



Medi-Cal Healthier California for All Population Health Management and Annual Health Plan Open Enrollment Workgroup Charter

October 2019

Background

Medi-Cal Healthier California for All (formerly CalAIM) is a multi-year DHCS initiative to implement overarching policy changes across all Medi-Cal delivery systems, with the objectives of:

- Identifying and managing member risk and need through Whole Person Care Approaches and addressing Social Determinants of Health;
- Moving Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improving quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

Purpose

Population Health Management Strategy

The population health management strategy component of Medi-Cal Healthier California for All addresses the initiative's objectives of managing member risk and need and improving quality and health outcomes. DHCS currently does not have a requirement that Medi-Cal managed care plans maintain a population health management strategy. Some Medi-Cal managed care plans have a population health management strategy, often in response to NCQA requirements, but many do not. In the absence of a strategy, care can be driven by a patchwork of requirements that can lead to gaps in access and a lack of coordination. DHCS proposes that Medi-Cal managed care plans develop and maintain a patient-centered population health strategy. The population health management strategy is a cohesive plan of action for addressing member needs across the continuum of care, based on data driven risk stratification and standardized assessment processes. Each managed care plan would be required include, at a minimum, a description of how it will:

- Keep all members healthy by focusing on preventive and wellness services;
- Identify and assess member risks and needs on an ongoing basis;
- Manage member safety and outcomes during transitions, across delivery systems or settings, and through effective care coordination; and
- Identify and mitigate social determinants of health and reduce health disparities or inequities.

Annual Managed Care Plan Open Enrollment

Currently, in counties with more than one managed care plan, Medi-Cal enrollees may change their health plan every month. While this allows maximum flexibility for

beneficiaries, it can cause disruptions in continuity of care and create administrative complexities, including inhibiting the ability to measure quality outcomes. Because of this, DHCS is proposing a change to an annual (rather than monthly) MCP open enrollment period, in alignment with Covered California and employer-sponsored health insurance plans. The proposal includes consumer-friendly exceptions to the annual enrollment period. The goal of annual enrollment is to improve continuity of care and health outcomes for Medi-Cal beneficiaries, in alignment with the initiative's objectives.

Workgroup Scope and Objectives

The Medi-Cal Healthier California for All Population Health Management and Annual Health Plan Open Enrollment workgroup is an opportunity for stakeholders to provide feedback on DHCS' proposals. Workgroup members will be asked to participate in a series of discussions on this proposal and:

- Review and provide feedback on proposed PHMS requirements;
- Provide feedback on beneficiary assessment requirements and risk stratification strategies;
- Discuss and provide recommendations on case management definitions and requirements;
- Discuss challenges and opportunities on data-related components of this proposal;
- Consider technical assistance needs for implementation of a PHMS requirement; and
- Discuss challenges and opportunities regarding an annual open enrollment period for Medi-Cal MCPs—including discussion of exceptions and implementation timeline.

Deliverables

- DHCS will provide an agenda, written proposals, key questions, and relevant discussion materials for review in advance of each workgroup meeting;
- DHCS will provide meeting notes and a summary of each workgroup discussion to all workgroup members and other key interested parties; and
- Other deliverables may be identified and developed during the course of the workgroup process.

Requirements & Expectations

- Workgroup members must commit to attend several in-person meetings in Sacramento beginning in November 2019;
- Members are expected to participate in person—all meetings will be held in Sacramento;
- The workgroups will be a solution-focused, collegial environment for respectfully expressing different points of view;
- The workgroup meetings will be a mechanism for direct communication and problem solving with DHCS;
- Members may be asked to provide and/or present information to the workgroup;

- DHCS will not pay a per diem or compensate members for expenses, including travel and related costs to attend meetings; and
- All meetings will be held in accordance with the Bagley-Keene Open Meeting Act.

Meeting Schedule

The Medi-Cal Healthier California for All Population Health Management and Annual Health Plan Open Enrollment workgroup meetings will take place on the following dates. All meetings will be held in the 1st floor conference room at 1700 K Street, Sacramento, CA 95811. Meetings will not start before 10:00 a.m. or end past 4:00 p.m. Agendas and times for each meeting will be finalized closer to the meeting dates. The number of workgroup meetings will be tailored based on the discussions that take place; all four meeting dates may not be needed.

- Tuesday, November 5th, 2019
- Tuesday, December 3rd, 2019
- Tuesday, January 7th, 2020
- Tuesday, February 11th, 2020

Lead DHCS Contact

Brian Hansen, Health Program Specialist II, Health Care Delivery Systems, DHCS

Brian.Hansen@dhcs.ca.gov

Michelle Retke, Chief, Managed Care Operations Division, DHCS

Michelle.Retke@dhcs.ca.gov