DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
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2023 DHCS PHM Strategy Deliverable Template
Due October 31, 2023
(Published August 2023)

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). Participation in the PHM Program requires Managed Care Plans (MCPs) to submit this PHM Strategy Deliverable by October 31, 2023, and annually thereafter. The PHM Strategy Deliverable includes specific questions and attestations to which MCPs must respond for review by DHCS. The purpose of this annual deliverable is for MCPs to demonstrate meaningfully responding to community needs as well as to provide other updates on the PHM Program to inform DHCS' monitoring efforts.[1]

For 2023, the PHM Strategy Deliverable is intended to ensure that certain National Committee for Quality Assurance (NCQA) requirements are being met. Additionally, this deliverable aims to help prepare MCPs for a more robust collaboration with Local Health Departments (LHDs) that is to begin in 2024. Starting January 1, 2024, MCPs will be required to meaningfully participate in LHDs' current or next cycle of community health assessments (CHAs) and community health improvement plans (CHIPs) in the service area(s) where MCPs operate. MCPs may meet meaningful participation requirements by providing funding, staffing, data, and other relevant functions. By the end of 2023, DHCS will update the PHM Policy Guide to more comprehensively define "meaningful participation" requirements for 2024 and beyond.

Part II of this deliverable requires MCPs to set up an initial meeting(s) with the LHD(s) in their service area(s), which will be the first step in outlining the necessary activities for MCPs to support establishing relationships with each LHD within their service area(s). As part of this meeting(s), MCPs should collaborate with LHDs to identify mutual priorities within the LHDs' CHA/CHIP process and develop shared goals and specific, measurable, attainable, realistic, and time-bound (SMART) objectives that will promote further alignment. The 2023 PHM Strategy Deliverable will also serve as a precursor to future annual PHM Strategy Deliverable submissions (2024 and beyond), which will require additional details on PHM Program updates and MCP collaboration with LHDs and other community stakeholders.

Directions

MCPs should submit one PHM Strategy Deliverable to PHMSection@dhcs.ca.gov by October 31, 2023 (Subject line: 2023 MCP PHM Strategy Deliverable). The PHM Strategy Deliverable should include the template below with all fields completed and relevant materials as attachments. For questions and additional information, please email PHMSection@dhcs.ca.gov

[1] This deliverable is aligned with requirements established in the 2023 Contract, the PHM Policy Guide, and the Population Needs Assessment and PHM Strategy All Plan Letter (APL 23-021).

PHM Strategy Deliverable Template, Published August 2023

(Subject line: Questions re: 2023 PHM Strategy Deliverable). MCPs should review Section II of the PHM Policy Guide to inform development of responses to this template.

Additional notes:

- Please respond to each of the questions in the below template.
- Each prime MCP should complete this template for the service area(s) it will cover in 2024, ensuring that any populations served by Subcontractors are included in the responses and ensuring input from all plan Subcontractors, as appropriate. (Subcontractors do not have to fill out this template separately.)
- MCPs that submitted a PHM Strategy as part of the Policy & Procedures required by APL 22-024 do not need to resubmit the PHM Strategy portion of this deliverable. MCPs that attested to only accreditation are still required to submit a PHM Strategy. In addition, all other deliverable requirements within this template still apply.
- For long-form responses that require more space than the template allows, please type responses on the provided supplemental response form (in accordance with specified word limits). Please submit this supplemental form along with the template to DHCS as part of the 2023 PHM Strategy Deliverable.
- In California, most of the 61 LHDs operate at the county level, with three operating at the city level. Please see the California Department of Public Health's list of all LHDs in California.
- All prime MCPs are responsible for ensuring that their Subcontractors 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.
- Plans exiting a jurisdiction by January 1, 2024, do not need to complete and submit this template; however, plans entering a jurisdiction by January 1, 2024, must complete and submit this template.

2023 PHM Strategy Template

Managed Care Plan (MCP) Name:

Name of Individual Submitting Responses:

Title of Individual Submitting Responses:

I. NCQA Accreditation

Per current contract requirements, starting on January 1, 2023, all MCPs are required to meet PHM standards by either having full NCQA Health Plan Accreditation or by demonstrating to DHCS that they meet the PHM standards for NCQA Health Plan Accreditation.[2] 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 MCPs, and not just those in California—to develop a "PHM Strategy" describing how it will meet the needs of its members over the continuum of care, with certain aspects being measured and updated annually. As part of its NCQA PHM Strategy, each plan must annually complete a "Population Assessment" of member needs and characteristics.

1. **Please indicate ("Yes" or "No") whether your organization is NCQA Health Plan Accredited for its Medi-Cal line of business.**

☐ *Yes. If yes, please submit your most recent NCQA PHM Strategy (inclusive of the Population Assessment) for NCQA Accreditation.**

> **As noted above, MCPs that submitted a PHM Strategy as part of the Policy & Procedures required by APL 22-024 do not need to resubmit the PHM Strategy portion of this deliverable. MCPs that attested to accreditation only are still required to submit a PHM Strategy.*

☐ *No. If no, please indicate in the supplemental response form when you intend to obtain NCQA Health Plan Accreditation, and please share progress toward completion of the NCQA PHM Strategy (inclusive of the Population Assessment) by the end of 2023 (150 words or fewer). Please also submit your PHM Strategy (inclusive of the Population Assessment) that meets NCQA requirements to DHCS by December 31, 2023.*

II. Local Health Department (LHD) Collaboration

[2] All MCPs are responsible for obtaining NCQA accreditation standards from NCQA. DHCS will not provide these standards to MCPs.

As part of promoting closer MCP and public health collaboration, MCPs will meet with the LHDs in their service area(s) by the time this PHM Strategy Deliverable is due (October 31, 2023). The first step in that journey necessitates a meeting with each LHD within the MCP's service area to begin dialogue on what meaningful participation looks like to each MCP and LHD partner. In service areas where multiple MCPs operate, MCPs are encouraged to coordinate efforts to meet with the LHD(s) located in their shared service area(s).

Meeting agenda topics will include a) early planning around how MCPs may meaningfully participate in the LHDs' CHAs/CHIPs and b) co-development of at least one shared goal/ SMART objective (as described below). Please note that LHDs will also be surveyed to gather their perspectives related to these questions.

A. Service Areas

2a. Please list the LHD jurisdictions in which your MCP will serve as the prime MCP in 2024.

B. LHD CHA/CHIP process. Starting in 2024, MCPs will be required to meaningfully participate in the LHD CHA/CHIP process.

2b.1. Have you had an initial meeting with each LHD in your service area(s) to discuss how your organization may participate meaningfully in their current or next cycle of the CHA/CHIP process?

- ☐ *Yes.*
- ☐ *No. If no, please describe why and the steps you plan to take to begin this discussion(s) around meaningful MCP participation on LHD CHA/CHIP processes by December 31, 2023, in the supplemental response form. Please be sure to name each LHD within your MCP service area(s) with whom you have **not** met by October 31, 2023, in this response (150 words or fewer).*

2b.2. For any LHD jurisdiction in which your MCP will have a subcontracted MCP population in 2024, please describe in the supplemental response form how the subcontracted plan(s) who provide services to Members will be included **in the required initial meeting or how their populations will be otherwise represented** (150 words or fewer).

C. Shared Goal/SMART Objectives. By October 31, 2023, MCPs are required to co-develop meaningful shared goals with LHDs that are accompanied by objectives that must:

- Have a start date of or prior to January 2024 and should be achievable in one to two years.
- Align with DHCS' Bold Goals initiative as described in DHCS' Comprehensive Quality Strategy.
- Support a related county LHD project that is currently being implemented or about to be launched.
- Be SMART: Specific, measurable, achievable, realistic, and time-bound. See worksheet in appendix for more details on how to write meaningful goals and SMART objectives.

Note: In next year's PHM Strategy, DHCS will request more details on these goals/objectives and the progress made toward them.

2c. Have you had an initial meeting with representation from each LHD in your MCP service area(s) to discuss a shared goal/objective that meets the criteria delineated in box 1?

- ☐ *Yes.*
- ☐ *No. If no, please describe why and steps you plan to take to begin this discussion(s) around shared goal/SMART objective by December 31, 2023, in the supplemental response form. Please be sure to name each LHD within your MCP service area(s) with whom you have **not** met by October 31, 2023, in this response (150 words or fewer).*

D. Optional Question: Technical Assistance.

2d. What technical assistance may be needed at this point to support closer collaboration with LHDs on shared goals/SMART objectives and meaningful participation in LHD CHA/CHIP processes? Please check all that apply.

- ☐ Development of SMART goals
- ☐ LHD CHA governance
- ☐ Integrating diverse data sources as part of LHD CHA/CHIP processes
- ☐ Integrating community input for LHD CHA/CHIP processes
- ☐ Other (Please describe in supplemental form in 100 words or fewer.)

2023 PHM Strategy Supplemental Response Form

Please use this supplemental response form to complete responses to applicable questions that require a narrative description. Please submit this form along with the above template as part of the 2023 PHM Strategy Deliverable to DHCS per the above instructions.

1. (No) *(150 words or fewer):*

2a. *(150 words or fewer):*

2b.1. (No) *(150 words or fewer):*

2b.2. *(150 words or fewer):*

2c. (No) (*150 words or fewer):*

2d. (Other) (*100 words or fewer):*

Appendix: Goals And Smart Objectives

A. Blank Worksheet

This worksheet does not need to be submitted to DHCS. The purpose of this worksheet is to help MCPs and LHDs develop meaningful goals and SMART objectives**.**

County/City: **Goal:** **Related DHCS Bold Goal (available here)*:*** **SMART Objective (use the below worksheet to help draft):**				
SMART Worksheet				
Specific: What is the specific task? Who are the stakeholders involved?	**Measurable:** What are the standards and parameters that can be measured in one year or in two years?	**Achievable:** Is the task feasible, given the constraints and resources?	**Realistic:** Are there sufficient resources available? What are the reasonable programmatic steps?	**Time-bound:** What are the start and end dates? Goals should have a start date of or prior to January 2024 and should be implemented over one to two years.
Additional Resources: ▪ Writing Smart Objectives, Centers for Disease Control and Prevention. ▪ Writing meaningful goals and SMART Objectives, Minnesota Dept of Health. ▪ Smart Objectives, March of Dimes, Hawaii Chapter.				

B. Example Worksheet (Option 1)

County/City: *County X*
Goal: *County X will identify and reduce racial/ethnicity-associated disparity gaps in timely 1- and 2-year-old Blood Lead Level (BLL) screenings among children within the county.*
Related DHCS Bold Goal (available here): *Close racial/ethnic disparities in well-child visits and immunization by 50% in 2025.*
SMART Objective (use the below worksheet to help draft): *By July 2024, County X LHD and MCP will develop and complete a crosswalk of all children aged 0 through 6 years old who are within the LHD and enrolled in the MCP, stratified by race and ethnicity, to identify and measure race-ethnicity-associated disparities in access to timely and indicated BLL screening in these*

children/youth. Both the MCP and LHD will use this crosswalk to inform targeted community and MCP-specific intervention alignment and indicated collaborations to close these gaps in timely 1- and 2-year old BLL screening within the respective CHIP and PHM Strategies.				
SMART Worksheet				
Specific: *County X's LHD, MCP, and other relevant stakeholders will provide data and input to develop the crosswalk.*	**Measurable:** *Goal and objective will be measured by whether the crosswalk was complete per the above description.*	**Achievable:** *This task is achievable, given current constraints and resources. The county is experiencing workforce shortages but recently hired staff and leadership with particular expertise in this area who will be devoting part or all of their time to this crosswalk. The MCP claims/encounters and Z-code data—combined with the LHD case management and BLL surveillance data—allowed both parties to better identify which populations experienced the greatest disparities.*	**Realistic:** *Both the MCP and LHD are devoting adequate staffing, resources, and time to development of crosswalk. Both will work toward achieving the following programmatic steps:* ▪ *By February 2024: Will develop a straw model of crosswalk and finalize data-sharing agreements.* ▪ *By May 2024: Will identify at least five key stakeholder groups and meet with them to gather input to complete crosswalk and implementation plan for both parties to leverage crosswalk.* ▪ *By July 2024: Finalize crosswalk.*	**Time-bound:** *Crosswalk activity will be complete by July 2024.*

C. Example Worksheet (Option 2)

County/City: *County X*
Goal: *Maternal health providers practicing in County X will be familiar with community-informed and clinical best practices to reduce disparities among Black and Native American pregnant and post-partum Californians.*
Related DHCS Bold Goal (available here): *(1) Close maternity care disparity for Black and Native American persons by 50% by 2025, (2) improve maternal depression screening by 50%.*
SMART Objective (use the below worksheet to help draft): *By December 2024, 80% of maternal health providers in County X will have participated in the county's maternal health equity workshop and achieved 90% or better post-training competency test scores on the workshop materials. The workshop will focus on maternal health disparities among Black and Native American pregnant and post-partum Californians and share community-informed and clinical best practices—including the use of maternal depression screenings—to reduce these disparities.*

SMART Worksheet				
Specific: *County X's LHD and MCPs will work with maternal health providers to ensure 80% participation in maternal health equity workshop and 90% of participants with passing post-test scores.*	**Measurable:** *Goal and objective will be measured by provider participation success rate in the training.*	**Achievable:** *This objective is achievable, given current constraints and resources.* <u>County:</u> *The county has co-designed a maternal health equity workshop with providers, patients, and community members, centered on maternal health disparities and resources to address these. One of the challenges, however, will be to reach out to and keep track of county providers. As such, it may be unrealistic to reach 100% participation, but 80% is achievable.* <u>MCP:</u> *Although the MCP is currently facing bandwidth issues, the MCP recognizes the collaboration is likely to reduce avoidable hospitalization and emergency department utilization and therefore improve a priority health*	**Realistic:** *Both the MCP and LHD are devoting adequate staffing, resources, and time to ensure 80% provider participation in the workshop. Both will work toward achieving the following programmatic steps:* ▪ *By January 2024: Will update workshop, as needed; will update the directory of providers and develop plan to update directory every six months.* ▪ *By May 2024: Will begin outreach to*	**Time-bound:** *Activity will be complete by December 2024.*

		outcome and thus will provide the staffing and financial resources needed to support this outreach and education effort.	*providers about training.* ▪ *By July 2024: Will have trained at least 30% of providers.* ▪ *By September 2024: Will have trained 60% of providers.* ▪ *By December 2024: Will have trained 90% of providers.*	