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
June 6, 2019 Meeting Notes

1. **Introductions**

   Brian Keefer, Chief, Plan Oversight Section, Managed Care Quality and Monitoring Division (MCQMD), called the Managed Care Advisory Group (MCAG) meeting to order at 10:07 a.m. and welcomed all in attendance including those on the webinar.

2. **Prop 56 Provider Incentive Payment Updates**

   Sarah Brooks, Deputy Director, Health Care Delivery Systems, provided an update on the Governor's Budget proposals for the Fiscal Year FY (19-20). The Governor's Budget proposes to use $60 million to support developmental screenings and $45 million to support trauma screenings. The trauma screening proposal includes utilizing $25 million for provider training. They will work with consulting firms and reimburse all costs associated with required tranings. The implementation date is July 1, 2020. More information

3. **Timely Access Survey: Results and Next Steps**

   Nathan Nau, Chief, MCQMD, gave an update on the Timely Access study. DHCS' External Quality Review Organization (EQRO) conducted their annual timely access survey to all MCPs to ensure compliance with provider availability and wait time standards for urgent and non-urgent appointments among network provider types. The results showed that MCPs meeting the 1st appointment time standard was 85.8%. 25.1% of the calls were unsuccessful and negatively impacted the MCP' results. For Year 3, the timely access study will test provider directory validation and include the compliance threshold.

   MCQMD will release the data in the Timely Access Dashboard. Attendees expressed that the "Overall percentage of all providers with appointment times collected" is most helpful and should be included in the dashboard. MCQMD is seeking stakeholder feedback on other meaningful measures to be displayed on the dashboard as well as recommendations on a compliance threshold.

4. **Managed Care Quality Update**

   A. Quality Measures
   Anna Lee Amarnath, M.D., Chief, Medical Quality and Oversight Section, provided an update on quality measures. Dr. Amarnath gave an overview of the current and future measure sets and benchmarks. The Managed Care Accountability Set will be measures from CMS Child and Adult Core Sets as feasible.

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B. Quality Reports

Dr. Amanath provided an update on the quality reports. She discussed the current reports of the Plan Specific Evaluation report, CAHPS Survey report, and Health Disparities report. The Plan Specific Evaluation reports will include information gathered from the MCP Group Needs Assessments. CAHPS Survey will now be done every 2 years for Children and Adults, previously done every 3 years. CHIP will continue to be completed annually. DHCS is in the process of evaluating the information gathered in the CAHPS Survey and how that information is used to identify opportunities to increase the value and use of that data.

For the 2016 Health Disparity report, selected EAS metrics stratified by age, gender, race/ethnicity, and primary language. This report is available online. For the 2017 Health Disparity reports, all metrics from the EAS stratified by age, gender, race/ethnicity, and primary language. This report is expected to be available online soon. Future reports will continue to expand with regards to metrics and stratifications based on available data resources.

Preventive Services Utilization Report was also discussed as a new annual report. The goal of this report to utilize encounter data to assess for approapriate utilization of preventive services in accordance with American Academy of Pediatrics (AAP) Bright Futures and US Preventive Services Task Force (USPSTF) Grade A and B recommendations. This report is still in development.

C. Additional Updates

Dr. Amarnath also discussed the Group Needs Assessment (GNA) policy. The purpose of the GNA is to help identify member health status, behaviors, and needs and to improve health outcomes. MCQMD is developing updated policy guidance on this requirements and will release for comment in the upcoming months.

The Facility Site Review (FSR) is a process to assess primary care provider sites including assessing provision of care through medical charts. The program drafted an update to the FSR Tool & Guidelines and the Medical Record Review (MRR) Tool & Guidelines. DHCS is evaluating the current policy and identifying opportunties to enhance the data submitted to DHCS from the FSR process. The program appreciates the comments received on the draft and they are being reviewed at this time.

5. **Data Discussion: Spotlight Reports**

Aaron Toyama, Chief, Data Analytics Branch and Matt Steinwert, Chief, Program Data Section, discussed encounter data reporting and a new monitoring report. Federal regulation and the DHCS contract require complete and accurate encounter data reporting. Reported utilization through encounter data and the Rate Development Templates (RDTs) have routinely shown discrepancies. Because of this, DHCS has implemented a new encounter data completeness monitoring. The new monitoring compares encounter data utilization to RDT and other generated benchmarks used in rate development. The goal is to improve reported encounter data completeness as federally and contractually required.

The Encounter Completeness Monitoring reports will include metrics in the following categories:
- Plan Parent
- County/Rating Region
- 4 Category of Aid Groups (ACA OE, Adult, Child, SPD)

- 4 Category of Service Groups (Inpatient Hospital, Outpatient & Emergency Room, Professional, Pharmacy).

The measurements for this report is indicated red, yellow, and green and is determined by the encounter completeness percentage (ECP).
- Red: major encounter completeness challenges (ECP is less than 70%).
- Yellow: moderate encounter completeness or other reporting challenges (ECP is between 70% and 90% or above 110%).
- Green: no clear encounter completeness challenges (ECP is between 90% and 110%).

6. Updates

A. Transitions and Implementations
Michelle Retke, Chief, Managed Care Operations Division (MCOD) provided an update on the Whole Child Model. CapOptima will transition starting July 1, 2019.

B. Sanctions
Nathan Nau, Chief, MCQMD, reported that there are no updates on sanctions at this time.

C. Ombudsman Report
Michelle Retke, Chief, Managed Care Operations Division (MCOD), addressed the January – March 2019 Ombudsman reports are available on the MCAG website.

7. APLs and Dual Plan Letters (DPLs) Updates

Dana Durham, Chief, Policy and Medical Monitoring Branch, provided an update on All Plan Letter (APL) 19-003 which is providing informing materials to Medi-Cal beneficiaries in an electronic format. This APL will provide guidance to MCPs on the provision of the handbook in an electronic format to ensure the timely delivery of important information to members. This APL was issued on May 2, 2019.

Lists of APLs and DPLs can be found online

8. Open Discussion

Attendees expressed more discussion in the next MCAG meeting regarding the provider incentive payments of the trauma screenings. They also expressed more information regarding Proposition 56 APL close to publishing.

9. Next Meeting

The next MCAG meeting is scheduled for Thursday, September 5, 2019 at 1700 K Street, Sacramento, CA 95814 from 10 a.m. to 1 p.m. To request future agenda items or topics for discussion, please submit to advisorygroup@dhcs.ca.gov.