



## Advocate Fact Sheet: Monitoring Plan's Provision of Mental Health services to Medi-Cal Beneficiaries

By Abigail Coursolle

---

### Introduction

In California, two types of managed care plans are responsible for delivering mental health services to Medi-Cal beneficiaries: Medi-Cal Managed Care Plans (MCPs) and County Mental Health Plans (MHPs). MCPs provide a range of Medi-Cal covered services to enrollees, including certain non-specialty mental health services. MHPs only provide [specialty mental health services \(SMHS\)](#). In some counties, Medi-Cal beneficiaries can choose among various MCPs, but some counties offer only one MCP. All counties offer only one MHP, and all Medi-Cal beneficiaries who need SMHS must receive them from their county's MHP.

The Centers for Medicare and Medicaid Services (CMS) and California's Department of Health Care Services (DHCS) have developed tools to ensure MCP and MHP compliance with federal, state, and contract obligations. In some instances, an outside entity known as an External Quality Review Organization (EQRO) also plays a role in oversight. Below are descriptions of these tools that can be used to monitor Medi-Cal mental health plans to create accountability and greater transparency in MCPs and MHPs. Advocates should familiarize themselves with these tools so they can evaluate how the MCPs and MHPs in their region are performing and learn more about what areas they can advocate for improvement.

---

### Medi-Cal Health Plan (MCP) Tools

#### Medical Audit<sup>1</sup>

DHCS performs medical audits in the following seven categories: utilization management, case management and coordination of care, access and availability of care, member rights, quality management, administrative and organizational capacity, and state supported services. While the state protocols for these audits are not publically available, DHCS is required to publish its findings after each audit within 90 days. The reports are posted on the [DHCS website](#). MCPs that do not comply with contractual, statutory, or administrative requirements will have to submit corrective action plans (CAP), which describe how they will resolve any issues found in the audit.

**MCP Consumer Assessment of Healthcare Providers and Systems (CAHPS®)**<sup>ii</sup>

The EQRO uses the CAHPS Health Plan Survey to determine enrollee satisfaction and experience in the MCPs. The EQRO administers the CAHPS survey for the adult and child Medi-Cal population every three years. This survey is used nationally and includes a range of questions relevant to the access and delivery of health services such as customer service and provider communication. The aggregated survey results are available on [DHCS' website](#).

**External Accountability Set (EAS)**<sup>iii</sup>

Every year, DHCS establishes an “External Accountability Set” (EAS) for MCPs to determine their performance. The EAS has typically included Healthcare Effectiveness Data Information Set (HEDIS®) measures, which were developed by National Committee for Quality Assurance (NCQA). Some of these measures are also included in other reports evaluating the performance of both MHPs and MCPs. The EAS also contains other, similar measures, and EQRO evaluates the plans based on these measures and writes up the analysis in the External Quality Technical Report. DHCS establishes minimum standards for each measures. If an MCP fails to meet the requirements for at least half of the measures in a given year or has repeatedly failed to meet the minimum standards, the MCP may have to create an improvement plan or a corrected action plan (CAP) that is approved by DHCS. Each organization’s CAP is available on the DHCS [website](#).

**County Mental Health Plan (MHP) Tools**

---

**Triennial Review**<sup>iv</sup>

DHCS performs triennial reviews of MHPs. These reviews monitor compliance with state and federal laws as well as MHP contract provisions. If DHCS discovers an instance of noncompliance, it must issue a Notice of Noncompliance which describes the results of the on-site review and any actions the MHP should take. In response to this notice, the MHP must give DHCS a Plan of Correction (POC) within 60 days which describes how they will rectify the noncompliance. Both the Notice of Noncompliance and POC must be published, and the POC are posted on DHCS’s [website](#).

**Implementation Plans**<sup>v</sup>

MHPS must submit an implementation plan to DHCS before they begin their operations due to state regulations. These plans include MHP’s policies, procedures, MOUs with MCPs, and a description for how the MCP handles grievances and appeals. DHCS approves these implementation plans, and any further changes must be reviewed by DHCS. Implementation plans are not readily available online but should be available from the MHP or DHCS upon request.

**Quality Improvement Work Plans (QIWs)**<sup>vi</sup>

MHP contracts require the creation and maintenance of Quality Improvement Work Plans (QIWP). QIWPs address any problems identified in the triennial review and include any quality improvement or evaluation strategies the MHP is pursuing to improve the access to and delivery of SMHS, including the referral and coordination process with MCPs. DHCS may impose sanctions on an MHP if it violates the QIWP requirements. DHCS and MHPs post QIWPs on their [websites](#).

### **MHP Consumer Perception Surveys**<sup>7</sup>

<sup>vii</sup>MHPs must survey a sample of their enrollees twice a year in May and November, and the EQRO validates the survey results. The survey comes in four different forms depending on an individual's age group and is available in seven different languages. Past, statewide reports can be found [here](#). Due to privacy concerns, county specific data isn't available.

## **Tools for both MCPs & MHPs**

---

### **Grievance Reports**<sup>viii</sup>

Both MHPs and MCPs must regularly report to DHCS the number and type of grievances and appeals filed by their enrollees. These reports must be made quarterly by MCPs, and annually by MHPs, and include information such as the types of grievances patients have filed, the average amount of time it takes to resolve grievances, and the reasons for pending grievances. The MHP reports categorize the appeals into six different subject areas - actions, access, quality of care, change of provider, confidentiality concern, and other – which are further divided into subcategories. Summaries of the MCPs' reports are available on DHCS's [Medi-Cal Managed Care Performance Dashboard](#). MHPs' reports are available on DHCS's [Specialty Mental Health Problem Resolution page](#).

### **Quality Strategy Report**<sup>ix</sup>

Federal regulations require each state Medicaid agency to annually submit a strategy that monitors and improves the quality of care provided by managed care entities to CMS. Strategy reports are [posted online](#) and open to public commentary for 30 days, and they include detailed descriptions of metrics, policies, objectives, external reviews, and projects relevant to quality of care. Advocates can submit comments on strategies proposed by DHCS for its MCPs and MHPs to improve the quality of care.

### **Performance Improvement Projects (PIPs)**<sup>x</sup>

Federal regulations require both MCPs and MHPs to conduct Performance Improvement Projects (PIPs) twice a year. For MCPs, PIPs must include measures of success, interventions to achieve the health plans' objectives, evaluations of these interventions, and methods for maintaining or increasing the improvements. For MHPs, PIPs must include one clinical and one non-clinical topic. The EQRO evaluates the PIPs from both the MCPs and MHPs, and their evaluations are available online. The results for MCPs are summarized in the [External Quality Review Technical Reports and Plan-](#)

[Specific Evaluation Reports](#). The statewide results for MHPs are available on the Behavioral Health Concepts, Inc. [website](#).

### [External Quality Technical Reports](#)<sup>xi</sup>

Contracted plans must have external independent reviews every year by an EQRO that evaluates the quality, timeliness, and access to services that are covered under each contract. There are eight review protocols that can be used, but three are mandatory: compliance with regulations, performance measure validation, and PIP validation. The annual reports include the evaluation of quality, timeliness, and access to care under the plan, recommendations based on the plan's strengths and weaknesses, and an appraisal of how well a plan responded to the prior year report's recommendations. These reports are available on the DHCS [website](#).

### [Recommendations for Advocates](#)

---

Advocates can use these tools to hold plans accountable for their actions because they create both a record of the health plans' compliance with their responsibilities as well as DHCS' review of these plan requirements. Where problems arise, advocates may also have the opportunity to report grievances. These tools can help advocates assess how plans are performing and whether plans are failing to address a particular requirement. The state audits and reports offer a summary of health plan performance and potential areas of concern.

The following chart summarizes the tools that can be used to determine if health plans are abiding by their implementation strategies, federal and State regulations, and contract requirements. They are divided by topic area. Of these tools, only the Quality Strategy Reports allow for public comment.

**Figure 1:** Tools divided by Area of Interest

AREA OF INTEREST				
Quality of Care	Coordination of Care	Due Process/ Dispute Resolution	Access to Care	Performance Improvement and Evaluation
Medical Audit QIWPs Quality Strategy Report External Quality Technical Reports Grievance Reports Consumer Perception Surveys	Medical Audit External Quality Technical Reports Grievance Reports Consumer Perception Surveys	Medical Audit Triennial Review Grievance Reports	Medical Audit Triennial Review Implementation Plans Quality Strategy Report External Quality Technical Reports Grievance Reports Consumer Perception Surveys	Quality Strategy Report PIPs HEDIS Measures / EAS External Quality Technical Reports

- 
- <sup>i</sup> Medical Audits and Corrective Action Plans, Cal. Dept. Health Care Servs., <https://www.dhcs.ca.gov/services/Pages/MedRevAuditsCAP.aspx> (last visited Feb. 22, 2019).
- <sup>ii</sup> About CAHPS, Agency Healthcare Res. & Qual., <https://www.ahrq.gov/cahps/about-cahps/index.html> (last visited Feb. 22, 2019).
- <sup>iii</sup> Medi-Cal Managed Care – Quality Improvement & Performance Measurement Reports: External Accountability Sets (EAS), Cal. Dep’t Health Care Servs., <https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEAS.aspx> (last visited Feb. 22, 2019).
- <sup>iv</sup> Cal. Dep’t Health Care Servs., MHSUDS Information Notice 18-054, (Nov. 2, 2018), [https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN-18-054 Annual Review Protocol/MHSUDS Information Notice 18-054 FY 2018-2019 Annual Review Protocol.pdf](https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN-18-054%20Annual%20Review%20Protocol/MHSUDS%20Information%20Notice%2018-054%20FY%202018-2019%20Annual%20Review%20Protocol.pdf)
- <sup>v</sup> Cal. Dep’t Health Care Servs., Mental Health / Substance Use Disorder Information Notice 97-06 (Mar. 14, 1997), <https://www.dhcs.ca.gov/services/MH/Documents/Attachment%2014%20%20DMH%20Information%20Notice%2097-06%20Implementation%20Plans.pdf>.
- <sup>vi</sup> Mental Health Plan Quality Improvement Plans, Cal. Dept. Health Care Servs., [https://www.dhcs.ca.gov/services/MH/Pages/MHP\\_QI\\_Plans.aspx](https://www.dhcs.ca.gov/services/MH/Pages/MHP_QI_Plans.aspx) (last visited Feb. 22, 2019).
- <sup>vii</sup> Cal. Dep’t Health Care Servs., Mental Health / Substance Use Disorder Services Information Notice 18-013 (May 7, 2018), [https://www.dhcs.ca.gov/services/MH/Documents/FMORB/MHSUDS Information Notice 18-013 Spring 2018 CPS-FINAL.pdf](https://www.dhcs.ca.gov/services/MH/Documents/FMORB/MHSUDS%20Information%20Notice%2018-013%20Spring%202018%20CPS-FINAL.pdf).
- <sup>viii</sup> Cal. Dep’t Health Care Servs., All Plan Letter 14-013, at 2 (Nov. 3, 2014) (MCPs), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-013.pdf>; Beneficiary Problem Resolution Processes, Cal. Dept. Health Care Servs. (MHPs), [https://www.dhcs.ca.gov/services/Pages/Beneficiary\\_Problem\\_Resolution.aspx](https://www.dhcs.ca.gov/services/Pages/Beneficiary_Problem_Resolution.aspx) (last visited Feb. 22, 2019).
- <sup>ix</sup> Cal. Dep’t Health Care Servs., *Medi-Cal Managed Care Quality Strategy Report* (2018), <https://www.dhcs.ca.gov/formsandpubs/Documents/ManagedCareQSR062918.pdf>.
- <sup>x</sup> Cal. Dep’t Health Care Servs., *Medi-Cal Managed Care Quality Strategy Annual Assessment 27* (2017), [http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD\\_Qual\\_Rpts/Studies\\_Quality\\_Strategy/2017\\_Medi-Cal\\_Managed\\_Care\\_Quality\\_Strategy\\_Annual\\_Assessment.pdf](http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/Studies_Quality_Strategy/2017_Medi-Cal_Managed_Care_Quality_Strategy_Annual_Assessment.pdf).
- <sup>xi</sup> Quality of Care External Quality Review, Ctrs. Medicare & Medicaid Servs., <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html> (last visited Feb. 22, 2019).