



California Children's Services Program

Advisory Group Meeting
April 10, 2019



Phase 3 Whole Child Model Network Certification

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Phase 3 WCM Overview

- CalOptima was delayed from Phase 2 to Phase 3 and is scheduled to be implemented July 1, 2019.
- CalOptima operates in a delegated structure and was required to submit additional information to assure readiness.
- The delay allowed for additional contracts between CalOptima, its delegated entities (DEs) and CCS-paneled providers/facilities to be executed and DHCS to validate the submission and ensure all requirements were met.



Network Certification Requirements

- All WCM MCPs are required to have executed contracts with the following:
 - 24 core specialty/provider types
 - Tertiary hospital
 - Pediatric community hospital
 - NICU Special Care Center
- Each provider type had to meet the required overlap:
 - 50% in-county,
 - 25% regionally,
 - 10% statewide, or;
 - contract with at least one for specific provider type



Network Certification

Core Specialty List

Allergy and Immunology	Oral and Maxillofacial Surgery	Pediatric Psychiatry and Neurology
Emergency Medicine	Orthopedics	Pediatric Pulmonology
Family and Adolescent Medicine	Pediatric Cardiology	Pediatric Radiology
General Surgery	Pediatric Clinical and Laboratory Immunology	Pediatric Rheumatology
Hematology and Oncology	Pediatric Critical Care	Pediatric Sleep Medicine
Hepatology	Pediatric Dermatology	Pediatric Sports Medicine
Infectious Diseases	Pediatric Developmental and Behavioral Medicine	Pediatric Urology
Neonatal-perinatal Medicine	Pediatric Endocrinology	Physical Medicine and Rehabilitation
Neurology	Pediatric Nephrology	Plastic Surgery
Ophthalmology	Pediatric Pathology	Podiatry



DE Network Certification Components

- DEs are required to meet 23 of the 27 components in order to participate in WCM, which include specialists, hospitals and Special Care Centers.
- CalOptima is required to contract with the remaining four components:
 - Pediatric Dermatology
 - Oral and Maxillofacial Surgery
 - Pediatric Developmental and Behavioral Medicine
 - Transplant Hepatology



Network Certification Deliverables Submissions

- DHCS also required CalOptima to submit for review and approval:
 - Delegated Entity Attestation
 - Oversight and Readiness Activities for Implementation
 - Auto-Assignment Process and Algorithm
 - Member and Provider Notices
 - Contract Signature Pages between CalOptima, its DEs and Providers
 - Updated Policies and Procedures
 - DE Monitoring
 - Continuity of Care



Phase 3 Network Certification Results

- Effective July 1, 2019, CalOptima is approved for full implementation of WCM and will be included in the July 2019 Assurance of Compliance Network Certification submission to CMS due to meeting all readiness and certification requirements.
- The July 2019 Assurance of Compliance Network Certification report will be posted at <https://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx>



Questions?



Advancements in Monitoring Quality in Managed Care

**Anna Lee Amarnath, MD, MPH, Chief
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Abbreviations

- AAP: American Academy of Pediatrics
- ADHD: Attention Deficit Hyperactivity Disorder
- BMI: Body Mass Index
- CHIP: Children's Health Insurance Program
- CIS: Childhood Immunization Status
- CMS: Centers for Medicare and Medicaid Services
- COPD: Chronic Obstructive Pulmonary Disease
- DHCS: Department of Health Care Services
- EAS: External Accountability Set
- ED: Emergency Department
- EQRO: External Quality Review Organization



Abbreviations (*cont.*)

- F/U: Follow Up
- HbA1c: Hemoglobin A1c (diabetes test)
- HEDIS: Healthcare Effectiveness Data and Information Set
- HIV: Human Immunodeficiency Virus
- MCAG: Managed Care Advisory Group
- MCP: Medi-Cal managed care health plan
- MPL: Minimum Performance Level
- MY: Measurement Year
- NCQA: National Committee for Quality Assurance
- RY: Reporting Year
- USPSTF: United States Preventive Services Task Force



Governor's Focus on Medi-Cal

- 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



Governor's Focus on Children

- 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

- 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



DHCS Quality Strategy

- Three Linked Goals
 - Improve the health of all Californians
 - Enhance quality, including the patient care experience, in all DHCS programs
 - Reduce the Department's per capita health care program costs
- Seven Priorities
 - Improve patient safety
 - Deliver effective, efficient, affordable care
 - Engage persons and families in their health
 - Enhance communication and coordination of care
 - Advance prevention
 - Foster healthy communities
 - Eliminate health disparities



Quality Measures



Measure Set

Current

External Accountability Set

- MCPs report yearly on a set of quality measures
- Most measures are from HEDIS®

Future

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 3rd- 6th Years of Life
- Adolescent Well Visits
- Children & Adolescents' Access to Primary Care Practitioner
- Pediatric Central Line-Associated Bloodstream Infections
- Cesarean Birth
- Audiological Diagnosis No Later Than 3 Months of Age



2019 CMS Child Core Set *(cont.)*

- 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



2019 CMS Adult Core Set

- Cervical Cancer Screening
- Chlamydia Screening in Women
- Flu Vaccinations for Adults
- Screening for Depression and F/U Plan
- Breast Cancer Screening
- BMI Assessment
- Elective Delivery
- Postpartum Care
- Contraceptive Care Postpartum Women
- Contraceptive Care All Women
- Controlling High Blood Pressure
- Comprehensive Diabetes Care –HbA1C testing
- Comprehensive Diabetes Care –HbA1C >9%
- Diabetes Short-Term Complications Admissions
- COPD or Asthma in Older Adults Admission Rate
- Heart Failure Admissions
- Asthma in Younger Adults Admissions
- Plan All-Cause Readmissions
- Asthma Medication Ratio
- HIV Viral Load Suppression



2019 CMS Adult Core Set (cont.)

- Annual Monitoring for Patients on Persistent Medications
- Initiation & Engagement of Alcohol & Drug Abuse or Dependence Treatment
- Medical Assistance with Tobacco Cessation
- Antidepressant Medication Management
- F/U After Hospitalization for Mental Illness
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder on Antipsychotic Medications
- F/U After ED Visit for Alcohol & Drug Abuse or Dependence
- F/U After ED Visit for Mental Illness
- Diabetes Care for People with Serious Mental Illness: HbA1c 9.0%
- Use of Opioids at High Dosage in Persons Without Cancer
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Concurrent Use of Opioids and Benzodiazepines
- CAHPS® Survey



Core Set Resources

- 2019 CMS Adult Core Set:
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-adult-core-set.pdf>
- 2019 CMS Child Core Set:
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-core-set.pdf>
- Current CMS Core Sets Review Process:
<https://www.mathematica-mpr.com/features/MACCoreSetReview>
 - Form to Recommend Measure for Addition:
<https://goo.gl/forms/anrnnh7pXPDGvaRI2>
 - Form to Recommend Measure for Removal:
<https://goo.gl/forms/No00jICqwCrEZ98B3>



Benchmarks

Current

Minimum Performance Level

- DHCS contracts require the MCPs to perform at least as well as the lowest 25% of Medicaid plans in the US

Future

Minimum Performance Level

- DHCS will require MCPs to perform at least as well as 50% of Medicaid plans in the US where that information is available and services measured are delivered by MCPs
- DHCS may establish alternative benchmarks where that information is not available and services measured are delivered by MCPs



Accountability

Current

When MCPs do not meet the MPL

- Quality improvement work is required

Future

When MCPs do not meet the MPL

- Corrective Action Plans will be imposed
- Sanctions will be imposed
- Quality improvement work will be required



Timeline

- DHCS is planning to implement these changes for RY 2020 for care that is delivered during MY 2019
- DHCS is in the process of developing an implementation plan for these changes



Quality Reports



Public Reports

Current

EQRO Reports

- EQRO Technical Report
 - Plan Specific Evaluation reports
- CAHPS[®] Survey Report
- Health Disparities Report

Future

EQRO Reports

- EQRO Technical Report
 - Plan Specific Evaluation reports
- CAHPS[®] Survey Report
- Health Disparities Report
- Annual Compliance Report



Health Disparity Report

- 2016 Health Disparity Report
 - Selected metrics from the EAS
 - Stratified by age, gender, race/ethnicity, primary language
 - Available online
- 2017 Health Disparity Report
 - All metrics from the EAS
 - Stratified by age, gender, race/ethnicity, primary language
 - Expected to be available Spring 2019
- 2018 Health Disparity Report
 - All metrics from the EAS and additional information based on other available data sources
 - Stratified by age, gender, race/ethnicity, primary language
 - Expected to be available by end of 2019
- Future Reports will continue to expand with regards to metrics and stratifications based on available data sources



Annual Compliance Report

- DHCS will develop an annual compliance report
 - This may be a new report or a new section added to the Managed Care Dashboard
 - The report will include information on:
 - Preventive Services
 - Network compliance
 - Corrective Action Plans
 - Sanctions



Questions?



Open Discussion

Jennifer Kent

Director

Department of Health Care Services



Public Comments, Next Steps, and Upcoming Meetings

Jennifer Kent

Director

Department of Health Care Services



CCS AG Meeting 1700 K Street

2019

July 24 (Wednesday)

October 9 (Wednesday)



Information and Questions

- For Whole Child Model information, please visit:
 - <http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>
- For CCS Advisory Group information, please visit:
 - <http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>
- If you would like to be added to the DHCS CCS Interested Parties email list or if you have questions, please send them to CCSRedesign@dhcs.ca.gov