



**2024 Medi-Cal
Transition
Nevada County
Board of
Supervisors**

October 24, 2023





Medi-Cal Managed Care (MCMC)

- MCMC has been around since the 1970s.
- With the implementation of ACA, all counties were required to have MCMC.
- There are several models, and this map shows the previous distribution of models.
- The State didn't give rural mountain counties a choice and forced us into the Regional Model.
- Audit found massive shortcomings, especially regarding Mental Health, and recommended the State allow counties to join a COHS like Partnership

August 2021, Nevada County Board of Supervisors (followed by 9 other Board of Supervisors) passed and submitted ordinances to the Department of Health Care Services (DHCS), demonstrating their choice to have Partnership HealthPlan of California (Partnership) be their Medi-Cal Managed Care Plan.

Over the past two years Partnership has been actively engaged in developing relationships with the Medi-Cal safety-net community, including clinics, primary care, hospitals, specialists, and other community-based organization.



Operational Readiness



On September 1, 2023, DHCS announced that Partnership has met the criteria for Operational Readiness and the 2024 Medi-Cal Contract requirements for the 10 county region.



New ordinance - highlighted changes -

- Sets a Board members length of a term to four-years rather than two-years (original ordinance).
- Board member formula – based on Medi-Cal enrollment
 - 0-45,000 = 1 seat
 - 45,001-60,000 = 2 seats
 - 60,001+ = 3 seats
 - 3 consumer seats (Required to participate on Partnerships Consumer Advisory Committee) (2-year term)

Medi-Cal Enrollment



County	Anticipated Enrollment	Projected Board Seats
Butte	75,459	3
Colusa	9,777	1
Glenn	12,222	1
Nevada	25,366	1
Placer	54,510	2
Plumas	5,729	1
Sierra	715	1
Sutter	39,410	1
Tehama	27,056	1
Yuba	32,700	1
Consumer At-Large	-	1
Total	282,943	14



Transition - Member Engagement



- **October 1:** 90-day letter - Current Managed Care
- **November 1:** 60-day letter – Health Care Options
- **December 1:** 30-day letter – Health Care Options
- Partnership Member Flyer – Distributed to all organizations engaged in the Medi-Cal safety-net
- DHCS Website – Member FAQs
- Partnership Community Messaging – Outdoor, radio, streaming, digital.



Provider Contracting



- Sierra Nevada Memorial Hospital
- Western Sierra Health Center
- Chapa-De Indian Health
- Tahoe Forest Hospitals
- Sierra Family Medical Center
- And more



On-Going Activities



- Continuing to contract with all willing providers.
- Weekly webinars (providers) – Focus on a different Partnership program each week – topics include billing, transportation, workforce development and more.
- Continuity of Care –
 - Linking members to established Primary Care Providers
 - Identifying individuals in the middle of care and ensuring no disruption of services
- Establish MOUs with various county programs.



Partnership is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan

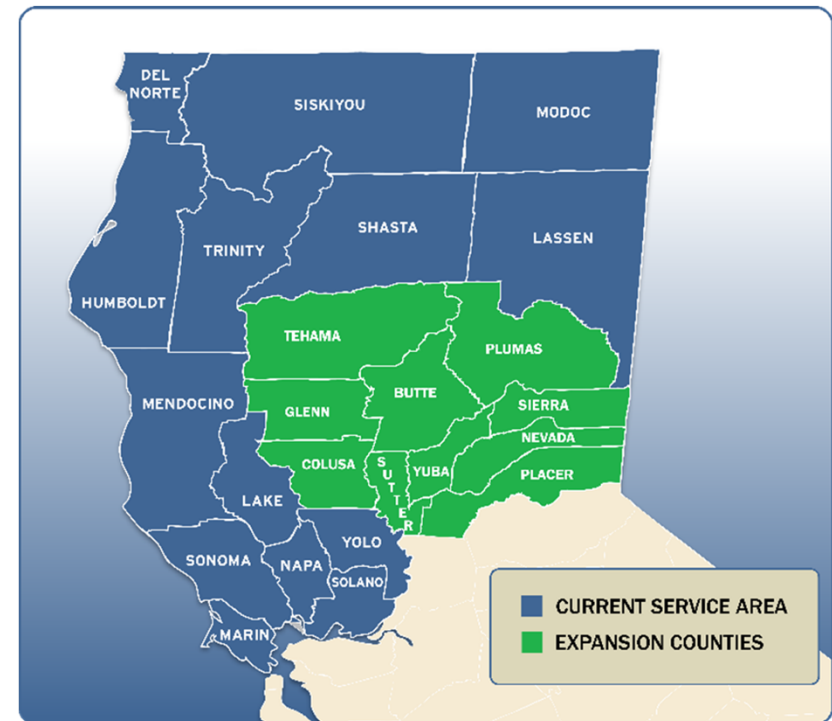
- Low administrative Rate (less than 5 percent) allows for Partnership to have a higher provider reimbursement rate and support community initiatives

Local Control and Autonomy

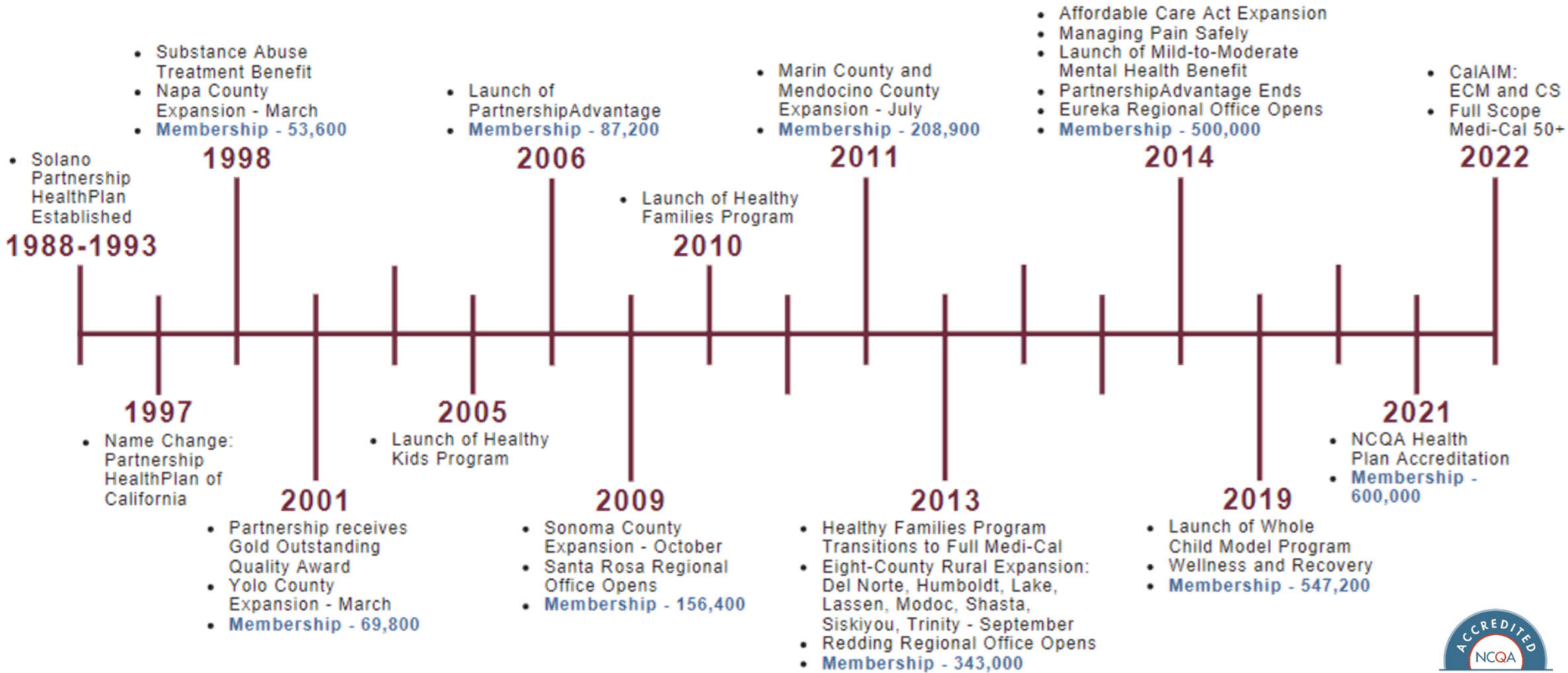
- A local governance that is sensitive and responsive to the area's healthcare needs

Community Involvement

- Contract directly with providers and community based organizations.
- Advisory boards that participate in collective decision making regarding the direction of the plan.



Timeline

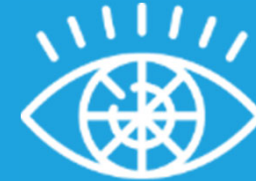


About Us



MISSION

To help our members, and the communities we serve, be healthy



VISION

To be the most highly regarded managed care plan in California



MEMBERS

674,700
(As of Oct. 2023)



POPULATION

31% of all residents in our 14-county service area are Partnership members



Provider Network



- Partnership contracts with all willing and able Medi-Cal providers enrolled with the state
- To develop and maintain provider network relationships, Partnership assigns Provider Relations Representatives (local, qualified employees) to the network with specific face-to-face provider visits.
- Call Center Service Level – **99% of all calls to Claims/billing answered in less than 60 seconds**
- Provider Scorecards are delivered to all clinics and large network provider systems – identifies billing opportunities to maximize payments and efficiencies.

99%
of contracted
providers are
satisfied with
Partnership.



Provider Recruitment Program Overview



Purpose

- The PRP was started in September 2014 to support our member clinics' recruitment activities and efforts to help increase access to care for Partnership members.

Budget

- Initial pilot year budget of \$750k was increased by the Partnership Board multiple times, with over \$9.3 million invested to date.

Success

- **As of October 1, 2023, Partnership has supported 672 accepted offers since program creation**



Partnership Priority Initiatives



- Medi-Cal Redetermination – Partnering with counties and providers to continue member outreach
- CalAIM
 - Continuing to build a robust network
 - New populations of focus – Children and Youth, Justice Involved
- Workforce Development
- Transportation
- D-SNP Medicare – Go-live January 2026



Community Investment



\$23.6 million in new funding over the last 3.5 years from IGT

\$8.2 million for provider recruitment since 2012

\$2.4 million for COVID-19 vaccine incentives in 2021

\$25 million to address homelessness – Board approved in 2017

\$58 million for Student and Behavioral Health Integration grants over the next three years

Over \$45 million in Quality Improvement Incentives each year

\$16.5 million CalAIM Incentive Payment Program (Round 1 – 2022)



QUESTIONS?

