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Department of Health Care Services (DHCS)
Managed Care Advisory Group
Meeting Notes
March 8, 2018

1. Introductions

Aaron Toyama, Chief, Program Monitoring and Compliance Branch, Managed Care Quality and Monitoring Division (MCQMD), called the Managed Care Advisory Group (MCAG) meeting to order at 10:08 a.m. and welcomed all in attendance including those on the webinar.

MCQMD Staffing Updates:

- Phoebe Sadler is the new Chief of the Contract Compliance Section.
- Brian Keefer is the new Chief of the Plan Oversight Section.

2. Updates

Timely Access Survey

Nathan Nau, Chief, MCQMD, provided an update on the timely access survey. Historically, through annual audits DHCS ensured that Medi-Cal managed care health plans (MCPs) had processes in place to monitor timely access to appointments for members. DHCS has contracted with the External Quality Review Organization (EQRO) to ensure the MCPs are meeting timely access by conducting a timely access survey. Starting January 2018, EQRO surveyed 1500 providers and will complete a total of 28,000 surveys statewide through the remainder of the year. The results of that first sampling have been shared with the plans. The timely access survey is focusing on the first three available urgent and non-urgent appointments for adult and pediatric primary care physicians, the core specialists codified in AB 205¹, and ancillary services.

High level survey results will be released in the fourth quarter DHCS Managed Care Quality and Monitoring Dashboard. However, some data elements will be shared during the MCAG meeting in September 2018. DHCS will consider publishing all survey information in an additional report.

Corrective Action Plans (CAPs) will be imposed based on the timely access results. DHCS will instruct plans on what to do if timely access standards are not met.

¹ AB 205 14197 (h) (2) is available at:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB205

Sanctions

Nathan Nau, Chief, MCQMD, provided an update on sanctions. One MCP has appealed a provider file sanction. The name of the MCP is purposely being held due to the appeal. DHCS testified at the hearing and briefs have been filed by both parties. DHCS is still awaiting judgment on the sanction appeal. Once judgment is made DHCS will issue a letter which will be published on the DHCS website.

Plans are currently working on meeting Healthcare Effectiveness Data and Information Set (HEDIS) standards. Four quality Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Reports have sanctions tied to milestones they must meet. The results of how the plans perform with meeting these milestones will be shared in the fourth quarter. More information regarding the CAHPS may be found [here](#).

EHS Medical Group/SynerMed

Nathan Nau, Chief, MCQMD, provided an update on the MCPs Corrective Action Plan (CAP) related to EHS Medical Group/SynerMed. EHS, a medical group that is associated with SynerMed, had been suppressing access to in-network specialty providers thereby misrepresenting network capacity and restricting referrals regardless of medical necessity. As a result, DHCS issued a CAP to the seven MCPs that contracted with EHS/SynerMed. MCPs were required to terminate their relationship with EHS and provide weekly updates addressing the transition plan for impacted members. A vast majority of members were able to retain their Primary Care Physicians due to the providers already 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. DHCS assessed the overlap percentages by plan and by county to determine the impact of EHS termination and will share the data at the next MCAG meeting.

New Transitions and Implementation

Whole Child Model

Annette Lee, Chief, Special Populations Section, Integrated Systems of Care Division, and Phoebe Sadler, Chief, Contract Compliance Section, MCQMD, provided an update on the Whole Child Model (WCM) transition. Senate Bill (SB) 586 authorized DHCS to establish the WCM program in designated County Organized Health Systems (COHS) to transition California Children's Services (CCS) medical services to an MCP contract. 5 MCPs in 21 counties will participate in the WCM Program. DHCS is currently working on MCP and county readiness and policy. MCPs have been provided with CCS paneled providers to contract with to build their networks.

The transition will be implemented in two phases:

- Phase 1 (6 counties)- Will be implemented on July 1, 2018 for the following MCPs:
 - CenCal Health
 - Central California Alliance for Health
 - Health Plan of San Mateo
- Phase 2 (15 counties)- Will be implemented on January 1, 2019 for the following MCPs:
 - Partnership HealthPlan

- o CalOptima

DHCS has released several documents to the MCPs for review. A 90-Day Beneficiary Notice will be mailed at the end of March 2018. The draft All Plan Letter (APL) and CCS Numbered Letter were released to MCPs for comment.

There will be a Whole Child Model transition stakeholder meeting on April 4, 2018. Additional information about WCM and the stakeholder meeting may be found [here](#).

AIDS Healthcare Foundation

Javier Portela, Chief, Managed Care Operation Division (MCO), provided an update on the AIDS Healthcare Foundation (AHF) transition. AHF is a specialty plan with less than 1,000 enrollees in Los Angeles County. Effective July 1, 2018, it will begin to provide full-scope benefits to enrollees. Currently AHF is completing the various readiness activities required for all MCPs.

Behavioral Health Therapy

Dana Durham, Chief, Policy and Medical Monitoring Branch (PMMB), MCQMD, provided an update on Behavioral Health Therapy (BHT). Effective July 1, 2018, DHCS will transition from Regional Centers to MCPs, the provision of medically necessary BHT services for eligible Medi-Cal members under 21 years of age who would benefit from BHT. Additional information on BHT services was published on March 2, 2018 with APLs [18-006](#); [18-007](#); [18-008](#); and [18-009](#).

Health Homes

Dana Durham, Chief, PMMB, MCQMD, provided an update on Health Homes Program. The Health Homes Program will serve eligible Medi-Cal beneficiaries with multiple chronic conditions who are frequent utilizers and may benefit from enhanced care management and coordination. The first phase implementation for members with eligible multiple chronic physical conditions and substance abuse disorders will be effective July 1, 2018. Implementation for members with severe mental illness is January 1, 2019. The implementation schedule can be found [here](#). Additional information about Health Homes can be found [here](#).

Rady Children's Hospital San Diego

Javier Portela, Chief, MCO, provided an update on the Rady Children's Hospital San Diego (RCHSD) pilot program implementation. The pilot program will be implemented on July 1, 2018. RCHSD anticipates 500 voluntary CCS eligible enrollees with the following conditions: Cystic Fibrosis, Sickle Cell, Diabetes, Acute Lymphoblastic Leukemia and Hemophilia. Letters of Interest have been sent out by RCHSD to the CCS eligible families to determine their interest in pilot enrollment.

Ombudsman Report

Javier Portela, Chief, MCO, provided an update on the latest Ombudsman Report. SB 97 requires DHCS to publish quarterly reporting of all beneficiary calls received by the Managed Care Office of the Ombudsman. The reports include the number of contacts received by phone and email, the average talk and wait time for the beneficiaries, the

number and rate of calls abandoned, the results of the contacts including the destination of the referred calls, and the number of calls referred to another entity. The Ombudsman Report for October – December 2017 can be found [here](#).

Annual Network Certification Overview

Cortney Maslyn, Health Program Specialist I, MCQMD, provided an overview of the Annual Network Certification process. [APL 18-005](#) was published on February 16, 2018 and attachments were released on February 21, 2018. As detailed in the APL, MCP submissions were due on March 19, 2018. The standards for reviewing the submissions are aligned with [AB 205](#). Details of the methodology and review process will be discussed at the next MCAG Meeting.

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.

Data received through this process will assist to ensure quality data is being submitted through the monthly 274 provider file. Each MCP will have the submission reviewed and an initial assessment will be provided through the pre-CAP assessment document. The MCP will have the opportunity to remedy any deficiencies before a CAP is imposed. MCPs will be required to close annual network certification CAPs within 6 months of having them imposed.

3. Adult Dental Benefit Restoration SPA 17-027

Carolyn Brookins, Chief, Provider and Beneficiary Services Section (PBSS), Medi-Cal Dental Services Section (MDSD) provided an update on SPA 17-027. DHCS has submitted SPA 17-027 to the Centers for Medicare and Medicaid Services (CMS) to seek necessary approvals to restore comprehensive adult dental services as a covered benefit for Medi-Cal beneficiaries ages 21 and older with full-scope coverage under the Medi-Cal program. MDSD is actively working with CMS and anticipates an approval soon. The benefit has been in effect since January 1, 2018.

Beneficiary Handbook

Carolyn Brookins, Chief, PBSS, MDSD, provided an update on the Beneficiary Handbook for the adult dental benefit restoration. The intent is to send the handbook for stakeholder review before it is released to the public. The Medi-Cal Dental Program may be found [here](#).

4. Diabetes Prevention Program

Sydney Armendariz, MA, Health Program Specialist II, Benefits Division, gave a high-level overview of the Medi-Cal Diabetes Prevention Program which was established by SB 97. The presentation can be found [here](#).

5. Status on All Plan Letters and Dual Plan Letters

Dana Durham, Chief, PMMBP, MCQMD, provided an update on All Plan Letters (APLs) and Dual Plan Letters (DPLs) issued from December 2017-March 2018.

A list of APLs and DPLs released in the last quarter may be found [here](#).

6. Open Forum

7. Next Meeting

The next MCAG is scheduled for Thursday, June 14, 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 April 25, 2018.