



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

DATE: March 2, 2016

DUALS PLAN LETTER 16-001

TO: CAL MEDICCONNECT MEDICARE-MEDICAID PLANS

SUBJECT: PERFORMANCE IMPROVEMENT PROJECT REQUIREMENTS

PURPOSE:

The purpose of this Duals Plan Letter (DPL) is to notify all Medicare-Medicaid Plans (MMPs) participating in the Duals Demonstration Project, referred to as Cal MediConnect, of the requirements under the Quality Improvement Program stipulated in the three-way contract (contract).¹ MMPs are required to participate in one quality improvement project (QIP) that is a DHCS-facilitated statewide collaborative (contract section 2.16.4.3.1.2.2) during the course of Cal MediConnect.

BACKGROUND:

In January 2012, Governor Brown announced his intent to enhance health outcomes and beneficiary satisfaction for low-income Seniors and Persons with Disabilities by shifting service delivery away from institutional care to home and community-based settings. To implement this goal, the Legislature passed, and Governor Brown signed Senate Bill (SB) 1008 (Chapter 33, Statutes of 2012), SB 1036 (Chapter 45, Statutes of 2012), and SB 94 (Chapter 37, Statutes of 2013), which authorized the implementation of the Coordinated Care Initiative (CCI).

The state-mandated QIP is referred to as a Performance Improvement Project (PIP) in order to align with federal terminology. Furthermore, the PIP undertaken by MMPs must utilize the rapid-cycle improvement strategies and Plan-Do-Study-Act (PDSA) cycles, and must be documented and submitted on forms supplied by the External Quality Review Organization (EQRO).

¹ The three-way contract can be found at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/CAContractwithoutSub.pdf>

POLICY:

PIP.

- 1. Topic of PIPs.** The general topic for the PIP must be on improving care coordination with a focus on the integration of the Long-Term Services and Supports (LTSS) programs. MMPs may focus on one or more of the four LTSS programs (i.e. Community Based Adult Services, In-Home Supportive Services, Multipurpose Senior Services Program, and nursing facilities).
- 2. PIP Approach.** The EQRO provided the PIP overview document, PIP Companion Guide, and the submission forms.
 - a. PIP Topic Selection.** MMPs are required to choose a focused PIP topic in consultation with DHCS to improve care coordination. DHCS/EQRO may assist MMPs in narrowing the focus of their topics.
 - i. Topic Proposal Timelines and Format.** DHCS notified MMPs of the format to use for the proposal (topic proposals were due to DHCS on February 12, 2016).
 - ii. Topic Proposal Submission.** Each MMP must submit its completed PIP topic proposal form to DHCS's quality mailbox at dhcsquality@dhcs.ca.gov.
 - iii. DHCS's Approval of PIP Topic.** After receiving an MMP's proposed PIP topic, DHCS will send the MMP a notice of approval, a request for additional information, or suggest that the MMP participate in a technical assistance call with the EQRO.
 - b. PIP Module Submissions.** The rapid-cycle PIP process requires the submission of five modules. DHCS's EQRO will conduct module-specific trainings and technical assistance calls to guide MMPs through the process. MMPs must submit and pass Module 1 (PIP Initiation) and Module 2 (SMART Aim Data Collection) prior to submitting Module 3 (Intervention Determination). The EQRO will review module submissions and provide feedback to MMPs that will have multiple opportunities to fine-tune Modules 1 through 3. Module 4 is Intervention Testing, utilizing PDSA cycles. This is the longest phase of the five modules. Module 5 concludes the PIP process by summarizing the project. MMPs will have opportunities for technical assistance with both DHCS and the EQRO throughout the entire PIP process.
 - i. PIP Module Submission Timelines:** DHCS must receive submissions of Modules 1 and 2 by April 15, 2016, Module 3 by July 15, 2016, Module 4 by October 2016 (DHCS will notify MMPs of the exact date), and Module 5 by July 31, 2017.
 - c. PIP Duration.** DHCS will notify MMPs regarding the length of the PIP cycle. PIPs typically will last approximately 12–18 months, employing a rapid-cycle improvement process to pilot small changes. MMPs that

would like to conduct longer PIPs must seek DHCS approval.

d. Communication and Meetings with DHCS and MMPs.

- i. Designated Contacts.** MMPs must provide DHCS with one primary contact (PIP lead) and at least one backup contact who is familiar enough with the PIP to step in, should the PIP lead be absent. Only under certain circumstances will DHCS approve an MMP's request for an extension of time to submit PIP-related documentation due to staff absence.
- ii. Module-Specific Trainings and Technical Assistance.** The EQRO will conduct module-specific trainings and technical assistance calls to guide MMPs through the PIP process. MMPs are required to participate on these calls. To ensure that PIPs are valid and result in real improvements in the care and services provided to MMP members, DHCS periodically will hold technical assistance conference calls for all MMPs to: (1) present changes in methodologies or processes and (2) assist MMPs that are having difficulties with a PIP.

ADDRESSES FOR ELECTRONIC SUBMISSIONS:

- **EQRO's File Transfer Protocol (FTP) Website.** DHCS's EQRO, Health Services Advisory Group, Inc. (HSAG), uses a secure FTP website. All MMPs must identify staff members who need access to the FTP site and request access from Michelle Joo, Project Manager, HSAG, at mjoo@hsag.com.
- MMPs must upload their PIP information into their MMP-specific folder.
- **DHCS's Submission E-Address.** DHCS's quality mailbox: dhcsquality@dhcs.ca.gov.

If you have questions or concerns about the information in this DPL, please contact Tracy Meeker at tracy.meeker@dhcs.ca.gov or (916) 449-5195. DHCS may direct questions to the EQRO as appropriate.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division
Department of Health Care Services