



Healthy Family Program Transition

February 9, 2012





Goals of Transition



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- 1. Facilitate a smooth transition,**
 - 2. Minimize disruption in services,**
 - 3. Maintain adequate provider networks, and**
 - 4. Ensure access to care.**
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*“Preserve and Improve the Health
Status of all Californians”*

Overview



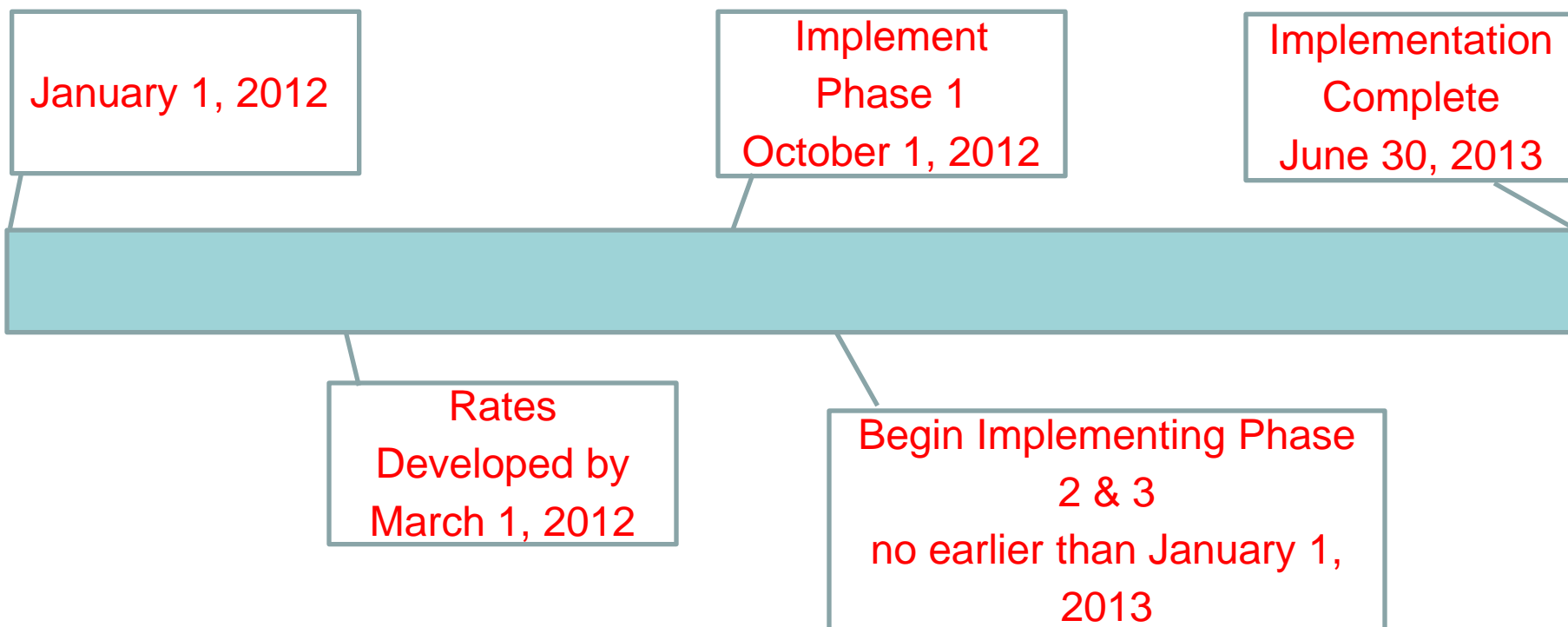
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- **Enroll over 870,000 children**
 - **Current HFP enrollees will**
 - Transition to Medi-Cal over a nine-month period
 - Beginning 90 days after enactment or October 1, 2012, whichever is later

Benefits of Transition



- Consolidate health care entitlement programs
- Reduce cost sharing
- ***Simplify***: Contracting, Benefit Administration, Administration of two major public programs, & Coverage programs with unified family coverage
- Improve accountability and monitoring
- Achieve no wrong door to eligibility
- Achieve \$91 million in annual savings
- Ensure significant provider continuity
- Create more stable plan choices
- Serve as early building block for successful implementation of Health Care Reform.
- Provide expanded benefit coverage

Transition Timeline





Summary of Transition to Medi-Cal



- **Phase 1**
 - Children enrolled in a Healthy Families Program plan that is a Medi-Cal managed care plan
- **Phase 2**
 - Children enrolled in a Healthy Families Program managed care plan that is a subcontractor of a Medi-Cal managed care plan or enrolled in a county with Medi-Cal managed care.
- **Phase 3**
 - Children residing in a county that is not a Medi-Cal managed care county



Summary of Transition to Medi-Cal cont.



Dental Concurrent Transition

- As beneficiary determined to have dental benefits will
 - Transition to the same dental plan who is a HFP/DMC crossover plan.
 - Transition to a DMC plan for beneficiaries not in a HFP/DMC crossover plan
 - Transition to the Medi-Cal Dental “FFS” program for beneficiaries already in a HFP “FFS” dental plan

Vision Transition

- Beneficiaries will be enrolled in Vision Plans by their Managed Care Plan

Notices



- **Coordinate all Eligibility, Managed Care and Dental notices**
- **Develop all notices with stakeholder input**
- **Translate into all 13 threshold languages**
- **Send notices in 3 phases:**
 - Describe enrollment (Option to enroll by mail or phone)
 - Describe transition, explain upcoming changes
 - Educate members, explain the “What’s” and “HOW-TOs”
 - Include choice options
 - Include numbers to call for more assistance
- **Post notices on DHCS website**

Eligibility

Eligibility Overview

- **Eligibility Pathways**
 - Mail
 - In person
 - Online
 - County eligibility systems
 - Public Access
 - Phone
- **County responsibilities – final eligibility determinations**
- **Vendor responsibilities**
 - Maintenance of Single Point of Entry
 - Premium processing
- **Premiums**
 - Individuals with incomes above 150 percent of the federal poverty level
 - Use of HFP Level A premium amounts

Transitioned Cases

- **Timing of Medi-Cal eligibility determinations**
 - Will align with the transition phases
 - Use of presumptive eligibility based on the last HFP determination
- **County responsibilities – final eligibility determinations**
- **Vendor responsibilities**
 - Transmittal of cases to counties
 - Case maintenance and premium management for higher income cases

New Applications

- **Cases received at the county**
 - Initial and annual redeterminations conducted using existing processes
 - Eligibility determinations based on existing Medi-Cal program criteria or the new targeted low income criteria
 - Forward cases with incomes above 150 percent of the FPL for children 1-18 years of age to vendor for premium collection and ongoing case management
- **Cases received at SPE**
 - Vendor to review all cases for completeness and forward to county for final eligibility determinations
 - Accelerated enrollment granted per existing Medi-Cal policy
 - For cases subject to premiums, vendor will provide ongoing case management and premium collection
 - Annual redeterminations or changes received impacting eligibility will be sent to select counties for review and final disposition

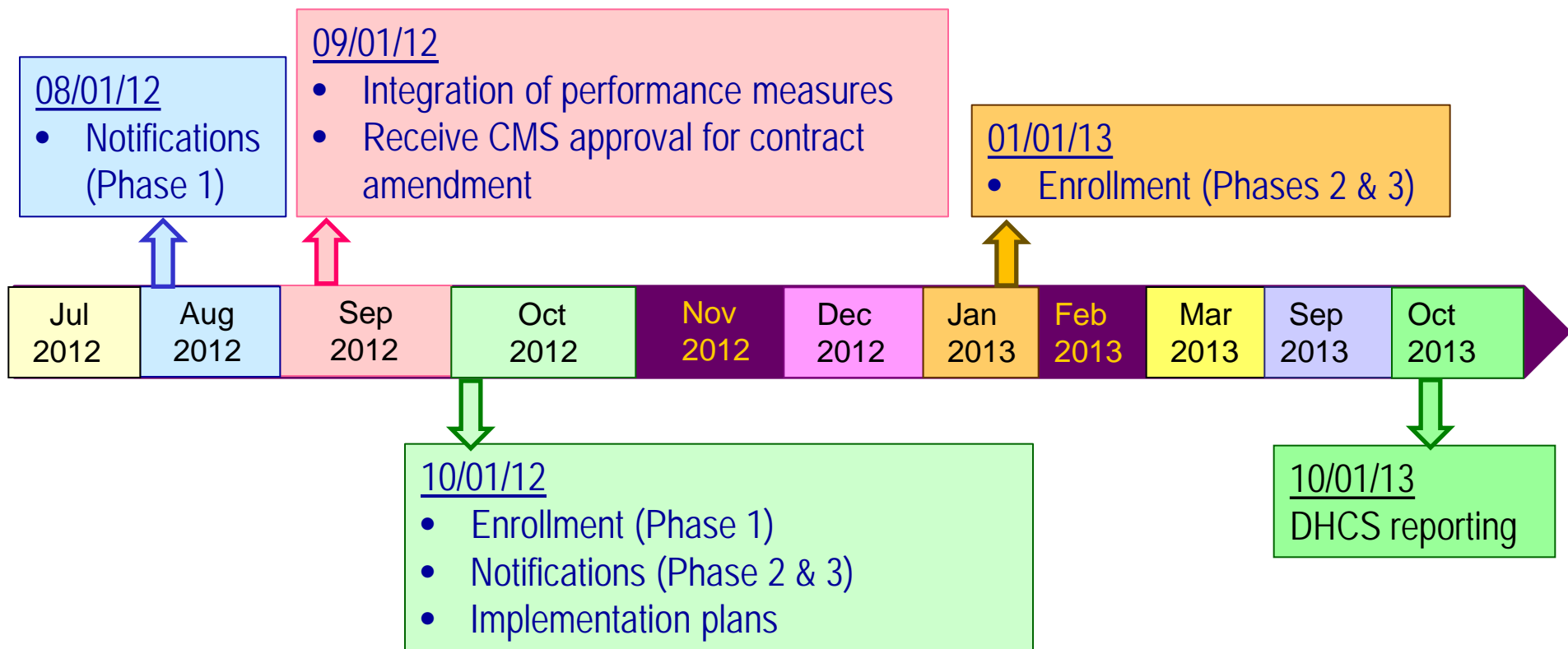
Performance Standards



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- **Existing performance standards**
 - Will be used for applications submitted directly to the county
 - **New standards for applications submitted to the counties from the SPE**
 - 90 percent of received applications must be processed by the counties with a final eligibility determination within 10 working days.
 - Counties must review and act upon information received from the SPE which may have an impact on eligibility for existing beneficiaries within 10 working days.
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Managed Care

Key Milestones: Managed Care





Managed Care – HEDIS



Comparison of Common Healthy Families and MMCD HEDIS Rates for 2009-2011

(2011 Healthy Families HEDIS rates are not available)

HEDIS Measure		HFP 2009	MMCD 2009	HFP 2010	MMCD 2010	HFP 2011	MMCD 2011
1.	Appropriate Medication for Children with Asthma	93.6%	89.0%	92.6%	dropped in 2010	NA	dropped in 2010
2.	Childhood Immunization Status, Combination 3	77.7%	75.0%	65.1%	74.9%	NA	74.9%
3.	Appropriate Treatment for Children with Upper Respiratory Infection	87.2%	84.8%	88.8%	87.1%	NA	87.8%
4.	Immunizations for Adolescents	added in 2010	will report in 2012	53.0%	will report in 2012	NA	will report in 2012
5.	Adolescent Well Care Visits	46.3%	43.1%	46.3%	45.1%	NA	44.9%
6.	Well Child Visits; First 15 Months of Life, 6+ Visits	58.1%	56.5%	60.9%	dropped in 2010	NA	dropped in 2010
7.	Well Child Visits; 3rd, 4th, 5th, & 6th Years of Life	76.8%	76.9%	72.6%	76.1%	NA	77.1%

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Managed Care – Provider Overlap



Healthy Families Network Overlap Summary* Including sub-contractors

Managed Care Model Type**	Primary Care Provider Overlap Range	Primary Care Provider Avg. Overlap (%)
Two- Plan Local Initiative	3 Counties 0% - 75.93% 10 Counties 93.04% - 100%	85.62%
Two-Plan Commercial	7 Counties 50.10% - 77.19% 7 Counties 84.14% -100%	79.30%
Geographic Managed Care***	2 Plans 34.58% - 72.22 4 Plans 89.38% - 100%	81.97%
County Organized Health Systems****	2 Counties 45.53% - 77.97% 8 Counties 86.96% - 100%	89.62%

* Kaiser overlap data is not included in this summary

** Health Plan of San Joaquin data was not available in the development of this summary

*** Care 1st does not have a Healthy Families Program in San Diego County

**** Central Coast Alliance for Health in Merced County and Gold Coast Health Plan in Ventura County do not have a Healthy Families Program.

Source: Managed Care Plan Data, Submitted January 27, 2012

Status of all Californians



Managed Care – Provider Overlap cont.



Managed Care Model Type**	Specialist Overlap Range	Specialist Avg. Overlap (%)
Two- Plan Local Initiative****	4 Counties 1.24% - 77.13% 7 Counties 92.04% - 100%	82.35%
Two-Plan Commercial	6 Counties 52.46% - 76.86% 8 Counties 84.14% -100%	81.65%
Geographic Managed Care***	2 Plans 39.76% - 76.37 4 Plans 79.82% - 100%	82.31%
County Organized Health Systems*****	2 Counties 36.03% - 86.03% 8 Counties 97.39% - 100%	91.70%

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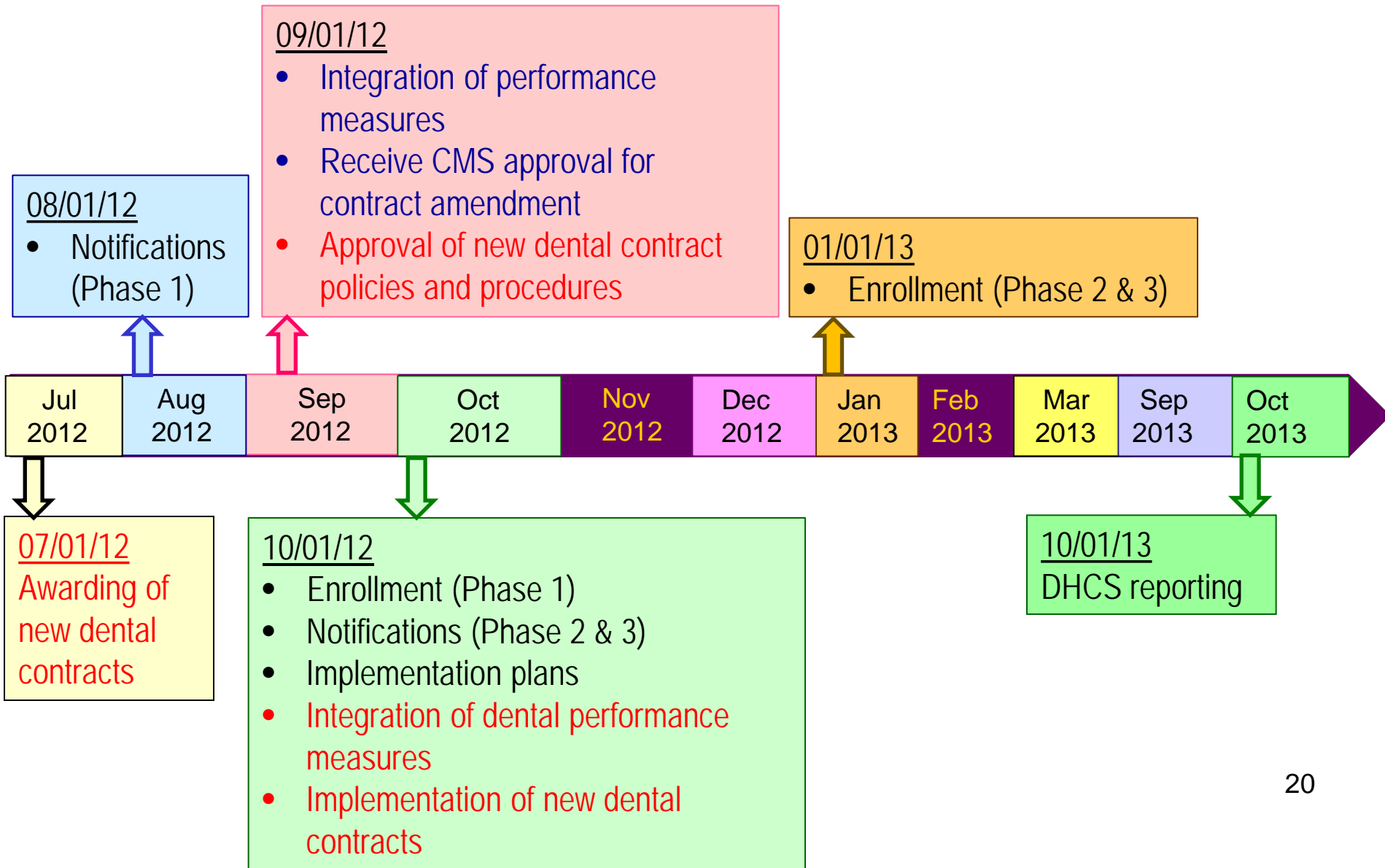
**** Inland Empire Health Plan data was not available in the development of specialist overlap

***** Central Coast Alliance for Health in Merced County and Gold Coast Health Plan in Ventura County do not have a Healthy Families Program.

Source: Managed Care Plan Data, Submitted January 27, 2012

Dental

Key Milestones: **Dental** & Managed Care





Proposed Performance Measures



- **HFP vs Medi-Cal Dental**
 - HFP and MDSD will use eight (8) Performance Measures in CY 2013
 - MDSD recommends using six (6) of the eight (8) HFP Performance Measures and will add two (2) new ones.
 - MDSD will break down the measures into specific age groups.
- **Increase DMC performance**
 - New performance measures, benchmarks and withholds, and
 - Revised payment methodology

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Dental – Provider Overlap



Healthy Families Network Crossover To Medi-Cal Dental

Total HFP DHMO Provider Network	9,285	100%
Total HFP DHMO Provider Network Enrolled in Medi-Cal	8,072	87%
Total HFP DHMO Provider Network not Enrolled in Medi-Cal	*1,213	13%

- ***Outreach to non Medi-Cal providers through:**
 - Dental FFS outreach team,
 - Streamlined enrollment process, and
 - DMC outreach.

Stakeholder Engagement

Questions??