Tribal and Indian Health Program Representatives Follow-Up Meeting

Department of Health Care Services April 1, 2022





• Welcome and Introductions

• Agenda Review

• Items for Next Meeting

Public Health Emergency (PHE) Unwinding

- » The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.
- **» Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.

» How you can help:

- » Become a **DHCS Coverage Ambassador**
- » Download the Outreach Toolkit on the <u>DHCS Coverage Ambassador</u> webpage
- » Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

Phase One: Encourage Beneficiaries to Update Contact Information

- Launch immediately
- Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
- » Flyers in provider/clinic offices, social media, call scripts, website banners
- Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!
 - Launch 60 days prior to COVID-19 PHE termination.
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Update on Tribal Engagement Plan

René Mollow

Deputy Director Health Care Benefits and Eligibility

Tribal Engagement Plan

- » DHCS revised the Tribal Engagement Plan (TEP) to address comments received
- » The TEP is intended to:
 - Increase engagement between DHCS, Tribes, and Indian health program representatives on DHCS policies and initiatives that affect health care for American Indians in California
 - $_{\odot}$ Build upon the existing Tribal Advisory process
 - Increase the frequency of meetings to facilitate early engagement/discussion on development of DHCS policy
 - Be an evolving document/process
- » Posted on the DHCS website:

https://www.dhcs.ca.gov/services/rural/Pages/IndianHealthPr ogram.aspx

Reappointment of American Indian Health Policy Panel (AIHPP)

- » DHCS has committed to reappointing the AIHPP
- The reappointment process requires that the California Rural Indian Health Board, Inc. and the California Consortium for Urban Indian Health submit nominations for five members each
- » DHCS Director appointments AIHPP membership based on nominations received
- » Following appointment OTA staff will communicate with AIHPP membership to provide orientation and establish a meeting calendar
- » DHCS estimates this process will take approximately 4-6 months, but will work with Tribal partners to develop a timeline to reappoint AIHPP membership

Next Step: DHCS to reach out to nominating organizations to provide guidance on written nomination process.

Update on COVID-19 Vaccination Rates

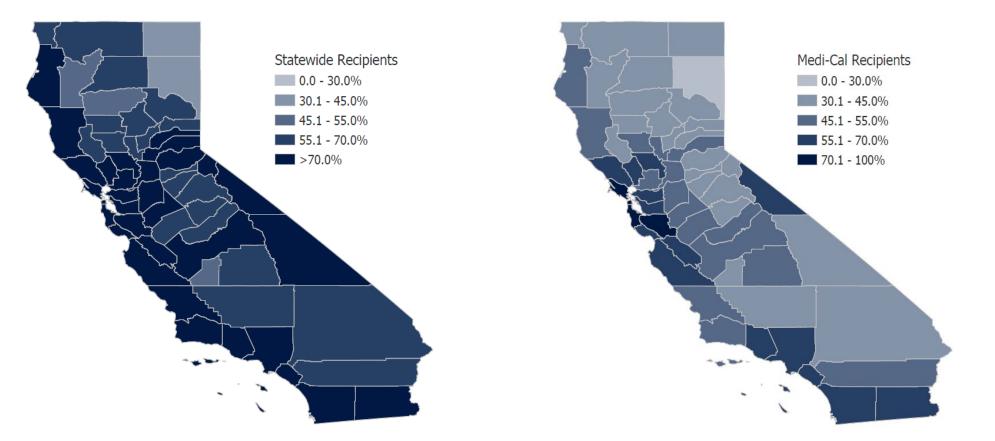
Karen E. Mark, MD, PhD

Medical Director

Received at least one dose as of March 14, 2022 Percentage of 5+ years old, by county

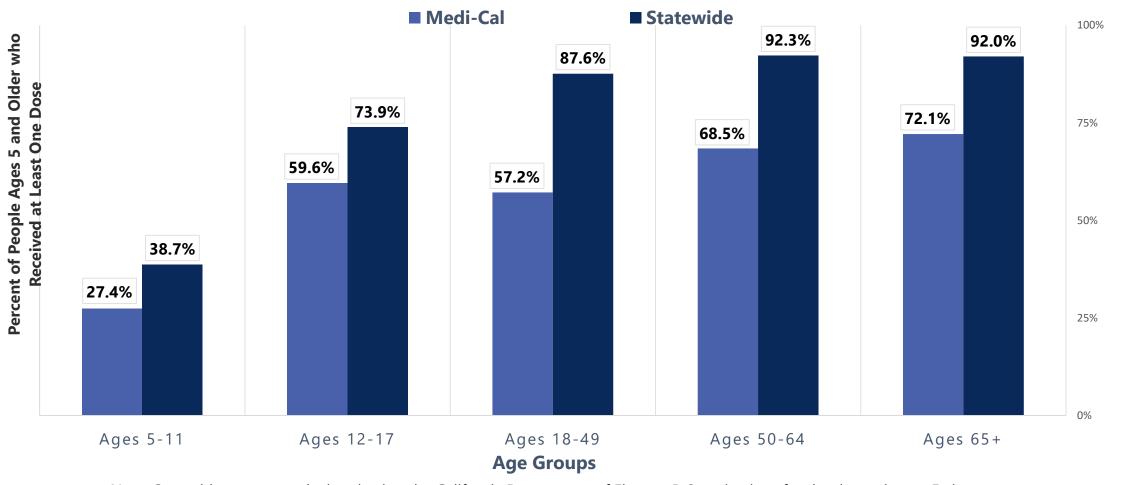
All Californians

Medi-Cal Beneficiaries



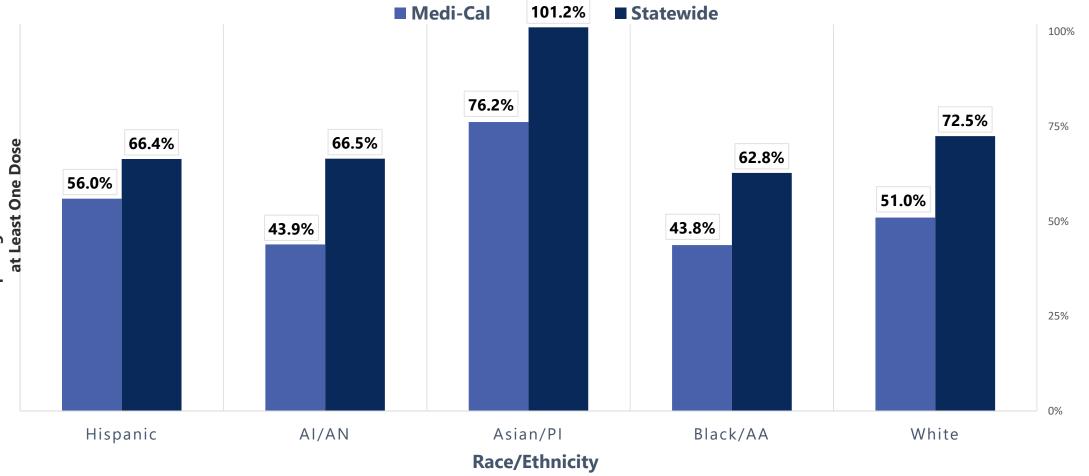
Note: Medi-Cal beneficiaries are a subset of all Californians

Received at least one dose as of March 14, 2022 Comparing Medi-Cal Beneficiaries to all Californians



Note: Statewide rates are calculated using the California Department of Finance P-3 projections for the denominator. Estimates may slightly vary from the true value.

Received at least one dose as of March 14, 2022 Comparing Medi-Cal Beneficiaries to all Californians



Note: Statewide rates are calculated using the California Department of Finance P-3 projections for the denominator. Estimates may slightly vary from the true value.

Percent of People Ages 5 and Older who Received

4

COVID Vaccine Incentive Program

- » Vaccine Response Plan (\$50M): Submitted by MCPs to DHCS September 1, 2021
- » Direct member incentives (\$100M): Gift cards up to \$50 for members after vaccination
- » Vaccine outcome achievement (\$200M): MCP payments tied to 3 intermediate outcome and 7 vaccine uptake measures
- » Baseline vaccination rate as of August 29, 2021
- » Outcomes evaluated as of...
 - » October 31, 2021
 - » January 2, 2022
 - » March 6, 2022

Vaccine Uptake Outcome Measures

- » Two measures related to race/ethnicity
- » Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the lowest, and second-lowest, baseline vaccination rate who received at least one dose of a COVID-19 vaccine
- » Almost all plans (23/25) working on improving vaccination rates among Native Americans
- » To receive full payment, plans must close the gap between the vaccination rate among their Native American members and their overall plan vaccination rate

Statewide Progress on Measures 1-3

| Vaccine Incentive Program Measure | Rate Aug 29 | Rate Oct 31 | Target Rate | Met Goal? |
|--|----------------|-------------|-------------|-----------|
| Measure 1: Percent of homebound Medi-Cal beneficiaries who received at least one dose | 64.7% | 68.9% | 71.1% | No |
| Measure 2: Percent of Medi-Cal beneficiaries ages 50-64 years of age with one or more chronic diseases who received at least one dose | 66.2% | 70.6% | 72.8% | No |
| Measure 3: Percent of primary care providers in the MCP's network providing COVID-19 vaccine in office | 49.3% | 56.8% | 54.2% | Yes |

Statewide Progress on Measures 4-10

| Vaccine Incentive Program Measure | Medi-Cal ≥ 1 dose by Aug 29 | California ≥ 1 dose by Nov 1 | 33.3% gap closure target | Medi-Cal ≥ 1 dose by Nov 1 | Met Goal? |
|---|-----------------------------------|------------------------------------|--------------------------------|----------------------------------|--------------|
| 4: 12+ years | 51.1% | 78.7% | 60.3% | 56.3% | No |
| 5: 12-25 years | 43.9% | 65.5% | 51.1% | 50.6% | Almost |
| 6: 26-49 years | 46.9% | 81.4% | 58.4% | 52.1% | No |
| 7: 50-64 years | 60.4% | 84.2% | 68.3% | 63.9% | No |
| 8: 65+ years | 69.0% | 83.0% | 73.7% | 71.4% | No |
| 9: Black/African American | 35.6% | N/A* | 42.5%* | 41.6% | Almost |
| 10: American Indian/Alaska Native | 36.7% | N/A* | 43.2%* | 42.4% | Almost |

*Target is overall plan rate; 33.3% gap closure target is based on Nov 1 Medi-Cal rate of 56.3% ***Preliminary data***

Percent of Measures 4-10 fully achieved as of Nov. 1, 2021

| Vaccine Incentive Program Measure | Measures fully achieved (n) | Total measures (n) | Measures fully achieved (%) |
|-------------------------------------|-----------------------------------|--------------------------|-----------------------------------|
| 4: 12+ years | 1 | 25 | 4% |
| 5: 12-25 years | 9 | 24 | 38% |
| 6: 26-49 years | 0 | 25 | 0% |
| 7: 50-64 years | 0 | 25 | 0% |
| 8: 65+ years | 3 | 25 | 12% |
| 9/10: Black/African American | 6 | 25 | 24% |
| 9/10: American Indian/Alaska Native | 8 | 23 | 35% |
| 9/10: White | 1 | 1 | 100% |
| All measures | 28 | 173 | 16% |

Percent of Measures 4-10 fully achieved as of Nov. 1, 2021 by Managed Care Plan

| Managed Care Plan | Percent of measures fully achieved | Managed Care Parent Plan | Percent of measures fully achieved |
|---------------------------------------|---|--------------------------------|---|
| Aetna Better Health of CA | 14.3% | Health Net of CA | 28.6% |
| AIDS Healthcare Foundation | 60.0% | Health Plan of San Joaquin | 14.3% |
| Alameda Alliance for Health | 14.3% | Health Plan of San Mateo | 28.6% |
| Anthem Blue Cross | 0.0% | Inland Empire Health Plan | 28.6% |
| Blue Shield of CA Promise Health Plan | 0.0% | Kaiser Permanente | 0.0% |
| California Health and Wellness | 0.0% | Kern Family Health Care | 28.6% |
| CalOptima | 0.0% | LA Care Health Plan | 28.6% |
| CalViva Health | 28.6% | Molina Healthcare | 0.0% |
| CenCal Health | 28.6% | Partnership Health Plan of CA | 28.6% |
| Central CA Alliance for Health | 28.6% | San Francisco Health Plan | 0.0% |
| Community Health Group | 14.3% | Santa Clara Family Health Plan | 28.6% |
| Contra Costa Health Plan | 0.0% | United Health Care | 0.0% |
| Gold Coast Health Plan | 14.3% | All plans | 16.2% |

Statewide Progress on Measures 4-10

| Vaccine Incentive Program Measure | Medi-Cal ≥ 1 dose by Aug 29 | California ≥ 1 dose by Jan 2 | 66.6% gap closure target | Medi-Cal ≥ 1 dose by Jan 2 | Met Goal? |
|--------------------------------------|-----------------------------------|------------------------------------|--------------------------------|----------------------------------|--------------|
| 4: 12+ years | 51.1% | 83.2% | 72.5% | 59.0% | No |
| 5: 12-25 years | 43.9% | 70.7% | 61.7% | 54.3% | No |
| 6: 26-49 years | 46.9% | 86.1% | 73.1% | 54.9% | No |
| 7: 50-64 years | 60.4% | 88.3% | 79.0% | 66.1% | No |
| 8: 65+ years | 69.0% | 86.7% | 80.8% | 73.4% | No |
| 9: Black/African American | 35.6% | N/A* | 51.2%* | 45.3% | No |
| 10: American Indian/Alaska Native | 36.7% | N/A* | 51.6%* | 45.3% | No |

*Target is overall plan rate; 66.6% gap closure target is based on Jan 2 Medi-Cal rate of 59.0% ***Preliminary data***

Conclusions

- » Statewide, by November 1, we closed almost one-third of the gap
 - » between the Medi-Cal population and the statewide population for 12-25 year olds
 - » between the African-American Medi-Cal and overall Medi-Cal population
 - » between the Native American Medi-Cal and overall Medi-Cal population
- » Statewide, we also exceeded our goal of improving by over 10% the percent of providers providing COVID-19 vaccine in their office
- » Almost all plans fully achieved on less than one-third of their metrics
- » Considerable progress made even without "full achievement"
- » Jan 2 data for Measures 4-10: Continued progress, but not achieved twothirds of gap closure statewide

CalAIM News & Updates



CalAIM Webinars

- » DHCS hosts regular CalAIM webinars on topics such as:
 - » Enhanced Care Management
 - » Population Health Management
 - » Path Funding
- » Slide presentations and meeting materials from prior webinars are posted online to the <u>CaIAIM</u> <u>News & Updates</u> website
- » These webinars are announced in the DHCS Stakeholder Updates that are distributed to the Tribal and Indian health listservs and are open to all interested parties
- » DHCS encourages Tribal partners to participate in these webinars and to also provide feedback to DHCS on specific areas of interest or questions that can be addressed at future Tribal and Indian health program representatives meetings. This feedback can be sent to <u>tribalaffairs@dhcs.ca.gov</u>

Items for Next Meeting/Final Comments

Thank You for Participating In Today's Webinar