



# Stakeholder Advisory Committee Meeting

October 28, 2020



# Webinar Tips

- Please use either your computer or phone for audio connection.
- Please mute your lines when not speaking.
- For questions or comments, email: [SACInquiries@dhcs.ca.gov](mailto:SACInquiries@dhcs.ca.gov)



# Welcome and Introductions



# Director's Update



# COVID-19 Updates



# Medi-Cal COVID-19 Update

## The federal public health emergency (PHE) declaration:

- On October 2, 2020, U.S.HHS issued a renewal of the PHE for a full 90-day extension through January 21, 2021.
- Previous extensions of the COVID-19 PHE only came within days of the expiration date.
- On September 15, 2020, CA's State Medicaid Director, Jacey Cooper, formally wrote to HHS Secretary Azar requesting at least three to six months notice prior to ending the PHE.



# Medi-Cal COVID-19 Update

## The federal PHE declaration:

- DHCS has already obtained more than 50 programmatic flexibilities through CMS—many of which expire at the end of the PHE and some have explicitly approved waiver periods.
- These flexibilities impact Medi-Cal eligibility, health care service delivery (e.g., telehealth), provider reimbursement, and many other aspects of the program.



# Medi-Cal COVID-19 Update

## The federal PHE declaration:

- It will take months of work to safely and successfully unwind these changes when the PHE ends. Some examples include, but are not limited to:
  - DHCS estimates approximately 100,000 to 200,000 Medi-Cal beneficiaries per month since the PHE began who may no longer be eligible.
    - DHCS estimates that it will take county eligibility offices 6 to 12 months to clear the Medi-Cal renewal backlog.
  - Approximately 200 providers who were enrolled in Medi-Cal under streamlined emergency rules will need to enroll through the complete process.
  - DHCS must clear backlogs of all auditing, licensing or onsite oversight visits that occurred due to the PHE.





# Medi-Cal COVID-19 Update

## Central Valley Home and Community-Based Services (HCBS) Resources:

- Home and Community-Based Alternatives (HCBA) and Assisted Living Waiver (ALW) prioritized enrollment for “hot spots”
  - During the PHE, waiver applicants in an inpatient facility within regions of the state that are identified as COVID-19 “hot spots” will be prioritized for intake processing, without having been in an institution for 60 days, and before all other sub-populations.
- Medi-Cal Managed Care Health Plan (MCP) Memo
  - Requests that MCPs in Central Valley counties participate in county-level collaboration meetings or work with local county partners to set up convenings with hospitals, nursing facilities, HCBS waivers/providers, etc.



# Medi-Cal COVID-19 Update

## Central Valley HCBS Resources:

- Benefits Improvement and Protection Act (BIPA) Waiver
  - DHCS is actively working with CMS to obtain approval of a BIPA waiver that would temporarily allow PACE organizations, in partnership with discharge planners, more flexibility to contact potential PACE-eligible beneficiaries in DHCS-designated COVID-19 surge areas and present PACE as an enrollment option to meet their needs.
- On October 1, DHCS released HCBS resource guides for the following counties that were heavily impacted by COVID-19:
  - [Fresno](#), [Kern](#), [Kings](#), [Madera](#), [Merced](#), [San Joaquin](#), [Stanislaus](#), [Tulare](#)



# Medi-Cal COVID-19 Update

## CalHOPE:

- The Crisis Counseling Regular Services Program (RSP) application is moving through the final stages of the approval process with FEMA and SAMHSA.
- The RSP is a nine-month program after the declaration of the PHE. Target populations include African Americans, Hispanics, middle-aged white men with access to guns, youth, isolated seniors, and other high-risk groups.
- Three components:
  - Expanding the media campaign
  - Expanding the CalHOPE website
  - Additional CalHOPE support



# Medi-Cal COVID-19 Update

## Recent Federal Flexibilities:

- Added assistive technology in the Developmental Disability Waiver
- Retainer payments for Personal Care Services
- Waiver Personal Care Services (WPCS) providers can exceed 12-hour days and take sick leave
- Drug Medi-Cal Organized Delivery System (DMC-ODS) interim rates and DMC-ODS stay and day limitations
- Adjustments to the public health care system thresholds for the Global Payment Program (GPP)
- Temporary alternative services to allow Community-Based Adult Services (CBAS) providers to offer limited individual in-center activities, as well as telephonic, telehealth, and in-home services.



# Medi-Cal COVID-19 Update

## Recent DHCS Guidance:

- The new COVID-19 Uninsured Group Program was implemented on August 28, 2020, and covers COVID-19 diagnostic testing, testing-related services, and treatment services, including hospitalization and all medically necessary care, at no cost to the individual, for up to 12 months or the end of the PHE, whichever comes first.
- DHCS issued California Children's Services (CCS) Medical Therapy Program (MTP) guidance that describes "Urgent Need" criteria under which in-person services may be provided in the Medical Therapy Units (MTU).



# Medi-Cal COVID-19 Update

## Recent DHCS Guidance:

- DHCS released updated guidance regarding COVID-19 virus and antibody testing, which includes frequently asked questions and resources from CDPH, CMS, and the CDC.
- DHCS released new Behavioral Health Information Notices (BHIN), which describe DMC-ODS interim reimbursement during the PHE, waiver flexibilities applicable to Driving Under the Influence (DUI) programs, and broad flexibilities across behavioral health delivery systems to ensure access to care.



# Medi-Nurse Line Updates



# Medi-Nurse Line: Overview

For FFS and uninsured Californian's that suspect they have COVID-19 and need guidance, the DHCS Medi-Nurse Line provides covered clinical assessments, advice, resources and access to Qualified Providers for those that are eligible.





# Medi-Nurse Line: Overview (cont.)

## **Eligible**

- People without health insurance
- Fee-for-service Medi-Cal but don't have a regular doctor to oversee their care

## **24/7 availability of knowledgeable nurses for clinical consultation and triaging**

- COVID related
- Non-COVID related

## **Other helpful COVID-19 resources**

- Test Sites
- Behavioral Health
- 'Stop Smoking'



# Medi-Nurse Line: Overview (cont.)

## All Operations



Total Calls  
Received  
60,000+



Calls resolved  
within  
Gainwell IVR  
56,662



Non-triage Handle  
Time <6 Minutes  
(Gainwell/Carenet)



Average  
NAL Call  
Back Time  
44 min



Abandon Rate  
<4%  
(Gainwell/Carenet)

## Demographics



57 of 58  
Counties  
Served



17 of 19  
Available  
Languages  
Served



80% of Calls  
Age 21-64



87% of  
NAL callers  
**Uninsured**



13% of NAL  
callers **FFS**

## Outreach



7.5M  
Beneficiary  
Letters (19  
languages)



Email  
Campaigns



Websites

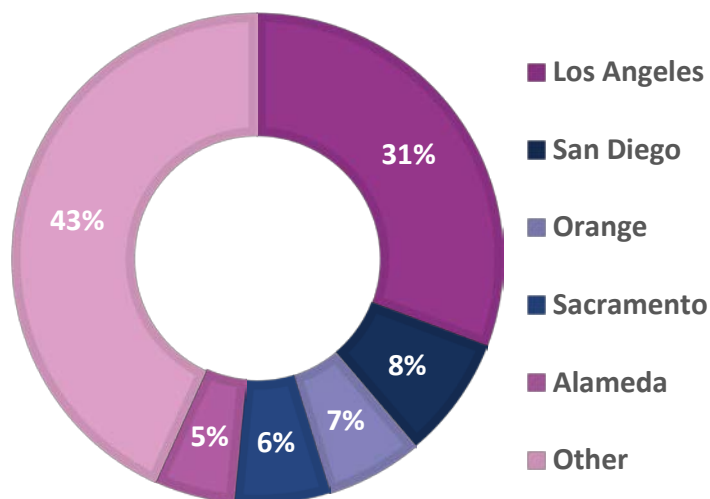


Social  
Media

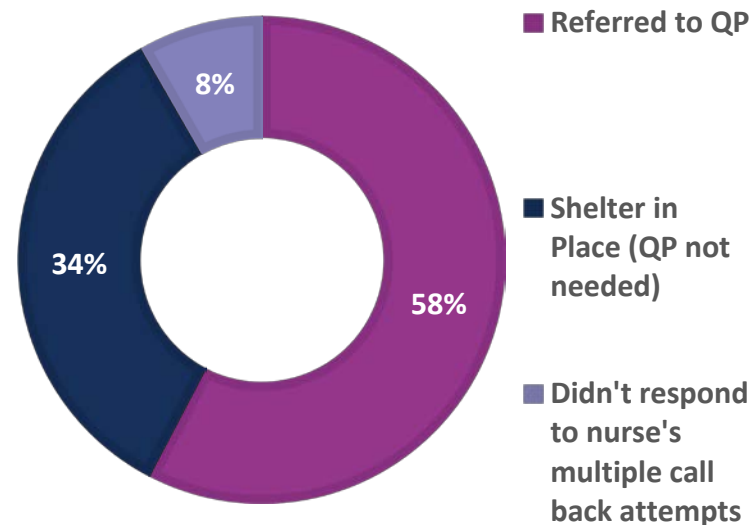


# Medi-Nurse Line: Overview (Cont.)

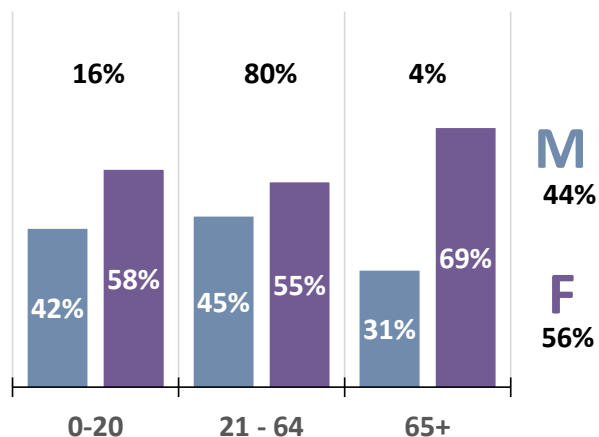
UTILIZATION BY COUNTY



NURSE LINE OUTCOMES



AGE GROUP AND GENDER

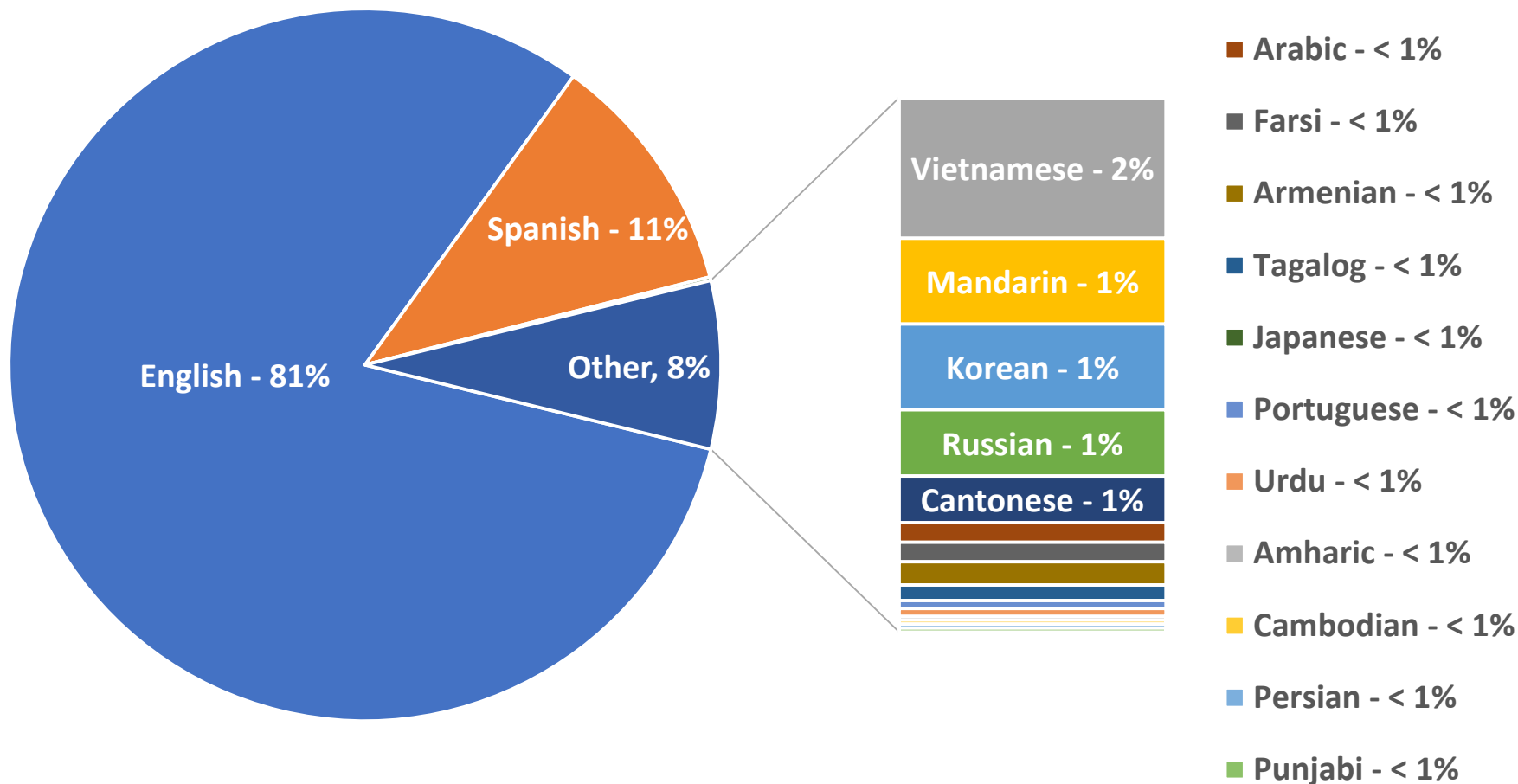


Note: QP refers to Qualified Provider



# Medi-Nurse Line Overview (cont.)

Language





# COVID-19 Resources/Links

- California COVID-19 webpage:  
<https://covid19.ca.gov/>
- DHCS COVID-19 webpage:  
<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>
- California Department of Public Health COVID-19 webpage:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- Centers for Disease Control and Prevention:  
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



# California Advancing and Innovating Medi-Cal (CalAIM)



# CalAIM Update

- On September 16, 2020, DHCS officially submitted a request to extend the 1115 waiver through December 31, 2021.
- On October 1, 2020, CMS [notified](#) DHCS that the extension was determined to meet completeness requirements.
- The extension request has been [posted](#) on the Medicaid.gov website for a 30-day federal public comment period ending November 1, 2020.
- DHCS will continue to work with CMS on the 1115 and 1915(b) waiver extension requests, and to develop applications for new waivers that would become effective on January 1, 2022.

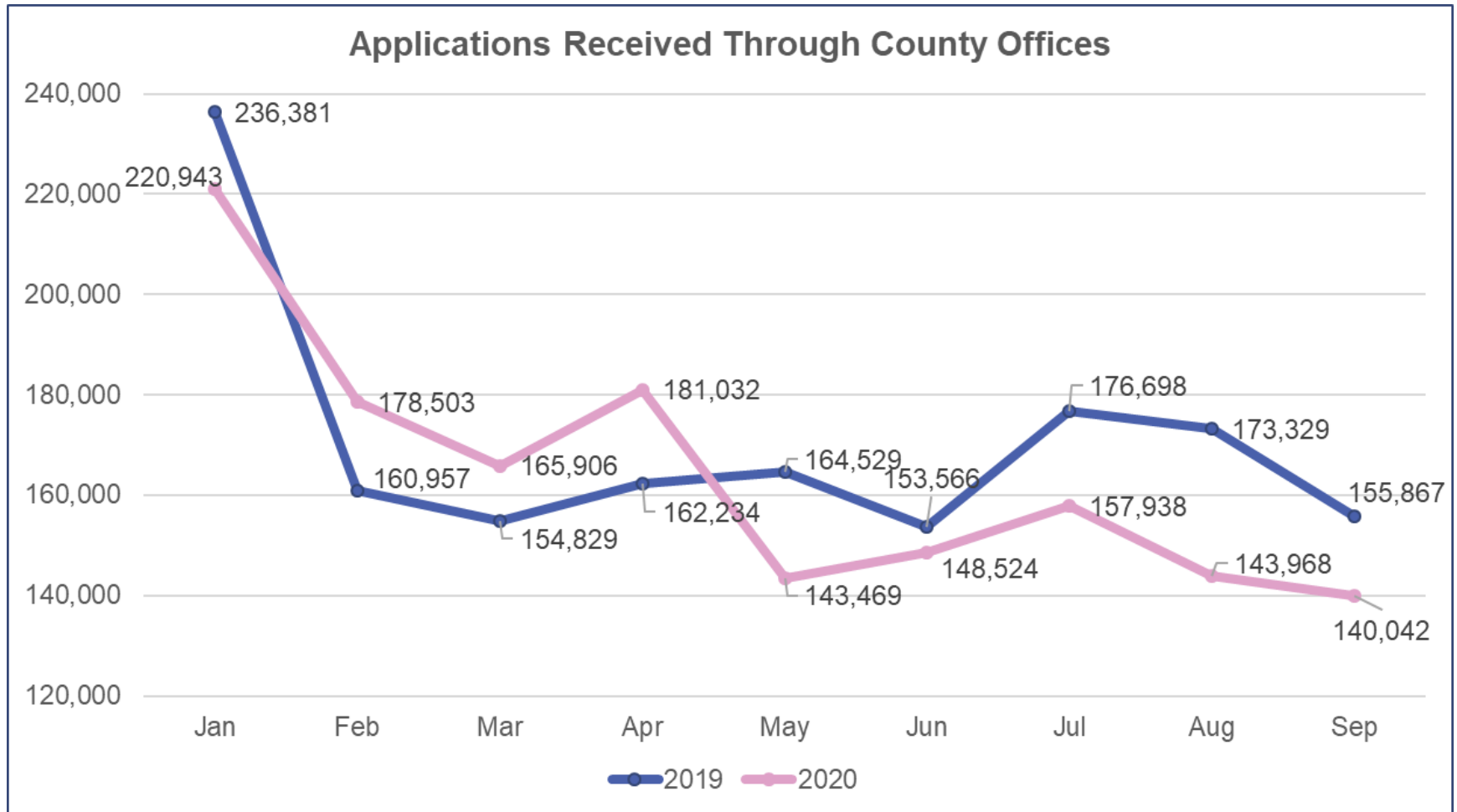


# Medi-Cal Enrollment Update





# Medi-Cal Applications



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



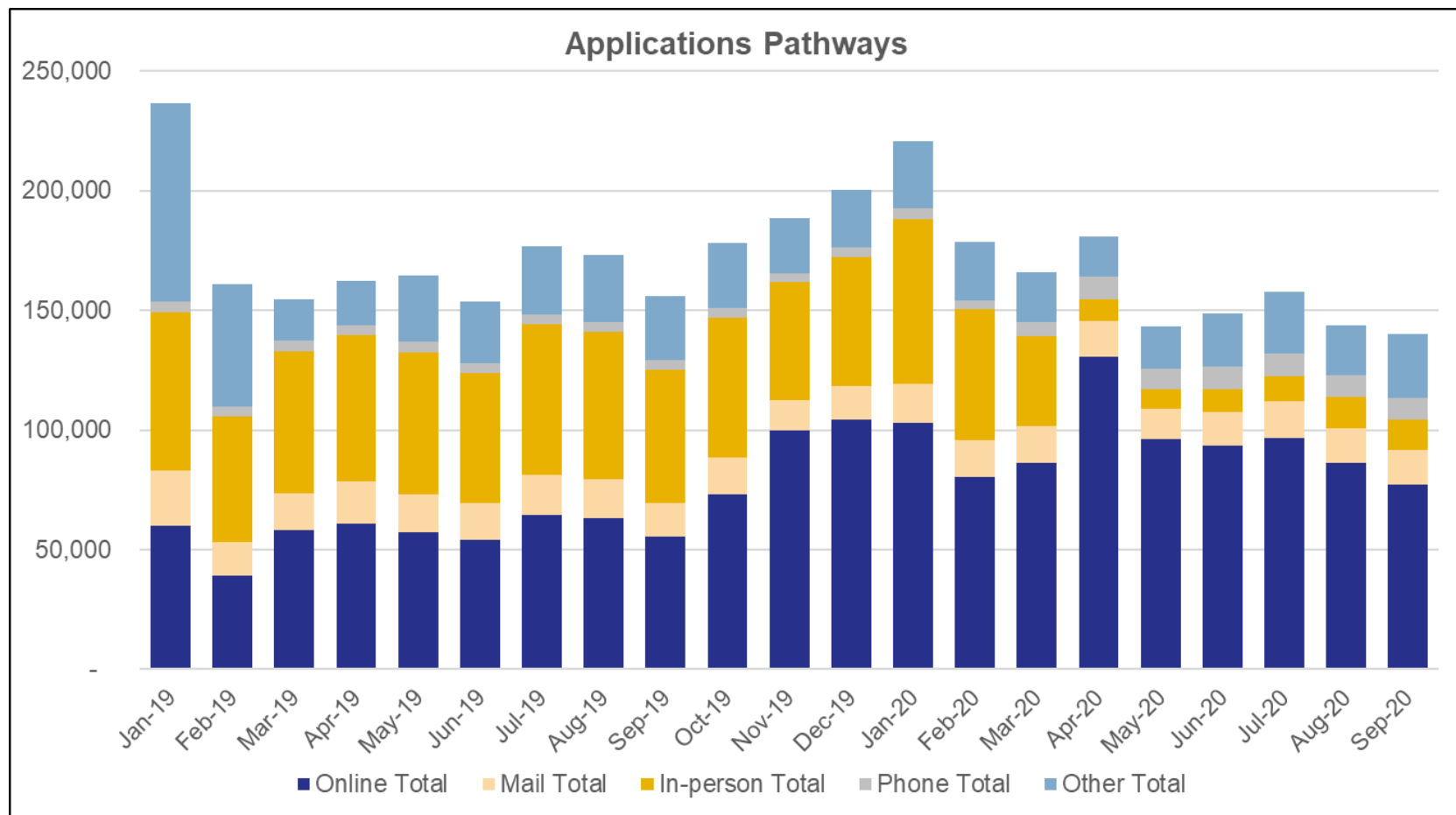
# County Application Pathways

- Online
- In Person
- Phone
- Mail/Fax
- Other
  - Includes applications received from sources not included in the above categories, such as those received by IHSS, and CBO(s) referrals, etc.

Note: This data is reported at the application level, with a single application potentially including more than one person (for example, a parent and two children are likely to apply for health coverage on a single application).



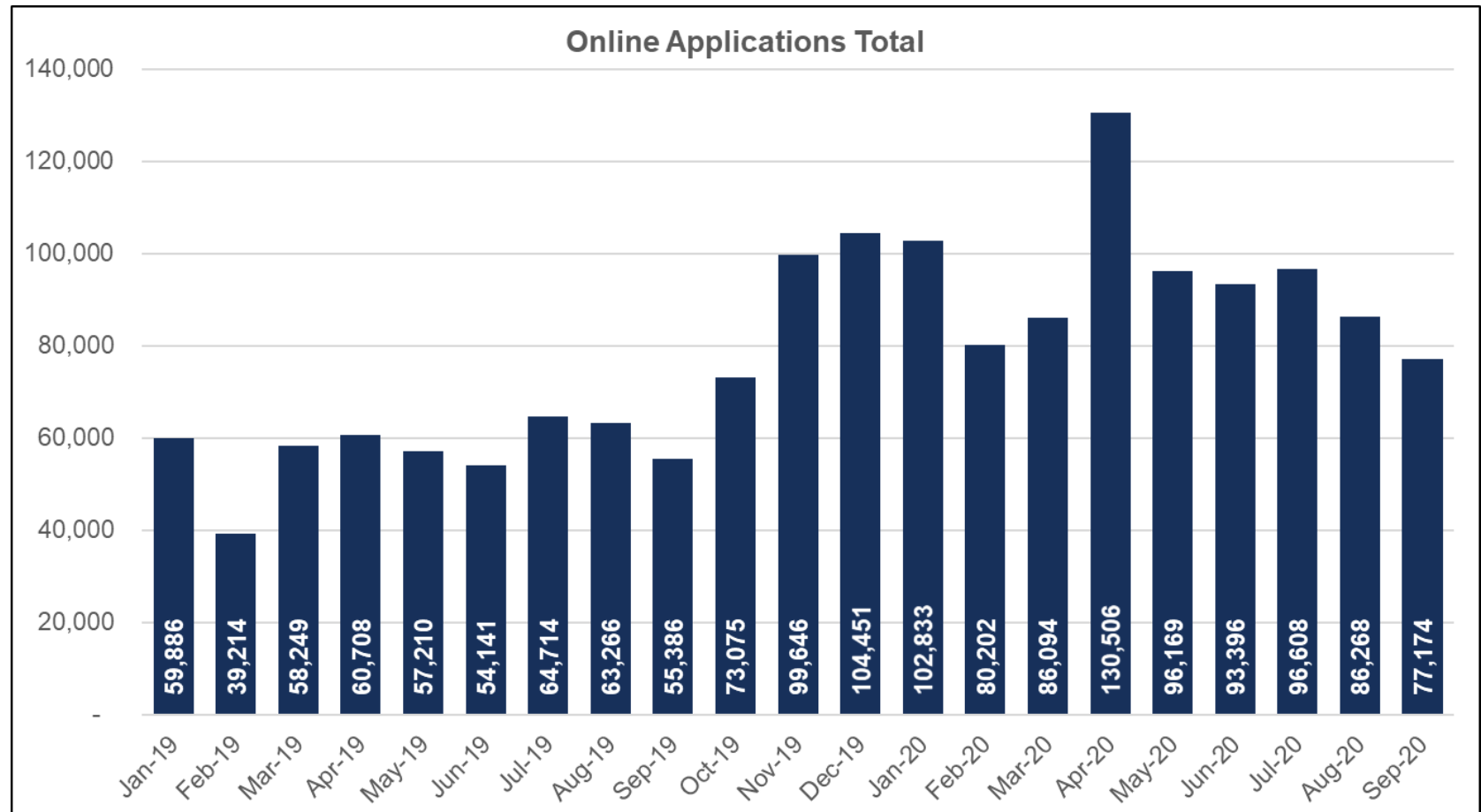
# County Application Pathway - All Pathways -



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



# County Application Pathway - Online Applications -

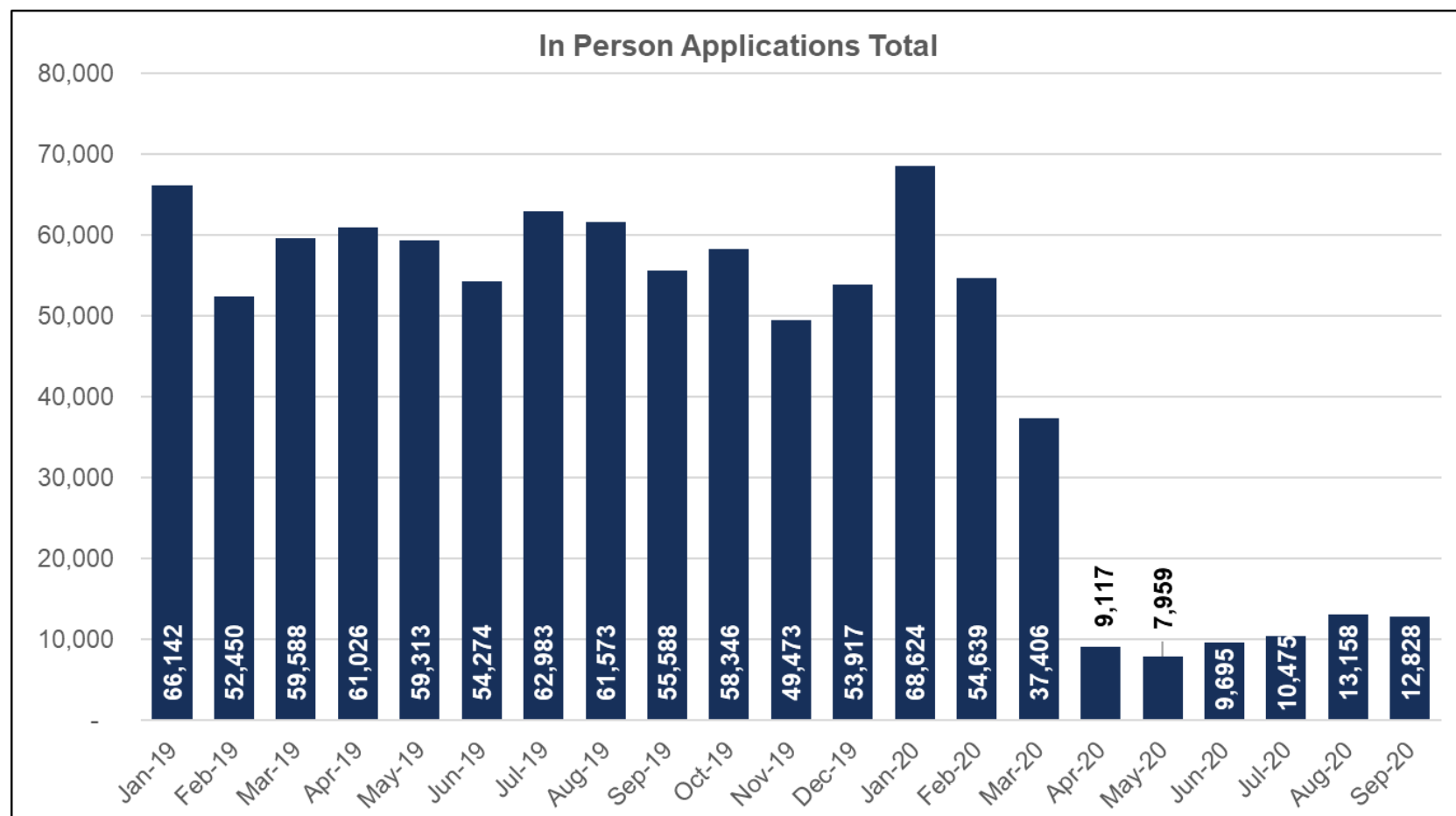


Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



# County Application Pathway

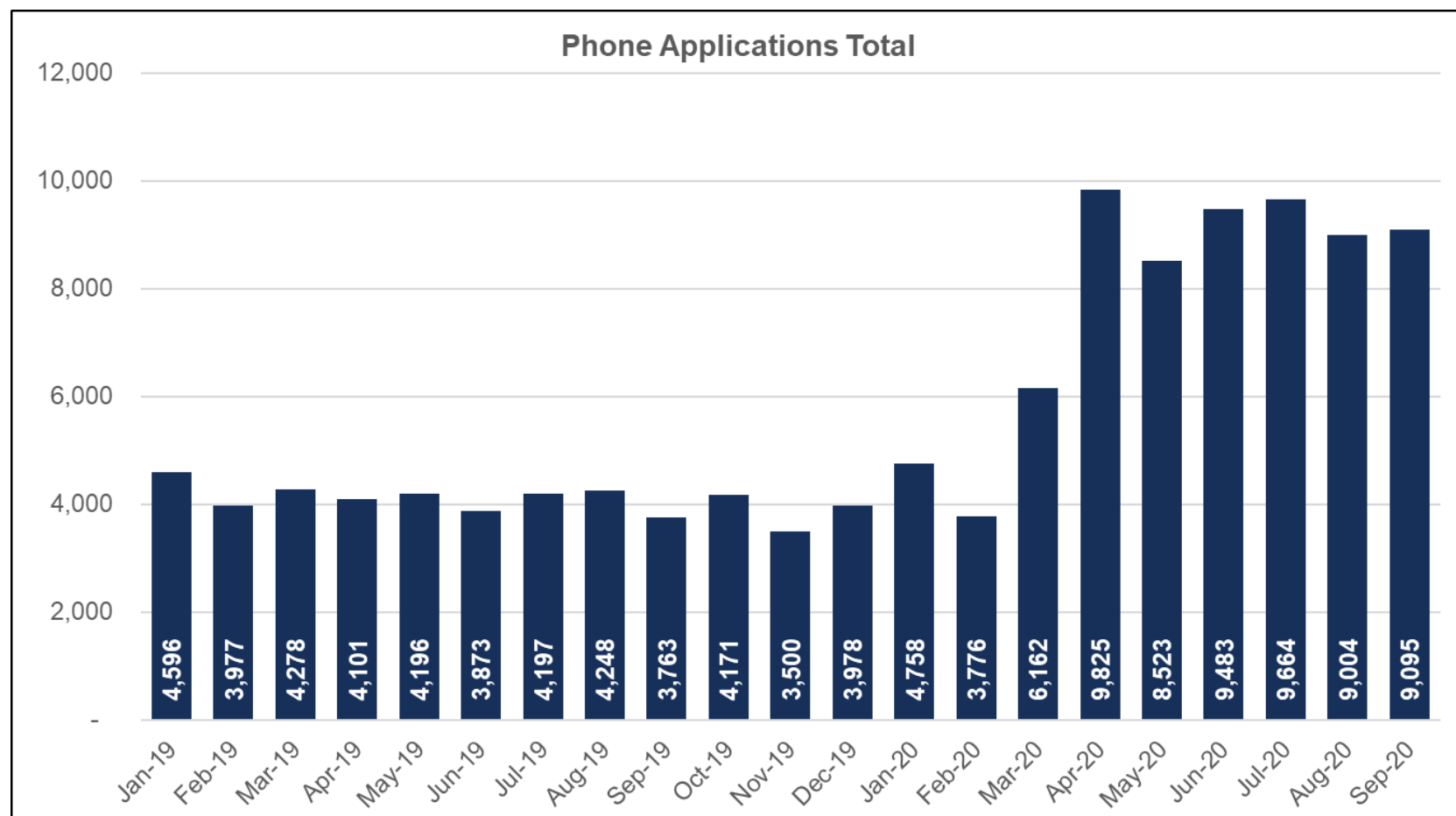
## - In Person Applications -



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



# County Application Pathway - Phone Applications -

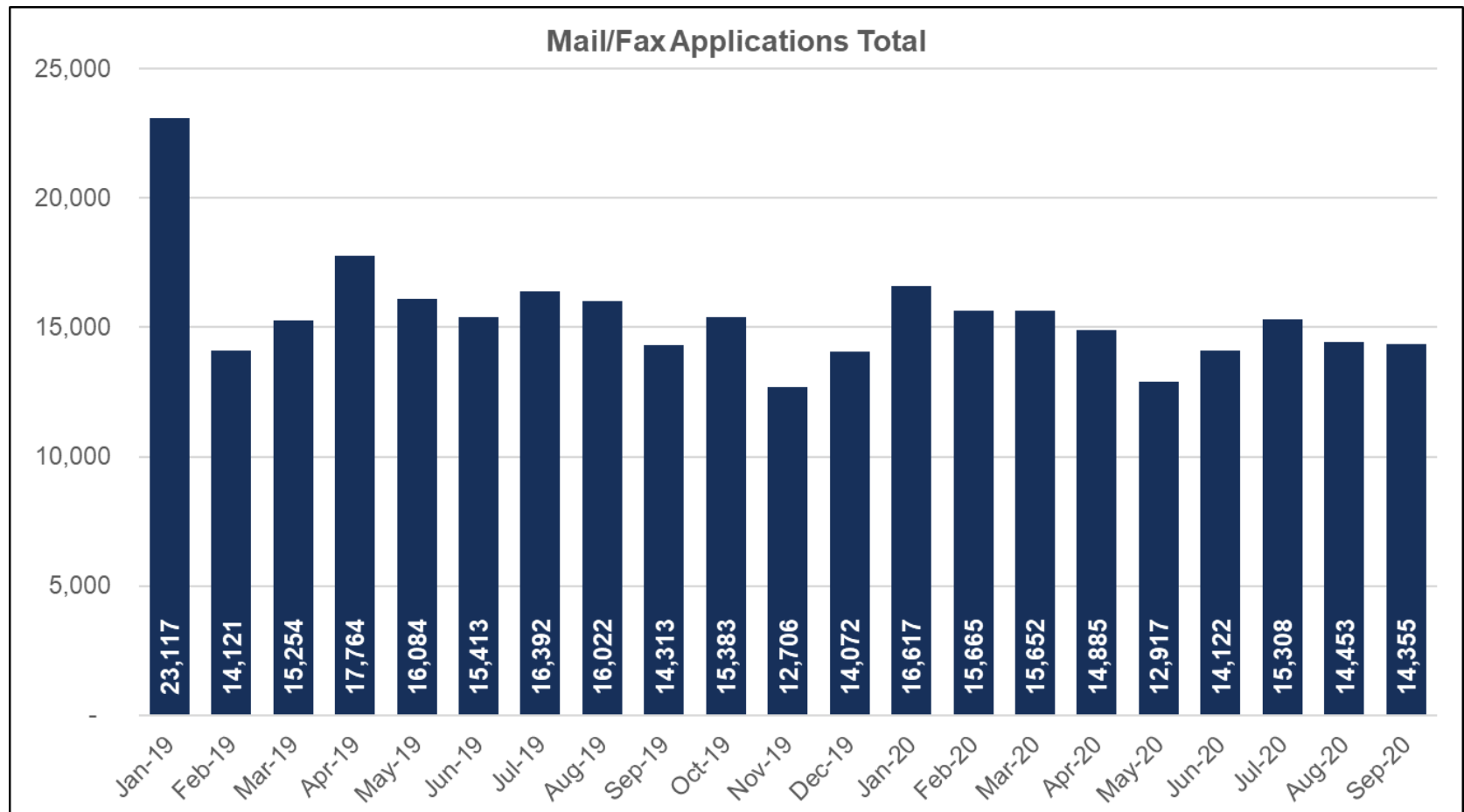


Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



# County Application Pathway

## - Mail/Fax Applications -

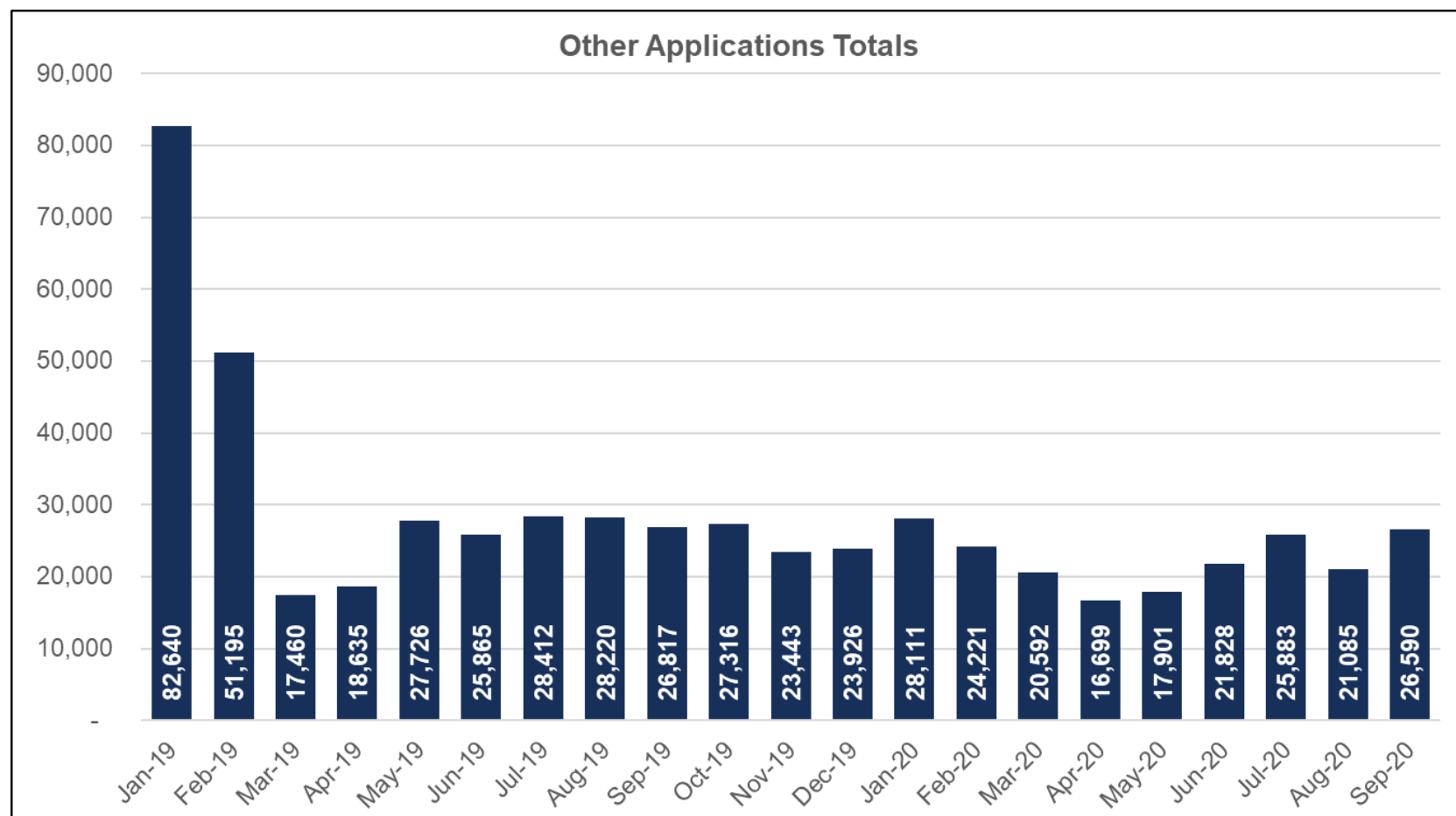


Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



# County Application Pathway

## - Other Applications -



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month





# Medi-Cal Presumptive Eligibility (PE)

There are a variety of Medi-Cal PE programs designed to provide immediate, temporary coverage for eligible low-income individuals, pending a formal Medi-Cal application.

The following are four such programs:

- Hospital Presumptive Eligibility
- Child Health and Disability Program Gateway
- Presumptive Eligibility for Pregnant Women
- Breast and Cervical Cancer Treatment Program



# Medi-Cal PE

## ➤ **Hospital Presumptive Eligibility (HPE)**

- The HPE Program provides qualified individuals immediate access to temporary, no-cost Medi-Cal. To apply for HPE benefits, an individual must visit a hospital that is a qualified HPE Provider. The HPE Provider submits the individual's information via the HPE Medi-Cal Application online portal and eligibility is determined in real-time.

## ➤ **Child Health and Disability Prevention (CHDP) Gateway**

- The "CHDP Gateway" is an automated pre-enrollment process for non Medi-Cal, uninsured children. Qualified Providers utilize the CHDP Gateway as the entry point for children to enroll in ongoing health care coverage through Medi-Cal, pending a formal determination of Medi-Cal eligibility.



# Medi-Cal PE

## ➤ **Presumptive Eligibility for Pregnant Women (PE4PW)**

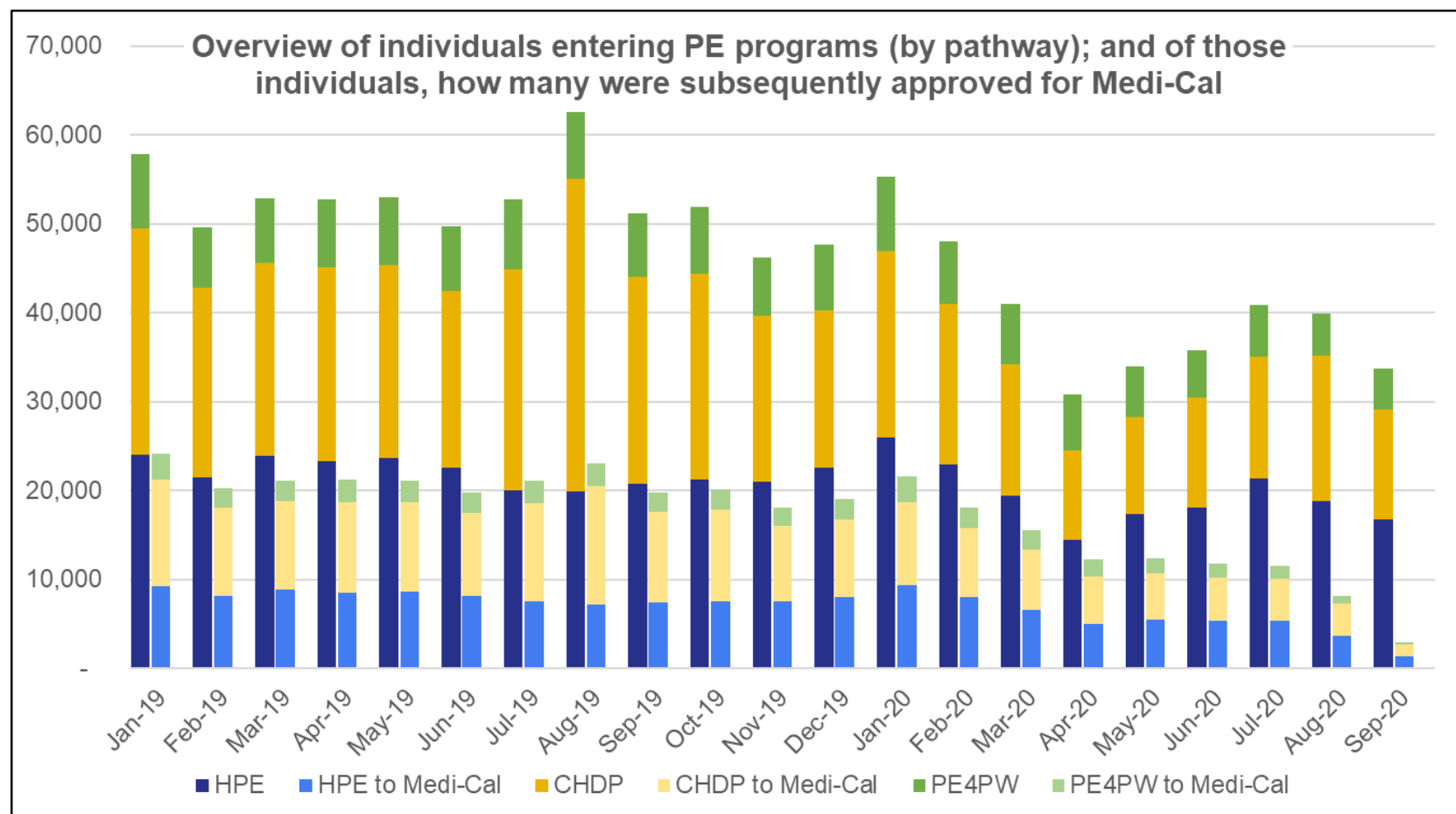
- The PE4PW Program allows Qualified Providers to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy to low-income, pregnant patients, pending their formal Medi-Cal application.

## ➤ **Breast and Cervical Cancer Treatment Program (BCCTP)**

- The Breast and Cervical Cancer Treatment Program (BCCTP) provides cancer treatment and services for eligible low-income California residents who are screened by Qualified Providers and found to be in need of treatment for breast and/or cervical cancer, pending a formal Medi-Cal application.



# Overview of PE Individuals

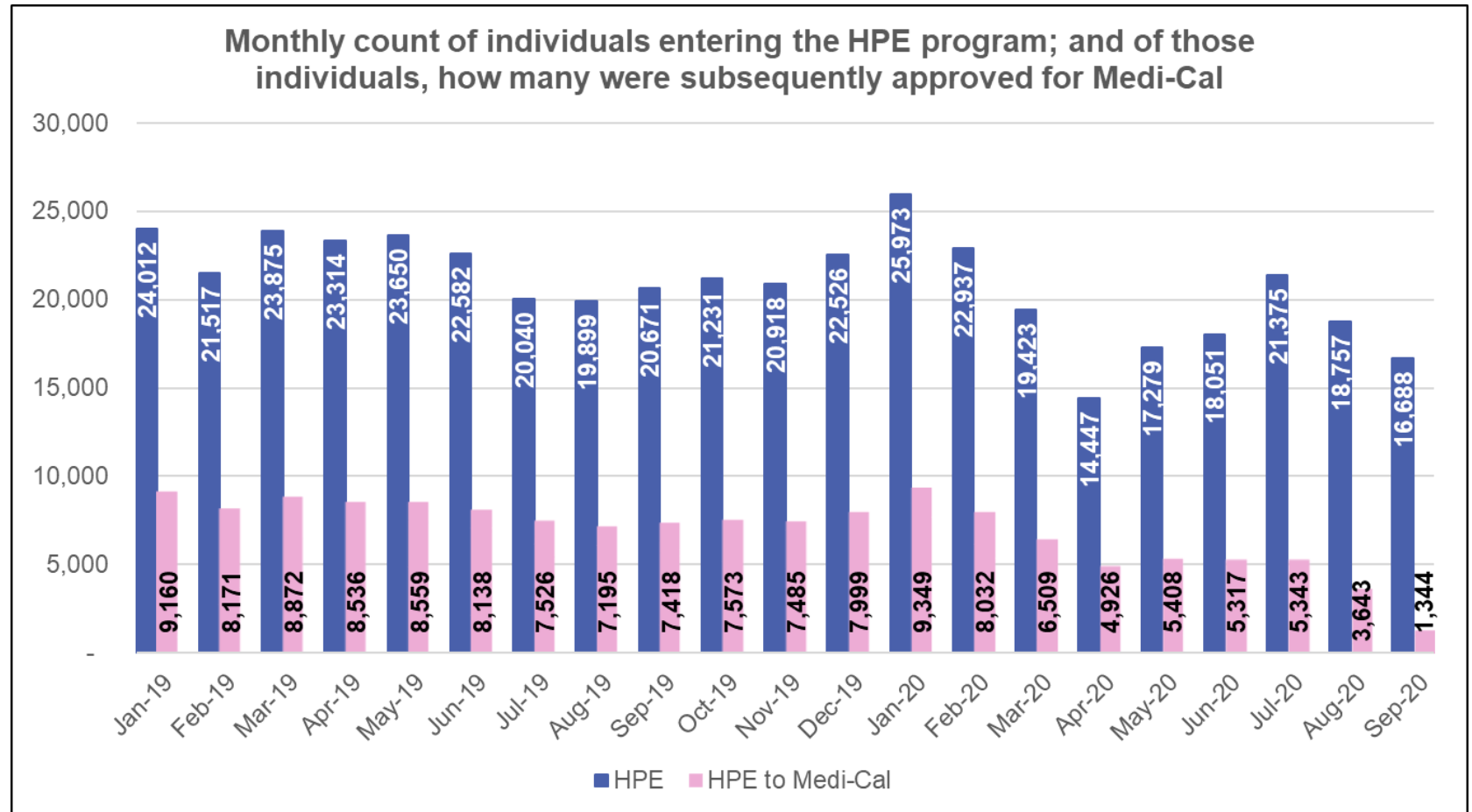


Data Source: Extracted from MIS/DSS on 14OCT2020; Data has been refreshed for the most recent 12 month period

Note: BCCTP PE counts are depicted on a separate slide due to proportionally small population size



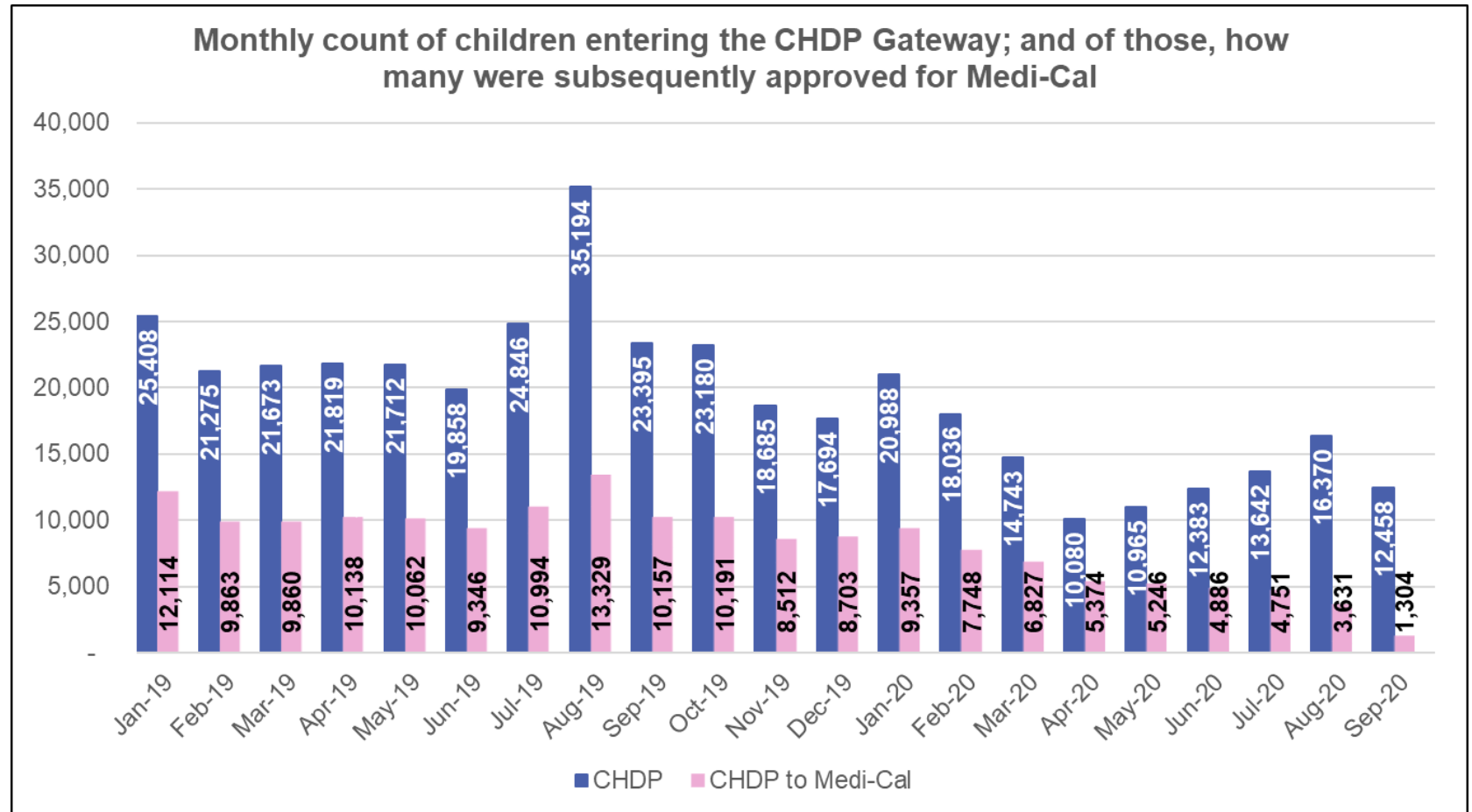
# HPE Individuals



Data Source: Extracted from MIS/DSS on 14OCT2020; Data has been refreshed for the most recent 12 month period



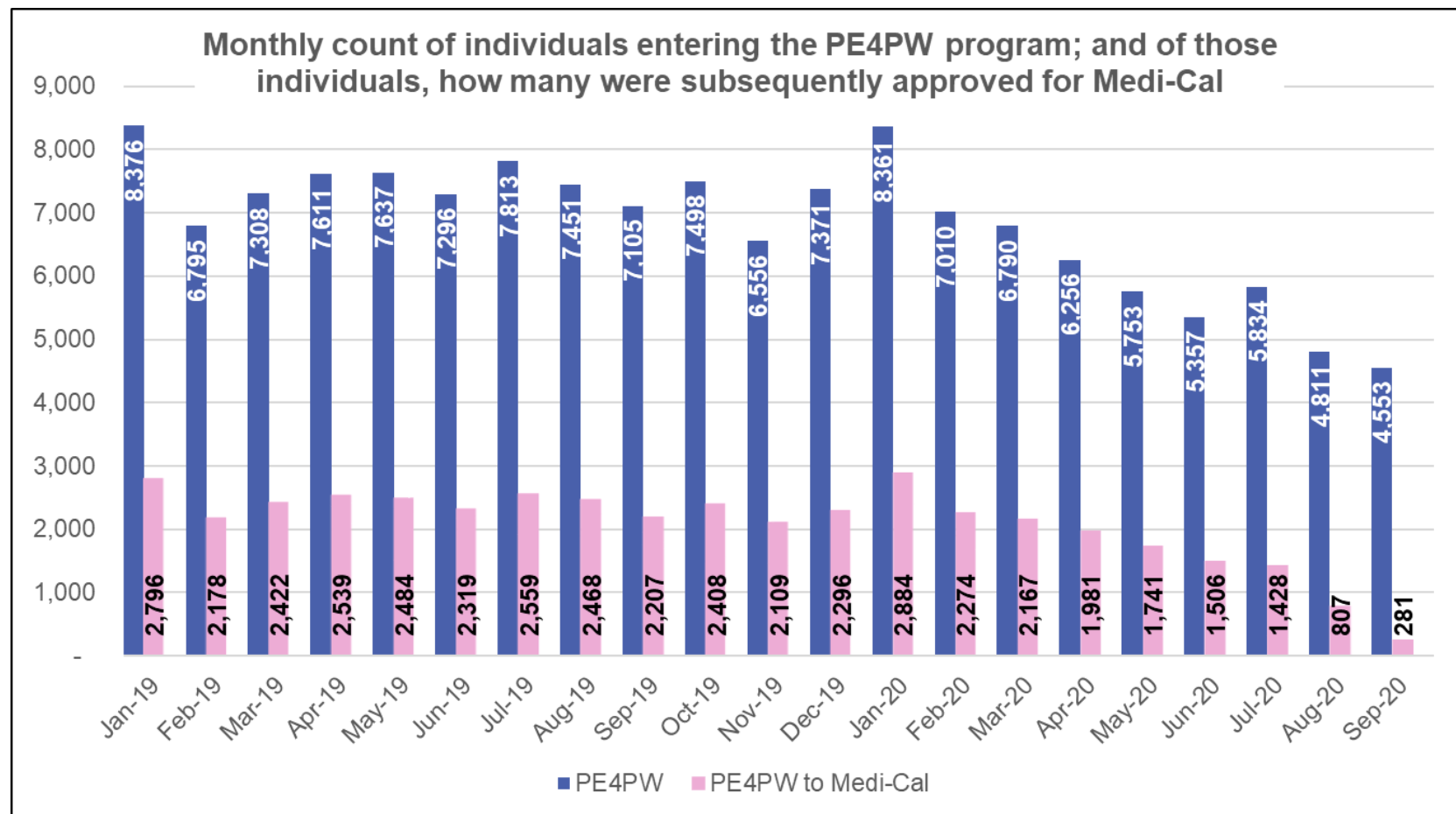
# CHDP Gateway Individuals (Children)



Data Source: Extracted from MIS/DSS on 14OCT2020; Data has been refreshed for the most recent 12 month period



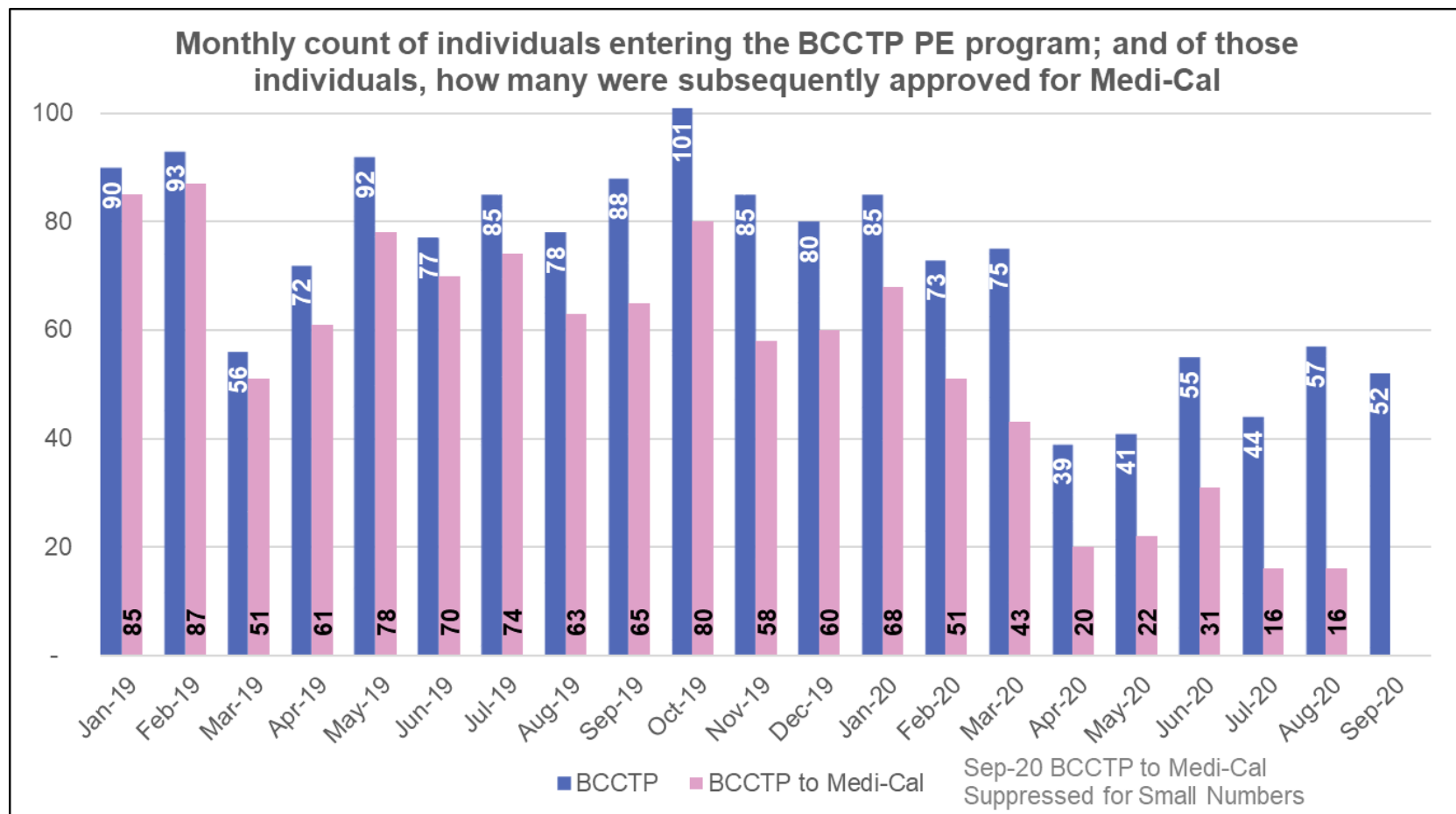
# PE4PW Individuals



Data Source: Extracted from MIS/DSS on 14OCT2020; Data has been refreshed for the most recent 12 month period



# BCCTP PE Individuals



Data Source: Extracted from MIS/DSS on 14OCT2020; Data has been refreshed for the most recent 12 month period





# Medi-Cal

## New Enrollment Data

Medi-Cal New Enrollment Data includes the following cohorts:

**Total NEW Enrollments** - The sum of *Newly Enrolled* and *Re-Enrolled* individuals (the Universe).

**Newly Enrolled** - Individuals with no prior history of Medi-Cal coverage.

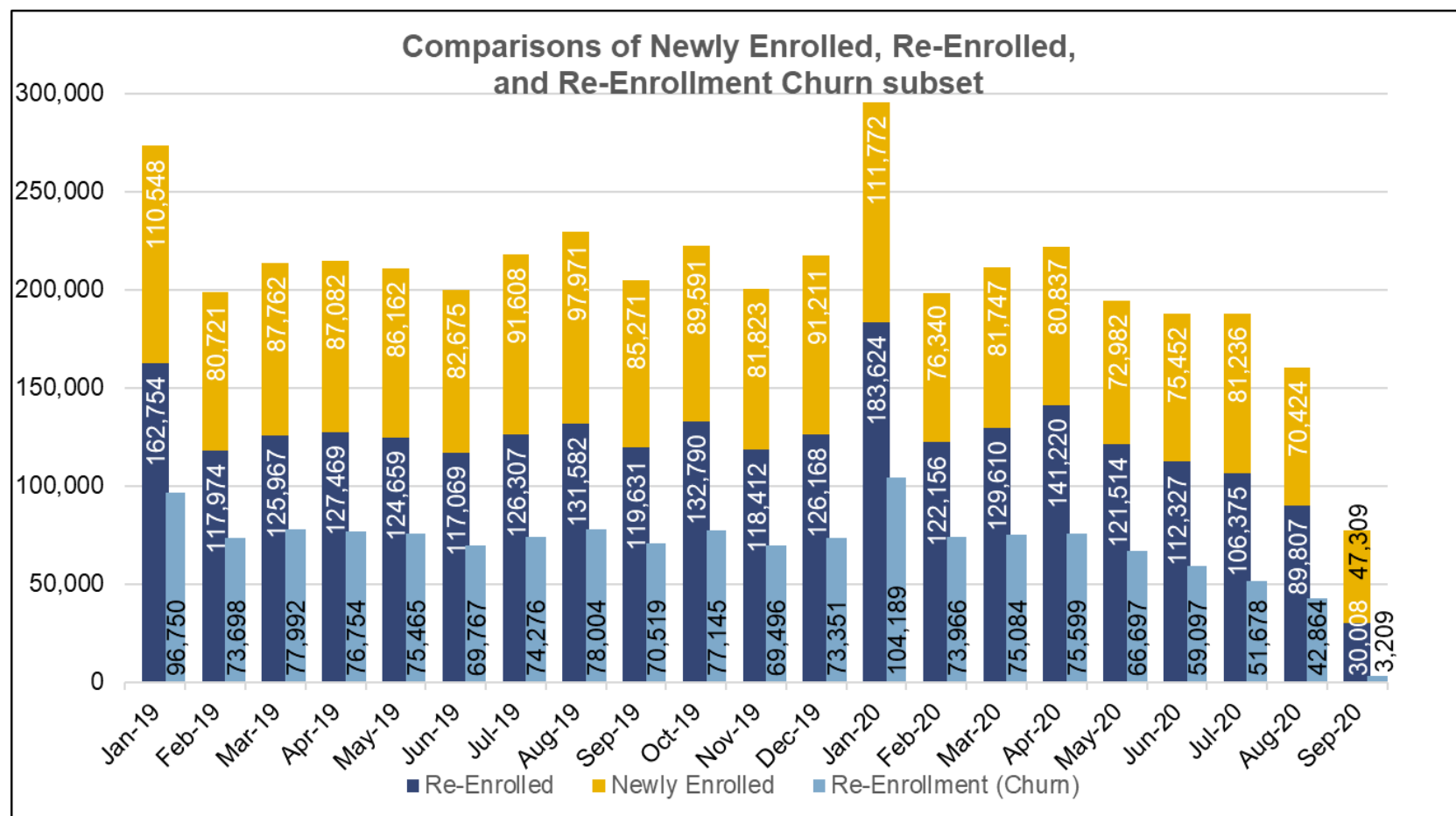
**Re-Enrolled** - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.

- Different from *Newly Enrolled*, these are individuals with a prior history of Medi-Cal coverage within the previous 15+ year period, but whose Medi-Cal was subsequently discontinued at some point in the past, thereby requiring the individual to reapply.
- **Re-Enrollment Churn** (A subset of *Re-Enrolled*) - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.
  - This subset of *Re-Enrolled* individuals have a prior history of Medi-Cal coverage within the previous 12 month period, but whose Medi-Cal was subsequently discontinued at some point in that 12 month period, thereby requiring the individual to reapply.
  - The methodology used to obtain the Churn data was refined on 10/14/2020.



# Medi-Cal

## New Enrollment Cohorts



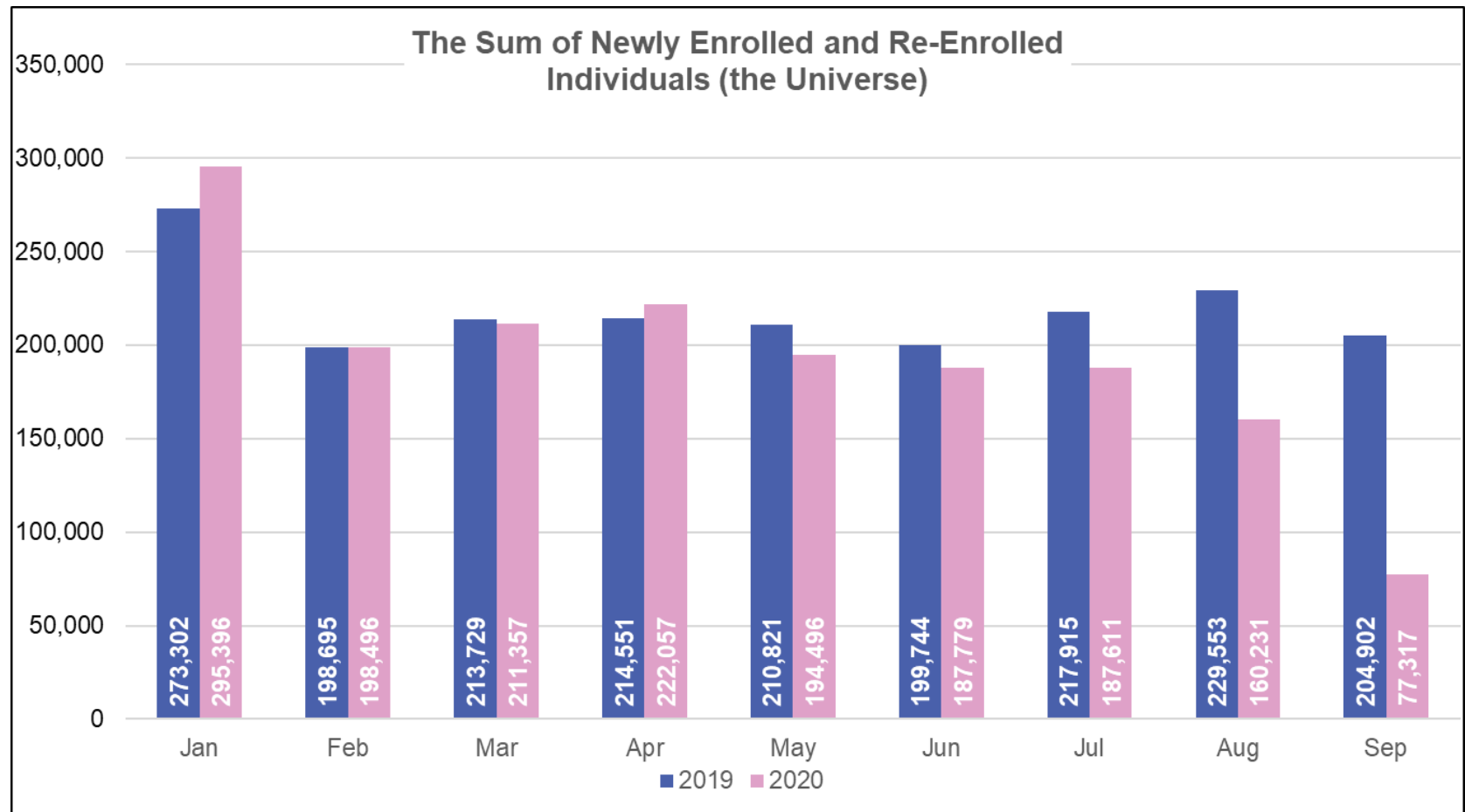
Data Source: Extracted from MIS/DSS 15OCT2020; Data has been refreshed for the most recent 12 month period

NOTE: The methodology used to obtain the Churn data was refined on 10/14/2020



# Medi-Cal

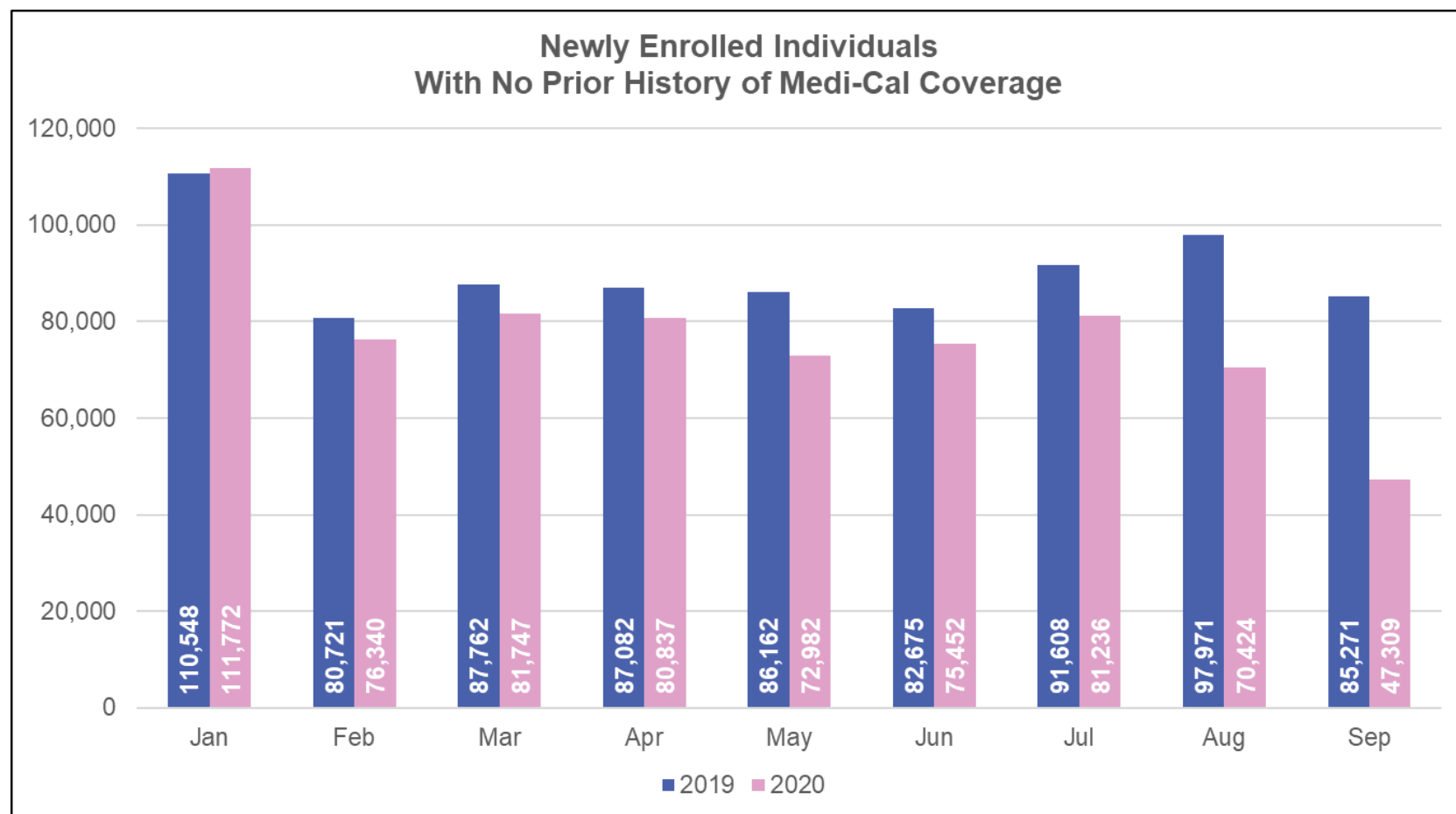
## Total NEW Enrollments



Data Source: Extracted from MIS/DSS 15OCT2020; Data has been refreshed for the most recent 12 month period



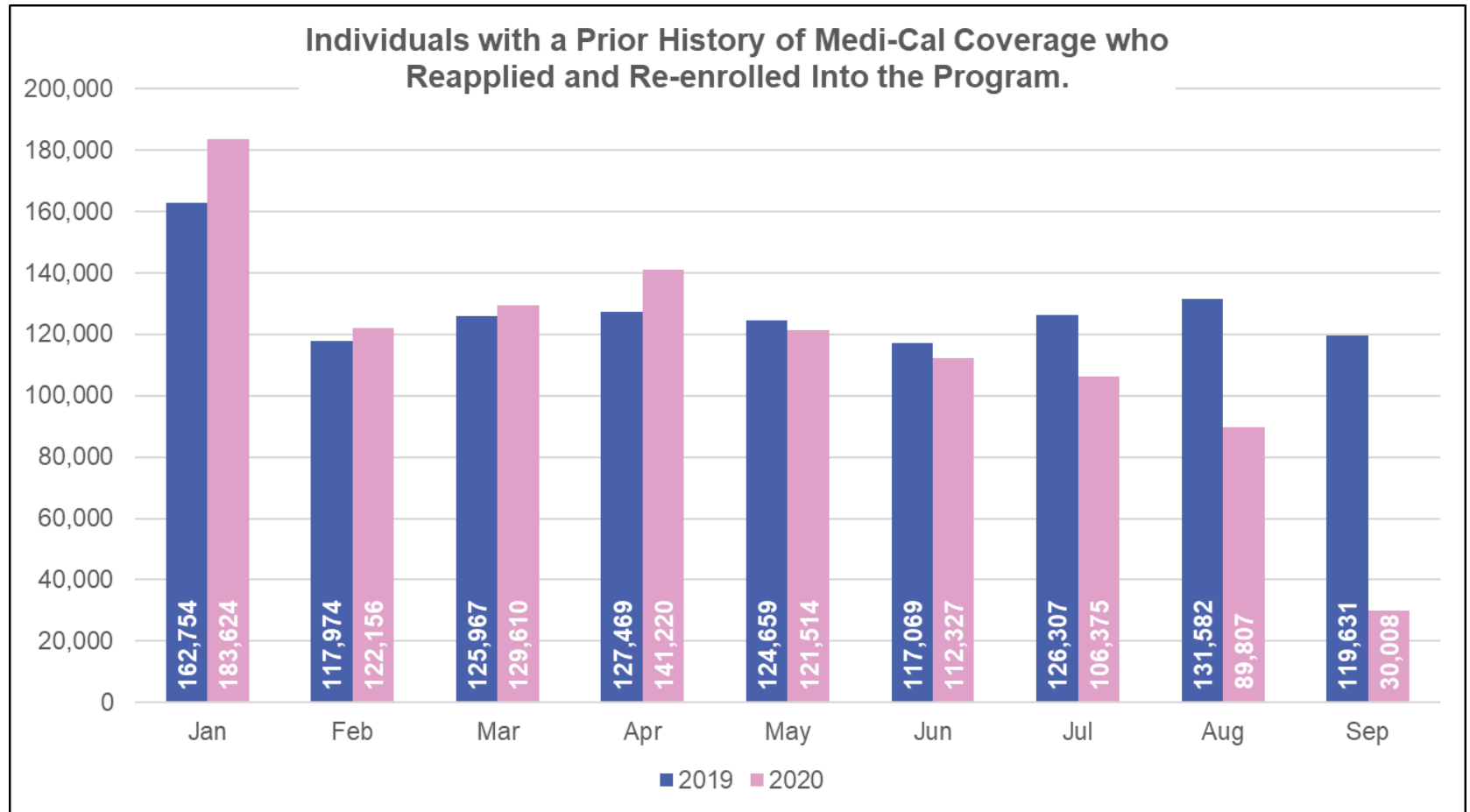
# Medi-Cal Newly Enrolled



Data Source: Extracted from MIS/DSS 19OCT2020; Data has been refreshed for the most recent 12 month period



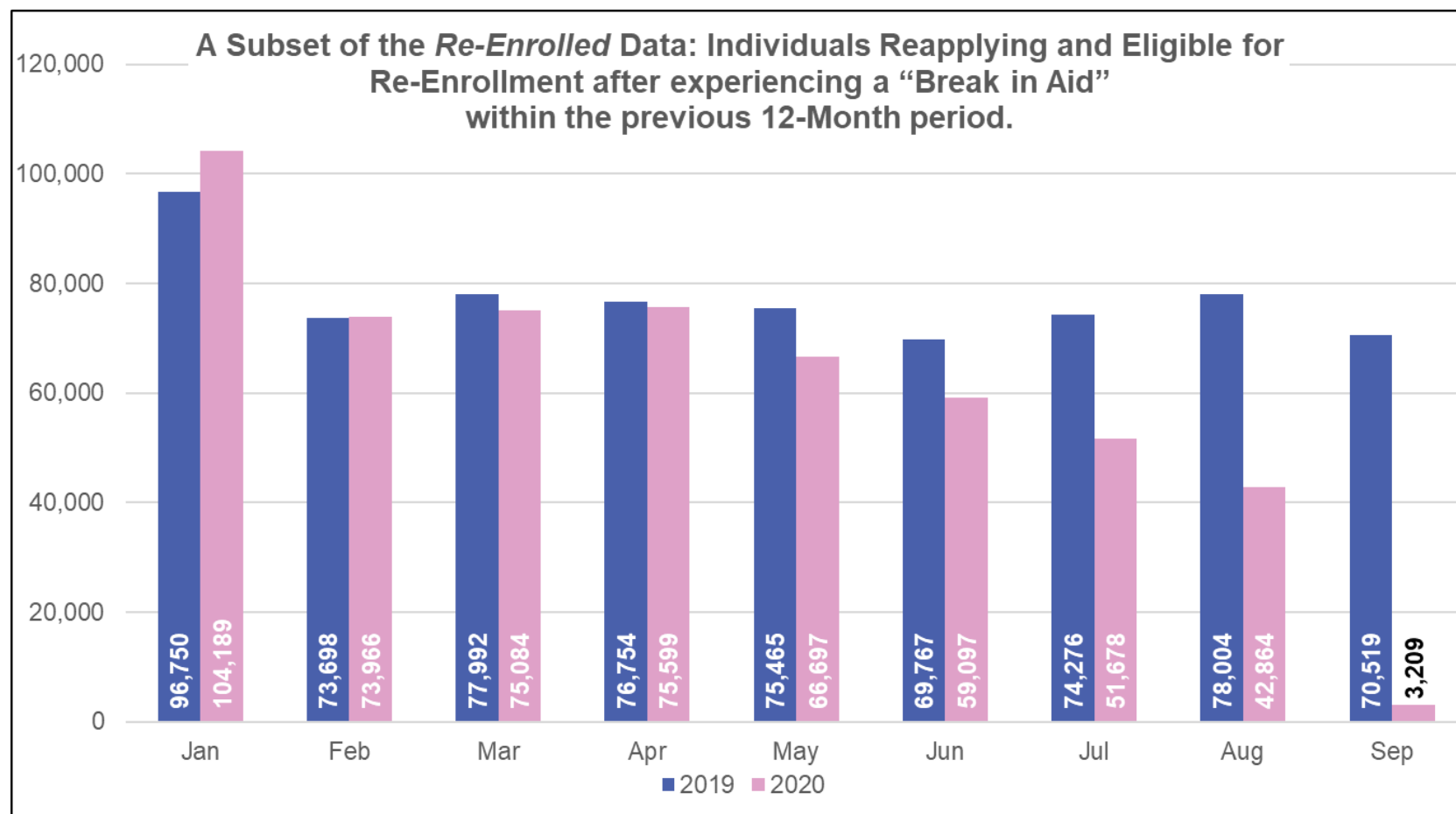
# Medi-Cal Re-Enrolled



Data Source: Extracted from MIS/DSS 15OCT2020; Data has been refreshed for the most recent 12 month period



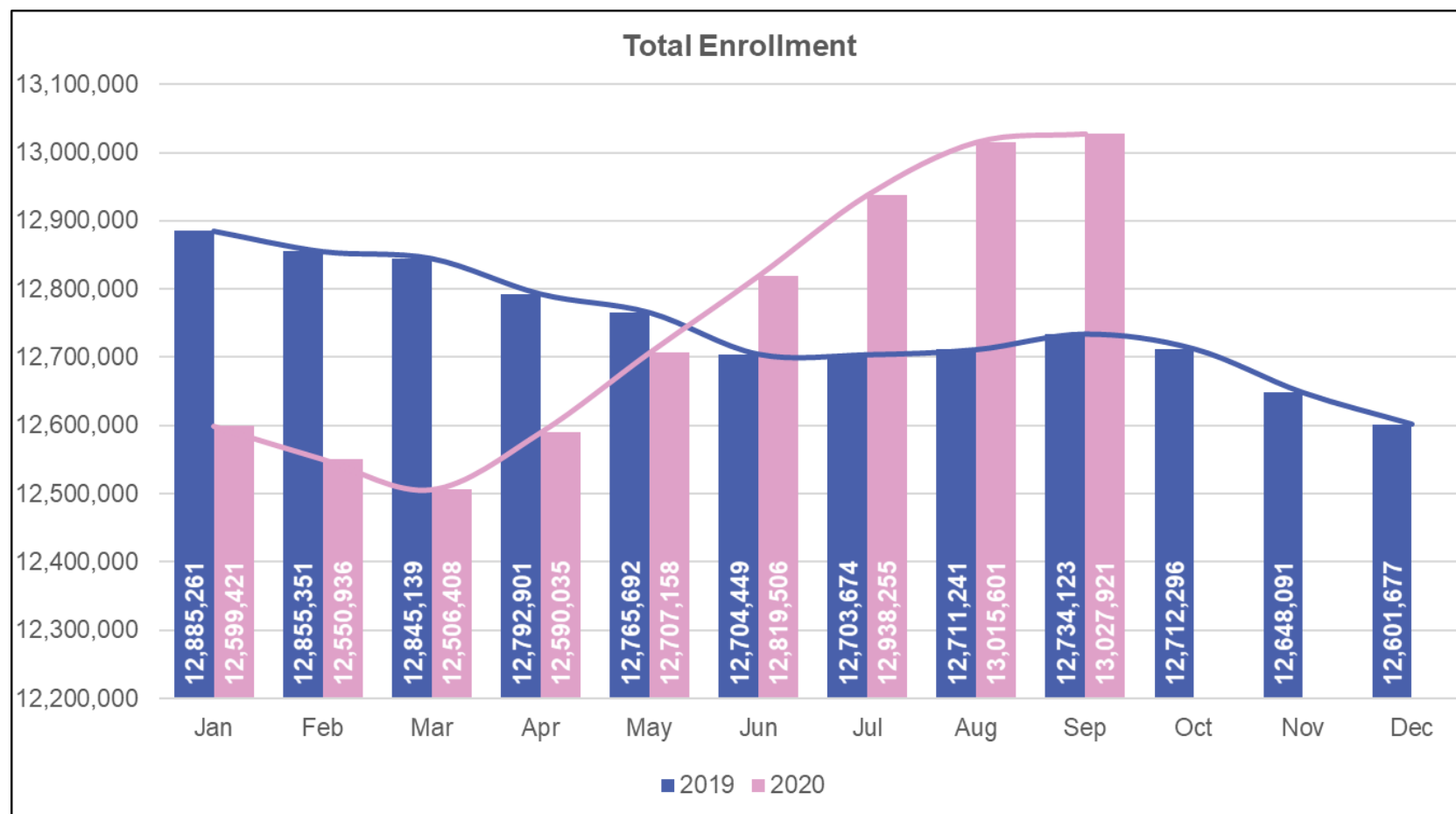
# Medi-Cal Re-Enrollment Churn



Data Source: Extracted from MIS/DSS 15OCT2020; Data has been refreshed for the most recent 12 month period  
NOTE: The methodology used to obtain the Churn data was refined on 10/14/2020.



# Medi-Cal TOTAL Enrollment



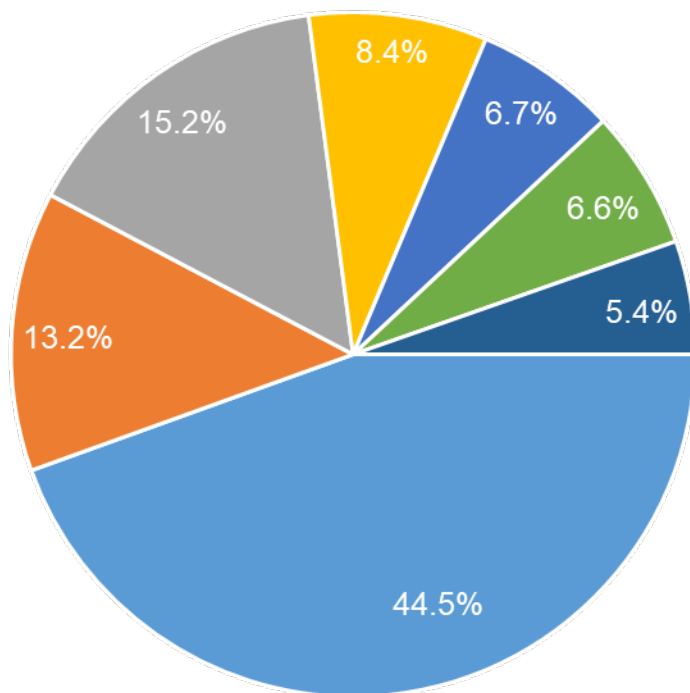
Data Source: Extracted from MIS/DSS \*September 2020 Data is Preliminary

All presented data between 10/2019 and 09/2020 in this report have been updated as of 10/15/2020. The presented eligible counts are subject to change due to delays in Medi-Cal eligibility data updates. Eligibility counts for a specific month are considered complete for statistical reporting purposes 12 months after the month's end.

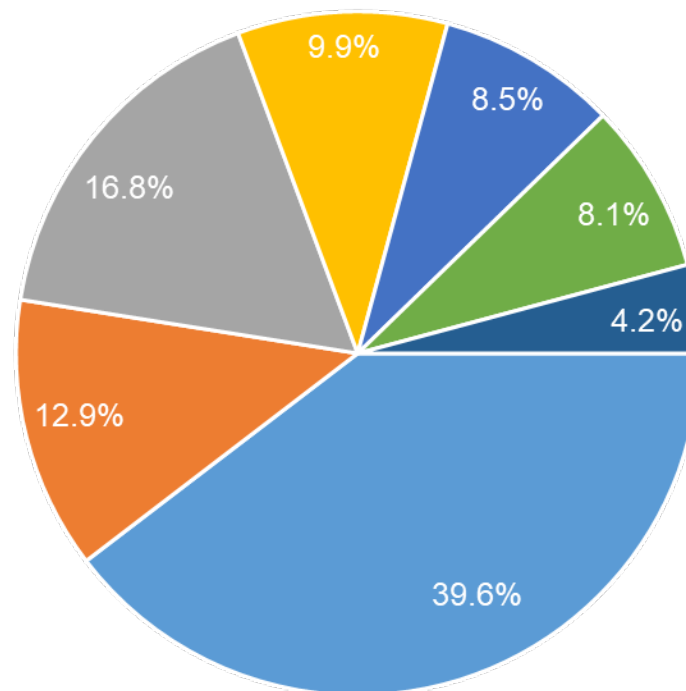


# Medi-Cal New Enrollments Female by Age

Jan - Sep 2019 - Female 408,387



Jan - Sep 2020 Female 359,601



■ 0 to 17 ■ 18 to 25 ■ 26 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65+

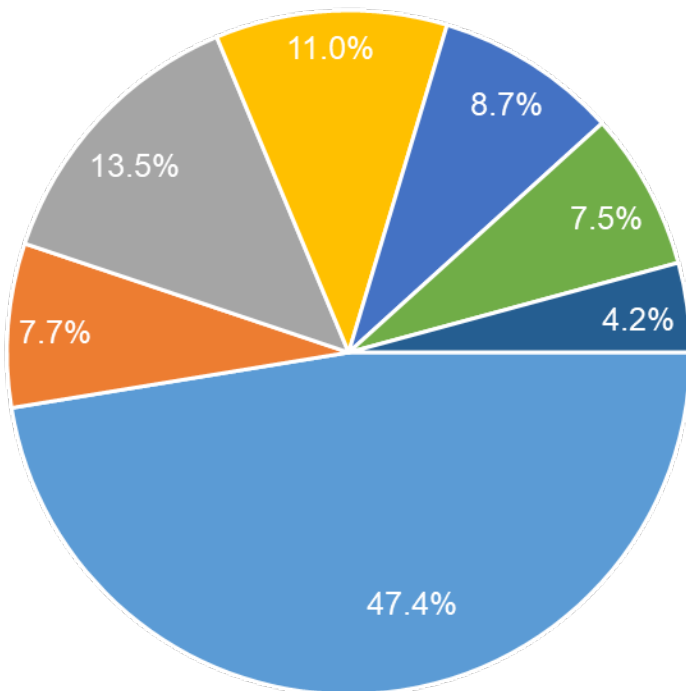
Data Source: Extracted from MIS/DSS on 19OCT2020; Data has been refreshed for the most recent 12 month period



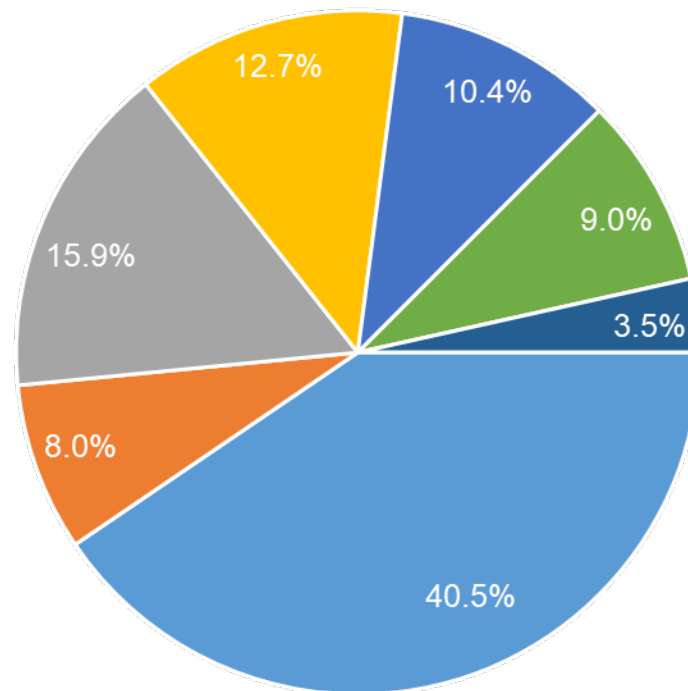


# Medi-Cal New Enrollments Male by Age

Jan - Sep 2019 Male 400,839



Jan - Sep 2020 Male 363,505



■ 0 to 17 ■ 18 to 25 ■ 26 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65+

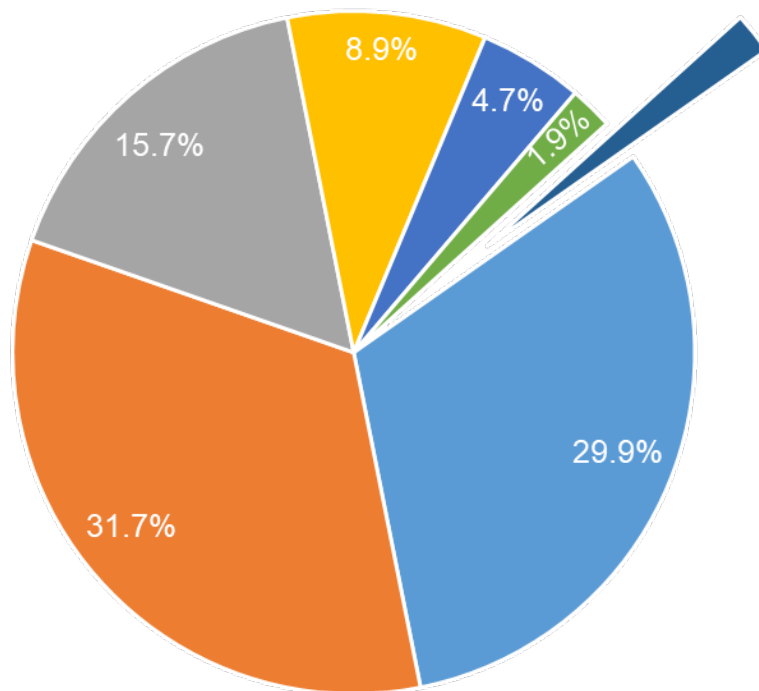
Data Source: Extracted from MIS/DSS on 19OCT2020; Data has been refreshed for the most recent 12 month period



# Medi-Cal New Enrollments Ethnicity

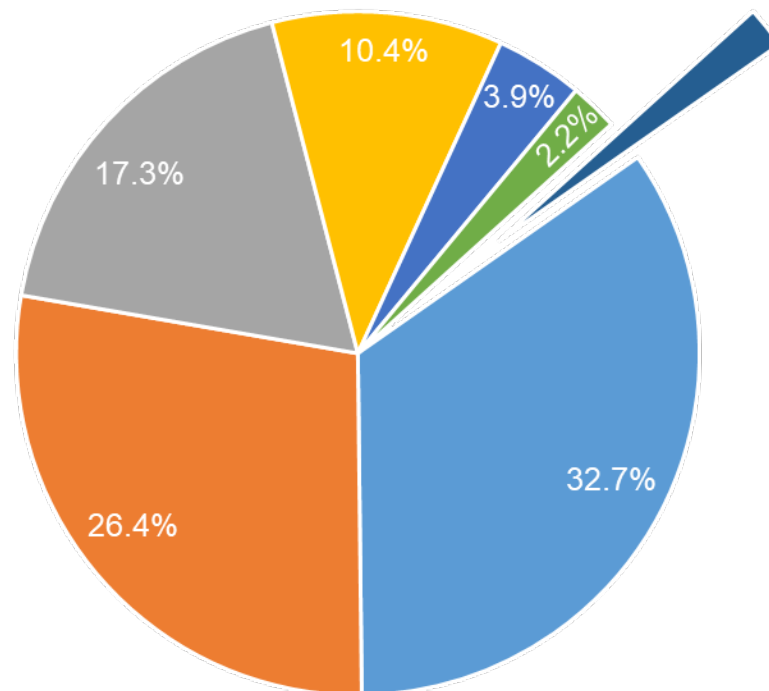
Jan - Sep 2019 Total 809,226

1.9% Filipino is the largest of the remaining ethnicities



Jan - Sep 2020 Total 723,106

1.9% Filipino is the largest of the remaining ethnicities



■ Not Reported ■ Hispanic ■ White ■ Other ■ Black ■ Chinese ■ Filipino

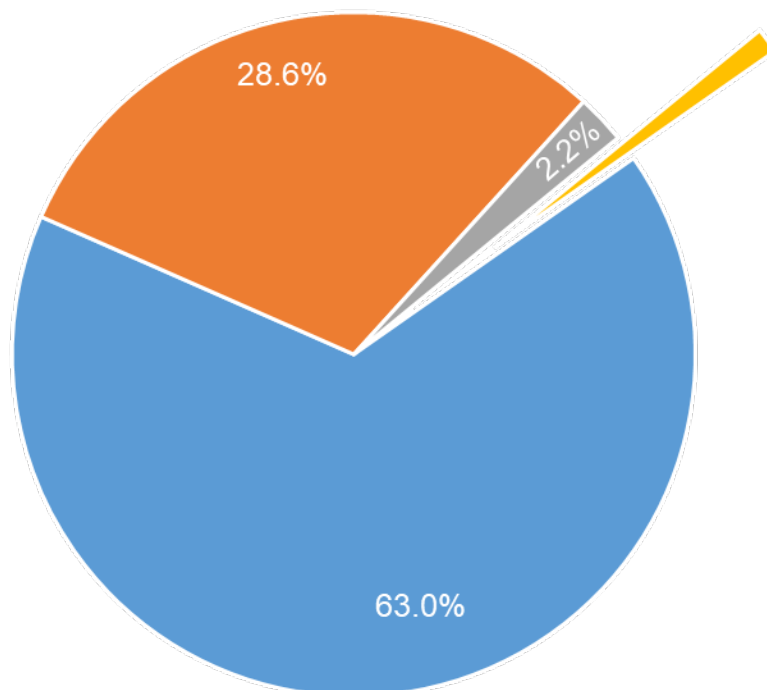
Data Source: Extracted from MIS/DSS on 19OCT2020; Data has been refreshed for the most recent 12 month period



# Medi-Cal New Enrollments Primary Written Language

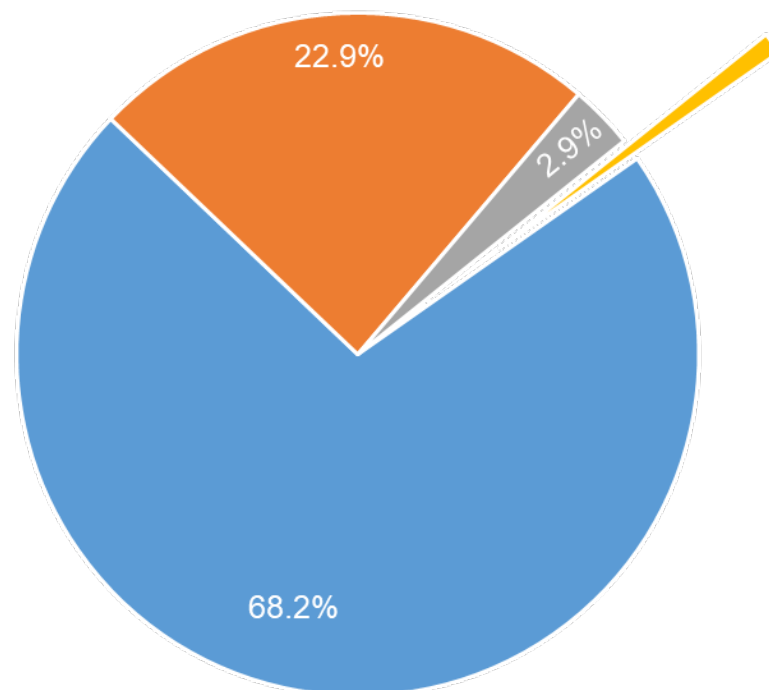
Jan - Sep 2019 Total 809,226

1.1% Vietnamese is the largest of the remaining languages



Jan - Sep 2020 Total 723,106

1.0% Vietnamese is the largest of the remaining languages



■ English ■ Spanish ■ Not Reported ■ Vietnamese

Data Source: Extracted from MIS/DSS on 19OCT2020; Data has been refreshed for the most recent 12 month period



# Continuous Medi-Cal Coverage Through the Public Health Emergency

- To ensure Californians continued to receive Medi-Cal health coverage during the public health emergency (PHE), per Executive Orders N-29-20 and N-71-20, DHCS issued guidance directing counties to delay the processing of Medi-Cal annual renewals, and to defer discontinuances and negative actions, effective March 16, 2020, through the duration of the PHE.
- Exceptions to the moratorium on discontinuances/negative actions are:
  - voluntary requests for discontinuance,
  - death of a beneficiary, or
  - individuals who move out of state.



# Medi-Cal Reinstatements During COVID-19 Public Health Emergency

- DHCS, working collaboratively with the SAWS and counties, are continually working to identify individuals who have been inadvertently discontinued, and have their eligibility restored each month.
  - Impacted beneficiaries will receive a notice informing them of the restoration of their Medi-Cal coverage and will not need to take any action in order to trigger the restoration.
  - The identified cases targeted for restoration take into consideration the legitimate discontinuances that are allowed during the PHE.
  - Restored individuals will be placed back into their last known Medi-Cal managed care plan.
- As of October 1<sup>st</sup>, 2020, approximately 110,000 individuals have been restored back into coverage since the beginning of the COVID-19 PHE, as a result of this reinstatement effort.

Note: *Medi-Cal Total Enrollment* data reflected in this presentation includes all individuals restored back into coverage for the reported months.



# COVID-19 Uninsured Group

- COVID-19 Uninsured Coverage Group (aka COVID-19 PE):
  - For uninsured individuals
  - Services limited to medically necessary COVID-19 testing, testing-related, and treatment services
  - 12-month enrollment period or end of public health emergency, whichever comes later
- COVID-19 Uninsured Application Pathways:  
All PE Qualified Providers, including:
  - Hospital PE
  - Child Health and Disability Prevention Gateway
  - PE for Pregnant Women
- COVID-19 Uninsured Enrollments as of 10/20/2020: 38,377



# **Medi-Cal Managed Care Plan (MCP) Procurement Process/Timeline**

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



# DHCS Stakeholder Advisory Committee Meeting

## *MCP Procurement Process/Timeline*

Items
1. Why Procure?
2. Current Plan Models
3. Procurement Vehicles
4. RFP Qualifications and Evaluation Criteria
5. DHCS Priorities
6. Planned updates for MCP Contract
7. Key Activities and Dates
8. Q&A





# DHCS Stakeholder Advisory Committee Meeting

## *MCP Procurement Process/Timeline*

### ***Why Procure?***

1. Provide opportunities for new Health Plans to enter the Managed Care market in California
2. Update and align MCP Contract requirements with DHCS goals (*reduce disparities, community engagement, CalAIM, VBP*)
3. Ensure consistency across all plan model types
4. Restructure and reorder for increased compliance and improved Contract oversight

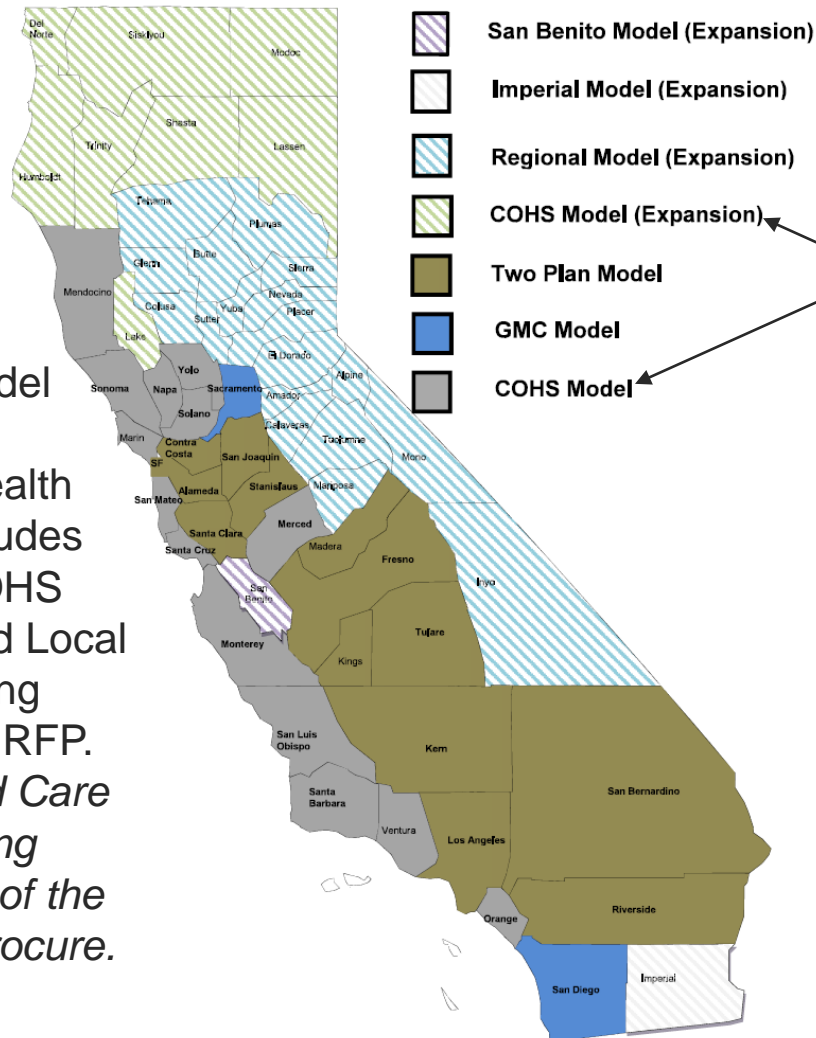
*This is the first time DHCS will procure all plan models (except COHS and LI) under competitive bid (RFP) procurement model.*



# DHCS Stakeholder Advisory Committee Meeting

## *Current Plan Models – State Map*

### MEDI-CAL MANAGED CARE MODELS



**not** being procured through the RFP

- Pending any plan model changes.
- County Organized Health System (COHS) (includes COHS model and COHS model expansion) and Local Initiatives are **not** being procured through the RFP.
- *Geographic Managed Care (GMC) models pending DHCS determination of the number of plans to procure.*



# DHCS Stakeholder Advisory Committee Meeting

## MCP Procurement Vehicles

	RFI Request for Information	RFP Request for Proposal
<b>Purpose</b>	<ul style="list-style-type: none"> <li>Engage stakeholders early</li> <li>Provide high-level concepts and Plan</li> <li>Request stakeholder feedback on specific topics for use in RFP development</li> </ul>	<ul style="list-style-type: none"> <li>Identify qualifications and proposal requirements based on sample contract</li> <li>Identify evaluation criteria and process</li> <li><b>Draft RFP:</b> Provides additional opportunity to engage with stakeholders and solicit feedback for DHCS consideration in Final RFP development</li> </ul>
<b>Contents</b>	<ul style="list-style-type: none"> <li>High-level concepts + objectives</li> <li>Purpose + background, targeted questions for information gathering</li> <li>Feedback request</li> </ul>	<ul style="list-style-type: none"> <li>Cover letter-purpose-background</li> <li>Proposer qualifications and requirements</li> <li>Instructions, Schedule</li> <li>Sample Contract</li> <li>Exhibits and appendices</li> <li><b>FINAL RFP only:</b> Evaluation criteria and scoring, Data Library</li> </ul>
<b>Use/Planned use for MCP Procurement</b>	<p><i>RFI released Sep 1 2020</i>  <i>RFI Webinar Sep 15 2020</i>  <i>Feedback due Oct 1 2020</i></p> <p>Feedback currently being compiled and assessed</p>	<p><b>Draft RFP</b> with Webinar after release</p> <p><b>Final RFP</b> with Webinar after release</p>



# DHCS Stakeholder Advisory Committee Meeting

## *RFP Qualifications and Evaluation Criteria*

### **Stage 1: Qualifications Review**

- Pass/Fail.
- Proposer must pass all qualifications to go to Stage 2.

### **Stage 2: Scored Evaluation**

- Narrative proposals, based on RFP requirements, are evaluated and scored.
- Score categories, points, and weighted value is determined by Program and provided in the Final RFP.

### **Example:**

Rating Category	Points	Weight	Maximum Score
General Proposal Requirements	20	1.50	30.0



# DHCS Stakeholder Advisory Committee Meeting

## *MCP Procurement Process/Timeline*

DHCS is looking for Managed Care Plans that demonstrate their ability to deliver services that align with DHCS' Priorities

• Reducing health disparities	• Children services
• Value-based Purchasing	• Behavioral health services
• Increased oversight of delegated entities	• Addressing Social Determinants of Health (SDOH)
• Access to care	• Local presence and engagement
• Continuum of care	• Emergency preparedness and ensuring essential services
• Coordinated/integrated care	• CalAIM
• Quality	• Administrative efficiency



# **DHCS Stakeholder Advisory Committee Meeting**

## *Planned Updates for MCP Contract*

1. Update requirements to reflect CalAIM and Program policies, new State and Federal statutes and regulations, and all published All Plan Letters (APLs).
2. Update to include Value Based Purchasing requirements.
3. Strengthening language regarding Network Adequacy and Quality.
4. Update Contract language to address California State Auditor (CSA) and Medical Audit findings.
5. Review and update Contract to ensure consistency across citations, acronyms, and terminology.
6. Resolve outdated, duplicative and conflicting Contract language.
7. Update based on RFI feedback and Draft RFP.



# DHCS Stakeholder Advisory Committee Meeting

## *MCP Procurement Process/Timeline*

Key Event	Date
1. RFI	Released - September 1 Webinar - September 10 Requested information due on October 10 DHCS is currently assessing feedback
2. Draft RFP Release	Targeting Early 2021
3. Final RFP Release	Targeting Late 2021
4. Proposals Due	Targeting Late 2021 – Early 2022
5. Notice of Intent	Targeting Early 2022 – Mid 2022
6. MCP Operational Readiness	Targeting Mid 2022 – Late 2023
7. Implementation	Targeting January 2024



# MCP Procurement Process/Timeline

## Q&A

**Michelle Retke,**

Chief, Managed Care Operations Division (MCOD)

**Jacey Cooper,**

California State Medicaid Director

Chief Deputy Director, Health Care Programs





# MCP Procurement Process/Timeline

***Thank you!***



# Racism and Health Disparities

October 28, 2020



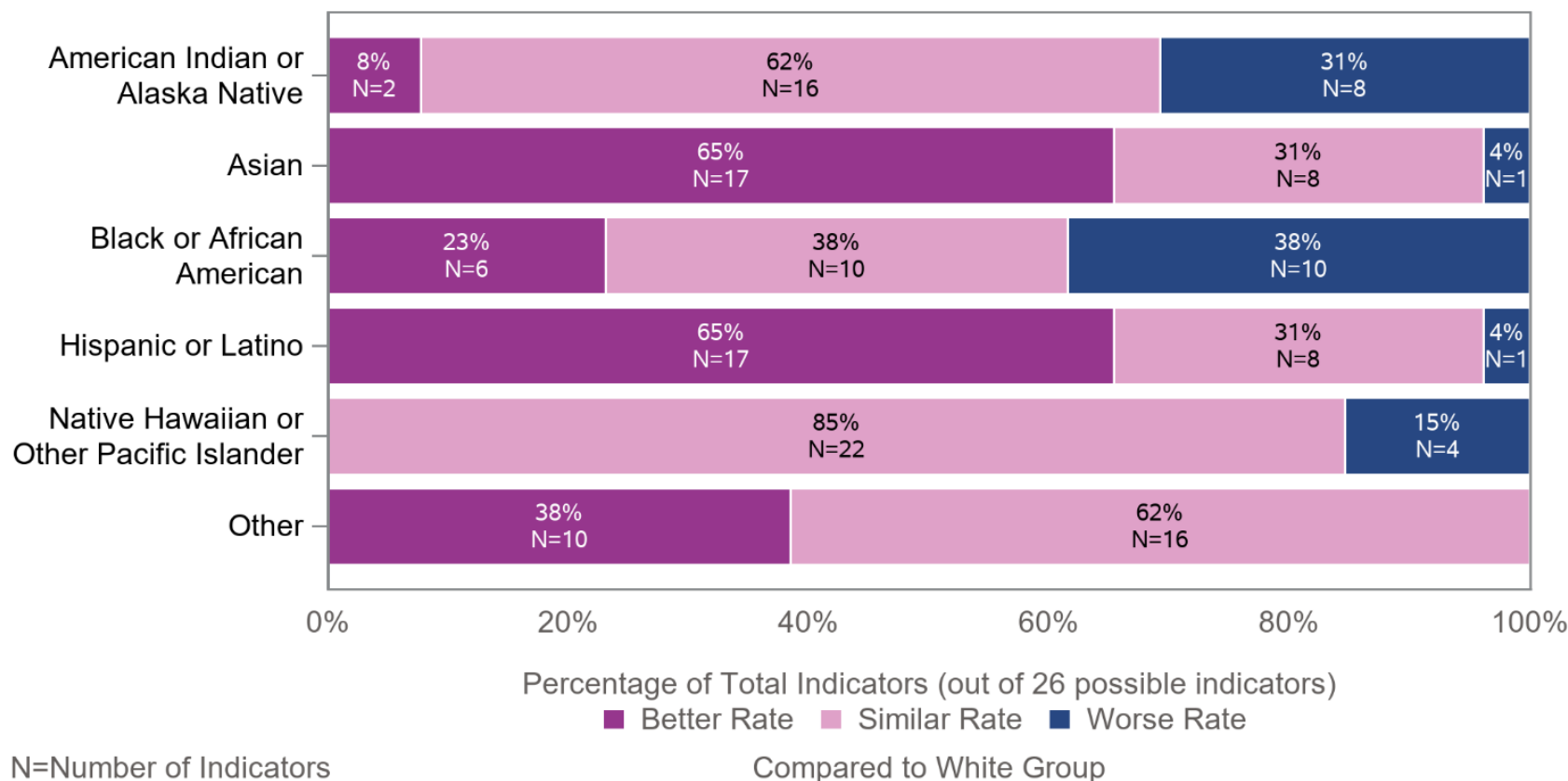
# COVID-19 in California (age 18+)

<b>Race/Ethnicity</b>	<b>Percent of Cases</b>	<b>Percent of Deaths</b>	<b>Percent of California Population</b>
Latino	59.5	48.6	36.3
White	18.5	30.1	38.8
Asian	5.9	11.7	16.2
African-American	4.4	7.5	6.1
Multi-Race	1.1	0.8	1.7
American Indian or Alaska Native	0.3	0.3	0.5
Native Hawaiian and other Pacific Islander	0.6	0.5	0.3
Other	9.7	0.5	0.0
Total with Data	100	100	100

Source: California Department of Public Health, October 19, 2020. 30% cases missing race/ethnicity; 1% deaths missing race/ethnicity.



# Racial/Ethnic Health Disparities in Medi-Cal Managed Care Indicators – 2018 Data



Note: The chart above compares 26 quality indicators by race/ethnicity, compared to White beneficiaries, statewide for all Medi-Cal plans/members.  
Source: DHCS 2018 Managed Care Health Disparities Report



## Medi-Cal Managed Care 2018 Disparities (examples from previous slide – comparisons within Medi-Cal managed care members)

- Postpartum Care:
  - Ranged from 50.9 percent for Native Hawaiian/Other Pacific Islanders, 57.2 percent for Black/African-Americans, to 77.3 percent for Asians.
- Blood Pressure Control:
  - Ranged from 56.1 percent for Black/African Americans to 69.5 percent for the other group.
- All Cause Hospital Readmissions Rate:
  - Ranged from 23.3 percent for Black/African Americans to 12.1 percent for Asians.
- Immunization Rates for 2 year olds:
  - Ranged from 43.4 percent for American Indian/Alaska Natives to 80.2 percent for Asians.



# Health Disparities for all Californians

## Summary from California Health Care Foundation

- Life expectancy at birth in California was 80.8 years in 2017. It was lowest for Blacks, at 75.1 years, and highest for Asians, at 86.3 years, an 11-year gap. (2017)
- Latinos were more likely to report being in fair/poor health, have incomes below the federal poverty level, and be uninsured. About one in five Latinos did not have a usual source of care, and one in six Latinos reported difficulty finding a specialist. (2017)
- Blacks had the highest rates of new prostate, colorectal, and lung cancer cases, and highest death rates for breast, colorectal, lung, and prostate cancer. (2016)
- About 1 in 5 multiracial, Black, and White adults reported being told they have depression compared to about 1 in 10 Asian adults. (2017)
- Blacks fare worse on maternal/childbirth measures, with higher rates of low-risk, first-birth cesareans, preterm births, low-birthweight births, infant mortality, and maternal mortality. (2016 and 2017)

Source: California Health Care Foundation, 2019 Edition - Health Disparities by Race and Ethnicity.



# Related Issues

- Underlying policies:
  - Unequal schooling, policing, mass incarceration, historic redlining, under-investment in affordable housing and transportation, racialized capitalism, immigration policies
- Social Determinants of Health:
  - Lack of access to high-paying jobs, lack of access to capital, substandard housing, food deserts, high levels of stress and exposure to violence, isolation from needed services and supports, unsafe and un-walkable neighborhoods



# DHCS Current and Future Efforts

- Data, reporting, and goal development
- Public Hospital Quality Incentives
- ACEs Aware
- Value-Based Payment Program
- Managed care plans and county behavioral health monitoring, training, and technical assistance
- Managed Care Performance Improvement Projects and Population Needs Assessments
- Managed Care Contract Revisions and Procurement
- California Advancing and Innovating Medi-Cal (CalAIM)
- Improve beneficiary contact information
- Incentivize improvement
- Support and educate a diverse workforce





# Discussion on Racism and Health Disparities

- What can we, as DHCS and leaders in linked systems, do to:
  - Stop adding to poor outcomes
  - Seize opportunities to better mitigate and repair conditions.
- SAC member suggestions in both categories



# Public Comment



# Next Steps and Final Comments