

Follow-Up Items from May 12, 2022, SAC and BH-SAC Joint Meeting

1915(b) Managed Care Monitoring and Oversight, including Medical Loss Ratio Stakeholder Process Status Update

1. *Ryan Witz*: It's unclear to us how CMS is expecting DHCS to define risk-bearing. For example, could that mean bundled payments, DRG payments? I'm not clear how far risk is being assessed?

DHCS Response: *Jacob Lam, DHCS*: I will follow up to clarify. We are working with CMS to finalize the extent of risk-bearing.

DHCS Follow-Up:

DHCS will use the following definition to identify the subcontractor entities that are subject to the MLR reporting and remittance requirements as outlined in STC A11:

“Subcontractors include fully delegated plans, partially delegated plans, and other applicable subcontractors that enter into a subcontractor agreement with, and consequently assume risk from, an MCP or its direct or indirect subcontractors, and receive payment that relates directly or indirectly to the performance of the MCP’s obligations under its contract with DHCS.”

In addition, DHCS proposes to utilize a materiality threshold for determining whether particular entities or contracting arrangements are subject to the enhanced reporting and remittance requirements. Additional information will be provided through future guidance following the completion of a landscape analysis of delegation in Medi-Cal in late 2022.

2. *Kiran Savage-Sangwan*: On DMC -ODS and SMHS plans, to what extent will the access assessments look at racial disparities? We are excited about the dashboard and are one of the organizations that have tried to dig into the open data portal. We request that you continue to put the full data on the portal because it allows us to do analyses in addition to what DHCS posts on the dashboard.

DHCS Response: *Tyler Sadwith, DHCS*: It is a great question on disaggregation or stratification of race and

ethnicity data within the independent access assessments for DMC-ODS and SMHS. I will take that back for discussion.

DHCS Follow-Up:

DHCS will incorporate this feedback into the independent access assessment planning process.

3. *Wright*: I appreciate the focus on additional managed care oversight now that 95% of the population is in managed care. Will the MLR be public by plan? Also, how will the MLR be evaluated for the subcontractors?

DHCS Response: *Jacob Lam, DHCS*: We are working with CMS to determine data collection from delegated entities and will have this prior to implementation. I will need to follow up on whether the MLR is public.

DHCS Follow-Up:

The MLRs of plans that contract with DHCS will be published on the DHCS website. MLR for subcontractors will be evaluated in accordance with federal MLR standards and requirements including STC A11 of the 1915(b) CalAIM waiver; DHCS will issue further operational guidance in the future.

CalAIM Updates

4. *Kiran Savage-Sangwan*: Thank you for continuing to push for Tribal healers. On the standardized screening tool, I want to understand the testing process and to what extent translation of the tool is incorporated into testing. A strict translation from English doesn't work well in different languages, particularly for behavioral health.

DHCS Response: *Tyler Sadwith, DHCS*: That is important input, and I will take that back for action so that we meet the needs of individuals for whom English is not their primary language.

DHCS Follow-Up:

DHCS plans to work with CPEHN (*Kiran Savage-Sangwan*) to develop and test the translation approach for the standardized screening tools.