



**Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the
Medi-Cal Program
February 26, 2021**



Purpose

- The Department of Health Care Services (DHCS) is hosting this webinar regarding proposed changes to the Medi-Cal Program. This webinar will provide information and allow for feedback on State Plan Amendments (SPA) and Waiver Renewals/Amendments proposed for submission to Centers for Medicare and Medicaid Services (CMS).
- Background: Executive Orders recognize the unique relationship of Tribes with the federal government and emphasize the importance of States to work with Tribes on matters that may impact Indian health.
- This webinar is one way for DHCS to provide information about the Medi-Cal program and get feedback verbally and in writing.



Agenda

Topics	Presenters
Welcome/Overview	Andrea Zubiante, Coordinator DHCS Primary, Rural, and Indian Health Division/Indian Health Program
SPAs Scheduled for Submission by March 30, 2021	
SPA 21-0015	Lindy Harrington, Deputy Director, Health Care Financing
Comprehensive Quality Strategy Update	
2021 Comprehensive Quality Strategy Update	Joanne Peschko, MBA, Health Program Specialist II
Feedback/Closing	All



State Plan Amendment Overview



Medicaid State Plan Overview

- State Plan: The official contract between the state and federal government by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.
- The State Plan describes the nature and scope of Medicaid and gives assurance that it will be administered in accordance with the specific requirements of Title XIX of the Federal Social Security Act, Code of Federal Regulations, Chapter IV, and State law/regulations.
- California's State Plan is over 1600 pages and can be accessed online at:
<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>



State Plan Amendment (SPA) Overview

SPA: Any formal change to the State Plan.

Approved State Plans and SPAs ensure the availability of federal funding for the state's program (Medi-Cal).

The CMS reviews all State Plans and SPAs for compliance with:

- Federal Medicaid statutes and regulations
- State Medicaid manual
- Most current State Medicaid Directors' Letters, which serve as policy guidance.



Supplemental payment program for qualifying non-hospital 340B community clinics

SPA 21-0015

Lindy Harrington
Deputy Director, Health Care Financing



Background

AB 80 (Chapter 12, Statutes of 2020) authorizes DHCS to implement a payment methodology to provide for supplemental payments to qualifying non-hospital 340B community clinics to secure, strengthen, and support the community clinic and health center delivery system for Medi-Cal beneficiaries.



Purpose

The supplemental payments will support clinics who apply and certify that they are providing additional level of engagement to integrate, coordinate health care and manage the array of beneficiary health complexities.



Summary of Proposed Changes

- The supplemental payments will be based on an estimated annual total pool amount of \$105,000,000 (prorated for a partial year) divided by the number of visits.
- The calculations will be based on a per visit basis.
- The supplemental payment amounts will be in addition to any other amounts payable to clinic or center providers with respect to those services.
- The supplemental payments will not impact FQHC or RHC reconciliation of their PPS rate.



Summary of Proposed Changes

- Qualifying non-hospital clinics are those actively enrolled as Medi-Cal clinic provider that is a 340B covered entity pursuant to Section 256b of Title 42 of the United States Code and:
 - Licensed under subdivision (a) of Section 1204 of the Health and Safety Code with less than twenty (20%) private pay patients according to Office of Statewide Health Planning and Development 2019 utilization; or
 - Licensed under subdivision (a) of Section 1204 that operate in a designated HRSA rural area; or
 - Exempt from licensure under subdivision (b) of Section 1206 of the Health and Safety Code.
- The clinic must actively provide a subset of services.
- The clinic must submit an application demonstrating compliance with these requirements.



Impact to Tribal Health Programs

- Proposal requires application to be submitted to demonstrate Tribal health program will qualify to be eligible to receive supplemental payments.



Impact to Federally Qualified Health Centers (FQHCs)

- Proposal requires application to be submitted to demonstrate Tribal health program will qualify to be eligible to receive supplemental payments.



Impact to Indian Medi-Cal Beneficiaries

May increase access to services provided to beneficiaries.



Contact Information

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SPA Feedback/Questions



2021 Comprehensive Quality Strategy Update

Joanne Peschko, MBA
Health Program Specialist II, DHCS
Presentation for Medi-Cal Tribal and Indian Health Program
Designee
February 26, 2021



CQS Update

- DHCS initially published a draft version of this report on November 18, 2019.
- Because of the significant changes caused by the impact of the COVID-19 pandemic, finalization of the CQS was delayed to allow inclusion of additional details related to this impact, as well as updates on California Advancing and Innovating Medi-Cal (CalAIM) implementation.

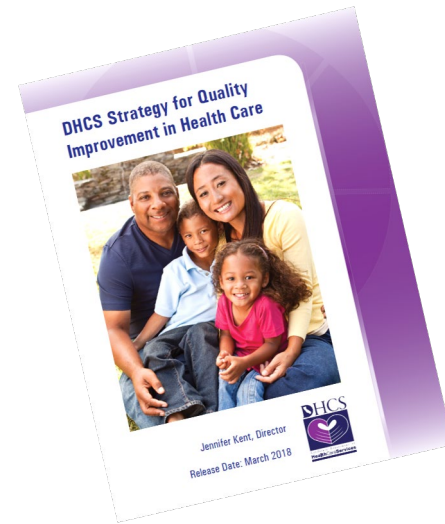
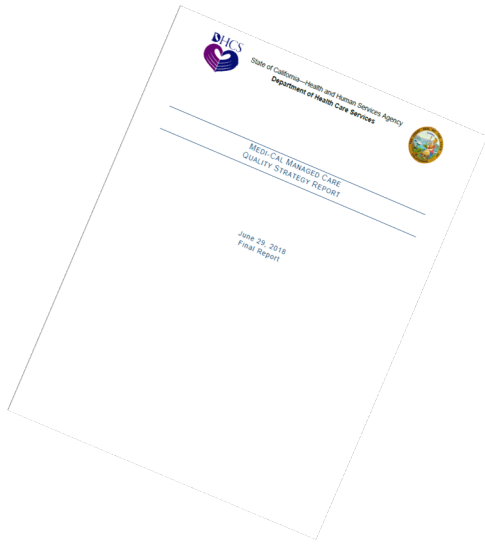


Comprehensive Quality Strategy

**Medi-Cal
Managed Care
Quality Strategy
Report**

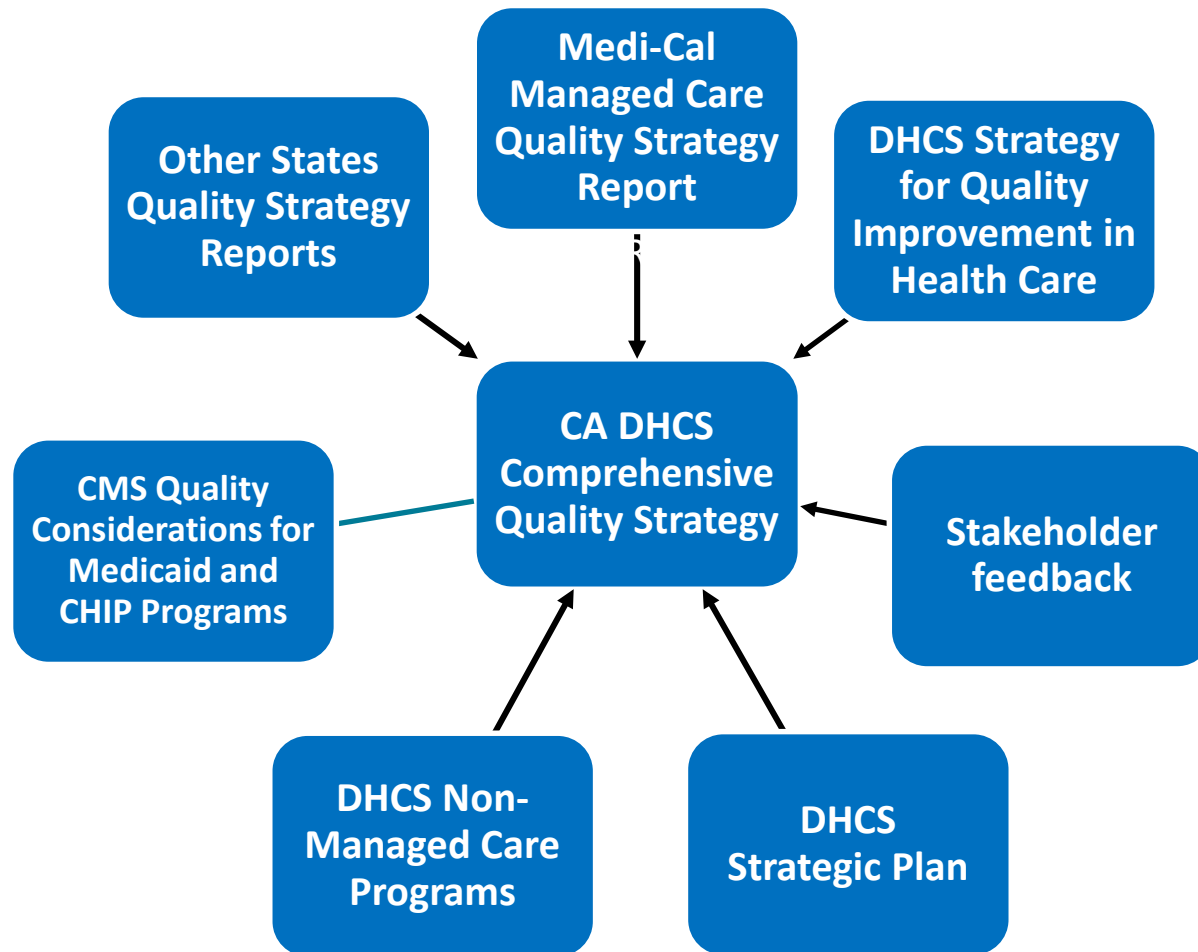
**DHCS Strategy
for Quality
Improvement
in Health Care**

**DHCS
Comprehensive
Quality Strategy**





Sources Taken Under Consideration





Department of Health Care Services

DHCS Mission

Provide Californians with access to affordable, integrated, high-quality health care including medical, dental, developmental, mental health, substance use treatment services, and long term care.

DHCS Vision

Preserve and improve the overall health and well-being of all Californians.

DHCS Three Linked Goals:

- Improve health outcomes and reduce disparities
- Enhance quality, including the patient experience
- Reduce per capita health costs



DHCS Comprehensive Quality Strategy

Goals

- Improve Health Outcomes
- Improve Health Equity
- Address Social Determinants of Health
- Improve Data Quality and Reporting

Tools

- Coordinate Care
- Financial Incentives
- Evidence Based Clinical Guidelines
- Local Partnerships

Program

Objectives

- Managed Care Plans
- County Mental Health Plans
- Drug Medi-Cal-Organized Delivery System
- Dental Managed Care
- Other DHCS Programs



Executive Summary

1. Overview
2. Mission and Vision
3. Goals
4. CalAIM
5. Impact of COVID-19
6. Summary of Changes from the 2018 QSR





Introduction

1. Managed Care Delivery System
2. Fee-For-Service Delivery System
3. Other DHCS Programs
4. Strategic Partnerships



Quality Improvement Infrastructure

- Quality and Population Health Management/Chief Quality Officer (new)
- Enterprise Data and Information Management/Chief Data Officer
- DHCS Clinical QI Learning Collaborative
- CMS Core Set Measure Workgroups
- Program Quality Improvements Efforts
- External Stakeholder Engagement
- Workforce Development
- Monitoring and Reporting Data on QI



Comprehensive Quality Strategy Process

1. Development Process
2. External Stakeholder Feedback
3. Reducing Health Disparities
4. Program Efforts in Response to COVID-19
5. Review and Evaluation of the Effectiveness of the Quality Strategy
6. Revisions to the Comprehensive Quality Strategy



Managed Care Standards, Assessment, and Evaluation

1. Assurance of Network Adequacy and Availability of Services
2. Evidence-Based Clinical Guidelines
3. Coordination and Continuity of Care
4. Transition of Care
5. Intermediate Sanctions
6. Long-Term Services and Supports and Special Health Care Needs
7. External Independent Reviews



Continuous Quality Improvement Interventions

1. Program Objectives
2. Metrics and Performance Targets
3. Evaluation of the Effectiveness of the 2018 Medi-Cal Managed Care QSR
4. Performance Improvement Projects
5. External Independent Reviews
6. Program Evaluation
7. Program Actions Based on Evaluation Recommendations



Comprehensive Quality Strategy

Other DHCS Programs

- Fee-for Service
- Grants
- Adverse Childhood Experiences (ACEs) Aware

Delivery System Reforms

- Medi-Cal 2020 Waiver
- Directed Payment Programs (QIP)
- Care Coordination
- Value-based Payment Program



Timeline

- March/April 2021: Draft to be posted for stakeholder feedback
 - 30 day stakeholder and tribal comment period
- June 2021: Release of final CQS to CMS

Questions?

Thank You for Participating