



Department of  
**Health Care Services**



# Quality in Medi-Cal Managed Care Plans: Focus on Children

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Medi-Cal Managed Care Division, DHCS

# Outline

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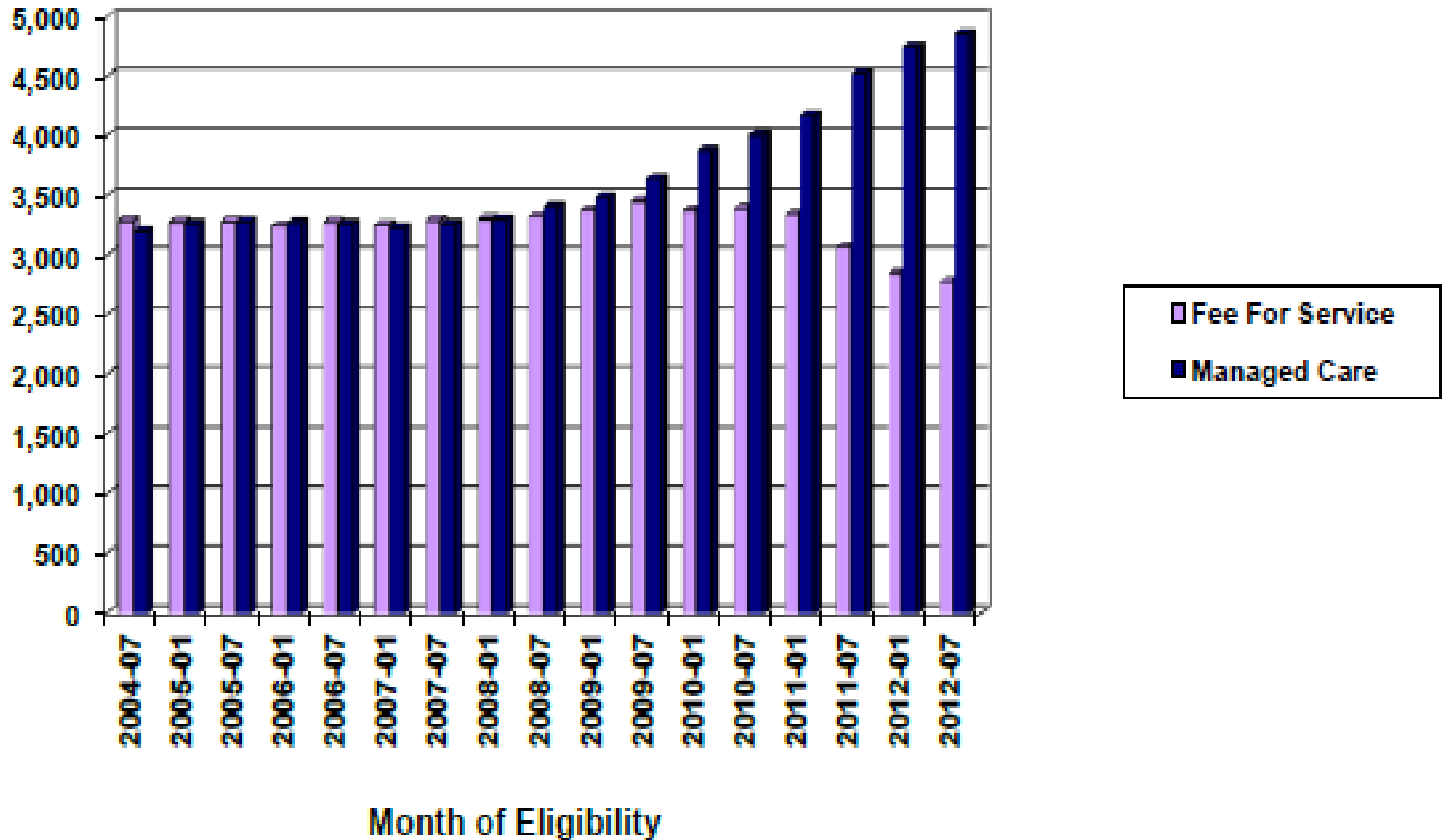
1. Medi-Cal Managed Care by the numbers
  - Children
2. Quality in Medi-Cal Managed Care
3. Quality of children's health care services in Medi-Cal Managed Care
  - Example: immunizations
  - Next steps for improvement
4. Monitoring the Healthy Families Transition

# 1. Managed Care by the numbers

## Medi-Cal Program Enrollment by Managed Care Status

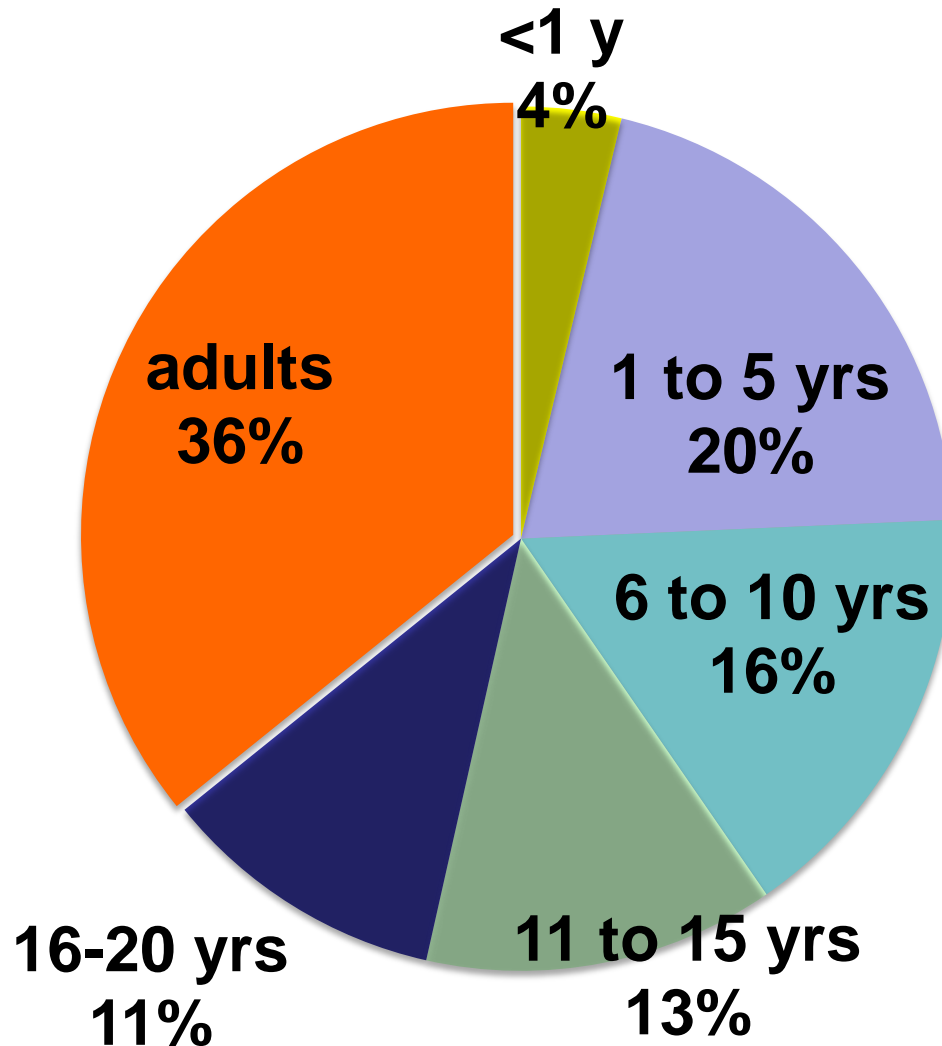
Number of Beneficiaries in Thousands

Fiscal Year 2004-2012



# Age of Medi-Cal Managed Care Members, 2012

N= 4.9 million members



## 2. Quality management

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DHCS Quality Strategy has 3 linked goals:

- Better health
- Better care
- Lower cost per capita

# Quality management

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## Standard monitoring procedures by Medical Managed Care Division

- Facility Site Reviews
- Coordinated Health Plan Audit
- Corrective Action Plans (CAP) for deficiencies
- Monitoring of Fraud and Abuse
- Encounter Data
- Managed Care Dashboard provides metrics by populations, including Healthy Families population
- Quality Monitoring

# DHCS contracts require:

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- Medi-Cal Managed Care Plans to ensure primary care providers
- Conduct an initial health assessment within 60 days (if child < 18 months), 120 days for rest
    - Performance of CHDP age-appropriate history and physical examination
    - Staying Healthy Assessment
  - Preventive services per most recent American Academy of Pediatrics periodicity schedule
  - Medically necessary diagnostic and treatment services

# HEDIS

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- Healthcare effectiveness data information set (HEDIS) indicators
- Reported by Managed Care Plans
- Validated by an external quality review organization, posted at:  
<http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>
- DHCS contracts require Plans to perform at least as well as the lowest 25% of all Medicaid plans in the US (Minimum Performance Level, MPL)



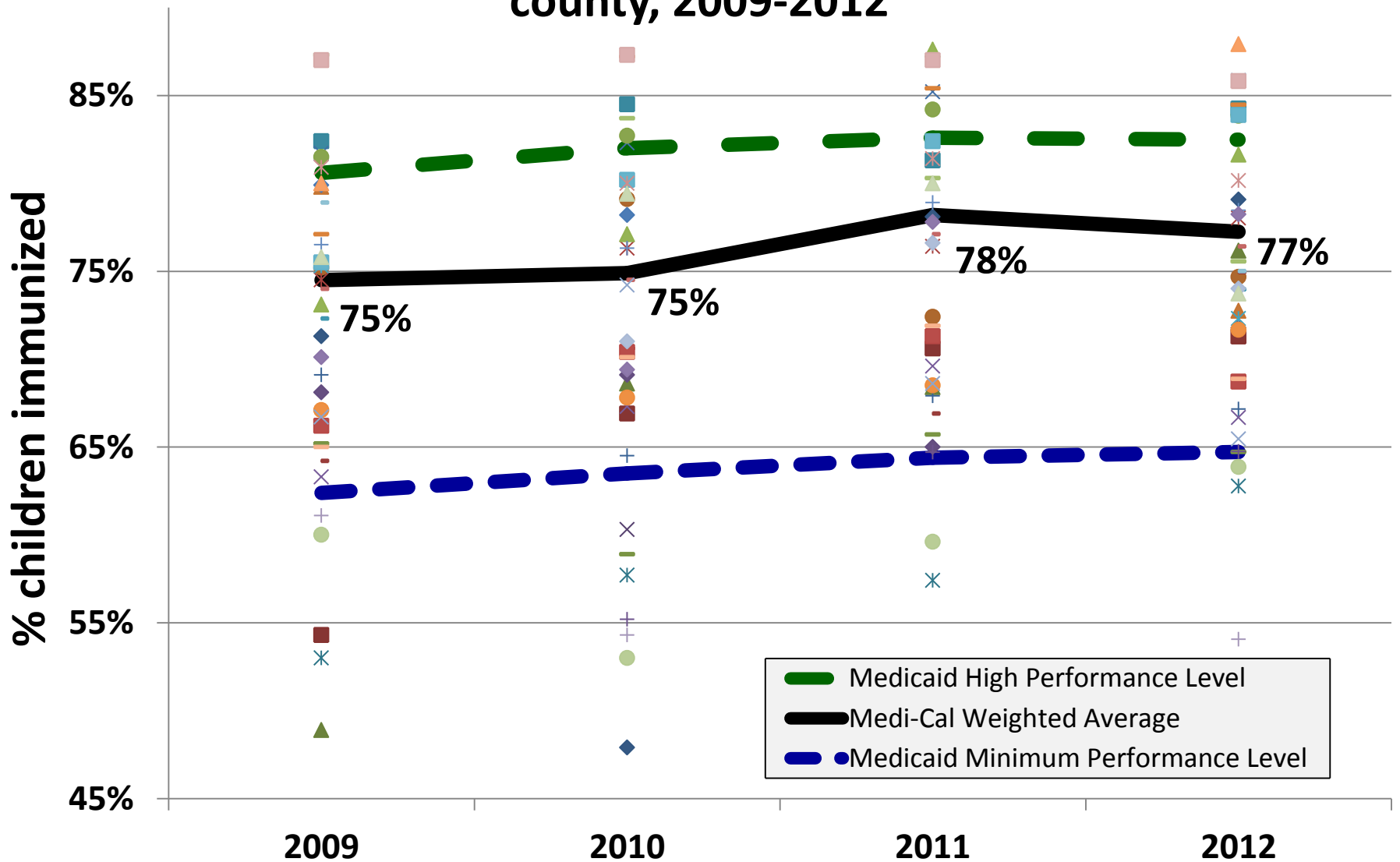
### 3. Pediatric HEDIS indicators

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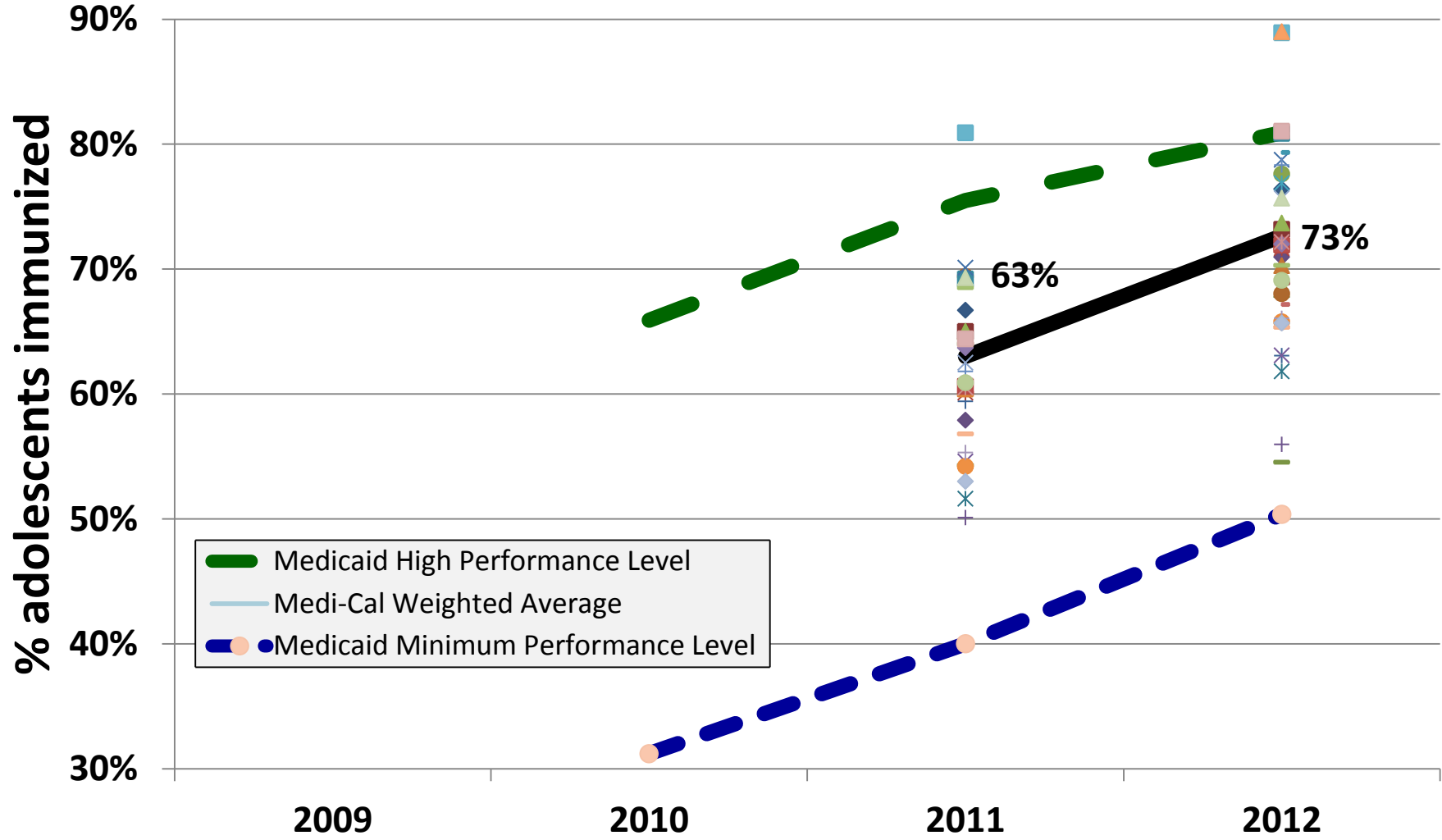
Medi-Cal Managed Care Plans report:

- Access to Primary Care (1-19 years)
- Well Child Visits at ages 3-6 years
- Weight Assessment and Counseling
- Immunization coverage at ages 2 and 13 years

# Proportion of 2-year old children up to date on immunizations (CIS-3), Medi-Cal Managed Care Plan-county, 2009-2012



# Proportion of adolescents with up to date on immunizations (IMA-Combo), Medi-Cal Managed Care Plan-counties, 2011-2012



# Next steps to improve quality-1

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- Limit: Services provided but not documented?

## Next steps:

- Improve data systems
  - Transparency; hold accountable for results
  - Dashboard
- Limit: MCPs do not yet report on mental health or substance use services

## Next steps:

- Metrics under development
- Selection of new HEDIS measures for 2016

# Next Steps-2

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- Plan improvement projects target low performing indicators (Rapid cycle)
- Match DHCS response with performance level
  - Highest performing Plans: share lessons
  - Lower performing Plans: technical assistance and closer monitoring
  - Persistent failure to meet minimum performance requirements: Corrective Action

## Next steps-3

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- Input into *Medi-Cal Managed Care Quality Strategy Report, 2014-15*. Pediatric section will include immunizations
  - DHCS to target Plans with
    - lowest percent of pediatric members immunized
    - the most pediatric members who are not up-to-date on their immunizations
  - Coordinate with statewide agencies, groups

# 4. Monitoring Healthy Families Transition

During the four phase transition, the following were reported and tracked

## Enrollment Status

100% successfully transitioned by  
February 28, 2014

Maximus, the Single Point of Entry  
(SPE) for enrollment averaged  
1.74 days to process new  
applications during the transition.  
Contractual requirement is 4 days

261,713 new children received  
access to care

## Complaints and Appeals

Less than 6% of transitioned  
beneficiaries filed an appeal

All appeals resolved

# Monitoring Healthy Families Transition

## Linkage of children to existing plan and provider

98.76% stayed in the same plan as of 9/1/13

A majority stayed with the same primary care physician (PCP)

## Continuity of Care (COC)

Plan contacted in 100% of requests for COC to ask the provider to accept the plan payment.

Denti-Cal recruited providers to facilitate COC

0.11% of the population transitioned to two plan and GMC counties called the Health Care Options call center to request disenrollment from plan



# Monitoring – Transition Tracking

## Independent Survey for the HFP Transitioned Population

- Conducted by DMHC through an Interagency Agreement with DHCS



# Monitoring – Transition Tracking

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## Population Specific Monitoring by DHCS

- Continued Eligibility
  - Total enrollment
  - Maintaining coverage
  - Disenrollment
- Complaints/Satisfaction
  - Grievances/appeals
  - Health plan call center calls
  - Office of Ombudsman calls
  - Consumer satisfaction surveys
- Continuity of Care
  - COC requests and outcomes
- Access to Care
- Provider Network
  - Total network providers
  - Providers by specialty
  - Provider additions and deletions
- Dental Services
  - Annual visits
  - Appointment timeframe
  - Provider capacity

# Thank you

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We look forward to working with you to  
improve health and health care services  
for children