



Stakeholder Communication Update

December 2019

The [Department of Health Care Services](#) (DHCS) is pleased to share this bimonthly update of important events and actions at the Department. If you are not a subscriber and would like to receive these updates, please sign up on the DHCS [website](#). Check out the [Calendar of Events](#) for specific meetings and events, or visit the [Stakeholder Engagement Directory](#) for listings by program. You also can view our [State Plan Amendments \(SPA\)](#), and find the most [recent data](#) on Medi-Cal enrollment. For questions or suggestions, contact us at DHCSPress@dhcs.ca.gov. Be sure to follow DHCS on social media, too. Thanks.



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Department Updates

Departure of DHCS Chief Deputy Director of Health Care Programs

Mari Cantwell, Chief Deputy Director of Health Care Programs and State Medicaid Director, announced that she will leave DHCS at the end of January 2020. A nationally recognized Medicaid thought leader, Mari has made significant contributions to improving the health care programs administered by DHCS. To name just a few, she spearheaded the successful launch of DHCS' new initiative—California Advancing and Innovating Medi-Cal; she has worked tirelessly on California's transformational Medicaid Section 1115 waivers; and she has successfully represented DHCS through many budget negotiations. We wish Mari much success in her future endeavors.

“While this job has been the most challenging one I've had, and probably ever will have, it has also been far more rewarding and fulfilling.” – Mari Cantwell

Program Updates

American Kidney Fund (AKF)

The AKF announced it is ending financial assistance funds for Californians in need. The linked [fact sheet](#) includes information on alternatives patients can explore, and information on how to get help with other health coverage options.

Asthma Mitigation Project

The Budget Act of 2019 appropriated \$15 million from the General Fund to DHCS for the Asthma Mitigation Project to support environmental mitigation, education, and disease-management services to individuals suffering from poorly controlled, moderate to severe asthma. DHCS is continuing to discuss effective strategies for implementing

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the project with various stakeholders. DHCS anticipates final selection of a vendor to distribute the available funding by March 2020.

Behavioral Health Integration (BHI) Incentive Program

On November 12, 2019, DHCS released the provider application for the BHI Incentive Program. DHCS' BHI Incentive Program incentivizes Medi-Cal managed care health plans (MCP) to improve physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care into their provider networks. The goal of the BHI Incentive Program is to increase MCP network integration for providers at all levels, focus on new target populations or health disparities, and improve the overall level of integration or impact.

In order to apply, providers must complete and sign the application and submit it directly to their MCP no later than 5 p.m. PST on January 21, 2020. Providers should not send the application to DHCS. Prior to completing the application, applicants are asked to carefully review the entire application and other supporting documents that are available on the DHCS BHI Incentive Program [website](#), and consult with their local MCP on any questions or concerns. If the provider is awarded BHI funding by the MCP, the MCP will be responsible for oversight and payment to the provider for meeting the BHI Incentive Program milestones, based upon the approved application. Complete instructions are provided in the application. The program will operate through 2022.

Developmental Center Closure Project

The 2015 Budget Trailer Bill (SB 82) enacted several provisions affecting state Developmental Centers (DCs). They included requiring the Department of Developmental Services (DDS) to submit to the Legislature, on or before October 1, 2015, plans to close one or more DCs. DDS submitted a plan to the Legislature on October 1, 2015, to close Sonoma DC by 2018, and subsequent plans were developed to close Fairview DC and the Porterville DC General Treatment Area. Sonoma DC successfully transitioned members and closed as scheduled, and Fairview and Porterville DCs are on track to close by December 31, 2019. DHCS collaborated with DDS on this project.

Dental Transformation Initiative (DTI)

DTI Domains	Payments To Date, as of October 2019
Domain 1 - Preventive Care	\$153 million
Domain 2 - Caries Risk Assessment	\$36.4 million
Domain 3 - Continuity of Care	\$35.2 million
Domain 4 - Local Dental Pilot Projects (LDPP)	\$35.6 million
Total	\$260.2 million

DHCS will make the next Domain 1 payment on January 31, 2020. As of October 2019, 2,458 Medi-Cal dental providers have opted in to participate in Domain 2—up 14 percent since August 2019. The counties with the most providers opting in to participate are Los Angeles, Orange, Riverside, San Bernardino, and San Diego. DHCS visited nine LDPPs to observe their administrative and clinical initiatives and innovations in action. In addition, bimonthly teleconferences with all LDPPs are ongoing as an opportunity to educate, provide technical assistance, offer support, address concerns, and share best practices and lessons learned. Fact sheets for all DTI Domains are available on the DTI [webpage](#).

Drug Medi-Cal Organized Delivery System (DMC-ODS)

As of October 1, 2019, 30 counties were approved to deliver DMC-ODS services, representing 94 percent of the Medi-Cal population statewide. There are eight additional counties working with a managed care health plan to implement an alternative regional model. DHCS' contracted External Quality Review Organization (EQRO) posted FY 2018-19 quality review [reports](#) for Contra Costa, Imperial, Los Angeles, Marin, Napa, Nevada, San Francisco, San Luis Obispo, Santa Clara, and Santa Cruz counties. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services. ASAM designations continue to be processed for licensed residential alcohol and other drug program providers. DHCS issued 901 designations to alcohol and drug treatment providers in California; of these, 669 are actively providing DMC-ODS services. More information about the DMC-ODS is posted on the DHCS [website](#).

Evidence of Coverage (EOC) for 2020

In September 2019, DHCS provided contracted Medi-Cal managed care health plans with an updated EOC and disclosure form template for the 2020 benefit year. The EOC template was updated to reflect legislative and policy changes since the last EOC templates were released in 2018. DHCS also consolidated the previous three EOC templates into one template for both County Organized Health System (COHS) and non-COHS plan model types to use. The template allows plans to change language based upon plan type, policies, and procedures. By February 1, 2020, plans are required to provide their DHCS-approved EOC to plan members.

Medi-Cal Health Enrollment Navigators Project

The Budget Act of 2019 authorized DHCS to allocate funding to participating counties or community-based organizations to provide enrollment outreach. DHCS is consulting with counties and advocates, and is taking steps to implement this initiative as soon as possible. Currently, 30 counties have responded to the initial survey issued by DHCS and expressed interest in participating. DHCS is developing allocation agreements to roll out to these counties.

Medi-Cal Rx

Governor Newsom's Executive Order N-01-19 requires DHCS to transition pharmacy services from Medi-Cal managed care to fee-for-service (FFS) by January 1, 2021. For general project questions and/or comments, please visit DHCS' [Medi-Cal Rx website](#), or email RxCarveOut@dhcs.ca.gov. Recent Medi-Cal Rx updates include:

- **Administrative Service Vendor:** On November 7, DHCS announced its [intent to award](#) a contract for an external pharmacy administrative services vendor to Magellan Medicaid Administration, Inc. The contract will be effective once a decision is made regarding an appeal in progress. DHCS had released [Medi-Cal Request for Proposal #19-96125](#) in August 2019.
- **Medi-Cal Rx Advisory Workgroup:** In November 2019, DHCS solicited applications for participation in the Medi-Cal Rx Advisory Workgroup. This workgroup is intended to help facilitate and further inform DHCS' ongoing efforts to implement the Governor's Executive Order. DHCS will notify individuals who are selected to participate in the workgroup no later than December 13, 2019.

Beginning in January 2020 and continuing through April 2021, DHCS will conduct seven in-person advisory workgroup meetings regarding Medi-Cal Rx. Each workgroup meeting will be held in Sacramento. Workgroup membership will be limited to 25 to 30 members to ensure a productive discussion environment. DHCS' goal is for the workgroup to be composed of organizations and entities, such as hospitals, clinics, health plans, counties, pharmacies, tribal health programs, consumer advocates, and others, that can contribute to the Medi-Cal Rx conversation.

Post-transition in January 2021, the workgroup meetings will focus on gathering information, experiences, and/or feedback from workgroup members to help refine Medi-Cal Rx processes and policies on an ongoing basis. The meetings will be open to the public, and in-person public comments will be accepted near the end of each of the meetings, consistent with other DHCS stakeholder advisory groups.

- **Medi-Cal Rx Public Forums:** Throughout calendar years 2020 and 2021, DHCS will host quarterly, larger Medi-Cal Rx public forums via webinar and in-person meetings. This will ensure that the broader stakeholder community is kept apprised of Medi-Cal Rx implementation activities and timelines. DHCS will post the dates and times of these forums as they become available, and will release reminder notices through various DHCS stakeholder email distribution lists.
- **Medi-Cal Rx Frequently Asked Questions (FAQ):** DHCS has posted an FAQ document—"Medi-Cal Rx: Transitioning Medi-Cal Pharmacy Services from Managed Care to Fee-For-Service"—to the [Medi-Cal Rx: Transition webpage](#).

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The FAQ document provides additional guidance and clarification to Medi-Cal beneficiaries, providers, plan partners, tribal health programs, and other interested parties regarding the transition of Medi-Cal's pharmacy benefit. As DHCS receives additional questions, the FAQ document will be updated.

Medicare Part B Buy-In Disregard

Subject to federal approval from the Centers for Medicare & Medicaid Services (CMS), AB 1088 (Chapter 450, Statutes of 2019) will allow an aged, blind, or disabled (ABD) individual who becomes ineligible for Medi-Cal benefits, due to the state's payment of the individual's Medicare Part B premiums, to remain eligible for Medi-Cal if their income and resources otherwise meet all eligibility requirements. Updates on the implementation of AB 1088 will be posted on the DHCS [website](#).

Mental Health Association of San Francisco Peer-Run Warm Line

The Budget Act of 2019 appropriated \$3.6 million for the California Peer-Run Warm Line to provide a non-crisis phone and instant messaging center. Peer support services include the provision of information, resources, and emotional support to California residents on a 24 hours a day, seven days a week basis. The Peer-Run Warm Line provides mental health resources by building a sense of trust and hope through personal, lived experience of mental health challenges, and willingness to discuss these experiences. The contract provides \$3.6 million annually throughout the term of the contract for state fiscal years 2019-20 through 2021-22.

Nonmedical Transportation (NMT)

As of October 1, 2019, DHCS received 234 applications from transportation companies to enroll as NMT providers for FFS Medi-Cal; 25 were approved; 119 were denied for not meeting DHCS requirements; 19 are under review; 40 have been referred to DHCS Audits & Investigations for Investigations for on-site review per policy; 38 were returned to the provider; and 2 were withdrawn. A list of approved NMT providers, updated monthly, is posted on the DHCS [website](#). DHCS will continue to assist FFS Medi-Cal beneficiaries with NMT requests if there is no approved NMT provider in their areas. Beneficiaries or their designees may email DHCS-Benefits@dhcs.ca.gov to request transportation assistance. Requests should be sent at least five business days in advance of the appointment if their provider is unable to arrange NMT or if they have exhausted all other transportation options. Beneficiaries should not include personal information in their first email; DHCS staff will reply with a secure email asking for their appointment information. DHCS is at the beginning stages of soliciting an NMT broker for FFS beneficiaries. Information on the procurement process will be posted on [DHCS' website](#) as it becomes available.

Optional Benefit Restoration

The Budget Act of 2019 restored several Medi-Cal optional benefits that were previously excluded in 2009. Specifically, DHCS will restore audiology, speech, and podiatric services, incontinence creams and washes, and optometric and optician services, effective January 1, 2020, through December 31, 2021. A beneficiary notice regarding the restoration of these benefits will be distributed in the first quarter of 2020. In November 2019, DHCS submitted State Plan Amendment [19-0046](#) to CMS for review and approval.

Outpatient Prescription Drug Rule – Blood Factor Reimbursement

In November 2019, DHCS submitted SPA 19-0015 to CMS, with a proposed effective date of July 1, 2020, to establish a new methodology for blood factor reimbursement for Hemophilia Treatment Centers (HTCs) and non-HTC specialty pharmacies, as follows:

- For HTCs, the proposed methodology will be the lower of either their actual acquisition cost (AAC), which is invoice price minus discounts, rebates, or chargebacks, plus a \$0.14 per unit dispensing fee; or Average Sales Price (ASP) plus 20 percent.
- Non-HTCs will be reimbursed at the lower of either the AAC for the drug equal to invoice price minus any discounts (excluding a prompt pay discount of no more than 2 percent), rebates, or chargebacks, plus a \$0.04 per unit dispensing fee; or ASP plus 20 percent.

Prior to submission, DHCS extensively engaged with stakeholders regarding the reimbursement methodology for both HTCs and non-HTCs. Implementation of DHCS' new reimbursement methodology and provider reimbursement will be prospective from the date of CMS final approval. The SPA package is available on the DHCS State Plan [webpage](#).

Preventive Care Outreach Project

The California State Auditor (as requested by the Joint Legislative Audit Committee) conducted an audit of DHCS' oversight of the delivery of preventive services to children in Medi-Cal in 2018. The audit findings, published in March 2019, concluded that millions of children do not receive the preventive services to which they are entitled. In response to the audit findings, DHCS launched the Preventive Care Outreach Project to increase utilization of preventive services by all eligible Medi-Cal beneficiaries under age 21. This outreach effort will occur in two phases beginning by March 2020. In Phase 1, DHCS will use targeted outreach (via mail and a phone campaign) to inform beneficiaries under age 21 with full-scope Medi-Cal eligibility about the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and how to access services. Approximately five million beneficiaries will receive a mailed notice from DHCS and a follow-up call from their managed care plan. Phase 2 will involve a contracted firm

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conducting a full review of available outreach efforts to this population in order to determine the best outreach processes. This phase of the project will also include surveying beneficiaries and involving stakeholders to design new outreach materials.

Proposition 56 - CalHealthCares Loan Repayment Program

In 2018, Senate Bill (SB) 849 established the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, or CalHealthCares, and appropriated \$220 million for loan assistance to recently graduated physicians and dentists who make a five-year commitment to maintain a patient caseload of at least 30 percent Medi-Cal beneficiaries. An additional \$120 million was added to the program in fiscal year (FY) 2019-20. The 2018-19 inaugural cycle awarded \$67.4 million to 240 physicians and 38 dentists. CalHealthCares will accept applications for its next round of awards from January 13, 2020, to February 7, 2020. All eligible physicians and dentists are encouraged to apply. DHCS contracted with Physicians for a Healthy California (PHC) to administer CalHealthCares. Additionally, PHC will conduct webinars to answer questions from those who may want to apply. Please visit CalHealthCares.org for more information about the program or to sign up for the webinars.

Proposition 56 Supplemental Payments Updates

Under the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016 (Proposition 56), the Budget Act of 2019 appropriated funds for specific DHCS health care expenditures for state fiscal years 2019-20 through 2021-22.

CMS approved SPA [19-0027](#) – supplemental payments for Medi-Cal family planning services – and payments will be retroactive to July 1, 2019. The system edits necessary for payment are expected to be implemented on January 1, 2020. DHCS will process retroactive claim payments in the first half of 2020; no additional action is required from Medi-Cal providers.

Smile, California Campaign for Medi-Cal Dental Services

Smile, California concluded its Medi-Cal senior survey research and is developing new member-facing content based upon the findings of both the survey and the informal research conducted earlier in the year with pregnant women and caregivers of individuals with disabilities.

Smile, California's Healthy Smile Tips, the opt-in text program, is now available in Spanish. Members may sign up to receive healthy smile tips in English by texting SMILECA to 31996 and in Spanish by texting SONRIECA to 31996. Subscribers will receive two to three text messages each month with helpful information about maintaining healthy teeth and gums. To stay up to date on *Smile, California*, [click here to sign up and receive Smile Alerts](#).

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SUPPORT Act – Drug Utilization Review Requirements

In December 2019, DHCS will submit SPA 19-0049 to CMS, with a proposed effective date of October 1, 2019, to incorporate drug review and utilization standards designed to reduce opioid-related fraud, abuse, and misuse. The change is required by House Resolution (H.R.) 6, the federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. SPA 19-0049 will address:

- Opioid prescription claim reviews at the point of sale, as well as retrospective reviews to address days' supply, early refills, duplicate fills, quantity limitations and maximum daily morphine equivalent limits.
- A retrospective review of the concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics.
- The monitoring and management of antipsychotic medications in children.
- The identification of processes to detect controlled substance fraud and abuse by beneficiaries, health care providers, and pharmacies.

Trauma and Developmental Screenings

Beginning on January 1, 2020, Medi-Cal providers are eligible for a \$29 supplemental payment for conducting trauma screenings. Beginning July 1, 2020, Medi-Cal providers must have taken a certified training and self-attested to completing the training before they may receive Medi-Cal payments for the Adverse Childhood Experiences (ACEs) screenings.

DHCS will host a webinar on implementation updates for this new benefit trauma screenings on December 11, 2019, from 1 to 2 p.m. [Click here to register for the webinar.](#)

Trauma Screenings

DHCS is working with California's Office of the Surgeon General (OSG) to reduce ACEs and toxic stress by half in one generation. ACEs are stressful or traumatic events experienced in childhood that typically relate to abuse, neglect, and/or household dysfunction. Research shows that individuals who experienced ACEs are at greater risk of eight of the ten leading causes of death in the United States, including heart disease, cancer, and diabetes. By screening for ACEs, providers can better determine the likelihood that a patient is at increased health risk due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care. Trauma-informed care is a model of care intended to promote healing and reduce the risk of re-

traumatization. Early identification of trauma and providing the appropriate treatment are critical tools for reducing long-term health care costs for both children and adults.

The California OSG and DHCS, in the first public unveiling of the initiative, will host a webinar to share details of the new ACEs Aware Initiative for Medi-Cal providers on December 4, 2019, at 12:15 p.m. [Click here to register for the ACEs Aware event.](#)

During the webinar, California Surgeon General Dr. Nadine Burke Harris and Dr. Karen Mark, Medical Director for DHCS, will share the approach for creating curriculum and training to prepare providers to screen for ACEs and respond with trauma-informed care. They will issue a call to action for Medi-Cal providers to join in the launch of this unprecedented initiative and share details about the larger strategy to ensure that all California communities are ACEs Aware.

Additionally, Dr. Burke Harris and Dr. Mark will explain how providers, beginning January 1, 2020, can collect payment for conducting ACEs screenings with their Medi-Cal patients.

For more information about the trauma screenings policy, please visit the DHCS [website](#). For questions or comments, please email the ACEs Aware team at info@acesaware.org.

Developmental Screenings

Developmental screenings assess that a child's motor, language, cognitive, social, and emotional development are on track for their age. All children enrolled in Medi-Cal are entitled to receive a developmental screening under the EPSDT benefit.

For FY 2019-20, the Budget Act of 2019 included \$60 million (50 percent Proposition 56 Funds / 50 percent federal funds) to support developmental screenings on an ongoing basis for all children with full-scope Medi-Cal coverage. These screenings will be billed and reimbursed in both the managed care and FFS delivery systems at a rate of \$59.90.

For more information about the developmental screenings policy, please visit the DHCS [website](#).

Whole Person Care (WPC) Pilots

On July 22, 2019, DHCS announced the availability of \$100 million in one-time state funding for WPC pilots to invest in long-term and short-term housing and capital investment for housing projects for Medi-Cal beneficiaries who are mentally ill and are experiencing or at risk of homelessness. This funding opportunity is available for WPC lead entities to expend through June 30, 2025, and does not require local matching

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funds. WPC pilots had flexibility in determining the scope of their projects as well as the number of mentally ill homeless individuals or at risk of homelessness mentally ill individuals who would be served. All 25 WPC pilots applied for and received funding, and funding has been successfully disbursed.

WPC - \$20 Million for Non-WPC Counties

On October 18, 2019, DHCS announced the availability of \$20 million in one-time funding for additional counties to initiate WPC-like pilots. Multi-year spending authority through June 30, 2025, is from the Mental Health Services Fund. DHCS will allocate these start-up funds to counties that are not currently participating in the state's WPC pilot program, but have demonstrated interest in participating and have submitted proposals that align with the WPC goals. Applications from non-WPC counties were due to DHCS by December 2, 2019.

The WPC pilot program is administered by DHCS and coordinates health, behavioral health, and social services in a patient-centered manner, with the goal of improved beneficiary health and well-being. For more information about the WPC pilot program, please visit the DHCS [website](#).

Young Adult Expansion

Subject to the DHCS Director's approval of systems readiness, DHCS will implement the expansion of full-scope Medi-Cal to all eligible individuals ages 19 to 25, regardless of immigration status, on January 1, 2020. To support this implementation, DHCS created a dedicated [website](#) with basic information about the expansion. FAQs, notices, resources, and additional information about the expansion will be posted to the website as they become available. Beneficiaries in all counties who may potentially become eligible for full-scope Medi-Cal as a result of this expansion will receive an informational notice in November 2019. Beneficiaries who transition to full-scope Medi-Cal on January 1, 2020, will receive enrollment notification and assistance in accessing their expanded Medi-Cal coverage.

Stakeholder Meetings and Webinars

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program, and payment reforms across the Medi-Cal program. Due to the comprehensive scope of the CalAIM initiative, stakeholder engagement is critical. There are many ways to stay involved and engaged during the current planning and policy development phase. Additional information about ways to stay involved are found in this [memo](#). During the month of December 2019, DHCS will [convene four workgroup sessions](#) for Population Health & Annual Health Plan Open Enrollment, Behavioral Health – Payment Reform, Enhanced Care Management & In-Lieu-of Services, and Behavioral Health. For more

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information about CalAIM, please visit the DHCS [webpage](#). For other comments or questions, please email CalAIM@dhcs.ca.gov.

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting

On January 6, 2020, DHCS will convene a special BH-SAC meeting in Sacramento that will include an in-depth discussion about CalAIM. The purpose of the BH-SAC is to advise DHCS about the behavioral health delivery system. This includes behavioral health, prevention, treatment, and recovery services, and related waivers for mental health and substance use disorder services. To view meeting information and materials, please visit the DHCS [website](#).

Electronic Visit Verification (EVV) Phase II

EVV is a telephone- and computer-based system that electronically verifies that in-home service visits occurred. The federal government requires that all states implement EVV for Medicaid-funded personal care services (PCS) by January 2020 and home health care services (HHCS) by January 2023. On October 22, 2019, CMS [approved](#) the state's Good Faith Effort Exemption request for PCS, and will not apply Federal Medical Assistance Percentage (FMAP) reductions in calendar year 2020. EVV Phase II is focused on identifying a solution to implement EVV for DHCS, Department of Developmental Services (DDS), California Department of Public Health (CDPH), California Department of Aging (CDA) and California Department of Social Services (CDSS) programs subject to EVV, but not included in EVV [Phase I](#). For Phase II, the state will use an Open Vendor Model in which the state contracts with a single EVV vendor, but allows home health agencies, providers of specified regional center services, and managed care organizations to use other EVV vendors. On August 12, 2019, the state issued a [Request for Information](#) to solicit information from vendors regarding EVV solutions. California will conduct EVV Phase II stakeholder meetings on a quarterly basis, and anticipates that the next EVV Phase II stakeholder meeting will be held in February 2020. To be added to the EVV Phase II stakeholder e-mail list, please contact EVV@dhcs.ca.gov. For more information about EVV Phase II, please visit the DHCS [website](#).

Family Planning Stakeholder Meeting

DHCS will convene a family planning stakeholder meeting in January 2020. The stakeholder meeting announcement and details, including the date, time, and location, will be posted on the DHCS [website](#) in mid-December 2019.

Fiscal Stakeholder Workgroup Meetings

DHCS held the first fiscal stakeholder workgroup on August 30, 2019. The focus of the workgroup was to identify enhancements to DHCS' budgeting, accounting, and information technology systems to promote sound Medi-Cal estimates and budget transparency. Representatives from the California Health and Human Services Agency,

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Department of Finance, legislative budget and policy committees, and the Legislative Analyst's Office participated in the workgroup. DHCS is scheduling the next fiscal stakeholder meeting to occur in December 2019.

Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

The next MCHAP meeting is scheduled for January 30, 2020, in Sacramento. Expected topics include state and federal updates and an overview of CalAIM. The MCHAP is a 15-member independent statewide advisory body that advises DHCS on matters relevant to children enrolled in Medi-Cal. Meeting information, materials, and historical documents are on the DHCS [website](#).

Medi-Cal Dental Los Angeles Stakeholder Meeting

On December 12, 2019, DHCS will host the next Medi-Cal Dental Los Angeles stakeholder meeting. The purpose of the meeting is for stakeholders to provide input on how DHCS can best perform oversight and guidance for its dental program to improve dental utilization and the delivery of oral health and dental care services in Los Angeles County. This includes both dental managed care and FFS Medi-Cal dental. DHCS staff will also be able to answer any other questions from stakeholders. Please send your questions to dental@dhcs.ca.gov in advance of the meeting. Additional stakeholder information is on the DHCS [website](#).

Tribes and Designees of Indian Health Programs Meetings

On December 6, 2019, DHCS will host a meeting with tribes and designees of Indian health programs to provide an update on CalAIM and Medi-Cal Rx and solicit feedback from attendees.

Reports

DHCS Comprehensive Quality Strategy (CQS) Report

DHCS posted a draft CQS report for a 30-day public comment period and a 35-day tribal review process on the [DHCS website](#). Questions and comments regarding the draft CQS must be submitted to ComprehensiveQualityStrategy@dhcs.ca.gov no later than December 23, 2019. Any comments received are public documents and may be posted on the [DHCS Comprehensive Quality Strategy](#) webpage.

The CQS report combines and updates information in the previous [Medi-Cal Managed Care Quality Strategy Report](#) and [DHCS Strategy for Quality Improvement in Health Care](#) report. It outlines DHCS' process for developing and maintaining a broader quality strategy to assess the quality of care that beneficiaries receive, regardless of delivery system, defines measurable goals, and tracks improvement while adhering to regulatory managed care requirements. The CQS addresses: DHCS quality improvement infrastructure; quality strategy process; managed care state standards and assessment, and evaluation requirements, including the state-defined network adequacy standards; continuous program quality improvement and interventions; state plan to identify,

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evaluate, and reduce health disparities; state definition of “significant change”; and other quality improvement efforts in DHCS programs that are not part of the managed care delivery system. The report also highlights DHCS’ coordinated delivery system reform efforts, including [CalAIM](#).

The CQS covers all Medi-Cal managed care delivery systems, including managed care health plans, county mental health plans, Drug Medi-Cal Organized Delivery System, and dental managed care plans, as well as other non-managed care departmental programs.

Quality Incentive Pool (QIP) Baseline Evaluation Report

DHCS submitted the QIP baseline evaluation report to CMS in October 2019 and posted it on the DHCS [website](#). This is an evaluation of the performance-based quality incentive payments that Medi-Cal managed care plans were required to make to 17 participating Designated Public Hospital (DPH) systems, starting on July 1, 2017. The payments were based on performance in at least 20 of 26 specified quality measures that address primary, specialty, and inpatient care, including appropriate resource utilization. QIP integrates historical supplemental payments to comply with the managed care [final rule](#) by linking payments to utilization and the delivery of services under plan contracts. In the baseline evaluation report, DHCS reported the achievement rate for each measure by each DPH. In subsequent annual reports, baseline data from this report will be used to answer whether these performance-based quality incentive payments improve the quality of inpatient and outpatient services for Medi-Cal members. For more information, please email gip@dhcs.ca.gov.