2024 DHCS PHM STRATEGY DELIVERABLE TEMPLATE

Submission Instructions

Due: October 31, 2024

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 the PHM Strategy Deliverable to DHCS annually. The purpose of the annual PHM Strategy Deliverable 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.[1] For 2024, the DHCS PHM Strategy Deliverable is intended for MCPs to:

- Share updates to the shared goal/specific, measurable, attainable, realistic, and time-bound (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 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:

Two fillable PDF Templates have been created for MCPs to provide their submissions.

[1] 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).

- The **Part 1 Template** is for questions that are linked to specific LHJ activities. There should be a separate deliverable submitted for each LHJ in the MCP's service area.
- The **Part 2 Template** is for overarching questions that are not LHJ specific and need to only be answered once by the Prime MCP.

Links to the two Templates 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 Templates, even when the MCPs collaborate with one another. Each Prime MCP[2] should complete this deliverable for the service area(s) it covers, ensuring that any populations served by Subcontracted MCPs[3] are included in the responses and that their input is considered as appropriate. Subcontracted MCPs are not required to complete and submit these deliverable Templates 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.[4]

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

[2] 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).

[3] 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).

[4] Medi-Cal Managed Care Boilerplate Contract, Exhibit A, Attachment 3, Section 4.3.2 Population Needs Assessment

2024 DHCS PHM STRATEGY DELIVERABLE TEMPLATE PART 1

Due October 31, 2024

Directions:

MCPs should submit these PHM Strategy Deliverable Templates by EOD October 31, 2024. Each Prime MCP should complete this Template for the service area(s) it covers, ensuring that any populations served by Subcontracted MCPs 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.

- The Prime MCP must complete the 2024 DHCS PHM STRATEGY DELIVERABLE _Part 1 for each LHJ in its service area.
    - Download a copy of the Part 1 Template.
    - Open the Template in the Adobe Acrobat app to ensure the fillable form fields work properly.
    - **For each LHJ,** create a copy of the Part 1 Template using the following naming convention: 2024 DHCS PHM STRATEGY DELIVERABLE _Part 1_[MCP NAME]_[LHJ NAME]
    - To submit your Part 1 Deliverable(s), use the prepopulated artifact form for **D.0046 PHM Strategy Deliverable** available on the MCOD Contract Oversight SharePoint Submission Portal. MCPs must upload **a zip file containing all relevant attachments** for both Part 1 and Part 2 within the artifact form before submitting.

MCP and LHJ Contact Information

Please provide the name, title, and email address of the MCP's single point of contact for this MCP's PHM Program or of the individual submitting this form. Please note, this contact information will be shared with key partners, such as LHJs.

Name of Prime MCP: *[Text Box]*

First Name of Individual Submitting Deliverable: *[Text box]*

Last Name of Individual Submitting the Deliverable: *[Text box]*

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

Email Address of the Individual Submitting the Deliverable: *[Text box]*

Name of LHJ Referenced for this Submission: *[Text box]*

Name and Email Address of LHJ Representative: *[Text box]*

Did the MCP collaborate with other MCP(s) within this LHJ's county/city to develop the shared goal/SMART Objective? (Please note this was not a requirement.) Yes No

Part 1A: 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 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[5]
- 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

Please report the shared goal/SMART Objective that was developed in collaboration with the LHJ that your plan attested to have created in 2023.

1. **Shared Goal:** *[Text box] [MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box] (100 words or fewer)*
2. **SMART Objective:** *[Text box] [MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box] (250 words or fewer)*
3. **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)*

[5] 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.

4. **Select all DHCS Bold Goals that apply to the shared goal/SMART objective:** *[Select all Bold Goals that apply]*

   Close racial/ethnic disparities in well-child visits and immunization by 50%
   Close maternity care disparity for Black & 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

5. **Is this shared goal/SMART Objective activity required based on Medi-Cal Managed Care Accountability Sets (MCAS) performance, under the DHCS Quality Improvement and Health Equity Framework?**

   Yes ☒ No

6. **Is this activity a required Centers for Medicare and Medicaid Services (CMS) Performance Improvement Project?**

   Yes ☒ No

7. **Where is the targeted impact location of this activity?** *[Select all that apply]*

   Hospital based
   Clinic based
   Community based
   School based
   Other: *[Text box]*

8. **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)
- ☐ Other: *[Text box]*

9. **Are you leveraging an existing memorandum of understanding (MOU) with the LHJ or any of the entities selected above?** Yes No
10. **Please describe how this activity leverages an existing MOU.** *[Text box]*
11. **Please describe any future plans to leverage an MOU.** *[Text box]*

Part 1B: 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/CHIPs. DHCS published the MCP-LHJ Collaboration Worksheet as a tool for MCPs and LHJs to build relationships to support the CHA/CHIP process. DHCS required 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 all sections of Part 1B of their DHCS PHM Strategy Deliverable with each LHJ in their service area once complete.

1. **Is your organization currently meaningfully participating with this LHJ in a CHA?** Yes No
    a. **If Yes, please provide the anticipated CHA completion date.** *[Date]*
2. **Is your organization currently meaningfully participating with this LHJ in a CHIP?** Yes No
    a. **If Yes, please provide the anticipated CHIP completion date.** *[Date]*
3. **If answered NO to any of the above, please provide an explanation why your organization is not meaningfully participating on this LHJ's CHA or CHIP or both.** *(150 words or fewer) [Text box]*
4. **When did this LHJ complete its most recent CHA?** *[Date]*
5. **When did this LHJ complete its most recent CHIP?** *[Date]*

Stakeholder Engagement

1. **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 No
   a. **If Yes, please describe how you have participated in the CHA/CHIP governance structure and/or key meetings at the LHJ's request/permission. If No, please describe why you have not participated in the governance structure or attended any key meetings.** *[Text box] (200 words or fewer)*
   b. **If Yes, please provide the number of meetings you attended at the LHJ's request/permission.** *[Enter a number]*
2. **MCP Community Advisory Committee (CAC). Did your organization report its involvement on this LHJ's CHA/CHIP to its CAC?**
   Yes No
   a. **If 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). If 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)*
   b. **If Yes, what advice/input has your organization received from your CAC on the LHJ CHA/CHIP findings?** *[Text box] (250 words or fewer)*
3. **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.)?** Yes No
4. **If Yes, please describe your CAC discussions on how they could be involved in this LHJ's CHA/CHIP processes.** *[Text box] (250 words or fewer)*

MCP Resources

1. **Funding: Please report on the total value (in dollars) your organization has contributed or will contribute to this LHJ to support CHA/CHIP development. If no funding is to be provided, please write $0.** *[enter dollar amount]*
   a. **Please enter the date when your organization did/will provide funding. If no funding is planned, please enter 12/31/2099.** *[Enter*

date only]

b. **Please describe what CHA/CHIP-related activities are being supported by this funding.** *[Select all that apply]*
   - ☐ Administrative support
   - ☐ Project management
   - ☐ Consultants who specialize in providing support on CHAs/CHIPs (e.g., data collection and analysis, stakeholder outreach and meeting facilitation, subject matter experts on topics such as the MAPP process, report writing)
   - ☐ Governance (convening support, etc.)
   - ☐ Data infrastructure (e.g., web-based data-visualization tools, technology to support data sharing and analysis, and consultants/training to analyze data)
   - ☐ Community engagement (e.g., incentives/food for community participation, funds for childcare, and gas cards)
   - ☐ Communications (e.g., funding for media/messaging about CHA, sharing success stories, and consultants)
   - ☐ Contracts with CBOs
   - ☐ Implementation strategies (specific to CHIP)
   - ☐ TA sessions for LHJs/MCPs

2. **In-Kind Staffing: Please describe the in-kind staffing your organization has provided or will provide for this LHJ's CHA/CHIP. If no in-kind staffing is to be provided, please write N/A.** *[Text box]*

    a. **Enter the estimated value of this in-kind staffing. If there has been/will be no in-kind staffing, enter 0.00.** *(Enter number only)*

    b. **Please enter the date the in-kind staffing started, or the planned date for in-kind staffing to start. If no in-kind staffing is planned, please enter 12/31/2099.** *(Enter date only)*

3. **Total Contribution: 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.** *[Enter dollar amount]*

    a. **Please provide the number of Medi-Cal members your MCP serves in this LHJ.** *[Enter number only]*

    b. **Please provide the percentage of Medi-Cal members your MCP serves in this LHJ out of the resident population of the LHJ.** *[Enter percentage only]*

    c. **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)*

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.[6]

1. **Has your organization and this LHJ been able to identify priority areas in which to share data?** Yes No
2. **Select which priority areas have been identified to share data.** [*Select all that apply- options provided in PDF form]*
    a. **If no priority areas were identified, 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
    c. **If No, describe why and identify steps to overcome barriers to data-sharing.** *[Text box]*

MCP-LHJ CHA/CHIP General Feedback

1. **Please describe any bright spots encountered while participating in this LHJ's CHA/CHIP process.** *[Text box] (200 words or fewer)*
2. **Please describe any challenges encountered while participating in this LHJ's CHA/CHIP process.** *[Text box] (200 words or fewer)*
3. **Please share any other observations not otherwise captured by the above questions.** *[Text box] (200 words or fewer)*
4. **What technical assistance does your organization need to meaningfully participate in this LHJ's CHA/CHIP processes?** *[Select all that apply- options provided in the PDF form]*

Part 1C: 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

[6] CalAIM: Population Health Management (PHM) Policy Guide

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 this LHJ?** *(300 words or fewer)*
2. **Are there opportunities for joint initiatives or partnerships between your organization and this LHJ/other partners in this service area to increase the referral of and/or utilization of CHWs through the CHW benefit in relation to your shared goals and SMART objectives?** Yes No
    a. **If Yes, please describe opportunities for joint initiatives or partnerships you've identified and/or implemented with this LHJ/other partners in this service area to increase the referral of and/or utilization of the CHW benefit. If 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.** *(300 words or fewer)*

Enter the date this PHM Strategy Deliverable Template Part 1 is submitted to DHCS: *[Date field]*

COMPLETED Part 1

Thank you for your completion of the PHM Strategy Deliverable Template Part 1 by EOD October 31, 2024. For questions and additional information, please email PHMSection@dhcs.ca.gov (Subject line: Questions re: 2024 PHM Strategy Deliverable Template).

2024 DHCS PHM STRATEGY DELIVERABLE TEMPLATE PART 2

Due October 31, 2024

General Directions:

MCPs should submit this PHM Strategy Deliverable Template by EOD October 31, 2024. Each Prime MCP should complete this form for the service area(s) it covers, ensuring that any populations served by Subcontracted MCPs 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.

- The Prime MCP must complete **only one copy** of the 2024 DHCS PHM STRATEGY DELIVERABLE _Part 2 deliverable.
  - Download a copy of the Part 2 template.
  - Open the template in the Adobe Acrobat app to ensure the fillable form fields work properly.
  - Create one copy of the Part 2 template using the following naming convention: 2024 DHCS PHM STRATEGY DELIVERABLE _Part 2_[MCP NAME].
  - To submit your Part 2 Deliverables, use the prepopulated artifact form for **D.0046 PHM Strategy Deliverable** available on the MCOD Contract Oversight SharePoint Submission Portal. MCPs must upload **a zip file containing all relevant attachments** for both Part 1 and Part 2 within the artifact form before submitting

MCP Contact Information

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. *[Text box]*

Name of Prime MCP: *[Text Box]*

First Name of Individual submitting Deliverable: *[Text box]*

Last Name of Individual submitting the Deliverable: *[Text box]*

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

Email Address of the Individual Submitting the Deliverable: *[Text box]*

Part 2A: 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.[5]

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 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 1A: LHJ shared goals / SMART Objective submissions.

- ☐ Yes: we have additional, current, and/or future projects that account for all of the Bold Goals
- ☐ Yes: we have additional current and/or future projects planned that account for some of the BOLD GOALS, but not all of them.
- ☐ No: we do not have any additional current and/or future projects planned that account for the BOLD GOALS.

If there are no projects to report for any of the five Bold Goals, please provide a reason and barrier next to that Bold Goal in the template. If that Bold Goal does not have a project, just put N/A in the text box. (100 words or fewer)

For current or future projects that are related to a Bold Goal, please provide a separate response for each project. Do not repeat any shared goal/SMART objective activities already reported in Part 1A that are related to a Bold Goal. These questions repeat so that up to 4 projects can be entered in this section.

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
   - ☐ 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] [MCPs may share data via JPEG, GIF, or PDF in addition to completing the text box]*

8. **Number of members served in this project:** *[Number]*

9. **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 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
- ☐ HCBS waiver agencies and providers
- ☐ Justice-involved partners and providers (e.g. jails, probation, CBOs serving this population)
- ☐ Other *[Text box]*

10. **Does the project leverage an existing MOU with the entities selected above?**
    - ☐ Yes
    - ☐ No
11. **If Yes, please describe how this project leverages an existing MOU with the entities selected above. If No, please describe any future plans to leverage an MOU with the entities selected above.** *[Text box]*
12. **Please report the total value of new investments (in dollars) your organization has funded or will fund for this project.** *[Dollar amount]*
13. **Do you have another project to report related to this Bold Goal?**
    - ☐ Yes *[Enter next project below in the template]*
    - ☐ No. By checking 'No' you are completing the reporting of projects related to this Bold Goal. Proceed to Part 2B: NCQA Attestations

Part 2B: 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 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 one of the following statements regarding the MCP's PHM Strategy that meets the NCQA PHM Standards:**
    a. The PHM Strategy that meets NCQA PHM Standards that was submitted by this MCP to DHCS in 2023 has been updated. A new version that is valid for 2024 is attached. *[Please attach the document with the 2024 DHCS PHM Strategy Template submission.]* **OR**
    b. The PHM Strategy that meets NCQA PHM Standards that was submitted by this MCP to DHCS in 2023 has NOT been updated and is valid for 2024.
2. **Please attest to one of the following statements regarding the MCP's NCQA population assessment that is required by NCQA to be included with the PHM Strategy that meets the NCQA PHM Standards:**
    a. The annual NCQA population assessment 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. A new version that is valid for 2024 is attached. *[Please attach the document with the 2024 DHCS PHM Strategy Template Part 2 submission.]* **OR**
    b. The annual NCQA population assessment 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.
3. **Please explain why the PHM Strategy has not been updated since 2023.** *[Text box 150 words or fewer]*
4. **Please explain the reason for no update to the NCQA population assessment since it was submitted to DHCS in 2023.** *[Text box 150 words or fewer]*
5. **What is the date of the next NCQA review/audit?** (MM/YYYY)
6. **What was the date of the NCQA Health Plan Accreditation or expected Accreditation?** (MM/YYYY)
7. **What was the date of the NCQA Health Equity Accreditation or expected Accreditation?** (MM/YYYY)

Enter the date this PHM Strategy Deliverable Template Part 2 is submitted to DHCS: *[Date field]*

COMPLETED Part 2

Thank you for your completion of the PHM Strategy Deliverable Template Part 2 by EOD October 31, 2024. For questions and additional information, please email PHMSection@dhcs.ca.gov (Subject line: Questions re: 2024 PHM Strategy Deliverable Template).