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Department of Health Care Services



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**Department of Health Care Services
Medi-Cal Managed Care
Advisory Group Meeting Notes
December 12, 2014**

1. Introductions

Sarah Brooks called the meeting of the Advisory Group (AG) to order at 10:07 a.m. and welcomed all in attendance and those participating via the bridgeline. Sarah announced two new executives to the Department of Health Care Services (DHCS) Health Care Delivery Systems: Claudia Crist, Deputy Director and Hannah Katch, Assistant Deputy Director.

2. Managed Care Reorganization

Sarah Brooks announced the official reorganization of the Medi-Cal Managed Care Division (MMCD). Effective December 1, 2014 MMCD was split into two divisions: the Managed Care Quality and Monitoring Division (MCQMD) and the Managed Care Operations Division (MCOD). Sarah Brooks was named the Division Chief of MCQMD, which will consist of two branches: the Program Monitoring and Compliance Branch and the Policy and Medical Monitoring Branch. Javier Portela is the acting Chief of MCO, which will consist of two branches: the Managed Care Systems and Support Branch and the Managed Care Internal Operations Branch. Once finalized, the organizational charts will be posted to the DHCS website and sent out to the AG.

3. Mental Health

Sarah Brooks advised that the January 1, 2014 integration of Mental Health benefits approves to be going well. Beneficiaries were made aware of mental health benefits through informational mailings and amended Evidence of Coverage (EOC) notices or handbooks. Most managed care plans have Memorandum of Understanding (MOU) agreements executed with the counties in which they operate. A Corrective Action Plan (CAP) is in place for most plans that have not finalized their MOUs with county specialty mental health plans. The 2015 focus will consist of discussions to further clarify excluded diagnoses, redefine terminology of diagnoses in children, maintaining and expanding health plan network, and analyzing encounter data in utilization and trending it.

4. Seniors and Persons with Disabilities (SPD) Rural Expansion

David Mora from MCOB presented an update on the Managed Care Expansion, which began on September 1, 2013 and concluded on December 1, 2014 with the enrollment of over 376,000 members and the transition of approximately 22,000 SPD beneficiaries. These SPDs were transitioned to managed care on November 1, 2014.

5. Palliative Care

Anastasia Dodson and Rebecca Schupp of DHCS presented a brief overview of SB 1004. The bill includes development of a palliative care service delivery plan for Medi-Cal beneficiaries. This is not the creation of a new benefit, but rather a clarification of requirements and definitions. DHCS is reaching out to consumer representatives, subject matter experts, providers, and MCPs for input and will hold discussions before providing guidance in the form of an All Plan Letter (APL) in the spring of 2015. Subcommittee dates will be sent via email and posted to the website.

6. Open Discussion

6.1 Requests for Application (RFA)

A formal RFA is scheduled to be released in early 2015 to add additional commercial plans to operate in the Geographic Managed Care (GMC) counties of Sacramento and San Diego which serve 817,000 beneficiaries. It is anticipated that the contract will be awarded in the third quarter of 2015.

6.2 Grievance All Plan Letter (APL) Update

DHCS issued a revised grievance and appeals APL in 2014. The revised APL requires health plans to report in a standardized format going forward. The supplementary detail and additional beneficiary specific identifiers submitted in the new format will allow DHCS to identify trends and areas to further explore. Initial data from plans will be reported in 2015

6.3 Hepatitis C Update

DHCS has created a response team to handle any concerns related to access to Hepatitis C services. The department strongly encourages submission of patient and/or provider specific examples so concerns can be tracked and researched.

6.4 SB 964 Update

Existing law requires DHCS to conduct annual medical audits of specified managed care plans and requires that these reviews be scheduled and carried out jointly with reviews carried out pursuant to the Knox-Keene Act. Once closed out, audits and CAP findings are posted to the DHCS website. SB 964 requires DMHC to conduct an annual audit of all Knox-Keene licensed plans.

6.5 Covered California Transition to Medi-Cal

On January 1, 2015 approximately 50,000 to 80,000 individuals will have their coverage terminated from Covered California and they will become eligible for Medi-Cal. Covered California will send out notifications to affected members. DHCS is working to identify and place potential members into a matching Medi-Cal managed care health plan. Individuals with non-matching plans were assigned to a plan in their county. Once a Medi-Cal managed care health plan has been chosen, members will receive Continuity of Care information within their EOC handbook sent out by the health plan.

Future Advisory Group Meetings will be held in the first floor conference room at 1501 Capitol Avenue, Sacramento, CA 95814. The meetings will begin at 10:00am on March 12th, June 11th, September 10th, and December 10th of 2015.