



# Medi-Cal Managed Care Advisory Group Meeting

**March 7, 2019**

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**Conference Line: (888) 282-6211 Participant Code: 5769258**



# Agenda

- Welcome and Introductions
- Presentation: Managed Care Quality
- Updates
  - Transitions and Implementations
  - Ombudsman Report
  - Sanctions
- APLs and DPLs Update
- Open Discussion
- Next Meeting – June 6, 2019

<https://www.dhcs.ca.gov/services/Pages/ManagedCareAdvisoryGroup.aspx>



# Welcome and Introductions



# Advancements in Monitoring Quality in Managed Care

Department of Health Care Services

March 7, 2019



# Abbreviations

- AAP: American Academy of Pediatrics
- ADHD: Attention Deficit Hyperactivity Disorder
- BMI: Body Mass Index
- CHIP: Children's Health Insurance Program
- CIS: Childhood Immunization Status
- CMS: Centers for Medicare and Medicaid Services
- COPD: Chronic Obstructive Pulmonary Disease
- DHCS: Department of Health Care Services
- EAS: External Accountability Set
- ED: Emergency Department
- EQRO: External Quality Review Organization
- F/U: Follow Up
- HbA1c: Hemoglobin A1c (diabetes test)
- HEDIS: Healthcare Effectiveness Data and Information Set
- HIV: Human Immunodeficiency Virus
- MCAG: Managed Care Advisory Group
- MCP: Medi-Cal managed care health plan
- MPL: Minimum Performance Level
- MY: Measurement Year
- NCQA: national Committee for Quality Assurance
- RY: Reporting Year
- USPSTF: United States Preventive Services Task Force



# Governor's Focus on Medi-Cal

- Expanding Medi-Cal to cover undocumented young adults up to age 26
- Consolidate pharmaceutical purchasing under Medi-Cal
- Funds for mental health workforce training and early treatment/detection programs
- Funds for Whole Person Care Pilot Program intended for supportive housing services
- Proposition 56 funds to increase provider payments, family planning services, developmental screenings, and trauma screenings
- Value Based Payment Program to improve care for certain high-need, high-cost populations



# Governor's Focus on Children

- Affordable access to quality health care
- Commitment to early childhood development
- Emphasis on populations that are at-risk or low-income (Medi-Cal)



# Governor's Requests

- Partnership and collaboration as California increases our state's commitment to early childhood development
- Asked all California health plans to review their current networks, processes, outreach and metrics for pediatric screenings and services
- Directed DHCS to review its data in regards to pediatric measures and identify areas that require improvement





# DHCS Quality Strategy

- Three Linked Goals
  - Improve the health of all Californians
  - Enhance quality, including the patient care experience, in all DHCS programs
  - Reduce the Department's per capita health care program costs
- Seven Priorities
  - Improve patient safety
  - Deliver effective, efficient, affordable care
  - Engage persons and families in their health
  - Enhance communication and coordination of care
  - Advance prevention
  - Foster healthy communities
  - Eliminate health disparities



# Quality Measures



# Survey Results

- Survey sent to all MCPs and stakeholders through the MCAG, regarding the current EAS and modifications for MY 2019.
- Asked the following 4 questions:
  1. Are there gaps in the current EAS?
  2. Are there any measures DHCS should consider removing from the current EAS?
  3. Are there any measures DHCS should consider adding to the current EAS?
  4. Are there measures DHCS should consider running internally based on encounter data?



# Survey Results

- Gaps in the current EAS:
  - Behavioral health, including opioid measures
  - Care coordination
  - Member experience
  - Child preventive services
- Consider removing from the current EAS:
  - Measures to which DHCS does not hold MCPs to the MPL
  - Measures where DHCS is doing well (e.g., Comprehensive Diabetes Care – nephropathy testing)
  - Redundant measures (e.g., HbA1c testing)



# Survey Results

- Consider adding to the EAS:
  - All CMS Child Core Set measures
    - Developmental Screening in the 1<sup>st</sup> 3 Years of Life
    - Well Child Visits in the 1<sup>st</sup> 15 Months
  - Colorectal Cancer Screening
  - Chlamydia Screening
  - HIV related measures
  - Prenatal Immunization Status
  - Adult Immunization Status
- Most suggested additions were either Adult or Child Core Set measures



# Survey Results

- Other feedback:
  - Switch from CIS-3 to CIS-10 in include additional childhood vaccines and align with NCQA
  - Align measures with those that NCQA accredited health plans are required to report on
  - DHCS should raise the current MPL which is set at the 25<sup>th</sup> percentile of all Medicaid plans nationally



# Measure Set

## Current

### *External Accountability Set*

- MCPs report yearly on a set of quality measures
- Most measures are from HEDIS®

## Future

### *Managed Care Accountability Set*

- MCPs and DHCS will report yearly on a set of quality measures
- Measures will be from CMS Child and Adult Core Sets as feasible



# 2019 CMS Child Core Set

- BMI Assessment
- Chlamydia Screening Women
- Childhood Immunization Status
- Screening for Depression and F/U Plan
- Well-Child Visits in the First 15 Months of Life
- Immunizations for Adolescents
- Developmental Screening in the First 3 Years of Life
- Well-Child Visits in the 3<sup>rd</sup> - 6th Years of Life
- Adolescent Well Visits
- Children & Adolescents' Access to Primary Care Practitioners
- Pediatric Central Line-Associated Bloodstream Infections
- Cesarean Birth
- Audiological Diagnosis No Later Than 3 Months of Age
- Live Births < 2,500g
- Timeliness of Prenatal Care
- Contraceptive Care Postpartum Women
- Contraceptive Care All Women
- Asthma Medication Ratio
- Ambulatory Care ED Visits
- F/U Care for Children Prescribed ADHD Medication
- F/U After Hospitalization for Mental Illness
- Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics
- Use of Multiple Concurrent Antipsychotics in Children & Adolescents
- Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk
- Percent who Received Preventive Dental Services
- CAHPS® Survey





# 2019 CMS Adult Core Set

- Cervical Cancer Screening
- Chlamydia Screening in Women
- Flu Vaccinations for Adults
- Screening for Depression and F/U Plan
- Breast Cancer Screening
- BMI Assessment
- Elective Delivery
- Postpartum Care
- Contraceptive Care Postpartum Women
- Contraceptive Care All Women
- Controlling High Blood Pressure
- Comprehensive Diabetes Care –HbA1C testing
- Comprehensive Diabetes Care –HbA1C >9%
- Diabetes Short-Term Complications Admissions
- COPD or Asthma in Older Adults Admission Rate
- Heart Failure Admissions
- Asthma in Younger Adults Admissions
- Plan All-Cause Readmissions
- Asthma Medication Ratio
- HIV Viral Load Suppression
- Annual Monitoring for Patients on Persistent Medications
- Initiation & Engagement of Alcohol & Drug Abuse or Dependence Treatment
- Medical Assistance with Tobacco Cessation
- Antidepressant Medication Management
- F/U After Hospitalization for Mental Illness
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder on Antipsychotic Medications
- F/U After ED Visit for Alcohol & Drug Abuse or Dependence
- F/U After ED Visit for Mental Illness
- Diabetes Care for People with Serious Mental Illness: HbA1c 9.0%
- Use of Opioids at High Dosage in Persons Without Cancer
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Concurrent Use of Opioids and Benzodiazepines
- CAHPS® Survey



# Core Set Resources

- 2019 CMS Adult Core Set:  
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-adult-core-set.pdf>
- 2019 CMS Child Core Set:  
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-core-set.pdf>
- Current CMS Core Sets Review Process:  
<https://www.mathematica-mpr.com/features/MACCoreSetReview>
  - Form to Recommend Measure for Addition:  
<https://goo.gl/forms/anrnnh7pXPdGvaRI2>
  - Form to Recommend Measure for Removal:  
<https://goo.gl/forms/No00jICqwCrEZ98B3>



# Benchmarks

## Current

### *Minimum Performance Level*

- DHCS contracts require the MCPs to perform at least as well as the lowest 25% of Medicaid plans in the US

## Future

### *Minimum Performance Level*

- DHCS will require MCPs to perform at least as well as 50% of Medicaid plans in the US where that information is available and services measured are delivered by MCPs
- DHCS may establish alternative benchmarks where that information is not available and services measured are delivered by MCPs



# Accountability

## Current

*When MCPs do not meet the MPL*

- Quality improvement work is required

## Future

*When MCPs do not meet the MPL*

- Corrective Action Plans will be imposed
- Sanctions will be imposed
- Quality improvement work will be required



# Timeline

- DHCS is planning to implement these changes for RY 2020 for care that is delivered during MY 2019
- DHCS is in the process of developing an implementation plan for these changes



# Quality Reports



# Public Reports

## Current

### *EQRO Reports*

- EQRO Technical Report
  - Plan Specific Evaluation reports
- CAHPS® Survey Report
- Health Disparities Report

## Future

### *EQRO Reports*

- EQRO Technical Report
  - Plan Specific Evaluation reports
- CAHPS® Survey Report
- Health Disparities Report
- Annual Compliance Report



# Health Disparity Report

- 2016 Health Disparity Report
  - Selected metrics from the EAS
  - Stratified by age, gender, race/ethnicity, primary language
  - Available online
- 2017 Health Disparity Report
  - All metrics from the EAS
  - Stratified by age, gender, race/ethnicity, primary language
  - Expected to be available Spring 2019
- 2018 Health Disparity Report
  - All metrics from the EAS and additional information based on other available data sources
  - Stratified by age, gender, race/ethnicity, primary language
  - Expected to be available by end of 2019
- Future Reports will continue to expand with regards to metrics and stratifications based on available data sources





# Annual Compliance Report

- DHCS will develop an annual compliance report
  - This may be a new report or a new section added to the Managed Care Dashboard
  - The report will include information on:
    - Preventive Services
    - Network compliance
    - Corrective Action Plans
    - Sanctions



Questions  
[advisorygroup@dhcs.ca.gov](mailto:advisorygroup@dhcs.ca.gov)



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# Updates

- Transitions and Implementation's
- Ombudsman Report
- Sanctions



# APLs and DPLs Update



# MEDI-CAL MANAGED CARE HEALTH PLAN LETTERS ISSUED SINCE THE DECEMBER 2018 MANAGED CARE ADVISORY GROUP MEETING ALL PLAN LETTERS (APLS)

## ALL PLAN LETTERS (APLs)

Letter Number	Title and Description of Letter	Date of Issue
<b>APL 18 019</b> <b>Supersedes</b> <b>APL 16 003</b>	<b>Family Planning Services Policy for Self-Administered Hormonal Contraceptives</b>  Clarifies coverage requirements for self-administered hormonal contraceptive supplies for family planning. Continues to require coverage of up to a 12-month supply at one time but points to the updated Medi-Cal Provider Manual for appropriate 12-month supply quantities for continuous cycle users. Specifies that utilization controls must not be more restrictive than those described in the Provider Manual.	11/21/2018
<b>APL 18 020</b> <b>Supersedes</b> <b>APL 17 015</b>	<b>Palliative Care</b>  Clarifies MCPs' obligations to provide palliative care now that the Pediatric Palliative Care Waiver has ended and participants of that program have been transitioned to other models of care, including Medi-Cal managed care.	12/07/2018
<b>APL 18 021</b>	<b>Title: 2019-2020 Medi-Cal Managed Care Health Plan Meds/834 Cutoff and Processing Schedule</b>  Provides MCPs with the 2019-2020 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule. DHCS' Enterprise Innovation and Technology Services Division establishes cutoff dates and timelines and ensures timely processing of eligibility files and data.	12/19/2018



**MEDI-CAL MANAGED CARE HEALTH PLAN LETTERS  
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ALL PLAN LETTERS (APLS)**

**ALL PLAN LETTERS (APLS)**

<b>Letter Number</b>	<b>Title and Description of Letter</b>	<b>Date of Issue</b>
<b>APL 18 022</b> <b>Supersedes</b> <b>APL 16 017</b>	<p>Title: Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services</p> <p>Clarifies MCP requirements for providing members with access to freestanding birth centers (FBCs) and to services provided by Certified Nurse Midwives (CNMs) and Licensed Midwives (LMs). Requires MCPs to include a minimum of one FBC, one CNM, and one LM in the MCP’s provider network to the extent they are available in the MCP’s contracted service area. Includes out-of-network access requirements.</p>	12/19/2018
<b>APL 18 023</b> <b>Supersedes</b> <b>APL 18 011</b>	<p>California Children’s Services Whole Child Model Program</p> <p>Provides guidance regarding the NICU carve-in for Phase 2 plans and the ending of the Pediatric Palliative Care Waiver. Clarifies MCP responsibilities regarding continuity of care as well as the grievance, appeal, and state fair hearing process.</p>	12/23/2018



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<b>Letter Number</b>	<b>Title and Description of Letter</b>	<b>Date of Issue</b>
<b>APL 19 001</b>	<p>Medi-Cal Managed Care Health Plan Guidance on Network Provider Status</p> <p>Provides guidance to MCPs on how DHCS evaluates network provider status in order to promote consistency between federal regulations, Medi-Cal managed care contracts, state law, other APLs, and similar instructions. Creates standardized policy for application in various contexts, including network provider and subcontractor agreements, provider directory reporting, network adequacy certification, and directed payments.</p>	01/17/2019
<b>APL 19 002</b> <b>Supersedes</b> <b>APL 18 005</b>	<p>Title: Network Certification Requirements</p> <p>Clarifies policy and requirements for the annual network certification process. The APL explains Medi-Cal managed care health plan responsibilities regarding the following: provider types for an adequate network composition, time and distance standards, 274 file submissions, DHCS’s authority to determine significant changes to a network, process for submitting alternative access standard requests, DHCS’ provider validation process, the use of telehealth to fulfill network adequacy, and out of network monitoring and oversight.</p>	01/30/2019





# Open Discussion

Next Meeting is scheduled on  
June 6, 2019

For questions, comments or to request  
future agenda items please email  
[advisorygroup@dhcs.ca.gov](mailto:advisorygroup@dhcs.ca.gov).