

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 45-94

**PROVIDING NON-EMERGENCY HEALTH CARE SERVICES
TO ENROLLED MEMBERS OF MANAGED CARE PLANS THAT DO NOT
INCLUDE THE DEPARTMENT OF PUBLIC HEALTH AS A PROVIDER**

WHEREAS, the State of California Department of Public Health services has determined that all AFDC-linked Medi-Cal beneficiaries will become enrolled in managed care plans by December 1995; and,

WHEREAS, some managed care plans have already begun to enroll Medi-Cal beneficiaries in all aid categories on a voluntary basis during an interim enrollment period; and,

WHEREAS, the Department of Public Health will have to participate in one or more managed care plans if it is to continue as a provider of personal health care services to AFDC-linked Medi-Cal beneficiaries effective December 1995; and,

WHEREAS, managed care plans participating in the Medi-Cal Program will receive a fixed payment per enrolled member per month to provide all covered health services each member should require; and,

WHEREAS, an enrolled member of a Medi-Cal managed care plan is no longer eligible to participate in a fee-for-service health care system; and,

WHEREAS, the Department of Public Health will no longer be able to receive Medi-Cal reimbursement for services provided to enrolled members of managed care plans that do not include the Department as a provider; now, therefore, be it

RESOLVED, that effective immediately, the Department of Public Health will not provide non-emergency personal health care services to Medi-Cal beneficiaries enrolled in a managed care plan that does not include the Department of Public Health as a provider; and, be it

FURTHER RESOLVED, that this policy includes only those services encompassed under the Medi-Cal scope of services, including inpatient, outpatient and ancillary services, for which capitation payments are the source of reimbursement, specifically exempting mental health, dental and long-term care services that have been "carved out" of managed care; and, be it

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FURTHER RESOLVED, that, at the discretion of a Department of Public Health medical provider, a former patient who has enrolled in a managed care plan that does not include the Department of Public Health as a provider may receive a final visit at no additional patient liability, other than that which would have been assessed under Medi-Cal fee-for-service rules, in order to confirm the intent of the patient to sever ties with the provider and, if confirmed, to arrange to communicate relevant clinical information to the former patient's new provider; and, be it

FURTHER RESOLVED, that nothing in this policy precludes enrolled members of managed care plans that do not include the Department of Public Health as a provider from seeking non-emergency personal health care services at Department of Public Health facilities, provided that they are willing to pay full charges out-of-pocket.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 1, 1994.



Sandy Ouye Mori
Executive Secretary to
the Health Commission