

**DRAFT**  
**Findings regarding the Sonoma County Criteria  
For an Improved Medi-Cal System**

**Summary Criteria: The Medi-Cal system provides access to a continuum of high-quality services supported by fair reimbursement rates to providers. System operations are efficient and responsive and system governance is publicly accountable and invests its resources wisely.**

**1. ACCESS TO CARE CRITERIA: The Medi-Cal system offers a continuum of necessary and appropriate healthcare services that are culturally and geographically and physically accessible to all Medi-Cal beneficiaries.**

- **Expands benefits for Medi-Cal enrollees**
  - Finding: The Partnership regional model allows for expansion of benefits. The model has demonstrated expanded benefits including health education, case management and some transportation. Pregnant members participate in the “Growing Together” program that includes preventive care incentives and expanded drug and alcohol services.
- **Improves access to primary and specialty physicians and adequate supply of physicians**
  - Finding: Partnership meets State requirements for an adequate network of participating primary and specialty care physicians. However, access to specialty care remains a challenge in all Partnership Counties. Unlike fee-for service (FFS) Medi-Cal, the State requires that appointments for primary care and specialty are available within specific timeframes.
- **Develops and maintains an adequate supply of ancillary providers that meet the needs of the population**
  - Finding: Partnership has demonstrated the ability to provide a network of ancillary providers to meet beneficiaries’ needs.
- **Improves access and benefits for dental care:**
  - Finding: No Medi-Cal managed care plan in California includes dental care. The Partnership regional model does not meet this criterion. Partnership does however provide information to beneficiaries on which dentists are taking new Medi-Cal patients and coordinates services with Denti-Cal.
- **Provides community based alternatives to SNF care**
  - Finding: The Partnership regional model does not currently provide community-based alternatives to SNFs. If Partnership becomes a Medicare HMO for dual eligibles, it will have more opportunity and incentive to do this.
- **Provides timely access to the appropriate level of care**
  - Findings: Partnership is required by the State to assure timely access to medical services. Partnership policies require that an urgent primary care appointment be available within 24 hours and a non-emergent, preventative care visit within 14 days.
- **Includes provisions for clients with special needs – provides support to beneficiaries**
  - Finding: Partnership provides a Member Services Department to assist clients in accessing needed care and resolving problems. Special programs for pregnant members and members with chronic conditions provide additional support for beneficiaries. Partnership previously participated in a best practices project for children with special needs to develop improved systems for these members.
- **Provides adequate transportation to all levels of care**
  - Finding: Partnership currently provides taxi transportation coverage for some pregnant members and some members with chronic disease who have no other transportation alternatives. Partnership does not finance transportation for all members for all services.

**1. Summary: The Partnership regional model has demonstrated an ability to expand access to primary and specialty care and provide for a continuum of accessible, appropriate care to its members. The Partnership regional model meets the criteria.**

## **2. QUALITY CARE: The Medi-Cal system promotes and demonstrates high-quality care that is compassionate, culturally competent, prevention-focused and client-centered.**

- **Addresses service planning for key population and health trends**
  - Finding: Partnership works collaboratively with local health improvement initiatives (such as the Solano Coalition for Better Health) to initiate strategies and specific quality initiatives that improve health outcomes. The Partnership Quality Assurance program also identifies and addresses some key community health needs.
- **Provides financial incentives for quality care or value-added services**
  - Finding: Partnership rewards primary care providers by distributing a significant percentage of the PCP risk pool dependent on how well the providers meet four quality measures.
- **Provides compassionate care and culturally competent care**
  - Finding: The Partnership Member Services department performs a regular needs assessment survey of providers and beneficiaries regarding linguistic and culturally appropriate services. The State Department of Managed Care ranks Partnership as “High” in the category of cultural and linguistic competence.
- **Defines and measures quality criteria and achieves high member and provider satisfaction**
  - Finding: Partnership has a quality improvement program that measures and reports HEDIS data. The quality improvement program supports process and outcome improvements for beneficiaries. Member satisfaction is measured every two years by a statewide contractor. Member satisfaction survey scores show 83% express overall satisfaction with health plan and 86% overall satisfaction with health care. Physicians report high satisfaction with Partnership. (97% - 99% per internal survey)
- **Provides case management for critically ill and enrollees with chronic diseases care**
  - Finding: Partnership provides case management for members with diabetes, asthma, renal care and congestive heart failure.
- **Increases preventative aspects of care**
  - Finding: Partnership measures and rewards the provision of preventive services including child and adult immunizations, cancer screening, lead screening, etc. Partnership requires the selection or designation of a medical home and a medical assessment. Infant and children’s preventive services under CHDP (Child Health and Disability Prevention) are reimbursed on a fee-for-services basis, providing an incentive for providers to deliver and report these services.
- **Fosters education, communication and coordination and among providers**
  - Findings: The Partnership Physicians and Providers Advisory Committees increase communication and coordination among providers and the Health Plan. Provider Relations representatives visit each primary care provider’s office every month and visit high volume specialty providers five times a year. Partnership sponsors periodic focus groups for providers.
- **Educates consumer about appropriate use of services - materials understandable and available**
  - Finding: Partnership mails member newsletters in English, Spanish and Russian quarterly to each member household with information about health services, prevention and self-care. Each new member receives a welcome call from the Plan with information on how to contact Member Services, select a medical home, etc. Partnership also provides educational materials on specific conditions and benefits in a number of languages at appropriate literacy level and makes information available through a web site.
- **Integrates educational and mental/behavioral health services with medical services**
  - Finding: Partnership develops and periodically updates MOUs with the County Behavioral Health programs (Mental Health and Drug and Alcohol) that address the division of responsibilities and coordination of care for individuals using both systems.

**2. Summary: Partnership works with providers to systematically measure and improve the quality of care provided to Medi-Cal beneficiaries, including preventive services. PHC has programs and systems to measure and improve other aspects of care including linguistic and cultural accessibility. The Partnership regional model meets this criteria.**

### **3. PROVIDER REIMBURSEMENT: Medi-Cal system reimbursement is fair to providers and preserves the health care safety net. Providers share equitably in caring for beneficiaries.**

- **Preserves safety net providers and viability of small community hospitals**
  - Finding: PHC's incentive payments to safety net providers, including FQHCs, have increased their total reimbursements compared to Medi-Cal FFS. PHC employs a consistent payment methodology for all hospitals, adjusted for services mix. Managed care has resulted in a reduction in emergency room visits and often a reduction in total hospital days.
- **Encourages all hospitals care for a fair share of Medi-Cal enrollees**
  - Finding: Partnership currently contracts with all hospitals in its region; it does not selectively contract nor establish volume requirements.
- **Enhances choice of providers for beneficiaries**
  - Finding: Over 90% of the available primary care providers participate in Partnership Health Plan. Members are required to select (or are assigned) a primary care provider that may be changed as often as monthly.
- **Provides fair rates to hospitals, physicians and other providers**
  - Finding: PHC rates for physicians are substantially better than Medi-Cal FFS rates. Last year primary care physicians received 275% - 300% of Medi-Cal (capitation plus incentives) and specialty care physicians received on average, 90% of Medicare rates. Medi-Cal FFS rates for physicians are roughly 60% of Medicare rates. Hospitals in Partnership regional model counties receive payments equal to or better than Medi-Cal. SNFs are paid at Medi-Cal rates.
- **Provides physician rates that allow for successful recruitment and retention of physicians**
  - Finding: Partnership has demonstrated a track record of paying physicians at higher rates than the FFS system. Physicians working with Partnership report high satisfaction. (97% - 99% per internal survey)

**3. *Summary:* The Partnership regional model provides improved reimbursement for primary care and specialists and supports the outpatient safety net system. Partnership has demonstrated the ability to work with all hospitals to provide care in the regions it serves. The Partnership regional model has demonstrated willingness to address hospital needs, but does not specifically protect small community hospitals. The Partnership regional model substantially meets this criteria.**

#### **4. OPERATIONS: Medi-Cal system operations are efficient, cost-effective and responsive to providers and beneficiaries.**

- **Includes a competent administrative partner/efficient claims payment**
  - Finding: Partnership has developed efficient business systems and utilizes information technology to automate and streamline many administrative functions. Partnership currently pays claims on average in 14 days, which is significantly better than FFS Medi-Cal. Provider services representatives are available to address claims payment problems. Partnership has developed and refined systems over a twelve year period. Administrative costs in the Partnership regional model are among the lowest in the state.
- **Aligns and supports system providers to improve quality, measure outcome data and apply consistent practice protocols**
  - Finding: Partnership utilizes a Physicians Advisory Committee to develop clinical practice guidelines for treatment of asthma, type II diabetes, clinical depression in adults, kidney disease and ADHD. These guidelines improve quality of care for members and other patients receiving services in the practice. Partnership currently provides incentive payment to physicians based on meeting quality standards.
- **Provides administrative efficiencies with ease of use and problem resolution for enrollees and providers.**
  - Findings: The Partnership regional model provides a member services and provider services function for information and problem solving. The provider services department handles 350 calls per day.
- **Integrates medical care with other programs and streamlines eligibility process**
  - Findings: Partnership has demonstrated the ability to coordinate services with California Children's Services (CCS), the Comprehensive Perinatal Services Program (CPSP), the Children's Health and Disability Prevention Program (CHDP), and County Mental Health and Substance Abuse Services. Eligibility for Medi-Cal continues to be managed by County Human Services Departments and is not the responsibility of Partnership Health Plan. Partnership Member Services provides assistance to beneficiaries who request help with an eligibility issue. Partnership currently pays community-based organizations for enrollment of members above a routine baseline level.
- **Integrates and improves provider care and communication**
  - Findings: The Partnership regional model staffs member services and provider services departments to improve care and communication. The model also includes various committees which facilitate communication between providers and administrators. Committees include: Consumer Advisory Committee, Physicians Advisory Committee, Provider Advisory Group, Quality and Utilization Committee, and Pharmacy and Therapeutics Committee.
- **Monitors and reports on key quality, utilization and financial factors**
  - Findings: Partnership monitors and reports on key quality, utilization and financial measures and shares this information with providers and members participating in Plan governance. Reports are also available to the general public and an annual report is issued and widely distributed.
- **Funds from State should include costs of administration**
  - Findings: The State assumes a level of savings for the Med-Cal program based upon the initiation of managed care. The projected savings may include an anticipated reduction in the State's administrative costs, however, this information is not publicly disclosed. Partnership does not have control over how the State establishes Medi-Cal rates.
- **Provides streamlined credentialing for providers**
  - Findings: PHC credentials providers into the Health Plan based on NCQA standards which are more comprehensive than the Medi-Cal standards. The Plan works to make this process as simple as possible for the provider. Most providers are credentialed within 30 to 60 days. All providers must also be credentialed by the State, but participation in PHC can begin before the State process is completed.

**4. Summary: The Partnership regional model demonstrates efficiency and an ability to identify and meet the needs of providers and beneficiaries. The Partnership regional model meets this criteria.**

**5. GOVERNANCE: Medi-Cal system governance is locally accountable and earns community support. Resources are locally directed to provide high quality health services and improve community health.**

- **Includes a system that is transparent/publicly accountable**
  - Findings: Partnership Health Plan is a public entity that is governed by providers, beneficiaries and members of the public. All meetings, materials and reports (with the exception of quality assurance and personnel actions) are public. Partnership is regulated by the State Department of Health Services and the State Department of Managed Health Care. Both departments have an extensive set of requirements that must be met.
- **Fosters system integrity – providers “feel good” about participating**
  - Findings: Partnership has demonstrated an ability to maintain a large network of providers in a three County region for a number of years. Internal surveys of physicians show overall satisfaction with Partnership at 97%-99%.
- **Reflects the community values of Sonoma County**
  - Findings: Partnership is a regional health plan with consistent policies and practices across the participating counties. Sonoma residents, officials and providers will have the opportunity to participate in the creation of those policies in the future but will not establish them unilaterally.
- **Provides the ability to redesign benefits and reimburse providers for innovative care practices (group visits, nutrition etc).**
  - Findings: The Partnership regional model has flexibility with benefit design and reimbursement (as opposed to the Medi-Cal FFS system which does not). Decisions regarding benefit redesign and reimbursement of providers will generally require regional consensus and approval.
- **Provides that uses of funds and savings are locally determined**
  - Finding: The regional nature of the Partnership model means Sonoma County would have input but not control over how funds are spent and savings are used. The policies that establish the use of savings are regionally developed.
- **Includes flexibility to shift funds and services to care for current or expanded populations**
  - Finding: The Partnership regional model has flexibility in utilizing funds to best meet the needs of enrolled Medi-Cal beneficiaries. These decisions are made on a regional basis.
- **Includes governance structure with local representatives, providers and beneficiary groups**
  - Findings: The Partnership regional model is governed by regional representatives, providers and beneficiaries. Governing Board members are appointed by the County Boards of Supervisors pursuant to local statutes that dovetail with Partnership Health Plan by-laws. The Partnership regional model allows for local representation on a board with responsibility for the entire region.

**5. Summary: The Partnership regional model partially meets this criteria. The model requires the cooperation and consensus of a regional board which will have representatives from several counties. The model has shown an ability to meet the goal by regionally directing services to provide quality health services and improve community health.**