

# STATE GOVERNMENT PROGRAMS COMMITTEE

MARCH 19, 2019



# AGENDA

- Welcome & Introductions:, Chair, Kathy Hegstrom
- Summary of Governor's Medi-Cal Initiatives
- Governor's new directive on MMC Pediatric Performance Standards
- DHCS Value Based Performance measures
- SB 503 (Pan) Delegation Oversight bill



# SUMMARY OF GOVERNOR'S PLAN

## MEDI-CAL INITIATIVES

# GOVERNOR'S PLAN

- Expanding Medi-Cal to cover undocumented young adults up to age 26 • Consolidate pharmaceutical purchasing under Medi-Cal
- Funds for mental health workforce training and early treatment/detection programs
- Funds for Whole Person Care Pilot Program intended for supportive housing services
- Proposition 56 funds to increase provider payments, family planning services, developmental screenings, and trauma screenings
- Value Based Payment Program to improve care for certain high-need, high-cost populations

# FOCUS ON EARLY CHILDHOOD

- Appointment of new California Surgeon General Dr. **Nadine Burke Harris**, a San Francisco-based pediatrician, has pioneered research into the effect childhood traumas have on health. As the state's top doctor, **Burke Harris** will act in an advisory capacity to Gov. **Gavin Newsom**.
- Affordable access to quality health care
- Commitment to early childhood development
- Emphasis on populations that are at risk or low-income (Medi-Cal)

# GOVERNOR'S REQUESTS RELATED BY DHCS

- Partnership and collaboration as California increases our state's commitment to early childhood development
- Asked all California health plans to review their current networks, processes, outreach and metrics for pediatric screenings and services
- Directed DHCS to review its data in regards to pediatric measures and identify areas that require improvement

# EXPANDING QUALITY REPORTING

- DHCS reported that a recent survey revealed the following targets:
- All CMS Child Core Set measures
- Developmental Screening in the 1st 3 Years of Life
- Well Child Visits in the 1st 15 Months
- Colorectal Cancer Screening
- Chlamydia Screening
- HIV related measures
- Prenatal Immunization Status
- Adult Immunization Status

## OTHER SURVEY FEEDBACK

- Switch from CIS-3 to CIS-10 in include additional childhood vaccines and align with NCQA
- Align measures with those that NCQA accredited health plans are required to report on
- DHCS should raise the current MPL which is set at the 25th percentile of all Medicaid plans nationally



# QUALITY MEASUREMENT ENHANCEMENT

3. DHCS announcements of QI 2019 send clear signals to Managed Care Plans/Providers:
  - a. Proposed to carve out Rx from the managed care plans by Executive Order
  - b. Identified detailed deficiencies in plan performance to be cured:

## External Accountability Set (EAS), effective 2019 measurement year

- Adds all CMS core set measures
- Sets achievement benchmarks for each measure
- **Sets a new minimum performance level 50% of national average for all measures**
- **Imposes CAPs and sanctions on plans not meeting the new standard**

## Group Needs Assessment (GNA)

- Requires plans to include all needed items
- **Imposes CAPs and sanctions on plans for not meeting the new standard**

## Facility site review

Requires data collection at beneficiary level

## Encounter data validation

- Conducts annual audits on plans
- Compares encounters submitted to DHCS to provider office data
- **Imposes CAPs and sanctions on plans as appropriate**

## Public transparency

- Issues an annual compliance report
- Adds preventative services to quarterly performance dashboard

- c. Issued new RFP schedule for commercial plans, many of which will likely be under CAPs or sanctions for new quality standards by time of RFP release

# RFP SCHEDULE

## New Schedule: March 11, 2019

County(s)	RFP Release*	Potential Implementation Date
<b>Two Plan Commercial</b>		
Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara	2020	January 2023
Los Angeles	2020	January 2023
Riverside, San Bernardino	2020	January 2023
Kern, San Joaquin, Stanislaus, Tulare	2020	January 2023
<b>GMC</b>		
Sacramento	2020	January 2023
San Diego	2020	January 2023
<b>Imperial</b>		
Imperial	2020	January 2023
<b>Regional</b>		
Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	2020	January 2024
<b>San Benito</b>		
San Benito	2020	January 2024

### Notes:

1. All counties, all at once
2. Read together with the quality changes, commercial plans have 12-18 months to 'cure' quality - move to 50% MPL

\*The "Medi-Cal Managed Care RFP Schedule" lists future Request For Proposal (RFP) opportunities. The chart will be updated as additional RFPs are planned. The Office of Medi-Cal Procurement website will host all further details related to the RFPs referenced in this chart.

\*\*Implementation date subject to change based on plan readiness.



# PEDIATRIC PERFORMANCE MEASURES

NEW RULES RAISING PERFORMANCE STANDARDS

# NEW CORE MEASURES

## Current Standard

### External Accountability Set

MCPs report yearly on a set of quality measures

Most measures are from HEDIS®

## Future Standard

### Managed Care Accountability Set

MCPs and DHCS will report yearly on a set of quality measures

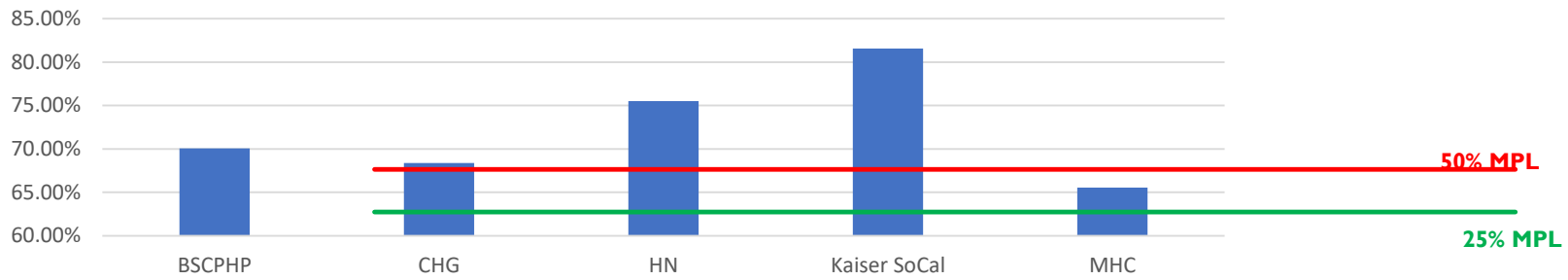
Measures will be from CMS Child and Adult Core Sets as feasible

## 2019 CMS Child Core Set

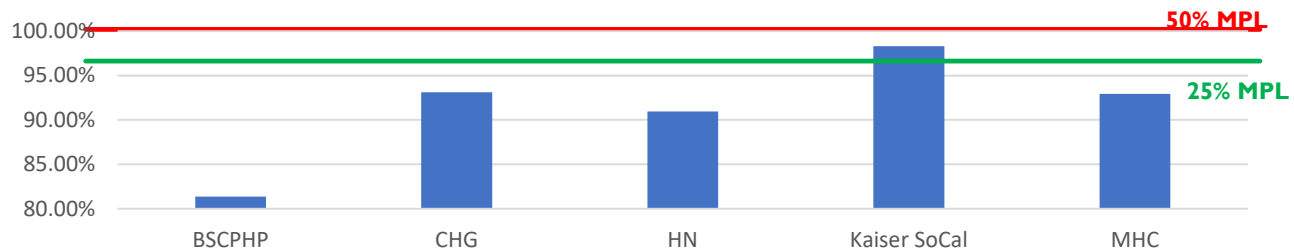
- BMI Assessment
- Chlamydia Screening Women
- Childhood Immunization Status
- Screening for Depression and F/U Plan
- Well-Child Visits in the First 15 Months of Life
- Immunizations for Adolescents
- Developmental Screening in the First 3 Years of Life
- Well-Child Visits in the 3 - 6th Years of Life
- Adolescent Well Visits
- Children & Adolescents' Access to Primary Care Practitioners
- Pediatric Central Line Associated Bloodstream Infections
- Cesarean Birth
- Audiological Diagnosis No Later Than 3 Months of Age

- Live Births < 2,500g
- Timeliness of Prenatal Care
- Contraceptive Care Postpartum Women
- Contraceptive Care All Women
- Asthma Medication Ratio
- Ambulatory Care ED Visits
- F/U Care for Children Prescribed ADHD Medication
- F/U After Hospitalization for Mental Illness
- Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics
- Use of Multiple Concurrent Antipsychotics in Children & Adolescents
- Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk
- Percent who Received Preventive Dental Services
- CAHPS® Survey

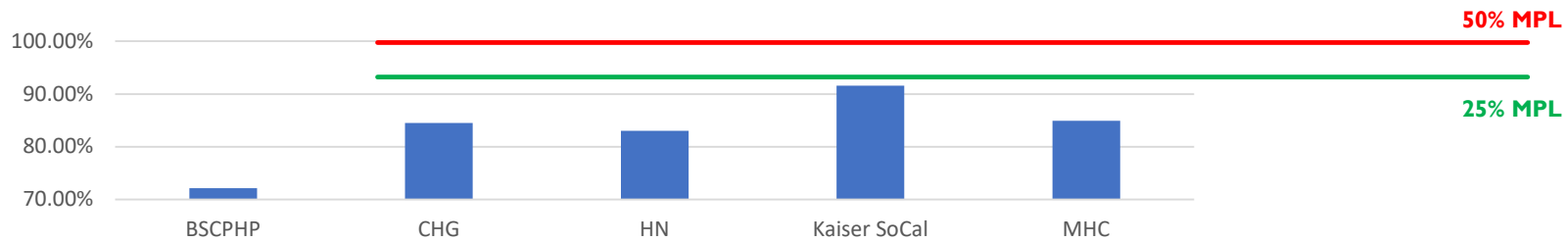
### Childhood Immunization Status—Combination 3



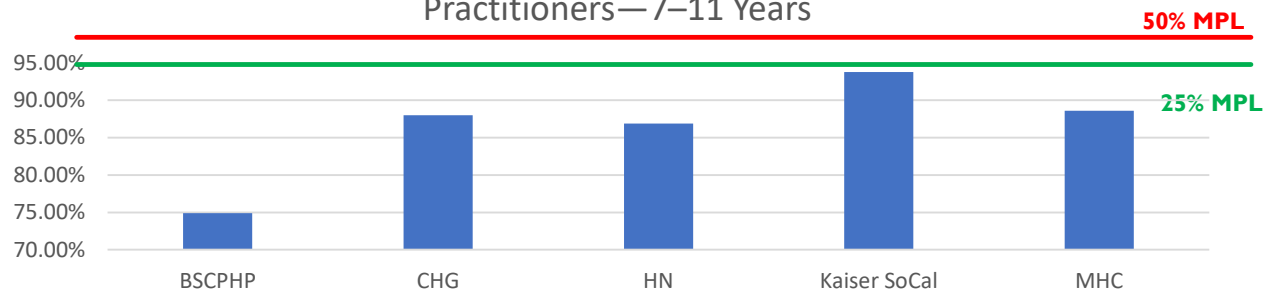
### Children and Adolescents' Access to Primary Care Practitioner - 12-24 Months



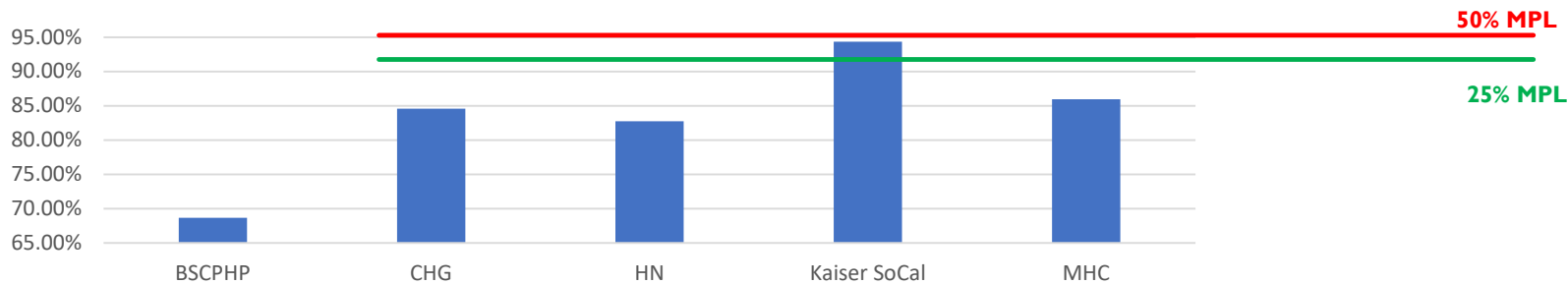
Children and Adolescents' Access to Primary Care Practitioners—  
25 Months–6 Years



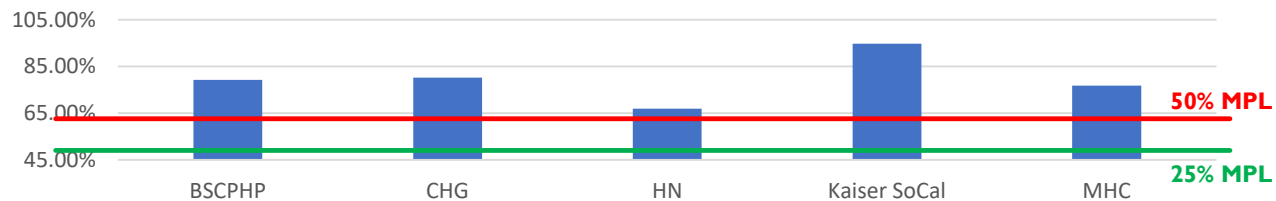
Children and Adolescents' Access to Primary Care  
Practitioners—7–11 Years



### Children and Adolescents' Access to Primary Care Practitioners— 12–19 Years

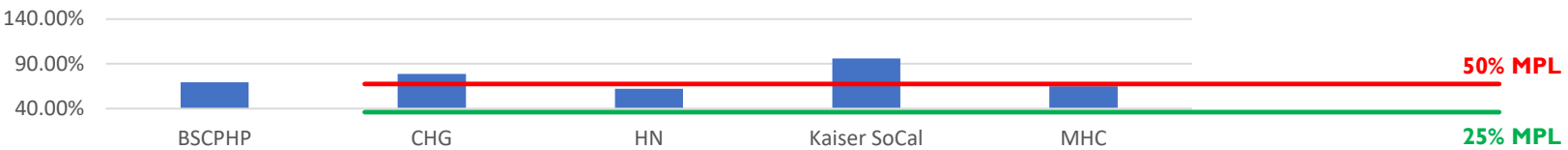


### Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Nutrition Counseling— Total

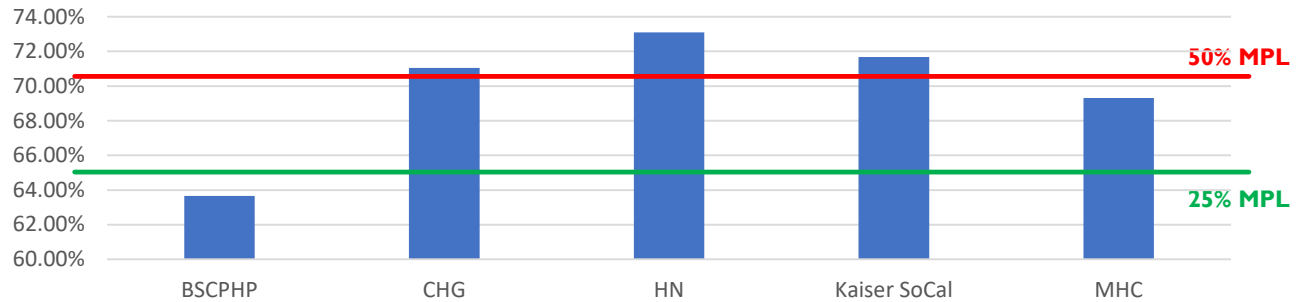




### Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Physical Activity Counseling—Total

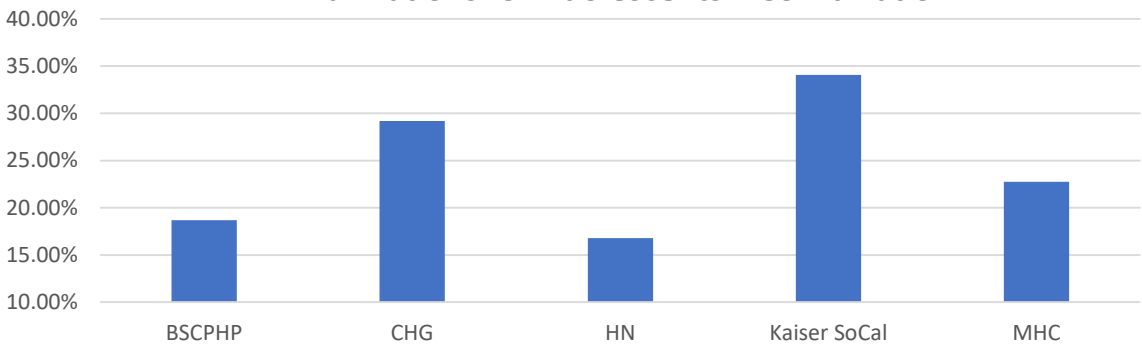


### Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life





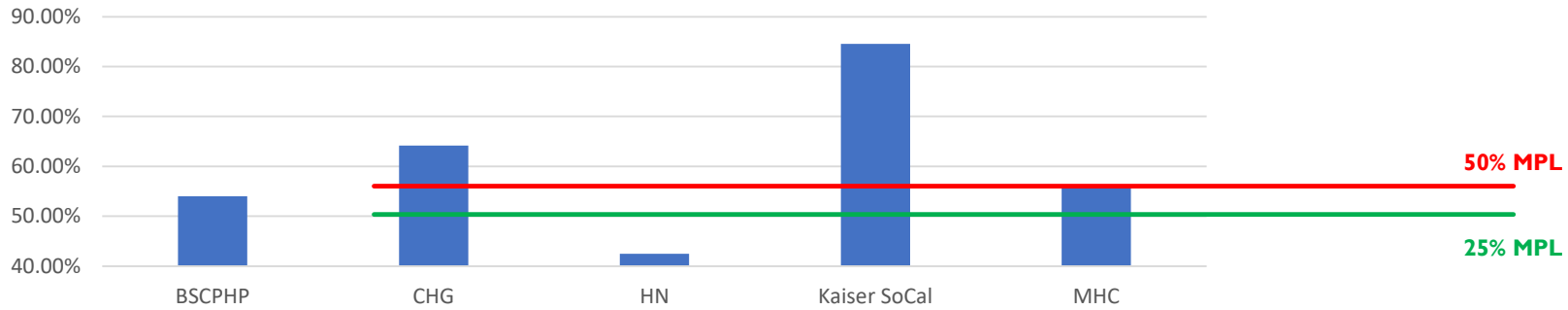
### Immunizations for Adolescents—Combination 2



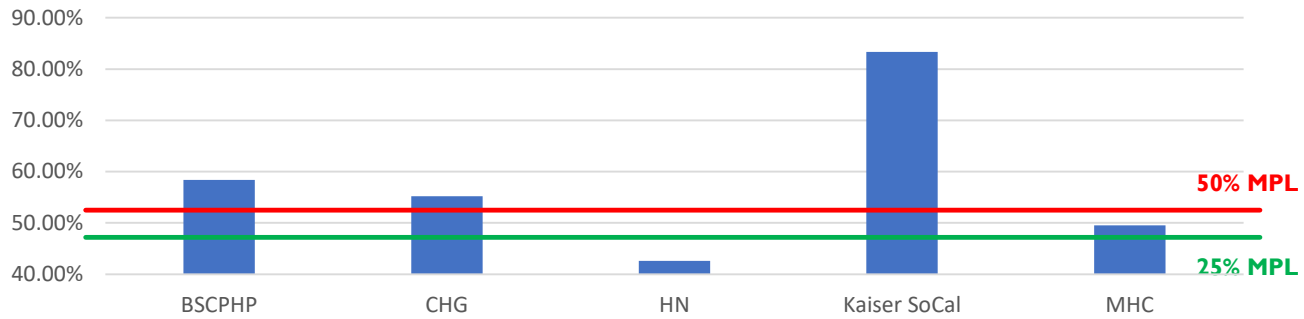
MPLs have not yet been developed for this measure



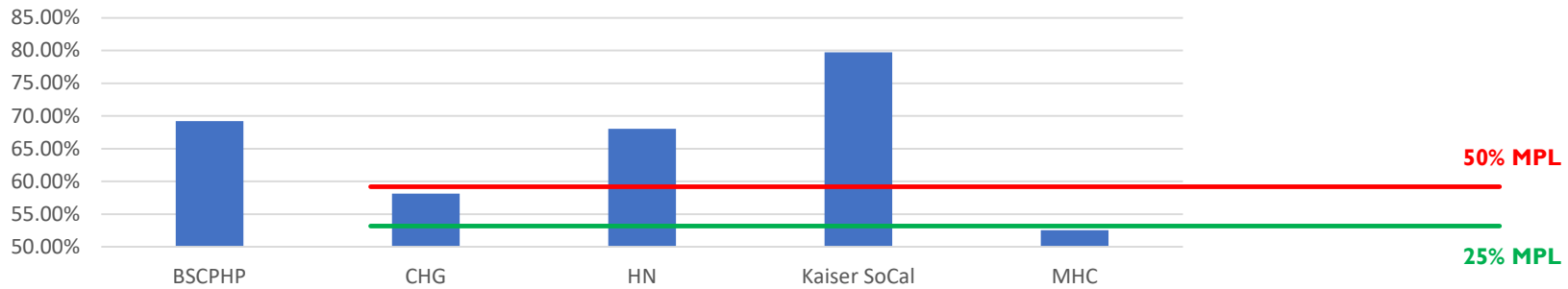
### Breast Cancer Screening



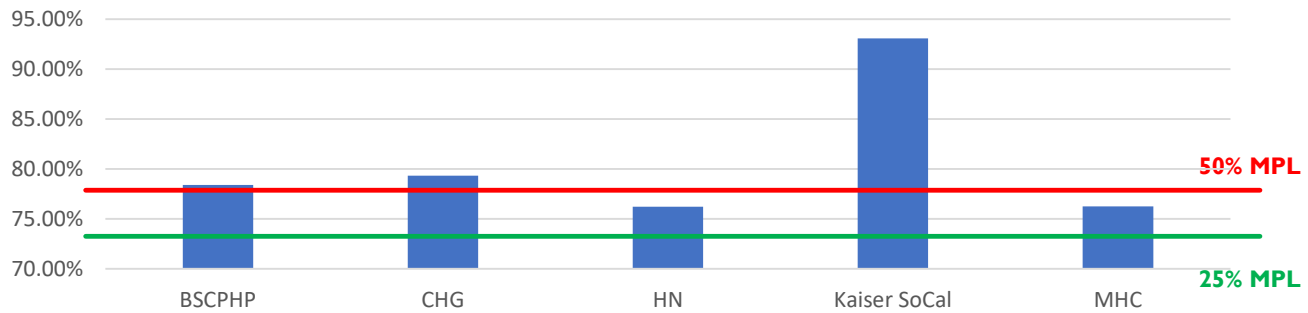
### Cervical Cancer Screening



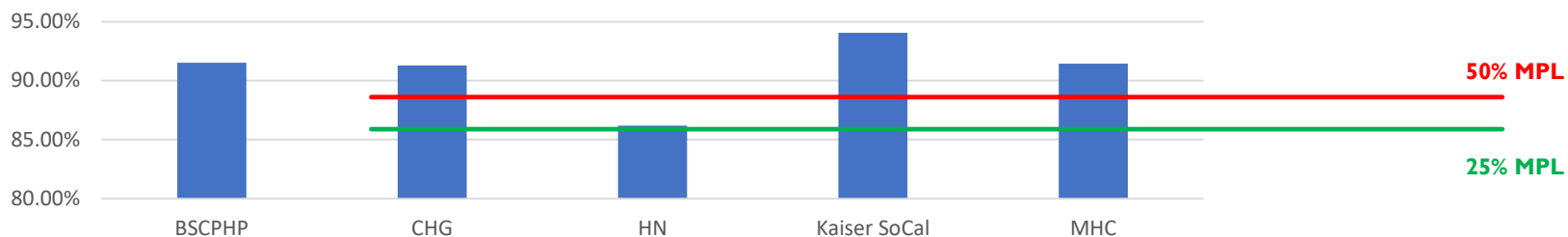
### Prenatal and Postpartum Care - Postpartum Care



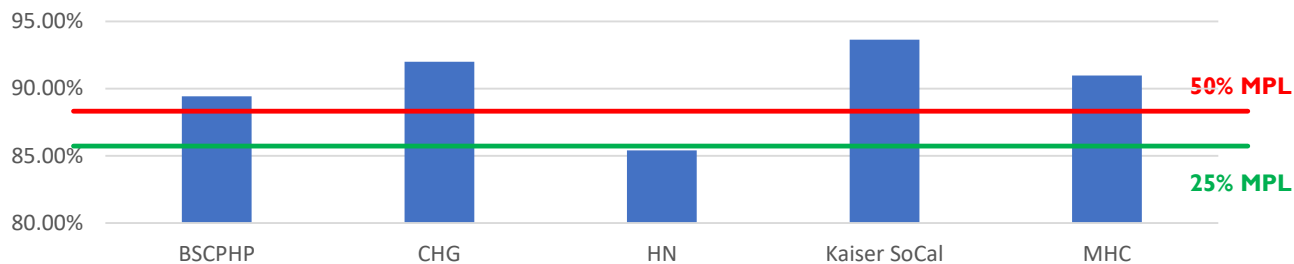
### Prenatal and Postpartum Care - Timeliness of Prenatal Care



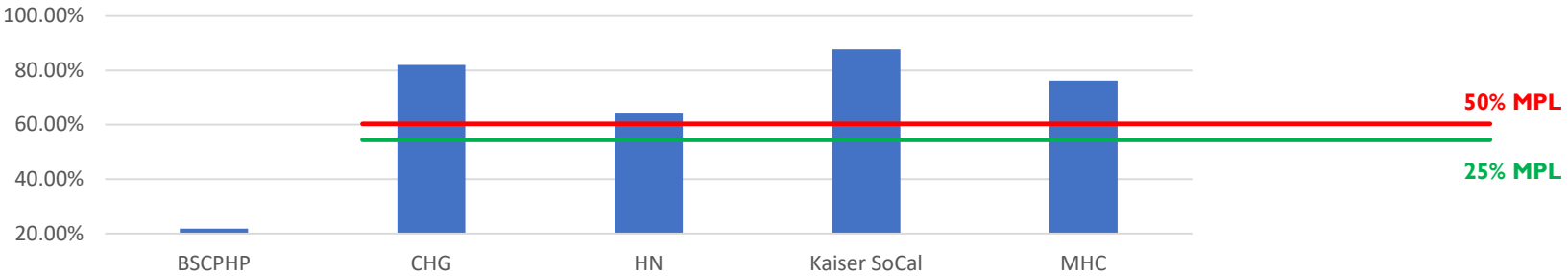
### Annual Monitoring for Patients on Persistent Medications - ACE Inhibitors or ARBs



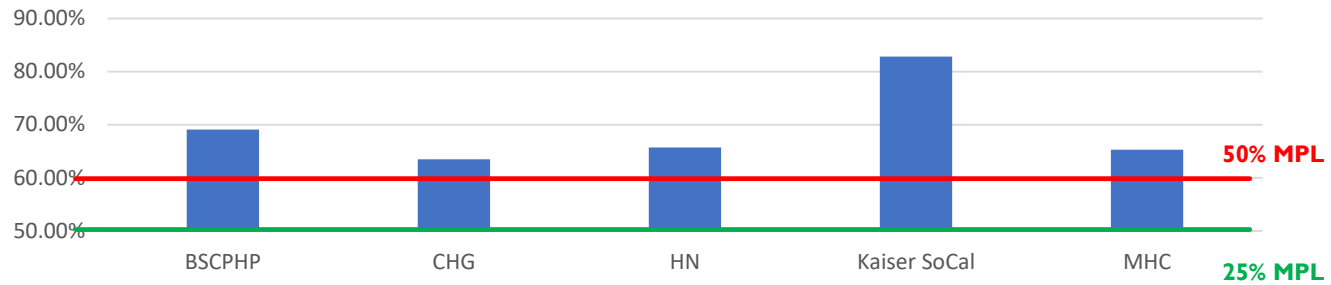
### Annual Monitoring for Patients on Persistent Medications - Diuretics



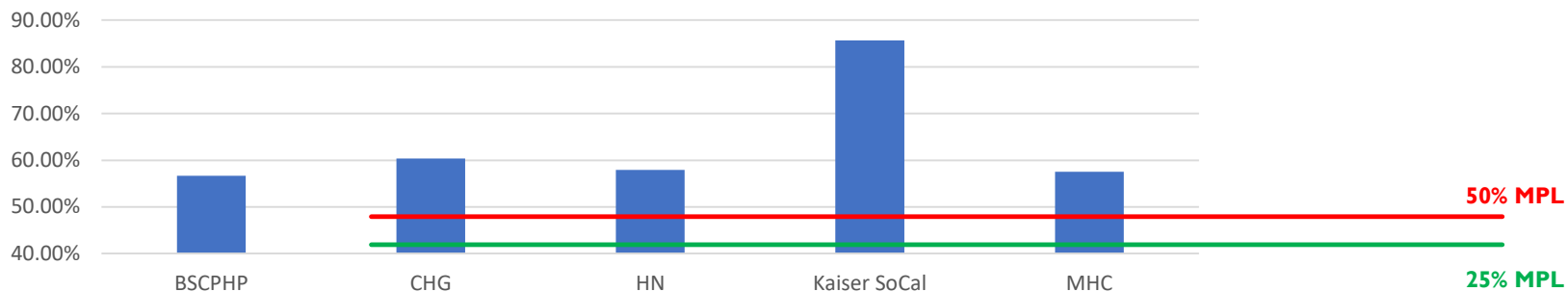
### Asthma Medication Ratio - Total



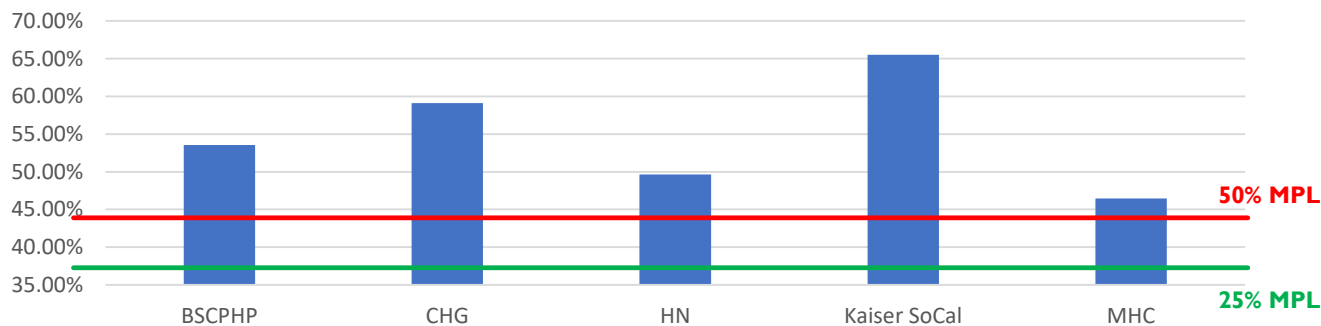
### Comprehensive Diabetes Care - Blood Pressure Control (<140/90 mm Hg)



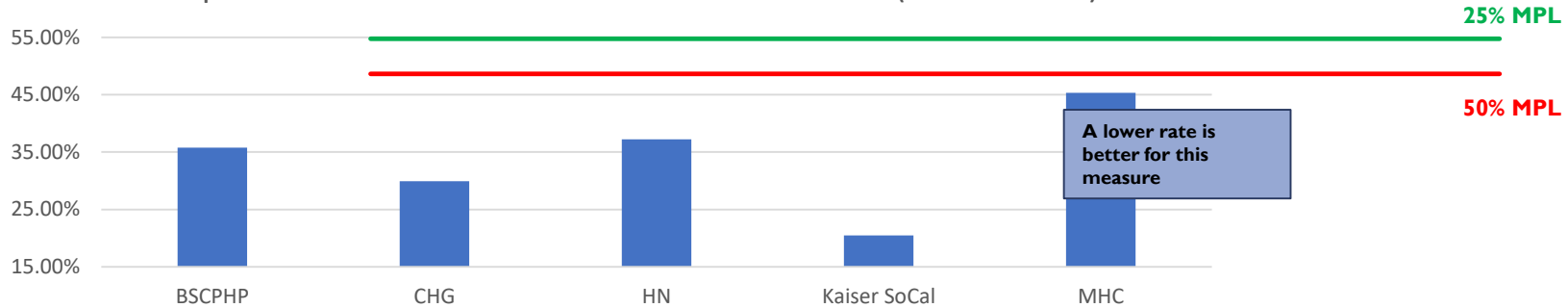
### Comprehensive Diabetes Care - Eye Exam (Retinal) Performed



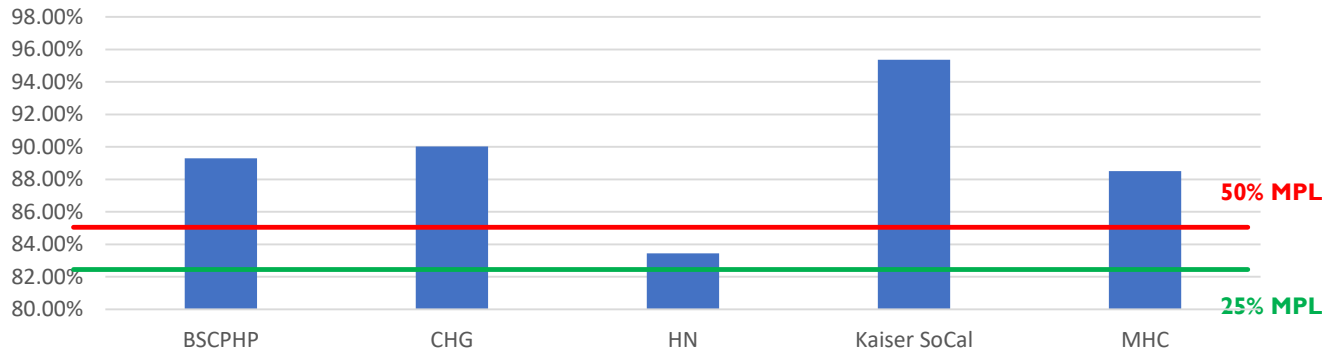
### Comprehensive Diabetes Care - HbA1c Control (<8.0 Percent)



### Comprehensive Diabetes Care - HbA1c Poor Control (>9.0 Percent)

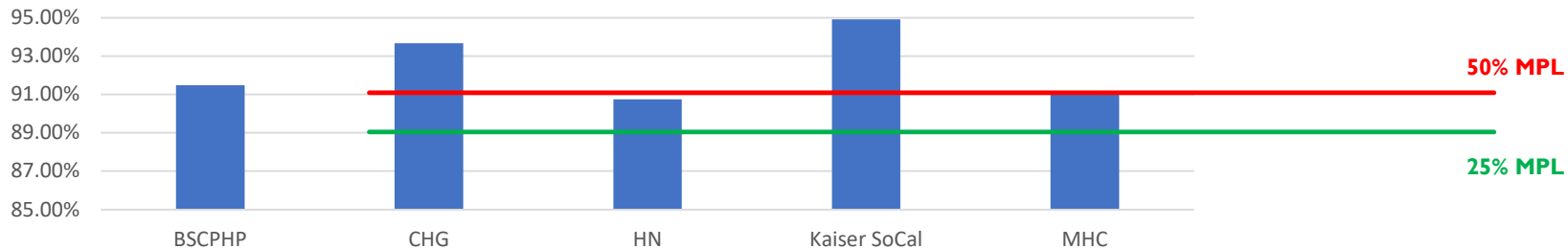


### Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing

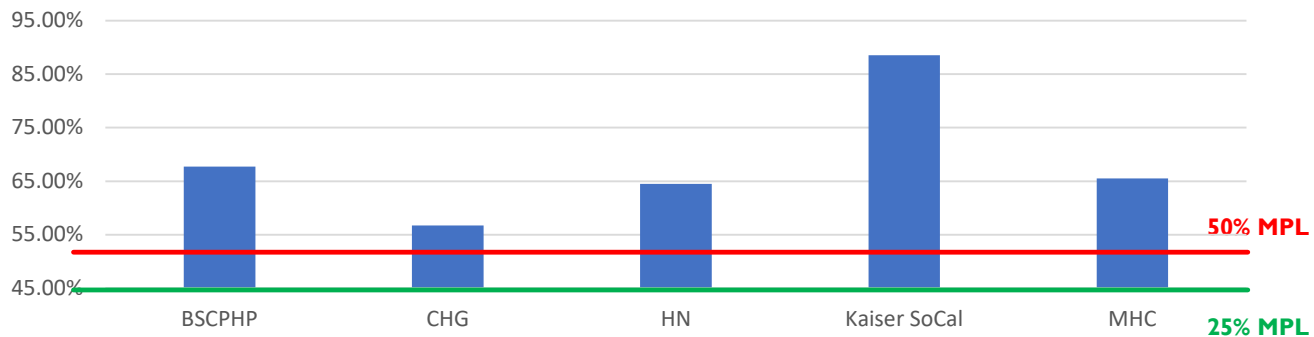




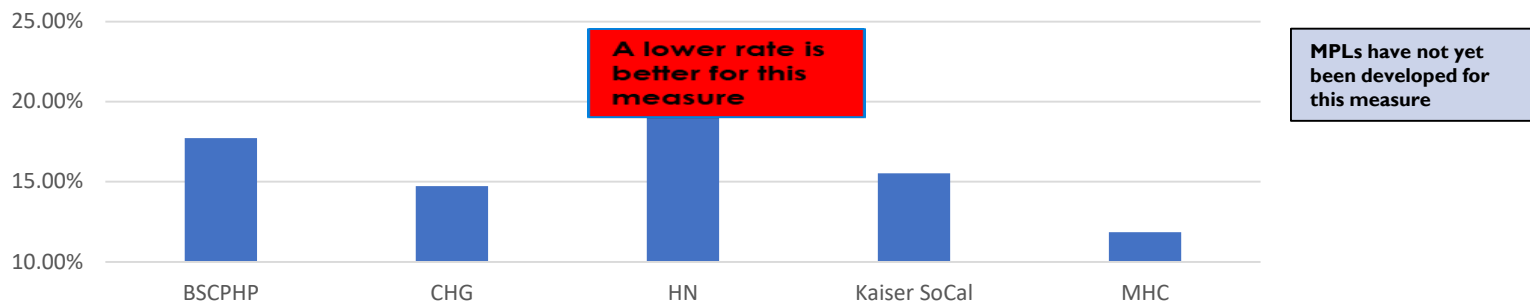
## Comprehensive Diabetes Care - Medical Attention for Nephropathy



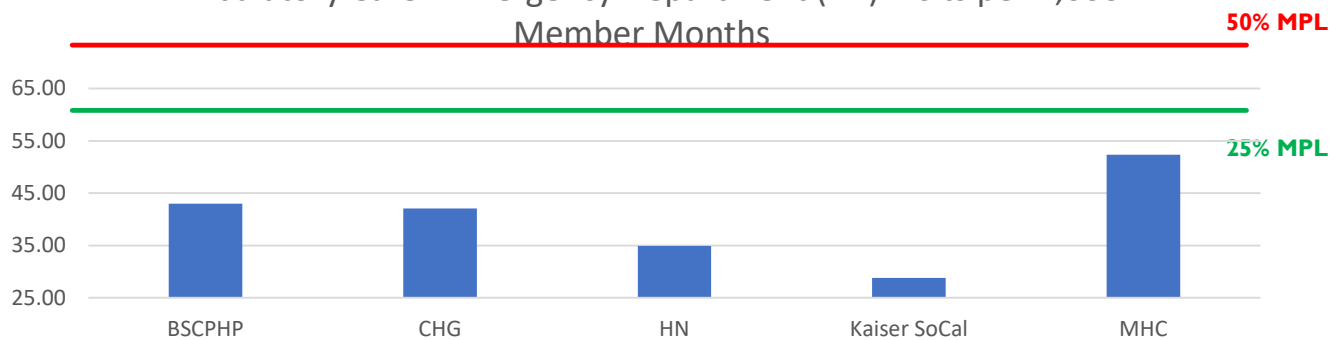
## Controlling High Blood Pressure



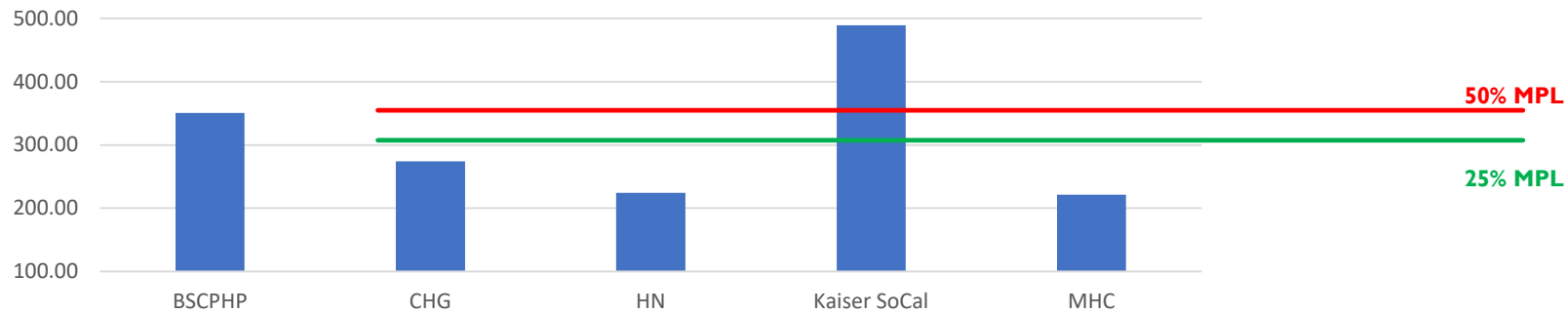
### All Cause Readmissions



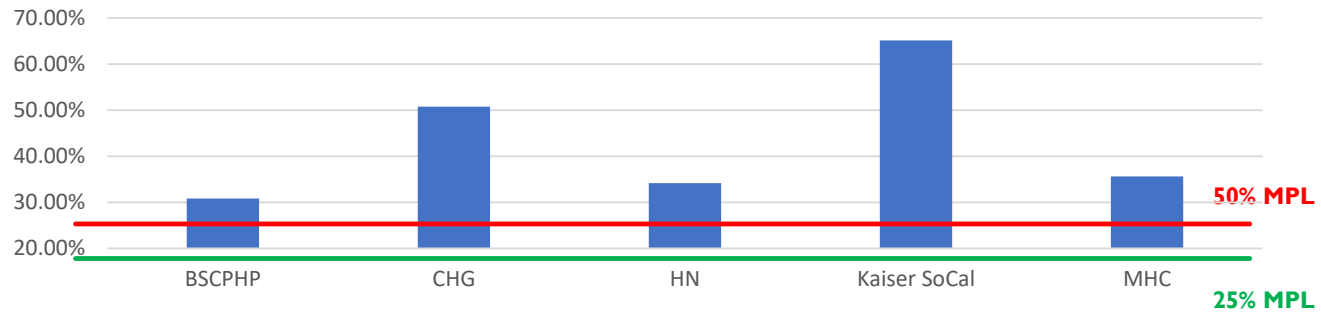
### Ambulatory Care - Emergency Department (ED) Visits per 1,000 Member Months



## Ambulatory Care - Outpatient Visits per 1,000 Member Months

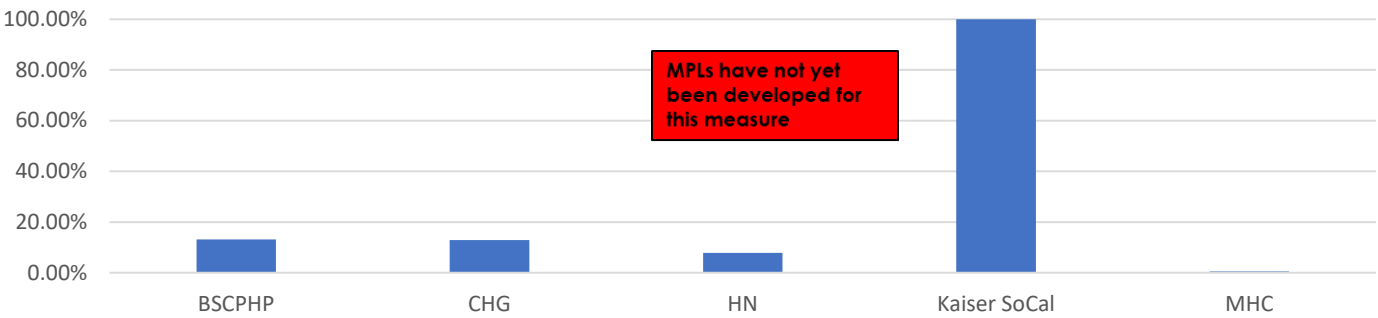


## Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

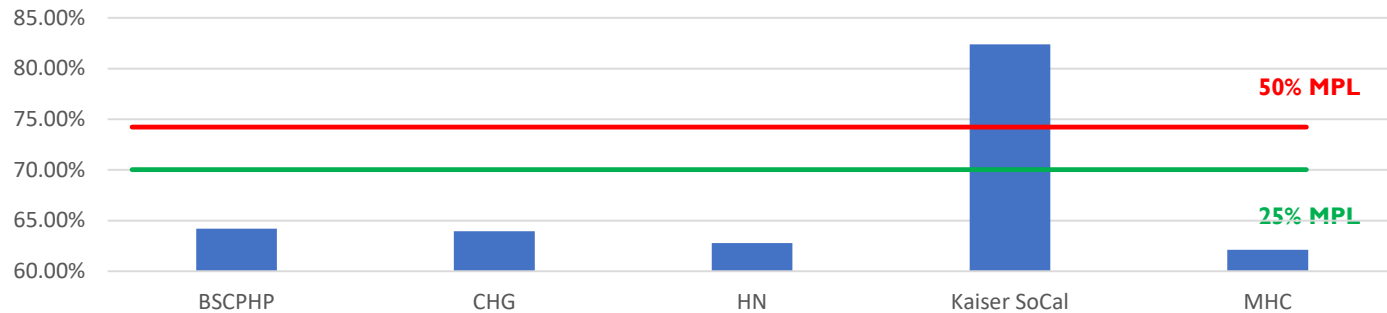




### Screening for Clinical Depression and Follow-Up Plan - Reporting Rate



### Use of Imaging Studies for Low Back Pain





# VALUE BASED PERFORMANCE MEASURES

PROPOSITION 56 IMPLEMENTATION

## PROPOSITION 56 - \$360 MILLION IN PAYMENTS

- HealthNet is requesting input from APG on the proposed budget trailer bill language for the implementation of Proposition 56 funds in the Value Based Performance Measures (“VBP”) program
- There is concern that the VBP will require increased work to gather data from claims and encounters to be able to capture all these metrics and then process the increased funding.
- It may be very difficult to capture some of the proposed measures such as “controlled blood pressure” that does not come on a claim. There is no way to validate without reviewing medical records.
- Would APG members be concerned over medical record review as a validation tool for the payment program?

# VBP PROPOSAL

- Link to DHCS VBP Proposal:  
[https://www.dhcs.ca.gov/provgovpart/Documents/VBP\\_Proposal\\_for\\_Comment\\_March\\_2019.pdf](https://www.dhcs.ca.gov/provgovpart/Documents/VBP_Proposal_for_Comment_March_2019.pdf).
- Proposed Trailer Bill Language:  
[http://dof.ca.gov/budget/Trailer\\_Bill\\_Language/documents/DHCSProposition56Value-BasedPaymentsProgram.pdf](http://dof.ca.gov/budget/Trailer_Bill_Language/documents/DHCSProposition56Value-BasedPaymentsProgram.pdf)



# SB 503 (PAN) DELEGATION OVERSIGHT



# FACT SHEET: RATIONALE FOR NEW BILL

- SB 503 strengthens the Department of Health Care Services' (DHCS) oversight of delegation and subcontracting by Medi-Cal managed care plans.
- Recent events illustrate that patient care can suffer when layers of delegation and sub-delegation occur without appropriate oversight and transparency. A whistleblower complaint in 2017 shed light on a subcontractor falsifying documents to conceal improper denials of care. This was followed by a complaint in 2018 about a different delegated entity that was performing utilization management inappropriately. Some patients in the care of the entity in the first whistleblower complaint were transferred to the entity that eventually became the subject of the second complaint.
- SB 503 aligns with federal law the authority of DHCS to enforce against MCPs who fail to deliver the services they have been contracted to provide. This bill also makes clear that MCPs bear ultimate responsibility for those services, regardless of subcontracting, delegation, or sub-delegation.

## PRELIMINARY ANALYSIS: FEDERAL ALIGNMENT

- Existing law requires the Director of Health Care Services, in accordance with specified procedures, to either terminate a contract with or impose one or more specified sanctions, including civil penalties pursuant to federal law, on a prepaid health plan or Medi-Cal managed care plan if the department makes a finding of noncompliance or for other good cause.
- Existing law defines “good cause” to include 3 repeated and uncorrected findings of serious deficiencies, which potentially endanger patient care and are identified in medical audits conducted by the department.
- This bill would instead authorize “good cause” to be based on findings of serious deficiencies that have the potential to endanger patient care and are identified in the specified medical audits, and would conform the civil penalties to federal law.

## FURTHER DELEGATED RESPONSIBILITIES

- Existing law requires subcontracts entered into by a prepaid health plan to meet specified requirements, including compliance with the Knox-Keene Health Care Service Plan Act of 1975.
- This bill would extend these requirements to all other types of Medi-Cal managed care plans.
- The bill would state that a Medi-Cal managed care plan contractor bears the ultimate responsibility for adherence to the contract, even if the contractor subcontracts with or delegates any duties to another entity.



# Adjournment

**NEXT MEETING: SEPTEMBER 10, 2019**