

Date: July 13, 2017

To: Government Programs Committee

From: Nenick Vu, Associate Director of Managed Care, CPCA

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Re: Unseen Patients

MEMORANDUM

I. Background

“Unseen patients” or “Shadow patients” are those patients who have been assigned to a CCHC as their primary care home, or PCP, but do not actually seek care at the health center. Having a roster of patients who are assigned but unseen has become a growing issue, especially under the ACA and Medi-Cal expansion, and affects all CCHCs, though FQHCs may encounter particular difficulty. Some of the results of assignment of Unseen Patients include:

- 1) **HEDIS and Quality Issues:** For all PCPs, including FQHCs and non-FQHCs, having members who are assigned to the practice but are not seen can have a major negative impact on quality measures and HEDIS scores. In this case, the denominator that is used to measure the percentage of assigned members who receive a preventive service, for example, may be pushed way down by members who are not actually patients – who never set foot into the CCHC. In addition, these unseen patients may also cause providers to be out of compliance with their contractual obligations to Medi-Cal managed care plans, many of whom require PCPs to contact patients and ensure each newly assigned member receives a health assessment within 120 days. For CCHCs who participate in P4P incentive programs in Medi-Cal managed care, having a huge denominator of patients who are not receiving care could prevent the CCHC from meeting quality thresholds and drawing down available P4P funds.
- 2) **FQHC Capitation Issues:** In some areas, the number of members assigned to an FQHC but not seen is so high that FQHCs are losing some managed care capitation payment during the reconciliation process. In these cases, the amount paid in capitation by Medi-Cal managed care plans exceeds the amount that the FQHC has earned in PPS-billable visits. During reconciliation, DHCS is requiring the health center to reconcile out the portion of their capitation payment that exceeds their PPS reimbursement amount.

II. Unseen Patients Subgroup

The Managed Care Task Force has identified the issue of Unseen Patients as a priority affecting health centers and has requested that CPCA develop a subgroup to focus on this issue and identify options. Members who are interested in joining the workgroup are encouraged to contact Nenick at nvu@cpc.org.

III. Options

Three distinct patient populations have been identified that may fit the criteria of “unseen patients.” Each may have a unique solution:

- Patients who are assigned but have poor or missing contact information;
- Patients who fail to select their provider after enrollment into Medi-Cal, and are default assigned to a health center where they do not seek care. They may be seeking care elsewhere;
- Patients who are healthy and do not utilize care, even if they do identify the CCHC as PCP.

In our initial brainstorm, we’ve identified the following approaches to explore:

- Developing pilot programs with health plans to use updated patient contact information to locate and engage patients. Contact information from recent encounter data, such as hospital or pharmacy data sources, is often more recent and accurate than information provided by the member at the point of enrollment. A motivated health plan could find ways to share updated contact information with a PCP, or even work on contacting the patient and incentivizing them to come in for a visit themselves.
- Exploring policies that allow for un-assignment or reassignment if patients are utilizing care at other sites/clinics.
- Exploring policies that remove unseen patients from the denominator when calculating quality scores.
- Engaging the vendor of the recent Health Care Options RFP to explore possible mechanisms for selecting a provider at the point of enrollment and ensuring better contact information to mitigate problems associated with default patient assignment and poor patient contact information.