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Department of Health Care Services



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Department of Health Care Services (DHCS)
Managed Care Advisory Group
Meeting Notes
September 13, 2018

1. Introductions

Bambi Cisneros, Chief, Program Monitoring and Compliance 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.

2. Updates

A. *Transitions and Implementations*

i. Whole Child Model

Javier Portela, Chief, Managed Care Operations Division (MCO), provided an update on the Whole Child Model (WCM) Implementation.

Phase 1 was implemented on July 1, 2018 for the following Medi-Cal managed care plans (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 was implemented successfully and DHCS continues to provide technical assistance to Phase 1 MCPs, as needed.

Phase 2 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)

WCM APL [18-011](#) and WCM Numbered Letter (N.L.) [04-0618](#) were released on June 7, 2018. Additional revisions to the policy letters will be completed prior to Phase 2 which will include the updated policy on NICU being carved in as a MCP covered benefit.

Additional information about the WCM program may be found [here](#).

ii. *Rady Children's Hospital - San Diego*

Javier Portela, Chief, MCOB, provided an update on the Rady Children's Hospital - San Diego (RCHSD) California Children's Services (CCS) Demonstration Pilot Program Implementation. The pilot program was implemented on July 1, 2018 and RCHSD continues to enroll participants into the program. DHCS is working closely with RCHSD during this transition.

iii. *Pediatric Palliative Care*

Dana Durham, Chief, Policy and Medical Monitoring Branch, MCQMD, provided an update on the Pediatric Palliative Care (PPC) Waiver. The PPC Waiver Program is being eliminated effective January 1, 2019. Current members in the waiver will be transitioned to MCPs and FFS providers. DHCS will be issuing two All Plan Letters (APL) to provide guidance to MCPs, including Continuity of Care and Palliative Care. DHCS will also be releasing a Numbered Letter from the Integrated Systems of Care Division (ISCD) providing additional guidance for this transition.

Information about the PPC Waiver Program can be found [here](#).

iv. *United Healthcare Contract Termination*

Javier Portela, Chief, MCOB, provided an update on United Healthcare's contract termination in Sacramento County. 90-day and 60-day informing notices have been sent out to impacted members. A 30-day informing notice will be sent prior to the November 1, 2018 exit date as well. In the 30-day informing notice, the impacted members will be notified of which MCP they will be assigned. DHCS is collaborating with the MCPs that will be receiving these new enrollees. The MCPs will be sharing data and have been notified of the members that will be transitioning. DHCS will provide another update at the December 2018 MCAG meeting.

B. *Timely Access Study*

Jennifer Janos, Chief, External Quality Review Organization (EQRO) Contract Management Unit, MCQMD, and Brian Keefer, Chief, Plan Oversight Section, MCQMD, provided an update on the Timely Access Study. The timely access study was previously completed on an annual basis and will now be completed quarterly. MCQMD is currently reviewing the results of the first quarterly report provided by the Department's EQRO, Health Services Advisory Group (HSAG). DHCS is working on including a language accessibility measure as part of the timely access study. Results should be released approximately by January 2019.

Additional information on the timely access study can be found [here](#).

C. Sanctions

Nathan Nau, Chief, MCQMD, provided an update on MCP sanctions. AIDS Healthcare Foundation (AHF) was sanctioned \$25,000 for failing to meet its benefit expansion implementation timeline of July 1, 2018. AHF formally appealed this decision; however, a determination has not yet been released. Several MCP sanctions are currently being processed for not meeting CAP milestones.

3. Annual Network Certification Results

Brian Keefer, Chief, Plan Oversight Section, MCQMD, and Cassandra Lashmett, Chief, Network Adequacy Unit, MCQMD, provided an update on alternative access standards (AAS) requests process and current status. DHCS requires MCPs to demonstrate coverage over the MCP's entire service area. Consequently, there have been multiple resubmissions due to denied or partial approval of AAS requests. DHCS reviewed over 10,000 AAS requests and still has requests pending. Previously approved AAS requests can be found [here](#). The AAS request template, Attachment F may be found [here](#).

Hannah Robins, Chief, Compliance Unit, provided an overview of the CAPs. DHCS held entrance conferences at the time the CAPs were issued with the MCPs to discuss specific deficiencies. MCPs have 6 months to correct the findings, during which time MCPs under a CAP are subject to a temporary standard that requires out-of-network access, in addition to their CAP mandates. In July, DHCS placed to nine MCPs under CAPs. Since then, six MCPs have closed their CAPs (Anthem, Care1st, Central California Alliance for Health, IEHP, LA Care, and United). DHCS continues to work with the remaining MCPs to close out their CAPs. The CAP report may be found [here](#).

Daniel Thorne, Chief, Managed Care Operations Unit (MCOU), MCQMD, provided an update on the Secret Shopper Surveys conducted for MCPs under a CAP. These surveys are conducted to ensure that MCP member service representatives are trained to handle inquiries on the availability of out-of-network (OON) services and the steps involved for obtaining those services. MCPs were required to have a 70% compliance rate in order to meet the CAP mandate. MCPs were also required to submit their policies and procedures to DHCS for review and approval.

Cortney Maslyn, Health Specialist I, Contract Compliance Section, MCQMD, gave an update on next steps for the Annual Network Certification (ANC). First, there will be a revision to APL 18-005 Network Certification Requirements. The revision will include clarifying language and instructions to improve data quality and help to streamline the process based on lessons learned. DHCS is also making adjustments to its ANC methodology after the lessons learned from the first iteration. The timely access process will also be added to the APL and how it relates to ANC. Additionally, DHCS is going to include language in the APL to clarify what constitutes a "significant change" and will tie the APL to a revision of APL 16-001, which pertains to provider/facility terminations, de-certifications, or suspensions, all of which could also result in a "significant change". The two APLs will be released for comment to stakeholders, advocates and MCPs to gather feedback.

Further information on network adequacy may be found [here](#).

4. Quality Updates

Dr. Elizabeth Albers, Medical Consultant II, Policy and Medical Monitoring Branch, MCQMD, provided an update on quality measures. Dr. Albers gave an overview of the current quality monitoring standards, including the External Accountability Set (EAS). DHCS selects most EAS measures from HEDIS® and selects them in consultation with MCPs, EQRO, and stakeholders.

Dr. Albers reported on the EAS Reporting Year (RY) 2018. MCPs reported on 30 indicators and DHCS held 21 indicators to Minimum Performance Level (MPL). 87% of the reported measures met the MPL. There were several factors affecting the variation from the previous report when 89% of the measures met the MPL. Two new measures were held to the MPL and several measures' MPLs significantly increased.

All reporting units met or exceeded their MPLs for four measures:

- Controlling High Blood Pressure
- Comprehensive Diabetes Care (CDC) – blood pressure control
- CDC – HgbA1c > 9
- Weight Assessment and Counseling for Children and Adolescents – Physical Activity.

Three measures had only one reporting unit below MPL:

- Weight Assessment and Counseling for Children and Adolescents – Nutrition
- Immunizations for Adolescents, CDC – H8

Improvements are necessary in two measures:

- CDC – eye exam
- Utilization of Imaging Studies in Low Back Pain.

Seven MCPs are above the MPL on all indicators and 5 MCPs are above the MPL on all but one indicator.

DHCS will begin its triannual evaluation of the EAS in early 2019 and will discuss this evaluation at the Medical Directors' meetings as well as with the MCAG. Final recommendations on changes to the EAS to DHCS executive management will be presented in Fall 2019. Recommendations for new metrics may be submitted to the advisorygroup@dhcs.ca.gov.

5. Health Homes Program Update

Kimberly Swift, Chief, Health Homes Policy Unit, MCQMD, provided an update on the Health Homes Program. Group 1 has been implemented in San Francisco County and currently has 120 members enrolled. DHCS is holding bi-weekly calls and meetings with those MCPs to assist with the program.

Riverside and San Bernardino counties will implement the program as Group 2 in January 1, 2019. DHCS is working with Centers for Medicaid and Medicare Services (CMS) to ensure timely implementation.

DHCS is actively working with the University of California, Los Angeles (UCLA), on a program evaluation. DHCS will use the CMS Health Homes metrics for the evaluation. DHCS expects to release an APL for stakeholder feedback in the fall.

Members can self-enroll in the Health Homes program. The program guide can be found [here](#).

6. 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 June – August 2018.

A list of APLs can be found [here](#) and a list of DPLs can be found [here](#).

7. Open Discussion

It was requested to discuss the role of MCPs and care coordination in regards to Assembly Bill (AB) 2207. MCQMD staff responded that the division is working with Integrated Systems of Care Division (ISCD) to prepare an update for a future meeting.

It was requested to discuss Denti-Cal and their outreach for case management and phone number outreach at a future meeting.

Attendees requested to discuss the results of the Ombudsman report during the next MCAG.

8. Next Meeting

The next MCAG is scheduled for Thursday, December 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 October 19, 2018.