

Follow-Up Items from July 21, 2022, SAC and BH-SAC Joint Meeting

New Community Health Worker (CHW) Provider Classification

1. *Kim Lewis, National Health Law Program*: Some of our concerns were identified in the collective letter on the All Plan Letter. I am not sure if stakeholder meetings are continuing this subject, and I request some additional conversation on the breadth of what can be covered, as well as CHW provider requirements and qualifications of community-based organizations (CBOs) that are not Medi-Cal providers or may not have the clinical staff to become Medi-Cal providers. We don't want them to be left behind until 2023 in terms of contracting and managed care plans (MCPs).

DHCS Response: *René Mollow, DHCS*: I will take that back to discuss ongoing engagement looking at the pathway for CBOs as a Medi-Cal provider type. For others enrolled in Medi-Cal, they can bill us for CHWs. I think it will be important to look at MCP criteria to leverage that. We will look at a process to continue discussions of the covered benefit.

DHCS Follow-Up:

The CHW fee-for-service (FFS) enrollment pathway is still under development. We will share information as it becomes available. As a reminder, the bulk of our beneficiaries who would receive this benefit are in managed care and until our pathway is developed, MCPs can enroll applicable providers. For purposes of ongoing discussions/engagement regarding the CHW benefit, DHCS will leverage the Consumer Focused Stakeholder Workgroup as our venue to discuss and update stakeholders. In addition, DHCS will not require CBOs to have licensed clinical staff to enroll with Medi-Cal.

Update on Medi-Cal Expansion to Eligible Adults Ages 50+, Regardless of Immigration Status

2. *Kim Lewis, National Health Law Program*: Did you say how many were default enrolled into managed care? Also, did you default based on any existing provider relationships in the network of a particular plan?

DHCS Response: *René Mollow, DHCS*: I can get the number. They were all in FFS and may not have had a regular source of care. We did not use a provider algorithm in the default.

DHCS Follow-Up:

Currently, in counties throughout the state where more than one MCP operates, the average rate is 53 percent for choice, and 47 percent for default.