



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Department of Health Care Services (DHCS)
Managed Care Advisory Group
Meeting Notes
March 10, 2016

1. Introductions

Nathan Nau called the Managed Care Advisory Group meeting to order at 10:05 am and welcomed all in attendance to those participating in the room and via the bridgeline. Nathan Nau and Javier Portela announced the following new additions and changes in division staffing:

- Jeanette Fong is the new Chief of the Compliance Unit within MCQMD;
- Aaron Toyama is Acting Chief of the Program Monitoring and Compliance Branch within MCQMD; and
- Katie Stepanick is Acting Chief on behalf of Michelle Retke for the Managed Care Systems and Support Branch within MCO.

2. Provider Rates Oversight

Due to a scheduling conflict, the Provider Rates Oversight agenda item will be discussed at the next Managed Care Advisory Group meeting in June.

3. Hepatitis C Policy

Dr. Julia Logan provided an update to the Chronic Hepatitis C policy, which was revised in July 2015. The Centers for Medicare & Medicaid Services (CMS) released updated guidance in November 2015 related to acting antivirals for Hepatitis C and updated guidance has been incorporated into DHCS' revised policy. Policy revisions did not change Hepatitis C staging and fibrosis testing requirements and prior authorization is still required for treatment. CMS mailed letters to the top four Hepatitis C pharmaceutical manufacturers regarding the high cost of treatment and are awaiting responses. For additional information, including the updated Hepatitis C policy, please visit the DHCS Treatment Policy for the Management of Chronic Hepatitis C [webpage](#).

4. Medi-Cal Office of the Ombudsman Phone System

Dan McCord and Michelle Vasquez presented a high level overview of the new Medi-Cal Office of the Ombudsman phone system, which was implemented in September 2015. The new system includes special features such as a callback option, announced hold times, and robust reporting capabilities. The presentation can be found [here](#).

5. Other Health Coverage

Javier Portela provided information regarding current policy for beneficiaries with Other Health Coverage (OHC). Non-County Organized Health System (COHS) beneficiaries who have OHC are not automatically enrolled into a Medi-Cal managed care health plan (MCP) and are only eligible for fee-for-service (FFS) at this time. If a

beneficiary is enrolled into a MCP and then gains OHC coverage, they may request a disenrollment from the MCP at any time. DHCS is in the process of reviewing and possibly revising current OHC policy; updates will be provided at future Managed Care Advisory Group meetings.

6. Pending Managed Care Eligibles

Javier Portela explained recent changes made to the Automated Eligibility Verification System (AEVS). Providers will now be able to see when a beneficiary is pending enrollment into a MCP. This information has been shared with providers in recent provider bulletins and updates will be provided at future Managed Care Advisory Group meetings.

7. SB 75: Full Scope Medi-Cal for All Children

Rudy Acosta discussed timelines pertaining to SB 75: Full Scope Medi-Cal for All Children, which has an implementation date of no sooner than May 1, 2016. The affected population is already enrolled into limited scope FFS and will continue coverage until the adjustment to full scope is made. There are several avenues in which a beneficiary may elect enrollment into a MCP, including contacting Health Care Options (HCO) by phone or mail, or beneficiaries may elect to wait until they default into a plan. Choice packets will be mailed once beneficiaries become eligible for full scope Medi-Cal benefits. All informative materials and notifications will be provided in threshold languages.

8. Geographic Managed Care (GMC) Request for Application Timeline

Javier Portela announced Aetna and United Healthcare have been given Intent to Award letters for operations in both Sacramento and San Diego County. Plan enrollment will be open to non-Coordinated Care Initiative (CCI) beneficiaries once the readiness process has been completed. An official start date has not been set, but will be shared in future Managed Care Advisory Group meetings.

9. Provider File Project

Aaron Toyama DHCS' provider file project, which aims to improve the validation of submitted provider data in order to support quality assurance and monitoring. Current provider data submissions are received from three separate sources. The new format will combine all three into one as well as include additional detailed provider information. Implementation of this project is scheduled for June 30, 2016, with testing beginning in March 2016. This project will mimic the encounter data improvement project that was launched in 2013.

10. Medi-Cal 2020 Waiver

Nathan Nau opened the discussion of the Medi-Cal 2020 Waiver:

a. Access Assessment

Nathan Nau discussed the access assessment, which is a comprehensive review of all MCPs focusing on compliance with requirements of the Knox-Keene Health Care Service Plan Act of 1975, DHCS/MCP contractual requirements, grievances and appeals as well as encounter data. DHCS is in

the process of developing proposed legislation to forego the procurement process to allow its contracted External Quality Review Organization to complete the access assessment. DHCS will be accepting applications from its stakeholders in order to select a committee that will develop the methodology for this assessment shortly.

b. Whole Person Care Pilots

Sarah Brooks gave an overview of the Whole Person Care (WPC) Pilots. The WPC Pilots are a 5-year program authorized under California's Medi-Cal 2020 waiver to test locally-based initiatives that will coordinate physical health, behavioral health, and social services for vulnerable Medi-Cal beneficiaries who are high users of multiple health care systems and continue to have poor outcomes. Through collaborative leadership and systematic coordination among public and private entities, WPC Pilots will identify target populations, share data between systems, coordinate care in real time, and evaluate individual and population health progress. Up to \$1.5 billion in federal funds are available over five years to match local public funds for the WPC Pilots. For more information on the WPC Pilots, please visit this [webpage](#).

c. Public Hospital Redesign and Incentives in Medi-Cal

Sarah Brooks discussed the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program. The focus of the program to change care delivery to maximize health care value and strengthen their ability to successfully perform under risk-based alternative payment models in the long term, consistent with CMS and Medi-Cal 2020 goals. The PRIME program is intentionally designed to be ambitious in scope and time-limited. Using evidence-based, quality improvement methods, the initial work will require the establishment of performance baselines followed by target setting and the implementation and ongoing evaluation of quality improvement interventions. Participating PRIME entities will consist of two types of entities: Designated Public Hospital systems and the District/Municipal Public Hospitals. For additional information, please visit this [webpage](#).

11. Open Discussion

Please submit agenda requests to DHCS by May 9, 2016 through the following inbox: advisorygroup@dhcs.ca.gov

12. Next Meeting

The next Managed Care Advisory Group is scheduled for Thursday, June 9, 2016 in the Conference Room at 1700 K Street, Sacramento, CA 95814 from 10:00 a.m. – 1:00 p.m.