

**Managed Risk Medical Insurance Board  
HFP Advisory Panel Meeting  
February 6, 2007  
West Sacramento, California**

**Members Present:** Jack Campana, William Arroyo, M.D., Elizabeth Stanley Salazar, Grapelyn Fentress, Maria Villalpando, Ellen Beck, M.D., Leonard Kutnik, M.D., Michael Kirkpatrick, Ronald Diluigi, Martha Jazo-Bajet, M.P.H., Heather Boner-Bishop

**MRMIB Staff:** Lesley Cummings, Janette Lopez, Ruth Jacobs, Glenn Hair, Rosemary Lamb, Ruben Mejia, Cristal Schoenfelder, Adriana Valdez, Theresa Skewes, Melissa Ng

**Board Members:** Areta Crowell, Ph. D.

**Introduction**

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting by introducing himself and asking the Panel members, staff and the audience to introduce themselves.

Mr. Campana announced that five Panel members' terms ended on December 31, 2006. Until there is an appointment for the new term, the persons whose terms have expired, may continue to serve. MRMIB staff will make recommendations to the Board at the second meeting in March.

Mr. Campana announced that Grapelyn Fentress, Subscriber member with a special needs child, will be leaving. Mr. Campana thanked Ms. Fentress for her work with the Panel and presented her with a certificate of appreciation.

Ms. Lopez, Deputy Director of the Eligibility, Enrollment and Marketing Division for the MRMIB, stated that MRMIB will conduct focused recruitment for the subscriber vacancies.

**Appointment of the Chairperson**

Mr. Campana was nominated as Chairperson and the Panel unanimously agreed. A motion was made and passed that Mr. Campana serve as Chair for another 1 year term.

## **Review of Summary**

The Panel made a motion to approve the November 1, 2006 HFP Advisory Panel Meeting Summary.

## **Strategic Planning List**

The Panel decided to defer discussion of the Strategic Planning list until the end of the agenda so that at the conclusion of the meeting, the Panel can identify the next time sensitive issue to be addressed. This process will guide the development of the following meeting agenda.

Areta Crowell, Ph D. MRMIB member, suggested that the strategic planning list be focused on known issues that are barriers to enrollment or program improvements and eliminate issues that may not solve any of the known problems. This would guide constructive input to the Board. The Panel asked that MRMIB staff help guide the Panel with their reassessment of the strategic planning list at the next Advisory Panel meeting.

## **Budget Update**

Glenn Hair, Chief, Fiscal Operations Section at MRMIB, presented a summary of the governor's budget which includes \$1.3 billion and 86 positions. HFP enrollment is projected to be 915,590 children and application assistance reimbursements will be continued. Mr. Hair also stated that the CAPS survey and the Rural Health Demonstration Project will continued to be funded.

Ms. Lopez added that an updated Retention Report will be presented to the Board at the April meeting and that retention has increased significantly. The report reflects a decrease in the number of children disenrolled for nonpayment. Ms. Lopez also noted that MRMIB staff analysis noted that a significant number of children disenrolled for non-payment were re-enrolled within the second month after disenrollment. Ms. Cummings stated that MRMIB's vendor, Maximus, compared retention reports from 2004 and it showed that there was increased retention of 5%.

Mr. Hair discussed the County Health Initiative Matching Fund Program (CHIM) and stated that only three of the four approved counties draw down federal SCHIP funds, which has resulted in a budget reduction. Ms. Cummings, Executive Director of MRMIB, stated that when a county declines to draw down federal financial participation (FFP), it is because of the fact that doing so requires a county to under take a lot of logistical and operational responsibilities. A county can only draw down funds for the children that are otherwise eligible and have income over 250%-300% of the federal poverty level (FPL), which is usually not many of the children in each county program.

The Panel suggested making the funds easier to obtain by reducing the amount of work. Ms. Lopez clarified that the requirements are to assure compliance with federal regulations to avoid federal disallowance during an audit. Ms. Lopez also stated that another option for counties to access federal funding is to utilize the county Buy-In

program. The Panel asked which counties were utilizing the FFP for children that are over 250% of the FPL. Ms. Cummings stated that Santa Clara, San Mateo, and San Francisco are utilizing the FFP. Alameda was the only county that has yet to take advantage of the federal funding.

### **State Legislative Update**

Ms. Cummings announced updates to MRMIB's website, including a new section on SCHIP reauthorization and projected budget estimates for future funding. Ms. Lopez reviewed the legislative summary, and pursuant to the Panel's request, provided an overview of AB 1433 (Emmerson and Laird) and AB 2560 (Ridley-Thomas).

### **Health Reform Proposals**

Ms. Cummings reviewed the Health Care Reform Proposals of the Governor, Senate Pro Temp Perata and Assembly Speaker Nuñez. The governor's is the most comprehensive and includes an individual mandate and a modest pay-or-play requirement on employers. Senate Pro Temp Perata and Speaker Nuñez' proposals both include mandates on employers to provide coverage and mandates on employees to accept that coverage, or they rely on the pay-or-play schema, in which an employer either provides health coverage to their employees or pays a fee for that coverage to be provided by a pool. Ms. Cummings also reviewed the health care reform comparison chart and noted similarities and differences among the three proposals. All three proposals envision creation of a purchasing pool that would be operated by MRMIB and coverage for all uninsured children regardless of immigration status. Children would be enrolled in Medi-Cal or Healthy Families Program based on income. Ms. Cummings stated that the Senate Republican's proposal, referred to as Cal Care, is limited to providing access incentives for businesses to purchase coverage and can be reviewed at the Senate republican website. The Senate Republican's proposal does not include a purchasing pool and opposes coverage of all children regardless of immigration status.

Mr. Campana asked that the Health Care Reform Proposal item be included on the agenda at the next Advisory Panel meeting.

### **Mental Health**

Ms. Rosie Lamb, Benefits Specialist for MRMIB, presented the analysis of the University of California, San Francisco (UCSF) Seriously Emotionally Disturbed (SED) Children Carve-Out report. She reviewed the nine recommendations that will be addressed by the Mental Health Unit and also a few items that will be addressed during Phase II and III of the study.

Martha Jazo-Bajet, M.P.H., asked about the quarterly mental health workgroup meeting and if they were going to be held at the same time as the quarterly California Children's Services (CCS) meetings. It was confirmed that the meetings would be held separately and that the first workgroup meeting is tentatively scheduled on March 9, 2007, pending on obtaining a list of plan and county mental health liaisons. The workgroup meetings will be held in conjunction with the County Mental Health Directors Association

(CMHDA) quarterly meetings. MRMIB will be responsible for tracking the plan liaisons and the Department of Mental Health will be responsible for tracking the county liaisons.

Dr. Beck asked if a timeline and guidelines will be developed to address each of the recommendations and how it will be monitored. Ruth Jacobs, Assistant Deputy Director in Benefits for the MRMIB, stated that a timeline has been developed and guidelines will be developed as each recommendation is addressed.

Ms. Jazo-Bajet asked if a form could be developed, based off of an already existing form used by health plans to report CCS data, for health plans to report what they have monitored. Mr. Campana stated that it would be good to review the effectiveness of health plan's services. Mr. Campana recommended that Ms. Jacobs determine what data should be collected in order to make an effective evaluation on the services being provided through these recommendations. Ms. Cummings stated that MRMIB would look into the implications in regards to workload and increase requirements from health plans.

Elizabeth Stanley-Salazar mentioned that she sits on a Co-Occurring Joint Action Committee that meets a little more than quarterly, which is a body of policy forums of the last 20 years that include the directors from the Department of Mental Health, Alcohol and Drug Programs and representatives from county administrators.

Ms. Cummings asked Ms. Stanley-Salazar about substance abuse treatment for children and adolescents, specifically to what extent the treatment was occurring through county substance abuse programs and to what extent is it occurring elsewhere. Ms. Stanley-Salazar stated that there are no systems of care for children who require substance abuse treatment that can be billed to the state. Phoenix House of California has only acquired funding through the state with a contract from both mental health systems and substance abuse systems.

Ruben Mejia, Research Program Specialist I for Benefits for the MRMIB, gave a brief overview of the Phase II and III Solicitation. He stated that MRMIB held a bidder's conference attended by eight of the interested bidders. The Panel asked how MRMIB identified potential bidders. Mr. Mejia stated that solicitations were posted on the website and MRMIB e-mailed the solicitation to a number of universities.

## **Dental**

Ms. Jacobs gave an update about the most recent HFP Dental workgroup meeting. She stated that the California Dental Association (CDA) has an interest in the current legislative session for increasing the method of reimbursement for orthodontic care in Denti-Cal, which would also impact HFP and the CCS Program. The CDA is hopeful that an increase in orthodontists will be the outcome of improved reimbursement methods.

The Panel questioned whether fluoride varnish was the same as a sealant and it was clarified that varnish was something different. Ms. Jacobs also stated that through the UCSF report it was discovered that there are some dentists that are currently being reimbursed for applying fluoride varnish. MRMIB is currently developing an issue paper

to be presented to the Board regarding application of fluoride varnishes in dental and medical offices.

The Panel asked if MRMIB could look into physician's reimbursement rates for the procedure and Ms. Cummings informed them that MRMIB contracts with the health plans that do the contracting with the physicians and the plans determine the reimbursement rates.

Ms. Jacobs briefly discussed the DHS Dental Advisory Committee and presented an overview of the Committee's background and purpose. The Committee was developed due to low HFP dental plan quality measurement scores continued in the "Dental Quality Measurement Report for Services Provided in 2004" that was provided to the Board at the July 19, 2006 meeting. The Committee's purpose will be to look at dental quality measures that have been used, decide if they are appropriate measures and decide if they need to be revised or removed. The committee will complete its work by September 2007 and provide recommendations on appropriate dental quality measures to the Board. The Board will decide which recommendation to include in the October 2007 HFP plan contract amendments.

Heather Bonser-Bishop commented that she would like to see the rural community represented on the Committee. Ms. Jacobs stated that the list of committee members is not yet final. Ms. Cummings stated that MRMIB is looking for committee members with quality measurement experience. She asked Ms. Bonser-Bishop to provide names of people she would like to recommend.

Ms. Cummings discussed the dental anesthesia issue for which the Panel has already made a recommendation to the Board. MRMIB is currently working on an issue paper that will be summarizing the Panel's recommendations on general anesthesia in the dental office and a number of issues that have been discussed by the Panel. This matter will be discussed at the April Board meeting for anyone who is interested.

### **Reports of Interest**

Due to a lack of time, reports for Agenda item 10 were not presented. The Panel was asked to review items and notify MRMIB of any issues to be discussed at the next meeting.