

**DEPARTMENT OF HEALTH CARE SERVICES  
STAKEHOLDER ADVISORY COMMITTEE  
Monday August 5, 2013  
9:30AM – 12:30PM  
MEETING SUMMARY**

**Attendance**

*Members Attending:* Bill Barcelona, CA Assoc. of Physician Groups; Katie Murphy, Neighborhood Legal Services- Los Angeles and Health Consumer Alliance; Anthony Wright, Health Access California; Kim Lewis, National Health Law Program; Elizabeth Landsberg, Western Center on Law and Poverty; Marilyn Holle, Disability Rights CA; Melissa Stafford Jones, CA Association of Public Hospitals and Health Systems; Stuart Siegel, Children's Specialty Care Coalition; Brenda Premo, Harris Family Center for Disability and Health Policy; Rachel Wick, Blue Shield of California Foundation; Mitch Katz, MD, LA County Department of Health Services; Gary Passmore, CA Congress of Seniors; Judith Reigel, County Health Executives Association of California; Michelle Cabrera, Service Employees International Union; Ellen Wu, CA Pan-Ethnic Health Network; Sandra Goodwin, CA Institute for Mental Health; Richard Thorp, MD, CA Medical Association; Lee Kemper, County Medical Services Program; Elizabeth Landsberg, Western Center on Law and Poverty.

*Members Attending by phone:* Al Senella, CA Association of Alcohol and Drug Program Executives/ Tarzana Treatment Center

*Members Not Attending:* Marvin Southard, LA County Department of Mental Health; Jim Gomez, CA Association of Health Facilities; Bob Freeman, CenCal Health;. Kelly Brooks, CA State Association of Counties; Teresa Favuzzi, CA Foundation for Independent Living Centers; Anne McLeod, California Hospital Association; Cathy Senderling, County Welfare Directors Association; Ingrid Lamirault, Alameda Alliance for Health; Chris Perrone, California HealthCare Foundation; Kristen Golden Testa, The Children's Partnership/100% Campaign; Marty Lynch, Lifelong Medical Care and California Primary Care Association; Anne Donnelly, Project Inform; Steve Melody, Anthem Blue Cross/ WellPoint; Michael Humphrey, Sonoma County IHSS Public Authority; Rusty Selix, CA Council of Community Mental Health Agencies; Herrmann Spetzler, Open Door Health Centers; Suzie Shupe, CA Coverage & Health Initiatives; Richard Thomason, Blue Shield of California Foundation.

*Others Attending:* Toby Douglas, DHCS; Brian Hansen, DHCS; Dave Nielsen, DHCS; Jane Ogle, DHCS; DHCS; Margaret Tatar, DHCS; Laurie Weaver, DHCS; Allan Roush, DHCS Consultant, Steve Ruhnau, DHCS Consultant;

*Public in Attendance:* 23 members of the public were in attendance

The meeting was called to order at 9:30 am  
Meeting materials: <http://www.dhcs.ca.gov/Pages/August52013SACMeeting.aspx>

## **Welcome, Purpose of Stakeholder Advisory Committee, Introduction of Members and Review Today's Agenda;**

*Toby Douglas, Director, DHCS*

- Heading to 2014 and Implementation of ACA: Updates
- Next Meetings: Webinar October 21 and November 20

*Douglas* welcomed everyone and SAC members introduced including members attending by phone, and DHCS staff introduced themselves.

*Douglas* thanked the Blue Shield of California Foundation and the California HealthCare Foundation for all of their support including their input to the agendas and the meetings.

*Douglas* reviewed the day's agenda and slight changes to state staff on the agenda.

## **Behavioral Health Implementation of New Substance Use Disorders and Non-Specialty Mental Health Benefits Carve In to Managed Care**

*Laurie Weaver, DHCS, Margaret Tatar, DHCS, Dave Nielsen, DHCS*

Presentation slides can be found at:

<http://www.dhcs.ca.gov/Pages/August52013SACMeeting.aspx>

Toby Douglas introduced new state staff, Brenda Grealish, Division Chief and Karen Baylor, Deputy Director, Mental Health and Substance Use Disorders.

Questions:

*Elizabeth Landsberg, Western Center on Law and Poverty:* We appreciate this set of benefits. My question is about coordination of the benefits between county mental health plans and the managed care plans. How will these work together? On a practical level, we need to be sure the plans understand when to refer back and forth and how that will happen.

*Tatar:* We understand the work involved and although we outlined high level activities in today's presentation, there is another level of granularity involved. A key element of success is how managed care plans work with counties. We are working to have technical assistance engagement such as, calls with counties and plans, to be sure we all understand how these benefits will be managed.

*Elizabeth Landsberg, Western Center on Law and Poverty:* Will there be materials for beneficiaries and fact sheets for advocates? How will this work for Fee For Service (FFS) counties and beneficiaries?

*Douglas:* Our first priority is to get the work in order internally to bring in counties and plans and following that we will bring in other stakeholders.

*Tatar:* We too have concerns about the network and availability of services. We will work with the plans and counties to see how the provider network will be available to fee for service beneficiaries.

*Douglas:* The same benefits will be available to FFS and we hope that providers will join in although it will not be through a contracted network.

*Katie Murphy, Neighborhood Legal Services:* I am excited about this. What will be done so existing enrollees and new people coming in will understand this? Will there be provider education at the IPA level and front line staff in member services in the health plans so that the information is provided accurately? Can you tell us how you are taking on those challenges?

*Tatar:* In the high level milestones, the activities related to readiness include training of providers, development of networks and developing communication tools so the networks work correctly. It will not all be on the plans, and we are planning beneficiary communications. We are working through the existing systems such as IHEBA (staying healthy assessment) to assess how we can monitor plans adherence to this requirement along with all the other tools. At the plan level, I agree that a critical segment of personnel are the people in call centers.

*Katie Murphy, Neighborhood Legal Services:* One thing to flag is that if a person doesn't know the magic words, they struggle at the member service and call center level. Also, the grievance level staff is a priority.

*Tatar:* From the recent transitions, we have appreciated the need for frontline training and provider office staff to be tuned in.

*Mitch Katz, MD, LA County Department of Health Services:* In terms of responsibility between the plans and county, is there an overall vision of what we want? Will there be a variety as we currently have? A Carve out? More toward an integrated IPA?

*Douglas:* Financing is not integrated, but from an organized system and a patient experience perspective, we want this as integrated as possible. We are working through coordination with counties, plans and providers. Individuals are coming in through medical care, assessed with IHIBA or other tool, and they are receiving care or referred on through the plan in a coordinated way. The expectation is that the plan and the county work seamlessly to do this – with financing separate.

*Ogle:* We are not being prescriptive about health plan implementation. Many use contracted mental health plans and may continue to do so.

*Mitch Katz, MD, LA County Department of Health Services:* There is still a fundamental question – is mental health a separate thing? Most medical practices see medical and mental health/substance use as two systems. Patients don't come that way. As Katie says, patients may not call to say, "I have a mental health problem." How far do you want to push that mental health and physical health are like any other service? Whether I need a CT scan or a mental health assessment, I am treated the same.

*Douglas:* We are pushing in the direction of creating a seamless, integrated system. We are expecting providers to screen, do brief interventions and refer into a strong substance use/mental health system. Exactly how this functions, we are still working out.

*Stuart Siegel, Children's Specialty Care Coalition:* Is there any impact on pediatrics?

*Douglas:* Mental Health does impact pediatrics. There is expectation that assessment and carved in benefits are for both adults and kids not currently served in specialty mental health system.

*Richard Thorp, MD, CA Medical Association:* Could you speak to the rural expansion and how this will impact the rural expansion? The comments made before are important ones. Speaking as a physician, we are trying to find ways to become even more seamless, become a patient centered medical home and making electronic transformations. Is the vision you describe for rural as well?

*Douglas:* Yes, these are state plan benefits. All plans statewide will have these benefits in their systems. This is a statewide approach for mental health and substance use services and screening and brief interventions.

*Richard Thorp, MD, CA Medical Association:* How does this impact FQHC/RHC's?

*Douglas:* To the extent they are billing with required types of providers who are eligible to bill, they will be claimable visits.

*Marilyn Holle, Disability Rights CA:* Do I understand that individuals with a need for behavioral health services who have organically related, traumatic brain conditions, HIV clients with brain involvement and a number of other conditions who are excluded from specialty mental health services - will now have a home for more than short term services? They only have short term services now. When their primary need for behavioral health service is primarily brain-related, will they have a home in managed care plans?

*Tatar:* We are hoping that part of that group is served by the managed care plans.

*Douglas:* We may need to get back to you.

*Kim Lewis, National Health Law Program:* I want to put a finer point on Elizabeth Landsberg's point raised earlier. I continue to see difficulty from beneficiaries understanding about how to get services. Even with the requirement for MOU's in place between health and mental health plans, there is a great deal of confusion. The only way to understand this now is in the county mental health handbook but there is no clarity in the handbook for how mental health benefits in the physical health managed care plan works. I continue to hear difficulty in the FFS system for how to navigate. There needs to be hand-off that is not a phone number to call another system so the responsibility does not fall on the beneficiary. We need true continuity of coverage.

*Douglas:* Just to clarify - for those in managed care, there is no more FFS - either they go through the health plan or county mental health plan – everything you said is relevant but we are eliminating FFS.

*Brenda Premo, Harris Family Center for Disability and Health Policy:* One of the things I am thinking based on the comments made is that people aren't silos, but they are being put into them. I would challenge that no one will be outside managed care. The disability system will continue to be fragmented. For example, a person with Down's who has schizophrenia – neither system wants to deal with it - or deaf individuals who get Alzheimer's - they can't get services because the providers are not there. We said we are going to have mandatory managed care but we don't have the capacity to actually, fully provide mental and physical health care. There need to be care coordinators, psychiatric nurses who understand the needs of those who cross over with serious

physical to cognitive to mental health problems. Duals will include lots of folks with these issues.

*Gary Passmore, CA Congress of Seniors:* What is the interrelation of diagnosis of dementia with behavioral health issues? What is the scale? How many people are we talking about? Are they new to the system – not receiving health care now? How are they being recognized? Is it usually found in primary care?

*Douglas:* On the mental health side, it has been a fee for service benefit and we don't know exactly the level of need. This is something we are assessing – both to determine rates and ongoing to understand the system coordination. We hear about needs on both the child and adult side. We can follow up with documents we have on the prevalence.

*Lee Kemper, County Medical Services Program:* We are weaving together two disparate systems and the question is what is the vision and how will they link up to be whole person care? For mental health managed care for the plans, is inpatient psych included?

*Douglas:* No, that is a county specialty mental health.

*Lee Kemper, County Medical Services Program:* I want to note that inpatient is included in the LIHP, and I encourage you to rethink that. It is a way to avoid a hard hand off. Will there be limitations on mental health pharmacy side?

*Douglas:* We are not changing what is carved in and out on the pharmacy side. That is a whole separate system and the prior auth system not changing.

*Lee Kemper, County Medical Services Program:* With regard to narcotics, will Suboxone be covered as an alternative to methadone maintenance?

*Douglas:* It currently is a covered benefit. Stepping back, we will have to take this in steps. There are many questions about pharmacy benefits. The question comes to, how do we coordinate given these are not county mental health benefits. First, we need to add the benefits and then how do we coordinate?

*Lee Kemper, County Medical Services Program:* When you are thinking about the suite of services in primary care, the extent we make it easier for primary care to manage that care, patients won't be ping-pong back and forth. These are benefit design questions, financing questions and delivery of care questions.

*Sandra Goodwin, CA Institute for Mental Health:* We have looked at prevalence of mental health conditions. There are 1.6M with serious mental health conditions. Currently, county mental health system serves 600,000 of them so about 1 million more need care. We brought together plans, county, county mental health, primary care and substance use disorders and have a set of recommendations for how this can be done at the ground level to accomplish care coordination.

*Al Senella, CA Association of Alcohol and Drug Program Executives/ Tarzana Treatment Center:* My question was about the regulations to move forward and to modify the restrictions in Drug Medi-Cal and sounds like that will be part of the process?

*Douglas:* We will have to figure out what we can get done prior to January 1, 2014 and we will have an iterative process.

*Marilyn Holle, Disability Rights CA:* Are you suggesting that someone who needs inpatient psychiatric care because of organic brain injury would not be eligible for this under Medi-Cal?

*Douglas:* We will follow up with you but the benefits we are carving in do not include inpatient psychiatric care – that is still county mental health responsibility. We will follow up with you.

### **Alternative Benefit Plan for Newly Eligible Adults**

*Laurie Weaver, DHCS*

Presentation slides are online at

<http://www.dhcs.ca.gov/Pages/August52013SACMeeting.aspx>

Questions:

*Kim Lewis, National Health Law Program:* On the agreement with CMS on the asset test, is this part of the SPA waiver process?

*Douglas:* We will be requesting a waiver.

*Richard Thorp, MD, CA Medical Association:* In the benefit to benefit comparison you mentioned: in comparison to what?

*Weaver:* We compared current benefit provided to Kaiser small group plan by category to determine where we provide fewer or more benefits than that plan.

*Richard Thorp, MD, CA Medical Association:* How many additional beneficiaries are we expecting? Break down by counties?

*Hansen:* We have 550,000-600,000 from LIHP who are automatically moving into Medi-Cal Jan 2014 and perhaps 200,000 more who will be eligible through the expansion of Medi-Cal.

### **Eligibility and Enrollment Readiness**

*Rene Mollow and Steve Ruhnau DHCS*

- Update on CalHEERS and Open Enrollment
- Enrollment Readiness Framework
- Critical Issues Remaining and Timeline for Resolution

Presentation slides are available at

<http://www.dhcs.ca.gov/Pages/August52013SACMeeting.aspx>

Questions:

*Mitch Katz, MD, LA County Department of Health Services:* Can you put this in context of how CalHEERS will interact with CalWin and the other county eligibility systems?

*Mollow:* There will be interfaces between the systems so that it is seamless at the county level for eligibility workers. CalHEERS will house the eligibility rules for MAGI. CalHEERS will ping into the federal data hub to get SSI and we are working with intersection with FTB and EDD to get that information real time.

*Mitch Katz, MD, LA County Department of Health Services:* The idea is that county eligibility systems will continue to operate and add the interface? We are worrying here about making sure it will work?

*Mollow:* This is about the interface and the business rules. We are leveraging the notices coming from the CalHEERS system for MAGI. SAWS is the system of record for Medi-Cal, but the two systems will share because we may have individuals eligible for both Medi-Cal and tax credits. We are working to have both systems hold information and share information. The leverage between the systems allows us to build it once.

*Mitch Katz, MD, LA County Department of Health Services:* The difficulty we have now is knowing who is eligible.

*Mollow :* The other key feature is the online system. An individual can create their own account and it will function for both Medi-Cal and tax credits. Depending on individuals' comfort, they can manage their own account.

*Gary Passmore, CA Congress of Seniors:* In all of this, what keeps you awake at night?

*Douglas:* In eligibility and enrollment, the IT build, the SAWS interface, the portal; these are complicated and critical systems. Working with CWDA, we have done a lot of work in figuring out how to move the consumer through, how will it change the business flows but we have lots of IT systems and multiple changes and additions we want to accomplish. The IT is the biggest piece.

*Ellen Wu, CA Pan-Ethnic Health Network:* I need confirmation on the slides. If someone hears they may be eligible for Medi-Cal in November but not starting until next January?

*Ruhnau:* In the November to January timeframe, the eligibility worker would ask the consumer if they want to enroll now or later and use the CalHEERS tool to assist them.

*Ellen Wu, CA Pan-Ethnic Health Network:* During the Jan – Mar timeframe, how would they choose a health plan?

*Douglas:* They would use the existing system and default algorithm.

*Brenda Premo, Harris Family Center for Disability and Health Policy:* This is extremely interesting, and I applaud the department for the complexity you deal with. I am glad consumers can go on and manage their own account. Sometimes we wait to the end to see if the system is accessible. It needs to be done at the beginning that all documents are prepared properly. Are the people designing the system looking at the 508 requirements for accessibility? My concern is that we not wait until someone in disability community can't access it.

*Mollow:* That is being done. We have been looking at this from early on during the AB1296 work groups. .

*Brenda Premo, Harris Family Center for Disability and Health Policy:* With Covered CA, we are dealing with this after the system is largely developed.

*Kim Lewis, National Health Law Program:* We, along with CWDA and other organizations, wrote a letter of concern to the Secretary last week related to how CalHEERS would interface with counties and what the county's role will be related to renewal of eligibility. There are a number of questions. One is, "Will someone coming through CalHEERS found ineligible under MAGI be referred to county system for a full redetermination?" The federal rules are clear to us, but a key issue is whether you have a different interpretation?

*Douglas:* This is better for a separate meeting. The counties do a final determination on initial applications. If it is all electronic, it happens through the system. With renewals and potential eligibility for non-MAGI, it is a longer conversation.

*Marilyn Holle, Disability Rights CA:* Can you email the link to the webinar and the two operationalized work flow analyses that you prepared?

*Ruhnau:* There is a website for the eligibility work group and we will post it. We will send the link to that.

*Marilyn Holle, Disability Rights CA:* We have been focusing on getting people into LIHP so they will be automatically transferred.

*Mollow:* Yes, that will be part of the process.

*Richard Thorp, MD, CA Medical Association:* A question about readiness, I haven't seen as much concern about network development. I am concerned because there was the primary care enhancement, but I haven't seen any timeline for payment of those rates? There are a number of providers who are discouraged and frustrated about becoming part of the network again. A two year-only enhancement is not adequate to encourage them back into the network. Can you talk about network enhancement?

*Douglas:* This fits into the LIHP transition and will be discussed in the webinar on Wednesday. The plans must go through Knox Keene readiness with the Department of Managed Health Care in terms of network adequacy. On the PCP payment, we are working to get CMS approval and we expect the payments to plans this fall so they can pay backward to Jan 2013 and going forward. We are all continuing to assess the timeline beyond 2015. We acknowledge there are many pressures.

*Katie Murphy, Neighborhood Legal Services:* I have a list of questions and some can be deferred to later. I am concerned with issues Kim Lewis raised to be sure everyone gets access to all the programs. Where are you with the old Snead rules? There is an issue of the new renewal form being 12 pages and advocates are concerned and want to weigh in on that. Also, I am concerned about the "un-branding of Medi-Cal" through the Covered CA training and the application out that has no MediCal logo on it. The many people new to the enrollment world are coming in through Covered CA training that does not speak much to Medi-Cal. There are issues with some assisters not answering all questions or going through the full application. What is the Department doing about these?

*Mollow:* One question was on Snead rules, there will be no change for rules on non-MAGI to the extent it is applicable.

*Mollow* : On the length of the renewal form: staff worked on a draft form, got feedback from a county workgroup and are revising. The renewal forms for MAGI are to be pre-populated and it only goes out to the consumer to the extent that new information is required.

*Katie Murphy, Neighborhood Legal Services*: Can we see and comment on the form  
*Mollow*: Yes, we don't know when that will happen.

*Mollow*: On re-branding and the Medi-Cal logo: we are trying to think through eligibility for coverage overall and crafting messages about health care coverage generally speaking including the availability of free or other coverage. That has been our vision for the new world. Through foundation support, we will work on a separate Medi-Cal outreach effort targeting hard to reach populations.

*Douglas*: Many of you have raised the marketing issues. We will re-group with you about the messaging overall and how is it described. We want it to be easy to navigate but not lose the message that this is how you apply for Medi-Cal.

*Katie Murphy, Neighborhood Legal Services*: There are two sets of issues. One is what we call it. The other is whether people really get Medi-Cal when they are eligible. Medi-Cal is a great program and we do a disservice to totally un-brand it. We run the risk of going too far.

*Douglas*: Remember they all come through the same door for determination.

*Katie Murphy, Neighborhood Legal Services*: We can have the conversation in more depth once we see the form.

*Douglas*: Let's talk once we see the application.

*Elizabeth Landsberg, Western Center on Law and Poverty*: On the branding, I think it is an important conversation for this group. The form had the Covered CA as the main logo and Medi-Cal mentioned once. Can you share with us whether this has been sent to CMS?

*Douglas*: It has not been sent. If Peter Lee were here, he would say that Covered CA has two meanings: Covered CA as an entity and as an entry to coverage.

*Elizabeth Landsberg, Western Center on Law and Poverty*: I don't think a decision was made that Covered CA as the umbrella for all affordability programs.

*Douglas*: It is the entry point for all.

*Elizabeth Landsberg, Western Center on Law and Poverty*: There are notices and we don't know how those are branded. We request to see them. Lastly, I want to follow up on the change of circumstances issue. We share the concern on this. For years, those going through determination have been reevaluated for all programs.

*Douglas*: This is better for a separate meeting. The state law did change some of the processes.

*Elizabeth Landsberg, Western Center on Law and Poverty*: We have less than 60 days and we are anxious to provide input.

*Katie Murphy, Neighborhood Legal Services*: Can you provide an update to this group when smaller meetings occur so we all know what has happened.

*Douglas*: We will provide that

*Brenda Premo, Harris Family Center for Disability and Health Policy:* Teresa contacted Covered CA to work on disability issues. They said they won't work much with disability population, more with the young and healthy. Many disabled are not on Medi-Cal and are young and healthy. Their assumptions are wrong and it sends the wrong message.  
*Douglas:* This is very good point.

## **Affordability and Benefits “Wrap” Programs for Newly Qualified Immigrants and Pregnant Women**

*Rene Mollow, DHCS*

- Overview of Policy and Key Operational Issues
- Covered California/DHCS Collaboration
- Input on Key Issues

Presentation slides are available at

<http://www.dhcs.ca.gov/Pages/August52013SACMeeting.aspx>

Questions:

*Kim Lewis, National Health Law Program:* I have a question about pregnancy-only services - has CMS given guidance on the state plan amendment related to what is pregnancy related?

*Mollow:* No, they have not.

*Kim Lewis, National Health Law Program:* Your plan is to go with the state plan amendment?

*Mollow :* We identify the eligibility group but we don't have services enumerated in the state plan that are excluded. We will work with CMS as to what they envision.

*Kim Lewis, National Health Law Program:* A doctor can certify any service as pregnancy related?

*Mollow :* Yes, if they certify.

*Kim Lewis, National Health Law Program:* As I understand, you can continue to be in the expansion if you become pregnant as “don't ask, don't tell” policy?

*Mollow :* The federal guidance indicated that there is no requirement to report that you become pregnant.

*Kim Lewis, National Health Law Program:* I assume at annual redetermination, you ask about pregnancy?

*Mollow :* Not pregnancy, we will ask about changes in household composition. It would depend on timing with the pregnancy.

*Douglas:* We need to explore the renewal issue and get back in touch.

*Gary Passmore, CA Congress of Seniors:* For newly qualified immigrants, are you expecting the CalHEERS system to pop these individuals up? How will you identify them?

*Mollow* : The application asks about immigration status and date of entry. We look at that when we do the verifications.

*Gary Passmore, CA Congress of Seniors*: If immigration status fits into these criteria, then what happens? Are there more questions?

*Mollow* : No, there is no change in the application process. We would then work to inform them of the benefit wrap.

*Anthony Wright, Health Access California*: What is the number of people in each group - Newly Qualified Immigrants and Pregnant Women?

*Douglas*: We can follow up.

*Lee Kemper, County Medical Services Program*: I want to clarify between the two groups and the five year bar – the group that comes in because they are single adults and the group that is already qualified for Medi-Cal - they are being treated the same? They are both going into the Exchange with the wrap?

*Mollow* : Only the single adults go into the exchange.

*Lee Kemper, County Medical Services Program*: The population moving over is the single adults that would otherwise be in county programs.

*Katie Murphy, Neighborhood Legal Services*: Can you explain the income level for pregnant women – I didn't understand that?

*Mollow* : Below 59% of poverty for a family of two at medical needy level will received full scope Medi-Cal.

*Katie Murphy, Neighborhood Legal Services*: When will the wrap and the change of this process into the Exchange happen?

*Douglas*: It all relates to the IT system and all the other pieces. We hope spring 2014, but it depends on progress. The pregnant women change would be aligned with this timeline.

*Ellen Wu, CA Pan-Ethnic Health Network*: A question: If eligible but barred from the exchange because of open enrollment: In May 2015 I become a newly qualified immigrant, open enrollment is not available, do I go into state-only Medi-Cal or do I have a qualifying event that allows me to go into the Exchange?

*Mollow* : If you have a qualifying event, you can enroll outside the open enrollment. If there is no qualifying event, you still enroll into Medi-Cal. There is a list of qualifying events from Covered CA that would mean you go into the Exchange.

*Elizabeth Landsberg, Western Center on Law and Poverty*: If we don't do this by March 2014, folks will stay on Medi-Cal?

*Douglas*: If we don't have it up and running, folks stay in Medi-Cal. In the future, if you have a qualifying event, you would go into the wrap, otherwise you enroll in Medi-Cal. We need to follow up on this.

*Lee Kemper, County Medical Services Program*: And that is true for both subsets we are discussing?

*Mollow*: Parents always go into Medi-Cal. It is only for the single adults.

## **Written Updates Discussion and Feedback**

*Toby Douglas, DHCS and DHCS Staff*

- LIHP
- LIHP Transition
- CMS Approval Status on Expansion and SPAs
- Hospital Presumptive Eligibility

*Elizabeth Landsberg, Western Center on Law and Poverty:* It is exciting to see the counties increase in income levels in the LIHP. On SPA's, since you are submitting MAGI information, can you share them with us? What is the timing?

*Douglas:* Once we submit, we will share them on the website. We don't have the SPA templates from CMS and the turn-around is quick. I don't have the date yet.

*Elizabeth Landsberg, Western Center on Law and Poverty:* I appreciate all the streamlining in terms of GA, CalFRESH and Medi-Cal parents: is there an update on timing for this?

*Douglas:* We have some support from foundations to help with this but don't have the timeline set. There is work to be done and we are stretched but we are figuring it out.

*Elizabeth Landsberg, Western Center on Law and Poverty:* On the streamlined enrollment, we hope there is an opt-in for enrollment in Medi-Cal without picking a plan. We want people to have a choice of a plan but also to be defaulted if they don't make a choice.

*Douglas:* That makes sense. We will want to sit down and discuss the messaging.

*Marilyn Holle, Disability Rights CA:* Will people on the waiting list in counties with waiting lists be transferred automatically? Can they be?

*Hansen:* They will not.

*Douglas:* They have not been through the eligibility process so there is no way to do this automatically. We can encourage there is outreach to bring them in.

*Kim Lewis, National Health Law Program:* Thank you for giving counties the option to avoid re-determination in the LIHP in the 4<sup>th</sup> quarter. My question is related to when notices that are going to LIHP population will be available for review.

*Hansen:* We will post the revised transition plan today or tomorrow and it includes our first notice to go to beneficiaries to be sent out by the LIHP in September. There is also a script for the LIHP to inform beneficiaries. We are close to completing the notices for the 60 day plan and choice notices. CMS put out information that they will provide model notices on this, so we will wait to see this before completing. It will be another 3-4 weeks for that notice.

*Katie Murphy, Neighborhood Legal Services:* Katie: What is the status of those entering the CalHEERS system who should be in the County 17000 program and remaining programs? Someone applies in CalHEERS, but they are not eligible for Medi-Cal and

may fit in a county program. The legislature requires a referral for application. How will this happen?

*Douglas:* We will get back to you. CalHEERS will take them through application for restricted scope benefits so everyone between 0-400% could receive some coverage through CalHEERS.

*Elizabeth Landsberg, Western Center on Law and Poverty:* There is a requirement that they be referred to the county program but we don't have clarity about how this will occur.

*Anthony Wright, Health Access California:* One of the conversations about Medi-Cal expansion is the formula for realignment funds. Is this part of this stakeholder meeting?

*Douglas:* We can have a separate meeting but I think financing with counties is outside this group. The question of how the overall delivery system works and the remaining uninsured should be talked about here. The formula is separate.

*Anthony Wright, Health Access California:* I think it would be useful to have as a report for a future meeting.

*Lee Kemper, County Medical Services Program:* In regard to Anthony's point, that process with counties will be over a period of months, so it may be December before that is known. With regard to notices, are all the notices dependent on the guidance with CMS?

*Hansen:* We are pursuing a meeting with CMS to get input about the guidance, but my understanding is that the first notice to be sent by LIHP will not be affected by this meeting. It would be subsequent notices that are impacted.

*Douglas:* Our hope is that we can continue forward in the current direction.

*Anthony Wright, Health Access California:* Do you have a list of all the items you are waiting for from federal government? It would be useful to know this.

*Douglas:* On the alternative benefit plan, understanding habilitative services and what that means; there are many items on the renewal process for clarity and guidance; on the LIHP transition, there are items; on rate setting, this is uncharted and we are working through with CMS; on eligibility, we are waiting for minimal essential coverage. There could be other items that we don't know about.

*Mollow :* We are also waiting on reporting; performance reporting – what can be measured out of the gate.

*Douglas:* And a final issue is whether we will receive 75/25 participation on eligibility rates.

*Kim Lewis, National Health Law Program:* On Medi-Cal Managed Care expansion, I am confused about the notice that it is voluntary for SPD's until 2014. They will get a notice saying what?

*Douglas:* It is more likely to happen in spring 2014. We will get back to you on exact wording.

*Marilyn Holle, Disability Rights CA:* We are running into problems in the expansion counties with clients receiving their Medi-Cal on SSI and have no file in the county

department related to other coverage. They say there are no grounds for a MER. We also see problems because there is nothing in the file about the authorized representative. Families contact them and can't discuss the problems. We want you to clarify that families are authorized representatives. They don't need conservatorship. *Mollow*; We are working for how to better identify this in the MEDS system. I think we put out guidance on this. I will follow up.

*Marilyn Holle, Disability Rights CA*: I will send you a memo about what the regulations say.

*Brenda Premo, Harris Family Center for Disability and Health Policy*: We see a lot of this since HIPPA. This is inconsistently applied between health plans or if there is a serious situation, they go ahead but it is confused.

*Douglas*: We will follow up.

*Elizabeth Landsberg, Western Center on Law and Poverty*: On the Medi-Cal expansion, is it correct that the expansion coincides with Healthy Families? Did the network assessment that DMHC did for the GMC expansion include Healthy Families children and the new eligibles?

*Douglas*: The Partnership Health Plan (PHP) is first in September and as a COHS will include all populations and in the remaining two plan-like counties in November, it will be parents and kids only. The network adequacy for PHP included all populations but for the second phase, the adequacy assessment has not occurred.

*Richard Thorp, MD, CA Medical Association*: For the PHP, are Duals mandatory?

*Douglas*: This is because it is a COHS plan – all populations are included as a requirement under their designation as a COHS.

*Lee Kemper, County Medical Services Program*: Do you expect going back to look at network adequacy for the new populations?

*Douglas*: We will be having them do material modifications to DMHC to take in the new populations and part of that is network adequacy.

*Marilyn Holle, Disability Rights CA*: Is there any way to track inappropriate specialist referrals? We see lots of problems with referrals in managed care, people being referred to someone who is not the right specialty. It would be good to see how well a plan is doing with sending patients to the physician with the right expertise. This causes multiple referrals and extreme delay. Perhaps by tracking rejected referrals.

*Douglas*: We can get back to you.

*Katie Murphy, Neighborhood Legal Services*: we second this. We see this a lot where the reason the person comes to us is inappropriate referrals. Some plans use referral software and we see random referrals.

*Douglas*: We would benefit from examples. Work with Margaret Tatar on this.

*Brenda Premo, Harris Family Center for Disability and Health Policy*: I have heard of this problem in LA because the IPA does the referral, not the plan.

*Mitch Katz, MD, LA County Department of Health Services:* I am happy to say that within the county system, we don't have this particular problem.

*Gary Passmore, CA Congress of Seniors:* I want to report on the conversation with Mary Cantwell that the rates for managed care do not identify a rate for care coordination – it is lumped into overhead. This is an issue for several reasons: overhead is limited to 20%, so now care coordination is included with office expense. We will likely pursue legislation to restructure this part of the rate setting.

*Marilyn Holle, Disability Rights CA:* In some states, the plan gets rate sharing at 75/25 for care coordination by nurses.

*Douglas:* I would be interested to know where that is happening.

*Stuart Siegel, Children's Specialty Care Coalition:* From the point of view of our patients, the care coordination function is one of the most important aspects of CCS care. It saves money in the end. Without paying for this, it doesn't happen. I strongly support not leaving this behind because it is foolhardy in the long term.

*Douglas:* We have stringent requirements in regulations and legislation. The question is whether we designate this in the rates. There is no difference of opinion on the requirement; it is whether it is funded out of the rate.

*Marilyn Holle, Disability Rights CA:* There is no place for participant to claim a right to care coordination. If it is calculated but a participant can't enforce it, it ends up in administrative costs and maybe ignored.

*Katie Murphy, Neighborhood Legal Services:* This goes back to plan adequacy. The request for case management may be rejected or goes many levels of grievance. It would be good to have indicators to track this. Assessment by plans: What are you doing to assist? What are the triggers at the plan to do care coordination?

*Douglas:* This is a good follow up. We continue to have meetings on CCI and I think we could raised in that context.

*Katie Murphy, Neighborhood Legal Services:* I think that beyond CCI, we could be measuring plan readiness and adequacy.

Public: There were no comments or questions.

Next Meetings:

- Monday, October 21, 2013 Webinar 3:00pm – 5:00pm (Tentative)
- Wednesday, November 20, 2013 9:30am – 12:30pm, Sacramento