

MEDI-CAL CONNECT: FREQUENTLY ASKED QUESTIONS

General

Q1: What is Medi-Cal Connect?

A: Medi-Cal Connect is an innovative DHCS statewide data solution to drive population health management (PHM), close gaps in services, and improve member lives. By aggregating data from trusted partners, Medi-Cal Connect provides a complete picture of an individual's benefits as well as health and population-level insights that inform policy and programs. Medi-Cal Connect also empowers Medi-Cal health plans, providers, and trusted partners with secure access to data and easyto-use tools and assessments to improve health outcomes and equity throughout California. Medi-Cal Connect is intended to work in concert with the CalAIM PHM Policy Guide.

Q2: What are the goals of Medi-Cal Connect?

- » Improved member experience: Give Medi-Cal members a technology platform that makes it easier to navigate and understand their benefits and connect to additional services for which they may qualify.
- **Whole-person care:** Set up a clear picture of Medi-Cal member risks and give service providers tools and information to help manage medical, mental health, and social needs.
- » Population-level insights: Make it easier for DHCS to gather, analyze, and view data to better understand and respond to health trends among Medi-Cal members.
- Informed policymaking: Strengthen DHCS' oversight and monitoring of the Medi-Cal program using analytics and dashboards to drive health equity, accessibility, and quality of care.

Q3: Who will have access to Medi-Cal Connect?

A: Envisioned users of Medi-Cal Connect include DHCS, Medi-Cal health plans, county behavioral health plans, state partners and agencies, health care delivery partners, local business partners, and Tribes and Tribal/Urban Indian Organizations.

Q4: When will these user groups be able to access Medi-Cal Connect?

A: The following is an expected timeline for the launch of Medi-Cal Connect:

- July 2024: Initial user group at DHCS (successfully launched).
- » Late 2024/early 2025: Broader DHCS user group.
- Mid 2025: Medi-Cal health plans and state partners and agencies.
- Late 2025: Local county partners, health care delivery partners, other Medi-Cal delivery systems, and Tribal partners.
- Early 2026: MyMedi-Cal Connect launches for all Medi-Cal members.

Q5: Have other states launched similar platforms?

A: California is the first state to launch a statewide population health platform with extensive analytical capabilities for Medicaid members.

Q6: What is Medi-Cal Connect not?

A: Medi-Cal Connect is not a real-time health record. However, Medi-Cal Connect will evolve to support the goals of promoting longer, healthier, and happier lives and achieving more equitable health outcomes.

Supporting Medi-Cal Members

Q7: What is MyMedi-Cal Connect, and how will it help members?

A: MyMedi-Cal Connect, expected to launch in 2026, is Medi-Cal Connect's user interface. It is an online portal where members can easily see their benefits and enrollment status, review eligibility for additional medically appropriate programs, and update contact and demographic information.

Q8: How is MyMedi-Cal Connect different from other member-facing portals like **BenefitsCal and Medi-Cal Dental?**

A: MyMedi-Cal Connect offers a unique, comprehensive post-enrollment platform where Medi-Cal members can easily view their benefits and enrollment status and update contact information. Medi-Cal Connect offers resources and support after enrollment, providing navigation and guidance to help members fully utilize their benefits.

In comparison, **BenefitsCal** is focused on applying for and maintaining case information for benefits provided by the California Statewide Automated Welfare System (CalSAWS), while the Medi-Cal **Dental Portal** is designed for dental providers to manage the administrative and operational aspects of dental care, including checking patient eligibility, submitting claims, and managing authorizations for medically necessary dental services

For Providers and Plans

Q9: What is required of Medi-Cal Connect users?

A: Medi-Cal Connect will include Risk Stratification, Segmentation, and Tiering (RSST) as part of its service, with the goal of identifying high-risk members and cases of underutilization, enabling health plans to conduct proactive outreach. DHCS will eventually require all Medi-Cal health plans to use the RSST tool within Medi-Cal Connect. Any member identified as high risk through this system must receive an assessment by the health plan. While health plans may use other supplemental risk stratification tools to identify additional high-risk members, they must still assess, at a minimum, members identified as high risk through Medi-Cal Connect. Currently, this is the only requirement of Medi-Cal Connect users.

Q10: Will community-based organizations (CBO) be able to access Medi-Cal **Connect?**

A: Yes, DHCS intends to allow CBOs, especially those providing Enhanced Care Management (ECM) and Community Supports (CS), to use Medi-Cal Connect.

Q11: Can Independent Physician Associations (IPA) use Medi-Cal Connect to pull data for their members?

A: Yes. Medi-Cal Connect's primary function and value is providing accessible and accurate Medi-Cal member information, specifically contact and demographic data.

NOTE: Medi-Cal Connect does not have real-time data and cannot replace an electronic health record (EHR).

Data and Resources

Q12: What data categories are collected through Medi-Cal Connect?

A: Data that may be collected through Medi-Cal Connect include:

- » Health Care Utilization
- » Social Services
- » Public Health
- » Behavioral Health
- » Demographic and Socioeconomic Data Categories

Data will be added as it becomes available. Streamlined data is integral to the success of Medi-Cal Connect and the overall Medi-Cal transformation. DHCS will govern data sharing across various organizations and entities via the Data Exchange Framework (DxF) (see Q. 16).

Q13: What screening and assessment capabilities does Medi-Cal Connect provide?

A: Medi-Cal Connect provides a central location for standardized screenings and assessments to support collaboration on member care. Authorized users can view and/or complete screenings and assessments included in the platform.

Organizations seeking to complete required screenings within Medi-Cal Connect can access a digitized Health Information Forms/Member Evaluation Tool (HIF/MET), Adult and Youth Medi-Cal Screening Tool for Medi-Cal Mental Health Services, and Transition of Care Tool for Medi-Cal Mental Health Services.

Q14: Will the RSST methodology be shared with Medi-Cal health plan early adopters?

A: DHCS will provide detailed information on the final RSST methodology with Medi-Cal health plan early adopters and the broader public. DHCS presented on the RSST algorithm development process at the PHM Advisory Group and is committed to sharing updates with the public and seeking constructive feedback. DHCS is developing a RSST methodology for the Medi-Cal program that incorporates physical, behavioral, and social health data. It aims to reduce the bias that has been well-documented with existing algorithms.

Medi-Cal Connect will incorporate the RSST algorithm and share information about the risk profile with Medi-Cal health plans.

Q15: Does Medi-Cal Connect provide real-time data?

A: No. **Medi-Cal Connect is not a real-time health record.** While in the future it may receive data from Health Information Exchanges (HIE), it does not aggregate data from EHRs or send/receive notifications about discharges and admissions. It's neither a tool for making real-time patient-related decisions nor a full-functioning care management system.

Q16: How does Medi-Cal Connect differ from the DxF?

A: DxF provides the foundation for expanded data sharing as enacted by <u>AB 133</u>. This framework consists of a single data-sharing agreement and a common set of policies and procedures for sharing health information. Medi-Cal Connect will do this specifically for Medi-Cal members, while DxF applies to the whole state. The DxF is designed to enable and require real-time access to, or exchange of, health care information among health care providers and payers through any HIE network, health information organization, or technology that adheres to specific standards and policies.

While Medi-Cal Connect may conduct data exchange between DHCS and Medi-Cal health plans, providers, government agencies, local partners, and members, it is not solely a data exchange function.

Q17: Will Medi-Cal Connect replace other data provided by DHCS to Medi-Cal health plans? Will it replace any reporting from the plans to DHCS?

A: DHCS is exploring this possibility. DHCS is collaborating with Medi-Cal health plans to identify data opportunities and determine what data and reporting would be most useful.

Q18: How is Medi-Cal Connect different from other DHCS data initiatives?

A: DHCS is developing the DHCS Dashboard initiative to make public reporting clearer and more accountable. This initiative provides various dashboards on important topics, such as quality of care, behavioral health, and enrollment data. Medi-Cal Connect complements these dashboards by also serving as a tool for data sharing and population health analysis. Its special features, such as risk tiering, make it a complete solution for managing and analyzing health data within the Medi-Cal program.

Q19: Is Medi-Cal Connect related to the DHCS BH-CONNECT initiative?

A: Launched in October 2023 by DHCS, Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) aims to enhance access to and improve mental health services for Medi-Cal members across the state. Medi-Cal Connect and BH-CONNECT are two separate efforts, but population-level insights from Medi-Cal Connect may help inform BH-CONNECT. Visit the BH-CONNECT webpage for more information.

Q20: How will Qualified Health Information Organizations (QHIO) play a role in data collection?

A: The primary role of QHIOs is conducting data exchange, per the DxF, including real-time notifications and EHR data for health care and social services entities (regardless of payer or provider type). DxF participants may elect to use a QHIO as their intermediary as they create and respond to information requests, receive referrals or test results, and solicit notifications of admissions or discharges.

Medi-Cal Connect follows the DxF and will exchange data with QHIOs and other exchanges as appropriate. Medi-Cal Connect focuses only on the Medi-Cal population, while QHIOs are applicable across all populations in California.

Q21: How much medical information will be captured in Medi-Cal Connect? For example, if someone has diabetes, will we see the history of their diagnosis?

A: DHCS uses claims as a core data set in Medi-Cal Connect, so any medical information captured there is included. Users will be able to see diabetes as a condition if it has been identified but will not have the clinical data typically found in an EHR (e.g., A1c).

The assigned primary care provider and/or clinic will also likely be identified.

Q22: How are care plans in Medi-Cal Connect generated?

A: This capability is still under development. Goals of this capability include:

- » Providers, Medi-Cal health plans, and Medi-Cal health care delivery system partners may submit care plans to Medi-Cal Connect for care collaboration.
- » Organizations may complete a digitized care plan within Medi-Cal Connect. Care plans developed within Medi-Cal Connect can be viewed by collaborating team members with the appropriate viewing permissions.

Q23: Will this have a closed-loop referral tracking component?

A: No. DHCS is developing a closed-loop referral tracking policy for Enhanced Care Management/Community Supports. Learn more here CalAIM: Population Health Management (PHM) Policy Guide (pg. 78)

Q24: Will a member's data carry over to new plan assignments or other changes?

A: Yes, this is the intent of Medi-Cal Connect. For example, if a new member moves between Medi-Cal health plans, the new plan will have the member's contact and demographic information, risk score, screening and assessments, and care plan, if applicable.

Q25: Who can see Medi-Cal Connect data, and what are the HIPAA (privacy) safeguards?

A: Member data is protected whether or not members choose to use the service. Medi-Cal Connect will allow members to control how their data is shared, in line with DHCS consent management requirements. For members who do not actively set their privacy preferences, DHCS will define appropriate default rules to safeguard their information.

Strict permission management systems are in place to ensure that only authorized entities can access relevant and available member information, ensuring data privacy and security at all times.

Q26: Can care plans be pulled into a member's medical record? Will Medi-Cal Connect do bulk downloads?

A: At this time, care plans cannot be downloaded from Medi-Cal Connect. However, DHCS is exploring how to provide Medi-Cal partners with data that supports member care, such as care team and enrollment information and historical claims.

DHCS will also consider including the contact information of a member's care manager within Medi-Cal Connect to aid in care planning and coordination.

O27: Where can I learn more?

A: Read the Medi-Cal Connect: Population Health Management page for more information about Medi-Cal Connect.

Listen to this podcast on CalAIM with Dr. Palav Babaria, who leads DHCS' Quality and Population Health Management team.