



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



GAVIN NEWSOM
GOVERNOR

**Department of Health Care Services (DHCS)
Managed Care Advisory Group**
Meeting Notes
March 12, 2020

1. Introductions

Bambi Cisneros, Chief, Program Monitoring and Compliance Branch, Managed Care Quality and Monitoring Division (MCQMD), called the Managed Care Advisory Group (MCAG) meeting to order at 10:04 a.m. and welcomed all in attendance including those on the webinar.

MCQMD Staffing Updates:

Mike Dutra is the new Branch Chief of the Policy, Utilization and External Relations Branch in MCQMD. Kerry Landry is the new Assistant Deputy Director of Managed Care.

2. Preventative Care Outreach Campaign

A. *Experience*

Nicole Donnelly, Maximus - Center for Health Literacy (CHL), gave an overview of the experience during the Preventative Care Outreach Campaign. The CHL is a group of communication experts that work at the national level. They work with CMS on model materials for Medicaid eligibility, enrollment and outreach where they do research around the country. In 2019, they worked with stakeholders and consumers in 27 different states. Over the years, the majority of the work has been focused on Medicaid, children's health insurance, child immunization, and nutrition programs. In addition, they've also worked on state communications for their programs on EPSDT communications in terms of what services people can get in the member materials such as their handbooks, letters, notices, and brochures. CHL has worked closely with supporting the Health Care Options team, the Medi-Cal for Families program, and Covered California. They bring that experience here to this project and to Phase II specifically thinking of how they can improve preventative care service outreach for Medi-Cal beneficiaries. Currently there is a pause on the campaign due to COVID-19.

B. *Approach*

Nicole Donnelly, Maximus, discussed the six different approaches during the campaign for driving outreach to Medi-Cal beneficiaries. Step one of the approach is engaging stakeholders by identifying key individuals and established workgroups. They also have a network of community organizations that they work with through some of the other projects they've done field testing with or

some of those which are organizations that are already serving Medi-Cal families. Maximus will work with DHCS to refine that list and identify who the stakeholders are. They will then use this information to go into the next phase of developing key messages from stakeholder's feedback. After that, they will test the key messages and communication with the Medi-Cal beneficiaries by doing one-on-one interviews in multiple languages throughout the state. The results of these interviews will be used to develop effective communication. From there, they will develop communication products based on stakeholder and beneficiary feedback. The stakeholder feedback and engagement is important so afterwards they will go back and validate updated communication products with stakeholders. Through the stakeholder process, they will identify the channels that are being used now and create a plan to distribute communication.

C. Outreach

The Maximus Health Care Options team will use its experience, call center technology, and mail house operations to educate beneficiaries on preventative care services available to them. Maximus' HCO efforts will include: call campaigns through calling beneficiaries on an annual basis to educate them on preventative care services available to them, working with DHCS to develop and add questions to the IVR survey to gauge the beneficiaries awareness of preventative care service, and working with DHCS and a CHL to develop and mail an informative brochure that educates beneficiaries.

3. Quality Updates

A. Preventative Services Utilization Report

Oksana Meyer, Chief, Coordinated Care Programs Section, provided an update that the Department in partnership with the EQRO is developing the first Preventative Services Report (PSR). DHCS released the proposed measure set for feedback on January 17th and received over 50 comment submissions. The goal for the first iteration of the Report will be to use available data to identify opportunities for improvement in the area of children's utilization of preventative services in accordance with the AAP Bright Futures periodicity schedule. MCQMD is in discussion with Department leadership on identifying measures that would add value to the Department's effort in highlighting and driving improvement in performance across managed care plans as well as across the State. DHCS is also expecting to incorporate changes to several metrics as updates to metric specifications change by the NCQA. Measures were previously presented to the stakeholders and DHCS received written comments on the original set of the proposed metrics. DHCS confirmed that the Report will include the Blood Lead Level measures as identified in a recent CSA audit. DHCS plans to share a Report outline during the next Advisory Group meeting for additional feedback and stakeholder comments before finalizing the Report design for the first iteration of the PSR.

B. Consumer Survey Supplemental Questions

Aita Romain, MPH, Health Education Consultant III, Quality Improvement Unit, stated that Population Needs Assessment (PNA) is the new name for Group Needs Assessment (GNA). Consumer Survey Supplemental Questions will be accepted until April 2, 2020.

C. *Well-Child Visits Quality Measure*

Sabrina Younger, Health Program Specialist II, Policy and Medical Monitoring, discussed well child visits in the 3rd – 6th years of life (W34), which is a Health Care Effective Data Information Set (HEDIS) measure. W34 is the percentage of members three to six years of age who had one or more well-child visits with a PCP during the measurement year. It is a hybrid measure that combines administrative data and data from the medical records. During the medical record review the health history; physical developmental history, mental developmental history, physical exam and health education/anticipatory guidance, are included in the reporting. There was an overview of W34 HEDIS Rates over the past six years. Overall, the MCMC statewide average was above the MPL all six years; however, there was a slight decrease in measurement year (MY) 2018, in which MY 2018 had an increase in reporting units (RU) from 53 RUs to 56 RUs.

Arlene Silva, Nurse Consultant III, Quality Improvement Unit, stated that factors that can potentially influence this are the transition of forms in that during the process of these new forms they may have lost some of its data. The second factor is the parent's concern about the proposed public charge rule, which leaves them afraid that they are going to lose their immigration status. In addition, quality improvement practice examples were highlighted including DHCS' quality improvement efforts and processes to sustain improvements in W34 performance measure.

4. Network Adequacy Updates

A. *2019 ANC Results*

Cassandra Lashmett, Chief, MCQMD, provided an update that between the 2018 and 2019 ANC results. In 2018, there were 9 plans under a corrective action plan (CAP) due to not meeting time and distance standards. In 2019, there were 18 plans under a CAP due to time and distance. One of the factors in the increase of CAPs was due to the decrease in technical assistance that DHCS provided to the MCPs. All CAPs were closed within the six month timeframe.

B. *Timely Access Report Update*

Nathan Nau, Chief, MCQMD, reported that the Timely Access Report will be finalized in March of the year.

5. Updates

A. *Transitions and Implementations*

Michelle Retke, Chief, Managed Care Operations Division (MCO), provided an update on the Full-Scope Expansion for Undocumented Adults which expanded full scope medical benefits for Adults Ages 19-25 effective January 1, 2020.

A Provisional Postpartum Care Extension (PPCE) is for an implementation of July 1, 2020 to extend medical eligibility for pregnant individuals who have been diagnosed with mental disabilities.

B. *Ombudsman Report*

Michelle Retke, Chief, MCOD, provided an update that the report was sent out and there is nothing of significance to report in the data. However, a new Customer Relationship Manager (CRM) system was implemented which will allow the data tied to SB 97 to be pulled from one database versus multiple systems. It does not change the timing of the reports or the data provided, but does allow pulling from one consolidated source. Reports are available on the MCAG website. The requirements that are published online are requirements from Senate Bill 97.

C. RFP Contract Update

Michelle Retke, Chief, MCOD, provided an update that there will be also be a stakeholder process. No exact date, but in April, there will be a product going out to get initial feedback for the proposal. It is not a draft RFP, but a product people will be able to respond to within a 30-day comment period.

D. Sanctions

Nathan Nau, Chief, MCQMD, reported that there are no sanctions since the last meeting and no significant deficiencies since the last report.

E. Dashboard

Nathan Nau, Chief, MCQMD, gave an update on the Managed Care Performance Dashboard. MCQMD has noted the feedback of timely access data and more information will be provided in the annual report. The full set data for 2019 is currently being finalized and is scheduled to publish by March 2020. The dashboard will also be expanded to include audit findings from the MCPs' annual audits within that time period.

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

Mike Dutra, Branch Chief, Policy, Utilization and External Relations Branch, provided an update on APLs that have been issued from January 2020 to February 2020.

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

7. Next Meeting

The next MCAG meeting is scheduled for Thursday, June 4, 2020 through WebEx due to COVID-19. To request future agenda items or topics for discussion, please submit to advisorygroup@dhcs.ca.gov.