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FY 2021-22
MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

SHASTA FINAL REPORT

☒ MHP

☐ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

September 15-16th, 2021

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EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2021-22 Mental Health Plan (MHP) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report.

MHP INFORMATION

MHP Reviewed — Shasta

Review Type — Virtual

Date of Review — September 15-16th, 2021

MHP Size — Small

MHP Region — Superior

MHP Location — Redding

MHP Beneficiaries Served in Calendar Year (CY) 2020 — 2,696

MHP Threshold Language(s) — English, no additional threshold languages

SUMMARY OF FINDINGS

Of the 18 recommendations for improvement that resulted from the FY 2020-21 EQR, the MHP addressed or partially addressed 16 recommendations.

CalEQRO evaluated the MHP on the following four Key Components that impact beneficiary outcomes; among the 26 components evaluated, the MHP met or partially met the following, by domain:

- Access to Care: 100 percent (four of four components)
- Timeliness of Care: 67 percent (four of six components)
- Quality of Care: 60 percent (six of ten components)
- Information Systems (IS): 100 percent (six of six components)

The MHP submitted both required Performance Improvement Projects (PIPs). The clinical PIP, “Applied Behavioral Analysis (ABA): Improve Functioning of Youth Experiencing Anxiety”, is in the implementation phase with a moderate confidence validation rating. The non-clinical PIP, “MORS2”, is in the planning phase with a no confidence validation rating.

CalEQRO conducted two consumer family member focus groups, comprised of a total of seven participants.

SUMMARY OF STRENTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas: the MHP established a PIP workgroup comprised of representatives of each division branch; a data quality improvement (QI) workgroup was created to address data inaccuracies; a six-bed crisis stabilization unit (CSU) was created; stakeholders report that the parent peer program has a positive impact on beneficiaries and their families; beneficiaries in EQR focus groups report feeling satisfied with their services and respected by MHP staff.

The MHP was found to have notable opportunities for improvement in the following areas: the MHP does not have a reliable method to track and trend timeliness data for first non-urgent appointment offered; system limitations result in concerns about data validity and reliability; the MHP does not track and analyze systemwide beneficiary level outcomes; the MHP does not track and trend HEDIS measures as required by SB 1291; the MHP's processes and procedures lack standardization across branches; and staff report on-going low morale.

FY 2021-22 CalEQRO recommendations for improvement include: prioritize systemwide timely access to care for beneficiaries; continue the evaluation and selection process for a replacement EHR; identify the service delivery system process workflow from beneficiary entry to discharge; investigate concerns regarding staff morale; and improve bi-directional communication between MHP leadership, direct line staff, and community agencies servicing foster care (FC) youth.

INTRODUCTION

BACKGROUND

The United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). The EQRO conducts an EQR that is an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid (Medi-Cal in California) Managed Care Services. The Code of Federal Regulations (CFR) specifies the EQR requirements (42 CFR § 438, subpart E), and CMS develops protocols to guide the annual EQR process; the most recent protocol was updated in October 2019.

The State of California Department of Health Care Services (DHCS) contracts with 56 county MHPs to provide specialty mental health services (SMHS) to Medi-Cal beneficiaries under the provisions of Title XIX of the federal Social Security Act. As PIHPs, the CMS rules apply to each Medi-Cal Mental Health Plan (MHP). DHCS contracts with Behavioral Health Concepts, Inc., the California EQRO (CalEQRO), to review and evaluate the care provided to the Medi-Cal beneficiaries.

Additionally, DHCS requires the CalEQRO to evaluate MHPs on the following: delivery of SMHS in a culturally competent manner, coordination of care with other healthcare providers, beneficiary satisfaction, and services provided to Medi-Cal eligible minor and non-minor dependents in foster care (FC) as per California Senate Bill (SB) 1291 (Section 14717.5 of the Welfare and Institutions Code). CalEQRO also considers the State of California requirements pertaining to Network Adequacy (NA) as set forth in California Assembly Bill (AB) 205.

This report presents the fiscal year (FY) 2021-22 findings of the EQR for Shasta County MHP by Behavioral Health Concepts, Inc., conducted as a virtual review on September 15-16th, 2021.

METHODOLOGY

CalEQRO's review emphasizes the MHP's use of data to promote quality and improve performance. Review teams are comprised of staff who have subject matter expertise in the public mental health system, including former directors, IS administrators, and individuals with lived experience as consumers or family members served by SMHS systems of care. Collectively, the review teams utilize qualitative and quantitative techniques to analyze data, review MHP-submitted documentation, and conduct interviews with key county staff, contracted providers, advisory groups, beneficiaries, family members, and other stakeholders. At the conclusion of the EQR process,

CalEQRO produces a technical report that synthesizes information, draws upon prior year's findings, and identifies system-level strengths, opportunities for improvement, and recommendations to improve quality.

Data used to generate Performance Measures (PM) tables and graphs throughout this report are derived from three source files, unless otherwise specified. These statewide data sources include: Monthly Medi-Cal Eligibility Data System Eligibility File, Short-Doyle/Medi-Cal (SDMC) approved claims, and Inpatient Consolidation File (IPC). CalEQRO reviews are retrospective; therefore, data evaluated are from CY 2020 and FY 2020-21, unless otherwise indicated. As part of the pre-review process, each MHP is provided a description of the source of data and four summary reports of Medi-Cal approved claims data–overall, FC, transitional age youth, and Affordable Care Act (ACA). CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

FINDINGS

Findings in this report include:

- Changes, progress, or milestones in the MHP's approach to performance management – emphasizing utilization of data, specific reports, and activities designed to manage and improve quality of care – including responses to FY 2020-21 EQR recommendations.
- Review and validation of three elements pertaining to NA: Alternative Access Standards (AAS) requests, use of out-of-network (OON) providers, and rendering provider National Provider Identifier (NPI) taxonomy as assigned in National Plan and Provider Enumeration System (NPPES).
- Summary of MHP-specific activities related to the following four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact beneficiary outcomes: Access, Timeliness, Quality, and IS.
- PM interpretation and validation, and an examination of specific data for Medi-Cal eligible minor and non-minor dependents in FC, as per SB 1291 (Chapter 844).
- Review and validation of submitted Performance Improvement Projects (PIPs).
- Assessment of the Health Information System's (HIS) integrity and overall capability to calculate PMs and support the MHP's quality and operational processes.
- Consumer perception of the MHP's service delivery system, obtained through satisfaction surveys and focus groups with beneficiaries and family members.
- Summary of MHP strengths, opportunities for improvement, and recommendations for the coming year.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act (HIPAA), and in accordance with DHCS guidelines, CalEQRO suppressed values in the report tables when the count was less than or equal to 11 and replaced it with an asterisk (*) to protect the confidentiality of MHP beneficiaries. Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data; its corresponding penetration rate percentages; and cells containing zero, missing data, or dollar amounts.

CHANGES IN THE MHP ENVIRONMENT AND WITHIN THE MHP

In this section, the status of last year's (FY 2020-21) EQR recommendations are presented, as well as changes within the MHP's environment since its last review.

ENVIRONMENTAL IMPACT

This review took place during the Coronavirus Disease 2019 (COVID-19) pandemic. The MHP experienced major leadership changes, staffing shortages, and transition to a hybrid service delivery system, e.g., in-person, telephone, and telehealth service delivery. CalEQRO worked with the MHP to design an alternative agenda due to the above factors. CalEQRO was able to complete the review without any insurmountable challenges.

MHP SIGNIFICANT CHANGES AND INITIATIVES

Changes since the last CalEQRO review, identified as having a significant effect on service provision or management of those services, are discussed below. This section emphasizes systemic changes that affect access, timeliness, and quality of care, including those changes that provide context to areas discussed later in this report.

- Planned implementation of the Bridges Team, which will provide level of care (LOC) transitional support to adult beneficiaries in the full-service partnership (FSP).
- Creation of a six-bed CSU in collaboration with the Shasta Regional Medical Center (SRMC); the CSU is located in the SRMC emergency department.
- Acquisition and implementation of the peer support certification program.
- Planned implementation of the Hope Park Project; this Mental Health Services Act (MHSA) Innovation Project will create a teen center staffed by older adults.
- Exploring options to transition to a new EHR system.

RESPONSE TO FY 2020-21 RECOMMENDATIONS

In the FY 2020-21 EQR technical report, CalEQRO made several recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY 2021-22 EQR, CalEQRO evaluated the status of those FY 2020-21 recommendations; the findings are summarized below.

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the MHP has either:

- Made clear plans and is in the early stages of initiating activities to address the recommendation; or
- Addressed some but not all aspects of the recommendation or related issues.

Not Addressed is assigned when the MHP performed no meaningful activities to address the recommendation or associated issues.

Recommendations from FY 2020-21

Recommendation 1: Continue to provide resources to identify, develop, and implement the DHCS contractually required PIPs as per Title 42, CFR, Section 438.330.

(This recommendation is a carry-over from FY 2019-20.)

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The MHP participated in a total of nine PIP TA meetings with CalEQRO in CY 2020 and 2021.
- The PIP workgroup was established since the previous EQRO review and is comprised of staff from ASB; CSB; Outcomes, Planning, and Evaluations (OPE); Compliance and QI.
- The MHP submitted two required PIPs: 1) the clinical PIP, ABA: Improve Functioning of Youth Experiencing Anxiety, is active; and 2) the non-clinical PIP, MORS-2, will not be going forward as a PIP.

Recommendation 2: Investigate and remediate denied referral requests to the new COVID-19 Crisis Stabilization Unit (CSU) to promote diversion of beneficiaries entering a higher level of care.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The MHP reviewed all ten denied referral requests and determined that the beneficiaries required a higher level of care; the temporary CSU closed in December 2020.
- Since the last EQR review, the MHP collaborated with SRMC to create a six-bed crisis CSU located in the SRMC emergency department.

Recommendation 3: Investigate COVID-19 challenges faced by staff providing mental health services to adult and youth beneficiaries in residential care facilities and develop innovative strategies to provide outreach and engagement in these settings.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Peer support personnel were tasked with engaging residential program participants in creative ways; staff created care packages and activity plans for these individuals.

Recommendation 4: Set a standard for no-show rates for psychiatrists and clinicians to provide additional information which could contribute to enhanced capacity strategies.

(This recommendation is a carry-over from FY 2019-20.)

☐ Addressed ☐ Partially Addressed ☒ Not Addressed

- The MHP is considering options to capture no-shows within the Quality Improvement Committee (QIC) across the ASB and CSB.
- MHP staff are encouraged to utilize the scheduler to capture no-shows; however, there is a lack of consistency when using the application throughout various programs.
- The MHP has not set a standard for no-show rates, and the MHP's reported data shows the psychiatry no-shows rate is 34 percent.

Recommendation 5: Investigate issues with reliably tracking time of first beneficiary contact to first offered appointment and develop an effective solution to accurately track and monitor timely access to services for the entire system of care (SOC).

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The MHP formed a workgroup which implemented logic tools within the Client Services Information Assessment Record (CSI) to address inaccuracies within the data.
- A dashboard was created to track all errors identified within the data.
- A dashboard was created to track all CSI timely access assessment records.
- Data records were corrected to accurately reflect timeliness to service.
- During the EQR, the MHP identified multiple data elements they are addressing regarding other timeliness measures to ensure accuracy of future data reporting.

Recommendation 6: Explore current psychiatry timeliness tracking methodology and implement an effective solution to accurately report on beneficiary request to initial psychiatry assessment for the entire system of care (SOC).

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The workgroup focusing on timeliness data is exploring procedures to capture timeliness data for psychiatric services.
- The data is not currently collected within the CSI timely access records.

Recommendation 7: Investigate high psychiatry and clinician no-show rates for adults, children, and FC youth, and implement QI activities, i.e., patient centered communication and PIPs, to ensure timely access to services, quality of care, and beneficiary retention.

☐ Addressed ☐ Partially Addressed ☒ Not Addressed

- There are reported EHR system limitations in tracking no-shows as well as an inconsistent tracking process within the ASB and CSB programs.

Recommendation 8: Develop and implement a process to identify the rate of co-occurring mental health and substance abuse diagnoses more accurately.

(This recommendation is a carry-over from FY 2019-20.)

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- There are reported EHR system limitations in tracking no-shows as well as an inconsistent tracking process within the ASB and CSB programs.
- Data in ASB programs are captured on beneficiaries that receive services under a co-occurring diagnosis; a drug and alcohol position in the access department is available to assess beneficiaries upon intake.
- The MHP's EHR is not capable of creating overall co-occurring diagnosis reports.

Recommendation 9: Review deferred diagnosis data to identify trends and assure diagnosis updates are entered into the system in a timely manner to reduce the rate of deferred diagnosis.

(This recommendation is a carry-over from FY 2019-20.)

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The MHP reviewed deferred diagnosis data and determined that only 3.33 percent of all beneficiaries served have a deferred diagnosis; these beneficiaries are typically receiving crisis intervention and stabilization services.

Recommendation 10: The MHP should actively engage contract providers in system planning, routinely share outcomes data, and promote increased participation in QI activities such as the PIP committee, QIC, and Cultural Competence Committee (CCC)

(This recommendation is a carry-over from FY 2019-20.)

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Quarterly meetings are conducted with contracted providers to discuss outcomes and QI activities; attendees include relevant program department heads, and the compliance, and quality management (QM) team.
- Contracted providers actively participate in QIC where ideas and resources for QI are approached collaboratively and transparently (including PIPs).
- The PIP work group attendance is currently specific to those involved in the current PIP activities; however, contracted providers are welcome to attend and are required for PIPs that are dependent on their participation.
- MHP expanded engagement efforts for CCC member participation; the MHP plans to reach out to contacted providers to solicit their participation.

Recommendation 11: Provide routine internal outcome reporting (quarterly at a minimum) to stakeholders for children using the Child and Adolescent Needs and Strengths assessment (CANS-50), and the MORS-2 for adults.

(This recommendation is a carry-over from FY 2019-20.)

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The MHP has an assigned youth outpatient analyst that is responsible for providing reports to program staff; the analyst exports monthly data for the clinical program coordinator to monitor and address compliance.
- The MHP routinely discusses CANS-50 completion and data entry with contract providers.
- The MHP presented CANS-50 data to the Shasta County Mental Health Drug and Alcohol Advisory Board in June 2021.
- The ASB is working on a PIP concept regarding the enhancement of the MORS to MORS-2; included in the PIP is routine, internal outcome reporting.
- The MHP did not provide beneficiary outcome reports at the time of this review.

Recommendation 12: Increase beneficiary participation in satisfaction surveys, and provide stakeholders (clinical supervisors, contract providers, and beneficiaries) with results of the surveys at the program level.

(This recommendation is a carry-over from FY 2019-20.)

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The MHP is exploring multiple options to improve beneficiary participation in satisfaction services, e.g., electronic surveys; however, several roadblocks were encountered delaying the re-vamped surveys and will be a QI priority in the next FY.

Recommendation 13: Improve bi-directional communication between MHP leadership, direct line staff and community agencies providing services to FC youth to promote integrated core practices (ICPM) and behaviors.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The MHP focused on improving collaboration with probation in FY 2021-22; the Pathways to Wellbeing team implemented a quarterly multidisciplinary meeting where outcomes, tracking of child and family team meetings, and best practices are discussed.
- The MHP convenes weekly Interagency Placement Committee (IPC) meetings with participation from social workers, clinicians, probation officers, Shasta County Office of Education School liaisons, Regional Center liaisons, and CSB Public Health Nurses.
- Stakeholder feedback during the review suggests: 1) chronic communication obstacles between the MHP and Child Welfare Services (CWS); and 2) lack of contract provider capacity, e.g., long FC youth referral wait times for the Redding Rancheria.

Recommendation 14: Work towards the establishment of a formal data governance protocol to record and transparently disseminate reporting data sources, assumptions, baselines, methodologies, and findings for its clinical QI data analytics reporting.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Data governance protocols are established by the QIC members through their ongoing bi-monthly meetings.
- QIC data meetings have been established since the last EQR to ensure additional opportunities for reviewing data, creating protocols/methodologies for gathering data, and ensuring data is disseminated accordingly.

- QIC meetings are open to the various stakeholders, including but not limited to, contracted providers and consumers/consumer family members.

Recommendation 15: Advocate and resolve contract issues between Shasta County Counsel and the clearing house, Ability, to resume Medicare Part B billing.

(This recommendation is a carry-over from FY 2019-20.)

☐ Addressed ☐ Partially Addressed ☐ Not Addressed

- The MHP executed a contract with Ability.
- The MHP has resumed Medicare claiming and is working to submit claims for all allowable time periods.

Recommendation 16: Consult with other Cerner Community Behavioral Health (CCBH) organizations on EHR selection, system implementation, optimization, and adoption.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The MHP EHR Manager consulted with other CCBH counties following Cerner's notification that CCBH would not meet California requirements after December 2022.
- The MHP is currently reviewing EHR options from several vendors and will consider publishing an RFP with a goal of transitioning from the CCBH EHR in 2022.
- The key MHP staff on the implementation team have been identified.

Recommendation 17: Create an open line of communication for staff to provide honest feedback to leadership, while improving employee morale and engagement to help drive organizational change.

(This recommendation is a carry-over from FY 2018-19.)

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The MHP utilized anonymous employee satisfaction surveys and suggestion boxes within the children's services branch, and staff meetings to provide opportunity for staff to communicate feedback.

Recommendation 18: Provide clear and consistent job responsibilities, policies, and procedures to eliminate staff confusion and role ambiguity; this will help to promote employee engagement, satisfaction, and retention.

(This recommendation is a carry-over from FY 2018-19.)

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Adult services customized job postings to clearly communicate specific job requirements, as well as implemented checklists for multiple positions with expanded job responsibilities.
- The Business and Support Services (BSS) division created checklists with job responsibilities as well as organizational charts with detailed descriptions for each position.

NETWORK ADEQUACY

BACKGROUND

CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, the California State Legislature passed AB 205 in 2017 to specify how NA requirements must be implemented in California. The legislation and related DHCS policies and Behavioral Health Information Notices (BHINs) assign responsibility to the EQRO for review and validation of the data collected and processed by DHCS related to NA.

All MHPs submitted detailed information on their provider networks in July 2021 on the Network Adequacy Certification Tool (NACT) form, per the requirements of DHCS BHIN 21-023. The NACT outlines in detail the MHP provider network by location, service provided, population served, and language capacity of the providers; it also provides details of the rendering provider's NPI number as well as the professional taxonomy used to describe the individual providing the service. DHCS reviews these forms to determine if the provider network meets required time and distance standards.

The travel time to the nearest provider for a required service level depends upon a county's size and the population density of its geographic areas. The two types of care that are measured for MHP NA compliance with these requirements are mental health services and psychiatry services, for youth and adults. If these standards are not met, DHCS requires the MHP to improve its network to meet the standards or submit a request for a dispensation in access.

CalEQRO verifies and reports if an MHP can meet the time and distance standards with its provider distribution. As part of its scope of work for evaluating the accessibility of services, CalEQRO reviews separately and with MHP staff all relevant documents and maps related to NA for their Medi-Cal beneficiaries and the MHP's efforts to resolve NA issues, services to disabled populations, use of technology and transportation to assist with access, and other NA-related issues. CalEQRO reviews timely access-related grievance and complaint log reports; facilitates beneficiary focus groups; reviews claims and other performance data; reviews DHCS-approved corrective action plans; and examines available beneficiary satisfaction surveys conducted by DHCS, the MHP, or its subcontractors.

FINDINGS

For Shasta County, the time and distance requirements are 90 minutes and 60 miles for outpatient mental health and psychiatry services. These services are further measured in relation to two age groups – youth (0-20) and adults (21 and over)[1].

Alternative Access Standards and Out-of-Network Providers

DHCS required the MHP to submit an AAS request for four zip codes for which time and/or distance standards were not met in FY 2019-20: 96025, 96028, 96056 and 96076. DHCS approved the MHP's AAS request. These zip codes were along the borders of the county far from urban centers and were not meeting time or distance standards for psychiatry services for youth. The other zip codes for the MHP for youth psychiatry services met time and distance standards as required by DHCS.

Planned Improvements to Meet NA Standards

The MHP proposed the following strategies to meet NA standards and enhance access for Medi-Cal beneficiaries:

- Although there are currently no youth psychiatry clients residing in the impacted zip codes and telehealth services were not provided for such clients for the review period, case managers are prepared with mobile equipment to provide services for clients.
- Mobile response mental health services are available to all of Shasta County youth if determined by clinical staff that a mobile response is warranted.
- Transportation alternatives and/or compensation for transportation are available to clients.

Coordination of a single-case agreement with OON providers as needed.

PROVIDER NPI AND TAXONOMY CODES

CalEQRO provides the MHP a detailed list of its rendering provider's NPI Type 1 number and associated taxonomy code and description. Individual technical assistance is provided to MHPs to resolve issues which may result in claims denials, when indicated. The data comes from disparate sources. The primary source is the MHP's NA rendering service provider data submitted to DHCS. The data are linked to the NPPES using the rendering service provider's NPI, Type 1 number. A summary of any NPI Type

[1] AB 205 and BHIN 21-023

1, NPI Type 2, or taxonomy code exceptions noted by CalEQRO will be presented in the FY 2021-22 Annual Aggregate Statewide report.

ACCESS TO CARE

BACKGROUND

CMS defines access as the ability to receive essential health care and services. Access is a broad set of concerns that reflects the degree to which eligible individuals (or beneficiaries) are able to obtain needed health care services from a health care system. It encompasses multiple factors, including insurance/plan coverage, sufficient number of providers and facilities in the areas in which beneficiaries live, equity, as well as accessibility—the ability to obtain medical care and services when needed. The cornerstone of MHP services must be access, without which beneficiaries are negatively impacted.

CalEQRO uses a number of indicators of access, including the Key Components and Performance Measures addressed below.

ACCESS IN SHASTA COUNTY

SMHS are delivered by both county-operated and contractor-operated providers in the MHP. Regardless of payment source, approximately 64.9 percent of services were delivered by county-operated/staffed clinics and sites, and35.1 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 77.3 percent of services provided are claimed to Medi-Cal.

The MHP has a toll-free Access Line available to beneficiaries 24 hours, 7 days per week that is operated by county staff during business hours and contract providers after business hours; beneficiaries may request services through the Access Line as well as through the following system entry points: clinic walk-in, primary care referrals, Shasta County CSB Access Services, school referrals, probation referrals, interagency and community provider referrals, and Medi-Cal managed health care plan. The MHP also provides services to anyone in the county experiencing a mental health crisis. The MHP operates a centralized access team that is responsible for linking beneficiaries to appropriate, medically necessary services. The youth patient access program team provides evaluations and assessments to all beneficiaries referred to or seeking mental health services over the phone or by walk-in. Beneficiaries are screened for medical necessity, i.e., service authorization, and are scheduled for an initial assessment if they meet medical necessity criteria. After the initial assessment is completed, beneficiaries are referred to the appropriate program to serve their needs. The MHP refers beneficiaries to contract providers when the agency is at capacity. Individuals who do not meet SMHS medical criteria are referred to the corresponding Medi-Cal managed health care plan, e.g., Beacon Health Options.

In addition to clinic-based mental health services, the MHP provides telehealth and mobile mental health services. Specifically, the MHP delivers psychiatry and mental health services via telehealth to youth and adults. In FY 2020-21, the MHP reports

having served 169 adult beneficiaries and 301 youth beneficiaries across two county-operated sites and four contractor-operated sites. Among those served, no beneficiaries received telehealth services in a language other than English in the preceding 12 months.

ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of a broad service delivery system which provides access to beneficiaries and family members. Examining service accessibility and availability, system capacity and utilization, integration and collaboration of services with other providers, and the degree to which an MHP informs the Medi-Cal eligible population and monitors access and availability of services form the foundation of access to quality services that ultimately lead to improved beneficiary outcomes.

Each access component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 1: Key Components - Access

KC #	Key Components – Access	Rating
1A	Service Accessibility and Availability are Reflective of Cultural Competence Principles and Practices	Met
1B	Manages and Adapts Capacity to Meet Beneficiary Needs	Partially Met
1C	Integration and/or Collaboration to Improve Access	Met
1D	Service Access and Availability	Met

Strengths and opportunities associated with the access components identified above include:

- The MHP does attempt to integrate services with partnering agencies to improve access.
- While telehealth services are offered, beneficiaries reported challenges in being required to travel to the clinics for psychiatric appointments which are telehealth.

PERFORMANCE MEASURES

In addition to the Key Components identified above, the following PMs further reflect access to care in the MHP:

- Total beneficiaries served, stratified by race/ethnicity and threshold language.

- Penetration rates, stratified by race/ethnicity and FC status.
- Approved claims per beneficiary (ACB) served, stratified by race/ethnicity and FC status.

Total Beneficiaries Served

The following information provides details on Medi-Cal eligibles, and beneficiaries served by race/ethnicity and threshold language.

The population groups of Medi-Cal beneficiaries by race/ethnicity are primarily White (67.9 percent), Other (13.6 percent), and Latino/Hispanic (10.4 percent). There was an increase of approximately 1,000 average monthly beneficiaries from the prior year, while the unduplicated count of beneficiaries served decreased by approximately 400 (13 percent) during that same time period.

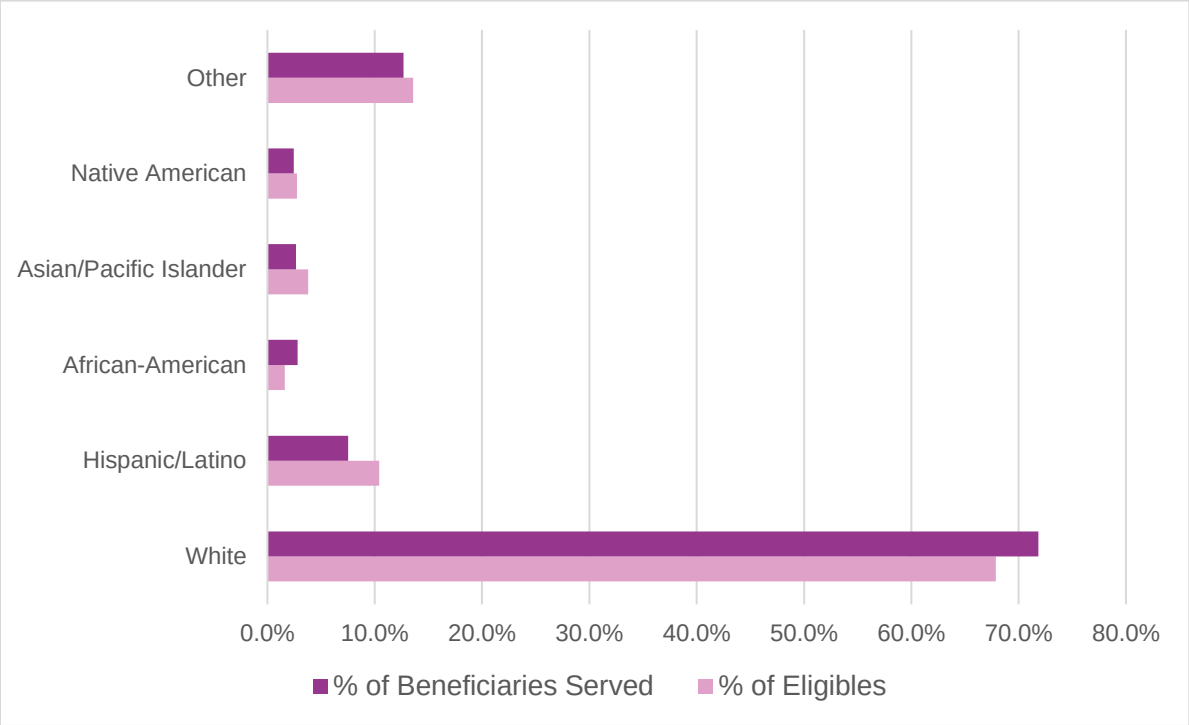
Table 2: County Medi-Cal Eligible Population and Beneficiaries Served in CY 2020, by Race/Ethnicity

Shasta MHP				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Beneficiaries**	**Percentage of Medi-Cal Beneficiaries**	**Unduplicated Annual Count of Beneficiaries Served by the MHP**	**Percentage of Beneficiaries Served by the MHP**
White	43,432	67.9%	1,937	71.8%
Latino/Hispanic	6,662	10.4%	203	7.5%
African-American	1,041	1.6%	76	2.8%
Asian/Pacific Islander	2,422	3.8%	72	2.7%
Native American	1,758	2.7%	66	2.4%
Other	8,683	13.6%	342	12.7%
Total	**63,998**	**100%**	**2,696**	**100%**

The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.

The race/ethnicity results in Figure 1 can be interpreted to determine how readily the listed race/ethnicity subgroups access SMHS through the MHP. If they all had similar patterns, one would expect the proportions they constitute of the total population of Medi-Cal eligibles to match the proportions they constitute of the total beneficiaries served.

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2020



The MHP does not currently have an identified threshold language other than English, per DHCS information notice 20-070.

Table 3: Beneficiaries Served in CY 2020, by Threshold Language

Shasta MHP		
Threshold Language	**Unduplicated Annual Count of Beneficiaries Served by the MHP**	**Percentage of Beneficiaries Served by the MHP**
Other Languages	2,607	100%
Total	**2,607**	**100%**
Threshold language source: Open Data per IN 20-070 Other Languages include English		

Penetration Rates and Approved Claim Dollars per Beneficiary Served

The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average eligible count. The ACB served per year is calculated by

dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal beneficiaries served per year.

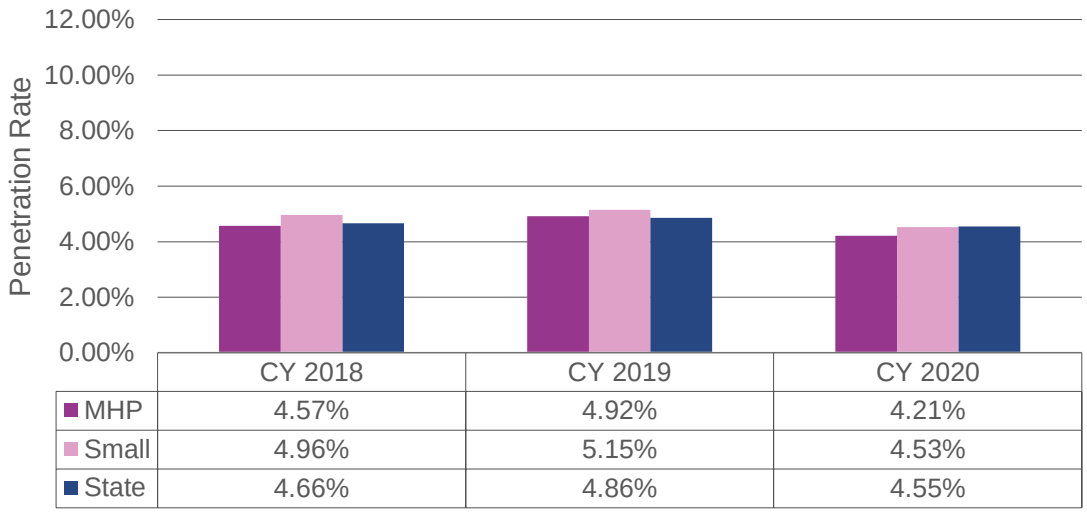
CalEQRO has incorporated the ACA Expansion data in the total Medi-Cal enrollees and beneficiaries served. Attachment D provides further ACA-specific utilization and performance data for CY 2020. See Table D1 for the CY 2019 ACA penetration rate and ACB.

Figures 2 through 9 highlight three-year trends for penetration rates and average approved claims for all beneficiaries served by the MHP as well as the following three populations with historically low penetration rates: FC, Latino/Hispanic, and Asian/Pacific Islander (API) beneficiaries.

The penetration rates decreased for the MHP (14.4 percent), small county average (12.0 percent), and statewide average (6.4 percent) in CY 2020. The MHP penetration rate of 4.21 percent remains below the small county average (4.53 percent), and statewide average (4.55 percent).

Figure 2: Overall Penetration Rates CY 2018-20

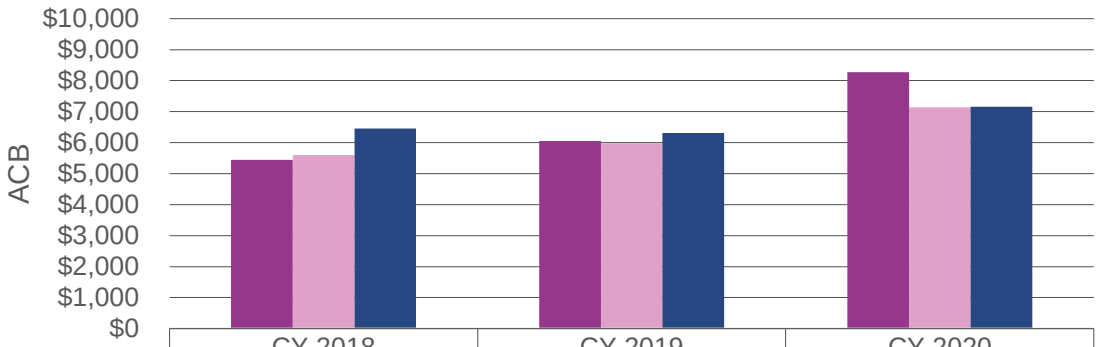
Shasta MHP



	CY 2018	CY 2019	CY 2020
MHP	4.57%	4.92%	4.21%
Small	4.96%	5.15%	4.53%
State	4.66%	4.86%	4.55%

Figure 3: Overall ACB CY 2018-20

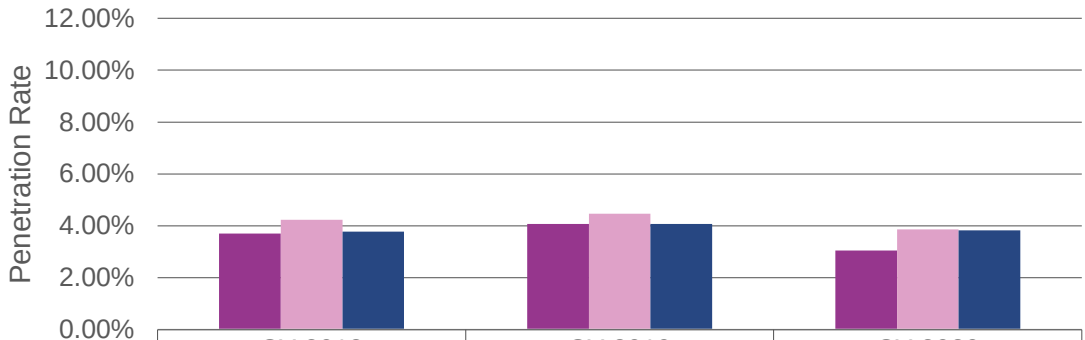
Shasta MHP



	CY 2018	CY 2019	CY 2020
MHP	$5,441	$6,052	$8,275
Small	$5,602	$5,982	$7,142
State	$6,454	$6,316	$7,155

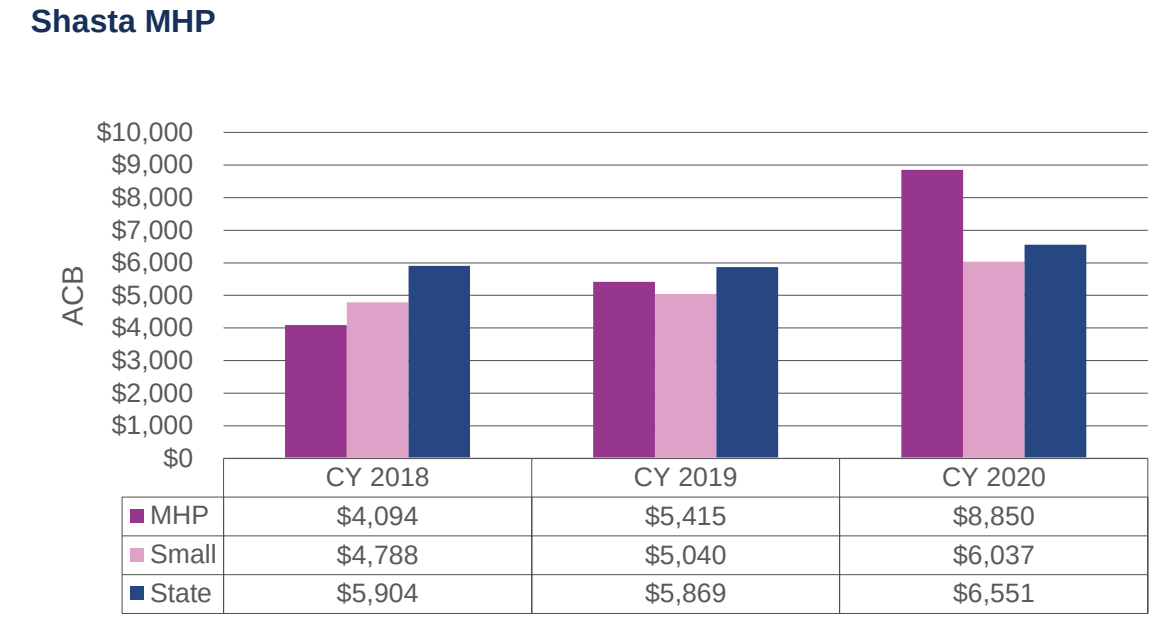
Figure 4: Latino/Hispanic Penetration Rates CY 2018-20

Shasta MHP



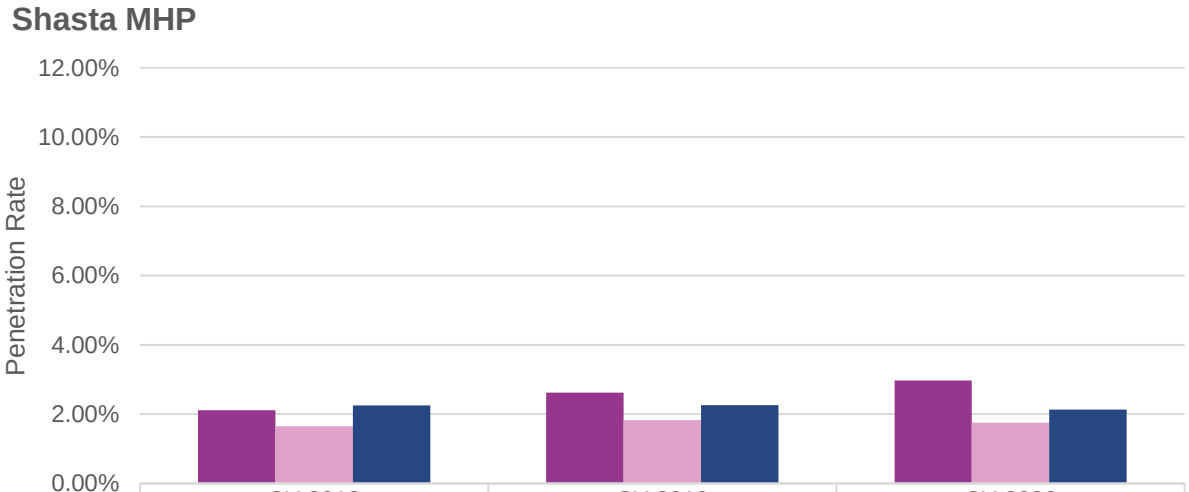
	CY 2018	CY 2019	CY 2020
MHP	3.71%	4.08%	3.05%
Small	4.23%	4.47%	3.87%
State	3.78%	4.08%	3.83%

Figure 5: Latino/Hispanic ACB CY 2018-20



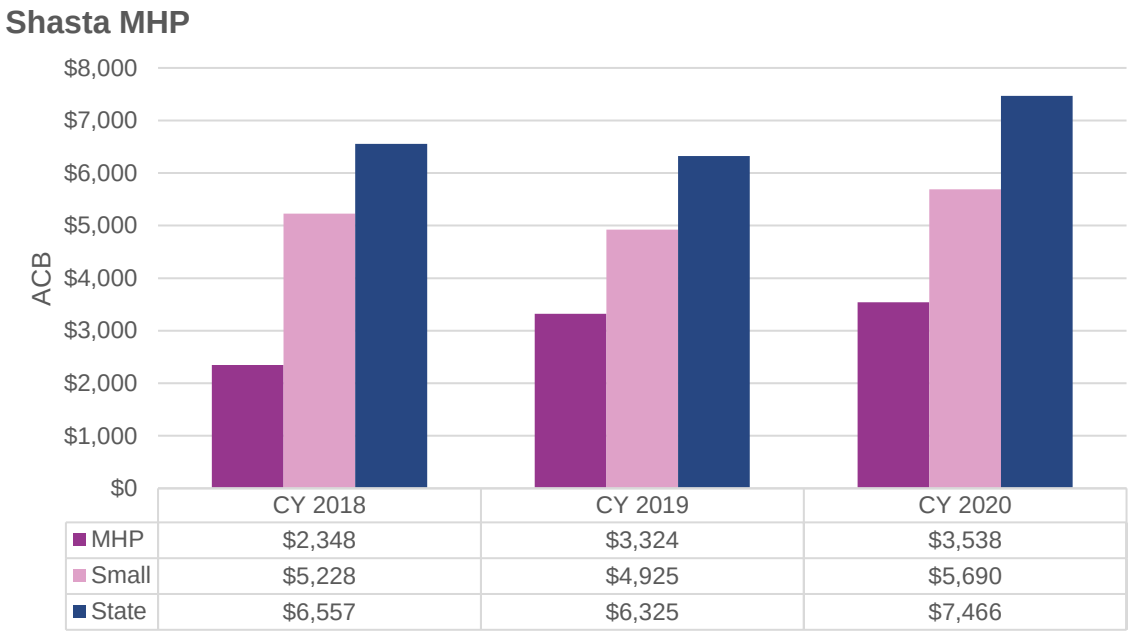
	CY 2018	CY 2019	CY 2020
MHP	$4,094	$5,415	$8,850
Small	$4,788	$5,040	$6,037
State	$5,904	$5,869	$6,551

Figure 6: Asian/Pacific Islander Penetration Rates CY 2018-20



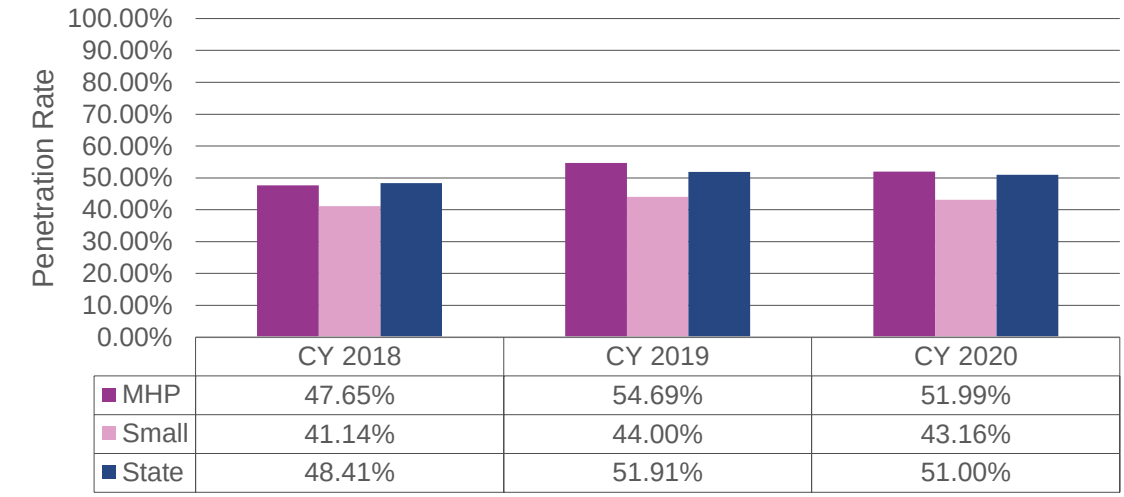
	CY 2018	CY 2019	CY 2020
MHP	2.11%	2.62%	2.97%
Small	1.65%	1.83%	1.75%
State	2.25%	2.26%	2.13%

Figure 7: Asian/Pacific Islander ACB CY 2018-20



	CY 2018	CY 2019	CY 2020
MHP	$2,348	$3,324	$3,538
Small	$5,228	$4,925	$5,690
State	$6,557	$6,325	$7,466

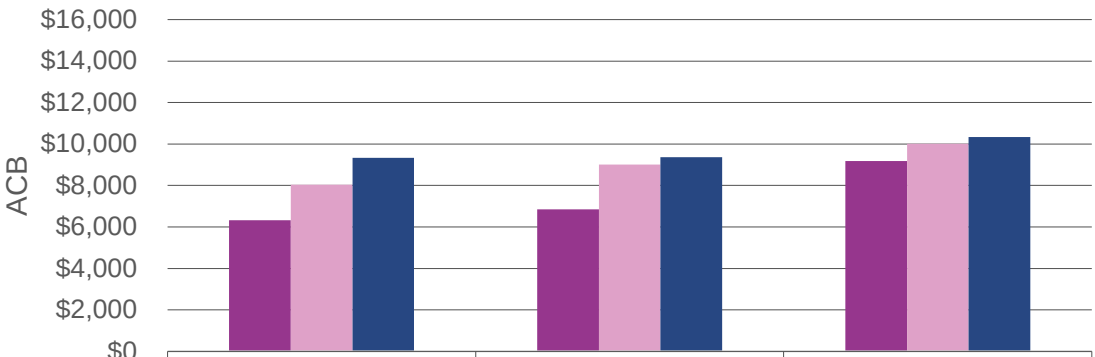
Figure 8: FC Penetration Rates CY 2018-20



	CY 2018	CY 2019	CY 2020
MHP	47.65%	54.69%	51.99%
Small	41.14%	44.00%	43.16%
State	48.41%	51.91%	51.00%

Figure 9: FC ACB CY 2018-20

Shasta MHP



	CY 2018	CY 2019	CY 2020
MHP	$6,322	$6,852	$9,177
Small	$8,033	$9,010	$10,017
State	$9,340	$9,360	$10,338

IMPACT OF FINDINGS

- Underrepresentation of Latino/Hispanic subgroup among clients served suggests an opportunity that the county might study and address solutions to increase access to care.
- Continued increase in penetration rate in the Asian/Pacific Islander subgroup suggests successful engagement and ensuring access to services within that population. In comparison, the small county and statewide averages have decreased over the review period.

TIMELINESS OF CARE

BACKGROUND

The amount of time it takes for beneficiaries to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likely the delay will result in not following through on keeping the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track the timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. CalEQRO uses a number of indicators for tracking and trending timeliness, including the Key Components and Performance Measures addressed below.

TIMELINESS IN SHASTA COUNTY

The MHP reported timeliness data stratified by age and FC status. Further, timeliness data presented to CalEQRO represented the complete SMHS delivery system.

CCBH system limitations include the requirement to manually enter service date separate from the scheduler. This requires multiple accuracy checks to ensure that data is entered appropriately and often is not completed for months at a time. The system also does not have the capability to report timeliness based on time entered or hour measurement, but solely on date. This does not provide an accurate measurement of timeliness to urgent services for example. The MHP reports the scheduler system is unable to record offered appointments, but only scheduled appointments, which suggests an artificially inflated count of appointments meeting timeliness standards. The MHP also reports inconsistency of practice between adult and youth services branches in entering service and appointment data. This suggests incomplete appointment and service data, as well as inconsistent processes in measuring timeliness.

TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to beneficiaries. The ability to track and trend these metrics helps the MHP identify data collection and reporting processes that require improvement activities to facilitate improved beneficiary outcomes. The evaluation of this methodology is reflected in the Timeliness Key Components ratings, and the performance for each measure is addressed in the Performance Measures section.

Each Timeliness Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 4: Key Components – Timeliness

KC #	Key Components – Timeliness	Rating
2A	First Non-Urgent Request to First Offered Appointment	Partially Met
2B	First Non-Urgent Request to First Offered Psychiatric Appointment	Not Met
2C	Urgent Appointments	Partially Met
2D	Follow-Up Appointments after Psychiatric Hospitalization	Met
2E	Psychiatric Readmission Rates	Partially Met
2F	No-Shows/Cancellations	Not Met

Strengths and opportunities associated with the timeliness components identified above include:

- The MHP sets minimum standards and tracks follow-up appointments following psychiatric hospitalization.
- First non-urgent request to first offered psychiatric appointments are not tracked. The MHP reports the scheduler system is unable to record offered appointments, but only scheduled appointments; this may suggest an artificially inflated count of appointments meeting timeliness standards.
- The MHP does not routinely track no-shows/cancellations for non-psychiatric appointments and has not set a minimum standard for no-shows.
- The MHP reports inconsistency of practice between the ASB and CSB in entering service and appointment data suggesting incomplete appointment and service data, as well as inconsistent processes in measuring timeliness.

PERFORMANCE MEASURES

Through BHINs 20-012 and 21-023, DHCS set required timeliness metrics to which MHPs must adhere for initial offered appointments for non-urgent SMHS, non-urgent psychiatry, and urgent care. In preparation for the EQR, MHPs complete and submit the Assessment of Timely Access form in which they identify MHP performance across several key timeliness metrics for a specified time period. Additionally, utilizing approved claims data, CalEQRO analyzes MHP performance on psychiatric inpatient readmission and follow up after inpatient discharge.

The following PMs reflect the MHP's performance on these and additional timeliness measures consistent with statewide and national quality standards, including Healthcare Effectiveness Data and Information Set (HEDIS) measures:

- First Non-Urgent Appointment Offered
- First Non-Urgent Service Rendered
- First Non-Urgent Psychiatry Appointment Offered
- First Non-Urgent Psychiatry Service Rendered
- Urgent Services Offered – Prior Authorization not Required
- Urgent Services Offered – Prior Authorization Required
- No-Shows – Psychiatry
- No-Shows – Clinicians
- Psychiatric Inpatient Hospital 7-Day and 30-Day Readmission Rates
- Post-Psychiatric Inpatient Hospital Discharge 7-Day and 30-Day SMHS Follow-Up Service Rates

MHP-Reported Data

For the FY 2021-22 EQR, the MHP reported its performance for FY 2020-21 as follows:

- The MHP uses the first rendered service date to calculate first offered appointment. There is a significant difference in how first rendered services are being measured between the ASB (zero average) and the CSB (3-day average) as reported. Only urgent services rendered (not offered), were measured by the MHP and were not able to be pulled by prior authorization requirements. Psychiatric no-show rates are reported for locum tenens telehealth services. The MHP has not set a standard for psychiatric no-shows and is not able to report on clinician no-show rates.

Table 5: FY 2021-22 MHP Assessment of Timely Access

FY 2021-22 MHP Assessment of Timely Access			
Timeliness Measure	Average	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	1.6 Days	10 Business Days*	97.5%
First Non-Urgent Service Rendered	1.6 Days	10 days**	96.3%
First Non-Urgent Psychiatry Appointment Offered	14.1 Days	15 Business Days*	66.8%
First Non-Urgent Psychiatry Service Rendered	14.7 Days	15 days **	64.4%
Urgent Services Offered (including all outpatient services) – Prior Authorization not Required	0-1 Day	48 Hours*	100%
Urgent Services Offered – Prior Authorization Required	**** Hours	96 Hours*	****%
Follow-Up Appointments after Psychiatric Hospitalization	6.8 Days	7-Days **	53.7%
No-Show Rate – Psychiatry	34%	***	n/a
No-Show Rate – Clinicians	***	***	n/a
* DHCS-defined timeliness standards as per BHIN 20-012 ** MHP-defined timeliness standards ***MHP did not report data for this measure **** MHP does not separately track urgent services offered based on authorization requirements; all urgent services are held to a 48-hour standard.			

Medi-Cal Claims Data

The following data represents MHP performance related to psychiatric inpatient readmissions and follow-up post hospital discharge, as reflected in the CY 2020 SDMC and IPC data. The days following discharge from a psychiatric hospitalization can be a particularly vulnerable time for individuals and families; timely follow-up care provided by trained mental health professionals is critically important.

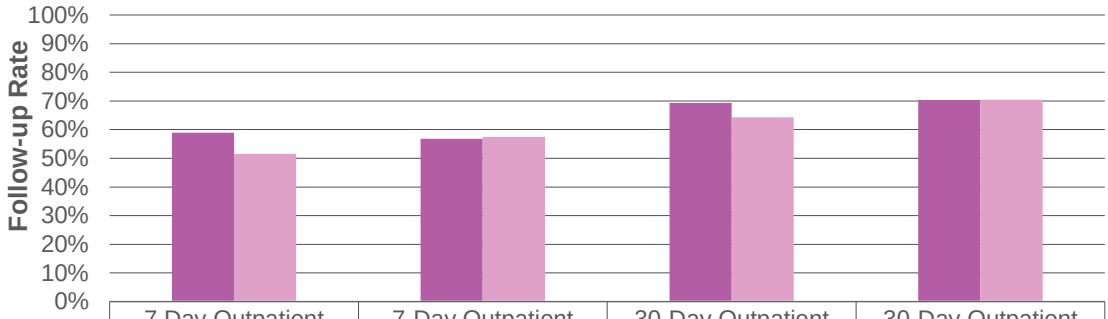
Follow-up post hospital discharge

The 7-day and 30-day outpatient follow-up rates after a psychiatric inpatient discharge (HEDIS measure) are indicative both of timeliness to care as well as quality of care.

Follow-up services post psychiatric inpatient dropped in both the 7-day and 30-day time periods for the MHP, while remaining the same in the statewide average.

Figure 10: 7-Day and 30-Day Post Psychiatric Inpatient Follow-up CY 2019-20

Shasta MHP



	7 Day Outpatient MHP	7-Day Outpatient State	30-Day Outpatient MHP	30-Day Outpatient State
CY 2019	59%	57%	69%	70%
CY 2020	52%	57%	64%	70%

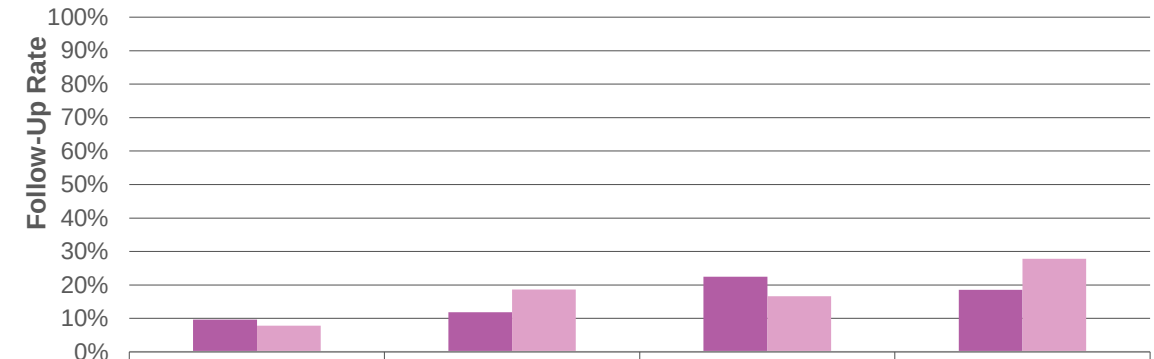
Readmission rates

The 7- and 30-day rehospitalization rates (HEDIS measures) are important proximate indicators of outcomes.

Readmission rates dropped in the MHP in both measured time-periods, while statewide readmission rate averages increased. The MHP reported an increased difficulty in procuring available psychiatric inpatient beds for clients over the review period, which may have contributed to the decrease in MHP readmissions.

Figure 11: 7-Day and 30-Day Psychiatric Readmission Rates CY 2019-20

Shasta MHP



	7-Day Rehospitalization MHP	7-Day Rehospitalization State	30-Day Rehospitalization MHP	30-Day Rehospitalization State
CY 2019	10%	12%	22%	19%
CY 2020	8%	19%	17%	28%

IMPACT OF FINDINGS

- A sparse supply of available and accurate timeliness data on first appointments and no-shows compromises the ability of the SOC to know when timeliness challenges arise and to then take steps to improve processes.
- System limitations within the existing EHR create: 1) inability to capture and report on first offered appointments and service; 2) inability to determine the specific time of service or request entry; and 3) lack of cohesiveness between the scheduler function and service and treatment data. These factors do not allow for the necessary and accurate reporting of timeliness metrics.
- Lack of consistent process and procedure within the MHP adult and youth branches further hinders accurate timeliness reporting due to incomplete data and inconsistent process across the SOC.

QUALITY OF CARE

BACKGROUND

CMS defines quality as the degree to which the PIHP increases the likelihood of desired outcomes of the beneficiaries through:

- Its structure and operational characteristics.
- The provision of services that are consistent with current professional, evidenced-based knowledge.
- Intervention for performance improvement.

In addition, the contract between the MHPs and DHCS requires the MHPs to implement an ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) Program for the services furnished to beneficiaries. The contract further requires that the MHP's quality program "clearly define the structure of elements, assigns responsibility and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement".

QUALITY IN SHASTA COUNTY

The MHP's utilization management (UM) and compliance/QM departments report directly to the HHSA Deputy Branch Director; the UM department is separate from the compliance/QM department. The compliance/QM team focuses on prevention and detection of statute violations, and CQI activities; the department is comprised of the QI coordinator/clinical program coordinator, two staff analysts, one mental health clinician and an office assistant. All compliance/QM positions are currently filled. The UM department actively evaluates and manages utilization of mental health care resources delivered to all beneficiaries, and to actively pursue identified opportunities for improvement. The department is comprised of one clinical program coordinator, three staff nurses (one vacancy), four mental health clinicians (one vacancy), and once business office clerk (currently vacant).

The MHP monitors its quality processes through QIC, the quality improvement work plan (QIWP), and the annual evaluation of the QIWP workplan. The QIC, comprised of representatives from ASB, CSB, MHSA, managed care, fiscal, business office, OPE, contracted providers and the patient's rights program. The QIC is responsible for review and evaluation of QM and QI activities, e.g., PIPs, auditing, tracking, monitoring, communication of findings, implementation of needed actions, and ensuring follow-up for QM processes.

There are several QIC sub-committees such as the CCC (co-chaired by the QI coordinator), compliance committee, medical staff meetings, community education meetings, clinical care meetings, and mental health, alcohol, and drug programs board

(and several more). In FY 2021-22, the MHP created a QIC data meeting to ensure additional opportunities for reviewing data, creating protocols and methodologies for gathering and processing data.

Since the previous EQR, the MHP QIC met five times. The MHP reports that the QIWP annual evaluation is currently in draft form as the QIC is in the process of reviewing the findings from the FY 2020-21 QIWP. The QIWP annual evaluation includes goals and objectives related to services delivery, capacity, timeliness, beneficiary satisfaction, medication practices, and QIC activities. The FY 2020-21 QIWP demonstrates qualitative process findings but does not include quantitative outcome measures.

The MHP has peer mentor positions and peer support specialist positions open to individuals with lived experience. The peer support specialist's classification staff provide a variety of paraprofessional services in a community and/or clinic setting. The parent peer partners in youth services are regarded as invaluable to parents navigating the CSB. The partners link parents and youth beneficiaries to available resources, ensure parents feel connected to the treatment process, and advocate for quality of care. The MHP is currently moving forward with a peer support certification program, and creation of recovery coach (lived experience) positions to engage individuals with co-occurring disorders. The MHP has two beneficiary-run wellness centers – Olberg Wellness Center in Redding and Circle of Friends in Burney. Both centers welcome beneficiaries and their families, with a variety of groups and other activities available.

The MHP utilizes CANS-50, MORS-2, PSC-35, and the PHQ-9 outcome tools to assess beneficiary progress. The MHP reports they are no longer using MORS as an outcome tool but are utilizing it to inform LOC on an individual basis. The MHP is discussing transitioning to MORS-2 for an outcome tool within the ASB.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SMHS healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for beneficiaries. These key components include an organizational culture that prioritizes quality, promotes the use of data to inform decisions, focused leadership, active stakeholder participation, and a comprehensive service delivery system.

Each Quality Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 6: Key Components – Quality

KC #	Key Components - Quality	Rating
3A	Quality Assessment and Performance Improvement are Organizational Priorities	Partially Met
3B	Data is Used to Inform Management and Guide Decisions	Not Met
3C	Communication from MHP Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Partially Met
3D	Evidence of a Systematic Clinical Continuum of Care	Partially Met
3E	Medication Monitoring	Partially Met
3F	Psychotropic Medication Monitoring for Youth	Not Met
3G	Measures Clinical and/or Functional Outcomes of Beneficiaries Served	Not Met
3H	Utilizes Information from Beneficiary Satisfaction Surveys	Not Met
3I	Consumer-Run and/or Consumer-Driven Programs Exist to Enhance Wellness and Recovery	Met
3J	Consumer and Family Member Employment in Key Roles throughout the System	Met

Strengths and opportunities associated with the quality components identified above include:

- The parent peer partner program is making a positive impact on families and ensuring access, timeliness, and quality care to beneficiaries.
- Data use to inform management lacks data integrity due to system limitations.
- The MHP did not provide information during this review to demonstrate routine tracking, reporting and program adaptation using beneficiary outcome measures.
- The MHP did provide evidence during this review that beneficiary surveys are compared to prior years findings or used to inform QI activities.
- The MHP does not track and trend the following HEDIS measures as required by SB 1291:
    - Follow-up care for Children Prescribed Attention Deficit Hyperactivity Disorder medications (HEDIS ADD)
    - The use of multiple concurrent psychotropic medications for children and adolescents (HEDIS APC)
    - Metabolic monitoring for children and adolescents on antipsychotics (HEDIS APM)

- The use of first-line psychosocial care for children and adolescents on antipsychotics (HEDIS APP)

PERFORMANCE MEASURES

In addition to the Key Components identified above, the following PMs further reflect the Quality of Care in the MHP:

- Beneficiaries Served by Diagnostic Category
- Total Psychiatric Inpatient Hospital Episodes, Costs, and Average Length of Stay (LOS)
- Retention Rates
- High-Cost Beneficiaries (HCB)

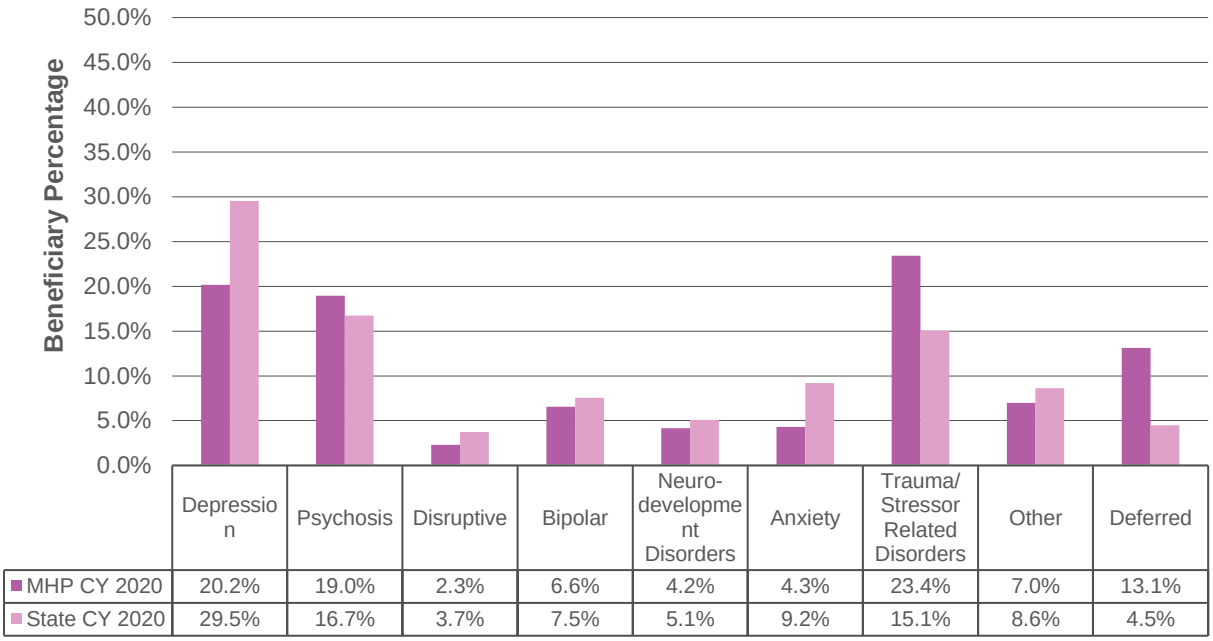
Diagnosis Data

Figures 12 and 13 compare the percentage of beneficiaries served and the total approved claims by major diagnostic categories, as seen at the MHP and statewide for CY 2020.

The most prevalent diagnostic categories for the MHP were trauma/stressor-related disorder (23.4 percent) followed by depression (20.2 percent), and psychosis (19.0 percent). Statewide diagnostic prevalence rated highest in depression (29.5 percent), psychosis (16.7 percent), and trauma/stressor-related disorder (15.1 percent).

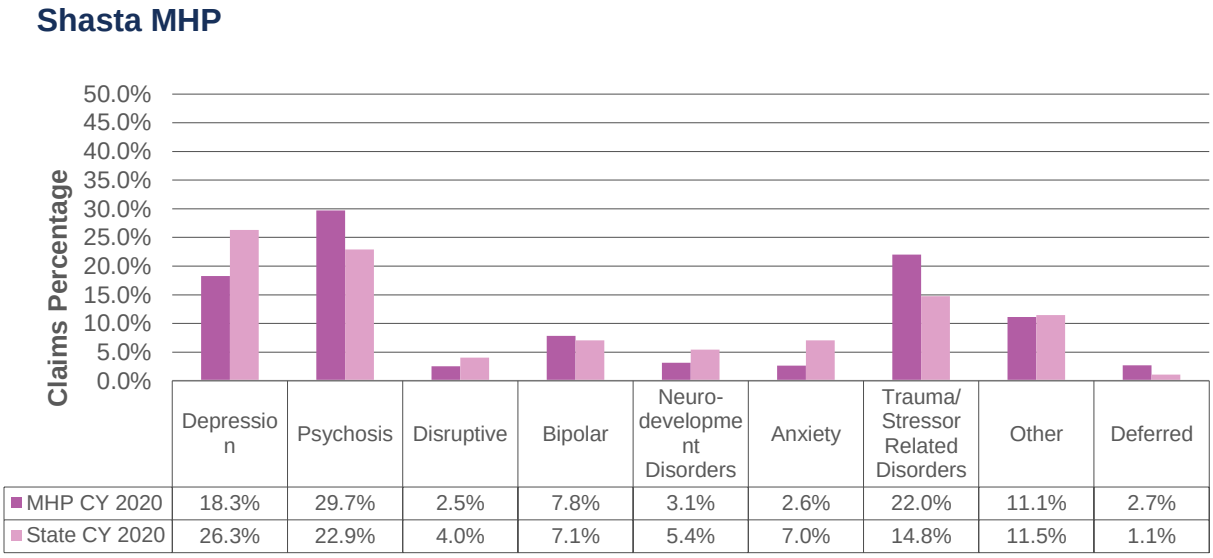
Figure 12: Diagnostic Categories by Percentage of Beneficiaries CY 2020

Shasta MHP



	Depression	Psychosis	Disruptive	Bipolar	Neuro-development Disorders	Anxiety	Trauma/ Stressor Related Disorders	Other	Deferred
MHP CY 2020	20.2%	19.0%	2.3%	6.6%	4.2%	4.3%	23.4%	7.0%	13.1%
State CY 2020	29.5%	16.7%	3.7%	7.5%	5.1%	9.2%	15.1%	8.6%	4.5%

Figure 13: Diagnostic Categories by Percentage of Approved Claims CY 2020



	Depression	Psychosis	Disruptive	Bipolar	Neuro-development Disorders	Anxiety	Trauma/ Stressor Related Disorders	Other	Deferred
MHP CY 2020	18.3%	29.7%	2.5%	7.8%	3.1%	2.6%	22.0%	11.1%	2.7%
State CY 2020	26.3%	22.9%	4.0%	7.1%	5.4%	7.0%	14.8%	11.5%	1.1%

Psychiatric Inpatient Services

Table 7 provides a three-year summary (CY 2018-20) of MHP psychiatric inpatient utilization including beneficiary count, admission count, approved claims, and LOS.

The trend in psychiatric inpatient services in the MHP is consistent with the statewide trends over the last year, with an increase in the average LOS as well as increased ACB. The MHP had a 17.8 percent decrease in unique beneficiaries in psychiatric inpatient services and a 20.8 percent decrease in the number of admissions.

Table 7: Psychiatric Inpatient Utilization CY 2018-20

Shasta MHP							
Year	Unique Beneficiary Count	Total Inpatient Admissions	MHP Average LOS in Days	Statewide Average LOS in Days	MHP ACB	Statewide ACB	Total Approved Claims
CY 2020	374	703	9.70	8.68	$12,520	$11,814	$4,682,623
CY 2019	455	888	8.60	7.80	$10,717	$10,535	$4,876,077
CY 2018	383	661	8.63	7.63	$10,225	$9,772	$3,916,152

High-Cost Beneficiaries

Table 8 provides a three-year summary (CY 2018-20) of HCB trends for the MHP and compares the MHP's CY 2020 HCB data with the corresponding statewide data. HCBs in this table are identified as those with approved claims of more than $30,000 in a year.

Tracking the HCBs provides another indicator of quality of care. High cost of care typically occurs when a beneficiary continues to require more intensive care at a greater frequency than the rest of the beneficiaries receiving SMHS. This often indicates system or treatment failures to provide the most appropriate care in a timely manner. Further, HCBs may disproportionately occupy treatment slots that may cause cascading effect of other beneficiaries not receiving the most appropriate care in a timely manner, thus being put at risk of becoming higher utilizers of services themselves. HCB percentage of total claims, when compared with the HCB count percentage, provides a proxy measure for the disproportionate utilization of intensive services by the HCB beneficiaries.

The MHP had a 35.6 percent increase in the HCB count from CY 2019 to CY 2020. The HCB percentage by count is higher in the MHP (5.93 percent) than the statewide average (4.07 percent). The increase in HCB count within the MHP, may be attributed to a revision and increase of Medi-Cal reimbursable rates within the review period.

Table 8: HCB CY 2018-20

Shasta MHP							
	Year	HCB Count	Total Beneficiary County	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2020	24,242	595,596	4.07%	$53,969	$1,308,318,589	30.70%
MHP	CY 2020	160	2,696	5.93%	$58,916	$9,426,508	42.26%
	CY 2019	118	3,099	3.81%	$50,580	$5,968,474	31.82%
	CY 2018	99	2,922	3.39%	$48,685	$4,819,805	30.32%

See Attachment D, Table D2 for the distribution of the MHP beneficiaries served by ACB range for three cost categories: under $20,000; $20,000 to $30,000; and above $30,000.

Retention Data

The MHP service percentage for initial service suggests successful initiation and engagement of beneficiaries entering treatment. Retention for follow-up services are then consistent to statewide averages, until the MHP drops below the statewide average for beneficiaries who receive more than five services.

Table 9: Retention of Beneficiaries

	SHASTA			STATEWIDE			
Number of Services Approved per Beneficiary Served	**# of beneficiaries**	**%**	**Cumulative %**	**%**	**Cumulative %**	**Minimum %**	**Maximum %**
1 Service	461	17.10	17.10	9.76	9.76	5.69	21.86
2 Services	181	6.71	23.81	6.16	15.91	4.39	17.07
3 Services	109	4.04	27.86	4.78	20.69	2.44	9.17
4 Services	109	4.04	31.90	4.50	25.19	2.44	7.78
5-15 Services	752	27.89	59.79	29.47	54.67	19.96	42.46
>15 Services	1,084	40.21	100.00	45.33	100.00	23.02	57.54

IMPACT OF FINDINGS

- Due to system limitations, there are concerns regarding the reliability and validity of data used to inform management and drive decisions. Without valid data, it will be difficult for the MHP to identify good practices, explain patterns of care, identify issues in the provision of care, and determine areas of improvement.
- The MHP does not track and trend HEDIS measures as required by SB 1291; without standard practices of care regarding medication management, it will be difficult for the MHP to analyze clinical methodologies applied to therapeutic treatment integrated with psychotropic medication use and management.
- The MHP does not track and analyze system-wide beneficiary level outcomes; without analysis, it will be difficult for the MHP to aggregate beneficiary-level outcomes to improve or adapt services at the program or system level.
- The MHP has several consumer run/consumer driven programs that are supported and endorsed by the MHP; consumer and family member employment in key roles throughout the system are considered an integral part of the system.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

BACKGROUND

All MHPs are required to have two active and ongoing PIPs, one clinical and one non-clinical, as a part of the plan's quality assessment and performance improvement program, per 42 CFR §§ 438.330[2] and 457.1240(b)[3]. PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction. They should have a direct beneficiary impact and may be designed to create change at a member, provider, and/or MHP system level.

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested by individual MHPs, hosts quarterly webinars, and maintains a PIP library at www.calegro.com.

Validation tools for each PIP are located in Appendix C of this report. Validation rating refers to the EQRO's overall confidence that the MHP (1) adhered to acceptable methodology for all phases of design and data collection, (2) conducted accurate data analysis and interpretation of PIP results, and (3) produced significant evidence of improvement.

CLINICAL PIP

General Information

Clinical PIP Submitted for Validation: "ABA: Improve Functioning of Youth Experiencing Anxiety"

Date Started: August 2021

Aim Statement: "Will the application of ABA by caregivers to children and youth ages 3 to 21 diagnosed with serious mental illness (SMI), improve the youth's functioning, as evidenced by decreasing the occurrence of anxiety as a treatment goal on the CANS-50 from 36 percent to 10 percent or less by the end of this two-year study?"

Target Population: Children between 3 and 21 years old (regardless of diagnosis or length of treatment) who receive mental health services in the CSB outpatient clinic or

[2] https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf

[3] https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf

are involved in the Shasta County HHSA FC system. Furthermore, anxiety must be included in the child's treatment plan as an area of focus.

Validation Information:

The MHP's clinical PIP is in the implementation phase and considered active.

Summary

The Shasta County HHSA CSB clinical PIP is focused on reducing anxiety levels in children between 3 and 21 years old who are receiving services in the CSB outpatient clinic or Shasta County HHSA FC system. The CSB clinical PIP team and stakeholders realized that the CANS-50 database (July 2019 to June 2020) reflected 36 percent of youth had anxiety identified as a treatment goal. The PIP team reviewed PSC-35 (caregiver reported symptoms) outcome data to the CANS-50 scores; the comparison showed similar results that anxiety symptoms, e.g., worries a lot, sleep disturbances, trouble concentrating, were often problems for youth receiving services. The MHP determined through a literature review that trauma and limited parenting strategies can contribute to the intensity and frequency of anxiety symptoms as well as the child's ability to regulate their emotions. The team chose ABA as the evidenced based clinical intervention to assist youth and their caregivers with reducing anxiety symptoms and improving emotion regulation skills. ABA requires the implementation of established principles of learning, behavioral strategies, and environmental modifications to improve and teach new behaviors for both caregivers and the child.

The goal of the PIP is to reduce anxiety as a treatment goal on the CANS-50 outcome tool from 36 percent to 10 percent at the end of two years. ABA is administered by mental health clinicians in multiple settings and the intensity and frequency of anxiety symptoms are tracked to show progress. ABA interventions began in August 2021, and the MHP will be tracking the number of ABA sessions with the youth and caregiver, and the number of ABA sessions per week received (one or two sessions). The PIP team will also track and compare PSC-35 and CANS-50 data over time to measure progress. Quarterly results of the applied intervention are not available as the intervention began one month before the EQR review.

TA and Recommendations

As submitted, this clinical PIP was found to have a moderate confidence validation rating, because: 1) the PIP topic was selected through a comprehensive analysis of beneficiary needs, care, and services; 2) the performance measures assess an important aspect of care that will make a difference to beneficiaries' functional status; 3) ABA is an evidenced base clinical intervention shown to improve emotion dysregulation in children, as well as effective parenting strategies; 4) ABA was chosen based off of a thorough root cause analysis; 5) a systematic data collection and analysis

plan was identified; and 6) clinicians received ABA training prior to implementation and will receive on-going supervision.

The TA provided to the MHP by CalEQRO consisted of:

- Review of rapid-cycle plan, do, study, act methodology.

CalEQRO recommendations for improvement of this clinical PIP:

- Ensure the ABA interventions are practiced to fidelity with on-going and frequent clinical supervision.
- Ensure the data collection and data analysis plan are adhered to.
- Continuously monitor factors that may threaten the internal or external validity of the findings; create a plan for untoward results.
- Reinforce the PIP control plan to ensure the quality standards are being met.
- Encouragement to seek frequent EQR PIP TA (next TA is scheduled for November 2021).

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: MORS2

Date Started: July 2021

Aim Statement: "Will the implementation of MORS-2 and Determinants of Care during assessments improve accuracy of LOC placement as evidenced by decreasing hospitalization rates from 18.5 percent to 15 percent; re-hospitalization rates from 7 percent to 5 percent; progressively decrease the 31.75 percent no-show rate for psychiatrists and 33.7 percent no-show rate for clinicians other than psychiatrists?"

Target Population: All new and existing adult beneficiaries over the age of 18 with a MORS-2 score of four and five.

Validation Information:

The MHP's non-clinical PIP is in the planning phase and considered not active. It was determined after several EQR TA meetings that the PIP concept was not viable due to the lack of evidence, incomplete barrier analysis and missing baseline data. Therefore, the non-clinical PIP, Milestones of Recovery Scale (MORS-2), was found to be in the planning phase (not active) with a no confidence validation rating.

Summary

The MHP reviewed ASB outpatient clinic LOS data and determined that several beneficiaries were staying in the same level of care for long periods of time, i.e., beneficiaries were not transitioning into higher or lower levels of care. The MHP hypothesized that this finding indicated that beneficiaries were not being evaluated for transitions properly using the established MORS-2 outcome tool; this outcome tool does not determine beneficiary LOC placement. The PIP team chose to introduce the MORS-2 beneficiary outcome tool which includes level of care determinants; the determinants determine the level of the beneficiary's ability to care for themselves in several life domains.

The MORS-2 outcome tool scores range from one (extreme risk) to six (coping successfully in rehabilitation). The MORS-2 score determines beneficiary level of care placement, e.g., MORS-2 score of one indicates residential or inpatient treatment. The MHP posits that introducing the MORS-2 assessment tool will result in improved beneficiary outcomes. Improvement will be indicated by an improvement in the MORS-2 score, i.e., closer to the five-score range. Furthermore, beneficiary LOC placements are reviewed during case review meetings. The MHP dedicated many resources and time to the project; however, the concept was determined to not be a viable PIP (see recommendations below). The MHP will continue to use the MORS-2 as a beneficiary outcome tool.

TA and Recommendations

As submitted, this non-clinical PIP was found to have a no confidence validation because: 1) the MHP was already using the MORS-2 outcome tool (not a new intervention); 2) beneficiary input was not obtained; 3) a detailed root cause analysis was not performed which would assist in discovering alternate explanations for the problem; 4) the aim statement demonstrated confounding variables which could result in an unfocused study; 5) the PIP reflects additional interventions such as case management and case meeting reviews (not listed in the aim statement) which can result in threats to internal validity; 6) the abundance of PIP variables creates a tangle of causal relationships; and 7) the PIP did not expand on how the Determinants of Care assessment will be used in conjunction with the MORS-2 scale, and how it will impact beneficiary outcomes.

The MHP received PIP TA in September 2021 prior to this review, and it was determined that the MHP should end this study and begin to explore new PIP topics.

The TA provided to the MHP by CalEQRO consisted of:

- Review of rapid-cycle plan, do, study, act methodology.

CalEQRO recommendations for improvement of this non-clinical PIP include:

- Obtain input from beneficiaries who are users of various programs in the ASB.
- Perform a detailed root cause analysis to identify the main cause of the identified problem.
- Create a concise aim statement that is measurable and answerable.
- Ensure the implementation of the study is designed to account and adjust for confounding variables that could have an obvious impact on PIP outcomes.
- Explore lessons learned throughout the study timeframe and create a plan for untoward results.

INFORMATION SYSTEMS (IS)

BACKGROUND

Using the Information Systems Capabilities Assessment (ISCA) protocol, CalEQRO reviewed and analyzed the extent to which the MHP meets federal data integrity requirements for HIS, as identified in 42 CFR §438.242. This evaluation included a review of the MHP's Electronic Health Records (EHR), Information Technology (IT), claims, outcomes, and other reporting systems and methodologies to support IS operations and calculate PMs.

IS IN SHASTA COUNTY

California MHP EHRs fall into two main categories-- those that are managed by county of MHP IT and those being operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the MHP is CCBH, which has been in use for ten years. Currently, the MHP is actively evaluating alternative systems with plans to transition to a new EHR in CY 2022.

Approximately 1.5 percent of the MHP budget is dedicated to support the IS (County IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is a combined process involving MHP control and another county department or agency.

The MHP has 179 named users with log-on authority to the EHR, including approximately 179 county-operated staff and zero contractor-operated staff. Support for the users is provided by six full-time equivalent (FTE) IS technology positions. Currently all positions are filled, including one newly added FTE.

As of the FY 2021-22 EQR, no contract providers have access to directly enter clinical data into the MHP's EHR. Line staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors, and it provides for superior services for beneficiaries by having full access to progress notes and medication lists by all providers to the EHR 24/7. If there is no line staff access, then contract providers submit beneficiary practice management and service data to the MHP IS as reported in the following table:

Table 10: Contract Providers' Transmission of Beneficiary Information to MHP EHR

Submittal Method		Frequency	Submittal Method Percentage
☐	Health Information Exchange (HIE) between MHP IS	☐ Real Time ☐ Batch	%
☐	Electronic Data Interchange (EDI) to MHP IS	☐ Daily ☐ Weekly ☐ Monthly	%
☐	Electronic batch file transfer to MHP IS	☐ Daily ☐ Weekly ☐ Monthly	%
☐	Direct data entry into MHP IS by provider staff	☐ Daily ☐ Weekly ☐ Monthly	%
☒	Documents/files e-mailed or faxed to MHP IS	☐ Daily ☐ Weekly ☒ Monthly	45%
☒	Paper documents delivered to MHP IS	☐ Daily ☐ Weekly ☒ Monthly	55%
			100%

Beneficiary Personal Health Record

The 21st Century Cures Act (Cures Act) of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a PHR enhances beneficiaries' and their families' engagement and participation in treatment. The MHP has no plans to implement a PHR with the current system; however, the MHP is looking for a new EHR with PHR functionality for a future implementation.

Interoperability Support

The MHP is a member or participant in a Health Information Exchange (HIE). The MHP engages in electronic exchange of information with the following departments/agencies/organizations: utilizing the HIE, the MHP reports no current electronic exchange of information.

IS KEY COMPONENTS

CalEQRO identifies the following key components related to MHP system infrastructure that are necessary to meet the quality and operational requirements to promote positive

beneficiary outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present to demonstrate that analytic findings are used to ensure overall quality of the SMHS delivery system and organizational operations.

Each IS Key Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 11: Key Components – IS Infrastructure

KC #	Key Components – IS Infrastructure	Rating
4A	Investment in IT Infrastructure and Resources is a Priority	Met
4B	Integrity of Data Collection and Processing	Partially Met
4C	Integrity of Medi-Cal Claims Process	Partially Met
4D	EHR Functionality	Met
4E	Security and Controls	Partially Met
4F	Interoperability	Partially Met

Strengths and opportunities associated with the IS components identified above include:

- The MHP has leveraged their IT staffing experience to overcome the system limitations of the current EHR. They have adapted and leveraged needed technology during the pandemic to maintain service delivery.
- While the ratings are fairly positive, the lengths that staff must go through to retrieve meaningful and accurate data from the EHR is extensive and reflects a system lacking in functionality for real-time reporting and interoperability.

IMPACT OF FINDINGS

- The multiple system limitations around timeliness tracking and no-shows impedes the use of data to improve quality, timeliness, or to identify capacity issues within the SOC.
- The human resources required to implement a new EHR, suggest an investment in the IT and data analytics teams to ensure a successful transition and ongoing support needed for a system-wide change.

VALIDATION OF BENEFICIARY PERCEPTIONS OF CARE

BACKGROUND

CalEQRO examined available beneficiary satisfaction surveys conducted by DHCS, the MHP, or its subcontractors.

CONSUMER PERCEPTION SURVEYS

The Consumer Perception Survey (CPS) consists of four different surveys that are used statewide for collecting beneficiaries' perceptions of care quality and outcomes. The four surveys, required by DHCS and administered by the MHPs, are tailored for the following categories of beneficiaries: adult, older adult, youth, and family members. MHPs administer these surveys to beneficiaries receiving outpatient services during two prespecified one-week periods. CalEQRO receives CPS data from DHCS and provides a comprehensive analysis in the annual statewide aggregate report.

The MHP stated during this review that reports are created based on aggregated data from the CPS. The reports are disseminated and discussed during the QIC to highlight strengths and address any areas of improvement. Additionally, the reports are posted on the MHP's website to be widely shared with beneficiaries and stakeholders. The MHP has not received this years' CPS results from DHCS.

The MHP did not provide documents for this review demonstrating MHP administered satisfaction surveys. The agency website has CPS results posted from May 2015 and November 2015; there are no recent results posted. The CY 2015 survey results were compared to statewide results. The MHP is exploring multiple options to improve beneficiary participation in satisfaction services, e.g., electronic surveys; however, several roadblocks were encountered in FY 2020-21 delaying the re-vamped surveys and will be a QI priority in the next FY.

CONSUMER FAMILY MEMBER FOCUS GROUP

Consumer and family member (CFM) focus groups are an important component of the CalEQRO site review process; feedback from those who receive services provides important information regarding quality, access, timeliness, and outcomes. Focus group questions emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and CFM involvement. CalEQRO provides gift cards to thank focus group participants.

As part of the pre-site planning process, CalEQRO requested two 90-minute focus groups with consumers (MHP beneficiaries) and/or their family members, containing 10 to 12 participants each.

Consumer Family Member Focus Group One

CalEQRO requested one focus group comprised of a diverse group of adult consumers who are mostly new that have initiated/utilized services in the preceding 12 months. The focus group was held via video conference and included five participants. All consumers participating receive clinical services from the MHP.

Most group participants are satisfied with the services provided by the MHP. All beneficiaries report that staff are responsive, respectful (including privacy), provide hope, and are supportive. In the group, the time from initial request to first offered appointment ranged from one week up to one month, and for initial psychiatry, the wait time ranged between two weeks up to one month. Frequency of psychiatry appointments ranged from monthly to quarterly; one participant received weekly therapy services. The group reported that rescheduling clinical therapy appointments is easy; however, missed psychiatry appointments can take up to one month to reschedule. Psychiatry appointments were offered via telehealth. Reminders were received by text, phone, and email. One participant reported that they only receive reminders for psychiatry appointments. Two participants received transportation services through Partnership HealthPlan of California. Beneficiaries know who to contact in case of an emergency, e.g., crisis line, counselor. Interpretation services are available upon request. Most participants felt that their family could be involved in treatment if requested. Beneficiaries were offered group classes (including Zoom) , e.g., healthy habits, outings, and feel that the entire experience is positive. Participants received services in-person unless they had a COVID-19 exposure or were requested to shelter-in-place. MHP services and event information was provided to the group members by their counselors. Two participants felt safe sharing feedback to the mental health department. No groups members have been asked to participate in any mental health committees. Most participants were not aware of the MHP's Wellness Centers.

Recommendations from focus group participants included:

- Provide groups outside.
- Provide more groups to learn more about mental health.
- Provide more volunteer opportunities.

Consumer Family Member Focus Group Two

CalEQRO conducted one 90-minute focus group with parents/caregivers of youth consumers during the virtual review of the MHP. CalEQRO requested a diverse group of mostly new parents/caregivers of youth who initiated/utilized services in the preceding 12 months. The focus group was held via videoconference and included two participants. All parents/caregivers participating have a family member who receives clinical services from the MHP.

Due to the low group turn-out, CalEQRO was unable to obtain feedback based on a representative sample and cannot therefore be generalizable to the MHP's parent/caregiver population; furthermore, participant anonymity cannot be maintained when reporting on such a small group. CalEQRO will continue to collaborate with the MHP during the next review to increase CFM participant recruitment and participation; this will ensure that adequate feedback is obtained regarding parent/caregiver satisfaction with access, timeliness, and quality of clinical services. Although individual parent/caregiver focus group participation was low, the MHP reported during this review that parent peer partners in youth services are regarded as invaluable to parents navigating the CSB.

IMPACT OF FINDINGS

Parent/caregiver feedback regarding their youth is an important and commonly used indicator for measuring the quality in mental health care. Lack of parent/caregiver participation in focus groups during this review does not assist the MHP with obtaining valuable insight or allow the MHP to stay up-to-date on beneficiary needs. Identifying gaps in service will alert the MHP to initiate QI activities to improve beneficiary mental health outcomes.

CONCLUSIONS

During the FY 2021-22 annual review, CalEQRO found strengths in the MHP's programs, practices, and IS that have a significant impact on beneficiary outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective SMHS managed care system.

STRENGTHS

1. The MHP developed an active PIP workgroup comprised of each division branch and participated in nine EQR PIP TA sessions in FY 2021-22.

   (Quality)

2. The MHP formed a data QI workgroup which implemented logic tools within the CSI to address data inaccuracies.

   (Quality, IS)

3. The MHP collaborated with SRMC to create a six-bed CSU located in the SRMC emergency department.

   (Access)

4. Stakeholders report that the parent peer partner program is making a positive impact on families and ensuring access, timeliness, and quality care to beneficiaries.

   (Access, Timeliness, Quality)

5. Beneficiaries report feeling satisfied with their services, respected by MHP staff, and are provided a sense of hope that recovery is possible.

   (Quality)

OPPORTUNITIES FOR IMPROVEMENT

1. The MHP does not have a reliable method to track and trend timeliness data to first non-urgent psychiatry appointment offered. Multiple system limitations around timeliness tracking and no-shows impedes the MHP's ability to identify and address capacity challenges and timely access to care to improve beneficiary outcome.

   (Access, Timeliness, Quality, Information Systems)

2. System limitations compromise confidence in the reliability and validity of the data used to inform management and drive decisions. This limits the MHP's ability to identify good practices, explain patterns of care, identify issues in the provision of care, and determine areas of improvement.

   (Quality, IS)

3. The MHP does not track and analyze system-wide beneficiary level outcomes; without analysis, it will be difficult for the MHP to aggregate beneficiary-level outcomes to improve or adapt services at the program or system level.

   (Quality, IS)

4. The MHP does not track and trend HEDIS measures as required by SB 1291; without standard practices of care regarding medication management, it will be difficult for the MHP to analyze clinical methodologies applied to therapeutic treatment integrated with psychotropic medication use and management.

   (Quality)

5. The MHP's process and procedures lack standardization across the ASB and CSB.

   (Quality, IS)

6. Staff report on-going morale problems, partially due to feeling that agency leadership does not validate nor acknowledge their work concerns, e.g., staff vacancies, COVID-19 related issues, scheduling pressures, higher beneficiary needs, lack of bi-directional communication.

   (Quality)

RECOMMENDATIONS

The following recommendations are in response to the opportunities for improvement identified during the EQR and are intended as TA to support the MHP in its QI efforts and ultimately to improve beneficiary outcomes:

1. Prioritize systemwide timely access tracking, trending, and reporting. Explore root causes for existing methodological and performance challenges and implement alternative strategies to monitor timeliness that incorporate all service entry points. To promote consistent processes across branches, document specific methodology to track and trend first non-urgent request to first offered appointment and first offered psychiatric appointment, urgent appointments, and no-shows. (*This expands on recommendations from FY 2019-20 and FY 2020-21*)

   (Timeliness, Quality)

2. Continue the evaluation and selection process for a replacement EHR, ensuring the implementation team includes representation from subject matter experts in all coordinating divisions to provide feedback on functionality to support clinical, reporting, beneficiary care and record access, interoperability, claiming, scheduling, quality assurance.

   (Quality, IS)

3. Identify the service delivery system process workflow, from beneficiary entry to discharge. Formalize processes across the adult services and children's services branches. Consider leveraging existing electronic learning management systems to aid in staff training.

   (Quality)

4. Investigate concerns regarding staff morale, health and wellness, job security and satisfaction, connectedness, confidence and contribution, inspiration, and transformation. Seek and incorporate staff input, explore underlying causes, and implement strategies to promote staff retention. Broadly share results and plans to address findings. (*This expands on recommendations from FY 2018-19, FY 2019-20, and FY 2020-21*.)

   (Quality)

5. Improve bi-directional communication between MHP leadership, direct line staff, and community agencies servicing FC youth to address the requirements related to SB1291, promote integrated core practices, and achieve positive beneficiary outcomes.

   (Quality, IS)

SITE REVIEW BARRIERS

The following conditions significantly affected CalEQRO's ability to prepare for and/or conduct a comprehensive review:

In accordance with the California Governor's Executive Order N-33-20 promulgating statewide Shelter-In-Place, it was not possible to conduct an on-site external quality review of the MHP. Consequently, some areas of the review were limited.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: Additional Performance Measure Data

ATTACHMENT A: CALEQRO REVIEW AGENDA

The following sessions were held during the EQR, either individually or in combination with other sessions.

Table A1: EQRO Review Sessions

Shasta
Opening Session – Changes in the past year; current initiatives; and status of previous year's recommendations
Cultural Competence, Disparities and Performance Measures
Timeliness Performance Measures/Timeliness Self-Assessment
Quality Management, Quality Improvement and System-wide Outcomes
Performance Improvement Projects
Clinical Line Staff Group Interview
Clinical Supervisors Group Interview
Consumer and Family Member Focus Group(s)
Peer Employees/Parent Partner Group Interview
Peer Inclusion/Peer Employees within the System of Care
Contract Provider Group Interview – Operations and Quality Management
Medical Prescribers Group Interview
Validation of Findings for Pathways to Mental Health Services (Katie A./CCR)
Information Systems Billing and Fiscal Interview
Information Systems Capabilities Assessment (ISCA)
Final Questions and Answers - Exit Interview

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Angela Kozak-Embrey, LCSW, Lead Quality Reviewer

Pamela Roach, Consumer/Family Member Consultant

Joel Chain, Information Systems Reviewer

Additional CalEQRO staff members were involved in the review process, assessments, and recommendations. They provided significant contributions to the overall review by participating in both the pre-site and the post-site meetings and in preparing the recommendations within this report.

MHP and Contract Provider Sites

All sessions were held via video conference

Table B1: Participants Representing the MHP

Last Name	First Name	Position	Agency
Abbott	Brian	Clinical Program Coordinator, CSB	HHSA
Arthur	Betsy	Mental Health Clinician II, ASB	HHSA
Bastaros	Andrew	Staff Services Analyst II, Compliance and QI	HHSA
Bergen	John	Peer Support Specialist, ASB	HHSA
Berry	Casey	Staff Services Analyst II, CSB	HHSA
Bouyear	Stacie	Mental Health Clinician I, CSB	HHSA
Bowman	Robin	Deputy Branch Director, ASB	HHSA
Carpenter	Joseph	Staff Services Analyst II, OPE	HHSA
Cassidy	Katie	Program Manager, ASB	HHSA
Castaneda	Joseph	Clinical Division Chief, CSB	HHSA
Chao	Cela	Senior Staff Analyst, BSS (BSS)	HHSA
Chao-Lee	Mey	Clinical Program Coordinator, ASB	HHSA
Collins	Jennifer	Staff Nurse II, ASB	HHSA
Cogger	Bailey	Staff Services Analyst II, CSB	HHSA
Conti	Michael	Program Manager, Technology/Privacy and Security	HHSA
Costa	Shellie	Supervising Accountant, BSS	HHSA
Crofoot	Ronna	Mental Health Clinician II, ASB	HHSA
Diamantine	Amy	Regional Director of Program Development	Northern Valley Catholic Social Service
Dixon	Nikita	Psychiatrist, CSB	American Telepsychiatry
Donahoe	Rebecca	Senior Staff Services Analyst II, CSB	HHSA
Dorney	Megan	Deputy Branch Director, BSS	HHSA
Emery	David	Mental Health Clinician I, ASB	HHSA

Last Name	First Name	Position	Agency
Erickson	Lynn	Program Manager	Hill Country Clinic
Ewert	Donnell	Agency Director	HHSA
Field	Melissa	Senior Staff Services Analyst, OPE	HHSA
Ford	Julie	Staff Services Analyst II, UM and Review, BSS	HHSA
Foster	Troy	QA Officer	Remi Vista
Green	Denise	Peer Support Specialist, ASB	HHSA
Greene	Paige	Branch Director, ASB	HHSA
Grovett	Jen	Supervisor	Vista Community Support Services
Harper	Zoe	Peer Support Specialist, CSB	HHSA
Heberlein	Clemencia	Supervising Accountant, BSS	HHSA
Heisler	Pamela	Community Health Advocate, CSB	HHSA
Herrera	Amber	Accounting Technician, BSS	HHSA
Hillman	Margaret	Mental Health Clinician I, ASB	HHSA
Hilton	Adam	Clinical Program Coordinator, ASB	HHSA
Hughes	Stacey	Mental Health Clinician I, CSB	HHSA
Jacoby-Sheldon	Jennifer	Clinical Program Coordinator, CSB	HHSA
Johnson	Angel	Mental Health Clinician II, ASB	HHSA
Johnson	Beverly	Vice President,Quality and Impact	Wayfinder-Lilliput
Kaiser	Valerie	Supervising Accountant, BSS	HHSA
Krtek	Misty	Clinical Program Coordinator, CSB	HHSA
Kufner	Chris	Clinical Program Coordinator, CSB	HHSA
Lee	Wade	Program Manager, BSS	HHSA
Limon	Kimberly	Staff Services Analyst I, Compliance and QI	HHSA

Last Name	First Name	Position	Agency
Lowenthal	Justin	Staff Services Analyst I, ASB	HHSA
Luna	Luz	Public Health Nurse II, ASB	HHSA
Majid	Asif	Psychiatrist, ASB	Locum Tenens
Marvin	Peter	Clinical Program Coordinator, ASB	HHSA
McCullough	Katie	Executive Director	Victor Community Support Services
Newton	Christina	Clinical Director	Wayfinder-Lilliput
Pop-Schnitzler	Renata	Senior Staff Services Analyst, ASB	HHSA
Restivo	Genell	Clinical Division Chief, ASB	HHSA
Rhymes	Shawna	Mental Health Clinician II, Compliance and QI	HHSA
Riley	Tabatha	Staff Services Analyst II, UM and Review, BSS	HHSA
Rodriguez	Miguel	Clinical Program Coordinator, ASB	HHSA
Ruiz	Rosalie	Clinical Program Coordinator, ASB	HHSA
Schuette	Kerri	Deputy Branch Director	HHSA
Schultz	Rhonda	Community Development Coordinator, ASB	HHSA
Scott	Wendy	Clinical Program Coordinator, CSB	HHSA
Sherer	Beverly	Senior Staff Services Analyst, BSS	HHSA
Shuffleton	Leah	Clinical Program Coordinator, Compliance and QI	HHSA
Sockwell	Scott	Staff Services Analyst II, BSS	HHSA
Stapp	Laura	Clinical Division Chief, CSB	HHSA
Stephenitch	Tina	Program Coordinator	Kings View
Stout	Lisa	Clinical Program Coordinator	Northern Valley Catholic Social Service

Last Name	First Name	Position	Agency
Stroble	Michael	Mental Health Clinician I, CSB	HHSA
Sy	Jonathan	Psychiatrist, ASB	Locum Tenens
Taylor	Jonathan	Program Manager, UM/Compliance/QM	HHSA
Tedder	Tracy	Branch Director, BSS, Compliance Officer	HHSA
Van Ausdall	Jeff	Epidemiologist, OPE	HHSA
Walker	Daniel	Epidemiology and Evaluation Supervisor, OPE	HHSA
Watson	Reg	Regional Director, Clinical Supervisor	Kings View
White	Tammy	Nurse Practitioner, ASB	HHSA
Winchell	Jenefier	Peer Support Specialist, ASB	HHSA
Wong	Matthew	Interim Medical Director	Locum Tenens
Zumalt	Monteca	Clinical Division Chief, ASB	HHSA

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ →High confidence ☒ →Moderate confidence ☐ →Low confidence ☐ →No confidence	As submitted, this clinical PIP was found to have a moderate confidence validation rating, because: 1) the PIP topic was selected through a comprehensive analysis of beneficiary needs, care, and services; 2) the performance measures assess an important aspect of care that will make a difference to beneficiaries' functional status; 3) ABA is an evidenced base clinical intervention shown to improve emotion dysregulation in children, as well as effective parenting strategies; 4) ABA was chosen based off of a thorough root cause analysis; 5) a systematic data collection and analysis plan was identified; and 6) clinicians received ABA training prior to implementation and will receive on-going supervision.
General PIP Information	
Mental Health MHP/DMC-ODS/Drug Medi-Cal Organized Delivery System Name: Shasta MHP	
PIP Title: ABA: Improve Functioning of Youth Experiencing Anxiety	
PIP Aim Statement: "Will the application of ABA by caregivers to children and youth ages 3 to 21 diagnosed with serious mental illness (SMI), improve the youth's functioning, as evidenced by decreasing the occurrence of anxiety as a treatment goal on the CANS-50 from 36 percent to 10 percent or less by the end of this two-year study?"	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	

Target age group (check one):

☒ Children only (ages 0–17)* ☐ Adults only (age 18 and over) ☐ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as specific diagnosis (please specify):

Children between 3 and 21 years old (regardless of diagnosis or length of treatment) who receive mental health services in the CSB outpatient clinic or are involved in the Shasta County HHSA FC system. Furthermore, anxiety must be included in the child's treatment plan as an area of focus.

Improvement Strategies or Interventions (Changes in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Applied Behavioral Analysis

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Utilizing ABA with youth and caregivers

MHP/DMC-ODS-focused interventions/System changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

n/a

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
CANS-50 scores with anxiety as treatment goal	FY 2019-2020	36 percent	☒ Not applicable—PIP is in Planning or implementation phase, results not available	n/a	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PSC-35 scores with anxiety	FY 2019-2020	34.1 percent	☒ Not applicable—PIP is in Planning	n/a	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value:

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
reported by caregivers			or implementation phase, results not available			☐ <.01 ☐ <.05 Other (specify):
Number of ABA sessions	n/a	n/a	☐ Not applicable—PIP is in Planning or implementation phase, results not available	n/a	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
"Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)

Validation phase (check all that apply):

☒ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year

☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):

Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence
"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

As submitted, this clinical PIP was found to have a moderate confidence validation rating, because: 1) the PIP topic was selected through a comprehensive analysis of beneficiary needs, care, and services; 2) the performance measures assess an important aspect of care that will make a difference to beneficiaries' functional status; 3) ABA is an evidenced base clinical intervention shown to improve emotion dysregulation in children, as well as effective parenting strategies; 4) ABA was chosen based off of a thorough root cause analysis; 5) a systematic data collection and analysis plan was identified; and 6) clinicians received ABA training prior to implementation and will receive on-going supervision.

EQRO recommendations for improvement of PIP:

- Ensure the ABA interventions are practiced to fidelity with on-going and frequent clinical supervision.
- Ensure the data collection and data analysis plan are adhered to.
- Continuously monitor factors that may threaten the internal or external validity of the findings; create a plan for untoward results.
- Reinforce the PIP control plan to ensure the quality standards are being met.
- Encouragement to seek frequent EQR PIP TA (next TA is scheduled for November 2021).

Non-Clinical PIP

Table C2: Overall Validation and Reporting of Non-Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ →High confidence ☐ →Moderate confidence ☐ →Low confidence ☒ →No confidence	As submitted, this non-clinical PIP was found to have a no confidence validation because: 1) the MHP was already using the MORS outcome tool (not a new intervention); 2) beneficiary input was not obtained; 3) a detailed root cause analysis was not performed which would assist in discovering alternate explanations for the problem; 4) the aim statement demonstrated confounding variables which could result in an unfocused study; 5) the PIP reflects additional interventions such as case management and case meeting reviews (not listed in the aim statement) which can result in threats to internal validity; 6) the abundance of PIP variables creates a tangle of causal relationships; and 7) the PIP did not expand on how the Determinants of Care assessment will be used in conjunction with the MORS 2 scale, and how it will impact beneficiary outcomes.

General PIP Information
Mental Health MHP/DMC-ODS/Drug Medi-Cal Organized Delivery System Name: Shasta
PIP Title: MORS 2
PIP Aim Statement: "Will the implementation of MORS and Determinants of Care during assessments improve accuracy of LOC placement as evidenced by decreasing hospitalization rates from 18.5 percent to 15 percent; re-hospitalization rates from 7 percent to 5 percent; progressively decrease the 31.75 percent no-show rate for psychiatrists and 33.7 percent no-show rate for clinicians other than psychiatrists?"
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)* ☒ Adults only (age 18 and over) ☐ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as specific diagnosis (please specify): All new and existing adult beneficiaries over the age of 18.
Improvement Strategies or Interventions (Changes in the PIP)
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) n/a
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) n/a
MHP/DMC-ODS-focused interventions/System changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) Implementation of the MORS 2 outcome tool to be used as a LOC determinant

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Beneficiaries who score a 4, 5, and 6 on the MORS 2 outcome tool			☒ Not applicable—PIP is in Planning or implementation phase, results not available		☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Beneficiaries who score a 4, 5 on the MORS 2 outcome tool			☒ Not applicable—PIP is in Planning or implementation phase, results not available		☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Beneficiaries with recurring hospitalizations			☒ Not applicable—PIP is in Planning or implementation phase, results not available		☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Re- hospitalization rate			☒ Not applicable—PIP is in Planning or implementation phase, results not available		☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
No-shows			☒ Not applicable—PIP is in Planning or implementation phase, results not available		☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PIP Validation Information						

Was the PIP validated? ☒ Yes ☐ No
"Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)

Validation phase (check all that apply):

☒ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year

☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):

Validation rating: ☐ High confidence ☐ Moderate confidence ☐ Low confidence ☒ No confidence
"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

As submitted, this non-clinical PIP was found to have a no confidence validation because: 1) the MHP was already using the MORS outcome tool (not a new intervention); 2) beneficiary input was not obtained; 3) a detailed root cause analysis was not performed which would assist in discovering alternate explanations for the problem; 4) the aim statement demonstrated confounding variables which could result in an unfocused study; 5) the PIP reflects additional interventions such as case management and case meeting reviews (not listed in the aim statement) which can result in threats to internal validity; 6) the abundance of PIP variables creates a tangle of causal relationships; and 7) the PIP did not expand on how the Determinants of Care assessment will be used in conjunction with the MORS 2 scale, and how it will impact beneficiary outcomes.

The MHP received PIP TA in September 2021 prior to this review, and it was determined that the MHP should end this study and begin to explore new PIP topics.

The TA provided to the MHP by CalEQRO consisted of:

- Review of rapid-cycle plan, do, study, act methodology.

EQRO recommendations for improvement of PIP:

- Obtain input from beneficiaries who are users of various programs in the ASB.
- Perform a detailed root cause analysis to identify the main cause of the identified problem.
- Create a concise aim statement that is measurable and answerable.

- Ensure the implementation of the study is designed to account and adjust for confounding variables that could have an obvious impact on PIP outcomes.
- Explore lessons learned throughout the study timeframe and create a plan for untoward results.

ATTACHMENT D: ADDITIONAL PERFORMANCE MEASURE DATA

Table D1: CY 2020 Medi-Cal Expansion (ACA) Penetration Rate and ACB

Shasta MHP					
Entity	Average Monthly ACA Enrollees	Beneficiaries Served	Penetration Rate	Total Approved Claims	ACB
Statewide	3,835,638	155,154	4.05%	$934,903,862	$6,026
Small	175,792	7,277	4.14%	$43,246,554	$5,943
MHP	16,261	505	3.11%	$3,781,372	$7,488

Table D2: CY 2020 Distribution of Beneficiaries by ACB Range

Shasta MHP								
ACB Range	MHP Beneficiaries Served	MHP Percentage of Beneficiaries	Statewide Percentage of Beneficiaries	MHP Total Approved Claims	MHP ACB	Statewide ACB	MHP Percentage of Total Approved Claims	Statewide Percentage of Total Approved Claims
<$20K	2,413	89.50%	92.22%	$9,861,116	$4,087	$4,399	44.20%	56.70%
>$20K-$30K	123	4.56%	3.71%	$3,020,783	$24,559	$24,274	13.54%	12.59%
>$30K	160	5.93%	4.07%	$9,426,508	$58,916	$53,969	42.26%	30.70%

Table D3: Summary of CY 2020 Short-Doyle/Medi-Cal Claims

Shasta **MHP**							
Service Month	Number Submitted	Dollars Billed	Number Denied	Dollars Denied	Percentage Denied	Dollars Adjudicated	Dollars Approved
JAN20	2,759	$1,184,228	51	$7,568	0.64%	$1,176,660	$1,098,149
FEB20	4,972	$1,876,793	76	$48,713	2.60%	$1,828,080	$1,691,229
MAR20	5,453	$1,811,501	88	$61,337	3.39%	$1,750,164	$1,618,204
APR20	5,870	$1,943,952	151	$239,594	12.33%	$1,704,358	$1,402,974
MAY20	4,015	$1,378,228	68	$37,640	2.73%	$1,340,588	$1,203,171
JUN20	5,274	$1,592,792	90	$30,340	1.90%	$1,562,452	$1,465,498
JUL20	5,053	$2,313,545	65	$96,818	4.18%	$2,216,727	$2,103,976
AUG20	4,832	$2,403,501	90	$120,025	4.99%	$2,283,476	$2,139,029
SEP20	4,867	$2,209,470	63	$68,068	3.08%	$2,141,402	$2,068,287
OCT20	4,938	$2,277,478	70	$35,009	1.54%	$2,242,469	$2,203,431
NOV20	3,876	$1,771,919	98	$82,215	4.64%	$1,689,704	$1,604,593
DEC20	4,252	$1,980,077	102	$67,867	3.43%	$1,912,210	$1,843,461
TOTAL	**56,161**	**$22,743,482**	**1,012**	**$895,194**	**3.94%**	**$21,848,288**	**$20,442,001**

Includes services provided during CY 2020 with the most recent DHCS claim processing date of July 30th, 2021. Only reports Short-Doyle Medi-Cal claim transactions and does not include Inpatient Consolidated IPC hospital claims. Statewide denial rate for CY 2020 was 3.19 percent.

Table D4: Summary of CY 2020 Top Five Reasons for Claim Denial

Shasta **MHP**			
Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Beneficiary not eligible or non-covered charges	53	$292,300	33%
Medicare Part B or Other Health Coverage must be billed before submission of claim	536	$189,886	21%
Service line is a duplicate and a repeat service procedure code modifier not present	37	$164,912	18%
Claim/service lacks information which is needed for adjudication	221	$150,482	17%
Beneficiary not eligible	65	$84,353	9%

TOTAL	**912**	**$881,933**	**99%**