

Essential Elements of Medi-Cal Palliative Care Services: Managed Care Plan Processes for Identifying Eligible Members

This resource is part of “Section D: Define (or refine) strategies to identify and engage MCP members” of the California Health Care Foundation publication *Essential Elements of Medi-Cal Palliative Care Services: Tips and Tools for Medi-Cal Managed Care Plans and Palliative Care Providers*.

Medi-Cal managed care plans and their palliative care provider partners shared information from their programs for this guide, including internal policies and procedures. CHCF is grateful for this leadership and willingness to contribute for the benefit of more people whose health and lives can be improved with high-quality palliative care.

STATE PROGRAM REQUIREMENTS

In addition to the requirement that Medi-Cal managed care plan (MCP) members have a condition in one of the four diagnostic categories (congestive heart failure, chronic obstructive pulmonary disease [COPD], advanced cancer, and liver disease) to qualify for palliative care, the California Department of Health Care Services (DHCS) has general eligibility criteria and disease-specific criteria (“[Palliative Care](#)” [PDF], All-Plan Letter 18-020, DHCS, December 7, 2018). Not all these criteria can be assessed through typical data sources, so MCPs often experiment with different data-based and human-based approaches to identifying members who could benefit from palliative care.

MCP PROCESSES FOR IDENTIFYING ELIGIBLE MEMBERS

Program leaders at MCPs report that they use the available information on their members in different ways to learn who is eligible and would benefit from palliative care services. Program leaders also report that the available data are only one part of the process of identifying eligible members.

One MCP program manager said, “Eligibility determinations, especially those made using claims/utilization data, are only as good as the data we have. We have learned that these data do not always tell the complete or accurate story.”

The list of data used by this MCP to compile the report of potentially eligible members is below. The MCP has adjusted its report criteria over time so that the report identifies more than those members whose available data meet the exact program criteria. When the report was specific to the exact and complete criteria, many eligible members were missed. A less restrictive list of MCP members allows MCP clinicians and referring providers to collect more information and use clinical judgment to determine eligibility and member readiness.

PALLIATIVE CARE POTENTIAL REFERRALS REPORT SPECIFICATIONS

Inclusions

- Age 18 or older
- Continuous enrollment from 9–11 months based on the quarter the report is run
- At least one ED visit or one inpatient admission in the past 6 months

Exclusions

- Enrolled in palliative care
- Enrolled in hospice
- Dually enrolled in Medicare and Medi-Cal

Demographics and Provider Information

- Patient name, date of birth, MCP identification number, phone number, address
- Primary care provider site name, city, county, phone number
- Specialist site name, city, county, phone number

Diagnoses and Medications/Interventions

- Cancer
 - Cancer diagnosis
 - Medication: opioid 20 MED (morphine equivalent dose) or more
- Liver disease
 - Ascites diagnosis, or
 - Liver failure diagnosis, or
 - Esophageal varices
 - Medication: Lactulose or spironolactone
- Congestive heart failure (CHF)
 - CHF diagnosis
 - Echocardiograms: CPT codes 93303–51, or
 - Cardiac catheterization: CPT codes 93451–533
- Chronic obstructive pulmonary disease (COPD)
 - COPD diagnosis
 - Oxygen: HCPCS codes E1390, E0431, K0738