



State of the State

California Department of Health Care Services Mental Health Services Division

California Quality Improvement Coordinators Annual Meeting
March 13, 2019



Presenter Introductions

- Erika Cristo, Branch Chief, Program Policy and Quality Assurance Branch, Mental Health Services Division, Department of Health Care Services
- Autumn Boylan, Branch Chief, Program Monitoring and Compliance Branch, Mental Health Services Division, Department of Health Care Services



Presentation Outline

- Mental Health Updates
- Medicaid Managed Care and Parity Updates
- Compliance and Monitoring
- Questions and Open Discussion



Mental Health Updates

DHCS Updates

- Specialty Mental Health Services

Children's Services

- Presumptive Transfer
- Pathways to Wellbeing
- Children's Crisis Residential Programs
- Continuum of Care Reform

MHP Contract Amendment

- Parity amendment forthcoming
- Other amendments



Managed Care and Parity Updates

Parity in Mental Health and Substance Use Disorder Services

- Authorization of SMHS Information Notice
- Implementation Workgroup

Network Adequacy

- Network Adequacy Certification Tool and Supporting Documentation due April 1, 2019
- Corrective Action Plans and Sanctions

Managed Care Implementation

- County Implementation Status
- Quality Strategy Report
- Quality Rating System
- Annual Program Assessment Reports



Compliance and Monitoring



Triennial Review Process

- Announcement Letter
- Entrance Conference
- MHP Document Submission
- DHCS Desk Review
- Opportunity to Submit Missing Documentation (if necessary)
- Facilitated Onsite Interview
 - Enhanced integration of System and Chart review
 - More focused technical assistance provided to MHPs
- Exit Conference
- Detailed Findings Report



Onsite Facilitated Interviews

- Two-day onsite (may vary depending on the county's size and/or the complexity of monitoring needs)
- DHCS' goal is to seek to understand MHP system and operations
- Integrated DHCS team approach
- Facilitated interview of MHP representatives in key areas
- Opportunity for focused technical assistance to be provided to MHP



Standard Onsite Review Schedule

Day One (System and Chart Together)

- Brief Entrance Conference/MHP Presentation
- Network Adequacy and Array of Services
- Care Coordination and Continuity of Care
- Quality Assurance and Performance Improvement
- Access and Information Requirements

Day Two (System and Chart Split)

System:

- Coverage and Authorization of Services
- Beneficiary Rights and Protections
- Program Integrity
- Other Regulatory and Contractual Requirements

Chart:

- EHR Orientation
- Chart Discussions



Enhanced Monitoring Activities

- Triennial Reviews
- POC Validations
- Statewide or Regional TA and Training
- MHP Submission of Evidence of QI Actions
- Targeted MHP Specific Trainings
- POC Validation Visits
- Focused Desk Reviews
- Focused, Modified or Comprehensive Onsite System and Chart Reviews
- Administrative and Financial Sanctions



MHP Tier Distribution

(as of 3/1/19)

Tier	Criteria	System Review	Outpatient Chart Review
Tier 1	100-95% Compliance Rate	29 MHPs	16 MHPs
	No Long-Standing/Significant Findings		
Tier 2	94-90% Compliance Rate	8 MHPs	14 MHPs
	Long-Standing/Significant Findings		
Tier 3	89-80% Compliance Rate	16 MHPs	14 MHPs
	Long-Standing/Significant Findings		
Tier 4	79-70% Compliance Rate	1 MHPs	7 MHPs
	Long-Standing/Significant Findings		
Tier 5	69-60% Compliance Rate	2 MHPs	4 MHPs
	Long-Standing/Significant Findings		
Tier 6	59-50% Compliance Rate	0 MHPs	0 MHPs
	Long-Standing/Significant Findings		
Tier 7	49-0% Compliance Rate	0 MHPs	1 MHPs
	Long-Standing/Significant Findings		



Outpatient Disallowances

Fiscal Years 2014-2017

Fiscal Year	# of MHPs Reviewed	# of Claims reviewed	# of Claims Disallowed	% of Total Claims Disallowed
2014-2015	20	7623	3803	50%
2015-2016	17	7615	1383	18%
2016-2017	19	6524	637	10%
2017-2018	20	6059	872	14.4%
3-Year Cycle	56	20,198	2,892	14.3%

This table shows the disallowance rates for a complete three-year review cycle (all 56 county MHPs). The percentage of total claims disallowed decreased from 50% in FY14/15 to 14.4% in FY17/18. ****Green denotes average rates for 2 consecutive triennial reviews of the same group of MHPs.**

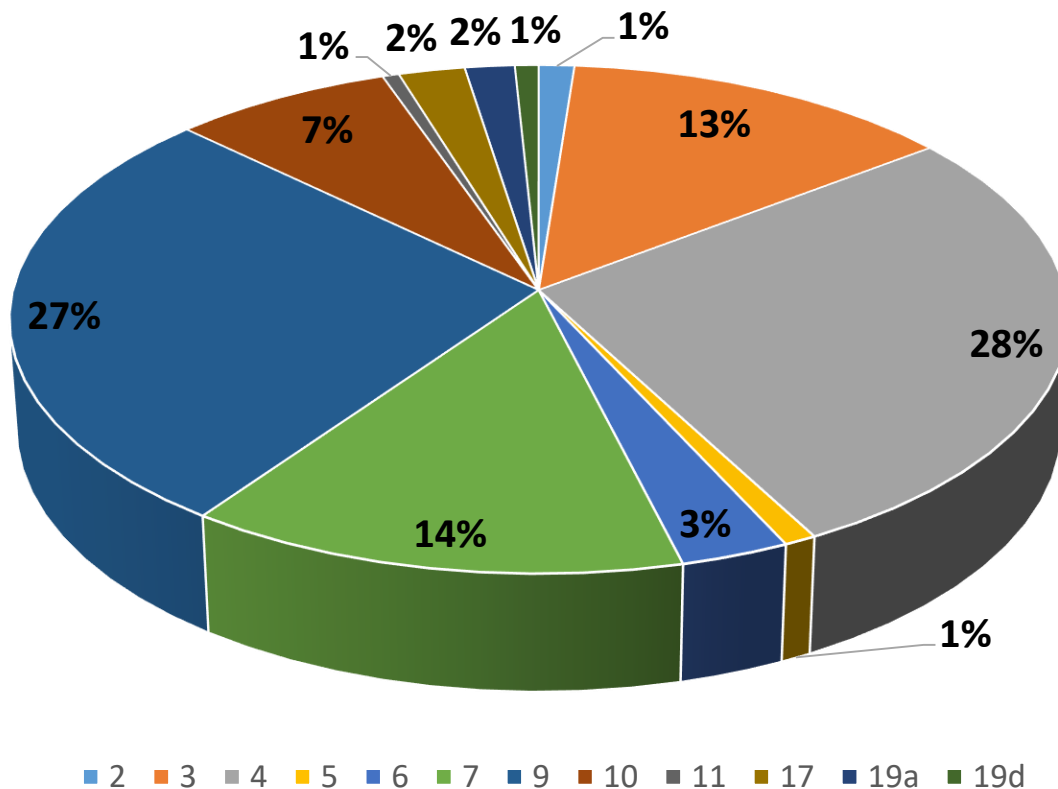


Reasons for Recoupment

Reasons for Recoupment

- RR #4:** Expectation of proposed intervention (28%)
- RR #9:** No progress note (27%)
- RR #7:** No documentation of beneficiary participation (14%)
- RR #3:** Focus of proposed intervention to address condition (13%)
- RR #10:** Time claimed greater than documentation (7%)
- RR #6:** Client plan not completed annually (3%)
- RR #17:** Solely clerical (2%)
- RR #19a:** No service provided (2%)
- RR #2:** Impairment as a result of mental disorder (1%)
- RR #5:** Initial client plan not completed timely (1%)
- RR #11:** Beneficiary ineligible for FFP due to setting (1%)
- RR #19d:** Not within scope of practice (1%)

FY 15/16 Disallowances by Reason for Recoupment



■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7 ■ 9 ■ 10 ■ 11 ■ 17 ■ 19a ■ 19d

Total Claims Reviewed = 7,615
Percent of Claims Disallowed = 18%



Reasons for Recoupment

Reasons for Recoupment

RR #9: No progress note was found for service claimed (**26%**)

RR #6: CP not updated timely, Interventions not on updated plan (**21%**)

RR #7: No documentation of beneficiary participation in CP (**13%**)

RR #3: Focus of intervention does not address impairment (**11%**)

RR #10: The time claimed was greater than the time documented (**10%**)

RR #4: Intervention will not improve or diminish impairment (**7%**)

RR #5: Initial CP not completed timely (**4%**)

RR #19a: No service was provided (**4%**)

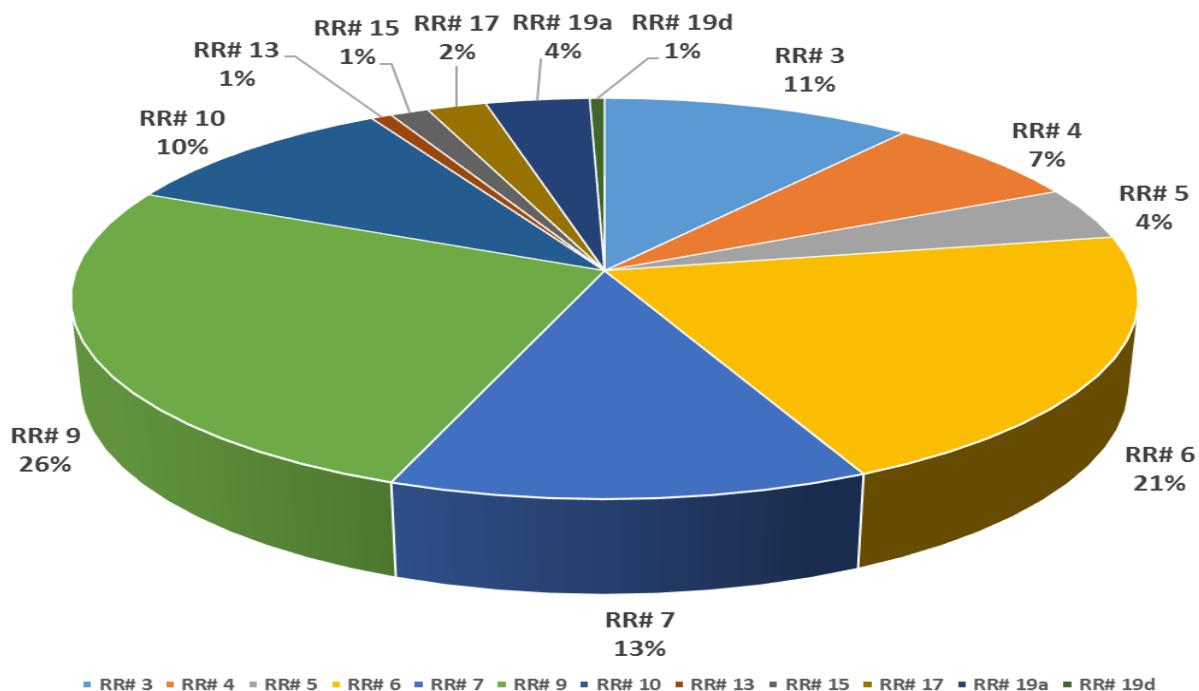
RR #17: The service provided was solely clerical (**2%**)

RR #13: Service provided was solely for Academic, Vocational, Recreation, Socialization (**1%**)

RR #15: The progress note was not signed (**1%**)

RR #19d: The service was not provided within the scope of practice of the person delivering the service (**1%**)

FY 16/17 Disallowances by RR



Total Claims Reviewed = 7,623
Percent of Claims Disallowed = 10%



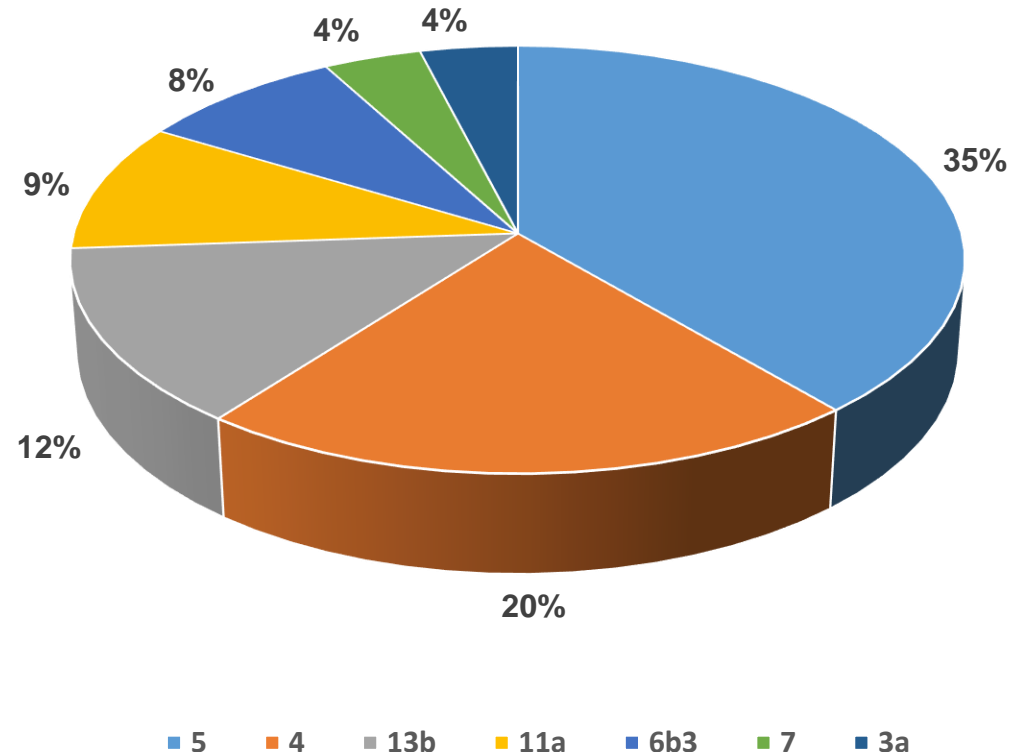
Reasons for Recoupment

Reasons for Recoupment

- 5:** Services claimed without a valid Client Plan in place (35%)
- 4:** No documentation of beneficiary participation in Client Plan (20%)
- 13b:** Service did not meet definition of SMHS (12%)
- 11a:** Progress note for group activities involving (2) or more providers did not document specific involvement (9%)
- 6b3:** Progress note does not match claim in terms of units of time (8%)
- 7:** Service provided while beneficiary resided in setting where ineligible for FFP (4%)
- 3a:** Documentation does not establish intervention will significantly diminish impairment (4%)
- 13a:** No service provided (2%)
- 6a:** No progress note found (2%)

*All other disallowances are less than 1% each (4% of total)

FY17/18 Disallowances by Reason for Recoupment



Total Claims Reviewed = 6,059
Percent of Claims Disallowed = 14.4%



System Compliance

Fiscal Years 2014-2017

Fiscal Year	# of MHPs Reviewed	Total # of Items in the Annual Protocol	Average % Out or Partial Compliance	% Range Out of Compliance
2014-2015	20	151	12%	0%-33%
2015-2016	17	187	5%	0%-19%
2016-2017	19	200	6%	1%-12%
2017-2018	20	245	9%	1%-32%
3-Year Cycle Average	56	211	6.7%	0%-32%

This table shows the rates of non-compliance (including out-of-compliance and partial compliance) items in the System Review sections of the Protocol. While the total number of items in the System Review Protocol has increased, the average rate and range of non-compliance decreased from FY14/15 to FY17/18. ****Green denotes average rates for 2 consecutive triennial reviews of the same group of MHPs.**



Inpatient Disallowances

Fiscal Years 2014-2017

Fiscal Year	# of Hospitals Reviewed	% of Acute Days Disallowed	% of Administrative Days Disallowed	% of Total Days Disallowed
2014-2015	6	50%	58%	54%
2015-2016	6	57%	63%	55%
2016-2017	6	31%	17%	30%
2017-2018	6	18%	5%	23%
Averages 3-Year Cycle	6	35%	28%	36%

The disallowance rate for acute days ranges from 18% to 57%, with an average disallowance rate of 35%. For administrative days, disallowance rates range from 5% to 63% with an average rate of 28%. The total days disallowed ranges from 30% to 55%, with an average rate of 49%. All disallowance rates for the same hospitals were lower in FY17/18 than FY14/15. ****Green denotes average rates for 2 consecutive triennial reviews of the same group of hospitals.**



Training and Technical Assistance

- Chart documentation E-learning modules:
 - Overview: Recovery and Documentation
 - Assessments
 - Client Plans
 - Progress Notes
 - Medication Consents
 - Inpatient Documentation
 - Preparing for a Compliance Review
 - Supervising Documentation Practices
- Developing a Successful Plan of Correction



Questions and Open Discussion



Contact Information

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