

Public Health Care System + Local Health Plan Collaboration

QUICK REFERENCE GUIDE

Shared mission. Shared patients. Shared accountability.

Public health care systems and local health plans share a mission to deliver high-quality, equitable care for their communities. Yet more can be done together to achieve their shared goals.

As the Department of Health Care Services (DHCS) increasingly ties financial risk to quality and aligns incentives across programs, systems and plans have the opportunity to support one another in improving quality of care -- and build stronger partnerships.

In Fall 2023, the Safety Net Institute (SNI) and the Local Health Plans of California (LHPC) Institute launched a program to support greater collaboration between public health care systems and managed care plans, starting with a convening of system and plan leaders focused on quality and equity.

The successful strategies shared at the convening are summarized in this resource guide. Inside, you will find:

- Early Promising Practices and Pilots
- Understanding How External Drivers Impact Your Partners
- 2024 QIP Priority Measure Rates held to MCAS Minimum Performance Level
- Snapshot of QIP Rates in MCAS 2022-2024

If you have any questions or would like further information, please contact Amanda Clarke at aclarke@caph.org or Amber McEwen at amcewen@lhpc.org.

Early Promising Practices and Pilots

Many public health care systems and local health plans are in the initial stages of collaboration, developing joint pilot projects and building on early successes.

Ventura County Health Care Agency (VCHCA) and Gold Coast Health Plan (GCHP)

Handing out - not mailing - gift cards

Rather than mailing gift cards to patients, GCHP provides the cards to VCHCA providers who hand them directly to patients at the end of their visits. The plan and system tested this approach at visits for mammograms, well-child check-ups, HbA1c tests, pap smears, and post-partum care, and found it to be more effective than mailing gift cards after the appointment. At one clinic, the approach reduced no-show rates from 20% to 10%. The system and plan are preparing to pilot the same gift card program for the second dose of the HPV vaccine visits. GCHP and VCHCA also partner to address gaps in preventive care, with GCHP making phone calls to increase the show rate at VCHCA for people who need well-child and pap smear visits. For more information, please contact Rachel Stern at Rachel.stern@ventura.org.

San Mateo Medical Center (SMMC) and Health Plan of San Mateo (HPSM)

Distributing Cologuard test kits

SMMC and HPSM are partnering to improve colon cancer screening rates for Medicaid/Medicare dual eligible patients through the distribution of Cologuard test kits to patients assigned to SMMC for primary care. HPSM contracted directly with Cologuard to bulk order tests. SMMC validated the list of HPSM members due for colon cancer screening and developed a process to receive and capture test results, notify patients, and schedule follow-up care. The first round of Cologuard test kits were mailed to 234 patients in February 2024 with joint messaging from HPSM and SMMC encouraging patients to complete and return the kit via prepaid shipping. HPSM also offered patients \$25 gift cards for completing the screening test. As of early March, 34 kits with valid results have been returned with a 27% positive rate. Teams are now preparing for a second round of kits to be distributed to an additional 429 patients. For more information, please contact Jennifer Papa at jpapa@smcgov.org.

Kern Medical and Kern Health Systems

New mobile clinic for preventative care

Based on a successful COVID-19 vaccination campaign, Kern Medical and Kern Health Systems continued their collaborative community outreach approach, offering preventive services onsite at schools and in rural areas. The health system travels to community sites in a mobile clinic, reaching patients who often have difficulty accessing care due to lack of transportation and other barriers. In addition to primary healthcare services, Kern Medical's mobile clinic unit coordinates Pre-K and Kindergarten physical exams with local schools, ensuring that necessary health services align with school registration timelines. In Q1 2024, the mobile clinic received 272 total visits and provided 52 student immunizations. Recently, the health plan provided a \$3 million grant to the system to purchase an additional mobile clinic and expand their reach in the community. For more information, please contact Alicia Gaeta at Alicia.gaeta@kernmedical.com.

Understanding How External Drivers Impact Your Partners

Public health care systems and local health plans can work together more effectively by understanding the financial and policy drivers that impact one another.

Key External Drivers for [Public Health Care Systems](#)

- **Quality Incentive Pool (QIP):** A statewide managed care-directed payment program in which public health care systems can earn up to \$1.8 billion annually for improving quality and equity. QIP challenges public health care systems to meet ambitious pay-for-performance targets for Medi-Cal managed care enrollees, supporting improvements in primary, specialty, and inpatient care. QIP measures align closely with the Medi-Cal Accountability Set (MCAS), described below, and other State initiatives. [QIP 2022: Fact Sheet](#)
- **Global Payment Program (GPP):** A statewide pool of funding for the remaining uninsured, worth \$2.8 billion, created by combining existing federal Medicaid Disproportionate Share Hospital funds and uncompensated care funds. Public health care systems are paid for services that would otherwise be uncompensated while being incentivized to shift from high-cost, avoidable services to high-value, preventative care. [Issue Brief: The GPP](#)
- **California Advancing and Innovating Medi-Cal (CalAIM):** The State's ambitious, multi-year effort to transform Medi-Cal through payment reform, system transformation, and the integration of health care services and social supports. As former lead entities of Whole Person Care, the precursor to CalAIM, public health care systems primarily focus on CalAIM Enhanced Care Management (ECM), Community Supports, and Justice-Involved (JI) initiatives. Nearly every public health care system is a contracted ECM provider and most offer Community Supports, particularly those related to housing and homeless services. A subset of systems will contract to provide in-reach services in county jails through the JI initiative. [Counties Lean into CalAIM](#)
- **Federally Qualified Health Center (FQHC) Alternative Payment Model (APM):** A State proposal (currently pending approval) that would reform the traditional prospective payment system (PPS) by removing incentives to provide more services and allowing greater flexibility. Specifically, clinics' PPS revenue would convert to a capitated, per-member-per-month rate while incentivizing improved performance on several of the State's quality goals, in alignment with QIP. Once launched, a subset of public health care system clinics will likely participate in the first APM cohort. [FQHC APM Implementation Guide](#)
- **Public health care systems are subject to audits by regulating agencies that impact their revenue and reputation, such as:**
 - [Joint Commission](#)
 - [Health Resources & Services Administration \(HRSA\)](#)
 - [Centers for Disease Control and Prevention National Healthcare Safety Network \(NHSN\)](#)
 - [California Maternal Quality Care Collaborative \(CMQCC\)](#)
 - [Leapfrog Ratings](#)
 - [Medicare Stars Ratings](#)

Key External Drivers for [Local Health Plans](#)

- **Managed Care Accountability Set (MCAS):** Previously known as the External Accountability Set (EAS), MCAS is a set of performance measures that Medi-Cal managed care plans (MCPs) report annually. DHCS sets Minimum Performance Levels (MPLs) for many MCAS measures based on the national 50th percentile performance level. Plans are held accountable to the MPL through Corrective Action Plans, financial sanctions for lower performance, and public reporting. Both the MCAS measures and the MPLs change annually, further challenging MCPs.
- **Quality Withhold from Plan Capitation Rates:** DHCS has established a methodology to withhold a percentage of all plan capitation rates and return all or a portion of the funds based on plan performance on select HEDIS measures. Although initially the percentage withheld is low, the amount could be substantial in future years.
- **Auto-Assignment Algorithm:** The auto-assignment algorithm determines the percentage of assignment plans receive for members who do not choose a plan in the Two Plan or GMC models (COHS plans with Kaiser in their county to be determined.) The algorithm is now based entirely on quality measures – a significant departure from the approach in previous years.
- **Department of Managed Health Care (DMHC) quality measures, benchmarks, and future sanctions:** In addition to existing DMHC standards, DMHC recently established new equity benchmarks and will hold plans accountable for sub-population performance on key HEDIS measures. DMHC has set the national 50th percentile performance level as the benchmark for aggregate and sub-population performance on the chosen measures. In the future, plans will be held accountable to their performance through DMHC sanctions.
- **2024 Contract Requirements:** Multiple sections of the new 2024 DHCS-MCP contract are focused on quality. They include: broader participation by the community in developing interventions to improve quality; requirements to invest minimum amounts of MCPs' net surplus in community interventions; and greater accountability for MCPs in planning and implementing quality efforts.
- **Dual Special Needs Plans (D-SNP) Star Ratings:** With the change from Cal MediConnect plans to D-SNP for plans participating in the Coordinated Care Initiative, and the requirement that all plans have D-SNPs by 2027, STAR ratings have become much more critical, as they directly impact reimbursement from Centers for Medicare and Medicaid Services (CMS) to the MCPs.
- **National Committee for Quality Assurance (NCQA) Accreditation:** All MCPs must attain full NCQA accreditation by 2026.
- **CalAIM** (find a description of CalAIM above): DHCS holds plans accountable for all aspects of CalAIM, including:
 - Enrollment for all Enhanced Care Management Populations of Focus
 - Utilization of Community Supports
 - Implementing Transitions of Care with successful care management contacts and post-hospitalization physician follow-up visits
 - Meeting all Population Health Management requirements for all risk levels
 - Meeting quality metrics associated with all of the above activities

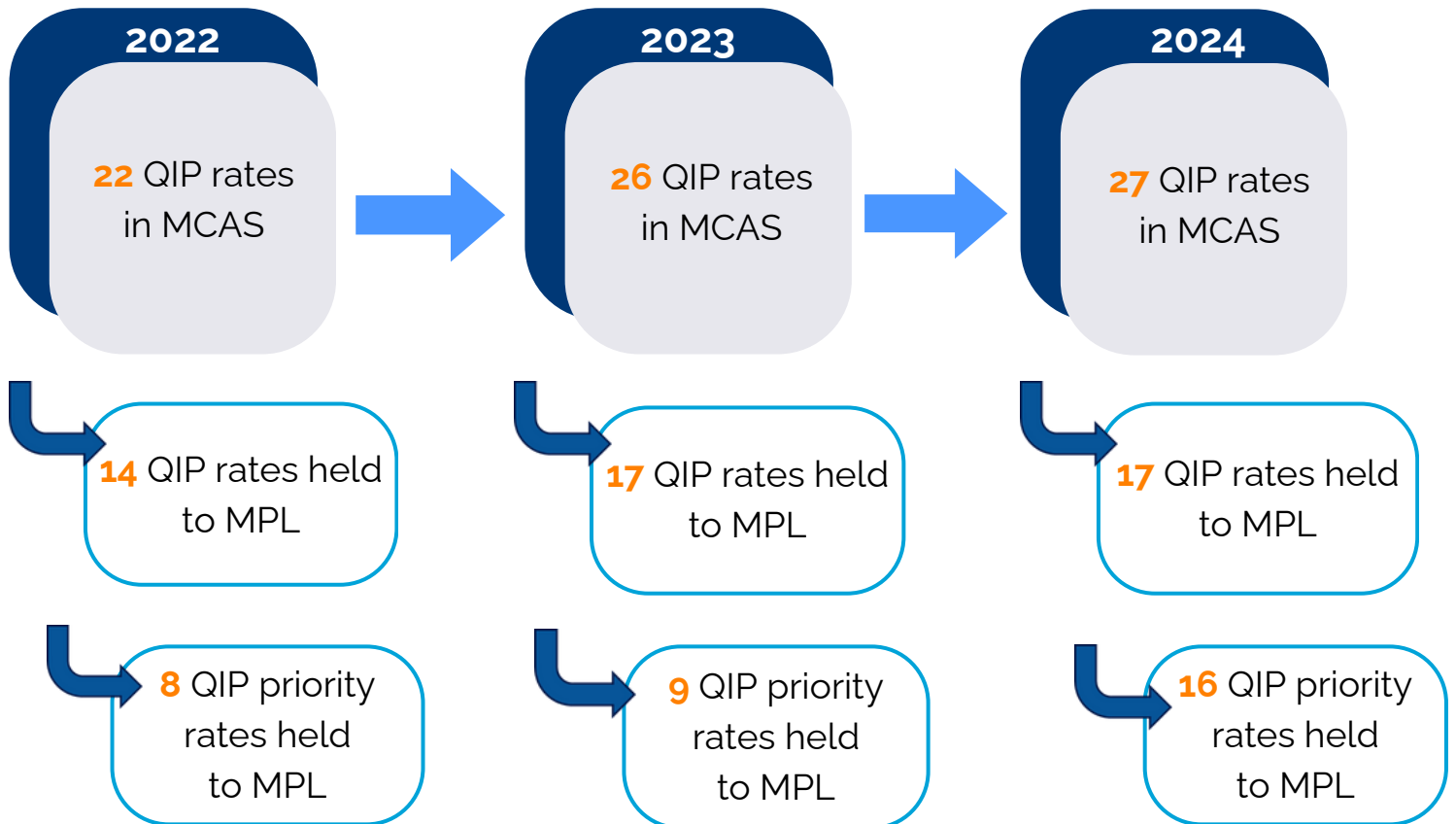
Shared Measures:

Increasing Overlap in QIP and MCAS Measure Rates (2022-2024)

Each year, there is greater overlap in the QIP and MCAS measures that drive quality improvement at public health care systems and MCPs, creating new opportunities to partner and work toward shared goals.

From 2022 to 2024:

- The number of QIP measure rates that are also in MCAS increased.
- Among those overlapping rates, the number of QIP rates held to MCAS MPL increased or stayed consistent.
- The number of QIP priority rates held to MPL doubled (all public health care systems are held accountable for priority rates).



2024 Overlap in QIP and MCAS Measure Rates

In 2024, 16 QIP priority rates are also part of the MCAS measure set held to MPL. These include *Follow Up After Emergency Department Visit for Substance Abuse* and *Follow Up After Emergency Department Visit for Mental Illness*, known as FUx measures. For all FUx measures, public health care systems are accountable for unassigned patients who may book follow-up visits outside of their systems. This creates additional incentives for health systems and MCPs to share data and coordinate follow-up care.

1. Breast Cancer Screening
2. Cervical Cancer Screening
3. Child and Adolescent – Well Care Visits
4. Childhood Immunization Status – Combination 10
5. Chlamydia Screening in Women
6. HbA1c Control/Glycemic Status Assessment for Patients with Diabetes
7. Controlling High Blood Pressure
8. Immunizations for Adolescents – Combination 2
9. Prenatal and Postpartum Care: Postpartum Care
10. Prenatal and Postpartum Care: Timeliness of Prenatal Care
11. Well-Child Visits in the First 30 Months of Life – 0 to 15 Months
12. Well-Child Visits in the First 30 Months of Life – 15 to 30 Months
13. Asthma Medication Ratio
14. Developmental Screening in the First Three Years of Life
15. Follow Up After ED Visit for Substance Abuse – 30 days
16. Follow Up After ED Visit for Mental Illness – 30 days