

**COHS Planning and Implementation Committee
Meeting Notes
September 28, 2007**

In Attendance

Implementation Committee Members: Dianna Ball, Damon Doss, Paul Duranczyk, Kathy Ficco (for Mich Riccioni), Joan Froess, Sean Gaskie, Dan Hull (for Evan Rayner), Michael Humphrey, Joann Keyston, Mary Maddux-González, Jack Neureuter, Kim Seamans (for Marion Deeds), Michael Smith, Mary Szecsey, James Vaughn, Madrone Williams

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

CDHCS Staff: Willie Anderson

Partnership HealthPlan: Liz Gibboney, Jack Horn

Consultant: Elli Hall

Audience: Geza Kadar, Susan Keller, Herb Willsmore

Absent: Naomi Fuchs, Barbara Graves, Diane Kaljian, Ann McGee, Kelly Pfeifer, Jim McSweeney, Irma Oregon, Nancy Oswald, Kirk Pappas, Don Ransom, 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.

Mr. Anderson announced that the State planned to release its offer of rates for Marin County that day, and to release the offer of rates for Sonoma County within one week.

Updates from Partnership HealthPlan

Operations – Ms. Gibboney announced that the State has extended current Healthy Families contracts for one year. This means that Partnership would not be able to apply to become a Healthy Families provider in Sonoma County until fall of 2008 for a starting date in 2009. Partnership has been lobbying for the opportunity to apply mid-cycle, but without success, so far. It is likely that MRMIB currently is overwhelmed by the uncertain outcomes of state and national legislation, which have potential, fundamental impact on its operations, so that it will not be in a position to decide on allowing Partnership a mid-cycle application at this time. However, Partnership did get the assurance from the State that, if Health Care Reform passes, the State would work on urgency rules.

Progress with the new IT system is well on its way. Partnership expects it to be up and running within two months.

Partnership Committees – Ms. Gibboney distributed a list of regular meetings held by Partnership, to which any interested PIC Group member would be welcome. She also renewed her offer to send agendas in advance upon request.

Regional Office - Functions – The regional office, to be located in Sonoma County, would serve all of the potential expansion counties: Sonoma, Marin, Mendocino, and Lake. Ms. Gibboney distributed the list of positions and their key functions. The Office Manager would be a mid-level management position. Other positions to be staffed in the regional office are Administrative Assistant, Provider Relations Representatives, Associate Medical Director, and Utilization Management Nurses. A Health Educator position might be added over time, especially if Partnership expands to all four counties listed above. Regional office staff would report dually to the Office Manager and to professional staff in Fairfield.

PIC Group members brought up several issues, which were addressed by Mr. Horn as follows:

- Member walk-ins. In Partnership's experience in Fairfield, only about six to ten members per month walk in for assistance, so the Administrative Assistant should be able to handle this type of flow easily.
- Prenatal outreach would continue to be performed telephonically from Fairfield.
- Wellness courses. For the most part, Partnership contracts with existing CBOs.
- Prior authorizations. Utilization Management Nurses make regular rounds in the hospitals two to three times per week. Pharmaceutical prior authorizations would continue to be processed in Fairfield.
- Typical questions from the membership. Partnership tracks the issues members call in about, and breaks them into about eight or nine categories. The top three call-in questions are for (1) information, (2) assistance getting services, (3) pharmaceutical questions.
- Telephone calls regarding patient care issues are passed off to Coordinated Care Management personnel.
- The need for telephone staff who are familiar with the Sonoma County community. Partnership could look into this, but is hesitant to start up new queues on the phone lines.
- Timeline for setting up the regional office is dependent on when settlement is reached on the rates and the implementation of Managed Care Medi-Cal in Marin. The office would be opened seven to nine months after Partnership receives agreeable rates from the State, or possibly a bit longer, if Partnership decides to concentrate on starting up in Marin first.

Auto-Assignment

Ms. Gibboney presented the schedule for notifying members of enrollment in Partnership HealthPlan and PCP assignment. The timeline begins 120 days prior to implementation with a notification letter sent by DHCS. Members receive mailings from Partnership 90, 60, and 30 days prior to implementation informing them of the need to select a PCP and providing them with a provider directory. Members who do not select a PCP as of two weeks before the go-live date are auto-assigned. Historically, about 30% of members are auto-assigned at this time. (In Yolo County, this was 38%.) Subsequently, about 70% of new members are auto-assigned in a typical month of operation.

Mr. Coates presented the draft “Sonoma County Auto-Assignment Principles” based on the discussion held at the August 24th meeting. The draft principles state that, in the final instance and only after members have foregone the opportunity to make a PCP selection and no previous relationship with a provider can be determined, the member will be assigned to a safety-net provider who meets geographic and linguistic criteria. The draft principles define a safety-net provider as “a clinic or medical practice that operates with a policy to see all patients regardless of ability to pay”. Mr. Horn pointed out that giving safety-net providers exclusive treatment for auto-assignment (as opposed to preferential treatment) could discourage private physicians from contracting with Partnership. So far in other counties, Partnership has only weighted auto-assignment in favor of safety-net providers, and only at start up – not on an ongoing basis. The PIC Group agreed these issues needs to be considered before finalizing the Principles. Also, future discussion is needed to determine appropriate geographic guidelines for auto-assignment.

Specialist Recruitment

Ms. Gibboney presented a summary of physician types (including primary and specialty care, hospital-based, tertiary centers/physician groups, and pediatric sub-specialties), an example of high volume specialties, and the panel of specialists currently contracted by Partnership for the Healthy Kids Sonoma County program (which might easily agree to be contracted for Managed Care Medi-Cal). Ms. Gibboney agreed to provide these documents electronically. Mr. Horn stated that Partnership also asks contracted PCPs to suggest physicians whom they would like to have in the specialist network.

Reasons why some specialists are hesitant to contract to provide Managed Care Medi-Cal services include high client no-show rates and low client compliance with doctors’ advice. Specialists occasionally turn down Medi-Cal referrals based on their short-term payer mix; however, when they close to new clients, Partnership would be aware and would let members know. Another problem specialists might have encountered in the past is long waiting periods for reimbursement; however, Partnership currently has just an eight-day turn around time on bill payment, and has managed consistently to keep this time below 15 days.

Mr. Horn also stated that Partnership is open to innovative problem-solving approaches. For instance, Partnership could capitate for specialty services. Partnership also would be happy to work with specialty clinics, although it does not have experience with this to date. Specialty clinics bill at FQHC rates. (Partnership has sent a letter of support for a grant application RCHC submitted to Kaiser to seek financial support for investigating possible new models for specialty clinics that might be promising for Sonoma County.)

Public Comment

Mr. Herb Willsmore expressed concern that severely disabled people who need specially-equipped wheelchairs might not be able to get precisely the ones they need through Managed Care Medi-Cal. Mr. Horn stated that Partnership has physical therapists who can visit members in their home to determine need. Each request for a special wheelchair must be initiated by a physician and is evaluated on a case-by-case basis. Seating clinics could be offered, as well. Mr. Anderson pointed out that durable medical equipment is

the main source of Medi-Cal fraud, and can arise simply through requests for equipment that does not match need well. Managed Care Medi-Cal is especially good at avoiding this problem.

Wrap-Up – Next Steps

Mr. Horn plans to spend one or two days per month in Sonoma County to learn more about our community and key stakeholders. He requests suggestions of venues and times.

Staff suggested that, because of the holiday season, it could be a good idea to hold just one meeting for the months of November and December. Mr. Humphrey pointed out that there is a fifth Friday in November; staff will look into the appropriateness of that date for the last PIC Group meeting of 2007.

Adjourned at 11:00 AM

The next meeting of the COHS Planning and Implementation Committee is Friday, October 26, 2007 from 9:00am to 11:00am at 475 Aviation Blvd., DHS Conference Center.