

## DHCS Medi-Cal Managed Care QSR Draft for Public Comment

Stakeholder:

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Objective: To provide feedback from the view of the consumer, a Medi-Cal beneficiary.

Prefix: I am aware QSR addressing MCPs is not up for additional comments - I am still going to include my comments, although I know they will not affect the final QSR sent to CMS. I have numbered my questions and feedback as they correspond to the QSR to make this document easier to read. Not all sections are included, as I did not have questions or comments on every single section. I am not well versed in the intricacies of DHCS and all that goes in to the implementation of health care on such a large scale model. I am also not a professional within this industry, so I apologize if any of the feedback is unrealistic for budgetary or any other reasons.

2.3 - Managed Care Delivery Systems in California - Drug Medi-Cal Organized Delivery System  
- "The goal of the DMC-ODS is to demonstrate how organized SUD care improves beneficiary health outcomes, while decreasing system-wide health care costs. Counties that choose to participate in DMC-ODS are required to provide access to a full continuum of SUD benefits modeled after the ASAM criteria."

Feedback and/or Questions:

We already know that organized SUD care (*especially* when trauma informed) improves health outcomes and decreases costs. If the goal is to replicate these outcomes within the DHCS system, counties' participation should perhaps not be compulsory - or - perhaps DHCS can provide a final date for opt-in, after which, participation will be mandatory.

4.1 - Evidence-Based Clinical Practice Guidelines - Managed Care Plans

- "MCP's must submit policies and procedures for ensuring providers receive training on a continuing basis regarding clinical protocols and evidence-based practice guidelines. MCPs are audited on their utilization management practices, including the application of evidence-based guidelines, and provider training protocols, as a part of the medical compliance audits conducted on all MCPs by DCHS on an annual basis.

Feedback and/or Questions:

- What does this audit process look like? Is that available for Public record/comment? My concern is that compliance at the MCP level may not necessarily translate to clinical best practices being implemented at the point of access.

4.4 Evidence-Based Clinical Practice Guidelines - Dental Managed Care

Feedback and/or Questions:

- The report says the MOC is available to beneficiaries, but doesn't mention where.
- Specifically, what information has DHCS provided to DMC's regarding pregnant women and postpartum care? The AAFP acknowledges that while evidence-based practice guidelines are still being developed, New York recently became the first state to create an evidence-based prenatal oral health consensus document - perhaps CA can adopt this. The report can be found at <https://www.health.ny.gov/publications/0824.pdf>

5.1 Continuous Quality Improvement - Managed Care Plans

- Next to "Program Goals and Objectives", under "Maternal and child health:" - bullet point "Postpartum Care"

Feedback and/or Questions:

- We should take this section and change it to "Perinatal Care", rather than just focusing on the Postpartum period. There are several HEDIS measures that MCPs could have developed PIPs for that would have a huge impact on health outcomes. Quality Metrics and Performance Targets could include things like Access Under Presumptive Eligibility. Since the target was reached for timely postpartum care for the 2016/7 reporting year, we should add more areas that are in need of improvement.

5.1 Continuous Quality Improvement - Managed Care Plans

- Focus Area: Health Disparities - Objective 3

Feedback and/or Questions:

- When will DHCS be establishing a QI collaborative with MCPs related to the health disparity focused PIP? Can we request that MCPs be urged to choose a PIP that relates to Maternal Health, specifically the Perinatal period? This is extremely cost effective as it impacts both the health outcomes of the mother and the child.

5.2 Continuous Quality Improvement - County Mental Health Plans - Performance Improvement Projects

Feedback and/or Questions

- Although it is up to the MHP to decide what PIPs they will run, I think DHCS should suggest they center one around Maternal Mental Health as this can help mitigate the needs of SMHSs for their children in the future.

5.3 Continuous Quality Improvement - Drug Medi-Cal Organized Delivery System

FeedBack and/or Questions

- What steps is DHCS taking toward establishing benchmarks and standards? The state of California could pioneer standards that the rest of the nation could adopt. If it isn't

happening already, perhaps DHCS could host an AG led by stakeholders to facilitate this.

- I believe there is a typo at the end of the first paragraph and “DMC dashboards” should read “DMC-ODS dashboards”.
- Under **Program Goals and Objectives**: “Create a SUD Performance Dashboard” - does this happen completely internally or is there stakeholder engagement? I think stakeholders should be brought in on the ground level (even if only unofficially) to develop the dashboards. The ones interpreting the data should play a key role in developing how it is presented - how data is presented seemed to be a source of contention from providers perspective at the last MCAG meeting.
- Under **Performance Improvement Projects**: Is CDPH involved in the QI Plan/Committee process? If not - they should be formally invited to the table. Their methodology for conducting these types of meetings and stakeholder engagement is superior to what DHCS is doing.

#### 5.4 Dental Managed Care

##### Feedback and/or Questions

- Under **Quality Metrics and Performance Targets** - Increasing preventative dental services for pregnant women should be a performance target. According to the AAFP, only 50% of pregnant women with an oral issue seek treatment. Research suggests that poor dental health results in poor prenatal outcomes of infants like low birth weight. I would also suggest that preventative dental services for the homeless could be a performance target, but at this time I don't think housing status is a data point DHCS is collecting - something to think about.

#### 6.1 External Independent Reviews - Managed Care Plans

##### Feedback and/or Questions

- Since DHCS selects their own performance measures, I suggest adding more HEDIS measures surrounding the Perinatal Period. Consumers know that Perinatal Care through DHCS is severely lacking - DHCS needs to start collecting the data to improve quality of care for this extremely vulnerable population.

#### 6.4 External Independent Reviews - Dental Managed Care

##### Feedback and/or Questions

- When does DHCS expect to have a contractor by? Is there a bidding process to avoid any gross overpayments often seen when large entities contract out for services like this? Is there any oversight or an approval process from stakeholders before contracts are finalized?

#### 7.3 Transition of Care Policy - Drug Medi-Cal Organized Delivery System

- “To ensure that all beneficiaries experience a seamless transition between levels of SUD services, DMC-ODS plans will coordinate case management services. All beneficiaries must have access to a person or entity formally designated as primarily responsible for coordinating their case management services”

#### Feedback and/or Questions

- There should be a way to reimburse this at the provider level. If a provider wishes to be the “formally designated person”, there should be a billing code for that. Providers have established networks, resources, and first hand knowledge of their patient’s case that could (at times) make them more qualified to do this than a separate entity.

### 8. Reducing Health Disparities

- “Several programs, such as Medi-Cal Managed Care, have begun to identify and address certain disparities such as racial disparities in hypertension and maternal care. To this end, each MCP is required to complete a PIP focused on a plan-specific health disparity and the EQRO is completing a comprehensive health disparities analysis to more accurately identify health inequities and better target the neediest beneficiaries.”

#### Feedback and/or Questions

- When can we expect the EQRO health disparities analysis to be completed? Can we move forward with PDSAs that aim to close racial disparities despite not having this data yet?
- On the health disparities website, under **Maternal, Infant, & Child Health**, I notice there is not a lot of data on pregnancy outcomes other than infant mortality. I strongly suggest adding several new items like rates of cesarean, maternal mortality, induction, maternal mental health disorders, etc. - The health outcomes of mothers and infants are closely correlated and data around these items should be available so we can focus QIPs.

#### 8.1 Reducing Health Disparities - Managed Care Plans

- “Although it is their choice, the MCPs are encouraged to choose a health disparity related to an EAS metric on which they are not performing well.”

#### Feedback and/or Questions

- This should not be compulsory. If DHCS discovers an area that clearly needs improvement, they should have the authority to mandate the MCPs QIP be in that area.

#### 8.2 Reducing Health Disparities - County Mental Health Plans

- DHCS worked with subject matter experts in the field of cultural competence to incorporate the enhanced national CLAS standards published in 2013 by the HHS Office of Minority Health into the statewide CCPRs.”

#### Feedback and/or Questions

- Who were the cultural competence subject matter experts?

- ***“There is also a growing trend at some MHPs to use trauma-informed care as a cultural competence component to provide mental health services to victims of trauma and torture. These services focus on recover and are strength based, client and family driver, and culturally competent.”*** - This is absolutely wonderful news. I hope DHCS helps to promulgate this.

#### 14.2 Appendix B: Acronyms and Glossary Terms

- This list is incomplete. Although I know it is not standard practice to have a complete list of acronyms in an appendix (since they are defined in the text), I think an exception should be made for reports for public comment. This is a 42 page report with around 50 acronyms in it - I imagine even seasoned DHCS staff would have difficulty recalling every single one. Making a comprehensive list of all acronyms contained within the report is the only change I feel truly entitled to insist upon. I also request that DHCS make comprehensive glossaries for all public reports a best practice. I have supplied the list from the report below, but would suggest putting them in alphabetical order in the report.

- CHP - Children's Health Insurance Plans
- MCP - Managed Care Plan
- MHP - County Mental Health Plan
- DMC-ODS - Drug Medi-Cal Organized Delivery Systems
- DMC - Dental Managed Care Plans
- FFS - Fee-for-service
- QI- Quality Improvement
- MCO - Managed Care Organizations (MCP + DMC)
- PIHP - Pre-paid Inpatient Health Plans (MHP + DMC-ODS)
- HIO - Health Insuring Organizations
- COHS - County Organized Health Systems
- LI - Local Initiative
- GMC - Geographic Managed Care
- SMHS - Specialty Mental Health Services
- CMS - Centers for Medicare & Medicaid Services
- SUD - Substance Use Disorder
- ASAM - American Society of Addiction Medicine
- MAT - Medication Assisted Treatment
- MOC - Manual of Criteria
- PIP - Performance Improvement Project
- QIP - Quality Improvement Project
- DPH - Designated Public Hospital
- EQRO - External Quality Review Organization
- HEDIS - Healthcare Effectiveness Data and Information Set
- EAS - External Accountability Sets
- POS - Performance Outcomes Systems

- STCs - Special Terms and Conditions
- EPSDT - Early and Periodic Screening, Diagnostic, and Treatment
- SAMHSA - Substance Abuse and Mental Health Services Act
- FY - Fiscal Year
- QIWP - Quality Improvement Work Plan
- CANS - Child and Adolescent Needs & Strengths Scale
- PSC-35 - Pediatric Symptom Checklist
- SD/MC - Short Doyle/Medi-Cal System
- CalOMS - California Outcomes and Measurement Systems
- IA - Intergovernmental Agreement
- QM - Quality Management
- APL - Dental All Plan Letters
- MOU - Memorandum of Understanding
- CLAS - Culturally and Linguistically Appropriate Services
- DTI - Dental Transformations Initiative
- CCPs - Cultural Competence Plans
- CCPRs - Cultural Competence Plan Requirements
- LEP - Limited English Proficient