

Sacramento County Health Authority Commission Consumer Protection Committee Meeting Minutes

January 16, 2025, 1:00 PM – 3:00 PM

Meeting Location

4600 Broadway, Community Room 2020, Sacramento, CA 95820

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 (virtual)	<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 1:08 PM.</p>
<p>2. Managed Care Plan (MCP) Updates on Resolving Provider CalAIM Challenges – Dr. Kirti Malhotra</p> <p>Dr. Malhotra invited MCPs to share updates on their work to resolve the CalAIM challenges providers have raised at the prior meetings.</p> <p>The key updates included:</p> <ul style="list-style-type: none"> - Tianna Arbulu from Health Net noted that they are working with CoHeWo on addressing challenges, and are including details about the process for connecting DSNP (Dual-Eligible Special Needs Plan) members to case management in a bulletin that will be sent out next week and will provide information to all contracting providers. - Janet Paine provided updates on behalf of Anthem, including: <ul style="list-style-type: none"> o A process is planned for Anthem to call an assigned ECM provider to check the status of a member before moving them to ensure no member poaching issues. o Updates to the RTF for CLR will eventually be integrated into Availity Care Central. o Providers are encouraged to attend Availity Care Central office hours for updates on claim sweeps. They can also reach out to their provider relations consultant for more information. o Anthem is looking into a presentation on the California Integrated Care Management (CICM) program from the Medicare team for one of the

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ECM office hours sessions. Currently, all CICM services will be delivered with internal staff, with no outside provider contracting like ECM.

- There was a question about planned updates to Availity Care Central that would allow data entry changes due to human error. Janet mentioned that they are still waiting for a response on this.
- Molina was not present at the meeting, but providers noted improvement on key challenges, including that they held a training last week and another training scheduled for the next week for the CCA exit process. The exit from CCA is scheduled to be completed by February 1, depending on the process and technology. A provider also mentioned that they had a meeting with Molina the previous day regarding the claims project, and the ECM side of the reconciliation project is complete, with payments received in late December. The projection for the housing claims resolution is February 4. Providers also highlighted that the referral process with Molina is very fast, typically taking a day or two.
- Cristina Pena from Kaiser Permanente shared that their local engagement team has standing meetings with network lead entity to elevate trends, observations, and inquiries.

Dr. Malhotra thanked MCPs for their diligent work to resolve provider issues, and requested that MCPs provide a presentation for a future SCHA general meeting on CalAIM success stories & challenges. The tentative date pending SCHA chair agreement is the April 16th SCHA meeting, and the intent is for it to include a report back on issues that have been resolved, the plan and the timeline to resolve any outstanding issues. Commissioner Margarita Dodatko offered to share about challenges and successes from a provider perspective.

3. Discussion & Action: Reviewing and Approving or Drafting Opposition Letter to Proposition 56 Cuts – Dr. Kirti Malhotra

Commissioners reviewed the draft letter and requested several revisions to be made, including updating the title to “Opposition to the Elimination of Proposition 56 Medi-Cal Dental Funding in the Budget” and revising a sentence to say “opposition to cuts to the Medi-Cal dental, specifically the elimination of Proposition 56.”

Action: Recommend that the SCHA submit the revised letter to Sacramento County legislative delegation and the Governor opposing cuts to Medi-Cal and Denti-Cal and urging support for those systems in the budget.

Public comment: Chair called for public comment; none received.

Motion: Commissioner Eddie Kirby

Second: Commissioner Margarita Dodatko

Vote: A roll call vote was taken.

Outcome: Motion carried.

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Commissioner Eddie Kirby also requested SCHA staff to ask Sellers Dorsey to detail out the cuts that were adopted in last year's budget to Medi-Cal, any cuts in this year's proposed budget, and expected lost federal support (so the SCHA may urge legislators and the governor to backfill federal cuts), and present this at the upcoming SCHA meeting.

Health Net noted that they offer Denti-Cal to their members and are drafting an email to Medi-Cal Dental director, and they can share any language that may be relevant for the CPC.

4. Discussion & Action: Identifying Priorities for Potential Advocacy/Lobbying Efforts – Dr. Kirti Malhotra

Commissioners discussed the following ideas for potential advocacy and lobbying efforts:

- The SCHA could form a small group to conduct lobby visits, including county representatives, providers, and SCHA members.
- The group should develop talking points and a draft letter to share with providers, encouraging them to reach out to their legislators.
- Commissioner Eddie Kirby proposed a tiered system for evaluating budget and policy proposals to prioritize advocacy efforts based on the immediacy and likelihood of the proposals being implemented, such as:
 - Tier 1: Proposals by the governor, which are the most imminent and require immediate attention. These are likely to be implemented unless actively opposed.
 - Tier 2: Items that the legislature has already acted on or that are known to be a priority for many legislators. These require significant effort to address but are not as immediate as Tier 1.
 - Tier 3: Proposals named by a single legislator or those that have some legislative language but are not yet widely supported. These are less urgent but still important to monitor and address. 3
 - Tier 4: Potential proposals that are being discussed but have not yet been formally introduced. These are the least urgent and can be monitored for future action. 4
- Action Items:
 - Sellers Dorsey to provide an update on the current budget and its impact on medical funding at the next SHA meeting.
 - SCHA to develop a toolkit with talking points, a draft letter, and contact information for legislators to share with providers, as well as select group for lobby visits. Can share toolkit and phone numbers with providers.
 - County to support scheduling meetings with legislators and SCHA.

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5. Discussion: Lessons Learned from Community Meetings Regarding Medi-Cal Changes – *Kim Williams*

Kim Williams shared a summary of the community meetings to provide education about Medi-Cal changes; key points included:

- Two community meetings were held in December to inform the community about changes to Medi-Cal. The first meeting had about 30 attendees, and the second had about 25 attendees.
- Key messages shared were to emphasize the importance of opening all mail to avoid missing critical information about Medi-Cal, and advising attendees to check and update their contact information to ensure they receive all necessary communications.
- Some lessons were learned about the accessibility of the language used and the appropriate level of detail. The initial presentation was too high-level, leading to confusion. Adjustments were made to simplify the language and make it more understandable for the second meeting.
- It was valuable for other organizations serving the community to be present to address various community needs.
- More meetings are planned for this year, with a focus on smaller groups for better engagement. There is a consideration for a "train the trainer" approach to educate community workers, as well as a potential social media campaign to remind people to update their contact information and be aware of their Medi-Cal renewal dates.

Commissioners discussed ideas for next steps, which included questions for DHA, including:

- Is DHA statutorily required to send renewal packets a certain amount of time prior to renewals, and if so, what is the timeframe? Is it possible for DHA to send the renewal packets further in advance (e.g., 90 days before renewal period), to allow more time for the mail to be redirected as needed if addresses changes, etc.?
- Is there a consent form members can sign so providers can submit their updated contact information on their behalf?
- Can DHA share how flyers and any other information about Medi-Cal benefits and changes to redetermination/eligibility are being distributed to clinics, community members, etc.?

SCHA staff will share these questions with DHA and request their responses for a future CPC meeting.

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

Cristina Pena shared that MCPs are working on scheduling a meeting with DHA to discuss opportunities for alignment on messaging and coordinated resources for

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Medi-Cal redetermination; they hope to meet in early February and can bring updates back to this group.

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

Dr. Malhotra adjourned the meeting at 2:57 PM.