



**SEMI-ANNUAL REPORT
TO THE LEGISLATURE**

**MANDATORY ENROLLMENT OF SENIORS AND
PERSONS WITH DISABILITIES INTO
MEDI-CAL MANAGED CARE**

January through June 2013

**Department of Health Care Services
Medi-Cal Managed Care Division**

Table of Contents

I. Introduction	1
II. Background	1
III. Key Milestones for Mandatory SPD Enrollment	2
IV. Progress Toward Objectives of SPD Enrollment	2
V. Submittal of Federal SPAs and Waivers	3
VI. Health Outcomes of Enrollees	3
VII. Care Management and Coordination	4
VIII. Other SPD Information	4
Attachment A: Abbreviations and Acronyms	7

MANDATORY ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES INTO MEDI-CAL MANAGED CARE

I. INTRODUCTION

Senate Bill 208 (Steinberg, Chapter 714, Statutes of 2010) permits the Department of Health Care Services (DHCS) to mandatorily enroll Medi-Cal eligible seniors and persons with disabilities (SPDs) into Medi-Cal managed care health plans (MCPs). This mandatory enrollment of SPDs does not apply to SPDs with Medicare coverage, SPDs with other health coverage, or SPDs in fee-for-service Medi-Cal with a share-of-cost.

By delivering health care services to this high-risk population through MCPs, DHCS will be able to provide SPD members with a high-quality system of care that improves access and care coordination.

Welfare and Institutions (W&I) Code Section 14182(s)(1) requires DHCS to provide semi-annual reports to the Legislature that provide details of the activities undertaken for the identification, notification, education, and enrollment of SPDs into MCPs. These reports include key milestones for mandatory SPD enrollment into MCPs, DHCS's progress toward the objectives of SPD enrollment, and issues related to the care management and care coordination of SPDs. This report is the *sixth* semi-annual report to the Legislature covering the period of *January through June 2013*.

NOTE: All updates since the last semi-annual report are in italics for ease of reference.

II. BACKGROUND

DHCS contracts with MCPs to arrange for the provision of health care services for approximately *5.6 million* Medi-Cal members in 30 counties. DHCS provides health care through three models of managed care:

1. Two-Plan Model (TPM), which operates in 14 counties;
2. County Organized Health System, which operates in 14 counties; and
3. Geographic Managed Care (GMC), which operates in two counties.

DHCS also contracts with two specialty health plans: AIDS Healthcare Foundation, and Family Mosaic.

III. KEY MILESTONES FOR MANDATORY SPD ENROLLMENT

Key Milestone	Completion Dates
Plan Readiness	January 2011
Sensitivity Training	January 2011
Access/Facility Site Review	January 2011
Outreach and Education	February 2011
Risk Assessment and Stratification	April 2011
Federal Approval of Waiver, Rates, and Contract Language	May 2011
SPD Mandatory Enrollment	June 2011 – May 2012

State Fair Hearings and Medical Exemption Requests:

There were 1,410 SPD State Fair Hearing (SFH) requests between the months of January and June 2013. This was an increase from the previous two quarters, July through December 2012, which had 1,038 SPD SFH requests. However, the first two quarters of 2012 had 1,566 SPD SFH requests, with a drop in the third quarter to 607 SFH requests. The number of requests for the first two quarters of 2013 is lower than the previous year at that same time.

There were 5,185 SPD Medical Exemption Requests (MERs) processed by DHCS between the months of January through June 2013. Of the 5,185 SPD MERs processed during the reporting period, 2,668 were processed during the January through March 2013 quarter and 2,517 were processed during the April through June 2013 quarter. Both of these quarters reflect an increase from the previously reported October through December 2012 quarter, which had 1,849 SPD MERs. It is likely that the increases are attributable to a special notice that was mailed by DHCS in January 2013 to approximately 5,000 enrollees offering them an opportunity to file a new MER because of a programming error. This increase could also be the result of a number of MERs that became eligible for renewal during the reporting period (MERs are approved for up to 12 months).

DHCS continues to monitor MER and SFH requests. Any health care issues that arise are resolved as expeditiously as possible at the MCP level and in collaboration with DHCS staff, when necessary. To date, the implementation of mandatory enrollment of the Medi-Cal only SPD population into MCPs has not presented any unresolvable medical care situations.

IV. PROGRESS TOWARD OBJECTIVES OF SPD ENROLLMENT

A. Risk Assessment and Stratification

W&I Code Section 14182(c)(12)(A) requires MCPs to conduct risk stratifications and risk assessments of new SPD members. The risk stratification determines a member's health status as high-risk or low-risk followed by a 45 or 105 day requirement to conduct the risk assessment of the new SPD member. The risk

assessment allows the MCP to determine the health care management needs of its members.

DHCS approves all MCP risk stratification and risk assessment tools developed by the MCPs. These tools must comply with current contractual requirements and Policy Letter (PL) 12-004.

Risk assessments can take up to 105 days to complete. Because of this, statistics on completed assessments are available currently through the end of the third quarter of 2012. According to the data reported by TPM and GMC health plans, MCPs newly enrolled 34,987 SPDs between July 2012 and September 2012. Of those SPDs, MCPs stratified 17,209 (49.2 percent) as high-risk and 17,775 (50.8 percent) as low-risk. Of the high-risk SPDs, MCPs contacted 85.3 percent, and, of those contacted, 18.7 percent completed a risk assessment survey. Of the low-risk SPDs, MCPs contacted 74.2 percent, and, of those contacted, 27.7 percent completed a risk assessment survey. After the risk assessment surveys were completed, MCPs determined 5,289 SPDs to be in the other risk category, which is 15.1 percent of new enrollees during the quarter.

PL 12-004 can be located at the following link:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2012/PL12-004.pdf>

V. SUBMITAL OF FEDERAL SPAs and WAIVERS

No updates relative to SPDs for the January through June 2013 reporting period.

VI. HEALTH OUTCOMES OF ENROLLEES

In accordance with federal quality assurance requirements, DHCS requires contracted MCPs to report performance measurement scores annually. The scores include a number of Healthcare Effectiveness Data Information Set (HEDIS) measures related to quality of care, access to care, and timeliness of care provided to MCP members.

In November 2012, DHCS announced the required performance measures for 2013 and subsequently published the Quality and Performance Improvement Program requirements for 2013 in All Plan Letter (APL) 13-005. This APL reflected DHCS's work to include measures relevant to SPDs. It includes requirements for reporting stratified data for the population and the stratification methodology. MCPs are now required to report scores for all nine indicators included in the Comprehensive Diabetes Care Measure specifically for SPDs, non-SPDs, and the total Medi-Cal managed care population.

Stratified reporting for SPDs will begin in 2013. This is the first year for which SPDs will have been enrolled for a full calendar year; therefore, data can be reported for

the population. It will take several years before SPD performance measurement scores fully reflect member health outcomes in managed care.

DHCS is currently in the process of conducting an analysis of stakeholder input for selection of the 2014 HEDIS measures.

VII. CARE MANAGEMENT AND COORDINATION

Primary Care Providers (PCPs) must manage the care of patients with chronic health conditions, serious and complex medical needs, multiple co-morbidities, and care of the elderly and disabled. Current contract language requires MCPs to support PCPs in their case management and care coordination activities. MCPs are responsible for the coordination activities for members who receive health care services within the MCP's provider network and when members receive services from out-of-network providers.

DHCS completed modifications of the MCP contract language to further define and strengthen MCP requirements for case management and care coordination across the continuum of care for SPD members. *Current* contract language specifies that MCPs must complete risk stratification and risk assessments followed by the completion of individual care plans for high-risk members upon enrollment and then regularly updated thereafter.

DHCS began pilot testing the use of an annual on-line survey to monitor MCP case management and care coordination processes in 2011. Thus far, DHCS has collected survey data for 2011 and 2012 from all MCPs. Analysis of this data began in December 2012 and is ongoing. DHCS hopes to use the annual survey data to monitor activities and resources allocated for contractually required case management and coordination of care services. However, preliminary analysis indicates that the survey tool and/or survey instructions must be modified to ensure that data collected each year accurately reflects MCP's activities.

VIII. OTHER SPD INFORMATION

A. Medi-Cal Managed Care Office of the Ombudsman

The Medi-Cal Managed Care Office of the Ombudsman (OMB) uses a Microsoft Customer Relationship Management (CRM) system that tracks incoming member phone calls. In June 2010, OMB added "SPD Access" as a tracking sub-category. OMB reviews the CRM's Case Detail by Issue Type report and the Sub-Issues and Referrals by Primary Issue report to identify trends. OMB tracks SPD access on an ongoing basis.

For the period of January 1, 2013 through June 30, 2013, OMB received 3,187 calls pertaining to the mandatory enrollment of SPDs. This accounted for 11 percent of the 30,001 calls made to OMB during that period. Furthermore, the

number of calls regarding access issues for SPDs was 20. This is less than the number of calls reported in the last semi-annual SPD report regarding access issues for SPDs, which totaled 39.

B. Monitoring Activities

DHCS has created a new unit that will focus primarily on monitoring. The Plan Monitoring Unit (PMU) is responsible for providing technical assistance and enforcing Corrective Action Plans (CAPs) for audits performed by the DHCS Audits & Investigation Division and medical surveys (including SPD specific surveys) performed by the Department of Managed Health Care (DMHC) through an interagency agreement. DHCS has created a formal procedure for administering and following up on CAPs to ensure an efficient process is in place and all MCPs are treated in a consistent manner.

DHCS is also in the process of standardizing data templates in the interest of receiving consistent data submissions from all MCPs. PMU is responsible for analyzing standardized data submissions, comparing and contrasting by health plan and county, and providing technical assistance and enforcing CAPs as deemed necessary.

During the first quarter in 2011, DHCS solicited stakeholder input from the Centers for Medicare and Medicaid Services before finalizing the report elements that were used to track and report the transition of SPDs into MCPs. The monitoring elements included enrollment patterns, outreach results, continuity of care requests, risk assessment and stratification results, member concerns and grievances, utilization data, and care coordination data.

DHCS published the resulting monthly monitoring report including monitoring activities from June 2011 through the completion of the SPD transition in April 2012. The final report was published in January 2013 and is available on the DHCS's website at the following link:

<http://www.dhcs.ca.gov/individuals/Pages/MMCDSPDChrtsRptsData.aspx>

DHCS is in the process of developing a more compact SPD dashboard to continue monitoring the SPD population on a quarterly basis. Monitoring elements of the new dashboard will include enrollments, disenrollments, continuity of care requests, MERs, emergency disenrollment requests, and grievances reported to MCPs. The quarterly SPD dashboard will include monitoring activities beginning with quarter three 2012 and will be available on the DHCS website in the near future.

DHCS embarked on three different projects related to the monitoring of SPDs during the second half of 2012.

Through funding provided by the California HealthCare Foundation, DHCS worked with University of California Berkeley to develop and facilitate a survey of transitioned SPDs. This survey focused on a myriad of areas including continuity of care, access to care, member knowledge of managed care, and patient demographics. Its preliminary findings yielded generally positive results. The following are a few of the highlights:

- 74 percent reported their quality of care as the same or better.*
- 63 percent reported being somewhat or very satisfied with their benefits.*
- 71 percent reported their ability to make appointments with a primary care doctor was about the same or easier.*
- 80 percent stated their provider's understanding of how to care for persons with their specific health condition was the same or better.*

The full results from this survey will be available in late 2013.

Through funding provided by Blue Shield of California Foundation, DHCS is working with a consultant to conduct a review of current monitoring information relative to SPDs, as well as to make recommendations regarding how DHCS might structure an evaluation of the SPD transition. These recommendations will be provided in a report during the fall of 2013.

DHCS also initiated the Encounter Data Improvement Project (EDIP) in late 2012 with the goal of improving the current state of DHCS's encounter data as well as establishing policies and procedures to monitor the quality of encounter data submitted by MCPs into the future. Although EDIP did not specifically target SPDs, improving the quality of DHCS's encounter data could enable better monitoring of the services and care provided to this population. In early 2013, EDIP established the Encounter Data Quality Unit (EDQU) within the Medi-Cal Managed Care Division, which is primarily responsible for implementing and maintaining the Encounter Data Quality Monitoring and Reporting Plan. EDQU has taken some initial steps towards this end by identifying specific MCPs with missing encounter data and working with them to resolve the deficiencies. EDQU has also started to develop metrics that will objectively measure the quality of MCP-submitted encounter data in the dimensions of completeness, timeliness, reasonability and accuracy.

Attachment A

Abbreviations and Acronyms

APL	All Plan Letter
CAP	Corrective Action Plan
CRM	Microsoft Customer Relationship Management System
DHCS	Department of Health Care Services
DMHC	Department of Managed Health Care
EDIP	Encounter Data Improvement Project
EDQU	Encounter Data Quality Unit
GMC	Geographic Managed Care
HEDIS	Healthcare Effectiveness Data Information Set
MCP	Medi-Cal Managed Care Plan
MER	Medical Exemption Request
OMB	Office of the Ombudsman
PCP	Primary Care Provider
PL	Policy Letter
PMU	Performance Measurement Unit
SPDs	Seniors and Persons with Disabilities
SFH	State Fair Hearing
TPM	Two-Plan Model
W&I	Welfare and Institutions Code