Department of Health Care Services (DHCS)
Managed Care Advisory Group
Meeting Notes
December 3, 2020

1. Introductions

Nathan Nau, Chief of the Managed Care Quality & Monitoring Division (MCQMD), called the Managed Care Advisory Group (MCAG) into session and welcomed all of those in attendance on the webinar.

2. DHCS COVID-19 Updates

A. Medi-Cal Enrollment Trends

Yingjia Huang, Assistant Chief of the Medi-Cal Eligibility Division (MCED), provided an update on Medi-Cal enrollment trends. DHCS predicted that there would be an increase in caseloads due to the public health emergency (PHE). DHCS has not seen the significant increase in caseloads. The county application pathways are online, in person, phone/fax, and other, which includes those received by In-Home Supportive Services (IHSS) and Community-Based Organization (CBO) referrals. Online and phone applications increased due to the PHE, whereas in-person applications decreased with COVID-19 closures. Preliminary Medi-Cal TOTAL enrollments, as of October 2020, increased to approximately 13.1 million.

B. Encounter Data Trends

Andrew Wong, Program Data Section Chief, provided an update on encounter data utilization and grievance volume trends. Outpatient trends were steady at about 1,100 visits per 1,000 members up to January 2020 at which point outpatient visits began to decline due to the PHE. Prescriptions appear to have remained steady at around 700 prescriptions per 1,000 members, however we may be starting to see a downward trend starting in March 2020. For Emergency Room (ER) visits, there was an upward rise from December 2019 to January 2020 and then a sharp decline from February 2020 to April 2020. Mild to Moderate Mental Health visits appear to display a slight upward trend from May 2019 to April 2020. Inpatient Admission trends were steady, about 15 to 16 admissions per 1,000 members but began to decline slightly from February 2020 to April 2020. DHCS receives grievance trend data from managed care plans on a quarterly basis which is stratified into different

grievance types. Taking into accounting the number of members enrolled in the Managed Care Program during each quarter, the Department observed that Referral, Benefits, and Accessibility grievances volumes remained steady from the first quarter of 2019 to the first quarter of 2020 with a possible slight decline starting to begin in the second quarter of 2020. Quality of Care grievance volumes increased from the second quarter of 2019 where they remained steady until the second quarter of 2020 in which it began to decrease.

C. Managed Care Flexibilities

Mike Dutra, Policy, Utilization & External Relations Branch Chief, provided an update on managed care flexibilities. DHCS extended timeframes to request State Fair Hearings. DHCS waived prior authorizations for COVID-19 testing and services. DHCS provided various flexibilities revolving around Provision of Care in Alternative Settings, Hospital Capacity and the 1135 Waiver due to the PHE. DHCS expanded Telehealth; this includes Well-Child Visits. DHCS allowed telehealth for Health Homes, with the suspension of face-to-face assessment. DHCS suspended the requirements for Initial Health Assessments (IHA). DHCS paused the State Fiscal Year 2019 to 2020 Encounter Data Validation (EDV) study. DHCS allowed Managed Care Plans (MCPs) the ability to ignore specific items on the Quarterly Monitoring Response Template (QMRT). DHCS extended the compliance deadline for the Managed Care Program Data Improvement Project (MCPDIP).

DHCS has temporary added Associate Clinical Social Workers (ACSWs) and Associate Marriage and Family Therapists (AMFTs) provider types to Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). DHCS suspended the contractual requirement for in-person site reviews, medical audits, and similar monitoring activities that would require in-person reviews. DHCS suspended the requirements through the duration of the PHE and an additional six months following its end. Annual medical audits were suspended, however this does not negate MCPs' responsibility to comply with all currently imposed Corrective Action Plan (CAP) requirements.

3. MCP COVID-19 Response

A. Adapting to a Novel Virus

Gordon Arakawa, Medical Director, Central California Alliance for Health (CCAH), presented on their project which was adapting to COVID-19 by using claims data to measure risk and design COVID-19 member outreach. CCAH used their new Business Intelligence (BI) tool and Centers for Disease Control and Prevention (CDC) guidance to determine who would be more predisposed to severe illness for COVID-19.

By using a counting procedure through multiplication, CCAH built a rank list of their entire membership of 300,000 members. For targeted outreach, CCAH determined

5,000 to 10,000 members were the most at risk. Between 7,800 to 8,000 members were contacted by phone to receive the direct outreach and messaging. The goal of the second half of the project is to re-examine the metric by comparing the calculated risk and their true outcomes. The model could then be extended to surrounding counties or other areas of the state.

B. COVID-19 Response Strategy

Shelly LaMaster, Director of Integrated Care, Inland Empire Health Plan (IEHP), spoke their response strategy to COVID-19. IEHP's target population was 1.3 million members, providers, healthcare partners, and community members. The focus was on those affected by COVID-19 and those in the most vulnerable population. IEHP created innovative funding mechanisms to ensure the providers had resources to care for patients. IEHP purchased personal protective equipment (PPE) for local hospitals, providers and counties. IEHP teamed up with FQHCs to provide a $100,000 grant to support COVID-19 testing. IEHP provided support to county homeless initiatives, community food banks and implemented a 211-Nurse Advice Line strategy to support 400,000 uninsured residents.

IEHP responded to the Department of Managed Health Care (DMHC) APL 20-012 by creating a Member live Outbound Call Campaign that launched in April. IEHP conducted 43,000 calls to their most vulnerable members with a successful contact rate of 45%. During the month of May, 92,393 members received robocalls. Some other community outreach efforts included food distribution, drive thru events for families, and movies in the park or drive-ins. In collaboration with their partners, IEHP assessed Skilled Nursing Facilities (SNFs) for their needs of social support.

4. Behavioral Health Integration

Michel Huizar, Chief, Quality Policy & Coordination Section, provided an update on the Behavioral Health Integration (BHI) Incentive Program. This BHI program aims to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience while aiming to continue integration activities after the end of the program. Goals of the program include an increase to MCP network integration for all providers at all levels, a new focus on target populations or health disparities, and improve the level of integration or impact of behavioral and physical health.

COVID-19 delayed the program start date to January 1, 2021. DHCS sent determination letters to MCPs in November 2020. There were six project options that plan providers could select which can be found online. The aim was to approve as many projects as possible; DHCS reviewed and recommended approval of 369 projects from 131 providers.

5. Children's Preventative Care

A. Utilization Report Update

Oksana Meyer, External Quality Organization & Utilization Section Chief, provided an update on the Utilization Report. DHCS expects to release the report towards the end of December 2020 and plans to release it in two phases. The first part will contain statewide and regional reporting rates as well as demographic analysis. DHCS aims to release the second part in February 2021, which will include MCP level rates as well as Blood Lead Screening information. This new level of analysis and reporting will allow DHCS to have a better understanding of patterns and trends in underutilization in CA's Medi-Cal managed care delivery system. MCPs, providers and other interested stakeholders can use findings to inform targeted interventions.

B. Outreach Campaign Phase 2

Heather M. Jones, Director and Nicole Donnelly, Vice President from the Center for Health Literacy (CHL) gave an update on the Outreach Campaign Phase 2. CHL is a group of communication experts that work at the national level. CHL is collaborating with DHCS on developing preventive care services outreach communications. The process involves doing background research, testing, and finalizing the new methods of communication. The goal is to make those materials easier for beneficiaries to read, understand, and be able to act on that information. Since June, CHL has conducted a communications assessment, stakeholder interviews, and a health plan survey.

CHL conducted telephone interviews with 12 different organizations accompanied with surveys for 21 differing health plans. The telephone interviews and health plan surveys contained similar questions. Some items discussed were top barriers to service utilization and challenges to existing communication and outreach. CHL uses those findings to create recommendations for updating communication modalities as well as developing new communications and strategies. CHL will work with DHCS to identify, update, or develop communication options and materials. Testing at sites with beneficiaries will occur at multiple locations in multiple languages.

6. Updates

A. Managed Care Project Updates

Michelle Retke, Chief of the Managed Care Operations Division, provided an update on Managed Care Contracts. There were no major updates on projects.

B. Ombudsman Report

Michelle Retke, Chief of the Managed Care Operations Division provided an update on the Ombudsman Reports. There were no notable changes and the reports were provided.

C. Sanctions

Nathan Nau, Chief of the Managed Care Quality & Monitoring Division, provided an update to Sanctions. There were no notable updates.

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

Nikki Rengstorff, Chief, Policy & Regulatory Compliance, provided an update on APLs.

APL 20-016 (Revised). This APL describes Medi-Cal managed care health plan (MCP) requirements for blood lead screening tests and associated monitoring and reporting. Along with clarifications of existing requirements, it includes new requirements aimed at improving compliance with state regulations. Starting no later than January 1, 2021, MCPs will be required to quarterly identify members under the age of six years who have no record of receiving a required blood lead screening test and notify the network provider who is responsible for the care of an identified child member of the requirement to test that child. The APL was revised to address the passage of Assembly Bill (AB) 2276 (Chapter 216, Statutes of 2020).

APL 20-017. This APL provides guidance to MCPs on the updated requirements for submitting program data to the Department of Health Care Services (DHCS). This includes grievance data, appeals data, Medical Exemption Request denial reports and other continuity of care data, Out-of-Network request data and Primary Care Provider assignment data. MCPs have historically submitted Program Data via various Microsoft Excel Templates. Beginning no later than July 1, 2021. MCPs will be required to report Program Data to DHCS using standardized JavaScript Object Notification (JSON) reporting formats, in compliance with the most recent “DHCS Managed Care Program Data (MCPD) Primary Care Provider Assignment (PCPA) Technical Documentation” and the associated JSON schema files on a monthly basis.

APL 20-018. This APL reminds MCPs of their obligations to provide transgender services to members. It also reminds MCPs of laws prohibiting discrimination against individuals based on gender, gender identity, and gender expression. The APL is a clarification of current policy and does not represent policy change. MCPs are contractually obligated to provide medically necessary covered services and reconstructive surgery to all members, including transgender members. The APL clarifies DHCS policy concerning analyzing transgender service requests, with consideration of nationally recognized clinical guidelines, under both the applicable medical necessity standard for services to treat gender dysphoria and the statutory

criteria for reconstructive surgery. The APL further clarifies DHCS policy regarding permissible utilization management.

APL 20-020. This APL describes MCP requirements related to the transition of Medi-Cal pharmacy services from the managed care delivery system to the Fee-For-Service system known as Medi-Cal Rx, as required by Governor Gavin Newsome's Executive Order N-01-19. This APL details specific MCP pre- and post- transition responsibilities that span across a variety of topics. Although the APL identified the effective date as January 1, 2021, implementation of Medi-Cal Rx has since been delayed to April 1, 2021.

A list of APLs can be found online and a list of DPLs can be found online.

8. Next Meeting

The next MCAG meeting is scheduled for Thursday, March 11, 2021. To request future agenda items or topics for discussion, please submit them to advisorygroup@dhcs.ca.gov.