



Medi-Cal Healthier California for All

Population Health Management Workgroup

February 11, 2020

Recommendations Adopted by DHCS: Data

- A minimum set of electronically available data, including behavioral health, will be required for population assessment and individual risk stratification or segmentation.
- MCPs are encouraged to use of electronic health record and social determinants data when available.
- MCPs must create an approach to encourage providers to use ICD-10 codes to collect social determinants data, including housing stability.

Recommendations Adopted by DHCS: Population Assessment

- MCPs will apply existing PNA and NCQA PHM requirements, which include assessing health disparities and engaging stakeholders.
- MCPs will follow PNA requirements for data sources.

Recommendations Adopted by DHCS: Risk Stratification and Segmentation

- MCPs must apply a standardized DHCS risk tier to assign members to four categories: low, medium/rising, high, and unknown risk and report those to DHCS.
- MCPs may use their own algorithms to stratify or segment individual members.
- MCPs must describe how their algorithm is designed to identify members for case management, Enhanced Care Management, In Lieu of Services, wellness, and other programs designed to improve outcomes.
- MCPs must analyze and mitigate biases in their algorithms.
- MCPs must use a validated risk grouper tool for stratification.

A Quick Refresher on Enhanced Care Management

The ECM benefit will replace the current Health Homes Program and elements of the Whole Person Care pilots. Mandatory target populations include:

- High utilizers with frequent hospital or emergency room visits/admissions;
- Individuals at risk for institutionalization with Serious Mental Illness, children with Serious Emotional Disturbance or Substance Use Disorder with co-occurring chronic health conditions;
- Individuals at risk for institutionalization, eligible for long-term care;
- Nursing facility residents who want to transition to the community;
- Children or youth with complex physical, behavioral, developmental and oral health needs (i.e. California Children Services, foster care, youth with Clinical High Risk syndrome or first episode of psychosis); and
- Individuals experiencing homelessness, chronic homelessness, or at risk of becoming homeless.
- Jail reentry transitions for members who need care coordination upon release.

A Quick Refresher on In Lieu of Services

DHCS is proposing to cover the following in lieu of services in managed care:

- Housing Transition/Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Nursing Facility Transition to a Home
- Personal Care (beyond In-Home Supportive Services) and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Meals/Medically Tailored Meals
- Sobering Centers

Recommendations Adopted by DHCS: Individual Risk Assessment (IRA)

- DHCS will create a standardized IRA survey tool with 10-15 validated questions related to health, functional status, social care needs, and self-assessment of health status. MCPs can add questions at their discretion.
- MCPs will use the IRA to confirm DHCS risk tier assignment for medium/rising, high, and unknown risk tiers.
- MCPs will be encouraged to use IRA results for risk stratification/segmentation and to identify individual members needs for targeted services and programs.

Other Key Recommendations Adopted by DHCS

- MCPs encouraged to partner with providers, CBOs, Tribal and Indian Health Program providers, local public health departments and others in case management, care coordination, addressing social care needs, and other PHM activities.
- MCPs will consult and coordinate with behavioral health plans for members with SMI and SUD.
- MCPs will implement PHM activities targeted to identify and meet the unique needs of pediatric members.
- MCPs will describe how they will evaluate PHM success.

Recommendations Adopted by DHCS: Learning Collaborative Activities

- A learning collaborative may address issues such as:
 - Establishing outcome measures to assess MCP PHM program impact and success consistently across MCPs
 - Tailoring PHM to specific populations including children, women, maternity patients, older adults, and rural members
 - Coordinating with external entities providing carved-out services
 - Collecting social risk factor data
 - Engaging under engaged consumers
 - Data exchange protocols
 - Other topics

Recommendations Adopted by DHCS: Continuing Areas of Policy Development

- DHCS Risk Tier criteria
- DHCS IRA survey tool to gather individual member information for risk tiering and stratification
- Detailed review of alignment with NCQA PHM requirements, in coordination with NCQA and Medi-Cal managed care plans
- Review of PHM program outcomes goals and measures, and their relation to the broader DHCS managed care quality metric strategy

Recommendations Adopted by DHCS: Implementation Timeline

- All stakeholders reflected that we wanted to have enough time to do this right.
- We think it is best to have all PHM elements and all areas and MCPs implementing at the same time.
- MCPs will have many changes to address, including NCQA accreditation for some.
- The implementation date for all PHM elements is changed from January 2021, to January 2022.

Comments not Incorporated

Suggested Change

- DHCS should not add any additional PHM requirements on top of the NCQA requirements.

DHCS Response

- For California, DHCS believes that the additional proposal requirements, on top of NCQA, are necessary to continue Medi-Cal's progress in many quality areas.

Comments not Incorporated

Suggested Change

- DHCS should calculate the risk tier with DHCS data instead of having the MCPs do it and report it to DHCS.

DHCS Response

- DHCS does not have the data and capability to do this at this time. The MCPs can do this better.

Comments not Incorporated

Suggested Change

- DHCS should mandate that MCPs use a single state-developed risk stratification algorithm.

DHCS Response

- DHCS will set the criteria for the four risk tiers and the IRA survey tool. MCPs may use their own risk stratification or segmentation methods for all other PHM purposes, but with certain minimum requirements.

Comments not Incorporated

Suggested Change

- DHCS should use the four NCQA focus groups for the DHCS risk tiers.

DHCS Response

- The four NCQA groups do not align with the purpose of the DHCS risk tiers, which is providing a scale of 1-3 for low to high risk. The NCQA groups are specific risk groups that must be addressed in the PHM.

Comments not Incorporated

Suggested Change

- DHCS should engage a health equity expert to review the DHCS criteria for risk stratification.

DHCS Response

- Avoiding bias in risk stratification algorithms is critical. DHCS included requirements in the proposal and template to address this. We will continue to consider the health equity expert recommendation.

Comments not Incorporated

Suggested Change

- DHCS should not require a standardized IRA. DHCS should only mandate the categories of information that must be addressed.

DHCS Response

- Most stakeholders disagreed with this. DHCS will standardize the IRA to provide consistency, but MCPs may add additional questions.

Comments not Incorporated

Suggested Change

- DHCS should develop its IRA such that there is no overlap between its questions and information that is available from electronic data sources.

DHCS Response

- If the MCP has no access to electronic historical data from the member, DHCS intends that the IRA can provide sufficient information for an initial risk assessment and tier assignment.

Comments not Incorporated

Suggested Change

- Providers should administer the IRA because they can build trust to ask sensitive questions – particularly SDOH questions.

DHCS Response

- The IRA is intended as an initial MCP-level risk assessment tool and will remain an MCP responsibility. MCPs may incorporate providers into the process at the MCP's discretion. This will be a focus of the learning collaborative.

Comments not Incorporated

Suggested Change

- MCPs should administer the IRA to all members.

DHCS Response

- If there is sufficient electronic data to do an initial risk assessment, and the member is low risk, then the IRA will not be administered. Most stakeholders agreed with this approach.

Comments not Incorporated

Suggested Change

- For MCPs that are not currently NCQA accredited, DHCS should align the implementation timing of all PHM requirements with the NCQA accreditation due date, which is 2025.

DHCS Response

- DHCS provided an additional year for all MCPs to implement all elements of the DHCS PHM requirements. DHCS will also facilitate technical assistance to ensure alignment with NCQA.

What to Expect Next

- DHCS intends to submit the 1115 waiver renewal & consolidated 1915(b) to CMS in June 2020
- Public comment & public hearings will take place in May 2020
- Please [subscribe](#) to DHCS' stakeholder email service to receive the latest updates and information about Medi-Cal Healthier California for All



Final comments due to DHCS by
February 21, 2020.