



Healthy Families Program Transition to Medi-Cal **Final Comprehensive Report**

All Phases
January 1, 2013 – November 1, 2013

February 4, 2014

*Submitted to the Legislature by the
California Department of Health Care Services
In Fulfillment of the Requirements of
Assembly Bill 1494 (Chapter 28, Statutes of 2012), as amended by AB 1468 (Chapter
438, Statutes of 2012), Welfare and Institutions Code Section 14005.27(e) (10)*

BACKGROUND

Assembly Bill (AB) 1494, Chapter 28, Statutes of 2012, provides for the transition of Healthy Families Program (HFP) subscribers to the Medi-Cal Program beginning January 1, 2013, in four Phases throughout 2013. California Health and Human Services Agency, in collaboration with the Department of Health Care Services (DHCS), which administers the Medi-Cal program, the Managed Risk Medical Insurance Board (MRMIB), which administered HFP, and the Department of Managed Health Care (DMHC), which oversees the licensing of HFP and most Medi-Cal managed care health plans, have worked closely with the Legislature and stakeholder partners to transition children from HFP to Medi-Cal.

Children in HFP have transitioned into Medi-Cal's new Optional Targeted Low Income Children's Program (OTLICP) covering children with incomes up to and including 250 percent of the Federal Poverty Level (FPL). The Centers for Medicare and Medicaid Services (CMS) granted federal approval for DHCS to begin Phase 1A of the transition on January 1, 2013, via the Bridge to Reform 1115 Demonstration Waiver. Federal approvals for subsequent phases were granted upon compliance with the Special Terms and Conditions (STC) as detailed in the waiver amendments.

Pursuant to Welfare and Institutions (W&I) Code §14005.27(n)(4), DHCS has submitted enrollment information on the transitioned population and more in the monthly monitoring reports from February 15, 2013, through December 18, 2013. In addition, pursuant to W&I Code §14005.27(e)(10), the enrollment numbers are summarized in this final comprehensive report. The information in this report illustrates the following:

- Population of transitioned children and their integration into OTLICP, other Medi-Cal programs, or disenrollment from Medi-Cal;
- Children's ability to maintain services through the same/different providers and health plans (health, dental, mental health, and substance use disorder); and,
- Feedback from families via call centers, appeals, grievances, and surveys.

KEY SUMMARY FINDINGS

Based on the collective information contained in the monitoring reports and network adequacy assessments, covering all four phases of the transition, DHCS has been successful in transitioning 751,293 children from the HFP program to Medi-Cal. This transition has also resulted in the addition of 286,679¹ children gaining access to services under Medi-Cal's new OTLICP. These children receive comprehensive health, dental, mental health and substance use disorder services under Medi-Cal and a majority of these children have been able to maintain access to the same primary care providers that they had while enrolled in HFP. It should be noted that there were issues brought to the attention of DHCS regarding children diagnosed

¹ Source: HFP Transition to Medi-Cal Monthly Monitoring Report January 22, 2014, <http://www.dhcs.ca.gov/services/Documents/HFPTransitiontoMedi-CalRprt1-22-14.pdf>

with autism and the access to applied behavioral analysis (ABA) services. Specifically, based on survey information provided by the health plans, approximately 500 children of the total transitioned population (.07 percent) were impacted. While ABA services are not discrete services available under Medi-Cal, other services used in the treatment of children with autism such as physical, speech or physical therapy are available based on the medical needs of the child and meeting medical necessity requirements for the identified services.

DHCS worked collaboratively with partners from the various state agencies engaged in the transition, legislative staff, consumer and child advocates, county partners, CMS, representatives from health plans, dental plans, mental health plans and substance use treatment providers, associations affiliated with the various provider groups, including physician groups and interested stakeholders during the planning and implementation phases of the transition. Key components lending to the success of the transition include the ongoing engagement of all interested stakeholders through regular communication using multiple strategies for this engagement such as webinars, in-person meetings, and listening sessions, development of regular reports, and comprehensive assessments of health and dental delivery systems completed prior to each transition to ensure network adequacy and when areas of concern were identified, providing time for the health plans to correct/address the areas of concern.

POPULATIONS

During the transition, DHCS tracked various populations of children in the monthly monitoring reports. The populations are identified in the following categories:

- Transition children that meet the description of each transition phase;
- Children who are going through the annual renewal process;
- Children who are newly enrolled into OTLICP; and,
- Children who are disenrolled for various reasons.

Transition Children

PHASES

The transition of the HFP children to the Medi-Cal program was premised on four major phases occurring throughout calendar year 2013. The phases were structured around the particular Medi-Cal managed care arrangements between the plans and the State, specifically the extent to which the contracting arrangement was direct or via subcontracted relationships. Prior to each phase, DHCS and DMHC assessed the network adequacy of each participating plan, by county. In some instances, the departments expressed concern with the networks and targeted delays were made until concerns were addressed.

Children that transitioned in Phase 1 were in a HFP plan that was also a Medi-Cal managed care health plan. The children generally stayed with the same health plan and provider; and DHCS reimbursed the plans instead of MRMIB for services provided to these children. The Phase 1 transition consisted of the following four sub-phases:

- *Phase 1A* on January 1, 2013, transitioned children in the following counties: Alameda, Riverside, San Bernardino, San Francisco, Santa Clara, Orange, San Mateo, and San Diego (except for Health Net managed care health plan).
- *Phase 1B* on March 1, 2013, transitioned children in Medi-Cal managed care health plans, except for Health Net, in the following counties: Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Tulare, Sacramento, Napa, Solano, Sonoma, Yolo, Monterey, Santa Cruz, Santa Barbara, and San Luis Obispo.
- *Phase 1C (April)* on April 1, 2013, transitioned children in the Health Net managed care health plan in the following counties: Kern, Tulare, Sacramento, San Joaquin, and Stanislaus.
- *Phase 1C (May)* on May 1, 2013, transitioned children in the Health Net managed care health plan in the following counties: Los Angeles and San Diego.

On April 1, 2013, Phase 2 transitioned children in all Medi-Cal managed care counties who were enrolled in a HFP health plan that is a subcontractor of a Medi-Cal managed care health plan. To the extent possible, these children were transitioned into the Medi-Cal managed care health plan that subcontracted with the children's current plan.

On August 1, 2013, Phase 3 transitioned children in all Medi-Cal managed care counties who were enrolled in a HFP plan that was not a Medi-Cal managed care plan and did not contract or subcontract with a Medi-Cal managed care plan. Some beneficiaries had to choose a new primary care provider (PCP) after the transition to Medi-Cal because the PCP that they were seeing in the HFP did not contract with the Medi-Cal managed care plan into which they transitioned. Per Medi-Cal contract requirements, beneficiaries have 30 days from the date of enrollment to choose a PCP. If a PCP is not chosen within 30 days, the Plan will assign the beneficiary to a PCP. During the 30 days while the beneficiary is deciding on which PCP to choose, they are able to see any PCP in the Plan's network.

Finally, Phase 4 transitioned children who were residing in a county that was not previously a Medi-Cal managed care county. In July 2013, DHCS announced the geographic expansion of Medi-Cal managed care in the 28 primarily rural fee-for-service (FFS) counties as a component of the budget which also had implications for the HFP transition to Medi-Cal. As a result of this geographic expansion, the Phase 4 transition effort was split into two phases as described below. Some beneficiaries had to choose a new PCP after the transition to Medi-Cal because the PCP that they were seeing in the HFP did not contract with the Medi-Cal managed care plan into which they transitioned. Similar to Phase 3, beneficiaries also had 30 days to choose a PCP. Phase 4 consisted of two sub-phases:

- Phase 4A on September 1, 2013, transitioned children in the following eight (8) County Organized Health System (COHS) counties: Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity.
- Phase 4B on November 1, 2013, transitioned children in the following 20 counties: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito Sierra, Sutter, Tehama, Tuolumne and Yuba.

AID CODES

For children who transitioned, DHCS used the last known HFP eligibility information provided by MRMIB to enable Medi-Cal eligibility for transitioned children. The following are the aid codes used to identify children transitioning from HFP into Medi-Cal:

- Aid Code 5C provides no-cost, full-scope, Medi-Cal coverage with no premium payment to children with a family income at or below 150 percent of FPL during the transition period until their next annual eligibility redetermination (AER).
- Aid Code 5D provides full-scope Medi-Cal coverage with a premium payment to children with family income above 150 percent and up to and including 250 percent of the FPL during the transition period until their next AER. The applicable monthly premiums are \$13 per child with a maximum family contribution of \$39 per month for a family with three or more children.

IDENTIFICATION OF TRANSITION POPULATIONS

DHCS established a process to identify populations of children to transition at each phase. DHCS obtained a data file of HFP subscribers from MRMIB months in advance for purposes of mailing notifications per statutory requirements. From the data file, the populations of children who met the criteria for each transition phase were identified. Each phase of children was mailed the applicable 90 day or 60 day, and 30 day/reminder notices. In between the mailings, DHCS received status updates on these children from MRMIB identifying any children that had become ineligible for HFP or did not meet the criteria for the transition phase. For example, for Phase 1A, DHCS used the data file received from MRMIB in October of 2012. From that data file, DHCS identified the applicable group of Phase 1A children and mailed them a 60 day notice on November 1, 2012.

During the months of November and December, some children were identified ineligible for HFP or ineligible for Phase 1A transition per updates from MRMIB; therefore, these children were not sent the subsequent 30 day notice and did not transition on January 1, 2013. Children who became eligible for HFP or the Phase 1A transition phase after the November 1, 2012, mailing of the 60 day notice were not added to the Phase 1A group since they did not receive the first notice. These children were considered the Phase 1A “tail” and were added to subsequent Phase 1B or Phase 1C transition groups to ensure they received the required notifications prior to their transition to Medi-Cal.

DHCS identified an initial total of 846,016² children eligible for the transition in December of 2012. Of the 846,016 identified for transition, 94,723³ were found ineligible for transition throughout the year as they had left HFP prior to their scheduled transitioned date for various reasons including income ineligibility, aging out of the program, non-payment of premiums, and requests for disenrollment. Children who left HFP and reapplied for health coverage and children newly applying for health care coverage after January 1, 2013, who would have formerly been HFP eligible, would have been enrolled in the OTLICP.

Pursuant to AB 82 (Committee on Budget, Chapter 23, Statutes of 2013), infants enrolled into HFP as a result of being born to a mother who was on the AIM program with an income above 250 percent and up to 300 percent of the FPL, were transitioned to DHCS, effective November 1, 2013. The total number of AIM-Linked infants that transitioned to DHCS on November 1, 2013, was 531 and these infants will be integrated into the new DHCS AIM-Linked Infant and Children’s Program. In prior phases beginning August 1, 2013, DHCS transitioned approximately 11, 318 children with FPL’s at 250 percent and below into the OTLICP. As of February 1, 2014, DHCS has fully implemented the transition of the AIM-linked Infant and Children’s Program under DHCS including processes to register and enroll these children into the applicable programs under DHCS, similar to what occurred when the program was operated by MRMIB.

The “Transitioned Populations” table below shows the remaining children who successfully transitioned in each phase:

Transitioned Populations						
Phase 1A January	Phase 1B March	Phase 1C/2 April	Phase 1C May	Phase 3 August	Phase 4A September	Phase 4B November
178,623	106,443	270,308	59,077	104,915	6,840	25,087
						Total 751,293⁴

Annual Eligibility Review (AER)

In accordance with statutory requirements (W&I Code Section 14005.27(c)) pertaining to the HFP transition to Medi-Cal, a Medi-Cal redetermination must be made for all transitioned children within one year of their HFP AER date. A Medi-Cal determination can be initiated based on one or more of the following reasons:

² Source: HFP Transition to Medi-Cal Monthly Monitoring Report January 22, 2014, <http://www.dhcs.ca.gov/services/Documents/HFPTransitiontoMedi-CalRprt1-22-14.pdf>

³ Source: HFP Transition to Medi-Cal Monthly Monitoring Report January 22, 2014, <http://www.dhcs.ca.gov/services/Documents/HFPTransitiontoMedi-CalRprt1-22-14.pdf>

⁴ Source: HFP Transition to Medi-Cal Monthly Monitoring Report December 18, 2013, <http://www.dhcs.ca.gov/services/Documents/DHCS%20HFP%20Transition%20to%20Medi-Cal%20Monitoring%20Report%20December%202013.pdf>

- Date of the child’s HFP AER;
- Change in circumstance that warrants a Medi-Cal review of eligibility; or,
- Family’s Medi-Cal Redetermination (Redetermination Verification (RV)) occurs sooner than the child’s HFP AER month for existing Medi-Cal cases.

Prior to the transition commencing, for HFP AERs due in January, February, and March of 2013, the administrative vendor, MAXIMUS, sent these families a HFP renewal package in October, November, and December of 2012, respectively. Depending on the timing of when the renewal information was returned, the children retained their HFP eligibility or were placed in the appropriate transition aid codes. The child’s next eligibility redetermination will be in the corresponding month of 2014 for Medi-Cal redetermination under the OTLICP, unless there is a change in circumstance prior to then.

For HFP AERs due after April of 2013, renewal packages were sent using a modified pre-populated form specific to the Medi-Cal program similar to the format used for the HFP AERs. The timeframe for mailing these Medi-Cal renewal packages is consistent with the current Medi-Cal processes for sending out renewal requests. Once the renewal packages are returned, the Medi-Cal eligibility determination process is completed, in accordance with current program annual renewal policies and procedures, including the use of provisions under Senate Bill (SB) 87. Below are counts of the total number of children undergoing annual renewal in each month and numbers of children that meet certain categories upon getting their AERs processed in that month.

<i>All Phases /AER Due Month</i>	<i>Total # of children undergoing annual renewal⁵</i>	<i>Total # of children eligible for OTLICP</i>	<i>Total # of children eligible for other Medi-Cal programs not OTLICP</i>	<i>Total # of children remaining on 5C/5D</i>	<i>Total # of children disenrolled</i>	<i>Total # of children subject to SB 87</i>
Jan	10,040	1,717	1,212	3,148	1,495	913
Feb	17,804	3,172	1,996	6,706	3,734	1,751
Mar	32,682	5,009	2,929	12,908	8,403	3,570
Apr	46,573	11,515	3,507	N/A	28	19,669
May	51,405	10,641	3,292	N/A	54	21,519
Jun	48,855	6,616	2,512	N/A	44	21,432
Jul	22,700	7,443	3,246	N/A	574	25,726
Aug	22,740	8,466	3,517	N/A	767	27,712
Sept	22,747	8,626	4,090	N/A	913	33,320

⁵ Source: HFP Transition to Medi-Cal Monthly Monitoring Report January 22, 2014, <http://www.dhcs.ca.gov/services/Documents/HFPTransitiontoMedi-CalRprt1-22-14.pdf>

<i>All Phases /AER Due Month</i>	<i>Total # of children undergoing annual renewal^f</i>	<i>Total # of children eligible for OTLICP</i>	<i>Total # of children eligible for other Medi-Cal programs not OTLICP</i>	<i>Total # of children remaining on 5C/5D</i>	<i>Total # of children disenrolled</i>	<i>Total # of children subject to SB 87</i>
Oct	22,748	10,935	4,749	N/A	1,228	47,489
Nov	22,753	12,318	6,056	N/A	851	48,559
Dec	22,762	13,105	7,262	N/A	1,523	42,838
TOTAL	343,809	99,563	44,368	22,762	19,614	294,498

With regards to the percentage of children that were placed in 5C/5D aid codes in January, February, and March 2013, the administrative vendor completed the processing of AERs for the transitioned children in these months. For the children who maintained their eligibility based on their last HFP AER, their eligibility in the 5C/5D aid code was extended for another year. As the Counties began processing all AERs for transitioned children, beginning April 1, 2013, and once determined eligible for OTLICP, children were taken out of the 5C/5D aid code and placed in an OTLICP aid code, H1, H2, H3, H4, or H5 (see New Enrollment section for aid code descriptions).

During the first phases of the transition, the number of children in each phase of transition was significantly higher than in the latter phases. As a result, the number of children disenrolled in February and March are higher as the populations transitioned were higher and represented the larger counties within California. In addition, the percentage of children undergoing an assessment for all Medi-Cal programs when they no longer qualified under the OTLICP program was higher in April, May, and June due to pending cases awaiting counties' review.

New Enrollment

Upon implementation of the transition on January 1, 2013, HFP stopped enrolling new children, with the exception of those born to mothers in the Access for Infants and Mothers (AIM) program, and Medi-Cal began enrolling children in the new OTLICP, which covers children with incomes up to and including 250 percent FPL who would have previously enrolled in HFP. The below "OTLICP Aid Code Definitions" table provides references to age, FPL, and premium requirements for each OTLICP aid code:

OTLICP Aid Code Definitions			
OTLICP Aid Code	Age of Child (up to the month of the 1st, 6 th , or 19 th birthday)	FPL	Premium Requirement
H1	0 - 1	Above 200% - Up to and including 250%	None
H2	1 - 6	Above 133% - Up to and including 150%	None
H3	1 - 6	Above 150% - Up to and including 250%	\$13 per child, max \$39 per family
H4	6 - 19	Above 100% - Up to and including 150%	None
H5	6 - 19	Above 150% - Up to and including 250%	\$13 per child, max \$39 per family

New Medi-Cal applications could have been submitted to the county welfare administrative offices or the administrative vendor also known as the Single Point of Entry (SPE) for processing. Applications submitted to SPE may qualify for “Accelerated Enrollment” (AE). SPE conducts an initial screening of all applications for presumed Medi-Cal eligibility then forwards them to the county welfare administrative offices for final eligibility determinations. Based on the screenings of the submitted applications at the SPE, AE is granted. AE provides temporary no-cost, full-scope Medi-Cal eligibility which allows children to receive medically necessary services pending their final eligibility determination by the county eligibility worker. During the time that the child has AE, they receive their Medi-Cal services on a fee-for-service basis and once a final eligibility determination has been made, the child is then mandatorily enrolled into the applicable health plan based on their county of residence. AE is available for all children ages zero to the month of their 19th birthday with some restrictions.

The new Medi-Cal applicants approved for OTLICP, which are generally consistent month-to-month, are broken down below in the “OTLICP Enrollment and Percentages” table. These children did not have existing eligibility in the month prior to placement into the OTLICP aid codes. This number is inclusive of applications received from SPE, but did not receive AE, and those initiated directly at the county.

OTLICP Enrollments and Percentage Distribution						
Month	Total Children in OTLICP ⁶	H1	H2	H3	H4	H5
Jan	12,737	1%	9%	12%	58%	20%

⁶ Source: HFP Transition to Medi-Cal Monthly Monitoring Report January 22, 2014, <http://www.dhcs.ca.gov/services/Documents/HFPTransitiontoMedi-CalRprt1-22-14.pdf>

Feb	21,660	1%	9%	11%	59%	20%
Mar	11,941	1%	10%	17%	53%	20%
Apr	83,719	1%	9%	15%	54%	21%
May	23,535	1%	11%	16%	55%	17%
Jun	19,207	1%	12%	17%	54%	17%
Jul	17,378	1%	13%	17%	54%	16%
Aug	19,854	2%	12%	17%	52%	17%
Sept	19,680	2%	12%	18%	52%	17%
Oct	20,464	2%	11%	17%	52%	17%
Nov	18,424	2%	12%	18%	51%	17%
Dec	18,080	2%	11%	17%	50%	20%
TOTAL	286,679					

In April 2013, there was a substantial increase in children (83,719) enrolled in the applicable OTLICP aid code compared to other months. This is due to the completion of technology upgrades that has enabled enrollments into these new aid codes. The technology upgrades impacted larger counties with high populations of eligible children for OTLICP.

Disenrollment

In Medi-Cal, the process for disenrollment depends upon what prompts the disenrollment. Voluntary disenrollments are the simplest and upon receipt of a written request from the authorized person over the case, the beneficiary's Medi-Cal eligibility is discontinued effective the first day of the following month. For other disenrollments, such as Medi-Cal redeterminations resulting in denial for income levels above program limits and individual's age above program limits, beneficiaries must be assessed for other Medi-Cal programs in accordance to SB 87, W&I Code, § 14005.37. If the beneficiary does not qualify for other Medi-Cal programs, then they can be disenrolled the first day of the following month after proper notification is given to the beneficiary. Finally, beneficiaries can be disenrolled when there is a change in their circumstance that occurs prior to the annual redetermination date. For children in the applicable OTLICP, if the reported change adversely impacts their Medi-Cal coverage, the child can receive Continuous Eligibility for Children (CEC) and will maintain their Medi-Cal eligibility until their next redetermination date. CEC does not apply for purposes of non-payment of premiums after a certain time period has lapsed subsequent to required noticing of such a pending action. If CEC is not applicable, then the beneficiary is disenrolled the first of the following month after proper notification is given.

Below is a monthly breakdown of disenrollments for transitioned children in the 5C/5D aid codes. Because of the many Medi-Cal programs that exist and are reported by aid codes, the numbers noted below are not additive since the children may move from one program to

another. There were no disenrollments in January 2013, as newly transitioned children were in the process of being evaluated for other Medi-Cal programs per SB 87 and any discontinuance would have occurred in February 2013 or later.

Disenrollment Reasons Out of Transition Aid Codes (5C/5D Other than at Annual Renewal)⁷

Month	Total Disenrollment by Month	Eligibility Under an Existing Medi-Cal Aid Code	Eligible for OTLIPC	Non-Payment of Premiums	Per Beneficiary Request	Other reasons (loss of legal residence, relocation, etc.)
Feb	124	124	N/A	N/A	N/A	N/A
Mar	14,964	14,955	N/A	N/A	9	N/A
Apr	11,192	5,821	N/A	N/A	N/A	4
May	37,697	8,292	18,015	N/A	13	11
Jun	20,837	15,430	6,717	N/A	44	162
Jul	34,347	23,017	10,219	N/A	647	310
Aug	42,640	28,379	13,941	N/A	281	39
Sept	30,415	20,571	9,399	288	137	20
Oct	32,725	23,036	9,421	242	8	18
Nov	39,215	25,693	13,211	300	10	1
Dec	76,597	30,341	45,947	295	1	13

**Note: N/A indicates no data available.*

For purposes of transitioned children’s AERs due January 2013 – March 2013, the administrative vendor only extended the applicable AER date and did not have the ability to place beneficiaries into the H1-H5 aid codes or to apply the requirements of the SB 87 rules. Because of this and the application of the SB87 rules by the County eligibility worker to cases requiring this handling, there is no applicable data to report for transitioned children that were eligible for OTLIPC in January through April, and January through March in other aid code categories for other Medi-Cal programs where children can be covered such as 1931(b) or the Medically Needy programs.

The figures above demonstrate that many transitioned children were able to continue their Medi-Cal eligibility via other programs when they do not qualify for OTLIPC. Also, the disenrollment numbers are comparable to MRMIB’s historical monthly HFP disenrollment

⁷ Source: HFP Transition to Medi-Cal Monthly Monitoring Report January 22, 2014, <http://www.dhcs.ca.gov/services/Documents/HFPTransitiontoMedi-CalRprt1-22-14.pdf>

numbers found at <http://www.mrmib.ca.gov/mrmib/HFPReports1.shtml>.

In November, DHCS undertook a multi-phase work effort to discontinue children who had not completed and returned AERs between the months of April 2013 to October 2013 which is further described below.

As reported in the July 2013 HFP Transition Monitoring Report, the number of children disenrolled in June 2013 as a result of not returning the AER forms was zero. The children scheduled for disenrollment were not disenrolled in their AER month due to pending system enhancements as described below. The number of pending discontinuance on this basis as of June 2013 was 14,767. With the accumulation of cases that had not returned their AERs as of April 2013 and the need to reconcile this matter, DHCS and the county staff collaborated on a process to address these cases.

For the period of January 2013 through March 2013, a manual process was implemented to disenroll children due to AERs not returned during those months. This manual process raised security concerns because it included emailing client data to counties via a secure email process. The manual process was discontinued beginning with AERs due April 2013 and the automated process designed to disenroll children for non-receipt of AER forms was installed November 13, 2013. Because of the delay with the automated process, there were 70,382 transitioned cases during the time period between April 2013 and October 2013 that should have been discontinued for failure to return the AER. With the installation of the automated process, steps were then taken to appropriately notice these families regarding disenrollment from Medi-Cal for failure to return the AER, with an effective disenrollment date of December 1, 2013. A similar notice was also sent out in December to approximately 16,000 children who failed to return their AER, with an effective disenrollment date of December 31, 2013.

The actual number of children disenrolled effective December 1, 2013, was 68,260 as 2,122 children were reinstated into Medi-Cal upon responding to their notice, prior to the effective date of the disenrollment. As of December 1, 2013, DHCS received approximately 8,000 additional responses to the disenrollment notices. In total, approximately 10,122 of the 70,382 children who received disenrollment notices for the effective date of December 1, 2013, has been reinstated to Medi-Cal coverage and the counties are processing their AERs as appropriate. Because of the concerns raised regarding adequate notice for the children with the December 1, 2013 disenrollment date, DHCS took steps to not effectuate the disenrollments of those children with a December 31, 2013 effective date.

As a result of the concerns received regarding the large number of the December 1, 2013 discontinuances, DHCS took steps to reinstate the affected beneficiaries back into Medi-Cal and provided them with an additional opportunity to return the delinquent AERs. During early January 2014, families that had not already resent the AER, received a letter advising that eligibility for Medi-Cal was reinstated back to December 1, 2013 under the fee-for service delivery system. With the letter, families were also sent a duplicate AER to be completed and returned by February 5, 2014. If the family submits the AER by February 5, 2014 the child will

be reinstated in their health plan pending a final eligibility determination by county. For those that do not return the AER by February 5, 2014, they will be sent a notice for discontinuance, effective February 28, 2014.

Below is a monthly breakdown of disenrollments for children undergoing the annual renewal process.

HFP Transitioned Children Discontinued From Medi-Cal by Transaction Month and Disenrollment Reason⁸						
Month	AER Not Returned	Discontinued By Request	Non-Payment of Premiums	Failure to Provide Missing AER Information	Other reasons	TOTAL
Jan	0	0	0	0	0	0
Feb	0	0	0	0	0	0
Mar	46	14	0	167	0	525
Apr	5,485	141	0	911	910	7,447
May	11,684	63	0	908	1,046	13,701
Jun	337	128	0	946	1,246	2,657
Jul	643	643	0	1,191	10,539	12,759
Aug	407	437	0	1,427	5,085	7,356
Sept	449	298	286	1,473	7,397	9,903
Oct	412	146	262	1,306	8,283	10,409
Nov	68,260*	142	436	1,482	7,854	78,174
Dec	845	239	162	2,716	10,958	14,920

*Note: This number reflects disenrollments with an effective date of December 1, 2013 and is inclusive of AERs not returned for individuals with an AER that was due in the month of November. This number does not include the reinstated cases.

While the main causes for discontinuance from Medi-Cal for these transitioned children are AER not returned, discontinued by request, child ages out of the coverage programs for children, failure to cooperate, or the child has other health coverage, some children are able to receive Medi-Cal coverage through other programs. The below table represents transitioned children who were discontinued from Medi-Cal and then returned to Medi-Cal within 3 months of discontinuance. The chart reflects the most common Medi-Cal programs in which children are enrolled. The “Other” category is comprised of programs that individually demonstrated statistically immaterial samples,

⁸ Source: HFP Transition to Medi-Cal Monthly Monitoring Report January 22, 2014, <http://www.dhcs.ca.gov/services/Documents/HFPTransitiontoMedi-CalRprt1-22-14.pdf>

but collectively is a material sample.

Number of Children Transitioned then Discontinued and Reinstated Within 3 months⁹							
	<i>Reinstated Jun 2013</i>	<i>Reinstated July 2013</i>	<i>Reinstated Aug 2013</i>	<i>Reinstated Sep 2013</i>	<i>Reinstated Oct 2013</i>	<i>Reinstated Nov 2013</i>	<i>Reinstated Dec 2013</i>
1931(b)	66	335	443	260	498	402	502
OTLICP	128	1,601	2,646	737	2,525	1,820	2,045
Other Medi-Cal programs	103	2,705	1,419	370	1,331	889	1,164
Total Reinstated	297	4,461	4,508	1,367	4,354	3,111	3,711

ACCESS TO CARE

Health Care

Per statutory requirements, HFP subscribers transitioned to Medi-Cal based on the contractual relationship the plan has with DHCS. Additionally, DHCS has an established monitoring and reporting system for its health plans. These monitoring activities are completed regularly to ensure that health plans are fulfilling their obligation to provide covered Medi-Cal health services to their members in accordance with State and federal requirements. All transitioning HFP and OTLICP children are entitled to the same protections and assurances afforded to enrolled Medi-Cal beneficiaries covered by the plan. In an effort to ensure transitioned children maintain access to medical care, the health plans cumulatively reported the following for Phases 1 through 4:

<i>Transition Months and Phases¹⁰</i>	Phase 1A Jan	Phase 1B Mar	Phase 1C Apr	Phase 2 Apr	Phase 1C May	Phase 3 Aug	Phase 4A Sept	Phase 4B Nov
Primary Care Providers (PCP)								
Percentage of transition children assigned to a PCP	100%	93.88%	95.44%	98.14%	99.72%	63.29%	95.60%	93.97%

⁹ Source: HFP Transition to Medi-Cal Monthly Monitoring Report January 22, 2014, <http://www.dhcs.ca.gov/services/Documents/HFPTransitiontoMedi-CalRprt1-22-14.pdf>

¹⁰ Sources: HFP Transition to Medi-Cal Monthly Monitoring Reports February 15, 2013 through December 18, 2013. <http://www.dhcs.ca.gov/services/hf/Pages/MonitoringReports.aspx>

Transition Months and Phases¹⁰	Phase 1A Jan	Phase 1B Mar	Phase 1C Apr	Phase 2 Apr	Phase 1C May	Phase 3 Aug	Phase 4A Sept	Phase 4B Nov
Percentage stayed with same PCP	98.96%	92.98%	84.69%	94.18%	73%	55.55%	N/A ¹¹	14.26%
Percentage changed PCP	1.04%	6.07%	14.81%	20.67%	27%	42.15%	N/A	74.29%
Health Plans								
Percentage stayed with same health plan	99.86%	100%	99.24%	99.48%	99.73%	95.82%	98.76%	95.23%
Percentage changed health plans	0.13%	0%	0.07%	0.05%	0.04%	0.12%	0.15%	0.14%
Percentage changed to FFS*	0.01%	0%	0.69%	0.47%	0.23%	4.06%	1.10%	4.63%

**Children assigned to fee-for-service (FFS) Medi-Cal because their zip code is excluded from Medi-Cal managed care delivery systems.*

In Phases 1 and 2, a minimal number of children had to change PCPs because beneficiaries were being assigned to the same Plan and in turn were able to stay with their same PCP. Nearly all of the transitioned children had an assigned PCP. For children who are not assigned to their same PCP, they were provided 30 calendar days from the time of enrollment to choose a PCP or the plan will choose one for them. Considering that the report is inclusive of all members that transitioned in Phases 1 and 2, DHCS does not have any concerns with these results and sees that there has been minimal to no disruption to services.

A small percentage of members were assigned to a new health plan at transition due reasons such as moving out of the county they were living in while in HFP; therefore, the member was assigned to a managed care plan in the county of new residence. Moreover, some members were assigned to FFS because they lived in a zip code that is excluded from the Medi-Cal managed care delivery system.

In Phase 3, over half of the children coming into Medi-Cal were able to keep the same PCP, and a greater number (over 67 percent) had a PCP by linkage or assignment at the time of the

¹¹ *The HFP plan in the Phase 4A counties operates an Exclusive Provider Organization network and does not assign enrollees to PCPs; therefore, the department was unable to provide PCP information to the health plan so that the health plan could assign the member to the same PCP if that PCP was available.*

transition. These children's families were able to choose a new plan ahead of the transition and had the option of choosing a PCP when they chose a plan.

The number of children that had to change PCPs in Phase 3 was higher than in Phases 1 and 2 because these children were coming from HFP plans that did not contract with Medi-Cal or have a subcontract with a Medi-Cal managed care health plan. For this reason, MRMIB provided the children's PCP information so that DHCS could make it available to the plans, which would allow plans to link children to their PCP whenever possible. Children who were not assigned to their same PCP were provided 30 calendar days from the time of enrollment to choose a PCP or the plan would have chosen one for them.

In Phases 4A and 4B, the vast majority of children were assigned to a PCP at the time of the transition. For Phase 4A, DHCS was not able to track whether these children were assigned to their same PCPs because the HFP plan in these counties, Anthem Blue Cross, operated an Exclusive Provider Organization (EPO) network and did not assign enrollees to PCPs. However, the Medi-Cal managed care health plan, Partnership HealthPlan, was able to contract with the majority of providers who had participated in the EPO network, so there was a high probability that children would be able to continue seeing their same providers.

In Phase 4B, two HFP plans that operated in these counties, Anthem Blue Cross and Kaiser, established a contractual relationship with DHCS to provide Medi-Cal services in these counties. Children who were in either Anthem Blue Cross or Kaiser were able to keep their plans when they transitioned to Medi-Cal. Since the children remained in the same plan, the expectation was that children would be able to continue seeing their same providers. Kaiser was able to keep all of its HFP children and they remained with their same PCPs. The children's families that were not members of Anthem Blue Cross or Kaiser were able to choose a new plan ahead of the transition. Per contractual requirements, these new members were provided 30 calendar days from the time of enrollment to choose a PCP or the plan would have chosen one for them.

Since the start of the transition in January through November 30, 2013, the health plans have reported 182 continuity of care requests for purposes ranging from:

- Unable to remain with same PCP or health network;
- Provider not aware of existing prior authorization;
- Request to change PCP;
- Members not do qualify for specialty mental health; and
- PCPs no longer accepting Medi-Cal due to reimbursement rates.

The health plans have resolved all cases by assisting beneficiaries with selecting new or changing PCPs, bridging information on prior authorizations, and clarifying the extent to which behavioral health services are covered.

In order to track the effectiveness of the transition, DHCS relied on data received directly from plans tracking any increase in call center volume, reported grievances, and continuity of care. This data was submitted daily in the two weeks following a transition date, and then weekly throughout the entire transition. Plans also provided the necessary information for the Monthly Monitoring Reports which included the number of children who were able to keep their requested PCP, had to change their PCP, decided to change plans, and any continuity of care issues that were open at the time of the report. HFP transition data was also added to existing quarterly reports on the plans' provider networks and member grievances, as well as consumer satisfaction. In addition to plan data, DHCS also reviewed the call data from the Medi-Cal Office of the Ombudsman to track any issues reported by families whose children had transitioned from HFP.

Of particular note during the course of the transition, were the issues brought to the attention of the Department specifically regarding children with a diagnosis of autism and their ability to continue to receive ABA services upon their transition to Medi-Cal. Approximately a dozen such cases were brought to the attention of the department regarding families who were informed by their health plan that their ABA services would not continue post transition for those scheduled to transition April 1, 2013, and thereafter. In total, approximately 500 children were affected based on survey information from the health plans.

Medi-Cal does not have a set of services specifically designated as "autism services". Based on the literature, services for autism include, but are not limited to, applied behavioral therapy, psychiatry and psychology services, speech and language therapy, physical therapy, and/or occupational therapy. Services provided to children under Medi-Cal with a diagnosis of autism must meet medical necessity requirements and the acuity level of their given diagnosis dictates the level and amount of services to be provided. Such services may be provided through Medi-Cal, the home and community-based services waiver program and Department of Developmental Services (DDS) or, in some instances, through the county mental health plan if the child is dually diagnosed with a condition eligible for specialty mental health services or in need of psychiatric inpatient services. Through coordination, communication, and continuous monitoring, DHCS has been able to conduct a successful and effective transition that allowed children to receive services with minimal disruption.

Dental Care

In addition to health services, transition children are also eligible for dental services through Medi-Cal at the time of transition. Since Los Angeles and Sacramento counties are the only counties in the state that have dental managed care plans, all other counties will provide dental services through the dental fee-for-service (FFS) system, also known as Denti-Cal. For children who needed to secure a new dental provider, the beneficiary was able to contact Denti-Cal's Beneficiary Customer Service line or locate providers on the Denti-Cal website that were accepting new patients. DHCS has improved the quality of service provided by both sources to ensure beneficiaries can easily access providers and dental services. These changes include:

- Improved referral processes with the Beneficiary Customer Service line and providing for warm transfers (ensuring beneficiaries are connected to a provider and attempting to schedule an appointment before disconnecting from the call);
- Improved ease of adding providers to the online list who are accepting new patients thus offering beneficiaries a wider selection of providers in their area; and,
- Improved Denti-Cal website to include Denti-Cal provider network information allowing individuals to search for providers by state, name of provider, location of residence, specialty, accepting new patients, and other factors through the Insure Kids Now widget.

Similar to Medi-Cal managed care plans, DHCS has a monitoring and reporting process for its Medi-Cal dental providers and dental managed care plans. These monitoring activities are completed regularly to ensure the Medi-Cal dental providers and dental managed care plans are fulfilling their obligation to provide covered Medi-Cal dental services to the transitioned children in accordance with State and federal law. In the first eleven months of transition, the dental providers and plans reported on the following activities:

Dental Statistics												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Appointment Scheduling¹²												
<i>Average number of days between scheduling an appointment and the actual appointment date in Denti-Cal</i>	8.8	6.7	7	7	7	7	6	7	6	6	6	5
Provider Capacity¹³												
<i>Number of newly enrolled FFS providers</i>	30	38	35	19	43	26	49	80	40	36	52	46
<i>Number of newly enrolled dental managed care plan providers¹⁴</i>	246	250	185	123	142	149	371	199	684	416	404	192
<i>Number disenrolled FFS providers</i>	14	22	30	26	28	30	37	42	15	14	20	24
<i>Number of disenrolled dental managed care plan providers¹⁵</i>	57	66	43	59	72	63	48	45	113	106	44	139
<i>Percentage of FFS Denti-Cal providers accepting referrals</i>	50%	51%	51%	52%	52%	52%	52%	52%	52%	52%	52%	52%

¹² Sources: HFP Transition to Medi-Cal Monthly Monitoring Reports February 15, 2013 through January 22, 2014.

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

¹³ There are reporting differences between FFS and dental plans due to characteristics unique to each program.

¹⁴ May include duplicate providers across dental plans.

¹⁵ May include duplicate providers across dental plans.

Dental Statistics												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Changes in number of FFS Denti-Cal providers on the referral list	-8	+4	+45	-16	-2	+14	+9	+6	-16	-13	+8	+11
Percentage of FFS referral requests resolved	99.9 %	100 %	100%	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Continuity of Dental Care (FFS)												
Total number of warm transfers	45	310	412	303	513	537	580	744	672	671	572	373
Percentage of warm transfers with successful referrals	100 %	100%	100%	100%	100%	100%	100 %	100%	100%	100%	100%	100%
Percentage of successful referrals resulting in scheduled appointment	93%	99%	98%	92%	87%	85.7 %	81%	83%	76%	79%	77%	75%
Prior authorization treatment transfers from HFP (quarterly)	3			22			25			8		
Continuity of Dental Care (Plans)¹⁶												
Number of continuity of care requests	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of children who stayed with same dental provider (PCD)	N/A	N/A	N/A	N/A	78%	67%	95%	87%	97%	98%	98%	96%
Prior authorization treatment transfers from HFP	N/A	N/A	20	59	174	150	4	8	7	2	0	0
Number of dental exception requests	N/A	N/A	N/A	0	0	0	19	1	1	2	0	1

DHCS has learned that the warm handoff process initiated for the HFP transition to Medi-Cal has resulted in improved outcomes and better experiences for all beneficiaries seeking dental services through the Beneficiary Customer Service line. DHCS has additionally learned the importance of communication with the beneficiary and provider communities, based on continuous engagement with the stakeholder community and follow-up phone calls with beneficiaries utilizing the warm handoff process, and will continue to proactively respond to the needs of the community through process improvement.

¹⁶ Beneficiaries in dental managed care did not transition until March 1, 2013; hence there were no data results for January and February.

Mental Health

Children in the Medi-Cal program are eligible to receive the full range of Medi-Cal mental health services, and their specific mental health needs will determine the services they receive and the delivery system they will use to access such services. For the period covered by this report, Medi-Cal managed care plans covered only the mental health services that can be provided by the child’s PCP, within the PCP’s scope of practice. If the child’s needs exceed this level of service, the Medi-Cal managed care plan will either:

1. Refer them to a Medi-Cal fee-for-service provider outside of the managed care plan’s provider network; or,
2. Refer them to the county mental health plan (MHP) if the Medi-Cal managed care plan believes that the child meets the medical necessity criteria to obtain Medi-Cal specialty mental health services.

Note that effective January 1, 2014, the Medi-Cal program covers new mental health services through Medi-Cal managed care plans. As a result, beneficiaries enrolled in Medi-Cal managed care plans with mild to moderate impairment of mental, emotional, or behavioral functioning can now access certain mental health services through their Medi-Cal managed care plans that were previously only available through the Medi-Cal fee-for-service delivery system. County MHPs continue to provide Medi-Cal specialty mental health services for beneficiaries that meet medical necessity criteria to receive those services.

Most children previously in HFP that are seriously emotionally disturbed (SED) are already known to and served by the county MHPs; in these cases, the children continue to be served by the county MHP after they transition from HFP to Medi-Cal. The county MHPs will now receive new referrals from Medi-Cal managed care plans or self-referrals from former HFP enrollees for Medi-Cal specialty mental health services. Throughout this transition, DHCS has monitored the following:

Specialty Mental Health Services												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of transitioned (5C/5D) and OTLIP children receiving Medi-Cal specialty mental health services¹⁷	1,552	2,361	3,648	6,716	8,224	8,133	7,274	7,940	7,402	5,229	1,688	256

¹⁷ Sources: HFP Transition to Medi-Cal Monthly Monitoring Reports February 15, 2013 through January 22, 2014. <http://www.dhcs.ca.gov/services/hf/Pages/MonitoringReports.aspx>. Numbers are unduplicated by month; a beneficiary counted in January for a particular category may also be counted in February for a different category.

Specialty Mental Health Services												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<i>Percentage of each service compared to all services rendered in each month</i>												
<i>Crisis intervention</i>	2.06%	1.56%	1.86%	1.63%	1.83%	1.06%	0.78%	0.97%	1.64%	1.88%	4.15%	0.00%
<i>Crisis stabilization units</i>	1.19%	0.46%	0.73%	0.84%	0.74%	0.44%	0.12%	0.20%	0.33%	0.22%	1.00%	2.27%
<i>Day rehabilitation</i>	2.07%	1.76%	1.39%	0.72%	0.84%	0.51%	0.62%	0.34%	0.61%	0.07%	0.00%	0.00%
<i>Day treatment intensive</i>	2.74%	2.37%	1.78%	1.64%	1.92%	1.61%	1.25%	1.37%	1.18%	1.27%	1.91%	0.00%
<i>Medication support</i>	6.59%	6.65%	5.62%	5.34%	5.07%	5.01%	5.20%	5.39%	5.10%	5.04%	9.68%	9.86%
<i>Mental health services</i>	78.45%	80.80%	81.74%	82.67%	83.55%	84.94%	86.24%	85.24%	84.81%	85.11%	74.82%	80.45%
<i>Psychiatric health facility</i>	0.03%	0.01%	0.03%	0.04%	0.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<i>Psychiatric inpatient</i>	0.08%	0.03%	0.06%	0.04%	0.06%	0.04%	0.03%	0.03%	0.02%	0.04%	0.06%	0.00%

Due to the lag in claims submission after the service date, the presented data is under-representative of the actual number of children served and the actual numbers of units of service provided. Nonetheless, the data illustrates that more transitioned and OTLIPC children are accessing Medi-Cal specialty mental health services following the transition compared to the number of HFP SED children that accessed these services from the MHPs in the HFP prior to the transition.

Alcohol and Substance Use

Alcohol and substance use disorder (SUD) treatment is a covered Medi-Cal benefit through the Drug Medi-Cal (DMC) program. This program was realigned to counties in July 2011; as a result counties now administer DMC services directly and/or through subcontracted providers. For the period covered by this report, DMC services included individual and group counseling, outpatient treatment and residential services for pregnant/postpartum women. The MRMIB 2010 Behavioral Health report stated that less than one percent of HFP beneficiaries accessed SUD services.

Due to a claims processing period of 30-90 days, the data presented on SUD services accessed by transitioned HFP children is for a point-in-time and not the actual numbers of units and services provided to date. Overall, the data illustrates that HFP children transitioned into Medi-Cal are utilizing SUD services through the DMC program without experiencing barriers to access. To ensure this trend continues, the DMC program remains in close communications with County Alcohol or Drug Program Administrators Association of California (CADPAAC). During weekly calls with CADPAAC members, DMC staff provides information and updates on

state issues as well as solicits information from counties on access or utilization issues regarding DMC treatment services. To date, the transitioned children are not experiencing any break in the continuity of coverage for SUD treatment services.

Phases 1A, 1B, and 1C consisted of managed care plans that contracted either directly or through a subcontractor with the counties’ Medi-Cal Managed Care Plans; thus, many of the HFP transitioned children remained under their care of their existing primary care provider. At the outset, counties stated they had capacity to provide SUD treatment to the transitioned children during these phases, however, utilization of DMC services for this period was rather low, averaging about 58 unique clients per month. From discussions with health plans the low number of claims submitted could be explained by health plans referring some of the transitioned HFP children into the county MHP. The reason health plans may have taken this approach is that there is a high rate of comorbidity within this population. Counties may have supported this approach because county MHP’s reimburse providers at a higher rate than SUD providers. During Phase 2 the number of DMC services delivered to transitioned children increased from an average of 58 to about 200 unique clients per month and continues to average approximately 200 per month.

DHCS has initiated three efforts to strengthen the oversight of the DMC program: targeted site reviews of DMC providers, initiating a statewide re-certification process for all DMC providers, and conducting periodic provider de-activations of sites that have not billed in over 12 months. These three efforts will provide DHCS with a verified list of active provider locations. DHCS is simultaneously working with its county partners to increase the number of DMC providers. Since the transition began in January 2013, DHCS has received 233 DMC certification applications from providers.

To date, no county has reported a waiting list for youth treatment. Below is a breakdown in the number of beneficiaries that received services per claims data:

DMC Services for Transitioned children and OTLICP¹⁸											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Total Beneficiaries	19	51	104	190	234	224	193	225	225	242	80

**November data not yet available due to lag time in claim submissions and adjudications.*

Based on this preliminary data, it appears as though less than one percent of the 751,293 children that transitioned from HFP into Medi-Cal are accessing DMC services, which concurs with the MRMIB 2010 Behavioral Health report.

¹⁸ Sources: HFP Transition to Medi-Cal Monthly Monitoring Reports February 15, 2013 through January 22, 2014. <http://www.dhcs.ca.gov/services/hf/Pages/MonitoringReports.aspx>.

Beginning January 1, 2014, California’s DMC services will be expanded to include intensive outpatient treatment and residential SUD services components, pending federal approval. Medi-Cal beneficiaries may access the DMC covered services as deemed medically necessary. DHCS will monitor the impact that the provision of expanded DMC services has on youth service utilization.

BENEFICIARY FEEDBACK

There are various ways for beneficiaries to communicate their questions and concerns with regards to the transition, eligibility determinations, and covered benefits. The information in the notices referred beneficiaries to specific contacts for eligibility processing, health coverage, dental coverage, etc. Below is a summary of the percent of HFP transition related calls compared to total calls received by our administrative vendors such as the Single Point of Entry (SPE), Health Care Options (HCO), and ombudsman offices for Denti-Cal and Mental Health.

HFP Transition Related Calls Received¹⁹												
Call Centers	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Single Point of Entry*	21,925	14,294	23,334	15,303	8,182	4,935	8,862	10,155	6,409	6,042	3,603	1,214
Health Care Options	3,257	6,079	10,491	20,709	25,709	21,956	25,017	15,583	12,341	13,299	11,671	8,274
Office of Ombudsman (Medi-Cal Managed Care Division)	101	67	183	142	46	18	102	156	36	33	28	9
Denti-Cal (FFS) (not specific to HFP)	15,270	13,769	15,745	18,092	17,622	15,536	17,894	20,385	17,593	18,149	16,083	17,768
Mental Health Ombudsman	103	39	196 ²⁰	137	61	29	85	37	28	18	16	1

The volume of the calls for the Single Point of Entry were significantly higher in the beginning of the transition primarily due to the new process, the transitioning of the program and the volume of children being transitioned to Medi—Cal in the early stages. As the families became more familiar with the transition and fewer cases were transitioned to DHCS, the call volumes significantly reduced. Additional call trends show that during an actual transition month, with

¹⁹ Sources: HFP Transition to Medi-Cal Monthly Monitoring Reports February 15, 2013 through January 22, 2014. <http://www.dhcs.ca.gov/services/hf/Pages/MonitoringReports.aspx>.

²⁰ Higher call volume in March due to beneficiaries preparing for large upcoming transition on April 1 (Phase 1C and Phase 2).

the exception of November where there was an unusual increase, call volumes correlated with the family noticing process.

In addition, beneficiaries are entitled to normal appeals rights and grievances. The amounts are summarized the table below.

Cumulatively, 94 out of a total of 751,293 transitioned children filed appeals as a result of the actual HFP transition. Of the existing 94 appeals; 43 are closed, 31 are scheduled for hearing, 16 are unscheduled for hearing and 4 were dismissed. Although there are pending cases at the Administrative Hearing level, California Department of Social Services (CDSS) Fair Hearing Division, DHCS and the county social services offices collaborate to resolve beneficiary concerns prior to an actual hearing date which can result in a case being withdrawn before a hearing occurs.

Beneficiaries file appeals due to the reasons that are for the discontinuance of eligibility, discontinuance at redetermination, and discontinuance of the Applied Behavioral Analysis services. In CDSS, the normal resolution of these cases, are concluded with the resolution codes that are Withdrawal, Conditional Withdrawal, Verbal Conditional Withdrawal, and Verbal Withdrawal.

Grievances/Appeals for Transitioned Children²¹												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Eligibility Appeals	0	1	2	9	8	3	5	10	2	2	9	11
Member Health Plan Grievances (quarterly)	9			22			21			N/A*		
Dental Appeals	0	0	0	0	0	2	1	2	3	6	5	2
Dental Grievances	0	1	3	3	4	4	7	5	4	2	4	6

**Data is reported quarterly by the health plans and per contract terms, results are due to the Department 45 days after the end of the quarter and will be reported in subsequent monthly monitoring reports due to CMS.*

Finally, DHCS is conducting call campaigns to beneficiaries in each transition phase to survey their experiences with the transition. The purpose of the survey is to provide the department with direct feedback from impacted families on how the HFP transition to Medi-Cal is going and to alert the department to any concerns. Beneficiaries’ experiences are evaluated in areas of medical, dental, mental health, and alcohol and drug services. Generally, transitioned beneficiaries scored the following for overall satisfaction:

²¹ Sources: HFP Transition to Medi-Cal Monthly Monitoring Reports February 15, 2013 through January 22, 2014. <http://www.dhcs.ca.gov/services/hf/Pages/MonitoringReports.aspx>.

Beneficiary Survey Satisfactory Ratings²²							
	Phase 1A Jan	Phase 1B Mar	Phase 1C/2 Apr	Phase 1C May	Phase 3 Aug	Phase 4A Sept	Phase 4B Nov
5 - Highest	63.61%	56.81%	57.14%	47.83%	49.22%	31.53%	40.62%
1 - Lowest	2.6%	5.5%	5.2%	7.4%	7.6%	14%	10.6%

With 751,293 transitioned children and 286,679 children enrolled in the OTLICP, the data has demonstrated accomplishments in maintaining the same plans and providers for beneficiaries as well as open lines of communication for beneficiaries to seek assistance and receive resolutions to their concerns. DHCS will continue to work closely with its administrative partners and stakeholders to monitor the transitioned children.

CONCLUSION

The HFP transition to the Medi-Cal program has been successful in effectively moving over 750,000 children, while allowing the majority of them to keep their health and dental plans and providers. DHCS made a concerted effort to work closely with other departments, counties, CMS, advocates, stakeholders, provider associations, and especially the Medi-Cal managed care health plans, dental plans, mental health plans, and the substance use treatment providers. Coordination and communication has been key to ensuring that the transitioning children are provided access to care and effective coordination of services. In addition to coordination and communication, DHCS has relied on its monitoring data to track the transition and ensure that children are remaining in coverage and receiving access to care.

²² Sources: HFP Transition to Medi-Cal Beneficiary Surveys. <http://www.dhcs.ca.gov/services/hf/Pages/BeneficiarySurveys.aspx>