

SPD IMPLEMENTATION MONITORING IDEAS

December 8, 2010

DHCS is currently developing the components of its monitoring of the implementation of mandatory enrollment of SPDs into Medi-Cal managed care. Below are a few suggested approaches for discussion.

1. Enrollment Patterns (monthly):

- Number of members choosing plans ✓
- Number of non-choosers being defaulted to plans on the basis of FFS provider linkage
- Number of members defaulted in accordance with the regular quality-based default algorithm ✓
- Monthly changes in plan enrollment and current totals ✓

2. Outreach Results (monthly):

- Number of packets sent each month ✓
- Number of beneficiaries reached in first outreach call (vs. number of attempted calls)
- Number of beneficiaries reached in 2nd and 3rd calls (vs. number of attempted calls)
- Number of completed METs returned to HCO and forwarded to plans

3. Medical Exemption Requests/Expedited Disenrollment Requests and Continuity of Care Approvals (monthly or quarterly)

- Number of MERs and EDERs requested and approved/denied for SPDs each month or quarter (reported by HCO) ✓
- Number of enrolled members who requested “continuity of care” with FFS provider through plan; number of with plan approvals and number of denials with reason categories (as reported by plans)

4. Risk Assessment Results (monthly and/or quarterly)

- Number of new SPD members for which FFS utilization data was provided to plan and number of new SPD members with no available utilization data
- Total number of records provided to each plan each month
- Monitoring to assure plans retrieve utilization data timely each month
- Number of members identified as high-risk by plan in 1st 45 days each month
- Number of high-risk members that plans were able to reach and complete care coordination plans for vs. number of members who could not be reached

5. Member Concerns (monthly and quarterly)

- Number of calls to MMCD Office of the Ombudsman re: physical accessibility and access to care; number of State Fair Hearings in these areas (monthly) ✓
(current monitoring activity except for physical accessibility)

- Number of plan grievances re: physical accessibility and access to care (quarterly) ✓ (current monitoring activity except for physical accessibility)

6. Utilization Data – Note that utilization data for newly enrolled SPDs will be extremely incomplete until 18 months after the end of the 12-month roll-out. Utilization data reported before that time will simply be incomplete “snapshots” of utilization by SPDs which may or may not be meaningful.

Initial utilization data **under consideration**

- Number of new SPDs receiving inpatient and/or outpatient services each quarter
- Types of services most commonly accessed
- Most common diagnosis codes

Expanded utilization data reporting to begin **no earlier than six months after phased-in enrollment begins and perhaps later**

- Hospital usage (inpatient) ✓
- Avoidable hospitalizations – this will be extremely challenging to report; data specs need to be developed in collaboration with plans
- Hospital readmissions – also challenging; specs to be developed
- Emergency room use ✓
- Prescriptions (per 1,000 member months and/or top drugs used) ✓

7. Quality Measure Reporting (annual) – Performance measure reporting (such as HEDIS or other measures) for SPDs re: quality of care (quality, access and timeliness) will be incorporated into existing annual performance measure reporting

- Required performance measures for reporting year 2012 (reflecting 2011 data) will include some new measures focused on SPDs and initial provisions for stratified reporting for selected measures. Due to continuous enrollment requirements and timing of reporting, 2012 scores will not reflect the newly enrolled SPDs. ✓ (current monitoring activity except for stratified reporting).
- Required performance measures for reporting year 2013 (reflecting 2012 data) will begin to reflect outcomes for both total population and SPD members. ✓ (current monitoring activity except for SPD members).

DHCS will engage stakeholders in discussion regarding the selection of 2012 Performance Measures by spring 2011.