CHCF CHIP Summary

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CHIP Title: Advocacy for Pharmacoequity in Medi-Cal Rx

Project Description:

Governor Gavin Newson issued an Executive order (N-01-19) in 2019 to transition the pharmacy services from Managed Care Plans (MCPs) and Fee for Service to Medi-Cal Rx. It is to be administered by Magellan Medicaid Administration under Department of Health Care Services (DHCS) guidance. MCPs like Central California Alliance for Health (CCAH) provided our historical claims and prior authorization data to facilitate continuation of care for Medi-Cal members. After several delays in Medi-Cal Rx implementation, the pharmacy benefit was finally transitioned from CCAH and other managed care plans to Medi-Cal Rx on January 1, 2022.

There were several issues surfaced at go-live. For our plan, we encountered:

- 86 Separate operational issues impacting several thousand members.
- 7 drug class specific policy issues impacting several thousand members.
- 6 operational policy issues regarding appeals/grievances/complaints process, missing peer-to-peer review option, others.
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Comparing DHCS policies with CCAH's practices, it was clearly visible that the members don't have the same rights and have access to similar medications as they would under a MCP. DHCS didn't hold themselves to the same standards as they would a MCP to. For example, despite having 180 transitional policy in place by DHCS, the claims were still rejecting at point of sale because of DHCS having manufacturer specific rebate contracts in place. Member has been on the medication, but can't get it because it is not from a manufacturer that have rebate associate. This practice is quite bothersome to me. It would never be tolerated for a commercial plan or a MCP. Medi-Cal members should have the same rights regardless who is responsible for managing their pharmacy benefit. That is the right thing to do!

Key Findings and Lessons Learned:

Although we have been surfacing these issues to DHCS even before go-live, the advocacy for our members wasn't as effective. The change in strategy for advocacy was required.

1. I interviewed several peers to determine the best practices in any advocacy work with DHCS. What has worked in past and what has failed?
2. I concluded that a collaborative and educational approach would be the most effective approach

Next Steps:

We, along with several plans, bringing forth these issues to DHCS led to many operational issues been resolved, albeit temporarily due to DHCS waivers.

- 6 Separate operational issues remaining
- 2 drug class specific policy issues remaining
- 6 operational policy issues remaining

We have to continue our work in reviewing claims data to identify, then report and educate DHCS on any possible solutions. Educating DHCS in current evidence practices and industry standards for health plans will also be ongoing effort to bring forth any policy changes in favor for Medi-Cal members. My CHIP is not complete, in fact it just took in motion!

I encourage our CHCF Alumni network to report any Medi-Cal Rx issues to your county MCPs, DHCS, or Medi-Cal Managed Care and Mental Health Office of the Ombudsman. **This would be the first step in advocacy for Pharmacoequity in Medi-Cal population.**