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Department of Health Care Services (DHCS)
Managed Care Advisory Group
Meeting Notes
November 7, 2017

1. Introductions

Hannah Robins, Acting Chief, Managed Care Operations Unit, 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. Blood Pressure Stabilization Program

Desiree Backman, Chief Prevention Officer and Neal Kohatsu, Medical Director, provided an update on DHCS' ongoing efforts for hypertension control and quality management.

- From January through December 2015, DHCS, which administers Medi-Cal, the nation's largest Medicaid program, conducted a state-level Quality Improvement Collaborative (QIC) with nine Medi-Cal managed care health plans (MCPs) aimed at improving hypertension control consistent with the [Million Hearts Initiative](#). The QIC included quarterly webinars and [links](#) to local, state, and national resources that consisted of materials and consultations with subject matter experts. Participating MCPs demonstrated an average increase of 5.0 percentage points in their rates of controlled hypertension.

3. Updates

Final Rule

Nathan Nau, Chief, Managed Care Quality and Monitoring Division (MCQMD), and Javier Portela, Chief, Managed Care Operations Division (MCOD), provided an update on DHCS' ongoing implementation of the Centers for Medicare and Medicaid Services' (CMS) Medicaid managed care Final Rule requirements. DHCS' Evidence of Coverage (EOC) template is finalized and should be released to the MCPs in three weeks. In addition, new time and distance standards have been established for several new provider types, which will be utilized for DHCS' annual network certifications for all MCPs.

Transportation

Nathan Nau provided an update on the implementation of APL 17-010: Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. DHCS requested policies and procedures from the MCPs, and they have all been approved. The MCPs are responsible for drafting their own Physician Certification Statement (PCS) forms, which are only required for

NEMT. DHCS holds both internal and external workgroups to discuss the policy and provide further guidance to the MCPs and other stakeholders.

Network Adequacy Proposal

Nathan Nau and Bambi Cisneros, Health Program Specialist II, provided an update on DHCS' proposed network adequacy standards as required by CMS' Medicaid managed care Final Rule, which will become effective July 1, 2018. Under the broad requirements of the Final Rule, DHCS has finalized the proposal for network adequacy standards. These include time and distance for specific provider types, timely access, reporting requirements, and a requirement to submit an annual network certification. These standards will be applicable to MCPs, county mental health plans, Drug Medi-Cal-Organized Delivery System health plans, and Dental Managed Care plans.

4. Opioid Use and Treatment Panel Discussion

DHCS

Cristina Almeida, Medical Consultant II, and Julia Logan, Chief Quality Officer, gave an overview of opioid addiction and the Medi-Cal program. Departmental efforts for opioid abuse prevention and misuse include:

- Increase in buprenorphine prescribers
- Increase in patients receiving buprenorphine
- Increase in naloxone claims
- Decrease in all cause and opioid-related overdose mortality
- Participation in [Smart Care California](#)
- Participation in the Statewide Opioid Misuse and Overdose Prevention Workgroup

Cross-divisional efforts from Managed Care Quality and Monitoring, Pharmacy Benefits, Substance Use Disorder, Prevention, Treatment & Recovery Services, and Information Management Divisions include the following:

- Managed Care Quality Strategy focus on opioids
- Clarification of health plan policy for patient review and restriction programs
- Reinstatement of acupuncture benefit
- Opioid utilization monitoring via Drug Utilization Review Board
- Changes to FFS formulary related to opioid medications
- Reporting of Medicaid Adult Core Set quality measure use of opioids at high dosage in persons without cancer
- Medication Assisted Treatment Expansion Grant and Drug Medi-Cal Organized Delivery System Waiver

Inland Empire Health Plan (IEHP)

Chris Chan, Senior Director, Pharmaceutical Services, gave an overview of the IEHP Total Pain Care (TPC) Program and Pharmacy Pain Management Program. The goal of the Pharmacy Pain Management Program is to proactively manage members on multiple opioid therapies to prevent overutilization, identify

opioid use, including inappropriate usage, and address potential fraud, waste, and abuse. IEHP is dedicated to including an in-network Centers of Excellence (COE) in the TPC where individuals utilizing high-levels of opioids and suffering from severe, refractory chronic pain can be referred for a comprehensive treatment program. Core program elements of the TPC COE program are:

- Medical treatment
- Functional restoration
- Behavioral health
- Self-management

The TPC COE outcomes, which will be evaluated on cost, utilization, patient outcomes and program engagement, include:

- Cost analysis (IEHP responsibility)
- Utilization analysis (IEHP responsibility)
- Patient outcomes (COE responsibility)
- Program engagement (COE responsibility)

IEHP's presentation may be found [here](#).

L.A. Care Health Plan (L.A. Care)

Yana Paulson, Senior Director of Enterprise Pharmacy gave an overview of L.A. Care Opioid Overutilization Management Initiatives. L.A. Care's Pharmacy Home Lock-In Program will restrict members, with utilization that has been determined to be harmful or excessive, to one pharmacy of their choice for all controlled medication with a reevaluation after 12 months. If the reevaluation determines a member's utilization is harmful or excessive, a lock-in process is initiated and the member is sent a notification letter and monitored for 90 days.

Members and prescribers were notified of a change in quantity limits along with an Opioid Tapering Guide and recommendations for non-opioid pain medications and non-pharmacological treatment alternatives available at L.A. Care. In the months following the quantity limit changes, there has been a 23% reduction in prescription claims for opioids exceeding the new quantity limits in L.A. Care's Medi-Cal population.¹

Despite an increase in membership, L.A. Care had a significant decrease in the number of members identified in controlled substance monitoring. Safe Med L.A. provides a communication platform among providers regarding opioid utilization, improving system-based barriers that contribute to opioid overutilization.

L.A. Care's presentation may be found [here](#).

San Francisco Health Plan (SFHP)

Fiona Donald, Medical Director, and Jim Glauber, Chief Medical Officer, gave an overview of SFHP's approach to opioid safety. SFHP's collaborative impact

¹ Excluding members with hospice or oncology diagnosis

model involves PCPs/Specialists, Emergency Medicine, County Behavioral Health, Jail Health, and Veterans Affairs. The impact SHFP has made with the collaborative impact model shows a decrease in the percentage of members with opioid prescriptions.

SFHPs future work will be to perform further drug utilization reviews, support access to treatment for pain, support access to treatment for opioid use disorder, and monitor for unintended consequences.

SFHP's presentation may be found [here](#).

Partnership Health Plan of California (PHC)

Danielle Carter, Project Manager, gave an overview of managing pain safely through PHC's approach to combating the opioid epidemic. Improved health of the PHC members was improved by ensuring that prescribed opioids were for the appropriate indications, at safe doses, and in conjunction with other treatments. This was measured by a decrease in total number of initial prescriptions, decrease in total number of inappropriate prescription escalations and a decrease in total number of patients on high-dose opioids. PHC also scrutinizes the justifications for high doses of expensive opioids, escalation of high-dose opioids, every prescription for all high doses of opioids, and more than 30 tablets of short acting opioids without prior authorization for new onset acute pain.

PHC's presentation may be found [here](#).

5. New Geographic Managed Care (GMC) Plans Update

Javier Portela provided an update on the GMC expansion of Aetna and United into Sacramento and San Diego counties. UnitedHealthcare will go live on October 1, 2017 and they will have a one-page provider directory insert with instructions on how to access UHC's doctors, pharmacies and services offered. Aetna beneficiary default algorithm will be released in the near future. Aetna's estimated go-live is January 1, 2018.

6. 2017 External Accountability Set Review (EAS)

Anna Lee Amarnath, Chief, Medical Quality and Oversight Section, provided an update on the External Accountability Set (EAS) 2017 results of quality measures to evaluate the quality of care delivered by an MCP to its members:

- DHCS selects the EAS measures in consultation with MCPs, the External Quality Review Organization (EQRO) and stakeholders. DHCS selects most EAS measures from the National Committee for Quality Assurance (NCQA) HEDIS® which provide a standardized method to objectively evaluate an MCP's delivery of services.
- DHCS contracts require 22 MCPs to perform at least as well as the lowest 25% of Medicaid plans in the U.S. This is known as Minimum Performance

Level (MPL). When MCPs do not meet the MPL, quality improvement work is required.

- For Reporting Year (RY) 2017, 89% of measures across all MCPs met the MPL.
- Eight MCPs are above the MPL on all indicators:
 - CalOptima
 - Central California Alliance for Health
 - Health Plan of San Mateo
 - Inland Empire Health Plan
 - Kaiser
 - LA Care
 - San Francisco Health Plan
 - Santa Clara Family Health Plan
- Changes to the EAS are made on a continuous basis. Major adjustments made to align with quality strategic planning include:
 - Medi-Cal population and population impacted
 - Opportunities to improve quality of care
 - Feasibility and usability of the metric
 - How the metric aligns with strategic priorities
 - How the metric compliments to EAS as a whole

DHCS looks forward to engaging in a broad review of all current and possible EAS metrics in 2019 to ensure alignment with the next Managed Care Quality Strategy Report.

Stakeholder Dr. Daniel S. Anderson, President Board of Directors, California Colorectal Cancer Coalition, expressed he was hopeful that colorectal cancer screening can be discussed and added to the EAS in 2018, either as part of a total EAS review or as a special review to add this needed measure.

7. EQRO Focus Study on Developmental Studies Update

Lisa Albers, Chief, Quality Improvement Unit, provided an update on the EQRO's study on *Developmental Screening in the 1st Three Years of Life* to determine if it is a reasonable surrogate for developmental screening in the Medi-Cal program. The EQRO methodology utilized questionnaires to stakeholders and MCPs, and an analysis of administrative encounter data from the 2015 calendar year.

The results of the questionnaires identified barriers such as lack of education on the importance of children receiving developmental screening, resource constraints, and a lack of referral services, inconsistent use of standardized tools, inconsistent use of current procedural terminology (CPT) code 96110, and inaccurate reporting on children receiving developmental screenings.

Next steps include a discussion about the results of the focus group with MCPs to identify ways to work collaboratively on developmental screening, exploring

ways to share best practices, and learning from the success of prior interventions.

The EQRO presentation may be found [here](#).

8. Status on APLs and DPLs

Dana Durham, Chief, Policy and Medical Monitoring Branch, provided an update on APLs and DPLs issued from June through September 2017. A list of APLs and DPLs released in the last quarter may be found [here](#).

9. Next Meeting

The next MCAG is scheduled for Thursday, December 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 by November 2, 2017.