



**Medi-Cal Managed Care Advisory Group  
Stakeholder Proposed Agenda Items for March 10, 2016 Meeting**

| Item No. | Stakeholder Proposed Agenda Item   | On Agenda | Written Response |
|----------|--|-----------|------------------|
| 1)       | <b>Geographic Managed Care (GMC) Request For Application (RFA)</b><br>Update on GMC RFA Timeline   | X         |                  |
| 2)       | <b>Transportation Evidence Of Coverage</b><br>Update on the implementation of the new transportation EOC language.   |           | X                |
| 3)       | <b>Hepatitis C</b><br>1) Provide information about when DHCS will revise its treatment utilization policy for Hepatitis C in light of:<br>(a) CMS's November 2015 guidance, and<br>(b) The release of Zepatier, a new drug that treats Hepatitis C, in January.<br>2) Does DHCS anticipate lowering or removing the F-Score requirement?<br>3) What is the best way for stakeholders to give input to DHCS on this process?  | X         |                  |
| 4)       | <b>Other Health Coverage (OHC)</b><br>Provide information about the following Managed Care and OHC issues:<br>1) If a beneficiary has a private insurance plan, he or she is not supposed to be enrolled in a Medi-Cal managed care health plan (MCP) with a different carrier. 22 CCR Sec. 53845(e)(4) and (f). What process or mechanism does Health Care Options (HCO) use to implement this rule?<br>2) For mental health, beneficiaries are all in county behavioral health services plans now. A county plan never overlaps with a private plan. So how is Sec. 53845 implemented in the context of mental health when a beneficiary also has a private plan that includes some mental health benefits, e.g., enrolled in a county behavioral health plan and also enrolled in a private Kaiser plan for both physical and mental health issues?<br>3) For managed care beneficiaries with overlapping plans (e.g., Kaiser for Medi-Cal and Kaiser for Medi-Cal managed care), what is the policy on using Medi-Cal to cover copays charged by the private plan? | X         |                  |
| 5)       | <b>Managed Care Access Report</b><br>1) Provide an update on the "managed care access report" that DHCS will produce per the new waiver.<br>2) How do the new requirements intersect with DHCS's existing plan monitoring efforts?   | X         |                  |



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| 6)       | <b>Managed Care Rates</b><br>Describe DHCS's role in overseeing rates paid by MCPs to their network providers.  | X         |                  |
| 7)       | <b>SB 75</b><br>1) We understand that DHCS will not be sending choice packets in advance to SB75 enrollees, forcing new enrollees to go into FFS Medi-Cal rather than enrolling directly into a Medi-Cal managed care plan. We are concerned that this policy decision will cause gaps in care for many children. Can you please talk about the reason for this decision and whether it can change?<br>2) The notices that are going to this population do not inform them of their continuity of care (COC) rights, how will DHCS ensure COC for these children?   | X         |                  |
| 8)       | <b>Eligibility and Informing Packets</b><br>Provide a timeline for when different groups are getting informing packets. We have clients getting packets before eligibility is even established.   |           | X                |
| 9)       | <b>Pending Managed Care Enrollees</b><br>A related issue is that of “pending” managed care already viewable – doctors can see that on the client’s FFS is where she/he WILL be going once enrolled in managed care. At the latest Health and Nutrition Access meeting in Los Angeles, managed care representatives said doctors don’t want to take the client if the “pending” shows another health plan, and other representatives noted that Fee for Service doctors refuse because the computer shows pending managed care – even though neither of those examples affects the client’s Medi-Cal that day!<br><br>Can you provide the informing materials for those “pending” managed care enrollments or reference them so we can look them up ourselves, in preparation? | X         |                  |
| 10)      | <b>Medi-Cal MCP Incentive Reports</b><br>Are incentive reports that are required yearly posted publicly? We have had experiences with incentives provided by health plans and want to see how the plan states the incentives’ effectiveness.  |           | X                |
| 11)      | <b>Selection of Request for Agenda Items</b><br>We have asked to know how agenda items are chosen and if those that don’t make the cut could please be considered first for the following meeting.  |           | X                |