



**Medi-Cal Managed Care Advisory Group
Stakeholder Proposed Agenda Items for June 9, 2016 Meeting**

Item No.	Stakeholder Proposed Agenda Item	On Agenda	Written Response
1)	Recommendations for 2017 EAS (HEDIS) Measures	X	
2)	<p>Reimbursement for Properly Supervised Registered Interns</p> <p>CAMFT has received word from its pre-licensee members, as well as our licensed members who are also supervisors, that the health plans are refusing to reimburse for Medi-Cal services being provided by properly supervised Registered Interns. Since these providers are acting in accordance with SPA 14-012, the health plans should be granting client's access to these providers. By refusing to pay for these services, however, the health plans are creating a disincentive to hire Registered Interns which is contrary to the intent of the SPA.</p>		X
3)	<p>Foster Care Population in Managed Care</p> <ul style="list-style-type: none"> - Have a dedicated person or staff that is familiar with the foster care population - There are several plans that currently provide varying levels of support or case management - Begin the process to provide health care data on the Managed Care Dashboard for the foster and foster adopt aid codes - Bring interested parties on the Managed Care Advisory group to work with state staff on the details of the metrics - Have one of the plans that are currently providing support to foster youth and their foster parents to briefly discuss how this process works in their Plan and the benefits it provides to their foster care population. 		X
4)	<p>Managed Care Contracting and Procurement Schedule</p> <p>When is the end date for current contracts? When will you start the next procurement process, and what is the process for stakeholder engagement? Can you also include details on where/how to locate this information, e.g. submit written request; online posting etc.?</p>		X
5)	<p>Reviewing and Monitoring the Rates that MCP'S are Paying Providers</p> <p>Please describe the role DHCS plays, if any, in reviewing and monitoring the rates that its contacted plans are paying network providers to provide covered services.</p>		X



**Medi-Cal Managed Care Advisory Group
Stakeholder Proposed Agenda Items for June 9, 2016 Meeting**

Item No.	Stakeholder Proposed Agenda Item	On Agenda	Written Response
6)	Inter-County Transfers (ICTs) How do counties disenroll beneficiaries from a plan in one county upon receiving information that the person has moved?	X	
7)	Transgender Medi-Cal Beneficiaries APL In LA County, there are not enough surgeons qualified to perform GRS for transgender Medi-Cal beneficiaries. How is DHCS addressing this issue with its plans?		X
8)	Timely Access How does DHCS monitor it for COHS plans?		X
9)	Criteria for MCP Assignment of Case Managers What are the criteria whereby health plans assign case managers? There are a fair amount of requests to have a case manager assigned.	X	
10)	Alternative Birthing Centers in Plans Network Have MCPs fulfilled the need to have Alternative Birth Centers within their network, or are most contracting?		X
11)	Independent Physician Associations (IPA) Oversight Assignment of patients in IPAs, specifically pregnant women in their third trimester		X
12)	SB 75: Full Scope Medi-Cal for All Children How will DHCS evaluate plan networks in light of increased enrollment to ensure provider capacity is adequate?	X	
13)	Recent APL, DPL's and PL's		X