (FFS) Medi-Cal. They will not get a choice packet until the final eligibility determination when they have a permanent, full scope aid code.

Medi-Cal Expansion Updates • LIHP Transition • Medi-Cal Expansion • County Medically Indigent	Marcia Jo provided a brief update on County Medically Indigent transition: • County Health Clinic has been working with enrollees who had glitches in the transition from LIHP to Medi-Cal (none in the last 5 days), some confused regarding coverage and needing medical services, individuals who did not receive mailings, and those seeking medical care. The County is providing necessary medical care and assisting with necessary linkages. • The County remains the provider of last resort for the residual indigent population. • The County has other programs in addition to the indigent – healthcare for the homeless, managed care medical home, and refugee health (within clinic services). Sherri Heller commented that she was heartened to hear folks with FFS Medi-Cal were eager to get a medical home. Steve Soto added that Molina has finalized a contract with the County to be a primary care medical home with assigned enrollment. During LIHP, the County Clinic was a medical home and is continuing services.
Public Comment	There was no public comment.
Mental Health Panel • Health Plans • County Behavioral Health • Advocate Perspective	Steve Soto presented an overview of a new Medi-Cal Mental Health Benefit - This adds a package of mental health (MH) services to health plans as well as a renewed focus on the role of primary care providers (PCPs) to identify and refer enrollees to substance abuse services when clinically indicated. Uma Zykofsky discussed the role of the County Mental Health Plan (MHP) and mental health specialty services. Health Plans and County MHP will have close coordination. See the Power Point Presentation called, *Medi-Cal Managed Care Mental Health Benefits Access and Coordination"* for detail. Why are we doing this? Not only are the MH benefits included in Medicaid managed care but have also been implemented by way of state law and state plan amendments. MH services are part of the essential benefits package. What is the rationale? MH parity ensures there is a basic set of MH services. It also ensures the expansion population and the existing population are treated the same with regards to benefits. Including this as a requirement of the MCPs improves quality because the state holds the MCPs accountable for meeting quality outcomes. Contracts and reimbursement are being driven by

Mental Health Panel • Health Plans • County Behavioral Health • Advocate Perspective	achieving quality outcomes. Administrative efficiency is improved through care management. The new benefit requires closer coordination between County MH and the MCPs. It will also improve integration between physical and MH because providers are limited in improving physical health if the enrollee has underlying MH needs that have not been addressed. MH plan benefits include treating those with lower level MH service needs. Plans are not infringing on specialty MH services provided by County MH. See slides for benefits. Clarification - Kaiser has had a mental health "carve in." The changes are for the other plans. Sherri Heller asked if health plan money (capitation) will follow the patient referral to County MHP. Steve replied that if the person is deemed eligible to receive MH services from the County, those services will still be provided by County and funded by County's funding stream. Managed care plans are not being funded to provide MH specialty services. Sherri is trying to determine if there is an unintended financial incentive to diagnose more serious conditions to push someone out of capitation and into the County funded program. Steve replied that County MH will evaluate the person for appropriateness into specialty MH and can redirect back if indicated. The benefit is available as long as medical necessity criteria are met. Uma added that which system serves someone is driven by the by patient's functional impairment level. A low level would be for people with some low level anxiety or depressive disorders where treatment can be provided within the scope of the plans. Psychiatric consultation is available in the plans. Plans have an existing requirement to complete an initial MH screening by network PCP. If PCP believes someone is a candidate for those services, s/he can treat within their scope of practice (e.g., a primary care physician can prescribe antidepressants not necessarily antipsychotics). Plans and County are discussing selection of an assessment tool. They are trying to develop the least disruptive model keeping in mind that the plans operate in other counties also. By June 30, 2014, Plans need to enter into an MOU with County MH that covers the several different areas (requirements listed on slide 7 of PowerPoint). Plans have been preparing by educating staff regarding the new benefit and referral practices. Plan MH coordination policies and procedures are being revised to reflect the new benefit and

Mental Health Panel • Health Plans • County Behavioral Health • Advocate Perspective	linkages. Plans have also trained their member service departments. Plans were required to build a behavioral health network in less than two months. All of the managed care plans have had to evaluate their existing behavioral health plans and enhance where necessary. Network development is an ongoing process. Plans have been notifying members about the new benefit both new and existing enrollees. Plans have been participating in joint coordination and MOU meetings with County MH. DHCS is developing performance measures and metrics. They will be finalized and communicated in an All Plan Letter. These measures and metrics will be visible for community and advocates. Steve Soto also elaborated on plans for provider education in this process. The focus for the first part of 2014 is to finalize referral protocol, linkages, and build those procedures into the MOU to ensure no one falls through the cracks. Uma Zykofsky noted that the MOU is the framework for the plans and County MH but more discussion is needed regarding interfacing with hospitals. Tory was interested in discussing the referral linkages and communication pathways. Sujatha Branch - We would not have predicted years ago that we'd be sitting here today with MH parity. It is amazing to think about clients having equal access to services whether they have a physical health need or a mental health need without stigma. It is exciting to see the collaboration between the health plans and County MH. One concern is possible finger pointing due to the two different entities. For example, with regional center consumers (with a developmental disability and a diagnosis of MH disability), a good percent of our advocacy is regarding communication and who is responsible. It is important that people have access to care and given the runaround. Recently one of her colleagues noted a client with a significant history in MH specialty was required to get a screening from a health plan to continue MH services. This was confusing. Clients are concerned about continuity of care and ability to access care especially from MH providers. With regard to EPSDT some plans may not understand the medical necessity

Mental Health Panel • Health Plans • County Behavioral Health • Advocate Perspective	requirements which differ from adults. Lastly, she is looking forward to the substance use disorders benefit and treatment. Stacy Wittorff – agrees with Sujatha's presentation. She wants to ensure a "no wrong door approach." Notes the devil is in the details and wants to make sure people have the right referrals and pathways. We want to ensure clients seeking services do not get lost in the shuffle. There is a narrow window for someone seeking MH services. Agree regarding minimizing disruption to services that are already working while improving continuity of care. Effie Ruggles – thanked Sujatha. She will provide detail once the State clarifies the Substance Use Disorders Benefit. MHN provides the behavioral health services for Health Net. They are cross training member services teams. Steve Soto - PCP refers to drug Medi-Cal if they identify a substance use problem requiring treatment. They are still waiting on State guidance. State will finalize the expectations of managed care plans in the next month. Keith will provide an update next meeting.
Public Comment	Irwin Harris, MD, Medical Director for Molina Health Care - He just came from a Medical Directors Meeting and has not yet received formal guidance. This still requires clarification in terms of accuracy - If a patient wants to have "voluntary detox" the patients can be admitted to detox of the local provider which he presumes means hospital and Medi-Cal FFS. David Quackenbush - Asked a clarifying question about Health Net's subsidiary arrangement for MH providers? Effie responded that Health Net's parent company is Health Net, Inc. Health Net of California and Health Net Community Solutions are subsidiaries of Health Net, Inc. Community Solutions runs the Medi-Cal and all the public programs. MHN is a subsidiary of Health Net, Inc. They provide behavioral health for various lines of business.
Closing Remarks and Adjourn	In closing, Sandy Damiano noted the following: • Follow-up from the MH Panel: The Committee would like to review and discuss the DRAFT MOU particularly referral pathways and linkages. The Committee would also like to review the Substance Use Disorders Benefit when clarified. Keith Parsley will also follow-up. • Both Power Point Presentations will be posted on the committee website tomorrow. • By February County Eligibility should have some experience with the CalHEERS interface.

Closing Remarks and Adjourn	Sandy asked Eligibility to provide an update on the eligibility process as well as data. • She also reminded the committee to review the potential topics for 2014 as there will be a structured brainstorm next month to determine focus. Sherri Heller asked that the update on the MOU also includes information about the new grants for triage workers/navigators. Meeting Adjourned.
Next Meeting	Monday, February 24, 2014 3:00 – 5:00 PM DHHS Administrative Building 7001A East Parkway, Conference Room