Care Coordination Work Group

Meeting Minutes

June 25, 2018, 3:00 PM – 5:00 PM

DHS Administration

7001-A East Parkway

Sacramento, CA 95823

Conference Room 1

	COMMITTEE MEMBERS			
X	Advocate – Hillary Hansen (LSNC)		X	Health Plan – Ron Robinson for Cathy Lumb-Edwards (Kaiser)
X	Clinic – J. Miguel Suarez, MD (HALO)		X	Health Plan – Reina Hudson (UnitedHealthcare)
	Clinic – Jonathan Porteus, PhD (WellSpace)		X	Health Plan – Peggy Rossi (Aetna)
X	DHS – Sandy Damiano, PhD			Hospital – Tory Starr (Sutter Health) – ***Co-Chair***
X	DHS Behavioral Health – Uma Zykofsky		X	Hospital – Ashley Brand (Dignity Health)
X	Health Plan – Les Ybarra (Anthem) – ***Chair***		X	IPA – Janice Milligan (River City)
X	Health Plan – Jane Tunay (Health Net)			Physician – Ravinder Khaira, MD
X	Health Plan – Ashley DeLanis (Molina)			

Group Members in Attendance: 12

Public in Attendance: 17

Staff: Sherri Chambers

Care Coordination Work Group

Topic	Minutes
Welcome and Agenda Review – *Les Ybarra*	Les Ybarra welcomed group members and members of the public and facilitated introductions. Materials: All members received a copy of the agenda, 2018 GMC Enrollment Data, Enrollment Type Data, County Mental Health Plan Data, High Utilizer Data Summary Report, and GMC Issues and Possible Solutions. *Meeting materials are posted on the website.* Link: www.SacGMC.net Agenda Topics: Announcements and Data, 2017 High Utilizer Data Reports, GMC Model Discussion, and Public Comment.
Announcements & Data – *Les Ybarra and Sandy Damiano*	Announcements: • Work Group Changes – Les welcomed new Care Coordination Work Group members Reina Hudson, representing UnitedHealthcare, and Peggy Rossi, representing Aetna. • DHS Budget Update – Sandy Damiano announced that DHS completed budget hearings on June 5. Most of the new growth approved in the County budget was in Behavioral Health. Two key expansions – Mental health services expansion for individuals who are homeless and authorization/funding to proceed with the Drug Medi-Cal Organized Delivery System (ODS) waiver. The ODS waiver involves a major transformation of existing services into an organized system of care with more access points. Estimated go-live date is January 2019. Uma Zykofsky added that MOUs have been drafted and sent to the health plans. She requested plans expedite their review. She noted that her team is working hard to operationalize. • County Homeless Plan – Cindy Cavanaugh and a consultant will attend the July 23 Medi-Cal Managed Care meeting to get input on the County Homeless Plan. Sandy requested all members attend the July meeting for this very important community need. • Anthem Update – Les reported that Anthem recently rolled out a Community Health Worker (CHW) program to supplement its case management programs. The program will involve face-to-face engagement. Les introduced two staff members: Erica Esquer and Tommy Yang. Another program gaining momentum is a partnership with Valley High School for students interested in the CHW field. Data: • GMC Enrollment Data (*posted on the website*) – As of June 1, Sacramento County GMC enrollment was **427,993**. The net difference from the previous month was a decrease of 801 members. Kaiser, Aetna, and UnitedHealthcare had increases, while the other plans had decreases. The default rate (members who did not actively choose a plan) was 30%, the lowest in the state.

Care Coordination Work Group

Announcements & Data – *Les Ybarra and Sandy Damiano*	• Enrollment Type (*posted*) – Health Care Options sent a new report (COPS-11) showing members who chose a health plan vs. members who defaulted either by auto assignment or by prior plan assignment. For the month ending 5/24/18, 70% of members chose a plan and 30% defaulted. The report does not include disenrollments, so only the enrollment portion of the churn rate is depicted. • County Mental Health Plan (MHP) Data (*posted*) – The top chart shows GMC members, including children, served in the County MHP outpatient system as of December 2017. About 2.9% of GMC members were receiving MHP specialty services. This is consistent with the prior two reports (2.9% in June 2017 and 3.1% in December 2016). The bottom chart shows members receiving County MHP outpatient services, broken down by Plan. Plans received a list of adult members to cross-reference with high utilizer data.
High Utilizer Data Reports – *Les Ybarra and Health Plans*	Les provided an overview of the high utilizer data reports. *See Data Summary Report 2017: Plan Comparisons posted on the website.* • This is the 4th time plans have completed the high utilizer data pull. Refining the process each time. • UnitedHealthcare participated in the data pull for the first time. Aetna will participate next time. • High utilizer data for 2015 & 2016 included only 50 members per plan. This data pull includes the top 3%. • Plans met in early 2018 to ensure consistent criteria for the data pull. They clarified definitions (top 3%, homelessness), added 2 indicators (ten or more ED visits, two or more inpatient stays), and specified ICD 10 codes for each chronic condition. • Today's reports cover the full year 2017. We now have 3 years of data. Protocol is also more refined. **Anthem Blue Cross** – Les Ybarra reviewed and discussed Anthem's highlights. • ED Utilization – 88% of the top utilizing members had three or more ED visits and 48% had ten or more. Anthem is targeting that population with a variety of case management programs, such as Community Health Worker (CHW). • Homelessness – The goal is to expand partnerships and engage these members. They have a new Housing Navigator resource. • Complex Care Management – Excluded those in disease management programs. 30% were engaged in mostly telephonic programs. They are seeing some early success with the CHW model (face-to-face). • County Mental Health Plan Specialty Services – 8% of the top utilizing members were with County MHP. These members are engaged through an integrated team approach (behavioral health / physical health). • Substance Use Disorders (SUD) – 44% of the top utilizing members were diagnosed with SUDs. Very high compared to other plans. They are looking at multiple programs to target these members.

Care Coordination Work Group

High Utilizer Data Reports – *Les Ybarra and Health Plans*	**Health Net** – Jane Tunay reviewed and discussed Health Net's highlights. • <u>ED Utilization</u> – 95% of top utilizing members had three or more ED visits. • <u>Complex Care Management</u> is delegated for River City Medical Group members only. For members of other provider groups, Health Net is responsible for complex case management. 23% engaged in complex case management programs includes both River City and non-River City members. • <u>County Mental Health Specialty</u> – 15% of top utilizing members were on the County MHP list. Very high compared to other plans. • <u>Pilot Project</u> – Member Connections team and Case Management team are working with members who have high ED utilization. Currently a small number of members are involved. • <u>Partnerships</u> – Programs with Dignity Health and Kaiser focus on care coordination for members with inappropriate ED utilization. **Molina** – Ashley DeLanis reviewed and discussed Molina's highlights. • <u>ED Utilization</u> – 99% of the top utilizing members had three or more ED visits and 98% had ten or more. Very high compared to other plans. They are still analyzing the data. • <u>Homelessness</u> – 15% is higher than the other plans and is an area of concern. • <u>Complex Care Management</u> – Only 1% engaged. Another area of concern. All case management is in-house. They can work on improving this number, which may in turn decrease the ED utilization numbers. • <u>Mental Health diagnosis</u> at 4% and <u>County MHP Specialty</u> at 2% seem low compared to other plans. Sandy asked Ashley to look into the mental health and complex case management data, as the numbers were higher in previous Molina reports. **Kaiser** – Ron Robinson, Executive Director for Medi-Cal Strategy and Operations, reviewed and discussed Kaiser's highlights. • <u>Complex Care Management</u> – 30% of high utilizing members are engaged. • <u>Mental Health diagnosis</u> – 50% is much higher than other plans, probably because specialty mental health is carved in for Kaiser. • <u>Obesity</u> – Significantly higher than other plans at 42%. • <u>Strategies</u> – Member Engagement Specialists try to contact all new members to complete assessments. They also do home visits if needed. Kaiser has an intensive care management system.

Care Coordination Work Group

High Utilizer Data Reports – *Les Ybarra and Health Plans*	**UnitedHealthcare** – Reina Hudson reviewed and discussed UnitedHealthcare's highlights. • <u>Sample size</u> – Due to the very small sample, some results are skewed. They only had three months of operation in 2017, and all members at that time enrolled by choice. • <u>Mental Health diagnosis</u> – May need analysis. Seems it should not be zero, since they had high utilizing members with Major Depressive Disorder and Psychotic Disorder. • <u>Complex Care Management</u> – 32% engaged. They have Community Health Workers who make home visits for high risk members. They also have an integrated Whole Person Care program. All complex case management programs are in-house. <u>Discussion</u>: • Les commented that it was good to have the plans on the same page. The data suggest certain questions, such as: What should plans do to improve? Traditional programs or innovative approaches? How to decrease the numbers of members that cannot be reached? What can we do together? • Ashley Brand encouraged plans to work with hospital systems. Hospital records indicate higher percentages for many indicators, such as homelessness. Members who cannot be reached by the plan still show up at hospitals. Plans need to look at hospital data, and hospitals need to know who to call. • Hillary Hansen asked what services County MHP provides to Kaiser members. Stephanie Kelly, Program Manager with Behavioral Health, responded that it is primarily members needing community-based targeted case management and rehabilitation services. Uma added that the numbers are small, but include members who are conserved and those who remain with County MHP under continuity of care. • Uma asked about Molina Medical Group (MMG) Clinics. Ashley DeLanis responded that about 35% of members are assigned to MMG Clinics. About 60% of Sacramento membership is with Golden Shore Medical Group and 40% is with River City. There are no direct contracts. Ashley agreed to provide the specific breakdown. Through Golden Shore and River City, members are assigned to primary care providers within their network. • Reina Hudson noted the importance of regular data pulls. Over time, plans will see if utilization changes as a result of interventions. Data can be used for targeted outreach. • Dr. Suarez stated the similar definitions were helpful. He suggested that breaking down the data by age, race, and other demographics may tell us more about the population. Sandy reminded members that aid code data was pulled previously.

Care Coordination Work Group

	Action: • Sherri Chambers will provide the list of ICD 10 codes used in the data pull upon request. Email her at ChambersS@SacCounty.net • Ashley DeLanis agreed to provide the breakdown of Molina members assigned to Golden Shore Medical Group and River City Medical Group. Ashley also agreed to look into the data for complex case management and mental health diagnoses, as they were lower than previous Molina reports. • Kaiser was asked to provide the number of its high utilizers that were served in County MHP specialty. • Sandy asked Plans to consider adding age categories or aid codes as part of the data pull.
GMC Model Discussion – *Sandy Damiano and All*	Sandy Damiano recapped the GMC Model Discussion that began in January and reviewed the list of GMC Issues and Possible Solutions (*see handout posted on the website*): • January 2018 – Structured feedback. • February 2018 – Consultant provided education on the managed care models and began to discuss issues that are not working in GMC. • March 2018 – Continued to discuss the issues that are not working in GMC. • April 2018 – Discussed the list of GMC Issues and Possible Solutions. Members agreed on the need to connect with DHCS. Update: • Meeting with DHCS originally scheduled for June 1 is now rescheduled to 2nd week in July. Will meet with Sarah Brooks and managed care leadership. Sandy and consultant will review information and ask for State support. • Sandy wrote a Board of Supervisors report. It was a "Communication Received and Filed" on the June 19 agenda. As discussed, there were no specific recommendations, just an overview of the challenges and the committee's desire to address the issues and work with the State. The report is available on the BOS Public Meeting website, item #88. Link: http://www.agendanet.saccounty.net/sirepub/mtgviewer.aspx?meetid=12244&doctype=AGENDA Discussion: • Members discussed the financial support provided to San Diego County for their GMC model. Some believe the financial support enables them to be more successful. A member asked if the support was ongoing. Sandy explained that Healthy San Diego gets about $1 million per year, written in statute. Sacramento

Care Coordination Work Group

GMC Model Discussion – *Sandy Damiano and All*	asked for similar support in 2010. Due to the recession, no support was given. San Diego also has ability to veto proposed new plans.
	• Ashley Brand raised the issue of patient assignment to primary care providers. How many are assigned to a clinic or PCP? Janice Milligan noted this is also an issue in commercial lines of business. Sandy added that DHCS is completing a network adequacy review. This is challenging as networks are dynamic.
	• Les suggested quality issues can be addressed by the Work Group. Example: Childhood immunizations. May be able to develop some quality improvement initiatives.
	• Ashley suggested convening a multi-disciplinary group to address the top 3% utilizers, all parties at one table rather than multiple meetings with multiple entities. Many members expressed concerns with privacy issues and lack of a universal release of information, as well as who would sit at the table.
	• Uma suggested analyzing HEDIS scores.
	Next Steps – Sandy asked members to think about where to start and report back next meeting. Ideas so far:
	• Look at one or two HEDIS measures, try to get a standardized treatment protocol.
	• Develop a multi-disciplinary approach to working on specific high utilizers.
Public Comment	None
Closing Remarks and Adjourn	Next Meetings – Sandy Damiano announced:
	Medi-Cal Managed Care Committee Meeting on July 23 – Cindy Cavanaugh and a consultant will seek input on the County Homeless Plan, County MHP will provide updates, and Dental Advisory Committee will report.
	Care Coordination Work Group Meeting on August 27 – Beau Hennemann from Anthem will present on Health Homes, Hospital Systems will present ED utilization data, and we will review IPA enrollment data.
	Les thanked everyone for attending and participating in today's meeting. *A special thanks to the Health Plans for their work on the data reports.* With no additional business to discuss, the meeting adjourned.

Next Meetings	***Medi-Cal Managed Care Advisory Committee Meeting*** Monday, July 23, 2018 / 3:00 – 5:00 PM	**Location:** DHS Admin Building Conference Room 1 7001A East Parkway
	Care Coordination Work Group Meeting Monday, August 27, 2018 / 3:00 – 5:00 PM	