

State of California Medi-Cal Managed Care Family Planning Services Directed Payment Program Evaluation for the Bridge Period (July 1, 2019 – December 31, 2020)

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 plan that measures the degree to which the directed payment arrangement advances at least one of the goals and objectives in the quality strategy. This evaluation plan will assess the performance and results of the Proposition 56 Family Planning Services Directed Payment Program implementation during the Bridge Period (July 1, 2019 through December 31, 2020).

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 and improve 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 Period?
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 Period?

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 Calendar Year (CY) 2018 and the Bridge Period.

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)			Jul 1, 2019 – Dec 31, 2020 (Bridge Period)		
	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%	3,176	40,790	8%
16 to 30 Days	303	22,998	1%	1,155	40,790	3%
31 to 60 Days	1,460	22,998	6%	3,749	40,790	9%
>60 Days	20,774	22,998	90%	32,710	40,790	80%

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

- 8% of denied encounters were corrected and resubmitted within 15 days of denial notice for the Bridge Period compared to 2% for the Baseline Period.

- 3% of denied encounters were corrected and resubmitted between 16 to 30 days from denial notice for the Bridge Period compared to 1% for the Baseline Period.
- 9% of denied encounters were corrected and resubmitted between 31 to 60 days from denial notice for the Bridge Period compared to 6% for the Baseline Period.
- 80% of denied encounters were corrected and resubmitted in greater than 60 days from denial notice for the Bridge Period compared to 90% for the Baseline Period.

b. Total Denied Encounters

CY 2018 (Baseline)			Jul 1, 2019 – Dec 31, 2020 (Bridge Period)		
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%	1,083,931	1,906,288	6%

- Total denied encounters per month reported for the Bridge Period was 6% compared to 5% for the Baseline Period.

c. 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.

Lag time	CY 2018 (Baseline)			Jul 1, 2019 – Dec 31, 2020 (Bridge Period)		
	Encounters per Lag time Group	Total Encounters	Percent of Encounters per Lag time Group	Encounters per Lag time Group	Total Encounters	Percent of Encounters per Lag time Group
0 to 90 Days	1,063,530	1,763,357	60%	1,566,469	2,235,325	70%
91 to 180 Days	278,987	1,763,357	16%	318,711	2,235,325	14%
181 to 365 Days	187,598	1,763,357	11%	169,656	2,235,325	8%
>365 Days	233,242	1,763,357	13%	180,489	2,235,325	8%

- Approximately 84% of encounters were submitted within 180 days from applicable dates of service for the Bridge Period compared to 76% for the Baseline Period.

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 2019 – 2020*
		Rate of Services	Average Rate of Services
Most effective or moderately effective method (MMEC)	15-20	9.4%	15.2%
	21-44	16.7%	24.5%
Long-acting reversible contraception method (LARC)	15-20	2.2%	2.4%
	21-44	4.3%	4.6%

*CCW has a 12-month measurement period according to Core Set Technical Specifications. Bridge Period reflects the time frame averaging 2019 and 2020 measurement years for measure reporting.

- Contraceptive Care – All Women (CCW-CH and CCW-AD) rates increased in both age groups 15-20 and 21-44 in the Bridge Period when compared to the 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 program 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. We are also unable to determine the effect that the COVID-19 public health emergency (PHE) may have had on the Bridge Period service provision. Reporting may have been severely impacted by the PHE.

Conclusions:

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

1. The percent of denied encounters that took longer than 60 days to review, correct and resubmit during the Bridge Period decreased to 80 percent of denied encounters, relative to 90 percent for the Baseline period.
2. The percent of denied encounters increased to 6 percent per month in the Bridge Period from 5 percent during the Baseline period.
3. The percent of encounter files that were submitted within 180 days of the date of service increased to 84 percent relative to 76 percent in the Baseline period.