January 14, 2013

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SENT VIA ELECTRONIC MAIL
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RE: Bridge Plan – Continuity of Care & Affordability through Contracts with Medi-Cal Managed Care Plans

Dear Mr. Lee:

We are writing to provide you with our comments regarding the draft Board Recommendation Brief titled Bridge Plan: A Strategy to Promote Continuity of Care & Affordability through Contracts with Medi-Cal Managed Care Plans, and dated January 10, 2013. We provide these comments as an addendum to the comments we submitted on January 10, 2013, to the initial draft of this brief as presented to the Covered California board on December 18, 2012.

Molina Healthcare of California (Molina) is a Knox-Keene licensed health care service plan providing coverage to 350,000 Californians through Medi-Cal, Healthy Families Program, Medicare and the Low Income Health Program. As a plan with 30 years of commitment to the Medi-Cal program, we are especially aware of the need to address affordability and continuity of care for low income communities. We appreciate Covered California's efforts to design options to meet those needs and the opportunity to provide comments on each recommendation in this most recent draft policy brief.

Recommendation 1: Covered California Should Contract with "Bridge" Plans for Transitional Medi-Cal Eligibles and Parents of Medi-Cal/CHIP Children.

Molina supports the recommendation to contract with Bridge Plans for a limited population that includes the Bridge Plan's Medi-Cal members who are transitioning into Covered California, and parents of a Bridge Plan's Medi-Cal children. While Molina supports a broader Bridge Plan that would provide affordable options for all Medi-Cal members who "churn" between Medi-Cal and Covered California, we also appreciate the challenges of the current timeline and support the launch of even a "narrow Bridge" in 2014. We particularly appreciate Covered California's inclusion of parents of Medi-Cal children as studies have demonstrated that parental coverage not only promotes continuity of care for families, but also promotes greater coverage and access to care for children.

In order to maximize the impact of this narrow Bridge, all Medi-Cal managed care plans in a service area must have the opportunity to participate. In an area like Los Angeles County, where two (2) primary Medi-Cal managed care plans subcontract with four (4) subcontracting plan partners to serve 1.5 million Medi-Cal members, the benefits of this narrow Bridge will be diluted unless those Medi-Cal members enrolled in the subcontracting plans also have an opportunity to remain with the same plan and set of providers in the Exchange. To achieve that continuity of care, Molina recommends a contractual requirement for primary Medi-Cal managed care plans to preserve the subcontracting relationships in the Bridge Plan.

Recommendation 2: Bridge Plans Should Cover 138%-200% of FPL Eligible Populations

As stated above, Molina supports a Bridge Plan that will provide affordable options to all low income individuals who may "churn" between Medi-Cal and Covered California. Such an expanded bridge would provide the best chances for continuity of care for these members and their families, and presents more equitable opportunities for low income individuals to obtain coverage. While we appreciate the steps necessary to develop and launch such a Bridge Plan and the challenges of implementation, we encourage Covered California to explore pathways to achieve this option as soon as possible. Molina offers any assistance that we can provide in promoting an expansion of the Bridge Plan and looks forward to working with Covered California on that development.

Recommendation 3: Streamlining Approaches for QHP Certification for Medi-Cal Managed Care Plans & Bridge Plans

Molina appreciates and supports the recommendation to promote the participation of Medi-Cal managed care plans as qualified health plans (QHPs). As a Medi-Cal managed care plan that currently only operates in the non-commercial market, we are keenly aware that the QHP selection process is based on a commercial model. We support the recommendations outlined in the brief for Medi-Cal managed care plans applying to be QHPs:

- Waive elements of the solicitation that do not apply to non-commercial health plans
- Deem a Medi-Cal managed care plan's current network as meeting Essential Community Provider network requirements
- Accept Medi-Cal quality and performance requirements as satisfying Exchange quality requirements
- Coordinate the regulatory approval for Medi-Cal managed care plans to become QHPs

We appreciate the opportunity to comment on this critical issue. We look forward to working with you and your staff to promote the participation and care of low-income Californians in Covered California. If you have any questions about our comments, please contact me at (562) 491-7090.

Sincerely,

Richard Chambers
President
Molina Healthcare of California

cc: Lisa Rubino, Senior Vice President, Medicare, Duals and Exchange, Molina Healthcare, Inc.