



## County Managed Care Transition to Local Plan: Instructions to Plans for Network Contracting Strategy Report

Issued September 3, 2021

### Overview

As part of the Model Change process set forth in the County Managed Care Transition to Local Plan: Letter of Intent instructions, the Department of Health Care Services (DHCS) is requesting Plans submit a Network Contracting Strategy Report that is a narrative describing the Plan's network analysis, planning activities and ongoing negotiations to support the increased capacity necessary for the new Local Plan responsibility for January 2024. The Network Contracting Strategy Report is due to DHCS on December 3, 2021.<sup>1</sup>

Below are specific components of the Network Contracting Strategy Report to address depending on whether you are an existing Plan in the county or if you would be a new Plan in the county.

### Existing Plan in the County

If you are requesting to be the Local Plan and are already operating in that county, the narrative must include the Plan's network contracting strategy and address all of the following:

1. Provide an overview of demographics, current availability of facility and network providers, and any unique characteristics that will inform the Plan's network contracting strategy.<sup>2</sup>
2. Describe the Plan's strategy for collaboration and engagement with the community to gain insight into member needs that will inform the Plan's network contracting strategy.
3. At a high level, explain the Plan's strategy for contracting with providers to ensure Medi-Cal members have access to Medi-Cal covered services, including medical, behavioral health, ancillary services, care coordination, and care management services.
4. Describe known gaps in the Plan's network at this time and how the Plan intends to address those gaps.

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<sup>1</sup> DHCS' Letter of Intent Instructions indicated that the network strategy submission was due September 1, 2021; however, this guidance updates the due date to December 3, 2021.

<sup>2</sup> Current member counts by Plan are available here: [Medi-Cal Certified Eligibles Tables, by County from 2010 to Most Recent Reportable Month - Month of Eligibility, Delivery System and Health Plan, by County, Medi-Cal Certified Eligibility - California Health and Human Services Open Data Portal](#)



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5. If applicable, explain the delegation model the Plan intends to use. If the Plan is currently delegating specific functions to Subcontractors, describe whether the Plan will continue to use Subcontractors. Also, indicate whether the Plan anticipates bringing on additional Subcontractors.
6. List the key providers and/or facilities (i.e., hospitals, Skilled Nursing Facilities, Federally Qualified Health Centers, Rural Health Clinics, medical groups, etc.) that are necessary to include in the network to increase or ensure access and your efforts to ensure they are within network.
7. Describe current or planned activities for community outreach to recruit providers that could improve access and/or close network adequacy gaps that are not currently taking Medi-Cal.
8. Describe how the Plan will ensure for continuity of care if the members transitioning are assigned to providers who are not currently in the Plan's network. Describe whether the Plan outreached to providers that are contracted with the other Plans in the county.
9. Describe the Plan's approach for Enhanced Care Management (ECM) Provider network development and determining sufficient capacity to meet the needs of the ECM Population of Focus in a community-based manner.<sup>3</sup>
10. Describe the Plan's timeline for identifying gaps and increasing the Plan's network including key milestones and target dates.

### **New Plan in the County**

If you are requesting to be a Local Plan in a county in which you do not currently operate, the narrative must include the Plan's network contracting strategy and address all of the following:

1. Provide an overview of demographics, current availability of facility and network providers, and any unique characteristics that will inform the Plan's network contracting strategy.<sup>4</sup>
2. Describe the Plan's strategy for collaboration and engagement with the community to gain insight into member needs that will inform the Plan's network contracting strategy.

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<sup>3</sup> CalAIM ECM Contract requirements: [State of California—Health and Human Services Agency Department of Health Care Services CalAIM Enhanced Care Management \(ECM\) and In Lieu of Services \(ILOS\) Contract Template Provisions](#)

<sup>4</sup> Current member counts by Plan are available here: [Medi-Cal Certified Eligibles Tables, by County from 2010 to Most Recent Reportable Month - Month of Eligibility, Delivery System and Health Plan, by County, Medi-Cal Certified Eligibility - California Health and Human Services Open Data Portal](#)



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3. At a high level, explain the Plan's strategy for contracting with providers to ensure Medi-Cal members have access to Medi-Cal covered services, including medical, behavioral health, ancillary services, care coordination, and care management services.
4. Describe known gaps in the Plan's network at this time and how the Plan intends to address those gaps.
5. If applicable, explain the delegation model the Plan intends to use. If the Plan is currently delegating specific functions to Subcontractors, describe whether the Plan will continue to use Subcontractors. Also, indicate whether the Plan anticipates bringing on additional Subcontractors.
6. Based on the preliminary assessment, list the key providers and/or facilities (i.e., hospitals, Skilled Nursing Facilities, Federally Qualified Health Centers, Rural Health Clinics, medical groups, etc.) that are necessary to include in the network to increase or ensure access and your efforts to ensure they are within network.
7. Describe current or planned activities for community outreach to recruit providers that could improve access and close network adequacy gaps that are not currently taking Medi-Cal.
8. Describe how the Plan will ensure continuity of care if the members transitioning are assigned to providers who are not currently in the Plan's network. Indicate whether the Plan has outreached to providers that are contracted with the other Plans in the county.
9. Describe the Plan's approach for Enhanced Care Management (ECM) Provider network development and determining sufficient capacity to meet the needs of the ECM Population of Focus in a community-based manner.
10. Describe the Plan's timeline for identifying gaps and increasing the Plan's network, including key milestones and target dates.
11. Detail the lessons the Plan has learned in the current county that you will implement in the new county.

### **Submission Instructions**

Plans that intend to shift to a local plan model by January 1, 2024 must submit the Network Contracting Strategy Report by close of business on December 3, 2021. The network contracting strategy should be submitted by email to [MCQMD@dhcs.ca.gov](mailto:MCQMD@dhcs.ca.gov) and should be no more than five pages long.