2024 Annual Population Health Management Strategy Deliverable Template
Part 2: National Committee for Quality Assurance Attestations and Bold Goals Projects

Introduction:

This is the 2024 DHCS Population Health Management (PHM) Deliverable Template Part 2 that goes along with the instructions posted on the PHM Section Website. Please note that Managed Care Plans (MCPs) within the same service areas shall each complete the PHM Strategy Deliverable Template Part 2, even when the MCPs collaborate with one another.

Each Prime MCP should complete this deliverable ensuring that any populations served by Subcontracted MCPs 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 Department of Healthcare Services (DHCS) Comprehensive Quality Strategy), including all relevant requirements on health education and cultural and linguistic needs.

For questions and additional information, please see the 2024 DHCS PHM Strategy Deliverable instruction document and/or email PHMSection@dhcs.ca.gov with the subject line: Questions re: 2024 PHM Strategy Deliverable Template.

MCP and Contact Information:

First Name of MCP Individual Submitting this Deliverable:	Last Name of MCP Individual Submitting this Deliverable:
Title of Individual Submitting this Deliverable	
Email address of the MCP Contact Submitting this Deliverable:	

Progress Toward Bold Goals

The Bold Goals 50x2025 initiative [https://calaim.dhcs.ca.gov/pages/bold_goals] 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. 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 1A: Shared Goal/SMART (Specific, Measurable, Achievable, Relevant, and Timebound) Objective. Each of the five Bold Goals must be accounted for in MCPs' reporting.

Does your Organization have any current or future projects to report for a particular bold goal? *Do not report any shared activities already reported in Part A:LHJ shared goals / SMART Objective Submissions.*		
☐ Yes, we have additional current and/or future projects for all of the Bold Goals.	☐ Yes, we have additional current and/or future projects planned for some of the Bold Goals, but not all of them.	☐ No, we do not have any additional current and/or future projects planned for the Bold Goals.
If no projects for "Close racial/ethnic disparities in well-child visits and immunization by 50%", please explain reason/barriers for this. *(100 words or fewer):*		
If no projects for "Close maternity care disparity for Black and Native American persons by 50%", please explain reason/barriers for this. *(100 words or fewer):*		

If no projects for "Improve maternal and adolescent depression screening by 50%", please explain reason/barriers for this. *(100 words or fewer)*

If no projects for "Improve follow up for mental health and substance use disorder by 50%", please explain reason/ barriers for this. *(100 words or fewer)*

If no projects for "Ensure all health plans exceed the 50th percentile for all children's preventive care measures", please explain reason/barriers for this. *(100 words or fewer)*

Project 1:

Please provide separate response for the Bold Goal questions for each current or future project. Please complete the section for the first project, and then you will have the opportunity to add up to two more projects if needed. *Do not repeat any shared goal/SMART objective activities already reported in Part 1A.*

What is the name of project 1 related to a Bold Goal? *(50 words or fewer) Do not repeat any shared activities already reported in Part 1A.*	
When is project 1 taking place?	☐ Current
	☐ Future

Select the Bold Goals that project 1 aims to improve upon: [Select all that apply]				
☐ Close racial/ethnic disparities in well-child visits and immunization 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 health plans exceed the 50th percentile for all children's preventive care measures

Is project 1 required based on Medi-Cal Managed Care Accountability Sets performance, under the DHCS Quality Improvement and Health Equity Framework?	☐ Yes
	☐ No

Is project 1 a required Centers for Medicare and Medicaid Services Performance Improvement Project?	☐ Yes
	☐ No

Where is the targeted impact location of project 1? (select from the options below)				
☐ Hospital Based	☐ Clinic Based	☐ Community Based	☐ School Based	☐ Other Targeted Impact Location

Please provide a brief description of project 1 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 details available yet, please identify a date by which data will be available.*(250 words or fewer)MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box.*

Enter the approximate number of members served in project 1.

Select all entities that your organization is partnering with for project 1.

☐ Local Education Entities	☐ Social Services	☐ Child Welfare Departments	☐ Continuum of Care programs	☐ First 5 programs and providers
☐ Regional Centers	☐ Area Agencies on Aging	☐ Caregiver resource centers	☐ Home- and Community-Based Services Waiver Agencies and Providers	
☐ Hospital Based	☐ Local County Behavioral Health Departments for Specialty Mental Health Care and Substance Use Disorder Treatment Services	☐ School Based ☐ Justice-involved partners and providers	☐ Women/Infant/Children Supplemental Nutrition Programs	

☐ Other Entity:
(If OTHER Entity was selected for project 1, please describe. (25 words or fewer))

Does project 1 leverage an existing memorandum of understanding (MOU) with the entities selected above for project 1?	
☐ Yes	☐ No

If YES, please describe how project 1 leverages an existing MOU with the entities selected above. *(150 words or fewer)*

If no, Please describe any future plans to leverage an MOU with the entities selected above for project 1. *(150 words or fewer)*

Please report the total value of new investments (in dollars) your organization has funded or will fund for project 1.	Dollar Amount:

Do you have another project to report related to this Bold Goal?	
☐ Yes	☐ If NO, continue to NCQA section

PROJECT 2:

[If you do not have a project 2, skip to National Committee for Quality Assurance (NCQA) SECTION] Please provide separate response for the BOLD GOAL questions for each current or future project.

Please complete the section for the first project, and then you will have the opportunity to add up to two more projects if needed.

Do not repeat any shared goal/SMART objective activities already reported in Part 1A.

What is the name of project 2 related to a Bold Goal? *(50 words or fewer) Do not repeat any shared activities already reported in Part 1A.*				
When is project 2 taking place?	☐ Current			
	☐ Future			
Select the Bold Goals that project 2 aims to improve upon: [Select all that apply]				
☐ Close racial/ethnic disparities in well-child visits and immunization 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 health plans exceed the 50th percentile for all children's preventive care measures
Is project 2 required based on Medi-Cal Managed Care Accountability Sets performance, under the DHCS Quality Improvement and Health Equity Framework?	☐ Yes			
	☐ No			
Is project 2 a required Centers for Medicare and Medicaid Services Performance Improvement Project?	☐ Yes			
	☐ No			
Where is the targeted impact location of project 2? (select from the options below)				
☐ Hospital Based	☐ Clinic Based	☐ Community Based	☐ School Based	☐ Other Targeted Impact Location

Please provide a brief description of project 2 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 details available yet, please identify a date by which data will be available.(250 words or fewer)MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box.

Enter the approximate number of members served in project 2.

Select all entities that your organization is partnering with for project 2.

☐ Local Education Entities	☐ Social Services	☐ Child Welfare Departments	☐ Continuum of Care programs	☐ First 5 programs and providers
☐ Regional Centers	☐ Area Agencies on Aging	☐ Caregiver resource centers	☐ Home- and Community-Based Services Waiver Agencies and Providers	
☐ Hospital Based	☐ Local County Behavioral Health Departments for Specialty Mental Health Care and Substance Use Disorder Treatment Services		☐ School Based ☐ Justice-involved partners and providers	☐ Women/Infant/Children Supplemental Nutrition Programs

☐ Other Entity:
(If OTHER Entity was selected for project 2, please describe. (25 words or fewer))

Does project 2 leverage an existing memorandum of understanding (MOU) with the entities selected above for project 2?	
☐ Yes	☐ No

If YES, please describe how project 2 leverages an existing MOU with the entities selected above.

(150 words or fewer)

If no, Please describe any future plans to leverage an MOU with the entities selected above for project 2. *(150 words or fewer)*

Please report the total value of new investments (in dollars) your organization has funded or will fund for project 2.	Dollar Amount:

Do you have another project to report related to this Bold Goal?	
☐ Yes	☐ If NO, continue to NCQA section

PROJECT 3:

[IF YOU DO NOT HAVE A PROJECT 3, SKIP TO NCQA SECTION]

Please provide separate response for the BOLD GOAL questions for each current or future project. Please complete the section for the first project, and then you will have the opportunity to add up to two more projects if needed. *Do not repeat any shared goal/SMART objective activities already reported in Part 1A.*

What is the name of project 3 related to a Bold Goal? *(50 words or fewer) Do not repeat any shared activities already reported in Part 1A.*

When is project 3 taking place?	☐ Current
	☐ Future

Select the Bold Goals that project 3 aims to improve upon: [Select all that apply]				
☐ Close racial/ethnic disparities in well-child visits and immunization 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 health plans exceed the 50th percentile for all children's preventive care measures

Is project 3 required based on Medi-Cal Managed Care Accountability Sets performance, under the DHCS Quality Improvement and Health Equity Framework?	☐ Yes
	☐ No

Is project 3 a required Centers for Medicare and Medicaid Services Performance Improvement Project?	☐ Yes
	☐ No

Where is the targeted impact location of project 3? (select from the options below)				
☐ Hospital Based	☐ Clinic Based	☐ Community Based	☐ School Based	☐ Other Targeted Impact Location

Please provide a brief description of project 3 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 details available yet, please identify a date by which data will be available. *(250 words or fewer) MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box.*

Enter the approximate number of members served in project 3.

Select all entities that your organization is partnering with for project 3.

☐ Local Education Entities	☐ Social Services	☐ Child Welfare Departments	☐ Continuum of Care programs	☐ First 5 programs and providers
☐ Regional Centers	☐ Area Agencies on Aging	☐ Caregiver resource centers	☐ Home- and Community-Based Services Waiver Agencies and Providers	
☐ Hospital Based	☐ Local County Behavioral Health Departments for Specialty Mental Health Care and Substance Use Disorder Treatment Services		☐ School Based / ☐ Justice-involved partners and providers	☐ Women/Infant/Children Supplemental Nutrition Programs

☐ Other Entity:
(If OTHER Entity was selected for project 3, please describe. (25 words or fewer))

Does project 3 leverage an existing memorandum of understanding (MOU) with the entities selected above for project 3?	
☐ Yes	☐ No

If YES, please describe how project 3 leverages an existing MOU with the entities selected above.

(150 words or fewer)

If no, Please describe any future plans to leverage an MOU with the entities selected above for project 3. *(150 words or fewer)*

Please report the total value of new investments (in dollars) your organization has funded or will fund for project 3.	Dollar Amount:

Do you have another project to report related to this Bold Goal?	
☐ Yes	☐ If NO, continue to NCQA section

PROJECT 4:

[IF YOU DO NOT HAVE A PROJECT 4 SKIP TO NCQA SECTION]
Please provide separate response for the BOLD GOAL questions for each current or future project. Please complete the section for the first project, and then you will have the opportunity to add up to two more projects if needed. *Do not repeat any shared goal/SMART objective activities already reported in Part 1A.*

What is the name of project 4 related to a Bold Goal? *(50 words or fewer) Do not repeat any shared activities already reported in Part 1A.*

When is project 4 taking place?	☐ Current
	☐ Future

Select the Bold Goals that project 4 aims to improve upon: [Select all that apply]

☐ Close racial/ethnic disparities in well-child visits and immunization 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 health plans exceed the 50th percentile for all children's preventive care measures

Is project 4 required based on Medi-Cal Managed Care Accountability Sets performance, under the DHCS Quality Improvement and Health Equity Framework?	☐ Yes
	☐ No

Is project 4 a required Centers for Medicare and Medicaid Services Performance Improvement Project?	☐ Yes
	☐ No

Where is the targeted impact location of project 4? (select from the options below)

☐ Hospital Based	☐ Clinic Based	☐ Community Based	☐ School Based	☐ Other Targeted Impact Location

Please provide a brief description of project 4 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 details available yet, please identify a date by which data will be available. *(250 words or fewer) MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box.*

Enter the approximate number of members served in project 4.

Select all entities that your organization is partnering with for project 4.

☐ Local Education Entities	☐ Social Services	☐ Child Welfare Departments	☐ Continuum of Care programs	☐ First 5 programs and providers
☐ Regional Centers	☐ Area Agencies on Aging	☐ Caregiver resource centers	☐ Home- and Community-Based Services Waiver Agencies and Providers	
☐ Hospital Based	☐ Local County Behavioral Health Departments for Specialty Mental Health Care and Substance Use Disorder Treatment Services		☐ School Based ☐ Justice-involved partners and providers	☐ Women/Infant/Children Supplemental Nutrition Programs

☐ Other Entity:
(If OTHER Entity was selected for project 4, please describe. (25 words or fewer))

Does project 4 leverage an existing memorandum of understanding (MOU) with the entities selected above for project 4?	
☐ Yes	☐ No

If YES, please describe how project 4 leverages an existing MOU with the entities selected above.

(150 words or fewer)

If no, Please describe any future plans to leverage an MOU with the entities selected above for project 4. *(150 words or fewer)*

Please report the total value of new investments (in dollars) your organization has funded or will fund for project 4.	Dollar Amount:

Do you have another project to report related to this Bold Goal?	
☐ Yes	☐ If NO, continue to NCQA section

NCQA Accreditation

Per contract requirement, starting on January 1, 2024, all MCPs were required to demonstrate to DHCS that they met the PHM Standards section of the NCQA Health Plan Accreditation requirements. By January 1, 2026, all MCPs must obtain Medicaid NCQA Health Plan Accreditation and NCQA Health Equity Accreditation. As part of Health Plan Accreditation, NCQA requires 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 updated annually. As part of its NCQA PHM Strategy, each plan must annually meaningfully participate in the completion a "Population Needs Assessment" (PNA) of member needs and characteristics.

Please attest to one of the following statements regarding the MCP's PHM Strategy that meets the NCQA PHM Standards:	
☐ The PHM Strategy that meets NCQA PHM Standards that was submitted by this MCP to DHCS in 2023 has been updated. A new copy that is valid for 2024 is being sent to DHCS by 10/31/2024.	☐ The PHM Strategy that meets NCQA PHM Standards that was submitted by this MCP to DHCS in 2023 has had no updates and is valid for 2024.
Please attest to one of the following statements regarding the MCP's NCQA PNA that is required by NCQA to be included with the PHM Strategy that meets the NCQA PHM Standards:	
☐ The annual NCQA PNA update to be included with PHM Strategy that meets NCQA PHM Standards has been updated since it was submitted by this MCP to DHCS in 2023. It will be sent to DHCS by 10/31/2024.	☐ The annual NCQA PNA update to be included with PHM Strategy that meets NCQA PHM Standards has NOT been updated since it was submitted by this MCP to DHCS in 2023.

Please explain why the PHM Strategy has not been updated since 2023. (*150 words or fewer)*	
Please explain reason for no update to the NCQA PNA since submitted to DHCS in 2023. (*150 words or fewer)*	
What is date of next NCQA review/audit *(MM/YYYY)*	
What was date of NCQA Health Plan Accreditation or expected Accreditation (*MM/YYYY)*	
What was date of NCQA Health Equity Accreditation or expected Accreditation (*MM/YYYY)*	
Date when deliverable submitted to DHCS	

COMPLETED!
Thank you for your completion of the PHM Strategy Deliverable Template Part 2.

by EOD October 31, 2024.

For submission instructions and additional information, please see the 2024 DHCS PHM Strategy Deliverable instruction document.