



State of California—Health and Human Services Agency
Department of Health Care Services



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**Department of Health Care Services (DHCS)
Managed Care Advisory Group**
Meeting Notes
June 2, 2021

1. Introductions

Bambi Cisneros, Assistant Deputy Director for Managed Care, Health Care Delivery Systems (HCDS), called the Managed Care Advisory Group (MCAAG) into session and welcomed all of those in attendance on the webinar.

2. DHCS COVID-19 Updates

A. *Encounter Data Trends*

Phil Jimenez, Data Analytics Branch Chief, provided an update on encounter data and grievance trends. Outpatient visits and prescriptions have risen and fallen through the months of April 2020 and December 2020 but have now stabilized at around 850 visits per 1,000 members and around 630 prescriptions per 1,000 members. Emergency Room (ER) visits fell to their lowest point in April 2020 but rose to 33 visits per 1,000 members in December 2020, however it shows a slight downward trend after October 2020. Mild to Moderate Mental Health visits per 1,000 members has experienced a slight decrease from October 2020 to December 2020. Inpatient Admission rates remain slightly depressed between in October 2020 and December 2020.

DHCS receives grievance data from Med-Cal managed care health plans (MCP) on a quarterly basis. DHCS stratifies this data by grievance type to monitor critical aspects of the Medi-Cal managed care delivery system pertaining to member experience. To account for changes in the number of members receiving care under Medi-Cal managed care between quarters, DHCS measures grievance volumes on a per 10,000 member basis. Quality of care grievance volumes have fluctuated between the first quarter of 2020 and the third quarter of 2020 at around 5.5 grievances per 10,000 members. Quality of care grievances fell during the second quarter of 2020 to 3.9 grievances per 10,000 members, and then rose back up to 5.5 grievances per 10,000 members in the third quarter of 2020. Accessibility grievance volumes showed a slight downward trend between the second quarter of 2019 and the second quarter of 2020, but then rose sharply in the third quarter of 2020 from 1.9 to 3.9 grievances per 10,000 members. Referral and Benefits

grievance volumes have remained relatively steady between the third quarter of 2019 and the third quarter of 2020 at around 1.5 and 0.6 grievance per 10,000 members, respectively.

B. Vaccinations

Phil Jimenez, Data Analytics Branch Chief, provided an update on vaccinations. DHCS provided two COVID-19 vaccine data files to MCPs. The first file was the Fee for Service (FFS) claims data file. The second file was the California Immunization Registry (CAIR2) data file. On February 4, DHCS began transferring member specific COVID-19 vaccination FFS data claims to MCPs with weekly data transfers occurring on Wednesdays. On March 26, DHCS began transferring member specific COVID-19 vaccinations data as the data itself became available. Throughout April, DHCS was able to resolve data quality issues with the CAIR2 system and make process improvements for more frequent reporting. DHCS supplied these data files to the MCPs.

3. Chief Quality Officer

Palav Babaria, Deputy Director and Chief Quality Officer, Quality and Population Health Management presented on her new assignment as Chief Quality Officer. The Chief Quality Officer role is new within DHCS with an aim to lead strategic efforts around quality, health equity and population health. Palav has prior executive experience working with healthcare delivery systems overseeing work with Alameda Health System including programs like the 1115 Waiver and differing Outpatient programs. Palav is excited to be able to bring her experience and perspective from working with the Medi-Cal delivery systems to her new role at DHCS.

Children's preventive care, behavioral health integration, maternity outcomes and birth equity are integral for improving the health and wellness of communities. With prevention in mind, DHCS aims to close any gaps in preventive services that the public health emergency may have caused, including any racial and ethnic disparities within the rates of preventive care. The psychosocial and emotional burden the pandemic caused on Medi-Cal beneficiaries was enormous. Increasing behavioral health support and preventing poor health conditions from worsening are integral in providing treatment and intervention where needed.

In the past decade, California has been able to reduce maternal mortality rates and positively affect maternal health outcomes as a whole through different broad partnerships. DHCS will hold cross stakeholder work groups and initiatives for addressing racial disparities in birth outcomes, expanding post-partum coverage for new mothers, and working to reduce adverse maternal outcomes. Through data driven improvements, collaborating with programs with the aim to measure radical disparities and leveraging different partnerships to provide better health care to Medi-Cal beneficiaries.

4. Preventive Care Outreach Project

Nicole Donnelly, Vice President, and Heather M. Jones, Director, of the Maximus Center for Health Literacy (CHL), provided updates on the Preventive Care Outreach program. CHL is a group of communication experts that work at the national level. CHL developed updated versions and examples of outreach letters and printed materials for DHCS. Along with printed materials, CHL have also developed draft website content, social media campaigns, as well as sample text messages in attempts to increase preventive care outreach to MCP members. CHL drafted materials with key messages identified during the background research phase, key messages include: descriptions of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, importance of preventive care, the services covered, eligibility information, if a cost is required, appointment assistance, translations services, and a final call to action. The materials were developed with lower literacy readers in mind, with the use of plain language, headers, and engaging design. Draft materials were tested through one-on-one interviews with a mix of members, focused on those with lower utilization rates. Participants included a mix of ethnicity, county, parent or caregiver age, age of children, young adult members, education, and gender. Participants found the new drafted materials to be easier to read and well organized. CHL will continue to work with DHCS to finalize the materials based on the research findings, translate the materials, and continue to develop outreach products that use effective methods of communication.

5. Asian Disparities Focused Study

Ying Marilyn Kempster, Health Education Consultant III, Quality & Medical Policy Branch, presented on a study reporting on Health Disparities amongst Asian Subpopulations. Health disparities are the differences in health outcomes between groups within a population. Previous health disparities studies showed that the Asian race group had better rates for 65 percent of all indicators compared to their reference group. When the indicators were stratified by primary language, the rates for several of the Asian languages were lower than the rates for English speakers for certain indicators. This study breaks out the Asian population into subgroups and assesses health disparities based on Asian subgroups and by language. The study showed that while the overall Asian population is performing well, smaller subpopulations did not perform equally well relative to the reference group. Four of the largest Asian subpopulations drove the relative high performance of the overall Asian group.

The rates for each individual Asian subpopulation's dominant non-English primary language was largely similar or better compared to the rates for the English primary language for that Asian subpopulation for the majority of indicators, except for Mien and Lao primary languages. While it is encouraging that the analysis found there

are few indicators where the Asian population overall is experiencing health disparities, certain health disparities were detected in subpopulations.

Possible avenues to engagement may be to continue to monitor health disparities based on race/ethnicity and language, especially those experienced by small subgroup, working with MCPs to identify factors that may be associated with lower indicator rates in the smaller subgroups, and using a different reference group for additional health disparity studies.

6. Updates

A. *Managed Care Project Updates*

Michelle Retke, Managed Care Operations Division Chief provided an update on Managed Care Project Updates. By January 1, 2022, DHCS is expanding the Major Organ Transplant (MOT) benefit into all Non-CHOS Plans.

DHCS continues their work on the Mandatory Managed Care Enrollment project for January 1, 2022. This project is an effort aimed to move specific populations into managed care through a phased approach in both 2022 and 2023. DHCS has shared draft notices with key stakeholders as well as the MCPs that are undergoing the review processes.

The draft managed care request for procurement was posted online to the [California State Government Marketplace](#). The draft posted on June 1, with any feedback being due back to DHCS by July 1.

B. *Ombudsman Report*

Michelle Retke, Managed Care Operations Division Chief provided an update on the Ombudsman Reports. DHCS provided the reports to the advisory group, there were no notable updates.

C. *Blood Lead Screening*

Leslie Stribling, Health Program Specialist, provided updates to the departments Blood Lead Screening monitoring efforts. DHCS is establishing a benchmark approach to blood lead screening and is expecting to release documents regarding these benchmarks around June. DHCS has taken into consideration the impact of COVID-19 when doing benchmarking. DHCS has been providing MCPs with matched blood lead data, which includes CDPH laboratory as well as DHCS claims, and DHCS encounter data. DHCS provides these on a quarterly basis in order to ensure MCPs has the same data information that DHCS has available. DHCS recommends that plans utilize supplement data to assist with their current quality monitoring efforts, in accordance with [APL 20-016](#) as well as [AB 2276](#).

D. Network Monitoring 2021

Cortney Maslyn, Program Monitoring and Compliance Branch Chief, provided an update for the MCP Network Monitoring. The 2020 Annual Network Certification Corrective Action Plan plans are closed and the report is available [online](#). DHCS has implemented new and improved ways of reviewing and approving alternative access standards requests (AAS). The timely access survey will be restarting January 1, 2022. DHCS placed the survey on hold due to COVID-19 with the aim to reduce provider burdens. DHCS will continue to work with plans on improving data quality as to improve the results of future surveys DHCS conducts. DHCS has begun its outreach and preplanning process with the external quality review organization (EQRO) with the aim of increasing the provider sample in the next survey. The timely access report of 2019 has been published [online](#), the timely access survey was not conducted from 2020-2021.

E. California Advancing and Innovating Medi-Cal (CalAIM)

Dana Durham, Policy and Medical Monitoring Branch Chief, provided an update on CalAIM. DHCS began releasing documents on Enhanced Care Management (ECM) and In Lieu of Services (ILOS). ECM will launch starting January 1, 2022. Members who are currently in health homes program or are receiving services through the whole person care pilot program will transfer into ECM. For those counties and MCPs without health homes or whole person care programs and have members that are homeless, high utilizer adults, or adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD), ECM will begin on July 1, 2022. January 1, 2023, will be the date that ECM is activated for individuals transiting from incarceration (adults and children/youth), member's eligible for long-term care (LTC) and at risk of institutionalization, nursing home resident transition to the community.

8. All Plan Letters (APLs) and Dual Plan Letters (DPLs) Updates

DHCS provided an updates on APLs. Updates revolved around APL 20-004, APL 20-022, APL 21-003, APL 21-004, APL 21-005, APL 21-006, and APL 21-007.

A list of APLs can be found [online](#) and a list of DPLs can be found [online](#).

9. Next Meeting

The next MCAG meeting is scheduled for Thursday, September 2, 2021. To request future agenda items or topics for discussion, please submit them to advisorygroup@dhcs.ca.gov.