Medi-Cal Managed Care Advisory Group Meeting

September 3, 2021 – (Webex Only)
Webex Event number (access code): 145 588 3118
Event password: MCAG*

Join by phone: +1-415-655-0001 US Toll
Access Code: 145 588 3118

Agenda

- **Welcome and Introductions**
- DHCS COVID-19 Updates
  - COVID-19 Vaccination Strategy
  - Health Plan Panel on Strategies/Interventions
  - Public Health Emergency (PHE) Medi-Cal Enrollment
  - PHE Flexibilities
- CalAIM Updates
  - Enhanced Care Management and In Lieu of Services
  - Foster Care Model of Care Workgroup
  - Behavioral Health and CalAIM Implementation
- Facility Site Reviews
- Updates
  - Managed Care Procurement Updates
  - Ombudsman Report
  - Seniors and Persons with Disabilities Evaluation
- All Plan Letters and Duals Plan Letters
- Open Discussion
- Next Meeting – December 2, 2021

Welcome and Introductions

DHCS COVID-19 Updates

COVID-19 Vaccination Strategy

Bambi Cisneros
Assistant Deputy Director
Health Care Delivery Systems

Health Plan Panel on Strategies/Interventions

Santa Clara Family Health Plan

Johanna Liu, PharmD, MBA
Director, Quality & Process Improvement

About Us

- Santa Clara Family Health Plan (SCFHP) is a local, community-based health plan in Santa Clara County

- Serves more than 285,000 Medi-Cal and Cal MediConnect members

- Network of more than 5,000 contracted primary care physicians (PCP), specialists, and ancillary providers

COVID-19 Vaccine Member Data

SCFHP Member Vaccination Rate by Line of Business

Cal MediConnect (CMC)

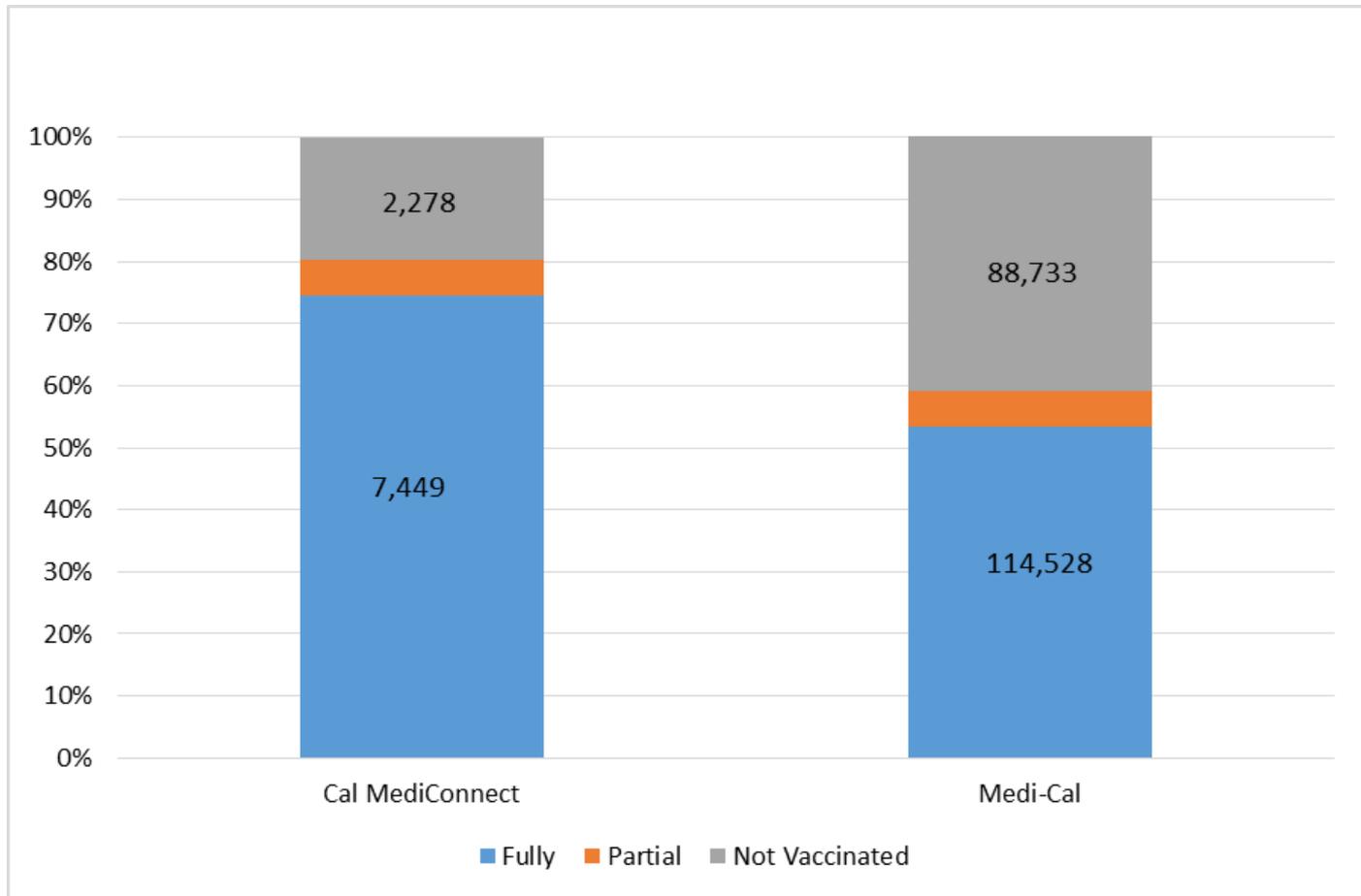- Fully: 74%
- Partially: 6%
- Not vaccinated: 20%

Medi-Cal

- Fully: 53%
- Partially: 6%
- Not vaccinated: 41%

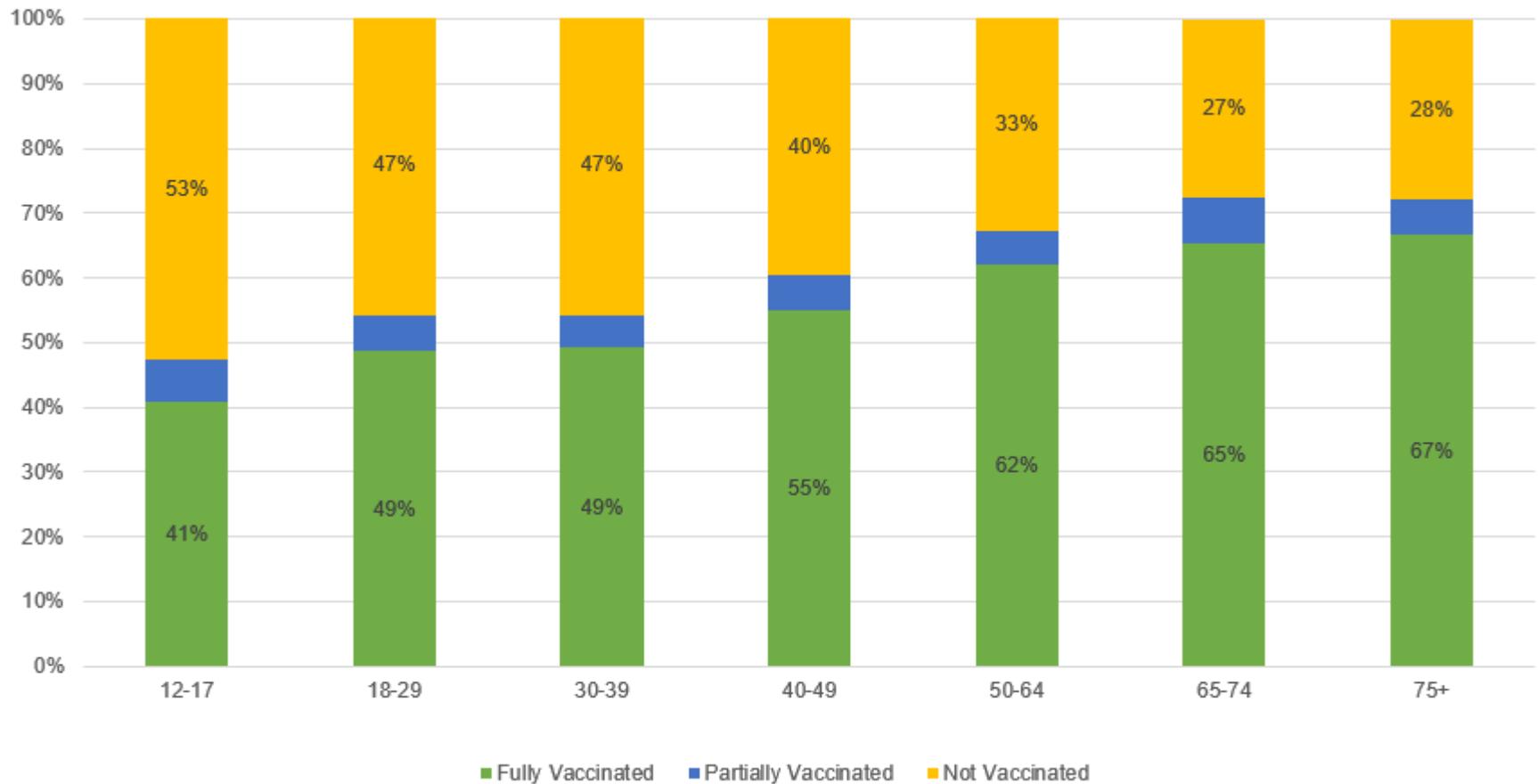Based on data from CA Immunization Registry 7/15/21

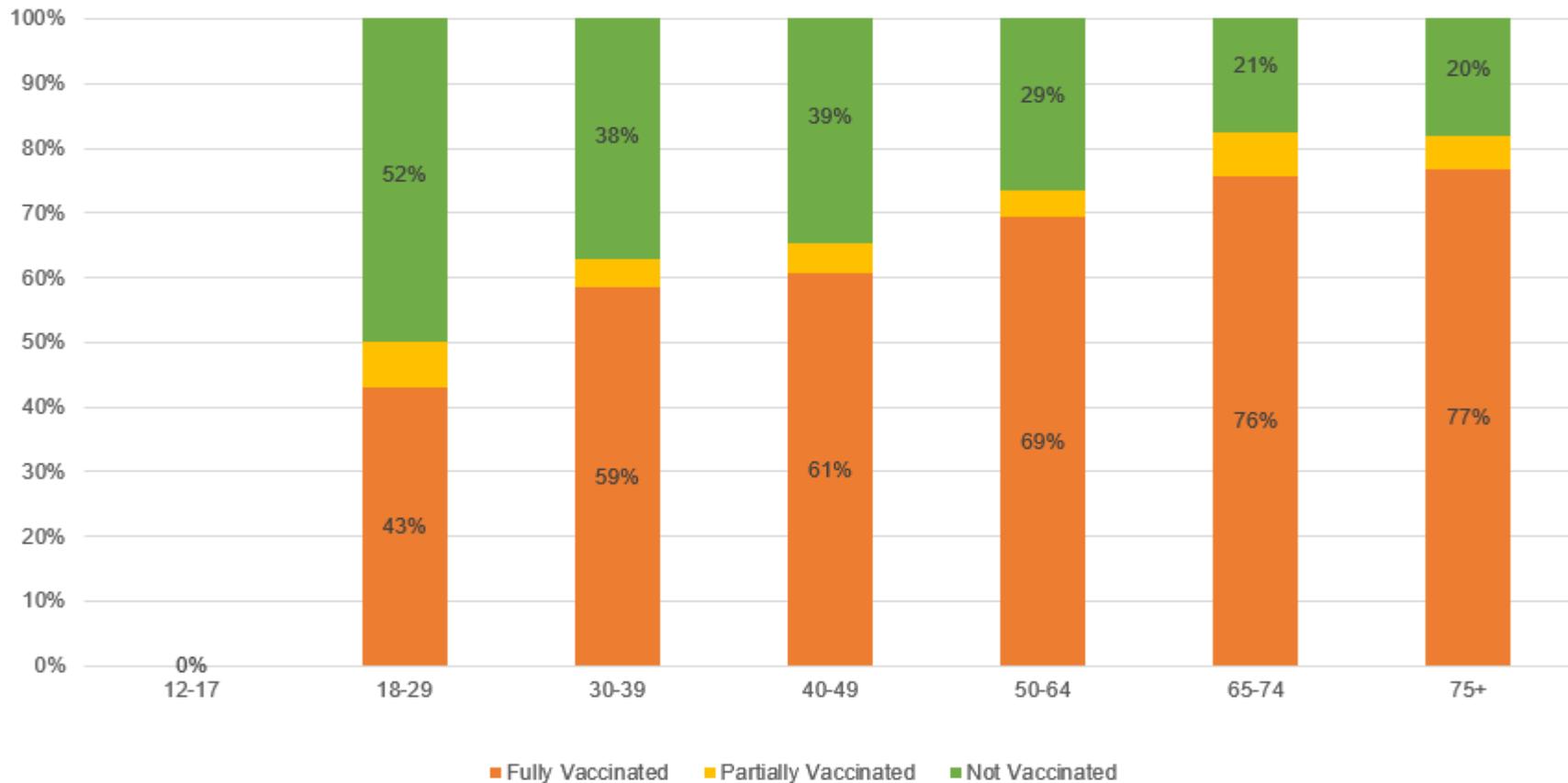# COVID-19 Vaccine Member Data (cont.)

Medi-Cal Vaccination Status by Age Group
as of CAIR 7/15/21

COVID-19 Vaccine Member Data

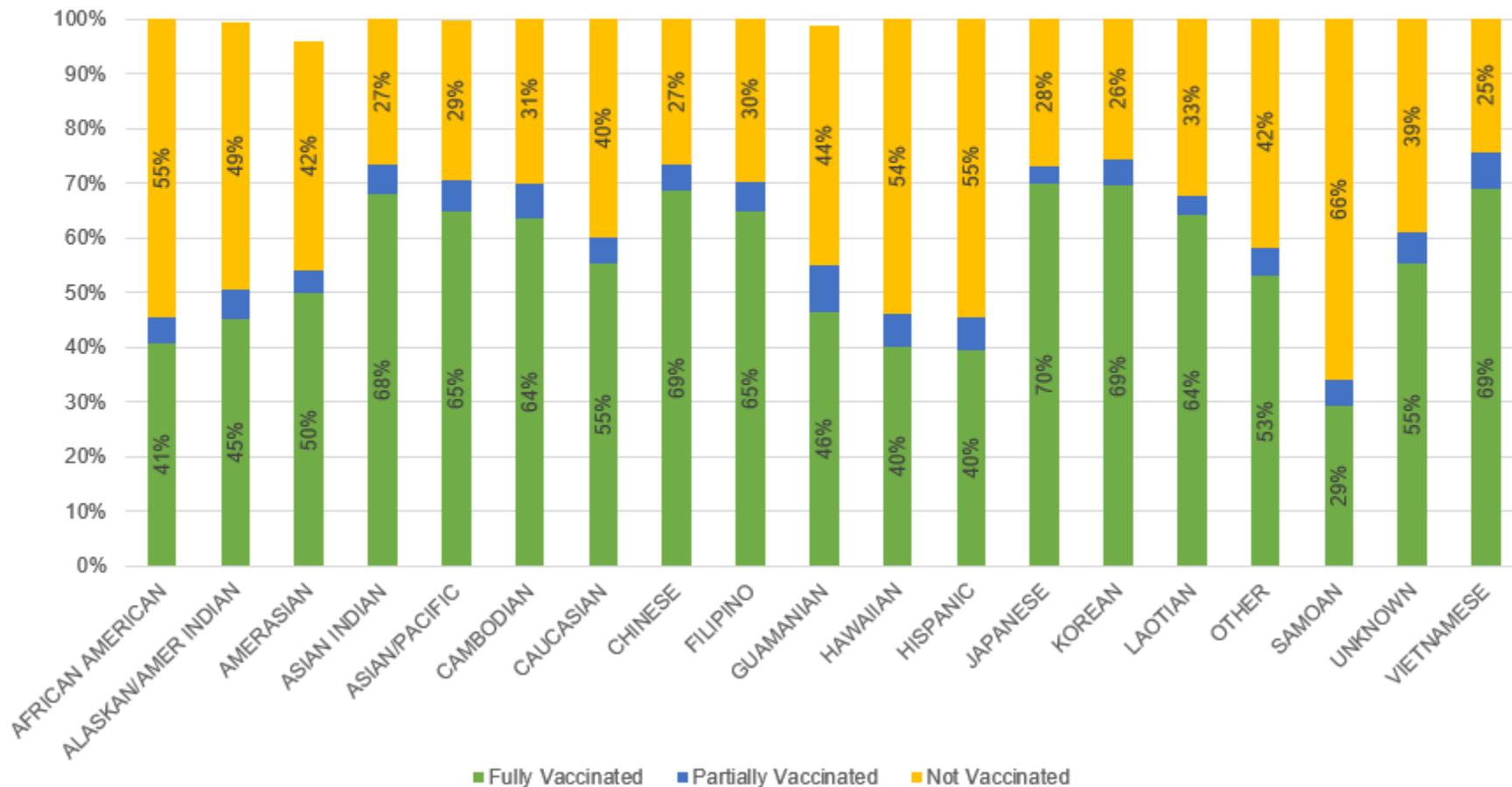**Cal MediConnect Vaccination Status by Age Group**
as of CAIR 7/15/21

Legend: ■ Fully Vaccinated ■ Partially Vaccinated ■ Not Vaccinated

Age groups and values:
- 12-17: 0%
- 18-29: Fully Vaccinated 43%, Not Vaccinated 52%
- 30-39: Fully Vaccinated 59%, Not Vaccinated 38%
- 40-49: Fully Vaccinated 61%, Not Vaccinated 39%
- 50-64: Fully Vaccinated 69%, Not Vaccinated 29%
- 65-74: Fully Vaccinated 76%, Not Vaccinated 21%
- 75+: Fully Vaccinated 77%, Not Vaccinated 20%

COVID-19 Vaccine Member Data

Medi-Cal Vaccination Status by Ethnicity
as of CAIR 7/15/21

■ Fully Vaccinated ■ Partially Vaccinated ■ Not Vaccinated

COVID-19 Vaccine Member Data

Cal MediConnect Vaccination Status by Ethnicity
as of CAIR 7/15/21

Best Practices

- **COVID-19 vaccine events** – Partnered with the Santa Clara County Public Health Department to host COVID-19 vaccine events at our community resource center.

  - Offered incentives to all attendees (open to the public)

  - Administered more than 1,100 vaccines

  - SCFHP staff made more than 740 live calls to members and distributed flyers to local businesses to promote events

Best Practices (cont.)

- **Advertising campaign**
  - Promoted vaccine acceptance in English, Spanish, and Vietnamese to targeted zip codes

  - Coordinated media buys with the county public health department to avoid duplication
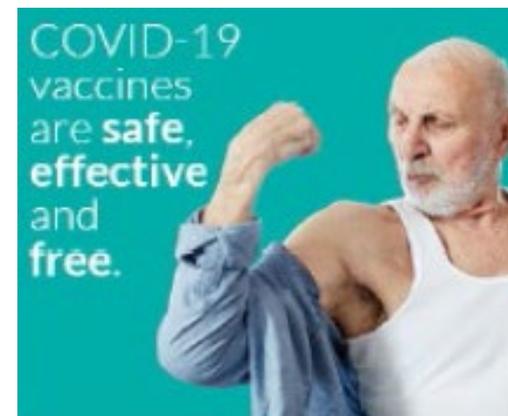
Best Practices (cont.)

- **Provider partnership** – Leveraged providers via call campaign and blast fax to disseminate information and resources to members.

- **Member education** – Executed multi-pronged approach via mail, social media, robocalls, on-hold phone messages, and newsletters.

- **Staff education** – Held COVID-19 vaccine town hall meetings for all staff, and equipped all member-facing staff with FAQs, scripts, and materials.

- **Cultural and linguistics competency** – Hired multi-lingual staff to meet the needs of diverse members.

Addressing Disparities

- Hosted vaccine events in East San Jose, a high-risk, predominantly low-income minority area.

- Hired multi-lingual outreach team to meet cultural and linguistic needs of diverse members.

- Outreach to African American members age 65+ as a priority group for call campaign.

- Translated all written member educational materials in threshold languages.

- Developed call scripts and printed materials at 6th grade reading level to accommodate low-English proficiency.

- Continuing data analysis to identify and address disparity gaps.

Opportunities for Improvement

- Expand COVID-19 vaccine event hours to evenings and weekends.

- Strategize vaccine events to avoid competition with nearby clinics.

- Set consistent clinic schedule.

- Maximize opportunities on vaccine data sharing.

- Partner with leaders and grassroots networks on different cultural communities to disseminate vaccine information and address hesitancy.

- Support and enable providers to administer vaccine.

- Develop new ways to effectively communicate to hesitant members.

Questions?

Central California Alliance for Health

Maya Heinert, MD
Medical Director

Lilia Chagolla
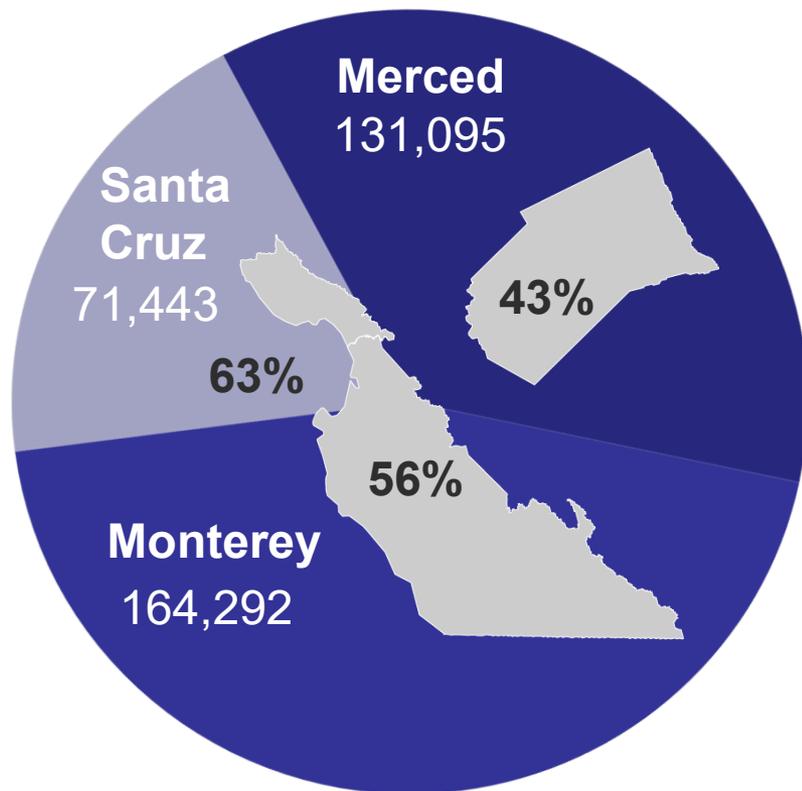Regional Operations Director

Alliance Clinical Perspective

- Population health focus

- Stratification of outreach

- Health equity

- Barriers

- The vital role of communication
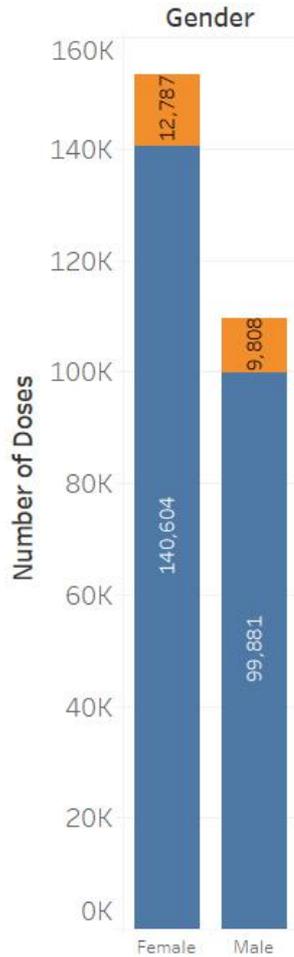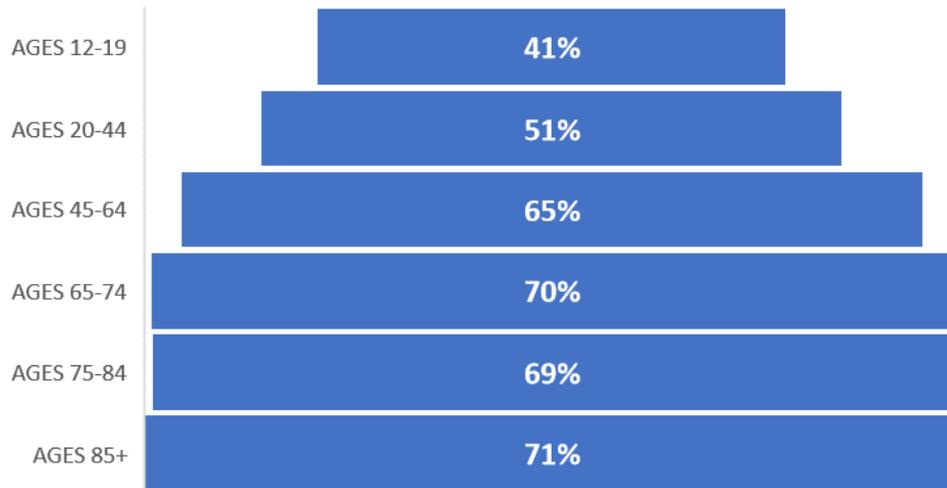
Central California Alliance for Health

Merced
131,095
43%

Santa Cruz
71,443
63%

Monterey
164,292
56%

CCAH
53%

Central California Alliance for Health: More Data on our Vaccination Rates

Count of Members Vaccinated by Race/Ethnicity

Hispanic 90,833	White 26,964
	Filipino 9,918 · Black 2,841
	Other 8,527 · Asian Indian

Gender

Number of Doses

- Female: Fully Vaccinated 140,604, Partially Vaccinated 12,787
- Male: Fully Vaccinated 99,881, Partially Vaccinated 9,808

Vaccination Status
- ■ Partially Vaccinated
- ■ Fully Vaccinated

Vaccination Coverage (At Least One Dose) by Age Group

Age Group	Coverage
AGES 12-19	41%
AGES 20-44	51%
AGES 45-64	65%
AGES 65-74	70%
AGES 75-84	69%
AGES 85+	71%

24

Population Health Outreach Efforts Over Time

Relative Risk

Used claims data to identify members with **CDC-defined health risk factors.**

Established a relative risk score for every member.

Member Segmentation

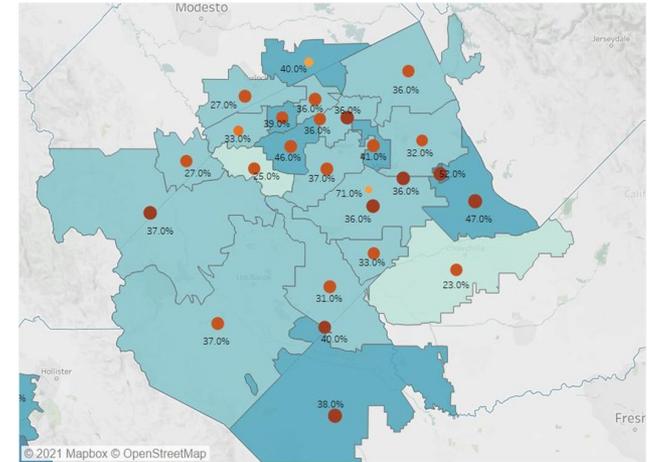Grouped members by **risk score and geography** to create rosters of members for outreach.
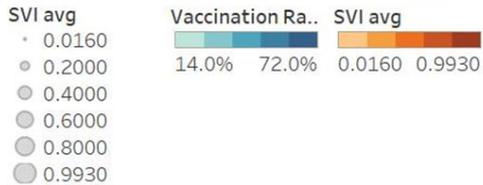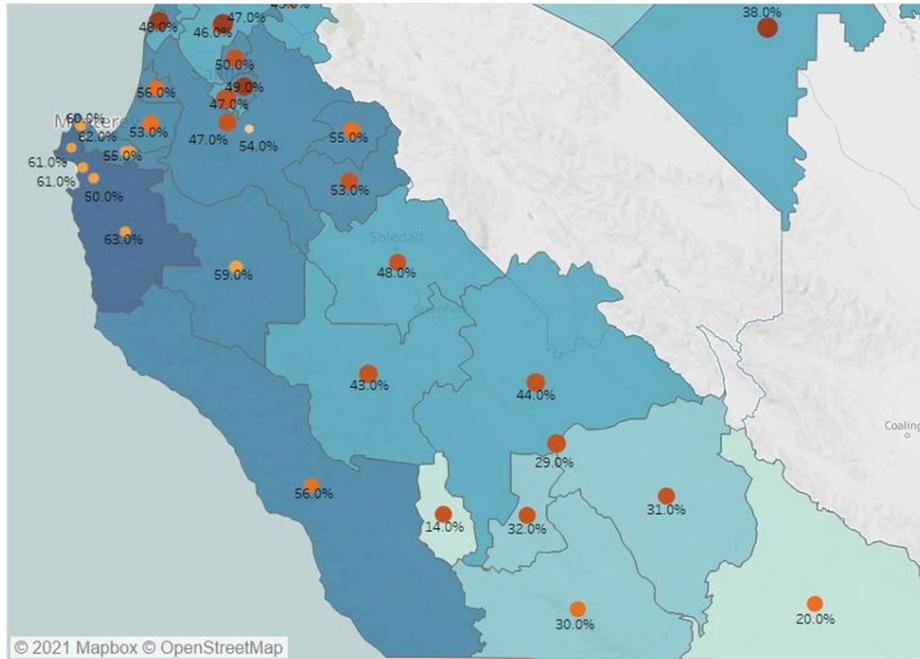
Transitioned from member education and resource sharing to **vaccination promotion.**

Social Vulnerability Index (SVI)

Now using the SVI score established at the zip code level, mapped along with current vaccination rate.

Alliance Provider Engagement

- Early outreach to all partners to advocate for equitable distribution of vaccine

- Communicating current information and sharing updated guidance from DHCS and the CDC

- Assessing barriers and assisting with solutions

- Providing support and resources for member engagement
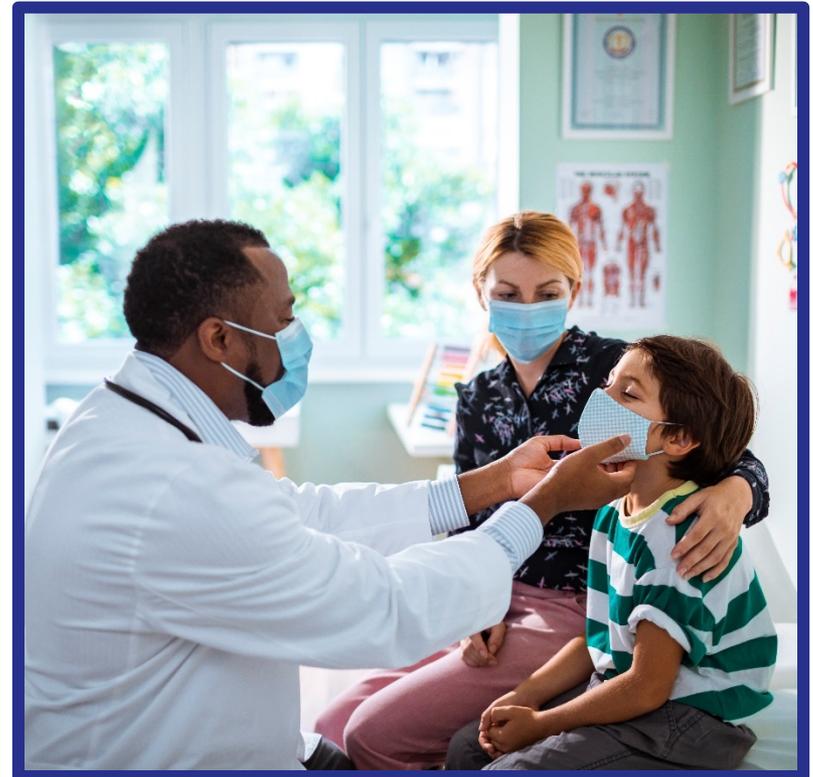
Alliance Community Strategies

- ## County and CBO Collaboration
  - Vaccine and planning strategy meetings with local public health
  - Community Health Workers and COVID-19 Outreach Project
  - Local Office of Emergency Services
  - Department Operations Center shelter and care units

- ## Communications Efforts
  - Mailings to members regarding COVID-19 guidance and vaccine eligibility
  - Website updates regarding vaccine information, including protection from COVID-19 and links to county sites for vaccine locations
  - Real-time social media messaging

Alliance Community Strategies

Your Health Matters – Member Outreach efforts

- Leveraged current volunteer program of 30+ trained staff with skillset to deliver messages to members on health resources

- Able to shift priorities

- Focus and update real-time messaging based on feedback from local health departments

- Able to connect 1:1 with members to help them seek care and access resources

- Internal resources available to Your Health Matters staff updated daily (vaccination sites, pop-up clinics, CDC guidelines, county updates)

Next Steps

1. Continued collaboration with essential partners

2. Assuring equitable vaccine access

3. Targeted outreach planned:
   – Kids, teenagers, and young adults
   – Immunocompromised – 3rd dose
   – 3rd vaccine/booster shot

Social Vulnerability Index

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.
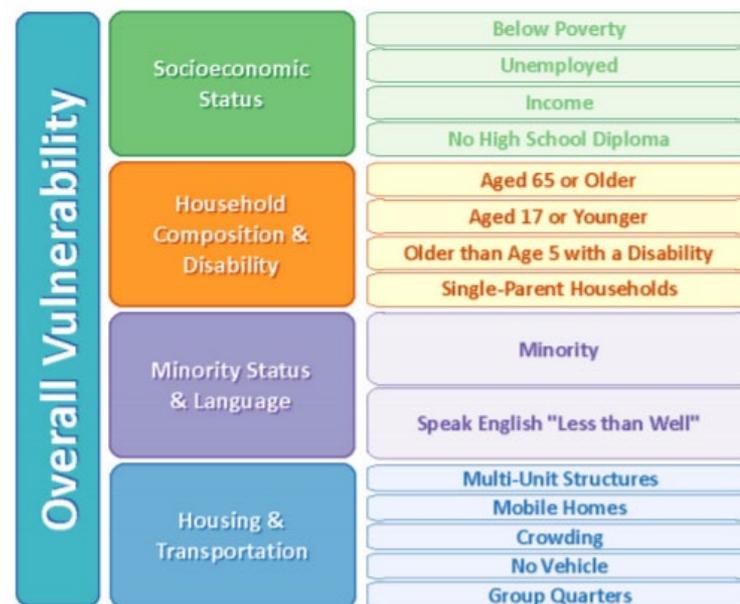
Figure 1. *Social Vulnerability Index themes and social factors*

Source: Agency for Toxic Substances and Disease Registry

Questions?

CenCal Health: Vaccination Encouragement and Partnerships

Michael Harris
Director of Government & Administrative Services

Nicolette Worley Marselian
Director of Communications & Community Relations

CenCal Health

- Health Plan Background

- Societal Challenges to COVID-19

- Our Membership – Our Responsibility

- Health Operational Challenges to COVID-19

- Continuing Efforts

- Future and Ongoing Efforts

CenCal Health: Member Profile

(As of 8-11-2021)

Total Membership: 205,488

- Ages 0-11   56,520   27.5%
- Ages 12-17   29,335   14.3%
- Race - Hispanic   55,842   27.2%
- Language - English 134,541 65.5%
- Language - Spanish 68,993 33.6%

CenCal Health: Activities

- High Risk and Case Management

- Public Health Partnerships

- Assistance to the Community

- Community Partnerships: Providers, Pharmacies, and Hospitals.

- Media: Social, Paid, Free, and Communication Systems.

CenCal Health: Next Steps

- Incentives
- Digital efforts specifically targeting Medi-Cal member concerns and issues
- Case managing, especially the fragile
- Partner with Public Health on targeted events, including providing vaccines to target populations
- Targeted texting and pre-recorded calls
- Partner with pharmacies and their customers
- Specific targets: incomplete vaccinations, 12 - 17 year olds, and their parents (multi-member households)

CenCal Health: Summary

- Public Policy and Health Systems Integration
- Accurate Data
- Communication with Our Members
- "Event" Management "Tabletops" and Planning
- Incentives, Societal Pressure, and Member Information

Questions?

Public Health Emergency (PHE) Medi-Cal Enrollment

Theresa Hasbrouck

Section, Chief, Policy Development Branch

Medi-Cal Eligibility Division

Development of Post COVID-19 Plan

DHCS Internal
Subject Matter Experts

CMS Guidance

Post COVID-19
Eligibility and Enrollment Operations Plan

County Workgroup

Stakeholder Workgroup

Statewide Automated
Welfare System

Post COVID-19 Eligibility and Enrollment Operations Plan

Phase 1

Case Actions and Activities During the COVID-19 PHE

Phase 2

Resuming Normal Business Operations and Processing Outstanding Case Work after the COVID-19 PHE

Outreach and Notice Efforts

Beneficiary Outreach Letter and FAQ - Resuming Case Processing
- Population: All Medi-Cal households

Outreach Efforts to Obtain Updated Case Contact Information
- Population: All Medi-Cal households
- Social media
- Website and benefit portal messaging
- Call script messaging
- Additional targeted efforts

Termination of Premium Waivers
- Population: Beneficiaries receiving a premium waiver for Title XXI programs and 250% Working Disabled Program

Discontinuance Notice for COVID-19 Uninsured Group
- Population: Beneficiaries with Medi-Cal coverage through the COVID-19 Uninsured Group

Questions?

PHE Flexibilities

Cortney Maslyn
Branch Chief, Program Monitoring and Compliance
Managed Care Quality and Monitoring Division

PHE Flexibilities

- **Timely Access Survey:**
  - In order to alleviate the burden on provider offices so they could focus on their COVID-19 PHE response, DHCS temporarily ceased the timely access survey calls.
  - DHCS will resume the timely access survey calls beginning in January 2022.
- **Quarterly Monitoring**:
  - Effective October 1, 2021, Medi-Cal Managed Care Health Plans (MCP) will be required to resume Quarterly Monitoring Response Template (QMRT) activities and respond to all QMRT components.
  - Until such time, DHCS will continue to provide flexibility on MCP responses to the QMRT.

CalAIM Updates

Enhanced Care Management and In Lieu of Services

Dana Durham
Branch Chief, Quality and Medical Policy
Managed Care Quality and Monitoring
Division

Foster Care Model of Care Workgroup

Susan Philip
Deputy Director
Health Care Delivery Systems

Behavioral Health and CalAIM Implementation

California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Proposals

Kamilah Holloway
Branch Chief, Network Adequacy Oversight
Medi-Cal Behavioral Health Division

Erika Cristo
Branch Chief, Program Policy, Legislation, and Regulations
Medi-Cal Behavioral Health Division

(CalAIM) Overview

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program, and payment reform across the Medi-Cal program.

- https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx
- CalAIM@dhcs.ca.gov

CalAIM Behavioral Health Proposals

1. Payment Reform/Documentation Reform
2. Medical Necessity
3. Administrative Behavioral Health Integration
4. Regional Contracting
5. Drug Medi-Cal Organized Delivery System Program Renewal and Policy Improvements
6. Serious Mental Illness/Serious Emotional Disturbance Demonstration Opportunity

Payment Reform

July 2023

- Partnering with Local Governmental Financing Division

- Shifting from cost-based reimbursement to fee-for-service – building a foundation for quality payments

- Updating billing codes

- Peer grouping for rate setting

Documentation Reform

Static Treatment Plan ➡ Dynamic Problem List

Uncoordinated Assessments ➡ Domain-driven Assessments

Complex and Lengthy Narrative Notes ➡ Lean Documentation

Disallowances for Quality ➡ Disallowances for Fraud, Waste, Abuse; Corrective Actions Plans for Quality Improvement

CalAIM: Medical Necessity

- Clarify language: "medical necessity" is different from "criteria for services"

- Create statewide screening and transition tools for Specialty Mental Health Services (SMHS) and MCPs Implement "no wrong door" policy

Administrative Integration

2027

- Integrate administration of SMHS and substance use disorder (SUD) treatment
  - Single contract
  - Single quality assessment process
  - Streamlined oversight

Drug Medi-Cal Organized Delivery System

New Counties Onboarding

- One year renewal for 2021 – includes some policy improvements (e.g., updates for residential treatment, medications for addiction, recovery services, and others)

- Engaging with new counties

  - 10 of 21 DMC State Plan counties interested in participating

  - Prep work for regional contracting across behavioral health

SMI/SED Demonstration

July – December 2022 (date range for submission)

- Allow federal match for mental health treatment in facilities with more than 16 beds

- Bring in new resources to build community continuum of care

- Counties opt in

- Similar to the (DMC-ODS) program (SUD residential treatment)

Waivers

- Combined, multi-program 1915(b) waiver
  - SMHS
  - DMC-ODS services
  - Medi-Cal managed care
- Components that must be in an 1115 waiver
  - e.g., SUD residential services (Institution for Mental Disease waiver)
- Waivers will be effective on January 1, 2022

Questions?

Facility Site Reviews

Anna Lee Amarnath, MD, MPH
Chief, Medical Policy and Oversight Section
Managed Care Quality and Monitoring
Division

Outline

- Background

- COVID-19 Flexibilities

- Resumption of Activities

- Discussion

Goal of discussion:
Clarify expectations as site review activities resume, help navigate anticipated challenges, and consider next steps.

Background

- Assess and ensure the capacity of each primary care provider site to provide safe and effective clinical services, according to contract requirements.

- Primary care sites receive a site review when they enter managed care and every three years thereafter.

- Consists of Facility Site Review (FSR), Medical Record Review (MRR), and Physical Accessibility Review (PAR).

2019

- DHCS and MCPs collaborated to update the FSR and MRR tool and standards.
- Alignment with state and federal regulations, as well as contractual requirements.
- Considerable updates made in MRR tool related to the provision of preventive services
  - American Academy of Pediatrics Bright Futures
  - U.S. Preventative Services Task Force Grade A & B recommendations
  - American College of Obstetrics and Gynecology /Comprehensive Perinatal Services Program

2020

- APL 20-006 released and the updated 2020 tool and standards were planned to be implemented as of July 1, 2020.

- DHCS data system to collect complete data from MCP site reviews was projected to be available in early 2021 after testing and training.

COVID-19 PHE

- DHCS delayed implementation of the 2020 tools and standards (APL 20-011).

- Due to the PHE, MCPs were not required to conduct onsite site reviews (Executive Order [EO] N-55-20).

- DHCS encouraged MCPs to continue oversight activities virtually when possible.

2021 Site Reviews

Resumption of Activities

- On June 11, 2021, Governor Newsom issued EO N-08-21, terminating relevant site review flexibilities as of June 30, 2021.

- APL 20-011 was revised and released on July 8, 2021.

- MCPs to resume site review activities as soon as possible, with full resumption of these activities within six months.

- Significant backlog of site reviews exist.

- MCPs anticipated to experience varied challenges in resumption of activities.

- DHCS determined a single plan for resumption of activities and timeline for completion of catch up activities would not be successful.

Written Plan

- MCPs to submit a written plan detailing how the MCP will address and complete site reviews not conducted during the PHE, including projected timelines.

- Submissions requested by August 1.

- DHCS anticipates following up with quarterly progress reports through 2022.

Submission Highlights

- Submission in process of being reviewed.

- MCPs are actively engaging with provider sites and resuming activities.

- Experiencing some provider hesitancy due to ongoing public health concerns and provider site onsite staffing levels.

Additional Support Activities

- Collaborating to ensure Master Trainer Certifications occur.

- Site Review Workgroup (SRWG) meetings held quarterly.

- Updates to APL 20-006 as needed.

- Interrater Reliability Review planned for 2022.

- Continued discussions and technical assistance on how to handle various site review situations that occur.

Discussion – Tool & Standards

- Tools and standards update
  - DHCS committed to more frequent updates of the tools and standards to ensure continued regulatory and clinical relevance and accuracy
  - More frequent updates means less substantial changes anticipated each time
  - DHCS is currently reviewing the tools and standards for draft updates, which would be shared for public feedback
- Consider timing of implementation and cadence of future updates

Discussion – Data System

- Anticipated that system will be available for MCP use by the end of 2021.
- Implementation could impact MCPs' progress in completing site reviews not conducted during the PHE.
- Ongoing training and technical assistance will be provided to users to help mitigate those potential impacts.
- DHCS will provide updates when data are anticipated to be available from the system, and expects to solicit feedback on its presentation and use.

Questions?

Updates

Managed Care Procurement Updates

Michelle Retke
Division Chief
Managed Care Operations

Ombudsman Report

Michelle Retke
Division Chief
Managed Care Operations

Seniors and Persons with Disabilities (SPD) Evaluation

Vaneesha Krishnan
Chief, Contract Compliance Section
Program Monitoring and Compliance

SPD Evaluation

- Background

- Evaluation Timeline

  I. The SPD evaluation covers the current years of the waiver (2016 to 2020) and extends to a description of the movement of individuals into managed care covering the prior five-year period (2011 to 2015).

  II. UCLA is finalizing the final report submission due to CMS on December 31, 2021.

- MCAG feedback on final report

Questions?

APLs and DPLs Update

Questions?

Open Discussion

Next Meeting: December 2, 2021

For questions, comments, or to request future agenda items, please email:

advisorygroup@dhcs.ca.gov