Overview of the Department of Health Care Services Monitoring Plan for Healthy Families Program Transition to Medi-Cal

Assembly Bill (AB) 1494, Chapter 28, Statutes of 2012, provides for the transition of Healthy Families Program (Healthy Families) subscribers to the Medi-Cal Program beginning January 1, 2013, in four Phases throughout 2013. The Department of Health Care Services (DHCS), the Managed Risk Medical Insurance Board (MRMIB), and the Department of Managed Health Care's (DMHC) focus is to work collaboratively to facilitate a smooth transition, minimize disruption in access to services, maintain existing eligibility gateways, and maintain access to and continuity of care.

DHCS has been working with the federal Centers for Medicare & Medicaid Services (CMS) on the amendment of the section 1115 Bridge to Reform Waiver and has developed a monitoring framework to ensure minimal disruption in access to services for the approximate 863,000 Healthy Families children who will transition to the Medi-Cal Program beginning January 1, 2013. This framework will provide a process for ongoing data collection, analysis, and a means by which the Department can make adjustments to transition schedules in order to ensure access to and continuity of care. The monitoring will focus on the extent to which the health and dental plans, behavioral/mental health services, and alcohol and substance use services are meeting the needs of the transitioned children and the extent to which eligibility is maintained for these children.

The framework contains eight objectives specific to the Healthy Families Transition proposal for children who are either transitioned from the Healthy Families Program or are newly eligible under the Optional Targeted Low-Income Children's Program. Children in either circumstance can be tracked by aid code assignment. Such monitoring will commence upon the effective start date of the transition and shall be in place pursuant to the yet to be finalized Special Terms and Conditions for the section 1115 waiver amendment covering the transition and under final development with CMS.

The objectives are:

1. Transitioning children will maintain access to medical care through Medi-Cal managed care plans.
2. Transitioning children will maintain access to health care coverage, specific to the transition period.
3. Children applying for coverage under the Optional Targeted Low-Income Children's Program will be correctly and quickly enrolled into Medi-Cal.
4. Transitioning children will maintain access to dental care through Medi-Cal Denti-Cal (Medi-Cal dental fee-for-service delivery system).
5. Transitioning children will maintain access to dental care through Medi-Cal dental managed care plans.
6. Transitioning children will maintain access to behavioral/mental health services
7. Transitioning children will maintain access to alcohol and substance use services.
8. Transitioning children will have continuity of care maintained for health services.

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Health Plans

DHCS currently has an established monitoring and reporting system for its health plans. These monitoring activities are completed regularly to ensure that plans are fulfilling their obligation to provide covered Medi-Cal health services to their members in accordance with State and federal law. As Medi-Cal managed care plan members, transitioning Healthy Families children, as well as children who are part of the new coverage group, the Optional Targeted Low-Income Children's Program, will be entitled to all of the same protections and assurances as all other current Medi-Cal beneficiaries. To meet Objective 1, DHCS will monitor, collect, analyze, and measure data:

- On a monthly basis, the number of children maintaining and changing their health plan, children changing primary care providers (PCPs), children assigned to a PCP, and children needing a PCP due to no secured continuity of care with the PCP.
- On a quarterly basis, provider capacity by health plans, consumer satisfaction with the health plans, grievances for or on behalf of the transitioned children, and calls answered by DHCS' Office of the Ombudsman.
- On an annual basis, Managed Care Health Plans fulfillment of obligations to its members, and Health Plan Performance Measures.

Eligibility and Enrollment

DHCS has established and will maintain current efforts for monitoring and oversight of the eligibility and enrollment transitional activities as well as implementation of the new Optional Targeted Low-Income Children's Program for new applicants. The primary goal of the eligibility and enrollment processes is to track the number of applications received during the transition, the processing time of such applications (renewals for transitioned cases and new applications) and assisting families to ensure they maintain their eligibility status. To meet Objective 2, DHCS will monitor, collect, analyze, and measure data:

- Within 30 days of the end of each transition phases, the number of children enrolled in Medi-Cal during each phase and the number children disenrolled by reason in each phase.
- On a monthly basis, the number of children undergoing annual renewal and determined to be eligible and not eligible, and the number of appeals or complaints received regarding renewal process or determination.
- On a semi-annual basis, the number of children with disruption of coverage at renewal followed by reenrollment within 3 months per applicable transitional phase.

Additionally, to meet Objective 3, DHCS will monitor, collect, analyze, and measure data on a monthly basis, the number of received and processed applications by the counties, number of children approved under Optional Targeted Low-Income Children's Program, the average number of days to determine final eligibility for applications submitted to the counties, and the average number of days to determine final eligibility for application not granted accelerated Enrollment by Single Point of Entry.

Overview of the Department of Health Care Services Monitoring Plan for Healthy Families Program Transition to Medi-Cal

Dental

DHCS currently has an established monitoring and reporting system for its dental plans. These monitoring activities are completed regularly to ensure that plans are fulfilling their obligation to provide covered Medi-Cal dental services to their members in accordance with State and federal law. As Medi-Cal dental plan members, transitioning Healthy Families children, as well as children who are part the Optional Targeted Low-Income Children's Program will be entitled to all of the same protections and assurances as all other current Medi-Cal beneficiaries. To meet Objectives 4 and 5, DHCS will monitor, collect, analyze, and measure data:

- On a monthly basis, the number of additions and deletions of participating providers to Denti-Cal and dental plans, number of providers on provider referral list online by county, consumer satisfaction with Denti-Cal and dental plans, number of grievances and appeals on access to care, number of days from appointment to service, and Beneficiary Dental Exception Call Center reports.
- On a quarterly basis, performance measures of Denti-Cal claims and dental managed care plans.
- On an annual basis, the number of annual dental visits for both Denti-Cal and dental managed care plans.

Behavioral/Mental Health & Alcohol and Substance Use Services

Healthy Families children with the most serious mental health illnesses are already known to and served by the county mental health plans (MHPs), given the MHPs' current role in serving the Healthy Families program; in this case, the children will continue to be served by their current providers. The county MHPs will also receive new referrals of former Healthy Families enrollees from Medi-Cal managed care plans or self-referrals for specialty mental health services. To meet Objective 6, DHCS will monitor the following DHCS will monitor, collect, analyze, and measure data:

- On a monthly basis, the number of referral from Healthy Families to County Mental Health Plans for specialty mental health services, number of claims for the transitioned or Optional Targeted Low-Income Children's Program children, number of ombudsman calls associated with transitioned children,

The Drug Medi-Cal program constitutes the major component of the Medi-Cal delivery system for alcohol and drug treatment services, and it provides services through a contracted system that is primarily county administered. DHCS has a small number of direct contracts with Drug Medi-Cal providers. There is flexibility within existing contracts that permits increases in the number of persons served by current county or private providers; therefore, it may not be necessary to add additional Drug Medi-Cal providers to the delivery system. Several of the Medi-Cal managed care plans have indicated that for purposes of continuity of care, they will continue to serve former Healthy Families enrollees needing alcohol and drug treatment services; however, where this does not apply the health plans have the responsibility to refer these children to county alcohol and drug programs. In addition to the health plan referrals, county alcohol and drug programs may also receive self-referrals of former Health Families enrollees. To meet Objective 7, DHCS will monitor, collect, analyze, and measure data:

- On a monthly basis, the number of referral from Healthy Families to County Substance Use Disorder Services, number of claims for the transitioned or Optional Targeted Low-Income Children's Program children, and the number of new Drug Medi-Cal provider applications,

For Objective 8, DHCS will monitor, collect, analyze, and measure monthly the number of continuity of care requests and outcomes for children for the managed care health plans.