



# SACRAMENTO COUNTY HEALTH AUTHORITY COMMISSION

## MEETING 4: COMMISSION ADMINISTRATION, STRATEGIC PLANNING AND DHCS RFP

March 15, 2022

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# Agenda

1. Welcome/Opening Remarks
2. Agenda Review
3. Updates (Committees, DHS Director)
4. Election of Vice-Chair from Members in Eligible Seats Who Are Willing to Serve (Eddie Kirby and Chevon Kothari)
5. Strategic Planning Outline and Timeline
6. DHCS Medi-Cal Managed Care RFP
7. Public Comment
8. Closing Comments, Next Steps and Adjournment

# **Agenda Item 5:**

# **Strategic Planning Outline and Timeline**



# **SACRAMENTO COUNTY HEALTH AUTHORITY COMMISSION**

## **DISCUSSION ON STRATEGIC PLANNING – MARCH 15, 2022**

Prepared by Bobbie Wunsch, Founder and Partner,  
Pacific Health Consulting Group

# WHY DO STRATEGIC PLANNING

- High level **plan** to achieve one or more goals under conditions of uncertainty
- **Roadmap** for future initiatives
- Provides Commission, Staff and Community with **common focus and perspective**
- Focus on **members** and **improved health status**

# TIMELINE

- **Educational topics and set dates – by 3/18/22**
- **Educational Session #1 – by 4/8/22**
- **Interview HA members requesting – by 4/10/22**
- **Regular Commission Meeting – Strategic Planning Session #1 – 90 minutes – 4/19/22**
- **Educational Session #2 – by 4/27/22**
- **Educational Session #3 – by 5/13/22**
- **Special Commission Meeting - Strategic Planning Session #2 – 2 hours – by 5/31/22**
- **Regular Commission Meeting – Strategic Planning Session #3 – 60-75 minutes – 6/30/22**
- **Regular Commission Meeting – Strategic Planning Session #4 – 60 minutes – 7/19/22**
- **Adopt Plan – August or September Regular Commission Meeting**

# TOPICS of INTEREST

## 11 responses

- ▣ **Approaches to evaluation of health plans' performance and contribution to improving health status – 8**
- ▣ **New responsibilities of health plans under CalAIM, procurement, other DHCS initiatives – 7**
- ▣ **History of health authorities in California and comparison to Healthy San Diego – 6**
- ▣ **Role of other Sacramento Commissions and Boards with intersecting purposes – 4**
- ▣ **Medi-Cal financing, rates, risk, delegated entities model, Medi-Cal shortfalls - 3**
- ▣ **Health care landscape in Sacramento – 1**
- ▣ **Influence and recommendations to Board of Supervisors – 1**

# PROPOSED EDUCATIONAL SESSIONS

- ▣ **Educational Session #1 - History of health authorities in California and comparison to Healthy San Diego; role of other Sacramento Commissions and Boards with intersecting purposes**
- ▣ **Educational Session #2 - New responsibilities of health plans under CalAIM, procurement, other DHCS initiatives including Medi-Cal financing, rates, risk, delegated entities model**
- ▣ **Educational Session #3 - Approaches to evaluation of health plans' performance and contribution to improving health status**

# CONTACT ME:

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# **Agenda Item 6:**

## **Medi-Cal Managed Care Plan Request for Proposal (RFP) Details**

# DHCS MCP RFP Vision

## MCP Procurement Will Amplify Ongoing Investments in DHCS' Vision for Medi-Cal

- » **California Advancing and Innovating Medi-Cal (CalAIM)** framework, infrastructure and tools to support and guide statewide improvements in health and well-being, through a whole-system, whole-person, population health approach to equitable and social care
- » **Medi-Cal Expansion to All** regardless of immigration status
- » **Children and Youth Behavioral Health Initiative**
- » **Behavioral Health Continuum Infrastructure Program**
- » **Home and Community-Based Services Spending Plan**
- » **New Benefits to Support Culturally Competent Services**, including community health workers, doulas and dyadic care
- » **Comprehensive Quality Strategy & Equity Roadmap**

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# RFP Timeline

Medi-Cal Managed Care RFP Timeline*	
February 9, 2022	RFP Release
April 11, 2022	Responses Due
August 2022	Notices of Intent to Award
2022 – 2023	Stakeholder Engagement & Communication to Inform MCP Transition Planning
Late 2022 – 2023	Health Plan Readiness Period and Stakeholder Engagement
January 1, 2024	New Managed Care Plan Contracts Implemented
<i>* All dates subject to change</i>	

- » For general information about the MCP procurement and updated contract, please visit the [DHCS website](#).
- » To access the RFP please visit the [Procurement Home Page](#).

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# MCP RFP: New Requirements

## More Robust MCP Contract Includes Provisions Strengthening:



Transparency



Quality of Care



Access to Care



Continuum of Care



CalAIM Initiatives



Coordinated / Integrated Care



Increasing Health Equity and  
Reducing Health Disparities



Addressing Social Drivers of Health (SDOH)



Local Presence and Engagement



Children's Services



Behavioral Health Services



Accountability and Commitment to  
Compliance



Administrative Efficiency



Emergency Preparedness and Essential Services



Value-Based Payment

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Transparency

MCPs will be required to publicly post additional information about their own and subcontractors' activities, including:

- » Community Investment Plan and related annual report
- » Quality improvement and health equity activities
- » CAHPS survey results
- » Population Needs Assessment
- » Fully delegated subcontractors' performance and consumer satisfaction
- » Financial information, such as profits and reserves
- » Memoranda of Understanding with third parties

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# High-Quality Care

In alignment with the DHCS Comprehensive Quality Strategy, quality expectations of MCPs will be strengthened, including through:

- » New requirements to exceed DHCS established Quality Improvement benchmarks at MCP and subcontractor levels
- » Sanctions and possible profit surrender for unmet quality benchmarks
- » Links between payments and quality
- » Establishment and posting of a Quality Improvement and Health Equity Plan
- » Utilization review to promote primary care and address health disparities
- » Reporting on primary care and integrated care spending
- » Achievement of National Committee for Quality Assurance (NCQA) Health Plan Accreditation by January 1, 2026

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Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Access to Care

MCPs will be required to meet more robust expectations for providing access to high-quality care across a comprehensive array of person-centered health care and social services, including by:

- » Assisting members and families in navigating delivery systems and care management services
- » Providing new Transitional Care Services to reduce discharge risks
- » Ongoing implementation of CalAIM initiatives including Enhanced Care Management, Community Supports, and newly carved-in benefits (major organ transplants, long-term care services)
- » Strengthening coordination and continuity of care for out-of-network providers
- » Continuing to maintain comprehensive networks providing access to appropriate, culturally and linguistically competent, high-quality care
- » Providing stronger care management across the continuum of care, including coordination with health and social services

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Coordinated and Integrated Care

MCPs will systematically coordinate services and comprehensive care management through:

- » Expanded Basic Population Health Management, Complex Care Management, Enhanced Care Management to ensure needs of entire population are met across the continuum of care
- » A whole-person, interdisciplinary approach for populations with complex health care needs, including through Enhanced Care Management
- » Strengthened care coordination for all members
- » Enhanced coordination with local health departments, county behavioral health plans, schools, justice systems and community-based organizations
- » Facilitation of warm hand-offs to public benefit programs and closed-loop referrals to community resources and follow-up to ensure members receive needed services

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Health Equity and Disparities

MCPs will partner with DHCS to advance health equity and reduce health disparities, including by:

- » Achieving NCQA's newly developed Health Equity Accreditation designation by Jan 2026
- » Appointing a Chief Health Equity Officer
- » Developing and implementing equity-focused interventions to improve health outcomes for the most impacted groups and communities
- » Meeting health disparity reduction targets for specific populations and measures to be identified by DHCS

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Social Drivers of Health

MCPs will implement new strategies to address unmet health-related social needs, such as food security and housing, including by:

- » Implementing the Community Supports offerings
- » Ensuring population health management and care management services address unmet social needs
- » Incorporating SDOH into eligibility and needs assessment for Enhanced Care Management
- » Documenting members' SDOH needs and services

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Local Presence and Engagement

MCPs will ensure they and their network providers understand and meet community needs, including through:

- » Stronger provisions for member and family engagement and participation in MCP advisory committees and the new statewide DHCS Member Stakeholder Committee
- » Deeper engagement with local public health, social services and behavioral health departments for population health management and efforts to address SDOH
- » Allocation of 5-7.5% of profits by MCPs and fully-delegated subcontractors with positive net income to community infrastructure development activities that support Medi-Cal members

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Enhanced Children's Services

MCPs will provide additional support for children, including by:

- » Ensuring care management and care coordination with appropriate programs for children with special health care needs
- » Partnering with all Local Education Agencies in service areas
- » Providing medically necessary health and behavioral health services in schools and other community settings
- » Implementing interventions by school-affiliated providers that increase access to preventive, early intervention, and behavioral health services
- » Training providers on Early and Periodic Screening, Diagnostic and Treatment Services

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Behavioral Health Services

MCPs will expand access to evidence-based behavioral health services that focus on:

- » Earlier identification and engagement in treatment for children, youth, and adults
- » Integration of behavioral and physical health care, including No Wrong Door policies to support access
- » Increased access to providers within public schools

The new contract also clarifies substance use disorder coverage and medication-assisted treatment services across settings.

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Accountability, Compliance and Administrative Efficiency

MCPs must have robust accountability, compliance, monitoring and oversight programs. The new contract significantly strengthens DHCS expectations related to accountability for and oversight of delegated entities, including:

- » Public posting of MCPs' delegated functions and subcontractors, and justification for use of a subcontractor
- » Medical loss ratio reporting and potential remittance by specified subcontractors
- » Oversight of and accountability for subcontractor quality improvement and health equity activities, and DHCS sanction ability for failures of subcontractors
- » Population needs assessment reporting at subcontractor level
- » Submission of a "Delegation, Oversight and Compliance Plan"

These changes will reduce administrative waste and enhance efficiency, including by ensuring that delegation arrangements are justified and add value to the services delivered to members.

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Emergency Preparedness and Essential Services

- » MCPs will be newly required to have an Emergency Preparedness and Response Plan that will ensure delivery of essential care and services, including telehealth, and continuity of business operations during and after an emergency.

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Value-Based Payment

Building on current efforts linking provider payments to value, MCPs will:

- » Apply high-priority quality and health equity outcome measures in value-based payment arrangements
- » Report on portion of spend on primary care and integrated care spending, including payments tied to alternative primary care payment models
- » Report on network payment models and spend tied to alternative payment models

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)



# IMPACT ON MEDI-CAL MEMBERS' EXPERIENCE

January 18, 2022

# Member Experience

## Medi-Cal Managed Care Members Can Expect:

- » More information and insight to inform choice of plan
- » Holistic care based on SDOH, cultural and linguistic differences, and physical and behavioral health needs through their life span
- » A comprehensive array of person-centered health and social services
- » Better access to expanded preventive and early intervention services for children and services that support physical, social and emotional development and address adverse childhood experiences
- » Care that is appropriate, high quality, and timely

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)



# **DHCS'S APPROACH TO ENSURING MCP PARTNER ACCOUNTABILITY**

January 18, 2022

# Transparency and Accountability

In accordance with the Special Terms and Conditions of the Medi-Cal 1115 Demonstration Waiver with CMS, DHCS will:

- » Regularly report to the federal government and on the DHCS website its progress related to monitoring and overseeing MCPs
- » Expand its oversight responsibilities, including by publishing an independent access assessment comparing network adequacy compliance across lines of business

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

# Expanded Reporting Requirements

MCPs will be newly required to report:

- » Delegation reporting and compliance plan
- » Primary care spending
- » Percentage of payments to providers tied to alternative payment models
- » Performance on additional child and maternal measures
- » Performance on subset of metrics by race and ethnicity

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)

March 15, 2022

# Strengthened Reporting Requirements and Sanctions

## Medical Loss Ratio (MLR)

- » MCPs will provide a remittance if they do not meet the 85% minimum MLR
- » This standard will apply to:
  - » Prime MCPs by January 2024
  - » All fully or partially delegated plans and subcontractors, as applicable, by January 2025

## Quality

- » MCPs will meet a 50<sup>th</sup> percentile minimum performance level target on priority pediatric and maternal-specific metrics
- » If quality metrics are not met, MCPs with positive net income will be required to allocate an additional 7.5% of net income to community reinvestment

Source: [Transforming Medi-Cal Managed Care Through Statewide Procurement](#)



# QUESTIONS?