

# Healthy Families Transition to Medi-Cal

Presented to: The Sacramento Medi-Cal Managed Care  
Stakeholder's Advisory Committee

By: the Sacramento GMC Plans

# Outline

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# Why Are HF Children moving to Medi-Cal?

- ▶ Legislation was passed, Assembly Bill (AB) 1494 that mandated the transfer of all Healthy Families Program (HFP) enrollees to Medi-Cal. Medi-Cal will cover these children under a new optional coverage group known as the Targeted Low-Income Children's Program (TLICP).

The transition of HFP enrollees to Medi-Cal will:

- Simplify eligibility and coverage for children and families,
- Provide additional benefits and lower costs for children at certain income levels,
- Improve the State's administrative efficiencies,
- Result in General Fund savings (\$79 million GF in 2012-13 and \$278 million GF in 2013-14)\*,
- Provide a more consistent health plan contracting process, and
- Increase plan accountability for providing high quality services to children.

Sources:

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

\* [http://www.dhcs.ca.gov/Documents/Governor%27s%20Budget%20Highlights%20\(Final%203\).pdf](http://www.dhcs.ca.gov/Documents/Governor%27s%20Budget%20Highlights%20(Final%203).pdf)

# Why Are HF Children moving to Medi-Cal?

Cont.

## *Goals of Transition:*

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

**Source:** <http://www.dhcs.ca.gov/services/Documents/HFP%20to%20Medi-Cal%20Transition%20Webinar%20Presentation%209-13-12%20Revised.ppt#280,8>, Program Overview and Legislative Requirements

# Transition Timetable

- There are approximately 875,000 HF beneficiaries statewide.
- The transition will take place in phases.

| Phase       | Phase 1A  | Phase 1B   | Phase 1C             | Phase 2  | Phase 3  | Phase 4   |
|-------------|---|--|----------------------|--|--|---|
| # Enrollees | Approx. 411,654   |  |                      | Approx.<br>261, 060  | Approx.<br>152, 602  | Approx<br>42, 753   |
| Date        | January 1, 2013   | <b>March 1, 2013</b>   | <b>April 1, 2013</b> | April 1, 2013  | August 1, 2013   | September 1, 2013   |
| Description | Individuals enrolled in a HFP health plan that is a Medi-Cal managed care health plan shall be enrolled in the same plan. |  |                      | Enrolled in a HFP health plan that is a subcontractor of a M/C managed care plan | Enrolled in a HFP plan that is NOT a M/C managed care plan & does not contract/ subcontract with a M/C managed care plan | No Medi-Cal Managed Care in county. Transition to FFS Medi-Cal. |
| Counties    | Alameda, Riverside, San Bernardino, San Francisco, Santa Clara, Orange, San Mateo, and San Diego (except HN)              | Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Tulare, <b>Sacramento (except for Health Net)</b> , Napa, Solano, Sonoma, Yolo, Monterey, Santa Cruz, Santa Barbara, and San Luis Obispo | <b>Health Net</b>    |  |  |   |

# Sacramento's HF Demographics

- Total Number of Healthy Families Enrollees =27,461
- Number of HF Medical Plans in the County=6
- Number of HF Dental Plans in the County=6

|                                   | Sacramento County<br>Healthy Families<br>Membership |               |
|-----------------------------------|---|---------------|
|                                   | Nov 2012  | Dec 2012      |
| <b>Anthem BC- EPO<sup>1</sup></b> | <b>34</b>   | <b>34</b>     |
| <b>Anthem BC- HMO</b>             | <b>1,532</b>  | <b>1,514</b>  |
| <b>Health Net</b>                 | <b>10,931</b>                                       | <b>10,888</b> |
| <b>Hlth Pln San Joaquin*</b>      | <b>123</b>  | <b>122</b>    |
| <b>Kaiser</b>                     | <b>13,542</b>                                       | <b>13,517</b> |
| <b>Molina</b>                     | <b>1,404</b>  | <b>1,386</b>  |

<sup>1</sup>- These members reside in neighboring counties and receive service in Sacramento.

\* Health Plan of San Joaquin's members will transition in Phase 3 into one of the four existing M/C Plans.

# Transition Logistics

## *Targeted Low-Income Children's Program (TLICP)*

- Increases Federal Poverty Level (FPL) limits under Medi-Cal for children ages zero to 19 years of age
- Generally follows other existing FPL Program eligibility rules
- Implements a premium requirement for children with income over 150% FPL (\$13 per child to a maximum of \$39 per family)
- Transitional Aid Codes

|    |                      |  |
|----|----------------------|--|
| 5C | At or below 150% FPL | No-Cost, full scope Medi-Cal with no premium |
| 5D | 151%–250% FPL        | Full scope Medi-Cal with premium payment     |

**NOTE:** AIM infants (ages 0 – 2 yrs of age) with income above the 250% FPL will continue as HFP enrolled infants in the AIM program in aid code 0C.

# Transition Logistics cont.

## Full Scope M/C AID Codes

|            | Age Group | Percent Level                 | Aid Code |
|------------|-----------|-------------------------------|----------|
| <b>NEW</b> | 0-1       | At or below 200%              | 47       |
|            | 0-1       | Above 200% - Up to 250%       | H1       |
|            | 1-6       | At or below 133%              | 72       |
|            | 1-6       | At or below 133%, Over Assets | 8P       |
| <b>NEW</b> | 1-6       | Above 133%- Up to 150%        | H2       |
| <b>NEW</b> | 1-6       | Above 150%- Up to 250%        | H3       |
|            | 6-19      | At or below 100%              | 7A       |
|            | 6-19      | At or below 100%, Over Assets | 8R       |
| <b>NEW</b> | 6-19      | Above 100%- Up to 150%        | H4       |
| <b>NEW</b> | 6-19      | Above 150%- Up to 250%        | H5       |

**PREMIUM**

**PREMIUM**



# Transition Logistics cont.

## *Premiums*

Children with family income above 150% up to 250% will have monthly premiums

- County determines eligibility for TLICP with premium
  - H3 and H5 aid codes convey need for premium
- The Medi-Cal Premium Payment Section (formerly HF Premium Payment Section):
  - Handles premium notification and collection
  - Informs county of non-payment of premiums
  - Counties will not collect or process beneficiary payments
- Premiums are \$13 per child, with a family maximum of \$39
  - It is a flat amount per child, not a sliding scale

# Transition Logistics cont.

## *Informing Beneficiaries*

- Transitioning children will receive the Medi-Cal Welcome Packets and Beneficiary Identification Cards (BICs) in the month prior to each transition. Those individuals in a managed care health or dental plan will also receive information from these plans.
- The Welcome Packet will include the following documents:
  - Welcome Letter
  - Medi-Cal What It Means To You (PUB 68)
  - EPSDT Program information (MC 003)
  - Important Information for Persons Requesting Medi-Cal (MC 219)
  - Multilingual Notice – Request for Assistance
  - Inserts about dental benefits
    - Dental Tri-fold for all beneficiaries
    - Sacramento County Specific Insert
  - Notice of Privacy Practices
  - List of Counties with telephone contact information for Medi-Cal inquiries.
- BIC cards will be sent separately, after the Welcome Packet.

# Transition Logistics cont.

## *Transition Notices*

- Prior to each phase of the transition, the DHCS will mail notifications to the affected families. Families will receive notification:
  - Phase 1 A–C: at least 60 days prior to transitioning and a reminder notice (within 30 days) before the transition.
  - Phase 2, 3, and 4: At least 90 days prior to transitioning, with two reminders (within 60 and within 30 days) prior to the transition.

# Transition Logistics cont.

## *Requirements prior to implementation of each transition phase*

- DHCS must receive CMS approval
- Plans must demonstrate network adequacy
- HFP Contractor must send data to DHCS to be loaded in MEDS
- Maximus must send electronic data transfer to County DHA
- Transition Notices must be mailed within the established timeframes.

# Transition of Care

## *Medical:*

- CCS– No change.
- AIM Program
  - Babies born to AIM mothers up to 250 FPL will now be eligible for Medi-Cal through the TLICP.
  - ID and outreach critical to get them in for well baby and other timely CHDP services.
- ❖ Premiums
  - Continuity of Care may be difficult if beneficiaries lose coverage because of missed premium payments.

# Transition of Care

## *Dental:*

- Dental and Medical transition together in the same phase.
  - Sacramento is a Mandatory Dental Managed Care County.
  - Health Net is the only plan that participates in both Medical and Dental (under both HF and M/C).
- ❖ Children receiving orthodontia through CCS will need to have their care transitioned to a provider within their dental plan's network.

|            | Healthy Families Enrollment<br>Dental |             |
|------------|---------------------------------------|-------------|
|            | Nov<br>2012                           | Dec<br>2012 |
| Access     | 5,269                                 | 5,242       |
| Delta*     | 11,339                                | 11,247      |
| Deltacare* | 1,282                                 | 1,314       |
| Health Net | 4,624                                 | 4,632       |
| Safeguard* | 1,248                                 | 1,247       |
| Western*   | 3,824                                 | 3,864       |

\* Plans not contracted for the Dental Managed Care Program

# Transition of Care

## *Mental Health:*

### ❖ Autism

In the Weeks Ahead the Health Plans will:

- Closely follow the progress of the State workgroup
- Meet with representatives from County Mental Health Plan and Alta Regional Center to discuss:
  - continuity of care for children with autism
  - Strategic plans for “warm hand off” of members from HFP MH providers to the MHP.
  - Identify potential coordination pitfalls

# Preparation by the Health Plans

- Network Adequacy Analysis (HF/M–C crossover)
- Participation on Stakeholder Workgroups
- Internal Staff Education/Scripts for Member Services Representatives
- Data migration and Systems modifications
- Member Education/ Communication
- Provider Contracting
- Provider Outreach/ Education
- Information/Data Exchange with County MHP



# Performance Measures and Metrics

In order to monitor managed care health plans' performance and accountability for provision of services ongoing, DMHC and DHCS will engage in the following efforts:

- **DMHC Plan Surveys**

DMHC surveys health plan operations once every three years to evaluate compliance with Knox Keene provisions related to health plan operations. These surveys utilize methods such as policy and procedure review, file review, and interviews with key health plan staff to evaluate health plan compliance.

- **DHCS Plan Surveys and Audits**

Pursuant to each health plan's contract, DHCS monitors all aspects of the contractor's operation for compliance with the provisions of the contract and applicable Federal and State laws and regulations. Such monitoring activities include, but are not limited to, inspection and auditing of the contractor, subcontractor, and provider facilities, and management systems. Most surveys are conducted every 2 years and audits every 3 years.

**Health plan metrics will include, but will not be limited to:**

- Child-only HEDIS measures indicative of performance in serving children and adolescents
- Existing Medi-Cal managed care performance metrics and standards including:
  - timely access
  - network adequacy
  - linguistic services
  - the use of surveys to measure beneficiary satisfaction and network adequacy post transition

*These findings are publicly reported and posted on the DHCS website.*

# What We Know From Phase 1A\*

- MMCD – No large access to care issues
  - 1–2% increase in phone calls
  - Top Questions
    - Premiums
    - Education
- Dental Division
  - 1–3% increase in calls
  - Not unusual for this time of year
  - Top Questions
    - Education
- Mental Health Division
  - No high call volume, 3–12 calls/day
  - Calls not always MH related but MH clients with general HF questions
- Alcohol and Drug Division
  - No reported increase in calls by Counties

\*Generalized information presented by DHCS on 1/23 HF Transition Webinar.

# References

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

<http://www.mrmib.ca.gov/MRMIB/HFPTTransition.html>

[http://www.dhcs.ca.gov/Documents/Governor%27s%20Budget%20Highlights%20\(Final%203\).pdf](http://www.dhcs.ca.gov/Documents/Governor%27s%20Budget%20Highlights%20(Final%203).pdf)

[http://www.dhcs.ca.gov/services/medi-cal/Documents/ADHC Transition/California STCs \(3-30-12\).pdf](http://www.dhcs.ca.gov/services/medi-cal/Documents/ADHC%20Transition/California%20STCs%20(3-30-12).pdf)

[http://www.dhcs.ca.gov/services/Documents/HFP%20to%20Medi-Cal%20Transition%20Webinar%20Presentation%209-13-12%20Revised.ppt#280,8, Program Overview and Legislative Requirements](http://www.dhcs.ca.gov/services/Documents/HFP%20to%20Medi-Cal%20Transition%20Webinar%20Presentation%209-13-12%20Revised.ppt#280,8,Program%20Overview%20and%20Legislative%20Requirements)

[http://www.dhcs.ca.gov/services/Documents/Approval%20letter\\_31-12-2012\\_12-44-42%20pdf.pdf.pdf](http://www.dhcs.ca.gov/services/Documents/Approval%20letter_31-12-2012_12-44-42%20pdf.pdf.pdf)

<http://www.dhcs.ca.gov/services/Documents/Phase%201%20Healthy%20Families%20Program%20Transition%20to%20Medi-Cal%20Network%20Adequacy.pdf>

<http://www.dhcs.ca.gov/services/Documents/Healthy%20Families%20Program%20Transition%20to%20Medi-Cal%20Strategic%20Plan.pdf>

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

- HFP Transition (PPT)
- Targeted Low-Income Children's Program (TLICP) (PPT)


# HFP Transition: “The Trouble Shooters”

Members are encouraged to contact their Plan Member Services Department first

- Available via toll-free number 24hours a day, 7 days/wk, 365 days/yr
- Multi-lingual staff that can communicate with Member in their preferred language.
- Have all the needed resources and tools to facilitate Member requests (i.e.: appointment scheduling, PCP change, Member grievance, link with after hours nurse advice line, new ID card, health education resources, information about programs/services in the community.)

Sacramento GMC Plan Member Services Departments can be reach at:

**Anthem.**  1-800-407-4627

 **MOLINA**  
HEALTHCARE 1-888-665-4621

 **Health Net** 1-800-675-6110

**KAISER PERMANENTE.**  **thrive** 1-800-464-4000

# Questions?