Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
Two Part Series

Dec 1st
Overview of Mild-to-Moderate Mental Health Coverage and System Organization

Dec 15th
The Challenge and Promise of Coordination between Counties and Health Plans
Agenda

- Welcome and Introductions
- Overview of the Current Landscape
- Implementation Perspectives
- Q&A
Meet Today’s Presenters

Allison Hamblin  
Vice President  
Center for Health Care Strategies

Catherine Teare  
Assoc. Dir., High-Value Health Care  
California Health Care Foundation

Molly Brassil  
Director, Behavioral Health Integration  
Harbage Consulting

David Block, MD  
Medical Director of Behavioral Health  
Inland Empire Health Plan

Sarah Arnquist  
State Director  
Beacon Health Options
About the Center for Health Care Strategies

A non-profit policy center dedicated to improving the health of low-income Americans
Welcoming Remarks

Catherine Teare
Associate Director, High-Value Health Care
California Health Care Foundation
Overview of the Current Landscape
An Overview of Expanded Outpatient Mental Health Coverage in Medi-Cal

Molly Brassil, MSW
Director of Behavioral Health Integration, Harbage Consulting

December 1, 2016
Presentation Overview

- Landscape
  - Recent System Improvements
  - Impact of ACA
- Expanded Medi-Cal Outpatient Mental Health Benefits
- California’s Delivery System for Medi-Cal Mental Health Services
- Coordination Expectations
- Administrative and Payment Structure
- Data Collection and Reporting
Acronym Key

- **ACA**: Affordable Care Act
- **DHCS**: Department of Health Care Services
- **DMHC**: Department of Managed Health Care
- **DSM**: Diagnostic and Statistical Manual
- **EQRO**: External Quality Review Organization
- **FFS**: Fee-For-Service
- **LCSW**: Licensed Clinical Social Worker
- **MBHO**: Managed Behavioral Health Care Organization
- **MCP**: Medi-Cal Managed Care Plan
- **MFT**: Marriage and Family Therapist
- **MHP**: County Mental Health Plan
- **MOU**: Memorandum of Understanding
- **SMHS**: Specialty Mental Health Services
Recent improvements to public mental health services in California include:

- **ACA Coverage Expansion.** Enables millions of low-income adults, for the first time, to have access to mental health services through the Medi-Cal program or subsidized insurance. This includes the expansion of Medi-Cal outpatient mental health benefits to treat mild-to-moderate mental health conditions.

- **Mental Health Services Act (Proposition 63).** Increases the availability of innovative, community and recovery-oriented mental health programs.

- **Investment in Mental Health Wellness Act (Senate Bill 82).** Provides grant funds to improve access to and capacity for crisis services for Californians affected by mental health disorders.

- **Cal MediConnect Program.** Provides an opportunity in eight counties to improve shared accountability across physical and mental health systems for dual eligible.

- **Drug Medi-Cal Organized Delivery System.** Increases access to effective substance use disorder treatment and requires coordination with mental health and physical health systems.
Eligibility Expansion.

- Expanded Coverage specified adults meeting income eligibility requirements (at or below 133% FPL).
- To be determined based on modified adjusted gross income (MAGI).

Benefit Expansion.

- Expanded mental health benefits to include specified non-specialty outpatient services to align with essential health benefit and comply with parity.
- Expanded substance use disorder treatment benefits.
ACA Impact for Californians with Mental Health Conditions

- Expanded Eligibility
- Expanded Benefits
- Parity
Expanded Medi-Cal Outpatient Mental Health Benefits

- **Component of Broader Medi-Cal Expansion Legislation.** Senate Bill x1-1 (2013) revised the California Welfare and Institutions Code to expand the Medi-Cal program as part of California’s ACA implementation. This included expanding coverage of outpatient mental health benefits.

- **Complementary to Specialty Services.** Beginning January 1, 2014, Medi-Cal managed care plans (and DHCS FFS) are now responsible for a range of outpatient mental health services designed to be complementary to those specialty services provided by county MHPs under the SMHS Waiver.

- **Role of Medi-Cal Managed Care Plan.** The legislation specifically identifies Medi-Cal managed care plans to be responsible for the delivery of expanded services for managed care enrollees.

- **Focus on “Mild to Moderate” Conditions.** Services are designed to treat mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current DSM, that are outside of the primary care provider’s scope of practice.
Expanded Medi-Cal Outpatient Mental Health Benefits

SB X1-1 Excerpts:

WIC §14132.03(a): “The following shall be covered Medi-Cal benefits effective January 1, 2014: (1) Mental health services included in the essential health benefits package adopted by the state(...)

WIC §14189: “Medi-Cal managed care plans shall provide mental health benefits covered in the state plan excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver.”
Expanded Medi-Cal Outpatient Mental Health Benefits

Expanded Benefits Include:

- Individual and Group Psychotherapy (mental health evaluation and treatment)
- Psychological Testing (when clinically indicated to evaluate a mental health condition)
- Medication Management (outpatient services for the purposes of monitoring medication therapy)
- Outpatient Laboratory, Medications, Supplies, and Supplements (not including excluded medications)
- Psychiatric Consultation
# Medi-Cal Mental Health Benefits Before and After 2014

<table>
<thead>
<tr>
<th>Benefits Prior to 2014</th>
<th>Benefits Starting in 2014</th>
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</thead>
<tbody>
<tr>
<td><strong>Specialty Mental Health Services (county)</strong></td>
<td><strong>Specialty Mental Health Services (county)</strong></td>
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<tr>
<td><strong>Services Within Primary Care Provider’s Scope of Practice</strong></td>
<td><strong>Services Within Primary Care Provider’s Scope of Practice</strong></td>
</tr>
<tr>
<td><strong>Psychology Services</strong></td>
<td><strong>Psychology Services (individual and group psychotherapy)</strong></td>
</tr>
<tr>
<td>➢ Two-visit limit with treatment authorization request required for additional visits.</td>
<td>➢ No visit limitation, no TAR requirement. Services provided based on medical necessity.</td>
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<tr>
<td>➢ Covered when provided by psychologist or LCSW.</td>
<td>➢ Covered when provided by a psychologist, clinical social worker, MFT, registered MFT intern, registered associate clinical social worker, or psychological assistance when under direct clinical supervision of a licensed mental health professional.</td>
</tr>
<tr>
<td>➢ Individual providers limited to treating children and perinatal women. Only FQHCs/Rural Health Clinics, hospital outpatient department, or organized outpatient clinics able to serve all Medi-Cal beneficiaries.</td>
<td>➢ Covered in outpatient settings for all Medi-Cal beneficiaries.</td>
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<td><strong>Psychological Testing</strong></td>
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<td></td>
<td><strong>Medication Management</strong></td>
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<td></td>
<td><strong>Labs, Drugs, Supplies, and Supplements</strong></td>
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<td></td>
<td><strong>Psychiatric Consultation</strong></td>
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</table>
California’s Delivery System for Medi-Cal Mental Health Services – Two Systems

The two primary systems of care for Medi-Cal beneficiaries with mental health conditions are:

- **County MHPs**: Responsible for authorization and payment of a full continuum of specialty mental health services, including inpatient/post-stabilization services, rehabilitative services and targeted care management for beneficiaries meeting statewide medical necessity criteria.

- **MCPs / DHCS FFS**: Responsible for outpatient mental health services, including psychotherapy and medication management for beneficiaries with “mild-to-moderate” mental health conditions.
Medi-Cal Specialty Mental Health System

County MHPs are responsible for authorization and payment of a full continuum of specialty mental health services.

- **MHP Contract.** DHCS contracts with county MHPs to provide specialty mental health services to all Medi-Cal beneficiaries who meet the specified criteria.

- **Eligibility.** Medical necessity criteria includes having received a covered diagnosis, demonstrating specified impairments, and meeting specific intervention criteria. Criteria also differs depending on what the determination is for.

- **Federal Authority.** California’s MHP structure is authorized under a federal managed care waiver and covered services are outlined in the state plan.

- **Local Responsibility.** Pursuant to “realignment,” administrative and fiscal control for the public mental health system has been shifted from the state to counties.

- **Payment.** MHPs are not paid on a capitated basis; they are reimbursed an interim amount throughout the fiscal year that is reconciled to actual expenditures.
## Comparison of Covered Services

<table>
<thead>
<tr>
<th>MCP / FFS (Nonspecialty)</th>
<th>County MHP (Specialty)</th>
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</thead>
<tbody>
<tr>
<td>• Services Within Primary Care Provider’s Scope of Practice</td>
<td>• Psychiatric Inpatient Hospital Services.</td>
</tr>
<tr>
<td>• Individual and Group Psychotherapy</td>
<td>• Rehabilitative Mental Health Services.</td>
</tr>
<tr>
<td>• Psychological Testing</td>
<td>- Mental Health Services, Medication Support Services, Day Treatment Intensive, Day</td>
</tr>
<tr>
<td>• Medication Management</td>
<td>- Rehabilitation, Crisis Intervention, Crisis Stabilization, Adult Residential Treatment, Crisis Residency Treatment Services, Psychiatric Health Facility Services</td>
</tr>
<tr>
<td>• Outpatient Laboratory, Medications, Supplies, and Supplements</td>
<td>• <strong>Targeted Case Management.</strong> Comprehensive Assessment and Periodic Reassessment, Development and Periodic Revision of a Client Plan, Referral and Related Activities, Monitoring and Follow-up Activities</td>
</tr>
<tr>
<td>• Psychiatric Consultation</td>
<td>• <strong>EPSDT Services.</strong> Including Supplemental Services such as Therapeutic Behavioral Services, Therapeutic Foster Care, Intensive Home-Based Services</td>
</tr>
</tbody>
</table>
Coordination Between Specialty and Non-specialty Systems

MCPs and MHPs must closely coordinate care for shared beneficiaries.

- **No Change to Specialty Coverage.** Beneficiaries eligible for specialty mental health services continue to be served by the county MHP as appropriate to meet treatment needs.

- **MCP Should Refer to County for Specialty Care.** MCPs must ensure that their network providers refer beneficiaries with significant impairment from a covered mental health diagnosis to the county MHP for assessment and treatment.

- **MHPs May Coordinate with MCP Transitions to Less Intensive Care.** Likewise, when a beneficiary’s condition has improved as a result of specialty mental health services, the MHP may, as appropriate, coordinate care with the MCP to transition the person to a less-intensive level of care within the MCP network.

- **MCP May Contract with MHP to Deliver Additional Care.** The MCP may also arrange for the MHP to provide covered services for beneficiaries not meeting specialty criteria, with the MCP covering payment for those services.
Memorandum of Understanding

To ensure beneficiary access to necessary and appropriate mental health services, MCPs are required to establish and maintain a MOU with the MHP in each county in which the MCP is contracted.

- **Define Policy and Procedures.** The MOUs establish and define policies and procedures for screening, referral, care coordination, information exchange, and dispute resolution, among others.

- **Requirement Predates Expansion.** The MOU requirement predates the 2014 expansion of nonspecialty mental health services and is specified in both county MHP regulations and the MHP state-county contract.

- **MOUs Updated to Account for New MCP Responsibilities.** In order to account for the new responsibilities for mental health services, MCPs have been required to update, amend, or replace existing MOUs with MHPs.
MCP contracts were amended in 2014 to include the new “mild-to-moderate” mental health coverage requirements.

- **Adjustments to Capitation Rates.** Capitation rates for each contracted MCP were increased, subject to the appropriation of funds by the legislature and the CMS rates approval process, to reflect the MCP’s new coverage responsibilities.

- **Network Requirements.** MCPs must contract with network providers to deliver covered services. MCPs are required to submit their networks to DHCS for review on a monthly basis. Networks are validated and certified by the state to meet adequacy standards.

- **State Oversight.** MCPs are subject to regular and ongoing oversight by DHCS and DMHC.
Administrative and Payment Structure

[Diagram showing the flow from DHCS to MHP, MCP, MBHO, and Provider, with FFS as an additional component.]
Subcontracting with MBHOs

MCPs may enter into subcontracts with other entities to fulfill service delivery obligations. Many MCPs have subcontracted with a managed behavioral health care organization (MBHO) to support administration of their mental health coverage responsibilities.

- **Network Development and Claims Processing.** MBHOs may be subcontracted to develop the required provider network, negotiate provider rates, and administer claims adjudication and reimbursement.

- **Oversight and Accountability.** MCPs must evaluate the prospective subcontractors’ ability to perform the subcontracted services, provide oversight, and remain accountable for any functions and responsibilities delegated.

- **Coordination with MHP.** The MCP is still ultimately responsible for ensuring coordination with the MHP and maintaining a current MOU.
Subcontracting with MBHOs

Source: California DHCS, Medi-Cal Managed Care Health Plan Directory, www.dhcs.ca.gov.
Data Collection and Reporting

California’s strategy for assessing and improving the quality of services offered by MCPs is done through the Medi-Cal Managed Care Quality Strategy Report Annual Update. Quality assurance activities include:

- **External Quality Review.** DHCS contracts with an EQRO to conduct external quality reviews and evaluate the access, quality, and timeliness of the care provided. The EQRO reviews activity and assesses findings in reports to help states identify gaps in quality and improve services.

- **Performance Dashboard.** DHCS uses a Medi-Cal managed care performance dashboard for quarterly monitoring of MCP activity, including metrics on quality, overall enrollment, utilization, appeals/grievances, and network adequacy.
Additional Resource and Contact

For more information on this topic, please see the CHCF issue brief authored by Harbage Consulting – *The Circle Expands: Understanding Medi-Cal Coverage of Mild-to-Moderate Mental Health Conditions*


Molly Brassil, MSW
Director of Behavioral Health Integration
Harbage Consulting
(916) 662-7930
molly@harbageconsulting.com
Implementation Perspectives
The Current Medi-Cal Landscape for Mild-to-Moderate Mental Health Coverage: A Managed Care Plan’s Experience

David R. Block, MD, MMM, FAPA
Medical Director of Behavioral Health
Inland Empire Health Plan (IEHP)
December 1, 2016
Block-D@iehp.org
Carve Out Of Behavioral Health: Unintended Consequences

County Behavioral Health
Drug Medi-Cal
Health Plan
Regional Center
CCS
Why IEHP Integrated BH:

- Physical Health and Behavioral Health (BH) care were Separate and Disconnected
- Outpatient Mental Health Services Under Utilized & Substance Abuse Treatment was Nil
- IEHP had no influence over the BH Network
- Coordination of Care – PCPs describe referring into the “Black Hole”
- Reduce overall morbidity and mortality of BH population
IEHP’s Integration Plan

- Fully Integrated BH Program – “In House”
- Streamline the coordination of physical and mental health benefits
- Eliminate Reliance on Vendors (MBHOs) for all BH Expertise including NCQA Compliance
- Redirect Managed Behavioral Health Organization [MBHO] Admin/Profit to fund Expanded BH Services
- Directly Contracted BH Network – Identify and Support Best Practices
BH Integration within the Health Plan: Results in the First Two Years

- Increased access to BH services – **Cost Neutral to Plan**
- Medical Cost-Offsets for high-risk/high-cost populations
- Improve coordination of physical & behavioral healthcare through Web: Access to Health Record for BH Providers & BH Treatment Reports through IEHP Portal for PCPs
- IEHP’s Directly Contracted BH network - Private Sector, FQHCs, County Mental Health & CBOs
- Met 100% of NCQA requirements for BH in 2012 & 2015
IEHP BH Staffing

• Director(s)
• Behavioral Health Specialists and Coordinators
• Care Managers
• Quality Assurance
• ***BH Staff have ready access to physical health information maintained by IEHP allowing for close coordination of care***
What IEHP BH Department Does

• Behavioral Health Integration
  – Care plan generation and modification for BH
  – BHI → BHI-CCI (http://bhintegration.com/)

• Utilization Management
  – authorizations, clinical reviews, autism assessments and referral for ABA therapy
  – Transformational Pain Management

• Care Management
  – Crisis calls
  – Medi-Cal screening and referral to appropriate type of care
  – Interdisciplinary care team where BH barriers affect physical health conditions
  – Liaisons with Regional Center, DCFS, county BH departments

• Claims Review
BH Integration within the Health Plan: Foundation for Practice Transformation

IEHP Health Plan

- Psychiatrist
- County Mental Health
- Intensive Outpatient Program
- Member
- Therapist
- PCP

1-800 Number
Success Factors for BH at IEHP

• Forward Thinking Vision
• “Buy-In” and Support from Executive Team
• Develop strong, collaborative relationships with Riverside and San Bernardino counties and other community organizations
• Direct contracting and positive relationships from network providers
• Learn as you Grow, Grow as you Learn
Develop an **array of Health Homes** that are tailored to support practice transformation and:

“**Integrated care**”

**Integrated care** “results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.”
(Safety Net Medical Home Initiative, 2014)
Past, Present, and Future?

**Historical Designs**
- Managed Care Organizations (MCOs) for Health Care of TANF
- Fee for Service Health Care Services for Aged, Blind, Disabled
- Mental Health Carve-Out
- Fee for Service Drug & Alcohol

**Emerging Designs**
- Managed Care Organizations (MCOs) for all Health Care
  - Clinical Integration Activities
  - Behavioral Health Carve-Out

**Emerging Designs**
- Fully Integrated Systems of Care that Align Service Delivery, Management Structures and Financing for Medical Care and Behavioral Health Services in Support of Full Clinical Integration
A Managed Behavioral Health Organization Perspective

Sarah Arnquist

December 1, 2016
Beacon’s National Medicaid Membership

- A health improvement company that specializes in mental and emotional wellbeing and recovery
- A mission-driven company singularly focused on behavioral health
- Largest privately-held behavioral health company in the nation

We help people live their lives to the fullest potential.
Beacon’s Integrated Partner Model in California

Health Care is Local

- 10 plans in 26 Counties for Medi-Cal mild to moderate
- 4 plans in 3 counties for Cal MediConnect
- About 3.5 million Medi-Cal covered lives
- Orange County ASO
- Beacon has staff in local offices in the communities where we work
- **Local** staff include:
  - Program Directors who work with county partners
  - Network liaisons who work with contracted providers
  - Clinical staff to support care coordination and referrals
Beacon’s Core Functions with Mild-to-Moderate Medi-Cal Benefit Management

1. Network Management

• **Contract a network** of psychiatrists, psychologists and therapists to provide services to members of our contracted health plans

• **Provider Partnerships** bring data to high volume providers on performance & setting quality improvement goals

• **Claims Payment** to contracted providers

2. Clinical Management

• **Triage and referral** to answer member calls, screen for impairment level and connect to services; ≥ 93% stay with Beacon

• **Care coordination** to provide extra support to members who need help linking and/or to those moving to and from county specialty services & collaborating with MCO medical CM

• **County Collaboration**: Regular conferences with county access teams to coordinate care for members
Building a Network: Distribution of Providers Doesn’t Match Needs

Providers are organized in response to different funding models.

**Specialty MH Network**
- County Directly Operated Clinics
- County-Contracted Agencies

**Mild to moderate network**
- Federally Qualified Health Centers
- Private Providers who take commercial AND some public insurance

**Private Providers who take only commercial insurance**

**Private Providers who take cash only**
Clinical Management: Mild-to-Moderate — Varied Definitions across the State

There is an opportunity to improve care and strengthen the continuum

Behavioral Health Severity

Mild
- Many mild BH disorders are treated in PCP settings—goal is improve DX & rapid care
- PCP support including PCP Toolkit, Psychiatric Consultation, and psychotropic drug monitoring
- MH and SUD screenings including SBIRT and PHQ 9
- Co-location of BH staff

Moderate
- Specialist referrals when indicated with eventual return to PCP setting
- Ensure rapid access for priority referrals
- Reimbursable family therapy, collateral and care coordination, where appropriate
- Peer support services

Severe
- Use of rehab option, targeted case management, and array of community recovery services
- Data Sharing to understand overlapping population and target interventions
- Collaborative care with medical services provided in community mental health center or other specialty BH setting

Often managed in primary care

Managed by County Mental Health System

Needs refinement and tailored services
Case Example of Beacon – Plan Integration: Partnership HealthPlan Access Work Group
**Partnership HealthPlan – Beacon Access Work Group**

- **PHC set SMART GOAL:** To improve the health of members by increasing overall utilization of mental health services from March 2016 baseline levels by 10% in 3 counties by June 2017

- Participation from senior plan leadership and Beacon

- Joint financial Incentives: PHC Staff bonuses & Beacon success linked to achieving goals & objectives
2016 PHC MH Access Work Group Strategies

1. Compare MH use by PCP home. Focus on those with highest membership and lowest penetration rates & create dashboard to track utilization at those PCP sites monthly
   • Subset analysis: Perinatal penetration by PCP group

2. Set timeframe for joint meetings with PCPs to share information & elicit ideas for improvement

3. Promote services to members, via post card mailing, brochures and flyers in PCP offices

4. Solicit input from members to identify barriers to seeking and receiving care – use Beacon member survey

5. Beacon target network growth in those areas with emphasis on psychiatry and telehealth

6. Share data with Focus PCP Homes on a regular basis
Data Driven: PCP Dashboard Defines Where to Focus & Allows Plan and Providers to Track Progress

### Utilization at 2016, Excludes Kaiser members.

#### Child Bearing Age: 9.21%

#### Beacon Perinatal Utilization by PCP

<table>
<thead>
<tr>
<th>County</th>
<th>Provider Name</th>
<th>Ave. Assigned</th>
<th>Utilizing Members</th>
<th>Annual Visits</th>
<th>Yearly Rate per 1,000 members/Yr.</th>
<th>Penetration Rate</th>
<th>Ave Visits/Member</th>
<th>Penetration Rate as Percent Plan Ave.</th>
<th>Imbedded Providers</th>
<th>Plans for Increasing Capacity</th>
<th>Nearby Network Providers</th>
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<td><strong>Humboldt County</strong></td>
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<td>REDWOOD FAMILY PRACTICE</td>
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<td>52</td>
<td>256</td>
<td>195</td>
<td>4.0%</td>
<td>4.9</td>
<td>75%</td>
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<tr>
<td></td>
<td>Plan Average</td>
<td>303</td>
<td></td>
<td></td>
<td>5.3%</td>
<td>6.9</td>
<td>100%</td>
<td></td>
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</tbody>
</table>
Question & Answer
Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
Please Join Us for Part II

Mild-to-Moderate Mental Health Coverage in Medi-Cal: The Challenge and Promise of Coordination between Counties and Health Plans

December 15th
10:30am PT

Register at:
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