Edmund G. Brown Jr., Governor

The California Managed Risk Medical Insurance Board
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MEMORANDUM

DATE: February 09, 2012

TO: MRMIB Members

FROM: Jeanie Esajian, Deputy Director for Legislation and External Affairs

SUBJECT: MRMIB Media Report for January – February 2012

The last month was a moderate media period with coverage focused on the following:

- Funding for the Pre-Existing Condition Insurance Plan
- PCIP enrollment and subscriber stories
- Budget proposals for MRMIB

During the past 30 days, seven reporters contacted MRMIB. These reporters represented the following media outlets: California Healthline (web), Congressional Quarterly (web), California HealthFax (web), San Diego Union-Tribune (print), ABC World News (television), KHFR Santa Maria (radio) and KFRN Long Beach (radio).

Reporters requested information about PCIP's funding and enrollment, interviews with PCIP subscribers and MRMIB Executive Director Janette Casillas. External Affairs facilitated these requests.

External Affairs provided reporters with requested information about MRMIB's programs and the Governor's recent budget proposals.

PCIP media inquiries followed a press release announcing that California's PCIP has the highest enrollment of PCIPs in the nation. External Affairs also issued a press release recognizing high performing plans in the Healthy Families Program.

Following an increase in media coverage for PCIP, External Affairs used a web-based media monitoring system to analyze the publicity value of print articles generated by External Affairs PCIP outreach efforts over a 90-day period ending January 25, 2012. According to the analysis, the publicity value for this sample of media coverage was

$387,268.80. Detailed information about this analysis is included in a spreadsheet attached to this memorandum.

If you have any questions or comments regarding these articles, please feel free to contact me at (916) 324-0571 or at jesajian@mrmib.ca.gov.

External Affairs PCIP Publicity Value

(Print Media Only 10/25/11 - 01/25/12)

Publication	Publication Date	Ad Value
California Healthline	10/28/2011	$ 252.00
Legal Help and Advice Blog	11/26/2011	$ 1,855.98
Huffington Post	11/30/2011	$ 196,665.30
Senior Market Advisor	11/30/2011	$ 252.00
Sacramento Bee	12/4/2011	$ 6,276.96
Sacramento Bee	12/5/2011	$ 6,419.88
Easier Information	12/9/2011	$ 2,029.68
LA Beez	12/12/2011	$ 5,797.62
Breen Insurance Services	12/16/2011	$ 2,826.00
Fresno Bee	12/19/2011	$ 933.66
Sacramento Bee	12/19/2011	$ 252.00
California Healthline	12/20/2011	$ 252.00
Sacramento Bee	12/20/2011	$ 6,247.08
Kaiser Health News	12/21/2011	$ 252.00
Insurance News Net	12/21/2011	$ 252.00
Fresno Bee	12/21/2011	$ 1,517.22
Health News	12/21/2011	$ 252.00
LB Press Telegram	12/28/2011	$ 541.08
Santa Cruz Sentinel	12/29/2011	$ 411.12
InsideBayArea.com	12/29/2011	$ 1,169.28
SJ Mercury News	12/29/2011	$ 5,746.50
Santa Cruz Sentinel	12/30/2011	$ 252.00
Insurance News Net	12/30/2011	$ 252.00
Los Angeles Times	1/4/2012	$ 117,942.00
MyHealthCafe.com	1/4/2012	$ 2,674.62
Families.com	1/5/2012	$ 3,022.20
Bakersfield Californian	1/9/2012	$ 1,798.92
MyHealthCafe.com	1/15/2012	$ 2,904.48
Poten&Partners	1/15/2012	$ 252.00
bakersfield.com	1/15/2012	$ 1,994.94
Los Angeles Business Journal	1/18/2012	$ 7,861.14
CQ Healthbeat	1/18/2012	$ 252.00
Sacramento Business Journal	1/19/2012	$ 7,861.14
California Healthline	1/19/2012	$ 252.00
	TOTAL	**$ 387,268.80**

NEWS FROM MRMIB

The Managed Risk Medical Insurance Board

For Immediate Release
Contact: Jeanie Esajian
(916) 324-0571
(916) 275-7649

January 17, 2012

California's Pre-Existing Condition Insurance Plan Enrollment Vaults to Largest in Nation

SACRAMENTO, CA -- California's Pre-Existing Condition Insurance Plan (PCIP) is now officially the largest PCIP in the United States.

"We are pleased that more Californians are learning about this program and are enrolling to meet their health care needs," said Cliff Allenby, Chairman of the Managed Risk Medical Insurance Board, which operates PCIP in California. "Many subscribers have serious medical issues when they enroll and PCIP is helping them regain their health and productivity."

As one of the first major provisions of federal health care reform to be implemented, the plan provides comprehensive health coverage to people who have been unable to qualify for health coverage or who have been offered coverage at unaffordable prices. The program is open to U.S. citizens, nationals or persons lawfully present in the United States if they have a documented pre-existing medical condition and have not had health coverage for at least six months. PCIP information, including eligibility criteria and premium costs, can be found at www.pcip.ca.gov.

Current enrollment in California's PCIP is 6,774 as of January 12, 2012. This includes 5,474 previously-enrolled individuals, 833 new enrollees for January and 467 new enrollees who will begin coverage on February 1, 2012.

The news that California's PCIP reached the highest enrollment nationally was released by the federal Centers for Medicare and Medicaid Services. As of November 30, 2011, enrollment in the California PCIP was 4,907, surpassing that of the state of Pennsylvania. The full federal report can be found at: www.healthcare.gov/news/factsheets/2012.

Based on the most recent quarterly data, cancer and heart disease are among the most common reasons for California PCIP patients to seek care. For more information on PCIP utilization, see: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_121411/Agenda_Item_8.d._PCIP_Utilization_Report_Inception-3rd_Quarter_2011.pdf. Higher than expected claims costs due to subscriber health needs led to an

Managed Risk Medical Insurance Board
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Sacramento, CA 95814

Cliff Allenby, Chairman
Janette Casillas, Executive Director
916/324-4695

increase of $118 million in the state's 2012 federal allocation to operate the program, for a total of $347 million for the year.

The Managed Risk Medical Insurance Board is an independent board within the California Health and Human Services Agency. MRMIB operates four public insurance programs: the Healthy Families Program, Access for Infants and Mothers, the Major Risk Medical Insurance Program and the Pre-Existing Condition Insurance Plan. For more information on MRMIB, please go to www.mrmib.ca.gov.

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NEWS FROM MRMIB

The Managed Risk Medical Insurance Board

Contact: Jeanie Esajian
(916) 324-0571
(916) 275-7649

For Immediate Release:
January 18, 2012

Managed Risk Medical Insurance Board Recognizes Healthy Families' Top Performing Health Plans

SACRAMENTO, CA – The Managed Risk Medical Insurance Board (MRMIB) proudly recognizes eight California health plans that provide care to children enrolled in the Healthy Families Program (HFP) for their superior performance in children's health care quality. The San Francisco Health Plan, CalOptima and the Northern California Kaiser Foundation Health Plan have achieved this distinction for the third year in a row.

This is the second consecutive year of recognition for the Health Plan of San Mateo, the Contra Costa Health Plan and the Southern California Kaiser Foundation Health Plan and the first year of recognition for the Central California Alliance for Health and the Community Health Group.

"The board congratulates these plans for their achievements in children's health care quality," said MRMIB's Chair Cliff Allenby. "All of our health plans understand the importance of ensuring that children receive appropriate care, especially preventive services."

Twenty-five health plans statewide participate in California's Healthy Families Program. The federal government requires California to evaluate and report on the quality of care and access to care provided through HFP. MRMIB evaluates plans' performance using the Healthcare Effectiveness Data Information Set (HEDIS) scores. The board requires participating plans to collect and report on HEDIS® measures annually.

"MRMIB is concerned about access to services for HFP children and monitors this activity closely through 19 HEDIS® measures," said Janette Casillas, MRMIB's Executive Director. "Four of the measures specifically monitor access to services." She said the Board focuses particularly on the need for children in HFP to have access to preventive services.

In addition to recognizing superior performance, MRMIB also acknowledged plans that made significant quality improvements, including the Community Health Group for showing the greatest improvement.

The San Francisco Health Plan is a local plan covering 7,400 HFP subscribers in the City and County of San Francisco. CalOptima is a county-sponsored plan that covers 37,316 HFP children in Orange County. Contra Costa Health Plan is a county-sponsored plan covering nearly 5,000 HFP subscribers. The Health Plan of San Mateo is a nonprofit county-wide plan covering 6,130 HFP subscribers. The Community Health Group is a nonprofit health plan in San Diego covering more than 24,000 HFP children in the county. The Central California Alliance for Health is a locally-governed nonprofit health plan covering more than 23,600 HFP subscribers in Santa Cruz and Monterey counties. The Kaiser Foundation Health Plan for Northern and Southern California covers nearly 190,000 HFP children statewide.

The Children's Health Insurance Program (CHIP) is a national program through which states provide health, dental and, optionally, vision coverage for children with a combination of state and federal funds. HFP is California's CHIP program. It currently provides low cost health, dental and vision coverage to 879,031 children who do not qualify for Medi-Cal and would be otherwise uninsured. More information about HFP, including an application, can be found on the program's website, www.healthyfamilies.ca.gov.

The Managed Risk Medical Insurance Board is an appointed state board within the California Health and Human Services Agency. MRMIB operates four health care coverage programs: HFP, the Major Risk Medical Insurance Program, the Pre-Existing Condition Insurance Plan, and Access for Infants and Mothers. For more information about MRMIB, please visit the board's website at www.mrmib.ca.gov.

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LOS ANGELES
BUSINESS JOURNAL
The best source for local business news.

California has largest pre-existing condition insurance plan

Los Angeles Business from bizjournals by Kathy Robertson, Senior Staff Writer

Date: Wednesday, January 18, 2012, 11:04am PST

Kathy Robertson

California's Pre-existing Condition Insurance Plan is the largest program of its kind in the nation, new federal figures show.

The state had 4,907 people enrolled on Nov. 30, the last federal figures available. Pennsylvania was second, with 4,379. Texas was third, with 3,644; Florida was fourth, with 3,285.

California enrollment was up to 6,307 by Jan. 12. Another 467 new enrollees will begin coverage Feb. 1. About 280 residents in the four-county Sacramento region were enrolled in the program in December.

"We are very pleased that more Californians are learning about this program and are enrolling to meet their health care needs," Cliff Allenby, chairman of the Managed Risk Medical Insurance Board that operates the California program, said in a news release.

Coverage for people living with conditions like cancer, diabetes, asthma or HIV/AIDS often is priced out of reach of Americans who buy their own insurance. The temporary program is designed as a bridge to coverage under federal health reform.

In 2014, all Americans — regardless of their health status — will have access to coverage through their employer or new competitive marketplaces called exchanges.

The Pre-existing Condition Insurance Plan is open to legal residents with a documented pre-existing medical condition who have not had health coverage for at least six months.

Faced with an enrollment cap without new funding, the California plan will get $118 million in additional money from the federal government this year. That will bring the total to $347 million in 2012.

Click here for more information and premium costs from the Pre-Existing Condition Insurance Plan website.

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Washington Health Policy Week in Review

As Some States Get More High-Risk Pool Funding, State Officials Want Clarity on 2013 Allocations

By Rebecca Adams, CQ HealthBeat Associate Editor

January 17, 2012 -- The federal government solved one problem facing the health care overhaul's high-risk pool program when officials agreed to give more money to states that are close to exhausting their allocations. But that created another dilemma: Will some states have to lose some funding as a result?

Congress established the federally funded Pre-Existing Condition Insurance Plan (PCIP) in the 2010 health care law (PL 111-148, PL 111-152) as a way to help patients who couldn't find affordable coverage because of their medical conditions. Funding for the program is capped at $5 billion and expires on Dec. 31, 2013, just before the new insurance exchanges that will insure those people now covered in the high-risk pools begin operating. Some state directors are now concerned that in order to give more funding to the states that have spent all their high risk pool money, the federal Center for Consumer Information and Insurance Oversight (CCIIO) may take money away from states that are behind schedule in spending their allocations.

"No one wants to lose funds," said Vernita Bridges-McMurtrey, the executive director of the Missouri Health Insurance Pool and a past board chair of the National Association of State Comprehensive Insurance Plans (NASCHIP), which represents risk pools nationwide. "No one who sees the success in their programs or is totally committed to the mission of their programs wants to see funding diminished. We know there are people out there in all our states who'd benefit from these pools."

CCIIO spokesmen did not provide details about how any potential redistribution of funds will work.

"We continue to work within the $5 billion allocated to us by Congress," said Brian Chiglinsky, echoing similar comments earlier this month by another spokesman. "This is an ongoing process and we continue to work with other states to meet their needs. We will adjust each state's yearly allotment as necessary."

Several high-risk pool directors who were interviewed on last week said they believe that some states will lose funding in 2013.

The PCIP program can be administered either by a state or by a federal contractor. States that run their own programs signed an original contract with federal health officials in 2010, when the program began, and undergo an annual reassessment of that contract. In several states, the federal government has committed in amendments to the original contract to providing a higher amount of funding than was originally projected. High-risk pool directors say that federal officials are vague about what their spending levels will be in 2013.

The federally funded program complements separate state-run programs that already existed in 35 states.

CCIIO officials told reporters on Jan. 5 that nine states have requested additional funds: Alaska, California, Colorado, Montana, New Hampshire, New Mexico, Oregon, South Dakota and Utah. Federal officials have not spelled out which states received higher funding for 2012 in their contract amendments, but NASCHIP chairperson Amie Goldman said that she believes they all got more. Directors in Alaska, California, Montana and New Hampshire have confirmed that they will receive more money than they were originally scheduled to get.

In 23 states, the federal government runs the program. Federal officials have not said whether funds might be shifted from those states to those run by the states.

The reason why some states are using their funding more quickly than expected is largely due to higher medical costs than anticipated. In many states, enrollment continues to lag below projections. But the patients in the pools have higher medical bills than actuaries projected. The costs for those patients also are higher than people with similar conditions who are enrolled in the older state-run programs that are still operating.

California is one of the states that is receiving a higher allocation in 2012 than officials previously expected to get. The program was the last state high-risk pool to start, in October 2010. As of the end of November, it had 5,972 patients, and its capacity was about 6800 patients. That convinced CCIIO officials to provide an additional $118 million, bringing the state's total contribution from the federal government to $347 million.

The state had projected costs of about $1,000 per patient per month. Instead, actual costs were $3,100 per member per month.

Janette Casillas—the executive director of the nation's largest high-risk pool, which is in California—said that state law prohibits the legislature from pitching in additional resources—a situation that many states face. Resources for the program come largely from federal funding and premium dollars from patients.

In Montana, the state expected to get $16 million through 2013. Instead, it will get $22 million through the end of 2012, said Cecil Bykerk, a consultant who runs three high risk pools. That is despite the fact that enrollment is below 300 patients, when the state hoped for more than 400 by now.

In Alaska, the number of patients is modest. At its height, 72 patients were enrolled, but that number recently fell to 46 people. The state had expected about 100 enrollees. But the costs are so much higher than expected that the state will get about $14 million through the end of 2012, when it had originally expected $13 million through the end of 2013.

The example in Alaska helps explain why patients' medical costs are greater than anticipated. To qualify for the federal program, people have to be uninsured for at least six months and either have been turned down for coverage by an insurer, or have a doctor's note certifying they have a chronic medical problem. Most state-run programs that preceded the federal plan don't have that requirement.

The patients in the new program have more pent-up demand than those in the other state-run programs, said Bykerk. Other high-risk pool directors have found the same phenomenon.

The program is "attracting truly uninsured people who've never had insurance before," Bykerk said.

One patient's story helps explain why the numbers of enrollees fluctuate and why costs per patient are so high. Bykerk said at a recent meeting, a patient praised the program for its help in paying for her knee surgery. But she said that after she got help for her condition, she dropped out and stopped paying the premiums that support the program's expenses.

"It's really this ability to pop in, get your condition serviced immediately and pop out that is contributing to the problem," said Bykerk, who also sees this trend in Montana and Iowa where he oversees high-risk pools.

State officials say that they would like more clarity from CCIIO officials about what their 2013 funding allocations will be.

Casillas said that some state officials "are concerned that there is not a clearer direction or commitment from the federal government about what the allocation is in 2013."

"While it's a federal program, we are administering it in California for the federal government, and we are basically the face of the program," Casillas said. "So we want to make sure that for every individual we are enrolling, there are sufficient dollars to keep them through the 2013 timeframe. That point is a little concerning to some state PCIP directors ... Here we are in 2012. You want to know you have sufficient funding not just in 2012 but in 2013. For those of us administering the program, 2013 is around the corner."

A service of the California HealthCare Foundation
California Healthline
The Daily Digest of News, Policy & Opinion

Cuts, Policy Changes at Healthy Families Program

by David Gorn

January 19, 2012

The most recent state budget proposal includes a variety of cost-saving measures in the Healthy Families program -- reduced reimbursement rates, higher premium prices, higher copays and a transition of its 877,859 children into managed care plans by the end of June 2013.

At yesterday's monthly meeting of the Managed Risk Medical Insurance Board, chief deputy director Terresa Krum broached the bad news.

"There are a number of significant budget assumptions," Krum said. "So first, the budget proposes to reduce the per-member, per-month rates paid to health plans in Healthy Families to the average Medi-Cal rate."

That means that money for plans covering health, dental and vision services dips from the current Healthy Families average of $103.44 down to $76.86 per person.

To Verne Brizendine of Blue Shield of California, that was unacceptable.

"I don't even know where to begin. There is so much here on the table with so many unknowns," Brizendine said at yesterday's MRMIB meeting. "Blue Shield is being asked to take the big loss -- we're talking about millions of dollars of loss here -- and smile."

Brizendine paused for a second. "I don't have the authority to say that Blue Shield will do that," he said.

Krum also pointed out that Healthy Families recipients would need to pay more for premiums (a $14 to $18 increase) and would need to pony up more in copayments for emergency department visits and inpatient hospital stays.

The copayment and premium increases are expected to save the state almost $23 million in general fund dollars, Krum said. The rate reduction for health plans is estimated to shave $71 million from the budget.

The shift of more than 877,000 kids to managed care plans is also a cost-saver, she said. It will be phased in over the next 18 months. The estimate for that cost savings is $148 million in the next fiscal year.

The grand total for all of these changes: about $242 million in savings.

But first, Krum said, all of them will require federal CMS approval.

There's one more budget proposal, Krum said, that is a little more general. "The budget also proposes to transfer AIM (Access for Infants and Mothers), MRMIP (the Major Risk Medical Insurance Program), PCIP (the Pre-Existing Condition Insurance Plan) and the CHIM (the County Children's Health Initiative Match) programs to the Department of Health Care Services by July 2013," Krum said, "though we don't have specifics at this time of how that would work or when it would begin."

A service of the California HealthCare Foundation
California Healthline
The Daily Digest of News, Policy & Opinion

State Gets Resistance to Moving All Healthy Families' Kids

February 01, 2012

by David Gorn

A coalition of not-for-profit children's groups yesterday sent a letter to California officials asking them to scale back the state's ambitious plan to move 875,000 children out of the Healthy Families program and into a new Medi-Cal managed care program.

"We do not support the governor's proposal," Suzie Shupe of California Coverage and Health Initiatives said. "We have some very serious concerns about it. It's a very rapid timeline, for one, and in our view does not detail the kind of safeguards that need to be in place, and the monitoring of access to that care, to make sure kids do get access to quality health care."

Yesterday's letter was a joint effort from Children Now, The Children's Partnership, PICO California, the Children's Defense Fund California and United Ways of California, as well as CCHI. It calls for a scaled-back version of the governor's proposal.

"This is a huge undertaking, to transition this many people from one coverage into another, so quickly," Shupe said. "We think people could be really confused by it."

The state plans to move all of those 875,000 Healthy Families children into a managed care plan by 2014, in several phases. To Shupe, that could make sense for the so-called "bright line" children -- those at or below 133% of poverty -- since the Affordable Care Act is designed to serve those children in 2014.

The rest should stay in Healthy Families -- California's version of the federal State Children's Health Insurance Program -- for at least another year beyond that, Shupe said. There is currently no estimate of how many Healthy Families children are below that bright line, she said. "We think it's in the vicinity of 130,000 to 320,000 kids who are below 133% of the federal poverty rate," Shupe said.

Department of Health Care Services officials released a written statement on the transition proposal:

"Per the proposed 2012-13 budget, Healthy Families Program (HFP) children will transition to DHCS as part of the broader Medi-Cal program over a nine-month period beginning in October 2012. DHCS has developed a thoughtful approach to transition all 875,000 HFP children to Medi-Cal, while minimizing any disruption in coverage. This transition will create benefits for children, families, health plans, and providers by simplifying eligibility and coverage for children and families; improve coverage through retroactive benefits, increased access to vaccines, and expanded mental health coverage; and eliminate premiums for low-income beneficiaries."

The Healthy Families transition was the focus of this letter from the coalition of children's groups, but it's not the only budget proposal that could have a sizable negative effect on California's children, Shupe said.

"The concern with the budget in general is with the enormity of the number of proposals," she said. "There are so many changes so quickly. And so many could have a significant impact on children's care." She cited higher premium costs and higher copays proposed for Healthy Families along with reduced reimbursement rates to providers.

"What's really important is that the needs of the kids are the highest priority," Shupe said. "The biggest risk is whether the system you're moving them into is prepared to absorb them, and ready to provide the care."

A federal judge this week ordered the state to stop its plan to lower Medi-Cal provider reimbursement rates by 10%, and legal actions have also halted other proposed cuts.

"All of those issues feed the concern about the adequacy of the provider network," Shupe said. "There is already strain on the system, and a huge influx of new children into the system will cause additional strain. It's better to go slower."

Read more: http://www.californiahealthline.org/capitol-desk/2012/2/children-s-groups-balk-at-dhcs-plan.aspx?p=1#ixzz1lonnRled

A service of the California HealthCare Foundation
California Healthline
The Daily Digest of News, Policy & Opinion

February 08, 2012 - Capitol Desk

Douglas: Healthy Families Similar to Medi-Cal

by David Gorn

State Department of Health Care Services Director Toby Douglas explained the reasoning behind the state's plans for the Healthy Families program during the Insure the Uninsured Project's 16th annual statewide conference in Sacramento yesterday.

Acknowledging that the proposal to shift 875,000 children out of Healthy Families and into Medi-Cal on a relatively fast timeline is a little controversial, Douglas said it's part of a bigger plan.

"It's all about delivery system reform," Douglas said. "It's about moving toward organized delivery systems."

That includes integrating Healthy Families into Medi-Cal, he said. "We believe from a consumer-friendly point of view -- and from an administrative point of view -- we think having one program makes the most sense as we move to 2014," Douglas said.

He said new data shows many providers and health plans used by Healthy Families are similar to those in Medi-Cal.

A new set of DHCS documents are expected to be sent to Healthy Families stakeholders today, in advance of tomorrow's meeting. Those documents compare the providers and health plans of the two programs and found that:

- 78% of HFP children are enrolled in a health plan that currently participates in both Medi-Cal and Healthy Families;
- Primary care provider overlap is between 79% and 89%, depending on the type of managed care model; and
- Specialist provider overlap is between 81% and 91%, depending on the type of managed care model.

So, Douglas said, the move makes sense. "From an administrative perspective, we see this as more efficient," he said. "There are many reasons for it, and yes, it saves money. The Healthy Families program pays higher [provider] rates, but not big differences over time."

Douglas said he can explain the move in more detail at tomorrow's stakeholder meeting in Sacramento. The topic will also be on the agenda next Wednesday, at the monthly meeting of the Managed Risk Medical Insurance Board, which oversees the Healthy Families program.

"We are proposing bringing all services under one accountable organization to provide more coordinated care," Douglas said. "Many people have said or think the state is abdicating its responsibilities. But really, it's just the opposite. We're trying to be more accountable, in the way we design these networks."

Read more: http://www.californiahealthline.org/capitol-desk/2012/2/state-official-explains-healthy-families-plan.aspx?p=1#ixzz1loqpIUrE

A service of the California HealthCare Foundation
California Healthline
The Daily Digest of News, Policy & Opinion
February 09, 2012 - Capitol Desk

Same Providers in Healthy Families and Medi-Cal?

by David Gorn

Yesterday's distribution of a summary of new Healthy Families data by the state Department of Health Care Services caused some advocates to scratch their heads.

The state wants to move 875,000 children out of Healthy Families and into Medi-Cal in the next 16 months. It's an idea that has been floated before, and has been vigorously opposed by providers, who would rather have the higher reimbursement of Healthy Families. California's Medi-Cal reimbursement rates are among the lowest Medicaid rates in the nation.

The new data indicate most providers and health plans in the Healthy Families program also serve Medi-Cal beneficiaries.

DHCS director Toby Douglas said the health plans of the two programs "are all pretty much the same except for Blue Shield." He said that the "provider networks are more and more the same," as well.

The new data will probably be a key topic at today's stakeholder meeting in Sacramento.

"That's not something anecdotally we hear from provider groups," Vanessa Cajina of the Western Center on Law and Poverty said. "We have heard other things."

Cajina made it a point to say her group is fully supportive of the concept, and is more interested in monitoring the transition. "Medi-Cal has a wider scope of benefits than the Healthy Families program has. Those kids would have reduced cost-sharing. So should the transition happen in a smooth way, it would be a net positive, we think."

The data itself has not been released, only the summary of that data. If it's accurate that up to 91% of Healthy Families providers are also Medi-Cal providers, then Cajina said that might mark the beginning of a new perception of the transition.

"Last year, this was not a popular proposal among the provider community," she said. "But now there might be a different reaction."

In addition to today's stakeholder meeting, the Healthy Families transition also will be taken up next Wednesday by MRMIB, the agency that currently oversees Healthy Families.

Read more: http://www.californiahealthline.org/capitol-desk/2012/2/new-healthy-families-data-sparks-doubt.aspx?p=1#ixzz1luxLPFBW

Printed from THE DAILY JOURNAL, dtd. 01/25/2012

County health plan gets high marks for service

January 25, 2012, 05:00 AM Daily Journal staff report

For the second year in a row, the county's health plan earned an A+ for superior performance by the state's Managed Risk Medical Insurance Board.

The Health Plan San Mateo is one of seven health plans receiving the honor for preventative programs in 2011. The plan's Healthy Family programs specifically earned the award based on data about care for kids from birth to age 19. The insurance board's criteria includes immunizations, regular checkups at various ages, appropriate use of asthma medication, treatment for respiratory infections, testing for throat inflammation and chlamydia screenings.

"This recognition is a powerful acknowledgment of the efforts we make every day to ensure our child members get the quality care they need," said Dr. Mary Giammona, HPSM's medical director, in a prepared statement. "Whether it's immunizations, well-child visits, medications or screenings, we're making sure the children in our plan have the foundation they need to have an active, healthy life and future."

Healthy Families is California's version of the federal State Children's Health Insurance Program, offering medical, dental and vision coverage to children and teens from birth to age 19. To participate, families must be legal residents but not qualify for Medi-Cal. Health Plan San Mateo serves 6,000 Healthy Families children in San Mateo County.

"Health care today can be confusing — and getting care can be a challenge — for anyone" Health Plan CEO Maya Altman said in a release of the announcement.

Altman said the plan tries easing the difficult process by stressing preventative care and offering information in English, Spanish, Chinese, Tagalog and Russian.

Santa Cruz Sentinel
www.santacruzsentinel.com

Scotts Valley's Central California Alliance for Health earns high marks

By JONDI GUMZ -- Santa Cruz Sentinel
Posted: 02/02/2012 05:03:54 PM PST

SCOTTS VALLEY - Central California Alliance for Health has been recognized for superior performance again.

The nonprofit health plan was rated in the highest performance cluster for quality of care provided to members of its Healthy Families program.

Based on Green Hills Road, the alliance is the third largest employer in Scotts Valley with 260 employees.

The nonprofit health plan operates Healthy Families in Santa Cruz and Monterey counties, working with local providers who offer health, dental and vision services to more than 23,000 children who do not have insurance and do not qualify for no-cost Medi-Cal.

"This distinction recognizes the fine work of the alliance's providers and staff," said Alan McKay, executive director of the alliance.

The award is based on measures developed by the National Committee for Quality Assurance called the Healthcare Effectiveness Data Information Set. They focus on childhood immunizations, children and adolescent well-child visits, asthma care and screenings for disease.

The nonprofit health plan was developed in 1996 to improve access to health care for lower-income people who lacked a primary care doctor and often relied on the emergency room for all care.

Today, 1,500 health care providers participate in the Alliance network, which serves 210,000 members in Santa Cruz, Monterey and Merced counties.