

Sacramento County Health Authority (SCHA) Meeting Minutes

Monday, April 06, 2026, 3:00 p.m. – 5:00 p.m.

Meeting location: Sacramento Area Sewer District, 10060 Goethe Rd, Sacramento, Ca 95827

Virtual and telephone participation options offered via Zoom.

Attendance

- SCHA Commissioners (in person): Britta Guerrero, Cortney Maslyn, Edwin Kirby, Ellen Brown, Jerry Bliatout, Margarita Dodatko, Michelle Monroe, Phyllis Baltz, Kim Williams, Amber Kemp, Banafsheh Siadat, Beau Hennemann, Sean Atha, Abbie Totten
- SCHA Commissioners (by Zoom): Dr. Richard Pan
- County Staff (in person): Jenine Spotnitz, Ciara Gonsalves Hart, Kelsey Johnson
- County staff (by Zoom): Wendy Huynh
- Members of the public (by Zoom): Shirley Lam, Praveen Karunatileka (Consultant), Lisa Shugarman (Consultant), Jen Ablog, Aileen Wetzell, Sara Jones, Rana Suliman

Agenda

1. Welcome, Introductions, and New Member Recognition

Michelle Monroe, SCHA Chair, began introductions and updates at 3:04 p.m. A quorum was established at 3:13 p.m. at which time Michelle Monroe called the meeting to order.

Updates:

- a. Chair updates and agenda review - Chair Monroe reviewed the agenda.
- b. Updates from Consumer Protection Committee (CPC) – Margarita Dodatko provided an update on the activities of the Consumer Protection Committee (CPC). Ms. Dodatko reported that CPC is working with the Department of Human Assistance (DHA) to prepare to support clients for Medi-Cal renewals every 6 months. DHA expects updated guidance from the Department of Health Care Services (DHCS); however, it has not yet been released.
- c. Updates from Quality Improvement/Quality Assurance (QIQA) – Chair Monroe reported that the QIQA Committee met a couple of weeks prior, with representatives from NORC in attendance. The Committee also received an update from the most recent SCHA meeting, during which discussions regarding the access to specialty care continued. These discussions focused on identifying key challenges and determining what data may be necessary to address those issues.

The Committee further discussed potential next steps once relevant data is obtained, including whether such data could be shared with the Department of Health Care Services (DHCS) to inform potential actions or improvements.

Additionally, the scope of work for NORC was reviewed during the QIQA Committee meeting and has been placed on the agenda for consideration during the current general meeting.

- d. Updates from the Department of Health Services – Courtney Maslyn reported that the Safety Net meeting is cancelled for the current week.

2. Approval of the February 19, 2026, SCHA General Commission Meeting Minutes

Commissioner Ellen Brown noted a typographical error in the February SCHA meeting minutes, indicating that Commissioner Eddie Kirby was incorrectly listed as making two motions on the final set of minutes. Staff was directed to review the record to confirm and correct the identification of the Commissioner who made the motion and the Commissioner who seconded it.

Action: A motion was made to approve the February 19, 2026 SCHA meeting minutes with the noted correction. The motion included direction for staff to verify and accurately reflect the proper motion and second in the final version of the minutes.

Motion: Commissioner Britta Guerrero

Second: Commissioner Phyllis Baltz

Public Comments: Chair Monroe called for public comments; none received.

Vote: A roll call vote was taken.

Outcome: Motion carried.

3. Presentation and Discussion: Access to Specialty Care Analysis

Ms. Shugarman, NORC consultant, presented NORC's high level scope of work for the 2026-2027 contract year related to access to specialty care. A discussion and action will be taken in Agenda item number four to consider approving the FY 2026-2027 NORC contract.

Ms. Shugarman outlined the objectives for the meeting, including: (1) providing an update on the quantitative specialty care access analysis; (2) providing an update on qualitative data collection efforts with Managed Care Plans (MCPs); and (3) presenting a high-level overview of NORC's Scope of Work for the upcoming contract year.

Ms. Shugarman shared that the local healthcare market is largely dominated by hospital systems that control specialist access, making it important to understand provider affiliations.

Discussion highlighted that access barriers may be driven by inappropriate referrals, complex payment processes, and shortages of specialists. Participants expressed interest in exploring alternative data sources beyond claims data, including referral and scheduling information maintained by health plans and IPAs.

There was also an emphasis on incorporating qualitative information alongside quantitative data analysis to better understand access issues. Additionally, interest was expressed in comparing access to care across different lines of business, including Medi-Cal and commercial populations.

Ms. Shugarman presented proposed research questions developed by the NORC team based on prior discussions with the Commission. The questions are intended to guide analysis of specialty care access using available data sources. Research questions and proposed data sources include:

- (1) identifying the root causes of specialty care access barriers, including referral appropriateness, payment issues with independent practice associations (IPAs), and

specialist provider shortages; measured by T-MSIS claims data*, Plan/IPA data (if available), Patient & Provider Experience data (collected via survey or focus groups).

(2) Identifying the hospital systems and organizations with which specialists are primarily affiliated; measured by Plan network directory data aligned with T-MSIS claims data.

(3) Comparing specialist provider networks listed in plan directories with providers delivering services as reflected in claims data, to assess the effective specialty care network; measured by Plan Network data (from directory), T-MSIS claims data.

(4) Evaluating typical wait times for specialty care appointments using referral and scheduling data from plans, IPAs, and federally qualified health centers (FQHCs), including variation by specialty, provider network, and patient demographics; measured by Plan/IPA/Provider data (if available).

Ms. Shugarman requested that Chair Monroe walk through the diagram on slide 13, specifically the red concept map. Chair Monroe provided an overview of the concept map, highlighting identified barriers and noting which elements were not supported by available data.

Commissioner Discussion

Commissioners engaged in discussion regarding the scope, methodology, and limitations of the specialty care access analysis.

Commissioners raised questions regarding data sources and scope, including whether limiting analysis to Medi-Cal data may obscure visibility into specialists serving Medicare and commercially insured populations, and whether T-MSIS data fully captures all relevant providers and populations. Ms. Shugarman clarified that dually enrolled individuals will be omitted; Medicare claims data will be incorporated where available, that T-MSIS primarily reflects Medi-Cal providers, and that undocumented populations are not included. NORC will further confirm whether certain provider types, such as unaffiliated specialists, are excluded.

Commissioners discussed potential limitations of the analysis, noting it may not fully identify root causes of access issues. Concerns were raised regarding provider network adequacy, including discrepancies between provider directories and those actively delivering care. The concept of an “effective network,” defined as providers reflected in claims and encounter data, was highlighted as a key area of focus. Ms. Shugarman noted ongoing efforts to quantify effective network utilization and patient demand.

Commissioners emphasized the importance of clearly defining the problem, establishing measures of success, and clarifying expectations for Managed Care Plans (MCPs). Recommendations were made to ensure future agenda items clearly identify intended actions or requests of MCPs. Ms. Shugarman indicated the current analysis is descriptive and iterative, and invited continued Commissioner feedback to guide future work.

Discussion also addressed opportunities for expanded and comparative analyses across Medi-Cal, Medicare, and commercial populations. Commissioners noted the potential value of such comparisons in identifying access gaps and informing system improvements, while Ms. Shugarman advised of limitations and considerations in comparing populations with differing needs. Ms. Shugarman agreed to explore additional data sources, including potential access to broader datasets, and to evaluate opportunities for further analysis.

Additional comments emphasized the importance of collaboration, leadership, and data-informed decision-making to improve specialty care access. The Commission reiterated its oversight role in ensuring access to care for the Medi-Cal population and supporting ongoing system improvements.

NORC presented an overview of its planned analysis related to Medi-Cal specialty care utilization. The analysis will: Identify Medi-Cal enrollees who utilize specialty care services and the providers delivering that care; Identify “sentinel conditions” commonly referred to specialty care, with sufficient sample sizes to evaluate population characteristics and relevant subgroups; Assess the prevalence of patients with identified sentinel conditions who do not have corresponding specialty care encounters; and Examine relationships between primary and specialty care providers within the broader plan network, including affiliations with Independent Practice Associations (IPAs), health systems, hospital systems, and medical groups.

NORC has completed several key activities related to data analysis for Sacramento County. NORC identified the population residing in Sacramento County and enrolled in Medi-Cal with active plans during Calendar Year 2023. NORC also identified each Medi-Cal plan operating in Sacramento County using T-MSIS Plan ID data. Additionally, NORC developed and linked data files from plan provider directories to T-MSIS data to estimate the proportion of network providers delivering specialty care.

NORC’s next steps:

- Clean and merge provider data from directory sources with T-MSIS data.
- Conduct descriptive analyses to identify sentinel conditions.
- Perform utilization analysis to assess specialty care services used within the study population, including estimating the timeframe from initial identification of a sentinel condition to the first specialty care visit.

Ms. Shugarman provided an update on qualitative data collection efforts related to specialty care access. NORC reported that interviews were conducted with managed care plans (Anthem, HealthNet, and Molina) to assess quality improvement initiatives, specialty care access data, referral and authorization processes, network capacity, and opportunities for County/SCHA support.

Preliminary key themes identified from these discussions included ongoing challenges in specialty care access across plans, particularly in certain specialties; the importance of proactive network management and addressing “phantom networks”; the critical role of IPAs in managing specialty networks; and alignment of quality improvement efforts across plans. Plans also emphasized the need for sharing actionable data to improve network adequacy.

Next Steps: NORC will initiate outreach to Independent Practice Associations (IPAs) in April 2026 to conduct additional interviews. Findings from plan and IPA interviews, as well as additional interview with hospital systems and potentially providers, will be analyzed to identify themes and actionable recommendations. Analysis and reporting are anticipated to be completed within one month following the final interviews.

Commissioner Discussion

Commissioners engaged in discussion regarding qualitative data collection, analysis approach, and broader system considerations.

Discussion included whether stakeholders would be asked to identify perceived system challenges. Ms. Shugarman noted that initial research questions have been

established, with flexibility to expand inquiry and further refine emerging themes as the work evolves.

Commissioners expressed interest in the development of effective network data and emphasized the importance of collaboration among plans, IPAs, and stakeholders to improve access for Sacramento County residents.

Questions were raised regarding the ability of T-MSIS data to distinguish between primary and specialty care, including within FQHC settings. Ms. Shugarman indicated that differentiation is based on rendering provider, specialty, and place of service. Additional discussion addressed whether data can capture services such as e-consults, telehealth, Letters of Agreement (LOAs), and out-of-network care. Ms. Shugarman noted that some of these elements may be identifiable through claims and provider data and will be further evaluated.

Commissioners highlighted the importance of understanding utilization patterns, including the proportion of services delivered through LOAs, and ensuring specialty care is used appropriately. Concerns were also raised regarding “ghost providers” and network accuracy, as well as the need for greater collaboration across stakeholders.

Discussion also addressed broader system challenges, including provider compensation, economic incentives, workforce recruitment, and strategies to maximize existing provider capacity. Commissioners emphasized the need to identify root causes of access barriers and develop solutions to strengthen specialty care availability in Sacramento County. Commissioners expressed the need for a comprehensive report of the entire healthcare landscape.

Commissioner Maslyn questioned priorities for facilitation and the key information that would be most valuable for the SCHA to receive. Commissioners expressed the need for some informational presentations but requested time to have deeper discussions as a Commission, possibly in breakout sessions.

County Counsel will explore options to facilitate structured small-group discussions, consistent with legal requirements, to further examine key questions and support more in-depth Commission deliberation.

4. Presentation, Discussion, and Action: Approve NORC’s Scope of Work for July 1, 2026 through June 30, 2027

Ms. Shugarman presented NORC’s proposed Scope of Work (SOW) for the upcoming contract year, outlining continued support to Sacramento County and the SCHA. Key objectives include improving managed care plan and provider performance in areas such as equity, quality, timely access, care integration, and reduction of health disparities; increasing engagement of Medi-Cal members in care improvement efforts; supporting implementation of CalAIM and other DHCS initiatives; and assisting with Medi-Cal renewals.

NORC described three primary areas of work:

Qualitative Work: Conduct outreach activities such as focus groups and interviews with stakeholders, including providers, plans, and Medi-Cal members.

Quantitative Analysis: Perform data analysis on priority topics, including specialty care access, and maintain and update the Data Compendium and Chartbook.

County and Committee Support: Provide ongoing presentations and support to the SCHA and QIQA committee, and participate in regular coordination meetings with the County.

Ms. Shugarman described the Data Compendium and Chartbook as tools to track performance metrics, including MCAS measures, benchmarks, and additional publicly available data such as CAHPS results, network adequacy, and timely access indicators.

Commissioner Discussion

Commissioner Amber Kemp requested clarification on how NORC will clearly distinguish and connect the qualitative and quantitative components of the work, as referenced in the presentation.

Commissioner Ellen Brown inquired how Kaiser Permanente (KP) data will be incorporated into the analysis, noting KP's significant presence as a provider in Sacramento County. Ms. Shugarman indicated efforts are underway to schedule engagement with KP.

Commissioner Banafsheh Siadat asked for clarification regarding the specific KP contacts who have been approached, with County Staff Jenine Spotnitz noting that follow-up will be provided. Commissioner Siadat also offered to assist in facilitating connections between NORC and KP representatives.

Action: Approve NORC's Scope of Work for July 1, 2026 through June 30, 2027.

Motion: Commissioner Eddie Kirby

Second: Commissioner Ellen Brown

Public Comments: Chair Monroe called for public comments; none received.

Vote: A roll call vote was taken.

Outcome: Motion carried.

5. Discussion and Action: Request Volunteers and Appoint Advocacy Ad-Hoc Committee and Quality Improvement Quality Assurance (QIQA) Committee Chair (4:00 – 4:20 p.m.)

Chair Michelle Monroe announced a request for volunteers to serve on the Advocacy Ad-Hoc Committee and to serve as Chair of the Quality Improvement/Quality Assurance (QIQA) Committee. Discussion included identification of on the Advocacy Ad-Hoc Committee members and a QIQA Committee Chair, with Chair Monroe to follow up offline regarding this role. County Staff Jenine Spotnitz noted to follow up and confirm Kaiser Permanente staff receive meeting invitations.

Action: Appoint the following Commissioners to the newly formed Advocacy Ad-Hoc Committee: Commissioner Cortney Maslyn, Commissioner Sean Atha, Commissioner Margarita Dodatko, Commissioner Phyllis Baltz, and Commissioner Ellen Brown (Chair). The purpose of this Ad Hoc Committee is to plan and engage in policy advocacy activities; vet and respond to relevant public comment opportunities on behalf of the SCHA, and it is appointed for 1 year.

Motion: Commissioner Eddie Kirby

Second: Commissioner Britta Guerrero

Public Comments: Chair Monroe called for public comments; none received.

Vote: A roll call vote was taken.

Outcome: Motion carried.

6. Public Comment

No public comments were received.

7. Closing Comments and Adjournment

The meeting adjourned at 4:54 p.m. Chair Monroe thanked participants for their engagement.