Medi-Cal Managed Care Advisory Group Meeting

September 3, 2020 – (Webex Only)
Webex Meeting number (access code): 145 374 6623
Meeting password: MCAG*

Join by video system: Dial 1453746623@dhcs.webex.com
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Access code: 145 374 6623

Agenda

- Welcome and Introductions
- 1115 Waiver Extension / CalAIM Updates
- Social Determinants of Health in the Context of COVID-19
- Quality Updates
  - Comprehensive Quality Strategy
  - Population Needs Assessment
- Preventative Services Report
- Updates
  - Transitions and Implementations
    - Aged Blind Disabled Federal Poverty Level (ABD FPL)
    - Provisional Postpartum Care Extension (PPCE)
  - Managed Care Contract Procurement
  - Managed Care Project Updates
  - Ombudsman Report
  - Sanctions
  - Auto Assignment Incentive Program
- APLs and DPLs Update
- Open Discussion
- Next Meeting – December 3, 2020

Welcome and Introductions

1115 Waiver Extension / CalAIM Updates

Kerry Landry
Assistant Deputy Director
Health Care Delivery Systems, Managed Care

1115 Waiver Extension / CalAIM Updates

- The state's 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 CalAIM at the end of the waiver period.
- California's health care systems, plans, providers, and counties requested a delay in CalAIM, due to the ongoing need to address the public health emergency.
  - While the state is still committed to CalAIM, an extension of the Medi-Cal 2020 waiver is crucial to maintaining the current delivery system and services for beneficiaries.

1115 Waiver Extension / CalAIM Updates

- 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.

Questions?

Social Determinants of Health (SDOH) in the Context of COVID-19

Anna Edwards, APRN, DNP-c
Clinical Director
Care Management / Inland Empire Health Plan

Catherine Knox, RN, MSN, PHN
Clinical Director – POS Care Management
Inland Empire Health Plan

Food Insecurity Screening & Resource Linkage Program

- Background: Doctor of Nursing Practice Project
  - Population Assessment
    - High Risk Members in Low Desert Region of the Inland Empire Prioritized Problem: **FOOD INSECURITY**

Food Insecurity, Medicaid Recipients & Health Outcomes

What we know from the data and literature:

- ✓ Food Insecurity is more prevalent among vulnerable populations
- ✓ Medicaid recipients are more likely than non-Medicaid recipients to experience food insecurity
- ✓ Medicaid recipients are more likely to have multiple SDOH and chronic conditions
- ✓ Food insecurity negatively impacts health outcomes

(MACPAC, 2014; ODPHP, n.d.)

Food Insecurity Stats

Statistics of FI	% Food Insecure	Year	Data Source
United States	11%	2017	Feeding America Research,2017;USDA,2018
California	11%	2017	Feeding America Research,2017;USDA,2018
Inland Empire	10%	2017	Feeding America Research,2017;USDA,2018

Food Insecurity Program Goal

The overarching program goal was to reduce Food Insecurity (FI) in IEHP's high-risk members who reside in the Low Desert region of the Inland Empire!

Objectives to Meet Goal:

1) 75% of care management staff will attend the FI training
2) 75% of members being assessed by the trained IEHP care management staff will be screened for FI
3) 75% of members referred to a food resource will have a documented follow-up

Intervention

- Assessment informed intervention/program development
  - Rooted in qualitative and quantitative data
- Incorporating validated screening tool into care management process
  - **The Hunger Vital Sign™**
- Training care management department on:
  - Decision-Support Tool
  - Resource Tool: Programmed by zip code and County for ease of use
  - Standardized documentation process
  - Capture evaluation data

Hunger Vital Sign ™

Hunger Vital Sign ™

English

For each of the following statements, please tell me which one is **"often true," "sometimes true"** or "never true" for the past 12 months, that is since last [name of current month].

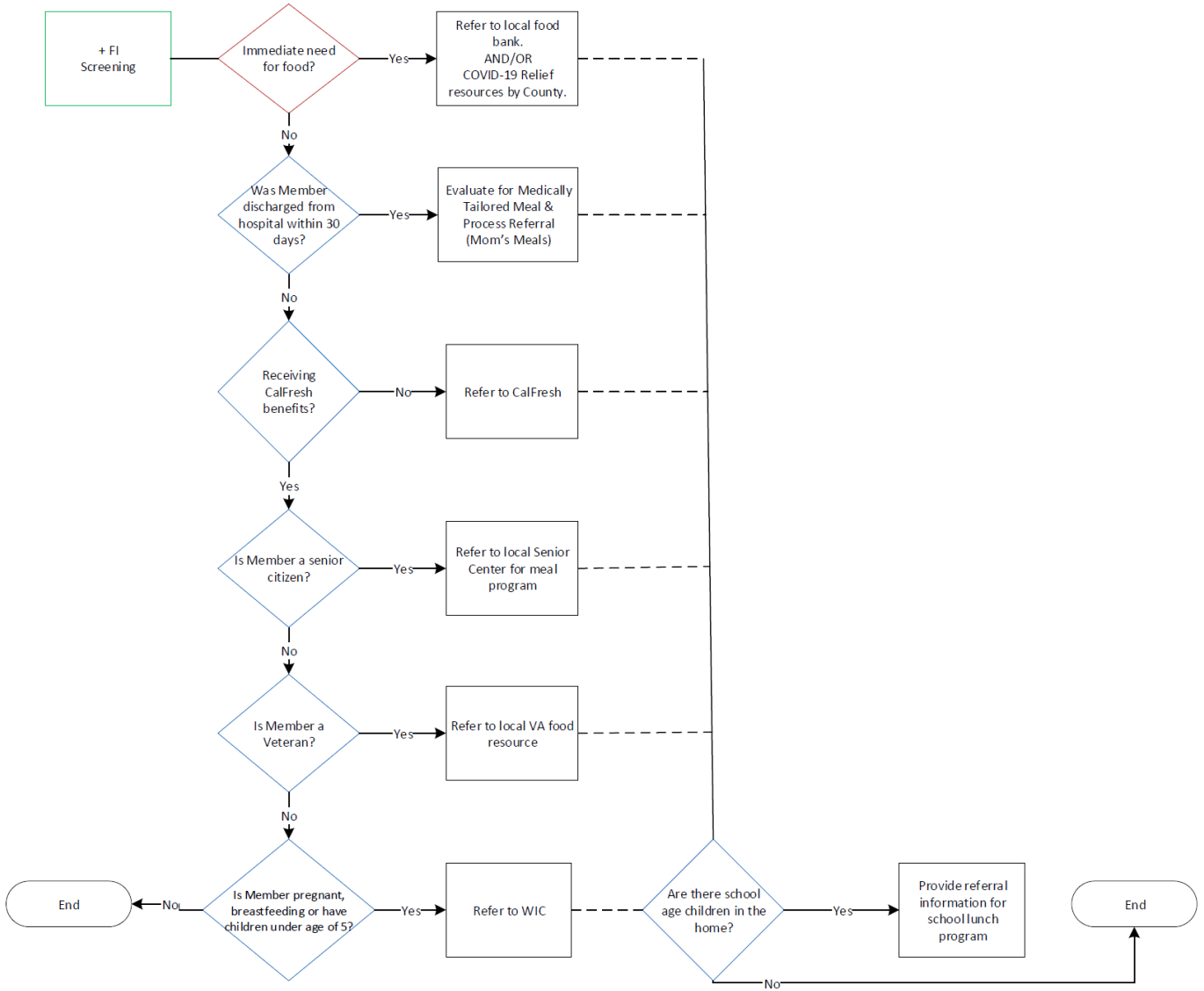
1. We (I) worried whether our food would run out before we (I) got money to buy more
2. The food that we (I) bought just didn't last and we (I) didn't have money to get more

Positive response to 1 out of 2 questions=
FOOD INSECURITY!

Resource Algorithm for Decision Support

- There are a variety of food resources available for all populations!
  - Local Food Banks
  - Mom's Meals
  - CalFresh
  - Local Senior Centers
  - VA
  - WIC
  - School lunch programs

Resource Algorithm for Decision Support



Resource Guide

Food Resource	Description
CalFresh	Money on a debit card to purchase food. Average benefit is about $127 per month per person.
Women, Infants and Children (WIC) Program	Money to purchase pre-specified foods for pregnant/post-partum women, infants and children under 5. Nutrition education and breastfeeding support also provided.
Summer, Afterschool, and Summer Meals Programs for Children	Free or reduced-price meals or snacks for students. Eligibility criteria for programs during the school year and summer may vary.

Riverside County Resources:

- CalFresh
- WIC Program
- Meals Programs for Children

San Bernardino County Resources:

- CalFresh
- WIC Program
- Meals Programs for Children

Note: Adapted from the Nutrition and Obesity Network for Policy, Research & Evaluation.

Resource Guide

Food Resource	Description	Riverside County Resources	San Bernardino County Resources
Food Banks	Free food and grocery items for people of all ages. Food must be picked up in person by the Member or a proxy.	ConnectIE: Enter Member's zip code to search for all local food banks.	ConnectIE: Enter Member's zip code to search for all local food banks.
Congregate Meal Sites	Meals provided to older adults at specific sites, such as senior centers, churches or housing communities.	ConnectIE: Enter Member's zip code to search for all local congregate meal sites. If age 18 or older and meets CBAS criteria, explore this option with the Member.	ConnectIE: Enter Member's zip code to search for all local congregate meal sites. If age 18 or older and meets CBAS criteria, explore this option with the Member.

ConnectIE

Note: Adapted from the Nutrition and Obesity Network for Policy, Research & Evaluation.

Resource Guide

Food Resource	Description	Riverside County Resources	San Bernardino County Resources
Home Delivered Meals	Meals delivered to older adults who can't otherwise prepare or obtain nutritionally adequate meals.	Meals on Wheels Home Delivered Meal Programs	Meals on Wheels
Medically-Tailored Meals	Home-delivered meals tailored to meet the needs of a specific health condition or combination of conditions.	Mom's Meals: Discuss this option with IEHP Medical Director for Medi-Cal only Members. If Member has Cal MediConnect, review with Manager for Care Plan Options benefit.	Mom's Meals: Discuss this option with IEHP Medical Director for Medi-Cal only Members. If Member has Cal MediConnect, review with Manager for Care Plan Options benefit.
Soup Kitchens/Free Dining Rooms	Free prepared meals for people of all ages	ConnectIE	ConnectIE

Note: Adapted from the Nutrition and Obesity Network for Policy, Research & Evaluation.

Resource Guide

Riverside County Resources

- Meals on Wheels
- Home Delivered Meal Programs
- ConnectIE

San Bernardino County Resources

- Meals on Wheels
- ConnectIE

Note: Adapted from the Nutrition and Obesity Network for Policy, Research & Evaluation.

Standardized Documentation Process

- Training included providing a standardized form of documenting and clear messaging of the importance of following up to see if the member received the resource.

Example

Problem: ***Food Insecurity*** (that's it! As simple as that)

Goal Example:

Member will enroll in CalFresh by June 2, 2020 with Care Management assistance.

Intervention Example:

Care Manager assisted Member with application for CalFresh today. Follow-up plan: In 2 weeks (September 17, 2020)

And then COVID-19 struck!

COVID-19 Impact Trends

- Increased unemployment

Unemployment Rate July 2020 State of CA Employment Development Dept. 8/21/20		
Inland Empire	California	United States
13.4%	13.7%	10.5%

- Larger number of people qualifying for Medicaid
- More people competing for food insecurity resources

Post-COVID Food Insecurity Stats

Table 1. Food Insecurity Projections by Scenario

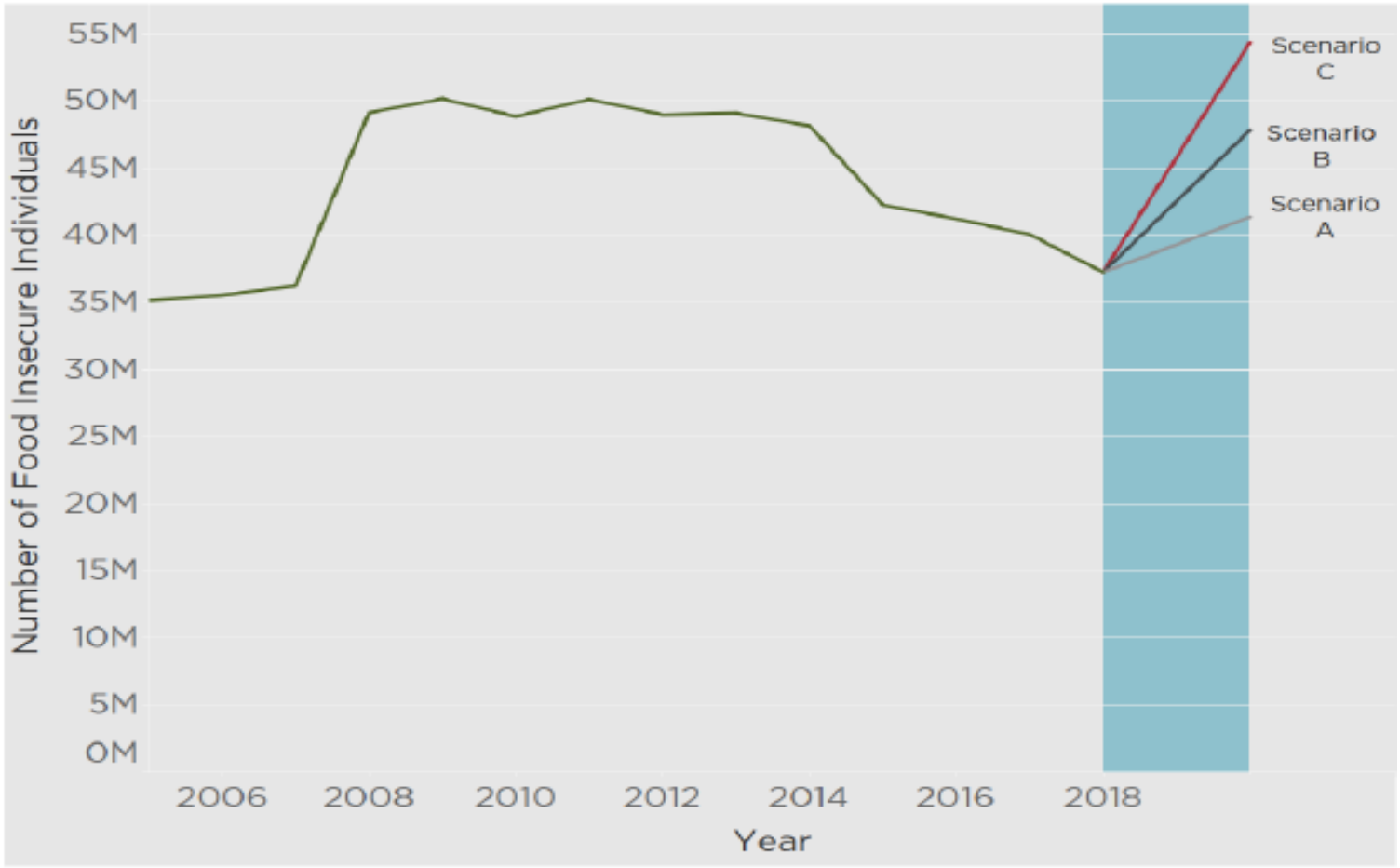
	Scenarios		
	A	B	C
Unemployment rate increase (% pts)	1.1	4.5	7.6
Poverty rate increase (% pts)	1.5	2.6	4.8
Food insecurity rate increase (% pts)	**1.0**	**3.0**	**5.2**
Increase to number of food-insecure individuals	**3.3 million**	**9.9 million**	**17.1 million**

Source: Calculations by Dr. Craig Gundersen with data from the 2014 to 2018 Current Population Survey, December Supplement.

Feeding America, 2020

COVID-19 Potential Impact

Figure 3. Food Insecurity Trends & Projections



Feeding America, 2020

Program Implementation Modified

- Responsive to the crisis: Expanded scope of program pilot
  - Included **all** IEHP members being contacted by the IEHP team members in the Care Management department
- 6 virtual trainings with weekly support
- Close partnership Community-Based Organizations for food resources
- IEHP Community Resource Centers hub of charitable food boxes

Evaluation

- Evaluating if the goal and objectives were met
  - Training Process Objective **Met**: 92% of staff trained
- Impact statistics: TBD
- Lessons learned: TBD
- **Next Steps:**
  - Train Learning & Development department to include this training into onboarding curriculum for all care management staff
  - Discuss spreading the training to other departments who interact with IEHP members, including our Community Resource Centers
  - Continue to quantify the screening & intervention results to determine the ongoing extent of the problem and our impact

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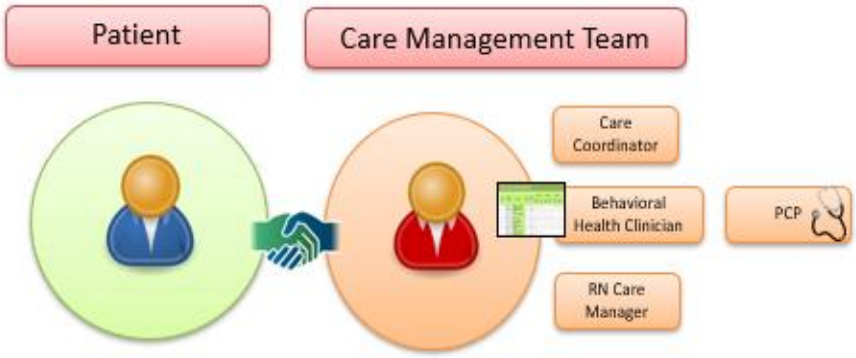
IEHP's Health Home Program Embraces Community Health Workers

Some Background

- BHICCI Pilot at IEHP 2015- 2018
  - Three-year pilot became the blueprint for Health Homes
  - Integrated Complex Care model
    - Physical Heath
    - Behavioral Health
    - SUD
  - Whole person care; patient-centered
  - Big focus on SDOH
  - Motivational Interviewing

Model of Care

- Three Person Care Team
  - RN Care Manager
  - BH Care Manager
  - Care Coordinator
- PCP Champion
- Systematic Caseload reviews
- Measurement-based care
- Pop Health Registry
- Patient-centered Care Plans



Early CHW Integration

- Curriculum development and training led by Dr. Heidi Behforouz LACDHS
- IEHP sponsored training for 9 CHWs to join 3 participating HCOs
- 3 CHW Pilot sites demonstrated the value of adding a CHW to each ICC team
- IEHP's HHP would mandate a 4-person care team that included a CHW

IEHP Launches Health Homes

- 2018 IEHP contracts with Loma Linda University – San Manuel Gateway College
- First cohort trained in time for January 2019 Health Homes Launch
- 50 CBCME Care Teams
  - 40 Model 1
  - 10 Model 2

Health Homes 2020

- 7000 enrolled patients
- Added SMI CBCMEs in July 2019
- SMGC has trained 4 cohorts of CHWs
  - 100 + CHWs
- IEHP internal Care Management Department to integrate with BH Department
  - Regional care teams
  - Adding CHWs to team mix

Social Determinants of Health

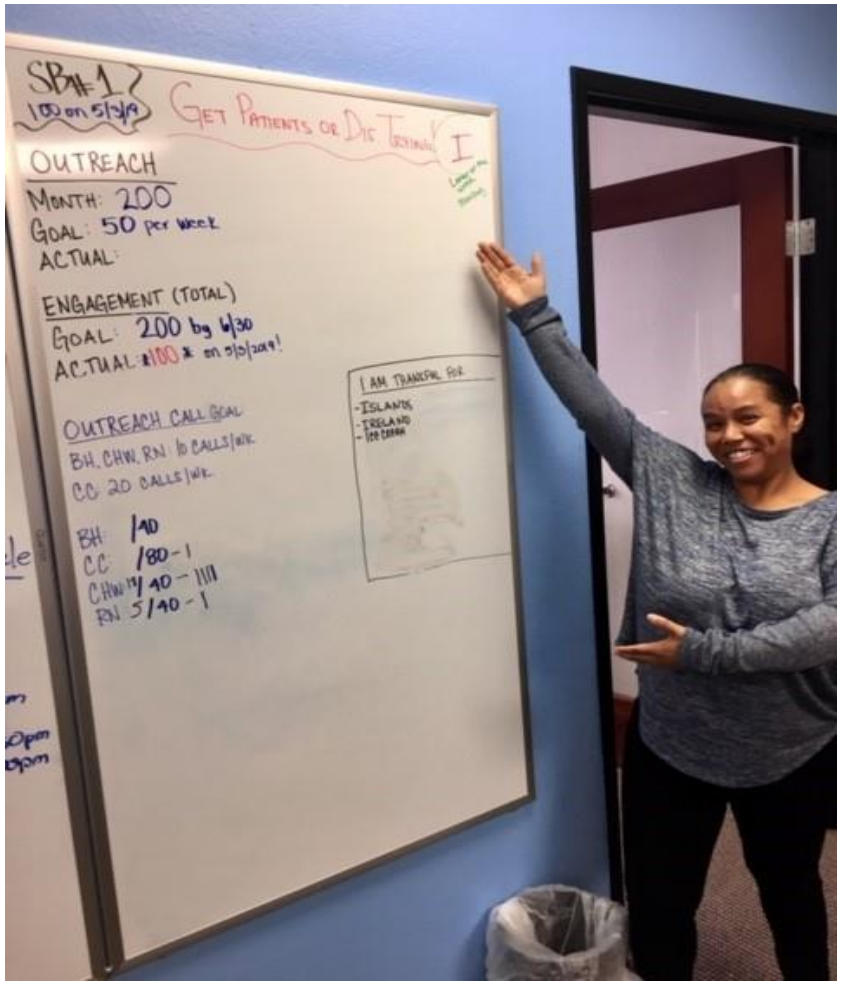
Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language		Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provider Linguistic & Cultural Competency
Medical Bills	Parks	Vocational Training	Access to Healthy Options	Discrimination	Quality of Care
Support	Playgrounds	Higher Education		Stress	
	Walkability				
	Zip Code / Geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

CHW Key Interventions

- Accompaniment
- Medication review
- Health Coaching
- Home Visitation
- Transitions of Care
- Navigation
- Assessment and data



HHP Focus on TOC

- CHW plays key role in Transitions of Care
  - Visits all enrolled patients while hospitalized
  - Collaborates with RNCM for successful discharge
  - Visits patients post discharge to complete TOC assessment
  - Assists patient with follow-up care to prevent readmission
  - Completes Medication Review during home visit to assist RNCM with Medication Reconciliation

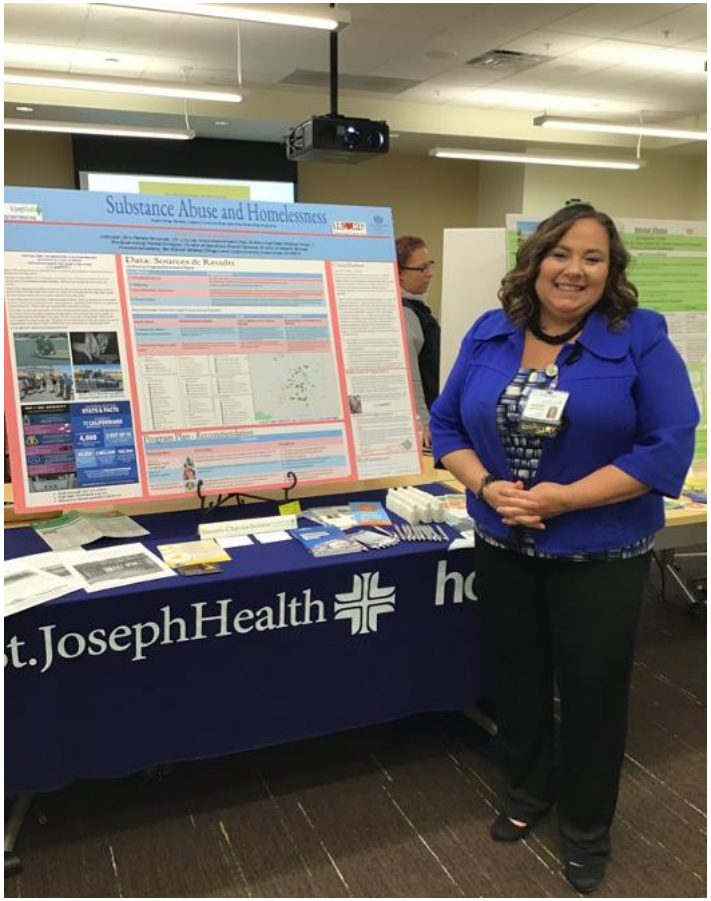
CHW Enrollment Strategies pre-COVID

- CHW collects list of HHP eligible patients from Care Director
  - Visits eligible patients while hospitalized
  - Explains HHP benefits
  - Can enroll patient at bedside

- 5 months of data demonstrates 35% enrollment rate for HHP eligible patients who received a CHW in-person visit during hospitalization

CHW Interventions During COVID

- F2F encounters discontinued
- Caseload increased from 20 to 40
- Complete all patient assessments including GAD7, PHQ9, BAM, PSC17,
- Model 2 CHWs conducted initial COVID-19 Assessments
- Consult with RNCM and BHCM as needed


Substance Abuse and Homelessness
Data: Sources & Results
St.JosephHealth

CHWs are Great Listeners and Educators

- Able to provide support to those who are isolated
- Brainstorm about ways to stay safe, encouraging hand washing, mask-wearing, being out doors.
- May hear/discover things important to share with the care team regarding health and safety

CHWs are Connectors

- As expert “connectors” and members of the community, able to connect and encourage testing and engagement with health care system when needed
- Connect with up to date community resources- which food banks are open when, where to get testing, employment resources
- Connect with online resources, such as exercise classes or AA meetings

In Conclusion

- IEHP considers CHWs an essential component of integrated complex care in the Health Home Program(HHP)
- IEHP's partnership with SMGC –LLU has provided a unique opportunity to train CHWs to be on the cutting edge of delivering culturally competent, patient-centered care
- CHWs play a critical role during COVID-19

Thank You!

Catherine Knox Knox-c@iehp.org

Questions?

Quality Updates

Comprehensive Quality Strategy

Karen E. Mark, MD, PhD
Medical Director
Department of Health Care Services

Background

Managed Care Quality Strategy Report

- Released June 2018
- All Managed Care Delivery Systems: Managed Care Plans, Mental Health Plans, Drug Medi-Cal Organized Delivery System, and Dental Managed Care Plans
- Complies with CFR 438.340, which requires each state Medicaid agency to implement a written quality strategy to assess and improve the quality of health care and services furnished by *all Medicaid managed care entities* in that state, and update at least every 3 years

DHCS Strategy for Quality Improvement in Health Care

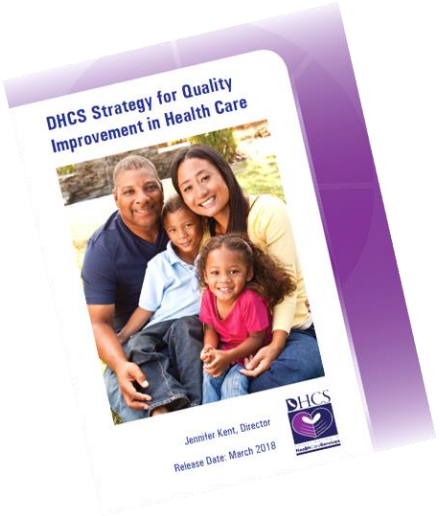
- Released annually between 2012 and March 2018
- Managed Care & Fee for Service
- Describes the goals, priorities, guiding principles, and specific DHCS program activities related to quality improvement
- Supports the DHCS Strategic Plan commitments and aligns with national efforts, such as the National Quality Strategy

Comprehensive Quality Strategy

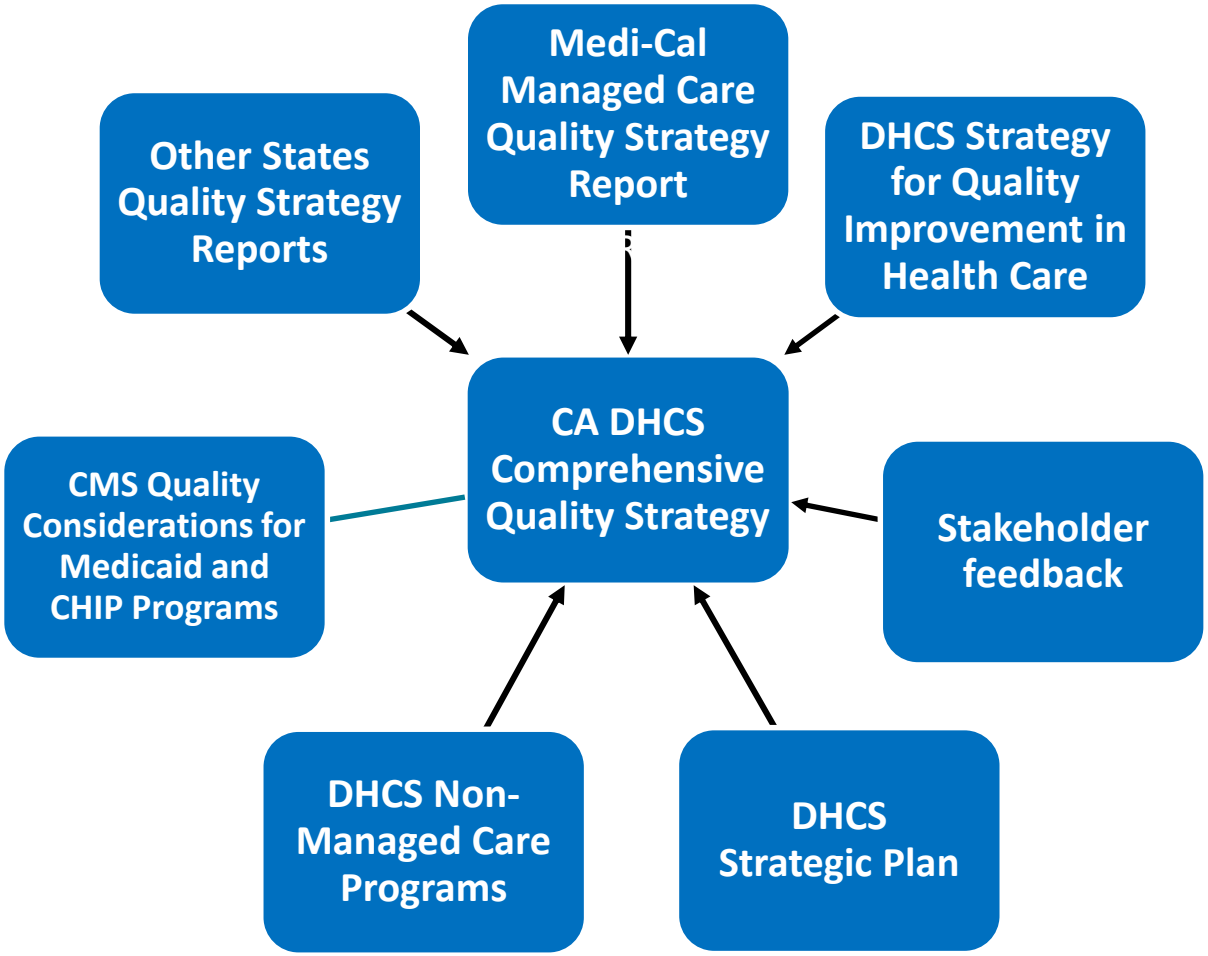
Medi-Cal Managed Care Quality Strategy Report

DHCS Strategy for Quality Improvement in Health Care

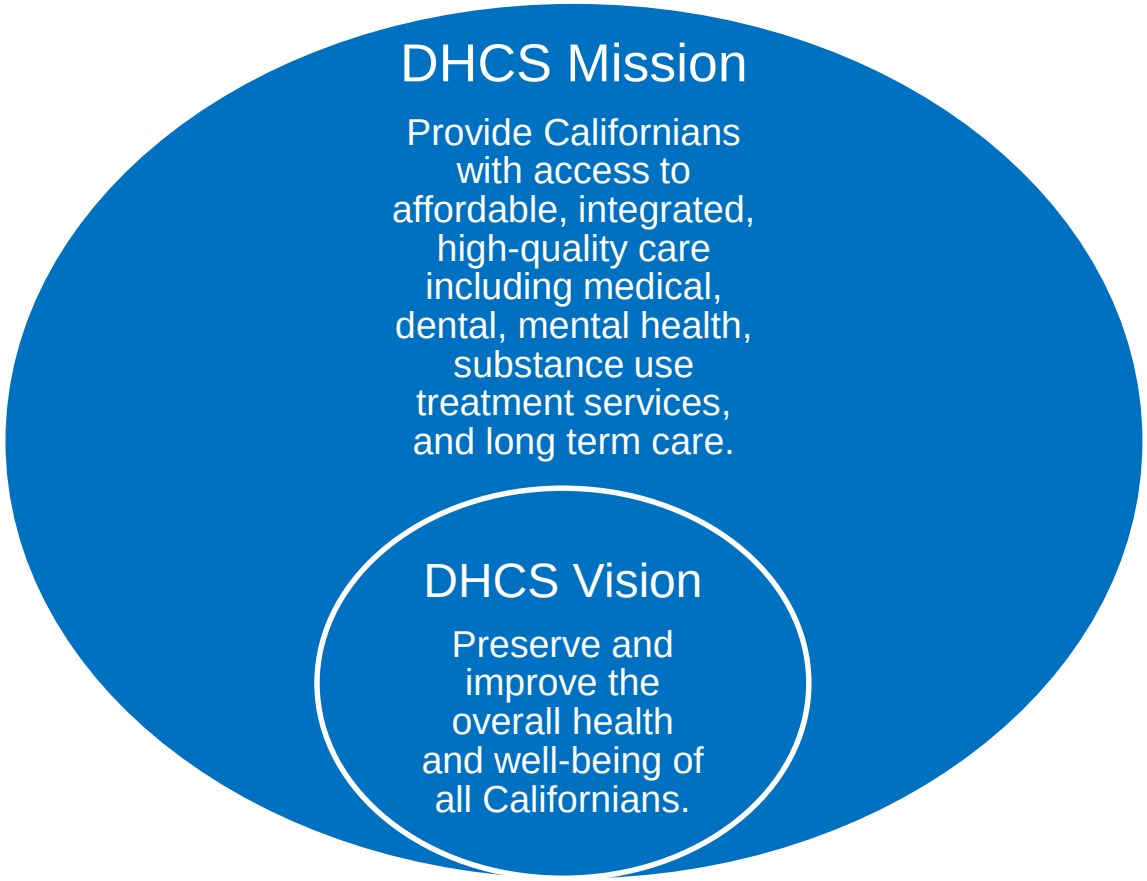
DHCS Comprehensive Quality Strategy



Sources Taken Under Consideration



Department of Health Care Services



DHCS Three Linked Goals:

- Improve health outcomes and reduce disparities
- Enhance quality, including the patient experience
- Reduce per capita health costs

DHCS Comprehensive Quality Strategy

Goals

- Improve Health Outcomes
- Improve Health Equity
- Address Social Determinants of Health
- Improve Data Quality and Reporting

Tools

- Coordinate Care
- Financial Incentives
- Evidence Based Clinical Guidelines
- Local Partnerships

Program Objectives

- Managed Care Plans
- County Mental Health Plans
- Drug Medi-Cal-Organized Delivery System
- Dental Managed Care
- Other DHCS Programs

Draft Comprehensive Quality Strategy

- Released for public comment November 18, 2019 through December 23, 2019
- 16 different organizations/individuals provided public comment
- Comment topics included:
  - Data sharing and interoperability
  - Linked accountability
  - Integration of metrics
  - Financial incentives
  - Health disparities
  - Population health
  - CalAIM

Finalizing Comprehensive Quality Strategy (CQS)

- Draft CQS was revised based on comments received
- Finalization of CQS delayed to allow inclusion of additional details related to
  - COVID-19
  - Postponement of CalAIM
- Plan to finalize and submit to CMS in 2021

Questions?

Population Needs Assessment

Aita Romain, MPH
Health Education Consultant III
Quality & Medical Policy Branch

Marilyn (Ying) Kempster, MPH
Health Education Consultant III
Quality & Medical Policy Branch

PNA Background

- Population Needs Assessment (PNA) - APL 19-011
  - Formerly Group Needs Assessment (GNA)
  - Focuses on Health Education and Cultural & Linguistic Needs of Medi-Cal Members
  - Requires an assessment of Health Disparities data and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data
  - Requires action plans to address the gaps or disparities identified in the assessment
  - APL was released September 2019
  - First PNA submission was due to DHCS June 30, 2020

PNA Goal and Requirements

- GOAL: Improve health outcomes for members and ensure that MCPs are meeting the needs of all their Medi-Cal members.

- REQUIREMENTS:
  - Identify member health needs
  - Informed by data—data sources listed and described. Assessment of Health Disparities data and CAHPS data is required
  - Evaluate and identify gaps in health education (HE), cultural and linguistics (C&L), and quality improvement (QI) activities and resources
  - Create an Action Plan containing objectives and strategies to be implemented over the next year(s) to address gaps, member needs and health disparities identified
    - The Action Plan must include at least one objective addressing health disparities.
    - Objectives must be supported by data and measureable.
  - Progress of the Action Plan will be included in the 2021 PNA submission.

PNA Report Submission Process

- PNA Reports were submitted electronically to Managed Care Quality and Monitoring Division at DHCS
- A reporting template was provided to MCPs
- Extension requests

PNA Report Review Process

- PNA Reports were reviewed by Health Education Consultants at the Managed Care Quality and Monitoring Division
- A rubric was used for the review process
- Reports were reviewed within 30 days after they were received
- Reports that required additional information/modifications were given 2-4 weeks to respond

PNA Reports Received

The Numbers:

28 MCPs submitted reports

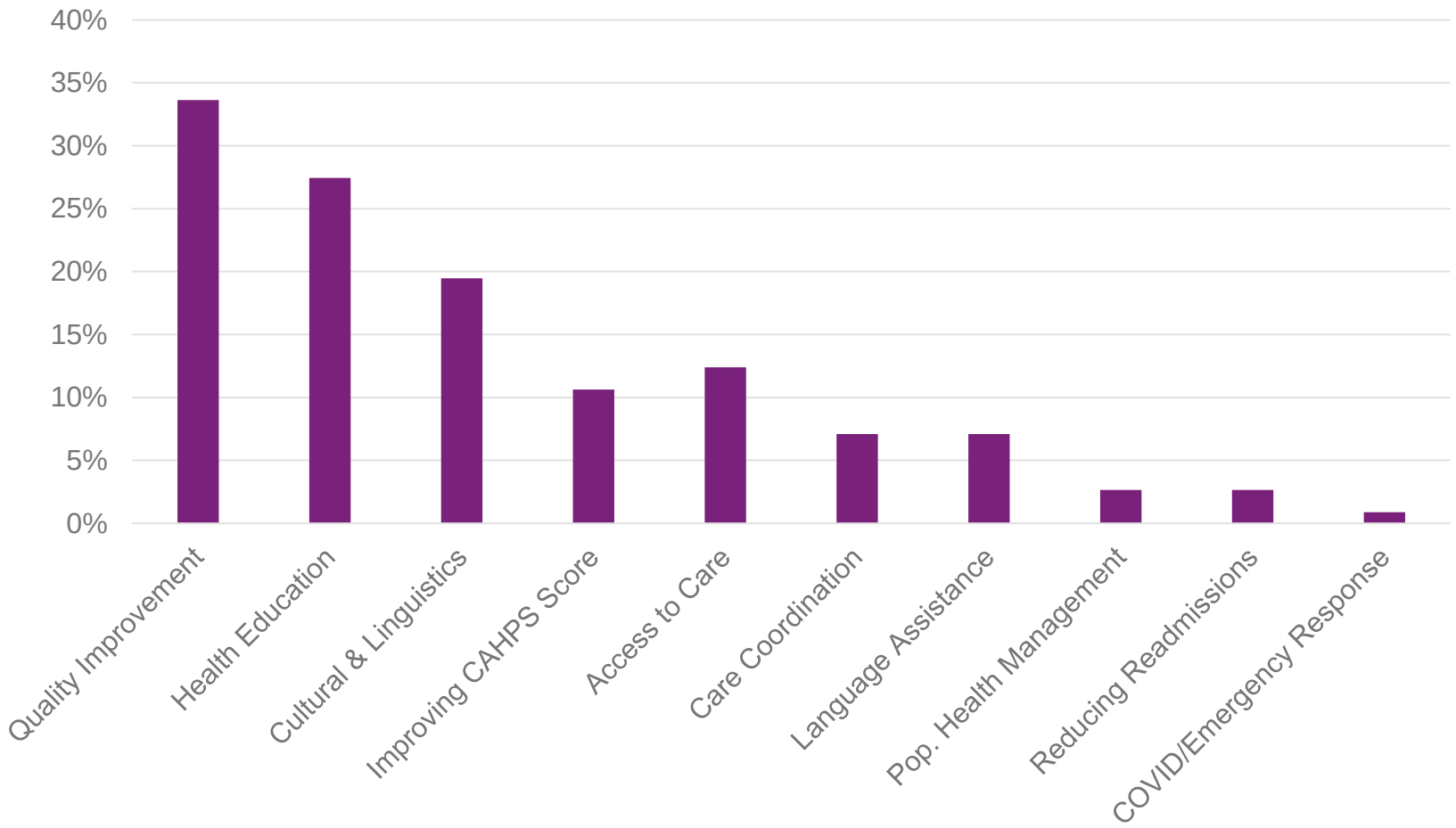
5 MCPs requested extensions

8 Reports were AIR-ed before approval

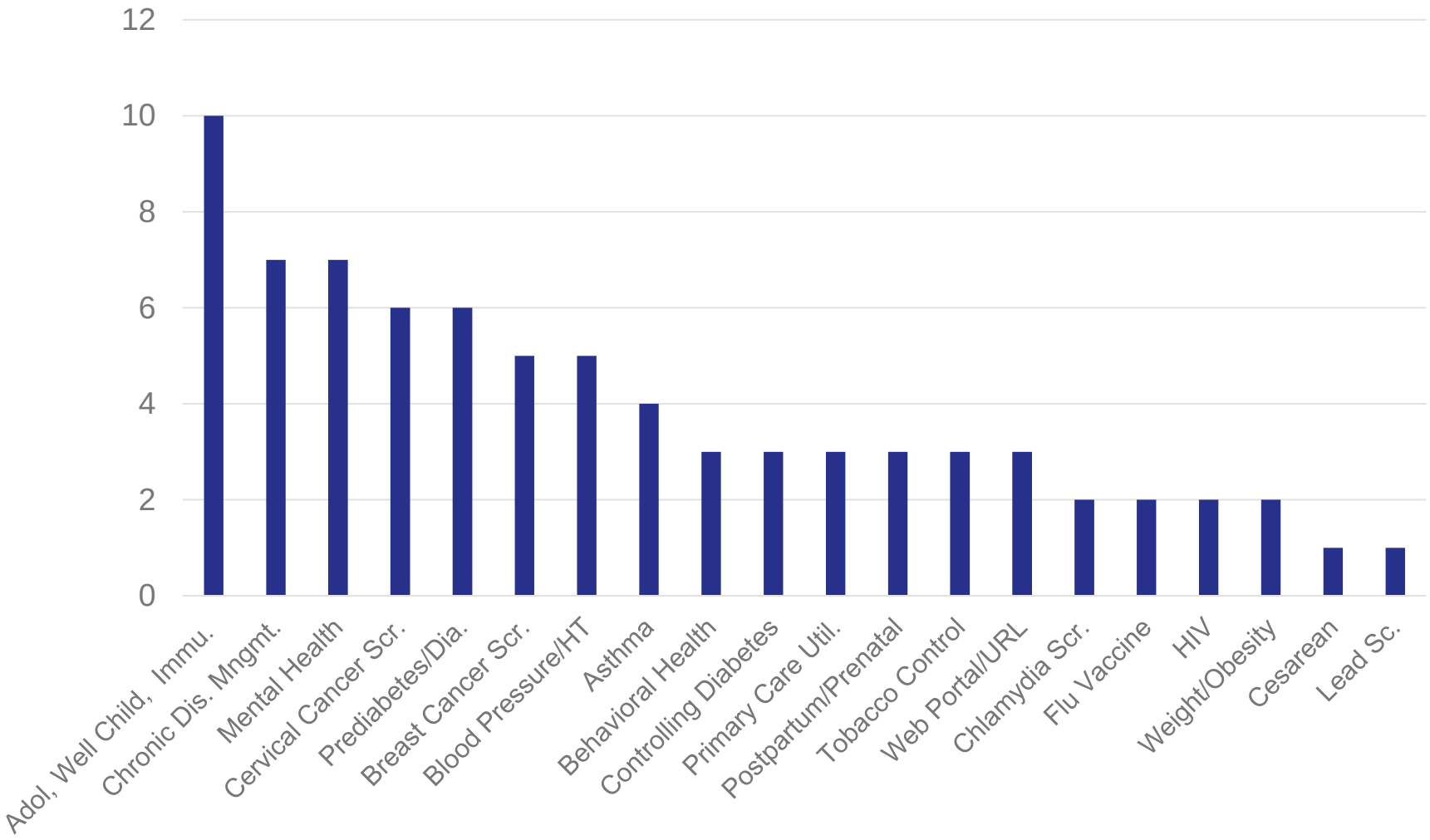
Action Plans

- Number of objectives range from 2-9 (average: 4-5 per MCP)
- 113 objectives
- Every plan included at least one objective that focuses on reducing health disparities
- 35 health disparities objectives

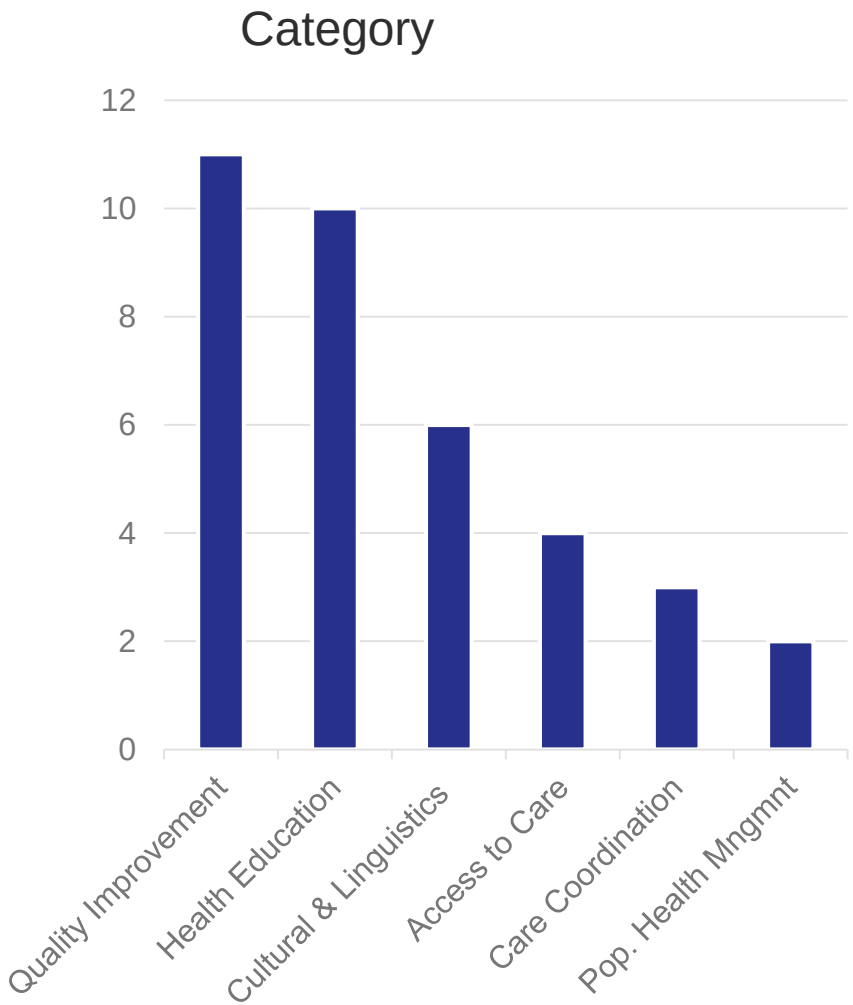
Objective Topics & Categories
(113 total objectives)

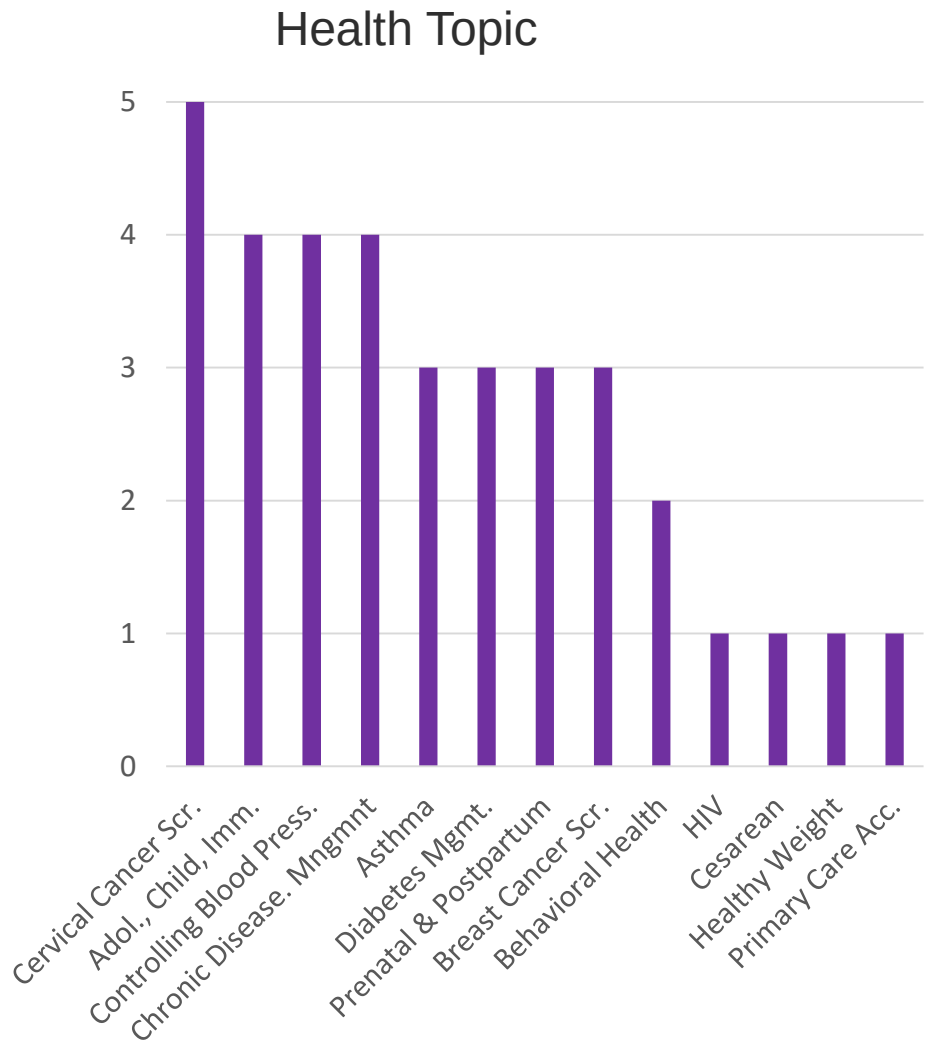


Health / Disease / Behavior Topics

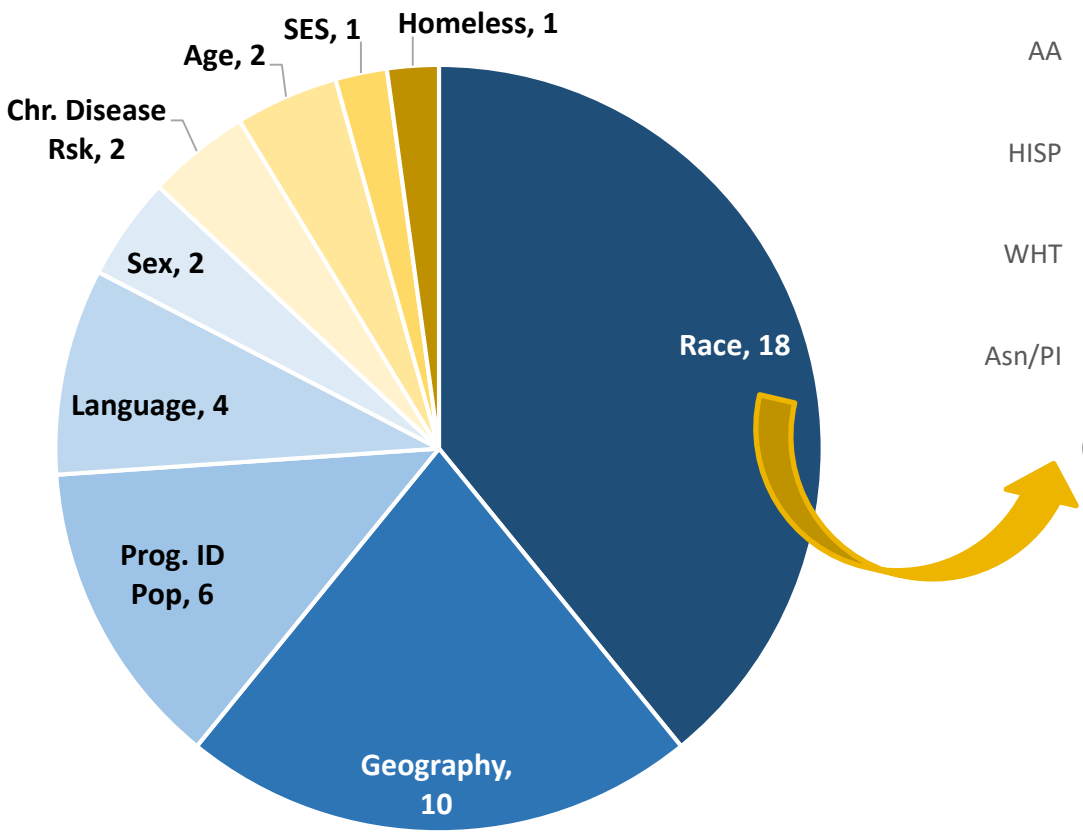


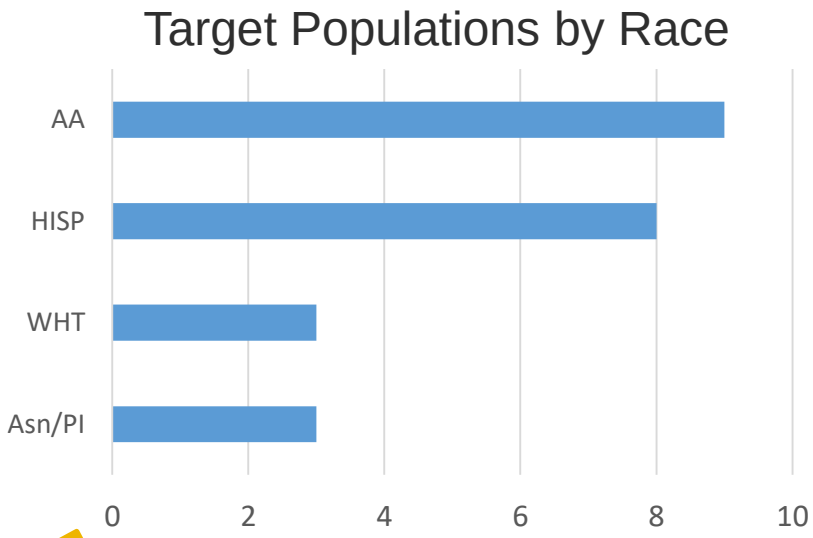
35 Health Disparities Objectives





Health Disparities Objectives Targeted Populations





Discussion

- Overall, PNA Reports met the goals of the PNA APL
  - Population/membership assessment
  - Gaps identification
  - Disparities identification
  - Work plan aligned with key findings and addressed health disparities
  - Focused on health education, cultural & linguistics, and quality improvement
  - Driven by data
- Common reasons for AIRs (Additional Information Requested):
  - Missing disparities objective
  - Disparities objective was not supported by data and/or does not have a target population
  - Action Plan objectives did not match key findings
  - Objectives were not supported by data and not reportable
- A progress report for this year's Work Plan will be required for 2021 PNA submission

Questions?

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Preventative Services Report

Mike Dutra
Branch Chief
Policy, Utilization & External Relations

Introduction

- 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.
- DHCS in partnership with its EQRO is developing a new Preventive Services Report (PSR) which will encompass an expanded set of metrics that can be used to capture the extent of preventive services rendered to children in Medi-Cal.
- By assessing provision of preventive services across MCPs, measures, and regions DHCS will be able to identify underutilization and implement targeted improvement strategies.

Ongoing Work

- DHCS released an initial set of measures for public input in January 2020 and received input from many stakeholders including advocacy groups and health plans.
- DHCS and the EQRO began initial work on the PSR however due to the public health emergency was forced to change course.
- PSR remains on target with a release date of December 2020 but our efforts and the Report has been significantly impacted.

COVID-19 Impact

- Due to the disruptions caused by COVID-19, this year's PSR will be released in two phases.
- The 1st part of the Report will be finalized in December 2020 and will contain statewide and regional reporting of the rates.
- Rates will be developed using administrative data and will be stratified as follows:
  - By demographic characteristics such as:
    - By racial/ethnic groups, primary language groups, gender (as applicable), and age (as applicable)
  - Regionally by county or grouped into larger regions

COVID-19 Impact

- The 2nd part of the Report will be released in February 2021 and will serve as an Addendum with MCP-level rates.
- Due to the extended impact of the PHE, we expect data in the 2020 Report and the subsequent 2021 Report to be adversely impacted.
- DHCS recently released a Supplement to APL 19-017 that provided reporting exceptions for 2019 quality performance data, which impacts 2020 quality reporting as well as future reporting by DHCS.
- This will impact our efforts in establishing adequate and fair performance standards in the PSR.

Indicators for PSR 2020

Final Measures for PSR 2020	
Alcohol Use Screening	Developmental Screening in the First 3 Years of Life
Blood Lead Screening	Immunizations for Adolescents-Combo 2*
Child and Adolescent Well Care Visits	Screening for Depression and Follow up Plan
Childhood Immunization Status-Combo 10*	Tobacco Use Screening
Chlamydia Screening in Women*	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescent*
Dental Fluoride Varnish	Well Child Visits in the First 30 Months of Life

Measures with an asterisk might have low admin-only rates and may be removed

Revised Well-Child Measures

- The NCQA also revised its existing Well-Child metrics
- The new "*Child and Adolescent Well-Care Visits*" measure amends the existing *"Well Child Visits in the 3rd-6th Years of Life (W34)*" and adds several new age ranges so that the measure will encompass age 3-21 years.
  - The rates will be stratified by four new age groups:
    - 3-6 years,
    - 7-11 years old,
    - 12-18 years old, and
    - 19-21 years old.
- Also the existing "*Well-Child Visits in the First 15 Months of Life: Six or More Well-Child Visits"* measure will be replaced with a revised metric, *"Well-Child Visits in the First 30 Months of Life".*
  - Rates will be stratified by:
    - children who turn 15 months old during the measure year and
    - children who turn 30 months old during the measurement year.

Blood Lead Screening Rates

- In response to audit findings by the 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:

1. Reporting CA's performance according to nationally recognized NCQA HEDIS technical specifications, which measures the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
    - 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.

2. Rates will be calculated and reported according to CA's law for all relevant age ranges (i.e., 1-year-olds, 2-year-olds, 6-year-olds, and a combination of those ages).

Blood Lead Screening Rates

- Results will be presented regionally to determine if screening rates are different based on geographic location. The blood lead screening rate will also be measured demographically along with the other measures in this report.
- Report will also attempt to link screening rates with any known geographical areas that have higher lead levels.
- The findings from the Report will assist DHCS in developing a benchmark for Blood Lead Screening.
- Stakeholders will have an opportunity to provide feedback on the Blood Lead Screening benchmark.

Next Steps

- Findings from the PSR will inform DHCS' actions with the MCPs to drive targeted interventions and improvement in the provision of preventative services for children in Medi-Cal.

- DHCS is evaluating strategies to improve MCP and provider quality and performance including researching what methods other states have utilized to increase lead screening rates.

Subsequent Reports

- Our 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 captured in existing performance metrics.

Questions?

Updates

Transitions and Implementations

Yingjia Huang
Assistant Division Chief
Medi-Cal Eligibility Division

ABD FPL Program Expansion Update

- 12/1/2020 Implementation
  - Increases the program income limit to 138% of the federal poverty level (FPL).
  - Beneficiaries in share of cost Medi-Cal within a certain income range will transition automatically.
  - The expanded income limits will be effective for both new applicants and existing beneficiaries.
  - Systems programming will be completed in November with an effective date of 12/1/2020.

ABD FPL Program Expansion Update

- Beneficiary outreach efforts
  - 9/1/2020--Letter and frequently asked questions to be mailed to the transitioning population.
  - 11/1/2020--Managed Care Enrollment Notice to be mailed to the transitioning population.
  - December 2020--Letter to be mailed to a second group of beneficiaries that may benefit from expansion to “raise hand.”

Provisional Postpartum Care Extension (PPCE)

Provisional Postpartum Care Extension (PPCE) 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. PPCE was implemented on August 1, 2020.

Under PPCE, individuals covered in a Medi-Cal or MCAP eligibility category during their 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 coverage.

Who is eligible for PPCE?

In order to receive PPCE, the individual must…

- Be a Medi-Cal or MCAP beneficiary during the month the pregnancy ends
- Have been diagnosed with a maternal mental health condition during their pregnancy, postpartum, or 90-day cure period
- Provide a Medical Report form (MC 61) signed by the treating Health Care Provider that verifies the individual was diagnosed with a maternal mental health condition

PPCE Process

- Pregnant/Postpartum individual submits verification of a mental health diagnosis (Medical Report Form MC 61) to the county.
- If the individual's current aid code is M7, M8, M9 or M0, the CEW performs an eligibility override in the Statewide Automated Welfare System (SAWS) to keep them in their aid code and protect the PPCE individual's eligibility from auto-batch determinations, including discontinuance.
  - If the individual is in any other aid code, the CEW will perform the override in SAWS, moving the individual into M7, M8, M9, or M0
- CEW sends an online Eligibility Status Action Code (ESAC-9) transaction to MEDS with an end date of 10 months after the end of the 60-day postpartum period.

Managed Care Contract Procurement

Michelle Retke
Division Chief
Managed Care Operations

Managed Care Project Updates

Michelle Retke
Division Chief
Managed Care Operations

Ombudsman Report

Michelle Retke
Division Chief
Managed Care Operations

Sanctions

Nathan Nau
Division Chief
Managed Care Quality & Monitoring

Auto Assignment Incentive Program

Andrew Wong
Research Data Supervisor II
Program Data Section

AAIP Year 15 Updates

- DHCS has reposted the Auto-Assignment Incentive Program Rates
  - The new document includes both pre-adjustment and post-adjustment rates
  - Rate sheets can be found on the DHCS' Auto Assignment Incentive Program webpage

AAIP Year 16 Updates

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

APLs and DPLs Update

Carrie Allison
Staff Services Manager II
Policy & State Hearings Section

Proposition 56 Value-Based Payment Program Directed Payments

- **Date of Issue:** 05/15/2020
- **APL 20-014**
  - This APL provides Medi-Cal managed care health plans (MCPs) with guidance on a 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. Subject to obtaining the necessary federal approvals, MCPs, either directly or through their subcontractors, must make directed payments to network providers, funded by Proposition 56, for qualifying services with dates of service on or after July 1, 2019.
  - The APL includes direction on VBP program domains, performance measures, and add-on dollar amounts; network providers eligible for VBP program directed payments; data reporting requirements; and other payment requirements and financial provisions.

State Non-Discrimination and Language Assistance Requirements

- **Date of Issue:** 06/24/2020
- **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. Regardless of the changes in federal regulations, state law requires that MCPs must not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. Additionally, MCPs must continue to provide various nondiscrimination and language assistance notices, as required by other APLs.

Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19

- **Date of Issue:** 03/30/2020
- **Revised:** 04/27/2020, 06/08/2020, 08/18/2020
- **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 as a result of the ongoing COVID-19 public health emergency, along with other reminders to MCPs regarding their responsibilities. As DHCS has continued to respond to concerns and changing circumstances, DHCS has provided updated guidance to MCPs through revisions to the APL.

Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19 (cont)

- **Date of Issue:** 03/30/2020
- **Revised:** 04/27/2020, 06/08/2020, 08/18/2020
- **APL 20-004 *(Revised)***
  - The June revision provided updated guidance on flexibilities granted by the federal Centers for Medicare and Medicaid Services (CMS) in response to DHCS' Section 1135 Waiver requests and added information on State Plan Amendment (SPA) 20-0024. This SPA was approved by CMS to implement temporary policies during the period of the Presidential and Secretarial emergency declarations. New or updated topics in the June revision included the provision of pediatric well-care services during the pandemic; member eligibility clarifications; updated quarterly monitoring requirements; the DHCS "File and Use" policy for documents or scripts used by MCPs for member outreach; temporary reinstatement of acetaminophen and cough/cold medicines; and temporary addition of provider types at Federally Qualified Health Centers and Rural Health Clinics.

Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19 (cont)

- **Date of Issue:** 03/30/2020
- **Revised:** 04/27/2020, 06/08/2020, 08/18/2020
- **APL 20-004 *(Revised)***
  - The August revision to APL 20-004 includes a new section on Suicide Prevention Practices for Providers. It also provides updated guidance on COVID-19 testing, member eligibility, and long term care reimbursement, along with the tentative timeframe for resuming Encounter Data Validation study activities.

Open Discussion

Next Meeting is scheduled on
December 3, 2020

For questions, comments or to request future agenda items please email:

advisorygroup@dhcs.ca.gov