

**COHS Planning and Implementation Committee
Meeting Notes
August 24, 2007**

In Attendance

Implementation Committee Members: Dianna Ball, Marion Deeds, Paul Duranczyk, Joan Froess, Naomi Fuchs, Sean Gaskie, Barbara Graves, Dan Hull, Michael Humphrey, Geza Kadar, Diane Kaljian, Joann Keyston, Mary Maddux-González, Marc Mariani (for Mich Riccioni), Jim McSweeney, Marina Nakabayashi, Jack Neureuter, Nancy Oswald, Kirk Pappas, Don Ransom, Kim Seamons, Michael Smith, Mary Szecsey,

Staff and Consultants: Cliff Coates, Alison Lobb, Lynn Scuri

CDHCS Staff: Willie Anderson

Partnership HealthPlan: Liz Gibboney, Mary Kerlin

Audience: Susan Keller

Absent: Damon Doss, Ann McGee, Irma Oregon, Evan Rayner, James Vaughn, Madrone Williams, Susan Ziblatt

Welcome, Introductions, Announcements

Dr. Mary Maddux-González opened the meeting and welcomed the Planning and Implementation Committee and guests and asked that individuals introduce themselves. Dr. Maddux-González then presented the agenda for the meeting. The goals of the meeting were agreed.

Updates from Partnership HealthPlan

County Expansion Rates Status – Liz Gibboney reported that Partnership and the State continue to have positive discussions on the rates, and that the final rates are expected in about four weeks. There will be a standard contract format for all counties covered by Partnership.

Operations – Partnership has leased additional space at their Fairfield facilities to accommodate the additional work created by the Managed Care Medi-Cal expansion to Sonoma County. Partnership will be looking for a location for the Sonoma County regional office soon, and would welcome any leads. The regional office will be staffed by a total of ten to fifteen people, including an office manager, a medical director, utilization management nurses, and provider relations staff.

Partnership Committees – Ms. Gibboney will e-mail a list of Partnership meetings that are open to the public for distribution to the PIC group. She also could send agendas in advance.

Primary Care Capacity and Auto-Assignment

Capacity – Liz Gibboney explained that the State requires the health plans to demonstrate sufficient capacity in the region of operation. Sufficient capacity for primary care in our region is designated as at least 1 FTE physician or mid-level practitioner per 2,000 patients. Currently, 20 FTEs are required for primary care for the Medi-Cal population

residing in Sonoma County. The goal for access is that a patient can see a practitioner within 30 minutes travel time/within 10 miles of his or her home.

A patient is defined as a person who has been seen at a site at least one time in the past 12 months for care other than “stop-gap” care. Capacity must be re-evaluated annually. Partnership will request this information from providers, and will contact them if there are any questions on the information submitted.

Capacity requirements and standards exist in a few other areas, as well. These include after hours availability for care, specialty care, language, etc. These issues should be addressed at future meetings of the PIC group.

Auto-Assignment – As presented by Mary Kerlin, Medi-Cal clients are informed about the upcoming changes 120 days prior to the Managed Care “go live” date by a letter from the State. This letter also states that each client will need to select a primary care provider. At 60 days prior to go live, Partnership sends a letter requesting that the clients select a primary care provider, along with the provider panel. Partnership sends another letter at 30 days, stating that the client needs to select a provider at that point, if they have not already done so. Clients who do not make a selection at that time are auto-assigned.

In assigning clients to providers, Partnership reviews the clients’ past twelve months of Medi-Cal billing history. There are three categories of clients for the purposes of auto-assignment:

- Clients with Share-of-Cost Medi-Cal are not auto-assigned to providers. This is because no capitation is paid for them. However, this group needs to be educated as to the importance of having a medical home.
- Clients who have received services in the 12-month period will be assigned to one of the providers seen. The PIC group can determine the rules to apply to these cases (e.g. most recently seen practitioner, practitioner visited most often, etc.).
- For clients who have not seen a provider in the previous twelve months, Partnership must consider language spoken and geographical distance. Beyond this, the PIC group can determine what the auto-assignment rules will be.

Any client may select a different provider at any time, and the choice becomes effective as of the first day of the following month.

Partnership experience in other counties is that there is a fairly high rate of auto-assignment (only about 30% of Medi-Cal clients see a healthcare provider in any 12-month period). However, only about 10% of clients who are auto-assigned request re-assignment.

When asked what happens when a client shows up for services at the wrong primary care provider, Mary Kerlin replied that clients should be directed to the correct site when the service is not urgent. However, for the first three months of Managed Care Medi-Cal operation, Partnership will make wrap-around payment. After this, Partnership will work with providers on handling such cases.

If a Medi-Cal client goes to an urgent care provider during the day, Partnership must approve the visit over the telephone before reimbursable service can be provided. After hours urgent care will be covered. Partnership works with urgent care providers to educate them on this.

ER visits will be covered at any time. However, Partnership does provide incentives for reduced ER visits. The incentives will be explained by Partnership's Finance Team at another time.

Foster children and other groups categorized as "special managed case care" clients are not capitated, are not auto-assigned, and are treated on a fee-for-service basis.

Next Steps –

- There will need to be discussion on the Kaiser Permanente role in Managed Care Medi-Cal. Currently, Kaiser Santa Rosa has 800 Medi-Cal patients and performs about an additional 1,000 outpatient visits per month on a fee-for-service basis; additional patients are seen at the Petaluma campus. Partnership's stance is that current Kaiser patients should remain at Kaiser, if at all possible.
- Partnership needs to communicate with Sonoma County providers. Partnership communicates via letters, phone calls, individual meetings, group meetings, and providing information at existing groups. In addition, the State sends bulletins to current Medi-Cal providers.
- Specialty care is to be addressed by Partnership and the PIC group. Standards exist for time until an appointment can be scheduled, after hours care, etc. Partnership pays an enhanced fee for specialty by type that averages to about 150% of the current Medi-Cal fee-for-service rate. Partnership has models for specialty clinics, encourages the establishment of specialty clinics, and works with clinics to achieve this.
- Mental health services will remain with the County Mental Health Department. An MOU will need to be signed by the Department and Partnership. The same holds for AOD services, although Partnership offers supplemental insurance in this area, and will seek to enlist providers.
- The suggestion was made to limit auto-assignment to community clinics as PCPs. The PIC group may want to survey the interest of potential private physicians in having Medi-Cal patients assigned to them before this decision can be made. One alternative for consideration would be to assign a larger percentage of clients to the community clinics than to private practices. It was agreed that staff would present a draft auto-assignment plan for discussion at the next meeting.

Public Comment

Susan Keller expressed her appreciation of the planning process for Managed Care Medi-Cal and that it solicits and incorporates the comments of community organizations and the public at large. She also stated that she is concerned about the status of skilled

nursing facilities, community-based long term care, and telemedicine under the Managed Care Medi-Cal system being planned for Sonoma County. She was assured by the Partnership representatives that Medi-Cal clients receiving long term care are part of the system. They represent one of the special case care management groups.

Wrap-Up – Next Steps

The staff will prepare a draft of the auto assignment plan for consideration at the next meeting.

Adjourned at 11:00 AM

The next meeting of the COHS Planning and Implementation Committee is Friday, September 28, 2007 from 9:00am to 11:00am at 475 Aviation Blvd., DHS Conference Center.