

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

September 29, 2022 (12:30 –1:30 pm PT)



Agenda

Welcome and DHCS Notice

2 min

Member Story

5 min

PHM Service Vendor Update

20 min

Risk Stratification, Segmentation, and Tiering (RSST) Overview

10 min

RSST in the PHM Service and Related Advisory Bodies

20 min

Look Ahead

3 min

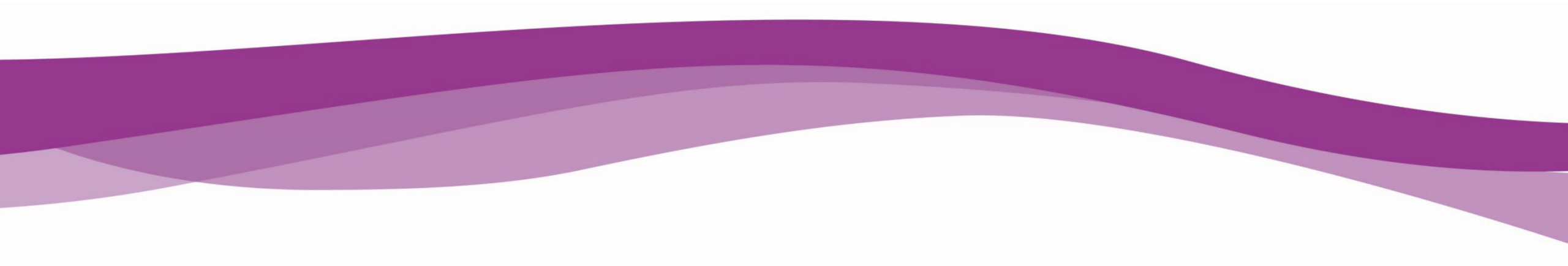
Public Health Emergency (PHE) Unwinding

- » **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: RSS and PHM

- 1** In the past few years, Partnership Health Plan has been conducting risk stratification using a variety of data, including member demographics, claims, lab results, last office visit date, A1C value, additional chronic conditions, total ED visits and hospitalizations, and outpatient visits. Supplemented with “human logic”, Partnership is able to use these algorithms to identify member cohorts with rising risk to offer proactive outreach and intervention.
- 2** Through this method, Partnership Health Plan identified Ms. X, a member who had been engaged with primary care, but had poorly controlled diabetes with an elevated A1C and a recent ER visit, in the cohort with rising risk.
- 3** Partnership referred her to their Population Health Healthy Living Program. A Health Living Coach reached out to her by phone, using person-centered messaging, to offer support and assess barriers and challenges to care.
- 4** Ms. X shared her challenge with meal planning with the Healthy Living Coach, who referred her to a dietitian. However, getting an appointment was going to take a while.
- 5** To support Ms. X before her dietitian appointment, the Healthy Living Coach recommended some online cooking resources. But as Ms. X does not have internet access at home, her Health Living Coach handmade a cookbook of healthy meal recipes and mailed it to her home. The Healthy Living Coach called Ms. X to follow-up and learned that she had already tried two of the recipes and was later connected with a dietitian.



Identification through Data



Healthy Living Coach Support



Member Vignette: RSS and PHM

- This story highlights the impact that using data to perform risk segmentation and stratification can have on early identification that enables proactive outreach and the ability to connect members to the services that will most support them, preventing poor health outcomes and medical crises.
- Such an approach, as in this vignette, can build trust between beneficiaries and their health plan and empower beneficiaries to make health-promoting changes in their lives.
- Before the PHM Service is live, MCPs are required to make a good faith effort to use and integrate a list of data sources to inform their risk stratification and segmentation (RSS) approach and stratify members, before connecting them with appropriate services and resources. This PHM approach is especially critical for members with high risk, or those with medium or rising-risk to prevent the exacerbation of their conditions.
- Once the PHM Service is live, we expect that MCPs will use the risk tiers produced by the Service to identify members for outreach. In addition, the Service will provide access to a variety of data, such as data on members who are receiving WIC or CalFresh, that could be helpful for plans in identifying benefits and other supports to address social drivers of health.

PHM Service Vendor Update

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the width of the slide below the title.

PHM Service Overview

The PHM Service will integrate data, support key population health functions, and provide users access to PHM data.



1. Integrate Data from DHCS and Other Sources

Integrate data (physical, behavioral health, dental and Rx data, social service, developmental, home and community-based services, IHSS, 1915c waiver, and other program, administration and clinical) from providers, MCPs, counties, CBOs, DHCS, and other government departments and agencies.



2. Enable Key PHM Functions and Services

Facilitate and support key population health functions

such as:

- individual screening and assessment
- risk stratification, segmentation and tiering
- gap reporting.



3. Provide Access to PHM Data

Provide users with access to integrated data to support population health management use cases and streamline care delivery. Intended users include DHCS as well as members, MCPs, counties, providers, tribes, human services programs, and other partners.

PHM Service Vendor Update

On September 6th, DHCS released a notice of intent to award, selecting Gainwell Technologies to implement the PHM Service.

PHM Service Overview

- The PHM Service will support whole-person care, integrating a wide range of administrative, medical, behavioral, dental, social service and program information for use by multiple stakeholders' population health needs.
- The PHM Service will support risk-stratification, segmentation and tiering; assessment and screening processes; and analytics and reporting.

Proposed PHM Service Vendor



Rollout Details

- DHCS will partner with Gainwell Technologies to implement the PHM Service. The initial contract will be for three years, with the option to extend for an additional three years.*
- An initial set of PHM Service capabilities will be launched during a pilot phase beginning January 2023.
- By July 2023, DHCS will begin rolling out the PHM Service statewide.

Upcoming PHM Program and Service Milestones



2022/2023 Milestones



Sep 2022

Oct 21, 2022

Jan 2023

July 2023

2023 PHM Program Requirements and Guidance for MCP 2023 PHM Readiness Submission released

MCP 2023 PHM Readiness Submission due to DHCS

PHM Program Go-Live

PHM Service Statewide Launch and scaling

PHM Service Test Launch with multiple partners*

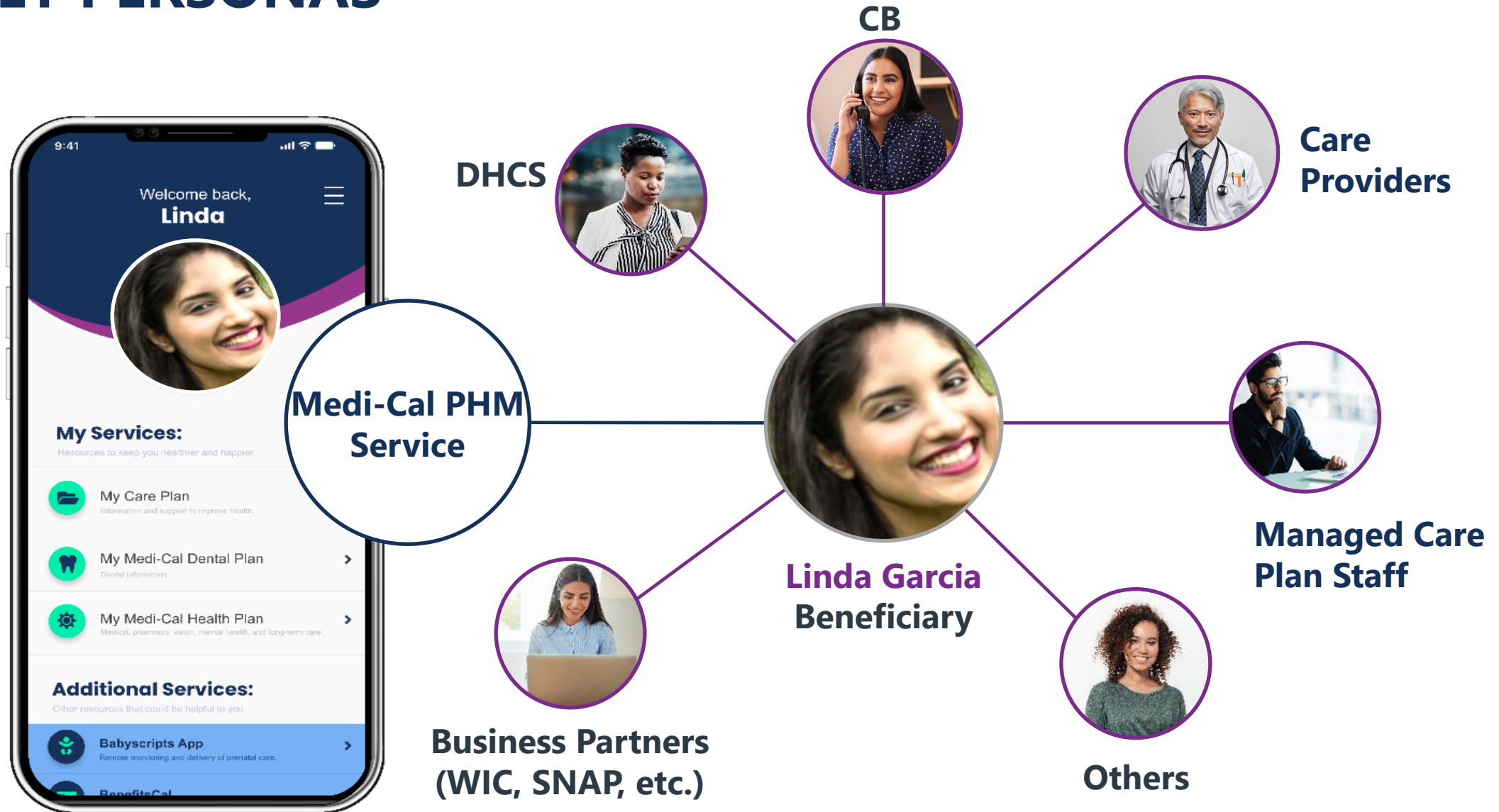
PHM Service vendor Notice of Intent to Award released

* PHM AG members may nominate interested entities as potential partners in the test launch phase of PHM Service implementation. PHM AG members may email the DHCS PHM Section mailbox at PHMSection@dhcs.ca.gov with subject "PHM Service Pilot Partner" with the organization name, contact name and information, and the specific functionalities they would be interested in serving as a pilot partner.



September 2022

KEY PERSONAS



MEDI-CAL'S PHM SERVICE OVERVIEW (PROPOSED FUNCTIONALITY)

Beneficiaries & Authorized Users

Department of Health Care Services

Managed Care Plans & Providers

Medi-Cal's PHM Service



User Portal

- Intake
- Program flags (e.g., WIC, CalFresh)
- Registration
- Consent management
- Screening / assessments
- Targeted educational materials
- Claims and clinical data
- Program and risk flags
- Available in multiple languages



Consumer Contact Center

- Friendly, culturally competent support
- Multi-language support
- Chat, email, voice
- Interactive voice response
- Automated agent self-service



Education Training

- Instructional videos
- Digital training
- Instructor-led training
- Beneficiary, provider, and DHCS training
- State staff toolkits
- Educational repository



Campaign & Letter Management

- Automated, targeted outreach via text, email, chat
- Document generation
- Outbound print and mail



Population Health & Advanced Analytics

- Risk stratification and segmentation algorithms
- Program and risk flags
- Analytics visualization and dashboards
- Disease and condition surveillance
- Quality measures
- Support for Medi-Cal service development



Business Support Services

- Business continuity and disaster recovery
- Security and privacy
- Real-time monitoring / alerting and reporting
- Enterprise document management
- Identity and access management

Longitudinal Beneficiary Record

Business Partners

Health Care Delivery Partners

Local Agencies and Counties

BENEFITS & ELIGIBILITY (Proposed Functionality)

The screenshot displays a user interface for a member named Linda Garcia. The top navigation bar includes the DHCS logo, a Messages notification (0), and a Welcome message for Linda. The main navigation menu contains links for My Family, My Health, My Providers, My Health Plan, and My Tools. The central content area is titled "Benefits and Eligibility as of 23 Sep 2022" and is divided into two main sections: a personal information summary and a "Programs and Services" list.

Personal Information Summary:

Linda Garcia DOB: 3 Feb 1990 Gender: F Member ID: 02042206201 Phone: (123) 456-1896	Address 123 Main St. Coachella CA 92236 Map Directions	My PCP Peters, Darrell Family Practice - In Network
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Buttons: Edit Account, Request ID Card, Print ID Card

Benefit Plan Information:

Benefit Plan : Anthem	Relationship : Self
	Enrollment Origination Date : 1 Jan 2007

Programs and Services:

- Community Services:**
 - CalFRESH Approved (effective 07/18/2022)
 - WIC Approved (effective 07/18/2022)
 - Transportation Services Approved (effective 7/12/22)
 - Lead Abatement Approved (effective 3/14/22)
- Chiropractic Office Visits:** May Require Approval, Benefit Limits
- Dental Care:** Benefit Limits
- Acupuncture:** May Require Approval, Benefit Limits
- Behavioral Health:** Requires Approval

HEALTH EDUCATION (Proposed Functionality)

Quick Links

- [Find a Community Service Provider](#)
- [View My Benefits](#)
- [Find Claims](#)
- [Visit the Health Care Learning Center](#)
- [View My Care Plans](#)
- [View My Care Alerts](#)

Update your contact information

To ensure your benefits are accurate and uninterrupted, it's critical that you keep your contact information up to date. Please review your contact details.

[Update my information >](#)

Benefit assessments

- NEW**
Social Needs >
Complete by 08/15/2022
- NEW**
Mental Health >
Complete by 11/30/2022


[See all Assessments](#)

COVID Emergency Updates

Stay up to date on the Medi-Cal COVID-19 Public Health Emergency (PHE) Operational Unwinding Plan

[More information >](#)

Check your messages

 **You have a new message!**

[View your messages >](#)




My Health Learning Center

- Learn more about **Prediabetes** >
Diagnosed Jun 28, 2022
- Learn more about **Prenatal Care** >
Reported May 05, 2022
- Learn more about **Nutrition** >
Reported Dec 12, 2022

[See all Learning Center content](#)

🔍↕ En español

Prediabetes



- Metformin and You: A Winning Strategy
- Prediabetes: Healthy Changes You Can Make
- Prediabetes: Which Path Will You Take?

What is prediabetes?

Prediabetes is a warning sign that you are at risk for getting **type 2 diabetes**. It means that your blood sugar is higher than it should be, but not high enough to be diabetes. Prediabetes is also called impaired glucose tolerance or impaired fasting glucose. Most people who get type 2 diabetes have prediabetes first.


What causes prediabetes?

The food you eat turns into sugar, which your body uses for energy. Normally, an organ called the pancreas makes insulin, which allows the sugar in your blood to get into your body's cells. But when your body can't use insulin the right way, the sugar doesn't move into cells. It stays in your blood instead. This is called insulin resistance. The buildup of sugar in the blood causes prediabetes.


People who are overweight, aren't physically active, and have a family history of diabetes are more likely to get prediabetes. Women who have had gestational diabetes are also more likely to get prediabetes.

What are the symptoms?

Most people with prediabetes don't have any symptoms. But if you have prediabetes, you need to watch for signs of diabetes, such as:



- [Topic Overview](#)
- [Health Tools](#)
- [Cause](#)
- [Symptoms](#)
- [What Happens](#)
- [What Increases Your Risk](#)
- [When To Call](#)
- [Exams and Tests](#)
- [Treatment Overview](#)
- [Prevention](#)
- [Setting a Goal to Prevent Type 2 Diabetes](#)
- [Medicines](#)
- [Related Information](#)
- [Credits](#)



Body Fat Distribution

CLAIMS INFORMATION - INTEGRATED EDUCATION LINKS (Proposed Functionality)

Pages: (1) 2 Results: 24

Claim Status Search Results For 020422

View EOB	Claim Number	Date of Service	Provider
View	1904300006	1 Sep 2022	Peters , Darrell
View	1905280009	22 Aug 2022	Carmen , Guy F.
View	1904160009	7 Aug 2022	Peters , Darrell
View	1904010030	10 Jul 2022	Peters , Darrell
View	1903020064	4 Jul 2022	Peters , Darrell
View	1905180064	1 Jul 2022	Mandela , Robert
View	1905010001	18 Jun 2022	Adams , Gladys

Claim Status Detail for 1904160009 Print

Claim Summary

Provider	Darrell Peters	Practice	Hermiston Medical Center (5529)
Patient	Linda Garcia	Patient Account No.	81380
Ref/Auth Number	None	Claim Receipt Date	15 Aug 2022
Diagnosis	Z70.00 : F41.1 : GENERALIZED ANXIETY DISORDER		

Service Summary

Line	Date of Service	Service	Allowed Amount	Patient Responsibility	Amount Paid by Plan
000	7 Aug 2022		\$100.00	\$0.00	\$0.00
Totals			\$100.00	\$0.00	\$0.00

Payment Summary

Line	Status	Payment Date	Not Covered / Adjustment Reason(s)
000	Paid	22 Aug 2022	HT - Paid

Anxiety



[Anxiety: How to Change Anxious Thoughts](#)
[Anxiety: Is Treatment Right for You?](#)
[Anxiety: Paying Attention to How You're Doing](#)




[Anxiety: Treatment Options](#)
[Anxiety: What Is It?](#)

- [Overview](#)
- [Health Tools](#)
- [Check Your Symptoms](#)
- [Self-Care](#)
- [Preparing For Your Appointment](#)
- [Related Information](#)
- [Credits](#)

Feeling worried or nervous is a normal part of daily life. Everyone frets or feels anxious from time to time. Mild to moderate anxiety can help you focus your attention, energy, and motivation. If anxiety is severe, you may feel helpless, confused, or very worried. But your feelings may be out of balance with how serious or likely the feared event might be. Overwhelming anxiety that interferes with daily life isn't normal. This type of anxiety may be

MEMBER 360° PROVIDER VIEW (Proposed Functionality)



Messages 9
Welcome Eric

Patient Management
Office Management
Tools
News and Resources

Food Insecurity High

Annual Visit 08/15/2022

Active Care Plans 3

Admission Risk High

Risk for ER Visit High

Linda Garcia

Member ID 02042206201

Patient Information

Date of Birth 3 Feb 1990	Sex Female	Address 123 Main St. Coachella, CA 92236
Phone (123) 456-1896	Email learnmore@healthtrio.com	

Benefits & Eligibility Full Details >

Status ACTIVE

PCP

Name: Darrell Peters	Effective Dates: 1 Jan 2022 - 31 Dec 2022	Phone
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🏠 **Claims** Last 12 months

13 Claims
 10 Paid
1 Rejected
1 Denied
1 Submitted

Status	Claim Number	Date of Service	Paid
Paid	1904300006	Jul 1, 2022	\$ 8.75
Paid	1905280009	Jun 22, 2022	\$ 0.00
Paid	1904160009	Jun 7, 2022	\$ 112.98
Paid	1904010030	May 10, 2022	\$ 85.63
Paid	1903020064	May 4, 2022	\$ 42.00

MRI of spine
SNOMEDCT 12401420000009100

Dec 13, 2021

Completed

+ SHOW 11 MORE VIEW ALL >

🏠 **Conditions** Last 12 months 4 Conditions

Description	Date Recorded	Status
High Blood Pressure <small>8801005 SNOMEDCT</small>	Dec 15, 2021	Active
Depression <small>6142004 SNOMEDCT</small>	Dec 1, 2021	Active
Gestational Diabetes <small>21351003 SNOMEDCT</small>	Oct 8, 2021	Active
Preclampsia <small>38341003 SNOMEDCT</small>	Aug 1, 2021	Active

SHOWING 4 CONDITIONS
VIEW ALL >

🏠 **Allergies**

5

Allergies

Description	Reaction	Date recorded
CARROT	Fainting	Oct 21, 2021
ACETAMINOPHEN	Rash	Oct 12, 2021
ECHINACEA	Headache	Nov 8, 2020
APOMORPHINE	Vomiting	Nov 8, 2020
PENTAZOCINE	Hives	Feb 5, 2019

SHOWING 5 ALLERGIES
VIEW ALL >

🏠 **Immunizations**

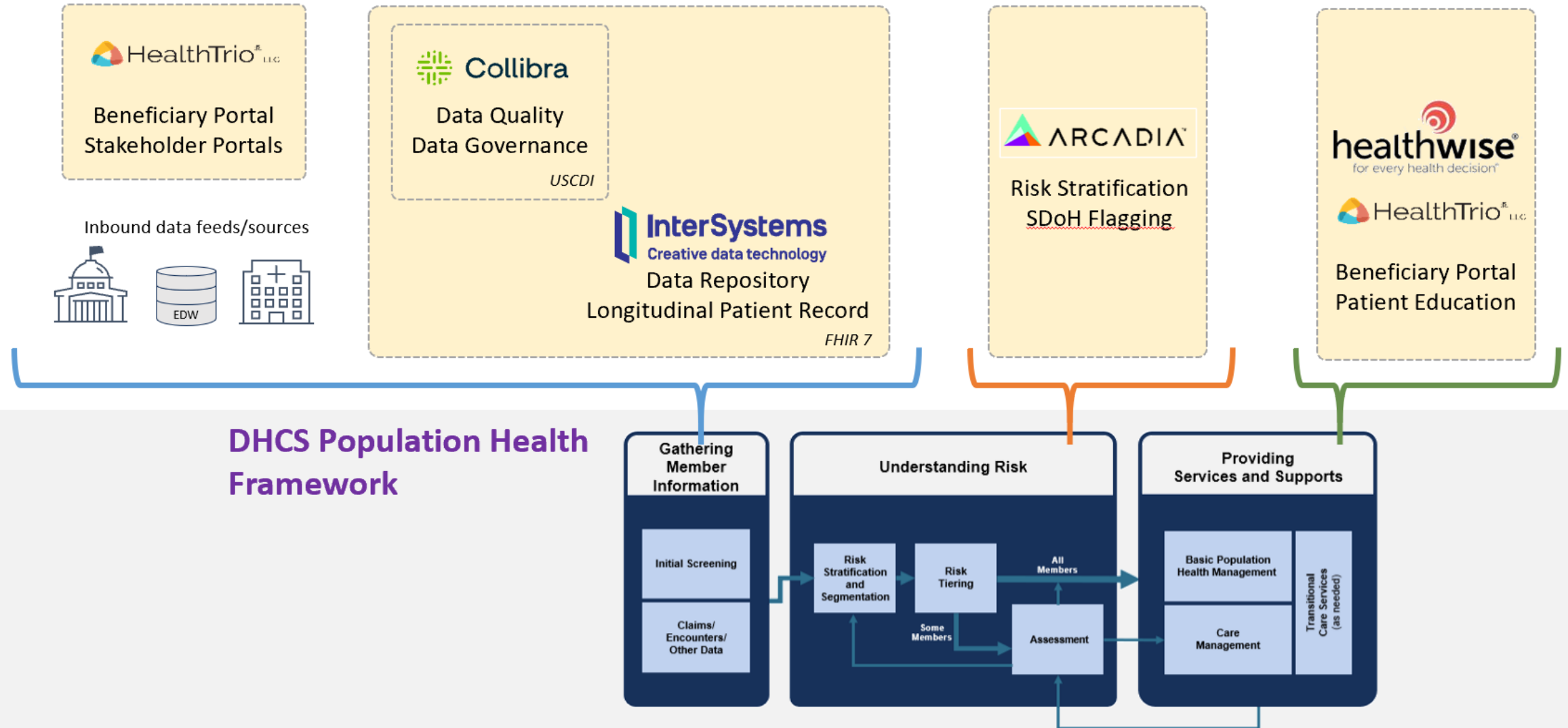
4

Immunizations

Type	Date recorded
Combined immunization against bacterial & viral disease	Jan 14, 2022
Pneumococcal (pneumonia) vaccination	Oct 11, 2021
Influenza (flu) vaccination	Oct 10, 2021
Influenza (flu) vaccination	Nov 1, 2020

SHOWING 4 IMMUNIZATIONS
VIEW ALL >

Medi-Cal PHM Service: Modular, Flexible, and Adaptable (Proposed Architecture)



FACTORS DRIVING PROPOSED MEDI-CAL'S PHM SERVICE SUCCESS

- An empowered beneficiary experience to drive adoption
- Trusted, collaborative partners working collectively to move quickly and deliver across all aspects
- A thorough understanding of California health care, public health and social services data
- Best-in-class, modular and configurable solution that continuously improves and evolves with you

Our visionary approach brings the right solutions together across care management, risk stratification, population health management and beneficiary and provider experience.

THANK YOU



Risk Stratification, Segmentation, and Tiering (RSST) Overview

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Risk Stratification, Segmentation, and Tiering (RSST) and the PHM Service

The PHM Service will support key population health functions, including RSST.



1. Integrate Data from DHCS and Other Sources

Integrate data (physical, behavioral health, dental and Rx data, social service, developmental, home and community-based services, IHSS, 1915c waiver, and other program, administration and clinical) from providers, MCPs, counties, CBOs, DHCS, and other government departments and agencies.



2. Enable Key PHM Functions and Services

Facilitate and support key population health functions

such as:

- individual screening and assessment
- **risk stratification, segmentation and tiering**
- gap reporting.



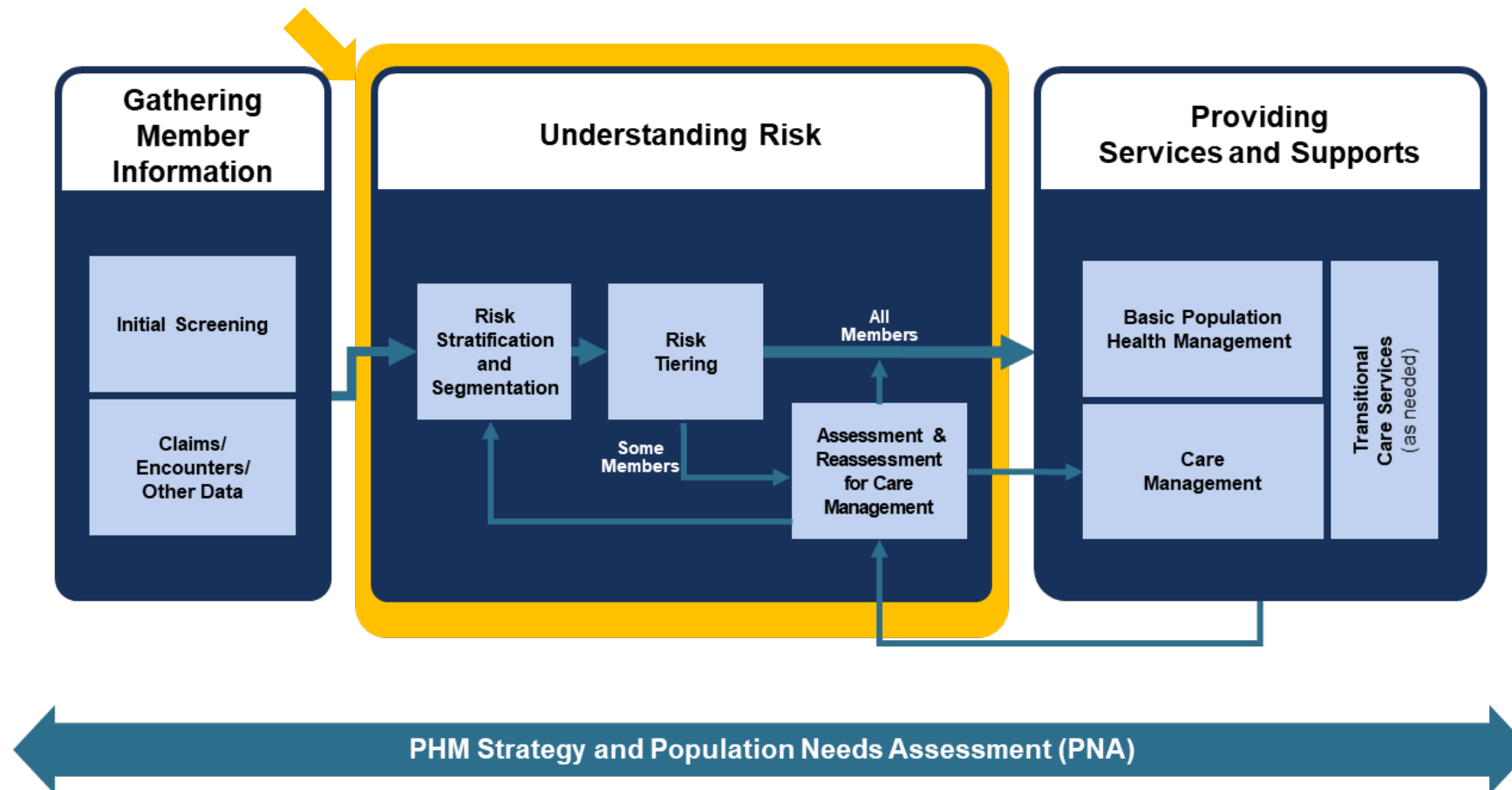
3. Provide Access to PHM Data

Provide users with access to integrated data to support population health management use cases and streamline care delivery. Intended users include DHCS as well as members, MCPs, counties, providers, tribes, human services programs, and other partners.

Population Health Management Framework

Risk Stratification, Segmentation, and Tiering Component

Understanding and addressing risk are key objectives of PHM in Medi-Cal.



Risk Stratification, Segmentation, and Tiering (RSST)

From the Pop Health Management Strategy & Roadmap (2022)

Key Definitions

Risk Stratification and Segmentation: *The process of differentiating member populations into different risk groups and/or meaningful subsets.*

Risk Tiering: *Assigning members to risk tiers that are standardized at the state level (i.e., high, medium-risking, or low risk), with the goal of determining appropriate care management programs or other specific services.*

Purpose and Use

Create state-wide, transparent standardized risk score and risk tiers **to identify members who may benefit from broader services and interventions.**

Risk Stratification, Segmentation, and Tiering (RSST)

From the Pop Health Management Strategy & Roadmap (2022)

Key Principles

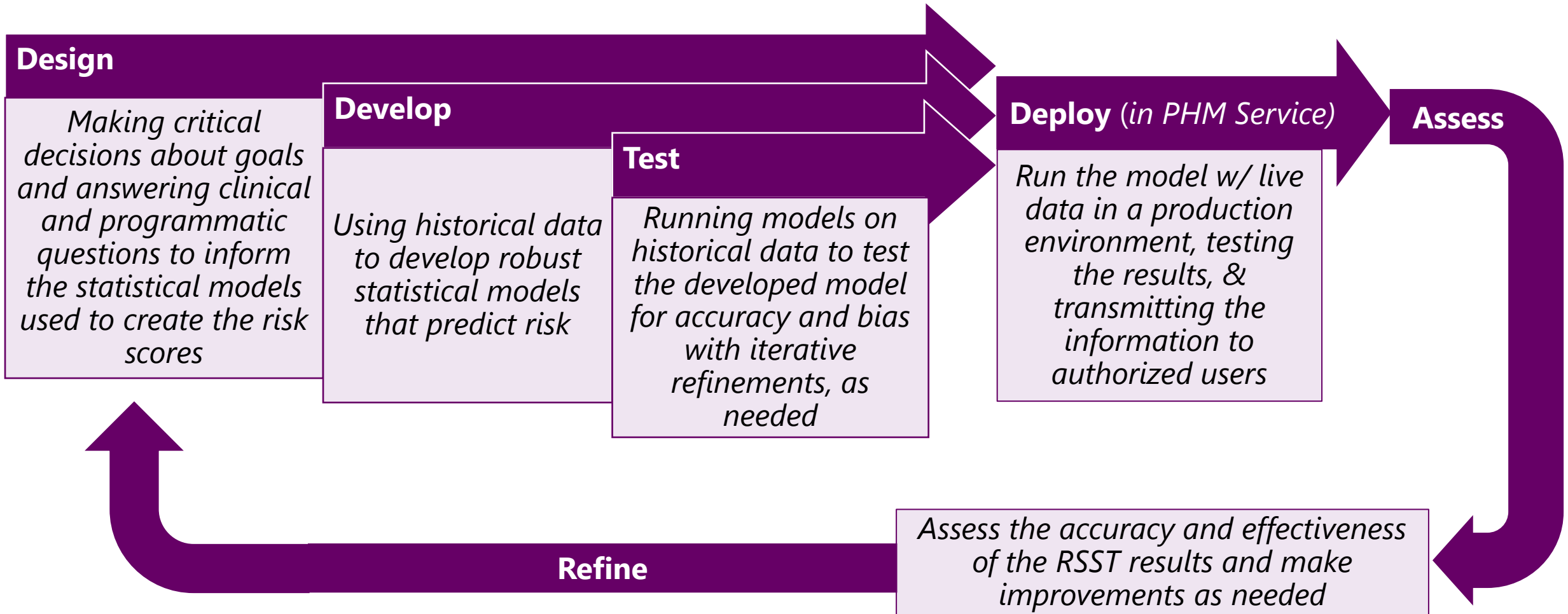
- Risk tiers must be based **not only on medical or behavioral health risk, but also social risk and importantly must consider underutilization** of services
- Must **consider bias** with goal of improving disparities
- Must **be transparent** and informed with stakeholder feedback
- Will be **used to identify members who require further assessment of needs** and also to **monitor plans' delivery of care management services**
- Can be supplemented, but at minimum **is the floor for evaluation of needs**. (For example, a plan may have information that identifies a member as high risk when the state algorithm had identified as low risk, and the plan has the flexibility to still provide high risk services to that member)

RSST in the PHM Service and Related Advisory Bodies

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Framework for RSST Implementation (*PHM Service*)

Implementation of the PHM Service's RSST approach will be achieved in overlapping phases.



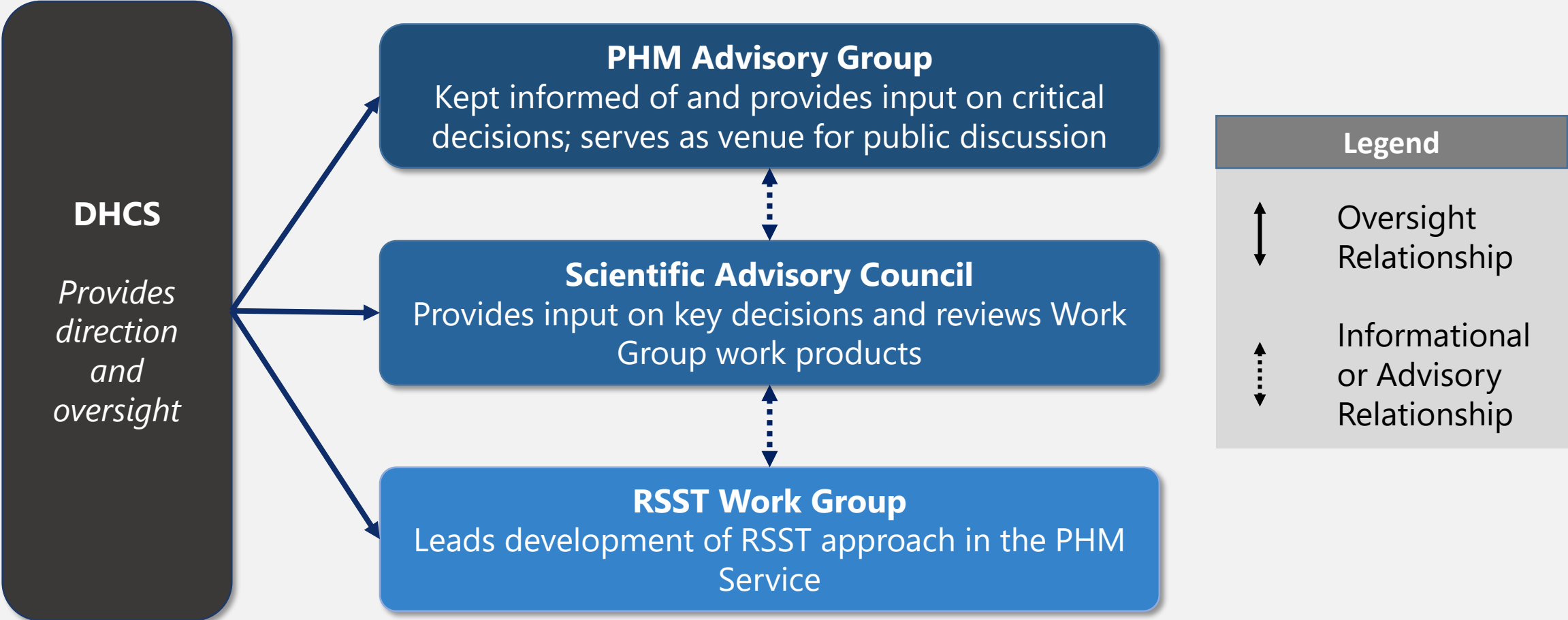
RSST Work Group and Scientific Advisory Council

To inform the design, development, and testing phases, DHCS is establishing (1) a small RSST Work Group of experts; and (2) a Scientific Advisory Council

	RSST Work Group	Scientific Advisory Council (SciAC)
Summary	<u>Leads</u> RSST design and decision-making, with data support from DHCS and the PHM Service Vendor.	<u>Acts in advisory role</u> to DHCS to guide the development & deployment of RSST, provides feedback to RSST workgroup on key decisions.
Responsibilities	<ul style="list-style-type: none">• Spearheads <u>early framework design and day to day decision-making</u> on the development of risk scores and tiers including algorithm development• Presents recommendations to Scientific Advisory Council.	<ul style="list-style-type: none">• Provides <u>input on critical issues and reviews key decisions</u>• Reviews all de-identified outputs and bias studies.• Keeps PHM AG informed and solicits input on key decisions
Launch	Q4 2022	Q4 2022

Relationships Between Advisory Bodies

The SciAC will advise on the activities of the RSST Work Group and provide input on its work products. DHCS will direct and have oversight responsibility for all advisory bodies as shown below.



Call for Nominations for the Scientific Advisory Council

DHCS seeks nominations for individuals to serve as members of the Scientific Advisory Council.

Prospective members:


- Should possess experience with:
 - Designing and developing RSST approaches and tools;
 - Using RSST outputs to inform care management, care coordination, and care delivery; **and/or**
 - Lived experiences as Medi-Cal members and advocates, of receiving services in the Medi-Cal delivery system
- Be able to commit approximately 4-6 hours per month (inclusive of meeting time)


Nominations should be sent to PHMSection@dhcs.ca.gov with the subject line: '***PHM Scientific Advisory Council – Nomination***'. Both PHM Advisory Group members and non-members may be nominated for inclusion in the Scientific Advisory Council.


Look Ahead


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 Policy/Guidance	 Submission	 Launch
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- May 2022  *Draft PHM Strategy and Roadmap for Public Comment [COMPLETE]*

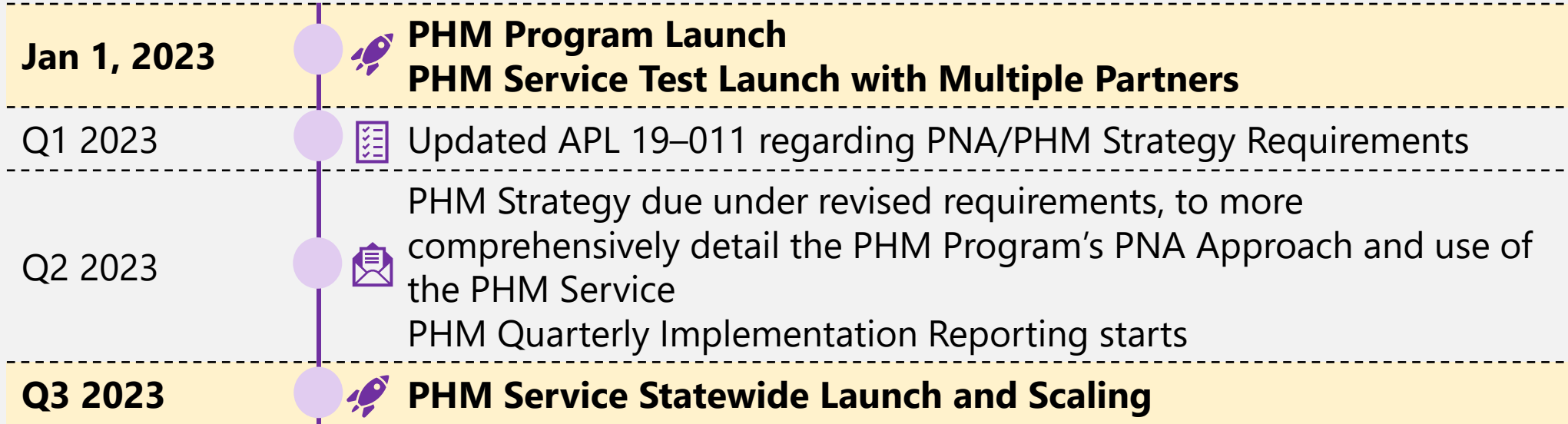
- June 2022  *Final PHM Strategy and Roadmap*

- September 2022  *2023 PHM Program Guide*
2023 PHM Strategy Readiness Deliverable Template

- October 2022  MCP 2023 PHM Readiness Submission due

- December 2022  2023 Supplemental Reporting Guidance for PHM published

- December 2022  Amended APLs regarding IHEBA/SHA and Individual Health Assessment released



Upcoming Stakeholder Meeting:



- **Monday, October 24th at 10:30 AM – 12 PM PT**
 - October PHM Advisory Group Meeting

THANK YOU

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, spanning the width of the slide below the 'THANK YOU' text.

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>

Appendix

The lower half of the slide features a decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. These bands create a sense of movement and depth across the bottom of the page.

PHM Framework

