Department of Health Care Services (DHCS)
Managed Care Advisory Group
Meeting Notes
June 14, 2018

1. Introductions

Aaron Toyama, Chief, Data Analytics Branch, Managed Care Quality and Monitoring Division (MCQMD), called the Managed Care Advisory Group (MCAG) meeting to order at 10:05 a.m. and welcomed all in attendance including those on the webinar.

MCQMD Staffing Updates:

- Bambi Cisneros is the new Chief of the Program Monitoring and Compliance Branch.
    - The role was previously held by Aaron Toyama.

2. Updates

A. Pediatric Palliative Care Waiver

Sarah Eberhardt-Rios, Chief, Integrated Systems of Care Division (ISCD), provided an update on the Pediatric Palliative Care (PPC) Waiver Program. The PPC Waiver first began as a three-year demonstration pilot program on April 1, 2009 and was renewed for an additional five years on December 27, 2012. The waiver serves children that have been diagnosed with a California Children's Services (CCS) eligible medical condition and have a complex set of needs. The waiver is based on the principle that curative treatments, along with palliative care, can improve the quality of life for children and families, and reduce institutionalizations.

The waiver was approved to operate within twelve counties. Currently there are nine participating counties:

- Alameda
- Los Angeles
- Marin
- Monterey
- Orange
- San Francisco
- Santa Clara
- Santa Cruz
- Sonoma

Palliative care is provided by a care team comprised of various provider types including but not limited to, hospice physicians, nurses, social workers, licensed vocational nurses, certified nursing assistants, and chaplains.

DHCS has determined to end the PPC Waiver and transition the Waiver services to the Medi-Cal managed care health plans (MCPs) and fee-for-service (FFS) delivery systems,

effective January 1, 2019. All Plan Letter (APL) 17-015 will be updated to provide guidance to MCPs for this transition.

Information about the PPC Waiver Program can be found here.

B. Member Welcome Materials

Javier Portela, Chief, Managed Care Operations Division (MCOD), provided an update on the revision of the DHCS Choice Packet and MCPs' Welcome Packet. Senate Bill (SB) 137 (2017) and CFR 42 §438 (2016) outline specific requirements for provider directories, which have led to a 700% increase in the size of the Choice Packets. As a direct result, Choice Packets are no longer able to fit in all mail boxes, potentially causing delays in delivery and overwhelming Members.

DHCS requested stakeholder feedback and revised the Choice Packet and MCPs' Welcome Packets to ensure Members can obtain the most current information when making a MCP choice, joining a plan, and choosing providers. Additionally, the MCPs' Seniors and Persons with Disabilities (SPD) Packet will include welcome materials, a choice booklet, insert/flyer, and Personalized Provider Directory (PPD). PPDs provide a list of 150 providers available within a 10 mile radius, as well as a link to the Health Care Options website for a more exhaustive list of available providers. PPDs are mailed to Members' residences. DHCS will release an APL on the PPD development process.

The PowerPoint presentation can be found here.

C. Ombudsman Report

Javier Portela, Chief, MCOD, provided an update on the Ombudsman Reports (January – March 2018) which may be found here.

DHCS is working on developing a new Customer Relationship Management (CRM) system. The CRM will allow for more detailed reports to be developed.

D. New Transitions and Implementations

i. Whole Child Model

Javier Portela, Chief, MCOD, provided an update on the Whole Child Model (WCM) implementation.

Phase 1 (6 counties) will be implemented on July 1, 2018 for the following MCPs:

- CenCal Health (San Luis Obispo, Santa Clara)
- Central California Alliance for Health (Merced, Monterey, Santa Cruz)
- Health Plan of San Mateo (San Mateo)

Phase 1 MCPs' provider network, including the required CCS-paneled provider types and specialists, were reviewed and approved by DHCS.

Phase 2 (15 counties) will be implemented on January 1, 2019 for the following MCPs:

- Partnership Health Plan (Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo)
- CalOptima (Orange)

Neonatal Intensive Care Unit (NICU) services have been carved into the MCPs' contracts for Phase 1 MCPs only. DHCS is currently in discussions regarding whether NICU will be carved-in for Phase 2 MCPs.

The WCM APL 18-011 and Numbered Letter (N.L.) 04-0618 were released on June 7, 2018.

There will be a WCM stakeholder meeting on July 11, 2018. Additional information about the WCM program may be found here.

ii. AIDS Healthcare Foundation

Javier Portela, Chief, MCOD, provided an update on the AIDS Healthcare Foundation (AHF) expansion to full-scope benefits. Implementation of AHF's transition has been postponed to July 1, 2019 to ensure alignment with the California Department of Managed Health Care's filing requirements.

iii. Rady Children's Hospital - San Diego

Javier Portela, Chief, MCOD, provided an update on the Rady Children's Hospital - San Diego (RCHSD) demonstration pilot program implementation. The pilot program will be implemented on July 1, 2018. RCHSD accounts for 500 voluntary CCS-eligible enrollees diagnosed with at least one of the following conditions: Cystic Fibrosis, Sickle Cell, Diabetes, Acute Lymphoblastic Leukemia, and Hemophilia to enroll starting July 1, 2018. RCHSD's provider network was assessed using the Whole Child Model provider network certification requirements and was approved by DHCS.

iv. Behavioral Health Treatment

Bambi Cisneros, Chief, Program Monitoring and Compliance Branch, MCQMD, provided an update on the Behavioral Health Treatment (BHT) transition. Effective July 1, 2018, DHCS will transition the provision of medically necessary BHT services for eligible Members under 21 years of age with an Autism Spectrum Disorder diagnosis, from the Regional Centers (RC) to the MCPs. Members receiving BHT services through the Department of Development Services prior to July 1, 2018 will continue to receive the RC-coordinated BHT services at the RCs until the transition date. Beginning on July 1, 2018, the authorization and payment of BHT services will transition from the RCs to the MCPs.

Additional information on BHT services was published in the following All Plan Letters (APLs): 18-006; 18-007; 18-008; and 18-009. For further guidance, DHCS developed and shared a Clinical Support Guide with MCPs to supplement the BHT policy.

v. Health Homes

Oksana Meyer, Chief, Coordinated Care Programs Section, MCQMD, provided an update on the Health Homes Program (HHP). Implementation of Group 1 (San Francisco County) for Members with eligible chronic physical conditions and substance abuse disorders will be effective July 1, 2018. Implementation for Members with severe mental illness will be effective January 1, 2019. A revised implementation schedule for Groups 2 and 3 can be found here.

The HHP Program Guide along with APL 18-012 can be referenced for MCPs in the development, implementation, and operation of the HHP.

E. EHS/SynerMed

Nathan Nau, Chief, MCQMD, provided an update on SynerMed. SynerMed, a physician management services organization, had suppressed in-network Specialty Providers in SynerMed's Portal to prevent referrals to these specialists thereby misrepresenting their provider network capacity. They also failed to process, or timely process, hundreds, possibly thousands of requests for health care services; failed to provide members and providers with critical Notices of Actions (NOAs) advising them of their appeal rights; falsified adjudication dates relating to denials, referrals, and modifications; and created false UM documentation for audit purposes. Such activities resulted in the delay, denial or untimely access to care or disrupted the continuity of care to members or misrepresented the availability of providers in the network

A vast majority of Members were able to retain their Primary Care Physicians (PCPs) due to the providers being contracted with alternate medical groups within the MCP's network. In cases where the provider was not already contracted with an alternate medical group, MCPs may have attempted to enter into direct contracts with the provider. 90% of the providers are in the MCPs' provider networks, of which 70% were able to enter into continuity of care agreements.

MCQMD is working with the Audits and Investigations Division to develop tools to help identify issues with subdelegated entities proactively.

3. Annual Network Certification Deep Dive

Cortney Maslyn, Health Program Specialist I, Program Monitoring and Compliance Branch, MCQMD, provided a deep dive on the Annual Network Certification (ANC) process.

Network elements reviewed within the ANC included physician and primary care provider ratios, mandatory provider types, time and distance (T&D) requirements, and alternative access standards (AAS) for T&D requirements.

Physician and Primary Care Provider Ratios

Provider ratios were calculated using the projected enrollment for the following certification year divided by the required ratios per Knox Keene.

Mandatory Provider Types

MCPs networks were assessed for requirements of State Health Official (SHO) Letter 16-006 to ensure they were contracted with Federally Qualified Health Centers, Rural Health Clinics, and Freestanding Birth Centers. Other mandatory provider types assessed included Indian Health Facilities and Midwifery services based on contractual, state, and federal requirements

Time and Distance (T&D) and Alternative Access Standards (AAS)

DHCS established T&D standards based on provider type and county population density. MCPs were required to submit geographic access maps and/or accessibility analyses that demonstrated compliance with the applicable T&D standards. If the maps and/or accessibility charts do not cover the MCP's entire service area, MCPs were required to submit AAS requests. AAS requests can only be submitted if the MCP has exhausted all other reasonable options for contracting with providers to meet T&D standards, or DHCS determines that the requesting MCP has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access. DHCS also reviewed and certified the utilization of telehealth and mail order pharmacy, as appropriate, if the MCP exhausted all other options to obtain in-person providers or physical pharmacy locations. DHCS will publish all approved AAS requests, separated by adult and pediatric specialties, as required in Assembly Bill 205.

Pre-CAP & CAP Process:

As part of the ANC process, MCPs were issued a pre-CAP worksheet on which to submit their provider network data. This served as DHCS' technical assistance to the MCPs before issuing an official CAP. MCPs will have six months to rectify the deficiencies in the CAP and are required to report on their progress monthly until provider contracts have been fully executed. If a CAP is issued because the MCP did not meet T&D standards, they are required to provide out-of-network access in order to meet timely access standards.

Next steps:

DHCS will communicate AAS request determination results with the MCPs. Following the results, technical assitance will be provided by DHCS as needed or requested by MCPs. CAPs will be issued to the MCPs for any unresolved deficiencies following the technical

assistance meetings. As part of the CAP requirements, MCPs will be required to ensure that their member services staff provide the necessary out-of-network (OON) information to Members. The ANC Assurance of Compliance Summary will be submitted to the Centers for Medicare and Medicaid Services by July 1, 2018. Subsequently, the approved AAS requests, as well as the CAP findings and MCP responses will be posted on the DHCS website. In addition, DHCS will provide technical updates to APL 18-005 and associated attachments based on feedback from the MCPs.

4. Status on APLs and Dual Plan Letters (DPLs)

Estelle Champlain, Chief, Policy and Regulatory Compliance Unit, MCQMD, provided an update on APLs and DPLs issued from March – June 2018.

A list of APLs can be found here and a list of DPLs can be found here.

5. Open Discussion

It was requested to discuss subcontractor monitoring results. Delegated entities are not subject to the Annual Network Certification, however, MCPs are required to monitor all subcontractors and ensure they comply with contractual requirements, including network adequacy. DHCS will randomly select subcontractors to monitor through the quarterly monitoring process.

It was requested to discuss the coordination of referrals and availability of dental services for children. DHCS will include as a potential agenda item at a future meeting.

6. Next Meeting

The next MCAG is scheduled for Thursday, September 13, 2018 at 1700 K Street, Sacramento, CA 95814 from 10:00 a.m. – 1:00 p.m. To request future agenda items or topics for discussion please submit to advisorygroup@dhcs.ca.gov by August 1, 2018.