



Medi-Cal Managed Care Plan (MCP) DRAFT Request for Proposal (RFP) 20-10029

Thursday June 10th, 2021

2:00 pm – 3:30 pm



Medi-Cal Managed Care Plan (MCP) DRAFT Request for Proposal (RFP) 20-10029

Introduction

**Kelley Dorning, Assistant Chief
Contract Services Branch (CSB)**



Medi-Cal MCP DRAFT RFP 20-10029

Webinar Reminders

1. Webinar will be in listen only mode.
2. All attendees will be muted upon entry into the webinar and for the duration of the webinar.
3. Closed captioning is available. Click on the link provided in the chat box.
4. It is recommended to use your phone for audio feed instead of the computer. Do not use both to avoid audio feedback.
5. DHCS statements made during this webinar regarding the **DRAFT** or **FINAL** RFP are non-binding.
6. If you would like to ask a question, it must be typed into the webinar chatbox and sent to 'All Panelists'. Chatbox questions sent to the 'Host' or any specific individual will not be addressed.
7. Responses to questions submitted during the webinar may be provided during the Q+A session at the end of the presentation.



Medi-Cal MCP DRAFT RFP 20-10029

Introduction

Agenda Item	Time (minutes)
Introduction	5m
Overview of DHCS Goals for MCP Procurement	10m
Potential County Plan Model Changes	5m
Overview of DRAFT RFP & Sample Contract	13m
Submitting Comments to the DRAFT RFP	5m
Review Key Dates	5m
Q+A	45m
Concluding Remarks	2m



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Introduction

THE DRAFT RFP IS NOT A SOLICITATION FOR PROPOSALS. The **DRAFT** RFP does not commit DHCS to contract for any services or make a contract award. All components of the **DRAFT** RFP and Sample MCP Contract package are under development and are subject to change prior to the **FINAL** RFP release.

DRAFT RFP Component	Purpose
1. Cover Letter	Provides information and instructions for Interested Parties.
2. DRAFT RFP Main	Provides information regarding the RFP process and instructions on proposal development.
3. DRAFT RFP Attachments	Contain the optional and required attachments described in the DRAFT RFP Main
4. Sample MCP Contract	Includes sample Scope of Work (SOW), terms, and conditions for the contracts resulting from the RFP process



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Overview of DHCS Goals for MCP Procurement

Jacey Cooper, CA State Medicaid Director
Chief Deputy Director, Health Care Programs

Michelle Retke, Chief

Managed Care Operations Division (MCOD)



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Overview - DHCS Goals for MCP Procurement

Mission: To provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.

Vision: To preserve and improve the overall health and well-being of all Californians and particularly, to address the needs of populations experiencing disparities in health outcomes.

Procurement Objective: Procure commercial plans to provide high quality, accessible, and cost-effective health care through established networks of organized systems of care, which emphasize primary and preventive care.



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Overview - DHCS Goals for MCP Procurement

To achieve its Medi-Cal Managed Care goals, DHCS is looking for Managed Care Plans that demonstrate their ability to deliver the following:

<ul style="list-style-type: none">• Quality	<ul style="list-style-type: none">• Increased oversight of delegated entities
<ul style="list-style-type: none">• Access to care	<ul style="list-style-type: none">• Local presence and engagement
<ul style="list-style-type: none">• Continuum of care	<ul style="list-style-type: none">• Emergency preparedness and ensuring essential services
<ul style="list-style-type: none">• Children services	<ul style="list-style-type: none">• Addressing the Social Determinants of Health (SDOH)
<ul style="list-style-type: none">• Behavioral health (BH) services	<ul style="list-style-type: none">• CalAIM
<ul style="list-style-type: none">• Coordinated/integrated care	<ul style="list-style-type: none">• Value-based purchasing
<ul style="list-style-type: none">• Reducing health disparities	<ul style="list-style-type: none">• Administrative Efficiency



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Overview - DHCS Goals for MCP Procurement

Category	Contract Updates Related to Reducing Health Disparities
Accountability	<ol style="list-style-type: none"> 1. Required MCPs to have Health Equity Officer and Quality Improvement & Health Equity Committee. 2. Required MCPs conduct annual Population Health Quality Assurance Reviews of their Population Health Management (PHM) programs. 3. Broadened 'Culture Competency Training' to address Health Equity concepts and renamed to 'Diversity, Equity and Inclusion Training'. 4. Updated annual 'Quality Improvement Annual Report' and 'External Quality Review' to include Health Equity activities and findings.
Data Collection and Sharing	<ol style="list-style-type: none"> 1. Required expansion of Management Information System (MIS) capabilities to support PHM data integration in accordance with NCQA PHM standards. 2. Required MCPs to have policies and procedures for data sharing with Third-Party Entities and County Programs for bidirectional exchange of Member information and data.
Coordination/ Collaboration with Community Service Providers	<ol style="list-style-type: none"> 1. Required MCPs to ensure Provider participation in Quality Improvement System (QIS) and Population Needs Assessment (PNA). 2. Updated requirements for review of Third-Party Entities and County Program's care coordination and collaboration policies including but not limited to BH, Public Health, Social Services to at least every three years. 3. Required MCPs to have infrastructure to coordinate with health and social services to provide Members the appropriate level of case management across the continuum of care. 4. Requiring use of local providers for ECM.



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Overview - DHCS Goals for MCP Procurement

Category	Contract Updates Related to Increased Oversight of Delegated Entities
Oversight and Regulation	<ol style="list-style-type: none"> 1. Clarified and strengthened following provisions to support oversight and regulation of DEs: <ol style="list-style-type: none"> a) New federal distinction between Network Provider and Subcontractor Agreements; b) Requirements for each type of agreement; c) Contractor’s responsibility for all duties and obligations under the Contract, even when delegated; d) Provision allowing DHCS to enforce provisions of any Subcontractor Agreement directly against Subcontractor. 2. Strengthened ability, subject to actuarial judgment and federal approval, to base rates on the projected cost of services absent delegation.
Accountability	<ol style="list-style-type: none"> 1. Required NCQA Accreditation for health plans and their subcontracted health plans. 2. Required all health plan network providers to enroll as a Medi-Cal provider. 3. Required MCPs to report data on network and encounters at the delegated entity (DE) level. 4. Required MCP to annually certify delegated entities for compliance to Network Adequacy provisions including pediatric PCPs and specialists, time and distance, and timely access; and make certifications publicly available.



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Overview - DHCS Goals for MCP Procurement

Category	Contract Updates Related to Local Presence and Engagement
Expanded Provisions of Community Advisory Committee (CAC)	<ol style="list-style-type: none"> 1. Membership <ol style="list-style-type: none"> a) Formed by Selection Committee composed of MCP’s Governing Board and representatives of each county within Contractor’s Service Area. b) Include representatives from diverse and hard-to-reach populations, with a specific emphasis populations that experience Health Disparities. 2. Meetings <ol style="list-style-type: none"> a) Regularly scheduled CAC meetings must be open to the public, accessible, and equipped with necessary tools and materials to run meetings. b) Post meeting minutes to MCP’s website and submit to DHCS. 3. Duties <ol style="list-style-type: none"> a) Identifying and advocating for preventive care practices to be utilized by the Contractor. b) Developing and updating cultural and linguistic P&P decisions. c) Make recommendations regarding the cultural appropriateness of communications, partnerships, and services. d) Review PNA findings with process to discuss improvement opportunities with an emphasis on Health Equity and Social Determinants of Health. 4. Reporting - Annual CAC Member Demographic Report by April 1 of each year.
Assessment of Needs	<ol style="list-style-type: none"> 1. Required MCPs engage local public health, social services and BH depts. to develop a PHM Program including a PNA reportable to CAC and population risk stratification and Member risk assessments that account for SDOH.



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Overview - DHCS Goals for MCP Procurement

Category	Contract Updates Related to Access to Care
Data	<ol style="list-style-type: none"> 1. Adding HCPC codes for ECM and ILOS services to assist with monitoring performance. 2. Required expansion of interoperability of MIS to allow for data exchange with Health Information Technology systems and Health Information Exchange networks.
Service Delivery/ Outreach	<ol style="list-style-type: none"> 1. Updated to require MOUs across delivery systems and agencies to eliminate redundancy. 2. Enhanced and expanded Case Management Service provisions. 3. Outlined use of telehealth for covered services generally and during and post-emergency. 4. Required MCPs have Emergency Preparedness and Response Plan to ensure delivery of essential care and services to Members during and post-emergencies. 5. Carving-in Major Organ Transplants and Long-term Care Services. 6. ECM populations of focus to include homeless; high utilizers; SMI/SUD; incarcerated and transitioning incarcerated; at risk for institutionalization; nursing home residents able to transition to the community and children.
Clarify Coordination Requirements	<ol style="list-style-type: none"> 1. Updated and remodeled: <ol style="list-style-type: none"> a) 'Case Management and Coordination of Care' into 'PHM and Coordination of Care' to clarify expectations for Case management, complex case management and ECM provisions. b) 'Provider Network and Access & Availability' into 'Network and Access to Care' to clarify expectations and standards.



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Overview - DHCS Goals for MCP Procurement

Category	Contract Updates Related to Children Services
Access	<ol style="list-style-type: none">1. Clarified provisions related to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.2. MOUs between MCPs and local MHP, LEA, social services, regional centers, WIC supplemental nutrition program, and county CCS programs are required to be updated/reviewed every three years to ensure that requirements are being communicated, met and services are provided.3. Required contractual relationship between MCP and LEA.4. Required CAC representation of members focusing on local education authorities, public health, behavioral health, social services, regional centers, and dental providers.5. Offering behavioral health incentive in primary care areas as well through LEAs through MCPs.6. Adding ILOS options to proactively address related to children including housing, asthma remediation, food insecurity and other social determinant concerns.
Accountability	<ol style="list-style-type: none">1. Updated Provider site audit medical record review (MRR) and facility site review (FSR) intake tools and data system to allow DHCS to receive all audit results instead of only those associated with encounter data.



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Overview - DHCS Goals for MCP Procurement

Category	Contract Updates Related to Quality
Metrics & Reporting	<ol style="list-style-type: none"> 1. Required all MCP's to adhere to including improvements to PIPs and External Quality Review standards and review which will be supported by the new DHCS Chief Quality Officer who is charged with revamping the Comprehensive Quality and Equity Strategy. 2. Added Program Data Submissions provisions to align with modernized DHCS approach for receiving critical managed care program monitoring data for grievances, appeals, continuity of care, PCP assignment, and out of network data. 3. Required MCPs to meet quality of care benchmarks identified in the DHCS Children's Preventative Services report.
Accountability	<ol style="list-style-type: none"> 1. Required NCQA Accreditation for Contractor and health plan Subcontractors. 2. Expanded MIS Audit Provisions.
Incentives & Penalties	<ol style="list-style-type: none"> 1. Strengthened authority to link payments to quality and required MCPs to comply with shared risk/savings and incentive arrangements, with broad implementation flexibility for DHCS. 2. Strengthened DHCS sanction authority; indemnification provision; and provisions relating to third party liability recoveries and post-payment recovery for members with Other Health Coverage. 3. Added additional language around financial and non-financial sanctions for failing to meet the quality benchmarks.



Medi-Cal Managed Care Plan (MCP) DRAFT Request for Proposal (RFP) 20-10029

Potential County Plan Model Changes

Michelle Retke, Chief

Managed Care Operations Division (MCOD)



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Potential County Plan Model Changes – CURRENT Model

Model	Current County(s) for Procurement as of June 1, 2021	Intended Number of Awards
Two Plan Commercial	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	One award for a commercial health plan for each county identified in this MCP model.
Geographic Managed Care	Sacramento, San Diego	No more than two awards for each county identified in this MCP model.
Imperial	Imperial	Two awards for commercial health plans for Imperial County
Regional	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba	Two awards for commercial health plans per county.
San Benito	San Benito	No more than two awards for San Benito county.

Table does not include potential plan model changes.

County Organized Health Systems and Local Initiatives are not being procured through the RFP.



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Potential County Plan Model Changes

Contract Awards by Plan Model and County IF all submitted Letters of Intent (LOI) are accepted.

Model	County(s) for Procurement if All Submitted LOI are Accepted	Intended Number of Awards
Two Plan Commercial	Alpine, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	One award for a commercial health plan for each county identified in this MCP model.
Geographic Managed Care	Sacramento, San Diego	No more than two awards for each county identified in this MCP model.
Regional	Amador, Calaveras, Inyo, Mono, Tuolumne	Two awards for commercial health plans per county.



Medi-Cal Managed Care Plan (MCP) DRAFT Request for Proposal (RFP) 20-10029

Overview of DRAFT RFP & Sample Contract

Michelle Retke, Chief

Managed Care Operations Division (MCOD)



Medi-Cal MCP **DRAFT RFP 20-10029**

Overview - DRAFT RFP & Sample Contract

The purpose of this **DRAFT** RFP is to:

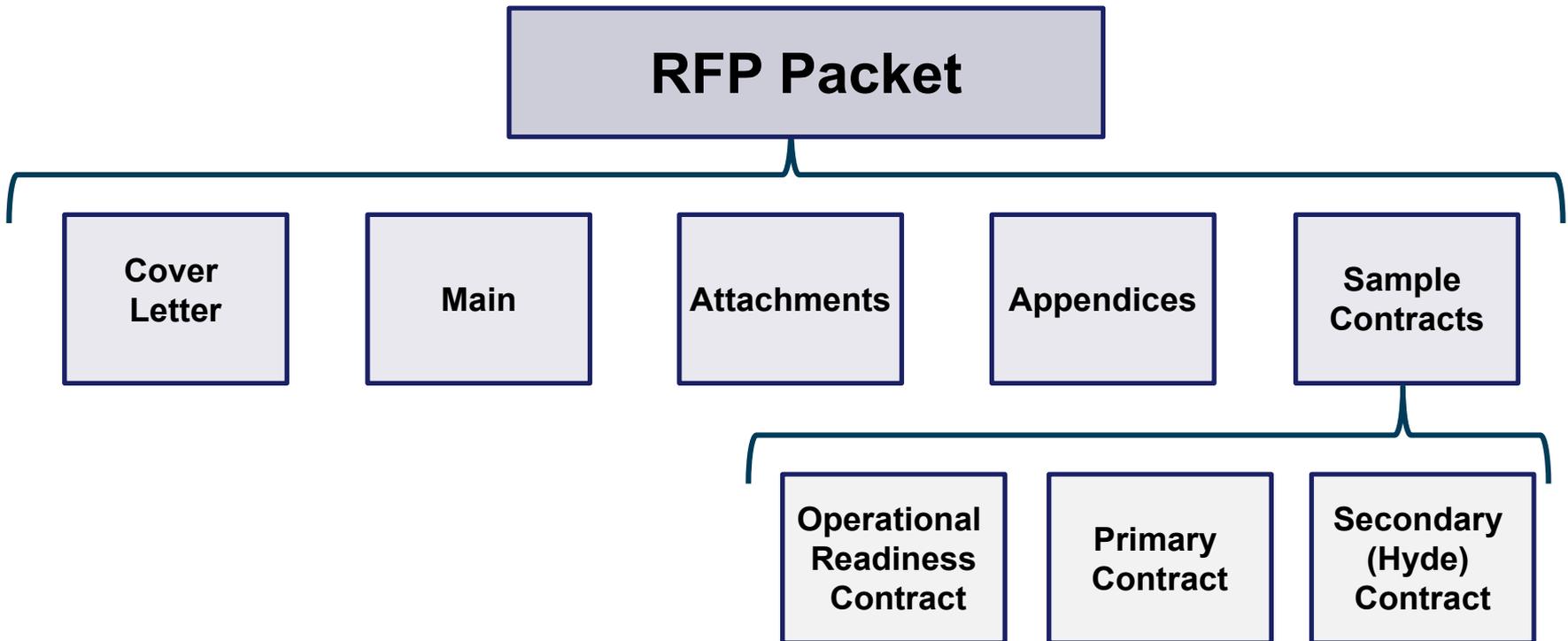
- Provide information and solicit comments from Interested Parties regarding the content of the **DRAFT** RFP for consideration prior to release of the **FINAL** RFP.
- Provide information and solicit comments from Interested Parties regarding updates proposed to be included in contracts awarded through the RFP process.

*DHCS will use information from the **DRAFT** RFP comments in the development of the **FINAL** RFP.*



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Overview - DRAFT RFP & Sample Contract



The following documents will not be released with the **DRAFT** RFP: Attachment 11, Evaluation Questions; Attachment 12, Proposer Response Guide; Appendices; Operational Readiness Contract Sample Exhibits; Secondary Contract Sample Exhibits.



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Overview - DRAFT RFP & Sample Contract

- **MCP Procurement is Department of General Services (DGS)-exempt**
- **MCP RFP has no cost component**
- **Plan model or county-specific proposal requirements**
 - County letter of support
 - County-specific narrative proposal requirements (ex: network adequacy)
- **Multiple awards based on plan model/county/service area**
- **Three contracts per award**
 1. Operational Readiness contract (\$0)
 2. Primary Operations Contract (Federally-funded services)
 3. Secondary Operations Contract [Hyde] (State-funded services)

*The Operational Readiness and Secondary Operations Contracts are not provided in the **DRAFT RFP**.*



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Overview - DRAFT RFP & Sample Contract

Item of Interest in DRAFT RFP	Overview (Part 1 of 2)
County Plan Model Changes	<ul style="list-style-type: none">• The DRAFT RFP reflects the current managed care models and counties as of June 1, 2021.• The FINAL RFP will reflect the finalized list and number of commercial plans to procure in each county.• Counties interested in changing the Plan Model operating in their county were required to submit a Letter of Intent to DHCS by April 30th, 2021.• 17 counties submitted a Letter of Intent package.
Contract Awards for GMC	<ul style="list-style-type: none">• DHCS is seeking to change the number of contracts awarded in GMC counties to no more than 2.• The FINAL RFP will reflect the finalized number of commercial plans to procure in each county.
Contract Term	<ul style="list-style-type: none">• Updated to 60 months with <u>no</u> specified extension period.



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Overview - DRAFT RFP & Sample Contract

Item of Interest in DRAFT RFP	Overview (Part 2 of 2)
Qualification Requirements	<ul style="list-style-type: none">• 12 “pass/fail” Qualification Requirements including relevant work experience and capability, NCQA accreditation, Knox-Keene licensure, and annual quality performance measures.
County Letter of Support	<ul style="list-style-type: none">• Opportunity for Proposer to obtain and submit a County Letter of Support for the counties being procured.• Letter or resolution from the County’s Board of Supervisors.• Not a requirement but, if submitted, will be used in the DHCS evaluation.
Narrative Proposal Requirements (NPR), Evaluation, and Scoring	<ul style="list-style-type: none">• Will be included in FINAL RFP and align with CHHS and DHCS’ goals including, but not limited to:<ul style="list-style-type: none">○ Quality Performance Measures and scores;○ Oversight and reduction of delegation by the Proposer; and○ Public disclosure of delegation and how each delegated network meets State and Federal network adequacy requirements.



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Overview - DRAFT RFP & Sample Contract

Key MCP Contract Structural Updates

1. **Definitions moved** to front of contract.
2. A new section, “**Acronyms**” **added** after the Definitions Section.
3. **Implementation Plan and Deliverables** requirements **moved** to the front of the MCP Contract. Currently this is in Exhibit A, Attachment 18.
4. **Exhibit A (Scope of Work)** **reordered** into more logical groups to improve readability.
5. **Existing language reviewed, moved, or consolidated** into other sections of the MCP Contract as appropriate.
6. **Exhibit C** (General Terms and Conditions) was **removed** from Contract and replaced with a placeholder.
7. **Exhibit E.3** (Duties of the State) was **incorporated** into other sections of the Contract as appropriate.
8. A new section, “**Emergency Preparedness and Response**” **added** to Exhibit A.



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Overview - DRAFT RFP & Sample Contract

*** CURRENT Exhibit A ***

- ATTACHMENT:**
- 1- Plan Organization and Administration
 - 2- Financial Information
 - 3- Management Information Systems
 - 4- Quality Improvement Systems
 - 5- Utilization Management
 - 6- Provider Network
 - 7- Provider Relations
 - 8- Provider Compensation Arrangements
 - 9- Access and Availability
 - 10- Scope of Services
 - 11- Case Management + Coordination of Care
 - 12- Local Health Department Coordination
 - 13- Member Services
 - 14- Member Grievance and Appeal System
 - 15- Marketing
 - 16- Enrollments and Disenrollments
 - 17- Reporting Requirements
 - 18- Implementation Plan and Deliverables
 - 19- Community Based Adult Services [CBAS]
 - 20- Mental Health and Substance Use Disorder
 - 21- Managed Long-Term Services and Supports [MLTSS]

6/11/2021

*** RESTRUCTURED Exhibit A ***

Three Attachments – Attachment III grouped by related topics

ATTACHMENT I

Definitions and Acronyms

- 1.0 Definitions (moved from Exhibit E – Additional Provisions, Attachment I)
- 2.0 Acronyms 

ATTACHMENT II

Operational Readiness

- 1.0 Operational Readiness Deliverables and Requirements (retitled/Attach 18)

ATTACHMENT III

Operations

- 1.0 Organization
 - 1.1 Plan Organization and Administration (Attach 1)
 - 1.2 Financial Information (Attach 2)
 - 1.3 Program Integrity (Exhibit E.2 Provision 28)

- 2.0 Systems and Processes
 - 2.1 Management Information System (Attach 3)
 - 2.2 Quality Improvement Systems (Attach 4)
 - 2.3 Utilization Management Program (Attach 5)

- 3.0 Provider
 - 3.1 Network Provider Agreements and Subcontractor Agreements (Remodeled Attach 6R)
 - 3.2 Provider Relations (Attach 7)
 - 3.3 Provider Compensation Arrangements (Attach 8)

ATTACHMENT III (cont'd)

Operations

- 4.0 Member
 - 4.1 Marketing (Attach 15)
 - 4.2 Enrollments and Disenrollments (Attach 16)
 - 4.3 Population Health Management and Coordination of Care (retitled/Attach 11)
 - 4.4 Member Grievance and Appeal System (Attach 14)

- 5.0 Services – Scope and Delivery
 - 5.1 Member Services (Attach 13)
 - 5.2 Network and Access to Care (retitled/Remodeled Attach 9R)
 - 5.3 Scope of Services (Attach 10)
 - 5.4 Community Based Adult Services [CBAS] (Attach 19)
 - 5.5 Mental Health and Substance Use Disorder Benefits (Attach 20)
 - 5.6 MOUs and Agreements with Third Parties (retitled/expanded Attach 12)

NOTE: Managed Long-Term Services and Supports [MLTSS] was deleted (Attach 21)

- 6.0 Emergency Preparedness and Response 

- 7.0 Operations Deliverables and Requirements (Retitled/Expanded Attach 17)

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Overview - DRAFT RFP & Sample Contract

***** CURRENT *****

--- Other Exhibits ---

Exhibit B
Budget Detail and Payment Provisions

Exhibit C
General Terms and Conditions

Exhibit D(f)
Special Terms and Conditions - FFP

Exhibit D(s)
Special Terms and Conditions – State-funded

Exhibit E
Additional Provisions
E.1 Definitions
E.2 Program Terms and Conditions
E.3 Duties of the State

Exhibit F
Contractor’s Release

Exhibit G
HIPAA Business Associates Addendum

***** RESTRUCTURED *****

--- Other Exhibits ---

Exhibit B
Budget Detail and Payment Provisions

Intentionally left blank

Exhibit D(f)
Special Terms and Conditions - FFP

Exhibit D(s)
Special Terms and Conditions – State-funded

Exhibit E
Program Terms and Conditions

Exhibit F
Contractor’s Release

Exhibit G
HIPAA Business Associates Addendum



Medi-Cal MCP DRAFT RFP 20-10029

Overview - DRAFT RFP & Sample Contract

Key MCP Contract Content Updates (Part 1 of 3)

1. Contract requirements added or expanded to address **CHHS and DHCS goals**.
2. **CalAIM Population Health Management (PHM) policy** – A portion of contract requirements are in the **DRAFT RFP**. The remainder will be included in the **FINAL RFP**.
3. **CalAIM ECM / ILOS policy** – Updated contract requirements based on most recent Stakeholder Feedback is available at <https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>. Final language will be included in the **FINAL RFP**.
4. **CalAIM Carve-in Transplants, LTC carve-in, carve out of MSSP policy** – All related language is in **DRAFT RFP**. Any applicable language changes in adopted CalAIM Trailer Bill Language will be reflected in the **FINAL RFP**.
5. **Health Disparities and Health Equities** – A portion of contract requirements are in the **DRAFT RFP**. The remainder will be included in the **FINAL RFP**.



Medi-Cal MCP DRAFT RFP 20-10029

Overview - DRAFT RFP & Sample Contract

Key MCP Contract Content Updates (Part 2 of 3)

6. **Behavioral Health (BH) Reforms (ex: No Wrong Door)** – A portion of contract requirements are in the **DRAFT RFP**. The remainder will be included in the **FINAL RFP**.
7. **School-based services (ex: Preventative early-intervention for BH services by school-affiliated health providers)** – Policy is still being developed. Requirements will be included in the **FINAL RFP**.
8. All **Medi-Cal Rx policy updates** are in the **DRAFT RFP Sample Contract**.
9. **Budget-related** – Updates related to the May 2021 Budget will be incorporated into the **FINAL RFP** as appropriate
10. **Existing language referencing State and Federal statutes and regulations** were updated as appropriate. New updates to **State or Federal laws or regulations** will be included in the **FINAL RFP** and/or the executed 2024 Managed Care Contract.



Medi-Cal MCP DRAFT RFP 20-10029

Overview - DRAFT RFP & Sample Contract

Key MCP Contract Content Updates (Part 3 of 3)

11. **California State Auditor (CSA) report recommendations** were incorporated into Contract language where appropriate.
12. **Medical Audit findings** reviewed to determine if clarifying language is needed for inclusion into Contract language where appropriate.
13. **Published All Plan Letters (APLs)** were incorporated into Contract language where appropriate.
14. **Terminology updates** updated as appropriate throughout Contract.
15. **Outdated Contract language** was removed.
16. **Duplicative and Conflicting Contract language** was resolved.
17. Contract updated to ensure **consistency across Contract citations, acronyms, and terminology** where appropriate.
18. **HIPAA Business Associates Agreement (BAA)** updated based on current State and Federal requirements.



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Submitting Comments to DRAFT RFP

**Kelley Dorning, Assistant Chief
Contract Services Branch (CSB)**



Medi-Cal MCP DRAFT RFP 20-10029

Submitting Comments to DRAFT RFP

How to Submit

Comments must be submitted via email to CSBRFP8@dhcs.ca.gov

Submission Format

Microsoft Word or Excel format is preferred. Include:

- RFP Reference (Document name, Attachment number, Exhibit letter, etc.)
- Section and Page Number
- Issue, Question, or Comment
- Remedy Sought

Please see the **DRAFT RFP Cover Letter** for further instructions.

Submission Due Date

Comments must be submitted **no later than 4:00 p.m. PT on Thursday, July 1, 2021.**



Medi-Cal Managed Care Plan (MCP) DRAFT Request for Proposal (RFP) 20-10029

Review of Key Dates
Michelle Retke, Chief
Managed Care Operations Division (MCOD)



Medi-Cal MCP DRAFT RFP 20-10029

Review of Key Dates

Key Event	Date
<i>RFI</i>	<i>Completed Fall 2020</i>
<i>Model Change – Submission of complete Letter of Intent</i>	<i>Ended April 30, 2021</i>
DRAFT RFP Release	<i>June 2021</i>
Model Change – Last day to amend a bill	September 3, 2021
Model Change – Last day to pass a final bill	September 10, 2021
Model Change – Approved county ordinance filed with DHCS	October 1, 2021
Model Change – Last day for Governor to sign/veto bills	October 10, 2021
FINAL RFP Release	Targeting Late Nov./Early Dec. 2021
Proposals due	Targeting Early 2022
Notice of Intent	Targeting Mid 2022
MCP Operational Readiness	Targeting Late 2022 – Late 2023
Implementation	January 2024



Medi-Cal Managed Care Plan (MCP) DRAFT Request for Proposal (RFP) 20-10029

Q+A

**Michelle Retke,
Chief Managed Care Operations Division
(MCOD)**



Medi-Cal MCP DRAFT RFP 20-10029

Q+A Format

1. Questions must be **DRAFT** RFP-related.
2. DHCS statements made during this webinar regarding the RFI, **DRAFT** RFP, or forthcoming **FINAL** RFP are non-binding.
3. If you would like to ask a question, it must be typed into the webinar chatbox and sent to 'All Panelists'. Chatbox questions sent to the 'Host' or any specific individual will not be addressed.



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Closing Remarks

**Kelley Dorning, Assistant Chief
Contract Services Branch (CSB)**



Medi-Cal MCP DRAFT RFP 20-10029

Closing Remarks

1. Webinar Slide Deck will be posted to the CSB website no later than **4:00 p.m. PT Monday June 14, 2021.**
2. Email questions and comments to CSBRFP8@dhcs.ca.gov by **4:00 p.m. PT Thursday, July 1, 2021**
3. DRAFT RFP information is available on the CSB website at:
https://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/CSBHomePage.aspx



Medi-Cal MCP DRAFT RFP 20-10029

Resources

Procurement	https://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/CSBmcodmcpHOME.aspx
MCP Contract Procurement Timeline	https://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/CSBmmcSchedule.aspx
Current Plan Models – County(s)	https://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx <ul style="list-style-type: none">• Managed Care County Map (PDF)• Managed Care Models Fact Sheet (PDF)
Plan Model Transition	https://www.dhcs.ca.gov/services/Documents/MMCD/County-Managed-Care-Transition.pdf
County Letter of Support	https://www.dhcs.ca.gov/services/Documents/MMCD/Letter-of-Support-4-13-21.pdf
Current MCP Contract	https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx



**Medi-Cal Managed Care Plan (MCP)
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20-10029**

***Thank you
for your participation***