



CAHIO

August 17, 2012

Toby Douglas, Director  
California Department of Health Care Services  
P.O. Box 997413, MS: 0000  
Sacramento, CA 95899-7413



Janette Casillas, Executive Director  
Managed Risk Medical Insurance Board  
1000 G Street, Suite 450  
Sacramento CA 95814

**RE: COHS plans and the transition of Healthy Families to Medi-Cal**

Dear Ms. Casillas and Mr. Douglas:

As Chair of the California Association of Health Insuring Organizations (CAHIO) representing the six (6) County Organized Health System (COHS) plans that serve over 75,000 Healthy Families Program (HFP) enrollees and over 1,000,000 Medi-Cal members, I am writing to offer recommendations regarding the impending transition of HFP enrollees to the Medi-Cal program.

CAHIO understands and appreciates the thoughtful planning and the work that is required in developing and implementing a plan to transition HFP enrollees into Medi-Cal beginning in 2013 and wishes to support MRMIB and DHCS in their combined efforts towards a smooth transition. CAHIO further understands that MRMIB is in the process of developing a transition plan and is considering an approach that includes sub-phases within the transition phases outlined in AB 1494 and provides related recommendations.

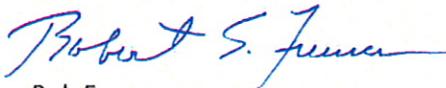
Since COHS plans are the sole Medi-Cal plans operating in their respective service areas, COHS plans HFP enrollees will transition to the COHS Medi-Cal plan in Phase I of the program transition, with the exception of Gold Coast Health Plan which is not a current HFP participating plan. CAHIO's primary goal is ensuring continuity of care and access to medically necessary services for enrolled children while also reducing member, provider and community confusion related to any phased-in process. To that end, if it is determined necessary to develop sub-phases within each transition phase, CAHIO recommends that those sub-phases be done on a county-wide or geographic basis so that all COHS HFP enrollees are transitioned to the respective COHS Medi-Cal plan at the same time. CAHIO believes that this provides for the smoothest and most efficient transition of members, thus reducing uncertainty and confusion

within a county. CAHIO further requests that COHS plan counties are included in the first sub-phase of any Phase I transition.

Additionally, two COHS plans are also participating plans in the Access for Infants and Mothers (AIM) program, and CAHIO wishes to offer a recommendation to MRMIB for handling the residual AIM-linked infants (i.e., those AIM-linked infants between 251-300% FPL) who CAHIO understands will initially remain enrolled in HFP. Because the numbers of these remaining AIM-linked infants are very small, it is not feasible for COHS AIM plans to continue to operate their HFP program for these few members. Therefore, CAHIO recommends that MRMIB enroll the AIM-linked infants remaining enrolled in the HFP into the existing statewide plan which will be providing HFP services through the final phase of the HFP to Medi-Cal transition.

CAHIO appreciates the opportunity to provide input into the development of this plan to transition our nearly 75,000 HF enrollees to our Medi-Cal plans and thanks MRMIB and DHCS for their consideration of these recommendations. Please feel free to contact me should you have any questions.

Sincerely,



Bob Freeman

Chair CAHIO

cc: Abbie Totten, California Association of Health Plans

Family Member Number: FMN

DATE

HOH\_NAME  
ADDR\_LINE\_1  
ADDR\_LINE\_2  
CITY, STATE ZIP



Dear Applicant:

**Please read this letter. This letter has important information your family needs to know about changes to your child's Healthy Families Program health care, dental, and vision coverage.**

State law has changed. Starting no sooner than January 1, 2013, children enrolled in the Healthy Families Program will be enrolled in the Medi-Cal Program. Your child will stop receiving health, dental, and vision care from the Healthy Families Program and will start to receive these services from the Medi-Cal Program.

**Your child will not lose any health care, dental or vision coverage.** Medi-Cal generally provides the same benefits as the Healthy Families Program.

**Next Steps:**

1. **The Healthy Families Program is still open.** Continue to pay your Healthy Families Program premium to keep your child enrolled. If you do not make premium payments in full for two months in a row, your child will be disenrolled from the Healthy Families Program and may need to re-apply for health coverage. We will tell you when or if you can stop paying premiums.
2. Watch for more letters from the Healthy Families Program and the Medi-Cal Program. You will receive at least three more letters about your child's move to Medi-Cal coverage. These letters will tell you when your child will move to Medi-Cal, how your child will receive Medi-Cal covered benefits, and other important information.
3. Tell the Healthy Families Program if you move or change your phone number so that you continue to receive important information.
4. Respond on time to your Annual Eligibility Review when it is sent to you.

**Do you have questions?**

If you have more questions about the Healthy Families Program call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday, 8 a.m. to 5 p.m. The call is free.

Please read the Frequently Asked Questions on the next page for more information about this Healthy Families Program change and the Medi-Cal Program.

More information about the move to Medi-Cal is at our website, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov).

Thank you,

Healthy Families Program

## **FREQUENTLY ASKED QUESTIONS ABOUT THE HEALTHY FAMILIES PROGRAM MOVE TO MEDI-CAL**

### **Is the Healthy Families Program Being Eliminated and Closing Right Now?**

No. The Healthy Families Program is open for enrollment. The Healthy Families Program continues to process plan transfer requests, monthly premium payments, Annual Eligibility Reviews (AER), and enrollment of infants whose mother is enrolled in the Access for Infants and Mothers (AIM) Program. Health-e-App, the on-line Healthy Families Program Application, is still available for new applications and existing Healthy Families AER, program reviews, and continued enrollment requests. The Health-e-App website is [www.healtheapp.net](http://www.healtheapp.net).

### **Why is the Healthy Families Program Changing?**

A new state law requires that children enrolled in the Healthy Families Program be moved to the Medi-Cal Program. This change will begin no sooner than January 1, 2013.

### **What is Medi-Cal?**

The Medi-Cal Program is California's Medicaid program. It provides medical, dental, mental health and vision benefits to families. The Healthy Families Program and the Medi-Cal Program will send you letters telling you when and how your child will receive Medi-Cal covered benefits.

### **Will My Child Continue in the Same Health Plan?**

This will depend on the county in which you live and the health plan that your child is enrolled in. Future letters will tell you if your child needs to change their health plan or doctor.

### **Will My Child Continue in the Same Dental Plan?**

This will depend on the county in which you live and the dental plan that your child is enrolled in. Most children will receive dental services through the Medi-Cal Program dentists and clinics and not through a dental plan. In Los Angeles and Sacramento Counties, a child will be able to stay in the same Healthy Families Program dental plan if the plan is a Medi-Cal Program dental plan. Future letters will tell you if your child needs to change their dental plan or dentist.

### **Will My Child Continue in the Same Vision Plan?**

No. The Medi-Cal Program provides vision services through Medi-Cal Health Plans and Medi-Cal doctors.

### **Will I Have to Pay Monthly Premiums in Medi-Cal?**

Higher income families will continue to pay monthly premiums in Medi-Cal. The monthly premium in Medi-Cal will be \$13 a month for each child with a maximum of \$39 for all children in a family. We will tell you when or if you can stop paying premiums.

### **Will I Have to Pay Co-Payments?**

Currently, Medi-Cal has co-payments. Co-payments are \$1 - \$5 for services such as physician visits and medication. If you cannot pay the co-payment your child can still receive the health care service and you will not be billed for the co-payment amount.

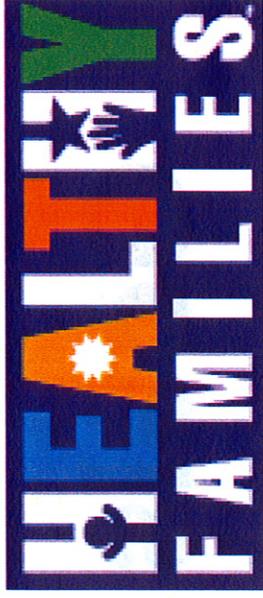
### **What Happens to My Healthy Families Annual Eligibility Review?**

Your child will continue to have the same <<AER\_MONTH>> Annual Eligibility Review date. Healthy Families or Medi-Cal will contact you to renew your child's coverage before that date.

**If you have questions about the Medi-Cal Program or its benefits, call Health Care Options at 1-800-430-4263 or TDD/TTY at 1-800-430-7077.**

Draft





# Healthy Families Program Transition to Medi-Cal

August 21, 2012



# Goals of Transition

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- **Facilitate a smooth transition**
- **Minimize disruption in services**
- **Maintain eligibility gateways**
- **Ensure access to care**
- **Ensure continuity of care**

# Summary of Transition Phases

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- **Phase 1 (No sooner than January 1, 2013)**
    - Individuals enrolled in a Healthy Families Program health plan that is a Medi-Cal managed care health plan shall be enrolled in the same plan. Approximately 411,654 children will transition.
  - **Phase 2 (No sooner than April 1, 2013)**
    - Individuals enrolled in a Healthy Families Program health plan that is a subcontractor of a Medi-Cal managed health care plan, to the extent possible, shall be enrolled into a Medi-Cal managed care health care plan that includes the individuals' current plan. Approximately 261,060 children will transition.
  - **Phase 3 (No sooner than August 1, 2013)**
    - Individuals enrolled in a Healthy Families Program health plan that is not a Medi-Cal managed care plan and does not contract or subcontract with a Medi-Cal managed care plan shall be enrolled in a Medi-Cal managed care plan in that county. Enrollment shall include consideration of the individuals' primary care providers. Approximately 152,602 children will transition.
  - **Phase 4 (No sooner than September 1, 2013)**
    - Individuals residing in a county that is not a Medi-Cal managed care county shall be provided services under the Medi-Cal fee-for-service delivery system. Approximately 42,753 children will transition.
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# **MRMIB Update**

# **Collaboration and Coordination**

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- **Committed to collaboration and coordination of transition.**
  - **Ensure transparency and public/stakeholder engagement in the process.**
  - **Largest transition ever attempted in any program nationally.**
  - **General coordination activities between HFP, Medi-Cal and our contracted plans.**
  - **Call center messaging: HFP, DMHC, DHCS.**
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# Notices

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- **HFP General Notice: 90-Day, 60-day, 30-day.**
  - **Medi-Cal notice when transitioning.**
  - **Stakeholder engagement for notices.**
  - **Notices provided in the Medi-Cal threshold languages.**
  - **Notices reviewed by Center for Health Literacy for Reading Level.**
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# DMHC Update

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# DMHHC Update

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## Pre-Implementation: Phase 1

- **Network Adequacy (Per Plan, by County)**
    - Plans already have an approved Medi-Cal network in these service areas.
    - Coordinated data request to assess provider overlap and capacity
      - PCPs (Pediatrics, Family Practice, General Practice, OB-GYN).
      - Specialists
  - **Continuity of Care**
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# DMHC Update

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## Post Implementation: Phase 1

- Network adequacy and access
    - Enrollee complaints
    - Plan surveys
  - Continuity of care
  - Financial solvency monitoring
    - Health plans
    - Delegated medical groups/IPAs
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# Eligibility Update

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# Eligibility Updates

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## **All County Welfare Directors Letters (ACWDLs)**

- Currently there are two ACWDLs in development
  - HEALTHY FAMILIES PROGRAM TRANSITION TO MEDI-CAL
  - TARGETED LOW-INCOME CHILDREN'S PROGRAM

## **Aid Codes**

- Five new aid codes: Two for the Healthy Families transition children and three for the new targeted low-income program.

## **Premiums**

- No premiums for children with family income up to and at 150 percent of the federal poverty level (FPL)
  - Premiums for children with family income above 150 and up to and including 200 percent of the FPL
  - Maximus will notify families of premium amount that are due
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# Eligibility Updates

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## **Communications**

- Stakeholder meetings and engagement
- SAWS/MaxE2

## **Information for families from Medi-Cal Eligibility Division**

- Welcome to Medi-Cal Packet
- Benefits Identification Card

## **Performance Standards**

- 10-day process
- Accelerated enrollment

## **Reporting**

- Development of reporting requirements
  - Workgroup participation
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# Managed Care Update

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# Managed Care Updates

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- **Medi-Cal Managed Care Plan readiness**
    - Collaboration with DMHC to ensure network adequacy for each plan
    - Health plan overlap and network impact on providers to continue in Medi-Cal
    - Ongoing monitoring of health plan networks
      - Data needs
  - **Vision services available through Medi-Cal managed care plans**
  - **Performance Standards**
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# Dental Update

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# Dental Updates

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- **Dental Transition**
  - Denti-Cal Fee-For-Service
  - Dental Managed Care: Los Angeles and Sacramento
- **Dental Plan Readiness**
  - Contract amendments
  - Performance standards
  - Network adequacy

# Dental Updates

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- **Outreach**
  - Dental Providers – level of participation
  - Beneficiaries – Overall satisfaction with services, access and availability
- **Stakeholder Engagement**

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# Mental Health Update

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# Mental Health Update

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- **In Medi-Cal managed care counties, non-specialty mental health services will be provided by the Medi-Cal Managed Care Plan or, if the service is one that is not covered by the plan, a Medi-Cal Fee-for-Service provider.**
- **In non-managed care counties, Medi-Cal FFS providers provide non-specialty mental health services.**
- **MHPs will be responsible for all Specialty Mental Health Services for beneficiaries that meet medical necessity criteria, including psychiatric inpatient hospitalization starting with the first day of psychiatric hospital admission**

# Mental Health Update

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- Former HFP enrollees that meet medical necessity criteria for Medi-Cal Specialty Mental Health Services will have access to EPSDT services provided by Mental Health Plans (MHPs)
- HFP enrollees currently receiving services from a county mental health department may continue to receive services from the county as long the child meets medical necessity criteria for Medi-Cal Specialty Mental Health Services (the former SED criteria will no longer apply)
- DHCS is working with CMHDA to assure network adequacy and continuity of care for transitioning HFP enrollees receiving, or in need of, mental health services

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# Vaccines for Children

# Vaccines for Children Program Statewide

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- **Program overview**
  - **Program enrollment**
    - Existing providers
    - New providers
  - **Ordering**
  - **Contact information: [www.eziz.org](http://www.eziz.org)**
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# Next Steps

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# Next Steps

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- **Upcoming stakeholder meetings (timeline)**
  - **September and December**
- **Strategic Plan framework – review and input**
- **Local outreach efforts**

# Stakeholder Engagement Timeline

	Meetings	7/12	8/12	9/12	10/12	11/12	12/12	1/1/13 Phase 1	2/13	3/13	4/1/13 Phase 2	5/13	6/13	7/13	8/1/13 Phase 3	9/1/13 Phase 4	10/13	11/13	12/13	
MCARE	Weekly All Plan Meeting	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X
MCARE	Quarterly Advisory Group			X			X			X			X			X				X
Dental	Stakeholder Meeting #1 All Plan Meeting	X	X	X	X	X	X	X												
Dental	Stakeholder Meeting #1 All Other Stakeholders		X	X	X	X	X	X												
Dental	Stakeholder Meeting #2 Notifications			X																
Dental	Stakeholder Meeting #3 Continuity of Care				X															
Dental	Stakeholder Meeting #4 Reporting									X										
Dental	Weekly Meeting with Dental Fiscal Intermediary		X	X	X	X	X	X	X	X										
Eligibility	Ongoing Weekly County, Consortia, ITSD, MCED, MAXIMUS, MRMIB meetings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Eligibility	CWDA Meeting with Cathy Sanderling. Discuss Consortia needs.		X	X	X	X		X	X	X	X	X	X	X	X	X				
Eligibility	Quarterly advocate meeting	X			X			X			X									
Agency	General Stakeholder Meetings		X	X			X													
MRMIB	Quarterly Advocate Meeting				X			X			X			X			X			
MRMIB	Monthly HFP Health, Dental, Vision Mtg		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MRMIB	Quarterly HFP Advisory Panel Meeting		X			X		X	X	X	X	X	X	X	X	X	X	X	X	X
MRMIB	Board Meeting		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DMHC	Quarterly Consumer Advocate Meeting	X			X			X			X		X				X			
DMHC	Quarterly Health Plan Oversight Meeting			X			X			X			X				X			X

08/14/02

# Key Questions for Consideration

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- **Phase in schedules:** Should this occur based on the four phases outlined in statute or on a different schedule throughout 2013?
- **Notices:** How many notices should be provided to individuals prior to their transition phase in addition to what is outlined in statute?
- **Outreach:** What strategies would you envision we undertake to ensure information is disseminated and families are fully informed?
- **Strategic Plan Framework:** What is the best way to engage for stakeholder review and feedback?



# Questions and Answers

# Contact Us

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**DHCS input/questions**

[DHCS Healthy Families Transition@dhcs.ca.gov](mailto:DHCS_Healthy_Families_Transition@dhcs.ca.gov)

**MRMIB input/questions**

[hfttransition@mrmib.ca.gov](mailto:hfttransition@mrmib.ca.gov)

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# DHCS Website

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Healthy Families Transition Website address:

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

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# **DRAFT HFP Transition Strategic Plan Outline Template**

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## **A. Proposal Overview, Requirements, and Legislative Oversight**

This section will include a brief overview of the Healthy Families Program transition to Medi-Cal proposal and Legislative reporting requirements and format for such reporting, such as written reports and oral presentations.

## **B. High Level Timeline**

This section will include timelines for key components of the transition including reporting responsibilities and timing for information to be publicly reported on the DHCS website, release of transition plans, stakeholder engagement, process for the transition of the Healthy Families Advisory Board to DHCS, tribal notifications, and the submission of necessary State Plan and waiver amendments for federal approval.

## **C. Communication**

This section will provide a high level summary of communications efforts that will be undertaken throughout the transition period and how key partners will be engaged including the federal Centers for Medicare & Medicaid Services (CMS), other state agencies/departments, the Legislature, counties, providers (e.g. health, dental, mental health, drug and alcohol providers), health and dental managed care plans, and advocates. Key state agencies/departments are the California Health and Human Services Agency, the Department of Finance (DOF), the Department of Health Care Services (DHCS), the Managed Risk Medical Insurance Board (MRMIB), and the Department of Managed Health Care (DMHC). This section will include timelines for both broad and department specific stakeholder engagement throughout the transition process as well as processes that will be employed to ensure effective, transparent communication such as department specific webpages and email inboxes.

## **D. Eligibility and Enrollment**

This section will discuss noticing requirements to families and the timing for such prior to each transition phase and applicable guidance to the counties and MAXIMUS on transition requirements. MRMIB and DHCS will coordinate the notices that will be provided in advance of each transition phase based on the statutory timeframes of 90, 60, and 30 days, as applicable. This section will also discuss eligibility determination processes, annual renewals, premium collection and cost sharing provisions, performance metrics for application processing, and general outreach strategies including how Certified Application Assistors will be used.

### **1. Outreach to Subscribers and Families**

1. Subscriber/beneficiary notices – will use the “What We Tell Families” Grid as the framework for information sharing – information will be tailored based on the timing of the notice (e.g. 90, 60, 30 days, as applicable).
2. Medi-Cal informing materials for transitioned individuals including receipt of Beneficiary Identification Cards.

### **2. County Coordination**

# **DRAFT HFP Transition Strategic Plan Outline Template**

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- a. All County Welfare Directors Letters policy guidance.
- b. Eligibility determinations and redeterminations; use of Express Lane eligibility for transitioned cases; use of Accelerated Enrollment for new cases.
- c. Eligibility and enrollment performance metrics.

### **3. Maximus Coordination**

- a. Use of Single Point of Entry/Accelerated Enrollment (Transitioned/New Cases)
- b. Premium management

## **E. Health and Dental Plan Transition**

This section will include information on required informing materials that will be used for transitioned subscribers/beneficiaries which will be coordinated with the notice information to ensure no duplication of effort, and needed data that will be collected from the health and dental plans and MRMIB, as appropriate, to identify the population subject to the transition to demonstrate network adequacy and provider capacity, and how such data will be obtained, utilized and monitored by DHCS and DMHC. DHCS will have the lead responsibility on ensuring that Medi-Cal health and dental plans meet contractual requirements and DMHC will have the lead responsibility on ensuring that plans meet Knox-Keene licensure requirements. This section will also outline the performance metrics that will be collected and publicly reported by the plans.

### **1. Data Elements for Transition Planning**

- a. Provider Network Evaluation Summary (medical and dental)
- b. Healthy Families Enrollment Analysis Summary by Phase
- c. Other data acquired for planning and monitoring purposes including informing materials regarding the Medi-Cal program

**2. Monitoring, Transparency, and Accountability** – This will include information on how DHCS and DMHC, as appropriate, will measure the following components before, during and after each transition phase and will outline ongoing oversight provisions.

- a. Plan Readiness
  - i. Network Adequacy (DMHC)
  - ii. Financial Solvency, to the extent appropriate (DMHC)
  - iii. Information standards—standardized communication and enrollment materials (DHCS)
- b. Performance Metrics
  - i. Health plan metrics, which will include, but not be limited to, child-only HEDIS measures indicative of performance in serving children and adolescents and existing Medi-Cal managed care performance

## **DRAFT HFP Transition Strategic Plan Outline Template**

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metrics and standards in accordance with existing statute and all-plan letters including timely access, network adequacy, linguistic services, and use of surveys to measure beneficiary satisfaction and network adequacy post transition.

- ii. Dental plan metrics will include, but not be limited to, provider network adequacy, overall utilization of dental services, annual dental visits, use of preventive dental services, use of dental treatment services, use of examinations and oral health evaluations, sealant to restoration ratio, filling to preventive services ratio, treatment to caries prevention ratio, use of dental sealants, use of diagnostic services, and a survey of member satisfaction with plans and providers.
- c. Healthy Families Advisory Board – the Board will transition to DHCS and this section will discuss the process for the transition.

### **F. Federal Approvals**

This section will enumerate the federal approvals that must be obtained prior to implementation of the transition, including Title XIX and Title XXI State Plan Amendments and an amendment to the federal Section 1115 Bridge to Reform Waiver, and the timing for such approvals.





# IMPORTANT MESSAGE

California Department of Health Services  
Immunization Branch  
Vaccines for Children (VFC) Program  
850 Marina Bay Parkway  
Richmond, CA 94804

Toll Free Phone:  
877-2GET-VFC (877-243-8832)

Toll Free Fax:  
877-FAXX-VFC (877-329-9832)

May 16, 2007

## Update: VFC Vaccine Orders

Dear VFC provider,

During the past month, our program has received an increased number of vaccine orders as a result of our program's transition to a national distribution system. We are making every effort to process your orders as quickly as possible in order to ensure that you receive your vaccine shipment on a timely manner.

As you place your VFC vaccine order, please keep in mind the following:

**Refrigerated Vaccines:** The average time for the processing of your vaccine orders and delivery of vaccines (except Varicella and MMRV) from McKesson, our national vaccine distributor, is **15 business days**. Please ensure that your order is placed with sufficient vaccine in stock to prevent your clinic from running out of vaccine while you wait for your vaccine order.

**Varicella and MMRV:** Varicella and MMRV vaccines are shipped to your practice directly from the vaccine manufacturer, Merck & Co. Please allow at least **5 weeks** for the delivery of these vaccines from the time your order is submitted to VFC. In anticipation of the unavailability of MMRV by July 2007, providers should transition to submitting orders for MMR and single antigen Varicella instead of MMRV, as this product will not be available through Merck for the remainder of 2007. Detailed information will follow in the upcoming week.

### Tips for ordering VFC Vaccines

- Ensure that your VFC Order Form is accurately and completely filled out.
  - o Please account for all doses of **VFC** vaccines used since your last ordering period.
  - o Please do not to include private vaccines in your inventory.
  - o Refer to your last vaccine order when compiling information for your new order.
  - o Please complete delivery times.
- Make sure to notify VFC of any address change, delivery times or office hours
  - o Notify our program in writing about any change in address or delivery times to ensure your vaccine shipment is sent to the correct address or delivered at the appropriate times.
- Ensure that you sufficient inventory on hand at the time you place your vaccine order.
- Remember to order in multiples of 10 doses (NOT boxes).
- As your vaccine arrives, verify that your vaccine packing slip contains a listing of all vaccines received by checking the "Qty Ordered" column against the "Doses Shipped" column. Large vaccine shipments may be received in multiple deliveries, usually within the same day or next day.
- If you encounter any problem with your vaccine shipment, please contact VFC Customer Service immediately.

For any questions, please call a VFC Customer Service Representative at 1-877-243-8832 or visit our website at [www.vfccca.org](http://www.vfccca.org). Thank you!!!



*A Plan to Monitor Healthcare Access  
For Medi-Cal Beneficiaries*

# Monitoring Access to Medi-Cal Covered Healthcare Services



## **Executive Summary**

The California Department of Health Care Services (DHCS) developed this paper in conjunction with the Department's proposed State Plan Amendment to reduce Medi-Cal provider payments. In this paper, DHCS presents the Department's systematic approach for measuring and monitoring access to Medi-Cal administered healthcare.

DHCS is directly responsible for ensuring access to health care providers for beneficiaries enrolled under the FFS delivery of care model, where the Medi-Cal program serves as the primary source of coverage (FFS, Medi-Cal Only).

DHCS' framework for monitoring access to the Medi-Cal healthcare system is adapted from a synthesis of several sources, including the Institute of Medicine, the Agency for Healthcare Quality and Research, the Medicaid and CHIP Payment and Access Commission MACPAC's report to congress, and the published works of health services researchers. The framework incorporates the idea that access is the act of linking a population to needed and appropriate healthcare services. DHCS' framework includes the following components:

1. **Predisposing Characteristics of the Population**
  - A population's demographic and health composition are important predisposing factors to accessing healthcare services, and often drive the need for such services.
  
2. **Enabling or Impeding Factors**
  - Many enabling or impeding factors, including national and state economic and political influences as well as health system factors, can impact the access to FFS Medi-Cal services
  
3. **Realized Access**
  - The appropriate and timely use of healthcare services is included in the model as outputs or evidence that healthcare access was realized.
  
4. **Access Outcomes**
  - The effectiveness of appropriate and timely use of healthcare services.

The Department selected 23 measures identified in one of three key areas of the MACPAC report to congress focusing on Medi-Cal beneficiaries, provider availability, and service utilization and outcomes. Combined, these access measures were selected to provide a comprehensive portrayal of healthcare access in the Medi-Cal program, while

taking into account the limitations of readily available data sources. The identified access indicator measures include:

***Beneficiary Measures***

1. Percent Change in Medi-Cal Enrollment
2. Percent Change in Dental Enrollment

***Provider Availability***

3. Primary Care Practitioner Supply Ratios
4. Provider Participation Rates
5. Concentration of Medi-Cal Beneficiaries among Providers
6. Dental Provider Ratios
7. Pharmacy Participation Rates
8. Long Term Care Provider Participation Rates
9. Ratio of Medi-Cal LTC Occupied Bed Days to State-wide LTC Occupied Bed Days
10. Medi-Cal LTC Bed Vacancy Rates
11. Medi-Cal Beneficiary with a Usual Source of Care
12. Medi-Cal Beneficiary and Provider Language Discordance

***Service Use and Outcomes***

13. Percent of Enrollees with at least one Physician Visit during the Past 12 Months
14. Mean Number of Physician Visits during the Past 12 Months
15. Percentage of Children with at least One Dental Visit During the Last 12 Months
16. Service Rates per 1,000 Member Months
17. Emergency Department Visits
18. Medi-Cal Beneficiary Perceived Timely Access to Care
19. Timely Prenatal Care
20. Preventable/Avoidable Hospitalization Rates
21. Rate of Low Birthweight for Full Term Births
22. % Preterm Births
23. Help Line Calls categorized by Reason for Call and Geographic Location

The Department lays out a process for monitoring healthcare access which includes the collection and analysis of data, and the interpretation of trends. Once variations are identified, an investigation into the healthcare access problem will involve an in-depth analysis of the hypothesis entailing one or several of the following: further observational or experimental studies, literature reviews, informant interviews, and/or implementation of surveys. From these results, researchers can convey the significance of the healthcare access problem to those on the leadership team whose role it is to find appropriate solutions to address the problem. Data presented for this purpose will help tailor solutions and shape healthcare policy in the state. Data collected and analyzed from the healthcare access monitoring process will further be shared with the public in the form of annual reports tailored to a general audience.

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In an effort to save paper, only the first four pages of this 82-page document have been provided for your convenience.

Please go to:

<http://www.dhcs.ca.gov/Documents/Rate%20Reductions/CA%20-%20Developing%20a%20Healthcare%20Access%20Monitoring%20System%20092811.pdf> for the complete document.





## **What You Should Know About the Healthy Families to Medi-Cal Transition**

- 1. The Healthy Families and Medi-Cal Programs are open for enrollment!**
- 2. Children will NOT lose health coverage!**
- 3. In the spring of 2013, children enrolled in the Healthy Families Program may be transitioned into the Medi-Cal Program.** Their benefits will remain the same. The income limits for Medi-Cal will increase to include the Healthy Families children.

**Families will receive letters in the mail which will provide them with further information. Parents with children in Healthy Families should continue to pay their monthly premiums.**

**If you have questions about accessing children's health care coverage, please call (916) 440-8811 or visit [www.teachersforhealthykids.com](http://www.teachersforhealthykids.com).**



## Denti-Cal Eligible Ages 0-8 (2011) Compared With Number of Pedodontists Listed On Denti-Cal Website

County	Number of Enrolled Ages 0-8 (2011) <sup>1</sup>	Number of Pedodontists Listed On Denti-Cal Referral Site <sup>2</sup>	Enrolled Children Age 0-8 per Pedodontist	Total Dentist to Denti-Cal Eligible Patient Ratio under 2,000 *
01 Alameda	55,017	3	18,339	no
02 Alpine	341	0	no dentists	no dentists
03 Amador	981	0	no dentists	no dentists
04 Butte	11,257	1	11,257	no
05 Calaveras	1,500	0	no dentists	no dentists
06 Colusa	1,461	0	no dentists	no dentists
07 Contra Costa	333,971	1	333,971	no
08 Del Norte	1,724	0	no dentists	no dentists
09 El Dorado	4424	0	no dentists	no dentists
10 Fresno	84,484	1	84,484	no
11 Glenn	2,020	0	no dentists	no dentists
12 Humboldt	6,096	0	no dentists	no dentists
13 Imperial	13,472	1	13,472	no
14 Inyo	848	0	no dentists	no dentists
15 Kern	66,295	2	33,148	no
16 Kings	10,434	1	10,434	no
17 Lake	3,643	1	3,643	no
18 Lassen	1,108	0	no dentists	no dentists
19 Los Angeles	533,862	73	7,313	no
20 Madera	12,441	0	no dentists	no dentists
21 Marin	5,256	0	no dentists	no dentists
22 Mariposa	597	0	no dentists	no dentists
23 Mendocino	5370	0	no dentists	no dentists
24 Merced	22,649	2	11,325	no
25 Modoc	463	0	no dentists	no dentists
26 Mono	425	0	no dentists	no dentists
27 Monterey	29,312	3	9,771	no
28 Napa	4,522	0	no dentists	no dentists
29 Nevada	2408	0	no dentists	no dentists
30 Orange	119,157	25	4,766	no
31 Placer	7348	0	no dentists	no dentists
32 Plumas	649	0	no dentists	no dentists
33 Riverside	115,074	16	7,192	no
34 Sacramento	64,585	8	8,073	no
35 San Benito	2868	0	no dentists	no dentists
36 San Bernardino	133,245	14	9,518	no
37 San Diego	89,666	18	4,981	no
38 San Francisco	19,564	1	19,564	no
39 San Joaquin	46,069	2	23,035	no
40 San Luis Obispo	8,612	1	8,612	no
41 San Mateo	18772	0	no dentists	no dentists

42	Santa Barbara	23,756	0	no dentists	no dentists
43	Santa Clara	61,161	5	12,232	no
44	Santa Cruz	11,612	3	3,871	no
45	Shasta	8,590	1	8,590	no
46	Sierra	103	0	no dentists	no dentists
47	Siskiyou	2167	0	no dentists	no dentists
48	Solano	17,150	1	17,150	no
49	Sonoma	16,685	1	16,685	no
50	Stanislaus	35,722	4	8,931	no
51	Sutter	6,124	2	3,062	no
52	Tehama	4,609	0	no dentists	no dentists
53	Trinity	588	0	no dentists	no dentists
54	Tulare	46,779	1	46,779	no
55	Tuolumne	1720	0	no dentists	no dentists
56	Ventura	36,998	2	18,499	no
57	Yolo	7517	0	no dentists	no dentists
58	Yuba	5,208	0	no dentists	no dentists
<b>Totals:</b>		<b>2,128,479</b>	<b>194</b>		

<sup>1</sup> All Denti-cal statistics were taken from the Denti-cal produced chart titled

"Dental Users, Eligibles, Utilization Rate and Amount Paid by Age Group and County, Ages 0-20, FY07-08 through 10-11"

<sup>2</sup> All dentist counts were taken from the Denti-cal referral webpage on 9/7/2012. <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>

\* Tit. 28, § 1300.67.2 of the California Administrative Code States:

- (d) The ratio of enrollees to staff, including health professionals, administrative and other supporting staff, directly or through referrals, shall be such as to reasonably assure that all services offered by the plan will be accessible to enrollees on an appropriate basis without delays detrimental to the health of the enrollees. There shall be at least one full-time equivalent physician to one thousand two hundred (1,200) enrollees and there shall be approximately one full-time equivalent primary care physician for each two thousand (2,000) enrollees, or an alternative mechanism shall be provided by the plan to demonstrate an adequate ratio of physicians to enrollees;

The recent RFP for Medi-cal Dental contained scoring ratios as to access. Anything over 2000 patients per dentist was scored at 0. See below:

Medi-Cal Dental GMC Program RFP 12-89095 Page 31

E. Provider Network, Exhibit A, Attachment 8, Main, Section K.3.k

13. In Proposer's narrative of network experience, how many FTE Primary Care Dentists were in the network (average of the last 12 months of service)?

Use the following formula and scale to award points:

$$\frac{\text{---}}{\text{---}} \div \text{---} = \text{--- MPFTE}$$

(# of members served in (# of FTEs in the designated region designated region (12 mo. avg.)

MPFTE = Members Per FTE

0 pts = > 2,000 MPFTE

1 pt = 2,000 – 1,500 MPFTE

2 pts = 1,499 – 1,000 MPFTE

3 pts = 999 – 500 MPFTE

4 pts = ≤ 499 MPFTE

# Denti-Cal Eligible (2011) Compared With Number of Dentists Listed On Denti-Cal Website

County	Number Eligible For Denti-Cal Age 0-20 <sup>1</sup>	Number of General Dentists Listed On Denti-Cal Referral Page <sup>2</sup>	Eligible Patients 0-20 per General Dentist	Total Dentist to Denti-Cal Eligible Patient Ratio	Meets Admin. Code Requirements *	Number of Children Enrolled in Healthy Families (Jul 2012) <sup>3</sup>	Number of Patients Per Dentists When Denti-cal and HF Enrollment are Combined	Total Dentist to Denti-Cal Eligible Patient Ratio (including HF) Meets Admin. Code Requirements *
01 Alameda	107,185	37	2,897	no	no	21,022	3,465	no
02 Alpine	96	0	no dentists	no	no	10	no dentists	no
03 Amador	2,011	0	no dentists	no	no	405	no dentists	no
04 Butte	23,918	5	4,784	no	no	3,173	5,418	no
05 Calaveras	3,232	0	no dentists	no	no	651	no dentists	no
06 Colusa	2,557	0	no dentists	no	no	1,677	no dentists	no
07 Contra Costa	64,818	17	3,813	no	no	13,522	4,608	no
08 Del Norte	3,736	0	no dentists	no	no	528	no dentists	no
09 El Dorado	8,601	4	2,150	no	no	2,854	2,864	no
10 Fresno	168,021	57	2,948	no	no	20,133	3,301	no
11 Glenn	3,768	1	3,768	no	no	1,235	5,003	no
12 Humboldt	11,725	0	no dentists	no	no	3,080	no dentists	no
13 Imperial	28,044	6	4,674	no	no	4,373	5,403	no
14 Inyo	1,627	0	no dentists	no	no	278	no dentists	no
15 Kern	126,500	32	3,953	no	no	22,904	4,669	no
16 Kings	19,776	6	3,296	no	no	3,568	3,891	no
17 Lake	7,682	1	7,682	no	no	1,532	9,214	no
18 Lassen	2,312	1	2,312	no	no	236	2,548	no
19 Los Angeles	1,093,974	779	1,404	yes	yes	219,914	1,687	yes
20 Madera	23,323	3	7,774	no	no	4,012	9,112	no
21 Marin	8,895	2	4,448	no	no	3,069	5,982	no
22 Mariposa	1,313	0	no dentists	no	no	183	no dentists	no
23 Mendocino	10,425	0	no dentists	no	no	2,167	no dentists	no
24 Merced	45,490	7	6,499	no	no	8,570	7,723	no
25 Modoc	964	1	964	yes	yes	130	1,094	yes
26 Mono	706	0	no dentists	no	no	420	no dentists	no
27 Monterey	48,895	10	4,890	no	no	19,226	6,812	no
28 Napa	7,922	3	2,641	no	no	4,211	4,044	no
29 Nevada	4,930	0	no dentists	no	no	2,473	no dentists	no
30 Orange	219,353	265	828	yes	yes	81,693	1,136	yes
31 Placer	14,036	7	2,005	no	no	5,494	2,790	no
32 Plumas	1,295	1	1,295	yes	yes	247	1,542	yes
33 Riverside	216,998	124	1,750	yes	yes	75,143	2,356	no
34 Sacramento	135,079	28	4,824	no	no	27,773	5,816	no
35 San Benito	5,174	0	no dentists	no	no	1,771	no dentists	no
36 San Bernardino	263,382	159	1,656	yes	yes	61,284	2,042	no
37 San Diego	178,776	107	1,671	yes	yes	72,053	2,344	no
38 San Francisco	38,953	21	1,855	yes	yes	10,512	2,355	no
39 San Joaquin	90,090	22	4,095	no	no	20,247	5,015	no
40 San Luis Obispo	15,582	3	5,194	no	no	5,445	7,009	no

41	San Mateo	32,080	12	2,673	no	10,713	3,566	no
42	Santa Barbara	40,598	11	3,691	no	10,978	4,689	no
43	Santa Clara	114,819	56	2,050	no	31,659	2,616	no
44	Santa Cruz	20,439	6	3,407	no	6,837	4,546	no
45	Shasta	17,743	3	5,914	no	3,610	7,118	no
46	Sierra	208	0	no dentists	no	36	no dentists	no
47	Siskiyou	4,468	0	no dentists	no	659	no dentists	no
48	Solano	33,992	10	3,399	no	5,805	3,980	no
49	Sonoma	29,020	3	9,673	no	12,136	13,719	no
50	Stanislaus	70,565	11	6,415	no	13,027	7,599	no
51	Sutter	11,565	3	3,855	no	3,370	4,978	no
52	Tehama	9,020	0	no dentists	no	1,397	no dentists	no
53	Trinity	1,314	0	no dentists	no	220	no dentists	no
54	Tulare	90,545	13	6,965	no	12,920	7,959	no
55	Tuolumne	3,723	0	no dentists	no	942	no dentists	no
56	Ventura	65,055	41	1,587	yes	20,462	2,086	no
57	Yolo	14,604	2	7,302	no	4,313	9,459	no
58	Yuba	10,548	0	no dentists	no	1,769	no dentists	no
<b>Totals:</b>		<b>3,581,470</b>	<b>1,880</b>			<b>868,071</b>		

<sup>1</sup> All Denti-cal statistics were taken from the Denti-cal produced chart titled

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<sup>2</sup> All dentist counts were taken from the Denti-cal referral webpage on 9/7/2012. <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>

<sup>3</sup> Healthy Families enrollment data taken from Healthy Families produced chart "Healthy Families Program Current Enrollment Distribution by County and Dental Plan" (02-Aug-12) Chart available at [http://www.mrrmib.ca.gov/MRMIB/HFP/July\\_12/HFPRpt15.pdf](http://www.mrrmib.ca.gov/MRMIB/HFP/July_12/HFPRpt15.pdf)

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2 pts = 1,499 – 1,000 MPFTE

3 pts = 999 – 500 MPFTE

4 pts = ≤ 499 MPFTE

## Counties With No Denti-cal Referral List: Cold Calls to Google Listed Dentists

Dentists from counties with no Denti-cal referral list were called to find unlisted Denti-cal providers. The chart below shows the results. Dentists called were found by searching the county name and "dentist" on google search.

County	Number of Practices Called	Answered "yes" to accepting Denti-Cal	Answered "no" to accepting Denti-Cal
Humboldt	3	1	2
Siskiyou	3	0	3
Del Norte	3	1	2
Colusa	3	1	2
Tuolumne	3	1	2
Calaveras	7	0	7
Amador	6	0	6
Alpine	search produced no dentists	n/a	n/a

