

Sacramento County Health Authority Commission Consumer Protection Committee Meeting Minutes

December 19, 2025, 1:00 PM – 3:00 PM

Name	Attendance	Name	Attendance
SCHA Voting Members			
Eddie Kirby	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Margarita Dodatko	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Kim Williams	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Nicholas Capistrano	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Kirti Malhotra, MD	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Richard Pan, MD	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent

Agenda Item
<p>1. Welcome, Agenda Review, and Updates – Dr. Kirti Malhotra</p> <p>Dr. Malhotra convened the meeting at 1:08pm.</p>
<p>2. Presentation, Discussion & Action: Managed Care Plan (MCP) Responses to Resolve Providers’ CalAIM Challenges and Plan for February Report Back to SCHA – Dr. Kirti Malhotra</p> <p>Managed Care Plans addressed outstanding CalAIM issues that providers had identified and discussed at the previous CPC meeting.</p> <p>Molina’s responses included (from Abbie Totten and Asya Anderson):</p> <ul style="list-style-type: none"> • There is clear feedback regarding staff, so Molina will have a single point of contact statewide for all entities to go through to simplify the process for CalAIM claims payment, referrals, etc. • Molina is working on providing claim by claim feedback. To address common issues, Molina is working on an FAQ to include topics such as about the top reasons claims are denied. • The claims system reviews the fax ID number and NPI and matches it to a contract, which has payment terms associated with it. For a provider with multiple contracts, sometimes the system doesn’t know which contract to use. Elica is a good example of a provider with multiple contracts in the system. Wellspace got a separate NPI for their Community Supports to prevent issues with claims payments. • Vivant confirmed billing issues were on their side, not a rejection issue from Molina. • MCP systems were set up to pay medical claims; Community Supports are entirely different. • Molina will hold office hours with the manager of all CalAIM claims, and encourages folks to attend and ask questions. Molina will use CoPilot to build on the FAQ based on the discussion. • The provider guidebook is still pending final guidance from DHCS on transitional rent and some other areas of work.

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- Molina will not require CCDA documentation; they will start training in end of January on RTF/OTF process.
- MIF last issued in February; have had to update and had a lot of turnover on the team. Finalizing the MIF on a go-forward basis, and will have a regular monthly MIF by the end of Q1.
- DHCS guidance is for providers to identify clients who are eligible; providers have more on the ground knowledge of the membership.
- Molina is reviewing criteria for Community Supports to ensure they are cost effective “in lieu of services.”

Health Net’s responses included (from Randy VonFeldt):

- Health Net has implemented 1:1 onboarding for team members to meet with new providers (if there has been turnover) and records some sessions for providers to review.
- Health Net will provide functionality measuring how long a referral has been open to support closing the loop (e.g., in FindHelp).
- When providers log into portal, sometimes it doesn’t have the correct status; this is being fixed. If Health Net isn’t receiving updated RTF files, then the information may not be current.
- Providers are encouraged to reach out regarding individual questions and concerns.

Anthem

- See presentation.

Kaiser Permanente suggested adding time to the February SCHA presentation to discuss CalAIM successes as well as the challenges.

3. Discussion & Action: Dissemination of Medi-Cal Redetermination Materials for Members– *Dr. Kirti Malhotra and Managed Care Plan Representatives*

DHA is awaiting guidance from DHCS. CPC emphasized the importance of standardized messaging and collaboration to communicate the impact of policy changes on Medicaid redeterminations.

Cathi Aurich will ask Eduardo Amenyro how to best proceed and how CPC can support these efforts, and MCPs will let staff know who the representatives are to connect with DHA outside of CPC meetings to advance this work.

Commissioner Nicholas Capistrano noted that the delays in information from the state is a common theme, and asked how this can be addressed. Commissioner Eddie Kirby acknowledged this and noted that the SCHA could write a letter to the state to request more timely information, and also that the state processes can be lengthy. Lobbying local representatives can also be an effective strategy.

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Future agenda item for Commissioner Capistrano to facilitate discussion about the strategy and proposed actions for external lobbying to state elected official and DHCS about SCHA priorities.

4. Public Comment – *One comment per person, limited to two minutes.*

No public comment.

5. Next Steps and Adjournment – *Dr. Kirti Malhotra*

Meeting adjourned at 2:55 pm.