

Medi-Cal Managed Care Family Planning Services Directed Payment Program Evaluation for Calendar Year (CY) 2021

Background

In accordance with Title 42 of the Code of Federal Regulations (CFR), Section 438.6(c)(2)(ii)(D), the California Department of Health Care Services (DHCS) is required to submit an evaluation that measures the degree to which the directed payment arrangement advances at least one of the goals and objectives in the DHCS Quality Strategy. This evaluation will assess the performance and results of the Proposition 56 Family Planning Services Directed Payment Program implementation for CY 2021.

The Proposition 56 Family Planning Services Directed Payment Program directs Medi-Cal managed care health plans (MCPs) to make uniform dollar add-ons payments to eligible network providers for specific family planning services. This directed payment program supports network providers to provide critical services to Medi-Cal managed care members.

Evaluation Purpose and Questions

The Proposition 56 Family Planning Services Directed Payment Program is expected to enhance the quality of care by improving encounter data submissions by providers to better target those areas where improved performance will have the greatest effect on health outcomes. The CMS-approved evaluation design features two evaluation questions:

1. Do higher provider directed payments for family planning services serve to maintain or improve the timeliness and completeness of encounter data when compared to the baseline?
2. Do higher provider directed payments for family planning services serve to maintain or improve access to services for members when compared to the baseline?

Evaluation Data Sources and Measures

This evaluation addresses these questions mainly through quantitative analyses of encounter data extracted from the DHCS Management Information System/Decision Support System (MIS/DSS), spanning service dates in CY 2018 and the CY 2021.

To measure data quality improvement in encounter claim submission, denied encounters, denied encounter turnaround time, and timeliness in submission were assessed using the Post-Adjudicated Claims and Encounters System (PACES) data extracted via MIS/DSS.

To measure changes in utilization pattern, rates of Healthcare Effectiveness Data and Information Set (HEDIS) Contraceptive Care – All Women (CCW-CH and CCW-AD) measures for managed care members were compared.

Evaluation Results

Encounter Data Quality

1. Denied claims and turnaround time:
 - a. Denied Encounters Turnaround Time – This measure addresses how quickly denied encounter data files are corrected and resubmitted by MCPs. Turnaround time is the time, in days, between an encounter data file denial date and the date of resubmission to DHCS.

Turnaround Time	CY 2018 (Baseline)			CY 2021		
	Corrected Encounters	Total Denied Encounters	Percentage of Corrected Encounters per Group*	Corrected Encounters	Total Denied Encounters	Percentage of Corrected Encounters per Group
0 to 15 Days	461	22,998	2%	1,447	7,181	20%
16 to 30 Days	303	22,998	1%	1,645	7,181	23%
31 to 60 Days	1,460	22,998	6%	392	7,181	5%
Greater Than 60 Days	20,774	22,998	90%	3,697	7,181	51%

* Total percentages may not sum up to 100% due to rounding in each group

- 20% of denied encounters were corrected and resubmitted within 15 days of denial notice for the CY 2021 compared to 2% for the Baseline Period.
- 23% of denied encounters were corrected and resubmitted between 16 to 30 days from denial notice for the CY 2021 compared to 1% for the Baseline Period.
- 5% of denied encounters were corrected and resubmitted between between 31 to 60 days from denial notice for the CY 2021 compared to 6% for the Baseline Period.
- 51% of denied encounters were corrected and resubmitted in greater than 60 days from denial notice for the CY 2021 compared to 90% for the Baseline Period.

b. Total Denied Encounters

CY 2018 (Baseline)			CY 2021		
Total Denied Encounters	Total Encounters	Percent of Denied Encounters per Month	Total Denied Encounters	Total Encounters	Percent of Denied Encounters per Month
79,967	1,763,357	5%	35,733	1,693,089	2%

- Total denied encounters per month reported for the CY 2021 was 2% compared to 5% for the Baseline Period.
2. Timeliness (lag time): This measure reports the time it takes for MCPs to submit encounter data files. Lag time is the time, in days, between applicable Dates of Service and the Submission date to DHCS.

Lagtime	CY 2018 (Baseline)			CY 2021		
	Encounters per Lagtime Group	Total Encounters	Percent of Encounters per Lagtime Group	Encounters per Lagtime Group	Total Encounters	Percent of Encounters per Lagtime Group
0 to 90 days	1,063,530	1,763,357	60%	1,303,101	1,692,893	77%
91 to 180 days	278,987	1,763,357	16%	134,058	1,692,893	8%
181 to 365 days	187,598	1,763,357	11%	105,787	1,692,893	6%
More than 365 days	233,242	1,763,357	13%	149,947	1,692,893	9%

- Approximately 85% of encounters were submitted within 180 days from applicable dates of service for the CY 2021 compared to 76% for the Baseline Period.

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Service Utilization

Utilization: From the MCP encounter data, DHCS evaluated CCW-CH and CCW-AD in accordance with current CMS Core Set Technical Specifications to determine the percentage of women who used most effective or moderately effective method and long-acting reversible method of contraception in ages 15-20 and 21-44, respectively.

Method of Contraception	Age Group	CY 2018 (Baseline)	CY 2021
		Rate of Services	Rate of Services
Most effective or moderately effective method (MMEC)	15-20	9.4%	13.9%
	21-44	16.7%	23.2%
Long-acting reversible contraception method (LARC)	15-20	2.2%	2.0%
	21-44	4.3%	4.4%

Contraceptive Care:

- CCW-CH and CCW-AD rates increased for all age groups 15-20 and 21-44 for Most effective or moderately effective method of contraception and age group 21-44 for Long-acting reversible contraception method of contraception in CY 2021 when compared to Baseline Period,
- DHCS will continue to monitor this metric in future program years.

Limitations of Evaluation:

The results presented here suggest that the directed payment programs may have had positive impacts on encounter data quality. Both denied claim turnaround time and timeliness of claim submission showed positive improvements.

However, we cannot separate changes attributable to the directed payment programs from other secular changes such as technology advancements occurring across the health system, provider supply, or other factors.

Conclusions:

DHCS' examination of the Baseline Period and the CY 2021 encounter data quality and HEDIS Contraceptive Care – All Women (CCW-CH and CCW-AD) rates for managed care members indicates the following:

1. For approximately 51% of denied encounters, MCPs took longer than 60 days to review, correct, and resubmit encounter data files for the CY 2021 compared to 90% for the Baseline Period.
2. The percentage of denied encounters per month was 2% for the CY 2021 compared to 5% for the Baseline Period.
3. Approximately 85% of encounter data files were submitted within 180 days or less of date from applicable dates of service for CY 2021, compared to 76% for the Baseline Period.
4. Contraceptive care utilization showed appreciable improvement during CY 2021 compared to the Baseline Period.