



## **Managed Care Priority 1: New Administration and Leadership at DHCS**

*Vision: CPCA and the Regional Associations of California (RAC) will work together, statewide and locally, to strengthen and build the Medi-Cal program and position CCHCs as the major delivery system in Medi-Cal.*

### ***Priority 1 Goals:***

- Prioritize the preservation of Medi-Cal funding; Medi-Cal expansion under the ACA; and preserve benefits and coverage.
- Ensure that Medi-Cal and health care are a priority for the new Administration.
- Promote the health center role in the overall health care system by highlighting the quality, cost savings, cultural competency, and integration of care rendered within CCHCs.

### ***RAC & CPCA objectives:***

- Develop infographics, fact sheets, and other educational material and talking points on health center performance to educate newly elected Governor, lawmakers, and new DHCS leadership.
- Leverage the California Health+ Advocates candidate endorsement process to educate new lawmakers on the important role of CCHCs in the delivery system.
- Ensure that RAC is closely engaged in the California Health+ Advocates candidate endorsement process by providing regular updates on RAC calls by California Health+ Advocates staff.
- Build a thoughtful engagement strategy to build relationship with new HHS/DHCS leadership post-election, to include educational meetings in Sacramento and health center site visits.

***Recommended Co-Chairs: Sabra Matovsky, Alvaro Fuentes***



## Managed Care Priority 2: Commercial Plan Procurement

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### **Priority 2 Goals:**

- Ensure that Medi-Cal managed care plans are held accountable for quality, access, and patient and contracted provider satisfaction.
- Leverage CCHC track record on quality and performance on HEDIS to strengthen partnerships with plans.
- Assess Medi-Cal models, geographic, performance, and patient volume barriers to determine the best model for each county.

### **RAC & CPCA Objectives:**

- Develop metrics for evaluating the quality of Medi-Cal managed care plans and their relationships with CCHCs, RACs, and our patients.
- Work collaboratively with local and state stakeholders to get buy-in on the metrics developed for plan evaluation. Consider hosting a community forum.
- Ensure that the metrics we develop are shared with DHCS to be reflected and scored in the procurement RFA process.
- Encourage DHCS to demand accountability from plans.

*Recommended Co-Chairs: Henry Tuttle, Deanna Stover*



## Managed Care Priority 3: P4P, HEDIS, and Quality Alignment

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### **Priority 3 Goals:**

- Plans get pressure from DHCS and clinics get pressure from plans. Determine where pressure points are aligned and work together.
- Ensure the quality of encounter data going from CCHCs to plans, and quality of data coming back to CCHCs from plans.
- Enhance consortia capacity for quality performance technical assistance and clinical transformation.

### **RAC & CPCA Objectives:**

- Spread standardized measures across health plans. Advocate for DHCS to adopt IHA core measure set as a part of external accountability set.
- Meet with LHPC and CAHP to determine P4P workplan and troubleshoot data sharing and reporting.
- Pursue foundation support for consortia work to build capacity for quality performance on HEDIS measures (e.g., CHCF). Important to tie it to a larger strategy for building partnerships with Medi-Cal managed care plans in CA.

*Recommended Co-Chairs: Tim Rine, Ralph Silber*



## Managed Care Priority 4: Enrollment Efficiency and Default Assignment

*Vision: CPCA and the Regional Associations of California (RAC) will work together, statewide and locally, to strengthen and build the Medi-Cal program and position CCHCs as the major delivery system in Medi-Cal.*

### **Priority 4 Goals:**

- Modernize and streamline the enrollment system.
- Standardize patient assignment processes to incentivize quality.
- Improve and standardize how health centers receive info on assigned members from plans.

### **RAC & CPCA Objectives:**

- Develop a document that provides background information and policy recommendations for improving the enrollment system. Some questions to consider include:
  - How does the state allocate funds to counties for enrollment?
  - Why do processes vary by county?
  - What are the IT restrictions and how do they drive our system?
  - What are the third rail issues and players that we need to know to determine an advocacy strategy?
  - Identify how these issues affect other issue areas (like unseen patients).
  - What are some local best practices that could be shared and replicated?
  - How can revise the Choice packet to improve
- Identify partners who will advocate with us for changes (plans, WCLP, CWDA, CCHI, NHELP, patient rights groups).
- Identify strategies to mitigate incentives to assign patients to counties due to county ability to pull federal match.
- Provider directory – continue to engage at state level, share info locally

*Recommended Co-Chairs: Louise McCarthy, Suzie Shupe*