

Sacramento Medi-Cal Managed Care Advisory Committee

Meeting Minutes

July 28, 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 – Jenni Gomez	X	Hospital – Laura Niznik Williams
X	Clinic – J. Miguel Suarez, MD		IPA – Sean Atha - <i>excused</i>
X	Clinic – Jonathan Porteus, PhD	X	IPA – Anna Berens
X	DHA – Mary Behnoud	X	PHAB – Raquel Simental
	DHHS – Sherri Heller, EdD - <i>excused</i>		Pharmacy – Frank Cable
X	DHHS, Behavioral Health – Uma Zykofsky	X	Physician – Marvin Kamras, MD
X	DHHS, Social Services – Debbi Thomson	X	Physician – Nathan Allen, MD
X	Health Plan – Cathy Lumb-Edwards		EX-OFFICIO MEMBERS
X	Health Plan – Effie Ruggles	X	County Board of Supervisors – Ted Wolter
X	Health Plan – Steve Soto	X	County Board of Supervisors – Lisa Nava
X	Health Plan – Scott Coffin		State DHCS – Keith Parsley - <i>excused</i>
X	Hospital – Ellen Brown		Health Care Options – Lili Zahedani - <i>excused</i>

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Public in Attendance: 25

Topic	Minutes
Welcome, Introductions and Opening Remarks	<p>Sandy Damiano, PhD, welcomed the committee, new committee members Uma Zykofsky and Debbi Thomson, members of the public, and facilitated introductions. She also went over the agenda, handouts, and focus for today's meeting.</p> <p>Sandy made the following announcements:</p> <ul style="list-style-type: none"> • 1115 Waiver Webinar – The Bridge to Reform Waiver ends October 2015. MCMC, CBAS, CCI are all in the waiver. These will be included plus new initiatives. Meetings begin 9/11/14 and will proceed through the Fall with DHCS submission to CMS of the concept paper in early 2015. <i>Link:</i> http://www.dhcs.ca.gov/provgovpart/pages/waiverrenewal.aspx • SSD Re-Entry Council Health Care Committee – Scott Coffin, Uma Zykofsky and Sandy Damiano are on the committee. The committee is discussing transition of uninsured into expanded health care. These adults were not part of the County's Medically Indigent population. Work has been in process with Probation at the Adult Day Reporting Centers. • Medi-Cal Dental Advisory Committee – Their Committee is working on coordination between the health and dental plan approvals for hospital dentistry cases to simplify the approval process. They are developing protocols for who needs to be seen in the hospital OR and other possible options such as a surgery center. During last week's meeting they established a Medi-Cal Dental Specialty Care Denials Subcommittee and Steve Soto volunteered to participate. Thank you, Steve. They hope to have more Health Plans participate at their next meeting which is on August 28th at 3 PM at First Five, 2750 Gateway Oaks Drive, Suite 330 or look at webpage. Steve Soto added that he attended his first meeting last week and a big challenge is the existing reimbursement methodology for hospital programs. Holly Harper noted that Sutter will close both their programs September 30 unless they see some real progress by September 1.
State DHCS Update	A State representative was unable to attend. Sandy will ask for an update and distribute it via email.
ACA Updates	Steve Soto reported that Molina is still in network building mode and planning for the remainder of the year.

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<p>MH Benefit Update</p> <p>See Medi-Cal MH Quick Guide – <i>available on website</i></p>	<p>future about how the increase in Medi-Cal enrollment has impacted inpatient bed days resulting in a cost spike in inpatient psychiatric hospitalization.</p> <ul style="list-style-type: none"> • Specialty Mental Health has been working with the health plans to put bi-directional pathways in place. They have not had an opportunity to evaluate data about persons referred back to the health plans but Uma suspects it would be a low number. They do not have a single screening tool. Assessments are dispositioned based on medical necessity criteria. <p>Steve Soto reported that Molina’s non-specialty mental health services (for example, psychotherapy, medication management, case-by-case psychiatric evaluations when necessary) started January 1 and Molina continues to add providers to this part of their network. They also continue to work on policies & procedures that lay out the processes for each provider to follow with Specialty Mental Health. Molina had 34 mental health referrals and authorizations in May and 47 in June.</p> <p>Effie Ruggles reported Health Net’s subsidiary MHN (Managed Health Network) received 910 contacts from within Sacramento County, 898 were Medi-Cal (11 of those were advised to call and 887 contacted MHN directly). They continue to work through the processes, access paths, and coordination of care. There were 17 referrals to Mental Health Plan. (Note: this information will be updated next meeting.)</p> <p>Scott Coffin reported Anthem is focusing on training and making sure the network is sufficient. They are working on reporting and will have an update next meeting.</p> <p>Tory Starr asked about the substance use benefit listed in the Medi-Cal Behavioral Health Quick Guide. Uma responded that some of the services are being delivered but the State is going through a stakeholder process to develop a new waiver by which all the benefits would be delivered. The Quick Guide and the MOUs will be updated once there is clarification about the full scope of benefits, who is responsible for what, and what will go into the waiver.</p>
<p>Emergency Department Utilization - avoidable Primary Care</p>	<p>Presentation by Rosemary Younts (Dignity Health), Ellen Brown (Kaiser), Holly Harper (Sutter Health) and Laura Niznik Williams (UC Davis) - Reviewed and discussed a PowerPoint entitled, “ER Trends in Sacramento County.” Some highlights included:</p>

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Emergency Department Utilization
(avoidable Primary Care)

**ER Trends in Sacramento
County PowerPoint
Presentation (PPP) - available on
website**

- One of the slides lists several concerns shared by all four hospital systems but Holly noted that the two major shared concerns are (1) lack of capacity (primary care / behavioral health care) in the Sacramento region and (2) non-urgent emergency department use.
- At Sutter, Medi-Cal beneficiaries made up 51% of non-urgent ED visits in 2013.
- The Navigator program feeds into the T3 (Triage, Transport and Treatment) program operated at Sutter since 2007 in partnership with Well Space. The navigators are based in the ED and connect people with resources such as housing, primary mental health care, substance use treatment, SSI, etc.
- Dignity does not look at primary care at the 1 or 2 levels but uses discharge diagnosis codes that are for primary care.
- Dignity's navigator program launched mid-August 2013 and is operated in partnership with Sacramento Covered and Health Net.
- Many of Dignity's providers are connected by mobile MD which allows them to track patient progress and outcomes as well as share health data after appointments are made at clinics or with providers.
- Dignity has seen a decrease in non-urgent ED visits as measured by admissions 6 months prior to navigator assistance and 6 months after navigator assistance.
- Kaiser is reviewing educational mailers that can be sent to members to show examples of what is routine, what is urgent, what's emergency, etc. The need for this information is not necessarily unique to the Medi-Cal population.
- UC Davis' Emergency Triage Program began a year ago and has reduced length of stay thus far. UC Davis is the region's only level 1 trauma center so the majority of their admits are for surgical trauma, cardiology, and orthopedics, but with a 66 bed ED sometimes those beds get filled up by persons who should be utilizing a different means of getting care. UC Davis continually looks for methods to reduce primary care visits to the ED.

All noted a decrease in the uninsured and an increase in Medi-Cal for early 2014 trends.

Tory Starr asked the health plans if they are surprised by this data. He noted that the proportion seems to be fairly consistent throughout all the EDs as far as volume between plans and asked if that is representative of the total volume that they have proportionally for Sacramento. He also asked if they had any thoughts on how to work with the data to adjust any of their access or care management. Scott Coffin, Effie Ruggles and Steve Soto agreed that utilization is representative of market share in Sacramento County and that the data is consistent with their internal research.

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Scott welcomes the opportunity to talk further about how they can partner to make changes. Steve noted that they need to continually work with primary care providers and their internal care management/utilization management processes to minimize avoidable ED visits and determine the cause (access, education, etc.) and what steps they can take. Molina plans to tackle further in October.

Dr. Kamras asked if there is a subcommittee to address this issue. There is not currently. He observed that the issue of avoidable ED visits has been around throughout his 40 years of practice. He stated there is a cultural divide and history of recipients of state sponsored healthcare going to EDs to access their care, and even though they now have a primary care physician they still go to the ED. The questions we need to ask are: Were they sent by primary care physician during normal business or did they just go on their own? What are the incentives or disincentives for the primary care physician to send patients to ED? Are they capitation of fee-for-service? What is the responsibility of the ED? How long does patient stay in ED? We need someone in the trenches to look at the questions and perspective answers and obtain buy in between plans, IPA's and institutions. San Juan had a great mobile office where they were triaging patients into a separate facility but that was closed a couple years ago when they brought primary care and urgent care back into ED. We need to look outside the box.

Jenni Gomez would like to work with a group on this issue. She said a majority of clients she has worked with on access issues have many and complex medical, physical, and mental issues. Waiting for specialty referrals and other timely access issues may contribute to their perceived need to use the ED. We need to determine who's using and why?

Miguel Suarez spoke about building a patient registry. Part of building the safety net is to have a patient registry with case management where hospitals or community clinics can have access. He doesn't know who should pay for it, but Medi-Cal, hospital systems, and clinics need to be part of the conversation to improve the way we handle healthcare and bring the cost down.

Sujatha Branch asked how satisfied are the patients with the navigator programs and is it meeting their needs better. Holly noted that Sutter just started surveying the participants pre-program and post-program and results are they feel healthier, they feel better, they feel their care is managed. Jonathan added that we need to ask, "what is a vital sign?" He said there was a great piece on public radio today about New York state applying Medicaid money to housing.

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<p>Emergency Department Utilization (avoidable Primary Care)</p> <p>ER Trends in Sacramento County PowerPoint Presentation (PPP) - available on website</p>	<p>Housing is a vital sign because in the absence of housing a client's other conditions are amplified. Sujatha agreed and suggested we need to look at waivers.</p> <p>Rosemary noted patients are satisfied with their care but some of biggest barriers they face are phone time to get to provider, timely appointments, and transportation.</p> <p>Anna Berens has been actively meeting with primary care physicians and they indicate that they have same day appointments and do not refer patients to the ED. She concurred about a cultural divide as well as a capacity problem. Over half the region's physicians are employed by hospital networks, so less than half are available to contract with and they are competing with commercial and private pay plans. Hospitals can help by opening up panels especially for specialty care. Anna asked how hospital data can get back to the primary care physician in a timely manner. She gave an example of one case where patient had visited all the ED's in Sacramento region 50 times in one year. Rosemary Younts responded that in the navigator program they do share the information for the appointments they schedule. Jonathan Porteus said we need consistent messaging and education, Tory Starr spoke to Anna's comment about the shortage of primary care and what we define as primary care because not all services require a doctor. At Sutter, they are creating a team that supports the primary care physician that consists of nurses, social workers, pharmacists. Not just about access to physicians but access to a system that is supportive of patient needs which extends capacity.</p> <p>Sandy Damiano asked about orientation to members who are new to managed care. Steve Soto responded that there is an attempt to get members oriented to managed care and Ellen Brown noted that entities that do outreach and enrollment such as Sacramento Covered also orient those who they enroll. She also said there was a Medi-Cal Emergency Department (ED) Quality Improvement Project several years ago. Effie Ruggles will email the report to Sandy for distribution to the committee.</p> <p>Scott Coffin said Anthem is looking at top utilizers and researching what is driving them.</p> <p>Uma asked about navigator programs and transportation issues. Rosemary responded that they do assist with taxi and bus vouchers.</p> <p>Earlier someone questioned the Fee for Service (FFS) Medi-Cal. Sandy noted it takes about 45</p>
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	<p>– 60 days for a beneficiary to move from fee-for-service to managed care. The FFS beneficiaries need a lot of education about the managed care benefit. Sandy also noted that we are seeing increase utilization due to increased population due to the new coverage expansion and due to pent up medical need. We will be seeing more members as we add the criminal justice population. These individuals have issues of poverty, multiple health conditions, behavioral health conditions and will have difficulty navigating health care. Sandy asked committee members to email her individually regarding interest in participating in a small workgroup.</p>
Public Comment	There was no public comment.
Closing Remarks and Adjourn	<p>Sandy Damiano thanked everyone for attending and participating in today's meeting.</p> <p>With no additional business to discuss, the meeting adjourned.</p>
Next Meeting	<p>Monday, August 25, 2014 3:00 – 5:00 PM DHHS Administrative Building 7001A East Parkway, Conference Room</p> <p>Focus – Emergency Department Utilization – Mental Health Hospital Systems / County MHP</p>