



Medi-Cal Policy Committee Recommendations for the DHCS July 27 County Stakeholder Meeting

DRAFT FOR REVIEW AND DISCUSSION

Short-Term Opportunities:

1. Discontinue the current DMH practice of conducting a separate annual EPSDT chart documentation audit. Instead, integrate the EPSDT audit into the existing tri-annual Medi-Cal Specialty Mental Health compliance review and chart audit.
2. Discontinue the annual EQRO on-site county review. Instead, conduct tri-annual, on-site EQRO validation review to verify MHP compliance with federal data and performance improvement requirements. Coordinate the EQRO reviews with existing DMH compliance reviews to prevent duplication and overlap.
3. Clearly identify specific points of contact within DHCS for county consultation regarding Medi-Cal regulatory, policy and other critical county business and operational issues.
4. Review federal reimbursement processes with a focus on improving the efficiency and timeliness of interim federal CPE payments and final settlements.
5. As they are transitioned, examine current DMH functions and priorities in light of the intent specified in AB 102 to focus on statewide accountability and outcomes.
6. Complete the state/county MHP contract discussions and finalize the required contract.
7. Address recent significant delays in the processing of claims through Short-Doyle 2 and ensure cash flow to counties is not worsened during the transition of responsibilities to DHCS.

Mid-Term Opportunities:

1. Review and summarize the federal requirements associated with the PIHP, 1915(b) waiver and state plans to establish the “floor” for federal compliance.
2. Integrate the fiscal auditing of county MHPs into the existing DHCS audits structure for the cost report, settlement and appeals processes.
3. Reduce the redundancy in oversight and management of the Short Doyle 2 claims system between DHCS, DMH, ADP and the vendor. Perform a comprehensive review of the coding decisions made to implement the Medi-Medi and other third party claiming requirements to determine if federal requirements could be addressed more efficiently and with less coding complexity by the counties and the state.

Longer Term Opportunities:

1. In the context of Public Safety Realignment 2011, determine the basis for all non-federal Medi-Cal Specialty Mental Health administrative requirements to assure that any additional state requirements contribute to the enhancement of the Medi-Cal Specialty Mental Health system for consumers, providers and communities.