



Tribal and Indian Health Program Representatives Meeting

Department of Health Care Services
October 28, 2021



Overview

- Welcome and Introductions
- Agenda Review
- Items for Next Meeting



Introduction of New DHCS Director

- Michelle Baass was appointed Director of DHCS by Governor Gavin Newsom on September 10, 2021.
- Ms. Baass served as Undersecretary of the California Health and Human Services Agency (Agency) since 2018 and Deputy Secretary of the Office of Program and Fiscal Affairs at Agency from 2017 to 2018.
- Prior to joining Agency, she worked for the California Legislature for 13 years, including in positions at the Senate Committee on Budget and Fiscal Review, Senate Office of Research, and Legislative Analyst's Office.



Medi-Cal Rx Implementation Update

Harry Hendrix
Division Chief
Pharmacy Benefits Division



Medi-Cal Rx Highlights

- Overview of Medi-Cal Rx
- Provider Portal Registration
- Implementation Update
- Stakeholder Communication Opportunities
- Question & Answer Session



Medi-Cal Rx – The Beginning

Executive Order, Number 01-19



Medi-Cal Rx – Benefits

- Standardization
- Statewide Utilization Management Protocols
- Improved Access
- State Supplemental Drug Rebates



Medi-Cal Rx – Scope

- All pharmacy services **billed as a pharmacy claim** including, but not limited to:
 - Outpatient drugs (including Physician Administered Drugs),
 - enteral nutrition products, and
 - medical supplies.
- Medi-Cal Rx will **not** include pharmacy services billed as a medical or institutional claim.



Medi-Cal Rx – 180 Day Transition

- Smooth Transition for Beneficiaries
- Multi-faceted Approach
 - 15 months of managed care plan historical claims and prior authorizations (PAs)
 - PA “Grandfathering”
 - Claims “Lookback”



Provider Portal Registration

Targeted efforts to increase provider participation:

- Phone campaign to prescribers/providers.
- Direct outreach to key trade associations.
- Surveying prescribers and providers

Note: Registering for the secure portal is not required in order to submit claims and prior authorization requests.



Medi-Cal Rx Implementation Update

- Medi-Cal Rx Project Teams are finalizing January 1, 2022 readiness activities.
- Medi-Cal Beneficiaries will receive 60-day and 30-day notices.
- Medi-Cal Rx Call Center will be fully staffed on November 1, 2021.



Stakeholder Communication Opportunities

Medi-Cal Rx Advisory Workgroup

November 8 · 1:00-3:00pm

Medi-Cal Rx Public Forum

November 10 · 1:00-2:00pm



Helpful Information & Resources

- For more information about Medi-Cal Rx, please visit DHCS' dedicated Medi-Cal Rx Transition website: [Medi-Cal Rx: Transition](#)
- The Resources and Reference Materials section contains links to helpful information:
 - Medi-Cal Rx Frequently Asked Questions (FAQs)
 - Medi-Cal Rx Complaints and Grievances
 - Medi-Cal Rx Website and Pharmacy Portal Policy
 - Medi-Cal Rx Clinical Liaison Policy
 - Medi-Cal Rx Scope
- Medi-Cal Rx Website: <https://medi-calrx.dhcs.ca.gov/home/>
- Sign up for Medi-Cal Rx Subscription Service for email notices when new items are posted: <https://mcrxsspaces.dhcs.ca.gov/Medi-CalRxDHCSgov-Subscription-Sign-Up>
- For questions and/or comments regarding Medi-Cal Rx, DHCS invites stakeholders to submit those via email to RxCarveOut@dhcs.ca.gov



Questions & Answer Session





Telehealth and New Medi-Cal Benefits 2022

Lisa Murawski
Division Chief
Benefits Division



Telehealth

- Per Assembly Bill 133, DHCS held three telehealth stakeholder workgroup advisory meetings on September 22, October 6, and October 20, 2021.
- DHCS will release comprehensive telehealth proposal with the 2022-23 Budget in January 2022.
- DHCS intends to continue many Public Health Emergency flexibilities after December 31, 2022.
- Payment parity will be maintained for visits provided via telehealth, including audio-only.
- Meeting agenda, slide decks, and summary notes can be found on the Telehealth Advisory Workgroup Webpage:
 - www.dhcs.ca.gov/provgovpart/Pages/TelehealthAdvisoryWorkgroup.aspx



New Preventive Services Benefits

- Update: Now effective **July 1, 2022** instead of January 1, 2022
- Benefits include:
 - Community Health Worker (CHW) Services
 - Asthma Prevention Services
 - Doula Services



Community Health Workers

- DHCS is working with stakeholders to define services, qualifications, and supervisors.
- Working proposal on benefit design (draft):
 - CHWs will provide preventive services
 - Health education and training
 - Health promotion and coaching
 - Services will be available for individuals:
 - with a chronic condition who are unable to self-manage their condition
 - who are at risk of a chronic condition or injury
 - with a documented barrier affecting the individual's health
- Next meeting November 3, 1:00 PM
- CHW website:
 - www.dhcs.ca.gov/provgovpart/Pages/Community-Health-Workers.aspx



Asthma Prevention

- Education, coaching, and home assessment for triggers provided by unlicensed providers, including CHWs.
- DHCS is working with stakeholders to define benefit, providers, qualifications, and supervisors.
- Focus on self-management and education.



Doula Services

- DHCS is working with stakeholders to define services, qualifications, and supervisors.
- Doulas will provide services during the prenatal, labor and delivery, and postpartum periods.
- Doulas may enroll in Medi-Cal and bill independently.
- Next meeting November 5, 1:00 PM
- Doula Services website:
 - www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx



CalAIM Dental Initiatives

Effective January 1, 2022

Carolyn Brookins

Assistant Division Chief

Medi-Cal Dental Services Division



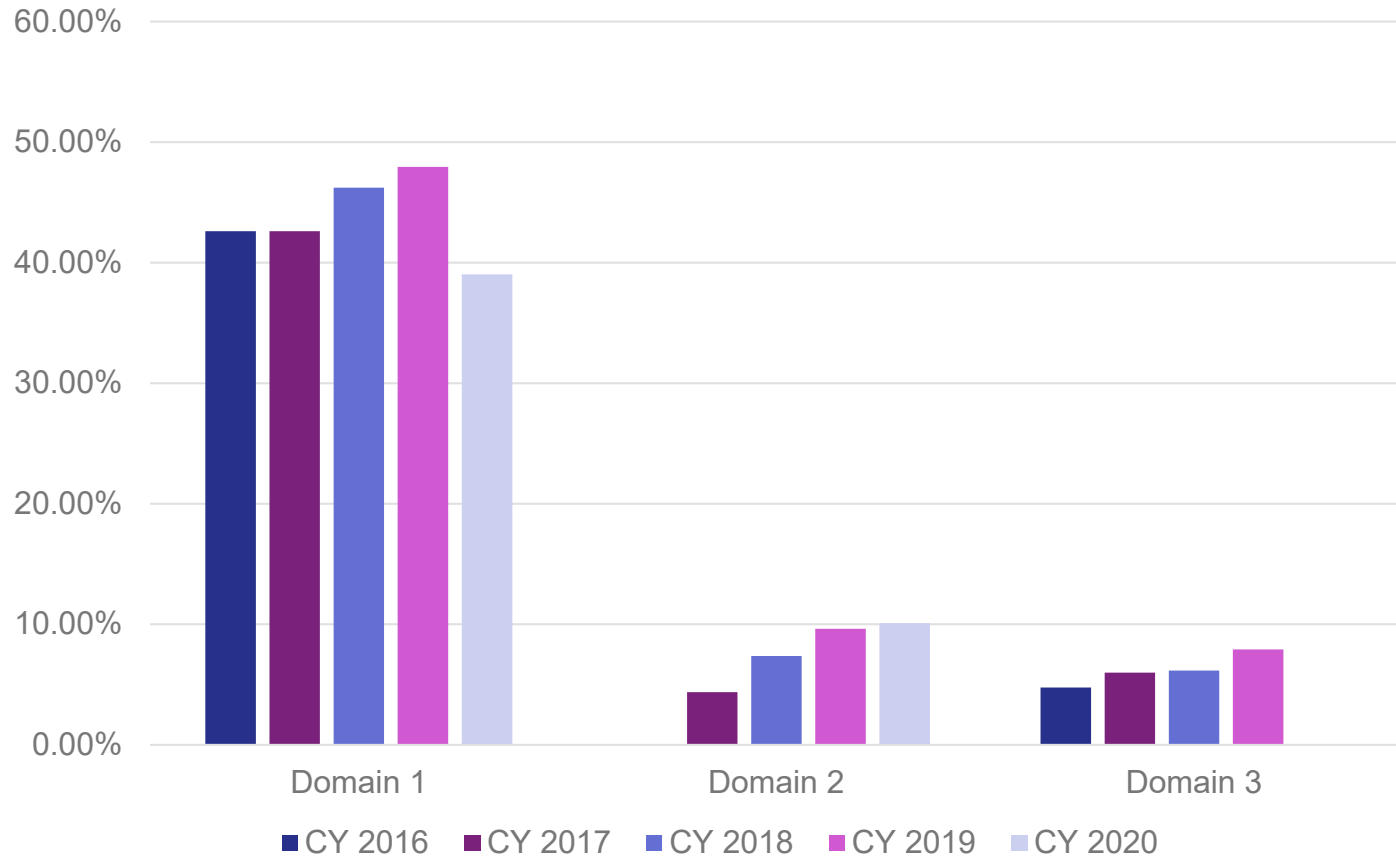
Background

- DHCS proposed the California Innovating and Advancing Medi-Cal (CalAIM) multi-year initiative in October 2019, and conducted stakeholder engagement from November 2019-February 2020.
- CalAIM was postponed from January 1, 2021 to January 1, 2022 due to the Public Health Emergency.
- CalAIM dental proposals are based on the successful outcomes of the Dental Transformation Initiative (DTI), which was implemented in certain counties from 2016-2021 under the 2020 1115 Waiver.



DTI Utilization

Alaskan Native and American Indian Utilization



Data Source Domain 1: DHCS Data Warehouse MIS/DS Dental Dashboard September 2021 update

Data Source Domain 2: Data Source: DHCS Data Warehouse MIS/DSS July 2021

Data Source Domain 3: Data Source: DHCS Data Warehouse MIS/DSS July 2021



Purpose

- Continue to increase preventive dental utilization for eligible Medi-Cal children and adults statewide.
- Establish and maintain continuity of care through a dental home.
- Improve oral health outcomes for Medi-Cal beneficiaries.



Summary of Dental Initiatives

- Two new statewide benefits
 - Caries Risk Assessment (CRA) bundled with nutritional counseling
 - Silver diamine fluoride (SDF)
- Two Pay-For-Performance (P4P) payments
 - 75 percent above the standard Schedule of Maximum Allowances (base rate) for preventive services.
 - \$55 annual payment per each beneficiary who receives at least one annual dental exam two or more years in a row with the same provider.



CRA Bundle Benefit

CRA bundle includes the CRA exam and nutritional counseling. Based on the risk level associated with each Medi-Cal member (ages 0-6), the following frequency of services applies:

- Low Risk (D0601) – Preventive services such as cleanings or fluoride treatments (D0120, D1120, D1206, D1208) **twice** per year
- Moderate Risk (D0602) – Preventive services such as cleanings or fluoride treatments (D0120, D1120, D1206, D1208) **three** times per year
- High Risk (D0603) – Preventive services such as cleanings or fluoride treatments (D0120, D1120, D1206, D1208) **four** times per year



CRA Requirements

- All providers will be required to take and complete the Treating Young Kids Everyday (TYKE) training, unless provider has previously completed the training for DTI.
- TYKE training:
<https://www.cda.org/Home/Education/Learning/TYKE-Program>
- Certification of completion must remain on file for audit purposes.
- Providers must use the CRA forms to inform their diagnosis, and keep these forms in patient records. These forms will be posted on the DHCS CalAIM Dental website prior to January 1, 2022. (<https://www.dhcs.ca.gov/calaim-dental2>)



SDF (D1354) Benefit

- Application of caries-arresting medicament silver diamine fluoride
 - Children (ages 0-6)
 - Persons with underlying conditions such that nonrestorative caries treatment may be optimal, which may include individuals of any age who reside in a Skilled Nursing Facility/Intermediate Care Facility (SNF/ICF) or the Department of Developmental Services (DDS) population.
- Two visits per member per year (once every six months), for up to ten teeth per visit, with a lifetime maximum of four treatments per tooth. SDF is intended for individuals with high caries risk only.



New Benefit Payments

All clinics must adhere to the criteria and limitations and required documentation outlined in the [Medi-Cal Dental Manual of Criteria](#).

CRA and SDF will be reimbursed as part of the clinic's established per-visit rate:

- **Indian Health Services - All-Inclusive Rate (AIR)**
- **Tribal Federally Qualified Health Centers (FQHC) - Alternative Payment Methodology (APM)**



Pay-for-Performance Claims

- Claims must be submitted to the Dental Fiscal Intermediary within 12 months of the date of service to qualify for payment.
- Claims may be submitted electronically through the Electronic Interchange (EDI) process, or through the proprietary paper form submission process.
- Claims submission instructions and sample claims will be published on the CalAIM Dental Website:
<https://www.dhcs.ca.gov/calaim-dental2>
- Supporting documentation must be kept on file as outlined in the Medi-Cal Dental Manual of Criteria.



Pay-for-Performance Payments

- P4P payments will be issued monthly.
- There is no claims submission cutoff for each month. The claims will be paid on an ongoing, rolling basis, and paid once monthly as received.
- Payment will include payments for both P4P initiatives.



Questions?





Behavioral Health Continuum Infrastructure Program and Community Care Expansion

Marlies Perez
Division Chief
Community Services Division



CA Infrastructure Investment

- California is making a significant investment in infrastructure by providing competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets
- \$3 billion in infrastructure funding opportunities are available through the Behavioral Health Continuum Infrastructure Program at DHCS and the Community of Care Expansion Program and the California Department of Social Services (CDSS)



Collaboration

DHCS and CDSS are closely collaborating on the BHCIP and CCE infrastructure grants

- Combined stakeholder meetings with counties and tribal entities
- Joint Planning Grant for Counties and Tribal Entities
- Leveraging TA resources
- Alignment on policy, when feasible
- Timing RFA releases to support local efforts



CA Homeless/ Housing Efforts

- These infrastructure investments are part of a larger effort to rebuild the state's portfolio of housing and treatment options for people with severe behavioral health challenges who are at risk of or experiencing homelessness
- California is investing \$12B over the next two years to end and prevent homelessness including flexible funding to local governments with strong accountability measures and investments in the social safety net and healthcare delivery system



BHCIP Vision

- BHCIP offers a tremendous opportunity to create new capacity within the BH facility infrastructure in California
- DHCS is excited to lead out such a significant project that will have a lasting impact on the BH field
- BHCIP will align with DHCS' other efforts around integration, CalAIM, Children and Youth Behavioral Health Initiative, address homelessness and expanding BH access



BH Needs Assessment

- DHCS will publish a behavioral health capacity and gap analysis in November 2021.
 - Assessment of the current state's BH continuum of care, including mental health and SUD systems
 - Determine the need for expanding existing capacity and/or proposing enhancements to the existing continuum
 - Inform the BHCIP rounds of grant applications, in addition to the SMI/SED IMD waiver.
 - The Needs Assessment will be one source of information to determine the need for statewide capacity.



BHCIP Overview

- \$2.2B passed in FY 2021-22 State budget.
- Amends [Welfare and Institutions Code](#)
- Provides competitive grants for counties, **tribal entities**, non-profit and for-profit entities to build new or expand existing capacity in the continuum of public and private BH facilities
- Funding will be **only** for new or expanding infrastructure (brick and mortar) and not BH services
- “Tribal entity” shall mean a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined in Section 1603 of Title 25 of the United States Code. (Section 2, Part 7, Chapter 1, 5960.35)



BHCIP Overview

- DHCS will release Request for Applications (RFAs) for BHCIP through multiple rounds
- Rounds will target various gaps in California's BH facility infrastructure
- Rounds will remain open until funds are awarded
- Different entities will be able to apply in each round for specific projects to address identified infrastructure gaps
- Stakeholder engagement will occur throughout the project



Facility Types

- BH Wellness Centers
- Short-term crisis stabilization
- Acute and subacute care
- Crisis residential
- Community-based MH residential
- Substance use disorder residential
- Peer respite
- Mobile crisis
- Community and outpatient
- Other clinically enriched longer term treatment and rehabilitation options for persons with BH disorders in the least restrictive and least costly setting



Requirements in Law

Part 1, Chapter 7, Section 5960.15. An entity shall meet all of the following conditions in order to receive grant funds pursuant to Section 5960.5(a), to the extent applicable and as required by the department:

- (a) Provide matching funds or real property
- (b) Expend funds to supplement and not supplant existing funds to construct, acquire, and rehabilitate real estate assets.
- (c) Report data to the department within 90 days of the end of each quarter for the first five years.
- (d) Operate Medi-Cal services in the financed facility for the intended purpose for a minimum of 30 years.

Proposed Additional Requirements

- DHCS will also require that Medi-Cal beneficiaries are served in grant funded facilities
- The 30 years begins after construction is completed



BHCIP Proposed Rounds

Round 1: Mobile Crisis \$150M (July 2021)

Round 2: Planning Grants \$16M (Nov 2021)

Round 3: Launch Ready \$518.5M (Jan 2022)

Round 4: Children & Youth \$480.5M (*Aug 2022*)

Round 5: Addressing Gaps #1 \$480M (*Oct 2022*)

Round 6: Addressing Gaps #2 \$480M(*Dec 2022*)



Proposed BHCIP Timeline

July 2021	Release Round 1: Mobile Crisis RFA
September 2021	Award Round 1: Mobile Crisis Projects
Sept/October 2021	Re-Release Round 1: Mobile Crisis RFA Part 2
October 2021	BHCIP/DSS Listening Session
November 2021	Release BH Assessment Report
November 2021	Release Round 2: Planning Grants RFA
January 2022	Award Round 2: Planning Grants
January 2022	Release Round 3: Launch Ready RFA
April 2022	BHCIP Listening Session for Rounds 4-6
May 2022	Award Round 3: Launch Ready Grants
August 2022	Release Round 4: Children and Youth RFA
October 2022	Release Round 5: Addressing Gaps #1 (TBD)
December 2022	Release Round 6: Addressing Gaps #2 (TBD)



CDSS Community Care Expansion

The CCE program will fund the acquisition, construction, and rehabilitation of adult and senior care facilities that serve applicants and recipients of Social Security Income (SSI) including individuals who are at risk of or experiencing homelessness and those who have behavioral health conditions.



Overlapping Characteristics of the CCE and BHCIP

- BHCIP facility types are broader but include adult and senior care facilities
- CCE aims to serve the Social Security Income population, but is inclusive of individuals with behavioral health conditions
- Like the BHCIP, the CCE will require a match and a commitment of long term use of the facility for the intended purpose
- Applicants are encouraged to consider both funding streams when planning for system of care enhancements



Round Two: Planning Grants

- Eligibility limited to counties and **Tribes**
- Planning will encompass all rounds, incorporate DSS grant opportunities and other planning efforts such as expanding workforce
- Up to \$150K per **Planning Grant**
- Counties and tribal entities may apply as a regional model
- Release RFA Nov 2021 and award Jan 2022
- Project period Jan 2022-Dec 2022
- Encourage stakeholder engagement at the local level to participate in the planning process.



Contact Information



Current information regarding the implementation of BHCIP can be found online: [BHCIP-Home \(ca.gov\)](https://www.cdss.ca.gov/behavioralhealth/continuum-infrastructure-program)

Written comments and feedback can be submitted to the BHCIP mailbox at: BHCIP@dhcs.ca.gov

Written comments for the CDSS CCE Project at: housing@dss.ca.gov



Behavioral Health Update

Tyler Sadwith
Assistant Deputy Director
Behavioral Health



Traditional Healers and Natural Helpers: Preferences

- Solicit direction, guidance, and expertise from Tribal consultation partners and stakeholders
- Preferences for timing
- Preferences for facilitation
- Preferences for examples



Traditional Healers and Natural Helpers: Background

- In 2017, DHCS requested authority from CMS to cover Traditional Healer and Natural Helper services under the Drug Medi-Cal Organized Delivery System (DMC-ODS)
- In 2020, DHCS submitted a [second request](#) to CMS
 - CMS neither approved nor disapproved



Traditional Healers and Natural Helpers: Background

- In 2021, DHCS submitted a [third request](#) to CMS
 - CMS neither approved nor disapproved
 - Request is still pending
- DHCS remains committed to securing CMS approval
- [Tribal MAT Project](#) *Tribal and Urban Indian Community Defined Best Practices* funding and technical assistance opportunity to support planning and implementation efforts



Traditional Healers and Natural Helpers: Description

- *As part of CalAIM's focus on advancing health equity, DHCS is seeking expenditure authority to allow federal reimbursement for all DMC-ODS services that are provided by traditional healers and natural helpers.*
- *The purpose of this request is to provide culturally appropriate options and improve access to SUD treatment for American Indians and Alaska Natives receiving SUD treatment services through Indian health care providers (IHCPs).*
- *For American Indians and Alaska Natives, traditional healing practices are a fundamental element of Indian health care that helps patients achieve wellness and healing and restores emotional balance and one's relationship with the environment.*
- *Medi-Cal recognizes that reimbursement for these services to address SUD in a manner that retains the sanctity of these ancient practices is critical.*



Traditional Healers and Natural Helpers: Request

- Section 1115 expenditure authority for Traditional Healer and Natural Helper services
- Provided by Indian Health Care Providers
- To DMC-ODS beneficiaries
- From January 1, 2022 through December 31, 2026



Traditional Healers and Natural Helpers: Key Considerations

- DMC-ODS reimbursement
 - Pursuant to [DHCS Behavioral Health Information Notice 20-065](#)
- Provider qualifications
- Service descriptions
- Implementation



Traditional Healers and Natural Helpers: Potential Next Steps

- Solicit direction, guidance, and expertise from Tribal consultation partners and stakeholders
- Timing dependent on CMS review and approval process?
- Facilitated discussions?
- Review other state Medicaid agency approaches?
 - [Arizona example](#)



Peer Support Specialist Services (PSS): State Plan Amendments (SPAs)

- 20-0006-A will cover PSS for DMC State Plan counties (submitted to CMS in 2020; “off-the-clock” per Request for Additional Information)
- 21-0058 will cover PSS for [DMC-ODS counties](#) (submitted to CMS on 10/15/2021)
- 21-0051 will cover PSS as a specialty mental health service (submitted to CMS on 10/15/2021)
- New effective date for PSS is July 1, 2022
 - Addendums to original SPA Tribal Notices per CMS direction



Peer Support Specialist SPA (pending)

- Culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals
- Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery.



Peer Support Specialist SPA (pending)

- Provided to the beneficiary or significant support person(s)
- Provided in a clinical or non-clinical setting
- Provided as a standalone service
- PSS service components:
 - Educational Groups
 - Engagement
 - Therapeutic Activity



CMS Peer Requirements

- Per [2007](#) and [2013](#) guidance
- Provided based on approved plan of care
- Provided by self-identified consumers in recovery
- Training, certification, and ongoing educational requirements
- Supervised by a competent mental health professional



Peer Certification

- On July 22, 2021, DHCS issued Peer Support Specialist Certification requirements through [Information Notice 21-041](#).
- Counties have identified the California Mental Health Services Authority (CalMHSA) as the entity that will represent counties for the implementation of a state-approved Medi-Cal Peer Support Specialist Certification Program.
- CalMHSA will have the certification program in place so peers can be certified starting in July 2022, which meets the law's requirements.



Draft Tribal Engagement Plan

René Mollow
Deputy Director
Health Care Benefits and Eligibility



Draft Tribal Engagement Plan

Purpose: To guide engagement between DHCS, Tribes, and Indian health program representatives on policies that affect health care for American Indians in California.

The DHCS draft Tribal Engagement Plan will:

- Allow the opportunity for Tribal and Indian health representatives to be involved in the development of Medi-Cal policies during scheduled quarterly meetings
- Increase the number and frequency of meetings to quarterly instead of at least twice yearly



Implementation

- The primary contact for DHCS for each Tribe is the elected Tribal Chairperson or his/her designee by resolution or letter
- DHCS will meet with Tribes and Indian health program representatives at the earliest possible time in the planning process for policies that impact Tribal members. This includes the development and implementation of these policies, as well as relevant state budget related information
Tribes and Indian health program representatives can also request to meet with DHCS at any time by submitting a written request by email to the Office of Tribal Affairs (OTA) by email at TribalAffairs@dhcs.ca.gov
- DHCS will engage in regular and early discussions with Tribes and Indian health program representatives in order to promote effective collaboration. DHCS will minimally host quarterly meetings and solicit agenda items prior to the meeting. Meeting agenda and materials will be provided no later than 1 week prior to the event; any exceptions to this timeline will be communicated to the Tribes and Indian health program representatives in the meeting notification that goes out.
- To foster participation DHCS will use all methods of dissemination of information relevant to Tribes and Indian health program representatives, including email, phone communication, and web.



Roles and Responsibilities of DHCS

The DHCS Tribal Engagement Plan applies to all programs and activities and shall serve as a guide for Tribes and Indian health program representatives to participate in Department policy development. DHCS will ensure ongoing engagement by:

- Considering DHCS Tribal Engagement requirements as program policy is developed to facilitate early-engagement with Tribes, Indian health program representatives, and UIHOs
- Ensuring participation of DHCS Executive Staff in Tribal and Indian health program representative meetings/webinars and program specific meetings
- Hosting meetings at least quarterly and as requested
- Timely posting of meeting materials and agendas
- Following-up on identified issues to ensure resolution/timely response
- Sharing relevant program information, updates, and training opportunities with interested parties
- Continuing to meet Tribal Advisory Process timelines and responsibilities
- Maintaining an OTA to assist DHCS Directorate in increasing engagement with Tribes, Indian health program representatives, and UIHOs.



Expectations of Tribes and Indian Health Program Representatives

- Actively engage with DHCS in determining agenda items or areas of interest to include in regular, ongoing meetings.
- Participate actively in meetings and quarterly webinars.
- Provide comments, input, and advice on policy development and Medi-Cal proposals sent out for review and comment within requested timelines.
- Provide updated contact information and Indian health program designees when changes are made or as requested by DHCS.



Feedback

- DHCS has released the Draft Tribal Engagement Plan for review and comment to Tribes and Indian Health Program Representatives
- Please submit feedback to DHCS by November 30, 2021 by email to:

TribalAffairs@dhcs.ca.gov



Update on COVID-19 Vaccination Rates

(for beneficiaries aged 12 years and older)

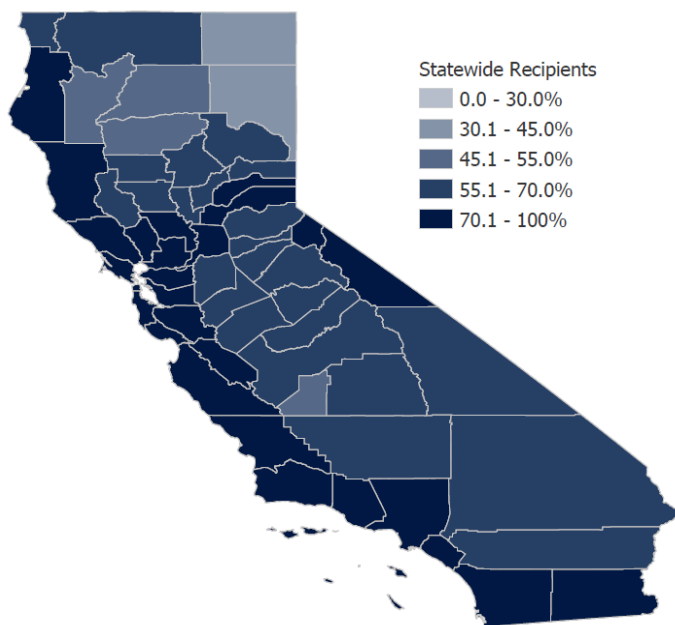
Karen Mark, MD, PhD
Medical Director



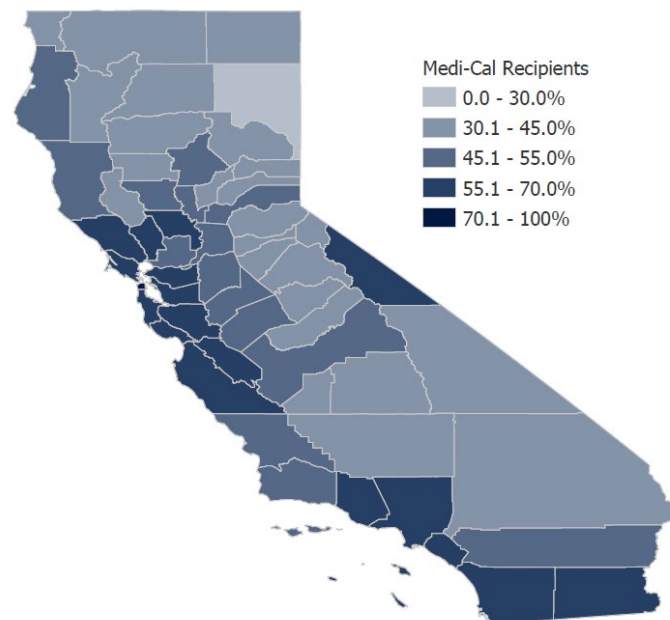
Received at least one dose as of October 19, 2021

Percentage of 12+ years old, by county

All Californians



Medi-Cal Beneficiaries

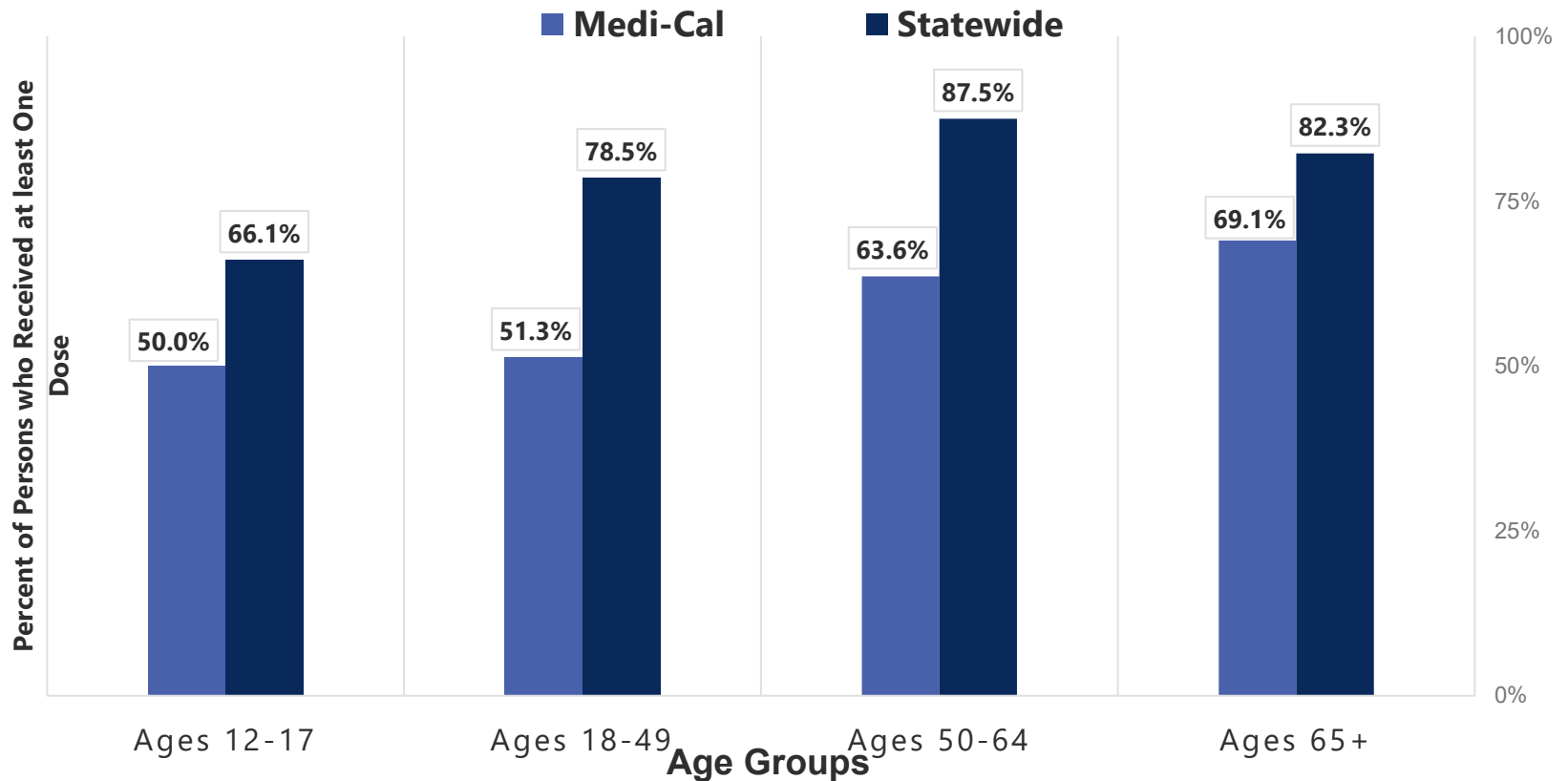


Note: Medi-Cal beneficiaries are a subset of all Californians



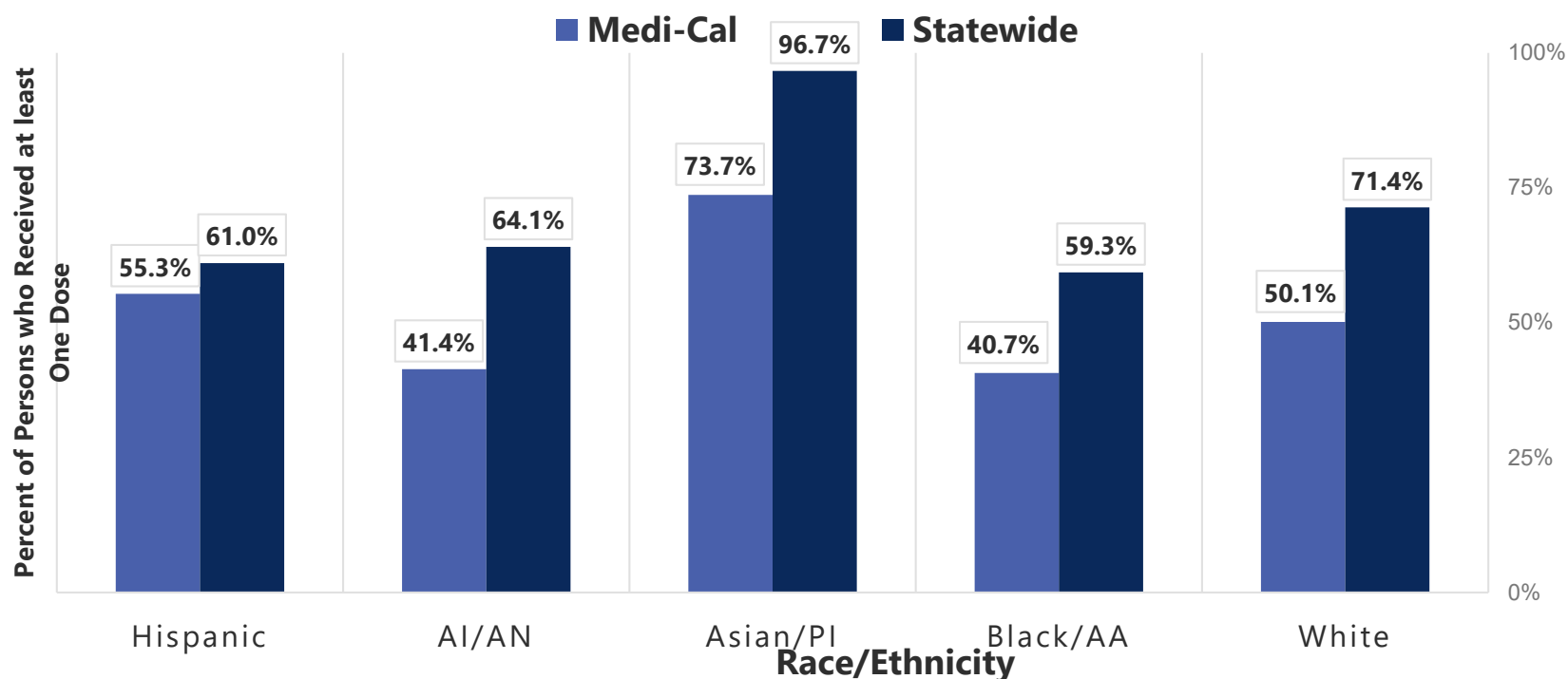
Received at least one dose as of October 19, 2021

Comparing Medi-Cal Beneficiaries to all Californians





Received at least one dose as of October 19, 2021 Comparing Medi-Cal Beneficiaries to all Californians





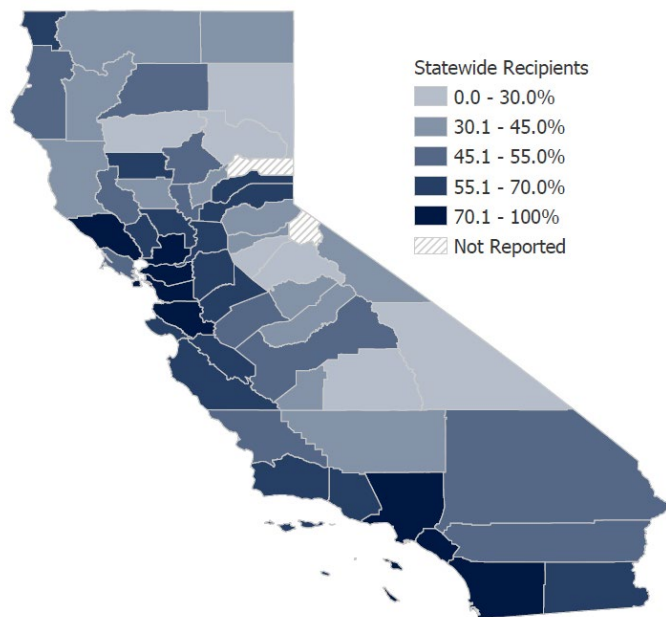
Received at least one dose as of October 19, 2021 Percentage of 12+ years old, statewide rates

	All Californians	All AI/AN Californians	Medi-Cal Beneficiaries	AI/AN Medi-Cal Beneficiaries
STATEWIDE	80.0%	62.4%	55.0%	41.4%

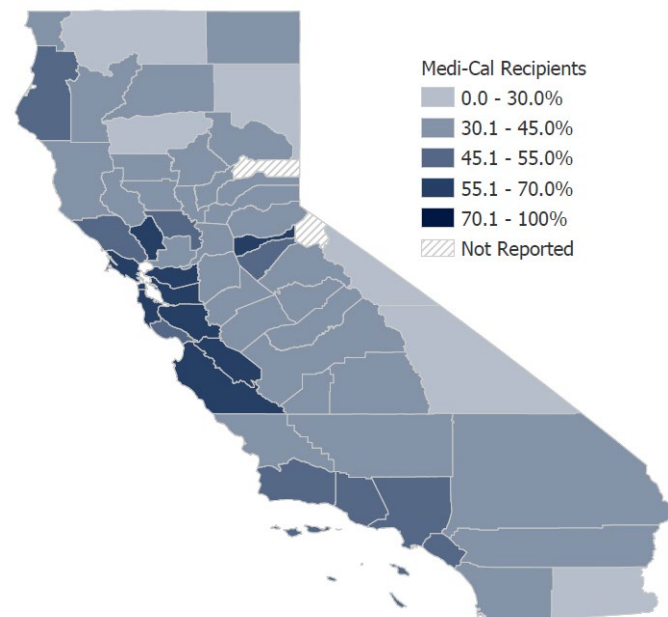


Received at least one dose as of October 19, 2021 American Indian or Alaska Native 12+ years old

All Native Californians



Native Medi-Cal Beneficiaries



Alpine and Sierra counties are not shown as they were not reported by CDPH for all Californians.
Note: Medi-Cal beneficiaries are a subset of all Californians.



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
- All (but 1?) plan will be 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 population and their overall vaccination rate



Vaccine Response Plan Strategies

- Partnerships with organizations:
 - Mixteco Indigena Community Organizing Project: provides free resources and support in member's preferred language.
 - Interpreter services in 25 indigenous languages and dialects
 - Outreach campaigns to Indian Health Centers to identify local vaccine providers and refer Native American members to these vaccine providers
 - El Concilio, Mixteco Indigena Community Organizing Project (MICOP), United American Indian Involvement, and Westminster Clinic
 - Campaign materials produced via the “MyWhy” campaign
 - Chapa-De Indian Health Center and the Sacramento Native Alliance to reach Native-American communities in Northern California.



Vaccine Response Plan Strategies

- Myths/facts campaigns to counter vaccine hesitancy and misinformation
 - Conducting member surveys to help identify local trends related to misinformation, vaccine hesitancy, and other barriers to vaccination.
 - Utilize providers of color and other trusted community members to dispel misinformation
 - Develop scripts for front line office and health plan member services staff to address misconceptions about the vaccine



Medi-Cal COVID-19 Vaccination Status

- Data sources:
- DHCS Data: Eligibility data from the Medi-Cal Data Warehouse -Management Information System/Decision Support System
- CDPH Data: COVID-19 vaccination data from the California Immunization Registry. Data does not include doses administered by federal agencies who received vaccines allocated directly from CDC.
- DHCS receives COVID-19 vaccination data every Sunday, links it securely to Medi-Cal eligibility data and loads it to the COVID-19 reporting module. The lag time between vaccinations and the corresponding data might be several days.



Items for Next Meeting/Final Comments

Thank You for Participating In Today's Webinar