California Advancing and Innovating Medi-Cal (CalAIM)
Population Health Management

The Issue

Population Health Management is a cohesive plan of action for addressing needs for all enrollees across the continuum of care. Under CalAIM, managed care plans will be required to implement a whole-system, person-centered strategy that focuses on wellness and prevention, includes assessments of each enrollee's health risks and health-related social needs, and provides care management and care transitions across delivery systems and settings. Currently, many managed care plans offer only partial components of a Population Health Management Program. This contributes to poor health outcomes, including:

Wide disparities in treatment outcomes for people of color: The Department of Health Care Services (DHCS) Health Disparities Report shows that people of color fared worse in several Managed Care Accountability Measures, including children's immunization status, breast cancer screening, and diabetes control.

Low preventive care rates for children: The Preventive Services Report found that only 26 percent of children aged 0-30 months attend six or more well-child visits compared to the national benchmark of 68 percent.

High unplanned hospital readmissions: In 2019, the statewide unplanned hospital readmissions rate within 30 days of discharge was 14.9 percent, approximately 25 percent higher than the Let's Get Healthy California goal of 11.9 percent.

CalAIM's Population Health Management Program is designed to proactively assess and address the care needs of enrollees with tailored interventions. By 2023, managed care plans are expected to be responsible for the care of more than 90 percent of Medi-Cal enrollees. Establishing a cohesive, statewide approach to population health management ensures that all members — children, their parents, pregnant persons, elderly and other adults, and people with disabilities — have access to a comprehensive program that leads to longer, heathier lives, improved clinical outcomes and a reduction in disparities.

Faces of CalAIM: Meet Maria and Roberto

Maria is three years old and lives with her father, Roberto. Both were newly assigned to a managed care plan. Based on data analysis, Roberto was flagged as high risk and Maria as missing key preventive services. In CalAIM's Population Health Management Program, Roberto's managed care plan will talk with him about his and Maria's health and range-of-care needs and learn that Roberto has uncontrolled diabetes, and that Maria has not seen a pediatrician in the past year. The plan will be able to place Roberto in a Complex Case Management Program and pay for a medically tailored meal service to help him manage his diabetes. The plan can also ensure that adequate transportation is available for Roberto to take Maria to a pediatrician for a well-child visit, where she can receive her immunizations and age-appropriate developmental screenings.

CalAIM Initiatives to Advance Population Health

Starting in 2023, all managed care plans will be required to meet the National Committee for Quality Assurance's standards for Population Health Management as well as additional DHCS statewide Population Health Management standards. These standards address data-driven risk stratification (a process of identifying the health risk of each enrollee), predictive analytics, identifying gaps in care, and standardized assessment processes. Population Health Management standards also require that plans effectively manage all enrollees by keeping members healthy via preventive and wellness services, and assessing and identifying member risks to guide care management, care coordination, and care transition needs.

Another DHCS initiative to support this work will be the launch in 2023 of the Population Health Management Service. It will serve as the data and analytic backbone of the Population Health Management Program and will enable data sharing across multiple delivery systems (e.g., physical, behavioral health, pharmacy, dental health) and with Medi-Cal enrollees, their providers, human services programs, and other partners.

Positive CalAIM Impact on Medi-Cal Population Health

California anticipates that CalAIM's focus on population health will:

Improve whole person health for Medi-Cal enrollees. CalAIM will put people in the center, with a focus on prevention, wellness, and care coordination services for all enrollees through the Basic Population Health Management Program.

Reduce health disparities through improved community partnerships, enrollee engagement, and a broader focus on addressing unmet health and health-related social needs.

Make meaningful advances in quality. DHCS will establish targets and benchmarks to measure quality, with a focus on preventive care and wellness.