



QUARTERLY UPDATE MEDI-CAL MANAGED CARE PROGRAM

**For the Reporting Period
October through December 2013**

**Department of Health Care Services
Medi-Cal Managed Care Division**

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A. PURPOSE OF THE REPORT

Pursuant to Assembly Bill (AB) 131, (Committee on Budget, Chapter 80, Statutes of 2005) Section 34, the Department of Health Care Services (DHCS) is required to provide quarterly updates to the policy and fiscal committees of the Legislature on DHCS's core activities to improve the Medi-Cal managed care program as they relate to the 13 expansion counties of El Dorado, Imperial, Kings, Lake, Madera, Marin, Merced, Mendocino, Placer, San Benito, San Luis Obispo, Sonoma, and Ventura.

The quarterly updates include, when applicable:

- Progress or key milestones and objectives to implement changes to the existing program.
- Submittal of State Plan Amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS).
- Submittal of any federal waiver documents.
- Applicable key functions related to the effort to expand the Medi-Cal managed care program.

The expansion effort into the counties of Kings, Madera, Marin, Merced, Mendocino, San Luis Obispo, Sonoma, and Ventura is now complete. The expansion effort into the remaining counties of El Dorado, Imperial, Lake, Placer and San Benito will continue under the Medi-Cal Managed Care Rural County Expansion. (See the update regarding this expansion provided below.)

New updates to this report are in *italics* for ease of review, past reports can be found at the following link:

<http://www.dhcs.ca.gov/formsandpubs/Pages/Reports2theLegislature.aspx>

B. MEDI-CAL MANAGED CARE RURAL COUNTY EXPANSION

AB 1467 (Committee on Budget, Chapter 23, Statutes of 2012), the health budget trailer bill, authorized the expansion of Medi-Cal managed care to Medi-Cal beneficiaries residing in 28 rural California counties.

The 28 Medi-Cal managed care rural expansion counties are Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Mariposa, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba.

Previously, the Budget Act of 2005 authorized expansion of Medi-Cal managed care into 13 new counties. The counties of El Dorado, Imperial, Placer, Lake and San Benito were part of this 13 county expansion effort; however, they had remained fee-for-service

(FFS) counties at the beginning of 2013. As a result, these counties are part of the 28 rural county expansion effort.

In March 2012, DHCS issued a Request for Information to solicit health plan interest in providing health care services to Medi-Cal beneficiaries in the rural FFS counties. In November 2012, DHCS issued a Request for Application (RFA) inviting interested health plans to submit formal applications to DHCS.

On February 27, 2013, DHCS released an administrative bulletin excluding the following seven counties from the RFA: Del Norte, Humboldt, Lassen, Modoc, Shasta, Siskiyou, and Trinity. Pursuant to Welfare and Institutions Code, Section 14087.98(b) and authorized under AB 1467, DHCS chose to enter into an exclusive health plan contract with an existing County Organized Health System (COHS) for these seven counties. DHCS also chose to enter into an exclusive health plan contract with the same COHS to include Lake County, which was not part of the original RFA.

Also on February 27, 2013, DHCS announced Anthem Blue Cross Partnership Plan and California Health and Wellness Plan as the selected plans in the following 18 counties: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba. Final health plan contracts *were* contingent upon all the plans' completion of State and federal plan-readiness activities. Additionally, DHCS *contracted* with Kaiser Foundation Health Plan in three of these counties (Amador, El Dorado, and Placer) to assure continuity of care given Kaiser's staff model for delivery of care.

DHCS, in collaboration with the Imperial County Public Health Department participated in a community meeting for stakeholders in Imperial County on December 6, 2012. Local providers and Medi-Cal managed care health plans (MCPs) attended and participated in the meeting. The purpose of this meeting was to discuss the managed care model options with stakeholders and to answer questions and obtain information about the geography of Imperial County's desert landscape and how it affects access to services. Based upon CMS and DHCS collaboration, DHCS *contracted* with two plans in Imperial County: California Health and Wellness Plan and Molina Healthcare.

San Benito County, originally planned to join an existing COHS plan (Central California Alliance for Health), instead *operates* as a single plan model (Anthem Blue Cross Partnership Plan).

Of the approximate 400,000 Medi-Cal FFS beneficiaries in these rural counties, 110,000 in the eight COHS counties of Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity, *transitioned* to managed care on September 1, 2013. The following populations were mandatorily enrolled into Medi-Cal managed care on September 1, 2013: children and family aid codes, seniors and persons with disabilities (SPDs), dual-eligibles (individuals eligible for Medicare and Medi-Cal), and the transitioning Healthy Families Program (HFP) population. Beneficiaries receiving Community-Based Adult Services (CBAS) benefits were enrolled in the COHS, but will

continue to receive CBAS benefits through Medi-Cal FFS. The CBAS benefit will convert to a Medi-Cal managed care benefit sometime in 2014.

On November 1, 2013, the remaining 20 rural counties of Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, San Benito, Sutter, Tehama, Tuolumne, and Yuba transitioned from Medi-Cal FFS to Medi-Cal managed care. Over 180,000 beneficiaries in these counties transitioned from Medi-Cal FFS to managed care. The HFP and the children and family aid codes populations were mandatorily enrolled into Medi-Cal managed care, except for San Benito County where all populations were treated as voluntary. Dual-Eligibles and SPDs are voluntary populations in these 20 rural counties. However, DHCS is targeting September 1, 2014 to mandatorily enroll SPDs in these rural counties. Beneficiaries in these counties will initially receive CBAS through Medi-Cal FFS until the benefit converts to a managed care benefit sometime in 2014.

Additional information on Medi-Cal managed care expansion activities can be found on the DHCS Medi-Cal Managed Care Expansion Page at the following link:

<http://www.dhcs.ca.gov/provgovpart/Pages/Medi-CalManagedCareExpansion.aspx>

C. MEDI-CAL MANAGED CARE DASHBOARD

With funding from the California HealthCare Foundation, the Medi-Cal Managed Care Division (MMCD) engaged a vendor, Navigant Consulting Inc., to create the MMCD Performance Dashboard for the Medi-Cal managed care program. The dashboard will help DHCS and its stakeholders better understand MCP activities on all levels: statewide, by managed care model [i.e., COHS, Two-Plan Model (TPM), and Geographic Managed Care (GMC)], and within an individual MCP. The dashboard will include metrics submitted by MCPs that quantify and track quality of care, enrollee satisfaction, enrollee utilization, finances, care coordination, and continuity of care. The dashboard will also stratify reported data by beneficiary populations including Medi-Cal-only SPDs.

MMCD developed a public version of the MMCD Performance Dashboard beginning with the third quarter, calendar year 2013 edition. MMCD will release the public dashboard in early 2014, and will conduct a webinar with stakeholders to discuss the dashboard in February 2014.

D. ENCOUNTER DATA IMPROVEMENT PROJECT

DHCS initiated the Encounter Data Improvement Project (EDIP) in late 2012, with the goal of improving the current state of DHCS's encounter data as well as establishing the Encounter Data Quality Monitoring and Reporting Plan (EDQMRP). *The EDQMRP is currently under development and is DHCS's plan for measuring encounter data, tracking it from submission to its final destination in the DHCS data warehouse, and reporting on data quality internally and externally.* In the fourth quarter of 2013, the Encounter Data Quality Unit (EDQU), established by the EDIP, continued its efforts to

implement and maintain the EDQMRP. EDQU continued to identify specific MCPs with missing encounter data and work with them to resolve the deficiencies. EDQU also continued to develop metrics that objectively measure the quality of future encounter data in the dimensions of completeness, timeliness, reasonability and accuracy. During this reporting period, EDQU worked with other areas of DHCS to provide input on business requirements for a new system being developed to receive encounter data from MCPs. EDQU also worked with DHCS's contracted fiscal intermediary to fix malfunctioning encounter data edits in the existing system.

E. REDUCING HOSPITAL READMISSIONS COLLABORATIVE

The Statewide Collaborative Quality Improvement Project (QIP) began in July 2011 and focuses on reducing hospital readmissions due to all causes within 30 days after discharge among adult MCP beneficiaries. DHCS worked with MCPs and DHCS's External Quality Review Organization (EQRO), Health Services Advisory Group, Inc. (HSAG), to develop guiding principles, a Healthcare Effectiveness Data and Information Set (HEDIS)-like measure specific to the Medi-Cal population, and a collaborative evaluation plan.

In June 2013, HSAG submitted an interim report that detailed the activities of the All-Cause Readmissions (ACR) Statewide Collaborative through the study design phase of the QIP.

The report is available at this link:

http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/EQRO_QIPs/CA2012-13_QIP_Coll_ACR_Interim_Report_F2.pdf

ACR collaborative QIP baseline submissions were due from all MCPs by September 30, 2013. HSAG is currently validating these submissions and conducting a series of plan-specific technical assistance calls with several MCPs.

F. RISK-ADJUSTED CAPITATION RATES

For rate years beginning in State Fiscal Year 2009-10, DHCS implemented risk-adjusted capitation rates for TPM and GMC MCPs. Capitation rates were risk-adjusted to match each MCP's projected costs to their capitated payments more effectively. To calculate the final capitation rates, the final risk-adjusted scores were applied to the developed county average capitation rates. For the first and second years, risk-adjustments were phased in using a rate comprised of 20 percent risk-adjusted county average rates and 80 percent plan-specific rates. For the third year, risk-adjustments were phased in using a rate comprised of 25 percent risk-adjusted county average rates and 75 percent plan-specific rates. For the fourth year, risk-adjustments were phased in using a rate comprised of 35 percent risk-adjusted county average rates and 65 percent plan-specific rates. For rate years in 2013-2014, the county average rate increases to 40 percent and the plan-specific rate decreases to 60 percent.

Nothing to report for the October through December 2013 quarter.

G. HEALTHCARE EFFECTIVENESS DATA INFORMATION SET

California's HEDIS measures assess the quality of services provided by MCPs, and form the basis for quality improvement efforts. DHCS's EQRO and HSAG completed validation of the MCPs' reported performance on HEDIS measures for health care services delivered to Medi-Cal managed care beneficiaries in 2012. DHCS's contracts require MCPs to perform at least as well as the lowest performing 25 percent of national Medicaid plans [minimum performance level (MPL)].

During the fourth quarter of 2013, DHCS implemented a targeted approach to MCPs with substandard performance. The one MCP with persistent, pervasive substandard performance was instructed to develop a Corrective Action Plan, and three additional MCPs were targeted for intensified technical assistance. All MCPs failing to meet an MPL for any indicator were required to submit improvement plans, which are currently being reviewed by DHCS staff. DHCS staff will provide technical assistance calls and regular monitoring to assist and assure that MCPs progress in their quality improvement activities. DHCS also worked with HSAG to proactively utilize the MCPs' QIPs to ensure performance exceeds the minimum requirements.

HEDIS 2013 (measurement year 2012) was the first year that MCPs were required to stratify measures for SPD/non-SPD populations. These results are considered preliminary, because not all SPDs transitioned into MCPs by January 1, 2013. *DHCS intends, with HEDIS 2014, to report comparison results for SPD and non-SPDs for a subset of HEDIS measures.*

In 2014, MCPs will be expected to meet the MPL for two recently introduced measures: blood pressure control and medication management in people with asthma. No new measures will be introduced in 2014 or 2015. For 2016, DHCS is working with partners to revisit the Medi-Cal HEDIS set.

H. HEALTHY FAMILIES PROGRAM TRANSITION

AB 1494 (Committee on Budget, Chapter 28, Statutes of 2012), as amended by AB 1468 (Committee on Budget, Chapter 438, Statutes of 2012), *provided* for the transition of HFP subscribers to Medi-Cal commencing January 1, 2013. The HFP, administered by the Managed Risk Medical Insurance Board, *provided* children with health, dental, and vision coverage. *Throughout 2013, DHCS transitioned children enrolled in the HFP into the Medi-Cal program under a newly created Optional Targeted Low-Income Children's (OTLIC) Program, from which these children will continue to receive their health, dental, and vision benefits, as well as mental health (MH) and substance use disorder (SUD) services.*

The transition of the HFP children *occurred* in four primary phases (see schedule of the four phases below). In the first two phases, HFP children were linked with a MCP that was also the child's HFP health plan, either through direct assignment or assignment to a plan that subcontracted with the MCP. In phase three, children *who had no linkage to the MCPs in their county of residence* were given a choice of MCPs available in their county of residence, with the exception of COHS counties where the child was assigned to the only available MCP, the COHS plan. In phase four, children *transitioned* into those MCPs that were implemented pursuant to the Medi-Cal Managed Care Rural County Expansion authorized by AB 1467.

Additionally, effective January 1, 2013, MCPs began servicing newly eligible children under the OTLIC Program.

A schedule of the four phases follows:

Phase 1, Part A: Effective January 1, 2013, children transitioned into Medi-Cal MCPs in the following counties: Alameda, Orange, Riverside, Santa Clara, San Bernardino, San Diego, San Francisco, and San Mateo (with the exception of HFP children in Health Net in San Diego). This phase included approximately 178,643 children.

Phase 1, Part B: Effective March 1, 2013, children transitioned into Medi-Cal MCPs in the following counties: Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Monterey, Napa, Sacramento, Santa Barbara, Santa Cruz, San Luis Obispo, Solano, Sonoma, Tulare, and Yolo (with the exception of HFP children in Health Net in Kern, Los Angeles, Sacramento, and Tulare). This phase included approximately 92,352 children.

Phase 1, Part C: Effective April 1, 2013, children transitioned into Medi-Cal MCPs in San Joaquin and Stanislaus counties, and children in Health Net in Kern, Tulare, and Sacramento counties transitioned to Medi-Cal MCPs on April 1, 2013. Children in Health Net in Los Angeles and San Diego counties transitioned into Medi-Cal MCPs on May 1, 2013. This phase included approximately 98,577 children, of which approximately 62,557 transitioned on May 1, 2013.

Phase 2: Effective April 1, 2013, children enrolled in an HFP health plan that was also a subcontractor of a Medi-Cal MCP in the child's county of residence, to the extent possible, were enrolled into a MCP that included the child's HFP plan. This phase included approximately 228,194 children.

Phase 3: Effective August 1, 2013, children enrolled in a HFP health plan that was not a Medi-Cal MCP, and didn't contract or subcontract with a Medi-Cal MCP in the child's county of residence, were enrolled in a Medi-Cal MCP in that county. Enrollment included consideration of the child's primary care providers pursuant to the requirements of State statute. This phase included approximately 95,801 children.

Phase 4: Effective September 1, 2013, children residing in a county that was not a Medi-Cal managed care county were transitioned into Medi-Cal MCPs upon the successful completion efforts to expand Medi-Cal managed care. DHCS completed this expansion in the eight northern California counties of Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity on September 1, 2013. Expansion into the remaining 20 rural counties of Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, San Benito, Sutter, Tehama, Tuolumne, and Yuba was completed on November 1, 2013. This phase included approximately 31,927 children, of which approximately 6,840 children transitioned with Phase 4A on September 1, 2013 and approximately 25,087 children transitioned with Phase 4B on November 1, 2013.

Access for Infants and Mothers (AIM)-linked children, who are children born to women enrolled in the AIM program, transitioned on a different timeline. Those children born to women enrolled in AIM received automatic eligibility in HFP for up to the child's first year. Beginning on August 1, 2013, AIM-linked children began transitioning into Medi-Cal. The transition of this population is expected to be completed by February 1, 2014.

The HFP will cease operations as of January 31, 2014.

DHCS has worked cooperatively with consumers, stakeholders, and legislative staff to facilitate a smooth transition of HFP to Medi-Cal. The following link provides information on stakeholder meetings that have been held with postings of recorded webinars, slideshow presentations, and other reference documents:

<http://www.dhcs.ca.gov/services/hf/Pages/HFPStakeholdersMeetingsByMonth.aspx>

I. OUTPATIENT MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

As a part of the enacted 2013-14 Budget, specifically through the trailer bill language in Senate Bill (SB) X1-1 (Hernandez and Steinberg, Chapter 4, Statutes of 2013), effective January 1, 2014, California will expand MH and SUD services provided through the Medi-Cal program. *Expanded SUD benefits will continue to be provided through the current delivery systems: Medi-Cal FFS or county-administered Drug Medi-Cal depending on the benefit. However, MCPs will be required to provide Screening and Brief Intervention and Referral to Treatment services for alcohol misuse by adults* DHCS will expand the Medi-Cal MH services available to its beneficiaries and MCPs will be required to provide covered MH benefits, excluding those benefits provided by the county Mental Health Plans (MHPs) under the Specialty Mental Health Services Waiver. Outpatient MH benefits will be available through MCPs for beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from any MH condition defined by the current Diagnostic and Statistical Manual. For beneficiaries not enrolled in an MCP, these benefits will be provided through Medi-Cal FFS.

Medi-Cal specialty mental health services currently provided by the MHPs will continue to be provided by the MHPs for Medi-Cal beneficiaries that meet the medical necessity criteria. .

DHCS was required to submit and seek approval from CMS to implement the MH benefit expansion. DHCS prepared the following documents:

- SPA 13-008 to expand psychology services to all beneficiaries and remove the two-visit limit on psychology services effective January 1, 2014. CMS approved the SPA on December 19, 2013. The letter and approved SPA are available at this link:
<http://www.dhcs.ca.gov/formsandpubs/laws/Documents/Approved%20State%20Plan%2013-008%20ADA.pdf> .
- DHCS revised the Standard Terms and Conditions (STCs) for the 1115(a) Demonstration Waiver through amendment 11-W-00193/9 to carve in the additional behavioral health benefits into managed care. CMS approved the STCs on December 24, 2013.
- CMS approved amendments to the Specialty Mental Health Services 1915(b) waiver on December 26, 2013. DHCS sought a five year waiver renewal term, but CMS approved a two year term, from July 1, 2013 through June 30, 2015.

DHCS completed several duties needed to make the mental health benefits expansion operational including: sending the reimbursement rates to the plans, drafting MCP contract amendments, updating and posting the Medi-Cal provider bulletin and provider manual, and mailing notices describing the expanded MH and SUD benefits to all Medi-Cal beneficiaries. DHCS and DMHC also worked closely together on Knox-Keene material modification requirements.

DHCS released two All Plan Letters (APLs) which provide guidance and applicable requirements related to the expanded MH benefits. DHCS published APL 13-018 which describes the responsibilities of Medi-Cal MCPs for amending or replacing the Memoranda of Understanding with county MHPs for the coordination of Medi-Cal MH services. APL 13-018 is available at this link:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2013/APL13-018.pdf>. DHCS published APL 13-021 which describes the MCPs' responsibilities for providing outpatient MH services to adults and children. APL 13-021 can be accessed here:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2013/APL13-021.pdf>.

DHCS has been involved in several stakeholder outreach efforts related to the MH and SUD service expansion such as hosting a stakeholder conference call and announcing the creation of the Behavioral Health Quality Assurance Forum. Information, meeting presentations, and an email inbox where stakeholders can provide input can be accessed here: http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD_Partners-Stakeholders.aspx

J. STATE PLAN AMENDMENTS AND FEDERAL WAIVERS

On December 24, 2013, DHCS received approval from CMS for the “California Bridge to Reform Demonstration (No. 11-W-00193/9) Amendment Medi-Cal Expansion to Newly Eligible Individuals/Integration of Medi-Cal Outpatient Mental Health Services” waiver amendment.

This waiver amendment allows the State to extend Medicaid services to childless adults as described in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act. Many of these individuals were already enrolled through the existing Demonstration Waiver’s Low Income Health Programs (LIHPs). This waiver amendment also allows for a seamless transition of LIHP-Medi-Cal Expansion program beneficiaries into the Medi-Cal managed care delivery system. Further, this waiver amendment provides DHCS with the federal authority to enroll a newly eligible population, that can now qualify for Medi-Cal, based on expanded income eligibility criteria, as described in AB X1-1 (Perez, Chapter 3, Statutes of 2013). Specifically, AB X 1-1 expands Medi-Cal eligibility to childless adults with annual incomes up to 133 percent of the federal poverty level, effective January 1, 2014. Finally, this waiver amendment authorizes DHCS to expand the Medi-Cal managed care package of benefits to include outpatient mental health services and allows DHCS to require MCPs to cover outpatient mental health services provided by licensed health care professionals acting within the scope of their license. Those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver are excluded.

Additional information is included above in the “Outpatient Mental Health and Substance Use Disorder Services” section.

Attachment A
Medi-Cal Managed Care Division
Update of Rural Expansion Dates
Managed Care Models and Plans

County	Implementation Date	Managed Care Model	Plan Name(s)
Del Norte	9/1/2013	County Organized Health System (COHS)	Partnership HealthPlan of California
Humboldt	9/1/2013	COHS	Partnership HealthPlan of California
Lake	9/1/2013	COHS	Partnership HealthPlan of California
Lassen	9/1/2013	COHS	Partnership HealthPlan of California
Modoc	9/1/2013	COHS	Partnership HealthPlan of California
Shasta	9/1/2013	COHS	Partnership HealthPlan of California
Siskiyou	9/1/2013	COHS	Partnership HealthPlan of California
Trinity	9/1/2013	COHS	Partnership HealthPlan of California
Alpine	11/1/2013	Regional Model (RM)	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Amador	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Butte	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Calaveras	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Colusa	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
El Dorado	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Glenn	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Inyo	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Mariposa	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Mono	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Nevada	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Placer	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Plumas	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Sierra	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan

**Attachment A
Medi-Cal Managed Care Division
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Managed Care Models and Plans**

County	Implementation Date	Managed Care Model	Plan Name(s)
Sutter	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Tehama	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Tuolumne	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Yuba	11/1/2013	RM	Anthem Blue Cross Partnership Plan California Health and Wellness Plan
Imperial	11/1/2013	Imperial Model	California Health and Wellness Plan
San Benito	11/1/2013	San Benito Model	Anthem Blue Cross Partnership Plan

Attachment B

Abbreviations and Acronyms

AB	Assembly Bill
ACR	All-Cause (Hospital) Readmissions
AIM	Access for Infants and Mothers
APL	All Plan Letter
CBAS	Community-Based Adult Services
CMS	Centers for Medicare & Medicaid Services
COHS	County Organized Health System
DHCS	Department of Health Care Services
EDIP	Encounter Data Improvement Project
EDQMRP	Encounter Data Quality Monitoring and Reporting Plan
EDQU	Encounter Data Quality Unit
EQRO	External Quality Review Organization
FFS	Fee-For-Service
GMC	Geographic Managed Care
HEDIS®	Healthcare Effectiveness Data and Information Set
HFP	Healthy Families Program
HSAG	Health Services Advisory Group, Inc.
LIHP	Low Income Health Program
MCP	Medi-Cal Managed Care Health Plan
MH	Mental Health
MHP	Mental Health Plan
MMCD	Medi-Cal Managed Care Division
MPL	Minimum performance level
RFA	Request for Application
SB	Senate Bill
SPA	State Plan Amendment
SPD	Seniors and Persons with Disabilities
STC	Special Terms and Conditions
SUD	Substance Use Disorder
TLIC	Targeted Low-Income Children
TPM	Two-Plan Model