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

1. Introductions

A. Staffing Updates

Bambi Cisneros, Chief, Program Monitoring and Compliance Branch, Managed Care Quality and Monitoring Division (MCQMD), called the Managed Care Advisory Group (MCAG) meeting to order at 10:01 am and welcomed all in attendance on the webinar.

Kirk Davis, Deputy Director, Health Care Delivery Systems was welcomed onboard to his new position. Kerry Landry, Assistant Deputy Director, Health Care Delivery Systems is leaving her position at DHCS this week.

2. CalAIM Implementation Updates

Kerry Landry, Assistant Deputy Director, Health Care Delivery Systems, provided updates on the Section 1115 waiver extension. The current Section 1115 waiver (Medi-Cal 2020) is set to expire on December 31, 2020. Prior to the COVID-19 public health emergency, DHCS planned to implement certain CalAIM initiatives at the end of the waiver period. DHCS has continued their work on CalAIM but will be adjusting timelines for later dates. The 12-month 1115 waiver extension proposal was released for public comment on July 22, 2020. The 30-day comment period closed on August 21, 2020. DHCS will review stakeholder comments and update the extension request accordingly. DHCS plans to submit the Section 1115 extension request to CMS by September 15, 2020. CalAIM information will continue to be updated on the website as available.

3. COVID-19 Response for Health Disparities

Anna Edwards, Clinical Director, Behavioral Health & Care Management – Inland Empire Health Plan (IEHP) discussed the Social Detriments of Health (SDOH) in the Context of COVID-19. While being a Doctor of Nursing Practice student at Rush University in Chicago, she is completing a Practice Project, “Population Assessment of High Risk Members in Low Desert Region of the Inland Empire

Prioritized Problem: Food Insecurity." Food insecurity is more prevalent among vulnerable populations. Medicaid recipients are more likely to experience food insecurity than non-Medicaid recipients as well as having multiple SDOH and chronic conditions. Food insecurity negatively affects health outcomes. According to 2017 statistics for the United States, 11% of the population had food insecurity. California was comparable at 11%. Inland Empire was 10%. This showed there was a food insecurity issue.

The overarching goal was to reduce food insecurity in IEHP's high-risk members. IEHP incorporated "The Hunger Vital Sign" into their care management process. This will direct the care staff to review the needs for the member and the entire household to increase food security. IEHP shared that feedback from users has been positive.

In response to COVID-19, the small pilot was expanded to all care management. The COVID-19 impact trend showed that a larger number of people were qualifying for Medicaid as unemployment rates increased. Inland Empire rates were 13.4%, which was higher than the overall rates of the United States. Poverty rate increased along with food insecurity or numbers of food-insecure individuals. The program implementation went through a modification to be responsive to the crisis. Staff are trained with 6 virtual training sessions. They have met a 92% goal of training all staff. The training will continue to onboard all care management staff. Discussions are happening around training additional departments and Community Resource Centers that interact with IEHP members.

Catherine Knox, Clinical Director, Point of Service Management – IEHP provided information on IEHP's Health Home Program. From 2015-2018 IEHP had a pilot program, Behavioral Health Integrated Complex Care Initiative (BHICCI). The integrated complex model covered whole person care; physical health, behavioral health and substance use disorder. The model of care used a three-person team, a Registered Nurse (RN) Care Manager, Behavioral Health (BH) Care Manager, Care Coordinator, along with a Primary Care Provider Champion. There were systematic caseload reviews, measurement-based care, and a population health registry.

Early integration showed the value of adding a Community Health Worker (CHW) to each Integrated Complex Care (ICC) team. They worked with Loma Linda University. The first cohort trained in time for the January 2019 Health Homes launch. In 2020, there are now 7500 enrolled patients. In the Health Home population, there are highly vulnerable members. The social determinants of health, economic stability, physical environment, access to education and food, community and social context along with the health care system are key components. CHWs play a key role in Transition of Care (TOC). Enrollment strategies prior to COVID-19 included visiting patients in the hospital and enrolling at bedside. Due to CVOID-19, this changed. Caseloads have doubled but members have reported they feel secure with the team checking in. CHWs are connectors with shared, lived experiences and assist members with many other resources. CHWs are an

essential component of Integrated Complex Care in the Health Home Program. They have played a critical role during COVID-19.

4. Quality Updates

A. Comprehensive Quality Strategy

Karen Mark, Medical Director, Department of Health Care Services, provided updates on the DHCS' Comprehensive Quality Strategy (CQS). The CQS describes California's Medicaid quality strategy, and how it meets the requirements of the Medicaid Managed Care and Children's Health Insurance Program (CHIP) Managed Care Final Rule (Final Rule), at 42 Code of Federal Regulations (CFR) 438.340. The Final rule requires each state Medicaid agency to implement a written quality strategy to assess and improve the quality of healthcare furnished by all Medicaid managed care entities in that state, with an update every three years. The CQS outlines our process for developing and maintaining a broader quality strategy to assess the quality of care that all of our beneficiaries receive, regardless of delivery system, and then defines measurable goals and tracks improvement while adhering to regulatory managed care requirements. It includes all of California's Medicaid managed care delivery systems: Medi-Cal managed care plans (MCPs); ii) County Mental Health Plans (MHPs); iii) Drug Medi-Cal Organized Delivery Systems (DMC-ODS); and iv) Dental Managed Care (DMC), as well as programs outside of the managed care delivery systems. The CQS aligns with the DHCS mission and vision and with national efforts, such as the National Quality Strategy and addresses the ways that the Department is focusing on the goals to improve health outcomes; improve health equity; address social determinants of health; and, improve data quality and reporting.

Sources taken into consideration when developing the CQS included other states' strategy reports, the CMS Quality Considerations for Medicaid and CHIP Programs guidance letter, and stakeholder feedback.16 different organizations and individuals provided public comment. Feedback included the following topics: data sharing and interoperability, linked accountability, integration of metrics, financial incentives, health disparities, population health, and CalAIM.

Due to COVID-19, finalization of CQS has been delayed to allow for the inclusion of additional details related to the public health emergency and postponement of CalAIM. The plan to finalize and submit to CMS is in 2021.

B. Population Needs Assessment

Marilyn (Ying) Kempster, Health Education Consultant III, Quality & Medical Policy Branch presented on Population Needs Assessment with Aita Romain, Health Education Consultant III, Quality & Medical Policy Branch. APL-19-011 focuses on Health Education and Cultural & Linguistic Needs of Medi-Cal Members. The goal is to improve health outcomes for members and ensure that Managed Care Plans (MCPs) are meeting the needs of all their Medi-Cal members.

The PNA must identify member health needs, which include the Assessment of Health Disparities and Consumer Assessment of Healthcare Providers and Systems (CAHPS). It must evaluate and identify gaps in health education, cultural and linguistic, and quality improvement activities and resources. Progress of the Action Plan will be included in the 2021 PNA submission. DHCS provided a reporting template to the MCPs. 28 MCPs electronically submitted their template to DHCS. Five MCPs requested and received extensions due to COVID-19. Additional information was requested on eight reports. Health Education Consultants at DHCS reviewed PNA reports, reports were reviewed within 30 days. Each plan was required to provide at least one objective, on average there were 4-5 per MCP submitted. Every plan included at least one objective that focuses on reducing health disparities. The PNA reports met the goals of the PNA APL. A progress report for this year's Work Plan will be required for the 2021 PNA submission.

5. Children's Preventative Care

A. Utilization

Mike Dutra, Branch Chief, Policy, Utilization & External Relations provided an update on Children's Preventative Care around the Preventative Services Report (PSR). In response to audit findings, DHCS initiated an additional method of monitoring and oversight of the delivery of preventative services to children in Medi-Cal. This will assist in identifying underutilization and implement targeted improvement strategies. In January 2020, an initial set of measures were released for public review and feedback. DHCS and the External Quality Review Organization (EQRO) began initial work on the PSR. The report was impacted due to the disruptions caused by COVID-19. This year's PSR will be released in two phases. The first part of the report will be finalized in December 2020. The report will contain statewide and regional reporting of the metrics, rates and regional characteristics. All measures shown will be based on Admin Rates and will be developed by using administrative data of demographic characteristics and regional by county or grouped into larger regions. The second part of the report will be released in February 2021 and will serve as an addendum with MCP-level rates.

There are 12 final measures for PSR 2020. The National Committee for Quality Assurance (NCQA) revised its existing Well-Child metrics to add several new age ranges so the measure will encompass age 3-21 years. In addition, the revised "Well Child Visits in the First 30 Months of Life" metric will be included in this report. In response to audit findings by California State Auditor (CSA), DHCS also began developing metrics that capture the provision of lead testing for children in Medi-Cal managed care. The PSR will include Blood Lead Screening analysis in two key ways. The first is by reporting California's performance based on NCQA Healthcare Effectiveness Data and Information Set (HEDIS) technical specifications. This will allow California's performance to be compared to other state Medicaid programs and pave the way for adoption of performance standards in Medi-Cal. The second is that rates will be calculated and reported according to California's law for all

relevant age ranges. Results will be presented regionally to determine if screening rates are different based on geographic location. A separate analysis will be done in attempt to link screening rates with any known geographical areas that have higher lead levels. The findings from the Report will assist DHCS will establishing a Blood Lead Screening benchmark. Stakeholders will have an opportunity to provide feedback on this benchmark.

Findings from the PSR will inform DHCS' actions with the MCPs to drive targeted interventions, improvement in the provision of preventative services for children with Medi-Cal. DHCS is evaluating strategies to improve MCP and provider quality and performance including what methods other states have utilized to increase lead screening rates. For subsequent reports, the long-term goal is to develop alternative ways of assessing MCP compliance, provider performance and member utilization for areas of the Bright Futures recommendations that are not currently being captured in existing performance metrics.

6. Updates

A. Transitions and Implementations

Yingjia Huang, Assistant Division Chief, Medi-Cal Eligibility Division provided an update on transitions, implementation and updates.

Aged Blind Disabled Federal Poverty Level (ABD FPL) implementation is scheduled for 12/1/2020. The income limit increased from 124% to 138% of the federal poverty level. Beneficiaries in share of cost Medi-Cal within a certain income range will transition automatically; these identified individuals will be moved over, most from the senior population. The numbers will be shared once available. Outreach efforts were conducted to reach beneficiaries. On 10/1/2020, a letter and frequently asked question sheet will be sent to the transitioning population explaining information about the full scope package. On 11/1/2020, a Managed Care Enrollment Notice will be sent to the same group. In December of 2020, a letter will be mailed to a second group of beneficiaries that may benefit from expansion.

Provisional Postpartum Care Extension (PPCE) was implemented on 8/1/2020. This program provides an extension of coverage for Medi-Cal or Medi-Cal Access Program (MCAP) eligible individuals diagnosed with a maternal mental health condition (including but not limited to postpartum depression) during their pregnancy, postpartum period or within 90 days from the end of the postpartum period. Under PPCE, individuals covered in a Medi-Cal or MCAP eligibility category during pregnancy may remain eligible under that aid category for up to 12 months after the end of the pregnancy. PPCE will provide an additional 10 months of coverage to the existing 60 days of postpartum. To be eligible, an individual must be a Medi-Cal or MCAP beneficiary during the month the pregnancy ends and must have been diagnosed with a maternal mental health condition.

B. Managed Care Contract Procurement

Michelle Retke, Division Chief, Managed Care Operations provided an update on Managed Care Contract Procurement. A Request for Information (RFI) was released for comment and this is on the website. This will help provide feedback to what is included in the Request for Proposal (RFP). On September 10, 2020, there will be a Webinar to walkthrough the RFI and answer questions. Comments are due on October 1, 2020. The draft RFP will be released in early 2021. The final RFP will be released later in 2021, for contracts starting in 2024.

C. Managed Care Project Updates

Michelle Retke, Division Chief, Managed Care Operations provided an update on Managed Care Project Updates. The Preventative Care Outreach Project stemmed from the Children's Preventative Service Audit as well as the Lead Screening Audit. In the March/April timeframe, a notice campaign went to the beneficiaries. The Outbound Call campaign was delayed due to COVID-19. In August, the campaign restarted with updated guidance. Outreach was modified and will have two areas of focus, immunizations and blood lead testing. Another modification was to be a phased approach. Phase 1 will focus on children up to 3 years of age. Phase 2 will be 3- 6 years of age. There were some concerns around compliance and the Telephone Consumer's Protection Act. Adjustments were made to allow Plans to do other types of outreach using different modalities. Phase 2 update, in March partners from Maximus and the Center for Health Literacy presented to the group the things they have been working on. As they share with advocates, stakeholders, health plans and beneficiaries they will be looking for feedback on outreach materials, creating new material, doing plan surveys, and beneficiary interviews. Due to COVID, this paused the work. It will be resuming in September.

D. Ombudsman Report

Michelle Retke, Division Chief, Managed Care Operations provided an update on the Ombudsman Reports. A copy of April, May and June's reports was provided. From a call center standpoint, there was not an increase in calls at either location due to COVID-19.

E. Sanctions

Nathan Nau, Division Chief, Managed Care Quality & Monitoring provided an update to Sanctions. There were three sanctions, which were related to untimely monthly 274 Provider File submissions. The MCPs that were sanctioned were California Health and Wellness, Molina Healthcare, and Santa Clara Family Health Plan.

F. Auto Assignment Incentive Program

Andrew Wong, Research Data Supervisor II, Program Data Section provided an update on the Auto Assignment Incentive Program.

DHCS has reposted the Auto-Assignment Incentive Program Rates for Year 15. The document provides unadjusted rates (i.e. rates as determined by the auto assignment algorithm) and adjusted rates (i.e. final rates after redistribution). The updated rate sheets were posted on 9/1/2020 at the DHCS website.

Due to the impact of COVID-19 on MCP quality and encounter data, DHCS determined that it could not accurately calculate default rates using the existing methodology. DHCS will be using calendar year 2020 default algorithm percentages for calendar year 2021. Pre-corrected rates will also be used.

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

Nikki Rengstorff, Staff Services Manager I, Policy & Regulatory Compliance, provided an update on APLs.

APL 20-014. This APL provides Medi-Cal managed care health plans with guidance on value-based payment (VBP) program aimed at improving health care in the domains of prenatal and postpartum care, early childhood prevention, chronic disease management, and behavioral health care.

APL 20-015. This APL reminds MCPs of continued nondiscrimination prohibitions and language assistance requirements pursuant to state law, in light of recent federal rule changes.

APL 20-004 (Revised). This APL, originally issued on March 30, 2020, provides information to MCPs on temporary changes to federal requirements and other flexibilities granted because of the ongoing COVID-19 public health emergency, along with other reminders to MCPs regarding their responsibilities. The June revision provided new or updated topics around pediatric well-care services during the public health emergency. The August revision includes a new section on Suicide Prevention Practices for Providers.

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, December 3, 2020 through Webex due to COVID-19. To request future agenda items or topics for discussion, please submit to advisorygroup@dhcs.ca.gov.