<div align="center">**Request for Information**</div>

## INTRODUCTION

The California Department of Health Care Services (DHCS) is releasing this Request for Information (RFI) to solicit information from interested parties regarding assessing and improving access to care in Medi-Cal.

The RFI includes the following sections:

1. Purpose/Background
2. Key Action Dates
3. Contact Information
4. Scope of Work
5. Opportunity to Provide Input
6. Format Submission
7. Disclaimer

## SECTION 1: PURPOSE/BACKGROUND

### Purpose

DHCS issues this RFI to seek information from experienced vendors on conducting independent assessments of access to care and access improvement work in Medi-Cal's four (4) managed care delivery systems: Medi-Cal Managed Care (MCMC), Dental Managed Care (Dental MC), Specialty Mental Health Services (SMHS), and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Further, to accomplish the paired goals of both assessing and improving access, DHCS intends to work with a single entity to assess and develop recommendations to align access standards and monitoring across managed care delivery systems and leverage the necessary expertise for the assessments.

The following three (3) reports are required in conducting the assessment of access to care and access improvement work:

A. Independent Access and Interim Improvement Report, which provides an independent assessment of access to care in the MCMC, Dental MC, SMHS, and DMC-ODS delivery systems;

B. Medi-Cal MCP Access Report Across Multiple Lines of Business, which reports on access assessment of Managed Care Plan (MCP) access across multiple lines of business, including MCMC, Medicare Advantage, and the private market; and

C. The Final Access Improvement Results Report, detailing areas with marked improvement and areas without marked improvement and outlining recommendations to improve access.

First, the Independent Access and Interim Improvement Report is due on or around May 31, 2024. This report will:

A. Provide an independent assessment of access to care using calendar year (CY) 2022 data in the MCMC, Dental MC, SMHS, and DMC-ODS delivery systems;
B. Include CY 2022 subcontractor network certification data for MCMC; and
C. Provide recommendations for access improvement, meeting the requirements of Special Terms and Conditions (STC) C24, A6, A7, and the CMS-proposed Interim Access Improvement Report (A2).

Second, a the Medi-Cal MCP Access Report Across Multiple Lines of Business is due on or around January 2, 2026. This report will assess access across multiple lines of business (STC A8).

Lastly, the final Access Improvement Results Report, detailing areas with marked improvement and areas without marked improvement and outlining recommendations, is due on or around August 31, 2026.

DHCS may work with an entity to create for DHCS an internal access monitoring roadmap and dashboard to standardize access monitoring processes and facilitate monitoring, compliance, and access improvement efforts across delivery systems.

To fulfill the objectives of the independent access assessments and access improvement work, DHCS has identified the following necessary qualifications:

A. Expertise in access assessment and improvement in managed care delivery systems;
B. Specific knowledge of MCMC, SMHS, Dental MC and DMC-ODS systems; and
C. Expertise in data collection, aggregation, analysis, and the creation of dashboards to facilitate evaluation and quality improvement work.

## Background

California Advancing and Innovating Medi-Cal (CalAIM) is DHCS' long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The CalAIM 1915(b) waiver underscores the strong commitment between California and the Centers for Medicare & Medicaid Services (CMS) to maximize CalAIM's focus on expanding access while also improving monitoring and oversight that will result in increased accountability, improved data collection and analysis, greater transparency into network adequacy, and timely access within and across managed care delivery systems.

DHCS has submitted to CMS a [State Work Plan for Access Improvement and Timeline for Medi-Cal Managed Care Plan Access Report for Multiple Lines of Business](#) which outlines DHCS' plan to assess and improve access to care in Medi-Cal. As outlined in this Work Plan as well as in the [1915(b) CalAIM Waiver Special Terms and Conditions](#) (STC) A6, A7, A8, and C24, DHCS must arrange for an initial independent assessment of access to care in the four managed care delivery systems, which includes MCMC, Dental MC, SMHS, and DMC-ODS. The access report for MCMC must look at MCP access across multiple lines of business, including MCMC, Medicare Advantage, and the private market. In the [State Work Plan for Access Improvement and Timeline for Medi-Cal Managed Care Plan Access Report for Multiple Lines of Business,](#) DHCS outlines actions in progress or planned to improve access across all DHCS managed care delivery systems. To measure the effect of these efforts, DHCS must submit to CMS an Access Improvement Results Report (STC A2), detailing areas with marked improvement and areas without marked improvement, and DHCS intends to work with an entity to draft this report. For areas without improvement, the report must make recommendations on actions to effectuate clear improvement in access.

DHCS annually conducts a network certification for all MCMC, Dental MC, SMHS, and DMC-ODS plans by assessing the number and scope of providers. All four (4) managed care delivery systems in California also collect data to monitor adequacy of the provider network, as specified under 42 CFR section 438.207(d). MCPs and Dental MC plans submit network and program data to DHCS on a monthly basis using the provider network file (X12 274). DHCS annually collects data on SMHS and DMC-ODS network capacity and composition via the Network Adequacy Certification Tool (NACT), Timely Access Data Tool (TADT), and other systems. In Fiscal Year (FY) 2022-2023, SMHS will begin to transition to the 274 Standard with anticipated completion by FY 2023-2024, while DMC-ODS will also transition to the 274 Standard by FY 2023-2024.

Beyond provider and facility information, DHCS collects data related to member experience across all managed care delivery systems. For MCMC, Dental MC, and SMHS, DHCS collects data on continuity of care, and for DMC-ODS, data collection for continuity of care will begin in FY 2023-2024. For MCMC and Dental MC, DHCS collects data on out-of-network access requests. For DMC-ODS and SMHS, beginning in FY 2023-2024, out-of-network access will be monitored specific to timely access, and other components related to out-of-network monitoring will be included in forthcoming years.

In MCMC and Dental MC, DHCS assesses grievances and appeals data on a quarterly basis utilizing the MCP reported data which include access to care issues. For SMHS and DMC-ODS, DHCS collects grievances and appeals data on an annual basis utilizing the Managed Care Program Annual Report (MCPAR) that includes access to care issues. In addition, MCMC began receiving complaints data from the Department of Managed Health Care (DMHC) Help Center in 2022. As of July 1, 2022, the Medi-Cal Managed Care and Mental Health Office of the Ombudsman has the ability to not only

track complaints as a call reason but also will be able to report the type of complaint (facility, provider, access to care, etc.) as well as access the case notes to drill into the specific issue of each complaint.

In MCMC and Dental MC, DHCS uses annual Consumer Assessment of Healthcare Providers & Systems (CAHPS) surveys to track year-to-year changes in consumer perception of access to care. In SMHS, the Consumer Perception Survey, done biannually, is used for the same purpose, and the Treatment Perception Survey is used in DMC-ODS.

More information on non-DHCS data sources for measuring access in the Medicare Advantage and Commercial lines of business can be found in Appendix 2 and Appendix 3 of the State Work Plan for Access Improvement.

## SECTION 2: KEY ACTION DATES

Below is a tentative schedule of dates related to this RFI:

| Item | Date |
|---|---|
| RFI Released | April 25, 2023 |
| Questions Due | May 3, 2023 at 4:00 pm (PT) |
| Release State response to questions | May 10, 2023 |
| RFI Due | May 25, 2023 at 4:00 pm (PT) |

## SECTION 3: CONTACT INFORMATION

Direct RFI responses and all correspondence and/or questions related to this RFI to the contact identified below:

Division: Contracts Division
E-mail Address: CDRFI3@dhcs.ca.gov

## SECTION 4: SCOPE OF WORK (PRELIMINARY DRAFT)

Item 1: Data Aggregation and Trending for SMHS, DMC-ODS, Dental MC, and MCMC

  A. Assemble data team.
  B. Aggregate current DHCS access data across four managed care delivery systems from all available sources.
  C. Trend the data, including the number of providers accepting new patients, and examine differences by geography.

Item 2: Access Measure Development and Vetting

A. Analyze preliminary data elements and sources proposed in the DHCS State Work Plan for Access Improvement and review the evidence base and literature to inform the development of proposed access measures.
B. Collaborate with DHCS to vet proposed measures with appropriate stakeholders.
C. Provide DHCS with a proposed list of access measures to be used in the Independent Access and Interim Improvement Report (STCs A6, A7, C24, and A2), the MCP access assessment across multiple lines of business (STC A8), and the final Access Improvement Results Report (STC A2), including measures related to beneficiary data, provider capacity and availability, service utilization (realized access), and member experience, across all four managed care delivery systems and across managed care lines of business, by August 31, 2023.
D. Finalize measure specifications by September 30, 2023.

Item 3: Internal Access Monitoring Roadmap

A. Create an internal access monitoring roadmap to standardize access monitoring processes across all delivery systems by October 31, 2023.

Item 4: Gather External Data Sources for the Medi-Cal MCP Access Report Across Multiple Lines of Business

A. Confirm data source feasibility and data procurement process by October 31, 2023.
B. Make good faith effort to execute necessary data sharing agreements with other Departments within California by December 31, 2023, to acquire CY 2023 data by October 2024.

Item 5: Access Monitoring Standardization

A. Create a dashboard and standard work for monitoring (review tools/processes for staff) to standardize and facilitate access monitoring and compliance across delivery systems by June 30, 2024.

Item 6: Access Reports

A. Perform all data de-identification steps required by DHCS[1] and provide a fully-formatted, Americans with Disabilities Act-compliant version of each final report for posting on the DHCS website.

1. A report titled, Independent Access and Interim Improvement Report will be due by May 31, 2024. This report will report on the MCMC, Dental MC,

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[1]https://www.dhcs.ca.gov/dataandstats/Pages/PublicReportingGuidelines.aspx

SMHS, and DMC-ODS delivery systems and will meet the requirements of STC C24, A6, A7, and the CMS-proposed Interim Access Improvement Report (A2). This report will include access data from 2022. (DHCS to provide this report to CMS on August 31, 2024. This will include CY 2022 subcontractor network certification data for MCMC.)

   a. Draft report and submit to DHCS for review and approval by May 31, 2024.  Finalize report based on DHCS feedback June through August, 2024.

2. A report titled, Medi-Cal MCP Access Report for Multiple Lines of Business (STC A8) will be due by January 2, 2026.  This report must include a comparison of Medi-Cal MCPs' network adequacy compliance across different lines of business, including MCMC, Medicare Advantage, and the private market. The report must make recommendations in response to any systemic network adequacy issues, if identified. The report must describe California's current compliance with the access and network adequacy standards set forth in the Medicaid Managed Care regulations at 42 CFR Part 438, as well as the other requirements set forth in STC A8, utilizing CY 2023 data.

   a. Draft report and submit to DHCS for review and approval by January 2, 2026.
   b. Finalize report based on DHCS feedback in February and March, 2026.

3. A report titled, Final Access Improvement Results Report (STC A2), will be due by dates outlined below. This report must detail areas with marked improvement in access, and areas without marked improvement. For areas without improvement, the report must make recommendations on actions the state may take to effectuate clear improvement. As explained in the 1915(b) STCs, the report must also include a comparison of the medical loss ratio detailed in STC A11 and the Access Reporting data detailed in STC A4 inclusive of delegated plans within MCMC.

   a. Draft report and submit to DHCS for review and approval by August 31, 2026 (containing CY 2022, 2023, and 2024 DHCS data).
   b. Finalize report based on DHCS feedback September through December 2026.
   c. Provide any report revisions requested by CMS through June 30, 2027.

## SECTION 5: OPPORTUNITY TO PROVIDE INPUT

A.  Please submit a *single* response covering all access assessment activities that is no longer than nine (9) pages in length. DHCS is providing this opportunity to interested parties to provide input on the following:

   1.  What is your company's process(es) for delivering such services as specified in the preliminary draft Scope of Work (SOW) in Section 4? Specifically, does your company have the ability to provide the requested services? Has your company previously provided services of a similar nature? Please provide as much detail as possible.

   2.  Please describe your team's experience in health care access assessment, improvement, and service delivery in Medi-Cal managed care delivery systems; data collection, aggregation, and analysis; and use of quality improvement techniques to improve outcomes.

   3.  Please provide recommendations/suggestions on each of the main categories of the preliminary draft SOW detailed below.
       a.  Data Aggregation and Trending
       b.  Access Measure Development and Vetting
       c.  Internal Access Monitoring Roadmap
       d.  Gather External Data Sources
       e.  Access Monitoring Standardization
       f.  Access Reports

B.  Please provide a list of positions/roles that would be necessary to perform this SOW, including the area of needed expertise (see Section 1, Purpose). **This item does not need to fit within the nine (9) page limit.**

C.  Please include an estimate of costs that specify both direct and indirect costs (if applicable) that would be necessary to complete the SOW, stratified by high-level line items. For the cost summary, please use the following table. Additional detail/rows may be added as needed. **This item does not need to fit within the nine (9) page limit.**

| Task/Activity | Costs |
|---|---|
| Section 1: Data Aggregation and Trending for SMHS, DMC-ODS, Dental MC, Medi-Cal MCPs | |
| Section 2: Access Measure Development and Vetting | |
| Section 3: Internal Access Monitoring Roadmap | |
| Section 4: Gather External Data Sources for Medi-Cal MCP Access Report Across Multiple Lines of Business | |
| Section 5: Access Monitoring Standardization | |
| Section 6: Access Reports | |
| Total Direct Costs | |
| Total Indirect Costs (*if applicable*) | |
| **TOTAL COSTS** | |

## SECTION 6: INPUT SUBMISSION

For interested parties who are responding to this RFI, please submit your responses to the questions outlined in Section 5 (as applicable), **no later than the date and time stated in Section 2: KEY ACTION DATES - RFI Due**, to the email address in Section 3 – Contact Information.

Include in the subject line: RFI 22-030

Please include your name, the entity or organization you represent, and your contact information with your submission.

## SECTION 7: DISCLAIMER

A. This RFI is issued for information gathering and planning purposes only and does not constitute a solicitation. A response to this RFI is not an offer and cannot be accepted by the State to form a binding contract. Furthermore, any award made related to the subject matter of this RFI is not contingent upon a vendor responding to this RFI.

B. Respondents are solely responsible for all expenses associated with responding to this RFI.

C. Respondents are advised that responses to this RFI are subject to the California Public Records Act (Government Code Section 6250 et seq.) and responses may be subject to disclosure. As such, do not include any proprietary, trade secret or confidential information in your response to this RFI.

D. Responding to this RFI creates no obligation on the part of any Respondent to DHCS. Conversely, issuing this RFI and considering the responses creates no obligation on the part DHCS to any Respondent.

E. DHCS may use the information received as the result of this RFI to initiate future discussions with vendors.
F.  In accordance with Welfare Institutions Code (WIC) section 14184.102(e), DHCS has the authority to make a direct award.
G. Not submitting a response to this RFI will not prohibit a response to any future solicitation, nor disadvantage the evaluation of a response to any future solicitation, if DHCS chooses to procure. By submitting a response to this RFI, a Respondent is implicitly agreeing with these conditions.
H. DHCS asks willing Respondents to share nonbinding budgetary pricing information for each identified solution where requested. Pricing is only for planning purposes. Any pricing provided in a response to this RFI will not be considered an offer on the part of a Respondent.

If you have any questions regarding this RFI, please submit them in writing to the contact information in Section 3 of this RFI.


Sincerely,

*Signed Electronically*

Christina Soares, Chief
Contracts Division