

ATTACHMENT 2

438.6(c) Proposal – Uniform Dollar Increase for Family Planning Services
Annual Evaluation Plan
Program Year 3: January 1, 2022 – December 31, 2022

Annual Evaluation Purpose

The purpose of this evaluation is to determine if the proposed directed payments made through the California Department of Health Care Services' (DHCS) Medi-Cal managed care health plans (MCPs) to providers for family planning services billed under the specified codes as outlined in Attachment 1. The goal of this directed payment program is to maintain or increase access to family planning services for MCP members.

Stakeholders

- MCPs
- California Medical Association (CMA)
- California Association of Health Plans (CAHP)
- Local Health Plans of California (LHPC)
- Medi-Cal Managed Care Advisory Group (MCAG)

Annual Evaluation Questions

This evaluation is designed to answer the following questions:

1. Do higher provider payments for family planning services, via the proposed PY 3 directed payments, serve to maintain or improve the timeliness and completeness of encounter data reported for MCP members?
2. Do higher provider payments for family planning services, via the proposed PY 3 directed payments, serve to maintain or improve the access to these services for MCP members?

Evaluation Design

Encounter Data:

The State will conduct encounter data quality assessments focusing on the timeliness and completeness of encounter data. All encounter data quality measures will have a baseline determined from data submitted in calendar year (CY) 2018. Each subsequent CY will be compared to the baseline period to determine if any changes have occurred in the encounter data with the target of maintaining or increasing the baseline during the measurement year.

- **Timeliness:**

- Lagtime – This measure reports the lagtime for submitting encounter data. Lagtime is the time, in days, between the Date of Services and the Submission Date to DHCS. The target is to maintain the baseline (CY 2018) or demonstrate timeliness in accordance with the lagtime categories below, whichever is higher.

File type	0-90 days	0-180 days	0-364 days
Professional	65%	80%	95%

- **Completeness:**

- Completeness – This measure will be evaluated by DHCS staff in which the calculated CMS Child and Adult Core Set Measures Contraceptive Care – All Women Ages 15-20 (CCW-CH) and All Women Ages 21-44 (CCW-AD) from MCP encounter data will be compared to the CCW-CH and CCW-AD quality scores DHCS receives from MCPs. Results will determine the completeness of encounter data submitted specific to services billed under the specified codes as outlined in the response to Question 12.

Utilization:

- CMS Child and Adult Core Set Measures: Contraceptive Care – All Women Ages 15-20 (CCW-CH) and All Women Ages 21-44 (CCW-AD)
 - From the MCP encounter data, DHCS staff will calculate CCW-CH and CCW-AD in accordance with current CMS Core Set Technical Specifications to determine the percentage of women ages 15-20 years and ages 21-44 years that were provided a most effective or moderately effective method of contraception and the percentage of women ages 15-20 years and ages 21-44 years that were provided a long-acting reversible method of contraception. The baseline year will be January 1, 2018 – December 31, 2018. Each subsequent CY will be compared to the baseline period to determine if any changes have occurred with the target of maintaining or increasing the provision of a most or moderately effective method of contraception and maintaining or increasing the access to a long acting-reversible method of contraception.

Data Collection Methods

All data necessary for encounter and utilization measurement will be extracted from DHCS' Post-Adjudicated Claims and Encounters System (PACES) and Management

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Information System/Decision Support System (MIS/DSS) and from external data sets received from MCPs for quality score reporting.

STATE: CALIFORNIA

Timeline

All necessary measurement data will be extracted after a sufficient lag period post-Program Year. The data will be pulled no sooner than 12 months after the close of the measurement period to allow for a sufficient lag period, with a report being completed within 6 months of the data pull.

Communication and Reporting

The results will be shared with the stakeholders listed above, and a report will be shared with CMS. Annual reports also will be posted on the State's [directed payment website](#).