



Healthy San Diego

A Brief History

The citizens of San Diego County have created a unique private-public partnership to ensure that the transition of Medi-Cal recipients into managed care and the ongoing enrollment of new beneficiaries would serve the best interests of everyone--the medical community, government, and all the citizens of San Diego County. That partnership, Healthy San Diego, was developed through years of planning and negotiation. The following is a brief chronology of the events documenting the development and growth of Healthy San Diego.

1991

- The California Legislature adopted legislation (AB 336, Chapter 95) setting the course toward managed care for Medi-Cal beneficiaries to improve access to care and reduce the spiraling costs.

1992

- The County of San Diego Board of Supervisors under the leadership of Supervisor Leon Williams formed the Commission on Health Care Reform. The Commission was composed of stakeholders, including providers and consumers, and other interested parties. The Commission was established, independent of events at the state level, to review the local health care system, especially those aspects in which the County was involved.
- The California Legislature adopted additional legislation (SB 485, Chapter 722) to further define the transition of the Medi-Cal program into managed care.

1993

- In March, the California State Department of Health Services (SDHS) released the Medi-Cal Managed Care Strategic Plan for the 13 largest counties in the state in response to State legislation. This plan called for a two-plan model (a local initiative and a mainstream plan) to be established in each county.
- In May, the Alternate Delivery Systems (ADS) Committee of the Commission on Health Care Reform developed a model for Medi-Cal managed care, which called for direct contracting between the State and health plans. The design was called the Limited HMO model.
- In July, the County Department of Health Services proposed a County Organized Health System called the Regional Health Council (RHC). The RHC would be an independent agency through which Medi-Cal funds would flow directly to health plans.

- In October, the Ad Hoc Committee on Governance was established by the County Board of Supervisors and the Commission on Health Care Reform to develop a consensus model. The Limited HMO design provided insufficient choices for the beneficiaries, and the RHC posed a financial risk, which the County was not willing to accept.

1994

- In February, the Commission on Health Care Reform presented and received approval from the Board of Supervisors on a consensus model, a General System Design of a pilot project known as Healthy San Diego (HSD). The design was for a multi-plan, Geographic Managed Care model in place of the State's two-plan model. It outlined a three-party arrangement between the County, the State, and designated health plans.
- In September, the State legislature adopted regulations (AB 2178) to give liability protection to San Diego County and to enable the implementation of a multi-plan, Geographic Managed Care model in place of the State's two-plan model.

1995

- In May, the Board of Supervisors authorized execution of a contract with the State to develop the HSD plan and approved establishment of the Consumer and Professional Advisory Committees.

1996

- On April 30, the County Board of Supervisors (Minute Order #1) and the State approved a contract delineating the funding and local Medi-Cal managed care responsibilities and authorities of the County and its advisory bodies. The contract permitted the County to replace the State's contractor for Health Care Options (HCO), subject to approval of an operational plan.
- In August, County staff was hired to manage HCO. The County began submitting draft components of the Healthy San Diego (HSD) Operational Plan to the State.
- In October, the Request for Statement of Qualifications (RFSQ) for health plans was published and responding plans signed Memoranda of Agreement (MOA) with the County for public health/health plan partnerships.
- In November, the County submitted the final HSD Operational Plan to the State Department of Health Services (SDHS).
- Also in November, the SDHS authorized transfer of the enrollment presentation process to HSD, effective January 1, 1997. By agreement with the SDHS, the assumption by the County of remaining HCO functions would be delayed. Operation of the 1-800 toll-free

phone line and the data entry function would be transferred on January 1 to the State's new enrollment contractor, MAXIMUS.

- In December, HSD staff completed a review of health plans that applied to provide services to Medi-Cal beneficiaries in San Diego County. Eight plans were designated as qualified and this information was forwarded to the State for their consideration in making the final selection.

1997

- In January, HSD began operation as a pilot project. Staff, hired and trained during the previous month, began conducting Health Care Options enrollment presentations.
- In March, the County and the State Department of Health Services renegotiated contract terms to bring HSD completion in line with the State's HCO enrollment contractor for the remainder of the state.
- In August, the State Department of Health Services initiated the Request for Applications process, inviting health care plans, previously designated by the County, to indicate their continued interest.
- In November, the California Medical Assistance Commission (CMAC) issued an invitation to the designated health plans to begin negotiating contract terms and conditions. CMAC is the State commission responsible for negotiation of the HSD contracts.

1998

- In April, CMAC announced the recipients of the HSD contracts:

Blue Cross of California
Community Health Group
Health Net
Kaiser Permanente

Sharp Health Plan- Sharp Advantage
UCSD Health Plan
Universal Care

- In May, the State announced that a federal waiver needed prior to the implementation of mandatory enrollment would be delayed. As a result, the planned July 1 start date for mandatory enrollment was put on hold; voluntary enrollment would continue with beneficiaries having a choice of enrolling in a health plan or selecting fee for service. Mandatory enrollment was expected to begin sometime in the fall.
- In June, CMAC amended the contracts with the health plans permitting Blue Cross of California and UCSD Health Plan to begin enrolling beneficiaries during the extension of the voluntary enrollment period.

- On August 1, enrollees in Blue Cross and UCSD health plans were able to begin accessing the services of these plans. Other functions of the Healthy San Diego program were implemented, including the MOA with County public health programs, quality improvement activities, and local standards implementation.
- In October, the State received approval of the federal waiver.
- In November, the process (mandatory conversion) began to move most Medi-Cal beneficiaries into managed care. Beneficiaries being moved into managed care health plans received a packet containing a cover letter, an enrollment form and informational literature from each of the seven approved health plans.

1999

- On June 1, mandatory conversion officially ended.
- Enrollment of new beneficiaries was occurring on an ongoing basis.

2000

- State Department of Health Services renewed Health Plan contracts for a two year period through June of 2002, with the option for three two year extensions.
- In December, the on-line provider directory through GeoAccess was implemented.
- HSD implemented the Site Review Program.

2001

- In June, HSD obtained access to "Panorama," the statewide Medi-Cal encounter database.
- In October, the Center for Medicare and Medicaid Services (CMS) approved the waiver for another two years, October 2001 through October 2003.

2002

- In June, the Board of Supervisors approved a new agreement (a one-year contract with two, two-year options) with the State for the Administration of Healthy San Diego.

2003

- In December, UCSD ceased operations as a Healthy San Diego Health Plan.

2004

- In January, CMS approved converting certain aspects of Healthy San Diego GMC currently operating under a 1915(b) waiver authority to State Plan authority as allowed by section 1932(a) of the Social Security Act.

2005

- In May, the State Department of Health Services approved a two-year extension of the HSD Administrative Agreement for \$950,000 per year (\$1.9 million) through June 2007.
- In June, Molina Healthcare of California began operations in San Diego. Beneficiaries who were formerly in Sharp and Universal Care were transitioned to Molina effective June 1st.

2006

- MOAs were updated.
- Care1st became a Med-Cal Managed Care health plan in San Diego County.

2007

- In June, a new HSD Administrative contract with DHCS was executed.

2008

- In January, Blue Cross ceased operations as a Healthy San Diego Health Plan and beneficiaries were reassigned to other existing Medi-Cal managed care health plans in HSD.
- "Panorama," the statewide Medi-Cal encounter database ceased to exist.

2009

- Health Net ceased contracting with several community health centers.

2011

- In May, the seniors and persons with disabilities (SPD) population began its transition from fee-for-service (FFS) Medi-Cal to Medi-Cal managed care.
- The San Diego Regional Center (SDRC) MOA with the Medi-Cal managed care health plans was updated.

2012

- In June, the HSD Administrative contract with DHCS was extended for two years.
- The Aging and Independence Services (AIS) MOA was developed and signed.
- The Women, Infants, and Children (WIC) MOU was signed.
- In October – December 2012, Adult Daycare Health Centers (ADHCs) transitioned to Community Based Adult Services (CBAS); this service is now only covered under Medi-Cal managed care.

2013

- In January, Healthy Families Program beneficiaries began the transition to Medi-Cal managed care.
- June 2013, HSD Health Care Options developed and implemented a database to replace manual reporting.
- In September and October, more than 300 individuals attended “Train-the-Trainer” sessions on assisting Low Income Health Program (LIHP) enrollees with completing Medi-Cal Choice Forms.
- October – December
 - Open enrollment began for those eligible for expanded Medi-Cal and Covered California (Affordable Care Act).
 - LIHP enrollees completed Medi-Cal Choice Forms, selecting managed care plans and a provider or clinic in preparation for their transition to Medi-Cal.
- On-line provider directory through GeoAccess was updated to version 7.0.

2014

- January 2014
 - The Patient Protection and Affordable Care Act (PPACA) was implemented.
 - Medi-Cal eligibility expanded to Modified Adjusted Gross Income (MAGI) to include income-only criteria.
 - Expanded mental health benefits were made available to managed care beneficiaries.
- April 2014, passive enrollment of Cal MediConnect beneficiaries began in San Diego.