

**COHS Planning and Implementation Committee
Meeting Notes
October 26, 2007**

In Attendance

Implementation Committee Members: Marion Deeds, Damon Doss, Paul Duranczyk, Kathy Ficco (for Mich Riccioni), Naomi Fuchs, Sean Gaskie, Barbara Graves, Michael Humphrey, Diane Kaljian, Mary Maddux-González, Jim McSweeney, Jack Neureuter, Irma Oregon, Nancy Oswald, Kelly Pfeifer, Don Ransom, Michael Smith, Mary Szecsey, Madrone Williams, Irma Oregon

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

CDHCS Staff: Willie Anderson

Partnership HealthPlan: Liz Gibboney, Jack Horn, Debbie Shafer

Audience: Geza Kadar, Susan Keller, Kim Seamans

Absent: Dianna Ball, Joan Froess, Joann Keyston, Ann McGee, Kirk Pappas, Evan Rayner, James Vaughn, Susan Zibblatt

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 item on Member Services Department was moved up the agenda to be addressed just after the updates from Partnership HealthPlan. The goals of the meeting were agreed.

Updates from Partnership HealthPlan

Mr. Jack Horn reported that the installation of the new IT system continues to progress. The new system will not change current levels of access for members or providers. Providers will still be able to perform electronic billing.

Partnership will be going through an audit in the next days.

Mr. Horn also talked about the Partnership Advantage product that currently enjoys 20% market penetration and is profitable. This product has added an annual exam as a covered benefit, and also covers such services as transportation, respite care, in-home examinations, and does not require co-payments for most medicines. Partnership also has initiated a complex care management service to provide care for the most severely ill members, who otherwise would need to be in nursing facilities.

Member Services Department

Ms. Debbie Shafer, head of the Member Services Department, discussed the work of her department. The member services call center is staffed by 16 individuals. Partnership HealthPlan takes pains to ensure the quality and performance of their Member Services staff. For example:

- 100% of calls are recorded, and a minimum of 10% are monitored; each staff member receives monthly feedback on their handling of calls, and Partnership

sends postcards to members who have called the customer services line to solicit their feedback.

- Partnership conducts a yearly member satisfaction survey. Partnership typically has a response rate of 46%.
- About 90% of the department is bilingual English and Spanish. One employee speaks Russian, which is the only other threshold language for the region currently served. The employees are rigorously screened for their language abilities before they are hired.
- The goal of the department is to have no more than a 50 second average waiting time for callers. They usually meet their goal.
- Call center staff are encouraged to attend the annual member focus groups so that they have the chance to experience their members as more than just voices over the phone.
- When members call in, staff uses the opportunity to perform some client education, encourage the selection of a medical home or an initial doctor visit, confirm contact information, etc. The average talk time of a member services call is 4 minutes, which is fairly long for a call center.

Other services offered by Ms. Shafer's department include new member welcome calls, the provision of new member packets in the threshold languages, member newsletters, and the Partnership website. The department also contacts people to offer special services when the services they have received indicate special needs. Examples of these are transportation for women with high-risk pregnancies, and offering a program to fight obesity to members for whom this appears to be an issue based on information from their providers. Calls also are forwarded to advice nurses when necessary.

Ms. Shafer also outlined the notifications to Medi-Cal recipients regarding the Partnership becoming the Managed Care Medi-Cal provider and the need to select a primary care provider. 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. Mr. Willie Anderson stated that DHCS now sends a second notice at 60 days prior, as well. Ms. Shafer explained that Partnership works with a variety of agencies and community groups to get the messages out throughout the community in order to inform and prepare members as well as possible.

Members who do not select a primary care provider are auto-assigned. Partnership encourages members to go to their primary care advisor for an initial health assessment within the first 120 days of Managed Care Medi-Cal operations. Amongst other reasons, this is to ensure that their primary care provider assignment is agreeable. When asked what happens when a member shows up for care at another provider's office, Ms. Shafer answered that this is dealt with on a case-by-case basis. When possible, Partnership pays the unassigned provider on a fee-for-service basis for this visit, then (if the member wants this provider as their primary care provider) will pay the capitation for the provider starting the following month.

Auto-Assignment

Mr. Coates presented the new version of the “Sonoma County Auto-Assignment Principles” based on the discussion held at the August 24th and September 28th meetings. 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 the nearest provider in a ratio that recognizes historical practice patterns. The draft principles state that Sonoma County community clinics currently provide care for the majority of Medi-Cal patients (estimated 80%). The policy presented would auto-assign members in a 4:1 ratio Clinics/private providers. After the initial start up, auto-assignment would be based on remaining capacity ratios for all providers who wish to receive auto-assigned members.

The group expressed concern that we currently do not have accurate figures on the percentages of Medi-Cal clients served by clinics. They requested that Partnership find this out before setting an auto-assignment ratio. Partnership agreed to collect this information. The timing for this work will be dependant upon successful implementation of the new IT system and successful rate negotiations with the State. Partnership also encouraged the community clinics to perform their own information campaigns to alert their clients to elect their medical home clinic as their Managed Care Medi-Cal PCP. The final auto-assignment policy will reflect the actual distribution of patients.

Concern was also expressed about the role Kaiser Permanente will play. Mr. Horn pointed out that Kaiser has been responsive to the unique needs of each Community. The Planning Group will discuss this issue in detail at a future meeting.

Rate Negotiations

Mr. Horn informed the group that the State had presented rates for Sonoma County which did not adequately address administration costs. Partnership currently finds the rate package to be inadequate for their expansion into Sonoma County; however, the State is open to further negotiations.

Mr. Willie Anderson was asked whether any advocacy efforts by the PIC group might help the State to adjust its position on the rates. Mr. Anderson said that staff is working diligently with Partnership and that direct contact with DHCS officers probably would not be especially useful at this time, but if members were to have conversations with elected State officials, the three messages that are important to deliver are: (1) Sonoma County is committed to the process, (2) timing is important, and (3) the current process would be very difficult to re-start at some later date. It also is important to point out that Sonoma County has gone through the choice process that the State required in good faith.

Public Comment

Mr. Geza Kadar asked Mr. Horn about how the arrangement with Kaiser Permanente would work under Managed Care Medi-Cal. Mr. Horn answered that Kaiser typically agrees to play whatever role the community wishes it to play. Partnership contracts with Kaiser, pays the normal capitation rates, and requires that Kaiser offer full Medi-Cal coverage. Partnership HealthPlan would have a delegation agreement in place with

Kaiser that stipulates what Kaiser must do. Partnership has oversight over Kaiser and reviews any complaints.

Wrap-Up – Next Steps

There was a request to list big implementation issues and the process for approaching them. Staff will work with Partnership to address all key issues that can be addressed prior to finalizing rates.

Adjourned at 10:52 AM

The next meeting of the COHS Planning and Implementation Committee is Friday, November 30, 2007 from 9:00am to 11:00am at 475 Aviation Blvd., Guild Hall.