Health Net Medi-Cal Managed Care

Presentation to Central Valley Regional Center

Selina Escobar, MPA
October 27, 2015
Medi-Cal Managed Care 101

Agenda

- Medi-Cal managed care models
- Common terms
- Health Net’s Medi-Cal model
- Who is eligible
- Beneficiary enrollment
- Public health linked services
- Public programs coordination
Health Net’s Medi-Cal Managed Care

● **Goal**
  - Establish a medical home under the direction of the member’s PCP for all members enrolled in the health plan

● **Target Population**
  - Health Net members including Children with Special Health Care Needs (CSHCN) and Seniors and Persons with Disabilities (SPDs)
Medi-Cal Managed Care Models

- **TWO PLAN** - Designed to allow Medi-Cal beneficiaries a choice between two competing plans in one county
  - A locally developed managed care system called the Local Initiative
  - A non-government operated Commercial Plan

- **GEOGRAPHIC MANAGED CARE (GMC)** – State contracts with multiple commercial plans to provide care to eligible beneficiaries

- **COUNTY ORGANIZED HEALTH SYSTEM (COHS)** – State contracts with a county, which operates the health system and administers program. A single-plan model operated by counties that accept full risk for a broad scope of services

- Health Net began its participation in the Medi-Cal managed care program in 1994
Medi-Cal Managed Terms

- **Common Terms**
  - Managed Care
  - Primary Care Physician (PCP)
  - Participating Provider Group (PPG)
  - Independent Provider Association (IPA)
  - Managed Service Organization (MSO)
  - Out of Network
  - Prior Authorization (Treatment Authorization Request (TAR))

- **Health Net Contracting Models**
  - Fee-For-Service/Direct Network
  - Capitation
    - Dual Risk
    - Shared Risk
Regional Health Authority dba CalViva Health: Fresno, Kings, and Madera Counties

Ca Department of Health Care Services

CalViva Health

Health Net

Anthem Blue Cross

Participating Provider Groups
Tulare County
Two Plan Model

Ca Department of Health Care Services

Anthem Blue Cross

Health Net

Participating Provider Groups

Participating Provider Groups
Who’s Eligible for Medi-Cal Managed Care

- **Mandatory Eligibles**
  - Children and Families on temporary assistance and needy families (TANF)
  - Seniors and Persons with Disabilities

- **Voluntary Eligibles**
  - Children in Foster Care or Adoptive Assistance programs
How Beneficiaries Are Enrolled

- County - Determines eligibility and assigns aid code
- AID CODE - Alpha/numeric system devised by the State and used by the counties to identify type of assistance an individual is eligible to receive
- MAXIMUS/Health Care Options - The State enrollment contractor
- Enrollment packet - sent by Maximus once beneficiary is identified as eligible for Medi-Cal Managed Care by the County
- Pick plan/doctor or defaulted (auto-assigned) - After reviewing the packet beneficiary submits enrollment form identifying choice of plan and PCP
You have selected the following medical group for your care. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by:

CENTRAL VALLEY HEALTH

PCP NAME: VICTORIA SANCHEZ
PCP ADDRESS: 9540 ARTESIA BLVD., SUITE 1
              MODESTO, CA 95350
PCP PHONE: (209) 555-2625

Effective Date with PCP 08-01-05

Office Copay $0 RX
BIC IDENTIFICATION CARD

- Keep Beneficiary Identification Card (BIC) White Card
  - The BIC card lets the doctor know if you are eligible for Medi-Cal
  - Some services will continue to be provided by Fee-for-Service (FFS) Medi-Cal

Recipient Information on face of card:
1. Your ID Number (a 14 character identification number).
2. Your name
3. Gender Code (male or female)
4. Date of Birth
5. Date card was issued to you
PCP AUTO-ASSIGNMENT CRITERIA

• If member does not choose a provider at completion of choice form, the plan will assign a PCP.

• **Auto-assignment criteria includes:**
  • 10-mile or 30-minute radius
  • Member’s language preference
  • Family members’ linkages
  • PCP specialty matched to member’s age and gender
  • PCP’s access capabilities
## Medical Care Appointment Access Standards

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Standard</th>
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<tbody>
<tr>
<td>Emergency Care</td>
<td>Immediately</td>
</tr>
<tr>
<td>Urgent Care Visit with a PCP or Specialist that Requires Prior Authorization</td>
<td>Within 96 hours of request</td>
</tr>
<tr>
<td>Non-Urgent/Routine Care with a PCP</td>
<td>Within 10 business days of request</td>
</tr>
<tr>
<td>Specialty Care Referral</td>
<td>Within 15 business days of request</td>
</tr>
<tr>
<td>Physical Exams and Wellness Checks</td>
<td>Within 30 calendar days of request</td>
</tr>
<tr>
<td>Well Child Visit with a PCP</td>
<td>Within 10 business days of request</td>
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Medi-Cal Managed Care Benefits

- Medi-Cal managed care members have the same access to all Medi-Cal benefits:
  - Plan benefits
  - Carved-out services
  - Self referrals
  - Waivers
  - Disenroll to Fee-for-Service Medi-Cal
- Enhanced health care coordination
  - Management of chronic conditions
  - Improved health outcomes
Key Public Programs
Linked Services

Waiver
- LTC
- AIDS
- IHO
- MSSP

Medical Standards
- CPSP
- CHDP
- IHA
- Immunizations
- WIC

Carve-outs
- CCS
- Regional Ctr
- Specialty Mental Health
- Substance Abuse
Medical Home Process

- **Primary Care Physician**
  - Initial health assessment
  - Provides primary care and preventive services
  - Coordinates referrals to specialist, public programs and community resources

- **PPG, IPA or MSO**
  - Reviews and authorizes PCP’s prior authorization requests
  - Conducts concurrent reviews and hospital discharge planning
  - Provides case management services
  - Adjudicates professional claims
Health Net Resources to Support the Medical Home

- **Statewide**
  - 24/7 Multi-lingual Member and Provider Services department
  - Health Care Services department
    - Case management
    - Care coordination
  - Public Programs Coordination department
    - Public programs administrators
    - Public programs coordinators

- **At local county offices**
  - Medical director
  - Public programs liaison
  - Provider relations staff
  - Health education
  - Provider oversight
Public Programs Coordination

DHCS

Health Net
PPC Dept.

County Public Health Services
Regional Center
County Behavioral Health Services
LTSS

Medical Home
Member
## Benefits of Health Net Managed Care vs Medi-Cal Fee-for-Service

<table>
<thead>
<tr>
<th>Health Net Medi-Cal</th>
<th>Fee-for-Service</th>
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<tbody>
<tr>
<td>• Medical home</td>
<td>• Find own provider</td>
</tr>
<tr>
<td>• Access to preventive services</td>
<td>• At beneficiary’s request</td>
</tr>
<tr>
<td>• Access to specialists</td>
<td>• Limited specialty access</td>
</tr>
<tr>
<td>• Member services 24/7</td>
<td>• No member services</td>
</tr>
<tr>
<td>• Cultural and linguistic services</td>
<td>• None</td>
</tr>
<tr>
<td>• Nurse advice line 24/7</td>
<td>• None</td>
</tr>
<tr>
<td>• Case management</td>
<td>• TCM</td>
</tr>
<tr>
<td>• Public programs coordination</td>
<td>• Some programs</td>
</tr>
<tr>
<td>• Health education and classes</td>
<td>• None</td>
</tr>
<tr>
<td>• Disease management programs</td>
<td>• Limited</td>
</tr>
<tr>
<td>• Access to all Medi-Cal benefits</td>
<td>• All Medi-Cal benefits</td>
</tr>
<tr>
<td>• NCQA accredited</td>
<td>• None</td>
</tr>
<tr>
<td>• Dental benefits for adults</td>
<td>• No benefit for adults</td>
</tr>
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Putting it All Together

- Public Health Agreement
- Problem Resolution
- Continuity of Care
- Policy Development
- Identify Opportunities
- Ensure Access
- Information Exchange
- Internal/External Education
- Community Task Forces
Web Resources

- www.healthnet.com and www.calvivahealth.org
- Health Care Options: 1-800-430-4263
  www.healthcareoptions.dhcs.ca.gov/
- Enrollment and Notification Process
  http://www.dhcs.ca.gov/individuals/Pages/MMCDSPDMbrFAQ.aspx
- Medi-Cal Managed Care All Plan and Policy Letters
  http://www.dhcs.ca.gov/formsandpubs/Pages/MMCDPlanPolicyLtrs.aspx
Public Programs Coordination and Contact Information

- Health Net Member Services 1-800-327-0502 call 24 hours per day, 7 days per week. Website: [www.healthnet.com](http://www.healthnet.com)

- CalViva Health Member Services 1-888-893-1569 24 hours per day, 7 days per week. Website: [www.calvivahealth.org](http://www.calvivahealth.org)

- Central Valley Public Programs Coordination
  - Patricia Torres, LVN – Public Programs Coordinator 559-447-6108
  - Pamela Xiong, Public Programs Coordinator 559-445-8714
  - Marjorie Woolley, Public Programs Administrator 559-447-6116
  - Brandi Jenkins, MS – Public Programs Administrator 559-445-8726
  - Selina Escobar, Manager, Public Programs 559-445-8716

- Public Programs Coordination
  - State Health Programs
    - 1-800 526-1898
Thank you

Benny Fit