Medi-Cal Managed Care Update
June 20, 2019

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Maternal and Child Health Access
APHA - November 13, 2018

Medi-Cal Managed Care Updates

- Value-Based Payments
- Timely Access Standards
- Change in Quality Measures
- Quality Reports
- Facility Site Tool

Encounter Data Changes – if time.

Value-Based Payments (VBP) – Prop 56 funding

- Increased payments on top of the managed care payment for providers in managed care
- Payment goes directly to the provider
- Additional payments listed – All Plan Letter 19-006
- Four "Domain Categories" for payments:
  - Prenatal/ Post-Partum Care
  - Early Childhood
  - Chronic Disease Management
  - Behavioral Health Integration
- Detail at: https://www.dhcs.ca.gov/provgovpart/Pages/VBP_2019.aspx

VBP- Prenatal - Postpartum

- Pertussis (Whooping Cough) vaccine – if provide to woman between 27-36 weeks pregnant
- Prenatal Care Visit – first trimester, first visit in the plan
- Postpartum – partial or full payment for 1 or 2 postpartum visit, not specific to live births
- Postpartum birth control – moderate or more effective form provided between 3-60 days postpartum. Not specific to live births.

VBP - Early Childhood

- Well-Child Visits in first 15 months life
- Well Child Visits in 3rd-6th years of life
- All childhood vaccines for two year olds
- Blood led screening
- Dental fluoride varnish

VBP- Chronic Disease Management

- Controlling high blood pressure in 18-85 year olds
- Diabetes care in 18-75 year olds (testing and results)
- Control of persistent asthma
- Tobacco use screening – 1 payment per provider per pt per year
- Adult flu vaccine – could get for one year in the spring, for the next season in the fall but it will be tracked per patient

VBP- Behavioral Health Integration

- Screening for clinical depression, 12 years and older
- Management of depression medication
- Screening for unhealthy alcohol use, using standard tool, 18 years +
- Co-locating primary care and behavioral health services

Timely Access Standards

The Knox-Keene Health Care Service Plan Act of 1975 is the set of regulations passed by the State Legislature and administered by the Department of Managed Health Care (DMHC) to regulate health care plans within California. Per contractual requirements, Medi-Cal managed care health plans (MCPs) are held to the same standards.

Urgent Appointments	**Wait Time**
Services that do not require prior approval	48 hours
Services that require prior approval	96 hours
Non-Urgent Appointments	**Wait Time**
Primary care	10 business days
Specialty care	15 business days
Appointment with a mental health care provider	10 business days
Appointment for other services to diagnose or treat a health condition	15 business days

Timely access process

- Annual study, quarterly results – prior only annual
- Check on first three available urgent and non-urgent appointments - prior only non-urgent
- Check on primary care, specialty care, prenatal care, non-physician mental health care, and ancillary providers. Prior only primary, specialty and prenatal
- Sample size was less than 40 providers; now over 400 per reporting unit
- Now both adult and pediatric

EQRO Timely Access Survey

- DHCS' EQRO conducts an annual timely access survey of all MCPs to ensure compliance with provider availability and wait time standards for urgent and non-urgent appointments among network provider types.
- The survey consists of calling a randomized sample of network providers by each MCP's county/region-based reporting unit.
  - 411 providers per each reporting unit (main plan only, not IPA level, but Health Net - 411 in each county in which they work
  - Total of 28,000 providers contacted statewide
- Provider offices are called during standard operating hours (e.g., 9:00 am – 5:00 pm Pacific Time)

EQRO Timely Access Survey, con.

The survey captures the following:

- The first three available times for urgent and non-urgent appts
- The differences in appt times between pediatric and adult
- Whether the provider is accepting new patients
- Whether the network provider is contracted with other MCPs in the same service area; and
- The quality of the data that DHCS maintains for the network provider – phone numbers, whether provider provides services there, wrong type office (corporate)

Appointment Times Collected

	ALL PROVIDER TYPES (PCPs, Specialists, Ancillary, OB/GYN, & Non-Physician MH Provider)		
	Overall % of all providers meeting 1st appointment time	Overall % of all providers meeting 1st appointment time	
		Non-Urgent	Urgent^
Statewide %	**85.8%**	**88.4%**	**81.7%**
Aetna	78.7%	85.6%	67.0%
Alameda	92.9%	93.6%	91.7%
Anthem	81.0%	85.7%	74.3%
CA Health & Wellness	70.4%	72.4%	66.9%
CalOptima	90.5%	92.4%	87.7%
CalViva Health	81.6%	82.2%	80.8%
Care1st Partner Plan	80.4%	84.7%	73.7%
CenCal Health	77.1%	82.9%	67.3%
Central California Alliance	74.5%	77.3%	70.3%
Community Health Group	79.5%	81.7%	75.9%
Contra Costa Health Plan	98.0%	98.0%	98.1%
Gold Coast Health Plan	87.4%	92.1%	80.2%
Health Net	78.2%	81.8%	73.5%
Health Plan of San Joaquin	88.9%	89.9%	87.0%
Health Plan of San Mateo	85.8%	89.5%	78.2%
Inland Empire Health Plan	94.9%	96.8%	92.0%
Kaiser NorCal (KP Cal, LLC)	98.8%	100.0%	96.6%
Kaiser SoCal (KP Cal, LLC)	97.2%	97.7%	96.4%
Kern Family Health Care	90.3%	91.6%	88.2%
L.A. Care Health Plan	91.6%	92.6%	89.8%
Molina Healthcare	78.4%	84.3%	69.3%
Partnership HealthPlan	87.3%	87.5%	86.9%
San Francisco Health Plan	92.3%	94.6%	88.0%
Santa Clara Family Health Plan	89.9%	90.9%	88.1%
United Healthcare	79.1%	84.1%	69.9%

^ Ancillary providers and OB/GYN providers not included

Unsuccessful Call Attempts

	ALL PROVIDER TYPES (PCPs, Specialists, Ancillary, OB/GYN, & Non-Physician MH Provider)		
	*Overall % of providers removed from sample due to data quality***	*Overall % of providers with appointment not collected due to training concerns***	*Overall % of all providers with appointment times collected
Statewide %	**45.8%**	**29.2%**	**25.1%**
Aetna	49.8%	33.3%	16.9%
Alameda	30.8%	33.1%	36.1%
Anthem	51.1%	39.2%	9.7%
CA Health & Wellness	55.2%	27.8%	16.9%
CalOptima	39.6%	21.5%	38.9%
CalViva Health	61.2%	25.1%	13.7%
Care1st Partner Plan	42.6%	24.3%	33.1%
CenCal Health	41.0%	31.3%	27.7%
Central California Alliance	46.3%	29.2%	24.6%
Community Health Group	37.4%	28.4%	34.2%
Contra Costa Health Plan	17.4%	30.7%	52.0%
Gold Coast Health Plan	29.1%	32.3%	38.5%
Health Net	62.3%	25.3%	12.4%
Health Plan of San Joaquin	30.3%	29.9%	39.8%
Health Plan of San Mateo	53.8%	21.7%	24.5%
Inland Empire Health Plan	20.9%	26.9%	52.1%
Kaiser NorCal (KP Cal, LLC)	24.1%	8.2%	67.7%
Kaiser SoCal (KP Cal, LLC)	20.9%	5.2%	73.8%
Kern Family Health Care	27.3%	26.9%	45.8%
L.A. Care Health Plan	41.3%	28.4%	30.3%
Molina Healthcare	49.1%	27.8%	23.1%
Partnership Health Plan	42.8%	26.1%	31.1%
San Francisco Health Plan	30.1%	35.7%	34.2%
Santa Clara Family Health Plan	60.2%	14.4%	25.4%
United Healthcare	46.6%	36.6%	16.8%

New Quarter 3 Measures

Language preference –

- Providers who are aware that beneficiaries are entitled to receive interpretation services
- Language spoken at the provider site matches the data file

Call Center

- Number of calls meeting wait time standard of 10 min.
- Call Center is aware that beneficiaries are entitled to receive interpretation services

Timely Access - Next Steps

- Fall 2019
  - Establish a standard – obtain feedback
  - Timely Access Dashboard
- Year 3
  - Provider Directory validation
  - Review of current measures/methodology
  - Compliance threshold

Timely Access -Next Steps

- DHCS is in the process of reviewing the methodology and outcomes for the third year cycle of the Timely Access Survey and is requesting input to inform compliance standards, as well as identifying meaningful information for public posting:

- Recommendations on the annual compliance standard
- Whether there are any evidence based approaches to establishing a timely access standards for DHCS to consider
- Recommendations on information or results related to MCP performance to be published in a Timely Access performance dashboard

Monitoring Quality in Managed Care

- Managed Care Plans report yearly on a set of quality measures
- Most measures from national Healthcare Effectiveness Data and Information Set – more than 90 measures exist, in 6 domains of care
- 190 million people are enrolled in plans that use HEDIS quality measures
- Now plans will report yearly on a set of Centers for Medicaid and Medicare (CMS) Child and Adult Core Sets – nearly ALL the measures will be collected
  - Some measures have no national standard to compare to
  - 39 total measures chosen

Monitoring Quality in Managed Care

- DHCS contracts have required the MCPs to perform at least as well as the lowest 25% of Medicaid plans in the US or face corrective action plans/sanctions

- DHCS will require MCPs to perform at least as well as 50% of Medicaid plans in the US where that information is available and services measured are delivered by MCPs

- DHCS may establish alternative benchmarks for measures where that information is not available and for which the services measured are delivered by MCPs

Managed Care Accountability Set Reporting Year 2020

	Measure	Held to MPL
1	Plan All-Cause Readmissions	Yes
2	Adolescent Well-Care Visits	Yes
3	Adult Body Mass Index Assessment	Yes
4	Antidepressant Medication Management – Acute Phase Treatment	Yes
5	Antidepressant Medication Management – Continuation Phase Treatment	Yes
6	Asthma Medication Ratio**	Yes^
7	Breast Cancer Screening	Yes
8	Cervical Cancer Screening	Yes
9	Childhood Immunization Status – Combo 10	Yes
10	Chlamydia Screening in Women Ages 16 – 24**	Yes^
11	Comprehensive Diabetes Care HbA1c Testing	Yes
12	HbA1c Poor Control (>9.0%)	Yes
13	Controlling High Blood Pressure <140/90 mm Hg	Yes
14	Immunizations for Adolescents – Combo 2 (meningococcal, Tdap, HPV)	Yes
15	Prenatal & Postpartum Care – Timeliness of Prenatal Care	Yes
16	Prenatal & Postpartum Care – Postpartum Care	Yes

Managed Care Accountability Set Reporting Year 2020

	Measure	Held to MPL
17	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents: Body Mass Index Assessment for Children/Adolescents	Yes
18	Well-Child Visits in the First 15 months of Life – Six or More Well Child Visits	Yes
19	Well-Child Visits in the 3rd 4th 5th & 6th Years of Life	Yes
20	Ambulatory Care: Emergency Department (ED) Visits	No
21	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medications – Initiation Phase	No
22	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medications – Continuation and Maintenance Phase	No
23	Children & Adolescents' Access to Primary Care Practitioners: 12-24 Months	No
24	Children & Adolescents' Access to Primary Care Practitioners: 25 Months – 6 Years	No
25	Children & Adolescents' Access to Primary Care Practitioners: 7-11 Years	No
26	Children & Adolescents' Access to Primary Care Practitioners: 12-19 Years	No
27 28	Contraceptive Care: All Women Ages 15-44**: •Most or moderately effective contraception •Long Acting Reversible Contraception (LARC)	No
29 30 31 32	Contraceptive Care: Postpartum Women Ages 15-44**: •Most or moderately effective contraception – 3 days •Most or moderately effective contraception – 60 days •LARC – 3 days •LARC – 60 days	No

Managed Care Accountability Set

Reporting Year 2020

	Measure	Held to MPL
33	Developmental Screening	No
34	HIV Viral Load Suppression	No
35	Annual Monitoring for Patients on Persistent Medications: ACE inhibitors or ARBs	No
36	Annual Monitoring for Patients on Persistent Medications: Diuretics	No
37	Concurrent Use of Opioids and Benzodiazepines	No
38	Use of Opioids at High Dosage in Persons Without Cancer	No
39	Screening for Depression and Follow-Up Plan: Age 12 and Older**	No

***** Stratified by Seniors and Persons with Disabilities

****** Measure is part of both the CMS Adult and Child Core Sets. Though MCPs will report the "Total" rate, data will be collected stratified by the child and adult age groups.

^ MCPs held to the MPL on the total rate only.

Available Quality Reports

Existing Reports:

- EQRO Technical Report
  - Annual, independent assessment that summarize findings on access and quality of care
- Plan Specific Evaluation reports
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey Report
- now be done every

  2 years for Children and Adults
  - Previously done every 3 years
  - Will continue to be done annually for CHIP

Available Quality Reports

- Health Disparities Report
  - 2017 Health Disparity Report
  - All metrics from the External Accountability Set stratified by age, gender, race/ethnicity, language
  - Expected to be available online soon; 2016 is online
  - Future Reports will continue to expand with regards to metrics and stratifications based on available data sources

New Report:

- Preventive Services Utilization Report (annual)
- Goal: Utilize encounter data to assess for appropriate utilization of preventive service in accordance with AAP Bright Futures and USPSTF Grade A and B recommendations

Facility Site Reviews (FSR)

- Assess and ensure the capacity of each primary care provider sites to provide safe and effective clinical services according to contractual requirements
- Primary Care sites receive a FSR when they enter managed care and every 3 years thereafter
- DHCS Drafted an update to the FSR Tool & Guidelines and the MRR Tool & Guidelines
  - Followed federal and state regulations, AAP Bright Futures, USPSTF grade A and B recommendations, and CPSP requirements
  - MCHA made extensive comments to CPSP portion

Medi-Cal Managed Care Advisory Group

https://www.dhcs.ca.gov/services/Pages/ManagedCareAdvisoryGroup.aspx

Next meeting – Sept 5, 2019 (meets quarterly, first Thursday)

10 AM – 1PM 1700 K St., Sacramento

Managed Care Resources:

Past Meetings Archives

Managed Care Monitoring

Continuity of Care process/workgroups

External Accountability Set for 2014-15

Quality Improvement and Performance Measurement Reports

Comments, questions, suggestions and to get on the mailing list:

Advisorygroup@dhcs.ca.gov