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| Slide 1 | Amara Bahramiaref – 00:00 | Good morning everybody. Thank you for joining us for the WIC MOU Template Post-Release Webinar. We are going to give it a couple of minutes as I am seeing the number continue to rise. We appreciate all of the attendees today and everybody's partnership on this MOU. So we'll give it just a couple of minutes and then we'll jump in and get started. |
| Slide 1 | Alice Keane – 01:28 | Hello and welcome. My name is Alice and I'll be in the background answering any Zoom technical questions. If you experience difficulties during this session, please type your question into the chat field, which is located on the Zoom panel at the bottom of your screen. We encourage you to ask questions either by raising your hand or in the chat. With that, I'd like to introduce Amara, Branch Chief Policy Utilization and External Relations in the Managed Care Quality and Monitoring Division at DHCS. |
| Slides 1-2 | Amara Bahramiaref – 01:56 | Good morning everybody. Thank you so much for joining us. It's a pleasure to be here today to talk a little bit more about the WIC MOU template and the edits that we made based on valuable feedback from all of you. So thank you so much for participating in that process. We look forward to walking through our slide today and having a fruitful discussion regarding this MOU template. So for today, we are going to review the WIC MOU template and the modifications that we made as a result of the feedback that you all provided. Then we'll provide a high level overview of next steps for executing the MOU and the MOU execution timeline. And then we'll open it up for questions from all of you. |
| Slide 3 | Amara Bahramiaref – 02:40 | So with that, we'll get started covering the goals of the memorandums of understanding. As many of you are aware, this is a very important and impactful effort. The 2024 Medi-Cal Managed Care Contract requires managed care plans to enter into MOUs with counties and third party entities to really provide that whole system person centered care approach for members that are accessing multiple delivery systems. We understand that there's a lot of value to ensure that care is coordinated for these members, so we're really looking forward to this partnership and really supporting the execution of these MOUs. Some of the goals of the MOU is really set forth minimum requirements around some of the key contract provisions such as training across the parties, data sharing, really related to sharing minimum necessary information to support that care coordination, really clarifying roles and responsibilities across the delivery system so each party has an understanding of those responsibilities and can really ultimately support that member. |
| Slide 3 | Amara Bahramiaref – 03:48 | It also establishes formal processes for how the MCPs and other parties will collaborate and coordinate on population health management programs, which include linking members to those very important community supports. Also establishes the data sharing pathways, which is really some of the foundation of really supporting the collaboration and partnership across these parties to ensure that members receive care coordination. There's also some areas that provide some oversight and accountability for the MCPs to execute the MOUs and then ultimately really providing transparency across the parties. |
| Slide 3 | Amara Bahramiaref – 04:28 | We did just want to call out that the MOU template really is incorporating existing policy requirements into a single document. It's not codifying new policy. I know that we received some feedback related to potential new policy development, which the department is taking into consideration, but we did just want to flag that really the intent of the MOUs is to codify existing policy either by the department or the other party. |
| Slide 4 | Amara Bahramiaref – 04:56 | So we wanted to provide just a really quick update of how the WIC MOU really sits into a broader set of not only documents that the department has issued, but also a larger MOU effort that the department has undertaken to really ensure that care is coordinated across multiple delivery systems, really independent of WIC including such programs as in-home supportive services coordination with regional centers. So there's a variety of different entities that we're requiring the managed care plans to enter into relationships with. |
| Slide 4 | Amara Bahramiaref – 05:28 | So we issued an all plan letter to our managed care plans, which really provides guidance related to the intent and purpose of the memorandums of understanding and then really setting forward some expectations related to monitoring and how DHCS will monitor and provide oversight of the memorandum of understanding. So super helpful tool. We'll provide a link later of some helpful tools and resources that everybody can reference if they want to learn a little bit more about this effort. We also issued a base MOU template, which really sets forward some of the key provisions that are contained in all of the MOU. So really clarifying roles and responsibilities across the parties, establishing some optional provisions that may be included. Really the vision of this base MOU template was to set the foundation of what we're referring to as the bespoke MOU templates in today's discussion. That would be in reference to the WIC MOU template. |
| Slide 4 | Amara Bahramiaref – 06:24 | So the base MOU template is really just setting that foundation and then also gives the managed care plans an option if they want to execute an MOU, they can use this base MOU template to execute an MOU for a program that maybe we didn't issue a template for. And then we get more into today's discussion, which is related to the bespoke MOU templates and for today in reference to the WIC MOU. So it really contains general and program specific information related to specific provisions such as referrals across parties and what's actually contained under each of the MOUs. So that's where you'll really find more of the program specific requirements. |
| Slide 5 | Amara Bahramiaref – 07:12 | So as I had mentioned, we do have a number of helpful resources that are available on this DHCS MOU website that we have created that houses the All Plan Letter that we issue 23-029. It contains that base MOU template and then it contains all of the bespoke MOU templates. We also have issued a very robust memorandum of FAQ that really provides a lot of responses to questions that we've received throughout the stakeholder comment period across all of the memorandum of understandings. So very helpful tool. There's about 16 pages of information there and it's a very simple and easy to use. So we'd recommend if you have questions, please reference that tool. We also have been issuing other updates as they become available, such as when we'll be hosting webinars related to these topics, webinars that we've hosted in the past. So feel free to keep an eye on that website to find any additional updates as they become available. |
| Slide 5 | Amara Bahramiaref – 08:13 | And then also DHCS will continue to provide technical assistance as needed to really support the execution of these MOUs. We have also issued this MCPMOU@DHCS inbox, so please feel free if you have questions that arise that are not addressed in the FAQ or the All Plan Letter, please feel free to submit those directly to us so that we can provide some technical assistance to resolve and address any questions that you may have throughout this process. |
| Slide 5 | Amara Bahramiaref – 08:42 | I believe I saw Arif drop those in the chat. If not, he will be dropping those in the chat and you'll be able to reference those very valuable and helpful resources. |
| Slide 6 | Amara Bahramiaref – 08:52 | So just to give a little bit more of an understanding of the WIC MOU, which really seeks to improve care coordination between the managed care plans and the WIC agencies, really opening those channels of communication regarding the roles and responsibilities of each party and really ensuring that there is that local level of coordination. As we know and have learned throughout this process, there are nuances at the local level. So really understanding those local nuances is really important to ensure that there is adequate care coordination and it's also really enhancing each other's party's understanding to ensure that that member can get access to the services that they need. So really enhancing the understanding, what's the managed care plan's role and what's the WIC agency's role. |
| Slide 7 | Amara Bahramiaref – 09:44 | So as you all are probably aware and hopefully participated in the stakeholder feedback process, we did issue the MOU template for stakeholder comments. We received about 132 comments during the feedback period. We have reviewed those comments and addressed those comments and made appropriate revisions to the MOU as a result of that feedback. So we really want to thank you. And then we also want to thank our partners at CDPH and also CHEAC who have consistently engaged with us to ensure that the MOU template was updated and reflected appropriately to meet the needs of all parties involved in this. So we really truly appreciate that partnership and engagement to create this MOU template. So thank you to all parties involved, our stakeholders and CDPH and also CHEAC. |
| Slide 8 | Amara Bahramiaref – 10:35 | So we wanted to just give you a high level overview of the base MOU template requirements, which are contained in the WIC MOU. So there is a specific section related to definitions which contains some of the definitions that are related in the MOU. Many of the definitions are also contained in the managed care contract, which will be publicly available in the coming month. However, that is not available right now, but some of those defined terms are in the FAQ, so just want to call that out. Also, we have a section related to the services covered by the MOU, each party's obligation, really a robust training and education section, which requires the MCP to provide education to members and network providers about the covered services of the other party services available to really enable that care coordination. Also, we included a referral section to really outline the referral pathways across the parties. |
| Slide 8 | Amara Bahramiaref – 11:39 | Also includes a quarterly meeting section, which requires the parties to meet at least quarterly to address any concerns that may come up and really identify the ability to improve processes to really support member coordination. There's also a quality improvement section that closely relates to what I had just reviewed and covered as well. Another area that is in each of the MOU templates is data sharing and confidentiality, which really requires the MCPs to have policies and procedures to ensure that minimum data and information necessary to ensure that the MOU requirements are met but also comply with state and federal laws. So there is a robust section on that. And then also the dispute resolution, which describes the steps that would be taken if a dispute does arise. Equal treatment section that notates that nothing in this MOU is intended to benefit or prioritize Medi-Cal members. And then some general provisions related to contract requirements that we've placed on the managed care plans such as the managed care plan publicly posting the executed MOU on their website, the annual review process, and then notating that the MOU cannot be delegated. |
| Slide 9 | Amara Bahramiaref – 13:04 | So what have we changed as a result of the valuable feedback that we've received? So we've made some revisions to the training and education requirement section. One of the common themes that we received throughout the stakeholder comment period was there are some opportunities to improve the coordination for the therapeutic formula. So we have included a specific section related to the therapeutic formula training and education around this. As we identified that there's a lot of opportunities to provide clarification on roles and responsibilities across the parties for therapeutic formula to really improve the member experience. We've also included some revisions related to lactation consultant services and other breastfeeding support services that are available that the MCPs must provide. In addition, we've made some changes to the referral requirements specific to some of the requirements that are necessary for referrals such as the member's name, address, and then relevant portions of the medical record to really support that referral. And we've made some other provisions related to sharing of immunization records. |
| Slide 10 | Amara Bahramiaref – 14:33 | In addition, as I had referenced earlier, we did receive a number of comments related to the therapeutic formula and the coordination on that. So we did make some pretty major revisions to this section to reflect some specific processes related to the coordination of care for this. Therapeutic formula is carved out of the managed care plan's responsibilities and is provided by Medi-Cal Rx. So we've made some updates to the provisions to really reflect that and reflect that the responsibility of Medi-Cal Rx to cover those services and if those services are not covered by Medi-Cal Rx, that there would be coordination with the WIC agency to provide those services. So you'll see those changes reflected throughout. We had many robust conversations with our partners and pharmacy benefits that supports Medi-Cal Rx and also with CHEAC two update these provisions to really support that care coordination for members that are receiving these services. |
| Slide 11 | Amara Bahramiaref – 15:35 | We've also made some other changes to the care coordination section. One specific requirement related to the population health management requirements, which in order for MCPs to ensure members have access to Medi-Cal for kids and teens benefits and perinatal services, the MCP must coordinate with the agency as necessary. So we did make some modifications to that area and section. We also made some modifications to the maternity and pediatric care coordination requirements related to implementing processes to coordinate with WIC participants on certain areas. So made some pretty robust changes in that area as well. And then we made some slight modifications in the quarterly monitoring section to again address some of those barriers and issues that may be identified in the therapeutic formulas topics of discussion to really coordinate across the parties. |
| Slide 12 | Amara Bahramiaref – 16:38 | All right. Next, moving on the MOU execution timelines. So we will notate the MOU template was released a little bit later than we had originally anticipated being released in the middle of January. As a result of that, we have implemented a process for the managed care plans to demonstrate a good faith effort to execute the MOU by January 1st, 2024. We understand the release of that template has delayed the execution. However, we really anticipate the MCPs and the WIC agencies to build those relationships and partnerships and start discussing the MOU template that has been released. We have put a good faith effort quarterly reporting template in place that the managed care plans will be submitting to us. The second one will be due actually in late April. We have already received a template related to the other MOUs that we have released and issued, the other MOU templates that we've issued. So we anticipate we'll continue to monitor the execution of these MOUs through the end of the year using this quarterly reporting template. And here's the timeline here. |
| Slide 13 | Amara Bahramiaref – 17:52 | Alrighty, well that is kind of the brunt of the conversation that we've prepared for you, however we want to open it up. We understand that you all may have some questions related to some of the changes that were implemented and really wanted to make sure that we could have a robust conversation today if you have questions and really make sure that we support the execution of these MOUs. |
| Slide 13 | Amara Bahramiaref – 18:20 | All right, let me look at the chat. If you have questions, feel free to also raise your hand and we will be taking some questions. |
| Slide 13 | Amara Bahramiaref – 18:46 | All right, so I see one note that I want to make sure that we address. It sounds like there has been some questions on the requirements to enter into MOUs. So the managed care plans are required to enter into MOUs with the WIC agencies that are within their service area. And so we would really anticipate and expect that there would be collaboration engagement on those MOUs. So we did just want to provide that clarification. |
| Slide 13 | Amara Bahramiaref – 19:27 | If your WIC program is part of a local health department, can this MOU be part of the larger MOU that the LHD have to sign or does it have to be separate? |
| Slide 13 | Amara Bahramiaref – 19:36 | That's a great question. We are encouraging, where appropriate for the managed care plans and the counties to collaborate and coordinate to determine where there may be opportunities to combine MOUs. So that is absolutely something that we would encourage if it's appropriate. We understand that there are nuances at the local level, which is why we've issued these templates independent of one another. However, we would encourage them to be combined if that really fits your local structure and needs. So there's absolutely no concerns and DHCS supports that to really ultimately reduce the burden and review of those MOU templates. It is just important to make sure that all the appropriate people at those local agencies are included in the discussion regarding the execution of the MOU. |
| Slide 13 | Amara Bahramiaref – 20:26 | And then I saw a question related to will the deck be shared for participants? And I saw Arif was able to drop the deck in the chat for all of you. Oh, it looks like there's some trouble opening it. So if you aren't able to open it and get it, we'll make sure that you receive a copy of the deck. It will also be posted online in the future so we will make sure that that is available. |
| Slide 13 | Amara Bahramiaref – 20:50 | We were going to be supplied with contacts name and email, phone numbers for health plans in our counties. So we did receive some contact information from some of our health plans and we did pass that information forward. However, I know that we are still working with our managed care plans to receive a complete list. Mary, if you want to send our inbox and email and let us know what county you're in and we can make sure that you get and put in contact with the appropriate person at the managed care plan, we do want to make sure that we are assisting that, and maybe your managed care plan is on the call today, so you might even be able to just drop your county in the chat and or come off mute and they may be able to assist you today. |
| Slide 13 | Kimberly Fritz – 21:39 | Hi, this is Kim Ritz from BlueShield Promise and I work with Mary and we will be collaborating with all the health plans, so Mary will have those contact soon once we start meeting. |
| Slide 13 | Amara Bahramiaref – 21:51 | Thank you so much, we appreciate that Kim. |
| Slide 13 | Kimberly Fritz – 21:55 | Sure. |
| Slide 13 | Amara Bahramiaref – 21:59 | All right, if you don't get contact by the MCP, who should we contact? |
| Slide 13 | Amara Bahramiaref – 22:02 | So I would say give it a little bit of time. We did just release the template and we anticipate that it might be a little bit of time before the managed care plan reaches out. If you don't get contacted and you aren't able to locate that recess on your own, please feel free to send an email to the MCPMOU inbox and we can put you in contact with the appropriate party. So thank you so much. It is great to see the enthusiasm and the managed care plans can ultimately see the WIC agencies are really enthusiastic to move forward with these discussions and really move forward with the execution of these MOUs. So it's exciting to see. |
| Slide 13 | Amara Bahramiaref – 22:39 | Has this MOU template been reviewed by legal on the WIC side? Yes, we have been working in close partnership with our partners at CDPH. Christine, I don't know if you want to come off mute and address that or if you would prefer for me to take that question. |
| Slide 13 | Christine Sullivan – 22:59 | Yeah. |
| Slide 13 | Amara Bahramiaref – 23:00 | Okay, go ahead. Thank you. |
| Slide 13 | Christine Sullivan – 23:01 | No, that's fine. I added a quick reply to that one comment. So yes, this is Chris from CDPH WIC. Our legal team has been very, very involved in this but also your local agency legal should review as well. |
| Slide 13 | Amara Bahramiaref – 23:19 | Great, thank you so much. All right, I see another question. Are WIC agency required to enter into MOUs with MCPs? |
| Slide 13 | Amara Bahramiaref – 23:30 | So there is not currently a requirement on the WIC agencies. We are encouraging that relationship as we identify that there really are a lot of opportunities to support member engagement and collaboration. And so ultimately that the requirement is on the managed care plan, although we are strongly encouraging that the WIC agencies move forward with discussions related to execution of the MOU. And Christine, I don't know if you have anything else you want to add on that front? And or CHEAC. |
| Slide 13 | Christine Sullivan – 23:58 | Thank you. So it's not part of the state contract with local agencies for this specific MOU, but there certainly are requirements for you to partner with health providers and community providers within your area as well. So this is a great opportunity to facilitate that. |
| Slide 13 | Amara Bahramiaref – 24:29 | Great, thank you so much. I appreciate the assistance and I see there is another question. There are agencies with the same geo area, is the MOU exclusive to certain agencies who decide to sign the MOU with the MCP? |
| Slide 13 | Amara Bahramiaref – 24:48 | So this is something that we would encourage to be really sorted out at the local level of engagement where there may be multiple WIC agencies involved and really working and partnering together with the WIC agencies and also the managed care plans that are in that area and to determine the best path forward if it makes sense for there to be a master MOU that the parties are signing on or if it makes sense to have them separate. It really kind of depends on the local structure, which is why we've left it a little bit more high level to understand that there are a number of nuances at the local level, whether the WIC agency is within the local health department or if it's independent or understanding that there are a lot of nuances. So ultimately working with your partners, that's what we would encourage to really determine how to move forward with executing the MOU. |
| Slide 13 | Amara Bahramiaref – 25:41 | And then I see, how does this work with FQHCs within different departments outside of the WIC who may also sign? So ultimately, again that goes back to that local level coordination. |
| Slide 13 | Amara Bahramiaref – 25:59 | Repercussions for MCPs if the WIC agencies choose to not enter. Ultimately, the department is going to be monitoring that good faith effort and so the managed care plans are going to be reporting to us where they would be engaging and collaborating with the WIC agencies and if there are challenges, the managed care plan would be letting the department know where there may be challenges. But ultimately the intent is to really support that execution and really support that collaboration to ensure that these Medi-Cal members are supported when accessing services in different delivery systems. |
| Slide 13 | Amara Bahramiaref – 26:44 | All right, I see Sydney on slide 12, one of the bullets says agency may advise MCP when WIC participants who are members need lactation support services. MCPs must arrange for breastfeeding peer counseling services. Does this mean that the MCP will have both lactation services and peer counselor services? So the MCP must arrange for them. Now whether those services are offered by the managed care plan, I can't speak to that level of detail. I don't know if Marissa, if you have anything additional to add on that piece or if Kim has anything additional to add. |
| Slide 13 | Marisa McGrenera – 27:31 | Yeah, we may need to take this back. I think it depends on the plan in the county and whether there are peer support services available and so we would have to... It'd probably be a geographic specific. |
| Slide 13 | Amara Bahramiaref – 27:50 | Great, thank you. If we already have an MOU with one MCP partnership and now have to add MOU with KP, do we need to replace the original MOU with partnership with whatever we put in place with Kaiser? So we are expecting that the MOU templates that we issued would be the MOUs that would be MOU templates that would be executed. Therefore, we would really anticipate that the MOU with partnership would be updated. Now there may be nuances where the MOU with partnership may be different than the MOU with Kaiser. Ultimately that is going to need to be sorted out between the conversations between the managed care plan and the WIC agencies really at that local level. If there's nuances that need to be contained in the MOU differently depending on the relationship with the parties. |
| Slide 13 | Amara Bahramiaref – 28:47 | Can you encourage both MCP and WIC to share link WIC websites and social media so MCP clients will be aware of WIC before being referred? |
| Slide 13 | Amara Bahramiaref – 28:59 | I think that's a great point and I think a lot of the intent of the MOU is to make sure that the parties are sharing the resources on the services that are covered. And so that would be included in those conversations and discussions to make sure that those valuable resources are shared so that the clients know what's available to them. |
| Slide 13 | Amara Bahramiaref – 29:22 | I see another question. In Sacramento County there are two WIC agencies, Sacramento County PH and Community Resource Project WIC. Do we need to execute the WIC MOU agreement with CRP? Would you be able to come off mute? When you say CRP, oh are you talking about Community Resource Project? |
| Slide 13 | Emely Arienza – 29:54 | Correct. Yeah, sorry for that. |
| Slide 13 | Amara Bahramiaref – 29:57 | So yeah, I mean ultimately the expectation would be for you to execute MOUs with the two WIC agencies. Now whether that would be one MOU or a different MOU, separate MOUs, I think that's where there may be nuances at the local level. It's a great question and I apologize if that was not clear. I |
| Slide 13 | Emely Arienza – 30:16 | Thank you for clarifying that. That helps me. I appreciate it. |
| Slide 13 | Amara Bahramiaref – 30:26 | Great. Lots of great questions today. We really appreciate that. Let me see, does anyone have their hand raised by chance or any additional questions? |
| Slide 13 | Kiran Saluja – 30:36 | Hi, my name's Kiran Saluja. I work with WIC in LA County. I'm one of seven WIC programs here. And of course we have moved from two managed care plans to many more. In the past what we have done is that the seven big agencies, we work very collegially, we usually get together at least once a month. We've had one MOU with seven signature lines. And I'm just putting that out there because I know we have more managed care entities in the LA County area. I am not going to speak for my other WIC directors, but I know I don't want to have to do something with everybody all the time. We would just really appreciate if we could move towards something that's fairly streamlined that we can get one template for each of the managed cares that all of us could sign. And again, like I said, if others in LA County have other opinions, I'm happy to hear those but I just wanted to put it out that that's sort of the best way to do it. Thanks. |
| Slide 13 | Amara Bahramiaref – 31:34 | Thank you for putting that out there. We absolutely support and appreciate that. The one item that we will flag is that there will need to be a way to ensure that there still can be that close-knit group in collaboration to share when there are specific care coordination issues that there is appropriate sharing of PHI across the groups. And so I would say just take that into consideration when you're looking at the quarterly meetings and engagement and what that would look like. So that would be the piece of consideration. But the department does support the execution of multi-party MOUs as we understand that it could be burdensome to execute the MOUs and ultimately we want to streamline it as much as we can. And then I see a question in the chat. Is your name Kiran? |
| Slide 13 | Kiran Saluja – 32:30 | Yes, yes it is. Yes. |
| Slide 13 | Amara Bahramiaref – 32:32 | Okay, perfect. Yeah, Health Net's asking if you would be the point contact for MOU discussions for- |
| Slide 13 | Kiran Saluja – 32:39 | I'm happy to help out here. Yes. Thank you. |
| Slide 13 | Nadia Mincey – 32:44 | Okay, great. Thank you, Kiran. |
| Slide 13 | Kiran Saluja – 32:45 | I put my email in here. |
| Slide 13 | Nadia Mincey – 32:46 | Yes. Thank you so much. |
| Slide 13 | Amara Bahramiaref – 32:55 | I appreciate that we're already seeing collaboration and coordination, so thank you so much. Which is the latest version of the MOU template? Any day to identify it in the DHCS website? So I'll drop the website in the chat and the WIC template that is the newest is on that website, which I will also drop in the chat so that you have that available to you. |
| Slide 13 | Amara Bahramiaref – 33:29 | I see some additional sharing. |
| Slide 13 | Amara Bahramiaref – 33:31 | As I reread the revised MOU and taking into account Kiran's comment, another difference to consider is the parent administrator county nonprofit, FQHC, et cetera. The MOU may not be a one size fits all. |
| Slide 13 | Amara Bahramiaref – 33:47 | And yes, we are absolutely acknowledging that and understanding that there may need to be nuances at the local level. So ultimately that's where that partnership and collaboration and understanding of that local structure is really important. Any other questions? |
| Slide 13 | Gayle Hoxter – 34:13 | This is Gayle. I am in Southern California. I'm in Riverside County. And unlike Kiran, we have only two WIC agencies in Riverside County. Riverside County covers all clients except for San Bernardino, Riverside Indian Health. So we were looking at doing individual contracts because we're two separate WIC agencies and working with a health plan. So thank you for the opportunity to either do Kiran's route or to do something similar to us. So I appreciate that. |
| Slide 13 | Amara Bahramiaref – 34:46 | Absolutely. And thank you for sharing. It's good to hear different areas are taking different approaches. |
| Slide 13 | Kiran Saluja – 34:55 | I understand there's a lot of managed care folks on. So I just want to make a quick comment from the WIC perspective. I've worked in WIC a very long time. Managed care has been around for a very long time. We were here when it all started. I just want to make sure that we are not just signing a piece of paper, but that we are really coming to the table with a commitment to the actual spirit of the MOU because this is a new age. I understand. So I'm not going to look backwards, I'm going to look forwards, but some of these things with therapeutic formula and breastfeeding support, we really need the managed care providers to help WIC out in how we can coordinate so much better. And I'm optimistic with the language, but I just wanted to put this out that we've got to go so much beyond the language, we've got to make the language come to life. And what do we do? |
| Slide 13 | Kiran Saluja – 35:45 | I mean I like that I have a place I could send comments to, but I don't want to have to send comments, I just want to have to send kudos and adulations with how well this is working out. So I'm coming in with positivity and I hope that I will feel the same way at the end of the year as I do now. |
| Slide 13 | Amara Bahramiaref – 36:04 | Thank you so much. And what you're highlighting is very important and also why we've also initiated that good faith effort at the department level to really give the managed care plans and the WIC agencies that time to really form those valuable relationships to really effectuate, like you said, the goals of the MOU. So I truly appreciate hearing that from the local level. And I also want to acknowledge the changes with Medi-Cal Rx have clearly caused some confusion in the therapeutic formula realm regarding some roles and responsibilities. And so we are working in partnership with Medi-Cal Rx to make sure that some of that confusion has been clarified because there has been a number of changes that have been made that are really outside the control of managed care plans that are really related to some of the changes regarding Medi-Cal Rx. And we are also working in partnership to address some of those concerns as well as that was a consistent theme that we saw regarding this MOU template is really the coordination, not just between the WIC agencies and the managed care plans, but also Medi-Cal Rx. |
| Slide 13 | Amara Bahramiaref – 37:19 | So just wanted to notate that as well. So thank you. I appreciate that feedback. |
| Slide 13 | Amara Bahramiaref – 37:31 | Anything else? This has been a very fruitful conversation. Throughout this entire stakeholder engagement process, we've really appreciated the passion from the WIC agencies and also the engagement. Also, really appreciate all of our partners. We've been able to collaboratively partner with CDPH and also CHEAC. So I think throughout this entire process we've already shared the value of collaboration across the parties and look forward to seeing how the conversations really support the members moving forward. So thank you so much. |
| Slide 13 | Amara Bahramiaref – 38:20 | And I'm seeing some additional feedback. And it's really great to get the managed care plans and also the WIC agencies together on one call so everybody can hear each other's perspectives and really put forward the goals of these MOUs. So thank you all for joining us. If there's no additional questions, we will end the webinar and we appreciate the fruitful conversation today. |
| Slide 13 | Christine Sullivan – 38:45 | Thank you very much for hosting this, it was really helpful. |
| Slide 13 | Kimberly Fritz – 38:49 | Thank you. |
| Slide 13 | Amara Bahramiaref – 38:50 | Thank you. |
| Slide 13 | Nadia Mincey – 38:51 | Thank you. Have a good one. |
| Slide 13 | Alice Keane – 38:55 | Thank you very much. |