

# 2024 DHCS PHM STRATEGY DELIVERABLE TEMPLATE

## Submission Instructions

Due October 31, 2024

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## Overview:

On January 1, 2023, the California Department of Health Care Services (DHCS) launched the Population Health Management (PHM) Program, which is a cornerstone of California Advancing and Innovating Medi-Cal (CalAIM). As part of the PHM Program, Managed Care Plans (MCPs) are required to submit this PHM Strategy Deliverable Template to DHCS annually. The purpose of the annual PHM Strategy Deliverable Template is for MCPs to demonstrate their engagement in local health jurisdictions (LHJs) community health assessments (CHAs) and community health improvement plans (CHIPs) and provide other updates on the MCP implementation of the PHM Program to inform DHCS' monitoring efforts.<sup>1</sup> For 2024, the DHCS PHM Strategy Deliverable Template is intended for MCPs to:

- Share updates to the shared goal/SMART objectives developed in collaboration with LHJs for the 2023 DHCS PHM Strategy Deliverable
- Share how they are meaningfully participating on LHJs' CHAs and CHIPs, including bright spots and challenges
- Attest to completion of the National Committee for Quality Assurance (NCQA) PHM Strategy (inclusive of annual NCQA population assessment) and provide updates since last submitted to DHCS
- Share updates on progress towards Key Performance Indicators (KPIs) and DHCS Bold Goals

If DHCS has concerns about MCPs' DHCS PHM Strategy Deliverable Template submissions, DHCS will engage in monitoring and compliance efforts to drive improvement in these PHM program elements as specified in the PHM Policy Guide.

## Directions:

An online Template will be available later this summer for MCPs to provide their submissions. The link to the online Template will be posted on the [DHCS PHM webpage](#) once available.

Please note that MCPs within the same LHJ service areas shall each complete the PHM Strategy Deliverable Template, even when the MCPs collaborate with one another. Each

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<sup>1</sup> This deliverable template is aligned with requirements established in the 2024 Contract, the PHM Policy Guide, and the PNA and PHM Strategy All Plan Letter (APL 23-021).

Prime MCP<sup>2</sup> should complete this deliverable for the service area(s) it covers, ensuring that any populations served by Subcontracted MCPs<sup>3</sup> are included in the responses and that their input is considered as appropriate. Subcontracted MCPs are not required to complete and submit this deliverable template separately. All Prime MCPs are responsible for ensuring that their Subcontracted MCPs and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance (e.g., APLs, Policy Letters, PHM Policy Guide, and DHCS [Comprehensive Quality Strategy](#)), including all relevant requirements on health education and cultural and linguistic needs.<sup>4</sup>

For questions and additional information, please email [PHMSection@dhcs.ca.gov](mailto:PHMSection@dhcs.ca.gov) (Subject line: Questions re: 2024 PHM Strategy Deliverable Template).

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<sup>2</sup> A Prime MCP is a managed care plan that directly contracts with DHCS to provide Covered Services to members within the county or counties specified in their contract ([Managed Care Plan Transition Policy Guide](#)).

<sup>3</sup> A Subcontracted MCP is a managed care plan that contracts with the Prime MCP to assume full or partial risk of a portion of the Prime MCP's membership. ([Managed Care Plan Transition Policy Guide](#)).

<sup>4</sup> Medi-Cal Managed Care Boilerplate Contract, Exhibit A, Attachment 3, Section 4.3.2 Population Needs Assessment

# 2024 DHCS PHM STRATEGY DELIVERABLE TEMPLATE

**Due October 31, 2024**

## Directions:

MCPs should submit this PHM Strategy Deliverable Template by EOD October 31, 2024. Each Prime<sup>1</sup> MCP should complete this form for the service area(s) it covers, ensuring that any populations served by Subcontracted MCPs<sup>2</sup> are included in the responses and their input is considered, as appropriate. Subcontracted MCPs are not required to complete and submit this deliverable template separately.

- » All Prime MCPs are responsible for ensuring that their Subcontracted MCPs and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance (e.g., APLs, Policy Letters, PHM Policy Guide, and DHCS [Comprehensive Quality Strategy](#)), including all relevant requirements on health education and cultural and linguistic needs.<sup>3</sup>
- » For questions and additional information, please email [PHMSection@dhcs.ca.gov](mailto:PHMSection@dhcs.ca.gov) (Subject line: Questions re: 2024 PHM Strategy Deliverable Template).

**Date:** *[Drop-down]*

**Name of MCP:** *[Drop-down w/MCP options]*

**Name of Individual Submitting Response:** *[Text box]*

**Title of Individual Submitting Response:** *[Text box]*

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<sup>1</sup> A Prime MCP is a managed care plan that directly contracts with DHCS to provide Covered Services to members within the county or counties specified in their contract ([Managed Care Plan Transition Policy Guide](#)).

<sup>2</sup> A Subcontracted MCP is a managed care plan that contracts with the Prime MCP to assume full or partial risk of a portion of the Prime MCP's membership. ([Managed Care Plan Transition Policy Guide](#)).

<sup>3</sup> Medi-Cal Managed Care Boilerplate Contract, Exhibit A, Attachment 3, Section 4.3.2 Population Needs Assessment

**Email Address:** *[Text box]*

Please provide the name, title, and email address of the single point of contact for this MCP's PHM Program if different from the individual submitting this form. Please note, this contact information will be shared with key partners, such as LHJs. *[Text box]*

## Part A: Shared Goal/SMART Objective

As part of the 2023 DHCS PHM Strategy Deliverable, MCPs were required to collaborate with LHJs to identify mutual priorities and begin to develop **at least one** shared goal and a specific, measurable, attainable, realistic, and time-bound (SMART) objective to promote collaboration between MCP and public health entities (see examples [here](#)). The shared goal/SMART objective must have:

- » Had a start date of, or prior to, January 2024 and should be achievable in 1-2 years
- » Aligned with DHCS' Bold Goals initiative as described in [DHCS' Comprehensive Quality Strategy](#)<sup>4</sup>
- » Supported a related county LHJ project that was in the process of being implemented or was about to be launched
- » Qualified as SMART: Specific, Measurable, Achievable, Realistic, and Time-bound

1. **Please report the shared goal/SMART Objective that was developed in collaboration with the LHJ that your plan attested to have created in 2023.**
  - a. **Name of LHJ:** *[Text box]*
  - b. **Name and Email Address of LHJ Representative:** *[Text box]*
  - c. **Did the MCP collaborate with other MCP(s) within the LHJ's county/city to develop the shared goal/SMART Objective? (Please note this was not a requirement.)**
    - Yes
    - No

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<sup>4</sup> Please note the Shared Goal/SMART Objective was a separate 2023 DHCS PHM Strategy Deliverable activity intended to help support collaborative relationship-building among MCPs and LHJs. There is no requirement that LHJs' CHAs/CHIPs must align with DHCS' Bold Goals.

- d. **Shared Goal:** *[Text box] [MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box] (100 words or fewer)*
- e. **SMART Objective:** *[Text box] [MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box] (250 words or fewer)*
- f. **Please share your current progress on this shared goal/SMART objective activity.** *[Text box] [MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box] (250 words or fewer)*
- g. **Related DHCS Bold Goal:** *[Drop down box for each Bold Goal] [Select all that apply]*
  - i. **Is this shared goal/SMART-objective activity required based on MCAS performance, under the DHCS Quality Improvement and Health Equity Framework?**
    - Yes
    - No
  - ii. **Is this activity a required CMS Performance Improvement Project?**
    - Yes
    - No
  - iii. **Where is the targeted impact location of this activity?** *[Select all that apply]*
    - Hospital Based
    - Clinic Based
    - Community Based
    - School Based
    - Other: *[Text box]*
  - iv. **Select all entities (other than LHJs) that your organization is partnering with for this activity.** *[Select all that apply]*
    - Local educational entities (e.g. schools, local education agencies)
    - Local county behavioral health departments for specialty Mental Health Care and Substance Use Disorder (SUD) Treatment Services (e.g. mental health plans/providers, Drug Medi-Cal Organized Delivery System plans/providers)
    - Social services
    - Child welfare departments

- Continuums of Care programs
  - First 5 programs and providers
  - Regional centers
  - Area Agencies on Aging
  - Caregiver resource centers
  - Women, Infants, and Children Supplemental Nutrition Programs
  - Home and Community-Based Services (HCBS) waiver agencies and providers
  - Justice-involved partners and providers (e.g. jails, probation, community-based organizations (CBOs) serving this population)
  - Other: *[Text box]*
- v. **Are you leveraging an existing memorandum of understanding (MOU) with the LHJ or any of the entities selected above?**
- Yes. Please describe how this activity leverages an existing MOU. *[Text box]*
  - No. Please describe any future plans to leverage an MOU. *[Text box]*
- h. **Do you have another shared goal/SMART objective to report for this LHJ?**
- Yes *[Repeat of questions c-h will populate]*
  - No. By checking 'No' you are completing the shared goal/SMART objective reporting for this LHJ.
- i. **Do you have another LHJ within your service area for which you need to report the shared goal/SMART objective?**
- Yes. *[Repeat of questions a-i will populate]*
  - No. By checking 'No' you are confirming you have reported a shared goal/SMART objective for each LHJ within your service area.

## Part B: Progress Toward DHCS Bold Goals

The [Bold Goals 50x2025 initiative](#) was launched in 2022 as a focused campaign to improve the quality and equity of care in DHCS' three focus areas outlined in its Comprehensive Quality Strategy: children's preventive care, behavioral health

integration, and maternity care.

Each Bold Goal is evaluated by a collection of individual quality measures that all share an emphasis on health equity, most of which are found in the Medi-Cal Managed Care Accountability Sets (MCAS) of quality metrics that MCPs report on annually.<sup>5</sup>

This section is an opportunity for MCPs to describe current or future projects that are aimed at making progress toward each Bold Goal beyond what was reported in Part A: Shared Goal/SMART Objective. Each of the five Bold Goals must be accounted for in MCPs' reporting. If your organization does not have any projects to report for a particular Bold Goal, please identify the Bold Goal and describe why in the following response field. *[Text box] (200 words or fewer).*

**Please provide a separate response for questions 1-11 for each current or future project. Do not repeat any shared goal/SMART objective activities already reported in Part A.**

1. **Name of the project related to the Bold Goal:** *[Text box]*
2. **Is this a current or future project?**
  - Current
  - Future
3. **Select the Bold Goals that the project aims to improve upon:** *[Select all that apply] (A single response per project suffices, even if multiple Bold Goals are selected.)*
  - Close racial/ethnic disparities in well-child visits and immunizations by 50%
  - Close maternity care disparity for Black and Native American persons by 50%
  - Improve maternal and adolescent depression screening by 50%
  - Improve follow-up for mental health and substance use disorder by 50%
  - Ensure all MCPs exceed the 50th percentile for all children's preventive care measures
4. **Is this project required based on MCAS performance, under the DHCS Quality Improvement and Health Equity Framework?**
  - Yes

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<sup>5</sup> [CalAIM Bold Goals: 50x2025 | Medi-Cal Transformation](#)

- No
5. **Is this project a required CMS Performance Improvement Project?**
- Yes
  - No
6. **Where is the targeted impact location of this project?** *[Select all that apply]*
- Hospital Based
  - Clinic Based
  - Community Based
  - School Based
  - Other: *[Text box]*
7. **Please provide a brief description of the project and specific baseline and post-implementation data that assesses the efficacy of this project, including the number of members that have been reached/served. If no data is available yet, please identify a date by which data will be available.**  
**Description:** *[Text box]* **Number of members served:** *[Text box]* *[MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box]*
8. **Select all entities that your organization is partnering with for this project.**  
*[Select all that apply]*
- Local educational entities (e.g. schools, local education agencies)
  - Local county behavioral health departments for specialty Mental Health Care and Substance Use Disorder (SUD) Treatment Services (e.g. mental health plans/providers, Drug Medi-Cal Organized Delivery System plans/providers)
  - Social services
  - Child welfare departments
  - Continuums of Care programs
  - First 5 programs and providers
  - Regional centers
  - Area Agencies on Aging
  - Caregiver resource centers
  - Women, Infants, and Children Supplemental Nutrition Programs
  - Home and Community-Based Services (HCBS) waiver agencies and providers
  - Justice-involved partners and providers (e.g. jails, probation, CBOs serving this population)

- Other *[Text box]*
9. **Does the project leverage an existing memorandum of understanding (MOU) with the entities selected above?**
- Yes. Please describe how this project leverages an existing MOU with the entities selected above. *[Text box]*
  - No. Please describe any future plans to leverage an MOU with the entities selected above. *[Text box]*
10. **Please report the total value of new investments (in dollars) your organization has funded or will fund for this project.** *[Text box for dollar amount]*
11. **Do you have another project to report related to this Bold Goal?**
- Yes *[Repeat of questions 1-11 will populate]*
  - No. By checking 'No' you are completing the reporting of projects related to this Bold Goal.

## Part C: Meaningful Participation on LHJs CHAs/CHIPs

Starting January 1, 2024, MCPs were required to begin meaningfully participating in LHJs' CHAs/CHIPs in the service area(s) where they operate.

MCPs should review Section II (PHM Program) of the [PHM Policy Guide](#) and the [2024 MCP-LHJ Collaboration Worksheet](#) to help develop responses for this section, which includes questions on meaningful participation on LHJs' CHAs/CHIP. DHCS published the MCP-LHJ Collaboration Worksheet as a tool for MCPs and LHJs to build relationships to support the CHA/CHIP process. DHCS requires that this Worksheet be completed by August 1, 2024. However, MCPs do not have to submit the Worksheet to DHCS. MCPs may reference their responses in the Worksheet to inform the completion of this section. DHCS expects MCPs to coordinate with LHJs within their service area before finalizing responses and share Part C of their DHCS PHM Strategy Deliverable with LHJs once complete.

**Please provide a separate response for questions 1-12 for each LHJ within your service area(s).**

1. **Name of LHJ:** *[Drop-down w/LHJ options]*
2. **Name and Contact Information of LHJ Representative:** *[Text box for name, title, and email of LHJ Representative]*

3. **Which LHJ initiative is your organization *currently* meaningfully participating in?** *[Select all that apply]*

- CHA. Please provide the anticipated completion date.** *[Month/date drop-down]*
- CHIP. Please provide the anticipated completion date.** *[Month/date drop-down]*
- Neither. Please provide an explanation why your organization is not meaningfully participating on this LHJs CHA/CHIP.** *[Text box]*

4. **When did this LHJ complete its most recent CHA?** *[Month/date drop-down]*

5. **When did this LHJ complete its most recent CHIP?** *[Month/date drop-down]*

6. **Stakeholder Engagement**

a. **Governance/Key Meetings.** Has your organization participated in the CHA/CHIP governance structure or attended any key meetings (e.g., steering committees, workgroup, etc.) as permitted/requested by the LHJ?

- Yes.
  - Please describe how you have participated in the CHA/CHIP governance structure and/or key meetings at the LHJ's request/permission. *[Text box] (200 words or fewer)*
  - Please provide the number of meetings you attended at the LHJ's request/permission. *[Text box] (200 words or fewer)*
- No.
  - Please describe why you have not participated in the governance structure or attended any key meetings. *[Text box] (200 words or fewer)*

b. **MCP Community Advisory Committee (CAC).**

i. **Did your organization report its involvement on this LHJ's CHA/CHIP to its CAC?**

- Yes. Please provide a summary and record, including dates, of that communication (e.g., a presentation or discussion on LHJ CHA/CHIP involvement at CAC meeting). *[Text box] (200 words or fewer)*
- No. Please describe why your organization has not reported involvement on this LHJ's CHA/CHIP to its CAC. If nothing is yet to be reported, how do you intend to do so in the future? *[Text box] (200 words or fewer)*

- ii. **What advice/input has your organization received from your CAC on the LHJ CHA/CHIP findings?** *[Text box] (250 words or fewer)*
  - iii. **Have you discussed with your CAC how they could be involved in this LHJ's CHA/CHIP processes (e.g., answer survey questions, participate in focus groups, workgroups, etc.)? If so, please describe.** *[Text box] (250 words or fewer)*
7. **MCP Resources.** In-kind staffing and/or funding contributions to support the LHJ CHA/CHIP process.
- a. **Funding:**
    - i. **Please report on the total value (in dollars) your organization has contributed or will contribute to this LHJ to support CHA/CHIP development and when your organization did/will provide funding. If no funding is to be provided, please write \$0.** *[Text box to fill out contribution amount by each MCP, with a prompt to provide when funding will be provided or has been provided]*
    - ii. **Please describe what CHA/CHIP-related activities are being supported by this funding.** *[Drop-down to include those CHA/CHIP-related activities in PHM Policy Guide]*
  - b. **In-Kind Staffing**
    - i. **Please describe the in-kind staffing your organization has provided or will provide for this LHJ's CHA/CHIP, as well as the estimated value of this in-kind contribution. If no in-kind staffing is to be provided, please write N/A.** *[Text box with prompts to describe in-kind staffing and estimated value that has been or will be provided to the LHJ]*
  - c. **Total Contribution**
    - i. **Please report the total value of funding and in-kind staffing contributions (in dollars) your organization has contributed or will contribute to the LHJ CHA/CHIP.** *[Text box for dollar amount]*
    - ii. **Please provide the number of Medi-Cal members your MCP serves in this LHJ.** *[Text box]*
    - iii. **Please describe how your organization will/has ensured, if at all, that your total contribution is commensurate with your**

**Medi-Cal population served in this LHJ.** *[Text box] (250 words or fewer)*

8. **Data Sharing.** In 2024, DHCS expects MCPs and each LHJ in their service area(s) to begin identifying priority areas for which the MCP will share data with the LHJ.<sup>6</sup>
  - a. **Has your organization and this LHJ been able to identify priority areas in which to share data?**
    - Yes. Describe which priority areas have been identified to share data? *[Drop-down]*
    - No. Describe why and identify steps to overcome barriers to identify priority areas. *[Text box] (200 words or fewer)*
  - b. **Will the MCPs be ready by Q2 2025 to share the data agreed upon in 2024?**
    - Yes.
    - No. Describe why and identify steps to overcome barriers to data-sharing. *[Text box] (200 words or fewer)*
9. **Please describe any bright spots encountered while participating in this on LHJ's CHA/CHIP process.** *[Text box] (200 words or fewer)*
10. **Please describe any challenges encountered while participating in this LHJ's CHA/CHIP process.** *[Text box] (200 words or fewer)*
11. **Please share any other observations not otherwise captured by the above questions.** *[Text box] (200 words or fewer)*
12. **What technical assistance does your organization need to meaningfully participate in this LHJ's CHA/CHIP processes?** *[Drop-down]*

## Part D: NCQA Accreditation

Per contract requirement, starting on January 1, 2023, all MCPs were required to meet PHM standards by either having full NCQA Health Plan Accreditation or by demonstrating to DHCS that they met the PHM Standards section of the NCQA Health Plan Accreditation requirements. By January 1, 2026, all MCPs must obtain NCQA Health Plan Accreditation and NCQA Health Equity Accreditation.

As part of Health Plan Accreditation, NCQA requires every plan nationally—not just Medicaid plans—to develop an “NCQA PHM Strategy” describing how it will meet the needs of its members over the continuum of care. Certain aspects are measured and

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<sup>6</sup> [CalAIM: Population Health Management \(PHM\) Policy Guide](#)

updated annually. As part of its NCQA PHM Strategy, each plan must annually complete a “Population Assessment” of member needs and characteristics.

1. **Please attest to the following statement. The MCP has completed and submitted a PHM Strategy (inclusive of the Population Assessment) to NCQA for 2024.**

- Yes, with no updates since last submitted to DHCS in 2023.
- Yes, with updates since last submitted to DHCS in 2023. Please attach the document with this response. *[DOC, PDF]*
- No. For NCQA Health Plan accredited MCPs: Please indicate in the response field when you intend to submit the NCQA PHM Strategy (inclusive of the Population Assessment) by the end of 2024. *[Text box] (150 words or fewer)*
- No. For MCPs not yet NCQA Health Plan accredited: Please indicate in the response field when you intend to submit the NCQA PHM Strategy (inclusive of the Population Assessment) by the date NCQA requires (which may not be in 2024). *[Text box] (150 words or fewer)*

## **Part E: PHM Monitoring KPIs**

The DHCS PHM monitoring measures include a comprehensive set of high-priority key performance indicators (KPIs) designed to effectively monitor program operations and assess their overall effectiveness. The following questions are intended to evaluate the influence of MCPs’ shared goals and SMART objectives on the KPI associated with the integration of the Community Health Worker (CHW) benefit.

Please note, the CHW benefit referenced here is specific to the CHW benefit as described in [APL 22-016](#). CHW services provided through programs such as ECM (not billed to the CHW benefit) are not applicable.

### **CHW Integration**

1. **How is your organization integrating the utilization of CHWs, specifically under the CHW benefit, into your shared goals and SMART objectives that were identified with LHJs?** *[Drop-down for each LHJ with text box] (300 words or fewer)*
2. **Are there opportunities for joint initiatives or partnerships between your organization and LHJs/other partners to increase the referral of and/or utilization of CHWs through the CHW benefit in relation to your shared goals and SMART objectives?**

- a. Please describe opportunities for joint initiatives or partnerships you've identified and/or implemented with LHJ(s)/other partners in your service area(s) to increase the referral of and/or utilization of the CHW benefit. *[Drop down for each LHJ with text box] (300 words or fewer)*
- b. No. Please describe the barriers you've identified and steps your organization will take to identify opportunities for joint initiatives or partnerships with LHJ(s)/other partners in your service area(s), and how those barriers can be overcome to increase the referral of and/or utilization of the CHW benefit. *[Drop down for each LHJ with text box] (300 words or fewer)*

Thank you for your completion of the PHM Strategy Deliverable Template by EOD October 31, 2024. For questions and additional information, please email [PHMSection@dhcs.ca.gov](mailto:PHMSection@dhcs.ca.gov) (Subject line: Questions re: 2024 PHM Strategy Deliverable Template).