Partnership HealthPlan of California

Introduction to Medi-Cal Managed Care

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Today’s Presentation

➢ What is Medi-Cal Managed Care?

➢ What is Partnership HealthPlan?
Why the Change from Fee for Service (FFS) to Managed Medi-Cal?

- Governor Brown’s February 2012 Budget intent that ALL 28 Counties with FFS (fee for service) Medi-Cal would become Managed Medi-Cal
- Not part of the Affordable Care Act
- Result:
  - 18 counties contracted with Blue Cross and Centene (Health and Wellness California)
  - 8 northern California counties to work with Partnership HealthPlan: Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, Trinity
  - Go live date for 8 counties: September 1, 2013
  - 18 remaining postponed to November 1, 2013
What is Managed Care?

♦ Establishes contracted “networks of care”
  — Greater emphasis on primary and preventive care

♦ Coordinated delivery of health services
  — Primary Care Provider (PCP) and Healthplan collaboration, particularly for more difficult and complex members
What is Partnership HealthPlan of California (PHC)?

PHC is a Non-Profit Managed Care Organization referred to as a County Organized Health System (COHS).

PHC contracts with the Department of Health Care Services (DHCS) for specific Medi-Cal aid codes.
In every aspect of the HealthPlan’s operations, from day to day activities to the strategic planning for our future, our mission is to help our members and the communities we serve be healthy.
Goals of Managed Health Care

• Deliver quality care in environment that manages and controls costs
• Deliver medically necessary care that is appropriate for the member’s condition
• Care rendered by most appropriate provider and in least-expensive setting (largely driven by medical home/Primary Care Provider)
Our Goals

- Create a local system of care for Medi-Cal Members
- Improve access to care
- Focus on primary and preventive care
- Reduce use of Emergency Room for routine care
- Improve the quality of care
- Increase provider reimbursement
- Increase scope of services to the member
- Run a locally responsive organization
## PHC Services

<table>
<thead>
<tr>
<th>Medi-Cal Covered Benefit</th>
<th>Excluded Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Primary Care</td>
<td>• SMI Mental Health</td>
</tr>
<tr>
<td>• Specialty Care</td>
<td>• Dental Care</td>
</tr>
<tr>
<td>• Lab and Diagnostic Imaging</td>
<td>• HIV/ AIDS Medications</td>
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<tr>
<td>• Hospital Services</td>
<td>• AODS (Alcohol and Other Drug Services)</td>
</tr>
<tr>
<td>• Pharmacy</td>
<td>• CCS (California Children’s Services)</td>
</tr>
<tr>
<td>• Long Term Care</td>
<td>• Psychotropic Medications</td>
</tr>
<tr>
<td>• Maternity Care</td>
<td></td>
</tr>
<tr>
<td>• CHDP (Child Health Disability and Prevention Program)</td>
<td></td>
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<tr>
<td>• CPSP (Comprehensive Perinatal Services Program)</td>
<td></td>
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<tr>
<td>• Non SMI (Severely Mentally III) OP (Outpatient) Mental Health (1/1/14)</td>
<td></td>
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</tbody>
</table>
## Enhanced Services

### Benefits
- Pulmonary Rehab
- Podiatry (for diabetics)
- AODS Supplemental Services
- Nutrition Counseling
- Weight Management
- Over the counter drugs
- Transportation

### Clinical Support
- Care Coordination
- Complex Case Management
- Growing Together Perinatal Program
- 24/7 Advice Nurse Program

### Provider & Member Support
- Member Services Department
- Local Provider Relations Staff
- Claims Customer Service
- Quality Improvement Program
- Committee Structure
- Local Governance

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**We Answer the Phone!**
Benefits for Members

- **Member Services:** PHC receives and services 1200 – 1500 calls per day helping patients with an average answer time of < 23 seconds

- Enhanced benefits

- Care Coordination programs

- Higher quality of care, improved HEDIS (Healthcare Effectiveness Data and Information Set) scores (managed care industry performance measures)

- Improved access to physician services
PHC History

1988 Private/public discussion to address overall health of community; funding from Kaiser, NorthBay, Sutter, cities and other
1992 State contract approved and Commission formed
1994 Solano operations began
1998 Expansion into Napa
2001 Expansion into Yolo
2002 County Medical Services Program (CMSP) pilot
2006 Healthy Kids
2007 Medicare/ Medi-Cal Partnership Advantage product
2009 Medi-Cal expansion to Sonoma County
2010 Health Families provider
2011 Medi-Cal Expansion to Marin and Mendocino Counties
2013 Expansion to 8 Northern Counties
County Organized Health System (COHS) Model of Managed Care

Local Governance & Administration:

❖ Locally approved & operated managed care organization

— County Board of Supervisors approve model and provider, and appoint Governing Board members

❖ Community Involvement:

• Advisory boards that participate in collective decision making regarding the direction of the plan
• Board meetings are open and transparent to the public
Governance

- **Board of Directors**
  - 36 members
  - Mix of providers, consumers, advocates and county officials

- **Committees**
  - Finance Committee
  - Physician Advisory Committee
    - Quality, Credentialing, Peer Review, Pharmacy

- **Consumer Advisory Committee**

- **Provider Advisory Group**
More About PHC

- One of 6 County Organized Health Systems (COHS) in California currently covering 14 counties
- Not for Profit Organization
- 431 Employees
- Administrative costs < 5%
- 31% of enrollment is Seniors & Persons with Disabilities (SPD)
- Offices in Fairfield, Santa Rosa, Redding, and Eureka
8 County Expansion
September 1, 2013

- Del Norte
- Humboldt
- Lake
- Lassen
- Modoc
- Shasta
- Siskiyou
- Trinity
## Estimated Medi-Cal Expansion Growth: by County

<table>
<thead>
<tr>
<th>County</th>
<th>Current Medi-Cal</th>
<th>Healthy Families Transition (Jan - Sep 2013)</th>
<th>CMSP/LIHP (Jan 2014)</th>
<th>Newly Eligible (Jan 2014 Forward)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Del Norte</td>
<td>7,384</td>
<td>541</td>
<td>987</td>
<td>738</td>
<td>9,650</td>
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<tr>
<td>Humboldt</td>
<td>24,507</td>
<td>3,131</td>
<td>3,604</td>
<td>2,451</td>
<td>33,693</td>
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<tr>
<td>Lake</td>
<td>16,219</td>
<td>1,544</td>
<td>1,791</td>
<td>1,622</td>
<td>21,176</td>
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<tr>
<td>Lassen</td>
<td>4,615</td>
<td>234</td>
<td>552</td>
<td>462</td>
<td>5,863</td>
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<tr>
<td>Marin</td>
<td>18,311</td>
<td>3,069</td>
<td>2,217</td>
<td>1,831</td>
<td>25,428</td>
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<tr>
<td>Mendocino</td>
<td>19,819</td>
<td>2,167</td>
<td>3,003</td>
<td>1,982</td>
<td>26,971</td>
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<tr>
<td>Modoc</td>
<td>1,877</td>
<td>138</td>
<td>207</td>
<td>188</td>
<td>2,410</td>
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<tr>
<td>Napa</td>
<td>15,008</td>
<td>4,231</td>
<td>1,006</td>
<td>1,501</td>
<td>21,746</td>
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<tr>
<td>Shasta</td>
<td>37,621</td>
<td>3,657</td>
<td>4,643</td>
<td>3,762</td>
<td>49,683</td>
</tr>
<tr>
<td>Siskiyou</td>
<td>9,532</td>
<td>676</td>
<td>940</td>
<td>953</td>
<td>12,101</td>
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<tr>
<td>Solano</td>
<td>65,031</td>
<td>5,819</td>
<td>6,608</td>
<td>6,503</td>
<td>83,961</td>
</tr>
<tr>
<td>Sonoma</td>
<td>60,249</td>
<td>12,151</td>
<td>6,626</td>
<td>6,025</td>
<td>85,051</td>
</tr>
<tr>
<td>Trinity</td>
<td>2,532</td>
<td>212</td>
<td>382</td>
<td>253</td>
<td>3,379</td>
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<tr>
<td>Yolo</td>
<td>27,357</td>
<td>4,328</td>
<td>1,605</td>
<td>2,736</td>
<td>36,026</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>310,062</strong></td>
<td><strong>41,898</strong></td>
<td><strong>34,171</strong></td>
<td><strong>31,006</strong></td>
<td><strong>417,137</strong></td>
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</table>
Who is Impacted?
Managed Medi-Cal Expansion
Trinity County

- Rural Medi-Cal Expansion 2,532 Sept 2013
- Healthy Families 212 (Jan-Sept 2013)
- CM SP/LIHP 382 (Jan 2014)
- Newly Eligible for Medi-Cal 253 (Jan 2014 - forward)
- Total PHC Members 3,379
90% of Members Have a Selected or Assigned Primary Care Provider Site
10% are Special Members
PHC Contract Structure

**State**
- PHC Contracts with the State

**PHC**
- PHC Establishes Contracted Provider Network
  - Includes all willing appropriate providers

**Providers**
- Providers submit claims and encounter data to PHC
What Providers are included in the PHC provider network?

- The majority of providers who were seeing Medi-Cal members are included in PHC’s provider network.

- PHC’s goal is to increase the number of providers willing to see Medi-Cal recipients.
Are all Members assigned to a PCP?

No ~ Members not assigned to a PCP are referred to as *Special Members*.

Examples of Special Member Categories:

- Share of Cost (SOC) members
- 1st month eligible (if they have not picked a PCP)
- Long Term Care (LTC) patients
- Members who do not live in county
- Foster care placements
- Specific medical conditions (example, HIV and end stage renal)
- Members with commercial health insurance coverage
- California Children’s Services (CCS)
- Native Americans can choose to be Special Members
Can PHC members transfer to a different PCP?

- Members can change their PCP assignment by calling the PHC Member Services Department: 1-800-863-4155

- Members are allowed to transfer to a new PCP upon request.

- Transfers are always effective the first of the following month after the request is received.

- Reasons for the transfer are documented in PHC’s internal tracking system.
Member Services Department

When should members call the Member Services Department?

- General information about medical benefits
- Select or change their primary care doctor or medical group
- Order new PHC ID card (not BIC cards)
- Problems getting appointments
- Arrange face-to-face translation/ sign language interpreting services
- Billing/ Claims issues
- Problems or complaints regarding care received
- Pharmacy questions
Liaison to Special Programs

- Special programs case managers act as a liaison between agencies for members with special health care needs.
  - California Children’s Services (CCS)
  - Regional Centers for the developmentally disabled
  - Genetically Handicapped Persons Program (GHPP)
  - Foster programs
  - Early and Periodic Screening and Diagnostic Treatment (EPSDT)
How to locate resources on PHC website:  www.partnershipphp.org
Go to Medi-Cal:

Medi-Cal - PHC is a managed care organization that contracts with the State of California to ensure that Medi-Cal recipients in Solano, Yolo, Napa, Sonoma, Marin and Mendocino counties have access to quality medical care. PHC ensures access by contracting with medical providers and then assigning our members to a primary care provider (PCP). The PCP is responsible for providing medical care to those members assigned to him/her. The PCP is also responsible for referring his/her patients to a specialist when there is a medical need.

A provider is a doctor, nurse, nurse practitioner, physician assistant, hospital, clinic or other health care professional.

Healthy Kids - The Healthy Kids Health Plan is a locally developed and funded comprehensive health care coverage program for eligible children residing in Solano, Sonoma, Yolo and Marin Counties. Partnership HealthPlan of California is the health plan for Healthy Kids. Families pay low monthly premiums, which are based on family size and income. Benefits include medical, dental, vision and mental health services.

The Healthy Kids Health Plan covers children if they are ineligible for full-scope, no share of cost Medi-Cal or the Healthy Families program.

Partnership Advantage (HMO SNP) - Partnership Advantage is a Medicare Advantage program offered by PHC. This program combines PHC Medi-Cal, Medicare Parts A and B and Medicare Prescription Drug Coverage (“Part D”). Partnership Advantage coordinates your Medicare and PHC Medi-Cal benefits, creating a seamless health plan where all of a beneficiary’s covered health benefits are in one plan.

To be eligible for the Partnership Advantage program, you must be eligible for Medicare Part A, and enrolled in Medicare Part B, and have full-scope PHC Medi-Cal. This program is only available to members in the following counties: Solano County, Yolo County, and Napa County.

The Partnership Advantage program is offered through a contract between Partnership HealthPlan of California (PHC) and the Centers for Medicare and Medicaid Services (CMS).
Contact Us

Member Services Department

(707) 863-4120
(800) 863-4155

http://www.partnershipphp.org