



Department of  
**Health Care Services**



# CAL MEDICONNECT:

Introduction to Quality Activities in Cal MediConnect

*Physician Group Webinar Series*

# Today's Webinar

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- This webinar is part of a series designed specifically for CAPG members.
- For a general overview of the initiative, visit:  
[CalDuals.org/Providers](http://CalDuals.org/Providers)
- Today's subject matter will focus on giving an introduction to the different quality protections that exist in the Cal MediConnect program.

# Note About Today's Webinar

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- The information contained in this webinar is based off information published in the National Plan Reporting Requirements & the California Memorandum of Understanding (MOU).
- Details about state-specific reporting requirements and quality measures have not yet been finalized by CMS, but will go out for stakeholder review early March 2014.
  - The state-specific measures will supplement the information presented during this webinar.
  - Information about reporting frequency and due dates will be finalized once the state-specific measures are finalized.

# Today's Webinar

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- Brief overview of Cal MediConnect
- Importance of Quality in Cal MediConnect
- Quality Activities in Cal MediConnect
  - Demonstration specific reporting requirements
  - Quality Withhold: Overview, Methodology, Operations and Measures
  - External Quality Reviews
  - Contract Management Team
- Physician Groups & Quality
- Summary

# Medicare & Medi-Cal Today

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## Medicare Services

- Hospital care
- Physician & ancillary services
- Short-term skilled nursing facility care
- Prescription drugs
- Durable medical equipment

## Medi-Cal Services

- Medicare cost sharing (Medicare wrap)
- Long-term nursing home (after Medicare benefits are exhausted)
- Long-term home and community based services (including CBAS, MSSP, IHSS, Nursing Facilities, HCBS waivers)
- Prescriptions and durable medical equipment, and supplies not covered by Medicare

# Importance of Quality

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- Beneficiaries in Cal MediConnect are among the most vulnerable – with multiple chronic conditions and needing multiple services to help them maintain their health and quality of life.
- Ensuring coordinated, quality care for this population is a key goal of Cal MediConnect.

# Quality & Cal MediConnect

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- Much of the quality work in Cal MediConnect is at the plan level – as it is the direct contract with DHCS & CMS
- There are many different levels of quality protections in place for Cal MediConnect.
  - Demonstration Specific Reporting Requirements
  - Quality Withhold Policy
  - External Quality Reviews
  - Contract Management Team

# Demo Specific Reporting Requirements

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- There are a number of core reporting requirements that all Cal MediConnect plans must submit data on.
  - The core reporting requirements are posted on the CMS website for public viewing.
- In addition to all the core reporting requirements that plans currently submit, there are a number of additional reporting requirements that are specific to the state of California.
  - The details of the state specific reporting requirements will be released by CMS for stakeholder review in early March 2014.



# Rapid Cycle Quality Improvement

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- California will implement a rapid cycle quality improvement system.
- Quarterly reports will provide rapid cycle monitoring of enrollment, implementation, utilization of services, and costs (pending data availability).
- More information about the rapid cycle quality improvement component will be available in the future.

# Overview: Quality Withhold Policy

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- To incentivize high quality care and quality improvement, a portion of the capitated rate paid to Cal MediConnect plans will be withheld each year of the demonstration.
- How much of the capitated rate will be withheld from the Cal MediConnect plans each year?
  - Year 1 = 1%
  - Year 2 = 2%
  - Year 3 = 3%

# Quality Withhold Policy

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- The withheld amounts will be repaid retrospectively subject to participating plan performance consistent with established quality benchmarks.
  - Descriptions about the quality withhold measures will be covered in future slides
- These benchmarks are based on a combination of certain core national quality withhold measures, as well as State-specified quality measures.
  - Descriptions about the quality withhold measures will be covered in future slides

# Quality Withhold Policy

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- Each Cal MediConnect plan will receive a “pass” or “fail” score for each withhold measure.
- If the plan meets the determined benchmark, it will receive a “pass” for that measure. If the plan does not meet the benchmark, it will receive a “fail” for that measure.
- Information about whether or not the Cal MediConnect plan successfully meets the quality requirements will be publically posted each year on the DHCS website.

# Quality Withhold Measures

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- Year 1 measures are more process-oriented.
- Year 2 & 3 measures are more related to health outcomes – and some process issues.
- Descriptions of these measures are included in the following slides.

# Year 1 Quality Withhold Measures (CMS)

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- Submission of encounter data as required
- Completed HRAs within 90 days
- Beneficiary input on program management and enrollee care
- Access to appointments & needed care:
  - In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed it?
  - In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
  - In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

# Year 1 Quality Withhold Measures (CMS)

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- Customer Service

- In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect?
- In the last 6 months, how often were the forms for your health plan easy to fill out?

# Year 1 Quality Withhold Measures (CA-specific)

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- Behavioral Health Shared Accountability Process Measures
  - Plan has policies & procedures with county behavioral health departments around assessments, referrals, coordinated care planning and information sharing
  - Percent of enrollees receiving Medi-Cal specialty mental health and/or Drug Medi-Cal services receiving coordinated care plan as indicated by having an individual care plan that includes evidence of collaboration with the primary behavioral health provider
- Percent of enrollees with documented discussions of care goals
- Ensuring physical access to buildings, services and equipment
- Percent of members who have an IHSS case manager and have at least one case manager contact during the measurement year



# Years 2 & 3 Quality Withhold Measures

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- Hospital readmissions within 30 days
- Annual flu vaccination
- Follow-up after a mental health-related hospitalization
- Screening for clinical depression & follow-up
- Reducing the risk of falling
- Controlling blood pressure
- Diabetes medication adherence
- Reduction in emergency department use for seriously mentally ill and substance use disorder enrollees
- Discussing care goals with enrollees
- IHSS case manager contacts

# External Quality Reviews

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- At their discretion, CMS and DHCS will conduct periodic audits of the participating Cal MediConnect plans, including, but not limited to an annual independent external review and an annual site visit.

# Contract Management Team

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- Another tool to improve quality is joint DHCS-CMS Contract Management Team (CMT).
- The CMT will track plan quality, reviewing:
  - Quality data (HEDIS, CAHPS, HOS, etc)
  - Other metrics related to integration of services
  - Enrollee complaints and Ombudsman reports
- The CMT has teeth:
  - For example, tracking if plans are reaching out to beneficiaries and completing Health Risk Assessments according to required timelines.
  - The CMT can slow enrollment or take other steps to prompt plans to meet their responsibilities.

# Physician Groups & Quality

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- Physician groups are important partners – you will make much of the quality work happen.
- Right now, most of the quality incentive changes are happening at the plan level through the three-way contracts and plan guidance.
- How that will impact individual physician groups and other providers will depend on your contract with the Cal MediConnect plan.

# Summary: Quality in Cal MediConnect

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- Cal MediConnect plans will be subject to various levels of quality review and enforcement:
  - Demo Specific Reporting Requirements & Rapid Cycle Quality Improvement
  - Quality Withhold: The goal is to incentivize high quality care, a portion of the capitated rate paid to Cal MediConnect plans will be withheld each year of the demonstration, and will only be returned if the plan successfully meets a number of quality measures.
  - External Quality Reviews
  - Contract Management Team
- State-specific reporting requirements and measures are not yet final, but CMS will release the reporting requirements for stakeholder review in early March 2014.

# Summary: Quality in Cal MediConnect

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- DHCS will follow-up with more details to elaborate on the information provided in this webinar once the relevant information becomes available for stakeholder review and comment.

# Continuity of Care

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## REMINDER - Continuity of Care: if a physician is not in the plan network

- Medicare Services
  - Up to six months
  - This applies to doctors including specialists like cardiologists, ophthalmologists, and pulmonologists

- Medi-Cal Services
  - Up to 12 months
  - Note: does not apply to providers of ancillary services like durable medical equipment (DME)

# References & Questions

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- View the California MOU here: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/CAMOU.pdf>
- View the National Core Reporting Requirements here: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/FinalCY2014CoreReportingRequirements.pdf>
- Provider specific information about Cal MediConnect, including health plan provider relations: [www.CalDuals.org/providers](http://www.CalDuals.org/providers)
- Email [info@calduals.org](mailto:info@calduals.org)