Care Coordination Work Group

Meeting Minutes

April 23, 2018, 3:00 PM – 5:00 PM

DHS Administration

7001-A East Parkway

Sacramento, CA 95823

Conference Room 1

	WORK GROUP MEMBERS		
X	Advocate – Hillary Hansen (LSNC)	X	Hospital – Tory Starr (Sutter Health) – ***Co-Chair***
X	Clinic – J. Miguel Suarez, MD (HALO)	X	Hospital – Ashley Brand (Dignity Health)
	Clinic – Jonathan Porteus, PhD (WellSpace)	X	IPA – Janice Milligan (River City)
X	DHS Primary Health – Sandy Damiano, PhD		Physician – Ravinder Khaira, MD
X	DHS Behavioral Health – Uma Zykofsky	**MEDI-CAL MANAGED CARE COMMITTEE MEMBERS**		
X	Health Plan – Les Ybarra (Anthem) – ***Chair***	X	Health Plan – Abbie Totten (Health Net)
X	Health Plan – Jane Tunay (Health Net)	X	IPA – Sean Atha (River City)
X	Health Plan – Cathy Lumb-Edwards (Kaiser)	X	Health Care Options – Lili Zahedani
X	Health Plan – Ashley Delanis (Molina)	**GUEST PRESENTERS**		
	Health Plan – Sandra Zebrowski, MD (Aetna) – *Excused*	X	Cindy Cavanaugh, County Director of Homeless Initiatives
X	Health Plan – Reina Hudson for Debbie Tanabe (UnitedHealthcare)	X	Emily Halcon, City Homeless Services Coordinator

Work Group (12) / Committee Members (3) / Presenters (2) in Attendance: 17

Public in Attendance: 27

Staff: Sherri Chambers

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Topic	Minutes
Welcome and Agenda Review – *Sandy Damiano, PhD*	Sandy Damiano welcomed group members, guests, and members of the public and facilitated introductions. Materials: All members received a copy of the agenda, GMC Enrollment Data, Pathways Dashboard, Pathways Overview, Pathways FAQs, County Homeless Initiatives Update, County Homeless Initiatives Pictorial, High Utilizers Data Parameters (April 2018), and GMC Issues and Possible Solutions DRAFT. *Meeting materials are posted on the website.* Link: http://www.dhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx Agenda Topics: Announcements and Data, Homeless Initiatives, High Utilizers Data Reports, GMC Model Discussion, and Public Comment.
Announcements & Data – *Les Ybarra and Sandy Damiano*	Announcements: • Work Group Changes – Dr. Sylvia Carlisle is no longer with Aetna. Dr. Sandra Zebrowski is the new Work Group representative for Aetna, but she was not able to attend this meeting. • Release of Information (ROI) Work Group Update – Les reported that the ROI work group met late last year. They discussed the Whole Person Care pilot and whether alignment was possible. Due to a busy first quarter, they have not met since. Les said now that the plans have reached consensus on the high utilizer data parameters, the ROI will be next. • Medi-Cal Managed Care Resources – Navigators rely on the resources posted on the Medi-Cal Managed Care Committee website. Due to recent IPA changes, some resources are out of date. Sherri Chambers will be sending a request to plans to update the Care Coordination Guides, Health Plan Networks, and Urgent Care Clinics list. The GMC PowerPoint has been updated and posted on the website. • Timely Access Standards (*posted on the website*) – Staff updated the one-page summary of the Medicaid Managed Care Final Rule: Network Adequacy Standards, effective date July 1, 2018. Changes include: psychiatry was added, dental pediatric specialty changed, county size definitions changed, and skilled nursing in small/rural counties changed. Will add adult dental. See the DHCS website for the full final network adequacy standards: http://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx • Health Homes Revised Implementation – Some counties in Groups 1 & 2 have been moved to Group 3. Sacramento remains in Group 3. Implementation is July 1, 2019, for members with eligible chronic physical conditions and Substance Use Disorders and January 1, 2020, for members with serious mental illness.

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Announcements & Data – *Les Ybarra and Sandy Damiano*	• <u>Addressing Unmet Need in Sacramento's Safety Net</u> – On April 9, Sandy attended a convening sponsored by Sierra Health Foundation and Health Access. Participants included the four hospital systems, advocates, FQHCs, one IPA and one GMC plan. Senator Pan delivered opening remarks and discussed changing the GMC model. Health Access underscored the lack of access for primary and specialty care. Sandy noted that discussions about the GMC model are occurring in multiple forums. <u>Data</u>: • <u>GMC Enrollment Data</u> (*posted on the website*) – As of April 1, Sacramento County GMC enrollment was **429,138** with a net increase of 33 members from the previous month. Sandy explained the net change does not represent the total change, as many members move in and out of plans each month. Health Net, Molina and Anthem had net decreases while the new plans and Kaiser had net increases. The default rate was 33%, the lowest in the state. San Diego's default rate was 43%.
Homeless Initiatives – *Emily Halcon and Cindy Cavanaugh*	Sandy welcomed Emily Halcon, City of Sacramento Homeless Services Coordinator, and Cindy Cavanaugh, County Director of Homeless Initiatives. Sandy noted that homelessness continues to be an area of focus for the Care Coordination Work Group, and members appreciate the presentations by the City and County. **City Homeless Initiatives** – Emily Halcon provided an overview and status update on the two major areas of focus for the City with regard to homelessness. Emily noted that the City is not a direct service provider and sees its role as filling in the gaps for other systems. <u>Crisis Response</u>: • Involves responding to the crisis of unsheltered homelessness. Very complex and poorly funded. • Reliance upon the Impact Team (police) to connect individuals with services and supports and keep them out of the criminal justice system whenever possible. • The City is now more engaged in sheltering and has funds in 5 community-based shelters run by non-profits. • The winter triage shelter was opened this winter and will remain open through May. The concept is "come as you are." Pets are allowed, no drug tests, etc. Serves up to 200 people at a time. This shelter serves people who were not served before, but they tend to have complex health issues. <u>Whole Person Care Pilot – Pathways</u> (*see handouts posted on the website for details*): • <u>Partnerships</u> – 4 health systems, 6 health plans, community organizations, and others. • <u>Target population</u> – Medi-Cal enrollees who are frequent users of crisis response systems.

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Homeless Initiatives – *Emily Halcon and Cindy Cavanaugh*	• <u>Early Engagement</u> – Started in November 2017 testing services on a small basis. 322 enrollees in Pathways as of April 13. Referrals mostly from Sacramento Covered (includes Impact Team). *See Dashboard handout.* • <u>Full launch</u> – Expected May 1. Will expand geographical area and numbers served. Will begin taking referrals from many partners, including all 4 hospital systems and FQHCs. Will target those with one or more inpatient stay in 12 months, 4 or more emergency department visits in 12 months, or involvement with the crisis system (police / fire). • Emily thanked the health plans, hospital systems and all partners for their work. **County Homeless Initiatives** – Cindy Cavanaugh provided an overview and status update on the 4 homeless initiatives approved by the Board of Supervisors (2 new, 2 enhanced). All 4 initiatives have been implemented. Cindy acknowledged Eduardo Ameneyro and his team at DHA for their work in carrying out the initiatives. *See handouts posted on the website for details.* Initiative 1: Family Crisis Response • Aimed at serving families better. One door into the system. • Serves families experiencing homelessness as well as housing instability. • Funding provided for 2 shelters and a transitional housing program. • Since October, 384 families have registered as homeless and 113 families have exited into stable housing. Initiative 2: Mather Community Campus • Transitional housing program offering limited term recovery and employment services. • Serves about 885 individuals per year. Initiative 3: Full Service Re-Housing Shelter • A low barrier shelter program providing help with deposits, short-term rent, and other supportive services. • By invitation only. Referred by sheriff, DHA Social Worker, and a few others. • Multiple sites – Currently 3 homes with 2 more expected soon. About 5 people per home. Initiative 4: Flexible Supportive Re-Housing • Used data to identify the top 250 utilizers of county services. Looked at behavioral health and criminal justice data, based on findings in the "Pay for Success" study about the top cost drivers of county services. • Most of the top 250 have been assigned to intensive case management services through 4 service providers. Intensive Case Managers serve about 20 enrollees each.

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Homeless Initiatives – *Emily Halcon and Cindy Cavanaugh*	• Enrollees also receive property-related services. • 3 individuals have been rehoused, including the individual with the top utilization of services. Discussion: • Janice Milligan asked which providers are involved in the weekly case conferencing. *Cindy: The providers currently participating in Initiative 4 (Flexible Supportive Re-housing) – Consumer Self Help, WellSpace Health, Wind Youth Services and TLCS. More providers will be added.* • Sandy asked if the homeless service providers involved in case conferencing know each enrollee's assigned health plan and primary care provider (PCP). *Eduardo Ameneyro: Yes.* • Abbie Totten noted there may be opportunities to work together to better serve high utilizers. For example, Health Net case managers could collaborate with service providers to engage enrollees with their PCP. • Ashley Brand expressed a concern that the number of meetings to deal with high utilizing members can be overwhelming. Focus needs to be on true care coordination and not just meetings. She also asked how the county ensures they are not duplicating services with Pathways. *Cindy: Individuals already enrolled in Pathways are not enrolled in Initiative 4. HMIS is one tool. Emily: Pathways is working to get data sharing agreements in place.* • Jane Tunay asked if they were providing any education or life skills training. *Cindy: Initiative 4 includes a full range of services including life skills, employment, recovery, whatever it takes. At the shelters, they move on quickly and are referred to community services. Emily: City programs also provide a full array of services to those in crisis. Will be adding preventative services to at-risk populations in the future.* • Uma Zykofsky suggested giving the service providers in Initiative 4 information to help them connect enrollees with their health plan and PCP. *Cindy: Staff is developing curriculum for providers.* • Several group members asked who to call first when encountering an enrollee. How to tell if someone is enrolled? Who to contact for care coordination? *Emily: Once the data sharing agreements are in place, all partners will have access to the data. The 6 plans and 4 hospitals will share information. Eduardo: Will get the answers and share them with Sandy.*
High Utilizer Data Reports – *Les Ybarra*	Les Ybarra reported on the refined data parameters for the high utilizer data reports (*posted on the website*). • Plans had 4 meetings from January through March 2018. Good participation. • Purpose: To ensure all plans are using the same criteria for the high utilizer data pull. • New: Clarified definitions, added two indicators (10 or more emergency department visits and 2 or more inpatient visits), and specified ICD 10 codes for chronic conditions.

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High Utilizer Data Reports – *Les Ybarra*	• <u>Next Report</u> – Full year 2017 data reports will be provided at the Care Coordination Work Group meeting in June. Sandy added that the basic criteria for the high utilizer data are based on the Health Homes Program. She thanked the plans for their cooperation in pulling data twice per year for the reports.
GMC Model Discussion – *Sandy Damiano and All*	Sandy Damiano recapped the GMC Model Discussion that began in January: • <u>January 2018</u> – Structured brainstorm process. • <u>February 2018</u> – Listened to a presentation on the managed care models and began to discuss issues that are not working in GMC. • <u>March 2018</u> – Continued to discuss the issues that are not working in GMC. Sandy reviewed the <u>GMC Issues and Possible Solutions DRAFT</u> (*posted on the website*). She asked if members had any comments or changes or if the document accurately captures the concerns. <u>Discussion</u>: • Several members agreed with the issues as listed in the document. It was noted that root causes and what to do about the problems still remain unclear. Many members commented on the need for resources to move forward. Some pointed to the legislation that allowed Healthy San Diego to receive funding for staff. Some suggested asking the State or reaching out to Senator Pan. If formal recommendations are made they should be in a staff board report to the Board of Supervisors. This would include stakeholder recommendations. Tory Starr noted that the GMC model has a complex structure. Multiple players make it difficult to manage, so it may require more management. Tory sees the options as: need support for managing the GMC model (better management structure), modify the model, or hire a consultant to look at other models. Several members suggested asking the State to accept Committee recommendations for the next procurement. Could ask the State to: limit the number of plans, set the criteria for approval differently, or change the model (complex). Sandy stated she will write a Board item regarding current status. Could present what we have learned, what we do not know, what we might like differently, and need to involve the State. Per consultant, the State should be involved early and will need specific issues/requests. Sandy will likely ask the consultant for assistance. By a show of hands, members indicated support for this approach. Will keep the Committee updated. • Several members discussed addressing the low HEDIS scores. Ideas mentioned: Improvement efforts, collaboration, evaluating data for inconsistencies, standardizing requirements per plan / IPA.

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Public Comment	None.	
Closing Remarks and Adjourn	Sandy Damiano thanked everyone for attending and participating in today's meeting. *Special thanks to the presenters, Emily Halcon and Cindy Cavanaugh.* With no additional business to discuss, the meeting adjourned.	
Next Meetings	***Medi-Cal Managed Care Advisory Committee Meeting*** Monday, May 21, 2018 / 3:00 – 5:00 PM *– Note: Meeting is off-cycle*	**Location:** DHS Admin Building Conference Room 1 7001A East Parkway
	Care Coordination Work Group Meeting Monday, June 25, 2018 / 3:00 – 5:00 PM	