

SACRAMENTO COUNTY HEALTH AUTHORITY COMMISSION

General Meeting

September 17, 2024



Agenda Item #1: Welcome/Opening Remarks & Updates



Agenda Item #2: Agenda Review

- 1. Welcome/Opening Remarks and Updates
- 2. Agenda Review
- 3. SCHA Commission Vice-Chair Election
- 4. SCHA Consultant NORC's Scope of Work Contract
- 5. Presentation and Discussion: Medi-Cal Redeterminations
- 6. Presentation & Discussion: Community Reinvestment Requirements
- 7. Public Comment
- 8. Closing Comments & Adjournment



Agenda Item #3: SCHA Commission Vice-Chair Election



Agenda Item #4 SCHA Consultant NORC's Scope of Work Contract





Scope of Work Review

9.6.2024

Lisa Shugarman, Barbara Fernandez, Chuck Betley, Praveen Karunatileka

- Objective 1: Increase oversight in the areas of equity, quality, timely access, integration of care, and reduction of health disparities.
- Conduct an environmental scan to better understand the structure and delivery of health care services through Medi-Cal in Sacramento County
 - Conduct key informant interviews with County leadership, Commission leadership, providers, other State/County SMEs to understand opportunities, concerns/pain points as they relate to the areas of equity, quality, timely access, integration of care, and reduction of health disparities
 - Review the CHA/CHIP work and other data sources/published reports
 - Identify data sources available from MCPs as reported to DHCS, DMHC, County, Other
 - Determine level of aggregation feasible
 - Develop list of metrics with standards/benchmarks where available
 - Make recommendations to SCHA about metrics to track over time and at what level of detail (e.g., age, race/ethnicity, practice level, geographic location within county)
 - Continue to explore opportunities to fill gaps in data access through DHCS/HCAI
- Develop request for quarterly MCP data submissions (data submitted to SCHA)
- Conduct analyses and prepare for presentation to SCHA, the Commission, and subcommittees (QI/QA, CPC)

- Objective 2: Engage Medi-Cal members to center their voices in patient care improvements.
- Engage Medi-Cal enrollees to understand their priorities and concerns around access to care, satisfaction, and experience of care
 - In Year 1, conduct focus groups with Medi-Cal enrollees that will help to inform data we might collect in Objective 1 activities and inform a future survey of enrollees to be fielded in Years Two through Five
- Work with MCPs to develop sampling frames for the survey OR design a directed approach to data collection where we engage patients at the site of care
- Field the survey in Years 2 through 5

- Objective 3: Support local efforts to respond to CalAIM and other key DHCS initiatives.
- Focus groups with the justice involved population and other focus populations in CalAIM (behavioral health, ED users or other "high utilizers", homeless — as is feasible and in collaboration with county and MCP partners)
- Aligned with Objective 1, develop a data request for MCPs to report quarterly on data sources associated with CalAIM implementation and monitoring
 - Enhances Care Management
 - Community Supports
 - Population Health Management Initiative data (as it becomes available)
 - Justice Involved
 - Provider enrollment in and delivery of ECM/CS
 - Incentive Programs
- Develop recommendations on the design for a data dashboard to monitor CalAIM performance metrics for the four MCPs in Sacramento

- Objective 4: Support successful Medi-Cal renewals and expansion of coverage.
- NORC works with the SCHA and DHCS to compare plan performance on renewals in Sacramento to other peer counties, and to share the results of those comparisons among the four MCPs serving Sacramento County.
 - Substantive differences between plans raise concerns about quality
- Further, we will engage providers and other stakeholders through IDIs to better understand their concerns and to support the promulgation of recommendations for future direction of Medi-Cal in Sacramento.
 - Any difficulties in enrollment or coverage may affect providers' willingness to participate.

Agenda Item #5 Medi-Cal Redeterminations DHA Staff

Data provided by the Department of Health Care Services, and available for viewing at Continuous-Coverage-Eligibility-Unwinding-Dashboard-October2023 (ca.gov)

AGENDA

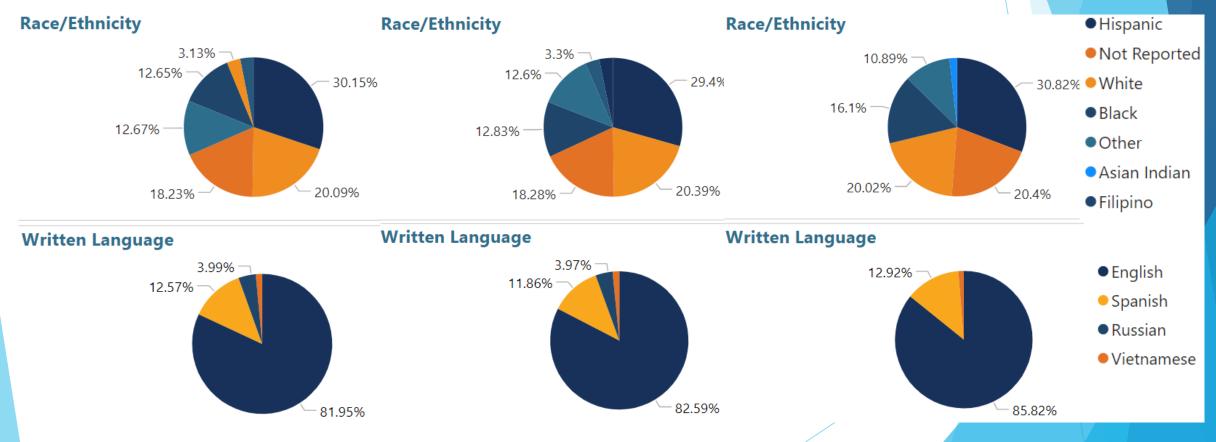
- 1. Medi-Cal redeterminations data February-June
- 2. DHA renewal protocols
- 3. Discontinuance reasons
- 4. Efforts to reduce phone wait times

County Medi-Cal Redetermination Data

Measure	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Total Redeterminations Due	47,364	50,783	44,129	43,015	32,642
Redeterminations Completed	32,560	36,865	31,629	30,591	24,822
% Redeterminations Completed	69%	73%	72%	71%	76%
Continued in Coverage	27,723	31,067	26,900	26,027	22,448
% Continued in Coverage	59%	61%	61%	61%	69%
Redeterminations Discontinued	4,837	5,798	4,729	4,564	2,374
% Redeterminations Discontinued	10%	11%	11%	11%	7%

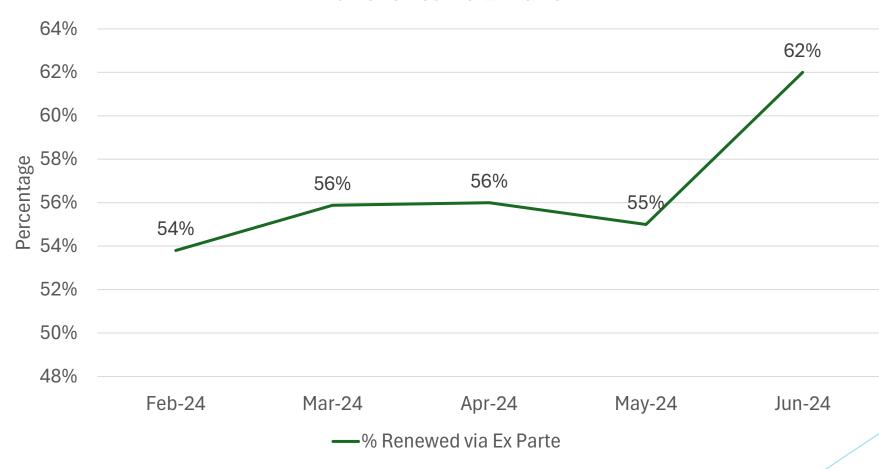
County Medi-Cal Redeterminations Due in June 2024

Total Due: 32,642 Completed: 24,822 Discontinued: 2,374



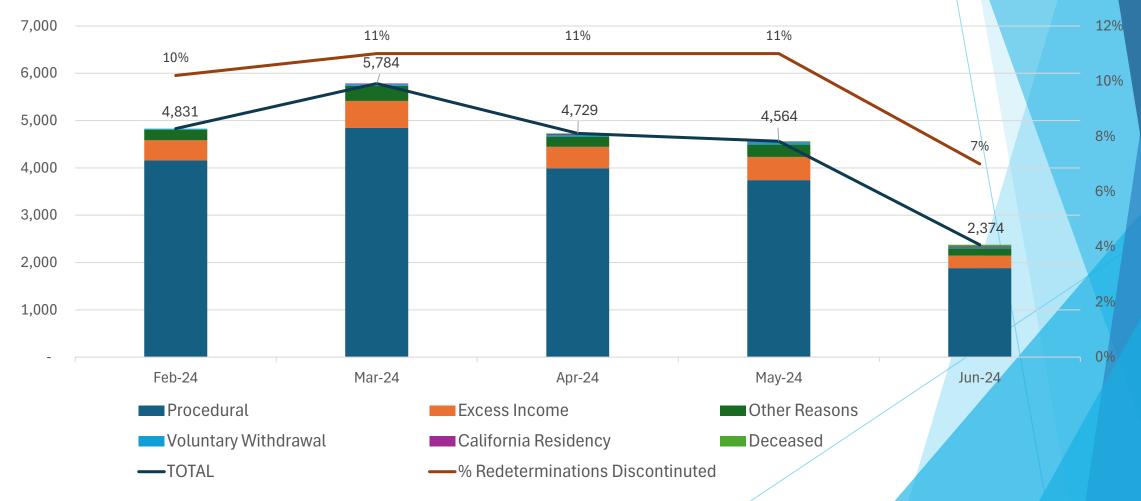
County Medi-Cal Redetermination Data





County Medi-Cal Redetermination Data

Discontinuances



DHA Renewal Protocols

- Renewal packets are sent two months in advance
 - Text and email notifications are sent automatically
- When incomplete or incorrectly submitted renewals
 - Staff requests missing/incorrect information
 - Two reminder notices sent (plus text/email notifications)
 - Customers can submit documents by phone, mail, online, fax, in-person
- Discontinuance notices sent when renewal is not completed
- Customers have 90 days for restoration of aid

Discontinuance Reasons

Top Discontinuance Reasons:

- Procedural (failure to complete or return renewal packet)
- Excess Income
- California Residency
- Voluntary Withdrawal
- Deceased
- Other (whereabouts unknow, aided on another case, enrolled in SSI)

Phone Wait Times

- Additional staff allocated to the phones
- Exploring extending business hours
- Monitoring phone queues and routing profiles to prevent additional transfers
- CalSAWS enhancements:
 - Welcome Bot and self-service features went live in June
 - Access case information 24 hours a day
 - Order replacement EBT
 - Identifying and correcting issues with dropped calls

Agenda Item #6:

Presentation & Discussion: Community Reinvestment Requirements



Agenda Item #7: Public Comment



Agenda Item #8: Closing Comments & Adjournment

