CalAIM: May Population Health Management (PHM) Advisory Group Meeting

May 31, 2022 (2:00–3:30pm PT)

Agenda

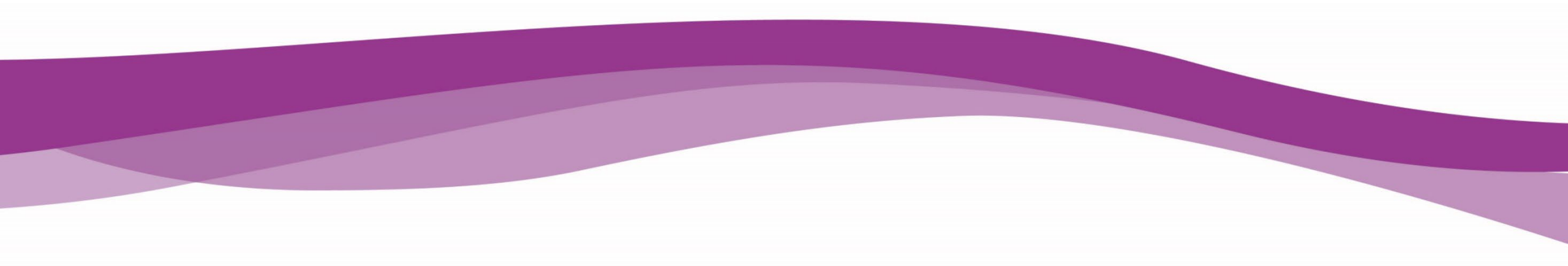|	
Welcome and DHCS Notice	5 min
Member Story	10 min
Discussion: PHM Advisory Group Comments on Draft PHM Strategy and Roadmap	65 min
Upcoming Stakeholder Meetings	5 min
Look Ahead	5 min

Public Health Emergency (PHE) Unwinding

» **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**

» **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.

» **How you can help:**
  » Become a **DHCS Coverage Ambassador**
  » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
  » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
  - » Flyers in provider/clinic offices, social media, call scripts, website banners

- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Member Story

Member Vignette: Transitions

1. A mom with local Medi-Cal coverage just lost her baby due to possible sudden infant death syndrome, activating required public health response for SIDS.

2. The mom was admitted to the hospital for evaluation and treatment, and discharged to a peer-based rehab facility with a small supply of psychiatric medications

3. An assigned Public Health Nurse (PHN) met with the mom at the rehab facility for a full assessment and found her out of medications, without sufficient clothing, without connections to mental health or primary care, and suffering from grief.

4. The PHN was able to help the member refill her medications, find clothing, connect with OB/GYN, contact and connect her to the MCP resources including special status for continued coverage, and help her begin to process her grief.

5. The mom unexpectedly left the treatment facility after a few weeks. PHN and care providers were unable to contact her after this point.

PHN Support

Care Management Support under Transitional Care Services and Enrollment in ECM

Member Vignette: Transitions (continued)

- This story highlights the importance of support services that the public health nurse provided and the needs of members who are transitioning from hospitals/institutions. It also highlights the gaps that existed with the nurse being notified and engaged after discharge and the risks without a longitudinal program in place.

- Under PHM, we expect the MCP to ensure members are supported longitudinally from discharge planning until their needs are met. In addition, all members should be assessed for eligibility/needs for further care management such as ECM.

  - This member would have qualified for ECM with her substance use disorder, and therefore her supportive care management services could continue through ECM longitudinally, providing needed support as she begins recovering from her loss.
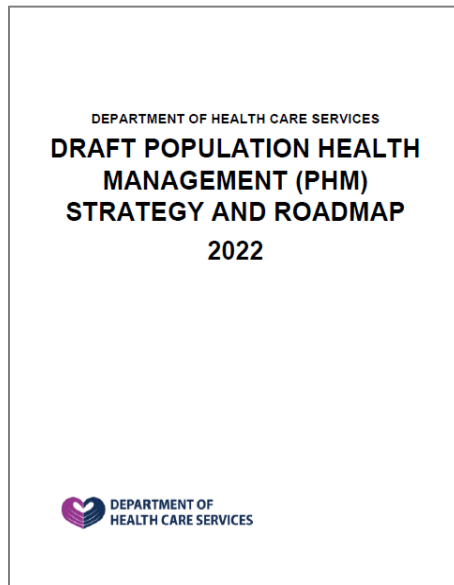
Discussion: PHM Advisory Group Comments on Draft PHM Strategy and Roadmap

Recap: *PHM Strategy & Roadmap Document Public Comment*

On April 25th, DHCS released the draft PHM Strategy & Roadmap Document for public comment. Thirty–seven comment letters were received. Today we will be discussing feedback and questions submitted by the PHM Advisory Group Members.

DEPARTMENT OF HEALTH CARE SERVICES
DRAFT POPULATION HEALTH MANAGEMENT (PHM) STRATEGY AND ROADMAP
2022

DEPARTMENT OF
HEALTH CARE SERVICES

Access paper here

Purpose of the Strategy and Roadmap:

Defines and describes the key PHM concepts and terminology that will be used by DHCS to support the implementation of the PHM Program in the coming years

Sets out the roadmap for managed care plans (MCPs) for 2023 and beyond

Includes member goal vignettes to delineate member perspective on the "Why"

Public Comment: *Key Topics for Discussion and Clarification*

1. Screening & Assessment (S&A)

- Screening Timeline
- Assessment Tools

2. Population Needs Assessment (PNA) / Population Health Management Strategy (PHMS)

- NCQA Alignment
- Sequencing and Cadence

3. Transitional Care Services

- Effective Date
- Applicability
- Roles and Responsibilities
- Member with Other Healthcare Coverage or Enrolled in Another Delivery System

4. Providing Services and Supports

- Primary Care Workforce
- Provider Contracting

5. PHM Service/RSS/Data Sources

- Data Sharing
- Required Data Sources
- Use of Data from PHM Service
- RSS Methodology
- Additional Guidance

Public Comment: *Screening & Assessment (S&A)*

Topic	Questions/Comments
Screening Timeline	• What is the timeline for completing the HIF/MET and IHA, and can they be combined?
Assessment Tools	• With the retiring of the HRA, if a member is high risk and/or has LTSS needs, what tool should MCPs use? Will the CCM or ECM assessment suffice?

For Discussion

• HIF/MET results should be shared between MCPs and providers. It is up to MCPs and providers to determine how they should collaborate; what should be shared; and through what mechanism. What concerns, if any, are there with this approach?

Public Comment: *Populations Needs Assessment (PNA) / Population Health Management Strategy*

Topic	Questions/Comments
NCQA Alignment	• Can the PNA/PHM Strategy be aligned with NCQA submission to avoid duplication?
Sequencing and Cadence	• Why is PHM Strategy on an annual cycle and PNA on a 3-year cycle? • Does the PHM Strategy need to be revised in its entirety on an annual basis, or will the framework of the strategy remain the same with elements updated on an annual basis?

For Discussion

• How should MCPs collaborate with providers, counties and other stakeholders to develop the PNA?

Public Comment: *Transitional Care Services (TCS)*

Topic	Questions/Comments
Effective Date	• Is the requirement to provide TCS to all members effective 1/1/2023?
Applicability	• Do TCS requirements apply to members transitioning from incarceration?
Roles and Responsibilities	• Will the hospital staff/discharge planner be responsible for completing the discharge risk assessment prior to discharge?
Members with Other Health Coverage or Enrolled in Another Delivery System	• What are MCPs' responsibilities when member has other health coverage (e.g., Medicare FFS)? • Are MCPs required to provide transitional care to all Medi-Cal members discharging from inpatient health facilities, including behavioral health?

For Discussion

• It is DHCS' expectation that where ADT data exists, that MCPs will ingest that data to conduct transitional care management. Where ADT data does not exist, what are existing solutions in practice today for ensuring MCPs are notified of transitions in a timely manner? What solutions could be deployed?

Public Comment: *Providing Services and Supports*

Topic	Questions/Comments
Primary Care	• Recommend that BPHM member engagement should be not be limited solely to the members' assigned PCPs, but the staff person on the care team as well. • Are MCPs or PCPs responsible for providing BPHM?
Provider Contracting	• Encourage the state to require levels of care management services be provided by the same (care manager) provider. • MCPs should offer contracts to all existing ECM providers for BPHM and CCM.

For Discussion

• Beyond the MCAS measures, what kind of accountability measures should DHCS consider for MCPs regarding BPHM, equity, wellness and prevention, and care management goals and strategies?

PHM Service and Health Information Exchange

The PHM Service will provide access to aggregated, retrospective data to authorized users.

PHM Service

- The PHM Service will support whole-person care, integrating retrospective administrative, medical, behavioral, dental, social service and program information from disparate sources, performing population health functions, and allowing for multi-party data access and use. It will provide data aggregation services that support risk-stratification, segmentation and tiering, assessment and screening processes, and analytics and reporting.

- The Service is NOT being designed to provide real-time clinical decision support capabilities. It will provide retrospective population health management capabilities.

- Regional health information exchange organizations (HIOs) are expected to be a source of admission, discharge and transfer (ADT), lab results, vital signs, and other clinical information that the PHM Service can acquire to drive it's PHM service capabilities.

- For regional HIOs to provide data and gain access to the PHM Service, DHCS will establish criteria and parameters that authorize access to PHM Service data to and from HIOs in accordance with federal and state data sharing rules and regulations.

Public Comment: *PHM Service, RSS and Data Sources*

Topic	Questions/Comments
Data Exchange	• Will the PHM Service have the functionality to allow bi-directional data exchange, data look-up, and/or communication between the Service and Providers' EHRs?
Beneficiary Contact Information	• Will beneficiaries be able to update their individual contact information in the PHM Service?
PHM Service RSS Methodology	• Will MCPs be able to use their own local data sources and methodologies to supplement the PHM Service's RSS approach? • How will the PHM Service RSS methodology and risk tier criteria be developed with stakeholder input? • Can an MCP change a member's risk tier?

For Discussion

• What kind of guidance does the market need to address current challenges associated with the collection of SOGI, race/ethnicity, and SDOH data?

Upcoming Stakeholder Meeting

Upcoming Stakeholder Meeting:

- **Wednesday 7/27, 10:30 – 12 PM PT**
  - July PHM Advisory Group Meeting

Looking Ahead

Overview: *PHM Initiative High-Level Timeline*

	Policy/Guidance	Submission	Launch

May 2022	*Draft PHM Strategy and Roadmap for Public Comment [COMPLETE]*
June 2022	Final PHM Strategy and Roadmap
August 2022	2023 PHM Program Guide 2023 PHM Strategy Readiness Deliverable Template
October 2022	MCP 2023 PHM Readiness Submission due
November 2022	2023 Supplemental Reporting Guidance for PHM published
December 2022	Amended APLs regarding IHEBA/SHA and Individual Health Assessment released
Jan 1, 2023	**PHM Program Launch** **PHM Service Test Launch with Multiple Partners**
Q1 2023	Updated APL 19–011 regarding PNA/PHM Strategy Requirements
Q2 2023	PHM Strategy due under revised requirements, to more comprehensively detail the PHM Program's PNA Approach and use of the PHM Service PHM Quarterly Implementation Reporting starts
Q3 2023	**PHM Service Statewide Launch and Scaling**

DHCS is reviewing feedback from the public comment for consideration in drafting the Final PHM Strategy & Roadmap

Q&A

Please visit the DHCS PHM Website for more information and access to the PHM documents and supporting resources:
https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx

Please send questions to CalAIMECMILOS@dhcs.ca.gov

Appendix

PHM FRAMEWORK

Gathering Member Information
- Initial Screening
- Claims/ Encounters/ Other Data

Understanding Risk
- Risk Stratification and Segmentation
- Risk Tiering
- Some Members
- Assessment & Reassessment for Care Management

All Members

Providing Services and Supports
- Basic Population Health Management
- Care Management
- Transitional Care Services (as needed)

PHM Strategy and Population Needs Assessment (PNA)