

# **Medi-Cal Managed Care Advisory Group Meeting**

September 13, 2018

# Agenda

1. Introductions
2. Updates
  - Transitions and Implementations
    - Whole Child Model
      - Phase 1: Implemented July 1, 2018
      - Phase 2: No sooner than January 1, 2019
    - Rady Children's Hospital - San Diego
    - Pediatric Palliative Care
  - United Healthcare Exit
  - Timely Access Study
3. Annual Network Certification Results
4. Quality Updates
5. Health Homes
6. Status on All Plan Letters and Dual Plan Letters
7. Open Discussion & Upcoming Meeting

# Welcome and Introductions

Bambi Cisneros, Chief  
Program Monitoring and Compliance Branch  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

# Transitions and Implementations

## Whole Child Model

Javier Portela, Chief  
Managed Care Operations Division  
Department of Health Care Services

Bambi Cisneros, Chief  
Program Monitoring and Compliance Branch  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

# Transitions and Implementations

## Rady Children's Hospital – San Diego

Javier Portela, Chief  
Managed Care Operations Division  
Department of Health Care Services

# Transitions and Implementations

## Pediatric Palliative Care

Dana Durham, Chief  
Policy and Medical Monitoring Branch  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

# Transitions and Implementations

## United Healthcare Exit

Javier Portela, Chief  
Managed Care Operations Division  
Department of Health Care Services

Brian Keefer, Chief  
Plan Oversight Section  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

# Timely Access Study

Jennifer Janos, Chief

EQRO Contract Management Unit

Managed Care Quality and Monitoring Division

Department of Health Care Services

Brian Keefer, Chief

Plan Oversight Section

Managed Care Quality and Monitoring Division

Department of Health Care Services

For more information on timely access, please see the link below:

[https://www.dmhc.ca.gov/Portals/0/Docs/TAC\\_web\\_1.pdf](https://www.dmhc.ca.gov/Portals/0/Docs/TAC_web_1.pdf)



# Sanctions

Nathan Nau, Chief  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

# Annual Network Certification Results

## Annual Network Certification Team:

Brian Keefer, Chief  
Plan Oversight Section

Hannah Robins, Chief  
Compliance Unit

Cassandra Lashmett, Chief  
Network Adequacy Unit

Daniel Thorne, Chief  
Operations Unit

Cortney Maslyn, Health Program Specialist I  
Contract Compliance Section  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

For more information on annual network certification, please see the link below:

<http://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx>

# Quality Updates

Lisa Albers, MD, Medical Consultant II  
Policy and Medical Monitoring Branch  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

# Monitoring Quality

- Managed care health plans (MCPs) report annually on a set of quality measures to evaluate the quality of care delivered by an MCP to its members.
  - Referred to as the DHCS External Accountability Set (EAS)
- DHCS selects most EAS measures from HEDIS®
  - Provides DHCS with a standardized method to objectively evaluate an MCP's delivery of services.
- DHCS selects the EAS measures in consultation with MCPs, the External Quality Review Organization, and stakeholders.

# Monitoring Quality

- DHCS receives quality performance rates for the MCPs on the EAS indicators in July of each year.
- DHCS contracts require the 24 MCPs to perform at least as well as the lowest 25% of Medicaid plans in the US, in the 53 reporting units
  - DHCS ‘Minimum Performance Level (MPL)’
- When MCPs do not meet the MPL, quality improvement work is required

# External Accountability Set (EAS)

- All Cause Readmissions
- Ambulatory Care Outpatient and Emergency Department
- Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors/ARBs and Diuretics)\*
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis\*
- Breast Cancer Screening\*
- Cervical Cancer Screening\*
- Childhood Immunizations Status\*
- Children & Adolescents' Access to Primary Care Practitioners
- Comprehensive Diabetes Care\*
- Controlling High Blood Pressure\*
- Immunizations for Adolescents\*
- Asthma Medication Ratio\*
- Prenatal & Postpartum Care\*
- Depression Screening and Follow-up for Adolescents and Adults
- Use of Imaging Studies for Low Back Pain\*
- Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents\*
- Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> Years of Life\*

\* Indicator held to MPL

# EAS RY 2018

- For RY 2018 (MY 2017), MCPs reported on 30 indicators, held to MPL on 21 indicators
  - 87% of measures met the MPL
  - Factors affecting variation in performance from MY 2016 when 89% met the MPL
    - 2 new measures for which MCPs are held to the MPL (AMR, BCS)
    - Significant increases in MPL for CCS, PPC-Pre and PPC-Pst
- Medi-Cal Statewide Weighted Averages were above the MPL for all indicators held to the MPL

# High Performance Areas

- **All reporting units met or exceeded MPL for four measures:**
  - Controlling High Blood Pressure
  - Comprehensive Diabetes Care (CDC) - blood pressure control
  - Comprehensive Diabetes Care (CDC) - HgbA1c >9%
  - Weight Assessment and Counseling for Children and Adolescents – Physical Activity
    - 16 RUs above HPL
- **Three measures had only one reporting unit below the MPL:**
  - Weight Assessment and Counseling for Children and Adolescents – Nutrition
    - 12 RUs above HPL
  - Immunizations for Adolescents
    - 38 RUs above HPL
  - Comprehensive Diabetes Care (CDC) – H8 ('good control')



# High Performance Areas

- **Improvement in the following measures:**
  - **Comprehensive Diabetes Care – eye exam**
    - Two reporting units below MPL vs four for HEDIS 2017
  - **Utilization of Imaging Studies in Low Back Pain:**
    - Three reporting units below MPL vs twelve for HEDIS 2017

# High Performance Areas

- 7 MCPs (8 Reporting Units) are above the MPL on all indicators:
  - Alameda Alliance for Health
  - CalOptima
  - Community Health Group
  - Health Plan of San Mateo
  - Inland Empire Health Plan
  - Kaiser (North and South)
  - San Francisco Health Plan

# High Performance Areas

- 5 MCPs are above the MPL on all but 1 indicator:
  - CenCal Health
  - Central California Alliance for Health
  - Kern Family Health Plan
  - LA Care Health Plan
  - Santa Clara Family Health Plan

# Opportunities for Improvement

- New indicators on the EAS that MCPs are now held to MPL on (AMR, BCS)
- Monitoring Persistent Medications
- PPC-Pre, PPC-Pst and CCS – all of which had an significant increase in the MPL from HEDIS 2017
- Comprehensive Diabetes Care – Nephropathy
- Childhood Immunizations Status

# Future EAS

- DHCS monitors NCQA proposals for HEDIS metrics on a regular basis
  - Proposed changes to technical specifications of existing metrics
  - Proposed development of new metrics
  - Proposed retirement of existing metrics
  - Lines of business for existing metrics
  - Review of annual NCQA technical specifications for significant changes
  - Review of annual NCQA Quality Compass for benchmarks

# EAS 2019

- DHCS will begin its every three year evaluation of the EAS in early 2019
  - DHCS will engage in a broad review of all current and possible EAS metrics
  - Ensure alignment with the next Managed Care Quality Strategy Report in 2019
- Discussion will be brought to the Medical Directors' meetings, as well as to the Managed Care Advisory Group

# EAS 2019

- DHCS will present multiple measures for discussion and obtain feedback from both groups, as well as from other advocates, external partners and internal DHCS partners
- Discussions will continue throughout the spring and summer of 2019
- Final recommendations on changes to the EAS to DHCS executive management in Fall 2019

# EAS 2019

- Major adjustments are made in line with Quality Strategy planning:
  - Medi-Cal population and population impacted
  - Opportunities to improve quality of care
  - Feasibility and usability of the metric (data and benchmark availability for Medicaid)
  - How the metric aligns with strategic priorities
  - How the metric compliments the EAS as a whole



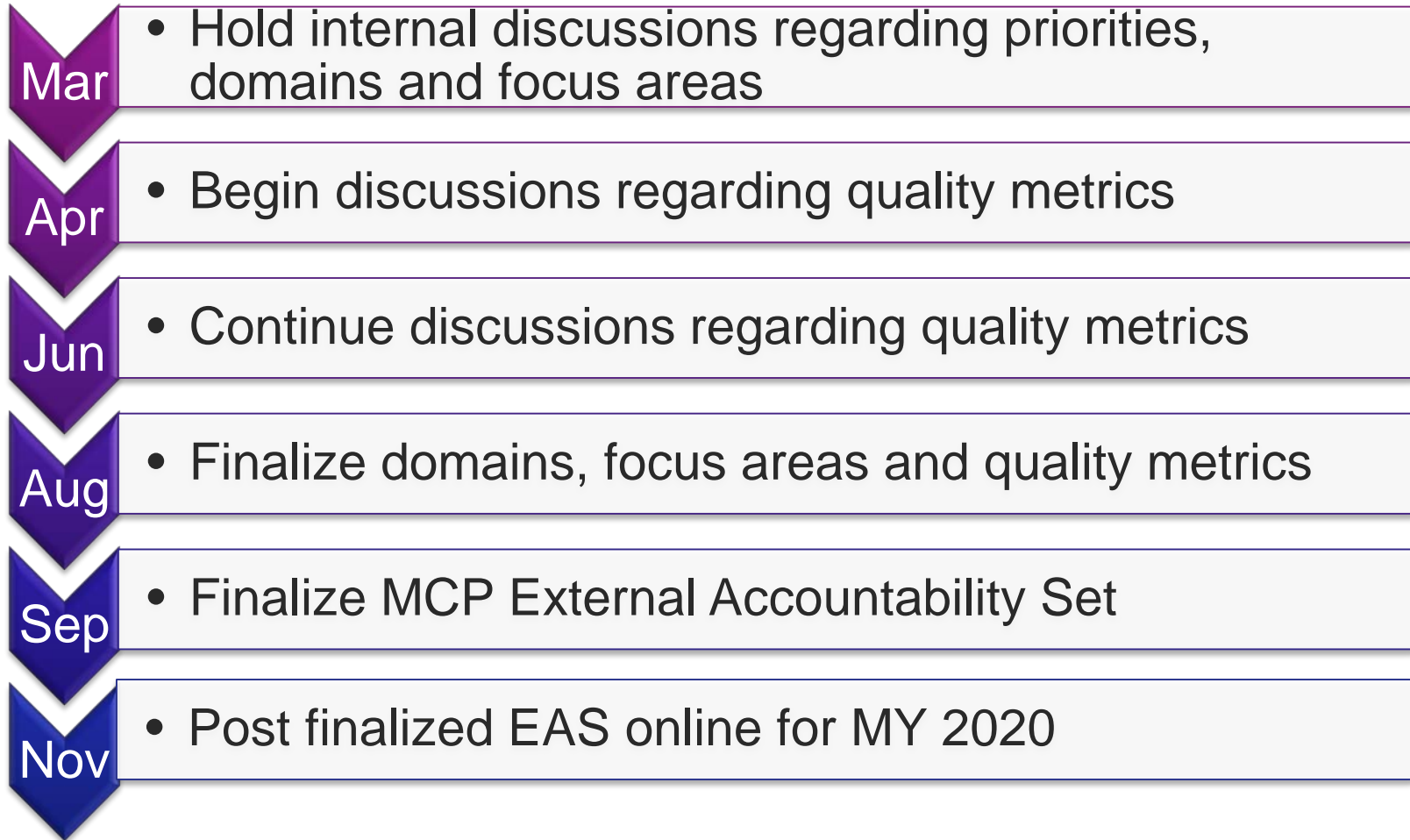
# EAS 2019

- Other considerations:
  - Limiting burden and intrusion on primary care provider offices
  - Need to retain measures on the EAS for at least three years for baseline and trending analysis
  - Impact of adding/deleting measure(s) used in the auto-assignment algorithm
  - Potential for changing federal requirements

# Minimum Criteria for Selection of Performance Measures

1. **Meaningful** to the public, the beneficiaries, the state and the MCPs
2. **Improves quality of care** or services for the Medi-Cal population
3. **High population impact** by affecting large numbers of beneficiaries or having substantial impact on smaller, special populations
4. **Known impact of poor quality** linked with severe health outcomes (morbidity, mortality) or other consequences (high resource use)
5. **Performance improvement needed** based on available data demonstrating opportunity to improve, variation across performance and disparities in care
6. **Evidence based practices available** to demonstrate that the problem is amenable to intervention and there are pathways to improvement
7. **Availability of a standardized measures and data** that can be collected
8. **Alignment** with other national and state priority areas
9. **Healthcare System Value** demonstrated through cost-savings, cost-effectiveness, risk-benefit balance, or health economic benefit.
10. **Avoid negative unintended consequences**

# Timeline EAS 2019



# Questions?

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

# Health Homes

Kimberly Swift, Chief

Health Homes Policy Unit

Managed Care Quality and Monitoring Division

Department of Health Care Services

Dana Durham, Chief

Policy and Medical Monitoring Branch

Managed Care Quality and Monitoring Division

Department of Health Care Services

# Status on All Plan Letters and Dual Plan Letters

Estelle Champlain, Chief  
Policy and Regulatory Compliance Unit  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

# Department of Health Care Services

## Managed Care Advisory Group Meeting

September 13, 2018

### MEDI-CAL MANAGED CARE HEALTH PLAN LETTERS

ISSUED SINCE THE JUNE 2018 MANAGED CARE ADVISORY GROUP MEETING

#### ALL PLAN LETTERS (APLs)

Letter Number	Title and Description of Letter	Date of Issue
APL 18-008	<p><b>Continuity of Care for Medi-Cal Members Who Transition into Medi-Cal Managed Care</b></p> <ul style="list-style-type: none"> <li>• Adds continuity of care (COC) requirements pertaining to outpatient mental health services for members with mild to moderate impairment.</li> <li>• Clarifies county mental health plan responsibility to provide specialty mental health services to members who meet the medical necessity criteria for those services and notes that there are different medical necessity criteria for members under 21 than there are for adult members.</li> <li>• Describes COC responsibilities for members transitioning between county mental health plans and Medi-Cal managed care health plans (MCPs) for mental health services.</li> <li>• Addresses MCP responsibilities for retroactive COC requests.</li> <li>• Clarifies that a member’s self-attestation a pre-existing provider relationship is not sufficient – documentation is required.</li> <li>• The revision also addresses continuity of care for Medi-Cal FFS beneficiaries who voluntarily transition to an MCP specifically to enroll in the Health Homes Program (HHP).</li> </ul>	<p><b><i>Revised</i></b> <b>07/10/2018</b></p>
APL 18-011	<p><b>California Children’s Services Whole Child Model Program</b></p> <ul style="list-style-type: none"> <li>• Provides direction to MCPs participating in the California Children’s Services (CCS) Whole Child Model (WCM) programs on the implementation of the WCM program, which incorporates CCS-covered services into Medi-Cal managed care for CCS-eligible members.</li> <li>• Aligns with the companion CCS Numbered Letter 04-0618, which is addressed to county CCS programs.</li> </ul>	<p><b>06/07/2018</b></p>

# Department of Health Care Services

## Managed Care Advisory Group Meeting

September 13, 2018

### MEDI-CAL MANAGED CARE HEALTH PLAN LETTERS

ISSUED SINCE THE JUNE 2018 MANAGED CARE ADVISORY GROUP MEETING

#### ALL PLAN LETTERS (APLs)

Letter Number	Title and Description of Letter	Date of Issue
APL 18-012	<b>Health Homes Program Requirements</b> <ul style="list-style-type: none"><li>Provides direction to MCPs implementing the HHP. HHP MCPs are responsible for six core HHP services: comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support, and referral to community and social support services.</li><li>Directs participating MCPs to the DHCS “Medi-Cal Health Homes Program Guide” for comprehensive policy requirements.</li></ul>	06/28/2018
APL 18-013 <i>(Supersedes APL 15-016)</i>	<b>Hepatitis C Virus Treatment Policy Update</b> <ul style="list-style-type: none"><li>Notifies MCPs of the requirement to follow the new HCV treatment guidelines set forth in the July 1, 2018, DHCS “Treatment Policy for the Management of Chronic Hepatitis C.”</li><li>This policy updates many areas such as treatment considerations, regimens and durations; as well as criteria for identifying treatment candidates.</li></ul>	08/14/2018



# Department of Health Care Services

Managed Care Advisory Group Meeting

September 13, 2018

## MEDI-CAL MANAGED CARE HEALTH PLAN LETTERS

ISSUED SINCE THE JUNE 2018 MANAGED CARE ADVISORY GROUP MEETING

### DUALS PLAN LETTERS (DPLs)

Letter Number	Title and Description of Letter	Date of Issue
DPL 18-002 <i>(Supersedes DPL 16-001)</i>	<b>Performance Improvement Project Requirements</b> <ul style="list-style-type: none"><li>• Updates PIP submission requirements to account for transition away from the old five-step rapid-cycle approach to the new EQRO outcome-focused methodology.</li></ul>	<b>08/12/2018</b>

# Open Discussion

Next meeting is scheduled on  
December 13, 2018

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