

# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

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Greetings:

Thank you for the opportunity to comment on revising the Cal MediConnect (CMC) quarterly quality dashboard. California has often times been a leader among states implementing demonstration projects with regard to transparency and the sharing of data, of which the performance dashboard is a critical piece, and we fully support these efforts. Furthermore, it has been over one year since the last performance dashboard was released, and implementation of the Cal MediConnect program has now reached a different stage, so an update to the dashboard is timely.

The Department of Health Care Services (DHCS) has asked stakeholders to indicate, from a list of measures, which five are best to include on the dashboard. We write to express our discomfort in choosing only five measures. We believe that all measures are important indicators, and just as the Cal MediConnect program sought to break down healthcare silos and integrate care for dual eligibles in a holistic and person-centered way, we cannot reduce the program to only five measures. Instead of selecting five, we write to provide overarching comments on the format and some suggestions on specifics of measures that should be included in the next iteration of the performance dashboard. We also encourage the Department to form a workgroup within the California Collaborative on Long Term Services and Supports that can act quickly provide recommendations regarding the dashboard.

## **The Format of the Dashboard Should Be Comprised of Key Categories**

We believe that the performance dashboard should include at least five key categories of measures, including (1) Long Term Services and Supports (LTSS); (2) Care Coordination; (3)

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Hospitalization; (4) Appeals and Grievances; and (5) Behavioral Health and Oral Health.<sup>1</sup> This list is not exhaustive, and we encourage DHCS to retain existing measures, like those pertaining to Health Risk Assessments (HRA). Each of these categories constitute an integral component of the Cal MediConnect program, and they can be used to form the basic elements of the dashboard. We propose that each category would include a number of more specific measures under it, similar to the organization of the March 2016 performance dashboard (March dashboard).

### **Specific Measures from the March Dashboard Require Greater Detail**

Advocates reviewed with great interest the March 2016 performance dashboard.<sup>2</sup> The revised performance dashboard should build upon the March dashboard's foundation, with an objective of offering even more specificity to stakeholders. We offer several suggestions here.

For example, we believe that the LTSS category should include measures from the March dashboard, like number of members receiving LTSS. However, the dashboard should also indicate the number of plan referrals made to LTSS, as improving access to LTSS is one of Cal MediConnect's main goals in integrating care for dual eligibles. Furthermore, the LTSS category should include measures around the health plans' provision of Care Plan Option services (CPO), one of the few ways in which Cal MediConnect remains a distinguishable plan choice now given pending expansions of Medi-Cal's dental and vision benefits.

Relatedly, while the March dashboard offers a starting point on appeals and grievances data, more specifics would be helpful. Future dashboards should also include information pertaining to the underlying issue of the appeal, similar to the quarterly DHCS Medi-Cal managed care performance dashboard.<sup>3</sup>

We also suggest that the March dashboard's category entitled, "Case Management," be renamed "Care Coordination," consistent with language used on [Calduals.org](http://calduals.org) and elsewhere in the demonstration. The measure should indicate percentages or numbers of *successful* contact between the care coordinator and the member and also the medium of such contact.

### **One Key Category Must Include Measures for Carved Out Services**

As recommended above, one key category should contain measures related to Oral Health and Behavioral Health. We incorporate in this letter our comments from May 25, 2016 on the draft Cal MediConnect Plan Reporting Data Requirements, where we encouraged DHCS to collect information that would reflect how Cal MediConnect plans were coordinating benefits across

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<sup>1</sup> Although DHCS's request for feedback applies only to the Cal MediConnect performance dashboard, we note that the CMC enrollment dashboard should also be updated to include enrollment numbers pertaining to streamlined enrollment and those individuals who fall into deemed eligibility.

<sup>2</sup> Cal MediConnect Performance Dashboard, March 2016, available at: <http://calduals.org/wp-content/uploads/2016/03/CMC-Performance-Dashboard-March-2016-Release.pdf>.

<sup>3</sup> Medi-Cal Managed Care Performance Dashboard, June 17, 2017, available at: <http://www.dhcs.ca.gov/services/Documents/MMCD/June142017Release.pdf>, p. 8.

the spectrum of care, even when the plan was not directly responsible for providing the service.<sup>4</sup> Possible measures here could include number of referrals to specialty mental health and Denti-Cal providers and additional measures for those plans offering supplemental dental services.

### **DHCS Should Adopt Recommendations from a Workgroup on Dashboard Metrics**

In addition to asking stakeholders to submit feedback, we urge the Department to consider a more collaborative and thoughtful approach to revising the dashboard. The California Collaborative on Long Term Services and Supports has agreed to convene a small workgroup to create recommendations to the dashboard for DHCS on with an expeditious time frame so as to not delay the process any more. We hope the Department will seriously review, and, when appropriate, adopt the workgroup's recommendations. This workgroup model has proven successful in the past, for instance, when it submitted recommendations regarding the Department's approach to voluntary enrollment, and we believe it would be useful in this instance as well.

Please feel free to contact us to discuss our recommendations further.

Sincerely,

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<sup>4</sup> [http://www.dualsdemoadvocacy.org/wp-content/uploads/2016/05/Comments\\_DataReporting\\_20160525.pdf](http://www.dualsdemoadvocacy.org/wp-content/uploads/2016/05/Comments_DataReporting_20160525.pdf)