AGENDA
Technical Advisory Committee (TAC) Meeting
Wednesday, September 7, 2022 at 12:00 P.M.
L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Suite 1025, Los Angeles, CA 90017

Please recheck these directions for updates prior to the start of the meeting.
This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Board, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=mb5372eaf2cbe5e81b720e0d565df1fc

Meeting number: 2480 000 3399

To listen to the meeting via teleconference please dial:
Dial: 1-213-306-3065
Meeting number: 2480 000 3399

Event Password: lacare

Members of the Compliance and Quality committee or staff may participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is new function during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the “To:” window,
5. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 12:00 pm on September 7, 2022, it will be provided to the members of the Technical Advisory Committee at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your
Welcome

Richard Seidman, MD, MPH
Chief Medical Officer
Chair

1. Approve today’s meeting agenda
Chair

2. Public Comment
Chair

3. Approve February 16, 2022 Meeting Minutes  P.4
Chair

4. Chief Executive Officer Update
Chief Executive Officer
John Baackes
• Gun Violence Resolution  P.11
• Reproductive Rights Resolution  P.12
• L.A. County Safety Net Coalition

5. New Medi-Cal Contract Highlights  P.16
Executive Director, Medi-Cal, Executive Directors Administration
Phinney Ahn

6. Chief Medical Officer Update
Chair

7. Committee Meeting Schedule
Chair

8. Future Agenda Items
Chair

Adjournment

The next meeting is tentatively scheduled for December 2022.

The order of items appearing on the agenda may change during the meeting.

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

To confirm details with L.A. Care Board Services staff prior to the meeting call or text 213 628-6420.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Gov't Code Section 54954.2 (a)(3) and Section 54954.3. Any documents distributed to a majority of the Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection online at www.lacare.org.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 694-1250. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.
BOARD OF GOVERNORS
Technical Advisory Committee
Meeting Minutes – February 16, 2022
1055 W. Seventh Street, Los Angeles, CA 90017

**Members**
- Richard Seidman, MD, MPH, Chairperson
- John Baackes, CEO
- Elaine Batchlor, MD, MPH
- Paul Chung, MD, MS
- Muntu Davis, MD, MPH
- Hector Flores, MD
- Rishi Manchanda, MD, MPH

**Management**
- Santiago Munoz
- Elan Shultz
- Stephanie Taylor, PhD*

- Wendy Schiffer, Senior Director, Strategic Planning
- Katrina Parrish, Chief Quality and Information Executive, Health Services
- James Kyle, MD, Chief of Equity and Quality Medical Director, Quality Improvement
- Michael Brodsky, MD, Medical Director, Behavioral Health and Social Services, Behavioral Health

*Absent  ***Present (Does not count towards Quorum)

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

<table>
<thead>
<tr>
<th>AGENDA ITEM / PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALL TO ORDER</td>
<td>Member Richard Seidman, MD, MPH, Chief Medical Officer, called the meeting to order at 10:00 a.m.</td>
<td>Approved Unanimously. 7 AYES (Baackes, Batchlor, Chung, Flores, Manchanda, Munoz, Seidman)</td>
</tr>
<tr>
<td>APPROVAL OF MEETING AGENDA</td>
<td>The Agenda for today’s meeting was approved as submitted.</td>
<td>Approved Unanimously. 7 AYES</td>
</tr>
<tr>
<td>PUBLIC COMMENT</td>
<td>There were no public comments.</td>
<td>Approved Unanimously. 7 AYES</td>
</tr>
<tr>
<td>APPROVAL OF MEETING MINUTES</td>
<td>The November 12, 2021 meeting minutes were approved as submitted.</td>
<td>Approved Unanimously. 7 AYES</td>
</tr>
<tr>
<td>AGENDA ITEM/ PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
<td>ACTION TAKEN</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>CHIEF EXECUTIVE OFFICER UPDATE</td>
<td>(Member Elan Shultz joined the meeting at 10:10 am.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member John Baackes, <em>Chief Executive Officer</em>, gave the following report:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>He noted that this is the first Technical Advisory Committee meeting of 2022. The year is off to a busy start. Membership crossed 2.5 million threshold. Added about 16,000 members through Covered California. L.A. Care is the only public health plan participating in the program. Every fourth person in L.A. County is an L.A. Care member.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>January began with the Medi-Cal prescription drug carve out and it launched with many issues. L.A. Care has not had as many issues as other public plans largely because children’s services are handled separately and are not part of L.A. Care’s population. Most of the complaints are in regards to children with special needs that can’t get their prescription. It has been very difficult. Many predicted it would happen and it’s sad to see it come true. Magellen Health said that 100 of their 200 call center staff are out due to COVID-19, but everyone is having that issue as well and are all coping with it.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kaiser negotiated a behind the door deal with Governor Newsom to contract directly with the State for Medi-Cal. Kaiser has been a plan since its inception 35 years ago and are they are directly contracted with Medi-Cal in 5 counties. When they were a plan partner they had limited access. To join Kaiser people had to have prior affiliation with them. People who had Kaiser through paid insurance and lost their job and qualified for Medi-Cal can select Kaiser as their health plan. The contract begins in January 2024. They claim that they can’t accept all Medi-Cal recipients. They will have to check credentials. Kaiser directly contracting with the State will affect L.A. Care’s quality scores negatively. They also have less members with mental health issues and chronic illnesses.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member Elaine Batchlor, <em>MD</em>, asked what is L.A. Care is opposed to. Most people would imagine that a handful of people joining Kaiser would be a good thing despite it not being equitable. Member Baackes responded that Kaiser will now be a competitor. Kaiser will only allow people to join through their contract. Their quality scores will now be removed from L.A. Care’s quality scores. Quality scores may affect L.A. Care’s rates and funding. The State has been silent on how they will set rates.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member Hector Flores, <em>MD</em>, said to move beyond the damage or fall out from that is to create a level playing field for everyone. He trusts Kaiser’s data, it is pretty robust.</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEM/ PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
<td>ACTION TAKEN</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| Back in 1994 or 1995 Kaiser went on record and stated that the State is paying unsound rates and they would only do a minimum amount. Private doctors who’s practices are made up of 30% or more Medi-Cal patients received a small raise through Prop 56, but they are not Medicare rates. It is necessary to level the playing field and correcting for the disadvantage that the providers in underserved communities have, also make things more transparent. Member Baackes responded that he will be reaching out to him assistance with the coalition movement. L.A. Care has the ability to push back, because they do not have the authority to do this. Particularly in County Operated Health Systems. They have the authority to do this in counties that operate through the Two Plan Model like L.A. County. Legislators in Sacramento stated that it must be approved as a bill as a budget item.  
Member Elan Shultz asked if the State has offered any rational for why Kaiser is able to select who it allows in through Medi-Cal? Member Baackes responded that the Department of Health Care Services put out a piece about Kaiser not participating in open procurement like all other plans and limits enrollment, because they have capacity limits as a brick and motors provider. They have limits on people joining through Medi-Cal but no limits for people joining commercially.  
(Member Shultz left the meeting at 10:30 a.m.) |

| CHIEF MEDICAL OFFICER REPORT | Member Richard Seidman, MD, MPH, Chief Medical Officer, gave the following updates:  
He wished everyone a Happy New Year and acknowledged that it is Black History month. He spoke about the county’s COVID-19 vaccine incentive program. The State made money available at the county and plan level, but also as a member incentive to help improve vaccination numbers. By November 1, more than 60,000 members had received one vaccine. He noted that the number is higher now. L.A. Care made available a $50 gift card. In addition to the members incentive, L.A. Care has organized a pharmacy incentive program. L.A. Care recruited high volume pharmacies that serve L.A. Care members. L.A. Care also recently issued a press release called Educate + Vaccinate. This is provider incentive program. Providers will receive a list of members that have not been vaccinated and if that practice is able to increase vaccination efforts among its patients they will receive an incentive for doing so.  
Member Batchlor thanked Member Seidman for his efforts in trying to get members vaccinated. |
<table>
<thead>
<tr>
<th>AGENDA ITEM/PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member Seidman stated that L.A. Care has staff working on improving member vaccinations. All this is due to the persistent reality that early on we saw a disparity among communities of color. This was also seen during the vaccine rollout. People of color were getting vaccinated at lower rates. (Member Rishi Manchanda left the meeting at 10:41am)</td>
<td></td>
</tr>
<tr>
<td>STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM</td>
<td>Michael Brodsky, MD, Medical Director, Behavioral Health and Social Services, Behavioral Health, gave a presentation about the Student Behavioral Health Incentive Program (a copy of the presentation can be obtained from Board Services.) The Student Behavioral Health Incentive Program is one of the State’s incentive program structured as an incentive with a timeline and metrics and dollars available to pass through the health plans to improve behavioral health service delivery and the mental health of students in L.A. County. (The slide below is from the California Department of Public Health. It shows the observed and projected suicide deaths in California for all ages.)</td>
<td></td>
</tr>
</tbody>
</table>

![Monthly Observed and Projected Suicide Deaths in CA, 2015 - 2020](image.png)
For calendar year 2019 there were 7,000 incident reports related to suicidal crisis at schools.
(The slide below shows suicide risks among youth age groups and divided by ethnicity.)

### Suicide Rates (Risk) among Youth (Ages 10-24) by Race/Ethnicity in CA, 2011-2020

In January, the California Health and Human Services (CHHS) released a grand $4 Billion proposal called the California Youth Behavioral Health Initiative. Our piece of this the Student Behavioral Health Incentive Program is one small piece of the overall initiative. There is a focus on schools, but there are also workforce initiatives not being developed by the Department of Health Care Services, but by other parts of CHHS. There is a focus on recruiting behavioral health counselors and coaches. Clinicians will be able to access data through E-Consult. There is a request for proposal for a system that will allow students regardless of insurance status to access resources and possibly even referrals to birch and motors providers. L.A. Care is tracking this closely.
<table>
<thead>
<tr>
<th>AGENDA ITEM/PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
</table>

### New Ecosystem

**Behavioral Health Services**
- Virtual Platform & Provider Network

**Schools**
- Behavioral Health Counselors and Coaches
- • Medi-Cal
  • Commercial Health Insurance

**Behavioral Health Services Capacity and Foundation**
- Workforce
- Programs
- Facilities

### Continuum of School-Wide Positive Behavior Interventions and Supports

- **Primary Prevention:**
  - School-/Classroom-Wide Systems for All Students, Staff, & Settings

- **Secondary Prevention:**
  - Specialized Group Systems for Students with At-Risk Behavior

- **Tertiary Prevention:**
  - Specialized Individualized Systems for Students with High-Risk Behavior

- FEW (≈2%)
- SOME (≈15%)
- ALL (≈80% of Students)
<table>
<thead>
<tr>
<th>AGENDA ITEM/ PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
</table>
|                        | *Current Funding Streams in Medi-Cal*  
LEA, MCPs, and MHPs all cover a specific subset of EPSDT services, so they must partner if they aim to offer a comprehensive suite of EPSDT services to Medi-Cal-enrolled students.  
(The full presentation can be obtained from Board Services.)  
Member Flores asked Dr. Brodsky if there is a component that looks at students that are beyond grade 12. When students get to community college they lost in the mix. It would be nice to have a thread that continues to help them. Dr. Brodsky responded that in the $4 Billion large initiative the range of ages that are covered are 0 to 25.  
**ADJOURNMENT**  
The meeting was adjourned at 12:05 p.m. | |

Respectfully submitted by:  
Victor Rodriguez, *Board Specialist II, Board Services*  
Malou Balones, *Board Specialist III, Board Services*  
Linda Merkens, *Senior Manager, Board Services*  

APPROVED BY:  
Richard Seidman, MD, MPH, *Chairperson*  

_________________________________  
Date Signed
L.A. Care Health Plan Board of Governors Resolution
Calling for Gun Safety Legislation

Whereas, L.A. Care Health Plan, the nation’s largest publicly operated health plan, is committed to advancing health equity, ensuring everyone has a fair and just opportunity to be as healthy as possible;

Whereas, gun violence is a major public health crisis throughout the U.S. and must be addressed through a comprehensive public health approach;

Whereas, gun violence is the leading cause of premature death in the U.S.;

Whereas, this year, as of June 2, 2022, there have been 233 mass shootings in the U.S.;

Whereas, L.A. Care is horrified at the wanton loss of life in Buffalo, NY, Laguna Woods, CA, Uvalde, TX, Tulsa, OK, and so many other cities;

Whereas, L.A. Care recognizes a comprehensive public health approach to gun violence must include gun safety legislation and access to mental health services;

Whereas, L.A. Care is committed to promoting mental health as a critical part of overall wellness, and recognizes more equitable resources are needed;

Whereas, L.A. Care supports the recruitment of new psychiatrists into the Los Angeles County safety net through its Elevating the Safety Net initiative;

Be it Resolved, that L.A. Care will strongly advocate for more effective state and federal gun safety legislation, to protect the lives of Californians and all Americans by:

1. Supporting a ban on the sale of military-style assault weapons and high capacity magazines;
2. Supporting background checks on all gun buyers; and,
3. Supporting additional funding and efforts to address mental health.

We do hereby rededicate our efforts to create a more just and healthy America.
CEO Statement on Two Devastating Supreme Court Decisions

Friday, June 24, 2022

As the CEO of L.A. Care Health Plan, the largest publicly operated health plan in the country, I am deeply disappointed by two decisions this week by the Supreme Court of the United States (SCOTUS) – one that will deny an individual’s right to choose whether to carry out a pregnancy and another that threatens the safety of every American.

This morning, by a majority vote, the high court overturned Roe v. Wade, the landmark decision in which Justices ruled that the Constitution of the United States generally protects an individual’s freedom to have an abortion. After nearly 50 years, today SCOTUS has ruled that there is no longer that federal constitutional right. Going forward, abortion rights will be determined by the states. Twenty-two states have indicated they intend to ban or severely limit abortion…but everyone knows such limits won’t put an end to abortions in those states.

In 2002, California passed a law that guaranteed a person’s right to choose. L.A. Care suspects many will have to travel to California and other states that have protected access to abortion. LA. Care fears that those who are not able to travel to one of these states will risk their lives with a “back-alley” procedure. These are more likely to be low-income people of color, which will only exacerbate the already existing health disparities. It’s unconscionable that SCOTUS has stripped millions of people of their fundamental constitutional right to make decisions (including medical ones) about their own bodies. How many people will be harmed because of this ruling?
Yesterday, SCOTUS also struck down a long-standing New York law that placed strict limits on carrying guns outside of one’s home. In the six to three decision, the Justices ruled that the Second Amendment to the United States Constitution protects an individual’s right to carry a handgun for self-defense outside the home. This ruling is particularly concerning in the wake of hundreds of mass shootings each year. L.A. Care’s Board of Governors recently approved a resolution making it clear that gun violence is a public health crisis. Loosening gun safety laws is only going to worsen that crisis.

L.A. Care is committed to advancing health equity, and both decisions by the SCOTUS threaten that goal. L.A. Care urges Congress to act on national protections for the right to an abortion and on a national law to put strict limits on concealed weapons. L.A. Care will continue to engage in activities that support access to health care and health equity for our more than 2.5 million members.

About L.A. Care Health Plan
L.A. Care Health Plan serves more than 2.5 million members in Los Angeles County, making it the largest publicly operated health plan in the country. L.A. Care offers four health coverage plans including Medi-Cal, L.A. Care Covered™, L.A. Care Cal MediConnect Plan and the PASC-SEIU Homecare Workers Health Care Plan, all dedicated to being accountable and responsive to members. As a public entity, L.A. Care’s mission is to provide access to quality health care for L.A. County's low-income communities, and to support the safety net required to achieve that purpose. L.A. Care prioritizes quality, access and inclusion, elevating health care for all of L.A. County. For more information, follow us on Twitter, Facebook, LinkedIn and Instagram.

Media Contact
Penny Griego | Media Relations Specialist
213.694.1250 x 4560
310.613.8309 | Mobile
pgriego@lacare.org
Facebook Twitter LinkedIn
L.A. Care Health Plan Board of Governors Resolution
Supporting Abortion Rights

Whereas, Local Initiative Health Authority for Los Angeles County, operating and doing business as L.A. Care Health Plan (“L.A. Care”), the nation’s largest publicly operated health plan, is committed to advancing health equity, ensuring everyone has a fair and just opportunity to be as healthy as possible;

Whereas, reproductive rights, including the right to access an abortion, are grounded in human rights; and abortion and contraception are essential healthcare;

Whereas, globally, there are an estimated 25 million unsafe abortions each year, resulting in injury and/or death;

Whereas, L.A. Care is deeply disturbed by the recent Supreme Court decision overturning Roe v. Wade, which for nearly 50 years, guaranteed the right to an abortion in the United States;

Whereas, L.A. Care recognizes the ruling is expected to lead to restricted access or a ban on abortions in nearly half of all states; and

Whereas, L.A. Care recognizes that California will continue to protect the right to choose and will offer help to people from other states.

Now, Therefore, the Board of Governors of L.A. Care resolves as follows:

1. L.A. Care will strongly advocate through its representatives for the United States Congress to move swiftly to codify Roe v. Wade, protecting the right to contraception and abortion in the United States.

2. L.A. Care seeks to retain, uphold and expand California’s tradition of protecting statewide access to abortion services and contraception.
Medi-Cal Membership Assumptions

- **CalAIM Mandatory Managed Care Enrollment:** +104K
  - 1/1/23

- **Undocumented Adult Transition:** +150K
  - 4/1/23

- **Redetermination Disenrollment (annualized):** -325K
  - 4/1/23

- **Kaiser Direct Contract:** -260K
  - 1/1/24

- **Net loss of Medi-Cal members by 1/1/24:** -330K

Aug 2022 Medi-Cal Membership: 2,535,000

*Change in Commercial Plan:*
2024 Medi-Cal Managed Care Contract Requirements & Operational Readiness

Overview & Impacts

Phinney Ahn, MPH
Medi-Cal Product Management

September 7, 2022
Background

- Medi-Cal managed care RFP for commercial plans released February 9, 2022 (due April 11, 2022)
  - Included new managed care contract requirements for all Medi-Cal plans
  - New managed care contracts to be implemented January 1, 2024

- DHCS released the Notice of Intent to Award (NOIA) on August 25, 2022. Awards were given to the following three plans in the counties listed:
  - Molina Health Care – Los Angeles, Riverside, San Bernardino, Sacramento, San Diego
  - Anthem Blue Cross Partnership Plan – Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Santa Clara, San Francisco, Sacramento, Tuolumne
  - Health Net – Amador, Calaveras, Inyo, Mono, San Diego, San Joaquin, Stanislaus, Tulare, Tuolumne

- Today’s presentation will include:
  - Highlights of changes in 2024 draft Medi-Cal managed care contract
  - Overview of the DHCS operational readiness assessment for Medi-Cal managed care plans
DHCS: Transforming Medi-Cal Managed Care Through Multiple Channels

### New Mix of High-Quality Managed Care Plans Available to Members

<table>
<thead>
<tr>
<th>Procurement of Commercial Managed Care Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Competitive proposal process for commercial plans</td>
</tr>
<tr>
<td>• Statewide, in counties with a model that includes commercial plans</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model Change in Select Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conditional approval for 17 counties to change their managed care model</td>
</tr>
<tr>
<td>• Subject to federal approval</td>
</tr>
<tr>
<td>• Includes new Single Plan Model and expansion of COHS model</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Contract with Kaiser</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Proposed for 32 counties</td>
</tr>
<tr>
<td>• Subject to state and federal approval</td>
</tr>
<tr>
<td>• Leverages Kaiser’s clinical expertise and integrated model to support underserved areas in partnership with FQHCs</td>
</tr>
</tbody>
</table>

### Restructured and More Robust Contract Implemented Across All Plans in All Model Types in All Counties

### Improved Health Equity, Quality, Access, Accountability, and Transparency

*Slide adapted from DHCS webinar on Medi-Cal Managed Care Procurement – 2/15/22*
New 2024 Contract Requirements - Overview

• Will amplify ongoing investments in DHCS’ vision/priorities for Medi-Cal
  - CalAIM
  - Medi-Cal Expansion for All
  - Children and Youth Behavioral Health Initiative
  - Behavioral Health Continuum Infrastructure Program
  - Home and Community-Based Services Spending Plan
  - New Benefits to Support Culturally Competent Services
  - Comprehensive Quality Strategy & Equity Roadmap

• Major Themes
  - Transparency
  - High-Quality Care
  - Access to Care & Continuum of Care
  - Coordinated & Integrated Care
  - Increasing Health Equity & Reducing Disparities
  - Addressing SDOH
  - Local Presence & Engagement
  - Enhanced Children’s Services
  - Behavioral Health Services Expansion
  - Accountability, Compliance & Administrative Efficiency
  - Emergency Preparedness & Essential Services
  - Value-Based Payment
Highlights of Contract Changes

- Increased references to plan’s accountability for oversight, training, and monitoring of delegated entities
  - Newly defined terms to include subcontractor, downstream subcontractor, fully-delegated subcontractor, and partially-delegated subcontractor

- Inclusion of CalAIM requirements (e.g., ECM, CS, PHM)

- More plan transparency to include posting of content on website (e.g., compliance program, CAPs, QI/health equity activities, selected P&Ps, delegation model, CAHPS survey)

- Medical loss ratio reporting for delegates

- Annual submission of a Community Reinvestment Plan for plan and delegates

- Development of a detailed delegation reporting and compliance plan

- Penalties for not meeting quality metrics (must exceed DHCS MPL)

- More specific requirements for:
  - MOUs with third parties
  - Structure and duties of Community Advisory Committees
  - QI and health equity activities including NCQA health equity accreditation
Transparency

- MCPs will be required to publicly post additional information about their own and subcontractors’ activities, including:
  - Community Investment Plan and related annual report
  - Quality improvement and health equity activities
  - CAHPS survey results
  - Population Needs Assessment
  - Fully delegated subcontractors’ performance and consumer satisfaction
  - Financial information, such as profits and reserves
  - Memoranda of Understanding with third parties
High-Quality Care

- In alignment with the DHCS Comprehensive Quality Strategy, quality expectations of MCPs will be strengthened, including through:
  - New requirements to exceed DHCS established Quality Improvement benchmarks at MCP and subcontractor levels
  - Sanctions for unmet quality benchmarks
  - Links between payments and quality
  - Establishment and posting of a Quality Improvement and Health Equity Plan (P&Ps)
  - Utilization review to promote primary care and address health disparities
  - Reporting on primary care and integrated care spending
  - Achievement of National Committee for Quality Assurance (NCQA) Health Plan Accreditation by January 1, 2026

2022 DHCS Comprehensive Quality Strategy Final Report:
Increasing Health Equity & Reducing Disparities

- MCPs will partner with DHCS to advance health equity and reduce health disparities, including by:
  - Achieving NCQA’s newly developed Health Equity Accreditation designation by Jan 2026
  - Appointing a Chief Health Equity Officer
  - Developing and implementing equity-focused interventions to improve health outcomes for the most impacted groups and communities
  - Meeting health disparity reduction targets for specific populations and measures to be identified by DHCS
Access to Care & Continuum of Care

- MCPs will be required to meet more robust expectations for providing access to high-quality care, including by:
  - Assisting members and families in navigating delivery systems and care management services
  - Providing new Transitional Care Services to reduce discharge risks
  - Ongoing implementation of CalAIM initiatives
  - Strengthening coordination and continuity of care for out-of-network providers
  - Continuing to maintain comprehensive networks providing access to appropriate, culturally and linguistically competent, high-quality care
  - Providing stronger care management across the continuum of care, including coordination with health and social services
Coordinated and Integrated Care

• MCPs will systematically coordinate services and comprehensive care management through:
  - Expanded Basic Population Health Management, Complex Care Management, Enhanced Care Management to ensure needs of entire population are met across the continuum of care
  - A whole-person, interdisciplinary approach for populations with complex health care needs; including through Enhanced Care Management
  - Strengthened care coordination for all members
  - Enhanced coordination with local health departments, county behavioral health plans, schools, justice systems, and community-based organizations
  - Facilitation of warm hand-offs to public benefit programs and closed-loop referrals to community resources and follow-up to ensure members receive needed services
Addressing Social Drivers of Health (SDOH)

- MCPs will implement new strategies to address unmet health-related social needs, such as food security and housing, by:
  - Implementing the Community Supports offerings
  - Ensuring population health management and care management services address unmet social needs
  - Incorporating SDOH into eligibility and needs assessment for Enhanced Care Management
  - Documenting members’ SDOH needs and services
Local Presence & Engagement

• MCPs will ensure they and their network providers understand and meet community needs, including through:

  - Stronger provisions for member and family engagement and participation in MCP advisory committees and the new statewide DHCS Member Stakeholder Committee

  - Deeper engagement with local public health, social services and behavioral health departments for population health management and efforts to address SDOH

  - Allocation of profits by MCPs and fully-delegated subcontractors with positive net income to community infrastructure development activities that support Medi-Cal members
Enhanced Children’s Services

- MCPs will provide additional support for children, including by:
  - Ensuring care management and care coordination with appropriate programs for children with special health care needs
  - Partnering with all Local Education Agencies in service areas
  - Providing medically necessary health and behavioral health services in schools and other community settings
  - Implementing interventions by school-affiliated providers that increase access to preventive, early intervention, and behavioral health services
  - Training providers on Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)
Behavioral Health Services Expansion

• MCPs will expand access to evidence-based behavioral health services that focus on:
  - Earlier identification and engagement in treatment for children, youth, and adults
  - Integration of behavioral and physical health care, including No Wrong Door policies to support access
  - Increased access to providers within public schools

• New contract also clarifies substance use disorder coverage and medication-assisted treatment services across settings
Accountability, Compliance & Administrative Efficiency

- MCPs must have robust accountability, compliance, monitoring, and oversight programs. The new contract significantly strengthens DHCS expectations related to accountability for and oversight of delegated entities, including:
  - Reporting of MCPs’ delegated functions and subcontractors, and justification for use of a subcontractor
  - Medical loss ratio reporting and potential remittance by specified subcontractors
  - Oversight and accountability for subcontractor quality improvement and health equity activities, and DHCS sanction ability for failures of subcontractors
  - **Population needs assessment reporting at subcontractor level**
  - Submission of “Delegation, Oversight and Compliance Plan”
Emergency Preparedness and Essential Services

- MCPs will be newly required to have an Emergency Preparedness and Response Plan that will ensure:
  - Delivery of essential care and services, including telehealth
  - Continuity of business operations during and after an emergency
Value-Based Payment

• Building on current efforts linking provider payments to value, MCPs will:
  - Apply high-priority quality and health equity outcome measures in value-based payment arrangements
  - Report on portion of spend on primary care and integrated care spending, including payment tied to alternative primary payment models
  - Report on network payment model and spend tied to alternative payment models
What Medi-Cal Managed Care Members Can Expect

• **More information and insight to inform choice of plan**

  • Holistic care based on SDOH, cultural and linguistic differences, and physical and behavioral health needs through their life span

  • A comprehensive array of person-centered health and social services

  • Better access to expanded preventive and early intervention services for children and services that support physical, social, and emotional development and address adverse childhood experiences

  • Care that is appropriate, high-quality, and timely
DHCS Operational Readiness Assessment for 2024 Contract Requirements

• In June 2022, DHCS kicked off an operational readiness assessment for Medi-Cal managed care plans

• Deliverables grouped by sections of the 2024 Medi-Cal managed care contract
  - Nearly 250 individual deliverables
  - Grouped into three phases between 8/1/22 through 12/31/23

• 2024 Medi-Cal managed care contract sections include (but not limited to):
  - Plan organization
  - Systems and processes
  - Providers, subcontractors, downstream subcontractors
  - Members
  - Delivery of services
  - Emergency preparedness and response

• In July 2022, DHCS issued to plans an “operational readiness contract” to participate in the assessment
Thank you very much!