

**Healthy Families Program  
Advisory Panel Meeting  
May 12, 2009**

**Attendees:** Jack Campana; Karen Lauterbach; Leonard Kutnik, M.D.; Anastasia Gaspay; Steven Tremain, M.D.; Barbara Orozco-Valdivia; William Arroyo, M.D.; Martin Steigner, D.D.S.; and Ron Diluigi.

**MRMIB Staff:** Lesley Cummings, Ernesto Sanchez, Shelley Rouillard, Susan Williams, Christina Anderson

**Introduction**

Jack Campana, Education Representative and Healthy Families Program (HFP) Chairperson, opened the meeting by introducing himself and asking the Panel members, Managed Risk Medical Insurance Board (MRMIB) staff, and the audience to introduce themselves.

**Review and Approval of the February 10, 2009 HFP Advisory Panel Meeting Summary**

The Advisory Panel approved the February 10, 2009 HFP Advisory Panel Meeting summary.

**African-American Enrollment & Potential Eligible**

Ernesto Sanchez, Deputy Director of Eligibility, Enrollment, and Marketing for MRMIB, summarized statistics regarding African American enrollment in the HFP and 2007 Children's Health Information Survey (CHIS) data on the California uninsured population. At the February 2009 meeting, Steven Tremain, M.D., Disproportionate Share Hospital Representative, asked if the HFP enrollment numbers for African American children was proportional to the number of uninsured African American children in California. Mr. Sanchez reported that the enrollment was proportional based on an analysis of the CHIS data. The total number of California children between the ages 0-18, with family incomes up to 299 percent federal poverty level that are African American is 6.8 percent (394,000); two percent of the children, approximately 13,000, are enrolled in the HFP and 8.9 percent (232,000) are enrolled in Medi-Cal, leaving approximately 23,000 uninsured. A portion of these uninsured children are eligible for the HFP and Medi-Cal because the income eligibility only goes up to 250 percent of the federal poverty level. MRMIB could potentially increase African American enrollment in the HFP by 1.5-2 percent if every eligible African American child was enrolled in HFP. Regarding the federal poverty levels for children based on ethnicity above and below 300 percent, African American children make up six percent of the entire state population, and the total number of uninsured African American children for all income levels was 34,000 (5 percent of all uninsured children) in 2007. The African American children's population in California overall has a higher insured rate (through a

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combination of Medi-Cal, HFP, Employer based Coverage, and Privately Purchased Coverage) than almost all other ethnic groups, so African American participation in HFP would not be as large as other ethnic groups with higher uninsurance rates.

**State Budget Update  
Governor's for 2009-10**

Lesley Cummings, Executive Director for MRMIB, indicated that the states fiscal situation is dire. The May Revision is likely to propose major, serious reductions particularly if the initiatives on the ballot fail. Dr. Leonard Kutnik, Pediatrician Representative, inquired about the impact of the money received from the federal government for economic recovery. Ms. Cummings replied that for the most part, the funds are being used to reduce the size of the state deficit. Ms. Cummings noted that the Board increased plan rates for 2009-10, and hopes to receive money in the May Revise to fund them. Generally, the increases restore the cut made to rates in 2008-09.

**State Legislation  
Regular Session**

Ms. Cummings informed the panel that MRMIB hired a new Legislative Deputy, Ginny Puddefoot. She then reviewed the bills that MRMIB is tracking.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Public\\_4-22-09\\_draft.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Public_4-22-09_draft.pdf)

**Healthy Families Program Update  
Enrollment and Single Point of Entry Report**

Mr. Sanchez stated that March 2009 is the second highest enrollment month in the history of HFP; nearly 35, 000 new children enrolled, totaling enrollment above 900,000.

**Administrative Vendor Performance Report**

Mr. Sanchez announced that the vendor, MAXIMUS, continues to achieve performance and accuracy standards. MRMIB's standards are the highest in the nation.

**SCHIP Implementation Work Plan**

Ms. Cummings reviewed a number of provisions in CHIPRA, the Federal legislation recently enacted that reauthorizes and funds the Children's Health Insurance Program.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_7.j.i\\_CHIPR\\_A\\_Impacts\\_and\\_Implementation\\_MRMIB\\_and\\_DHCS.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_7.j.i_CHIPR_A_Impacts_and_Implementation_MRMIB_and_DHCS.pdf)

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**Enrollment Entities/Certified Application Assistant Reimbursement Report**

Mr. Sanchez stated that the demand for Certified Applications Assistants (CAAs) is high. MRMIB has paid \$5.3 million to CAAs during the first three quarters of Fiscal Year 2008-09.

**Enrollment Retention Reports**

**Short Term**

Mr. Sanchez announced that the annual HFP retention rate was at 79 percent in 2007, which is a one percent decrease from the 2006 retention rate.

**Long Term**

The 2007 retention rate was 79 percent, and the average one-year retention rate over the program's history is 80 percent. After ten years, 25 percent of those children are still enrolled in the HFP, and 74 percent of the HFP subscribers were continuously enrolled. In 2007, the number of annual eligibility review disenrollments for those whose income was too low increased five percent, and disenrollments for those whose income was too high decreased two percent. Non-payment disenrollments increased 3.5 percent; MRMIB believes that the recent economic downturn impacted the 2007 retention rate.

**Community Provider Plan Designations for 2009-10**

Ms. Rouillard informed the Panel about the plans designated as Community Provider Plans (CPPs) for 2009-10. She explained that CPP designation is awarded to the plan that does the best job of contracting with traditional and safety net providers in a particular county. The benefit to HFP subscribers is they will receive a \$3 per month per child premium discount if they select a CPP. All 58 counties have a designated CPP.

Ms. Cummings explained that premiums increased for populations above 150 percent federal poverty level. Several plans withdrew from a number of service areas and consequently, 80,000 children were required to transfer plans. The Board established a new policy: a plan that left in 2008-09 may not return to that service area in 2009-10. Dr. Arroyo, Mental Health Provider Representative, inquired about the amount of time needed to transfer. Ms. Cummings responded that MRMIB needs 4.5 months to complete the transfer.

**2007 Plan Performance Profiles and Plan Recognition**

Ms. Rouillard announced that the HFP participating health plans were evaluated in the following areas: quality of care based on the 2007 Healthcare Effectiveness Data and Information Set (HEDIS), member satisfaction based on the 2007 Consumer Assessment

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of Healthcare Providers and Systems (CAHPS) survey results, adolescent satisfaction based on the 2007 Young Adult Health Care Survey (YAHCS) results, enrollment trends, and the medical loss ratio (MLR).

HFP participating dental plans were evaluated in the following areas: access to dental care based on the 2007 HEDIS results for the Annual Dental Visit measure, member satisfaction based on the 2007 Dental CAHPS (D-CAHPS) survey results, enrollment trends, and MLR.

Areas of achievement included improvement of 3 percent or more in the plan's score from 2006 to 2007, outstanding performance significantly higher than the program average, and recognition of plans who received an award in 2009 for outstanding performance on 2007 HEDIS, CAHPS, or YAHCS measures. Areas for improvement included decreases scores of 3 percent or more from 2006-2007, scores that were significantly lower than the program average, and YAHCS scores for all plans, except the two top performing plans, because of the low rate of counseling and screening for risky behaviors, pregnancy and mental health.

Ms. Rouillard stated that Kaiser Foundation Health Plan continues to be one of the top performing plans in all categories. Customer satisfaction was higher in Exclusive Provider Organizations (EPOs) than Health Maintenance Organizations (HMOs) for Blue Cross, Blue Shield, and Health Net.

Dental plan performance on the Annual Dental Visit HEDIS measure shows that only 59 percent of HFP enrolled children age 2 and older had an annual dental visit in 2007; this means that 235,000 eligible children, age two and older, did not see a dentist. The EPOs received higher ratings compared to the pre-paid dental plans.

Dr. Leonard Kutnik, Pediatrician Representative, asked if MRMIB will impose guidelines upon the plans that performed poorly. Ms. Cummings responded that the Board has a long standing interest in developing incentives for performance. One idea has been to re-tool use of the HFP premium discount as a quality lever. In addition, publishing the Plan Performance Profiles would motivate the health plans to perform well. The Board hopes to develop and implement quality requirements in the future.

The HFP Advisory Panel passed a motion recommending that the Board incorporate quality performance into the CPP designation for use of the premium discount. Additionally, the Panel recommends that there be new resources devoted toward holding plans not performing up to desired levels accountable for achieving those desired levels.

**Mental Health Utilization Report for 2004-05, 2005-06, 2006-07**

Ms. Rouillard announced that the Mental Health Utilization Report, presented to the Board and included in the Advisory Panel packet, focuses on services provided to

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children with Serious Emotional Disturbances (SED) through counties as well as plan-provided mental health services. Children suspected of having SED are referred to the county by their plans; the county is the ultimate determiner of whether the child has SED. A key finding was that the percentage of referrals from plans to counties has declined. One percent of HFP children, enrolled in any health plan with the exception of Kaiser, were treated by the counties for SED; more than half of these children were teenagers, ages 13-18. The average cost per case increased 33 percent from 2000-2007. With regard to services provided by plans, three percent of HFP members received mental health services. Only two percent of children enrolled in health plans, other than Kaiser, received mental health services from their plan. About 10 percent of HFP children enrolled in Kaiser received treatment for mental health conditions, including SED, within the Kaiser system.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.j\\_Mental\\_Health\\_Utilization\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.j_Mental_Health_Utilization_Report.pdf)

**California Children's Services Report 2006-07 and 2007-08**

Ms. Rouillard explained that California Children's Services (CCS) is a statewide program operated by the counties through the Department of Health Care Services. Certain chronic medical conditions must exist for a child to be eligible for CCS. The percentage of HFP children referred to CCS has doubled from less than one percent in 2002-03 to 1.6 percent of all children enrolled in HFP in 2007-08. Overall, CCS referrals from HFP plans increased by 24.6 percent. Compared to the CCS population overall, CCS/HFP children tend to be older: more than one-third of CCS/HFP children are teenagers, ages 14-18 compared to one-quarter of all CCS children; and one-quarter of all CCS children are under age 2 compared to 14 percent of CCS/HFP children. Annual expenditures for CCS/HFP children have doubled between 2004-05 and 2007-08, from \$72 million to \$144 million, and the average cost per CCS/HFP case climbed 76 percent. Most plans reported an increase in the percentage of active CCS cases between 2006-07 and 2007-08. However, LA Care and Central Coast Alliance for Health both reported significant decreases. Kaiser reported the largest increase in active CCS cases from less than one-tenth of one percent (0.07%) in 2006-07 to 1.4 percent of Kaiser's HFP enrollment in 2007-08.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/HFP/Agenda\\_Item\\_7.k\\_CCS\\_Report\\_2006-2008.pdf](http://www.mrmib.ca.gov/MRMIB/HFP/Agenda_Item_7.k_CCS_Report_2006-2008.pdf)

**Web-link through Office of the Patient Advocate Portal**

Ms. Rouillard announced that the Office of the Patient Advocate Portal reformatted the HFP report card to be consumer friendly, and more in line with how OPA reports the commercial plan performance. MRMIB will reformat the design of the quality

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information displayed on the HFP website. OPA recorded all the HEDIS measures in this format and will format the CAPS data similarly. Advisory Panel members can view the HFP results at [www.healthcarequality.ca.gov](http://www.healthcarequality.ca.gov) or at [www.opa.ca.gov](http://www.opa.ca.gov).

Mr. Campana announced the next meeting would be on August 11, 2009 and the meeting was adjourned.

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