Organizations React to Medi-Cal Managed Care Procurement Draft RFP

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Organizations React to Medi-Cal Managed Care Procurement Draft RFP

Webinar
August 5, 2021
Agenda

- Project Goals and Timeline
- Analysis of Feedback

Beth Waldman, JD, MPH, senior consultant, Bailit Health

- Panel Discussion

Kiran Savage-Sangwan, MPA, executive director, California Pan-Ethnic Health Network
Linnea Koopmans, MSW, chief executive officer, Local Health Plans of California
Mike Odeh, MPP, director, Health, Children Now

- Audience Q&A
Project Goals

- Listen to and learn from others by soliciting feedback provided to DHCS
- Make feedback widely available by posting online
- Foster transparency and accountability by identifying and sharing common themes
Project Timeline

- **6/1/2021**
  - DHCS Releases Draft RFP

- **6/30/2021**
  - CHCF requested comments by 7/1/2021

- **7/29/2021**
  - DHCS holds stakeholder advisory group and discusses comments

- **7/5/2021**
  - CHCF holds webinar detailing comment themes

- **TBD**
  - CHCF releases initial report
Response to CHCF’s Call for Comments

- We received 19 responses to DHCS’s request for comments; 15 are posted on chcf.org

- Organizations sharing their feedback included:
  - Consumer advocacy groups (8)
  - Provider and provider organizations (8)
  - Managed care plans (MCPs) and associations (3)

- Most responses to DHCS reflected feedback from several organizations, including one set signed by over 400 groups
Analysis of Stakeholder Responses
Identifying Themes: Our Approach

- Categorized comments using DHCS’s goals
- Identified 12 most common themes across commentors
- Grouped themes into three domains:
  1. Completeness and clarity of RFP
  2. MCP requirements: access, quality, and disparities
  3. Payment and partnership
- Considered additional comments that didn’t rise to a theme but seemed important to call out
Domain 1: RFP Completeness and Clarity

- Release complete draft RFP for review and comment
- Ensure that contract reflects full scope of MCP obligations
- Clarify MCP requirements
DHCS should address gaps in draft procurement documents and reissue them for public review and comment

DHCS should offer stakeholders the opportunity to review RFP evaluation questions

Missing information includes CalAIM, additional equity requirements, schools and youth behavioral health programs

Concern that there may be important additions to the final RFP that stakeholders have had no opportunity to review
Ensure Contract Reflects Full Scope of Obligations

- All Plan Letters (APLs) should be incorporated into the MCP contract
- Other examples citing missing MCP obligations:
  - RFP must include more detail on recent Child and Youth Behavioral Health Initiative
  - RFP does not include stated intent to require clinical and claims data sharing participation from all MCPs and providers
  - Model contract does not reference existing requirements, including abortion care and compliance standards for dental care
  - DHCS should define what audits will consist of and the anticipated scope of such work
Clarify MCP Requirements: *Examples Related to Care Coordination*

- Contract language should clarify and specify care coordination responsibilities
- Require MCPs to administer an individual risk assessment to those identified as low risk to help identify preventive services they may need
- Develop and implement strategies to improve care coordination and to increase rates of referral completion and member engagement in specialty services
- Utilize effective care coordination performance measures reflective of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Require MCPs to include community health workers in care coordination or partner with community-based organizations (CBOs)
Domain 2: MCP Requirements: Access, Quality, Disparities

- Enhance requirements for MCPs to have adequate networks and timely access to care
- Hold MCPs more accountable for performance
- Add contract requirements to hold MCPs more accountable for reducing disparities
- Enhance requirements for MCPs to provide culturally competent and linguistically appropriate care
Enhance Requirements for MCPs to Have Adequate Networks and Timely Access to Care

- Increase MCP accountability for assuring adequate networks and timely access to care
- Before state waives network adequacy requirements, MCP should be required to demonstrate efforts to contract with existing providers
- Clarify MCP responsibilities for maintaining adequate networks and access to subacute facilities and other levels of step-down care
- Ensure MCPs have available and accessible substance use disorder treatment programs with proportionate capacity specifically for youth in service area
- RFP should define a comprehensive MCP network for long-term services and support
Hold MCPs More Accountable for Performance

- Payments to MCPs should be more explicitly tied to performance; DHCS must ensure value and accountability
- Reflect administration’s stated intention to hold MCPs accountable to benchmark measures
- Impose financial withholds for MCP failure to meet 50th percentile of performance
- Increase MCP oversight and contract requirements around delegation
Hold MCPs accountable for reducing behavioral health disparities and improving utilization rates.

 Require MCPs to regularly report progress on reducing child and maternal health disparities.

 Disparities should include age, disability, and sex in addition to race, ethnicity, language, and lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations.

 Require MCPs to set year-over-year targets for elimination of disparities for both physical and behavioral health.
Enhance Requirements for MCPs to Provide Culturally Competent & Linguistically Appropriate Care

- Add requirements for MCPs to actively recruit and retain culturally and linguistically competent providers and staff
- Expand eligible providers to include nonclinical workers to be more reflective of members’ racial/ethnic, socioeconomic, cultural, and language backgrounds
- Ensure MCPs are aware of and complying with California’s language access law
- Appreciate intent of requirement for MCPs and network providers to achieve the National Committee for Quality Assurance’s Distinction in Multi-Cultural Care by 2026, but will be overly burdensome for some providers
Domain 3: Payment and Partnership

- Ensure appropriate funding for MCPs and fair, timely payment to providers
- Require MCPs to support efforts to address social determinants of health (SDOH)
- Require MCPs to have a local presence and to engage in the communities they serve
- Require MCPs to make specific investments in the communities they serve
- Require MCPs to spend a minimum percentage of their revenue on primary care, prevention, addressing SDOH, or other areas
DHCS should undertake a comprehensive financial review of new requirements, discuss the impacts of those with MCPs, and commit to factoring them into the rate-setting process accordingly.

- Require MCPs to support comprehensive telehealth coverage and payment.
- Add provision to address MCPs’ obligations to pay for emergency transportation.
- Require MCPs to pay child-serving providers sufficient rates.
Ensure Appropriate Funding for MCPs and Fair, Timely Payment to Providers (2/3)

- Require MCPs to:
  - Develop and maintain an incentive program and compensate providers through financial incentive program payments
  - Align payments and measurements with those established by current prospective, risk-adjusted models in use in California and nationally
  - Transition their downstream payments from fee-for-service to alternative payment models
  - Require MCPs to provide physician practices the financial resources and data needed to support patient-centered, coordinated, comprehensive, equitable care that is central to successfully transitioning to alternative payment and delivery models
Ensure Appropriate Funding for MCPs and Fair, Timely Payment to Providers (3/3)

- Require MCPs to report on:
  - The percentage of total spending and spending amount each applicant dedicates to support and incentivize primary care
  - The level of primary care participation and the results of the financial incentive programs offered
Require MCPs to Support Efforts to Address SDOH (1/2)

- Strengthen focus on health-related social needs including stronger cultural competency training, publicly reporting population needs assessments, and capturing SDOH info in trauma-informed ways
- Incorporate 2021–22 state budget items that will have positive impacts on health of pregnant individuals, babies, and children; include reimbursement for community health workers, expanded access to dyadic care, and a new doula care benefit to promote birth equity
Require MCPs to Support Efforts to Address SDOH (2/2)

- Require MCPs to ensure providers who serve children complete Adverse Childhood Experiences (ACEs) training and conduct ACEs screenings.
- Require MCP partnerships with providers serving youth experiencing homelessness.
- Fund street outreach including providing licensed clinical staff who can provide immediate mental health, life skills, and social-emotional needs assessments that are both age and culturally and linguistically appropriate.
Require MCPs to Have a Local Presence and to Engage in the Communities They Serve

- Require MCPs to develop a plan to spend a minimum percentage of medical loss ratio (MLR) on nonclinical services and coordination with CBOs
- Strengthen community engagement and representation of children and youth on advisory committees
- MCPs should have partnerships with school districts and county offices
- Require MCPs to get county letters of support as part of RFP process
Require MCPs to Make Specific Investments in the Communities They Serve

- Expect significant investments in the safety-net delivery system
- Require MCPs to report on how they are supporting provider transition to advanced primary care models
- Invest in community health to fix access and capacity issues and to support integration efforts with behavioral health
- Require MCPs to contribute to a locally governed community wellness and equity fund
Require MCPs to:

- Report on percentage of total spending dedicated to support and incentivize primary care
- Develop a plan to spend a minimum percentage of their MLR on preventive care, nonclinical services, and coordination with CBOs
There should be additional stakeholder engagement focused on reducing the number of MCPs in San Diego and Sacramento

Clarify that a diagnosis is not needed for children to receive physical or behavioral health services in schools

Use a deemed credentialing process
Other Draft RFP Comments of Note (2/2)

- Identify and address bias in the use of risk stratification algorithms
- MCPs should be required to implement health information technology to support population health principles
- MCPs must submit complete, accurate, and timely encounter data
- Consider whether audit requirements are overly burdensome to MCPs
In addition to the specific themes already noted, multiple comments from organizations noted that MCPs must be required to:

- Support access to high-quality behavioral health services and maternal and child health care
- Invest in care for children across services and providers, including in schools
Conclusion

Those whose comments were shared with CHCF:

- Appreciated ability to provide feedback on the draft MCP procurement documents
- Provided thoughtful feedback to DHCS on a wide range of issues that should be considered as the procurement is finalized
- Believe that there was a significant amount of missing information and would like the opportunity to review and contribute to the missing pieces prior to DHCS’s final publication of the MCP RFP