SACRAMENTO COUNTY

SACRAMENTO COUNTY HEALTH AUTHORITY COMMISSION

MEETING 1: INTRODUCTION & MEDI-CAL MANAGED CARE REVIEW

March 10, 2021

Agenda Item 1:

Welcome and Opening Remarks

Agenda Item 2:

Agenda Review and Member Introductions

Members to state (2 minutes per person):

- Name and Seat
- Reason you had interest in serving on the Health Authority
- Something about you that others may not know

Agenda

1. Welcome/Opening Remarks
2. Agenda Review and Member Introductions
3. Health Authority Administration: Budget and Bylaws, Public Comment, Commission Action
4. Medi-Cal Managed Care Overview
5. Public Comment
6. Closing Comments, Next Steps and Adjournment

Agenda Item 3:

Health Authority Administration

Proposed FY 2021-22 SCHA Budget

	2021-22
Total Revenue	$0
Total Expenditures	$0
Net Cost	$0

The Sacramento County Health Authority Commission will rely on the Department of Health Services for administrative expenses, including the reimbursement of an appropriate amount to be determined by the county for travel and childcare expenses that Commission members who are Medi-Cal recipients incurred in performing their duties related to the Commission and those committees.

Proposed SCHA Bylaws

I. Name

II. Authority

III. Responsibilities

IV. Membership

V. Officers

VI. Meetings

VII. Advisory Committees

VIII. Reports

IX. Budget

X. Rules of Order

XI. Amendments

Public Comment on Agenda Item 3: Health Authority Administration

Action on Agenda Item 3: Health Authority Administration

Agenda Item 4:

Presentation

Medi-Cal Managed Care Overview

Medi-Cal Managed Care Sacramento County

Stan Rosenstein

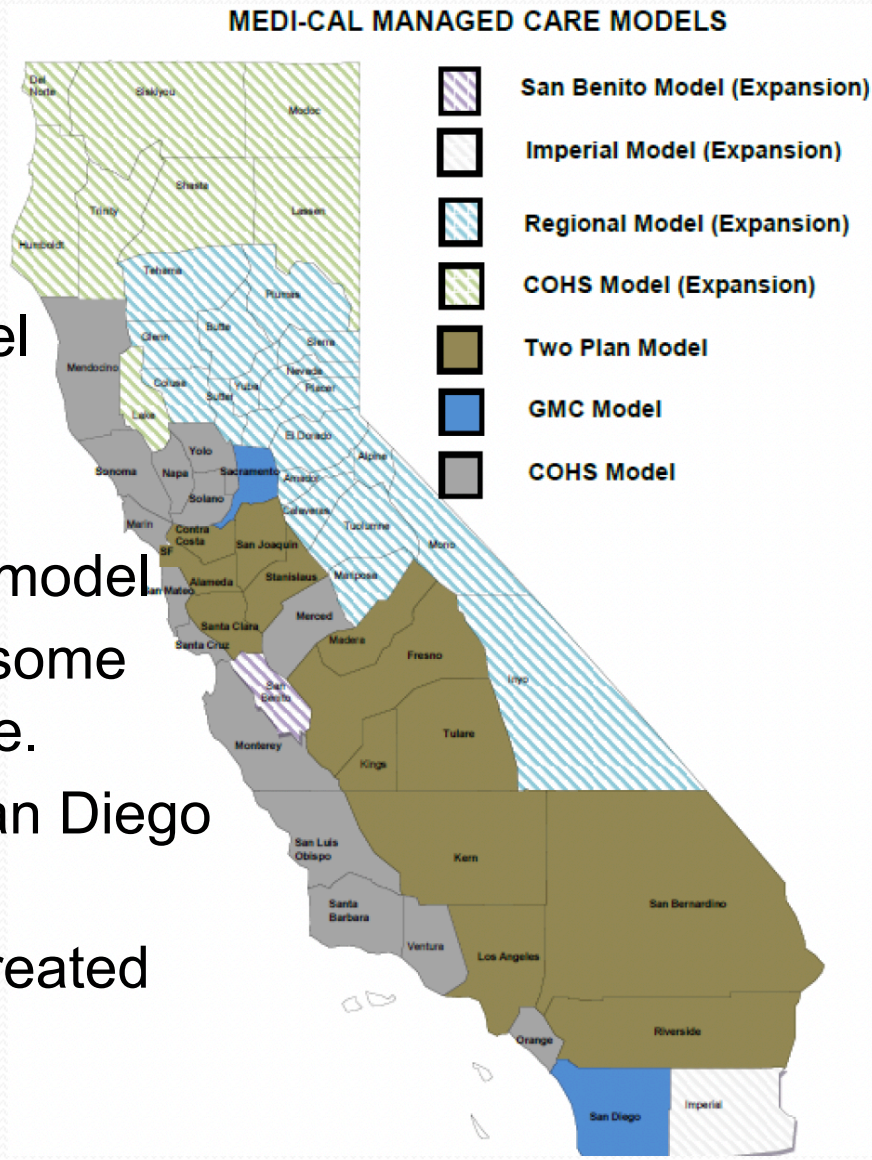
March 10, 2021

Managed Care History

- Medi-Cal managed care started in 1970s with voluntary enrollment
- State desired to expand mandatory managed care to help control state budget
- State initiated Geographical Managed Care (GMC) as a pilot project in Sacramento-first county
  - Medical
  - Dental
- County Government and most local stakeholders largely opposed movement to managed care
- Began in 1994
- Difficult relationship and County government did not want any formal relationship with state

Further Managed Care Expansion

- State desired to further expand managed care through GMC model
- Strong opposition from public hospitals and clinics
- In reaction state created two plan model
- Creation of local initiatives eased some of the concerns with managed care.
- 13 Counties selected, including San Diego County
- SD County opted to go to GMC; created strong local governing board
- Managed care is now statewide



Models- County Organized Health System

- COHS one government plan in county
- Public authority established with community board
- State monitors, establishes policy, provides oversight, holds contract and sets rates
- COHS operates program including selecting delivery system and contracting with providers.
- COHS is at risk for providing services and must meet state and federal standards including financial requirements.
- Highest amount of local control
- Requires some investment by county
- Number and percent of population controlled by federal law

Two Plan

- Two competing plans
- One commercial plan selected by state and contracted with state
- Second plan-Local Initiative created by county
  - Independent public authority operating as a health plan
  - County government operating as a health plan
  - County designates commercial plan/state contracts or
  - Independent public authority contracts with a health plan
- Having a local initiative provides greater control over one-half of the managed care program

GMC

- GMC has had the least amount of local control as the state manages the program
- GMC has accepted all qualified plans. Could be changing
- County ordinance provides that the Health Authority shall qualify at least two plans to the Department of Health Care Services, until the Health Authority implements a county-sponsored local initiative health plan

Many Opportunities to Improve

- Improve governance. Sacramento has taken first step
- Assess plan selection process, criteria, number of plans and County involvement
- CalAIM; note opportunities to address homelessness particularly in-lieu of services (ILOS)
- Engage in plan review and monitoring. Quality and network, health equity, investment in community
- Assess if a model change is needed. COHS difficult. Options possible in Two Plan

Agenda Item 5:

Public Comment

Agenda Item 6:

Closing Comments and Next Steps