

CalAIM Population Health Management Advisory Group Meeting

December 11th, 2023

Pre-Decisional

Continuous Coverage Unwinding

- » **The continuous coverage requirement ended on March 31, 2023**
- » **Medi-Cal redeterminations began on April 1, 2023, and will continue for all Medi-Cal members through May 2024 based on the individuals established renewal date.**
- » **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.
 - DHCS implemented several federal flexibilities to make the renewal process simpler during the continuous coverage unwinding.
- » **How you can help:**
 - Become a **DHCS Coverage Ambassador**
 - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available
 - Check out the [Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan](#) (Updated March 7, 2023)

Continuous Coverage Unwinding Communications Strategy

- » On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ended March 31, 2023. The campaign will complement the efforts of the [DHCS Coverage Ambassadors](#) that was launched in April 2022.
- » **DHCS launched the [Keep Your Community Covered Resources Hub](#)** which includes resources in all 19 threshold languages.
- » **DHCS released the new, interactive [Medi-Cal Continuous Coverage Unwinding Dashboard](#)** that will allow you to gain demographic and geographic insights to enrollment and renewal data.
- » **Direct Medi-Cal members to [KeepMediCalCoverage.org](#) or [MantengaSuMedical.org](#)**, which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

Agenda



- **Guest Speakers: MCP-LHJ Collaborations on CHAs/CHIPs** *(15 minutes)*
- **Recap of 2023 Population Needs Assessment** *(10 minutes)*
- **MCP PNA Requirements for 2024-2027 Population Needs Assessment** *(30 minutes)*
- **Upcoming Guidance and Technical Assistance** *(5 minutes)*
- **Q&A** *(25 minutes)*

Guest Speakers: MCP-LHJ Collaborations on CHAs/CHIPs

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Best Practices: MCP-LHJ Collaborations on CHAs/CHIPs

Today, we are joined by guest speakers for a discussion on existing MCP-LHJ collaborations to develop community health assessments.

Name	Title	Organization
Dr. Phuong Luu	Bi-County Health Officer	Yuba County and Sutter County  The logo for the California Conference of Local Health Officers (CCLHO) features a stylized purple eagle with its wings spread, perched atop a purple caduceus. Below this, the letters "CCLHO" are written in a bold, purple, sans-serif font. Underneath the letters, the words "CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS" are written in a smaller, purple, sans-serif font, arranged in four lines.
Barb Alberson	Interim Health Director/Senior Deputy Director	San Joaquin County Public Health Services  The logo for CHEAC (California Health Equity Action Council) features a stylized graphic of three human figures in green, blue, and orange, arranged in a circle. To the right of this graphic, the letters "CHEAC" are written in a large, blue, sans-serif font. Below the letters, the tagline "Improving the Health of all Californians" is written in a smaller, orange, sans-serif font.

Recap of 2023 Population Needs Assessment Developments



Level-Setting: Review of 2023 PNA Developments

As part of the CalAIM Population Health Management (PHM) Program, DHCS is re-designing MCP requirements for developing a **Population Needs Assessment (PNA)**.

- » Historically, MCPs have used the PNA to identify the priority health and social needs of their members, including health disparities.
- » Under the modified PNA requirements, MCPs will be required to:
 - » Meaningfully participate in Local Health Departments' Community Health Assessments/ Community Health Improvement Plans in the service areas where they operate rather than working on similar activities in parallel.
 - » Submit an annual PHM Strategy deliverable to DHCS that demonstrates how MCPs respond to community needs as well as provide other PHM programmatic updates.

2023

January 1

DHCS launches PHM Program

May 8

DHCS released a [concept paper](#) to share its vision for the modified PNA for stakeholder feedback (public comment period ended on June 2nd).

August

DHCS released [APL 23-021](#) (replacing former PNA APL) , which was accompanied by updated [PHM Policy Guidance](#) on 2023 PNA and PHM Strategy requirements and the [2023 PHM Strategy Template](#)

October 31

MCPs submitted first annual PHM Strategy deliverable, which was intended to help prepare for more rigorous forthcoming PNA requirements

December

DHCS will be issuing updated PNA guidance in December 2023 to set MCP requirements for 2024-2027

2024

2023 PHM Strategy Deliverable

To help prepare MCPs' for more forthcoming robust PNA requirements, MCPs were required to submit a 2023 PHM Strategy Deliverable that was due October 31st.

- » **For the 2023 PHM Strategy Deliverable, MCPs were required to fill out a brief attestation template that includes attestation/responses related to:**
 - **LHD-MCP collaboration:** MCPs were required to meet with LHDs in their service area to determine a SMART goal they want to work on together and how they are going to collaborate on CHA/CHIPs.
 - **NCQA requirements:** All MCPs must meet NCQA PHM standards by January 1, 2023, and are to be NCQA Health Plan and Health Equity Accredited by January 1, 2026. As part of NCQA PHM standards, MCPs must complete a PHM Strategy (which includes a population assessment). For the 2023 PHM Strategy deliverable, MCPs were required to submit their NCQA PHM Strategy (inclusive of population assessment) to DHCS.
- » **Twenty-one plans have submitted the 2023 PHM Strategy.**

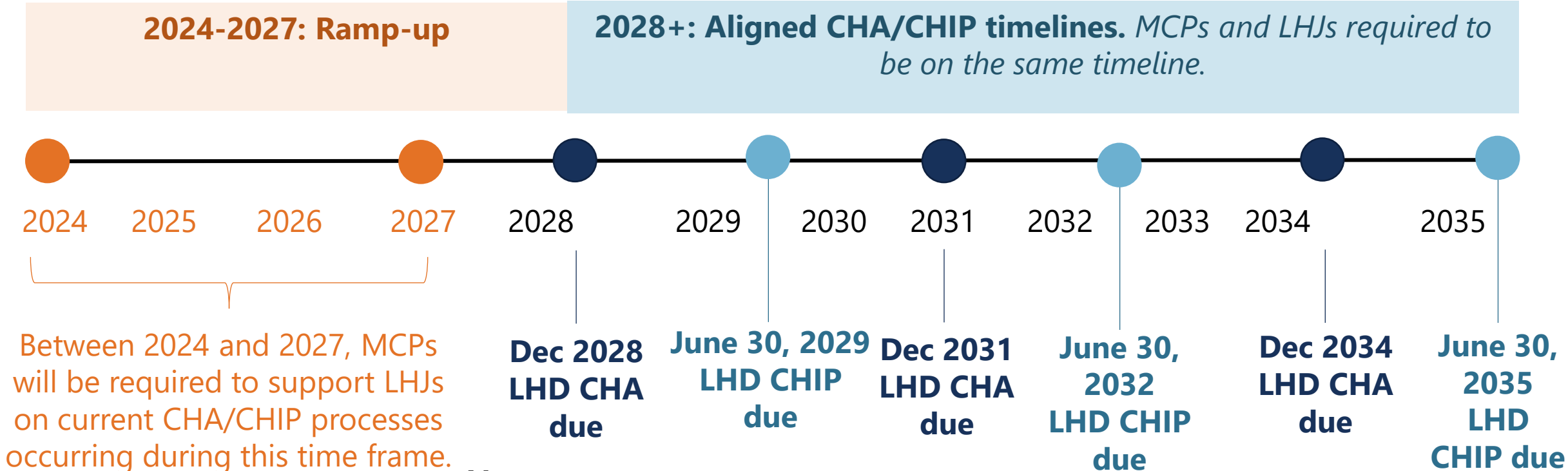
MCP PNA Requirements for 2024-2027

Population Needs Assessment



Timeline Outlining LHJ CHA/CHIP Cycles

2024-2027 is as glidepath for 2028, when all LHJs and MCPs will be expected to be on the same three-year cycles with the first LHD CHA due in December 2028 and the first CHIP due June 30, 2029.



Between 2024 and 2027, MCPs will be required to support LHJs on current CHA/CHIP processes occurring during this time frame. These CHAs/CHIPS will be on different cycles during this time period but will all be on the same cycle starting in 2028.

Notes:

- Dates above are calendar year, not fiscal year
- The June 30, 2029 CHIP due date aligns with public health plan due dates
- Sequencing of CHA/CHIP based on SME advice that a CHA requires a minimum of 12 months, and a CHIP requires 6 months.

Deeper Dive: Collaboration Requirements

- » Prime MCPs* must participate on every LHJ CHA/CHIP in their service area.
- » Prime MCPs working in multiple counties/cities must participate on multiple CHAs/CHIPs .
- » Prime MCPs must ensure that any populations covered by a subcontracted MCP are included in their PNA process; i.e., subcontracted MCPs** do not have to complete a separate PNA process but rather must be included in the process led by their Prime MCP with the LHJ.
- » When multiple Prime MCPs operate in the same service area, MCPs must collaborate with each other as well as with the LHJ to foster a unified planning process.
 - MCPs must coordinate what types of investments they will provide (e.g., staffing/funding) and data that is shared, as well as communications with the LHJs.

** A Prime MCP is an MCP that directly contracts with DHCS to provide Medi-Cal services to members within the county or counties specified in their contract.*

*** A Subcontracted MCP is an MCP that contracts with the Prime MCP to assume full or partial risk of a portion of the Prime MCP's membership.*

In-Kind Staffing & Funding

MCPs are strongly encouraged to allocate resources to LHJs' CHA/CHIPs in the service areas where they operate, including funding and/or in-kind staffing support. MCPs are strongly encouraged allocate these resources in a manner commensurate with the number of Medi-Cal Members served by the MCP within a given LHJ jurisdiction.

Rationale: MCPs are no longer required to complete a PNA on their own, but instead required to meaningfully participate on a LHJ's CHA/CHIPs. As such, they are strongly encouraged to contribute resources (funding and/or in-kind staffing) as outlined on this slide.

- » Starting on January 1, 2024, MCPs are strongly encouraged to work with LHJs to determine what combination of funding and/or in-kind staffing the MCP will contribute to the LHJ CHA/CHIP process.
- » Starting on January 1, 2025, MCPs are strongly encouraged to contribute the funding and/or in-kind resources that they agreed upon in 2024.
- » At least annually, MCPs will be required to report to DHCS on how they are contributing resources via their PHM Strategy Deliverable submission.

Funding: LHJs may use MCP funding to support CHA/CHIP-related: administrative support; project management; consultants, governance; data infrastructure; community engagement; communications; contracts with CBOs; implementation strategies (specific to CHIP); and technical assistance.

In-Kind Staffing: In addition to funding or as an alternative to funding, if requested by the LHJ, the MCP may contribute staffing support for project management, data analysis, stakeholder engagement activities, or other administrative items.

Guidance is in accordance with 42 CFR sections 438.206(c)(2), 438.330(b)(4), and 438.242(b)(2), 22 CCR sections 53876(a)(4), 53876(c), 53851(b)(2), 53851(e), 53853(d), and 53910.5(a)(2), and applicable DHCS guidance.

Data Sharing

MCPs and LHJs both have data from which the other can benefit to improve population health, creating a more holistic picture of the multiple factors contributing to a community's health than either can accomplish alone.

- » Between 2024-2027, MCPs are expected to begin sharing data with LHJs in ways that support the CHA/CHIP process. This requirement applies regardless of the position of the LHJ in the CHA/CHIP cycle in calendar years 2024-2027.
- » In 2024, the expectation is that MCP(s) and the LHJ in each jurisdiction must work with LHJs to begin to identify priority areas in which the MCP will share data with the LHJs from the following that cut across LHJ priorities and CalAIM priorities for MCPs: maternal health; child health; health disparities/inequities; behavioral health/substance use disorder; justice involved/reentry population; housing insecurity/homelessness; chronic disease prevention; adult/childhood immunization; other, agreed upon by the LHJ and MCP.
- » Starting in Q2 of 2025 at the latest, MCPs must begin to share the data agreed upon in 2024 in accordance with all applicable laws and facilitated through data-sharing agreements and a range of mechanisms and formats based on the level determined to be the best fit for LHJ capacity and priorities. Data must be shared in a timely manner when requested by the LHJ.
- » MCPs will be required to follow provisions of the Data Exchange Framework (DxF) when sharing data with LHJs that are signatories and are encouraged to follow the DxF when sharing data with those LHJs that are not signatories.

Stakeholder Engagement

MCPs working on LHJ CHA/CHIPs will benefit over time from cultivating stronger relationships not only with the LHJs, but also with the other participating community stakeholders.

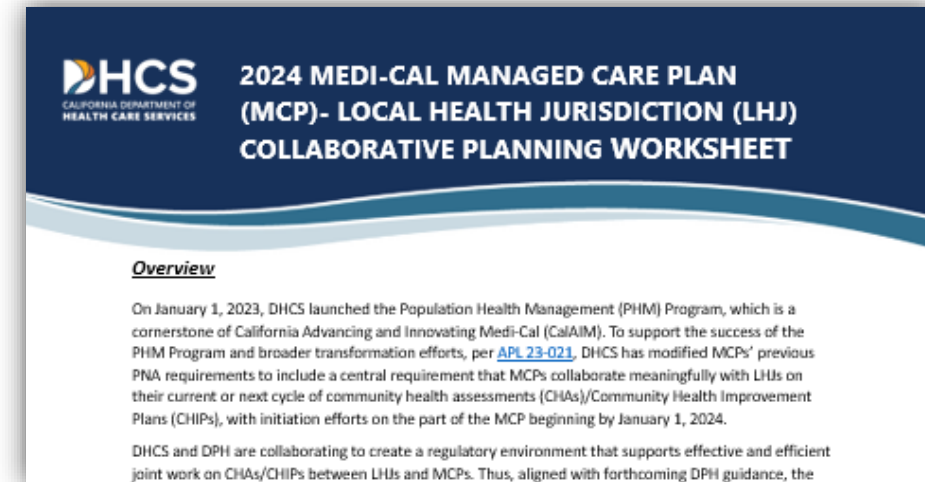
Starting January 1, 2024, MCPs are expected to:

- » **Attend key CHA/CHIP meetings** as requested by LHJs.
- » **Serve on a CHA/CHIP governance structure**, including CHA/CHIP subcommittees, as requested by LHJs.
- » **Engage their Community Advisory Committees (CACs)** as part of their participation on the LHJs' CHA/CHIP process. Specifically, MCPs are required to:
 - Regularly report on their involvement in and findings from LHJs' CHAs/CHIPs to their CACs.
 - Obtain input/advice from their CACs on how to use findings from the CHAs/CHIPs to influence MCPs' strategies and workstreams related to the bold goals, wellness and prevention, health equity, health education, and cultural and linguistic needs.
 - Over time, work with LHJs to rely on MCPs' CACs as a resource for stakeholder participation in LHJ CHAs/CHIPs
- » **Publish the LHJ's CHA/CHIP on their websites** in service areas where they operate, along with a brief paragraph on how the MCP meaningfully participated (e.g., data, staffing, funding) in the process.

MCP-LHJ Collaboration Worksheet:

The purpose of this worksheet is to serve as a collaboration tool for MCPs to work and build relationships with LHJs and other MCPs in the same county early in the CHA/CHIP process.

- » **While DHCS requires this Worksheet to be completed by August 1, 2024, the Worksheet will not be submitted to DHCS.**
 - DHCS is interested in supporting and understanding the progress of MCP-LHJ collaboration and will request to review the Worksheet of a few select MCPs
 - MCPs will be asked to share some of their reflections, as recorded in this Worksheet, at a future Technical Assistance session.
 - MCPs will also be requested to share some of the findings reported in this Worksheet in their PHM Strategy Deliverable, which will be submitted to DHCS in October 2023.
- » **For those MCPs working in counties where there are multiple MCPs, they should work together to complete a single shared MCP-LHJ Worksheet** to describe how they are collaborating to meaningfully participate on LHJs' CHA/CHIP process.



2024 PHM Strategy Deliverable

In October 2024, all MCPs will be required to submit their annual PHM Strategy Deliverable using the DHCS template that will be available in Spring 2024.

- » MCPs will need to complete one PHM Strategy Deliverable per LHJ in the service area. For MCPs working with other MCPs in a county/city, MCPs will need to collaborate to submit a single shared PHM Strategy Deliverable
- » For the 2024 PHM Strategy Deliverable. MCPs will need to report on:
 - Description of how they are meaningfully participating on LHJs' CHAs/CHIPs and report on any bright spots and/or challenges
 - Description of how they are responding to community needs
 - Updates to their NCQA PHM Strategy (inclusive of population assessment) since last submitted to DHCS in 2023
 - Updates to the SMART goals developed in 2023, as required by the 2023 PHM Strategy deliverable that are to commence in 2024.
 - In addition to the SMART goal, a description of how MCP involvement in an LHJs' CHA/CHIP activities has impacted PHM Strategy
 - Any other relevant PNA and PHM updates

In 2024, LHJs will be asked to respond to a survey to share their feedback on their experience collaborating with MCPs in this process.

Upcoming Guidance & Technical Assistance

- » DHCS will release an updated PHM Policy Guide by the end of the year with further details on these MCP requirements.
- » Next year, technical assistance and clarifying guidance will be provided to support MCP-LHJ collaboration on CHA/CHIP processes.

Q&A

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