The California Managed Risk Medical Insurance Board
PO Box 2769
Sacramento, CA 95812-2769
(916) 324-4695 FAX: (916) 324-4878

Board Members
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Managed Risk Medical Insurance Board
HFP Advisory Panel Meeting Summary
August 9, 2011
Sacramento, California

Attendees: Jack Campana, Ronald Diluigi, David Rivera, Susan Fernyak, Ellen Beck, Liliya Walsh, Maria Tupas, James Forester, Barbara Orozco-Valdivia

MRMIB Staff: Ernesto Sanchez, Shelley Rouillard, Theresa Gomez, Liliana Diaz

Introductions

Mr. Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting by introducing himself and asking the Panel Members, the Managed Risk Medical Insurance Board (MRMIB) staff, and the audience to introduce themselves.

HFP Advisory Panel New Members Oath

Mr. Ernesto Sanchez, Deputy Director of Eligibility, Enrollment and Marketing Division, summarized recent panel re-appointments and appointments serving a 3 year term. Jack Campana, William Arroyo, and Barbara Orozco-Valdivia were re-appointed and will serve until 2014. In addition, Mr. Sanchez welcomed three new Panel Members; James Forester the new Dental Representative, Susan Fernyak the new County Public Health Representative, and David Rivera a new Subscriber parent of an HFP child. The three new panel members will also serve until 2014. All were sworn in by Mr. Sanchez.

In addition, Mr. Sanchez stated that the HFP Advisory Panel is searching for members to fill the following vacancies. HFP Advisory panel is in need of:

1. Subscriber with an HFP child,
2. Subscriber with a special needs HFP child, and
3. Representative from a Disproportionate Share Hospital.

Résumés will be accepted from interested candidates through October 1, 2011. Existing members need only to inform Mr. Sanchez if they are interested in staying on the panel. More information about the vacancies is available on the MRMIB website.

Review and Approval of May 10, 2011 HFP Advisory Panel Meeting Summary

The HFP Advisory Panel reviewed the previous meeting minutes. The Panel Members reviewed and made some minor revisions to the May 10, 2011 meeting summary and approved the summary as amended. The summary is available on the MRMIB website.

Please note summary is not in sequence with Agenda.

2009 Plan Performance Profile Report

Ms. Rouillard, Deputy Director for Benefits and Quality Monitoring, reported on the 2009 Plan Performance Profile Report. This agenda item was not physically mailed to the panel members because it was 106 pages and instead a link was given to the panel members. Ms. Rouillard continued by saying that anyone can view this report by visiting the MRMIB website at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_051211/Agenda_Item_10.h_2009_HFP_Plan_Performance_Profile_Report.pdf
Ms. Rouillard continued by saying that this report is an annual report and it charts a three year period. In addition, Ms. Rouillard explained that next year MRMIB will include patient satisfaction in this report. When the data was reviewed, MRMIB saw that in general all the health plans needed overall improvement. Ms. Rouillard added that MRMIB noticed a decline in rates of important preventative measures including; childhood immunization, Well Child Visits, 1st, 15 months, 6 years or more and Adolescent Well Care Visits.

Ms. Rouillard added that Plans needed to do more to ensure children in HFP get all necessary preventive care visits and immunizations, especially for the younger children in their first 15 months of life.

Ms. Rouillard said that regarding dental plans, Dental Exclusive Provider Organization (EPO) Plans scored higher than Dental Health Maintenance Organization (HMO) Plans. The report showed that the top two dental plans were Delta Dental and Premier Access Dental. In addition, the dental plans did not score high over all. To address the problem, MRMIB has undertaken an oral health quality improvement project called *Healthy Families-Healthy Smiles.* The focus of this project is to ensure young HFP children ages 0-7, receive appropriate preventive service. Strategies that HFP will use include; identification and training of dentist willing to treat young children, incentives, and community partnership to improve treatment and prevention of dental caries. The result will be reported in 2012.

Dr. Tupas asked if there were any incentives used in this project. Ms. Rouillard said there were no health incentives for this project. Mr. Rivera stated that his daughter who resides in San Joaquin County is offered movie tickets as an incentive to go for her dental visits. Ms. Orozco-Valdivia added that currently in Sacramento, Los Angeles, and Anaheim, movie tickets were offered to adolescents as an incentive. In addition Ms. Orozco-Valdivia said that Health Net is currently evaluating these incentives to see if this worked. Health Net is planning on continuing the incentives in San Diego, at a later time.

Ms. Walsh asked about the immunization supply in the counties. In Placer County where she resides they do not have enough supplies in the private clinics and are being sent to the county clinics to get them. Ms. Rouillard voiced her concerns regarding why the clinics did not have them and who would be paying for the immunizations, if the county or the Health Plans that are being paid by HFP. Ms. Orozco-Valdivia suggested that the HFP providers should be on a registry. Ms. Fernyak added that currently, there was statewide registry, and each county has their own registries as well. The panel agreed to recommend to the Board that immunizations be available in both the state and county registry. Mr. Campana asked if all were favor, and it was agreed by the panel members to have this concern voiced to the Board. No oppositions.

2009/10 CCS Report

Ms. Rouillard reported that the 2009/10 CCS Report show little change in recent years' percentage of CCS children receiving care. This annual report identifies the services, and money spent. The expensive care was carved out of this report. There was a slight increase in referrals, around 10% higher than the prior year. On average, the HFP children referred to CCS by health plans were 10 years old or older. Ms. Rouillard continued to add that expenditures dropped by roughly 7.5% of the total CCS expenditures. Ms. Rouillard added that the top medical conditions remained the same and referred the members to Chart 11 in the report. Top conditions included: coagulation disorders, malignancies and prematurity/live birth. Ms. Rouillard added that on Page 19 of the CCS Report the graph shown is of the referrals by status pending. There were about 54 referrals pending.

An audience member asked if MRMIB received correspondence regarding this or any other issues and how they were addressed. Ms. Rouillard stated that MRMIB does receive correspondence but they are not at a high volume on the Benefits side. Mr. Campana asked if at MAXIMUS the numbers were also low. Mr. Sanchez responded by saying that MAXIMUS receives correspondence from families but more on a personal level, rather than about the program itself. He continued to say that Eligibility also receives correspondence regarding complaints but it was a very small number. Most complaints received were regarding how applicants were unhappy with the outcome of their eligibility determination. Not a huge number of correspondences regarding the HFP or the Plans.

2009/10 Grievance Report

Ms. Rouillard stated that in the 2009/10 Grievance Report they found that health plans reported few grievances. Quality of care concerns represented the highest percentage of health plan grievance at 32%. Ms. Rouillard added that based on the analysis of grievances by ethnicity and language spoken; Hispanics/Latinos represented about half (49%) of the HPF population, but only 38% of the total grievances. This report showed that Whites reported a disproportionate share of grievances, while HFP members of Asian descent reported grievance at about half the overall rate. Ms. Rouillard concluded that English speakers filed grievances at a higher rate than those who spoke other languages as seen on Table 6 in the report.

2009 Retention Report

Mr. Sanchez reported that the 2009 Retention Report included enrolled HFP children from January 2009 to December 2009. Mr. Sanchez reminded panel members that in 2009 HFP premiums went up twice for children in premium categories B (151%-200% FPL) and premium category C (201%-250% FPL), once in February 2009 and then again in November 2009 as they reviewed retention report. Mr. Sanchez pointed out that some children were disenrolled because they reached age 19 and no longer qualified for the program or the family voluntarily requested to be disenrolled. Of that 100% of 2009 HFP children, 85% remained enrolled through the first year in HFP. Mr. Sanchez highlighted Page 4 of this report that provides a snapshot of long term retention in HFP. On average the first year retention rate is about 80% since its inception in 1998. Also, of those children enrolled in 1998, after twelve years 17.5% of those children have maintained their coverage and are still enrolled in HFP. Historically, Mr. Sanchez said the main reason for disenrollment continues to be for nonpayment of premiums.

Update on Quality Activities

Oral Health Initiatives

Ms. Rouillard explained that MRMIB, CHCS and dental plans have started a pilot project in southern California (Los Angeles, San Diego, Santa Barbra and Ventura counties) to improve the oral health of young children under the age of 7. Dental plans are gathering quarterly data for 4 measures. After completing this pilot project, the data will be analyzed to look at the improvements in the utilization of oral health services in these counties. Ms. Rouillard continued to say that strategies to improve oral health for young children fall in the following broad categories; Provider Engagement, Medical and Dental Integration, Community Engagement, and Family Education.

External Quality Review Organization

Ms. Rouillard reported that in order to implement the CMS quality requirements under CHIPRA 2009, MRMIB will contract with an External Quality Review Organization (EQRO). The EQRO solicitation and contract are intended to fulfill this requirement. The EQRO will work as an independent quality evaluation organization to ensure the quality of care provided to HFP subscribers through the managed care health plans. Ms. Rouillard continued by saying that the EQRO's scope of work will include the following activities: validate performance measures, validate quality improvement projects, compliance review, validate encounter data, provide technical assistance regarding the requirements for external reviews, develop a health plan report card, coordinate an annual quality improvement conference, conduct focused quality studies and provide special consultative services as requested by MRMIB.

HFP Informational Reports

Enrollment and Single Point of Entry Report

Mr. Sanchez reported that the HFP had nearly 900,000 children enrolled. On average the HFP enrolls around 30,000 children a month. During the time that HFP had a waitlist MRMIB noticed a big drop in enrollment. The top 5 counties with HFP subscribers are in southern California. Mr. Sanchez added that Health-e-App went public and the Spanish version will be available later this year. Mr. Sanchez added that before Health-e-App, 15% of HFP total applications were online applications from CAA's. Now, after the Health-e-App has gone public, it accounts for 40% of the total applications received at HFP. This is a big growth.

Administrative Vendor Performance Report

Mr. Sanchez reported that the Administrative vendor performance report shows that the vendor met all of its performance standards and continues to do a good job of administering the day-to-day operations. Please see the handout.

Adoption of Emergency Regulations to Modify Vision Plan Benefits

Mr. Sanchez explained that Emergency Regulation modifying the HFP vision plan benefits were approved by the Board and implemented earlier this year. The changes to the regulations can be seen on page 9 of 12 on the hand out. Mr. Sanchez said that there were no major changes to the regulations but there were minor changes to the benefit allowances for lens and frames. Mr. Sanchez said that the vision plans should be commended for finding this solution to reach a budgetary cost saving target because it allow the HFP to maintain its vision benefits, rather than having them eliminated as originally proposed in the state budget.

Adoption of Emergency Regulations to Eliminate Dental Benefit Cap

Mr. Sanchez stated that the Board had also approved Emergency Regulations to the eliminate the annual dental benefit cap of $1,500 in the HFP regulations. The Board, was able to eliminate the dental cap beginning October 1, 2011.This change is an improvement in coverage for HFP children and complies with the CHIPRA dental requirement.

2010 Open Enrollment Report

Mr. Sanchez reported on the 2010 annual Open Enrollment (OE) process, where HFP families have the opportunity to change plans once a year. The HFP sends out OE post cards to families when all of their plans continue to be available in the new benefit year. For those families that are required to make plan changes, a customized OE packet is sent informing them of their choices of available plans. If a subscriber's plan was no longer available the HFP OE packet is sent. Mr. Sanchez stated there was a low percentage of voluntary plan changes during Open Enrollment. Only 5.6% of those who

requested packets actually requested plan transfers. Mr. Sanchez also added that of those who were required to make a plan transfer because their current plan was no longer available, only 27.7% made an active plan selection during Open Enrollment.

2011-12 Coverage Area Grid

Mr. Sanchez presented the 2011-12 HFP Plan Coverage Grid that was presented at the May 26, 2011 Board meeting and stated that the new benefit year would begin on October 1, 2011.

2011-12 Community Provider Plans

Ms. Rouillard, Deputy Director for Benefits and Quality Monitoring, reported on Agenda Item 7.b.i, the Designation of Community Provider Plans (CPP) for 2011-12. The Board was presented with a document identifying the CPP for each county. Audits were conducted in twelve of the counties. She acknowledged staff for their efforts, including Donna Lagarias and Aiming Zhai, who devoted many hours to reviewing contracts and verifying the providers in each plan's network.

Mr. Campana informed the panel that the next Advisory Panel meeting would be held on November 8, 2011 Election Day.