



Department of Health Care Services



Medi-Cal Expansion: LIHP Transition Project

DHCS Stakeholder Advisory Committee Meeting

October 21, 2013

LIHP Profile

LIHP Counties	MCE	HCCI	Total	MCE %FPL	HCCI %FPL	MCE/HCCI Add-On		
						PH	MH	SUDS
Alameda	41,433	7,170	48,603	133	200	Y/Y	Y/Y	N/N
Contra Costa	10,012	2,172	12,184	133	200	Y/Y	Y/Y	N/N
CMSP (35 Counties)	62,571		62,571	100		Y/N	N/N	Y/N
Kern	8,760	361	9,121	133		Y/Y	Y/N	Y/N
Los Angeles	281,916		281,916	133		Y/Y	Y/Y	N/N
Monterey	1,092		1,092	133		Y/N	Y/N	N/N
Orange	34,360	9,959	44,319	133	200	Y/Y	Y/Y	N/N
Placer	3,406		3,406	133		Y/N	Y/N	N/N
Riverside	27,000		27,000	133		Y/N	Y/N	N/N
Sacramento	12,320		12,320	67		Y/N	N/N	N/N
San Bernardino	31,837		31,837	100		Y/N	Y/N	N/N
San Diego	39,664	54	39,718	133		Y/Y	Y/Y	N/N
San Francisco	9,226	810	10,036	133		Y/Y	Y/Y	Y/Y
San Joaquin	3,164		3,164	133		N/N	N/N	N/N
San Mateo	9,090	94	9,184	133		Y/Y	Y/N	Y/N
Santa Clara	17,176	509	17,685	133		Y/Y	Y/Y	Y/N
Santa Cruz	1,260		1,260	100		Y/N	Y/N	Y/N
Tulare	3,530		3,530	75		Y/N	N/N	Y/N
Ventura	8,856	2,870	11,726	133	200	Y/Y	Y/Y	N/N
Statewide (7/2013)	606,673	24,109	630,782					

Communication & Outreach

- **Communication & Outreach Plan**
 - Stakeholder webinar conducted on June 10th
 - Comments incorporated into Revised LIHP Transition Plan
- **Communication & Outreach Activities**
 - Revised Transition Plan Webinar in August
 - LIHP Transition Convening in August
 - Regional Community Based Organization (CBO) meetings conducted in Los Angeles, Oakland, Sacramento, Visalia, San Diego, and Redding, from late August through October
 - LIHP Transition website went live in October
 - Provider Webinars planned for November, early December

Transition Notices

- **General Transition Notice**
 - Initial notice for MCE enrollees
 - Distributed by LIHPs in late September through early October
- **Plan Choice Notice (60 day)**
 - Identifies plans linked to enrollees PCP
 - Network packets follow
 - Currently in production process
- **Plan Choice/Assignment Reminder Notice (30 day)**
 - Identifies assigned MCP based on PCP linkage, or default MCP assignment
 - Draft to be posted soon for stakeholder review/comment
- **HCCI/Covered California Notice**
 - Draft posted on 10/17 for stakeholder review/comment
 - Co-branded with Covered California
- **Medi-Cal Welcome Packet, BICs**

Eligibility Transition

- **LIHP Eligibility**

- Available through 12/31/13
- All eligible LIHPs accepted 2 or 3 months of 4th quarter re-verification deferral to 2014

- **Medi-Cal Eligibility**

- DHCS determined that the MCE population is eligible for the new Adult Group
- MCE enrollees will be administratively moved into Medi-Cal Managed Care
- LIHPs transferring case file information to SAWS
- LIHPs reporting eligibility information to MEDS

- **HCCI Eligibility**

- Finalizing plans to transition HCCI enrollee information to Covered California for available coverage

Continuity of Care

- Continuity of Care Plan
 - Stakeholder in-person meeting conducted 6/28; concepts in Revised LIHP Transition Plan
- Provider & Service Continuity
 - W&I code 14185, H&S code 1373.96 apply to MCE enrollees
- Beneficiary Health Care Information
 - Transferring LIHP utilization data to MCPs
 - Policy in development to facilitate transfer of open treatment authorizations
- Initial Health Assessments
 - IHA requirement waived if enrollee is transitioned to same PCP (w/conditions)
- Special Populations
 - Previous Ryan White clients – Small workgroup meeting held in September
 - Mental Health – Small workgroup meeting next week
 - Open Treatment Authorizations – Communications at CBO meets, Policy letter
 - Homeless – Communication variance allowed

Data Transitions

- **Eligibility Data**
 - From LIHPs to SAWS and MEDS to enable enrollment and Medi-Cal Managed Care plan assignment
- **LIHP Provider Data**
 - LIHPs to DHCS to evaluate Medi-Cal network coverage of LIHP providers
- **Plan/Provider Assignment Data**
 - LIHPs to DHCS to facilitate provider linkage during plan assignment
- **Rate Development Data**
 - LIHPs & UCLA to DHCS vendor to facilitate Medi-Cal Managed Care rate development
- **Continuity of Care Data**
 - LIHPs to DHCS subsequently to MCPs to facilitate continuity of care

LIHP Transition Milestones

Topic	Milestone
<ul style="list-style-type: none"> Continue Stakeholder Engagement 	June-Oct, 2013
<ul style="list-style-type: none"> Initial LIHP Transition Notice to Enrollees 	Sept/Oct, 2013
<ul style="list-style-type: none"> Complete Data Transitions for Medi-Cal Managed Care 	Oct/Nov, 2013
<ul style="list-style-type: none"> Transition HCCI enrollee contact information to Covered California for Outreach 	October, 2013
<ul style="list-style-type: none"> Medi-Cal Managed Care Plan Choice Notice 	November, 2013
<ul style="list-style-type: none"> Administrative move of LIHP MCE to Medi-Cal 	December, 2013
<ul style="list-style-type: none"> Covered California Open Enrollment Period (for January 2014 coverage) Completed 	December, 2013
<ul style="list-style-type: none"> Medi-Cal Managed Care Plans & Covered California Qualified Health Plans initiate coverage 	January, 2014



Department of Health Care Services



Behavioral Health Services Transition to Medi-Cal Managed Care

DHCS Stakeholder Advisory Committee Meeting

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Clear and concise communication and coordination between the County MH/SUD programs and the Medi-Cal Managed Care and FFS programs is key

Screening → Assessments → Referrals → Care Coordination → Case Management

County Mental Health Plan (MHP)

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental health Services

Outpatient Services

- ✓ Mental Health Services (assessments plan development, therapy, rehabilitation and collateral)
- ✓ Medication Support
- ✓ Day Treatment Services and Day Rehabilitation
- ✓ Crises Intervention and Crises Stabilization
- ✓ Targeted Case Management
- ✓ Therapeutic Behavior Services

Residential Services

- ✓ Adult Residential Treatment Services
- ✓ Crises Residential Treatment Services

Inpatient Services

- ✓ Acute Psychiatric Inpatient Hospital Services
- ✓ Psychiatric Inpatient Hospital Professional Services
- ✓ Psychiatric Health Facility services

County Alcohol and Other Drug Programs (AOD)

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services

Outpatient Services

- ✓ Outpatient Drug Free
- ✓ Intensive Outpatient (**newly expanded to additional populations**)
- ✓ Residential Services (**newly expanded to additional populations**)
- ✓ Narcotic Treatment Program
- ✓ Naltrexone

New Services

- ✓ (Administrative linkage to County AOD still being discussed)

Medi-Cal Managed Care Plans (MCP)

Target Population: Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services

MCP services to be carved-in effective 1/1/14

- ✓ Individual/group mental health evaluation and treatment (psychotherapy)
- ✓ Psychological testing when clinically indicated to evaluate a mental health condition
- ✓ Outpatient services for the purposes of monitoring medication treatment
- ✓ Psychiatric consultation
- ✓ Outpatient laboratory, medications, supplies and supplements

Update on MH and SUD implementation efforts

Mental Health Benefits: Managed Care Plans

Effective January 1, 2014, eligible Medi-Cal beneficiaries may receive mental health benefits through Medi-Cal Managed Care Plans (MCPs). These services will continue to be offered as FFS benefits for eligible beneficiaries that are not enrolled in an MCP.

- MCP/FFS Mental Health Services:
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Outpatient services for the purposes of monitoring medication treatment
 - Outpatient laboratory, medications, supplies and supplements
 - Psychiatric consultation



Update on MH and SUD implementation efforts

- **Workgroup Meetings**

- DHCS convened a group comprised of stakeholders, county specialty mental health reps, and Medi-Cal managed care reps to discuss issues around referral processes, defining the benefit, assessments, MOUs, monitoring, and other applicable issues
 - Roll up your sleeves workgroup
 - Discussions were very encouraging
 - A process for referral was identified
 - Input regarding other areas (for example, assessments) was obtained
- Group will continue to meet monthly until January 1 and then
- quarterly thereafter



Update on MH and SUD implementation efforts

- **Managed Care**

- Drafted contract language
 - Sending to health plans for comment now
- Identifying plan readiness requirements
 - Aligning with DMHC on material modification
- Identified network standards
- Establishing rates
- Drafting template EOC language
- Drafting MOU requirements
 - Plans will attest by January 1 to what will be included in the MOU



Update on MH and SUD implementation efforts

Brenda Grealish, Sarah Brooks and Laurie Weaver : MHSD, BD and MMCD

Implementation Activities Ahead For Managed Care Mental Health Benefits

Milestone	Target Date(s)
1. Submit State Plan/1915b Waiver Amendments to CMS	September 16, 2013
2. Define benefits, eligibility criteria, referral processes and care model	October 4, 2013
3. Submit 1115 Waiver Amendments to CMS (Managed Care)	October 18, 2013
4. Conduct Partner/Stakeholder Meetings and explore efficient and effective strategies to engage Partners/Stakeholders on an ongoing basis to prioritize and deal with recommendations (e.g. including <i>Business Plan</i> , <i>Service Plan</i> and “ <i>parking lot</i> ”)	September - On-going
5. Develop MCP Capitation Rates/ MCP Contract Amendments	September - October 2013
6. MCPs develop networks	October – December 15, 2013
7. Notify Beneficiaries and Providers of benefit changes	November – December 2013
8. DHCS conduct plan readiness reviews	November 15 – December 31
10. MCP/Counties execute MOU amendments	November 2013 – March 2014
11. Develop Beneficiary Navigation Tool	Early 2014





Stakeholder Advisory Committee

January 1st System Readiness

October 21, 2013

Overview of October-December 2013 Period



- Open enrollment launched October 1 for the CoveredCA portal and Medi-Cal expansion and APTC
- Current Medi-Cal still enrolling
- CalHEERS system, Release 2 and 2.5
- Stakeholder Engagement

Upcoming January Changes and Preparation

- Coverage effective for MAGI Medi-Cal, conversion of pre-enrollment
- Policy development, forms, notices
- County training
- Release 3.0 will connect SAWS to CalHEERS, design and testing are underway, go live-scheduled for January 1, 2014
- Significant changes in MEDS and SAWS
- Consumer information will be shared between systems, to connect eligibility to case management
- Ongoing Partnership and Stakeholder Engagement

2014: January and Beyond

- Ongoing Stakeholder Engagement throughout 2014
- Strong partnership among DHCS, Counties, Covered CA, CDSS, SAWS and CalHEERS
- Next Major Release 4.0 scheduled for April 1, 2014, includes Medi-Cal health plan selection.

MEDI-CAL ELIGIBILITY DIVISION

**Hospital Presumptive Eligibility &
Express Lane Enrollment**

HOSPITAL PRESUMPTIVE ELIGIBILITY (PE)

Federal Regulation

The Medicaid final rule in Title 42 of the *Code of Federal Regulations*, Section 435.1110, gives the authority for the Hospital Presumptive Eligibility (HPE) program.

State Law

SBX 1 1, Chapter 4, Statutes of 2013, WIC 14011.66

DHCS shall provide Medi-Cal during presumptive eligibility period to those determined eligible on the basis of preliminary information by a qualified hospital.

REQUIREMENTS

- Effective Date
 - Who Qualifies
 - How it Works
 - Primary ACA Groups
 - Performance Standards
- 

FOR MORE INFORMATION

Website

<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/HospitalPE.aspx>

Email

HospitalPE@dhcs.ca.gov

EXPRESS LANE ENROLLMENT

Federal Guidance

Pursuant to the May 17, 2013, State Health Official letter from the Centers for Medicare and Medicaid Services (CMS) is developing an express enrollment process into Medi-Cal.



TARGETED POPULATIONS

- CalFRESH Recipients
 - State Only Program Recipients
 - Unenrolled Parents
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REQUIREMENTS

- Must receive affirmation from the beneficiary that he or she would like to be enrolled in Medi-Cal.
 - 12 Months Eligibility or until a change in circumstance is reported.
 - Must receive CMS approval.
- 

IMPLEMENTATION UNDERWAY

- Planning meetings with partners, counties, stakeholders, advocates.
- Developing Aid Codes.



Department of Health Care Services



Rural Managed Care Expansion

DHCS Stakeholder Advisory Committee Meeting

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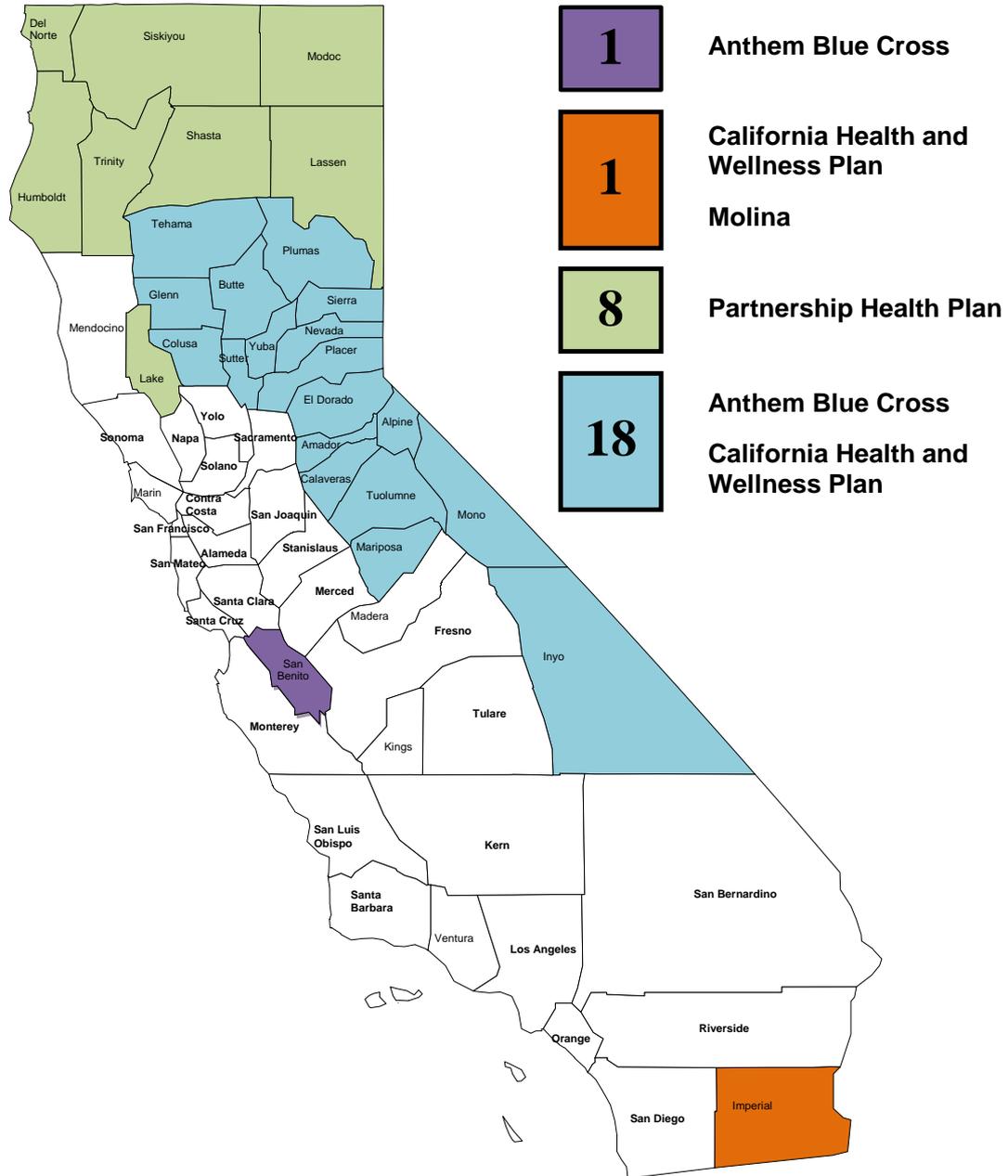
Managed Care Expansion

- Background - Governor's 2012/13 budget authorized the expansion of managed care into 28 FFS counties
- Nov 2012 - DHCS released a Request for Application (RFA)
- February 2013- Removed 7 northern counties, (joining Lake) based on stakeholder support and selected Partnership Health Plan (PHP)

Managed Care Expansion

- February 2013 - Issued an intent to award to Anthem Blue Cross (Anthem) and CA Health & Wellness Plan (CHWP) for 18 contiguous counties
- San Benito – Anthem
- Imperial – CHWP and Molina HealthCare

28 COUNTY MEDI-CAL MANAGED CARE EXPANSION



Implementation – 8 Northern

- Implemented September 1 – Partnership Health Plan of CA (PHP) - COHS model
 - Approximately 110,000 new members transitioned
 - Included Families and Children, Seniors and Persons with Disabilities, Healthy Families and Dual Eligibles
 - Plan is working with providers on their billing processes and overall managed care education

Implementation – 20 counties

- Implementation Nov 1 - 18 county region, San Benito, and Imperial (280,000 eligibles)
 - 18 counties includes Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba
- Mandatory Populations
 - Families and Children and Healthy Families
- Voluntary
 - Seniors and Persons with Disabilities and Dual Eligible

Readiness

- Plans have received Knox Keene approvals in the 20 expansion counties
 - Networks are accessible
 - Plans intend to continue to develop networks

Stakeholders

- Ongoing stakeholder process
 - Held various in person meetings in Sacramento and the Community
 - Last webinar was held October 10, 2013
 - Next webinar date TBD in December/January

Notices

- Notices were provided to stakeholders for feedback
- In PHP counties, notices included:
 - Initial Notice (mid July)
 - Reminder Notice (mid August)
 - Health plan sent a welcome packet to all new members within 7 days of September 1

Notices

- In 18 county region, San Benito, and Imperial, notices include:
 - Initial Notice (September 4)
 - Packet Mailing (September 16)
 - Reminder Notice (October 1)
 - Voluntary Notice (early November)
 - Health Care Options phone call in October to assist in choice
 - Health Plan will send welcome packet to new members within 7 days of November 1

Assistance for Managed Care Plan Members

Medi-Cal Office of the Ombudsman:
888-452-8609

Department of Managed Health Care Help Center:
888-466-2219

More information

- Expansion website: <http://www.dhcs.ca.gov/provgovpart/Pages/MMCDRuralExpansion.aspx>
- E-mail for Questions: MMCD.TPGMC@dhcs.ca.gov