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NOTICE OF PUBLICATION AND PUBLIC MEETING OFFICE OF HEALTH CARE AFFORDABILITY

PROPOSED PRIMARY CARE INVESTMENT BENCHMARK RECOMMENDATIONS TO THE BOARD – EXTENDED COMMENT DEADLINE FOR PUBLIC COMMENTS

To All Interested Parties:

NOTICE IS HEREBY GIVEN that the Department of Health Care Access and Information (HCAI or Department), Office of Health Care Affordability (OHCA or Office) published its recommendations for a Primary Care Investment Benchmark on April 22, 2024. The text of the recommendations is available at: <https://hcai.ca.gov/affordability/ohca/#office-updates> or from the Contact person listed at the end of this Notice.

PUBLIC MEETING FOR PROPOSED PRIMARY CARE DEFINITION AND SPENDING BENCHMARK

The Health Care Affordability Board (Board) shall discuss the Office’s recommendations at the May Board meeting. The Board meeting will be both virtual and in-person; short breaks may be taken, as appropriate.

May 22, 2024, starting at 10 a.m.

In-Person Location:

2020 West El Camino Avenue, Suite 900 (Sierra Conference Room), Sacramento CA

Free parking is available around the building. Please do not park in reserved spaces.

Individuals with disabilities may request an accommodation or modification to observe or participate in the meeting from the Contact listed below. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

Phone (Audio Only):

- Dial +1 (916) 535-0978 (United States – Sacramento, California)
- Enter Phone Conference ID: 869 066 187#

Online via Microsoft TEAMS:

Join on your computer or mobile app - Click [here](#) to join the meeting Or copy and paste the following link into your browser:

https://teams.microsoft.com//meetup-join/19%3ameeting_NmE2ZmZkOGEtNmFiZS00OWMwLTlhNzMtNzNkYTQzZmFmNGM4%40thread.v2/0?context=%7b%22id%22%3a%2228891a93-888f-489f-9930-e78b8f733ca6%22%2c%22oid%22%3a%22dc5107c4-3a16-490d-b720-797de60976ef%22%7d

For best results, please use Google Chrome or Microsoft Edge browsers to join the meeting. Should technical difficulties arise during the meeting, verbal comments from those at the physical location will still be accepted.

Members of the public are NOT required to identify themselves or provide other information to attend or participate in this meeting. If Microsoft Teams requires a name, you may enter “Anonymous.” You may also input fictitious information for other requested information if required to attend the meeting (e.g., anonymous@anonymous.com).

COMMENT PERIOD

The Board shall receive and consider public comments at the May 22, 2024 Board meeting. Additionally, written comments relevant to the proposed Primary Care Investment Benchmark may be submitted, either brought to the above-mentioned meeting or sent by mail or e-mail to the address listed under Contact in this Notice, to be received by the Office by 5:00 p.m. on **May 31, 2024**. This deadline has been extended from May 24, 2024 to allow additional opportunity for public comment after presentation to the Board was rescheduled from April 24, 2024 to May 22, 2024. The total public comment period for this proposal, from the time of its publication, is now 39 days. All written comments timely received by the Office will be delivered to the Board.

The Board shall also receive and consider input, including recommendations, from the Health Care Affordability Advisory Committee (Advisory Committee).

POLICY STATEMENT OVERVIEW

The California Health Care Quality and Affordability Act (hereinafter, the “Act”) was enacted by Senate Bill (SB) 184 (Chapter 47, Statutes of 2022), and became effective June 30, 2022. It added Chapter 2.6 (commencing with Section 127500) to Part 2 of Division 107 of the Health and Safety Code.

Pursuant to Health and Safety Code section 127505(a)(1), OHCA shall measure and promote a sustained systemwide investment in primary care and behavioral health. In furtherance of this goal, the Office shall measure the percentage of total health care expenditures allocated to primary care and behavioral health and set spending benchmarks. Spending benchmarks for primary care shall consider current and historic underfunding of primary care services.

Health and Safety Code sections 127505(a)(2) and 127505(a)(3) further specify:

(2) The intent of the spending benchmarks is to build and sustain infrastructure and capacity, specifically methods of reimbursement that shift greater health care resources and investments away from specialty care and toward supporting and facilitating innovation and care improvement in primary care and behavioral health. It is intended that increased support for primary care and behavioral health will not increase costs to consumers or increase the total costs of health care. However, shifting resources may take time and not be associated with immediate savings.

(3) Benchmarks and public reporting developed pursuant to this article shall consider differences among payers and fully integrated delivery systems, including factors such as plan or network design or line of business, the diversity of settings and facilities through which primary care can be delivered, including clinical and nonclinical settings, the use of both claims-based and non-claims-based payments, and the risk mix associated with the covered lives or patient population for which they are primarily responsible.

Health and Safety Code section 127505(a)(4) requires the following:

(4) In addition to measuring performance of health care entities with the spending benchmarks, the office shall promote improved outcomes for primary care and behavioral health, including, but not limited to, health care entities making investments in, or adopting models that do, any or all of the following:

(A) Promote the importance of primary care and adopt practices that give consumers a regular source of primary care.

(B) Increase access to advanced primary care models and adoption of measures that demonstrate their success in improving quality and outcomes.

(C) Integrate primary care and behavioral health services, including screenings for behavioral health conditions in primary care settings or delivery of behavioral health support for common behavioral health conditions, such as anxiety, depression, or substance use disorders.

(D) Leverage alternative payment models that provide resources at the practice level to enable improved access and team-based approaches for care coordination, patient engagement, quality, and population health. Team-based approaches support the sharing of accountability for delivery of care between physicians and nurse practitioners, physician assistants, medical assistants, nurses and nurse case managers, social workers, pharmacists, and traditional and nontraditional primary and behavioral health care providers, such as peer support specialists, community health works, and others.

(E) Deliver higher value primary care and behavioral health services with an aim toward reducing disparities.

(F) Leverage telehealth and other digital health solutions to expand access to primary care and behavioral health services, care coordination, and care management.

(G) Implement innovative approaches that integrate primary care and behavioral health with broader social and public health services.

Health and Safety Code section 127505(b) and 127505(c) require the following:

(b) The office shall include an analysis of primary care and behavioral health spending and growth, and relevant quality and equity performance measures, in the annual report required pursuant to Section 127501.6.

(c) In implementing this section, the office shall consult with state departments, external organizations promoting investment in primary care and behavioral health, and other entities and individuals with expertise in primary care, behavioral health, and health equity.

Pursuant to Health and Safety Code section 127501(c)(9), OHCA shall:

(9) Measure and promote sustained systemwide investment in primary care and behavioral health.

Pursuant to Health and Safety Code section 127501.11(b)(3), the Board shall approve:

(3) The benchmarks for primary care and behavioral health spending.

Any interested person may present relevant statements, orally or in writing, at the above-mentioned meeting or may submit written comment as detailed above.

CONTACT

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