

Plan Partnership Project Playbook:

A Guide for First 5 Commissions Starting Relationships With Medi-Cal Managed Care Plans

As California begins to recover and rebuild from the public health crisis, there is an opportunity for First 5s and Medi-Cal managed care plans to partner in a way that significantly benefits young children. Over half of all children in California under age five are in Medi-Cal, three-quarters of whom are children of color. Furthermore, of the children in Medi-Cal, 90% receive care through a managed care plan.

Use of preventive services in Medi-Cal managed care, such as well-child visits, vaccinations, and developmental screenings, declined during the pandemic, and plans may see new advantages to working with First 5s to make up lost ground and improve access. With model changes, reprocurement, and CalAIM on the horizon, and the common knowledge that millions of California children were not accessing preventive services even before the pandemic, now is an opportune time for First 5s to build or deepen their relationships with designated health plans and realize mutual value in improving early childhood health.

This playbook offers practical advice to First 5 leaders for developing partnerships with managed care plans, focusing on three components: 1. establishing and maintaining relationships; 2. building the case for joint projects; and 3. creating a joint project. It is based on input from Pacific Health Consulting Group as well as several First 5s that have experience working with health plans.

Part I: Fostering Relationships

Strong relationships are the key to successful partnerships. Here are some steps you can take to cultivate relationships based on mutual interest and respect.

STEP I: DECIDE WHO TO REACH OUT TO

- » Focus your energy on the managed care plan that serves the **majority of the children** in your county.
- » Leverage connections both with your First 5 Commission board and the local health plan's governing board, or the commercial plan's advisory committee(s). Investigate

whether your commission and the managed care plans share board members who can make an introduction and highlight intersecting issues.

- » Attend meetings where managed care plan staff will be, such as vaccine workgroups or other groups organized by the public health department.
- » Lean into natural connection points and network from there. Does a former First 5 commission staff member work at the plan? Remain open to talking with individuals across the plan. Managed care plan leaders who may be eager to work with First 5s include:
 - a. CEO or most-senior health plan leader
 - b. Chief Medical Officer and clinical quality team leaders
 - c. Care Management leadership
 - d. Community Engagement leadership
 - e. Health Information Technology leadership
 - f. Provider Network Operations staff
- » If there are more than two managed care plans in your county, explore whether you can join an existing cross-plan meeting.

STEP II: PLAN FOR A FIRST MEETING

- » Do your homework, and learn about the managed care plan before the meeting. What share of the county's children does the plan serve, and what other counties does this plan serve, if any? Check out the plan's website to learn more about recent investments, projects, and news.
- » If the plan serves more than one county, consider partnering with other First 5s for maximum impact.
- » Consider making a one-page fact sheet to share about your experience and current work on improving health for children ages 0 to 5 in your county.
- » Specifically ask about the plan's priorities overall and with respect to young children to help you find areas of alignment.
- » Don't jump into talking about projects right away. It is important for the managed care plan to learn more about First 5, your expertise, priorities, and connection to the community first. Remember that, for many, First 5 has historically been thought of as a funder, and you may have to change perspectives. Be cautious not to emphasize declining revenues in the reframing of your identity.

STEP III: MAINTAIN ONGOING CONTACT

- » Establish ongoing communication and periodic check-ins.
- » Explore opportunities to sit on plan advisory committees or collaboratives to deepen the relationship. Many plans participate in community planning groups, or in some cases are the conveners for such groups. Find out where your plan participates and, if relevant to your mission, join the group to make connections. Examples might include pediatric provider meetings, community meetings related to Family Resource Centers, discussions about ACEs Aware or social determinants of health, or collaboratives focused on community health.

Part II: Building the Case

After relationships start to take root with managed care plan staff, you can start to build the case for partnering on shared priorities.

STEP I: BE CLEAR ABOUT YOUR EXPERTISE AND CONNECTIONS

- » Remind managed care plan staff of the impact that early childhood issues have on the life course. This is not necessarily top of mind for them. Establish yourself as an expert in early childhood and families—one with strong connections to families, community-based organizations, pediatric providers, and county departments.
- » Remind plan staff of First 5's connection to mothers and pregnant people, and its position. First 5 is a leader in whole-family issues.
- » If you have shared board members, support the member(s) in making connections across organizational priority areas at board meetings, which will lay the groundwork for future partnership and make connections for plan leadership.

STEP II: USE DATA TO DEMONSTRATE YOUR KNOWLEDGE AND VALUE

- » Review available data to become familiar with the managed care plan's performance on child health. A conversation grounded in data analysis can be a concrete, action-oriented way to convey objectivity and share ideas to "move the needle" on key metrics.
- » Start to identify common goals, like increased developmental screening and child vaccination rates, or improved prenatal care for Black mothers. Build the case for partnership on data, either public data about county outcomes, plan performance on child indicators, or data about programs that First 5s fund that address the shared goal.
- » Lean in on areas where your First 5 has information that may be useful to managed care plans. Examples include Kindergarten Readiness Data, Help Me Grow screening and referral data, and maternal depression screening through home visiting.

Part III: Working on a joint project

When you have existing relationships, attend ongoing meetings, and openly share priorities, you are ready to engage more formally with a managed care plan.

STEP I: DESIGN A PROPOSAL

- » Think about how you will ensure your project serves plan members. Not all children in your county may be members of the plan.
- » Helping plans conduct outreach to "non-engaged" members (those with no contact with their primary care provider or any part of the delivery system) is a potential area for First 5 support.

- » If the plan serves multiple counties, consider cross-county projects. Managed care plans will be more willing to engage in a project if it will reach all areas they serve.
- » Focus on sustainability in the long run for any new initiative by reaching out to managed care plans early in the planning process or by jointly identifying areas that need attention.
- » Remember, managed care plans probably will not be interested in taking over funding of something First 5 is already doing. However, you can approach a plan about scaling something you are already doing with a focus on the plan.

STEP II: PITCH THE PROPOSAL

- » Pitch a project in a direct way. Ground proposals in data and the outcomes you will reach. Managed care plans are particularly interested in indicators in the managed care accountability set (MCAS), including HEDIS. There will be a focus on pediatric preventive measures, so delineating how First 5 can improve those measures is key. Developing metrics, including process measures and eventually outcomes, will get plan attention.

STEP III: WORKING TOGETHER

- » Find opportunities to codify and solidify the commitment to partnership through joint papers or presentations. First 5s have found that working on concrete projects with work products, like white papers or slide decks, helps to make the relationship clear to all sides and the community.
- » CalAIM is calling on Medi-Cal managed care plans to engage and partner with the community in new ways, and to see the connections between community-based systems to drivers of health and the work of plans. Plans will be very focused on CalAIM over the next few years and First 5s have the potential to be a focal point of plan community partnership. One of the mandatory target populations for CalAIM's Enhanced Case Management (ECM) is children with complex physical, behavioral, developmental, and oral health needs (e.g. California Children Services, foster care, youth with clinical high-risk syndrome or first episode of psychosis). This may not "go live" until July 2023, but it is an area where plans will need assistance. Opportunities to engage include:
 - a. Work with plans to think about young children (ages 0 to 5) versus all children, promoting the argument that 0-5 year-olds are particularly at risk and that lack of intervention may have lifelong impacts. Discuss with the plan how their ideas on how they will define, identify and reach this target population.
 - b. How to "find" and engage non-engaged members as described above could be a critical part of the ECM care for the at-risk children target population. First 5 programs or ideas about how to reach those children, particularly around health equity concerns, will be of interest to plans.