

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

May 25, 2016

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Via email: Sarah.Brooks@dhcs.ca.gov; info@calduals.org

Greetings:

Thank you for the opportunity to comment on the draft Cal MediConnect Plan Reporting Data Requirements. The main goals of the Coordinated Care Initiative are to deliver care in the most appropriate setting and rebalance the delivery of services from institutional settings to home and community based settings. Collecting data on the extent health plans are increasing and improving the delivery of Long Term Services and Supports (LTSS) is critical to demonstrate the degree to which these goals are being accomplished. We have provided redlined edits on the draft document (attached) and offer the following general comments:

The Data Elements Collected Must be Consistent

Currently, the draft does not consistently require the plans to report on the same data elements. For example, under CBAS, plans are only required to report the number of members receiving CBAS on the first day of the reporting quarter, but not on the last day of the reporting quarter. Conversely, with regard to IHSS reporting, the draft does not require plans to report the number of members receiving IHSS on the first day of the reporting quarter, but it does require reporting on the last day of the reporting quarter. The same data elements should be collected across all LTSS. We have provided redlined edits to flag the needed changes.

DHCS Should Work with Health Plans

We strongly recommend that DHCS convene the health plans to review the reporting requirements prior to their finalization. When health plans have been required to report measures in the past (e.g. on HRA completion, members contacted by their case manager, etc.), health plans interpreted the data reporting requirements differently. This made it challenging to evaluate the data collected. The health plans can help identify where clearer definitions are needed to ensure consistent reporting across plans.

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Reporting Must Include Behavioral Health and Dental

The Cal MediConnect plans are responsible for coordinating benefits across the spectrum of care. Accordingly, plans should also be required to report on a quarterly basis the number of individuals they are referring to specialty mental health and to dental providers. These carved out benefits are critical to improving health outcomes and preventing unnecessary hospitalizations and institutionalization.

DHCS Must Issue an All Plan Letter on LTSS Data Reporting for MLTSS Plans

More than half of all dual eligibles are not participating in Cal MediConnect. They are, however, enrolled in a Medi-Cal plan that is responsible for the delivery and coordination of LTSS benefits. Additionally, all SPDs are also now enrolled in MLTSS plans in the seven CCI counties. As with Cal MediConnect, it is imperative to determine the extent MLTSS plans are providing LTSS to their members. This can be accomplished by issuing an APL requiring similar data reporting requirements, when appropriate, of MLTSS plans.

Sincerely,

Justice in Aging
CCI Ombudsman

