

Follow-up Items from September 25, 2019, MCHAP Meeting

Opening Remarks from Mari Cantwell, Chief Deputy Director for Health Care Programs and the State Medicaid Director

1. *Elizabeth Stanley Salazar:* I'm requesting an overview of those reports when released. I'm also requesting to see a baseline of where we are today with children's access and the network, and what DHCS sees as gaps? For the January meeting, we should have an update on where the program is now, what does the access look like, where are the gaps related to equity and health access. We should also look at network adequacy. Are there enough providers out there, or are they triggering a lack of access?

DHCS Follow-Up: As required by statute, the Whole Child Model final evaluation report is due to the Legislature by July 1, 2022. DHCS will provide the report when it is available and include discussion time at that meeting. The next Medi-Cal Managed Care Quality Improvement Report (Health Disparities Report) will be released in spring 2020. This report will identify health care disparities for Medi-Cal managed care members and will analyze External Accountability Set (EAS) measures reported by managed care plans for various demographics.

All ODS Counties - Unique Count of Beneficiaries One Year Prior to ODS: Perinatal Claims Only

	Outpatient Drug Free	Intensive Outpatient	Residential	NTP	Total
Total	416	274	207	280	1177

All ODS Counties - Unique Count of Beneficiaries up to One Year Post-ODS Implementation*: Perinatal Claims Only

	Outpatient Drug Free	Intensive Outpatient	Residential	NTP	Total
Total	350	245	437	174	1206

**Counties may not have one complete year of data based on their ODS implementation date. Implementation dates range from 2/1/2017 to 7/1/2019.*

2. *Ellen Beck, M.D.*: A number of years ago, there was a report breaking down the lowest socioeconomic quarter of the Medi-Cal population. Some of those data were very concerning versus people with higher socioeconomic income still qualifying for Medi-Cal. We should review an updated report.

DHCS Response: *Mari Cantwell, DHCS*: We are seeking to add the ICD 10 codes related to social determinants of health. Let us think about how to do that, or if there are other ways to inform how to improve going forward.

DHCS Follow-Up: DHCS is evaluating doing an updated analysis.

Member Updates and Follow-Up

3. *Nancy Netherland*: I'm interested in looking at data for not only the behavioral health referrals, but also at the variation and authorization by plan type and direct Medicaid, in addition to the wait time for service. Sometimes there's a hidden wait time when a referral is made, to the time of authorization. Health plans have different authorization times. It might be interesting to look at the lowest and highest performers in terms of short authorizations and see what's happening with some of the different direct pay programs.

DHCS Response: *Mari Cantwell, DHCS*: I will need to check with our team that does monitoring and oversight.

DHCS Follow-Up: No, DHCS does not currently capture data that may be linked to examine, by county, the time between referrals and authorizations. Below is a summary of current and future tracking efforts to separately monitor referrals and authorizations:

- On quarterly basis, as part of the network adequacy certification reporting process, Mental Health Plans (MHPs) submit a timely access report to DHCS' Medi-Cal Behavioral Health Division that includes referral source (e.g., beneficiary, authorized representative, social services agency, managed care plan). However, the date of referral is not monitored to track from the authorization date.
- During the triannual compliance reviews, DHCS' Audits & Investigations (A&I) Division reviews authorization policies and procedures; however, A&I does not compile and compare MHP data related to referral and authorization.

- Currently, through [Information Notice 19-020](#), DHCS' Community Services Division (CSD) is implementing data collection related to timeliness metrics in two phases. Phase I, currently underway, requires the following data elements: date of first contact to request services; assessment appointment first offer date; assessment start date; county client number; assessment end date; treatment appointment first offer date; treatment start date and closed out date. In Phase II, DHCS will begin tracking referral sources; however, CSD has not yet determined a target timeline to start phase two.