State of California—Health and Human Services Agency

Department of Health Care Services

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Managed Care Monitoring Outline
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The Department of Health Care Services (DHCS) is developing a Monitoring Outline Report that will serve as a guide to the managed care oversight process. The report will include 60 monitoring elements, the frequency, a description, and the result or action. Version one of the report is scheduled to be presented to the Managed Care Advisory Group on September 10, 2015. The report will be edited based on verbal and written feedback from the Managed Care Advisory Group and subsequently posted to the DHCS monitoring webpage under the following link: http://www.dhcs.ca.gov/services/Pages/ManagedCareMonitoring.aspx The below chart will be included in the report addendum as a summary of the oversight process.

DHCS has developed a systematic process for the monitoring of beneficiary transitions or benefit expansions. The section titled "Transition and Community of Care Monitoring" includes active beneficiary transition or benefit expansion monitoring. As the California Children's Services program is redesigned and transitioned, the monitoring process will be robust and beneficiary protections will be addressed in the monitoring measures below.

Measure #	Description	Frequency
Network Access		
1	Network Certification	Ad Hoc
2	Timely Access Study	Annually
3	Primary Care Physician Ratio	Monthly
4	Physician Ratio	Monthly
5	SPD Network Adequacy Assessment	Quarterly
6	Rural Expansion Network Adequacy Assessment	Quarterly
7	Health Families Network Adequacy Assessment	Quarterly
8	Network Impact Report	Quarterly
Network Composition		
9	MCP Provider File	Monthly
10	Transitional Provider File	Quarterly
11	MCP Subcontract Report	Quarterly
12	Provider Directory Review	Semi-Annually
13	DHCS Facility Site Reviews	Triennially
14	MCP Facility Site Review Aggregate Data	Semi-Annually
15	Indian Health Services	Semi-Annually
16	Suspended and Ineligible Providers	Monthly

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17	Facility Decertification	Ad Hoc
18	IPA, Medical Group, Hospital Terminations	Ad Hoc
19	Key Personnel Disclosure Form	Annually
Audits and Surveys		
20	Medical Performance Audit	Annually
21	Ad Hoc Audit or Focused Review	Ad Hoc
22	Knox Keene Survey	Triennially
23	SPD Medical Survey	Triennially
24	Rural Expansion Medical Survey	Triennially
25	Healthy Families Medical Survey	Triennially
Quality and External Quality Review		
26	Healthcare Effectiveness Data and Information Set	Annually
27	Quality Improvement Annual Report	Annually
28	Quality Improvement Committee Meeting Minutes	Quarterly
29	Quality Improvement Project (EQRO Validation)	Annually
30	Encounter Data Validation (EQRO Validation)	Annually
31	Focus Studies (EQRO Validation)	Annually
32	Consumer Assessment of Healthcare Providers and Systems (CAPHS) Survey	Annually
33	Healthy Families CAPHS Survey	Annually
34	Group Needs Assessment Report	Every 5 years
35	Group Needs Assessment Update and Work Plan	Annually
Grievance and Appeals		
36	Grievance and Appeals	Quarterly
37	State Fair Hearings	Quarterly
38	Independent Medical Reviews	Quarterly
Transition and Continuity of Care		
39	SPD Transition Data Monitoring	Monthly
40	Rural Expansion Data Monitoring	Monthly
41	Behavioral Health Treatment Benefit Data Monitoring	Monthly
42	CBAS Benefit Data Monitoring	Monthly
43	Mental Health Benefit Data Monitoring	Monthly
44	Wheelchair Policy	Monthly
45	Medical Exemption Request Continuity of Care	Monthly
46	DHCS Strike Team	Ad Hoc
Data		
47	Encounter Data	Ongoing
48	Health Care Options Call Report	Quarterly
49	Managed Care Ombudsman Call Report	Quarterly
50	MCP Call Center Report	Quarterly
51	Data Mining and Analysis	Ad Hoc

Reports and Studies			
52	Managed Care Dashboard	Quarterly
53	Encounter Data Quality Report Cards	Quarterly
54	Research Scientist Studies	Ad Hoc
55	Corrective Action Plans	Ad Hoc
56	Corrective Action Plan Tracker	Ongoing
Other			
57	Pharmacy Formulary	Annually
58	Deliverable and Submission Review	Ad Hoc
59	Secret Shopping Surveys	Ad Hoc
60	External Complaints	Ad Hoc