

Medi-Cal Changes in 2024

DMHC Financial Solvency Standards Board
November 15, 2023

Today's Agenda

- » 2024 Managed Care Plan (MCP) Contract Overview
- » Kaiser Direct Contract
- » Status of Medi-Cal Redeterminations and January 2024 Expansions

DHCS is Transforming Medi-Cal Managed Care Through Multiple Channels

New Mix of High-Quality Managed Care Plans Available to Members

New Commercial MCP Mix

- Contracts with commercial MCPs announced in Dec. 2022, operational readiness process has been underway since Jan. 2023

Model Change in Select Counties

- Approval for 17 counties to change their managed care model
- Includes a new Single Plan Model and expansion of COHS model

Direct Contract with Kaiser

- In 32 counties in which Kaiser operates
- Based on provider / plan linkage or population-specific criteria for active choice / assignment such as Dual-eligible, foster children

**Restructured and More Robust Contract
Implemented Across All Plans in All Model Types in All Counties**

Improved Health Equity, Quality, Access, Accountability and Transparency

Managed Care Plan Transition

- » Approximately 1.2 million members will transition to a new MCP on January 1, 2024
- » These transitions will take place across 14 unique MCPs and 21 counties:
 - » Alameda
 - » Alpine
 - » Butte
 - » Colusa
 - » Contra Costa
 - » El Dorado
 - » Glenn
 - » Imperial
 - » Kern
 - » Los Angeles
 - » Mariposa
 - » Nevada
 - » Placer
 - » Plumas
 - » Sacramento
 - » San Benito
 - » San Diego
 - » Sierra
 - » Sutter
 - » Tehama
 - » Yuba

Medi-Cal Managed Care Model Change

Current Models



2024 Models



New Requirements of Plan Partners

More robust MCP contract includes provisions strengthening:

1. Transparency
2. High-Quality Care
3. Access to Care
4. Continuum of Care
5. CalAIM Initiatives
6. Coordinated / Integrated Care
7. Increasing Health Equity and Reducing Health Disparities
8. Culturally Appropriate Care
9. Language Services
10. Addressing Social Drivers of Health
11. Local Presence and Engagement
12. Children's Services
13. Behavioral Health Services
14. Accountability and Commitment to Compliance
15. Administrative Efficiency
16. Emergency Preparedness and Essential Services
17. Value-Based Payment

New Contract Requirements (1/3)

REQUIREMENTS	CONTRACT PROVISIONS
Transparency	Publicly post additional information about their own and subcontractors' activities, e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results, MOUs with third parties
High-Quality Care	Meet and exceed quality improvement benchmarks and create a culture of continuous quality improvement, aligned with Bold Goals outlined in DHCS Comprehensive Quality Strategy
Access to Care & Continuum of Care	Provide access to high-quality, culturally-competent, and community-based care across a comprehensive array of person-centered health care and social services, e.g., wellness and prevention programs that meet National Committee for Quality Assurance (NCQA) requirements, long-term care.
CalAIM Initiatives	Implement and support initiatives to improve the quality of life and health outcomes of member populations by establishing broad delivery system, program, and payment reform across Medi-Cal.

New Contract Requirements (2/3)

REQUIREMENTS	CONTRACT PROVISIONS
Coordinated/Integrated Care	Provide appropriate population health management services to all members based on their risk level. Leverage broad data sets and data exchange capabilities to systematically coordinate members' care across all health and social services.
Increasing Health Equity and Reducing Health Disparities	Partner with DHCS to advance health equity and reduce health disparities, hiring a Chief Health Equity Officer, and implementing equity-focused interventions, meeting health disparity reduction targets, and obtaining NCQA Health Equity accreditation by 2026.
Addressing Social Drivers of Health	Implement new strategies to identify and address unmet health-related social needs, such as food security and housing, through comprehensive screening and population needs assessments and new services like Community Supports.
Local Presence and Engagement	Ensure MCPs and their network providers understand and meet community needs. Partner and meaningfully engage with local agencies (e.g., local health departments, county behavioral health plans, continuums of care, community-based organizations)
Enhanced Children's Services	Provide additional support for children, such as care management

New Contract Requirements (3/3)

REQUIREMENTS	CONTRACT PROVISIONS
Behavioral Health Services Expansion	Expand screening for behavioral health needs and access to comprehensive evidence-based behavioral health services for all members consistent with DHCS' No Wrong Door policy.
Accountability, Compliance, and Administrative Efficiency	Have robust accountability, compliance, monitoring and oversight programs to meet stronger DHCS expectations related to accountability for and oversight of delegated entities.
Emergency Preparedness and Essential Services*	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
Value-Based Payment	Apply high-priority quality and health equity outcome measures in value-based payment arrangements, among other requirements.

* 2025 requirement

Kaiser Direct Contract

- » In 2024, Kaiser is expanding its Medi-Cal prime plan participation through a direct contract with DHCS
- » **Eligible members* may actively choose** to enroll in Kaiser in any county in which Kaiser operates, including GMC, Regional, Two Plan, COHS and Single Plan counties
- » **Members already in a Kaiser subcontract** to another MCP as of September 2023, will stay with Kaiser and receive 90-, 60-, and 30-day notices from Kaiser notifying them of their transition
- » **Medi-Cal Matching Plan** policy will apply to Kaiser; Kaiser Medicare Advantage members in relevant counties will be automatically assigned or transitioned to the Kaiser Medi-Cal MCP
- » **Default Assignment:** New members who do not make an active choice or are in a COHS or Single Plan county where Kaiser participates may be default enrolled into Kaiser, on the basis of:
 - **Plan / family linkage:** Members who have a history of enrollment with Kaiser or a family member enrolled in Kaiser may be default assigned to Kaiser in any county where it operates
 - **Auto-assignment:** New members in certain counties may be assigned to Kaiser as part of the Auto-Assignment Incentive Program, up to a specific limit set annually based on Kaiser's growth targets and capacity. Auto-assignment is not limited to the Kaiser eligible population groups

* Members are eligible to actively choose Kaiser if they: (1) have previously enrolled with Kaiser at any point during CY 2023 or have existing Kaiser membership; (2) have family linkage to Kaiser; (3) are dually-eligible for Medi-Cal and Medicare; or (4) are a foster care child or youth.

Transition Communications Resources

- » [DHCS webpages](#) with transition support materials:
 - [Member FAQs](#)
 - [Continuity of Care FAQs](#)
 - [Notice of Additional Information](#) (in all threshold languages)
 - [County look-up tool](#)
 - [Notices](#) (forthcoming in all threshold languages)

Role for DMHC Help Center

- » Members will likely ask about the MCP transition
- » Support understanding if the transition impacts them
- » Help differentiate the transition from eligibility redetermination
- » Answer questions with FAQs and county look-up tool
- » If in a transition county, direct them to DHCS website and [Health Care Options \(HCO\)](#)
- » If members are interested in Kaiser, direct them to HCO

Status of Medi-Cal Redeterminations and January 2024 Expansions

René Mollow, Deputy Director, Health Care Benefits and Eligibility

Continuous Coverage Unwinding



Federal Flexibilities and Continuing Improvements



DHCS has received approval of 17 “waivers and flexibilities” from CMS

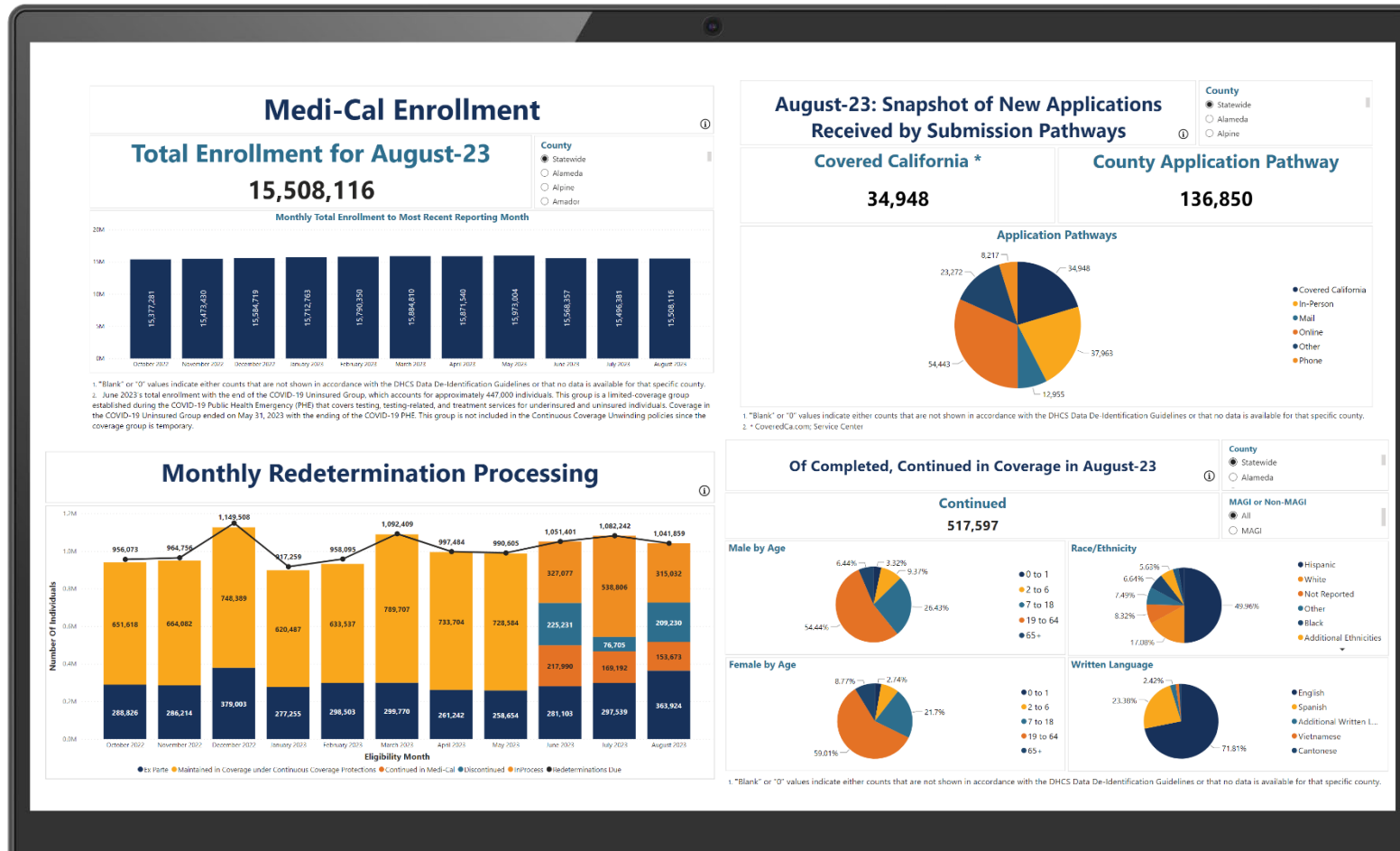


Many of these flexibilities have already been utilized by California and have been incorporated throughout the continuous coverage unwinding period.



DHCS recently concluded a multi-week effort, in collaboration with the United States Digital Services (USDS), intended to increase California's successful ex parte renewal rates and facilitate a significant reduction in the number of procedural terminations experienced by Medi-Cal members.

Medi-Cal Continuous Coverage Unwinding Dashboard



Health Enrollment Navigators Redetermination Outreach Efforts

Health Enrollment Navigators are conducting outreach and retention activities using the monthly renewals and disenrollment lists provided by DHCS

Navigators use text messaging and direct phone calls to reach members



Preliminary responses from disenrolled Medi-Cal members that were shared with the Navigators:

- They have other forms of health insurance, specifically employer sponsored insurance, so they did not return the renewal packet
- They did not receive a packet from the county
- They need assistance filling out the packets

Redetermination Outcomes

	June 2023	July 2023	August 2023
Enrollment			
Monthly Enrollment	15.6 million	15.5 million	15.5 million
Number of new applications received	143,069	142,052	171,798
Newly Enrolled in Medi-Cal for the first time	53,836	63,443	72,569

Continued Redetermination Outcomes

	June 2023	July 2023	August 2023
Redeterminations			
Number redeterminations due	1.05 million	1.08 million	1.04 million
Percentage returned renewal packets for review or completed through ex parte	81%	80%	82%
Number of disenrollments as a result of renewals	225,231	76,705 ¹	209,320
Percentage disenrolled (of total redeterminations due)	21%	7% ²	20%
Ex parte percentage	27%	25%	35%

¹ 76,705 Medi-Cal members (7 percent of July redeterminations) were disenrolled for not returning information or because they were determined ineligible; disenrollments occurred on August 1 and would be tracked separately since the redetermination month would be the same. This would not be reflected in August's data. DHCS will report final July disenrollment rates in late November 2023.

² Historically, California has seen a reinstatement rate of approximately 4 percent over the 90-day cure period. Medi-Cal members who were disenrolled in July have until October 30, 2023, to return needed information to have their coverage restored. DHCS anticipates the final disenrollment rate in July 2023 to be reduced by approximately 4 percent after the 90-day cure. DHCS will report on this final rate in late November 2023.

Asset Elimination



Asset Elimination

On **July 14, 2023**, the Centers for Medicare & Medicaid Services approved DHCS' [State Plan Amendment](#) to eliminate the asset test.

- » Phase II is scheduled for implementation on **January 1, 2024**.
- » This phase will eliminate the asset test entirely for Non-MAGI Medi-Cal programs, including Long-Term Care and Medicare Savings Programs.
- » DHCS is on track for implementation.

Outreach

- » This month, DHCS will be sending an outreach flyer letter to all Medi-Cal beneficiaries to inform them of the upcoming Asset Elimination.
- » After January 1, 2024, DHCS will send outreach letters to any individuals who were denied Medi-Cal in the 6 months prior to Asset Elimination for exceeding the asset limit under current law.
- » The outreach letter will inform the individuals of the Asset Elimination and encourage them to re-apply for Medi-Cal, if appropriate.
- » Additional information and resources available on the [DHCS Asset Limit Changes webpage](#).
- » Questions can be emailed to AssetLimitChanges@dhcs.ca.gov

Adult Expansion



Age 26-49 Adult Expansion

The Adult Expansion will begin on January 1, 2024, and will provide full scope Medi-Cal to California residents 26-49 years of age, regardless of immigration status, if they meet all Medi-Cal eligibility criteria.

- » With this expansion, full scope Medi-Cal coverage will be available to all otherwise eligible Californians, regardless of immigration status.
- » The Governor's 2022-2023 Budget estimates the Adult Expansion population to be 707,000 individuals.
- » Policy guidance is posted in [ACWDL 23-08](#). DHCS is on track for implementation.
- » Additional information and resources available on the [DHCS Age 26-49 Adult Expansion webpage](#)

Outreach

- » DHCS worked closely with foundations and CBOs to have materials tested by community members.
- » DHCS has developed a [Get Your Community Covered Resource Hub](#) of materials that is translated into all Medi-Cal threshold languages.
 - DHCS recommends counties and partners utilize the messaging and integrate it into their outreach and social media campaigns.
 - DHCS is sharing the global outreach language to be used by Medi-Cal Managed Care Plans, other State departments, Medi-Cal providers, and other community partners for use in their outreach activities.
- » Statewide paid media campaign to run from November 2023 through May 2024.
 - Including a new [Medi-Cal.dhcs.ca.gov](https://www.Medi-Cal.dhcs.ca.gov) page in English and Spanish.