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Department of Health Care Services (DHCS)  
Med-Cal Managed Care  
Advisory Group Meeting Minutes  
September 10, 2015

**1. Medi-Cal Managed Care Introductions**

Nathan Nau called the meeting of the Advisory Group (AG) to order at 10:07 am and welcomed all in attendance and those participating via the bridgeline.

**2. Medi-Cal Managed Care Monitoring Overview**

Dana Durham and Andrew Kilgust provided a high level summation of the following monitoring sections: Network Access, Network Composition, Audits and Surveys, Quality and External Quality Review, Grievances and Appeals, Data, Population Transitions, New Benefits, Continuity of Care, Stakeholder Concerns, and Additional Monitoring. This living document provides insight to the fifty-three monitoring measures DHCS currently has in place, and are utilizing today. Stakeholder feedback and comments with respect to this draft are requested no later than September 25, 2015.

**3. Provider File Project**

Aaron Toyama discussed the intent to automate and streamline reporting systems, improve accuracy and validation of submitted data, and build high quality and verifiable measurement tools. This project is still in the earlier stages of development; finalized data elements will be shared and discussed in future meetings.

**4. MCP Quality Performance Update**

Dr. Anna Lee Amarnath provided a detailed presentation of the 2015 Medi-Cal Managed Care Program Quality Strategy Annual Assessment. HEDIS results show 82% of quality measures having met the minimum performance level in 2014; a 3% overall improvement of provided services. This year's quality strategies include delivering effective care, advance prevention, improvement to patient safety, and whole person treatment with coordination and integration of services.

**5. Palliative Care**

Anastasia Dodson discussed updates to SB 1004. DHCS is working with stakeholders to develop, define, and provide guidance on cost neutral palliative care. The workgroup is currently exploring eligible medical conditions such as late-stage cancer, Chronic Obstructive Pulmonary Disease, and Congestive Heart Failure. The next stakeholder meeting is scheduled in October and will include an update to the development of a formal policy, the types of services

that will be included, the types of qualifying medical conditions, and continued collaboration efforts with other health care organizations.

**6. CCS Redesign**

Louis Rico, Annette Lee, and James Delgado provided detailed information pertaining to the goals of the CCS redesign. Implementation is scheduled to begin January 1, 2017 in COHS counties, and July 1, 2017 in two-plan model counties. The whole-child model includes implementation of a patient and family-centered approach, improvement of care coordination, providing cost effective quality care, and streamlining care delivery. Proposed whole-child counties include Marin, Napa, San Mateo, Solano, Santa Barbara, Yolo, and up to four two-plan model counties.

**7. Updates**

**a. Medi-Cal 2020 – 1115 Waiver and NPRM**

Sarah Brooks provided updates regarding the 1115 waiver renewal efforts. DHCS is continuing its discussions with the federal government on a weekly basis; the current waiver will expire on October 31<sup>st</sup>. The goals of the new waiver, named “Medi-Cal 2020” include sustainability, shared accountability, improved health outcomes, and containment of health care costs.

DHCS has responded to CMS’ notice of proposed rulemaking (NPRM) published June 1, 2015, entitled “Proposed Rules on Medicaid Managed Care, CHIP Delivered in Managed Care, Medicaid and CHIP Comprehensive Quality Strategies, and Revisions Related to Third Party Liability. The proposed rules include delivery system reform; payment and accountability improvements; and beneficiary protections. DHCS expressed the need for prioritizing state flexibility throughout the finalized rules and a reasonable multi-year timeframe for implementation in order to assure a successful transition.

**b. Managed Care Operations Division – SB 75 and GMC RFA**

Rudy Acosta discussed next steps surrounding the implementation of SB 75. MCOB is currently drafting the 60-day notice for eligible beneficiaries who will transition from limited to full-scope Medi-Cal. The final draft notice will be shared with the advisory group for feedback and comments before being sent to beneficiaries. Transitioning beneficiaries will receive intent to assign packets prior to being placed into a Medi-Cal managed care health plan. The transition is scheduled for May 1, 2016.

Adam Grant provided a timeframe of the GMC RFA process. The RFA was publically release on August 31<sup>st</sup>; letters of intent were due to DHCS by September 14<sup>th</sup>. Complete applications are due by October 12<sup>th</sup>; and will be screened by MCOB and the procurement team. A start date will be

determined once a winning managed care health plan(s) has been announced.

**8. Open Discussion**

Please submit agenda requests to DHCS by November 10, 2015 through the following inbox: [advisorygroup@dhcs.ca.gov](mailto:advisorygroup@dhcs.ca.gov)

**9. Next Meeting**

The Medi-Cal Managed Care Advisory Group is scheduled on Thursday, December 10, 2015 Conference Room, 1st Floor, 10:00 a.m. – 1:00 p.m. 1501 Capitol Ave Sacramento, CA 95814.