# MANAGED CARE ACCOUNTABILITY SET (MCAS)
# FREQUENTLY ASKED QUESTIONS

## 1. What is MCAS?

The Managed Care Accountability Set (MCAS) is a standardized set of performance measures based on the Centers for Medicare and Medicaid Services (CMS) Child and Adult Core Set Measures.

Starting in 2019, the state Department of Health Care Services (DHCS) replaced the External Accountability Set (EAS) measures with the MCAS measures set to monitor and report the performance of Medi-Cal Managed Care Plans (MCPs).

## 2. Who participates in MCAS?

All MCPs.

## 3. What is the purpose of MCAS?

- Evaluate quality of care and services provided to health plan members.
- Evaluate accessibility of care.
- Develop performance improvement initiatives based on identified opportunities.
- Compare performance with other health plans.

## 4. What is the difference between MCAS and HEDIS®?

Previously, Gold Coast Health Plan (GCHP) reported on the EAS list of performance measures. This list was exclusively comprised of Healthcare Effectiveness Data and Information Set (HEDIS®) metrics, which are a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA).

The MCAS performance measure list not only includes HEDIS measures, but performance measures developed by other institutions as well. These institutions (measure stewards) include the U.S. Office of Population Affairs, Oregon Health and Sciences University, Health Resources and Services Administration, Pharmacy Quality Alliance, and Centers for Medicare and Medicaid Services.

## 5. How is MCAS reported?

MCAS performance measures typically evaluate the previous year's clinical data. For example, most MCAS rates reported in 2019 are based on clinical services performed in 2018. However, some measures, such as the Cervical Cancer Screening (CCS) measure, look for services performed up to five years prior to the reporting year.

The results of GCHP's annual MCAS reviews are reported to DHCS in June each year. In addition, HEDIS measures will continue to be reported to NCQA.

GCHP distributes the following reports to contracted providers:

- Annual MCAS Provider Reports Cards, which detail clinic-level outcomes on each performance measure and identifies areas of high and low performance to help determine future improvement strategies.
- MCAS Progress Reports and Performance Feedback Reports every other month - beginning in the latter half of the year - to assist providers with improving their rates by monitoring their current performance and outreaching to identified members to close gaps in care.

## 6. What is a provider's role in MCAS reporting?

Providers play a central role in promoting the health of GCHP members. Providers and office staff can help facilitate MCAS performance and process improvement by:

- Providing appropriate care within designated timeframes, i.e. annual screenings.
- Monitoring patients with chronic conditions and/or who are on persistent medications.
- Documenting all care in a patient's medical record.
- Coding for all services completed and submitting claims timely.
- Responding timely to requests for medical records.
- Staying up-to-date with MCAS measure criteria.

## 7. Do I need member consent to release personal health information (PHI) for MCAS reporting?

No. Under the Health Information Portability and Accountability Act (HIPAA), data collection for MCAS is permitted. Health plan requests for medical records do not require additional patient consent or authorization.

GCHP members' PHI is maintained in accordance with all state and federal laws.

## 8. What data sources are used in MCAS Reporting?

- Medical records.
- Administrative data: claims, encounter, pharmacy, member and provider data.
- Supplemental data: lab, vision, immunization registry, electronic medical records.

## 9. How are MCAS performance measures evaluated?

MCAS measures can require either an administrative or hybrid review of data.

- Measures reported using the *administrative* data collection method report on the entire eligible population. These use only administrative data sources, such as claims, encounter, lab, and immunization registries to evaluate if services were performed.
- Measures reported using the hybrid data collection method report on a sample of the population (usually 411) and use administrative and medical record data sources to evaluate if services were performed.

## 10. What MCAS performance measures are reported?

There are 39 MCAS performance measures for Measurement Year (MY) 2019 / Reporting Year (RY) 2020. The following 19 MCAS performance measures are held to a minimum performance level (MPL) that is set by DHCS.

### Children's Health

- AWC - Adolescent Well-Care Visit
- CIS 10 - Childhood Immunization Combo 10
- IMA 2 - Immunization for Adolescents Combo 2
- W15 - Well-Child Visit First 15 Months of Life
- W34 - Well-Child Visit in the Third, Fourth, Fifth and Sixth Years of Life
- WCC BMI - Weight Assessment and Counseling

### Women's Health

- BCS - Breast Cancer Screening
- CCS - Cervical Cancer Screening
- CHL - Chlamydia Screening
- PPC Pre - Prenatal Care
- PPC Post - Postpartum Care

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### Behavioral Health

- AMM Acute - Antidepressant Medication Management Acute
- AMM Cont - Antidepressant Medication Management Continuation

### Acute and Chronic Disease

- ABA - Adult Body Mass Index
- AMR - Asthma Medication Ratio
- CBP - Controlling High Blood Pressure
- CDC HT - Comprehensive Diabetes Care: HbA1c Testing
- CDC H9 - Comprehensive Diabetes Care: HbA1c >9.0%
- PCR - Plan All-Cause Readmission

The remaining 20 MCAS performance measures are not held to the MPL but are monitored for performance by DHCS, as they are focus areas when evaluating the quality of care provided to members.

## Children's Health

- CAP - Children's Access to Primary Care Practitioner
  - » 12 to 24 months of age
  - » 25 months to 6 years of age
  - » 7 to 11 years of age
  - » 12 to 19 years of age
- DEV - Developmental Screening in the First Three Years of Life

## Women's Health

- CCW - All Women Ages 15 to 44 (CCW)
  - » Most or moderately effective contraceptive
  - » Long Acting Reversible Contraceptive (LARC)
- CCP - Postpartum Women Ages 15 to 44 (CCP)
  - » Most or moderately effective contraception – three days
  - » Most or moderately effective contraceptive – 60 days

## Behavioral Health

- CDF - Screening for Depression and Follow-Up Plan: Ages 12 and Older

## Pharmacy

- ADD Int. - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications – Initiation Phase
- ADD C/M - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications – Continuation and Maintenance Phase
- COB - Concurrent Use of Opioids and Benzodiazepines
- OHD - Use of Opioids at High Dosage in Persons without Cancer

## Acute and Chronic Disease

- HIV - HIV Viral Load Suppression
- MPM ACE/ARB - Annual Monitoring for Patients on Persistent Medications: ACE Inhibitors or ARBs
- MPM Diu - Annual Monitoring for Patients on Persistent Medications: Diuretics
- AMB ED - Ambulatory Care: Emergency Department

## 11. How will Gold Coast Health Plan collect MCAS medical records?

- GCHP's vendor, Inovalon, will contact providers directly to request medical records for selected members.
- Each request will include the members and measure(s) selected for review and the relevant portions of medical records that are requested.
- Data collection methods include fax, mail, onsite visits, and remote electronic medical record (EMR) system access.
- Providers should submit requested documentation within five days of the request.

## 12. Who is the contact for MCAS for medical record requests?

- When the record requests are sent, contact instructions will be listed on the request.
- Questions can also be submitted to GCHP via email at QualityImprovement@goldchp.org.

## 13. When does medical record review begin and end?

Medical record requests will begin in February and end in mid-May.

## 14. Should the entire medical record be sent?

No. Please provide the specific records noted in the medical record request.

## 15. Where can I find more on these MCAS measures?

To educate and assist providers with increasing their MCAS rates, GCHP has created MCAS tips sheets for each measure reported. These tips sheets outline the key aspects of each MCAS measure, the medical codes associated with each measure, and documentation guidance. They are located on the GCHP website.

Click Here to view the MCAS tips sheets.

To view the 2019 CMS Child and Adult Core set measure technical specifications, click the links below:

- 2019 CMS Child Core Set
- 2019 CMS Adult Core Set

For a list of all CMS Child and Adult Core Set Measures, visit the DHCS website here.

Learn about HEDIS measures on NCQA's website here.