

# SACRAMENTO COUNTY HEALTH AUTHORITY COMMISSION

## General Meeting

February 3, 2025

# **Agenda Item #1:** Welcome/Opening Remarks & Updates

# Agenda Item #2: Agenda Review

1. Welcome/Opening Remarks and Updates
2. Agenda Review
3. Action: Approval of Meeting Minutes from 9/17 and 11/19 and of 2025 SCHA General Meeting Calendar
4. Presentation and Discussion: 2025 Policy Updates and MCP 2023 Quality Data
5. Presentation, Discussion and Action: Approval to Adopt Boards, Committees, Commissions, and Councils Conflict of Interest
6. Public Comment
7. Closing Comments and Adjournment

# **Agenda Item #3:**

## Approval of Meeting Minutes

## **Agenda Item #4**

**Presentation and Discussion: 2025 Policy Updates  
and MCP 2023 Quality Data**

# Managed Care Updates

Meredith Wurden, Senior Strategic Advisor, Sellers Dorsey

## Topics:

- MCP Quality Ratings and Related Sanctions
- MCO Provider Tax
- Transitional Rent
- ECM and Community Supports
- Network Adequacy Certification

# MCP Quality Ratings and Related Sanctions



# MCP Quality Monitoring

- DHCS evaluates MCP quality performance annually and in December 2024 released findings for Measurement Year (MY) 2023
- MCPs report on measures known as the Managed Care Accountability Set (MCAS) in four domains:
  - Children's Health
  - Reproductive Health and Cancer Prevention
  - Chronic Disease Management
  - Behavioral Health Conditions
- DHCS imposes financial sanctions on MCPs for measures that are below established Minimum Performance Level (MPL)
- For MY 2023, MPCs reported on a **total of 39 MCAS measures with 18 subject to sanctions**
- Compared to the prior year, MY 2023 included three new sanctionable measures

# MCP Quality Monitoring

	MY 23 #	MY 23 measures	MY 22 #	MY 22 measures
Children's Health	8	<ol style="list-style-type: none"> <li>1. Child and Adolescent Well-Care Visits</li> <li>2. Childhood Immunization Status</li> <li>3. <a href="#">Developmental Screening in the First Three Years of Life*</a></li> <li>4. Immunizations for Adolescents</li> <li>5. Lead Screening in Children</li> <li>6. <a href="#">Topical Fluoride for Children*</a></li> <li>7. Well-Child Visits in the First 30 Months of Life - 0 to 15 Months - Six or More Well-Child Visits</li> <li>8. Well-Child Visits in the First 30 Months of Life -15 to 30 Months - Two or More Well-Child Visits</li> </ol>	6	<ol style="list-style-type: none"> <li>1. Child and Adolescent Well-Care Visits</li> <li>2. Childhood Immunization Status</li> <li>3. Immunizations for Adolescents</li> <li>4. <a href="#">Lead Screening in Children*</a></li> <li>5. Well-Child Visits in First 30 Months of Life (6 or more visits)</li> <li>6. Well-Child Visits in First 30 Months of Life (2 or more visits)</li> </ol>
Reproductive Health & Cancer Prevention	5	<ol style="list-style-type: none"> <li>1. Breast Cancer Screening</li> <li>2. Cervical Cancer Screening</li> <li>3. Chlamydia Screening</li> <li>4. Prenatal and Postpartum Care: Timeliness of Prenatal Care</li> <li>5. Prenatal and Postpartum Care: Postpartum Care</li> </ol>	5	<ol style="list-style-type: none"> <li>1. Breast Cancer Screening</li> <li>2. Cervical Cancer Screening</li> <li>3. Chlamydia Screening in Birthing People</li> <li>4. Prenatal and Postpartum Care: Timeliness of Prenatal Care</li> <li>5. Prenatal and Postpartum Care: Postpartum Care</li> </ol>
Chronic Disease Management	3	<ol style="list-style-type: none"> <li>1. <a href="#">Asthma Medication Ratio*</a></li> <li>2. Controlling High Blood Pressure</li> <li>3. Hemoglobin A1c Control for Patients with Diabetes - HbA1c Poor Control (&gt; 9%)</li> </ol>	2	<ol style="list-style-type: none"> <li>1. Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (&gt; 9%)</li> <li>2. Controlling High Blood Pressure</li> </ol>
Behavioral Health	2	<ol style="list-style-type: none"> <li>1. Follow-Up After Emergency Department Visit for Mental Illness</li> <li>2. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</li> </ol>	2	<ol style="list-style-type: none"> <li>1. Follow-Up After Emergency Department Visit for Mental Illness</li> <li>2. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</li> </ol>
<b>Total</b>	18	+3 new	15	+1 new

\*Newly added as sanctionable measure

Source: ENHANCING QUALITY FOR MEDI-CAL MEMBERS – ACCOUNTABILITY AND ENFORCEMENT FOR MEASUREMENT YEAR 2023 (MY23)

# MCP Enforcement Tiers

Sanctions are determined based on factors including changes in MCP performance, number of people affected, and Health Places Index Score. **MCPs that do not meet or exceed the MPL are at risk of enforcement action** based on tier determination. MCPs may be subject to both monetary and non-monetary sanctions depending on tier assignment in accordance with [APL 23-012](#)

Enforcement Tiers	Tier 1	Tier 2	Tier 3
<b>Triggers</b>	One (1) measure below MPL in any one (1) domain	Two (2) or more measures below MPL in any one (1) domain	Three (3) or more measures below MPL in two (2) or more domains
<b>Enforcement Action</b>	Not subject to monetary sanction	Subject to monetary sanction	Subject to monetary sanction

# MY 2023 Key Findings

## Statewide

- Overall, MCPs showed improvement in meeting or exceeding MPLs on DHCS identified priority measures compared to the prior measurement year
- Less than 50 percent of MCPs are meeting or exceeding measures with high population impact
- Most sanctions were related to topical fluoride for children, child and adolescent well-care visits and cervical cancer screening
- Four out of five MCPs that operated in Sacramento for MY 2023 measured at less than 50 percent of measures meeting or exceeding the MPL statewide and were also in the bottom fourth of plans across the state

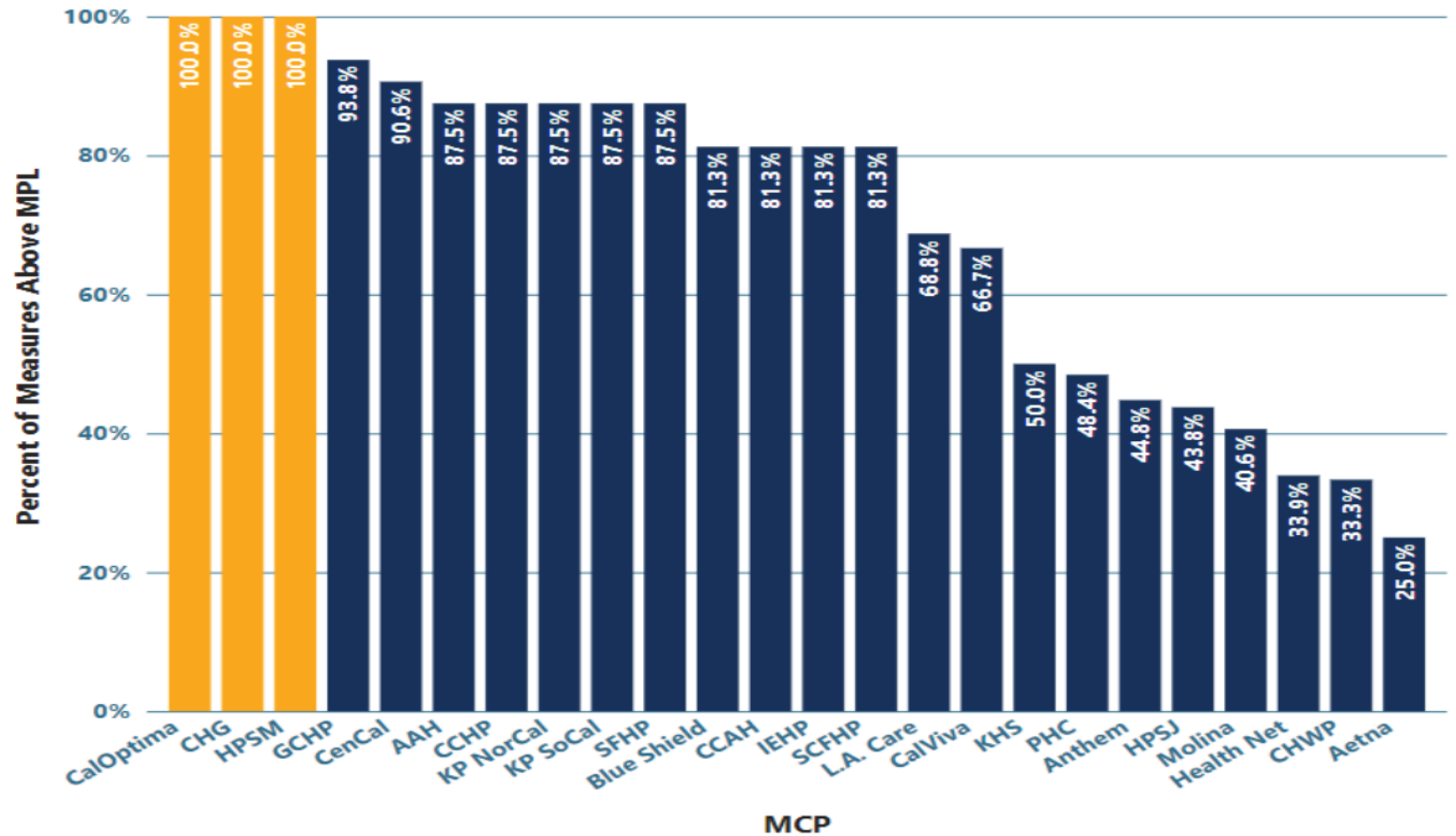
## Sacramento County

- Sacramento County plans Aetna, Anthem, Health Net and Molina were designated Tier 3 for quality outcomes on measures below the MPL in Sacramento County and subject to related enforcement
- Kaiser NorCal, which served Placer, Amador, and El Dorado Counties in addition to Sacramento, was designated Tier 2

Source: [Enhancing Quality for Medi-Cal Members – Accountability and Enforcement for Measurement Year 2023 \(MY23\)](#)

# MY 2023 MCP Statewide Performance

The graph below represents the percentage of measures that met or exceeded the MPL for each MCP. A higher percent indicates better quality performance of the MCP.



Source: [Enhancing Quality for Medi-Cal Members – Accountability and Enforcement for Measurement Year 2023 \(MY23\)](#)

# MY 23 Statewide Rankings\*

## Sacramento County MCPs

Managed Care Plan	Children's health domain - eight measures	Reproductive health & cancer prevention domain - five measures	Chronic disease management domain - three measures	Behavioral health domain - two measures**
Aetna Better Health of California	22nd	23rd	24th	N/A
Blue Cross Partnership Plan (Anthem)	19th	20th	21st	N/A
Health Net Community Solutions, Inc. (Health Net)	21st	21st	22nd	N/A
Molina Healthcare of California	18th	22nd	23rd	11th
Kaiser NorCal	10th	10th	9th	3rd

\*Out of 24 state contracted MCPs

\*\*Behavioral Health Measures included 30-day follow-up after ED visit for mental health and for substance use. DHCS states that data reporting issues related to county BH payment reform may have impacted the rates.

Source: [Medi-Cal Managed Care Plans: Measurement Year 2023 \(MY23\) Quality Score by Domain](#)

# Statewide MCP Quality Sanctions

Managed Care Plan	MY 23 Statewide Sanction Amount	MY 22 Statewide Sanction Amount
Aetna Better Health of California	\$64,000	\$32,000
Blue Cross Partnership Plan (Anthem)	\$819,000	\$323,000
Health Net Community Solutions, Inc. (Health Net)	\$519,000	\$655,000
Molina Healthcare of California	\$247,000	\$255,000
Kaiser NorCal (Sacramento, Amador, El Dorado, and Placer counties)	\$35,000	\$25,000

# Sacramento County MCP Quality Measures Below MPL

Managed Care Plan	# MCAS Measures Below MPL MY 2023 (18 Sanctionable Measures)	# MCAS Measures Below MPL MY 2022 (15 Sanctionable Measures)
Aetna Better Health of California	13	12
Blue Cross Partnership Plan (Anthem)	12	8
Health Net Community Solutions, Inc. (Health Net)	10	8
Molina Healthcare of California	13	8
Kaiser NorCal (Sacramento, Amador, El Dorado, and Placer counties)	2	2



# Discussion

# MCO Provider Tax

# MCO Provider Tax

- AB 119 (Chapter 13, Statutes of 2023) reauthorized a new Managed Care Organization (MCO) Provider Tax from April 1, 2023 through December 2026 to support the Medi-Cal program
- Proposition 35, passed by voters in November 2024, **permanently continues the tax** subject to ongoing federal approvals and includes:
  - Repeal of related provider payment increases and investments included in the 2024 Budget Act (does not impact targeted provider rate increases implemented 1/1/2024)
  - **Changes to how revenues are spent effective 1/1/2025**
  - Requirement for DHCS to **consult with a stakeholder advisory committee** regarding development and implementation such as for changes to payment methodologies
- The **federal government approved the tax in December 2024** allowing DHCS to begin implementation
- Expected to provide an estimated net \$7.2 billion through 2026

# MCO Tax Changes Under Proposition 35

Figure 1

## Proposition 35 Changes Which Services Get Funding Increases

Funding Increases in the Short Term (in 2025 and 2026)

	Previous Law	Proposition 35
Doctors and other related providers <sup>b</sup>	✓	✓
Specified hospital services		✓
Outpatient facilities		✓
Safety net clinics	✓	✓
Behavioral health facilities		✓
Reproductive health and family planning	✓	✓
Emergency medical transportation	✓	✓
Nonemergency medical transportation	✓	
Private duty nursing	✓	
Certain long-term supports	✓	
Community health workers	✓	<sup>c</sup>
Continuous Medi-Cal coverage for children up to five-years old	✓	
Medi-Cal workforce programs	✓	✓
Doctor postgraduate training programs		✓

<sup>a</sup> More services are eligible for funding increases in the long term (beginning in 2027).

<sup>b</sup> Current law and Proposition 35 include some differences over which related providers get funding increases.

<sup>c</sup> Eligible for funding increases in the long term (beginning in 2027), depending on how much money is raised by the health plan tax.

Source: Proposition 35 Analysis  
<https://voterguide.sos.ca.gov/propositions/35/analysis.htm>

# Discussion

# Transitional Rent

# Transitional Rent

- In December 2024, the federal government approved the Behavioral health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration waiver to expand behavioral health services
- A key feature of BH-CONNECT is **transitional rent assistance** for up to six months for MCP members that meet certain criteria
- Intended to serve as a **bridge to permanent housing** where other behavioral health funding will provide permanent rental subsidies and housing
- DHCS plans to launch transitional rent **starting July 1, 2025 as an additional optional Community Support** under CalAIM
- **Mandatory for MCPs starting January 1, 2026 for Behavioral Health Populations of Focus** (MCPs can choose to cover other populations who may be eligible for transitional rent)

# Discussion



# ECM and Community Supports

# ECM/CS Monitoring

- DHCS launched **new ECM/CS monitoring in 2025** grounded in three main goals:
  - Ensuring adequate network of providers
  - Increasing access to and uptake of services
  - Improving delivery of services
- DHCS is monitoring **Primary Measures** with thresholds
- Monitoring also includes **Secondary Measures and Events & Feedback** where sufficient data is not yet available, or threshold is not yet established
- Failure to meet DHCS identified thresholds on *primary* measures will result in **compliance actions** such as needing to do a PIP or receiving a CAP
- Measures will be **updated yearly**

# ECM/CS Primary Monitoring Measures

- **ECM Measures (implementation spread over 2025 and 2026)**
  - 12-month Growth in Percent of Members Receiving EMC (2025) – growth is greater than 0% in each county
  - ECM Provider Network Completion (2025) – must have one active provider per POF in each county
  - ECM Provider Type Diversity (2026) – At least one “specialized” provider per POF in each county
  - Percent of Members Receiving ECM (2026) - At least 1% of MCP members receiving ECM in each county, stratified by adult and children & youth members
- **CS Measures (2025)**
  - 12-month Referral Growth – growth greater than 0% in each county
  - Active Provider Network - for each service, in every county, MCP has at least one (1) “active” Community Supports Provider
  - Public Information for Providers and Members – website includes 100% of required information

# ECM/CS Secondary Measures and Events & Feedback Monitoring

- **Equitable Access** - DHCS will work with MCPs in 2025 on strategies for improving equitable access to ECM based on potential gaps observed in demographics.
- **Timely Payment to Providers** - DHCS is working to address issues with MCPs' timely payment to ECM and Community Support Providers.
- **Dosage** - DHCS will track and begin publicly reporting the percentage of ECM members who received an ECM service each quarter.
- **Utilization** - DHCS will continue to track and publish utilization rates for Community Supports services at the county level and will work with MCPs on strategies for increasing access to the services.

# ECM Access

**DHCS is streamlining access to ECM effective January 1, 2025 through two new requirements to make it easier for MCP members to be referred and receive ECM services**

1. **ECM referral standards** requirements define and standardize the information MCPs collect through ECM referrals, enabling referring entities to avoid navigating different information requirements across forms and templates and prohibit MCPs from requiring additional documentation
2. **Presumptive authorization** updated requirements allow select ECM contracted providers to directly authorize and be paid for ECM services during a 30-day timeframe without waiting for MCP authorization

# Discussion

# MCP Network Adequacy Certification

# Network Adequacy Certification

## Annual Network Certification Components:

- Provider-to-member ratios
- Mandatory provider types
- Time or distance standards
- Timely access

## Network Adequacy determination:

- Pass – required standards were met
- Alternative Access Standard (AAS) Pass- required standard not met but AAS was approved
- AAS Pass with alternative delivery system- unique delivery system approved
- Pass with Conditions- did not fully meet standards but working with DHCS under a Corrective Action Plan (CAP)



# Network Adequacy Certification

## 2023 Sacramento County

	Aetna	Anthem	Health Net	Kaiser NorCal	Molina
Ratios	✓	✓	✓	✓	✓
Time & Distance	✓ *	✓ *	✓ *	✓ **	✓ *
Mandatory Provider Types	✓	✓	✓	✓	✓
Timely Access	✓	✓	✓	✓	✓

\* Passed OB/GYN primary care, AAS passed all other provider types

\*\* Passed OB/GYN primary care, AAS passed (with alternative delivery system) all other provider types

# Discussion

## **Agenda Item #5**

**Presentation, Discussion and Action: Approval to Adopt Boards, Committees, Commissions, and Councils Conflict of Interest (BCCC COI)**

# Sacramento County Boards, Committees, Commissions, and Councils Conflict of Interest

**Background:** Commissioners are currently required to complete hard copies of Form 700s (with wet signatures), and

**Decision:** To enable electronic filing of Form 700s, the SCHA can either:

- A. Adopt the BCCC COI ([§ 18730. Provisions of Conflict of Interest Codes](#)) and identify relevant Disclosure Categories (A-E). This would be adopted by the Board of Supervisors as an amendment to the BCCC COI to add the SCHA to the code with listed categories.
- B. Adopt a separate COI code with defined positions, disclosure categories and approved by the SCHA. The code must then be approved by the Board of Supervisors. The COI must state that the statements be filed with the Clerk of the Board's office.

# Form 700 Disclosure Categories

Schedule	Common Reportable Interests
A-1: Investments	Stocks, including those held in an IRA or 401K. Each stock must be listed.
A-2: Business Entities/Trusts	Business entities, sole proprietorships, partnerships, LLCs, corporations and trusts. (e.g., Form 1099 filers).
B: Real Property	Rental property in filer's jurisdiction, or within two miles of the boundaries of the jurisdiction.
C: Income	Non-governmental salaries. Note that filers are required to report only half of their spouse's or partner's salary.
D: Gifts	Gifts from businesses, vendors, or other contractors (meals, tickets, etc.).
E: Travel Payments	Travel payments from third parties (not your employer).

# Agenda Item #6: Public Comment

# **Agenda Item #7:** Closing Comments & Adjournment