

**Managed Risk Medical Insurance Board
January 16, 2013, Public Session**

Board Members Present: Clifford Allenby, Chairperson
Richard Figueroa
Ellen Wu

Ex Officio Members Present: Jack Campana
Katie Johnson, Designee for the Secretary of the
Health and Human Services Agency

Staff Present: Janette Casillas, Executive Director
Terresa Krum, Chief Deputy Director
Laura Rosenthal, Chief Counsel, Legal
Ernesto Sanchez, Deputy Director, Eligibility,
Enrollment & Marketing
Jeanie Esajian, Deputy, Legislative & External
Affairs
Ellen Badley, Deputy, Benefits & Quality
Monitoring
Tony Lee, Deputy, Administration
Morgan Staines, Senior Staff Counsel, Legal
Muhammad Nawaz, Manager, Benefits & Quality
Monitoring
Jordan Espy, Manager, Legislative & External
Affairs
Loressa Hon, Manager, Administration
Jamie Yang, Manager, Eligibility, Enrollment &
Marketing
Laurie Herrera, Manager, Administration
Sheri Johnson, Manager, Administration
Carmen Fisher, Staff Services Analyst, Legal
Rebecca Dietzen, Senior Staff Counsel, Legal
Mary Watanabe, Manager, Benefits & Quality
Monitoring
Eubelle Agulto, Office Assistant, Benefits &
Quality Monitoring
Molly Tamashiro, Associate Governmental
Program Analyst, Benefits & Quality Monitoring
Valerie York, Acting Executive Assistant to the
Board and the Executive Director
Elva Sutton, Board Assistant

Public Comment: Elizabeth Abbott, Health Access

Chairman Allenby called the meeting to order at 10:04 a.m. The Board went into Executive Session and resumed public session at 11:08 a.m.

REVIEW AND APPROVAL OF DECEMBER 19, 2012 PUBLIC SESSION

Jack Campana noted that his comments in the minutes about the Healthy Families Program were meant to convey concerns that the public may not understand that HFP enrollment criteria now will apply to the expanded Medi-Cal Program and, as a result, may not apply for coverage. He likened the situation to the 2009 enrollment freeze in HFP that resulted in people's mistakenly thinking that HFP continued to be closed when it had reopened for enrollment. He stated that it would be important for the Department of Health Care Services to make an effort to let people know that Medi-Cal had expanded to include the eligibility criteria that were once part of HFP.

Chairman Allenby stated that the minutes of the December 19, 2012 meeting were being approved with that context in mind. The minutes were approved as submitted.

The December 19, 2012, Public Session Minutes are located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/agenda_item_3_Public%2012-19-12.pdf

STATE BUDGET UPDATE

Tony Lee reported on Agenda Item 4, State Budget Update. He provided the Board with an overview of the Governor's Budget, including MRMIB budget operation and local assistance by programs and funding source. MRMIB's total budget is \$611 million for the fiscal year 2013-2014, of which \$16.2 million is allocated to state operations and \$595 million to local assistance. Mr. Lee presented the Board with MRMIB's significant budget assumptions and enrollment levels for each program.

The Governor's HFP budget continues to propose the transition of HFP children to Medi-Cal, beginning January 1, 2013, and concluding September 1, 2013. The budget allows fund transfers between DHCS and MRMIB budgets to ensure adequate funding. After September 1, 2013, it is estimated that remaining HFP enrollment will consist of approximately 4,000 infants with family incomes above 250 of the federal poverty level. The HFP budget assumes Managed Care Organization (MCO) tax funds for the current year. However, without extension of the MCO tax, supplemental funds will be secured by the Administration to avoid a deficiency.

MRMIB's budget for the Pre-Existing Condition Insurance Plan includes approximately \$348 million for fiscal year 2013-2014. Beginning January 1, 2013, PCIP contractors (states) must submit quarterly cost proposals. For the first quarter of 2013, California received approximately \$151 million in PCIP funding. As of September 31, 2012, there were 15,833 subscribers in California's PCIP.

There are no major changes in the Access for Infants and Mothers (AIM), Major Risk Medical Insurance Program (MRMIP) or Children's Health Initiative Matching Fund program.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The document on the State Budget Update is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_4_Budget_Overview.pdf

TRANSITION OF THE HEALTHY FAMILIES SUBSCRIBERS TO THE MEDI-CAL PROGRAM

Ms. Casillas reported on Agenda Item 5, Transition of the Healthy Families Subscribers to the Medi-Cal Program. She presented the HFP call center statistics, which provide a monthly and daily reporting of the volume of calls and the general reason for the call. The major categories in the report were notifications at 30, 60 and 90 days; and a general transition notice, which will have a declining volume as it was already sent to all HFP subscribers and HFP is no longer taking new enrollment.

Ms. Casillas compared a report issued at the end of the previous business day with the one provided to the Board. The report provided to the Board shows total calls for the month at just over 3,400. The report issued at close of the previous business day shows volume is up to just over 7,000 calls. What is not built into the system, which was requested by the Board, is granular-level detail about the number of calls on a specific question. However, some of the more frequent questions were on the Medi-Cal BIC card; the timing of a child's transition; access to care; whether a child can keep his or her doctor or dentist; the health, dental, and vision plans available in Medi-Cal; cost of premiums; payment options; and the length of time before Medi-Cal conducts an eligibility determination on a submitted application.

Since the transition began and new subscribers will no longer be accepted to HFP, except for AIM-linked infants, the functions within Single Point of Entry (SPE) will transition to DHCS. A contract was finalized and a scope of work delineated between Maximus and DHCS. The SPE report will no longer be presented to the Board by MRMIB staff. Ms. Casillas said staff would recommend to Medi-Cal that the report be made public on its website because DHCS does not have a public forum similar to MRMIB public meetings.

Ms. Casillas stated that the cumulative total of phone calls made to the HFP Call Center on all transition topics was just over 42,400.

Mr. Figueroa asked whether DHCS had the same information that was conveyed in the calls – numbers as well as anecdotal information – so action could be taken to make improvements if there were commonalities to the questions, for example, elements of certain letters. Ms. Casillas said that was correct and she presumed Maximus would provide that information to DHCS. She said the final HFP call

center script is posted on the MRMIB website and distributed to CAAs (Certified Application Assistants) and health, dental, and vision plans. If need be, the call center provides a “warm handoff” to the HCO (Health Care Option), or calls could be routed to county social services.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The document for the Transition of the Healthy Families Subscribers to the Medi-Cal Program (call center statistics) is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_5_MAXI_MUS_HFP_Transition_Call_Report.pdf

2012-13 Healthy Families Program Plan Contract Reporting Requirements

Ms. Casillas reported on Agenda Item 5.a, the 2012-13 Healthy Families Program Plan Contract Reporting Requirements. Ms. Casillas presented the Board with a list of current contract requirements for HFP health, dental and vision plans. The document represents the different reports MRMIB requires from its plan partners. The list presented to the Board indicates some areas in which it no longer makes sense to require plans to submit this data, since the related activities will no longer be conducted. Ms. Casillas recommended waiving a number of the reporting requirements, many of which normally are part of contract negotiation activities and figure in the development of the Healthy Families handbook.

HFP plans have asked why they need to continue reporting certain other data, such as reports on oral health or HEDIS data. Ms. Casillas said the reports are for a period for which the plans were paid and for which the contracts require these reports, and that these reports are required to meet requirements under the federal Children’s Health Insurance Program, have been committed to the Centers for Medicare and Medicaid Services (CMS), and are reflected in the State Plan addressing the way HFP measures quality, oral health and dental utilization.

Ms. Casillas explained that MRMIB has discussed with CMS whether it makes sense to continue the next iteration of these reports. So far, the information received is that CMS wants MRMIB staff to proceed in order to provide a closing analysis for the separate CHIP; this can serve as a benchmark or point of reference as HFP children move to Medi-Cal. Ms. Casillas said she was unsure whether the reports would be the same as in the past but that they would maintain a relevant point of comparison.

Mr. Figueroa said that this report would let the Legislature see the reporting MRMIB requires through its contracts in the event they wish for this reporting to continue.

Chairman Allenby asked if there were any other comments from the Board or the audience.

Beth Abbott said she was dismayed that DHCS did not immediately take up where MRMIB left off in its public disclosure of information, regular postings and

opportunities for people to comment. She said that, in her experience of attending all the DHCS stakeholder meetings, the meetings are not equivalent to what MRMIB offers in terms of public reporting. She stated that the meetings are offered two or three times a year and that members of the public or others who wish to comment are generally provided with a 15-minute period at the end of the day to raise questions or comments. Ms. Abbott stated that this is not reciprocal with what MRMIB has done. She stated that she wished the public disclosure, transparency, reporting and opportunities to comment provided by MRMIB would be immediately taken up seamlessly by DHCS, but that this appears not to be the case as of yet. She urged the Board to push for this, stating that it is absolutely critical and especially important in a time of transition when wrong notices are sent, and there is the worry that those kinds of things happen. She reiterated that it is really important that there is some accountability.

Mr. Figueroa asked whether DHCS must provide the federal government with information or updates as part of the approval process and whether those have to be made public. Ms. Casillas deferred that question to DHCS, noting she was less familiar with the federal waiver process and public disclosure of waiver materials.

Mr. Figueroa told Ms. Abbott that there may be a way to obtain the information she sought; however, Ms. Abbott said that this could be a cumbersome federal Freedom of Information Act request. Mr. Figueroa said there may be a requirement that the information be automatically posted and that a FOIA may not be necessary. Ms. Abbott said the problem is the lack of opportunity to ask questions or validate information. Ms. Casillas said she would request that either DHCS Chief Deputy Director Renee Mollow or Director Toby Douglas attend a future MRMIB meeting to discuss transition issues. Ms. Abbott expressed appreciation for this idea.

Chairman Allenby asked if there were any further comments. There were none.

The document for the 2012-13 Healthy Families Program Plan Contract Reporting Requirements is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_5.a_2012-13_HFP_Contract_Reporting_Requirements.pdf

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

Ms. Casillas presented Agenda Item 5.b.i and 5.b.ii, the approval letter from CMS for Phase 1A of the transition and relevant sections of the 1115 Waiver, and the Department of Health Care Services' Monitoring Plan for the Healthy Families Program Transition to Medi-Cal. The full 1115 Waiver is posted to the MRMIB website. Ms. Casillas called out page 55 of the waiver, where there is a description and information about dental services. There are currently 23,000 children statewide with prior authorization for additional dental services or extensive or high-cost services. DHCS indicated that it will continue to honor these prior authorizations. Ms. Casillas said the names of these children would be sent to DHCS so they could be tracked based on their transition phase. She noted the actual DHCS Monitoring and Oversight Plan begins on page 276 (Attachment S)

of the 1115 waiver. The document outlines monitoring and reporting activities on a monthly basis concerning general enrollment in the plans, the number of children transitioned, disenrollments within 30 and 60 days after transition and the reasons for the disenrollment. There are also tracking, monitoring and reporting of dental services and utilization, as well as behavioral and mental health services, and alcohol and substance abuse services.

Mr. Figueroa noted that, on page 65, a public engagement strategy is detailed and requires ongoing, continuing contact with stakeholders about the issues.

Moving on to Agenda Item 5.b.iii, Ms. Casillas reported on the DHCS Dental Continuity of Care Provisions. DHCS is committed to securing dentists for Medi-Cal, tracking progress, and setting up toll-free lines for families seeking a dentist who will take Medi-Cal dental managed care or take them if they are in fee-for-service environment.

Mr. Figueroa said he was pleased to see the effort because of the concern federal officials and audience members have expressed. Dental plans have had more difficulties than health plans because of the fragility of Medi-Cal's dental program.

Ms. Casillas reported on Agenda Item 5.b.iv, the Healthy Families Program Transition to Medi-Cal Phase 1A, Phase 1B and Phase 1C Enrollment Breakdown. This document introduces Phase 1C of the transition comprised of HFP Health Net subscribers. She noted that the HFP Health Net offering was more of a commercial line that worked for HFP, but will require effort to obtain a sufficient number of providers in Medi-Cal for the transition. The effective date for the Phase 1C transition is April 1.

Reporting on Agenda 5.b.v, Ms. Casillas said it was the first addendum to Phase 1. It is intended to answer questions of stakeholders and/or legislative staff on network adequacy and related topics. It addresses the concerns raised in the original Phase 1 document concerning network adequacy for Health Net, as well as questions regarding CalVIVA Health Plan and Anthem/Blue Cross in various counties.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The documents on the Department of Health Care Services' Monitoring Plan for the Healthy Families Program Transition to Medi-Cal are located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_item5bJan16_13.html

Phase 2: Implementation Plan

Ms. Casillas reported on Agenda item 5.c.i, the Phase 2 Implementation Plan. Phase 2 is comprised mostly of HFP children enrolled in Kaiser plus a significant number of enrollees in Anthem Blue Cross in Los Angeles County. The Board was also presented with the Network Adequacy Assessment Report by the Department of Managed Health Care. She said a representative of DMHC was not present due to a scheduling conflict.

The documents on the Phase 2: Implementation Plan are located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_item5cJan16_13.html

Subscriber Notices

Ms. Casillas reported on Agenda Item 5.d, Subscriber Notices. She presented Phase 1B Final 60-Day Notice; the Phase 1B Draft Reminder Notice, also referred to as a 30-Day Notice, and the Phase 1C Draft 60-Day Notice. These notices are targeted for mail-out dates to meet the required 60- and 90-day notification process.

Beginning at next month's Board meeting, rather than present all the notices, staff will provide the Board with a grid that displays the timing of each notice and whether the notice is in final or draft form. The grid also will display the actual or anticipated mail-out date. A link to the DHCS website where the notices are posted will also be provided.

Ms. Casillas noted that, in the Phase 1B Final 60-Day Notice, the "variable text" will address the dental transition, depending on where the child lives. She described this as a good change because it is more specific to each subscriber, especially for those HFP children transitioning from dental managed care to dental fee-for-service.

Mr. Figueroa asked whether the Phase 2 Final 90-Day Notice was mailed to subscribers. Ms. Casillas said it was mailed. She noted that the letters were reviewed for reading level by the Center for Health Literacy; CMS also reviews the letters and provides input just as stakeholders do, coordinated with Medi-Cal and the California Health and Human Services Agency.

The documents on Subscriber Notices are located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_item5dJan16_13.html

Other Healthy Families Program Transition Issues

Other Healthy Families Program Transition Issues were not presented to the Board.

EXTERNAL AFFAIRS UPDATE

Jeanie Esajian presented Agenda Item 6, the External Affairs Update. While this was a light media period for External Affairs, there was a significant level of coverage of the Board, mostly regarding the transition of HFP subscribers to the Medi-Cal Program. Representative articles were provided to the Board, including articles from *The San Francisco Chronicle*, *Modesto Bee*, *Redding Record-Searchlight*, *Associated Press* and the California Endowment's partnership with the University of Southern California. One article on the Pre-Existing Condition Insurance Plan was included from *The Santa Cruz Sentinel*.

Chairman Allenby asked if there were any questions or comments from the Board

or the audience. There were none.

The document for the External Affairs Update is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_6_011613.pdf

STATE LEGISLATION

Jordan Espey reported on Agenda Item 7, State Legislation. SB 28 (Hernandez) would enable subscribers in AIM to be enrolled through the end of the month containing the 60th day after pregnancy. Currently they are enrolled only through 60 days after pregnancy. This means that some subscribers could receive additional services for almost a month after pregnancy. For example, if the 60th day fell on the 2nd day of a month, the subscriber could continue to have coverage through the end of that month. The bill also includes a number of Medi-Cal eligibility provisions based on Modified Adjusted Gross Income, or MAGI, Affordable Care Act implementation and essential health benefits.

AB 50 (Pan) would add requirements to a coordinated application and process across state programs that are currently under development; this is a provision of the ACA.

Chairman Allenby asked if the Governor had called a Special Session of the Legislature. Mr. Espey said he had not.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The document on the State Legislation is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_7_Legislative_Summary_1-16-2013.pdf

PRE-EXISTING CONDITION INSURANCE PLAN (PCIP) UPDATE

Enrollment Report

Jamie Yang reported on Agenda Item 8.a, the Enrollment Report. A total of 1,001 new subscribers enrolled in December, bringing overall PCIP enrollment to 15,833. No notable changes were reported in the percentage of subscribers enrolled in the top five counties or to subscribers' demographic information. The vast majority of subscribers' spoken languages continued to be English, representing 95 percent of all PCIP subscribers. PCIP processed more than 1,200 applications for December, with 33.7 percent submitted by Certified Application Assistants. National PCIP enrollment statistics showed that, as of October 31, 2012, the top five enrollment states remain unchanged from the previous month.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The PCIP Enrollment Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_8.a_PCI_P_Enrollment_Report_for_December_2012.pdf

Administrative Vendor Performance Report

Ms. Yang reported on Agenda Item 8.b, the Administrative Vendor Performance Report. The administrative vendor met all performance and accuracy standards. Additionally, no benefit appeals were received for August.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The PCIP Administrative Vendor Performance Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_8.b_PCI_P_Adm_Vendor_Board_Report_December_data.pdf

Third Party Administrator Performance Report

Mary Watanabe reported on Agenda Item 8.c, the Third Party Administrator Performance Report for December 2012. Health Now, the third party administrator, met all performance standards for December, except for one standard independent external review, or IER request, which was transmitted to the administrative vendor outside of the required five business days. There was a similar issue at the last Board meeting concerning the performance standard for expedited IERs. Staff has recommended that Health Now provide a written corrective action plan, while staff continues to monitor improvement and work with Health Now staff on this issue.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The PCIP Third Party Administrator Performance Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_8.c_TP_A_Performance_Report.pdf

Analysis of PCIP HIV/AIDS Claim Costs

Ms. Watanabe reported on Agenda Item 8.d, Analysis of PCIP HIV/AIDS Claim Costs. This was a follow-up report to the HIV/AIDS Fact Sheet presented at the November Board meeting. This report shows claims costs for Office of AIDS PCIP subscribers compared to other programs. Comparisons included California PCIP subscribers overall, those with the HIV/AIDS diagnosis, the Office of AIDS HIV/AIDS PCIP subscribers and subscribers in the California and New York Medicaid programs. It was determined that the Office of AIDS PCIP subscribers had significantly more pharmacy costs compared to other programs. California PCIP subscribers overall were very similar to Medi-Cal, except that they used more inpatient services.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The document on the Analysis of PCIP HIV/AIDS Claim Costs is located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_8.d_HIV_AIDS_Claims_Cost_Analysis.pdf

Other Program Updates

Ms. Yang reported on Agenda Item 8.e, Other Program Updates. The 2013 PCIP/MRMIP Application and Handbook was updated for the 2013 calendar year to include the latest program information, new MRMIP monthly premium rates and plan information. Highlights included a new message on the PCIP program's ending on December 31, 2013; and the information that coverage through the California Health Benefit Exchange will be available for PCIP subscribers beginning January 1, 2014. Additionally, the handbook contains new notices on the online fillable PDF application available to applicants to complete and fax to PCIP, new online payment methods using credit and debit cards and e-check. Finally, a new declaration was added to inform applicants that application and enrollment information will be shared with the California Health Benefit Exchange.

Chairman Allenby asked if there were any questions or comments from the Board or the audience.

Mr. Figueroa asked whether this was a requirement of federal law. Laura Rosenthal said the belief is that it will become a requirement, and that MRMIB was working cooperatively with the Exchange to maximize ease of application for subscribers. Mr. Figueroa asked if the new message would tell PCIP subscribers that there would be guarantee issue and that they could obtain coverage wherever they wished. Mr. Sanchez said the guarantee issue point was not addressed in the handbook update. Ms. Yang said current PCIP subscribers would receive an informing letter.

The document for PCIP Other Program Updates is located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_8.e_2013_PCIP_and_MRMIP_Application_and_Handbook_Summary_Updates.pdf

MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP) UPDATE

Enrollment Report

Ms. Yang reported on Agenda Item 9.a, the Enrollment Report. There were 132 new subscribers in December 2012, bringing total program enrollment to 5,713. As of January 1, 2013, the enrollment cap was reduced to 7,000, with no persons currently on the waiting list. MRMIP received 205 applications for the month of December. Kaiser South continues to have the highest percentage of MRMIP enrollment and the top 18 counties account for 91.4 percent of MRMIP enrollment. There were no significant changes to subscriber demographics.

Ms. Casillas noted that staff would begin very close monitoring of MRMIP enrollment to determine the impact of increased Board subsidy of subscriber premiums, so that premiums are down to 100 percent of market rates. The reduction of the enrollment cap is based on assumptions regarding future

enrollment and subscriber subsidy costs. She said this new monitoring process was reported to State Senator William Monning, (D-Carmel), who, as an Assembly Member, authored the measure that increased the MRMIP subscriber subsidy.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. Mr. Figueroa asked if the monitoring would show an increase in MRMIP enrollment. Ms. Casillas said was anticipated.

The MRMIP Enrollment Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_9.a_MRMIP_Board_Report_Summary_forJan_2013.pdf

Administrative Vendor Report

Ms. Yang reported on Agenda Item 9.b, the Administrative Vendor Performance Report. The administrative vendor met all four performance standards.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The MRMIP Administrative Vendor Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_9.b_MRMIP_Adm_Vendor_Perf_for_Jan_2013.pdf

Other Program Updates

Other Program Updates were not presented to the Board.

HEALTHCARE REFORM UNDER THE AFFORDABLE CARE ACT

Ernesto Sanchez reported on Agenda Item 10, Healthcare Reform Under the Affordable Care Act. MRMIB staff has collaborated with the California Health Benefit Exchange, Department of Health Care Services and California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) vendor staffs as requirements for the new enrollment portal are finalized. MRMIB staff provided technical assistance regarding AIM, including: eligibility requirements, existing application and enrollment processes, cost-sharing requirements, billing and subscriber contribution collections, notices and subscriber communications, the disenrollment process, AIM-linked infant registration and enrollment processes, the existing Maxe² System, possible interface options between CalHEERS and Maxe² systems, and the possibilities for transitioning subscribers into options available through CalHEERS.

Mr. Sanchez said this work would continue, although some programmatic details regarding AIM are evolving due to the HFP transition.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

HEALTHY FAMILIES PROGRAM (HFP) UPDATE

Enrollment and Single Point of Entry Report

Mr. Sanchez reported on Agenda Item 11.a, Enrollment and Single Point of Entry. Enrollment at the end of December was slightly below 353,000 children. Nearly 23,000 children enrolled in December. Latinos continue to be the largest enrollment group in HFP. There are slightly more males than females enrolled and the top five counties account for 58.6 percent of the enrollment. English and Spanish continue to be the largest language groups.

Applications through SPE topped 20,000, with 36 percent of those from online Health-e-App enrollment and 18 percent assisted with the help of a certified application assistant. A total of 67 percent of applicants went to HFP, 26 percent to Medi-Cal and 6.7 percent to both programs.

Chairman Allenby asked if there were any questions or comments from the Board or the audience.

Mr. Figueroa said it appeared the numbers of applications had not declined as drastically as the number of subscribers in the program. He asked whether subscribers were dropping off the program upon their renewal date

Mr. Sanchez said subscriber attrition is continuing and may be partly due to the lack of outreach and application assistance funds that, when available, helped raise monthly enrollment to an average of 15,000 more applications a month. Some attrition is normal, but staff will continue to monitor and track disenrollments to report at the next meeting. Mr. Figueroa said he wondered whether HFP subscribers who disenrolled did so because they did not want to be transitioned to Medi-Cal. Ms. Casillas said there are several factors, including the transition, non-payment, Annual Eligibility Review or the child's aging out of the program. Ms. Casillas said several hundred subscribers asked to be disenrolled, but staff does not know whether it has anything to do with the transition.

Mr. Figueroa asked whether one last Disenrollment Survey would be done for HFP. Ms. Casillas said the Disenrollment Survey is only done for MRMIP.

Ms. Casillas said that the SPE component, including Health-e-App, would no longer be part of the HFP Enrollment Report. With the onset of the transition and the fact that HFP is not accepting new enrollment except for AIM-linked infants, SPE and Health-e-App have moved to the Medi-Cal Program. DHCS has contracted with Maximus to continue this activity.

Mr. Campana asked whether the Board would have access to SPE data in the future to see the number of new enrollees that would otherwise have been eligible for HFP. Ms. Casillas said she had not discussed this with DHCS, but intended to discuss standard reporting items with the Department. She noted that DHCS did not hold public meetings and did not have a venue to obtain general public input. However, she said such reports could be posted to the DHCS website.

Mr. Campana said it would be beneficial to have public access to the data

because, if applications from families who previously would have been eligible for HFP drop significantly, it would signal that these persons don't see Medi-Cal as an avenue for them. Ms. Casillas said that required reporting under the 1115 Waiver is quite extensive, and that she had provided the reporting format to the Board. Reporting is required at monthly and quarterly intervals. Ms. Casillas said she would review the document to see what information was publicly available.

Chairman Allenby asked if there were other questions or comments. There were none.

The HFP Enrollment and Single Point of Entry Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_11.a_HFP_December_2012_Summary.pdf

Administrative Vendor Performance Report

Mr. Sanchez reported on Agenda Item 11.b, the Administrative Vendor Performance Report. The administrative vendor met all performance standards for processing applications, toll-free line statistics, moving applications in the members-only line and standards related to quality and accuracy.

Mr. Figueroa asked if staff knew whether Medi-Cal retained the same contracted levels of service provided to HFP by the administrative vendor. Ms. Casillas said she did not know whether the scope of work or service levels is the same. However, she said she was sure the same or similar confidentiality standards were maintained. She said this could be addressed with DHCS if DHCS sends a representative to a future MRMIB meeting.

Chairman Allenby asked if there were any further questions or comments from the Board or the audience. There were none.

The HFP Administrative Vendor Performance Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_11.b_HFP_Adm_Vendor_QA_2012-11.pdf

2011 Dental Quality Report

Ellen Badley reported on Agenda Item 11.c, the 2011 Dental Quality Report. She said the report presented to the Board and public at the meeting had very minor changes from the one originally provided to the Board and that she would provide copies of the original report to members of the public upon request. Ms. Badley acknowledged Donna Lagarias and Mary Watanabe for their work on the report.

Ms. Badley stated that the 2011 Dental Quality Report for HFP provides information on the oral health services during calendar year 2011 that were provided to children by six participating dental plans. MRMIB monitors the quality of dental services provided to subscribers using measures of utilization, preventive services and treatment. In addition, the Board sponsors the Dental Consumer Assessment of Healthcare Providers and Systems (D-CAHPS) survey to measure the satisfaction of subscribing families with dentists and dental plans. Both quality

and consumer components are combined into one report.

Dental caries (tooth decay and cavities) and their consequences are one of the most prevalent health problems in infants, children and adolescents. The Centers for Disease Control reports that tooth decay affects one-fourth of U.S. children, age two to five, and age 12 to 15. Dental care for children in HFP is provided by dental managed care plans in all 58 counties. The dental plans participating in HFP operate in two service models: open network and primary care.

In 2011, primary care plans served approximately 66 percent of HFP children, an increase of 12 percent over 2010. In the past several years, budget and program changes have limited plan choice in many counties. Similar to state employee requirements, new HFP subscribers are required to enroll in a dental primary care plan for their first two years in the program. After that, they have the option, based on availability, to move into an open network plan. It is important to note that, in many counties, the open network plans are closed to new enrollment, most significantly in Los Angeles. In this situation, the open network option is closed to families in affected counties.

Ms. Badley provided the Board with statistics that showed the decline in enrollment to illustrate the dramatic impact on Delta Dental over the last couple of years and noted that the HFP open network plans perform at significantly higher levels in many measures than primary care plans. As a result, 2011 is the first year in which overall ratings for some measures showed a decline, despite the fact that trend measures in almost every plan improved on an individual basis.

Ms. Badley stated that Appendix A provides a description of each of the eight performance measures, including the measures for utilization of dental services, annual dental visits (also a HEDIS measure), and overall utilization of dental services. The measures used for examinations include all health evaluations as well as continuity of care. Measures used for prevention and treatment are preventive dental services, treatment and prevention of cavities, filling to preventive services ratio and the use of dental treatment services.

The report includes data from calendar years 2008 through 2011, with the exception of demographic data. Demographic analysis was only conducted for 2011 with respect to the annual dental visit. Ms. Badley also explained that the measures only include children who were continuously enrolled in the program. For the annual dental visit, which is a HEDIS measure, the child must have had no more than a 45-day gap in enrollment. For all other measures, a child must be enrolled for 11 of the 12 months.

In 2011, there was approximately an 11 percent reduction in the number of continuously enrolled children, likely due to a shift from open network to primary care plans, with an overall decrease in program enrollment since 2009. Also in 2011, individual plan performance continued to improve in nearly every measure, which is a testament to the improving efforts made by all HFP dental plans in the areas of accessibility, quality of services and reporting. Primary care plans significantly improved in utilization of preventive services and continuity of care. Both Health Net Dental and Western Dental made significant improvement since

2008.

While the overall rate for annual dental visits decreased slightly in 2011, the rate for open network plans increased from 73 to 77 percent and from 48 to 50 percent for primary care plans. After enrollment differences are taken into account, this represents a total of 4,500 more children who received services. Ninety percent of continuously enrolled children who visited a dentist for any reason in 2011 also received a preventive dental service, such as an examination, a cleaning or a fluoride treatment. While there are significant differences between open network and primary care plans, they were more prevalent for preventive services than for treatment services for 2011.

Over the last several years, staff has focused on increasing utilization of preventive care services for children under the age of seven. While there was improvement in the rates at which young children received dental services, this is particularly evident for children ages two and three. Demographic data for annual visits shows that Hispanic and Latino children in all dental plans visited the dentist at significantly higher rates than other ethnic groups. American Indian/Alaskan Native children received dental services at the lowest rate.

In addition to looking at dental plan performance data, the survey also asked HFP families about their experiences in receiving services from their dentists and dental plans. MRMIB has administered the D-CAHPS survey for a number of years and is the only public program in the nation that does so. DataStat reports that Medi-Cal is talking to them about administering the D-CAHPS survey. D-CAHPS results for HFP are used in program materials such as the handbook to help members to pick their dental plans and D-CAHPS reports are posted to the MRMIB website.

This year, a new question was added to the HFP D-CAHPS survey to help MRMIB understand why families might not be accessing services. MRMIB wanted to know where there were barriers to care. In previous years, if families answered “no” to the question “did you get any services last year,” the survey did not probe to find out why. This year a new question asked families to explain why they did not receive services. For the 14 percent of families who did not access services, the most common reason cited was that they did not think their children needed services. This indicates that the program still has a lot of education to do to reinforce the mission that children should be seen every year for preventive care, regardless of whether they have problems.

Families also rated the care from their dentists and dental staff higher in 2011 than they did in 2010, as they did their access to dental care. Although open network plans generally received higher ratings, HFP managed care plans also received high ratings.

Ms. Badley stated that MRMIB has made a significant effort and focus on measuring and reporting the quality of services provided to health plan members. She stated that it was a pleasure to report that HFP dental plans continued to show improvement in the measures and rates. Because open network plans performed better than primary care plans, the shift in enrollment unfortunately resulted in some slight overall ratings declines. However, utilization measures

continued to show that HFP is providing services across the board. She indicated, in conclusion, that HFP should continue to educate HFP families and reinforce the need for care.

Mr. Figueroa asked whether this would be the last HFP Dental Quality Report. Ms. Badley said one more report would be issued. She said staff was working with the vendor DataStat to quickly field both the D-CAHPS and the CAHPS (Consumer Assessment of Healthcare Providers and Systems) surveys. Ms. Badley also indicated that this year's survey will ask families whether they have been transitioned to Medi-Cal, to determine whether that experience has an effect on their answers.

Ms. Wu asked for confirmation that a Dental Quality Advisory Group was formed for HFP. Ms. Badley said that this was correct and that this occurred several years ago. Ms. Wu asked about the impact of that group on HFP dental care and the likelihood that DHCS would form a similar group.

Ms. Badley said the Dental Advisory Group was key in helping staff develop program measures. She said it was her understanding that DHCS was employing all of the HFP measures and a couple more based on their reporting plan. This approach had an impact of getting HFP dental plans to work collaboratively and share information. The challenge is that, except for Los Angeles and Sacramento counties, dental services will be operated through the DentiCal program, not a managed care network.

Ms. Casillas said she would encourage DHCS to adopt, for at least the transition period, the HFP Dental Advisory Group in developing the D-CAHPS survey. It would seem to benefit DHCS to at least convene the group and gain its insights before proceeding with D-CAHPS.

Chairman Allenby asked if there were any further comments from the Board or the audience.

Ms. Casillas said oral health was a big issue for HFP and also a struggle because of rates, fiscal challenges and the dental managed care concept in primary care networks. There was a great deal of effort in HFP oral health initiatives, in the Dental Advisory Group and in the collaborations with HFP dental plans. She said that the HFP dental plans were great partners and that she hoped they would help as many children as they can, not just HFP children who are being transitioned.

Ms. Badley added that one of HFP's oral health initiatives, a planning project to improve oral health quality funded by the DentaQuest Foundation last year, was transitioned to Children Now and focused on Los Angeles County. The information gleaned through the one-year planning process will be publicly available.

The 2011 Dental Quality Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_11.c_2011_Dental_Report.pdf

Other Program Updates

Other Program Updates were not presented to the Board.

ACCESS FOR INFANTS AND MOTHERS (AIM) UPDATE
Enrollment Report

Mr. Sanchez reported on Agenda Item 12.a, the Enrollment Report. A total of 805 mothers enrolled in AIM during December. Slightly fewer than 4,900 women enrolled in AIM during the fiscal year. Current enrollment is 6,663; Latinas and Asians are the largest two ethnic groups in the program. The top 18 counties account for almost 88 percent of enrollment, which shows a downward trend that appears to have developed at the time budgetary decisions were made last year. Staff will monitor these disenrollments over time.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The AIM Enrollment Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_12.a_AIM_Dec_2012_summary.pdf

Administrative Vendor Performance Report

Mr. Sanchez reported on Agenda Item 12.b, the Administrative Vendor Performance Report. The Administrative Vendor met all requirements for processing applications, data transmissions and toll-free lines, as well as standards for quality, accuracy and eligibility determinations.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The AIM Administrative Vendor Performance Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_011613/Agenda_Item_12.b_AIM_Adm_Vendor_Perf_Dec_2012_Summary.pdf

Other Program Updates

Other Program Updates were not presented to the Board.

The meeting adjourned at 12:24 p.m.