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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  
June 8, 2017

**1. Introductions**

Andrew Kilgust, Chief, Contract Compliance Section, called the Managed Care Advisory Group (MCAG) meeting to order at 10:05 a.m. and welcomed all in attendance including those on the conference line.

**2. Final Rule**

- Nathan Nau, Chief, Managed Care Quality and Monitoring Division (MCQMD), provided an update on DHCS' ongoing efforts to meet the July 1, 2017 implementation deadline for final rule requirements. All Plan Letters (APL), Dual Plan Letters (DPL) and contracts are currently being updated to include the new requirements. MCQMD is hosting webinars upon release of APLs and DPLs to provide additional technical assistance.
- Javier Portela, Chief, Managed Care Operations Division (MCOD), provided an update on final rule requirements that have an implementation date of July 1, 2017. MCOB is providing guidance to plans to ensure plan compliance with final rule implementation requirements. Substance Use Disorder (SUD) information will be added to the contracts later.
- MCOB and MCQMD are actively working with Centers for Medicare & Medicaid Services (CMS) on all final rule requirements.
- Additional updates include:
  - Health Care Options (HCO): The HCO Portal is being updated to provide a more enhanced consumer assistance website. This portal may be accessed at [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov).
  - Evidence of Coverage (EOC): The final rule stipulated new requirements for the enrollee handbook that become effective July 1, 2017. DHCS will be releasing the EOC template shortly.

**3. Geographic Managed Care (GMC) Implementation**

Javier Portela provided an update on the GMC expansion of Aetna and United into Sacramento and San Diego counties:

- There will be no Dual-Eligible beneficiaries unless they started as a Medi-Cal eligible member. There are limitations for those Dual-Eligibles in San Diego.
- Provided Plan readiness is certified, United is scheduled to be fully operational beginning July 1, 2017. Potential new members will be

informed by United of auto assignment to the Plan as the member's Medi-Cal managed care health plan (MCP) prior to the enrollment in the plan.

- Provided Plan readiness is certified, Aetna will be operational beginning January 1, 2018. MCOB and MCQMD are currently completing readiness activities to ensure the plan is compliant with all requirements prior to implementation.

#### **4. Managed Care Procurements**

Javier Portela presented updates on plan procurement. Procurements are currently on hold due to pending legal settlements and contract negotiations. Procurements are scheduled for July 1, 2021. Additional commercial entities are scheduled to start the procurement process beginning 2023. The chart for the Medi-Cal Managed Care Request for Proposal (RFP) and Request for Application (RFA) schedule by model type may be found [here](#).

#### **5. Mental Health Parity**

Brian Keefer, Health Program Specialist II, Mental Health Services, and Bambi Cisneros, Health Program Specialist II, Health Care Delivery Systems, presented updates on Medicaid Mental Health Parity. DHCS provided updates on when updated APLs and Contract language would be shared with MCPs for review and feedback. DHCS is required to ensure MCP compliance with Medicaid Mental Health Parity by the implementation date of October 2, 2017. DHCS is currently completing the Medicaid Mental Health Parity compliance plan and will be submitting to CMS. A link to the presentation is provided [here](#).

#### **6. Medi-Cal Managed Care Quality Strategy**

Anna Lee Amarnath, Chief, Medical Quality and Oversight Section, provided an overview of the Medi-Cal Managed Care Quality Strategy Report that provides metrics and data for 2015. The report was submitted to CMS for approval in October and was posted online pending CMS' approval. Results show that managed care beneficiary enrollment expanded to 10.5 million in California. The report looked at immunization enhancements with health plans, reducing health disparities, and opioid misuse along with performance of managed care in the rural communities during the year. The Medical Quality and Oversight Section produces quarterly highlights directed to the plans. The purpose of these newsletters is to share promising practices or innovative approaches related to a particular External Accountability Set quality metric. Two Highlights have been produced so far related to Childhood Immunizations and Cervical Cancer Screening. These will be provided to the group.

#### **7. Sanctions**

Nathan Nau presented an update on sanctions regarding Encounter Data and Provider Data:

- On April 20, 2016, the Department of Health Care Services (DHCS) advised MCPs of the requirement to submit all outstanding encounter data by June 30, 2016, to the Post Adjudicated Claims and Encounters System

(PACES) and ensure its data completeness and accuracy. DHCS further advised all Medi-Cal Managed Care Plans that failure to meet the June 30, 2016, deadline for reporting all outstanding encounter data using the PACES submission process would result in the imposition of a Corrective Action Plan (CAP).

- On June 28, 2016, Kaiser contacted DHCS and advised that it would not meet the June 30, 2016, deadline for encounter data reporting. On September 23, 2016, DHCS imposed a CAP on Kaiser for failure to meet its regulatory and contractual obligations for reporting encounter data. The CAP further advised Kaiser that its failure to submit all retrospective encounter data by January 1, 2017, would result in the imposition of monetary sanctions. Kaiser did not meet CAP requirements and was therefore imposed monetary sanctions on January 13, 2017 and May 27, 2017. DHCS' formal notice of intent to sanction may be found [here](#).
- On December 30, 2016, DHCS notified eleven MCPs of identified potential encounter data issues and requested for plans to respond to these concerns by January 9, 2017. DHCS is actively evaluating its encounter data quality and has not imposed any sanctions regarding this effort at this time.
- Four plans under Corrective Action Plans failed to submit 274 Provider Files for the months of January through April 2017, by the compliance deadline of May 10, 2017.

## **8. Timely Access Panel Discussion**

Ann Warren from Community Group and Carl Breining from Kern Health Systems opened the discussion with best practices related to timely access. Timely access improvements include upgraded access to customer service call centers with a goal of answering inbound calls within ten seconds. Other improvement strategies include stronger retention rates for providers and secret shopping to ensure timely access for plan members.

Jennifer Janos, Chief, External Quality Review Organization (EQRO) Contract Management Unit, provided an update on the Department's effort to improve timely access surveying and monitoring. The current survey process is conducted annually through medical audits and focuses on the first three available non-urgent appointments for primary care, specialty care, and prenatal care providers. The survey sample size is less than forty providers and is not broken out by population. Currently timely access results can be reviewed [here](#). The newly improved process will include quarterly surveys and focus on the three available urgent and non-urgent appointments. Surveys will be conducted for primary care, specialty care, prenatal care, non-physician mental health care, and ancillary providers. The survey sample size has been increased to over four-hundred providers per reporting unit and provides a breakdown in population by adult and pediatrics. Once the updated timely access process is finalized, DHCS will post information to its website and provide updates in future stakeholder meetings.

## **9. Whole Person Care**

Bob Baxter, Coordinated Care Programs Section Chief, provided an overview of Whole Person Care (WPC).

- New WPC pilots were implemented in January 2017. The Centers for Medicare and Medicaid Services (CMS) approved 15 applications on June 8, 2017, expanding eight previously approved pilots, and authorizing seven new pilots in additional areas around California.
- Dr. Kathleen Clanon and Scott Coffin (CEO), Alameda Alliance, presented on their processes and coordination for WPC.
  - They formed an alliance with WPC in January.
- Maria Martinez, Director of Whole Person Care, San Francisco Department of Public Health, presented the county's plan for WPC.
  - They received \$26 million per year from San Francisco County to support homeless citizens. WPC funding will be used in collaboration with current funding to assist with additional costs related to homeless shelters, detox clinics, assisting homeless seniors, and high-utilizers with multiple disorders.

## **10. Status on APLs and DPLs**

Carrie Allison, Chief, Policy and Regulatory Compliance Unit, provided an update on APLs and DPLs issued between March 2017 and current date. A list of APLs and DPLs released in the last quarter may be found on the DHCS website [here](#).

## **11. Next Meeting**

The next MCAG is scheduled for Thursday, September 7, 2017, 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](mailto:advisorygroup@dhcs.ca.gov) by August 2, 2017.