

March 22, 2019

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Department of Health Care Services
1500 Capitol Avenue
Sacramento, CA 95814

VIA ELECTRONIC MAIL: DHCS_PMMB@dhcs.ca.gov

Re: Proposition 56 Proposals in the Governor's 2019-20 Budget

Molina Healthcare of California is a Medi-Cal managed care plan serving over 500,000 Medi-Cal beneficiaries across six counties. We write today to provide comments on the Proposition 56 proposals in the Governor's budget relating to the Value Based Payment (VBP) Program, developmental screenings, and trauma screenings in Medi-Cal, released for comment on March 8, 2019. We want to thank the Department of Health Care Services (DHCS) for the opportunity to review and comment on the proposed payment programs. Following are our general comments followed by more detailed comments on the proposal. We would welcome the opportunity to have a discussion with DHCS staff before the program details and requirements are finalized.

At Molina Healthcare, our mission is to provide quality health care to people receiving government assistance, and we were founded with the belief that underserved families—those that are low-income, uninsured or non-English speaking—deserve better health care and that everyone should be treated like family. Consistent with our mission and history of serving those most vulnerable, Molina Healthcare applauds the Governor's investment and commitment to improving access to affordable, high-quality health care for all Californians and especially for children. We support the bold leadership from DHCS and look forward to working with the Department on this particular proposal as well as the broader set of changes DHCS is advancing to improve quality and address disparities in the Medi-Cal program.

Increased Demand for Services

We are highly supportive of the targeted investments for developmental and trauma screenings with a steady focus on achieving improved access for young children in particular. We expect that increased screenings will lead to an increase in demonstrated need for care and services. We recommend that the proposed Governor's budget account for increased utilization of services related to positive screenings, such as increased demand across medical and social services delivery systems—behavioral and physical health, social services, other county services such as child protective services and associated resources, county specialty mental health, prescription drugs, etc.

Training Providers

DHCS stated that health plans will be responsible for training network providers. We agree that providers may not be familiar with some of the screening tools such as the BARC or ACEs tool, and that plans have an important role in disseminating information to our providers. However, we recommend that, similar to the state's role in the Health Home Program, the state develop and distribute training that all plans can use to ensure consistency for all providers. It would also be

very beneficial to include provider training on how to administer the assessment and what is expected by providers when beneficiaries receive positive results.

Rates

We support the proposed rates for each of the proposals and suggest that the rates be incorporated into our existing capitation rates. Additionally, we request that consideration be made to compensate plans for the administrative work required. We welcome further discussion between DHCS and health plans to share the data reconciliation resources required to efficiently and successfully administer this payment program.

Value-Based Payment (VBP) Program

Molina is in support of all measures with only one exception.

1. Postpartum Birth Control. Molina asks that DHCS reconsider the use of pay-for-performance on this measure, based on guidance from HHS. The HHS Office of Population Affairs states the following on their [website](#):

“A specific benchmark has NOT been set for the Contraceptive Care - Most & Moderately Effective Methods measure, and OPA does not expect it to reach 100%, as some women will make informed decisions to choose methods in the lower tier of efficacy even when offered the full range of methods. The goal of providing contraception should never be to promote any one method or class of methods over women’s individual’s choices.

“The Contraceptive Care – Access to LARC measure should be used to identify women who have very limited or no access to LARC methods, which are more commonly inaccessible than other methods. For example, reporting units with less than 1-2% use or rates well below the mean may signal the presence of barriers to LARC provision. The Contraceptive Care – Access to LARC measure should NOT be used to encourage high rates of use, as this could lead to coercive practices related to contraception and sterilization, especially practices targeting racial/ethnic minorities and low-income individuals. For this same reason, it is not appropriate to use the Contraceptive Care – Access to LARC measure in a pay-for-performance context.

2. Flu Vaccine. We are supportive of incentivizing flu vaccines. We would like to collaborate with DHCS on how to help ensure success of the incentive, given the broad, universal access to flu vaccines and that the ability to monitor the effectiveness of this incentive may be limited.
3. Co-location of primary care and behavioral health services. We support this in concept, but are interested in discussing VBP and other mechanisms to achieve integration.

We appreciate the opportunity to comment on the proposed Proposition 56 payment programs, and the commendable effort DHCS and the Governor’s Administration has made to make a lasting impact on early childhood development. As mentioned above, we welcome the opportunity to discuss our comments further. We also would like to remain engaged on the development of these proposals going forward and look forward to the opportunity to review a revised draft for additional review and commenting. Thank you for considering our comments.

Please reach out to Bob O’Reilly at 916-561-8556 or Robert.Oreilly@MolinaHealthcare.com if you have questions or would like to discuss.

Sincerely,

Deborah Miller
President
Molina Healthcare of California