Stakeholder Advisory Committee Meeting

February 11, 2021

Webinar Tips

- Please use either your computer or phone for audio connection.

- Please mute your line when not speaking.

- For questions or comments, email: SACInquiries@dhcs.ca.gov

Welcome and Introductions

Director's Update

State Budget Updates

CalAIM Relaunch

- First CalAIM proposal released in October 2019 with initial implementation dates planned for January 1, 2021.

- Extensive CalAIM stakeholder workgroup process (November 2019 – February 2020).
  - ➢ 20 in-person workgroup meetings across five workgroups
  - ➢ Written and in-person public comment opportunities

- Due to the COVID-19 Public Health Emergency's impact in the state's budget and health care infrastructure, CalAIM was put on hold for the duration of 2020.

CalAIM Relaunch

- DHCS has revised the original CalAIM proposal to reflect learnings from the workgroup process, stakeholder input, ongoing policy development, and new implementation dates.

- On January 8, 2021, DHCS published a revised CalAIM proposal along with an Executive Summary that also outlines key changes.
  - ➢ CalAIM Webpage: https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx

- On January 28, 2021, DHCS hosted a public webinar to walk through the revised proposal, highlight key changes, and provide additional detail on upcoming CalAIM activities.

CalAIM Relaunch - 2021

Key Implementation Milestones	
Jan – March	• Launch first Managed Long-Term Services and Supports and Duals Integration workgroup • Release **draft** ECM/ILOS Model of Care (including WPC/HH Transition Plan) and ECM/ILOS DHCS to MCP contract language and MCP to provider standard terms and conditions for comment and begin technical assistance efforts • Release **final** ECM/ILOS Model of Care and ECM/ILOS DHCS to MCP contract language and MCP to provider standard terms and conditions • Section 1115 and 1915(b) waiver public comment period begins
Apr – June	• Release draft MCP rates for ECM • Release of additional ECM/ILOS materials, including ILOS pricing guidance • Conclude Foster Care Model of Care workgroup • Form county oversight and monitoring workgroup • Develop auditing tools for oversight of CCS and CHDP
July – Dec	• MCPs submit ECM/ILOS Model of Care for WPC/HHP counties, for review/approval by DHCS • Begin stakeholder process for county inmate pre-release application process • Publish an updated process for monitoring and reporting of County Performance Standards • Anticipated approval of 1115 and 1915(b) waiver/renewal requests

CalAIM Relaunch - 2022

Key Implementation Milestones- January 1, 2022

- Enhanced Care Management
- In Lieu of Services
- Managed Care Plan Incentives
- Mandatory MCP Enrollment for Non-Duals
- Mandatory FFS for OBRA and Share of Cost beneficiaries
- Major Organ Transplant Carve-In
- MSSP Carve-Out in CCI Counties
- Specialty Mental Health Carve-Out in Solano and Sacramento Counties
- Cal MediConnect to D-SNP Aligned Enrollment Transition Preparation
- D-SNP "Look-Alike" Enrollee Transitions Begin in CCI Counties
- Phase I – Regional MCP Capitation Rates
- Phase I – Improving Beneficiary Contact Information
- DMC-ODS Renewal
- Behavioral Health Medical Necessity Criteria

Medi-Cal Waiver Updates

Medi-Cal 2020 Temporary Extension

- On December 29, 2020, CMS approved DHCS' request to extend the Medi-Cal 2020 Section 1115 demonstration through December 31, 2021.

- The approval is predominantly an 'as-is' extension of most of the demonstration's Special Terms and Conditions (STCs).

- Additionally, DHCS and CMS are engaged in discussions regarding the Global Payment Program, Whole Person Care, Drug Medi-Cal Organized Delivery System, and Dental Transformation Initiative.

- Expenditure authority for Designated State Health Programs (DSHP) was not extended, as expected.

Specialty Mental Health Services 1915(b) Temporary Extension

- On December 16, 2020, CMS approved an extension of Medi-Cal's Specialty Mental Health Services (SMHS) 1915(b) waiver for three months through March 31, 2021.

- This follows CMS' previous six-month temporary extension through December 31, 2020.

- DHCS continues to partner with CMS on future temporary extensions that will be necessary until the new 1115 and 1915(b) waivers become effective on January 1, 2022.

CalAIM and Future 1115 and 1915(b) Waivers

- DHCS will develop and implement new Section 1115 and 1915(b) waivers to authorize many components of CalAIM and maintain authority for other critical Medi-Cal programs.

- These new waivers will become effective on January 1, 2022, following the expiration of the current temporary extensions.

- The shifting waiver authorities away from Section 1115 to 1915(b) reflects a trend toward statewide initiatives as opposed to limited demonstration pilots.

- DHCS intends to initiate a public stakeholder process for both waivers in spring 2021 and submit formal requests to CMS in the first half of 2021.

DHCS Reflections on October SAC Discussion of Racism and Equity

Medi-Cal COVID-19 Updates

Medi-Cal COVID-19 Update

The COVID-19 Public Health Emergency (PHE):

- On January 7, 2021, HHS issued a renewal of the PHE for a full 90-day extension through April 20, 2021.

- The Biden Administration announced that it intends to renew the PHE throughout 2021, and that HHS will provide states with a 60-day notice prior to the end of the PHE.

- DHCS continues to partner with CMS to obtain federal flexibilities necessary for Medi-Cal to adapt to the ongoing pandemic.

Medi-Cal COVID-19 Update

Recent Federal Flexibilities:

- DHCS requested federal approval to provide COVID-19 testing for Medi-Cal children in schools, effective February 1, 2021. (pending CMS approval)

- DHCS requested federal approval to deliver the COVID-19 vaccine benefit exclusively through the Medi-Cal fee-for-service (FFS) delivery system. (pending CMS approval)

- DHCS requested federal approval to extend coverage of the COVID-19 vaccines to Medi-Cal limited-scope benefit populations. (pending CMS approval)

- CMS approved flexibilities for the reinstatement of benefits for Medi-Cal beneficiaries following a request for an appeal or state fair hearing. (Approved)

CalHOPE

- ***Media campaign:*** outreach to diverse groups with messages about managing stress and anxiety during the COVID-19 emergency.
- ***San Francisco 49ers partnership:*** messages from coaches and players on staying safe and healthy and options for mental health and emotional support.
- ***Los Angeles Kings partnership***: first-ever official helmet partner and extensive digital branding -- embracing the CalHOPE message from the executive level to the ice.
- ***Coming soon:***
  – CalHOPE support (virtual crisis counseling sessions from local partners),
  – CalHOPE student support (social and emotional learning support in school),
  – Expansion of the CalHOPE Warm Line to 24/7
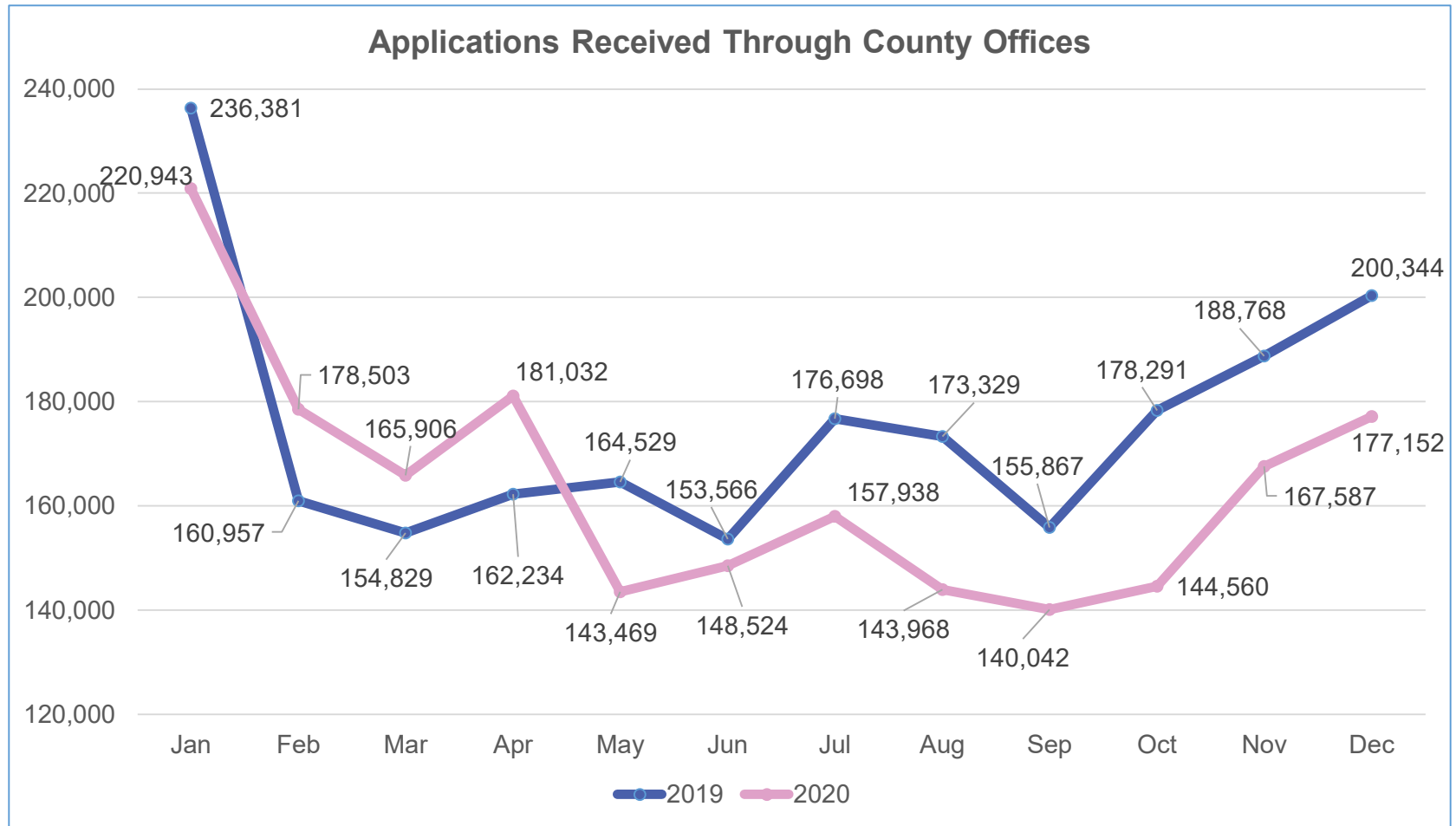
COVID-19 Resources/Links

- CA COVID-19 webpage: https://covid19.ca.gov/
- DHCS COVID-19 webpage: https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx
- California Department of Public Health COVID-19 webpage: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
- Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-nCoV/index.html

Medi-Cal Enrollment Update

Medi-Cal Applications

Applications Received Through County Offices

Legend: 2019, 2020

2019 values: Jan 236,381; Feb 160,957; Mar 154,829; Apr 162,234; May 164,529; Jun 153,566; Jul 176,698; Aug 173,329; Sep 155,867; Oct 178,291; Nov 188,768; Dec 200,344

2020 values: Jan 220,943; Feb 178,503; Mar 165,906; Apr 181,032; May 143,469; Jun 148,524; Jul 157,938; Aug 143,968; Sep 140,042; Oct 144,560; Nov 167,587; Dec 177,152

Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

County Application Pathways

- Online
- In Person
- Phone
- Mail/Fax
- Other
  - Includes applications received from sources not included in the above categories, such as those received by IHSS, and CBO(s) referrals, etc.

Note: This data is reported at the application level, with a single application potentially including more than one person (for example, a parent and two children are likely to apply for health coverage on a single application).
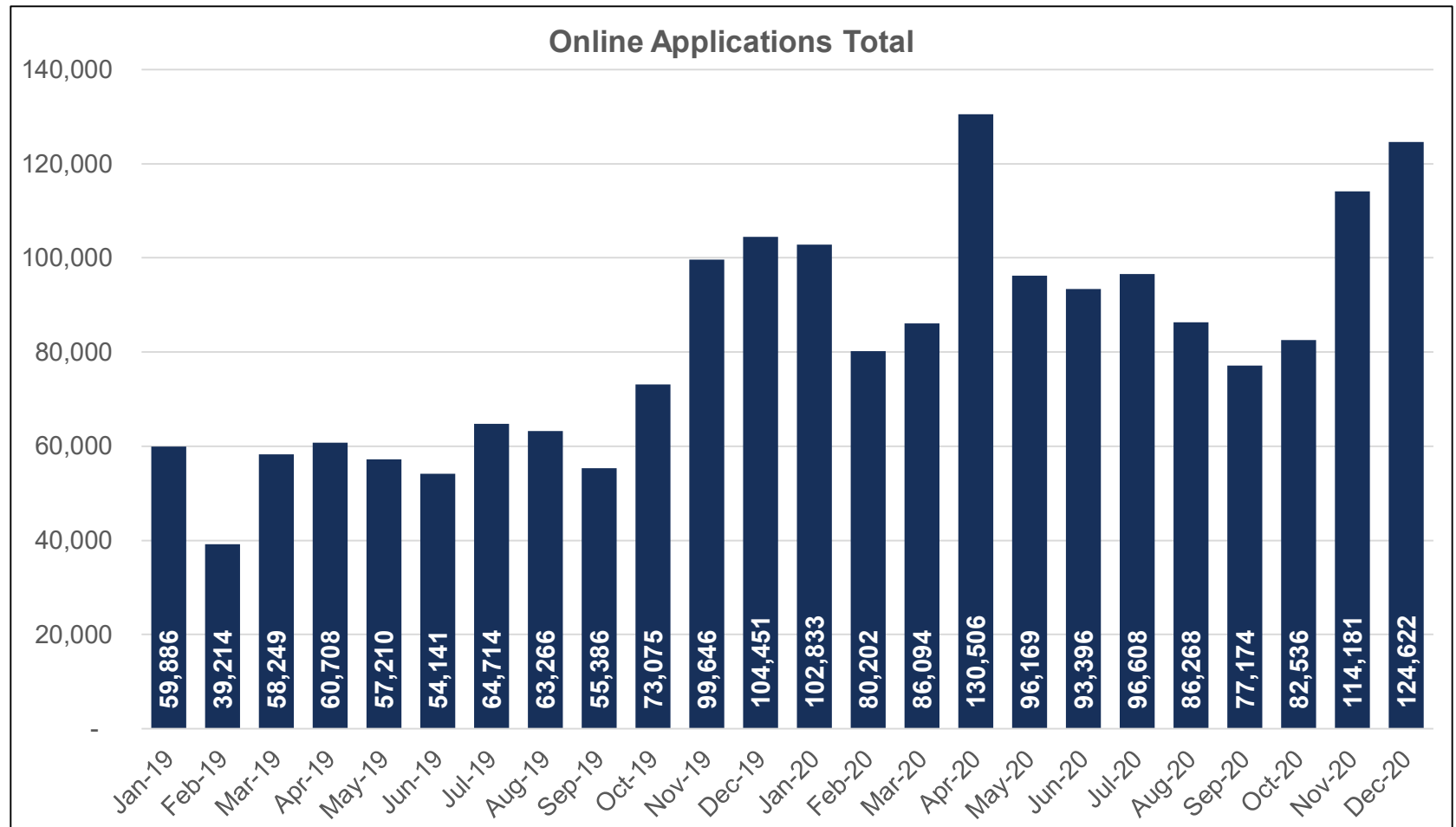
County Application Pathway - All Pathways –
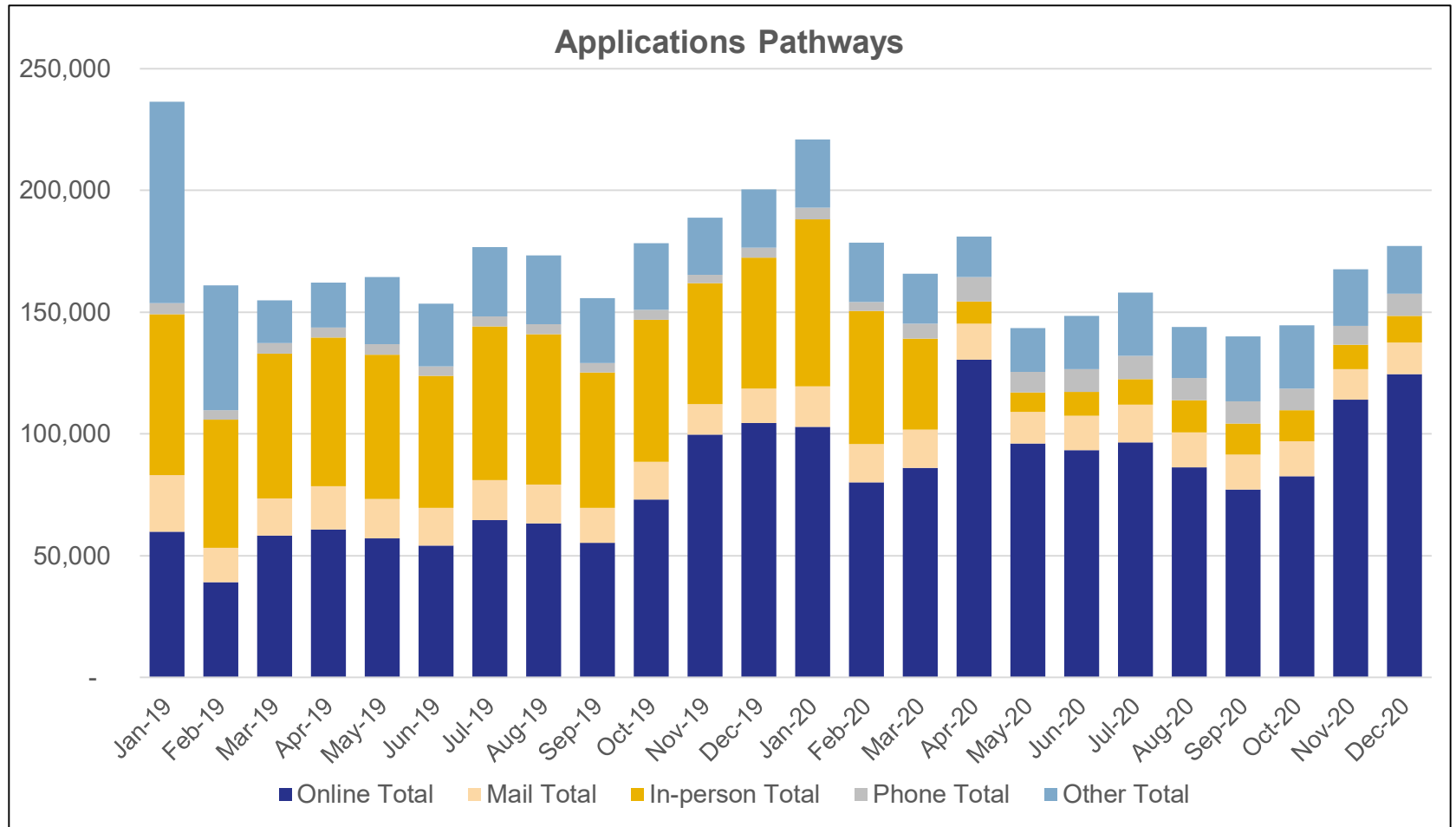
Applications Pathways

Legend: Online Total, Mail Total, In-person Total, Phone Total, Other Total

Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

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County Application Pathway
- Online Applications -

Online Applications Total

Month	Applications
Jan-19	59,886
Feb-19	39,214
Mar-19	58,249
Apr-19	60,708
May-19	57,210
Jun-19	54,141
Jul-19	64,714
Aug-19	63,266
Sep-19	55,386
Oct-19	73,075
Nov-19	99,646
Dec-19	104,451
Jan-20	102,833
Feb-20	80,202
Mar-20	86,094
Apr-20	130,506
May-20	96,169
Jun-20	93,396
Jul-20	96,608
Aug-20	86,268
Sep-20	77,174
Oct-20	82,536
Nov-20	114,181
Dec-20	124,622

Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

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County Application Pathway - In Person Applications -
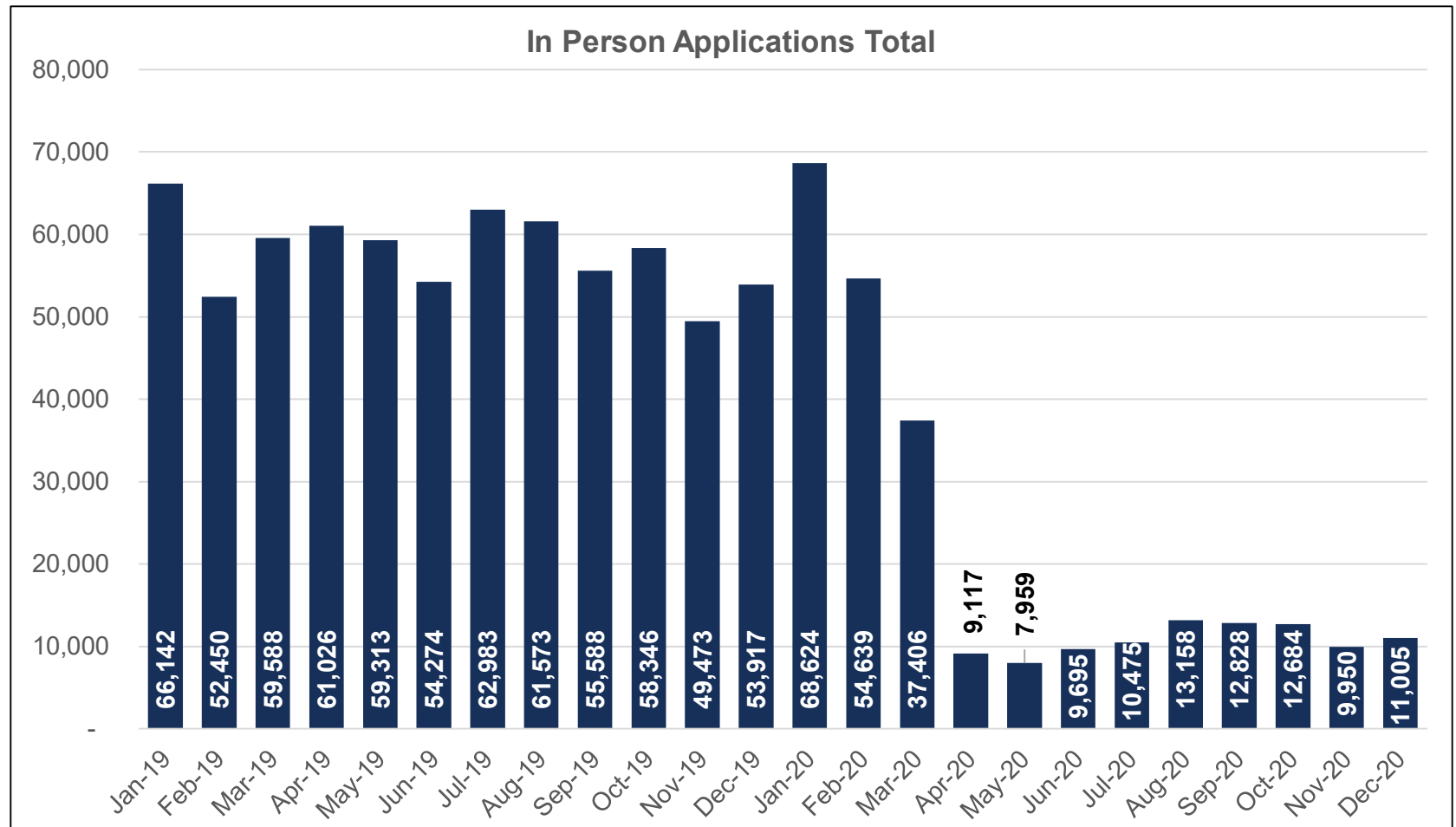
In Person Applications Total

Month	Value
Jan-19	66,142
Feb-19	52,450
Mar-19	59,588
Apr-19	61,026
May-19	59,313
Jun-19	54,274
Jul-19	62,983
Aug-19	61,573
Sep-19	55,588
Oct-19	58,346
Nov-19	49,473
Dec-19	53,917
Jan-20	68,624
Feb-20	54,639
Mar-20	37,406
Apr-20	9,117
May-20	7,959
Jun-20	9,695
Jul-20	10,475
Aug-20	13,158
Sep-20	12,828
Oct-20	12,684
Nov-20	9,950
Dec-20	11,005

Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

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County Application Pathway - Phone Applications -
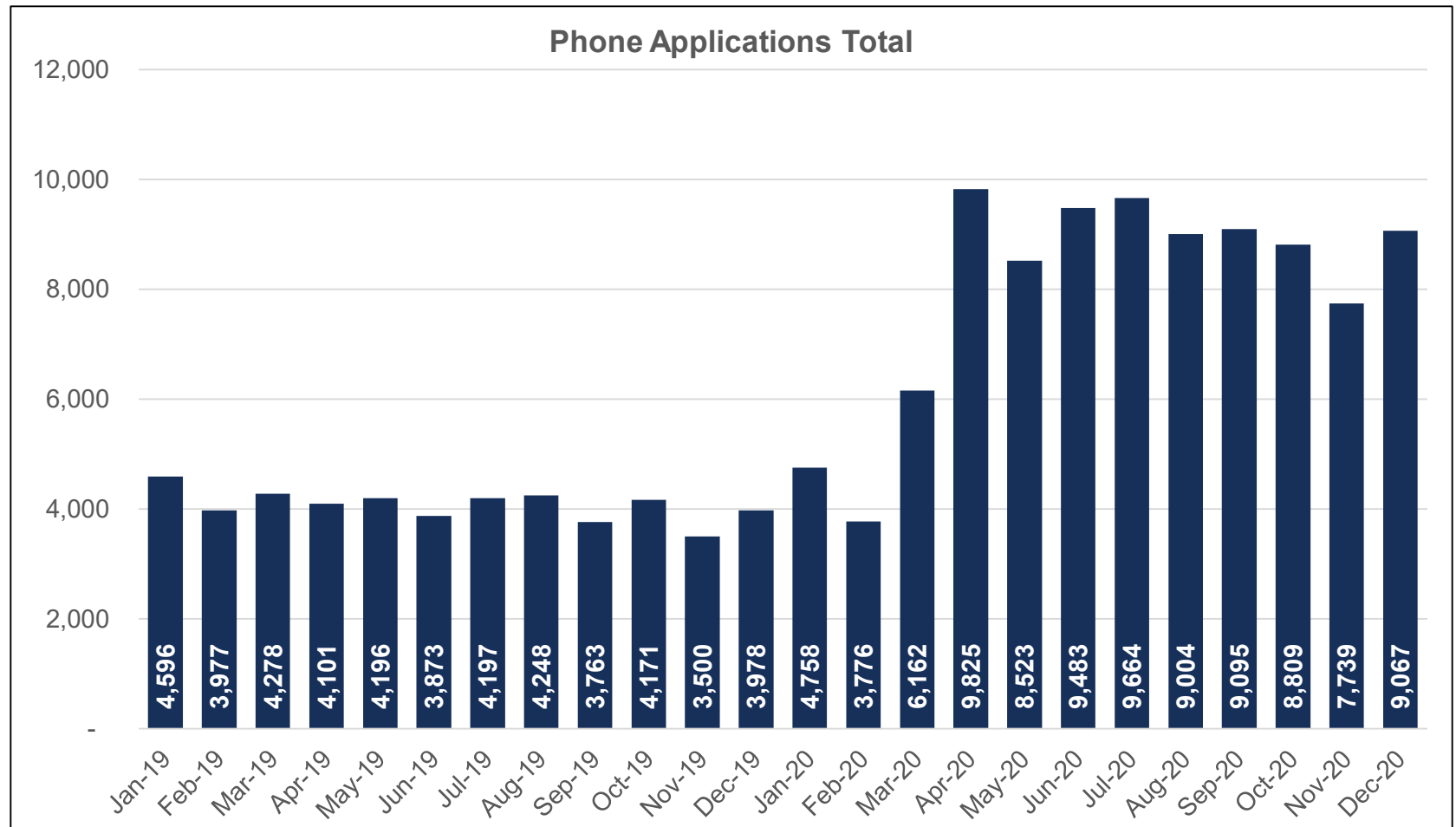
Phone Applications Total

Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

County Application Pathway - Mail/Fax Applications -
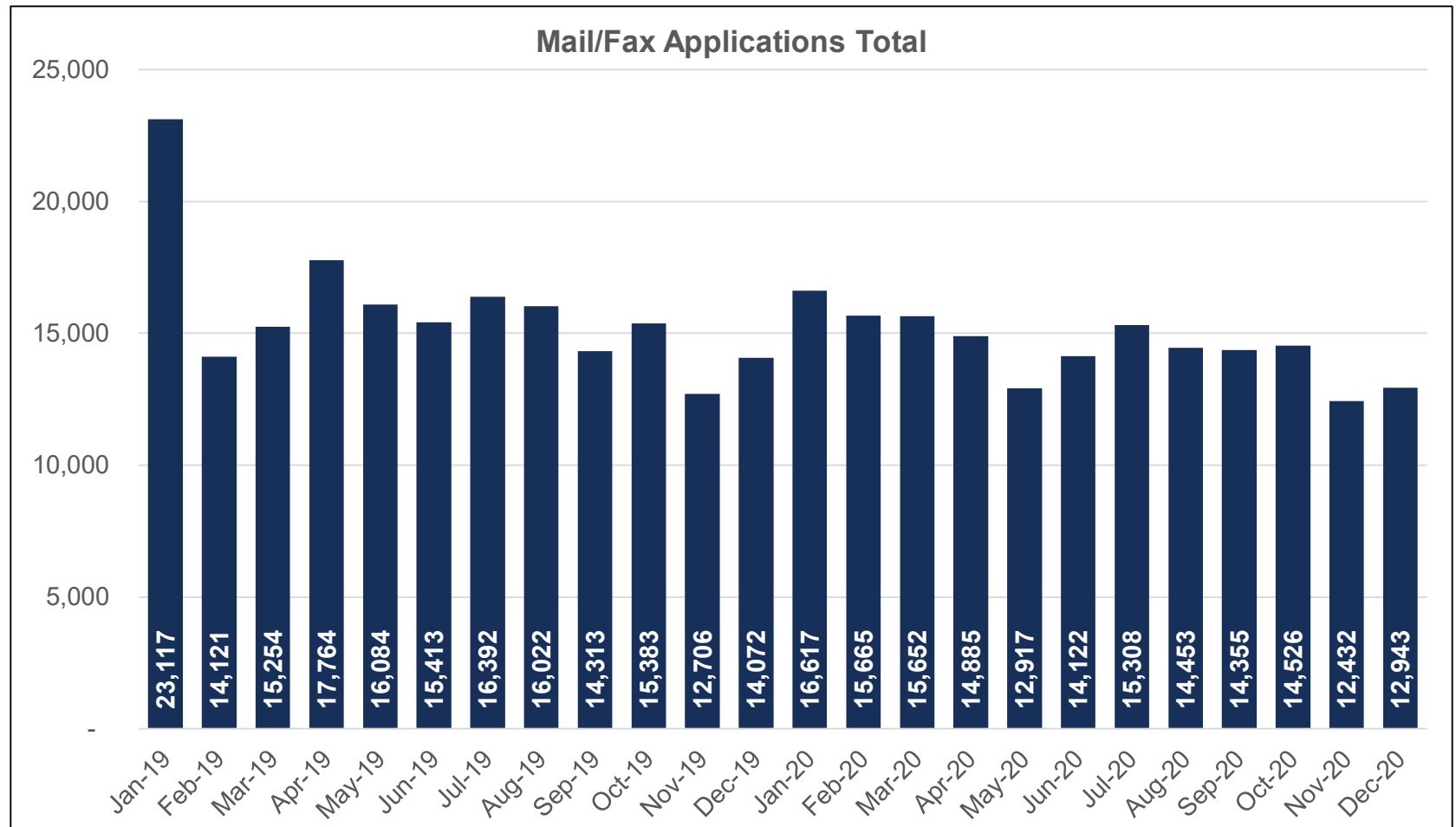
Mail/Fax Applications Total

Month	Applications
Jan-19	23,117
Feb-19	14,121
Mar-19	15,254
Apr-19	17,764
May-19	16,084
Jun-19	15,413
Jul-19	16,392
Aug-19	16,022
Sep-19	14,313
Oct-19	15,383
Nov-19	12,706
Dec-19	14,072
Jan-20	16,617
Feb-20	15,665
Mar-20	15,652
Apr-20	14,885
May-20	12,917
Jun-20	14,122
Jul-20	15,308
Aug-20	14,453
Sep-20	14,355
Oct-20	14,526
Nov-20	12,432
Dec-20	12,943

Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

County Application Pathway - Other Applications –
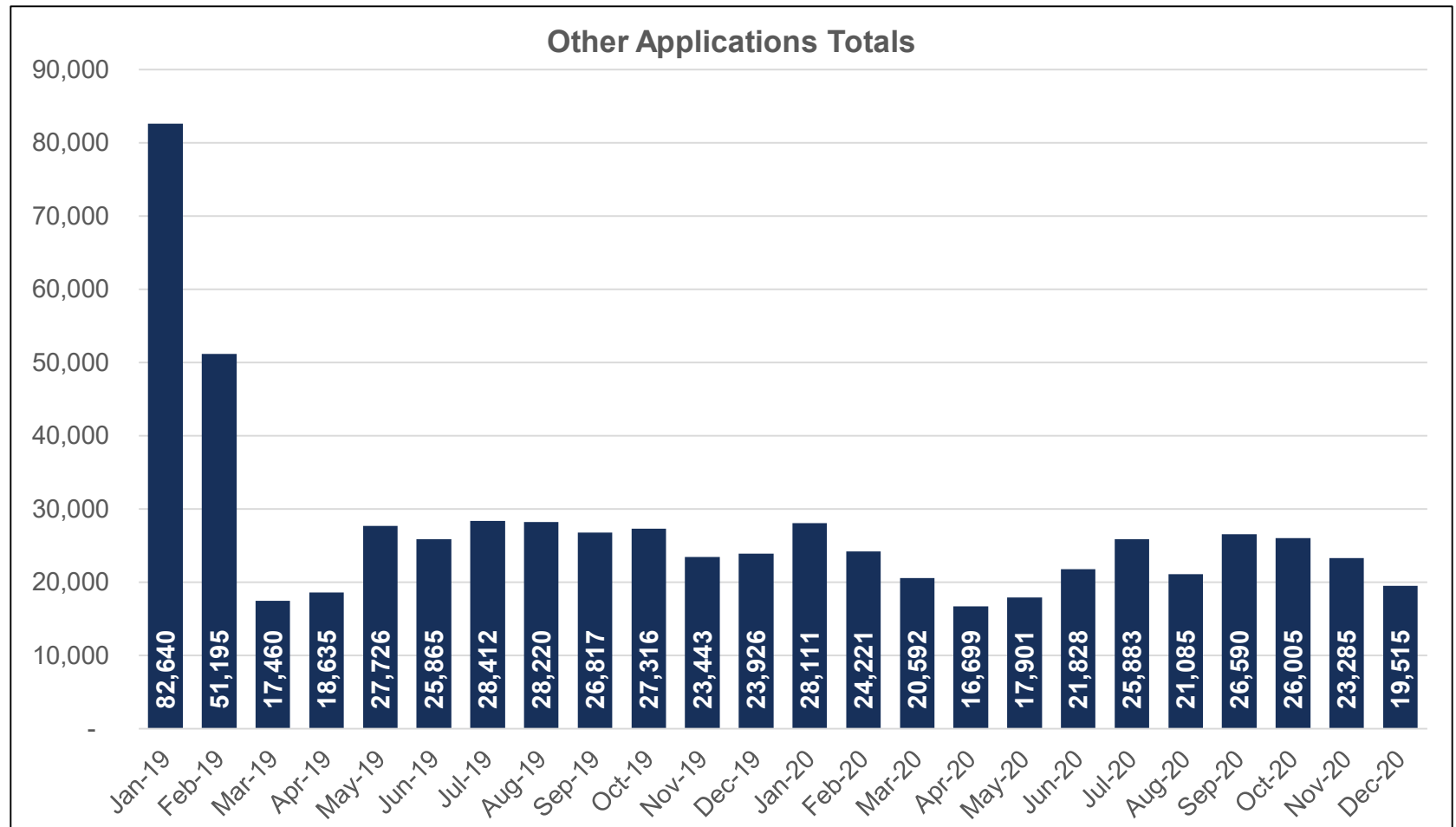
Other Applications Totals

Month	Value
Jan-19	82,640
Feb-19	51,195
Mar-19	17,460
Apr-19	18,635
May-19	27,726
Jun-19	25,865
Jul-19	28,412
Aug-19	28,220
Sep-19	26,817
Oct-19	27,316
Nov-19	23,443
Dec-19	23,926
Jan-20	28,111
Feb-20	24,221
Mar-20	20,592
Apr-20	16,699
May-20	17,901
Jun-20	21,828
Jul-20	25,883
Aug-20	21,085
Sep-20	26,590
Oct-20	26,005
Nov-20	23,285
Dec-20	19,515

Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

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Medi-Cal Presumptive Eligibility (PE)

There are a variety of Medi-Cal PE programs designed to provide immediate, temporary coverage for eligible low-income individuals, pending a formal Medi-Cal application.

The following are four such programs:

➢ Hospital Presumptive Eligibility

➢ Child Health and Disability Program Gateway

➢ Presumptive Eligibility for Pregnant Women

➢ Breast and Cervical Cancer Treatment Program

Medi-Cal PE

- ➢ **Hospital Presumptive Eligibility (HPE)**

  - The HPE Program provides qualified individuals immediate access to temporary, no-cost Medi-Cal. To apply for HPE benefits, an individual must visit a hospital that is a qualified HPE Provider. The HPE Provider submits the individual's information via the HPE Medi-Cal Application online portal and eligibility is determined in real-time.

- ➢ **Child Health and Disability Prevention (CHDP) Gateway**

  - The "CHDP Gateway" is an automated pre-enrollment process for non Medi-Cal, uninsured children. Qualified Providers utilize the CHDP Gateway as the entry point for children to enroll in ongoing health care coverage through Medi-Cal, pending a formal determination of Medi-Cal eligibility.

Medi-Cal PE

➢ **Presumptive Eligibility for Pregnant Women (PE4PW)**

- The PE4PW Program allows Qualified Providers to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy to low-income, pregnant patients, pending their formal Medi-Cal application.

➢ **Breast and Cervical Cancer Treatment Program (BCCTP)**

- The Breast and Cervical Cancer Treatment Program (BCCTP) provides cancer treatment and services for eligible low-income California residents who are screened by Qualified Providers and found to be in need of treatment for breast and/or cervical cancer, pending a formal Medi-Cal application.

Overview of PE Individuals
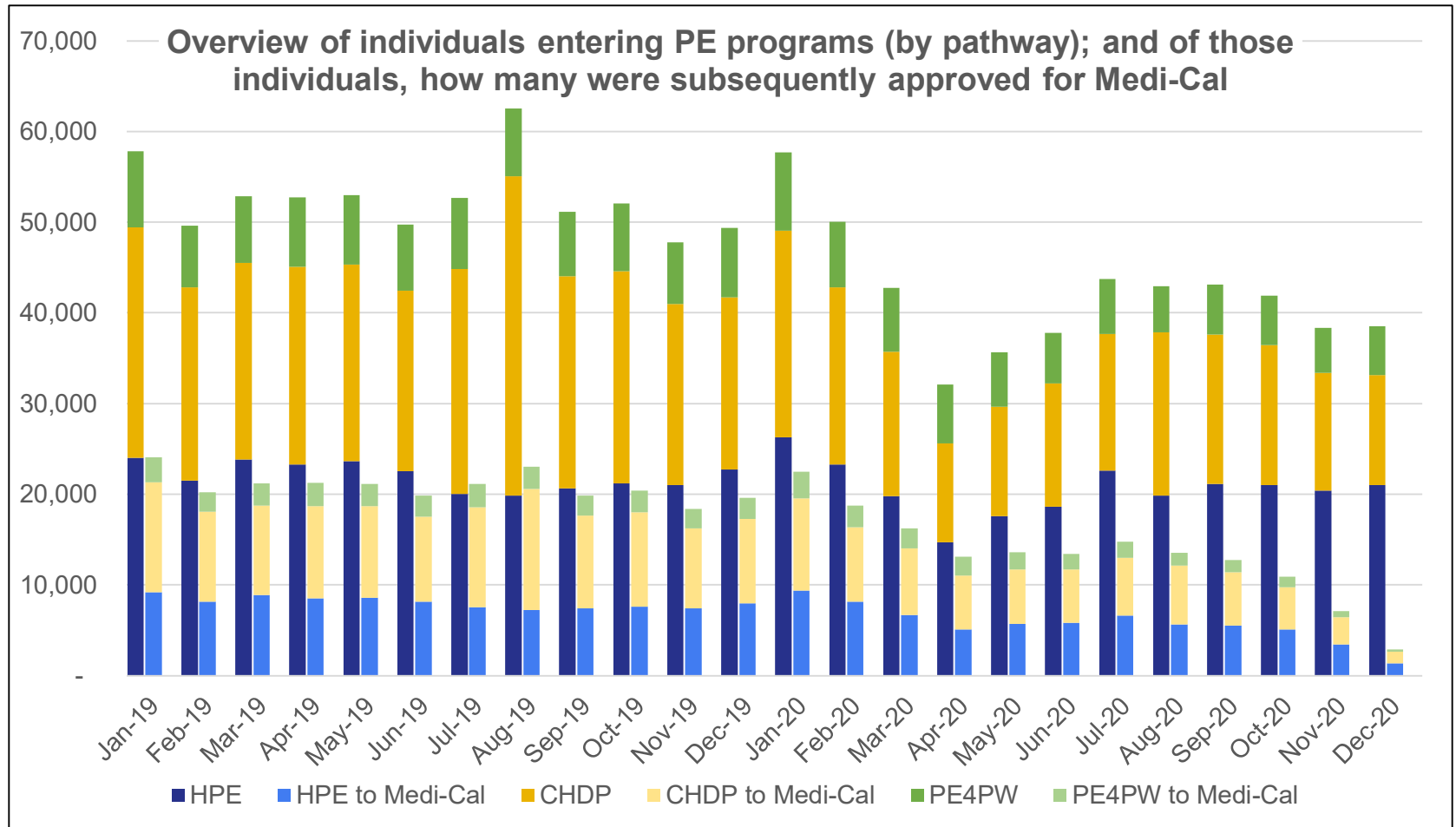
Overview of individuals entering PE programs (by pathway); and of those individuals, how many were subsequently approved for Medi-Cal

Legend: HPE, HPE to Medi-Cal, CHDP, CHDP to Medi-Cal, PE4PW, PE4PW to Medi-Cal

Data Source: Extracted from MIS/DSS on 15JAN2021; Data has been refreshed for the most recent 12 month period
Note: BCCTP PE counts are depicted on a separate slide due to proportionally small population size

HPE Individuals
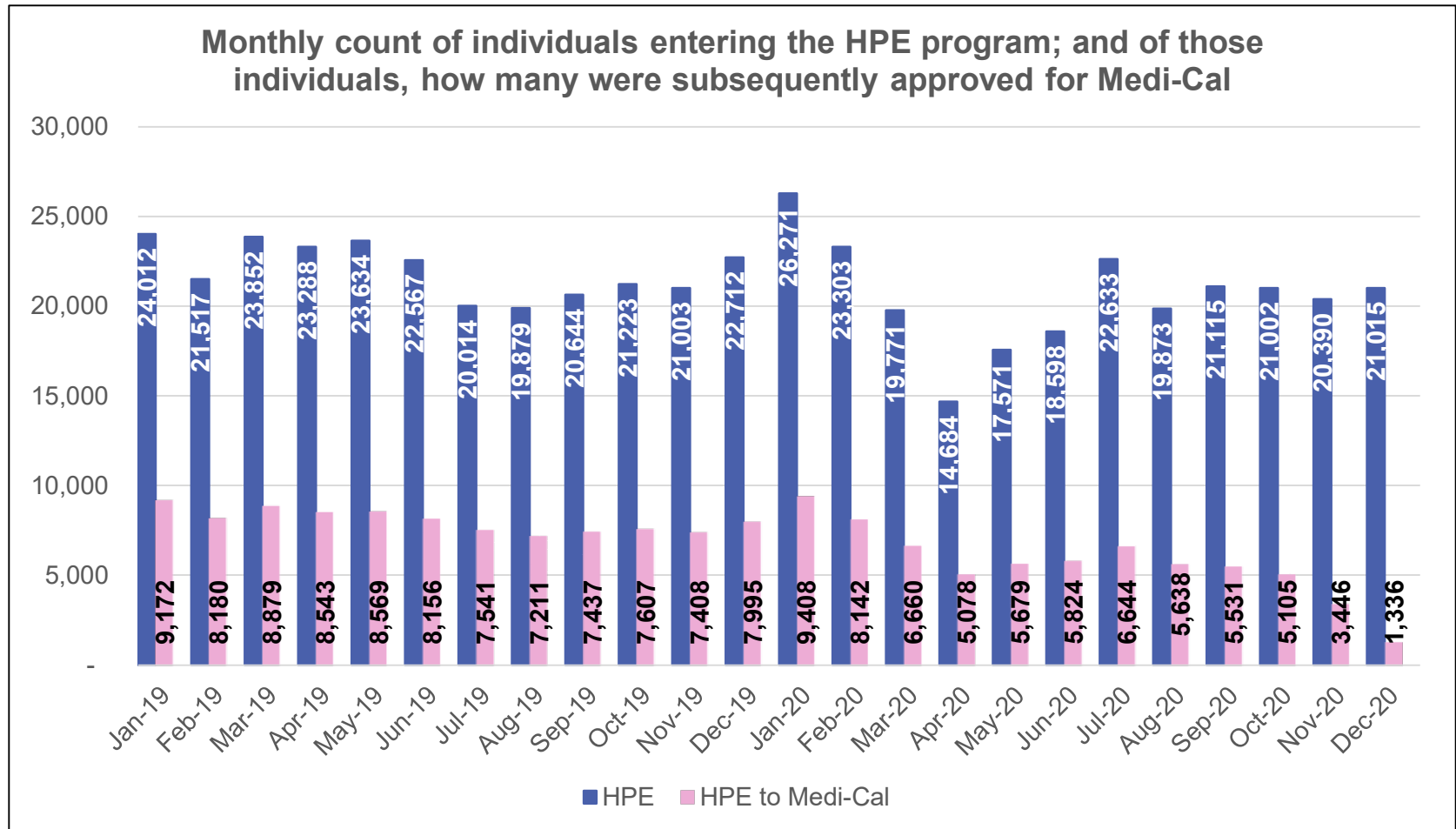
Monthly count of individuals entering the HPE program; and of those individuals, how many were subsequently approved for Medi-Cal
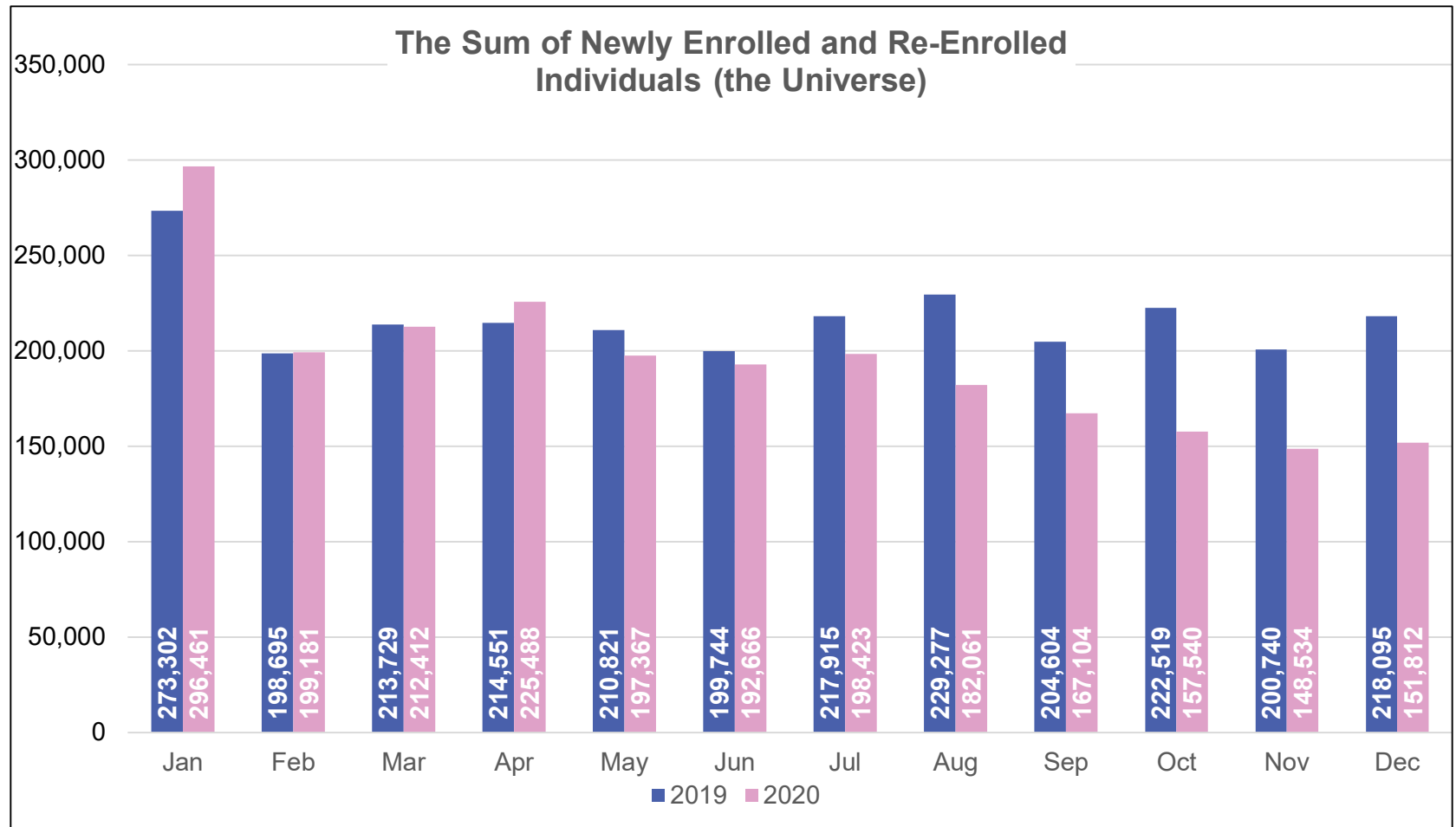
Data Source: Extracted from MIS/DSS on 15JAN2021; Data has been refreshed for the most recent 12 month period

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CHDP Gateway Individuals
(Children)

Monthly count of children entering the CHDP Gateway; and of those, how many were subsequently approved for Medi-Cal

Month	CHDP	CHDP to Medi-Cal
Jan-19	25,408	12,131
Feb-19	21,275	9,883
Mar-19	21,673	9,880
Apr-19	21,819	10,159
May-19	21,712	10,091
Jun-19	19,858	9,370
Jul-19	24,846	11,034
Aug-19	35,194	13,363
Sep-19	23,395	10,189
Oct-19	23,361	10,404
Nov-19	19,998	8,829
Dec-19	19,029	9,256
Jan-20	22,805	10,122
Feb-20	19,498	8,244
Mar-20	15,935	7,362
Apr-20	10,936	5,965
May-20	12,062	6,047
Jun-20	13,621	5,915
Jul-20	15,019	6,349
Aug-20	17,985	6,478
Sep-20	16,497	5,841
Oct-20	15,471	4,617
Nov-20	13,020	2,968
Dec-20	12,099	1,289

Legend: ■ CHDP ■ CHDP to Medi-Cal

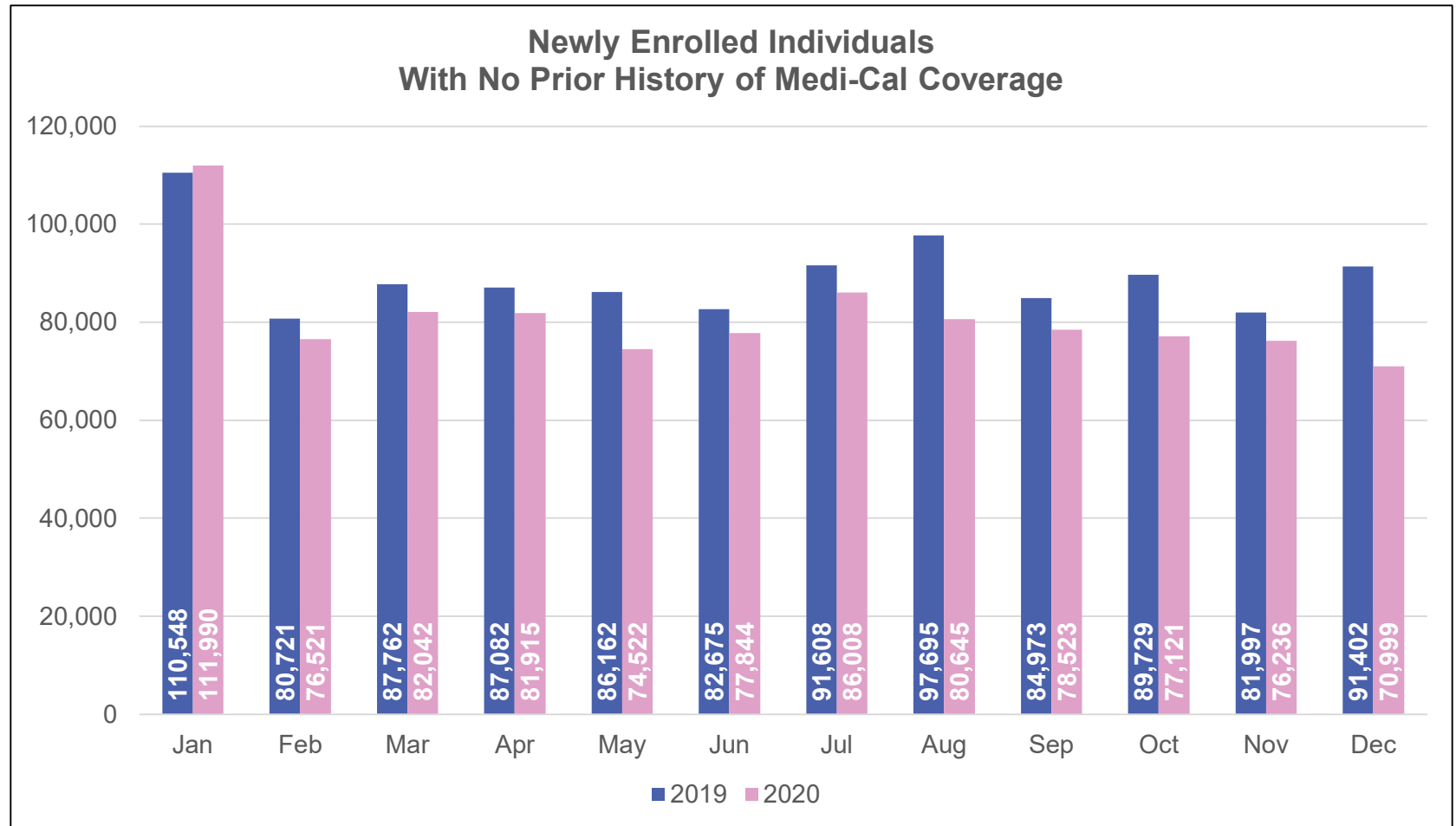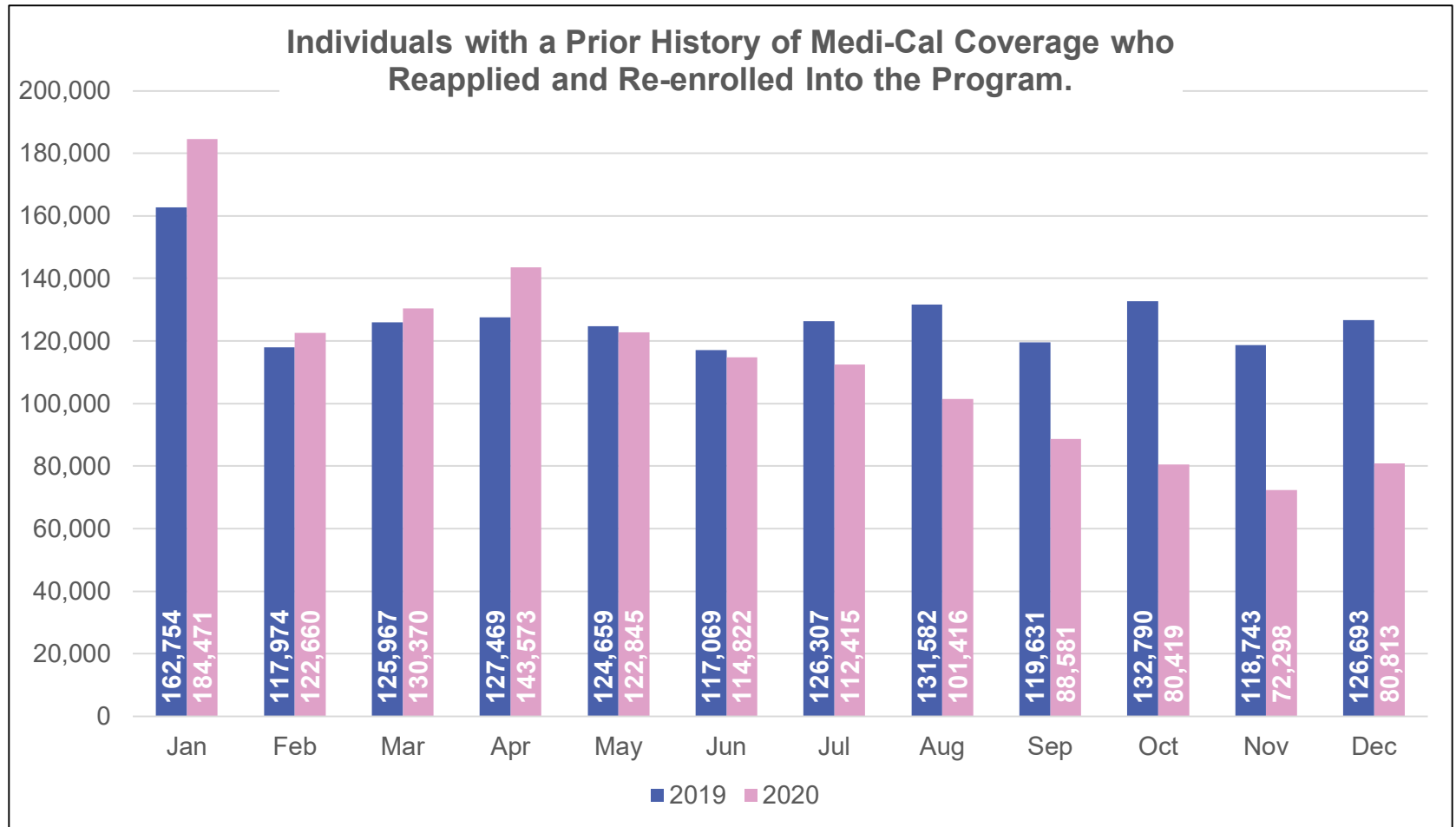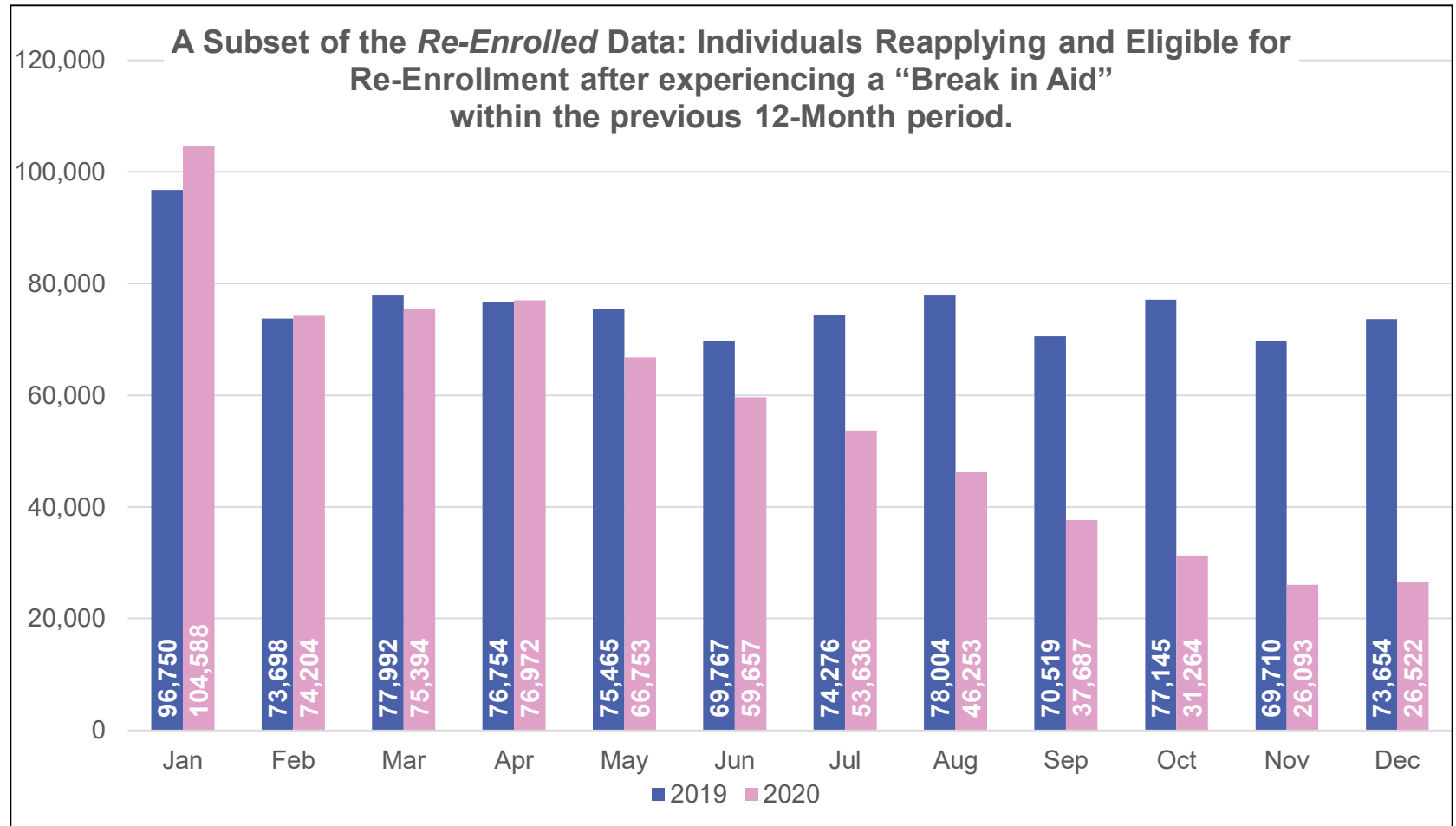Data Source: Extracted from MIS/DSS on 15JAN2021; Data has been refreshed for the most recent 12 month period

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PE4PW Individuals

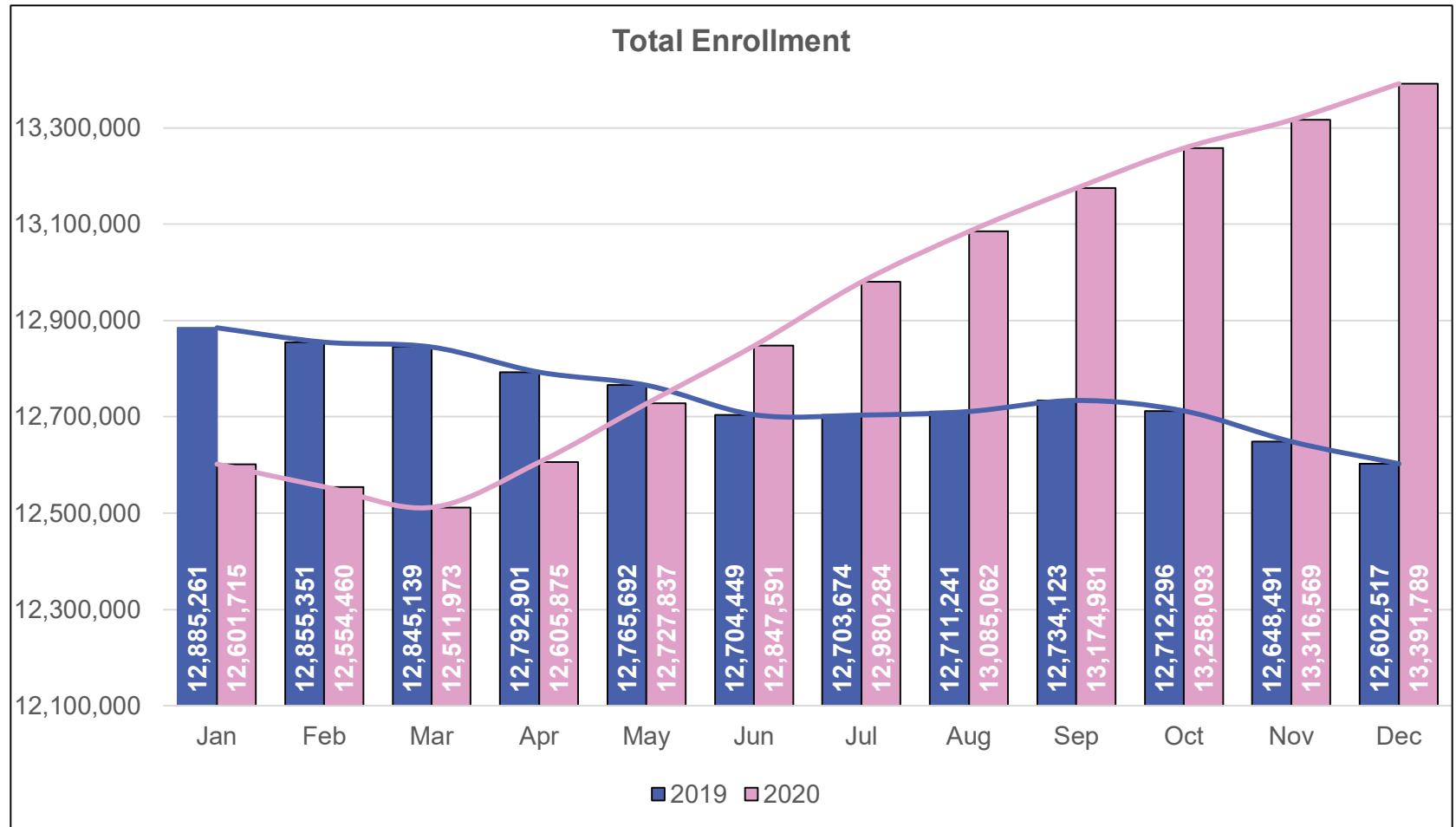

Monthly count of individuals entering the PE4PW program; and of those individuals, how many were subsequently approved for Medi-Cal

Month	PE4PW	PE4PW to Medi-Cal
Jan-19	8,376	2,796
Feb-19	6,795	2,180
Mar-19	7,308	2,422
Apr-19	7,611	2,542
May-19	7,636	2,486
Jun-19	7,296	2,321
Jul-19	7,812	2,560
Aug-19	7,449	2,472
Sep-19	7,105	2,208
Oct-19	7,498	2,414
Nov-19	6,752	2,153
Dec-19	7,607	2,346
Jan-20	8,615	2,962
Feb-20	7,250	2,361
Mar-20	7,038	2,245
Apr-20	6,505	2,094
May-20	6,012	1,874
Jun-20	5,593	1,673
Jul-20	6,071	1,800
Aug-20	5,063	1,420
Sep-20	5,499	1,408
Oct-20	5,426	1,176
Nov-20	4,915	722
Dec-20	5,425	270

Data Source: Extracted from MIS/DSS on 15JAN2021; Data has been refreshed for the most recent 12 month period

BCCTP PE Individuals

Monthly count of individuals entering the BCCTP PE program; and of those individuals, how many were subsequently approved for Medi-Cal

Legend: ■ BCCTP ■ BCCTP to Medi-Cal

Month	BCCTP	BCCTP to Medi-Cal
Jan-19	90	85
Feb-19	93	87
Mar-19	56	51
Apr-19	71	61
May-19	92	78
Jun-19	76	70
Jul-19	85	74
Aug-19	78	63
Sep-19	88	65
Oct-19	101	80
Nov-19	83	52
Dec-19	78	57
Jan-20	83	70
Feb-20	71	54
Mar-20	75	51
Apr-20	39	24
May-20	41	29
Jun-20	53	38
Jul-20	43	28
Aug-20	56	33
Sep-20	69	39
Oct-20	86	35
Nov-20	51	.
Dec-20	52	.

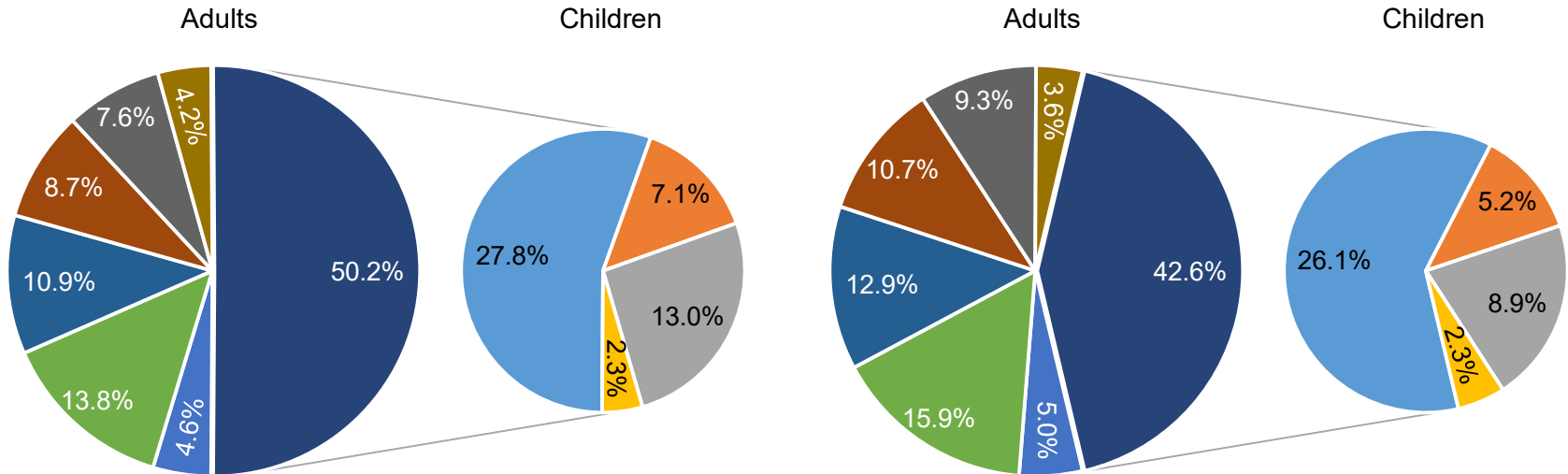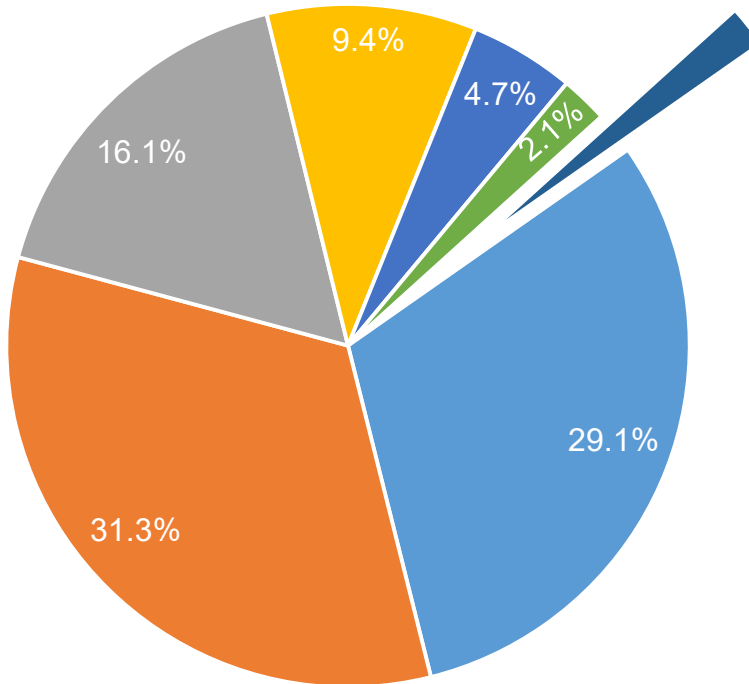Nov and Dec-20 BCCTP to Medi-Cal Suppressed for Small Numbers

Data Source: Extracted from MIS/DSS on 15JAN2021; Data has been refreshed for the most recent 12 month period

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Medi-Cal
New Enrollment Data

Medi-Cal New Enrollment Data includes the following cohorts:

Total NEW Enrollments - The sum of *Newly Enrolled* and *Re-Enrolled* individuals (the Universe).

Newly Enrolled - Individuals with no prior history of Medi-Cal coverage.

Re-Enrolled - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.

- Different from *Newly Enrolled*, these are individuals with a prior history of Medi-Cal coverage within the previous 15+ year period, but whose Medi-Cal was subsequently discontinued at some point in the past, thereby requiring the individual to reapply.

➢ **Re-Enrollment *Churn* (**A subset of *Re-Enrolled)* - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.

  - This subset of *Re-Enrolled* individuals have a prior history of Medi-Cal coverage within the previous 12 month period**,** but whose Medi-Cal was subsequently discontinued at some point in that 12 month period, thereby requiring the individual to reapply.
  - The methodology used to obtain the Churn data was refined on 10/14/2020.

Medi-Cal
New Enrollment Cohorts
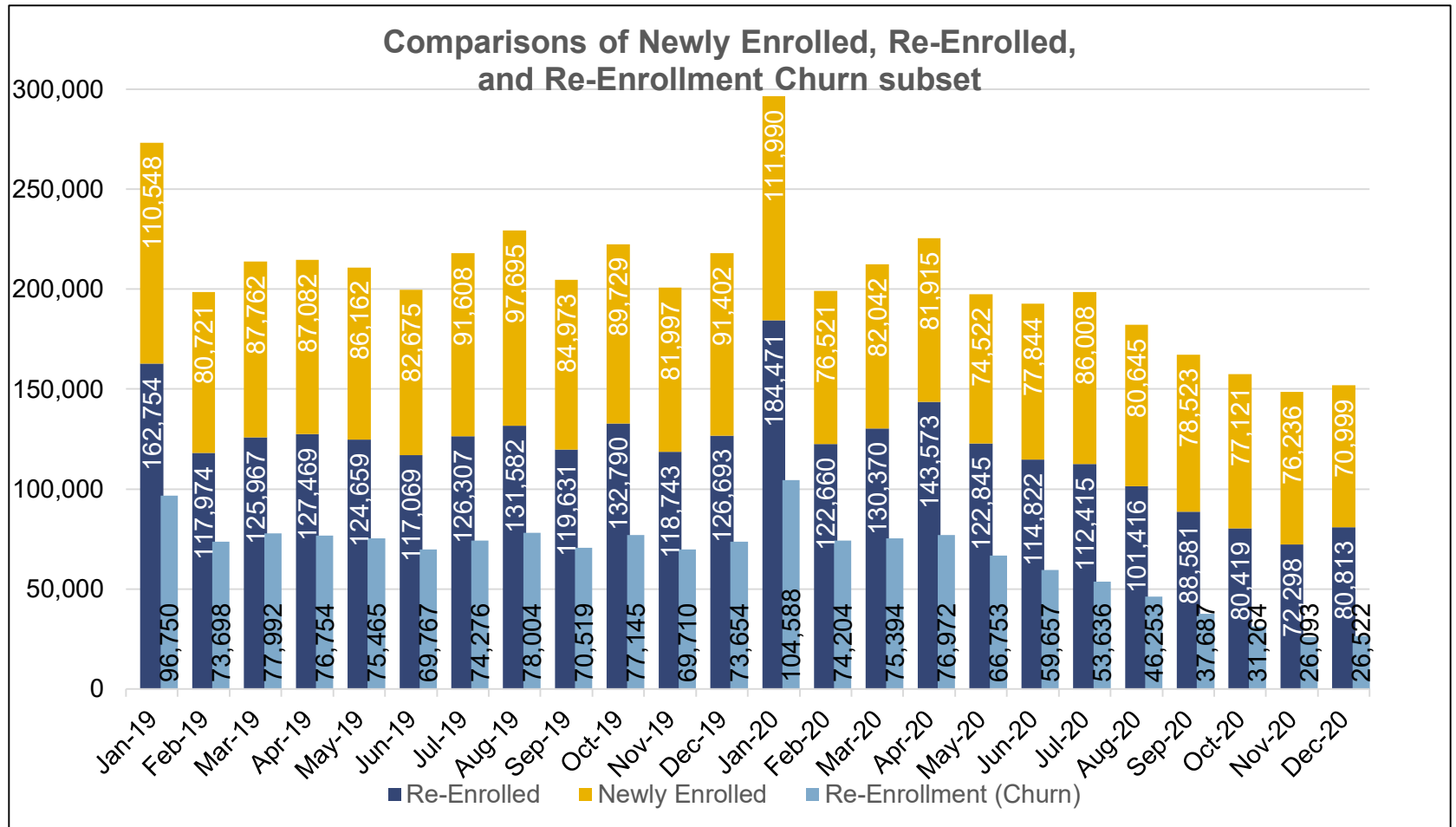
Comparisons of Newly Enrolled, Re-Enrolled, and Re-Enrollment Churn subset

Data Source: Extracted from MIS/DSS 14JAN2021; Data has been refreshed for the most recent 12 month period
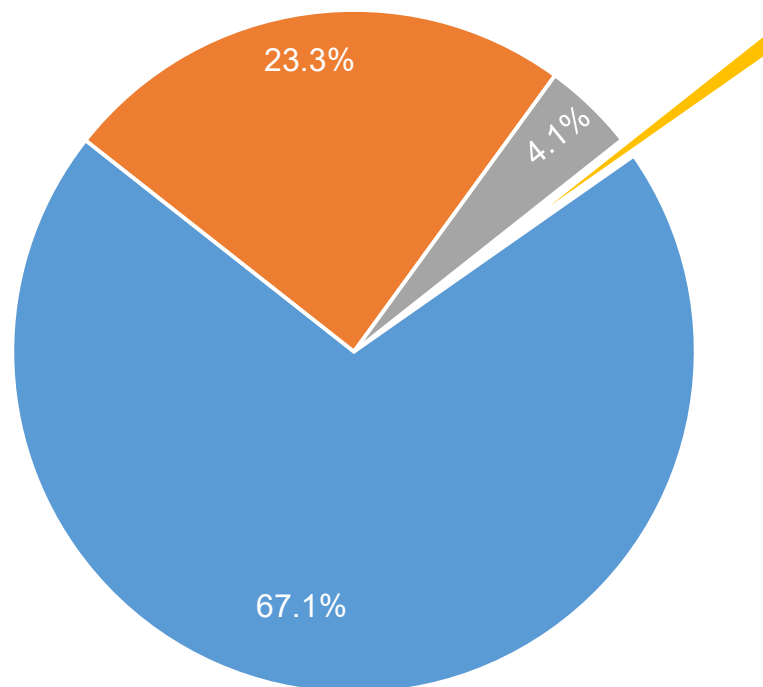
Medi-Cal
Total NEW Enrollments

The Sum of Newly Enrolled and Re-Enrolled Individuals (the Universe)

Month	2019	2020
Jan	273,302	296,461
Feb	198,695	199,181
Mar	213,729	212,412
Apr	214,551	225,488
May	210,821	197,367
Jun	199,744	192,666
Jul	217,915	198,423
Aug	229,277	182,061
Sep	204,604	167,104
Oct	222,519	157,540
Nov	200,740	148,534
Dec	218,095	151,812

Data Source: Extracted from MIS/DSS 14JAN2021; Data has been refreshed for the most recent 12 month period

Medi-Cal
Newly Enrolled

Newly Enrolled Individuals
With No Prior History of Medi-Cal Coverage

Month	2019	2020
Jan	110,548	111,990
Feb	80,721	76,521
Mar	87,762	82,042
Apr	87,082	81,915
May	86,162	74,522
Jun	82,675	77,844
Jul	91,608	86,008
Aug	97,695	80,645
Sep	84,973	78,523
Oct	89,729	77,121
Nov	81,997	76,236
Dec	91,402	70,999

Data Source: Extracted from MIS/DSS 14JAN2021; Data has been refreshed for the most recent 12 month period

Medi-Cal Re-Enrolled

Individuals with a Prior History of Medi-Cal Coverage who Reapplied and Re-enrolled Into the Program.

Month	2019	2020
Jan	162,754	184,471
Feb	117,974	122,660
Mar	125,967	130,370
Apr	127,469	143,573
May	124,659	122,845
Jun	117,069	114,822
Jul	126,307	112,415
Aug	131,582	101,416
Sep	119,631	88,581
Oct	132,790	80,419
Nov	118,743	72,298
Dec	126,693	80,813

Data Source: Extracted from MIS/DSS 14JAN2021; Data has been refreshed for the most recent 12 month period

Medi-Cal Re-Enrollment Churn

A Subset of the *Re-Enrolled* Data: Individuals Reapplying and Eligible for Re-Enrollment after experiencing a "Break in Aid" within the previous 12-Month period.

Month	2019	2020
Jan	96,750	104,588
Feb	73,698	74,204
Mar	77,992	75,394
Apr	76,754	76,972
May	75,465	66,753
Jun	69,767	59,657
Jul	74,276	53,636
Aug	78,004	46,253
Sep	70,519	37,687
Oct	77,145	31,264
Nov	69,710	26,093
Dec	73,654	26,522

Data Source: Extracted from MIS/DSS 14JAN2021; Data has been refreshed for the most recent 12 month period

Medi-Cal
TOTAL Enrollment

Total Enrollment

Month	2019	2020
Jan	12,885,261	12,601,715
Feb	12,855,351	12,554,460
Mar	12,845,139	12,511,973
Apr	12,792,901	12,605,875
May	12,765,692	12,727,837
Jun	12,704,449	12,847,591
Jul	12,703,674	12,980,284
Aug	12,711,241	13,085,062
Sep	12,734,123	13,174,981
Oct	12,712,296	13,258,093
Nov	12,648,491	13,316,569
Dec	12,602,517	13,391,789

■2019 ■2020

Data Source: Extracted from MIS/DSS 15JAN2021 *December 2020 Data is Preliminary

All presented data between 12/2019 and 11/2020 in this report have been updated as of 12/07/2020. The presented eligible counts are subject to change due to delays in Medi-Cal eligibility data updates. Eligibility counts for a specific month are considered complete for statistical reporting purposes 12 months after the month's end.

Medi-Cal New Enrollments Female by Age

DHCS

Jan - Dec 2019 - Female 541,663

Jan - Dec 2020 - Female 482,962
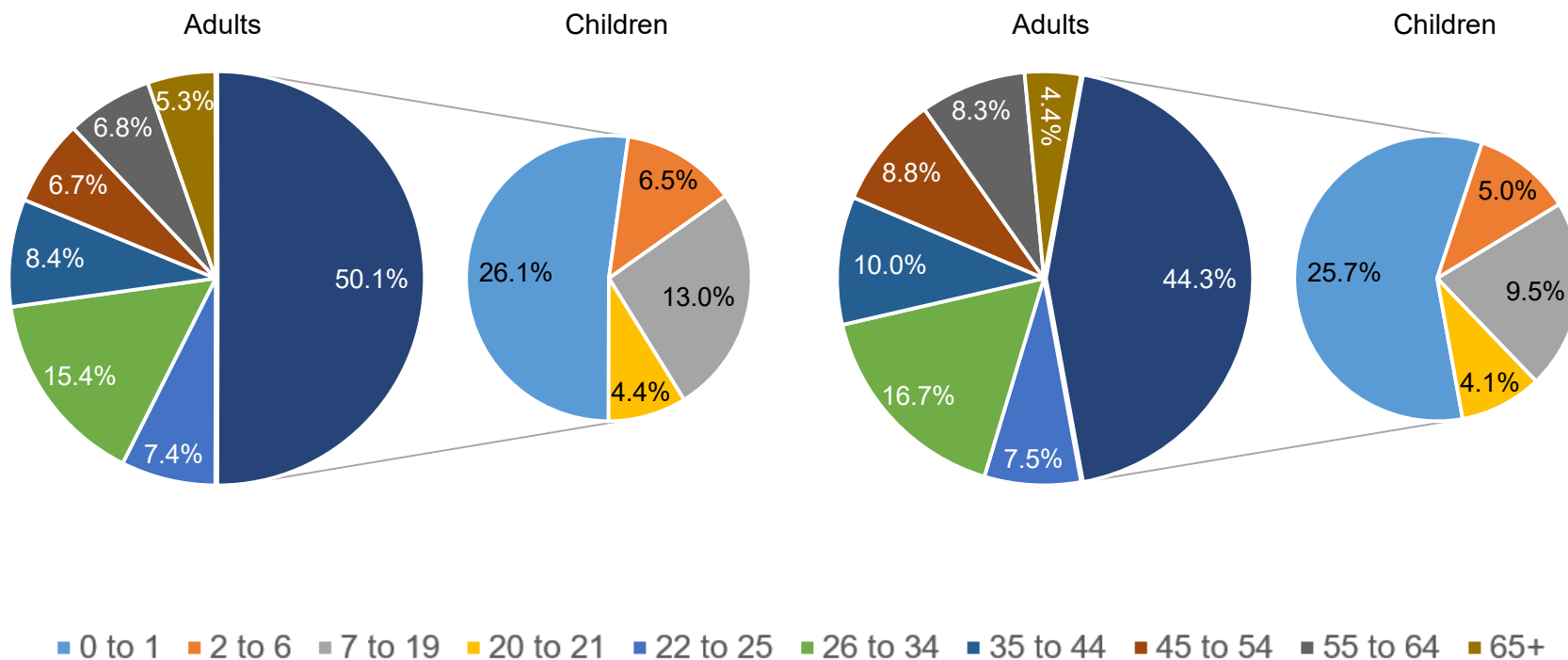
Adults

Children

Adults

Children

2019 Adults: 5.3%, 6.8%, 6.7%, 8.4%, 15.4%, 7.4%, 50.1%

2019 Children: 6.5%, 13.0%, 4.4%, 26.1%

2020 Adults: 4.4%, 8.3%, 8.8%, 10.0%, 16.7%, 7.5%, 44.3%

2020 Children: 5.0%, 9.5%, 4.1%, 25.7%

Legend: ■ 0 to 1 ■ 2 to 6 ■ 7 to 19 ■ 20 to 21 ■ 22 to 25 ■ 26 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65+

Data Source: Extracted from MIS/DSS on 14JAN2021; Data has been refreshed for the most recent 12 month period

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Medi-Cal New Enrollments Male by Age

Jan - Dec 2019 - Male 532,464

Jan - Dec 2020 - Male 491,404

Adults

Children

Adults

Children

2019 Adults:
- 50.2%
- 4.6%
- 13.8%
- 10.9%
- 8.7%
- 7.6%
- 4.2%

2019 Children:
- 27.8%
- 7.1%
- 13.0%
- 2.3%

2020 Adults:
- 42.6%
- 5.0%
- 15.9%
- 12.9%
- 10.7%
- 9.3%
- 3.6%

2020 Children:
- 26.1%
- 5.2%
- 8.9%
- 2.3%

Legend: ■ 0 to 1 ■ 2 to 6 ■ 7 to 19 ■ 20 to 21 ■ 22 to 25 ■ 26 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65+

Data Source: Extracted from MIS/DSS on 14JAN2021; Data has been refreshed for the most recent 12 month period

Medi-Cal New Enrollments Ethnicity

Jan - Dec 2019 Total 1,074,127

1.9% Filipino is the largest of the remaining ethnicities

16.1%
9.4%
4.7%
2.1%
29.1%
31.3%

Jan - Dec 2020 Total 974,366

1.8% Filipino is the largest of the remaining ethnicities

16.5%
10.2%
3.8%
2.1%
35.1%
25.6%
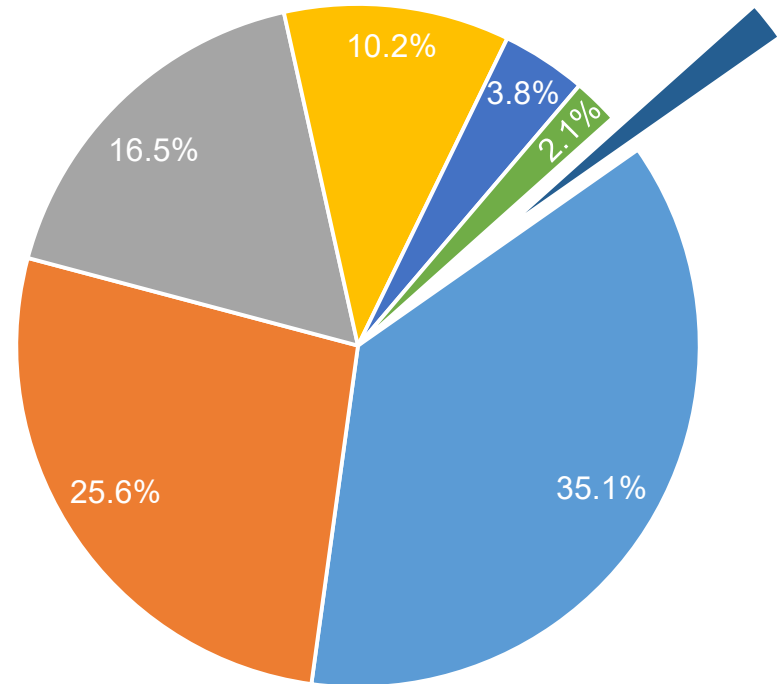
Legend: Not Reported, Hispanic, White, Other, Black, Chinese, Filipino

Data Source: Extracted from MIS/DSS on 14JAN2021; Data has been refreshed for the most recent 12 month period

Medi-Cal New Enrollments Primary Written Language

Jan - Dec 2019 Total 1,074,127

1.2% Vietnamese is the largest of the remaining languages

27.5%

2.2%

64.0%
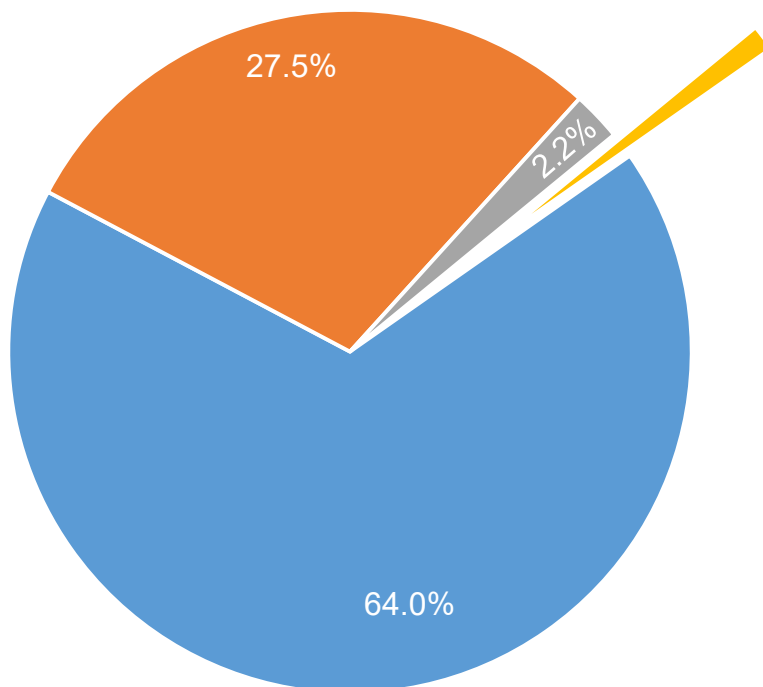
Jan - Dec 2020 Total 974,366

0.9% Vietnamese is the largest of the remaining languages

23.3%

4.1%

67.1%

■ English ■ Spanish ■ Not Reported ■ Vietnamese

Data Source: Extracted from MIS/DSS on 14JAN2021; Data has been refreshed for the most recent 12 month period

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Continuous Medi-Cal Coverage Through the Public Health Emergency

- To ensure Californians continued to receive Medi-Cal health coverage during the public health emergency (PHE), per Executive Orders N-29-20 and N-71-20, DHCS issued guidance directing counties to delay the processing of Medi-Cal annual renewals, and to defer discontinuances and negative actions, effective March 16, 2020, through the duration of the PHE.

- Exceptions to the moratorium on discontinuances/ negative actions are:
  - voluntary requests for discontinuance,
  - death of a beneficiary, or
  - individuals who move out of state.

Medi-Cal Reinstatements During COVID-19 Public Health Emergency

- DHCS, working collaboratively with the SAWS and counties, are continually working to identify individuals who have been inadvertently discontinued, and have their eligibility restored each month.
  - The identified cases targeted for restoration take into consideration the legitimate discontinuances that are allowed during the PHE.
  - To date, approximately 131,000 individuals were restored back into coverage since the beginning of the COVID-19 PHE, as a result of the reinstatement effort.

- Beginning with the November 2020 benefit month, DHCS worked with SAWS and Counties to identify <u>in advance</u> any cases slated for discontinuance.
  - ***Due to this early identification effort, individuals scheduled for discontinuance, November 2020 benefit month forward, have been retained in coverage without a break in aid.***

Note: *Medi-Cal Total Enrollment* data reflected in this presentation includes all individuals restored back into coverage for the reported months.

COVID-19 Uninsured Group

- COVID-19 Uninsured Coverage Group (aka COVID-19 PE):
  - For uninsured individuals
  - Services limited to medically necessary COVID-19 testing, testing-related, and treatment services
  - 12-month enrollment period or end of public health emergency, whichever comes later

- COVID-19 Uninsured Application Pathways:

  All PE Qualified Providers, including:
  - Hospital PE
  - Child Health and Disability Prevention Gateway
  - PE for Pregnant Women

- COVID-19 Uninsured Enrollments as of 1/25/2021: 92,814

COVID-19 Dashboard

Understanding the Impact of COVID-19 on Medi-Cal Beneficiaries

- DHCS is performing analysis and developing dashboards that will monitor the impact of COVID-19

- Focus areas for utilization of services:

  ✓ COVID-19 cases, hospitalizations, and testing

  ✓ Utilization of services prior to and during the pandemic

Data Analysis Caveats

- Data presented is for all Medi-Cal beneficiaries

- Age is based on the Medi-Cal eligibility data at the time of the service

- Stratifications by sex, race/ethnicity, and delivery system are based on all claims to date for calendar year 2020

- Reporting is based on claims and encounter data received from providers and managed care plans

- Additional measures and reporting are in process beyond those being shared today

Data Completeness Considerations

- Data is preliminary and will continue to change and be updated

- The time between date of service and when DHCS receives fee-for-service claims, managed care encounters, and specialty mental health claims varies

- Since providers payment is incumbent on claims being submitted within six months of the date of service, majority of data is received within six months

- While most data is received within 3 to 6 months of date of service, data may be received up to 6 to 12 months after services are delivered

- The most recent months of data are not presented as there is insufficient reporting (also called claim lag) to show current trends

COVID-19 Confirmed Cases

- Total number of beneficiaries with a COVID-19 diagnosis

- Beneficiaries are counted once

- ICD-10 codes are used to identify COVID-19 cases on claims or encounters:

  – B97.29 - other coronavirus as the cause of diseases classified elsewhere (Used for cases before April 1, 2020)

  – U07.1 - 2019 Novel Coronavirus, COVID-19 (Used to identify cases after April 1, 2020)

- Data source:

  – DHCS MIS/DSS Claims and Eligibility Data

  – California Open Data Portal

COVID-19 Confirmed Cases
New cases monthly in California compared to cases in Medi-Cal per 100,000 population
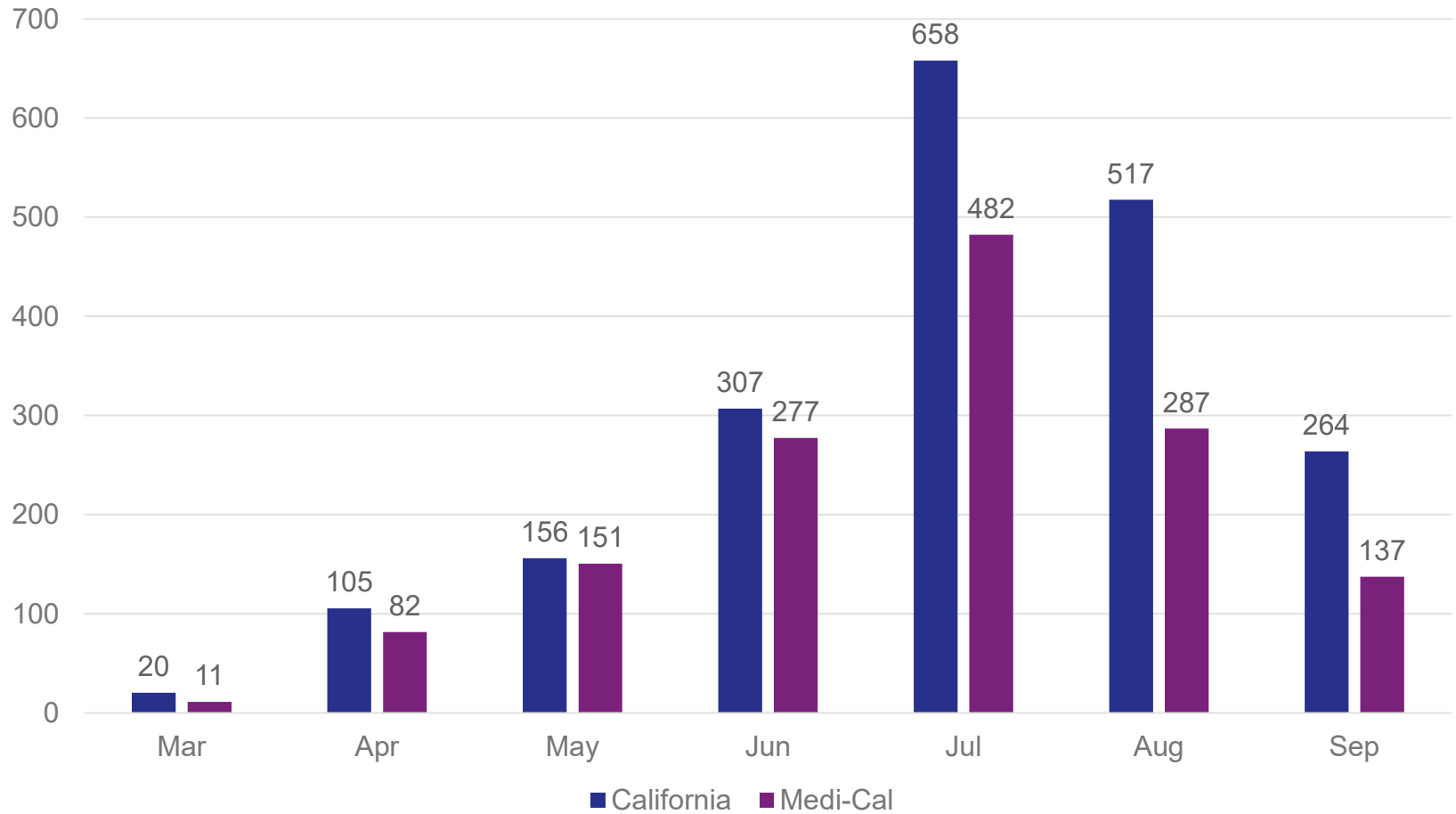
Preliminary Data as of 01/2021

COVID-19 Confirmed Cases

Cases in Medi-Cal by Age Group per 100,000 beneficiaries through March-September 2020
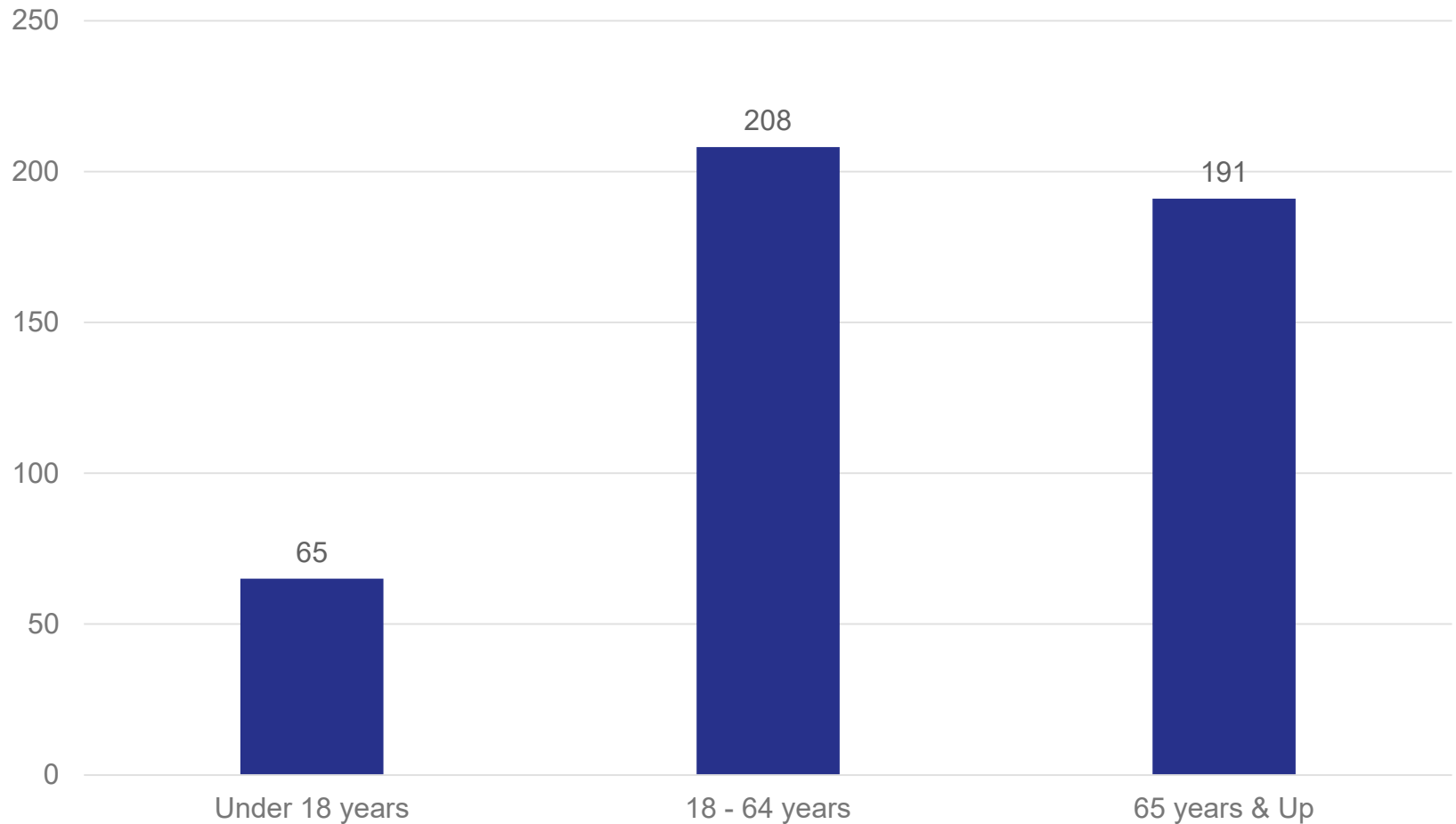
Preliminary Data as of 01/2021

COVID-19 Confirmed Cases

Cases in Medi-Cal by Race/Ethnicity per 100,000 beneficiaries through March-September 2020
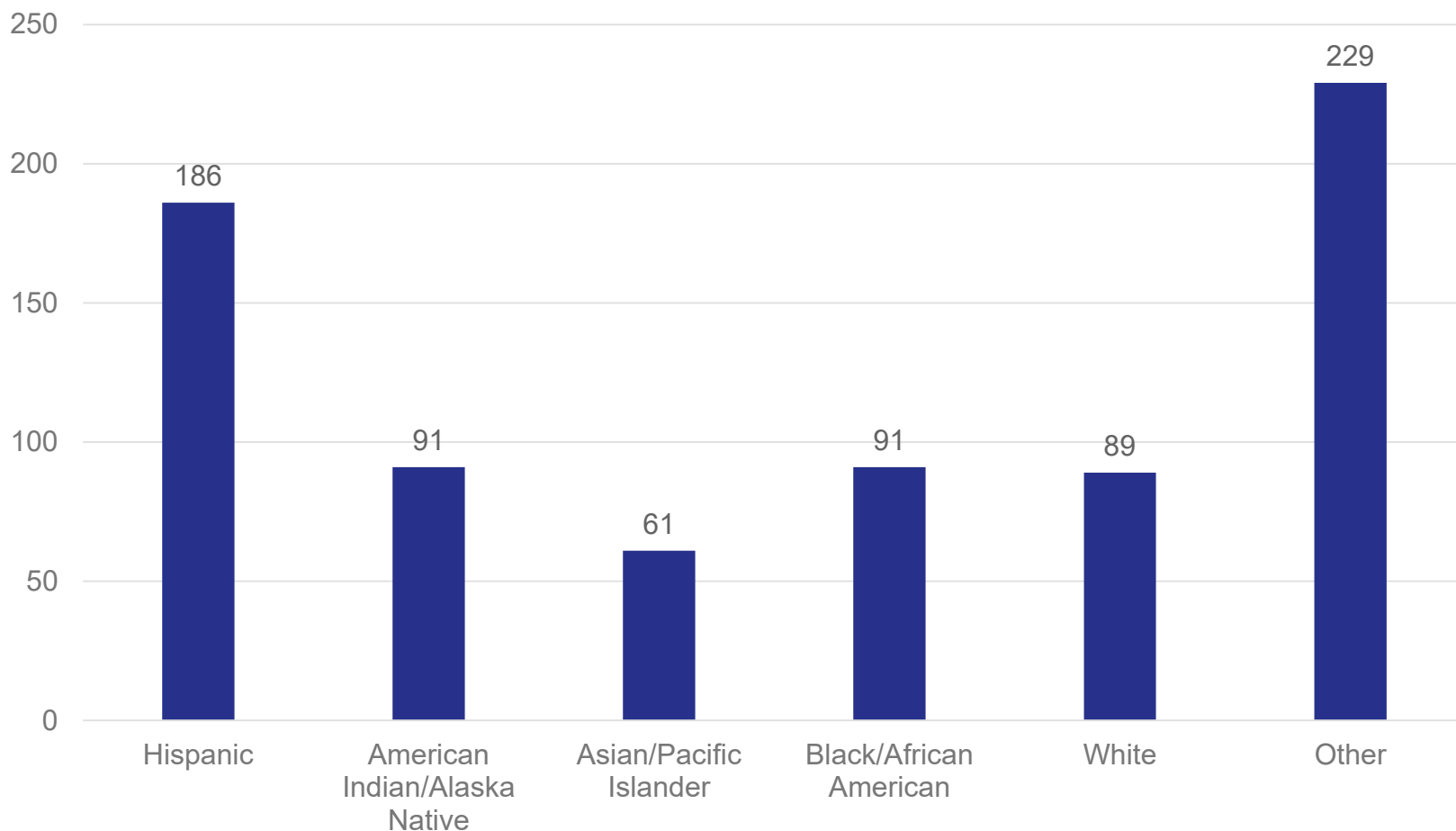
Preliminary Data as of 01/2021

COVID-19 Confirmed Cases

Cases in Medi-Cal by Delivery System per 100,000 beneficiaries through March-September 2020
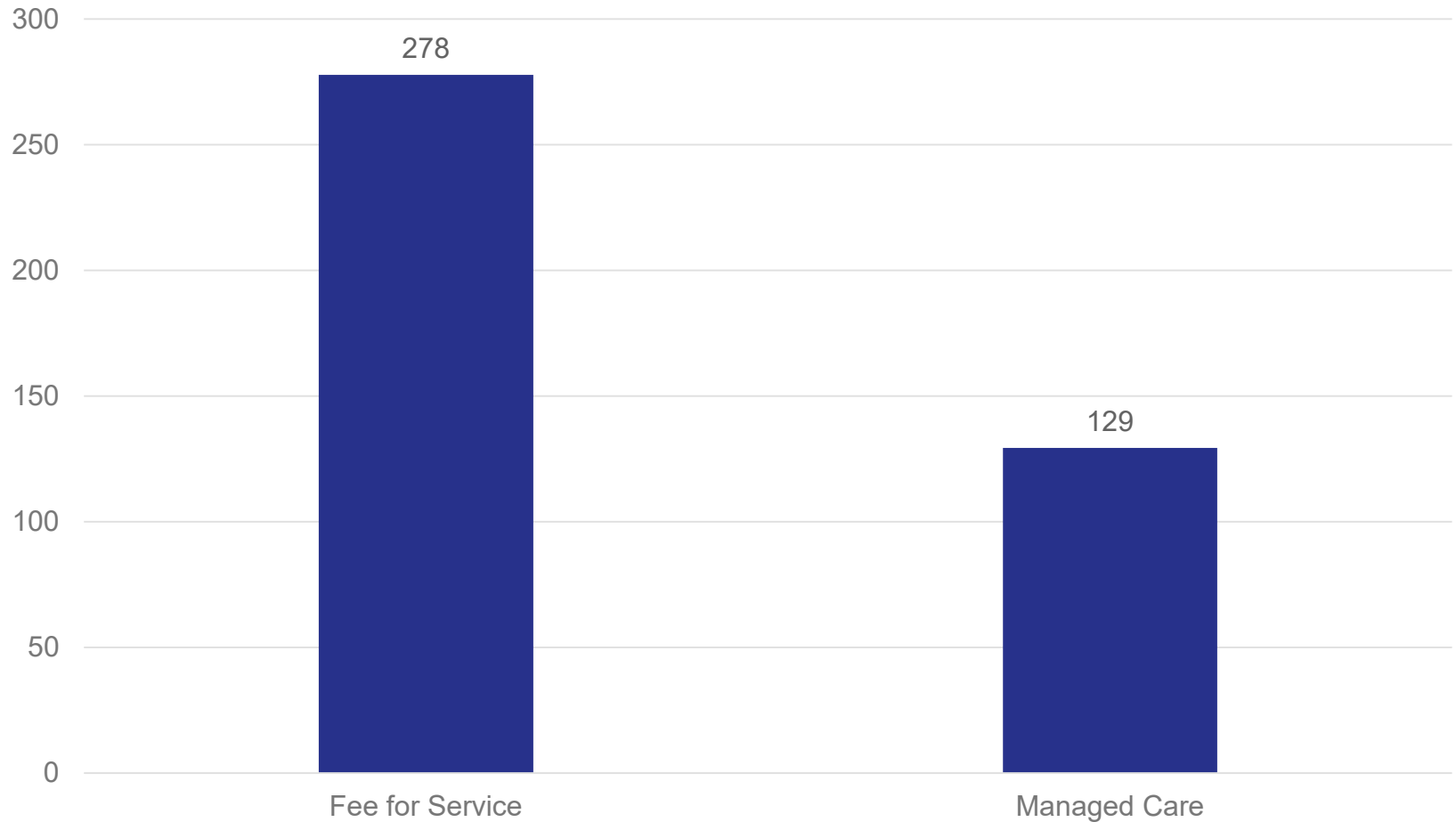
Preliminary Data as of 01/2021

COVID-19 Hospitalization

- Hospitalizations are presented in the following ways

  - COVID-19 diagnosis (on claim)

  - All hospitalizations (COVID-19 and non-COVID-19) comparing calendar year 2019 (Pre-COVID) to calendar year 2020

- Unique inpatient stays were defined by unique combination of beneficiary and service date

- Data Source:

  - DHCS MIS/DSS Claims and Eligibility Data

Hospitalizations
All hospitalizations in Medi-Cal in 2019 compared to 2020 compared to hospitalizations with a COVID-19 diagnosis in Medi-Cal per 100,000 beneficiaries
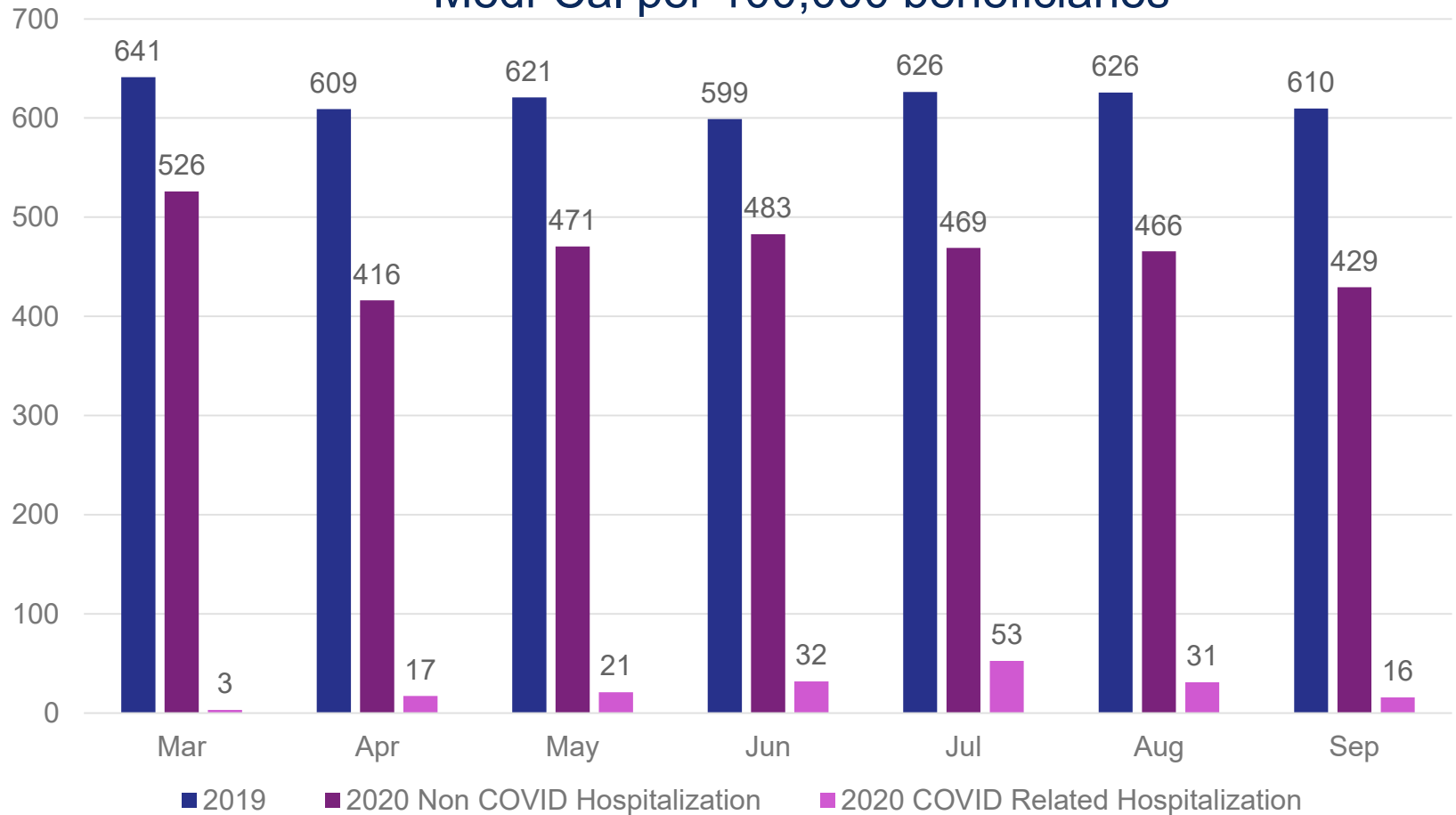
	2019	2020 Non COVID Hospitalization	2020 COVID Related Hospitalization
Mar	641	526	3
Apr	609	416	17
May	621	471	21
Jun	599	483	32
Jul	626	469	53
Aug	626	466	31
Sep	610	429	16

Preliminary Data as of 01/2021

COVID-19 Hospitalizations

Hospitalizations per 100,000 beneficiaries by Age Group through March-September 2020
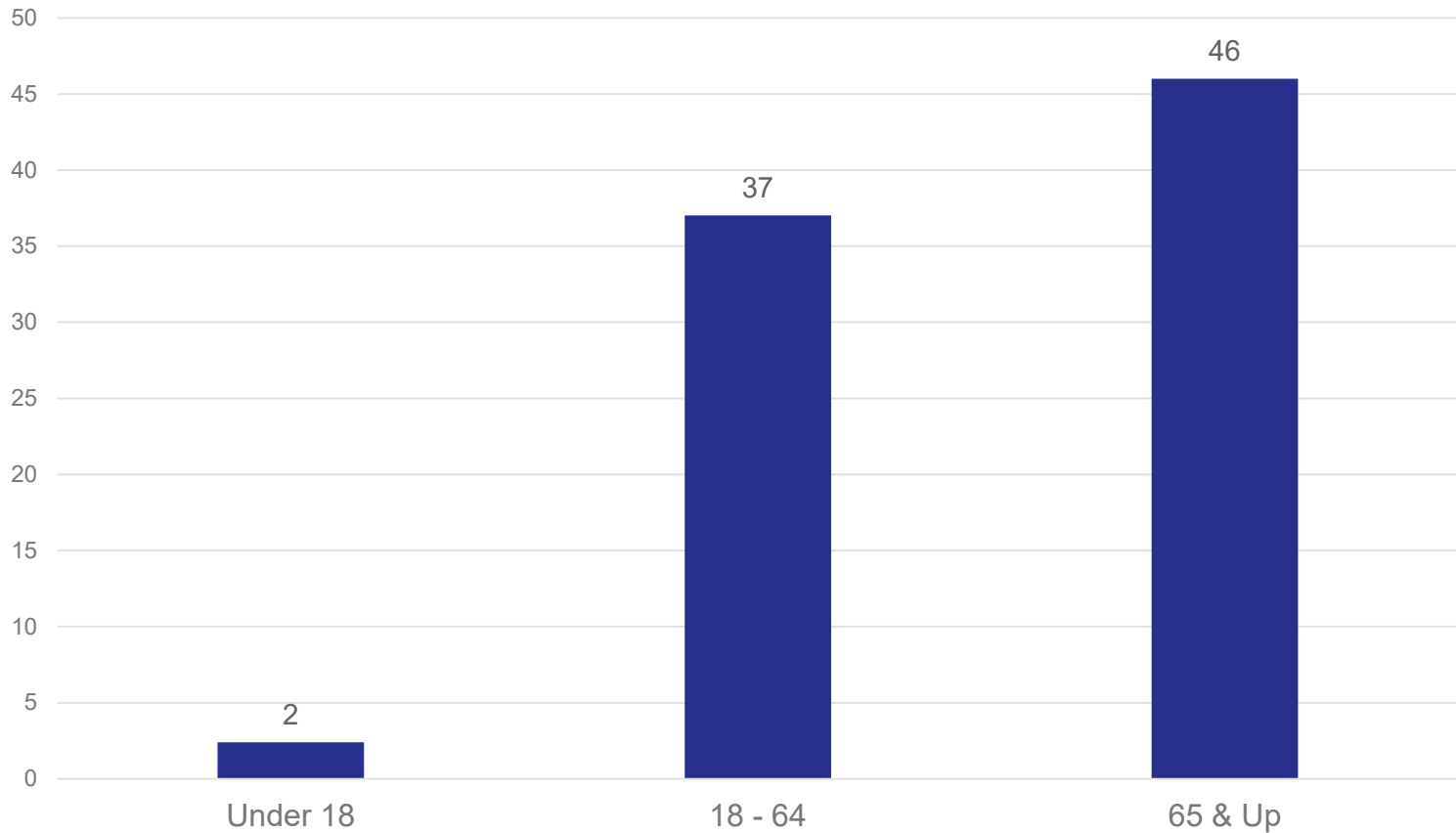
Preliminary Data as of 01/2021

COVID-19 Hospitalizations
Hospitalizations per 100,000 beneficiaries by Race/Ethnicity through March-September 2020
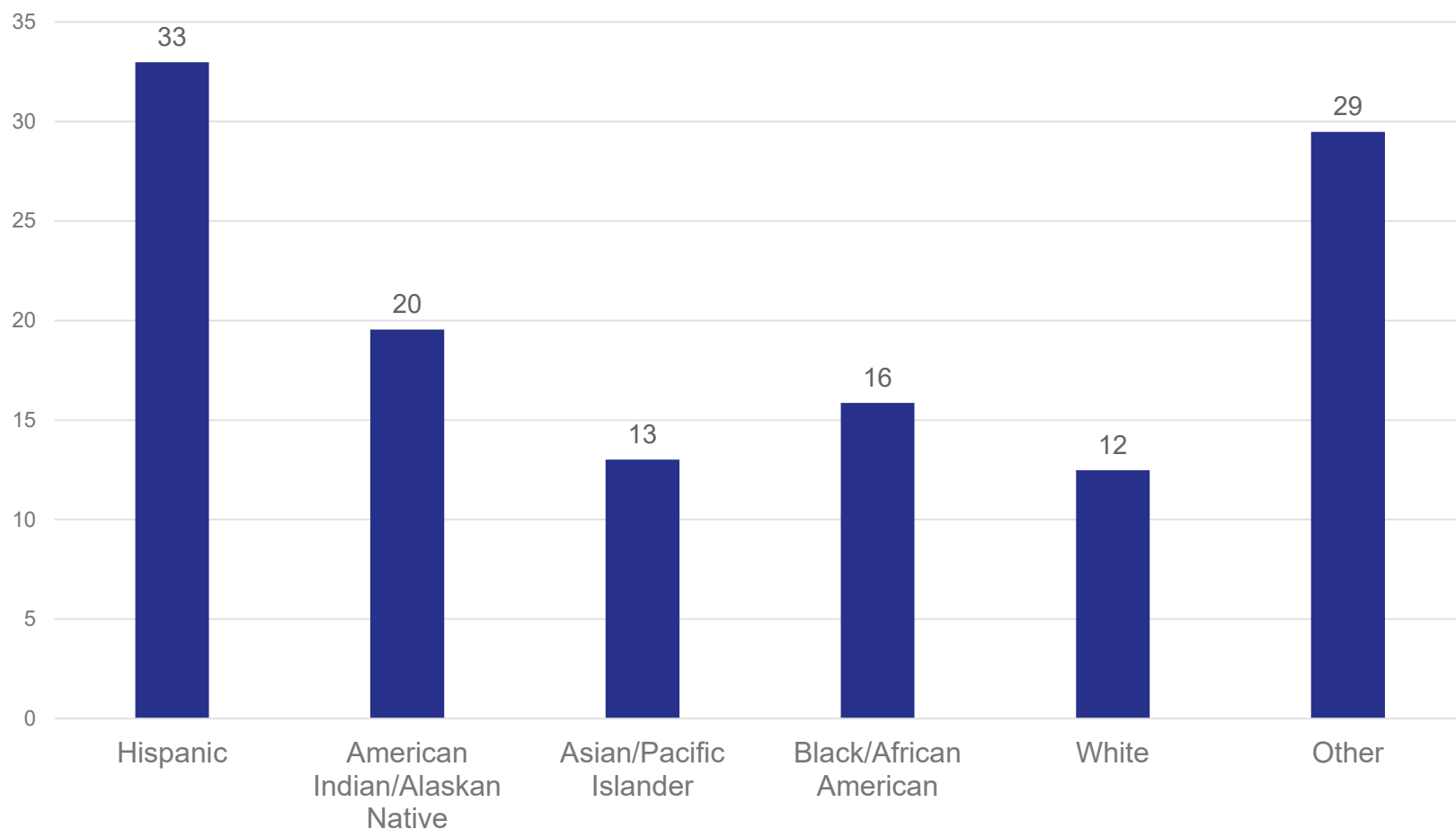
Preliminary Data as of 01/2021

COVID-19 Testing

- Total number of tests by month for beneficiaries who have been tested for COVID-19

- Data represent totals of tests (claims), not individual people

- Tests can be antigen or antibody based. Specific codes used for identification of Medi-Cal tests included but are not limited to U0001-4, 87635, 87426, 0202U, 0224U, 86328 and 86769

- Data does not represent test results or positivity status

- Data source:
  - Medi-Cal: DHCS MIS/DSS Claims and Eligibility Data
  - All Cases: CDPH CalREDIE, California Open Data Portal

COVID-19 Testing
Total testing in California compared to testing in Medi-Cal per 100,000 population
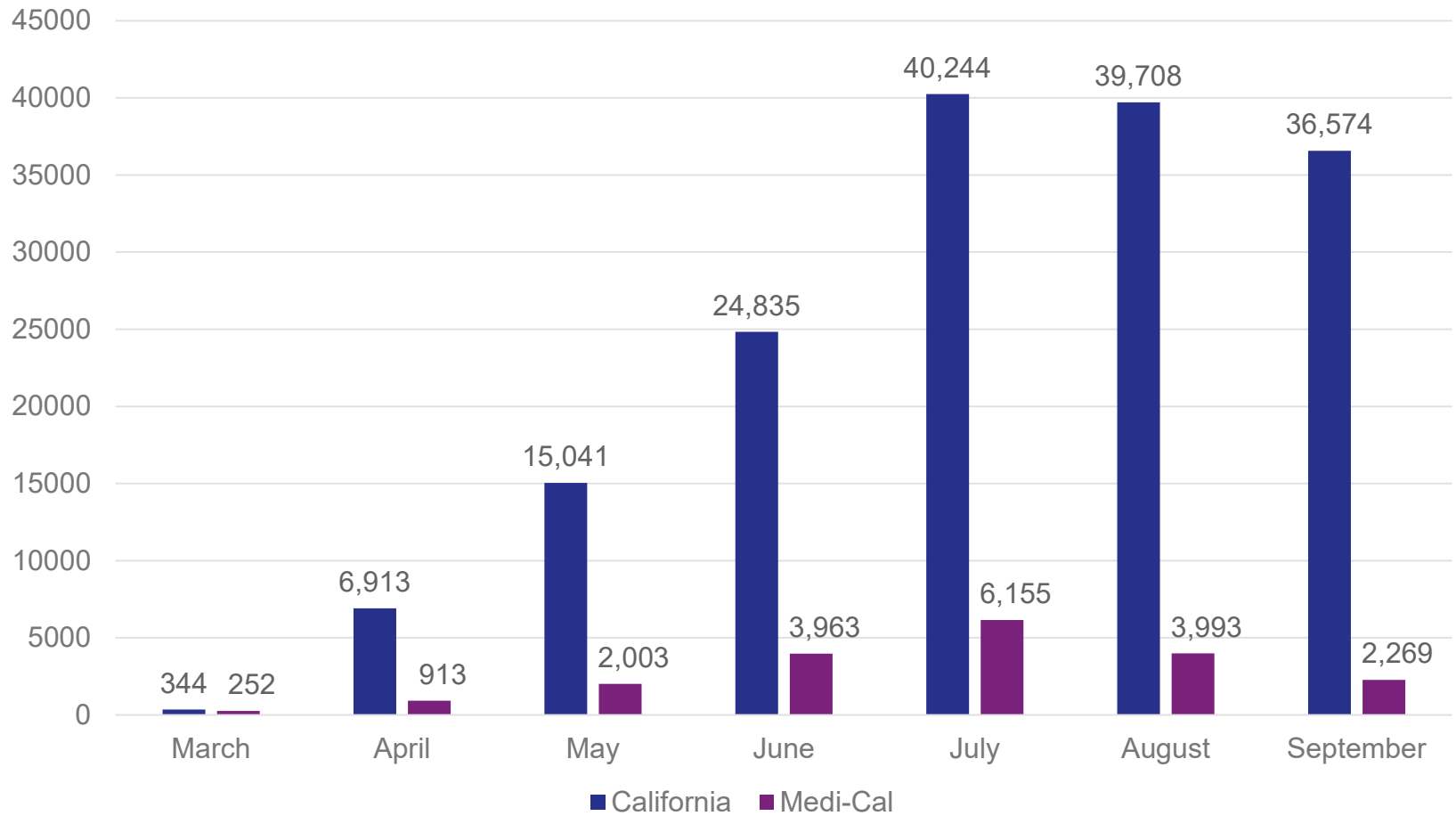
Preliminary Data as of 01/2021

COVID-19 Testing
Testing per 100,000 beneficiaries by Sex through March-September 2020
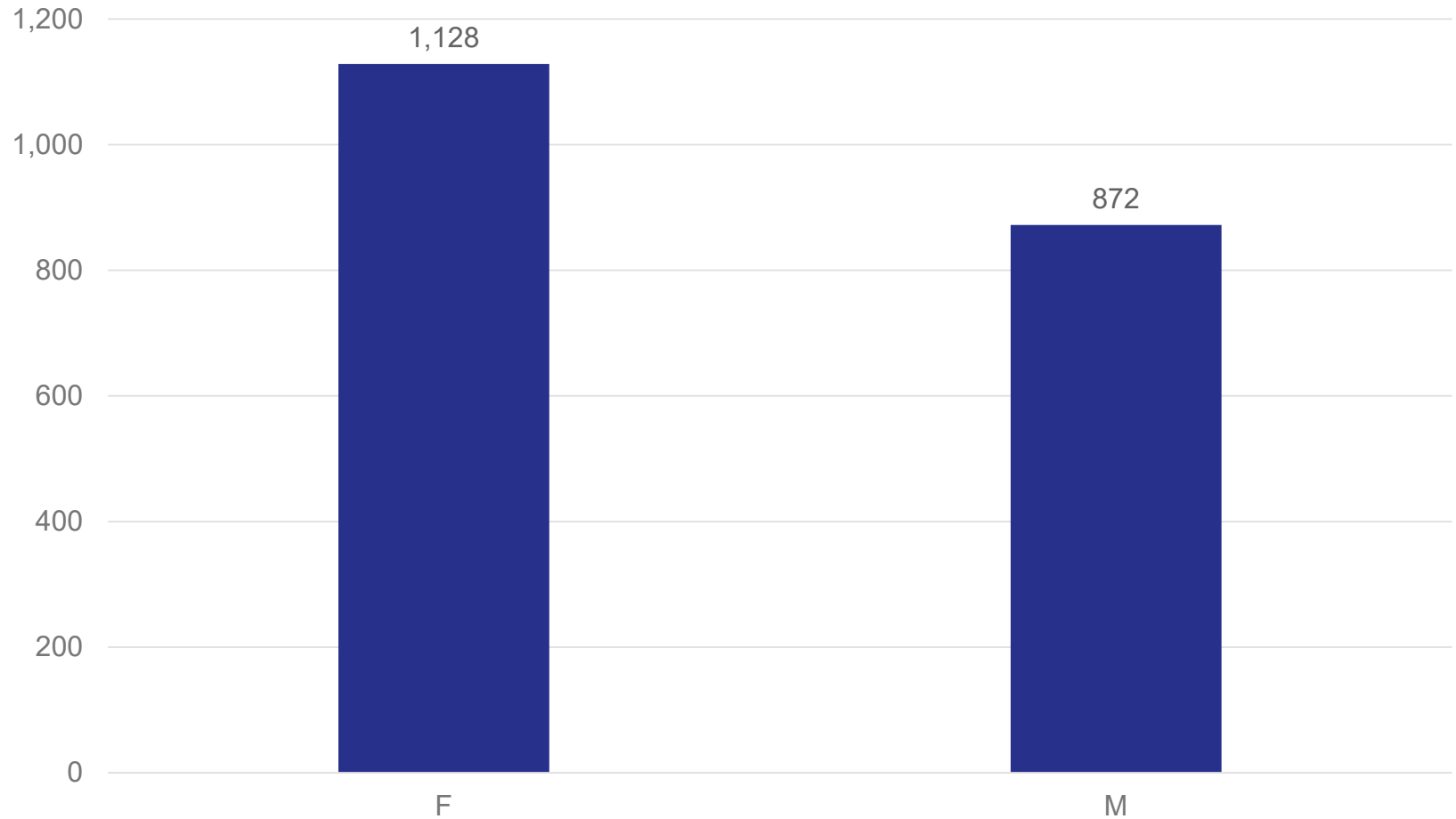
Preliminary Data as of 01/2021

COVID-19 Testing
Testing per 100,000 beneficiaries by Age Group through March-September 2020

Preliminary Data as of 01/2021

COVID-19 Testing
Testing per 100,000 beneficiaries by Race/Ethnicity through March-September 2020

Preliminary Data as of 01/2021

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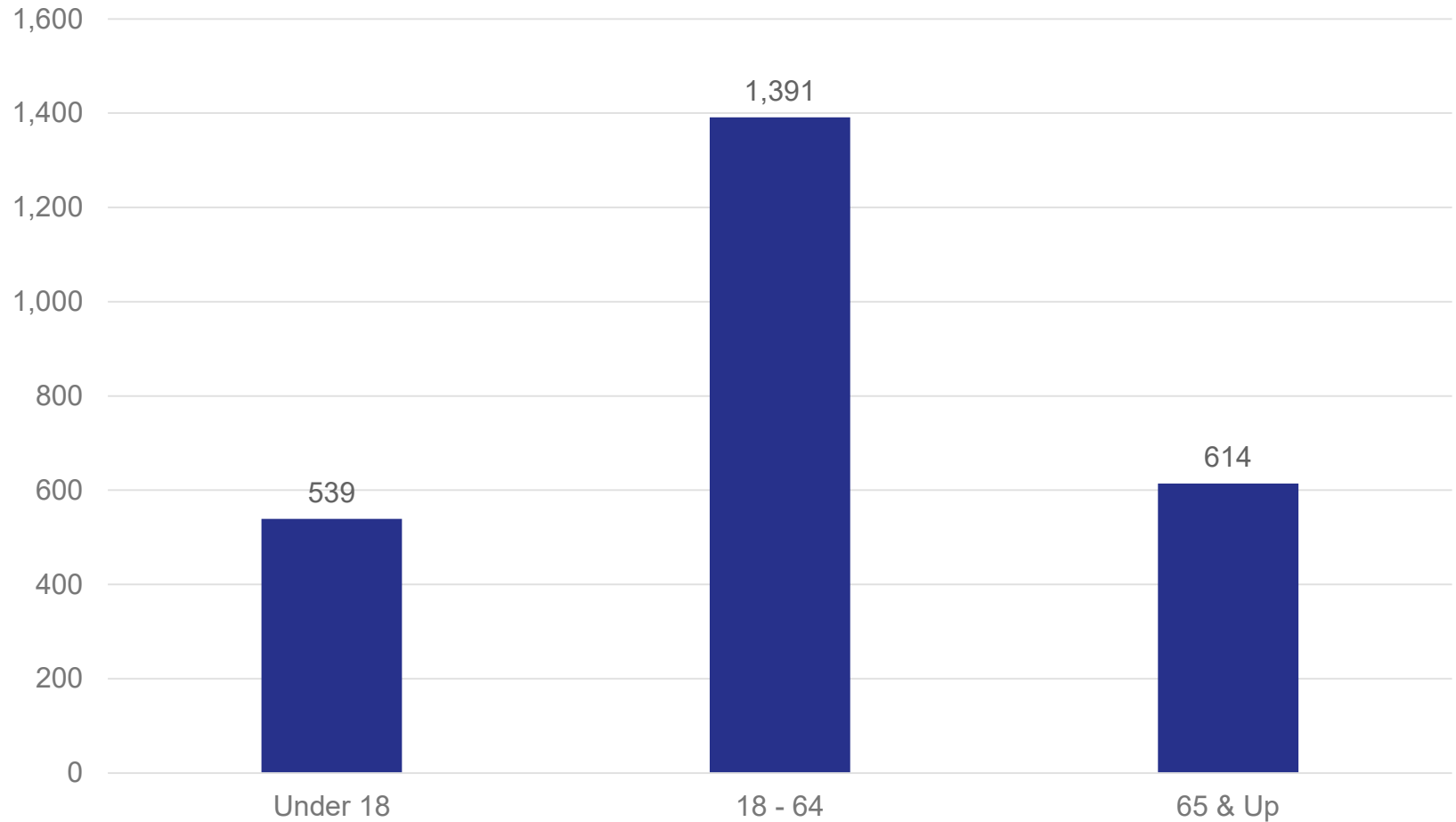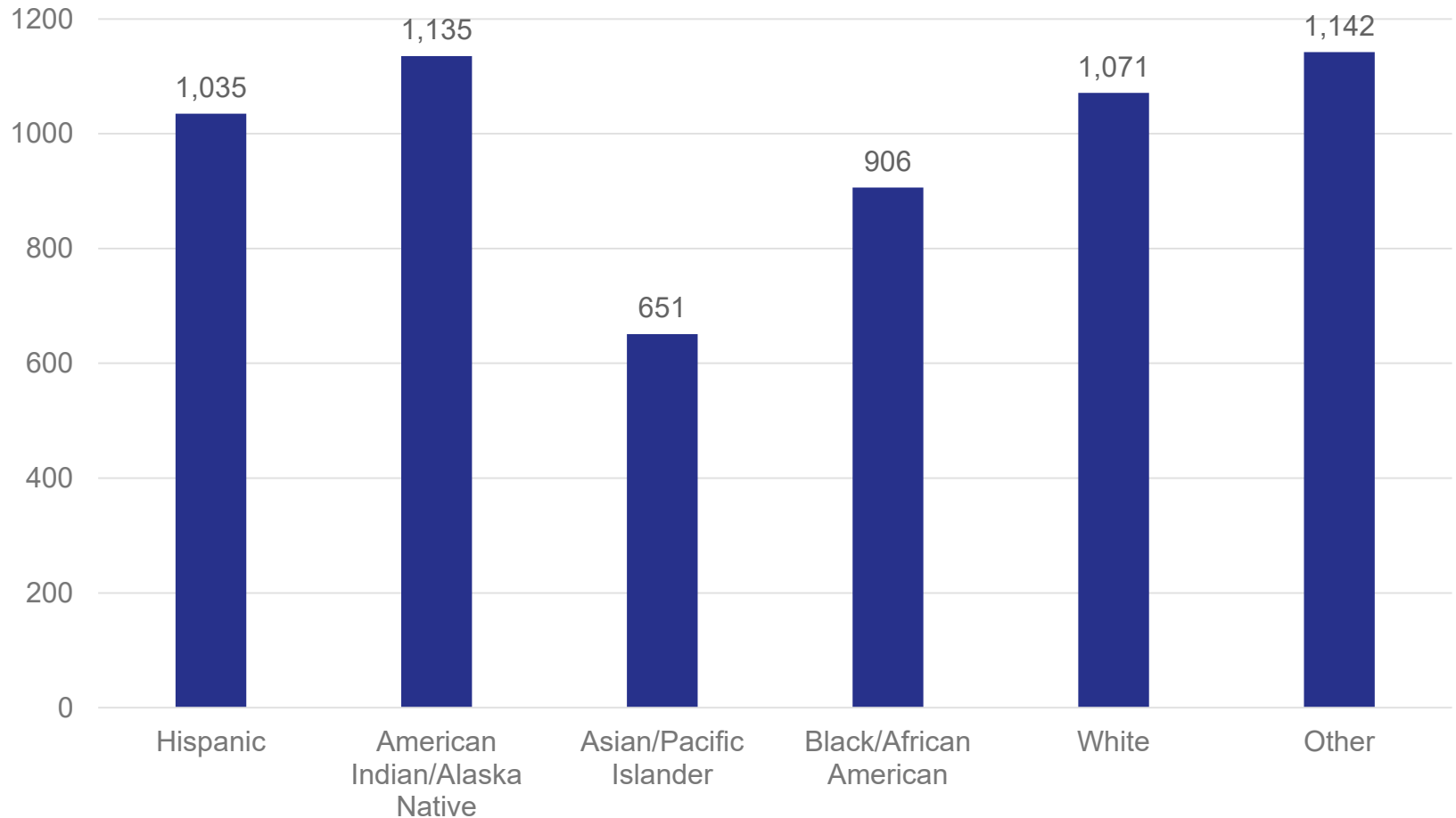
COVID-19 Testing

Testing per 100,000 beneficiaries by Delivery System through March-September 2020
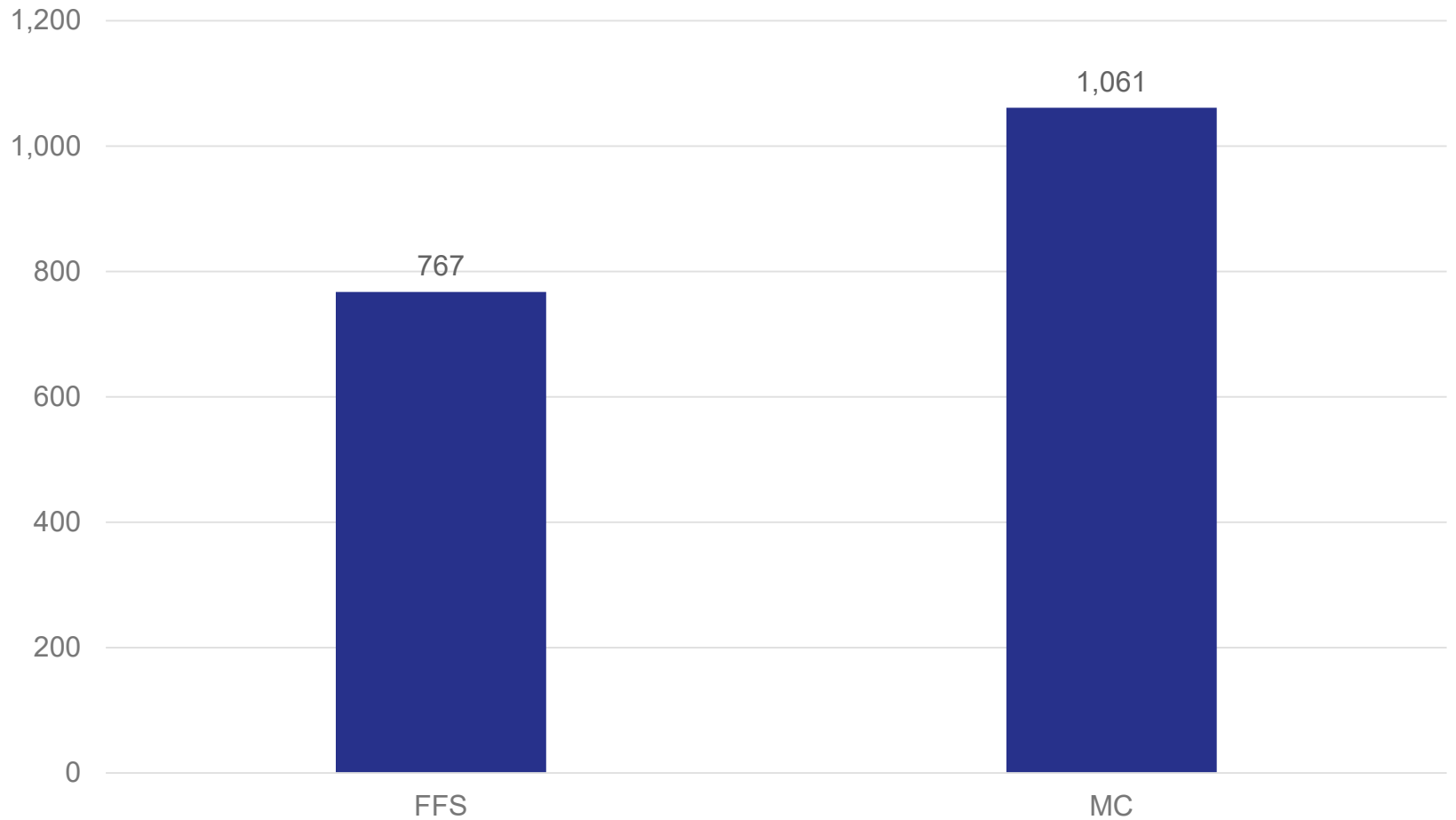
Preliminary Data as of 01/2021

Utilization of Services Based on the Pandemic Responses

The following are initial measures that have been compiled to compare utilization during calendar year 2019 (Pre-COVID) to calendar year 2020

- Emergency Department

- Telehealth

- Outpatient Visits

- Dental Visits

- Mental Health Visits

- Prescriptions

- Immunizations –CDPH data for Vaccine For Children Program

Emergency Department Visits

- Total number Emergency Department visits including those related to COVID-19 among beneficiaries

- Procedure Codes Utilized:
99281, 99282, 99283, 99284, 99285

- Data Source:

  - MIS/DSS Claims and Eligibility Data

Emergency Department Visits
Visits per 100,000 beneficiaries
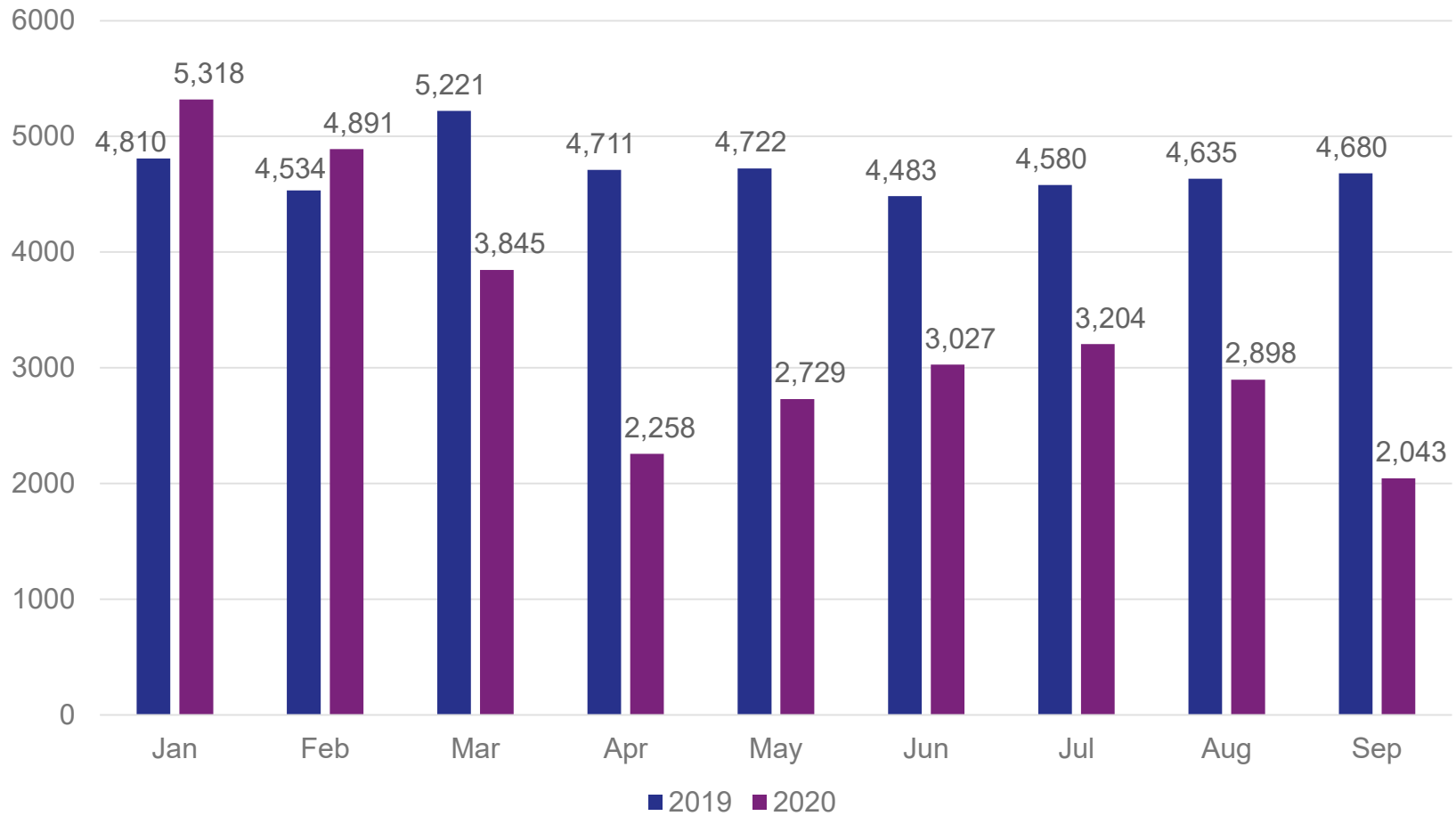
Preliminary Data as of 01/2021

Emergency Department Visits

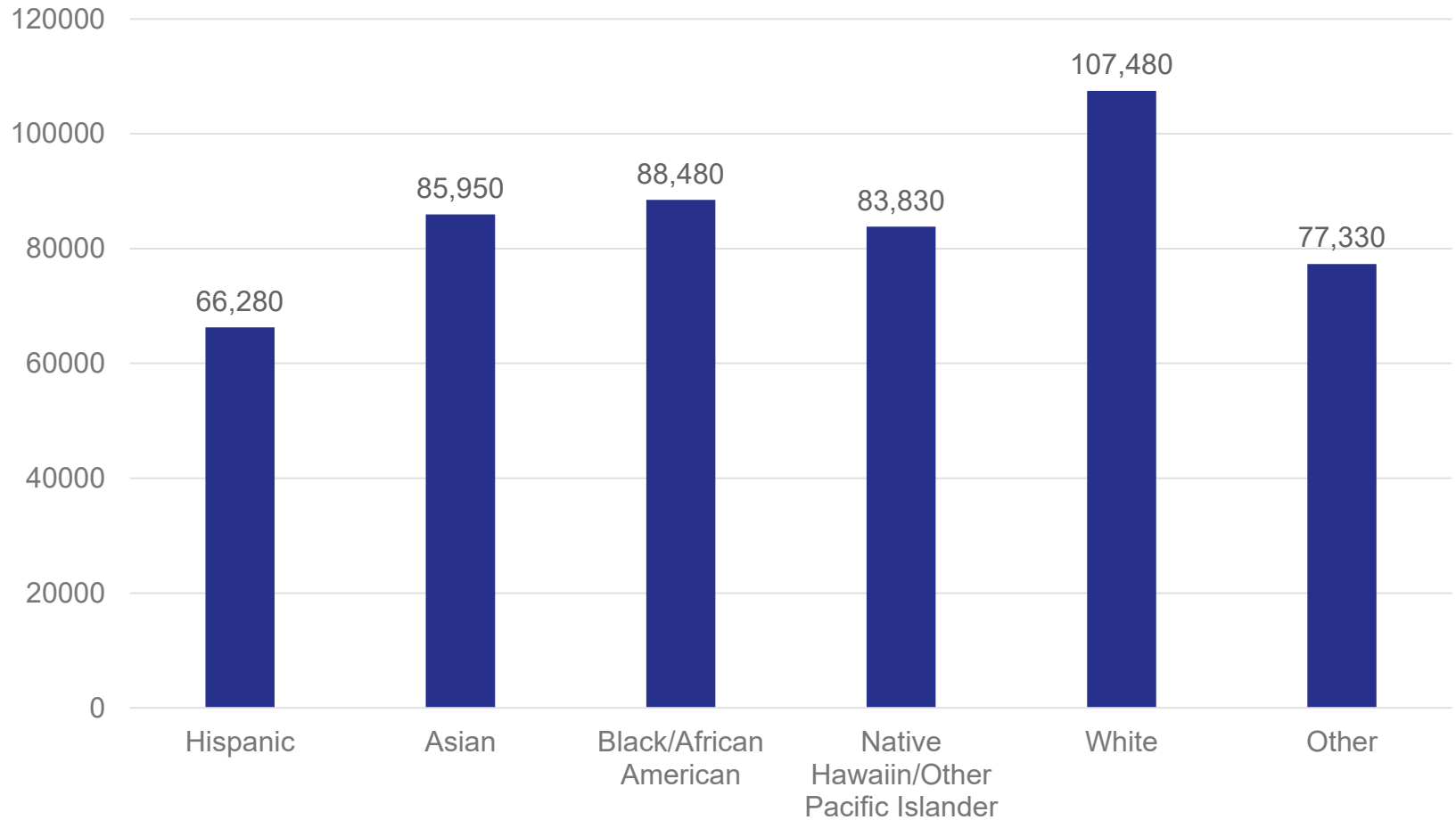## Visits per 100,000 beneficiaries by Age Group through 2020

Age Group	Visits per 100,000
Under 18	1,790
18 - 64	3,691
65 & Up	1,515
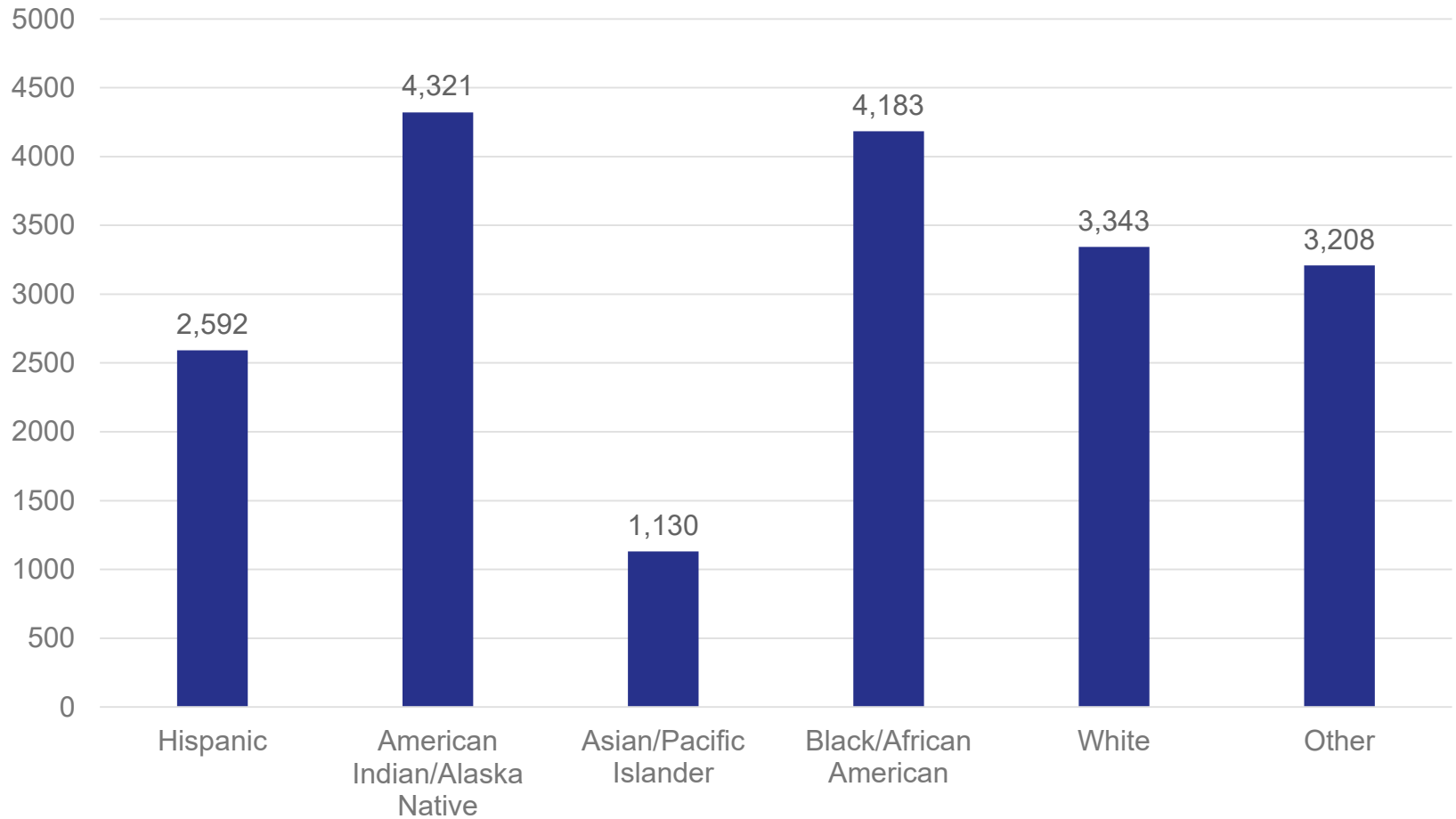
Preliminary Data as of 01/2021

Emergency Department Visits
Visits per 100,000 beneficiaries by Delivery System through 2020
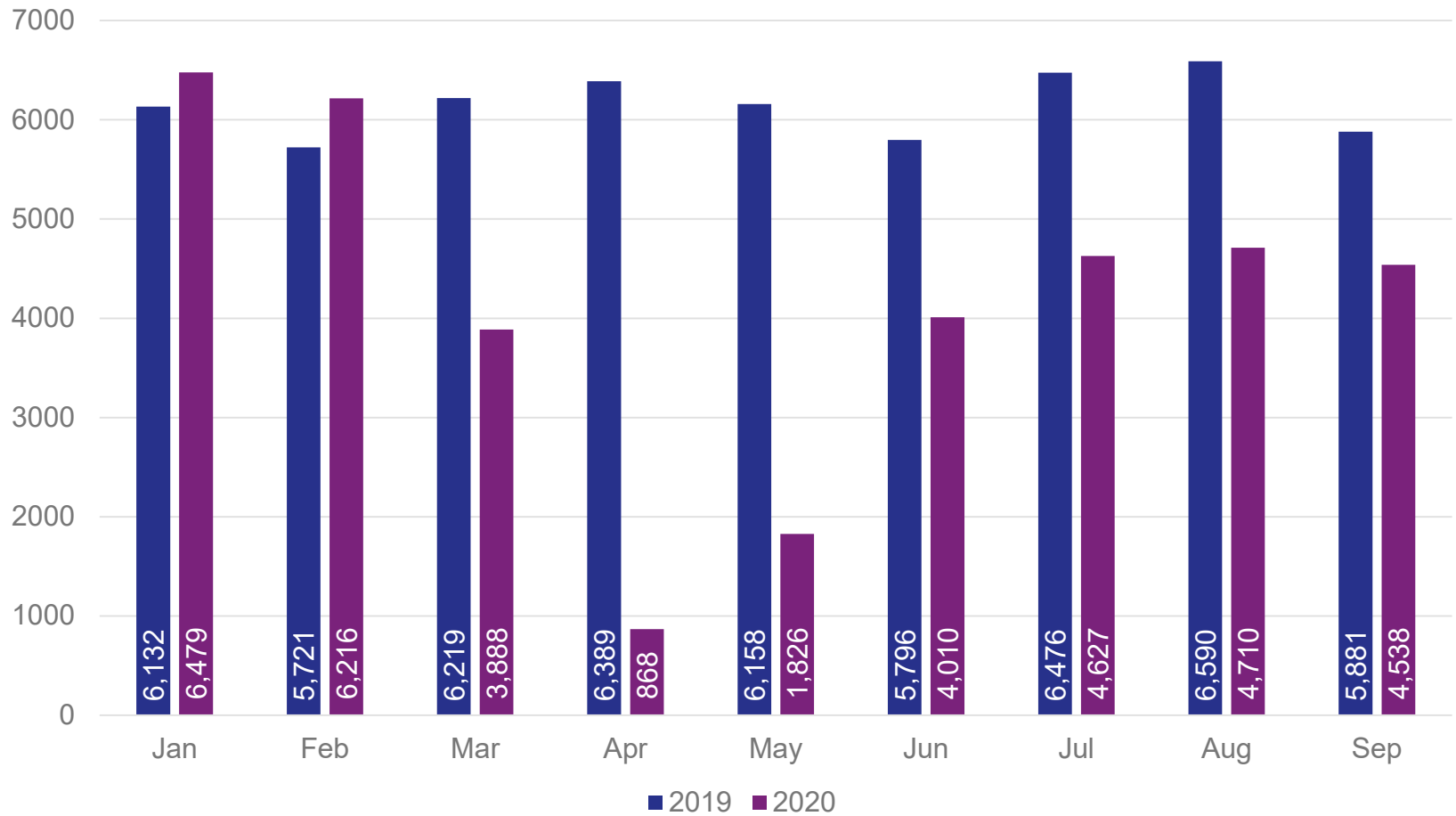
Preliminary Data as of 01/2021

Telehealth Visits

- Telehealth visits were identified based on the presence of a modifier on the claim or encounter (modifiers 95, GQ and GT)

- Telehealth visits include phone and video healthcare visits

- Telehealth Visits are outpatient visits in fee-for-service or managed care – mental health visits are not included in this chart

- Source of data:

  – MIS/DSS Claims and Eligibility

Telehealth Visits
Visits per 100,000 beneficiaries
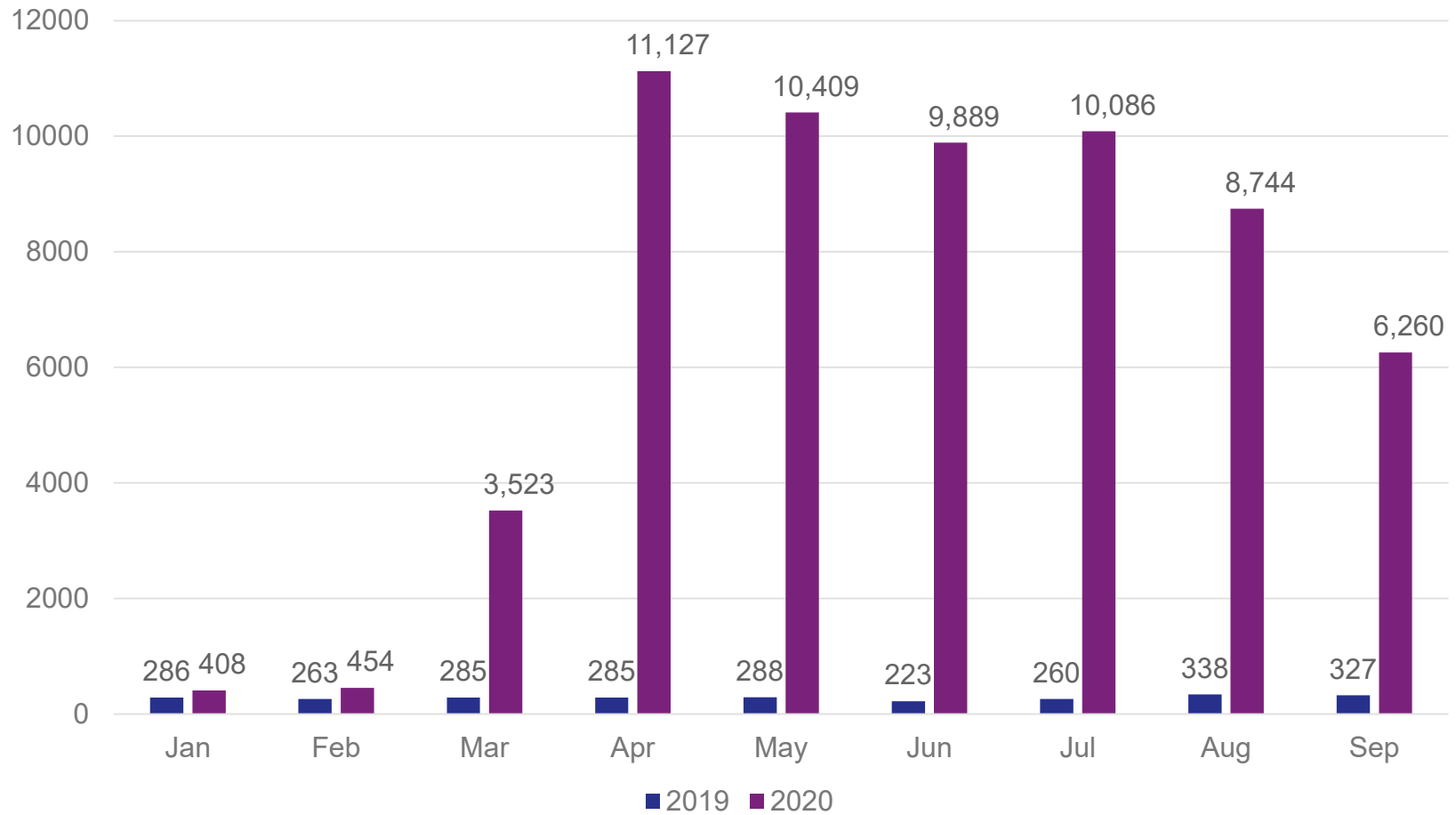
Month	2019	2020
Jan	286	408
Feb	263	454
Mar	285	3,523
Apr	285	11,127
May	288	10,409
Jun	223	9,889
Jul	260	10,086
Aug	338	8,744
Sep	327	6,260

■ 2019   ■ 2020

Preliminary Data as of 01/2021

Telehealth Visits
Visits per 100,000 beneficiaries by Sex through 2020

Female: 6,728
Male: 4,843

Preliminary Data as of 01/2021

Telehealth Visits
Visits per 100,000 beneficiaries by Race/Ethnicity through 2020

Preliminary Data as of 01/2021

80
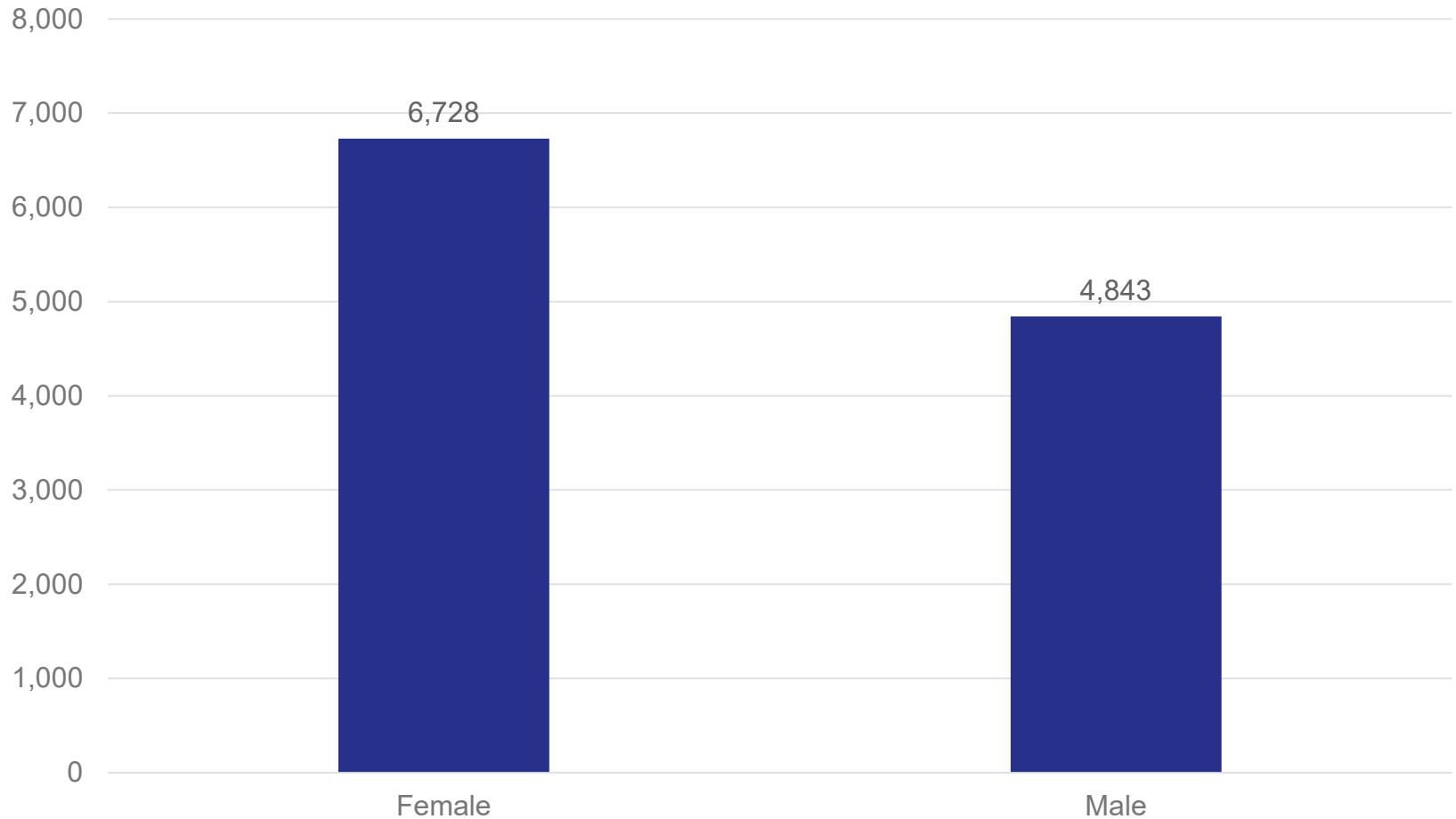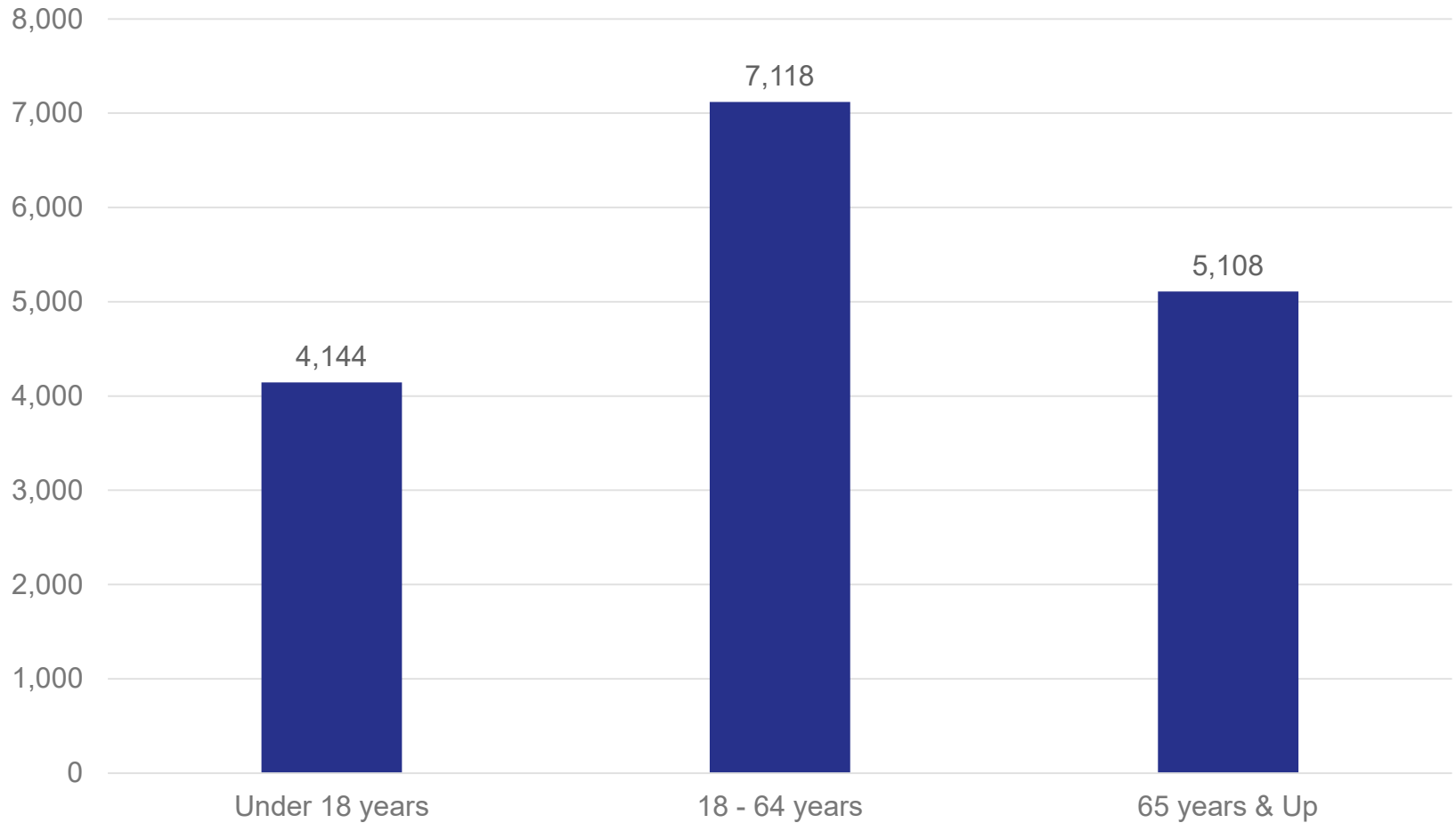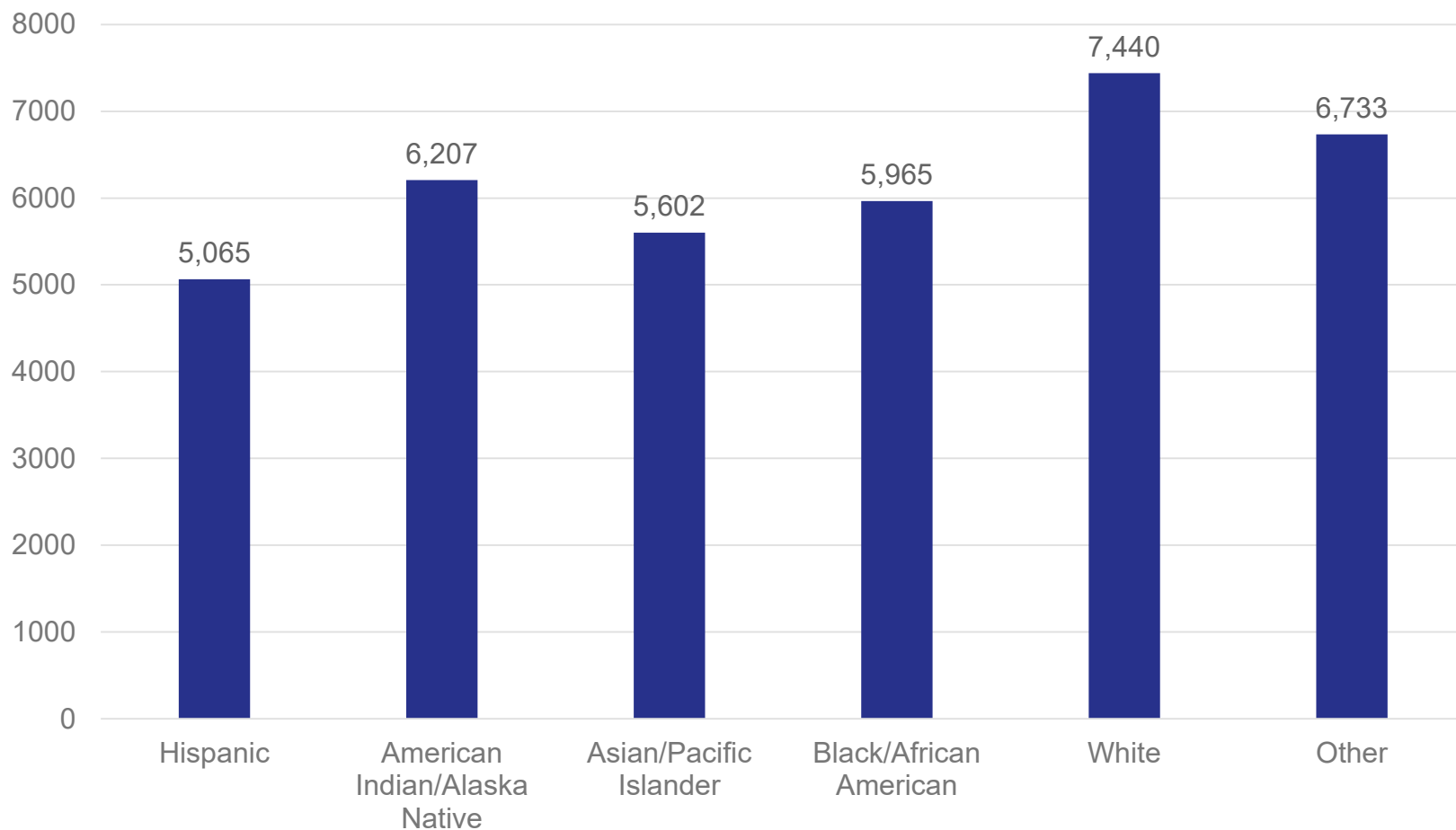
Telehealth Visits

Visits per 100,000 beneficiaries by Location through 2020

Preliminary Data as of 01/2021

Telehealth Visits
Visits per 100,000 beneficiaries by Delivery System through 2020

Preliminary Data as of 01/2021

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Outpatient Visits

- Total number of outpatient visits in managed care and fee-for-service

- Total number of outpatient visit includes telehealth visits

- Telehealth visits constitute about 15% to 20% of the overall outpatient visits

- Source of data:

  - MIS/DSS Claims and Eligibility

Outpatient Visits
Visits per 100,000 beneficiaries by Sex through 2020

Female: 85,870

Male: 70,830

Preliminary Data as of 01/2021

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Outpatient Visits
Visits per 100,000 beneficiaries by Age Group through 2020

Age Group	Visits per 100,000
0-17 years	51,120
19-64 years	84,300
65 years & Up	150,620
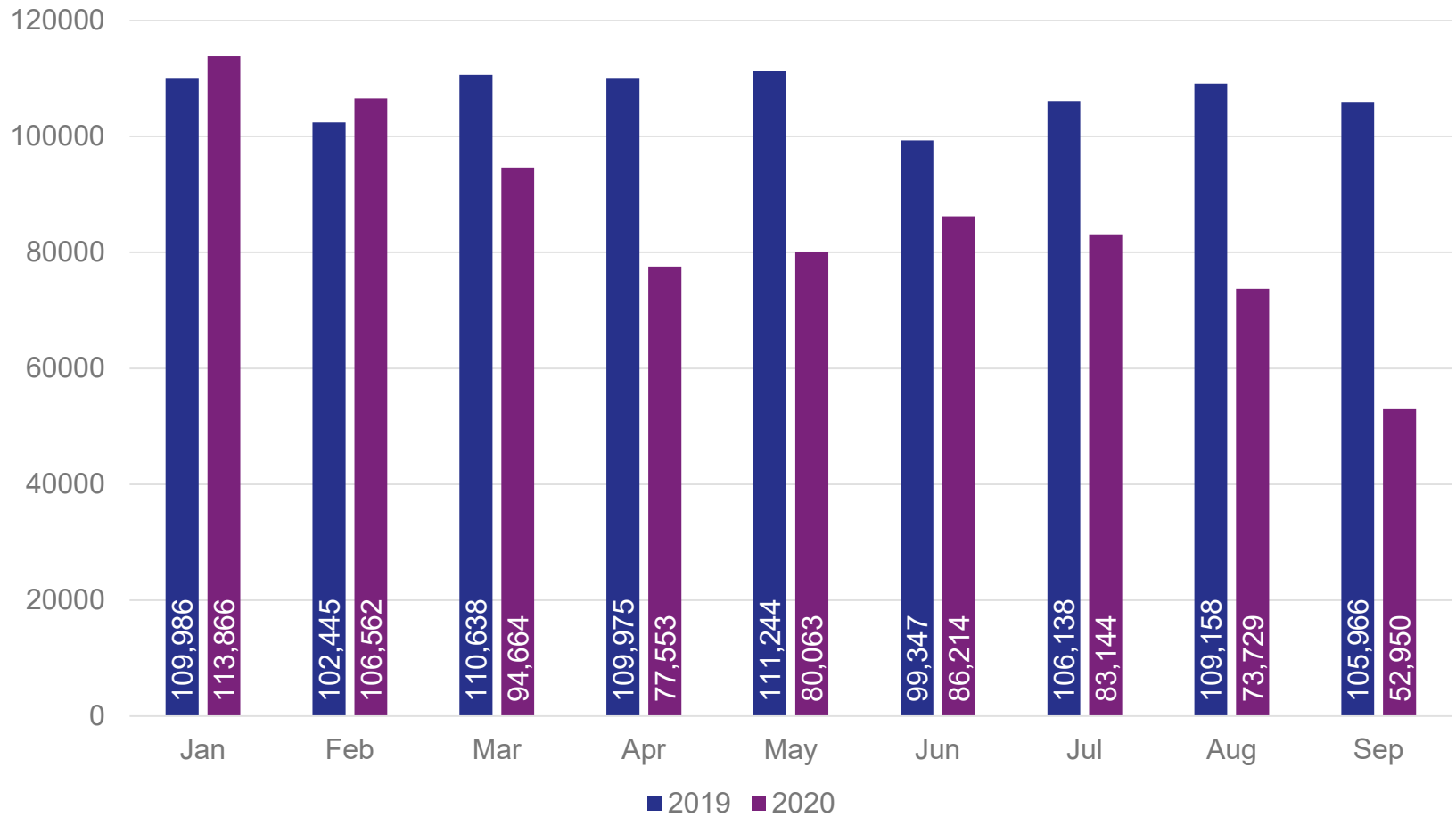
Preliminary Data as of 01/2021

Outpatient Visits
Visits per 100,000 beneficiaries by Race/Ethnicity through 2020

Preliminary Data as of 01/2021

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Outpatient Visits
Visits per 100,000 beneficiaries by Delivery System through 2020

Preliminary Data as of 01/2021

88
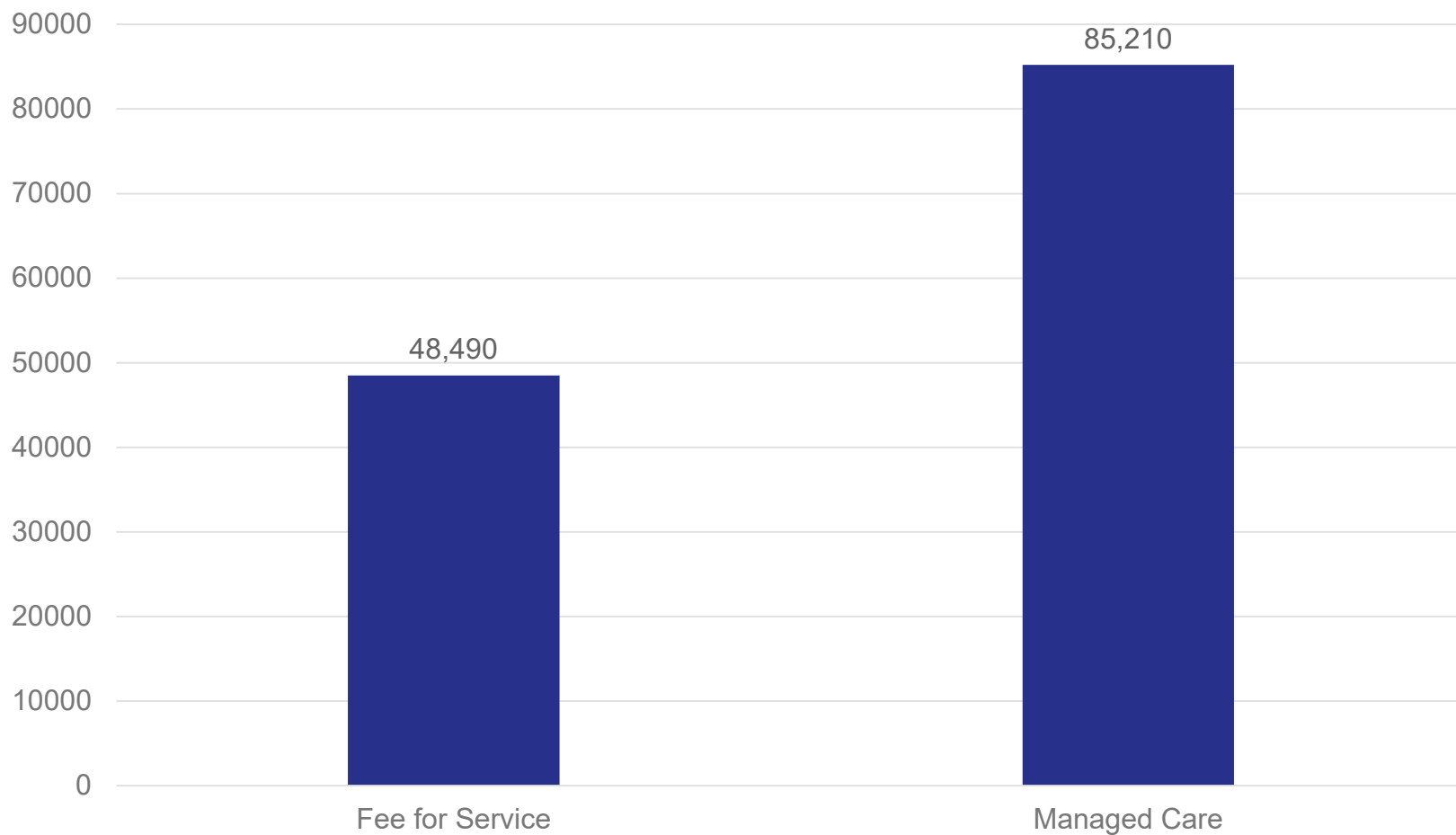
Dental Visits

- Number of members who received any Dental Care Visit Services

- Methodology is based on the measure for Annual Dental Visits

- Source of data:

  - MIS/DSS Claims and Eligibility

Dental Visits
Visits per 100,000 beneficiaries

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	6,132	5,721	6,219	6,389	6,158	5,796	6,476	6,590	5,881
2020	6,479	6,216	3,888	868	1,826	4,010	4,627	4,710	4,538

■ 2019 ■ 2020

Preliminary Data as of 01/2021

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Dental Visits
Visits per 100,000 beneficiaries by Age Group
Based on Services in 2020
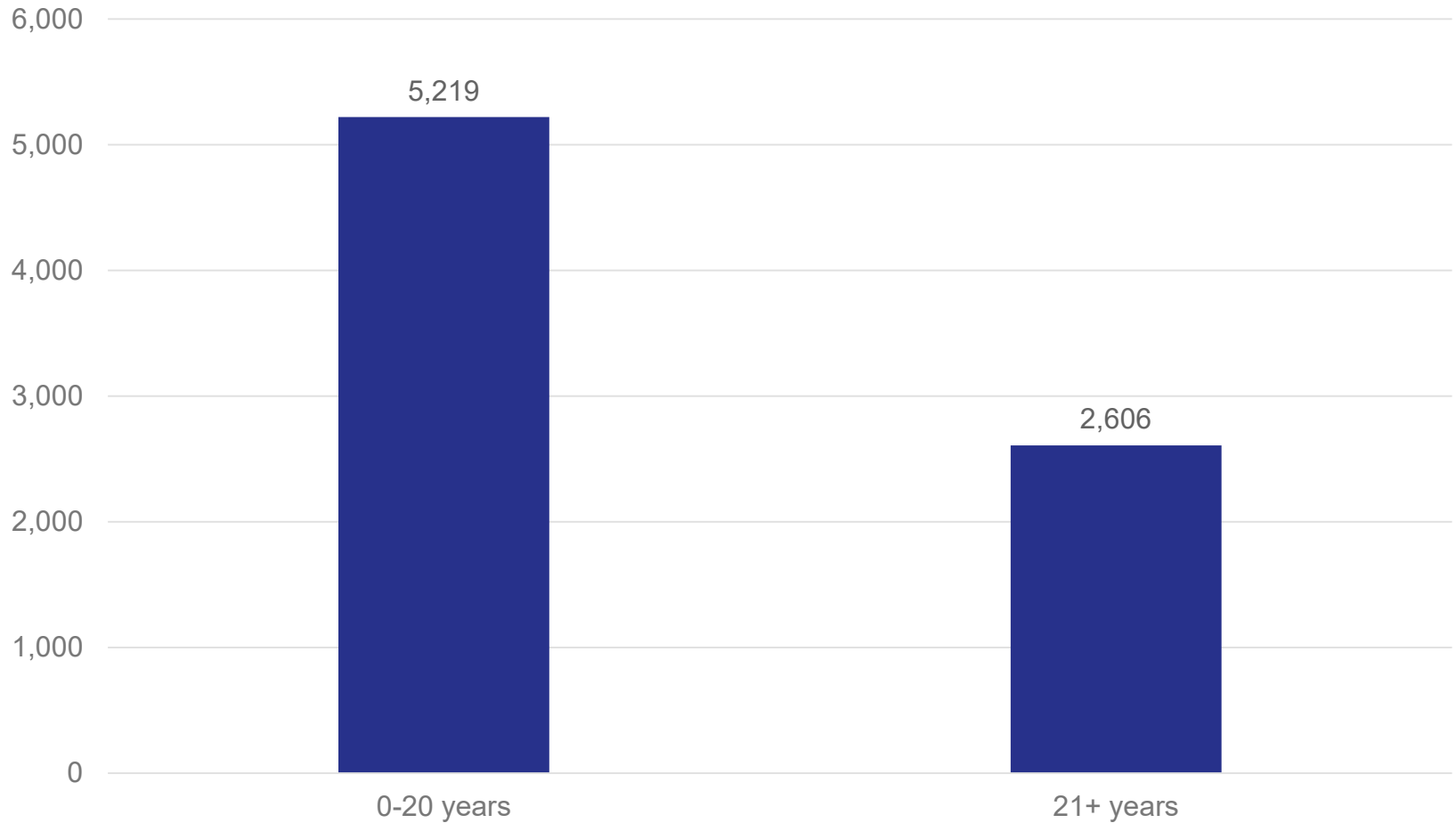
Preliminary Data as of 01/2021

Dental Visits
Visits per 100,000 beneficiaries by Race/Ethnicity Based on Services in 2020
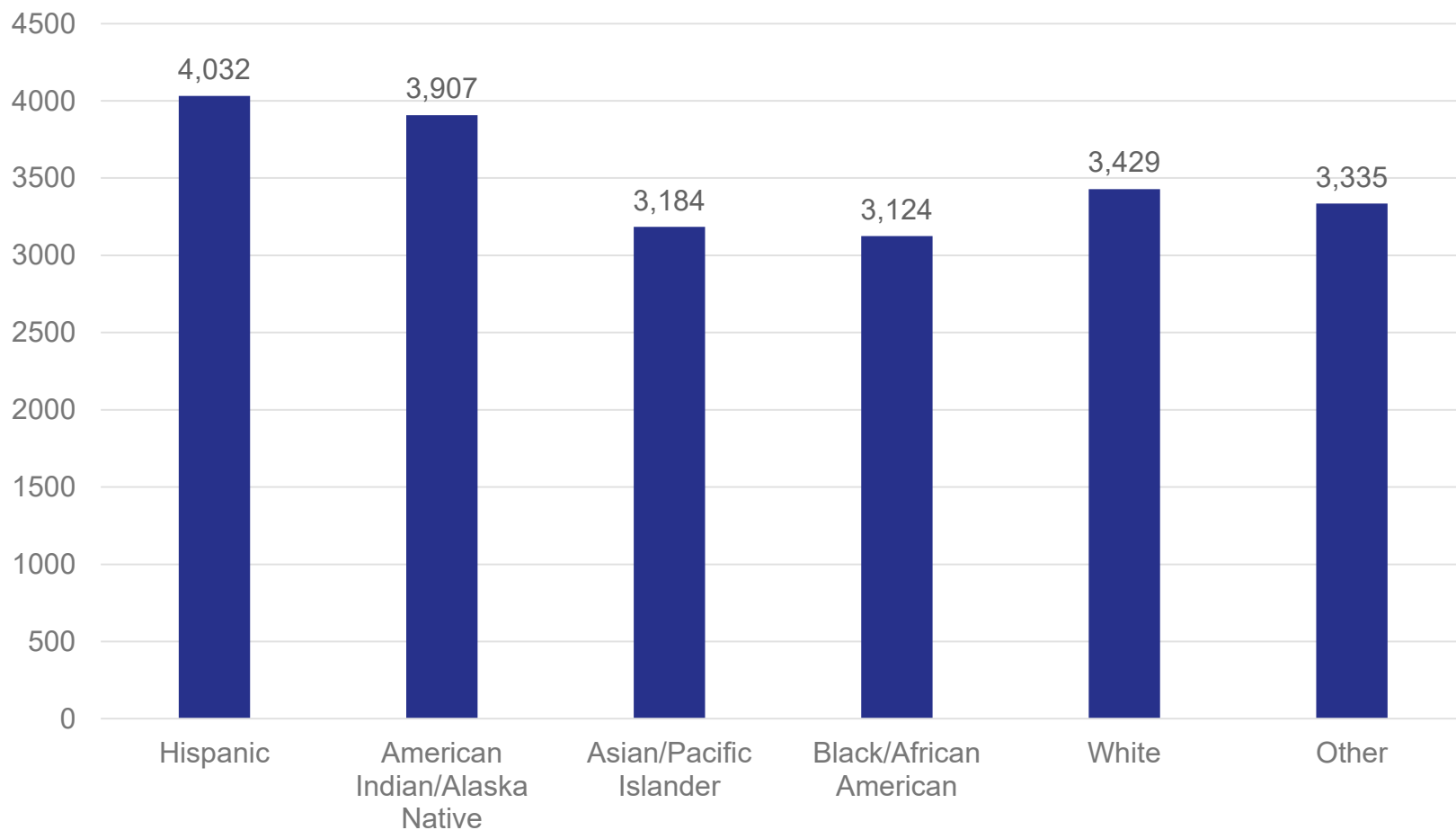
Preliminary Data as of 01/2021

Dental Visits
Visits per 100,000 beneficiaries by Delivery Services
Based on Services in 2020
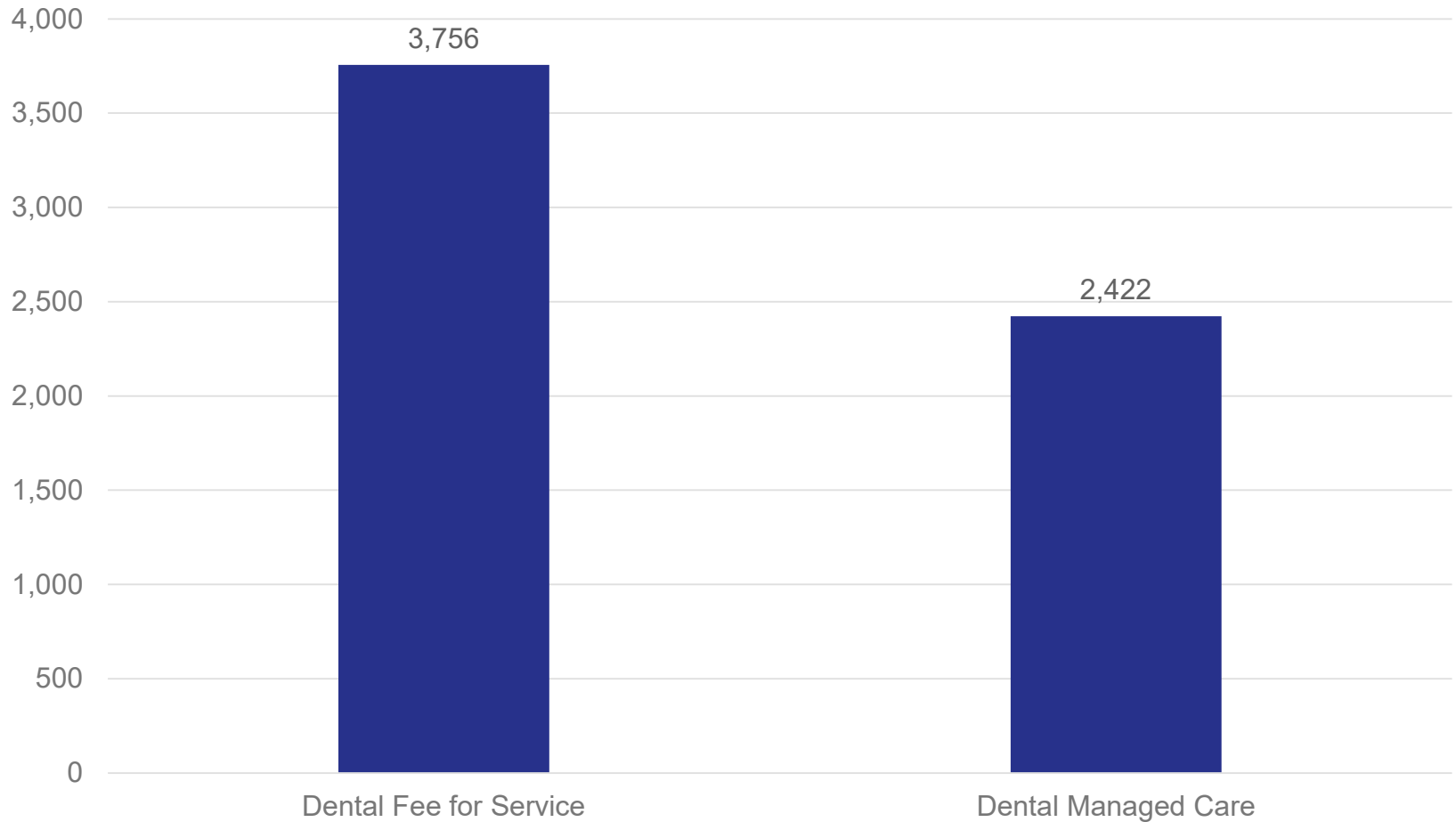
Preliminary Data as of 01/2021

California has a Split Mental Health Delivery System

- Managed Care Organizations Cover
  - Adults: Mental health disorders resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning
  - Under 21: Non-specialty mental health services

- Mental Health Outpatient Services Include
  - Individual and group mental health evaluation and treatment (psychotherapy)
  - Psychological testing, when clinically indicated to evaluate a mental health condition
  - Outpatient services for the purpose of monitoring drug therapy
  - Outpatient laboratory, drugs, supplies and supplements (excluding antipsychotics)
  - Psychiatric consultation

Carved Out
Mental Health Services

- Specialty Mental Health Services
  - Administered through county mental health plans (MHPs)
  - Services for adults with significant impairment from mental health conditions and for children/youth whose mental health needs require care services not included in MCP mental health benefits

- Substance Use Disorder Benefits
  - Administered through Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties, and waiver services
  - Community-based system for SUD services through counties or through direct contracts with service providers

Mental Health Visits

- Mild to Moderate or Non-specialty Mental Health Visits - Total number of mental health visits in managed care and fee-for-service

- Specialty Mental Health Visits – Total number of mental health visits in the Specialty Mental Health System

- Each unique visit is defined by a unique combination of beneficiary and visit date

- Total number of visits includes telehealth visits

- Visits have broad inclusion of procedures for screening, evaluation, care, and treatment provided in a non-specialty and specialty claiming systems

- Source of data:

  – MIS/DSS Claims and Eligibility

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Penetration Rates and Average Visits for Mental Health Services Over Time

- Specialty Mental Health Penetration Rates have been relatively constant over the past three years

- In contrast, Mild to Moderate Mental Health Services penetration rates and average visits in Managed Care have steadily increased during that time frame

  - Penetration rate is total unique beneficiaries that were provided at least one psychotherapy and psychiatric evaluation services (based on selected procedure codes) in the State Fiscal Year (SFY)

  - Average visit is average number of visits per unique beneficiary per SFY

	SFY 2017-18	SFY 2018-19	SFY 2019-20	Percent Change
Penetration Rate	3.0%	3.4%	3.4%	13%
Average Visit	5.0	5.3	5.6	12%

Mild to Moderate and Non-specialty Mental Health Visits
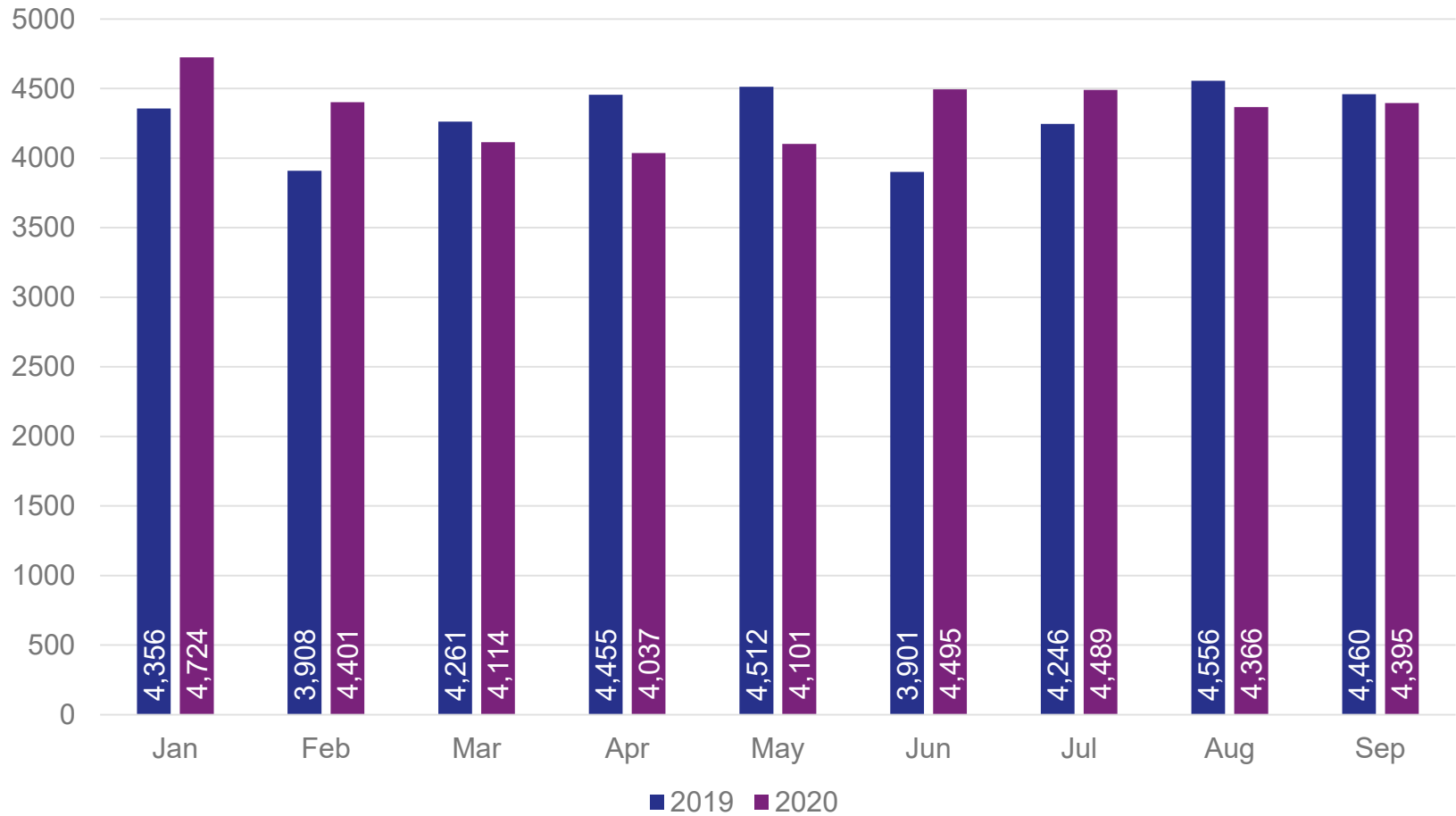
Visits per 100,000 beneficiaries for All Ages

Preliminary Data as of 01/2021

Non-specialty Mental Health Visits
Visits per 100,000 beneficiaries under 21 years old

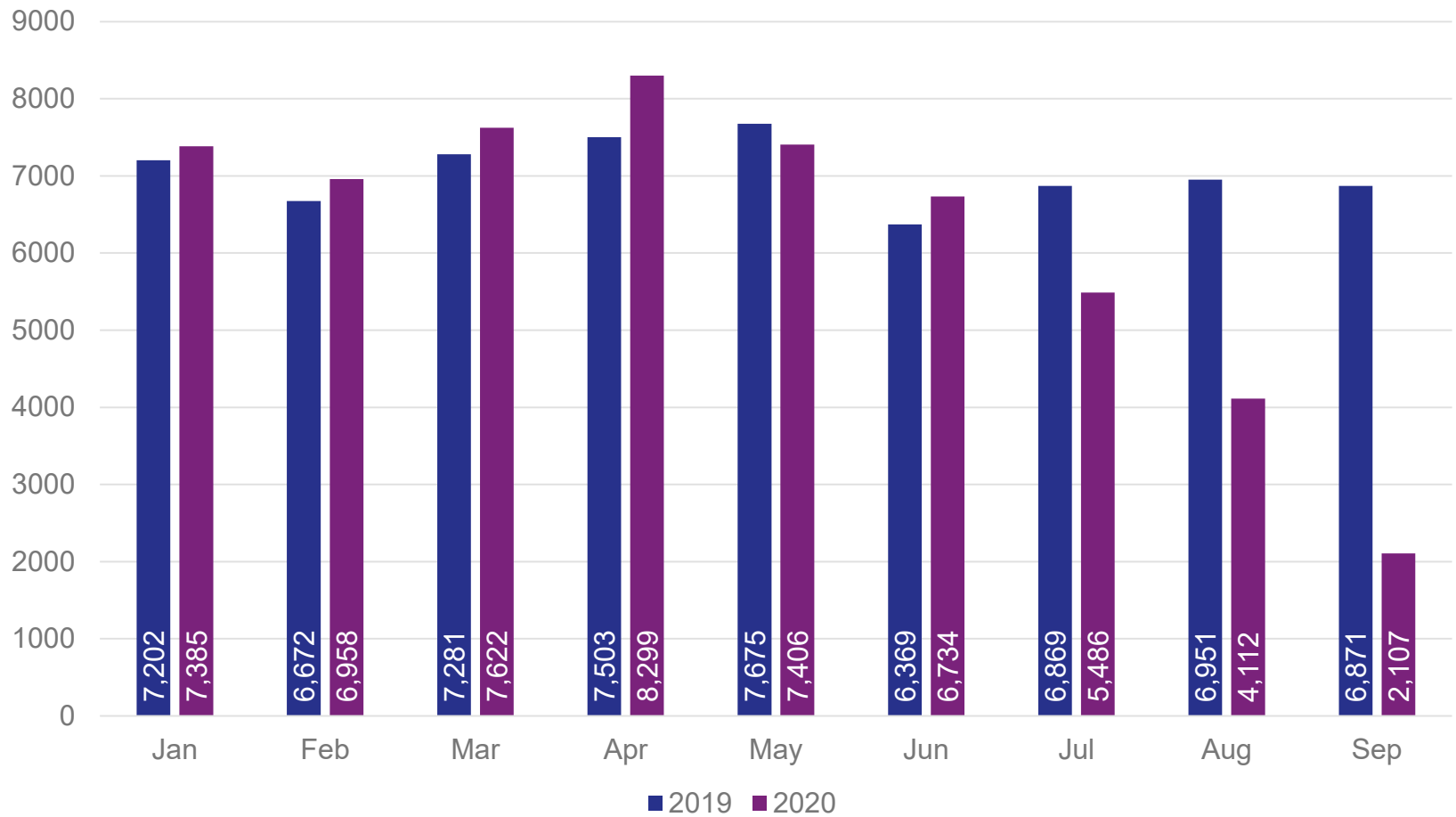| Month	2019	2020
Jan	4,939	5,412
Feb	4,594	5,184
Mar	5,043	4,526
Apr	5,314	4,021
May	5,424	4,297
Jun	4,391	4,851
Jul	4,736	4,876
Aug	5,145	4,891
Sep	5,198	4,986

Preliminary Data as of 01/2021

Non-specialty Mental Health
% Services Delivered through Telehealth
beneficiaries under 21 years old

Preliminary Data as of 01/2021

Non-specialty Mental Health Visits
Visits per 100,000 beneficiaries by Sex through 2020 beneficiaries under 21 years old

Preliminary Data as of 01/2021

Non-specialty Mental Health Visits
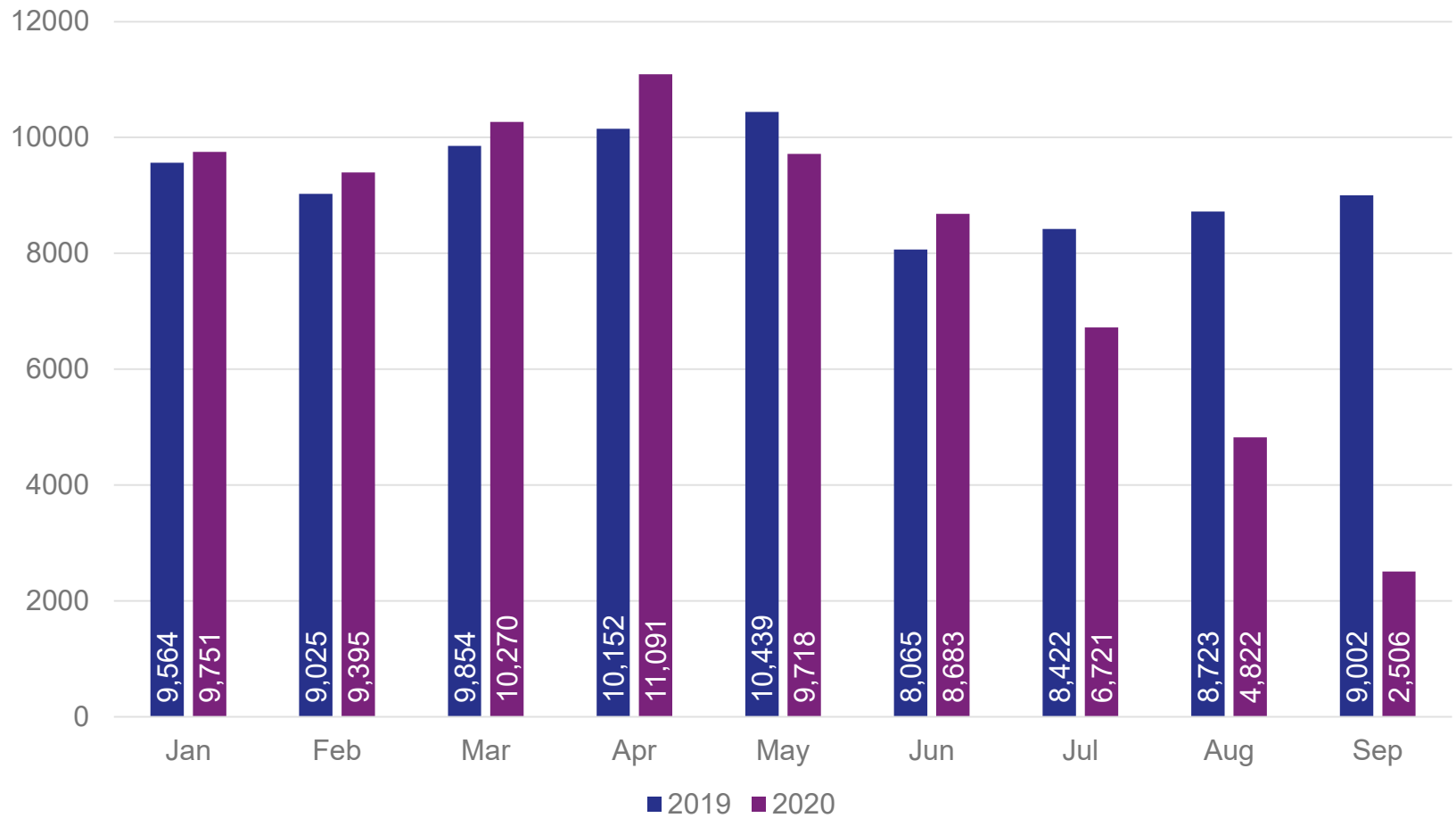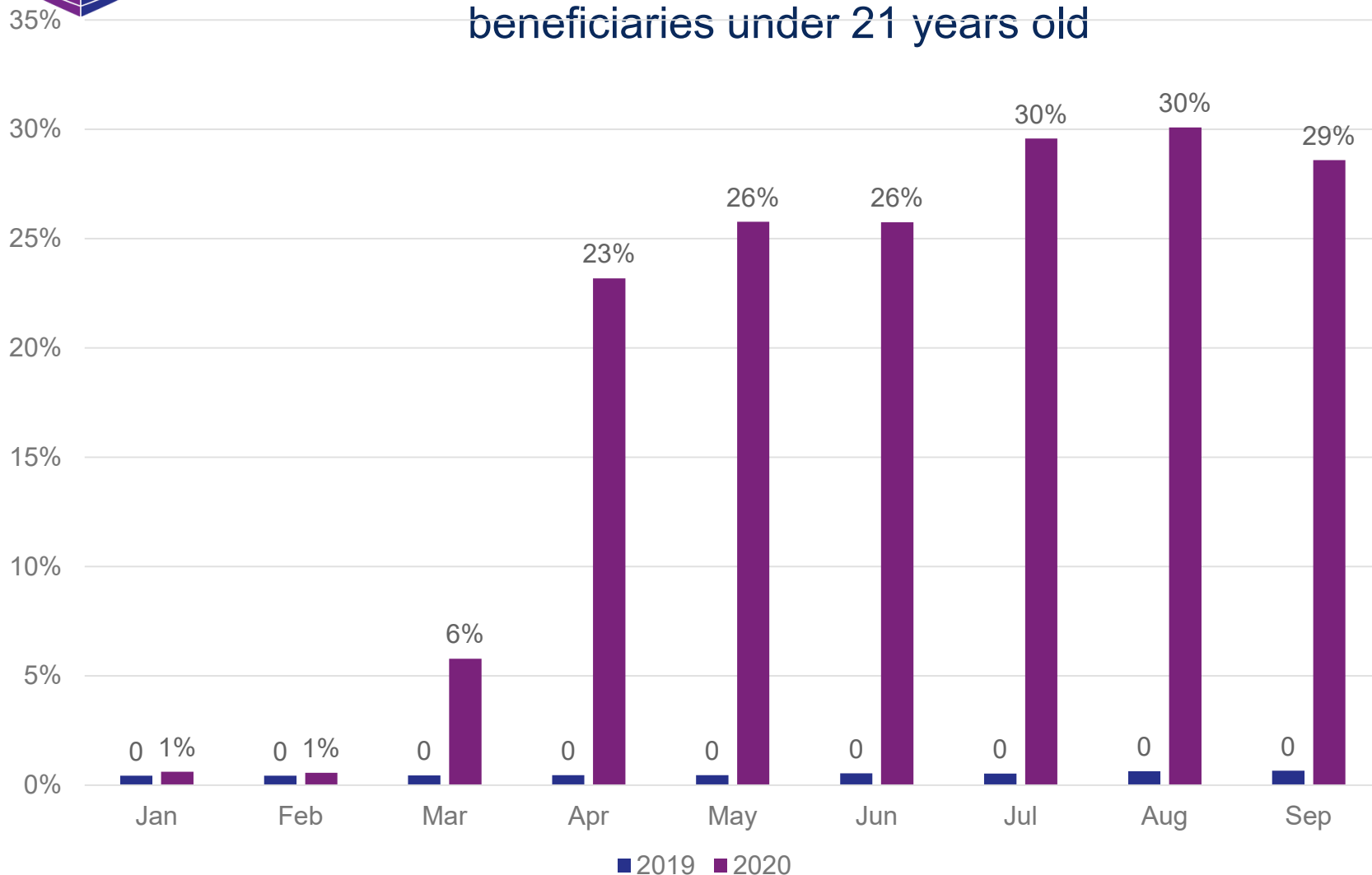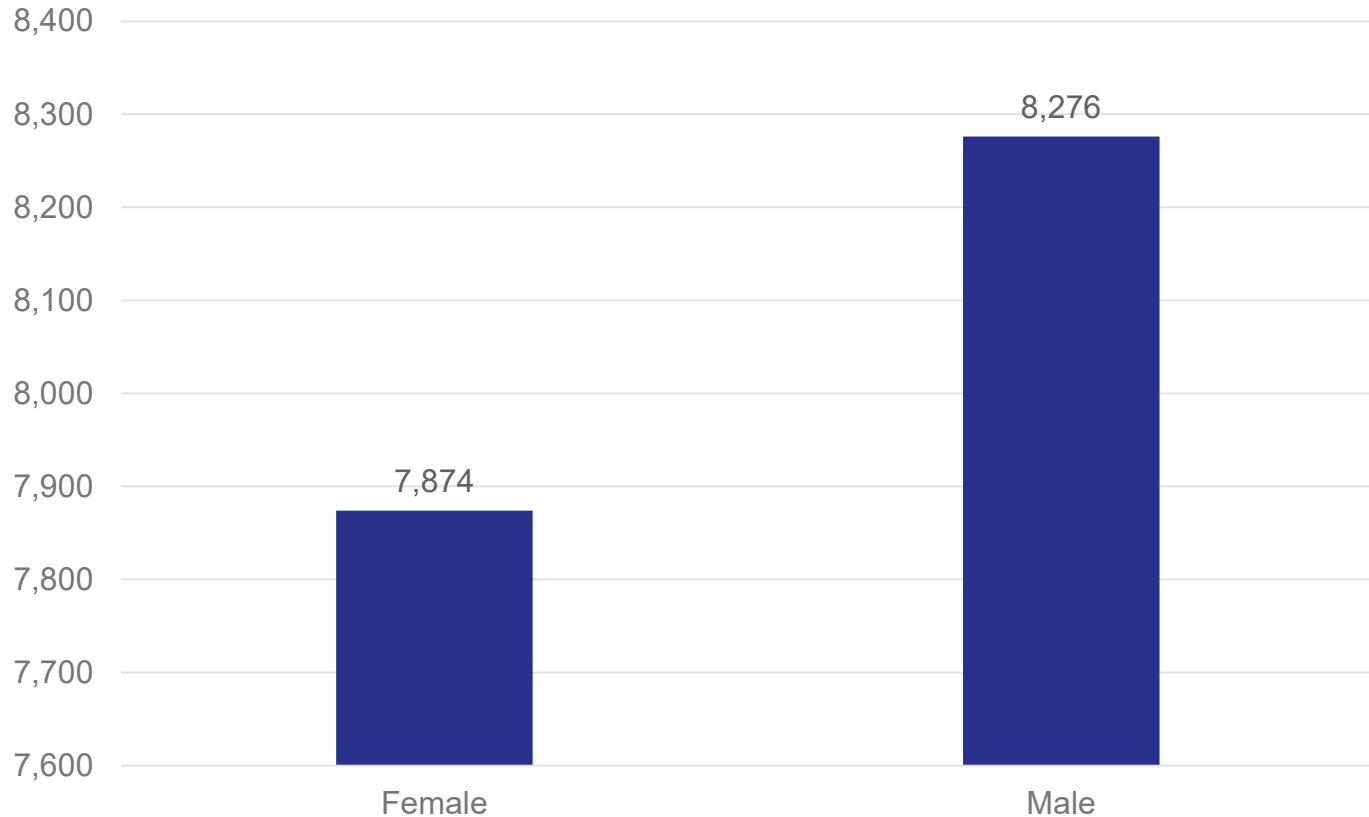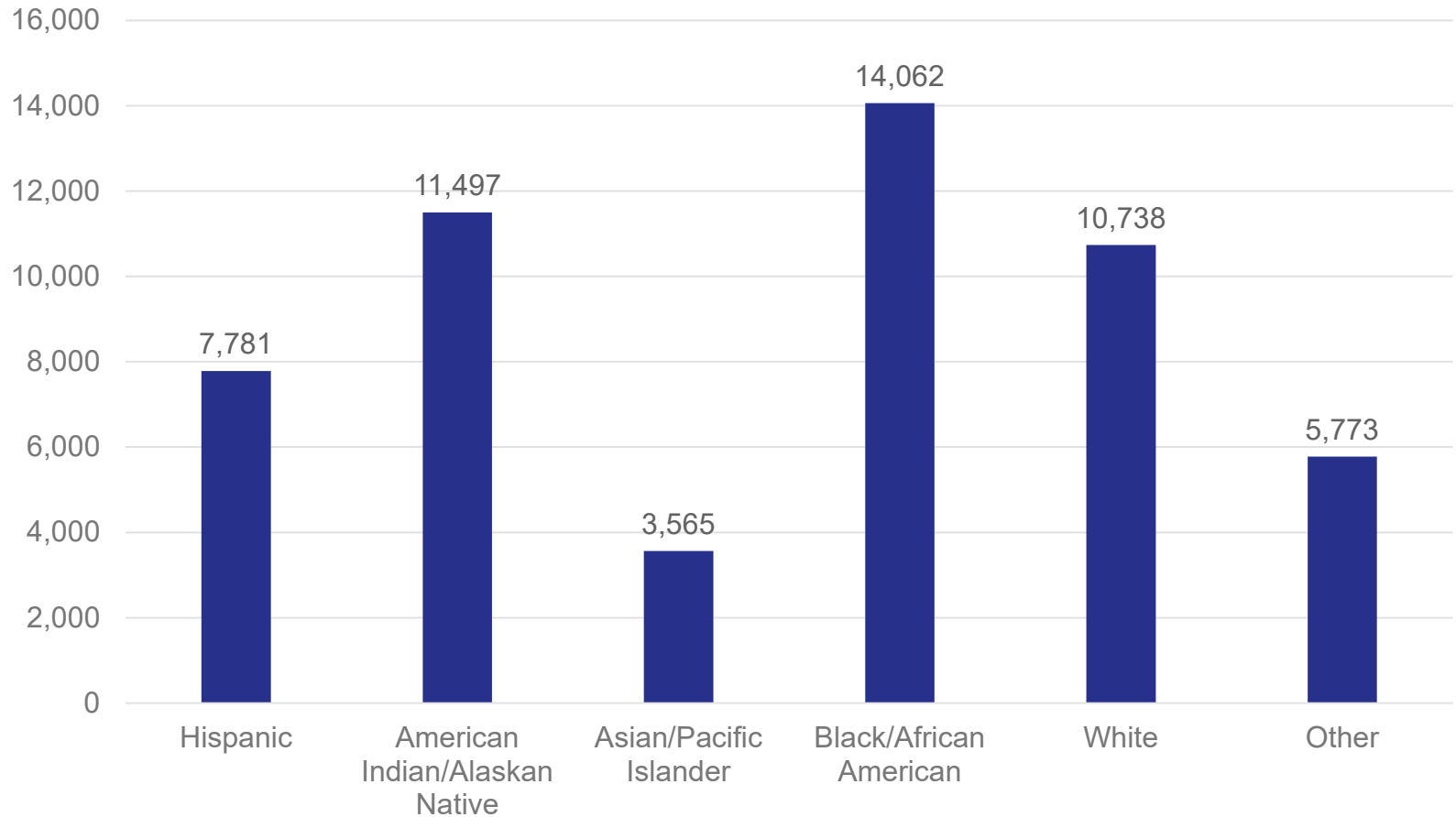## Visits per 100,000 beneficiaries by Race/Ethnicity through 2020 beneficiaries under 21 years old

Preliminary Data as of 01/2021

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Mild to Moderate Mental Health Visits
Visits per 100,000 beneficiaries 21 years and older

Preliminary Data as of 01/2021

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Mild to Moderate Mental Health
% Services Delivered through Telehealth
beneficiaries 21 years and older

Chart showing percentage of services delivered through telehealth by month (blue bars = one category, purple bars = another category):

Month	Blue	Purple
Jan	1%	1%
Feb	2%	2%
Mar	1%	18%
Apr	1%	51%
May	1%	52%
Jun	1%	50%
Jul	1%	51%
Aug	1%	52%
Sep	1%	51%

Preliminary Data as of 01/2021

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Mild to Moderate Mental Health Visits
Visits per 100,000 beneficiaries by Sex through 2020 beneficiaries 21 years and older
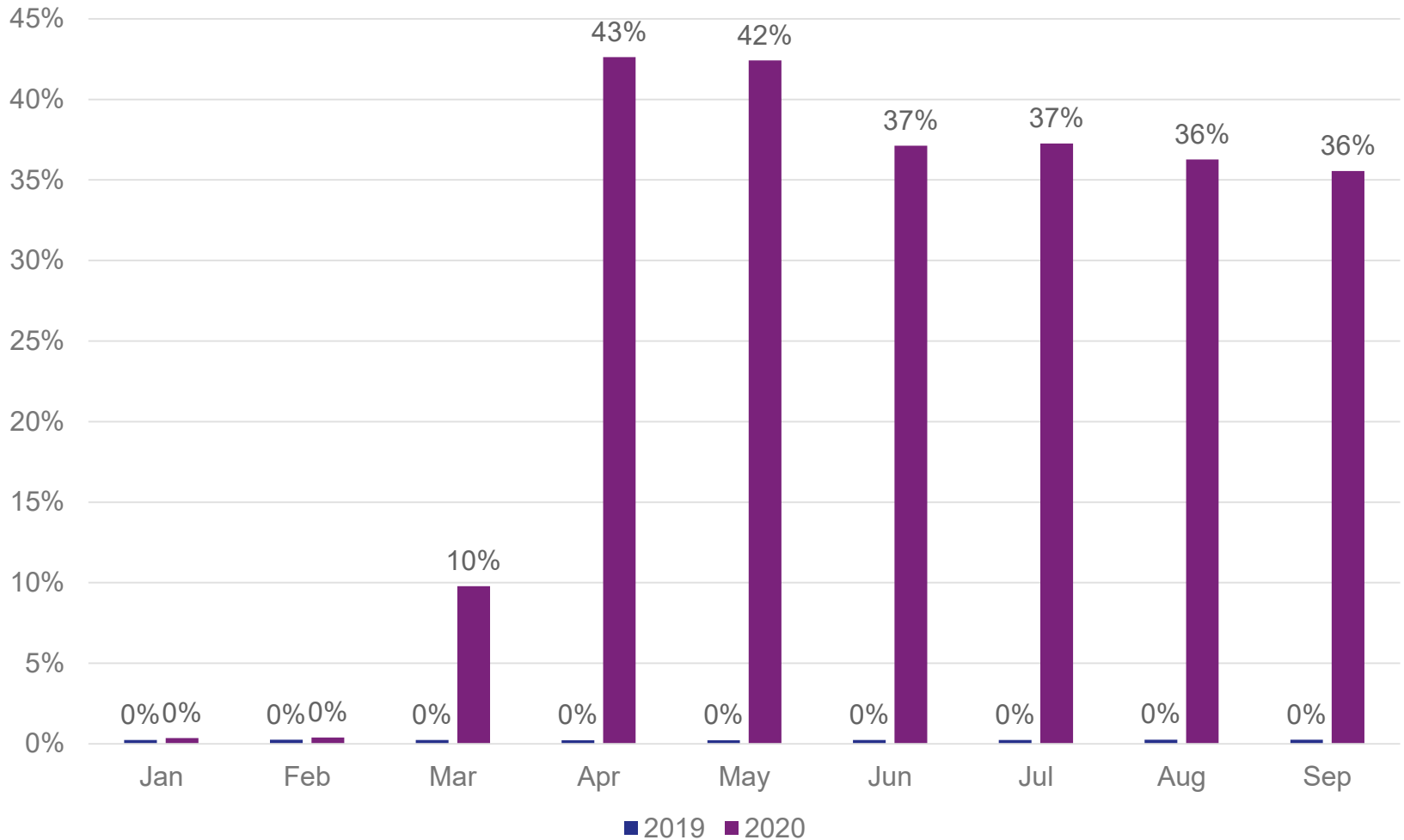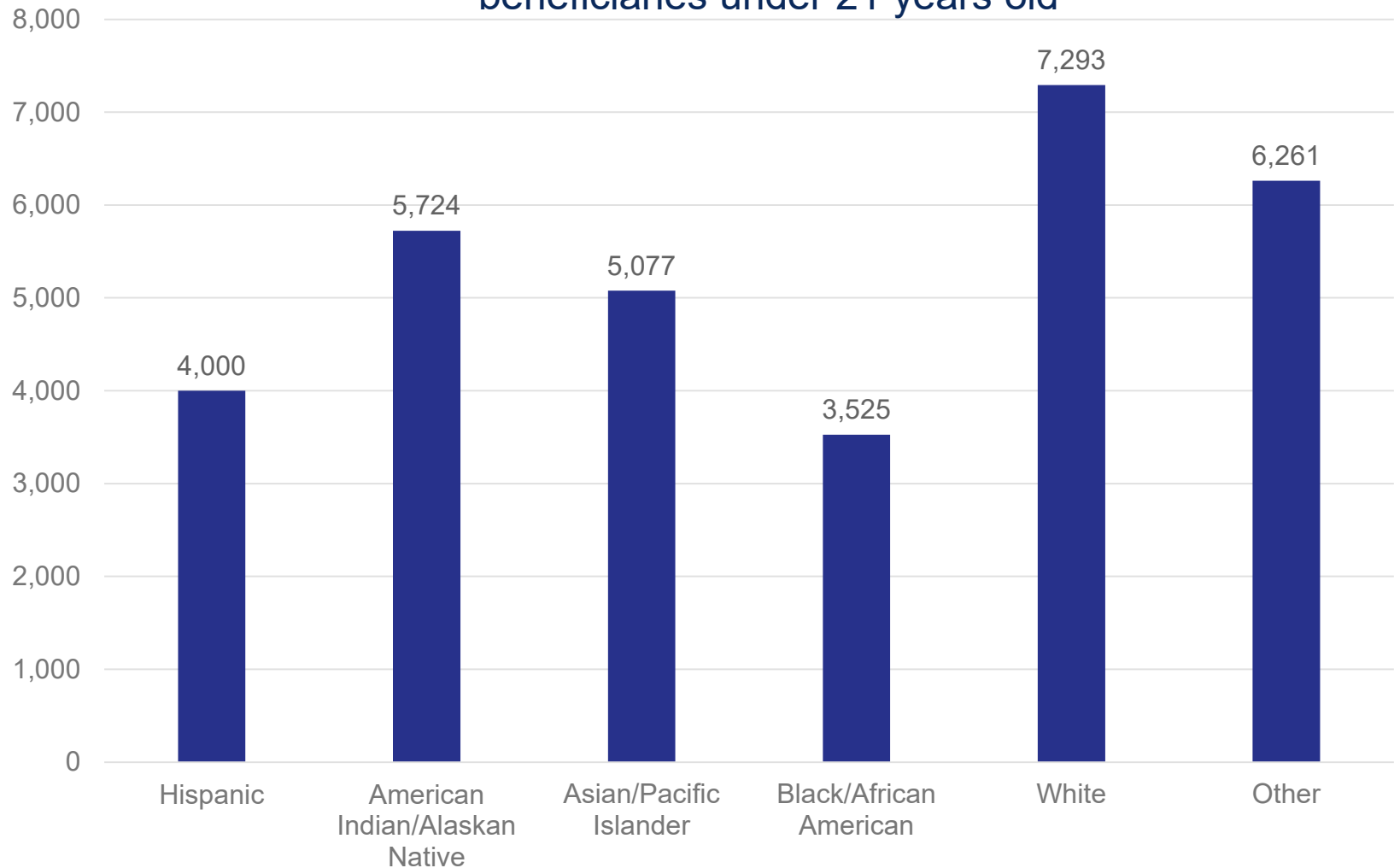
Preliminary Data as of 01/2021

Mild to Moderate Mental Health Visits
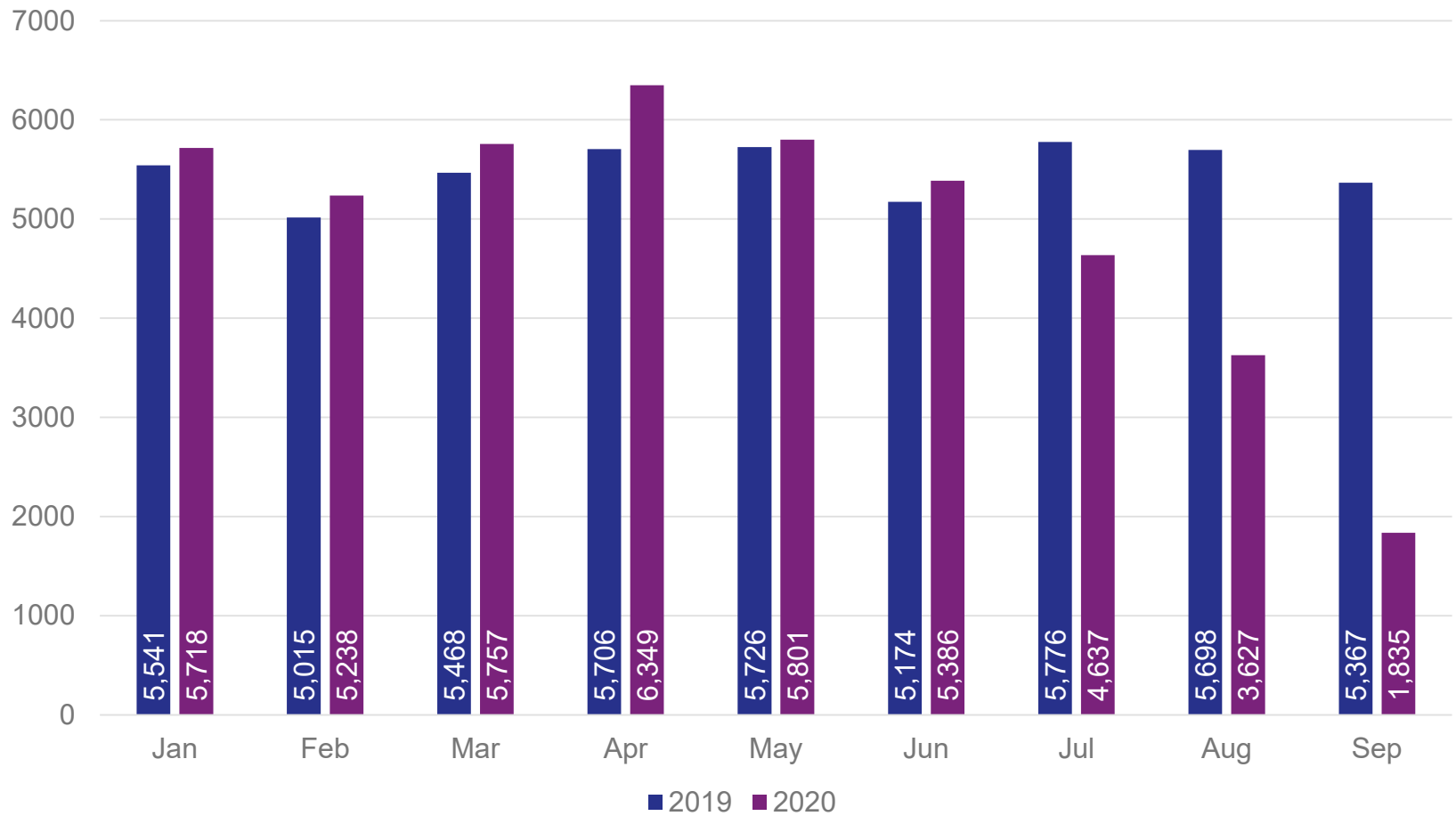## Visits per 100,000 beneficiaries by Race/Ethnicity through 2020 beneficiaries 21 years and older

Race/Ethnicity	Visits per 100,000
Hispanic	2,608
American Indian/Alaskan Native	7,115
Asian/Pacific Islander	1,757
Black/African American	4,130
White	7,421
Other	5,104

Preliminary Data as of 01/2021

Specialty Mental Health Visits
Visits per 100,000 beneficiaries for All Ages

Month	2019	2020
Jan	7,202	7,385
Feb	6,672	6,958
Mar	7,281	7,622
Apr	7,503	8,299
May	7,675	7,406
Jun	6,369	6,734
Jul	6,869	5,486
Aug	6,951	4,112
Sep	6,871	2,107

Preliminary Data as of 01/2021

Specialty Mental Health Visits
Visits per 100,000 beneficiaries under 21 years old

Month	2019	2020
Jan	9,564	9,751
Feb	9,025	9,395
Mar	9,854	10,270
Apr	10,152	11,091
May	10,439	9,718
Jun	8,065	8,683
Jul	8,422	6,721
Aug	8,723	4,822
Sep	9,002	2,506
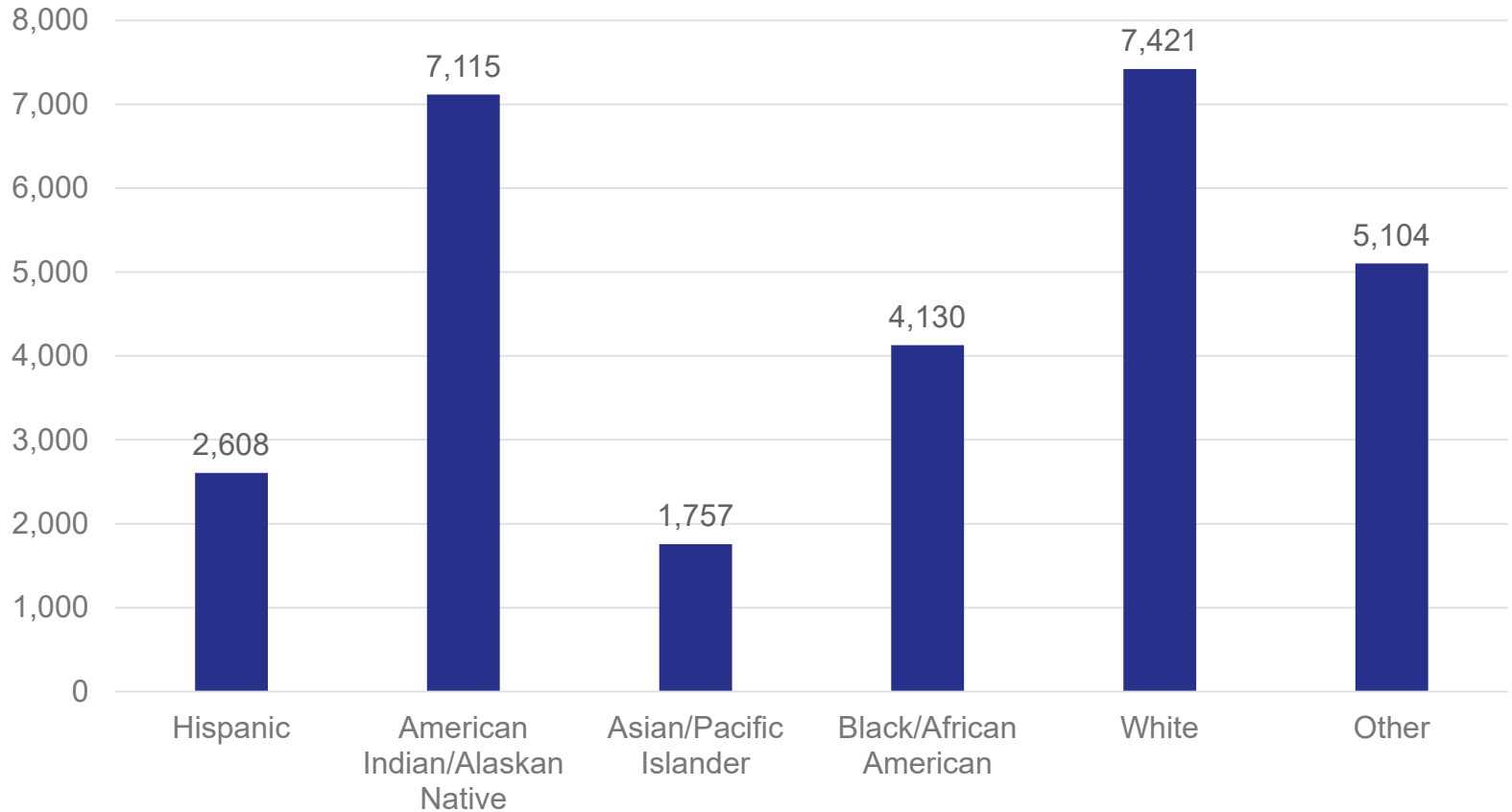
Preliminary Data as of 01/2021

Specialty Mental Health Visits
% Services Delivered through Telehealth
beneficiaries under 21 years old

Preliminary Data as of 01/2021

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Specialty Mental Health Visits
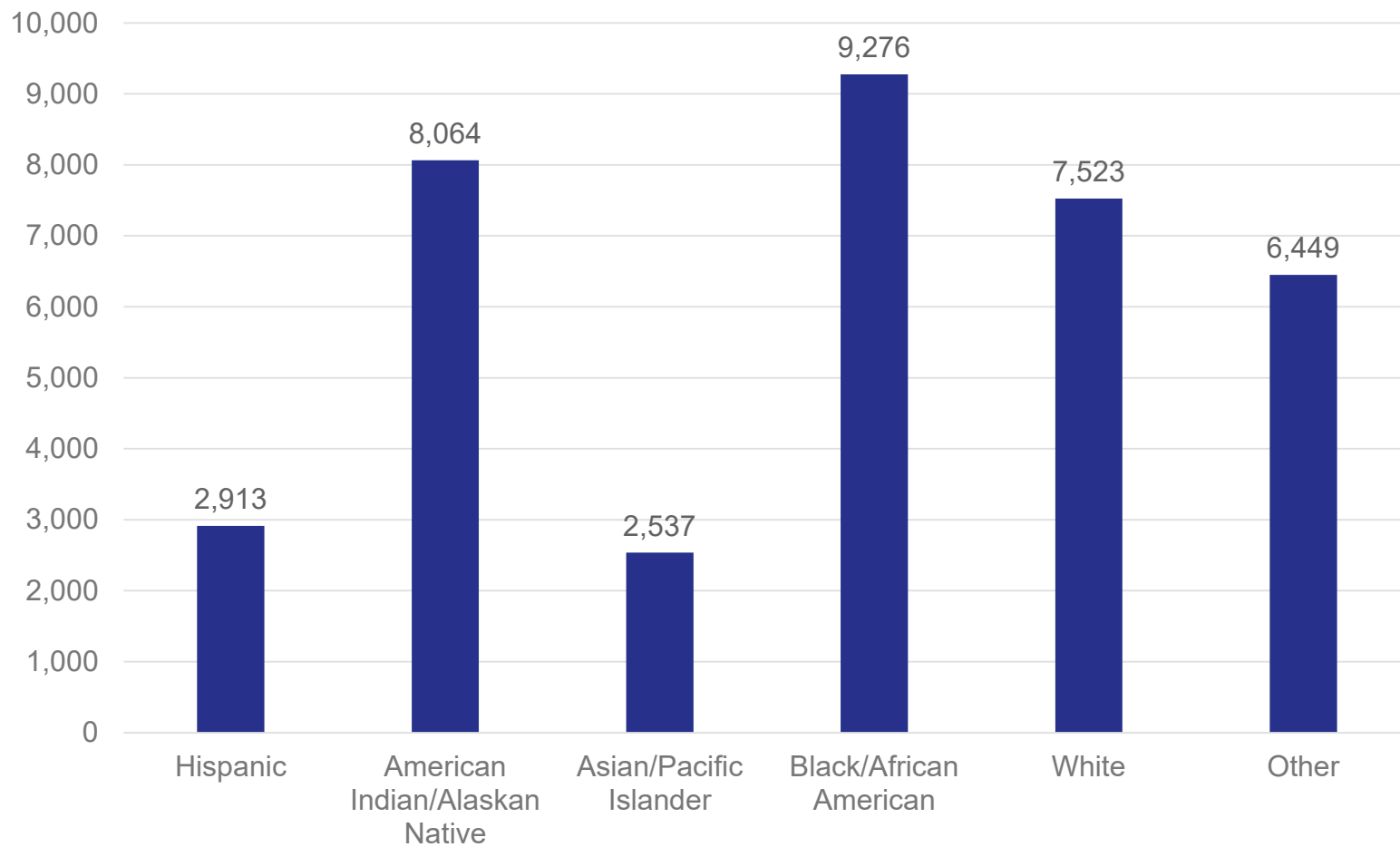## Visits per 100,000 beneficiaries by Sex through 2020 beneficiaries under 21 years old

Preliminary Data as of 01/2021

Specialty Mental Health Visits
Visits per 100,000 beneficiaries by Race/Ethnicity through 2020 beneficiaries under 21 years old

Preliminary Data as of 01/2021

Specialty Mental Health Visits
Visits per 100,000 beneficiaries 21 years and older

Chart data (Visits per 100,000), 2019 vs 2020:

Month	2019	2020
Jan	5,541	5,718
Feb	5,015	5,238
Mar	5,468	5,757
Apr	5,706	6,349
May	5,726	5,801
Jun	5,174	5,386
Jul	5,776	4,637
Aug	5,698	3,627
Sep	5,367	1,835

Preliminary Data as of 01/2021

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Specialty Mental Health
% Services Delivered through Telehealth
beneficiaries 21 years and older

Preliminary Data as of 01/2021

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Specialty Mental Health Visits
Visits per 100,000 beneficiaries 21 years and older by Sex through 2020
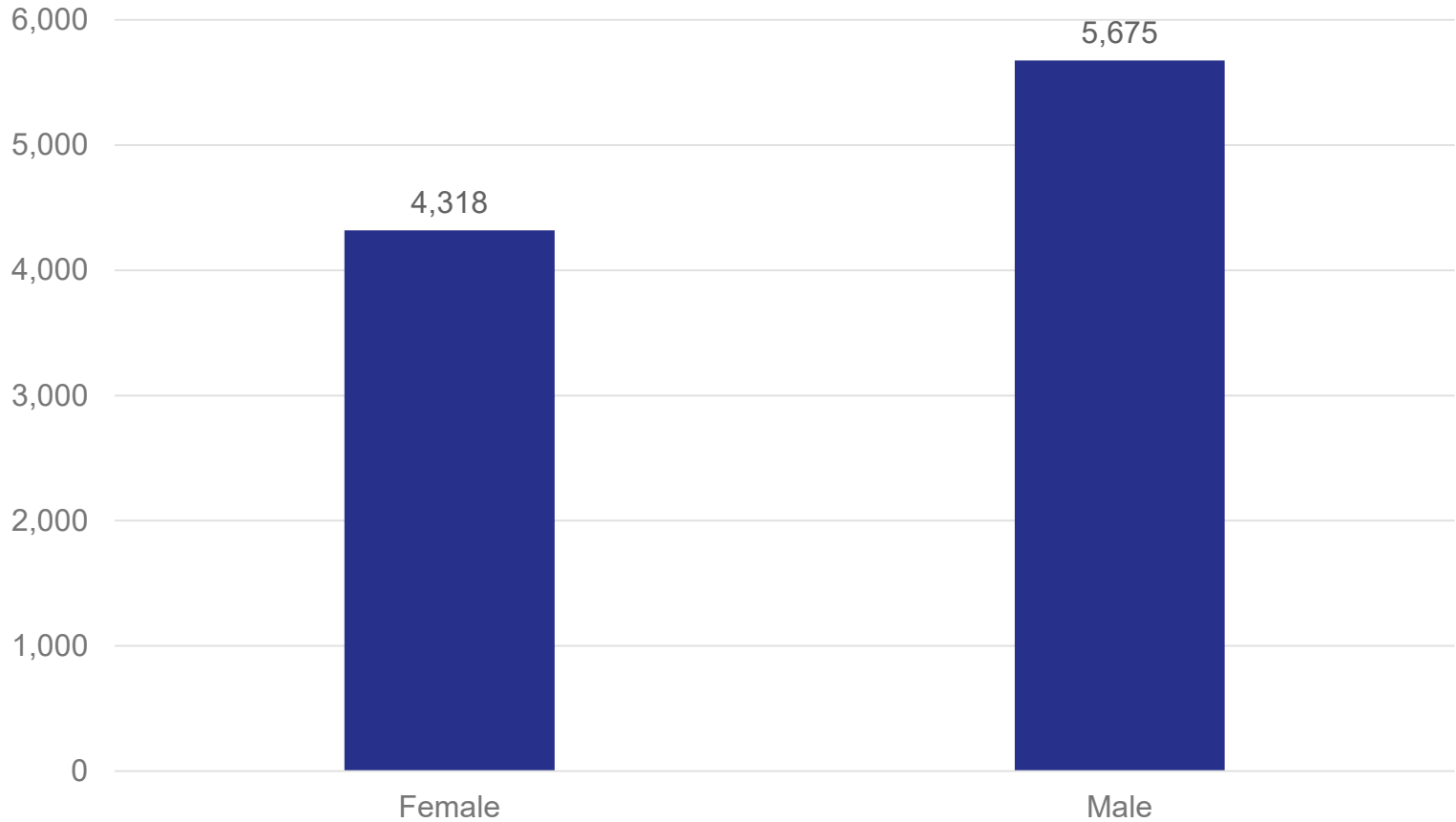
Preliminary Data as of 01/2021

Specialty Mental Health Visits
Visits per 100,000 beneficiaries 21 years and older by Race/Ethnicity through 2020

Preliminary Data as of 01/2021

Prescription Claims

- Number of prescription claims that were received

- Data represent total prescriptions (claims), not individual people

- Data only includes outpatient prescriptions

- Source of data:

  – MIS/DSS Claims and Eligibility

Prescription Claims
Claims per 100,000 beneficiaries
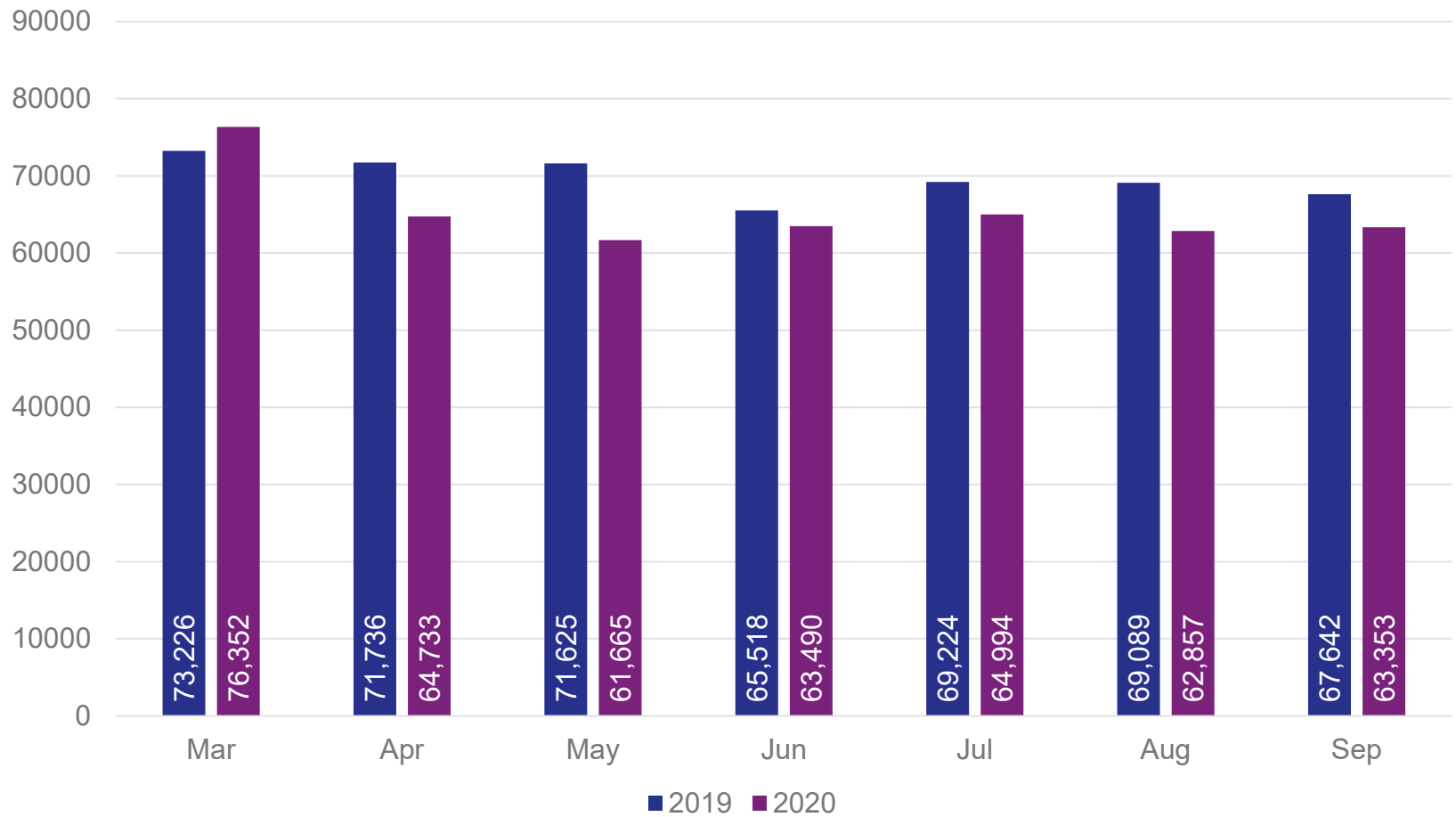
Preliminary Data as of 01/2021

Prescription Claims

Claims per 100,000 beneficiaries by Sex through 2020


Preliminary Data as of 01/2021

Prescription Claims

Claims per 100,000 beneficiaries by Age Group through 2020

Bar chart showing Claims per 100,000 beneficiaries by Age Group:
- Under 18: 21,281
- 18 - 64: 91,682
- 65 & Up: 64,625

Preliminary Data as of 01/2021

Prescription Claims
Claims per 100,000 beneficiaries by Race/Ethnicity through 2020

Hispanic	Asian	Black or African-American	Native Hawaiian or Other Pacific Islander	White	Other/Unknown
47,130	70,594	70,115	74,042	83,303	60,216
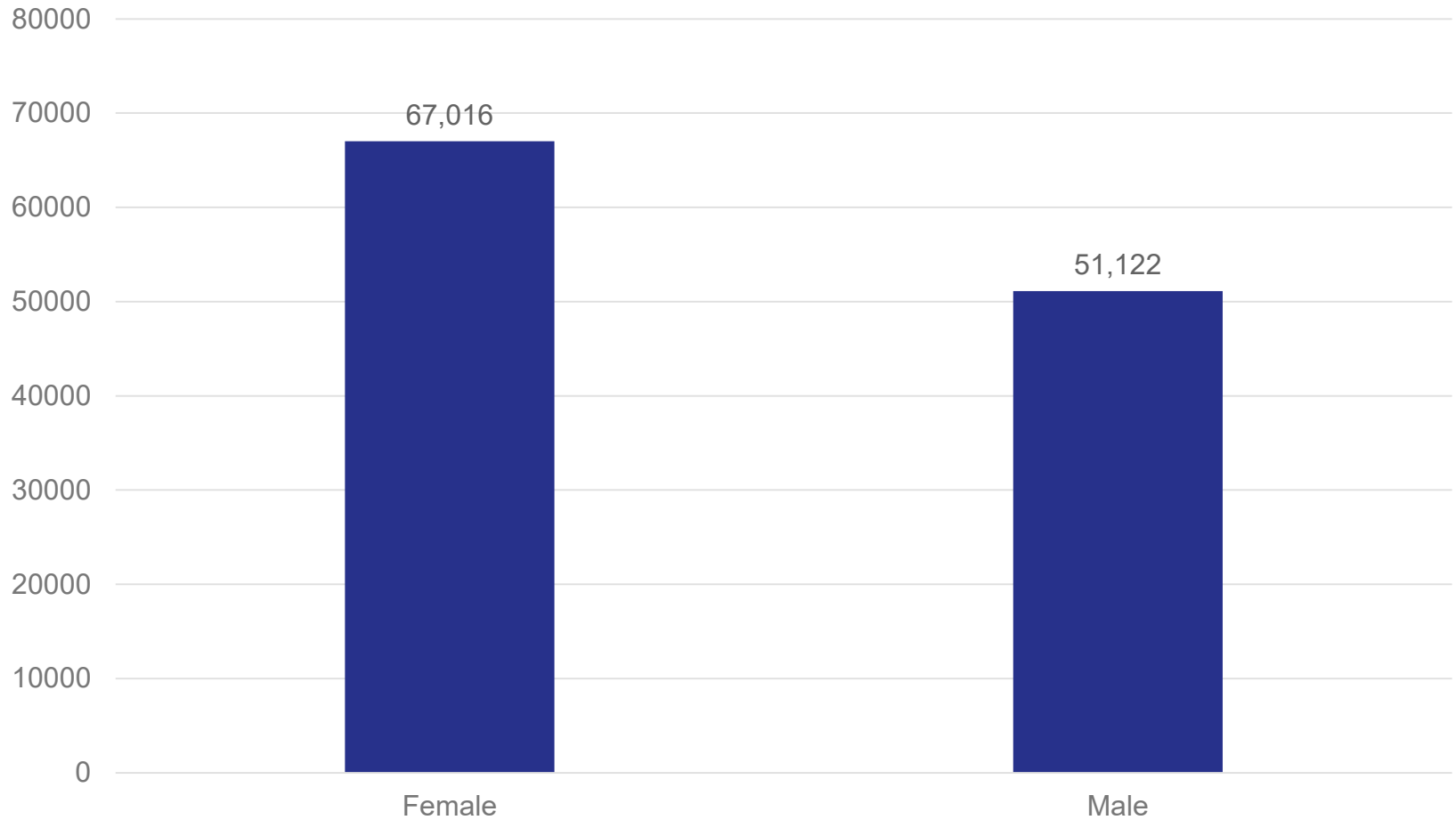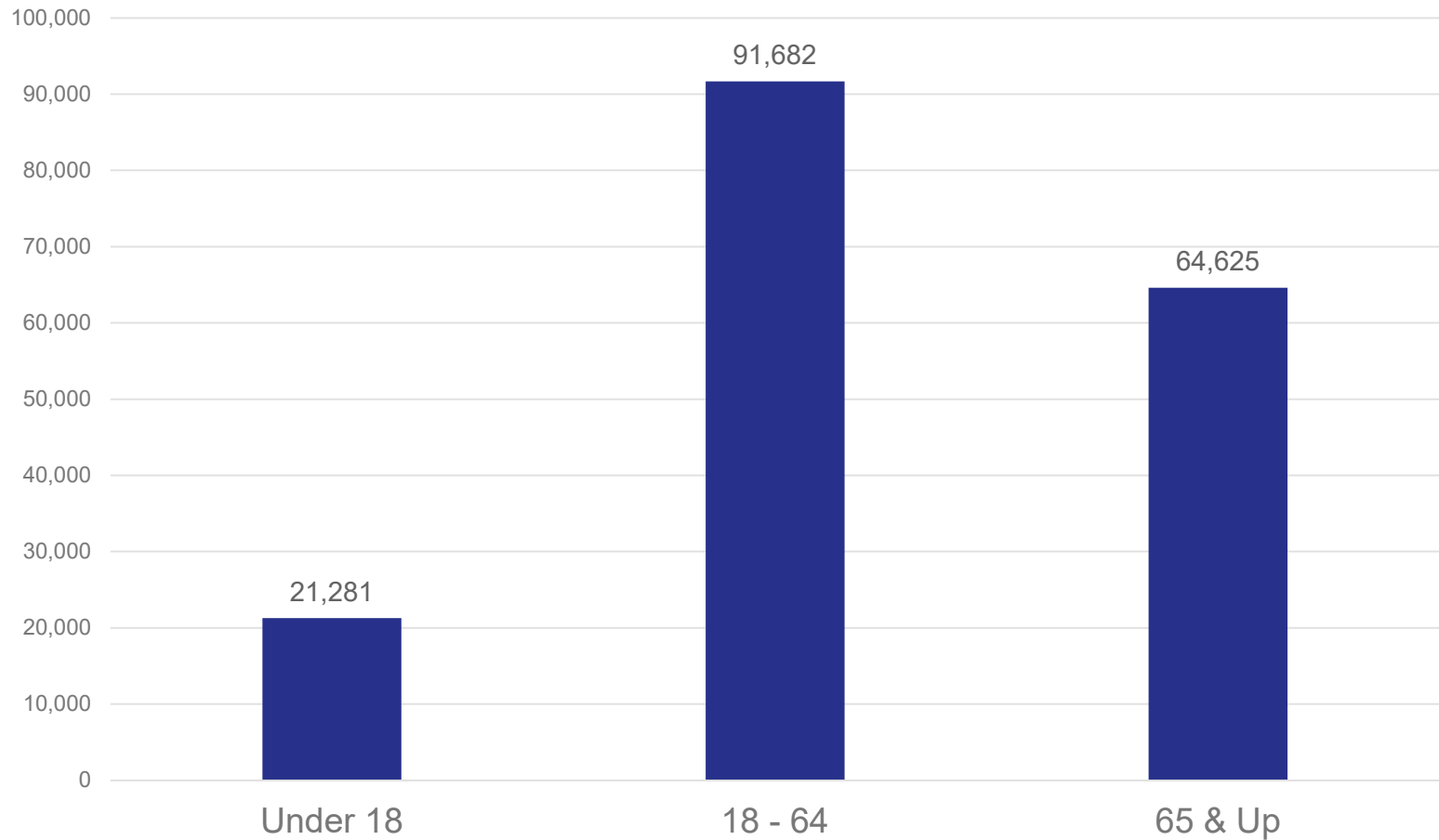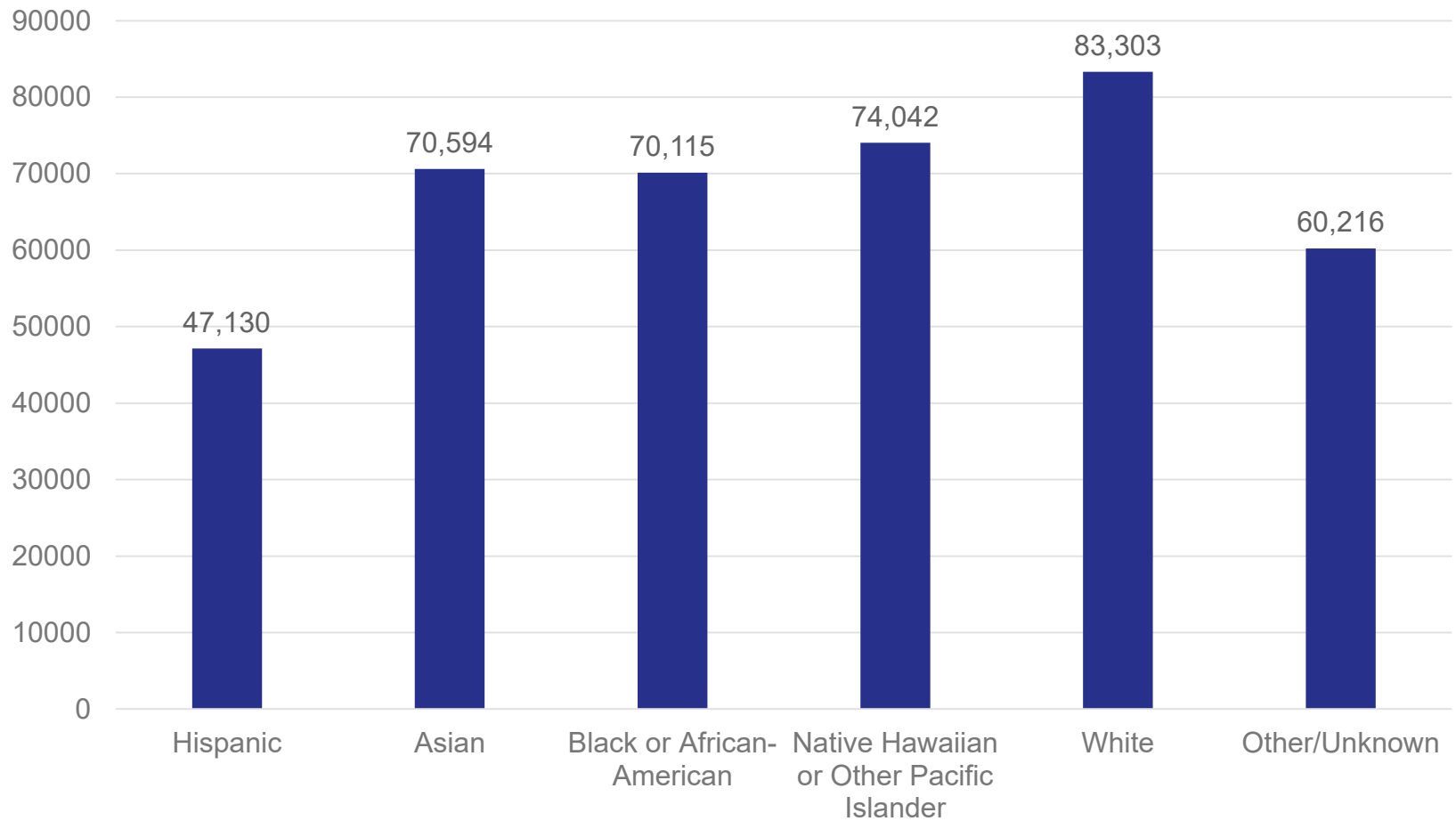
Preliminary Data as of 01/2021

Immunizations for the Vaccines for Children Program

- Data represents Vaccine for Children (VFC) immunizations that have been reported to the California Immunization Registry (CAIR2)

- Approximately two-thirds of VFC sites participate in CAIR2

- California pharmacies are required to report vaccinations to an immunization registry, while registry participation is voluntary for other providers

- CAIR2 currently excludes data from providers in counties using:
  - San Diego Immunization Registry (San Diego)
  - Healthy Futures Registry (Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties)

- Data Source: California Department of Public Health, California Immunization Registry (CAIR2)

Vaccine for Children
Total Vaccine Doses for 0-2 Year Olds
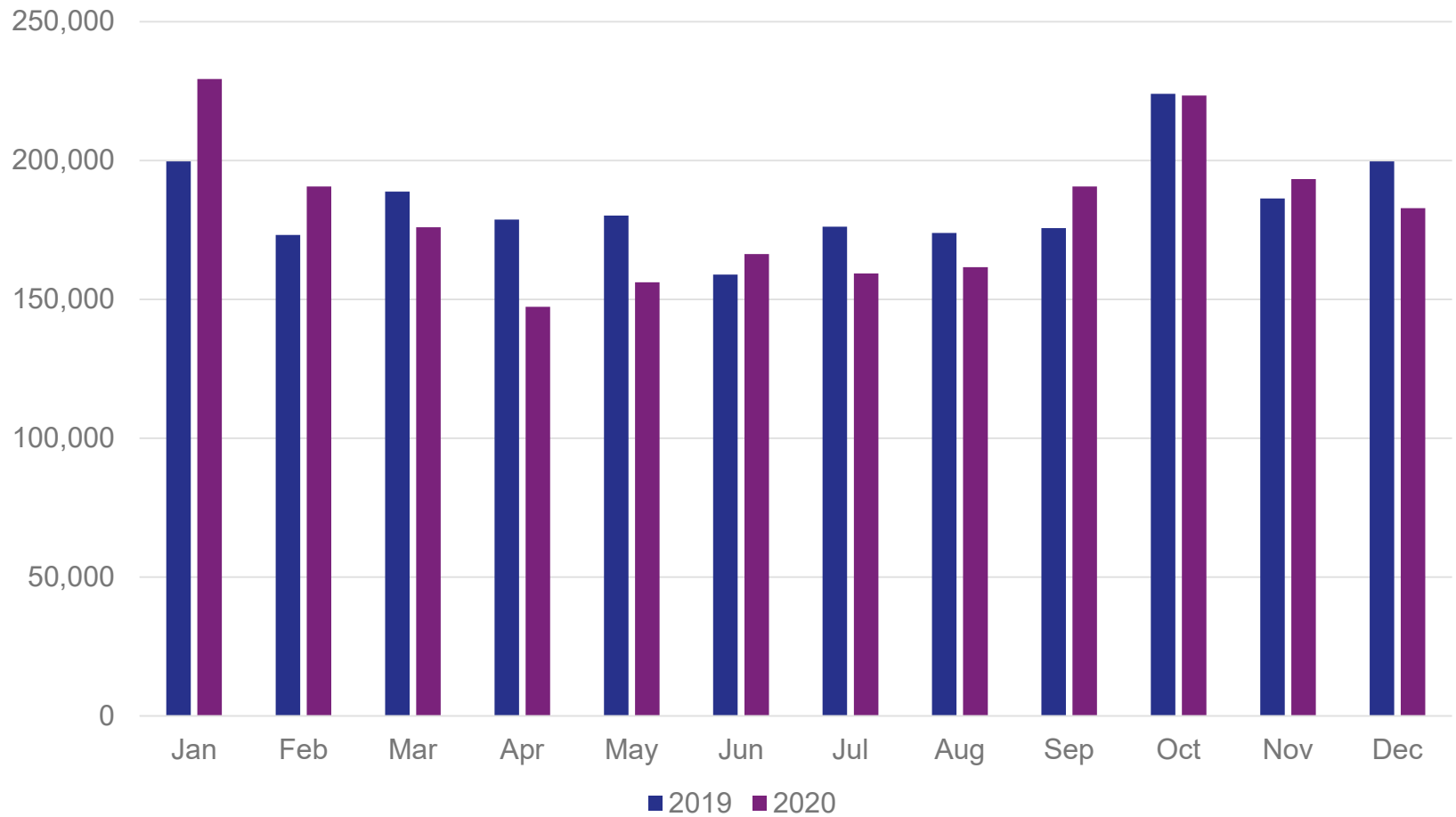
Vaccine for Children
Total Vaccine Doses for 0-18 Year Olds
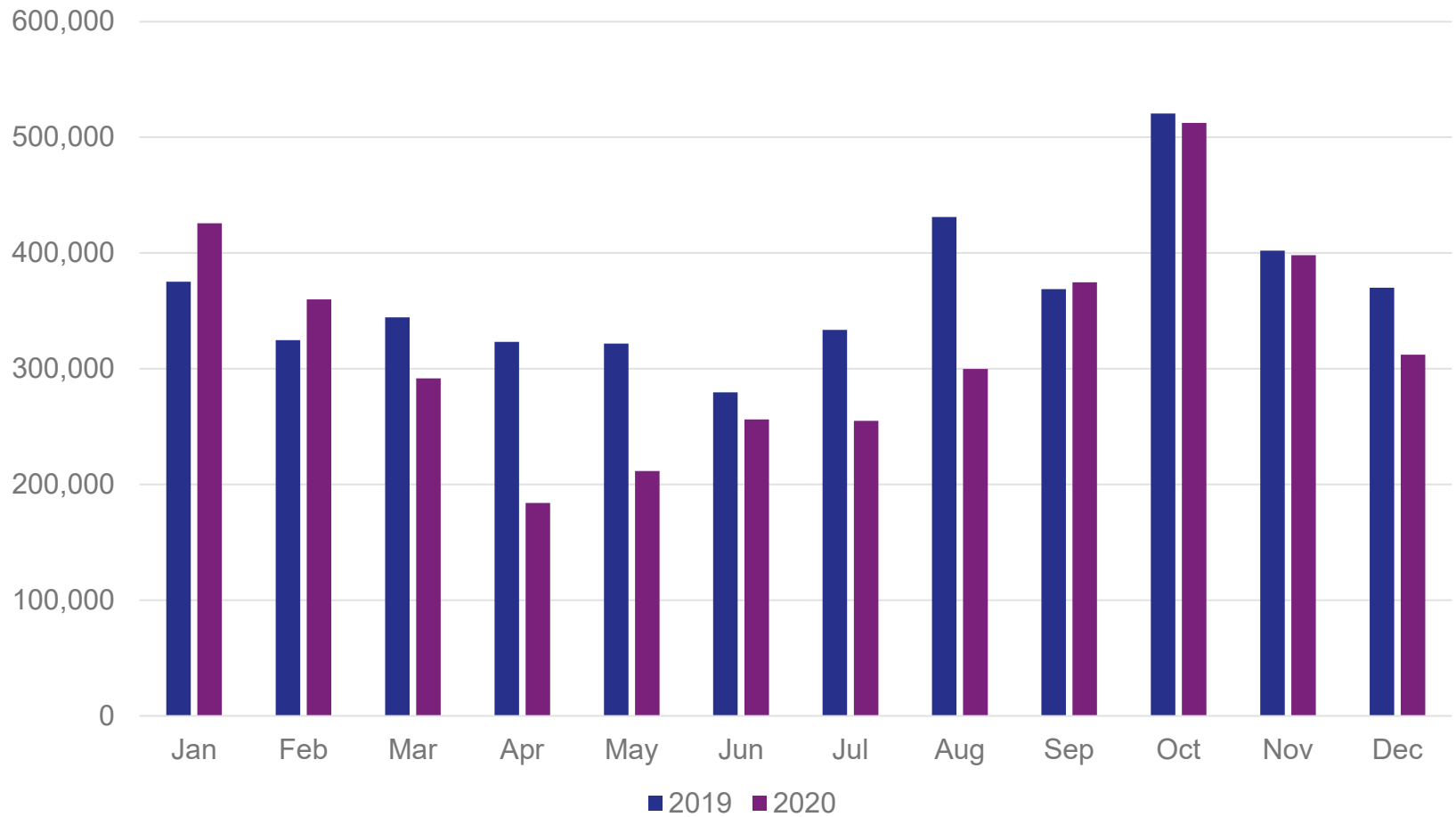
Status of DHCS Telehealth Policies

Telehealth Brief History

- **Pre-COVID Telehealth Policy**
  - Medi-Cal's telehealth policy was originally established pursuant to Assembly Bill 415, known as the Telehealth Advancement Act of 2011.
  - In 2019, DHCS, following extensive stakeholder engagement and public comment, introduced revised telehealth policy that afforded substantial flexibility to licensed providers to make clinically appropriate decisions regarding the use of synchronous and asynchronous telehealth modalities across both FFS and managed care.

Temporary COVID-19 PHE Flexibilities

- Expand the ability of providers to render all applicable Medi-Cal services that could be appropriately provided by via telehealth modalities, including those historically not identified or regularly provided via telehealth, such as home and community-based services, Local Education Agency (LEA), and Targeted Case Management (TCM) services.
- Allow most telehealth modalities to be provided for new and established patients.
- Allow many covered services to be provided via telephonic/audio only services for the first time.
- Allow payment parity between in-person, synchronous telehealth, and telephonic services, including FQHC/RHCs in both FFS and managed care.
- Waive site limitations for both providers and patients for FQHC/RHCs.
- Allow expanded access to good-faith provision of telehealth through non-public technology platforms that would otherwise not be allowed under HIPAA requirements.

Pathway Forward

Post COVID-19, DHCS is recommending broad changes to allow the continuation of additional Medi-Cal-covered benefits and services to be provided via telehealth modalities.

- Approach is both reasonable and balanced to ensure equity in availability of modalities across the delivery systems while protecting the integrity of the Medi-Cal program.

- Use of the various telehealth modalities continues to provide beneficiaries with increased access to critically needed subspecialties and could improve access to culturally appropriate care.

- Ensure adherence to HIPAA Privacy Rules for appropriate uses and disclosures of information.

DHCS Guiding Principles

The following principles were used in developing the post-COVID-19 PHE telehealth policy changes:

- Equity
- Access
- Standard of Care
- Patient Choice
- Confidentiality
- Stewardship
- Payment Appropriateness

Telehealth Recommendations

- Allow specified FQHC and RHC providers to establish a new patient, located within its federally designated service area, through synchronous telehealth, and make permanent the removal of the site limitation.

- Make permanent the removal of the site limitations on FQHCs and RHCs, for example, allowing them to provide services to beneficiaries in the beneficiary's home

- Expand synchronous and asynchronous telehealth services to 1915(c) waivers, the TCM Program, and the LEA Medi-Cal Billing Option Program (LEA BOP), and add synchronous telehealth and telephone services to Drug Medi-Cal.

- Require payment parity between in-person, face-to-face visits, and synchronous telehealth modalities, when those services meet all of the associated requirements of the underlying billing code(s), including for FQHC/RHCs.
    - Payment parity is required in both FFS and managed care delivery systems, unless plans and network providers mutually agree to another reimbursement methodology.

Telehealth Recommendations (cont.)

- Expands the use of clinically appropriate telephonic/audio-only, other virtual communication, and remote patient monitoring for established patients only.
  - These modalities would be subject to a separate fee schedule and not billable by FQHC/RHCs.

- Provides that the TCM Program and the LEA BOP will follow traditional certified public expenditure (CPE) cost-based reimbursement methodology when rendering services via applicable telehealth modalities.

Telehealth Recommendations (cont.)

Flexibilities DHCS is <u>not</u> recommending:

- Telephonic/audio-only modalities as a billable visit for FQHC/RHCs reimbursed at the Prospective Payment System rate.

- Telephonic/audio-only modalities to establish a new patient.

- Payment parity for telephonic/audio-only modalities, virtual communications for delivery systems allowed to bill such services.

- Continuing COVID-19 PHE telehealth policies for Tribal 638 clinics, as the federal government sets policy for Indian Health Services.

DHCS would like to engage with interested FQHC/RHC stakeholders regarding using telephonic/audio-only modalities, e-consults, virtual communication modalities (e.g., e-visits), and/or RPM in the context of an Alternative Payment Methodology.

DHCS Next Steps

- **Budget Proposal:** The budget includes $94.8 million total funds ($34 million General Fund) to implement remote patient monitoring services as an allowable telehealth modality in the FFS and managed care delivery systems.

- Advancing Trailer Bill Language (TBL): With an effective date of July 1, 2021
- Submission of State Plan Amendments (SPAs)
- Submission of 1915(c) Home and Community-Based Services (HCBS) Waivers
- Promulgating CA Regulations
- Developing and Issuing Policy Guidance: Through
- Initiating Stakeholder Engagement

- DHCS' telehealth policy recommendations are posted on the DHCS website: https://www.dhcs.ca.gov/services/medi-cal/Documents/DHCS-Telehealth-Policy-Proposal-2-1-21.pdf

Medi-Cal Managed Care Plan (MCP) Procurement

Michelle Retke, Chief
Managed Care Operations Division (MCOD)

Brian Hansen, Health Care Delivery Systems (HCDS)

DHCS Stakeholder Advisory Committee Meeting
MCP Procurement Process/Timeline
Discussion Items

Items
1. Potential 2021 County/Plan Model Changes
2. RFI Feedback Overview
3. Next Steps
4. Q&A

CURRENT MEDI-CAL MANAGED CARE MODELS

San Benito Model (Expansion)

Imperial Model (Expansion)

Regional Model (Expansion)

COHS Model (Expansion)

Two Plan Model

GMC Model

COHS Model
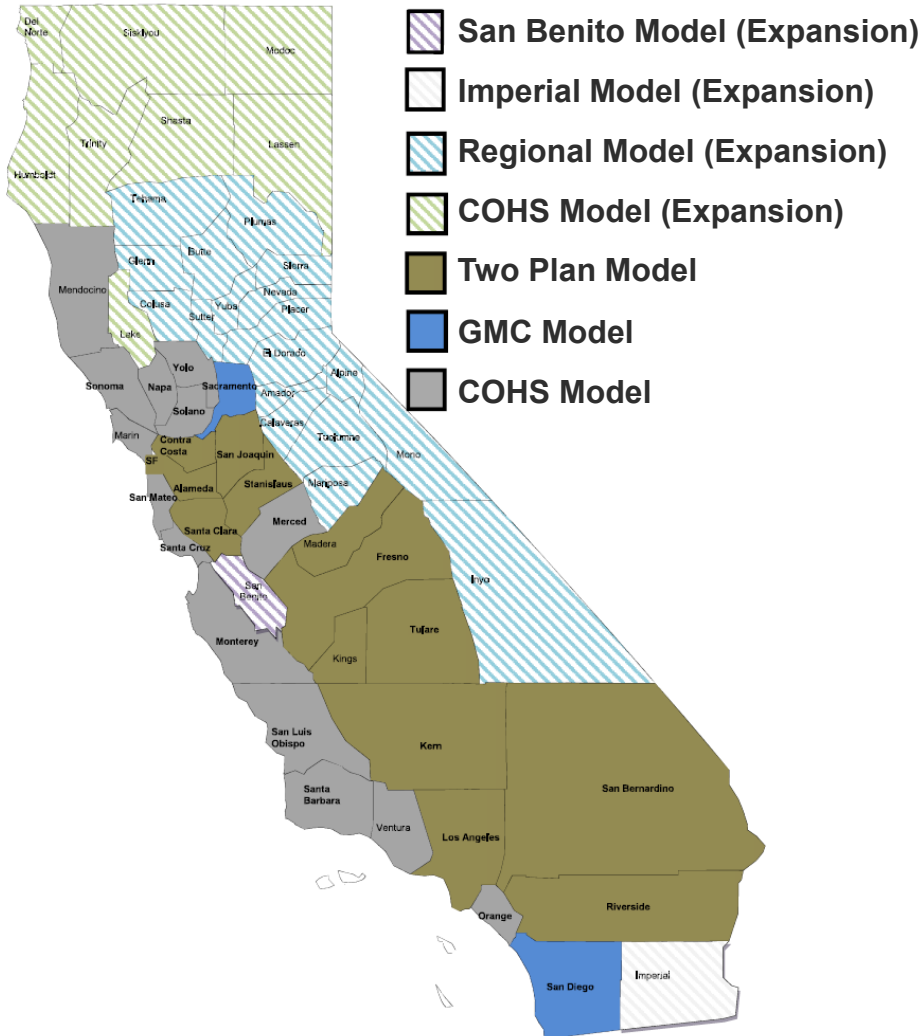
- Opportunity for counties to transition to a managed care model that includes a local plan by **January 2024**.

- Changes are dependent upon DHCS review and approval.

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Impacts to MCP procurement:

• The implementation date for commercial plans procured in the RFP, AND any **new** local plans implementing outside of the RFP, is January 1, 2024.

• **If** a county transitions to a model that includes a local plan, DHCS may:

  o Remove that county from the commercial plan procurement (for a single local plan model)

  o Reduce the number of commercial plans procured in the county (for a Two-Plan or Regional Model).

DHCS Stakeholder Advisory Committee Meeting
MCP Procurement Process/Timeline –
Potential 2021 County/Plan Model Changes

County/Plan Prerequisites	Description
Letter of Intent	• Submitted to DHCS by county and corresponding managed care plan indicating a firm intention to transition to a model that includes a local plan model by January 2024.
State Statutory Authority	• Provides an important public review process. • Counties encouraged to complete their own assessment of statute that may be needed. *DHCS is available to provide technical assistance as the county works with legislative staff on legislation.*
Federal Authorization for a New Single Plan Model	• Allows a single plan entity to act as the only Medi-Cal plan (similar to a COHS model) in a county.

Letter of Intent (LOI)

- Submitted to DHCS by counties and the corresponding MCP by **March 31, 2021**.

- For the county to demonstrate:

  - Understanding of the MCP's obligations as a new local plan.,

  - Describe county engagement underway.

  - Outline the necessary steps in order to meet the preliminary requirements.

- DHCS LOI Instructions released February 2 and available at the DHCS Medi-Cal Managed Care home page in the "hot topics" section. (Hyperlinked)

DHCS Stakeholder Advisory Committee Meeting
MCP Procurement Process/Timeline –
Potential 2021 County/Plan Model Changes

- **New proposed local plans are reviewed/approved by DHCS based on LOI Information. The county and plan will**:

  o Describe the new model proposed and the corresponding managed care plan.

  o Attest to financial good standing and ability to meet financial readiness and ability to meet all other readiness requirements.

  o Attest to finalizing all applicable county ordinance, state statute by October 2021.

  o Describe planning for service delivery, network adequacy, quality and monitoring; and accessibility standards.

- **DHCS will also review**: 1) current and historical quality data and performance for the corresponding plan; and 2) additional readiness information at various points between now and 2024.

Key Event	Date
All counties inform DHCS with intent to change from current plan model type and submit financial feasibility assessment	By March 31, 2021
Last day to amend a bill	September 3, 2021
Last day to pass a final bill	September 10, 2021
Approved county ordinance filed with DHCS	October 10, 2021
Last day for Governor to sign/veto bills	October 10, 2021
Final RFP release	After October 10, 2021

DHCS Stakeholder Advisory Committee Meeting
MCP Procurement Process/Timeline –
RFI Feedback Overview

- Released September 1

- Webinar on September 10

- Feedback was due October 1

- Eight feedback questions and two categories for additional comments

- 76-plus entities responded including Health Plans, Associations (ex: Hospitals, providers, etc.), Advocacy/Union, Government, Other

- 1135-plus comments received

DHCS Stakeholder Advisory Committee Meeting
MCP Procurement Process/Timeline –
Common RFI Feedback Recommendations Across Categories

- Improve and standardize **data collection, sharing, and reporting**

- Greater regulation and oversight of **delegated entities and services**

- Enhance c**ommunity coordination, collaboration, and engagement**

- Increase **MCP** i**ncentives/penalties**

- Allow greater **MCP flexibility**

DHCS Stakeholder Advisory Committee Meeting
MCP Procurement Process/Timeline –
Key RFI Feedback Themes

Key Theme	RFI Feedback Recommendations
Reducing Health Disparities and Achieving Health Equity	• Annual assessment and public reporting of health disparities • Coordination/collaboration with community leaders, service providers, local health departments, etc. • Enhance case management (ECM)
Access to Care and Care Coordination	• Data sharing across MCPs, government agencies, providers, and community organizations • ECM/service delivery/outreach • Clarify state's care coordination requirements/policies

Key Theme	RFI Feedback Recommendations

Children's Preventative Services and Access to Care for Children	• Children's mental and behavioral health screenings
	   o Standardize tools, training
	   o Expand access to assessments
	• Family supportive services
	   o Promote family-unit, dyadic care, and health home models

Quality Outcomes and Innovative Approaches	• Increase required collection and reporting of quality
	• Delegation of services
	   o Reduce levels of delegation
	   o Increase oversight of delegated services
	• Financial incentives and penalties

DHCS Stakeholder Advisory Committee Meeting
MCP Procurement Process/Timeline –
Next Steps

Key Event	Date
1. Draft RFP Release	Targeting Spring 2021
2. Final RFP Release	Targeting Late 2021
3. Proposals Due	Targeting Late 2021 – Early 2022
4. Notice of Intent	Targeting Early 2022 – Mid 2022
5. MCP Operational Readiness	Targeting Mid 2022 – Late 2023
6. Implementation	January 2024

MCP Procurement Process/Timeline

Q&A

Michelle Retke,
Chief, Managed Care Operations Division (MCOD)
Brian Hansen
Health Care Delivery Systems (HCDS)

Medi-Cal Rx Update

Project Timeline
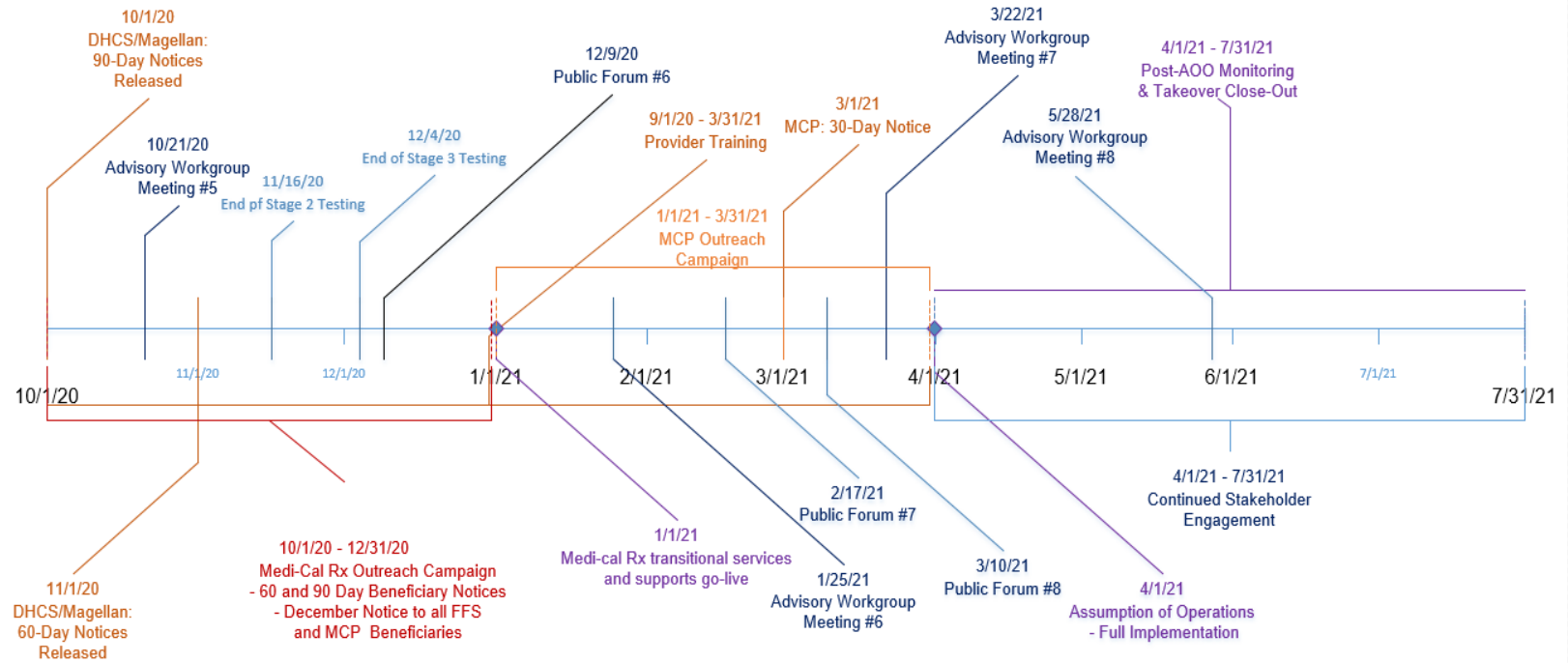
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Project Status & Implementation Updates

- On January 1, Magellan successfully launched the vast majority of various Transitional Supports and Services (TSS) it will be providing between now and the full implementation of Medi-Cal Rx on April 1. These TSS include:

  o Medi-Cal Rx Customer Service Center, which is available to take calls 24 hours a day, 7 days a week, 365 days per year.

  o Expanded web –portal functionalities for providers, health plans, and beneficiaries, such as the Medi-Cal Rx Provider Manual, Pharmacy Locator Tool, and searchable Contract Drug List

  o Expanded outreach to health plans and prescribers, inclusive of targeted meetings and trainings. One key area is the series of health plan "meet and greets" with Medi-Cal Rx clinical liaisons.

Recent and Upcoming Additions to the Medi-Cal CDL

- Contract Drug List (CDL) and Managed Care Plan (MCP) formularies:
  - In January 2020, DHCS identified the aggregate gap of drugs available on MCP formularies and the CDL.
  - As a product of DHCS' analysis, and in an effort to drive down the total number of required prior authorizations, 81 medications have been added to the CDL since January 2020.
  - DHCS continues to review the CDL and consider opportunities to add new medications on a monthly basis.

Key Project Metrics: Provider Enrollment

o As of December 14, 2020, Medi-Cal has enrolled **6,207 out of 6,581** licensed outpatient pharmacies in California.

o As part of this effort and to ensure sufficient coverage, DHCS compared the full set of 2019 managed care data to the FFS provider enrollment data, and identified a list of 388 unenrolled, active pharmacies to target for enrollment into Medi-Cal.

o DHCS performed multiple rounds of direct mail and phone outreach to these unenrolled, active pharmacies. To date, DHCS has received applications from approximately 46 pharmacies and, based upon oral commitments, expects to receive approximately 58 more.

Key Project Metrics: Provider Portal Registration

- As of January 15, **3,500** pharmacies and **1,176** prescribers have registered for the portal.

- DHCS/Magellan and stakeholders are continuing targeted efforts to increase these numbers and ensure participation in vital training sessions.

  o However, please note, registering for the secure portal, while recommended, is not necessary to submit claims and prior authorization requests, and some pharmacies/providers have indicated they do not intend to register for the portal.

Key Project Metrics: Provider Portal Registration (cont.)

- In addition to the Medi-Cal Rx secure web portal, providers can:
  - Submit and manage pharmacy prior authorizations (PA) through:
    - National Council for Prescription Drug Programs (**NCPDP)** transactions
    - CoverMyMeds (electronic PA submission)
    - Fax
    - Mail
  - Submit and manage pharmacy claims through:
    - Point-of-Service, which is the vast majority of pharmacy claims submissions.
    - Batch submission
    - Mail

Key Project Metrics: Medi-Cal Rx Customer Service Center

Figure 1: Who is calling the Medi-Cal Rx Customer Service Center?

Calls to Customer Service Center - Through Jan. 19, 2021
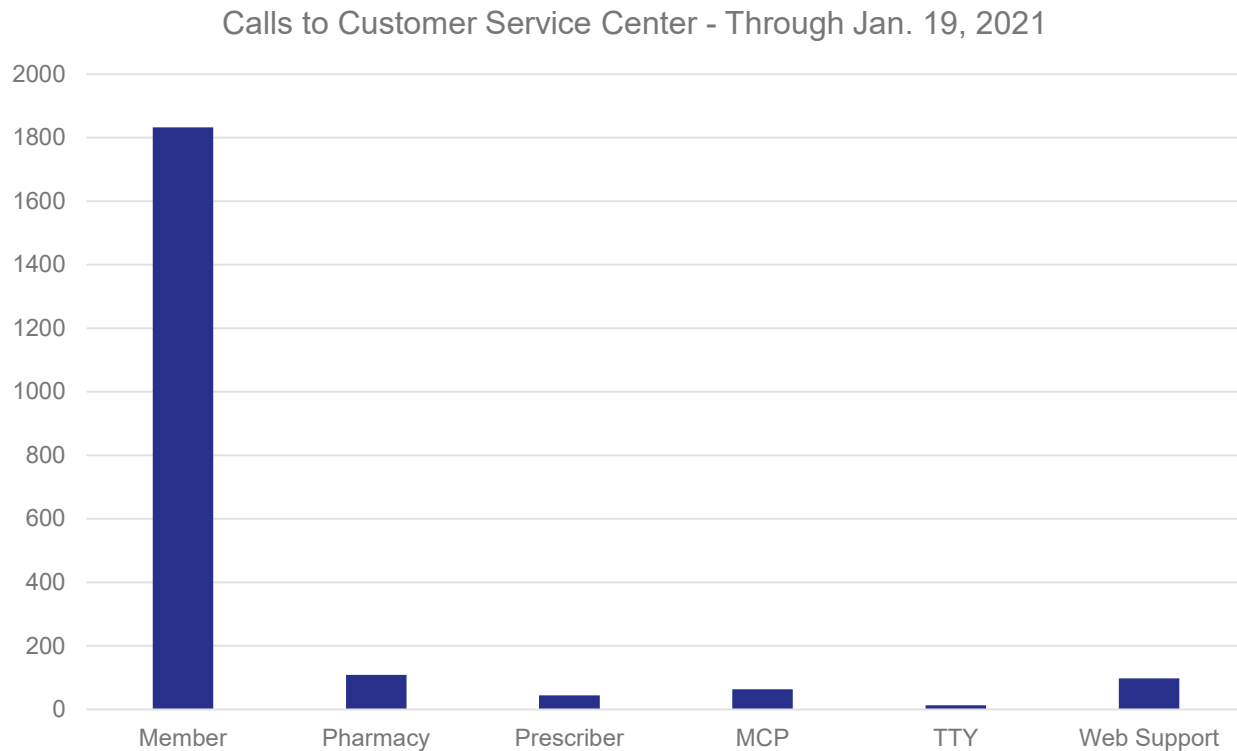
# Key Project Metrics: Medi-Cal Rx Customer Service Center (cont.)

Figure 2: Why are people calling?
(Data current, as of January 19, 2021)

Beneficiary Info / Inquiry/Transition Letter Explanation	27.4%
Referrals (external)/Other Health Provider - MCP	15.3%
Referrals (external)/Eligibility – To Change Information	9.85%
Referrals (external)/ID# / ID Card Request	9.75%
Referrals (external)/Other Health Provider – Medi-Cal FFS	9.65%
Beneficiary Info Inquiry/Eligibility Status	5.35%
Pharmacy Unrelated Issues/Call Dropped Unexpectedly	3.7%
Pharmacy Unrelated Issues/Test	3.4%
Research/Research	2.8%
Referrals (external)/Other Health Provider - Coverage	2%

Key Project Metrics: Medi-Cal Rx Website Traffic

Figure 3: Medi-Cal Rx Web Traffic Report (data as of January 8, 2021)
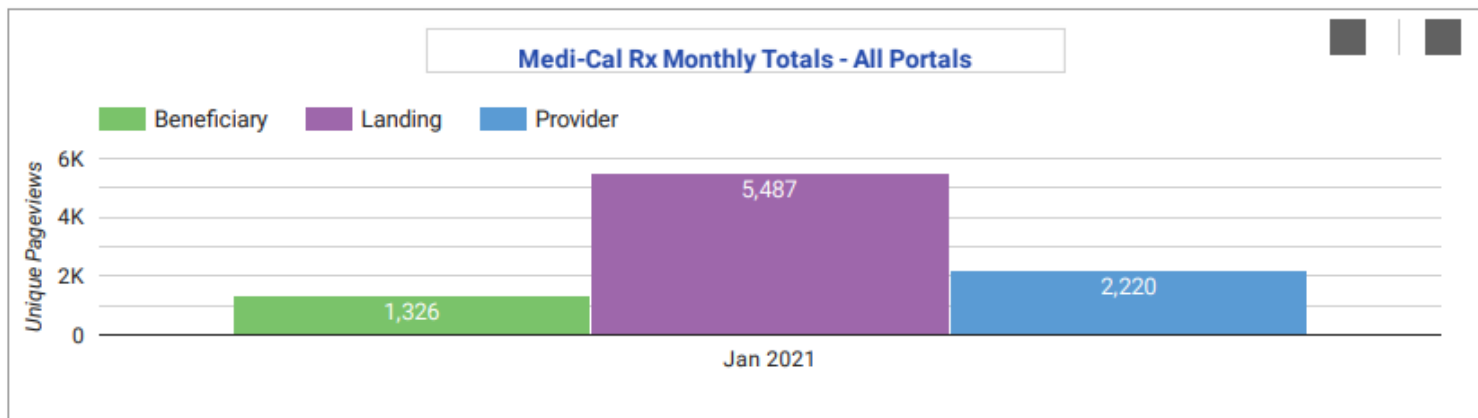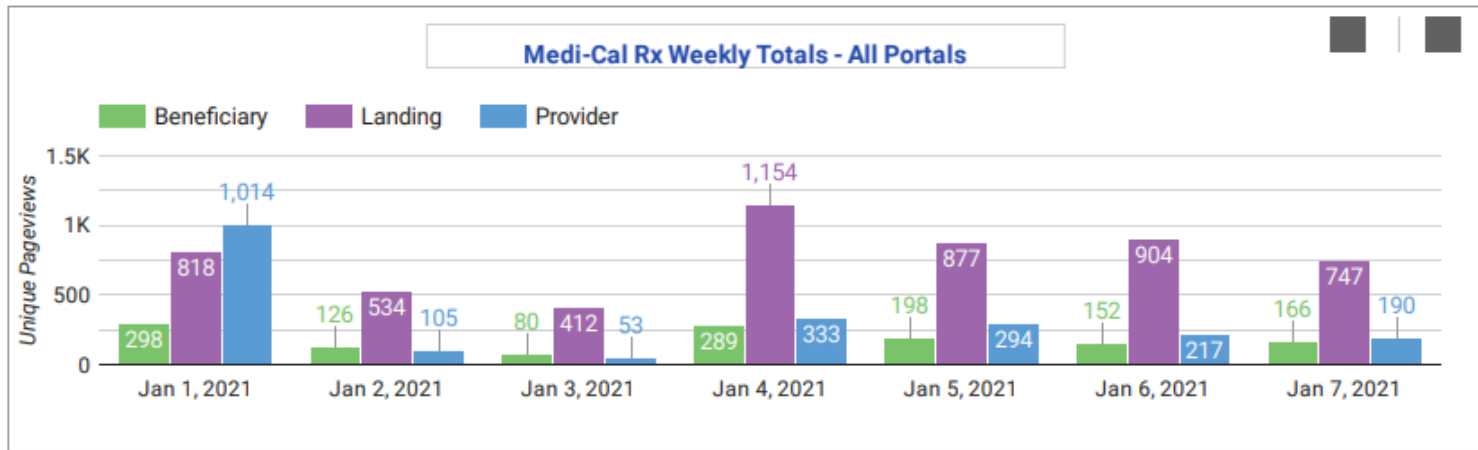
Medi-Cal Rx Outreach and Noticing Strategies

- DHCS is working with Magellan to finalize another reminder notice for all approximately 13.5 million Medi-Cal beneficiaries (which will be sent to all heads of household in mid to late February) with more information and tools/resources that may be helpful during the remainder of the TSS period, and as we look to full implementation on April 1, 2021.

- Medi-Cal MCPs will implement their previously approved outreach campaigns between January 1, 2021, and March 31, 2021. Additionally, MCPs will be mailing a revised 30-day notice, which is expected to be received by respective MCP members on or about March 1, 2021.

Helpful Information and Resources

DHCS encourages all stakeholders to STAY INFORMED!

- Sign up for Medi-Cal Rx subscription service, to receive Medi-Cal Rx updates in near real-time by email.

- The dedicated Medi-Cal Rx secure web portal has launched the registration page for Medi-Cal provider access, including, but not limited to, physician prescribers and pharmacies.

    - https://medi-calrx.dhcs.ca.gov/home/

- For detailed registration and training instructions, access the *Medi-Cal Rx Web Portal and Training Registration* article located on the Pharmacy News Page

    - https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news

Helpful Information and Resources (cont.)

- 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
- DHCS invites stakeholders to submit questions and/or comments regarding Medi-Cal Rx via email to RxCarveOut@dhcs.ca.gov

Public Comment

Next Steps and Final Comments