#### **Meeting Minutes**

October 14, 2021, 11:00 AM – 1:00 PM

#### **Meeting Location**

In compliance with County, State, and Centers for Disease Control and Prevention directives related to the COVID-19 public health emergency, this meeting was held remotely via webinar and conference call.

#### Attendance

Name	Attendance		Name	Attendance		
SCHA Consumer Protection Committee Voting Members						
Kyle Stefano, Chair	Present	Absent	Kim Williams	Present Absent		
John Landefeld, MD,	⊠Present	Absent	Patricia Sherrod	Present Absent		
Vice-Chair						
Edwin Kirby	Present	Absent				
County Staff to SCHA						
Jenine Spotnitz	Present	Absent				
Consultants to SCHA						
Sarabeth Zemel	Present	Absent				
Lisa Chan-Sawin	⊠Present	Absent				

Agenda Item	Time
<b>1. Welcome and Agenda Review</b> – <i>Kyle Stefano, Committee Chair</i> Kyle Stefano called the meeting to order at 11:02 am. Jenine Spotnitz reviewed the agenda.	11:00 – 11:05 am
<ol> <li>Approval of Minutes – Jenine Spotnitz, Sacramento County Department of Health Services</li> </ol>	11:05 – 11:15 am
Jenine Spotnitz asked if there were any questions or edits to the June meeting minutes that she sent out to Committee members earlier in the day. Kyle Stefano commented that she had not had a chance to review them and John Landefeld concurred. Jenine Spotnitz suggested reviewing the notes in the meeting, so the Committee could try to approve them. She reviewed the June 10 <sup>th</sup> and June 24 <sup>th</sup> meeting minutes. Edwin Kirby motioned to approve the minutes. Kyle Stefano seconded the motion. There was a roll call vote taken and the motion was approved.	
3. Presentation and Discussion: Draft Questions Regarding Consumer and Provider Survey Findings and DMHC Data for October 26 Plan Reactor Panel – Jenine Spotnitz, Sacramento County Department of Health Services	11:15 – 11:55 pm
Jenine Spotnitz reviewed the Consumer and Provider Survey data in	

•	ntation slides while Committee members brainstormed questions MCPs in the planned Oct. 26 Plan Reactor Panel.
	ommittee first reviewed access to care data. Commissioner stions included:
•	asking the MCPs about how to facilitate easier electronic communication, and whether they would consider funding an e- consult platform;
•	adding a question around access because of the challenges related to access that surfaced from survey respondents, including the long wait to get specialist care;
•	adding a question about MCPs' work with hospitals in order to ensure patients receive timely access to follow-up care when patients end up in the ED;
•	adding a question on the issue of medications and prior authorization.
pharm (FFS), challe month are do coordi approj suppo voiceo isn't o	chan-Sawin noted that the State is going to be carving out hacy benefits in Jan. 2022 and moving them to fee-for-service , so the state can do bulk purchasing. She anticipated that nging pharmacy issues will come up for consumers in these first as of the change, but pharmacy will look different from how things one now. She suggested a question could ask about plans to nate with a FFS pharmacy benefit, with plans still ensuring priate care is provided, or more broadly asking about plans to rt the patient populations through this transition. A Commissioner d a concern about patients that might be on a prescription that n the standard Medi-Cal formulary on 1/1/22. A Commissioner sted a briefing on this in the future.
	e Spotnitz then moved on to DMHC data. She noted a few data including:
•	Complaints are closed within 30-45 days.
•	Independent Medical Review (IMR) can go up to 45 days if not expedited.
•	The Commission had requested more specificity about what each complaint category includes, but DMHC cannot provide anything more specific than what they already provided.
•	On the question the Committee raised around data on resolved complaints and whether they're resolved to the consumer's satisfaction, DMHC does not capture the information in this way. In some cases, consumers are satisfied and sometimes not.
•	On enforcement action, DMHC does not report active cases, they only report after the case been closed. It's possible the

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	Committee or Commission could look at this data in the future.	
happe	missioner noted that as a doctor, he knows what needs to n for him to help his patient, but the problem is more the plan's nsiveness, and ability for him to speak to someone at the plan.	
proces respor addres and pr accour FQHC	al suggested questions for MCPs included: How is the grievance as working? How do plans monitor these grievances? Are you adding in a timely manner? What do plans plan to do differently to as these scores? What are the different means by which patients oviders can file grievances? What is the process for creating intability between the MCP, IPA, and providers (including in s and hospitals)? When there is provider problem – how does the nonitor and address challenges at the provider level?	
The fir	nal list of questions from the Committee is as follows:	
1.	How is your plan addressing timeliness and ensuring people are getting the appointments and care they need in the legally required time?	
2.	What proposals/approaches do you intend to take to facilitate easier electronic communication between providers for a patient?	
3.	How are MCPs supporting adoption (e.g., incentivizing/funding and require) use of e-consult platforms that allow for better coordination across providers, including coordination with specialists, as a means to increase access to specialty care?	
4.	How are plans ensuring patients have timely access to follow up care needed after emergency department visits?	
5.	How are plans ensuring patients have timely access to follow up care needed after emergency department visits?	
6.	As the contracted MCP, how do you work with IPAs and providers to ensure when providers are not meeting standards/have grievances filed against them, that they make modifications to improve responsiveness? What is the process for accountability between MCP, IPAs, and providers?Eddie clarified that this question is trying to get to delegation issues and accountability of plans, IPAs and providers.	
7.	How is the grievance process working? What are the means by which patients and providers can file grievances (e.g., phone, letter, website)? How are plans making sure providers and patients are aware of the MCPs' process, and notifying patients of the right to reach out to DMHC, and receive responses in a timely manner?	

<b>4. Discussion and Action: Community Engagement Planning</b> – Jenine Spotnitz, Sacramento County Department of Health Services	11:55 – 12:45 pm
Jenine Spotnitz thanked the commissioners for their work on the RFQ. During the survey-related work, the Committee brought up the idea of having a town hall/informational meeting to introduce themselves, the work of the Committee, and discuss MCP transition. They could extend the invite to CBOs and other entities for reaching consumers, as well as FQHCs.	
Lisa Chan-Sawin noted that they could also do ongoing surveys, which would allow them to measure that key vulnerable populations are reached by the CP Committee.	
Jenine reflected that there were two workstreams around community engagement: (1) Educating people about the Commission and Committee's work, and (2) Ongoing input and data collection around consumer and provider experiences. She also noted the open beneficiary seat and encouraged the committee to support recruitment for it.	
The Committee noted that Sacramento County is advertising through a Facebook page and requested for the County to promote future community engagement meetings through social media. The Committee also suggested getting commitment from FQHCs to put up flyers in their clinics, ask providers to put up advertisements, and ask the medical society to also get out the word.	
The Committee then discussed the timing for the town hall event, and decided that after open enrollment would be best. Several Committee members agreed that early 2022 would be a good timeframe, and another noted that CalAIM is going live in January and it would be good to hear from Medi-Cal enrollees on any issues they encounter. A Commissioner hoped the first town hall in January would be virtual, with support from CBOs to help Medi-Cal enrollees log into the town hall meeting virtually. They noted the possibility that the Committee could schedule others in specific communities for later in the year, which could possibly be in person. The Committee could create a calendar of events running into next year and set schedule for several in 2022 and publicize all at once.	
A Commissioner asked Jenine Spotnitz if there was a timeline for meeting in person again as a committee or as the full Commission. Jenine Spotnitz responded that the Sacramento County Board of Supervisors will take action in the next meeting on October 19 regarding recent legislation that address this, and then we will know if they will delegate this decision to each board or set a standard policy.	
Commissioners discussed convening a planning meeting for the town	

incl	and identify and inviting decision makers from potential partners, uding legal services, Loaves and Fishes, the medical society, HCs, homeless groups, food bank, and Lupus Society.	
5.	<b>Public Comment</b> – One comment per person, limited to two minutes.	12:45 – 12:55 pm
	None.	
6.	Next Steps and Adjournment – Kyle Stefano, Committee Chair	12:55 – 1:00 pm
	Kyle Stefano adjourned the meeting at 12:49 pm.	

Members of the public are encouraged to attend. Public comments are accepted during designated time. Electronic or hard copies of documents are available upon request. To request documents, or if you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Jenine Spotnitz at SpotnitzJ@saccounty.net or (916) 216-1782. Electronic copies of documents will be emailed upon request and hard copies of documents may be picked up at 7001-A East Parkway, Sacramento, CA 95823. For more information regarding the Sacramento County Health Authority Commission, please visit our website at Sacramento County Health Authority.