

**COHS Planning and Implementation Committee  
Meeting Notes  
April 3, 2009**

**In Attendance:**

Implementation Committee Members: Nancy Oswald, Jack Neureuter, Joann Keyston, Kirk Pappas, Michael Humphrey, Dianna Ball, Barbara Graves, Mary Maddux-Gonzalez, Madrone Williams, Mary Szecsey, Naomi Fuchs, Jane Stone

**Staff and Consultants:** Cliff Coates, Lynn Scuri

**Partnership HealthPlan:** Jack Horn, Liz Gibboney, Mary Kerlin

**Audience:** Susan Keller, Dan Hull, Louie Sanchez, Javier Portela

**Absent:** Jim McSweeney, Diane Kaljian, Susan Zibblatt, Irma Oregon, Sean Gaskie, Paul Duranczyk, Michael Smith, Damon Doss, Mich Riccioni, Joan Froess, Don Ransom, Marion Deeds, Jim Vaughn, Evan Rayner

**Welcome, Introductions, Announcements**

Mary Maddux-Gonzalez welcomed the Planning and Implementation Committee and reviewed the goals of the meeting and the agenda. There were no announcements from the Committee.

**Partnership HealthPlan report**

Jack Horn thanked the representatives from the State DHCS for their attendance. The Partnership board has approved continuing to move forward in Sonoma County. There are six new staff members starting at Partnership who will assist with implementation. Partnership continues to meet with State staff and representatives to keep apprised of State budget changes. There is still an \$8 - \$12 billion State budget deficit. As of this time the State is scheduled to stop paying for medi-cal "optional" (dental, vision, podiatry, chiropractic, acupuncture) benefits. This will cost Partnership an estimated \$1.8 million annually. Partnership staff is evaluating ways to manage this reduction. Liz Gibboney reported that the meeting with Kaiser has not yet taken place. Dr. Pappas reported that Kaiser is gathering data on the current medi-cal patient volume at Kaiser in Sonoma County. Kaiser is looking forward to full implementation in Sonoma County so that medi-cal patients in their system can be referred to their specialists that reside out of County. Committee members discussed the impacts of Kaiser increasing or decreasing the number of medi-cal patients currently being seen. An increase could negatively impact clinics while a decrease can create stress on private specialists and hospitals. It was suggested that the adult population be targeted if Kaiser were to increase its participation. The Kaiser system of one-stop care is well suited to a population with many needs. Liz agreed to report back on the discussions with Kaiser at the next meeting.

Mary Kerlin reported that contracting discussions are underway with specialists. Specialists want to be assured that others will participate with them and want to see final contract language. The template contract is in review and nearly complete. So far 54

letters of intent have been sent to specialists. Jack Horn reported that progress is being made in contract discussions with the community clinics and hospitals.

There were questions regarding when medical members would be notified of the changes coming. Mary responded that letters will be sent by Partnership at 90, 60, and 30 days prior to implementation. The State of California will also send a letter. Providers are also permitted to send letters to their clients, provided it is reviewed by Partnership. The clinic representatives asked that they be consulted on how the clinics are listed in the provider directory.

There were questions regarding timing and the deadline for securing contracts. Staff reported that the State will expect that a “critical mass” of providers be in place for a site visit in September.

It was suggested that Partnership begin discussions with clinic certified application assistants to facilitate the transition. Lynn and Liz agreed to follow-up. Michael Humphrey thanked Partnership staff for scheduling to meet with the IHSS committee.

### **Governance Discussion**

Cliff Coates presented the staff recommendation document from the PIC meeting of 2-27-09. There was discussion about how to best ensure that consumers would be represented. The Committee discussed the different needs of the adult and child population. The Committee agreed that utilizing the Department of Human Services to identify one of the candidates would improve the process. Cliff agreed to revise the document so that the Consumer representative be identified by the Department of Human Services.

The Committee suggested that the consumer input section of the governance document be revised to state that the committee will recommend improvements rather than resolve issues. Cliff agreed to provide a revised document at the next meeting.

There were questions about how the consumer advisory committee will relate to governance. Jack responded that the consumer advisory committee review services, member grievances, member satisfaction, and reports to staff and the board. There were questions about the physician advisory committee and the inclusion of mid-level providers. Jack stated the committee is currently only physicians. Jack will investigate the possibility of adding mid-level providers to this committee.

### **Auto Assignment**

Staff presented the draft auto assignment principles with revisions from the meeting of 2-27-09. The only material change was to ensure that a new provider would be entitled to auto-assignment. This was accomplished by including a provision that allocates patients to community clinics and open private practices in a ratio that recognizes historical patterns. There was much discussion about Kaiser participation and auto-assignment. In other Counties, Kaiser has immediately reached the predetermined participation level. Discussions with Kaiser have not yet occurred. More information will be available after Partnership staff meets with Kaiser.

The Committee agreed to the auto-assignment document as drafted.

**Other**

Liz reported that there are a number of Sonoma residents (215) that currently receive care at the community clinic in Marin County. Options for how to deal with this will be discussed at the next meeting.

It was suggested that the next agenda include a report from the community clinics on funds available from recent federal legislation.

Representatives from the State advised that the waiver is moving forward with no problems so far.

**Public Comment**

There were no public comments

**Next Meeting**

The next meeting is scheduled for April 24 at 9:00.