

# Population Health Management (PHM) Service

## All-Comer Webinar

*May 23, 2022*

*10:00am-11:00am*

# Agenda

**PHM Program and PHM Service Overviews**

5 min

**Key Capabilities of the PHM Service**

10 min

**PHM Service: User Vignettes**

15 min

**Timeline and Expectations**

10 min

**Q&A**

15 min

**Close and Next Steps**

5 min

# DHCS and Manatt Facilitators

## DHCS

- **Palav Babaria**, Deputy Director, Quality and Population Health Management
- **Aita Romain**, Population Health Management
- **Kelli Mendenhall**, Population Health Management
- **David Tian**, Population Health Management

## Manatt Health Facilitators

- **Sharon Woda**, Senior Managing Director
- **Jonah Frohlich**, Senior Managing Director

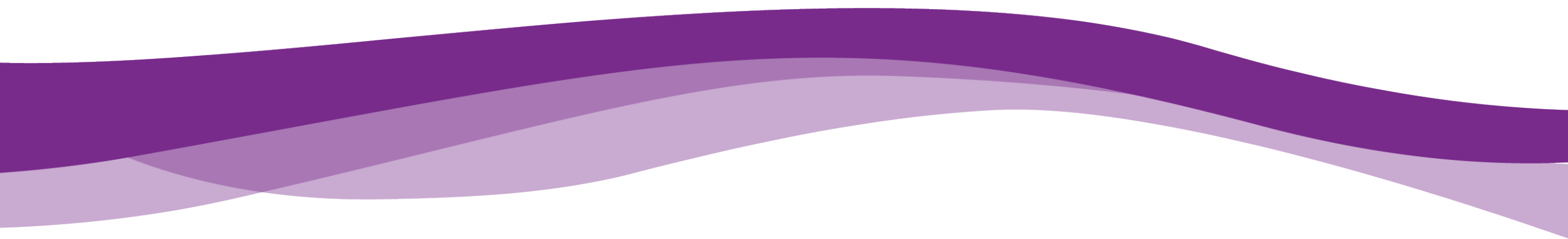
# Public Health Emergency (PHE) Unwinding

- » **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.

# **PHM Program and PHM Service Overviews**



# Population Health Management (PHM) Program Overview

DHCS is establishing a standardized, statewide approach to PHM through which Managed Care Plans (MCPs) are (1) responsive to community needs and (2) work within a common framework to improve outcomes and reduce disparities.

## PHM Program Overview

- A cornerstone of CalAIM includes the expectation that starting in 2023, each MCP will **have and maintain a whole system, person centered Population Health Management (PHM)** program.
- Many of the **key elements of PHM are already in place** in Medi-Cal through both Department of Health Care Services (DHCS) policies and each MCPs' population health management programs.
- **The PHM Program is a cohesive set of concepts and requirements that apply to all populations served by MCPs.**

**Beginning in 2023**, all MCPs will be required to meet National Committee for Quality Assurance (NCQA) PHM standards.

PHM requirements will be phased in, and DHCS will **roll out new PHM requirements gradually between 2023 and 2024.**

# PHM Service IFP 21-10375

## Procurement Goals

### Mission



To offer a whole-system, person-centered service delivery to Medi-Cal members that support the quadruple aim: enhanced patient experience, improved population health, reduced cost, and improved work life of healthcare providers

### Vision



To provide a data-driven service that supports whole-person care through integrating Medi-Cal member medical, behavioral, and social service information from disparate sources, performing population health functions, and allowing for multi-party data access and sharing

### Goals

- Support DHCS's vision for population health management and key population health functions
- Integrate data from disparate sources
- Allow multi-party data access and exchange
- Aggregate, link, and provide access to a variety of data types



***PHM Service will evolve over time and be dynamic to meet the goal of Medi-Cal members achieving longer, healthier, happier lives, in addition to reducing disparities***



# Medi-Cal Member Perspective: PHM in Action

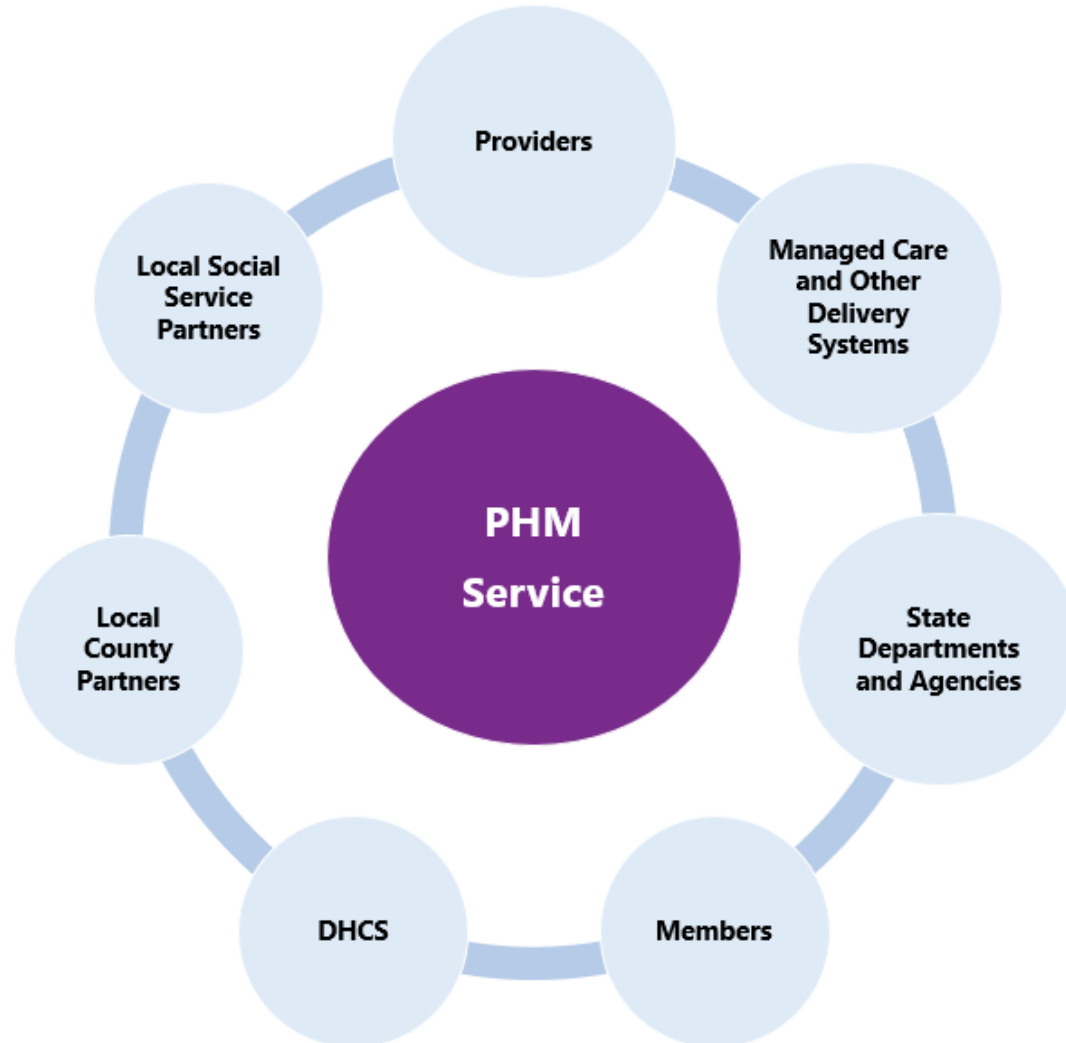
1	Linda has her first prenatal appointment. <b>Her provider does a history and physical, diagnosing her with diabetes and identifies food insecurity. Her health plan receives the information.</b>
2	Based on the information from the provider, a <b>care coordinator from Linda's health plan reaches out</b> and <b>connects Linda to WIC services and a Spanish-speaking doula</b> who can support her throughout her pregnancy.
3	At 28 weeks, Linda is <b>diagnosed</b> with high blood pressure and depression, referred to a high-risk pregnancy specialist, and a mental health provider. <b>Her plan uses this information to identify Linda as high risk, and enroll her in CCM.</b> Her CCM care manager ensures she connects with a high risk OB in her network and also a Spanish-speaking mental health provider.
4	At 37 weeks pregnant, Linda is <b>diagnosed</b> with preeclampsia and admitted for labor induction. Supported by her doula, she delivers her healthy son, Jacob. Her <b>CCM care manager helps with the transitions</b> from the hospital.
5	Linda's health conditions have resolved. Linda and Jacob <b>receive dyadic services</b> during Jacob's well child visits. Linda no longer needs support from CCM. Now that Linda is low risk, her plan <b>continues to monitor and support</b> her family through BPHM.

# Key Capabilities of the PHM Service



# PHM Service: Supporting Multiple Stakeholder's Needs

The PHM Service will address the needs of a diverse set of stakeholders.



# PHM Service IFP 21-10375

## Description of Services



### Intake, Screening & Assessment

- Intake & Registration
- Screening & Assessment
- Consent Management



### Care Coordination & Planning

- Individual Care Plan & Coordination



### Population Health Management

- Disease & Condition Surveillance
- Risk Stratification & Segmentation
- PHM Program Support



### Beneficiary & Stakeholder Engagement

- Information Access
- Education & Communication
- Beneficiary & Stakeholder Relations



### Enterprise Relationship Management

- Information Exchange
- Stakeholder Interactions
- Beneficiary Targeting & Marketing



### Advanced Data & Analytics

- Data Collection, Conversion & Enrichment
- Data Governance & Compliance
- Analytics & Business Intelligence



### Quality, Performance Management & Reporting

- Service Design & Governance
- PHM Service Monitoring & Reporting
- Reporting & Measurements
- Quality Management & Performance Management



### Regulation & Compliance

- Regulatory & Compliance
- Enforcement
- Data Retention & Retrieval



### Business Support Services

- Security & Confidentiality
- Disaster Prevention, Disaster Recovery, & Business Continuity
- Consumer Contact Center
- Enterprise Technology
- Problem Correction Process
- Data Architecture
- Application Architecture
- Integration Architecture

# PHM Service: User Vignettes



# Introduction to the PHM Service User Vignettes



- **The PHM Service is intended to help stakeholders meet CalAIM's goals and objectives.**
- To illustrate how the PHM Service will support specific goals, we will walk through **three vignettes** that highlight key functions **from the users' perspectives.**
  - ***Screening and Assessments, Care Coordination and Linkage***
  - ***Risk Stratification and Segmentation***
  - ***Ability for Members to Update Their Information***
- These vignettes are some of the envisioned use cases under a fully realized PHM Service.

# Vignette #1: Screening and Assessments, Care Coordination and Linkage

***Shawna comes to her pre-natal appointment at a federally-qualified health center (FQHC) for her scheduled 24-week gestational diabetes screening.***

Staff at the FQHC complete a social needs screening. The screening tool has pre-populated fields that reflect real-time information including a flag that Shawna is not currently receiving WIC or CalFRESH benefits. Shawna also states that she is having difficulty accessing food for herself and her family.

FQHC staff help Shawna apply for services. Before her 28-week pre-natal appointment, FQHC staff check the PHM Service to see that the individual's application has been processed and that Shawna has begun receiving services under WIC and CalFRESH. When Shawna returns, her diabetes is under control, and she and her family now have enough fresh, healthy food.



**The PHM Service** will improve care coordination and reduce administrative complexity by: (1) streamlining screening and assessment processes (including through the pre-population of data fields with readily accessible information on individuals receiving Medi-Cal) and (2) facilitating linkage to needed programs.

## Vignette #2: Risk Stratification and Segmentation

***Michael is a new member of a Medi-Cal managed care plan (MCP).***

The MCP uses an existing market solution to perform risk stratification and segmentation (RSS) of its membership. However, it does not have access to some information that would support a holistic approach to risk stratification including member-level social determinant of health (SDOH) and behavioral health information.

The MCP, through a secure and authorized data connection with the PHM Service, is able to locate and retrieve Michael's SDOH and behavioral health information. They receive information that Michael has been hospitalized for severe depression in the last year, and does not have consistent access to transportation. They use this information in addition to their own data to inform the MCP RSS and care management efforts, classifying Michael as high risk and connecting him with a care coordinator.



**The PHM Service** will improve the ability of DHCS and health care organizations to identify and support those with high needs by: (1) establishing a standardized risk stratification and segmentation approach and (2) providing data for health care organizations to incorporate into their own local RSS approaches.



## Vignette #3: Ability for Members to Update Their Information

***Cory wants to look up resources for transgender and non-binary supports in their community and update their information that their doctors and health insurance have about them.***

Cory identifies as non-binary and uses the pronouns, they/them. They keep receiving information in the mail with the incorrect information, and their doctor also uses the incorrect pronouns. Cory accesses the PHM Service user interface, finds transgender resources near their home, and updates their gender and preferred pronouns. While browsing, Cory also discovers their phone number is incorrect and updates that as well. Now the updated information is available to other authorized users of the PHM Service to which the individual has granted access permissions, including MCPs, county program staff, and providers. Cory will no longer have to constantly correct their gender, pronouns, or their telephone number.



**The PHM Service** will support beneficiary engagement by allowing beneficiaries to update their demographic and contact information as well as to identify members of their care team.

# Timeline and Expectations

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# PHM Service Launch and Roll-Out

The PHM Service will be launched in phases beginning January 2023.

## Launch Timeline

**The PHM Service will be launched in two phases:**

- **January 2023** for test launch with multiple partners
- **July 2023** for statewide launch and scaling

## Timing and Expectations

**Once the PHM Service becomes available,**

- Stakeholders will be able to use the PHM Service to meet CalAIM's goals and objectives
- MCPs will be expected to use the PHM Service, by, for example, using its RSS methodologies to support statewide standardization and comparison.

# PHM Program Policies and Expectations for MCPs (1 of 2)

MCPs will be expected to leverage and build upon existing PHM capabilities, processes, and resources and use the PHM Service as its functionalities become available. Given the timeline of the PHM Program launch (January 2023) and the PHM Service launch (July 2023), DHCS is clarifying expectations for the two distinct time periods below.

Framework Component <sup>1</sup>	Prior to the Service Launch <sup>2</sup>	After Service Launch
<b>Gathering Information</b>	<p><b>Data Sources:</b> MCPs are expected to make a good faith effort to use specified data sources until the Service comes aboard.</p> <p><b>Initial Screening:</b> MCPs will be required to share Health Information Form (HIF)/Member Evaluation Tool (MET) results with providers or may delegate HIF/MET to providers.</p>	<p><b>Data Sources:</b> PHM Service facilitates MCPs' and other stakeholders' access to available data. <i>Note, MCPs are expected to use a more expansive list of data sources than what will be available via the Service.</i></p> <p><b>Initial Screening:</b> PHM Service may enable dynamic screening mechanisms to fulfill current HIF/MET requirement.</p>

1. The Draft PHM Strategy & Roadmap that discusses Framework components is available on the [DHCS PHM Website](#)

2. MCPs will not be required to develop new infrastructure that will subsequently be replaced by the PHM Service.

# PHM Program Policies and Expectations for MCPs (2 of 2)

MCPs will be expected to leverage and build upon existing PHM capabilities, processes, and resources and use the PHM Service as its functionalities become available. Given the timeline of the PHM Program launch (January 2023) and the PHM Service launch (July 2023), DHCS is clarifying expectations for the two distinct time periods below.

Framework Component	Prior to the Service Launch	After Service Launch
<b>Understanding Risk</b>	<p><b>RSS:</b> MCPs must incorporate a minimum list of data sources for its RSS approach that complies with NCQA standards and explain how they will avoid and reduce biases.</p> <p><b>Risk Tiering:</b> MCPs use their own approach to identify members to be connected to resources and are not required to establish standardized risk tiers.</p>	<p><b>RSS:</b> MCPs will be required to use PHM Service's RSS methodologies to support statewide standardizations and comparisons but can supplement with their own local methodologies and data. There will be a robust stakeholder process to develop the public, open-source RSS algorithm.</p> <p><b>Risk Tiering:</b> PHM Service will assign risk tiers to members using standardized criteria. MCPs will be required to use these risk tiers as a baseline.</p>

# Upcoming PHM Program and Service Milestones

2022/2023 Milestones					★	★
<i>2022 Late Spring</i>	<i>2022 Late Q2/Early Q3</i>	<i>2022 Q3/Q4</i>	<i>Jan 1, 2023</i>	<i>July 2023</i>		
<b>Final Strategy and Roadmap Paper</b> released	<b>2023 PHM Program Requirements</b> and Guidance for MCP 2023 PHM Readiness Submission released	<b>MCP 2023 PHM Readiness Submission</b> due to DHCS	<b>PHM Program Go-Live</b>			
		<b>PHM Service</b> vendor contract awarded	<b>PHM Service Test Launch</b> with multiple partners	<b>PHM Service Statewide Launch</b> and scaling		

# California's Health and Human Services (CalHHS) Data Exchange Framework (DxF)

**Assembly Bill 133 puts California on a path to building a single data exchange framework that governs the exchange of health information statewide.**

- AB 133 requires CalHHS (in consultation with stakeholders and local partners) to establish a **Data Exchange Framework** by July 1, 2022
- Section 130290 mandates that a broad spectrum of health care organizations **execute the Framework's data sharing agreement by January 31, 2023**, and **exchange or provide access to health information with other mandated organizations by January 31, 2024**.

*The **Data Exchange Framework** and the **PHM Service** are mutually reinforcing initiatives that will meaningfully improve the availability, exchange, and use of critical health and human services data in California.*

CalHHS is soliciting public comment through June 1, 2022 on drafts of the Data Exchange Framework. The draft documents can be found on the [CalHHS Data Exchange Framework website](#)

# Q&A





# Close and Next Steps



# Next Steps

Please join the next meeting of the **PHM Stakeholder Advisory Group on Tuesday, May 31<sup>st</sup> from 2 p.m. – 3:30 p.m.**

*More information on the PHM Advisory Group (including the registration link for the May meeting) can be found on the [DHCS PHM website](#).*

**For more information on Population Health Management in Medi-Cal** please visit the DHCS PHM website: <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>

Please send questions and comment to [CalAIM@dhcs.ca.gov](mailto:CalAIM@dhcs.ca.gov)

# Appendix



# PHM Service IFP 21-10375

## *Documentation Overview*



Procurement Component	Purpose
1. Cover Letter	Provides information and instructions for Interested Parties
2. IFP Main	Provides information regarding the IFP process and instructions on proposal development
3. Attachments	Contains the optional and required attachments described in the IFP Main
4. Appendices	Contains information regarding the Data Library and file submissions
5. Exhibits	Includes sample Scope of Work (SOW), terms, conditions, and conditions for the contracts resulting from the IFP process. Also includes the operational requirements for the PHM Service

# PHM Service IFP 21-10375

## Documentation Overview



### Invitation for Proposal Main

IFP Main

### Attachments

Att. 1 Proposal Cover Page

Att. 2a Narrative Proposal Required Attachments/Certification Checklist

Att. 2b Cost Proposal Required Attachments/Certification Checklist

Att. 3 Client References

Att. 4 IFP Clause Certification

Att. 5 CCC 04/2017-Certification

Att. 6 Payee Data Record

Att. 6a Payee Data Record Supplement

Att. 7 Follow-on Consultant Contract Disclosure

Att. 8 Darfur Contracting Act Certification

Att. 9 Iran Contracting Act Certification

Att. 10 Voluntary Letter of Intent

# PHM Service IFP 21-10375

## *Documentation Overview*



### Attachments (Continued)

Att. 11 Request for Inclusion on Distribution List

Att. 12 Non-Small Business Subcontractor Preference Instructions

Att. 13 Target Area Contract Preference Act (TACPA) Certification

Att. 13.1 TACPA Bidder's Summary

Att. 14 Conflict of Interest Compliance Certificate

Att. 15 Civil Rights Certification

Att. 16 Evaluation Questions

Att. 17 Proposer Response Guide

Att. 18 Bidder Declaration Form

Att. 19a Cost Proposal

Att. 19b Cost Proposal Instructions

Att. 20 Key Staff Requirements



# PHM Service IFP 21-10375

## *Documentation Overview*

### Exhibits

Exhibit A Scope of Work

Exhibit A Attachment I, Initiation

Exhibit A Attachment II, Operations

Exhibit A Attachment III, Turnover

Exhibit A Attachment IV, Optional Contractual Services

Exhibit B Budget Detail and Payment Provisions

Exhibit B Attachment I, Special Payment Provisions

Exhibit C General Terms and Conditions (GTC 04/2017)

Exhibit D(F) Special Terms and Conditions

Exhibit D(F), Attachment 1, Certification Regarding Lobbying

Exhibit D(F), Attachment 2, Certification Regarding Lobbying

Exhibit E Additional Provisions

# PHM Service IFP 21-10375

## *Documentation Overview*



### Exhibits (Continued)

Exhibit E Attachment I, Escrow Bid Documents Certification

Exhibit F Contractor's Release

Exhibit G Travel Reimbursement Information

Exhibit H HIPAA Business Associate Addendum

Exhibit I Non-Discrimination Language

Exhibit J Staffing Requirements

Exhibit K DVBE Report

Exhibit L, DHCS Information System Security Requirements

Exhibit L, Attachment I - System Security Plan Template and Instructions

Exhibit L, Attachment II - Technology Recovery Plan Template and Instructions

Exhibit L, Attachment III - Data Management Plan Template

Exhibit M Glossary of Terms



# PHM Service IFP 21-10375

## *Documentation Overview*



### Appendices

Appendix 1.0 Data Library Instructions

Appendix 1.1 General Data Library Index

Appendix 1.2 Request for Data Library Materials

Appendix 1.3 Data Library Security and Confidentiality Agreement

Appendix 1.4 Data Library Media Destruction Agreement

Appendix 2 Maps - Location of DHCS

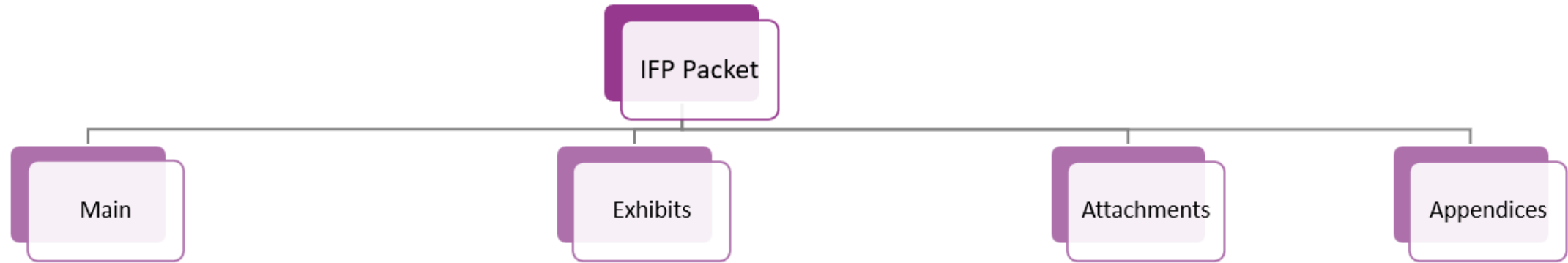
### Additional Resources (See Administrative Bulletin)

Appendix 3 PHM Service Demonstration Scenarios

Appendix 4 Draft Population Health Management Strategy and Roadmap

# PHM Service IFP 21-10375

## IFP Contents Highlights



Provides information on:

- » Procurement and submission process
- » General contract terms and conditions
- » Proposer qualifications and questions
- » List of additional attachments and exhibits

Provides information on:

- » Scope of work
- » Initiation and Turnover timelines and expectations
- » **Operations** (specifies PHMS' expected functionality and requirements)
- » General terms and conditions
- » Budget details and payments / special payment provisions
- » Required certifications

- » Technology recovery and data management plans
- » System security plan
- » HIPAA BAA
- » Glossary of terms
- » Other required information such as contractor's release and non-discrimination language, among others

Provides information on:

- » Proposal cover letter
- » Voluntary letter of intent and payee data record
- » Required legal certifications
- » Evaluation questions
- » Proposer response guide
- » Bid sheet instructions

Provides information on:

- » Data library instructions
- » General data library index
- » Request for data library material and data destruction agreement
- » Location of DHCS



# PHM Service IFP 21-10375

## *IFP SOW Operations Exhibit Highlights*

### *Section 1 – Intake, Screening & Assessment*

Govern all capabilities performed through the PHM Service Intake, Screening, and Assessment requirements including consent management and registration. Capabilities are document by stakeholder needs, like MCOs, HDPs, and BPs

### *Section 2 – Care Coordination & Planning*

Describes objectives and scope for the PHM Service care coordination and planning capabilities to improve the ability for MCOs, HDPs, and BPs to identify the health, equity, and social needs of beneficiaries and identify gaps in beneficiary program eligibility

### *Section 3 – Population Health Management*

Describes objectives, scope, and requirements related to population health management, including support for disease and condition surveillance, risk stratification and segmentation, as well as PHM programs in collaboration with DHCS



# PHM Service IFP 21-10375

## *IFP SOW Operations Exhibit Highlights*

### *Section 4 – Beneficiary & Stakeholder Engagement*

Covers capabilities such as information access, education and communications, and beneficiary and stakeholder relations. Information access is focused on access to a more integrated, complete information about the beneficiaries' health including care plans, benefits, program eligibility, referrals, and enrollment

### *Section 5 – Enterprise Relationship Management*

Enterprise Relationship Management capabilities focused on exchange of information and the interactions between and among the PHM Service. Integrates all necessary components required to identify and categorize stakeholders, beneficiaries, and allow for effective communication between users

### *Section 6 – Advanced Data & Analytics*

Describes the requirements for the PHM Service to receive, link, consolidate, enrich, and store data from both internal and external sources from the different stakeholders. Also includes requirements on risk stratification and segmentation algorithms, program analysis, reporting and key performance metrics



# PHM Service IFP 21-10375

## *IFP SOW Operations Exhibit Highlights*

### *Section 7 – Quality, Performance Management and Reporting*

Defines the responsibility for developing and implementing required activities across the PHM Service to support continuous improvement to meet critical business needs across a variety of stakeholders. Includes the alignment and support of enterprise governance processes as a tenant of the PHM Service

### *Section 8 – Regulation & Compliance*

Describes objectives, scope, and requirements related to the Regulatory and Compliance capabilities of the PHM Service, including data retention requirements

### *Section 9 – Business Support Service*

Outlines the requirements needed for ensuring that the Contractor's PHM Service facility(ies) are safe and securely protected, and that all information designated as confidential be maintained, secure from breach, and not provided to parties not authorized to have access to such information