Joint Informational Hearing

Assembly Health Committee and Budget Subcommittee No. 1

Medi-Cal Eligibility, Benefits and Managed Care Components of California Advancing and Innovating Medi-Cal

Tuesday, March 16, 2021 - 1:30 p.m.
State Capitol, Assembly Chambers

AGENDA

1) **Medicaid Reimbursable Option for Medi-Cal Managed Care Plans to Voluntarily Provide "In Lieu of Services" (ILOS) and Sunset of Health Homes Program**

Policy Questions:

a) Given that federal regulations require ILOS to be at plan option, what will be DHCS' process for assessing the effectiveness of ILOS and disseminating best practices?
b) As part of DHCS' CalAIM proposal, a number of ILOS benefits have utilization limits (such as once a lifetime unless a determination is made). Please explain the purpose of these limits and whether the proposed utilization limits restrict the ability of plans to connect people to non-medical services to address social determinants of health?
c) How will DHCS oversee the federal regulation requirement for cost effectiveness? How much discretion will Medi-Cal managed care (MCMC) plans have to make that determination?
d) How will ILOS costs be shown on the MCMC plan Rate Development Template (RDT)? Will they be trackable as an expenditure or embedded in another service or benefit category?
e) How will the availability of ILOS be disclosed to Medi-Cal beneficiaries?
f) Can Medi-Cal managed care plans provide additional ILOS beyond the 14 services listed in the CalAIM proposal?

Witnesses:

Will Lightbourne, Director and Jacey Cooper, Chief Deputy Director of Health Care Programs and State Medicaid Director, Department of Health Care Services
Ned Resnikoff, Fiscal and Policy Analyst, Legislative Analyst's Office
Karen Hansberger, MD, Chief Medical Officer, Inland Empire Health Plan
Linda Nguy, Policy Advocate, Western Center on Law & Poverty

2) New Enhanced Care Management (ECM) Benefit Through MCMC Plans

Policy Questions:

a) What percentage of a MCMC plan's enrollment is projected to use ECM? How does this compare to Whole Person Care and Health Homes enrollment in the applicable areas, if known?
b) Are the ECM target population mandatory populations? Will the target populations be consistent across plans, or will the target populations vary by plan?
c) How do the services and benefits provided and the populations served by the proposed ECM benefit compare to existing contractually required case management program benefits, services and populations?
d) Will the ECM benefit be a designed benefit category (similar to physician services) in the RDT?
e) How does DHCS intend to monitor the provision of this benefit and provide data on its outcomes?
f) How does ECM improve upon or build from lessons learned from other case management services provided today, such as for seniors and persons with disabilities?
g) Has DHCS come up with best practices that will be integrated in how ECM will operate?

Witnesses:

Jacey Cooper, Chief Deputy Director of Health Care Programs and State Medicaid Director, Department of Health Care Services
Ned Resnikoff, Fiscal and Policy Analyst, Legislative Analyst's Office
Mary Zavala, Director of Health Homes Program, LA Care
Linda Nguy, Policy Advocate, Western Center on Law & Poverty
Julie Wallace, Community Health Worker, Los Angeles County, Department of Mental Health, SEIU Local 721 Member
Farrah McDaid Ting, Senior Legislative Representative, California State Association of Counties
Paula Wilhelm, Director of Policy, County Behavioral Health Directors Association of California
Behavioral Health, President, County Behavioral Health Directors Association

3) Requirement for Incentive Payments to be Paid to MCMC Plans

Policy Questions:

a) Does DHCS currently reimburse MCMC plans for incentive payments? If so, for what activities?
a) What activities can MCMC plans undertake that will result in incentive payments?
b) Has DHCS determined a payment methodology that will determine how incentive payments that will go to MCMC plans?

c) Does DHCS envision a shared savings or risk policy as part of ILOS so MCMC plans will share in any savings so that "premium slide" will not occur and plans will continue have an incentive to continue providing the ILOS?

Witnesses:
Jacey Cooper, Chief Deputy Director of Health Care Programs and State Medicaid Director, Department of Health Care Services
Ben Johnson, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
Karen Hansberger, MD, Chief Medical Officer, Inland Empire Health Plan
Linda Nguy, Policy Advocate, Western Center on Law & Poverty

4) Requirement of MCMC Plans to Have a Population Health Management Program

Policy Questions:

a) How does DHCS envision plans performing population health management (for example, use of claims data, member surveys)?
b) Will DHCS provide guidance to MCMC plans for identifying and rectifying bias in the algorithms used as part of performing risk tiering and stratification using algorithms?

Witnesses:
Jacey Cooper, Chief Deputy Director of Health Care Programs and State Medicaid Director, Department of Health Care Services
Ben Johnson, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
Katherine Barresi, RN, BSN, PHN, CCM Director Care Coordination, Partnership Health Plan of California
Mike Odeh, Children Now
Cary Sanders, Senior Policy Director, California Pan-Ethnic Health Network

5) Requirement for DHCS to Standardize Benefits Provided by MCMC Plans

Policy Questions:

a) The proposed TBL grants DHCS wide discretion to determine what benefits are provided through MCMC plans. Should DHCS be granted this authority?
b) What is the policy and fiscal rationale for establishing payment requirements for institutional long-term care service providers and organ and bone marrow transplant surgery providers, and requiring the applicable fee-for-service rate to be accepted as payment in full by those providers?
c) Should the MCMC plan access rules (time and distance and appointment availability rules) be updated to take into account folding skilled nursing facility and other LTC benefits into plans on a statewide basis?

Witnesses:
Jacey Cooper, Chief Deputy Director of Health Care Programs and State Medicaid

Director, Department of Health Care Services
Ben Johnson, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
Abigail (Abbi) Coursolle, Senior Attorney, National Health Law Program

6) Requirement for DHCS to Standardize Mandatory Eligibility for Medi-Cal Managed Care Plans

Policy Questions:

a) Does the proposed shift of Medi-Cal beneficiaries across the various delivery systems result in costs or savings? Can those costs be broken down by the groups being moved?
b) Why do the proposed eligibility changes have some categories of pregnant women remaining in fee-for-service, while others are required to mandatorily enroll in Medi-Cal managed care?
c) How will DHCS ensure continuity of care as a result of the transition, such as when a pregnant person enrolls in Medi-Cal, establishes a patient-provider relationship prior while in fee-for-service (prior to MCMC plan enrollment), and then is required to enroll in a MCMC plan?
d) What milestones does DHCS have for plan readiness to ensure a smooth transition to mandatory enrollment in a MCMC plan?
e) Has DHCS chosen a managed care model for foster youth?

Witnesses:

Jacey Cooper, Chief Deputy Director of Health Care Programs and State Medicaid Director, Department of Health Care Services
Ben Johnson, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
Linda Nguy, Policy Advocate, Western Center on Law & Poverty
Lynn Kersey, MA, MPH, CLE, Executive Director, Maternal Child Health Access

Public Comment