Population Health Management Template Discussion Guide

Background

This document outlines the key information that DHCS is interested in collecting from Medi-Cal managed care plans in regards to how they intend to develop and implement the PHM program, and seeks to spur workgroup discussion and input. A discussion of the proposed approach, as well as the PHM topics that should be of high priority, will be used to inform DHCS' final approach to how this information will be requested of the Medi-Cal managed care plans.

Proposed PHM Template Approach

The goal of the template will be to collect information about the core activities of the Medi-Cal managed care plans' PHM strategy, with special attention paid to areas that are of high priority to DHCS and that reflect expectations set out in the PHM proposal. The template would be structured with a limited set of questions reflecting the core activities required in the PHM Proposal, in which the Medi-Cal managed care plans would describe their overall approach and submit associated Policies and Procedures documentation. Within each of those high level questions would be a limited set of detailed probing questions for priority areas. The information gathered would include a subset of NCQA PHM requirements, but at a higher level of description than reflected in materials submitted for NCQA Accreditation. This approach would be an initial starting point for the DHCS and the Medi-Cal managed care plans, which could be modified over time as DHCS identifies areas where additional details and accountability are desired.

PHM Topics of Interest

DHCS is interested in collecting information from Medi-Cal managed care plans on the following:

1. **PHM Strategy and Goals**
   - Describe the Medi-Cal managed care plan's PHM Program.
   - What are the PHM program goals and what metrics will be used to measure those?
   - Describe any consultation with external partners and stakeholders that was part of the strategy development process.

2. **Initial Data Collection**
   - Describe the Medi-Cal managed care plans' approach to collecting and integrated data to support the PHM strategy, including data sources, metrics, and data warehousing.

- Describe approaches and strategies the Medi-Cal managed care plan will use to incorporate data on social risk factors, and Electronic Health Record data, including efforts to improve data completeness and quality over time.

3. **Population Assessment**
   - Describe how the Medi-Cal managed care plan will integrate the DHCS Population Needs Assessment All Plan Letter and NCQA population assessment requirements to assess its integrated data set to identify population and community level needs, including what data sources will be used.
   - How will the Medi-Cal managed care plan identify areas of low performance, improved performance, and high performance experienced by specific communities and populations?
   - How will the Medi-Cal managed care plan identify and analyze health disparities?
   - How will the Medi-Cal managed care plan engage with key stakeholders as part of its population assessment, including county behavioral health plans, local public health departments, and community stakeholders?

4. **Community and Population Level Health Improvement Plan**
   - Describe how the Medi-Cal managed care plan will use the population assessment to develop programs that support improvements in health at the population and community level.
   - How will the health needs of children, people with functional limitations, and populations experiencing health disparities be addressed?
   - How will social determinants be incorporated into the plan?
   - Which external partners will the Medi-Cal managed care plan engage with as part of these activities and how?
   - How will the Medi-Cal managed care plan partner with providers to support practice changes and the adoption of evidence-based tools?

5. **Risk Stratification or Segmentation and DHCS Risk Tiering**
   - Describe the data sources that the Medi-Cal managed care plan will use for its integrated data set for individual risk stratification or segmentation and for DHCS risk tier assignment.
   - Describe the methodology and algorithms the Medi-Cal managed care plan will use to stratify or segment the MCP's assigned adult and pediatric members into sub-populations for individual level interventions, including how this methodology is informed by the population-level assessment noted above.
   - How does the algorithm and process incorporate the following information for individuals: age, gender, medications, burden of illness, past utilization, and SDOH?
   - Describe how the algorithm is designed to enable the Medi-Cal managed care plan to use the results to identify and link adult and pediatric members to the services targeted to meet their needs.

- How is the data stratified or segmented and how will they help the Medi-Cal managed care plan align its member population with interventions designed to meet specific health improvement goals?
- Describe how the Medi-Cal managed care plan will analyze and correct for any bias in its algorithms that may exacerbate health disparities related to demographics such as, but not limited to, race, ethnicity, sex, functional status, and age.
- Will the DHCS risk tiering criteria and individual tier assignment be integrated with the process described in the first two bullets above, or will it be a separate process? If it is integrated, describe how.

6. **Individual Risk Assessment (IRA) Survey Tool**
- Describe how the Medi-Cal managed care plan will integrate the IRA response information with the electronic data risk assessment process to assess individual member risks for the adult and pediatric populations. Is there a scoring mechanism for the IRA responses?
- Describe the process and modalities for outreach and engagement to achieve member completion of the IRA. What modalities will be used and for which members? What is the progressive approach that uses different modalities when needed?
- What actions are taken to ensure the outreach methods do not promote disparities in IRA completion and accuracy?
- Will the Medi-Cal managed care plan engage providers and other partners in this activity, and if so how?
- In addition to standardized DHCS IRA questions, what, if any, questions will the Medi-Cal managed care plan include in its IRA?

7. **Reassessment**
- Describe the Medi-Cal managed care plan's process to conduct annual member reassessments (after the initial new member assessment).
- Describe the criteria, methodology, and processes the Medi-Cal managed care plan will use to identify and conduct risk reassessment for adult and pediatric members prior to the annual reassessment as needed.

8. **Identifying Social Risk Factors and Addressing Social Drivers of Health**
- Describe how the Medi-Cal managed care plan will identify and address pressing social risk factors for adult and pediatric populations.
- Describe the partnerships and contracts with community-based social care providers and the associated social care services that will be provided to the MCP's members.
- How will the Medi-Cal managed care plan work with social care providers to ensure successful and complete referrals?
- Describe how these efforts are coordinated and conducted in partnership with behavioral, developmental, physical, and oral health care providers, including how the Medi-Cal managed care plan will work with providers to encourage adoption of ICD-10 coding for social risk factors, including housing stability?

- Describe the community resource directory for case managers and contracted providers, including how the Medi-Cal managed care plan will keep the resource directory up to date.

9. **Wellness and Prevention Services**
   - Describe the Medi-Cal managed care plan's programs and services for engaging all adult and pediatric members and network providers to promote wellness and prevention.
   - Describe how the Medi-Cal managed care plan will use the results of risk stratification or segmentation to identify and connect adult and pediatric members to the appropriate wellness services spanning behavioral, physical, and oral health services.
   - How will the Medi-Cal managed care plan promote wellness and prevention in early childhood, both among families, providers, and other external partners?
   - Describe associated communication activities with members and providers, including those focused on disengaged members who could benefit from these services.
   - How will the Medi-Cal managed care plan assess the effectiveness of its wellness program and use this information to improve future programs and activities?

10. **Managing Members with Emerging Risks**
    - Describe how the Medi-Cal managed care plan will identify adult and pediatric members with emerging health risks, including behavioral, developmental, physical, and oral health needs. How will the Medi-Cal managed care plan work with the member and their primary provider to address those needs?
    - How will the MCP coordinate care for these members?
    - How will the MCP assess the effectiveness of this approach and use this information to improve future activities?

11. **Basic Case Management**
    - Describe the basic case management model the Medi-Cal managed care plan will implement for adult and pediatric populations, including:
      - Triggers that indicate a need
      - Care model staffing
      - Outreach and engagement
      - Assessing individual member's health and health-related social care needs
      - Developing and implementing a care plan in partnership with the member and their family or care giver to address prioritized needs
      - Assessing improvement at the individual member level
    - How will the Medi-Cal managed care plan assess the effectiveness of this approach and use that information to improve future programs and activities?

12. **Complex Case Management**
    - Describe the Medi-Cal managed care plan's complex case management program and activities for adult and pediatric populations, including:
      - Triggers that indicate need

- Care model staffing
- Outreach and engagement
- Assessing individual member's health and health-related social care needs
- Developing and implementing a care plan to address prioritized needs
- Coordinating complex case management activities with the member's PCP
- Facilitating coordination and access to necessary behavioral, developmental, physical, and oral health care and home and community/social care services with the providers of those services
- Assessing improvement at the individual member level
- For members with severe mental illness and/or substance use disorder, how will the Medi-Cal managed care plan consult and work with the county behavioral health plan?
- How will the Medi-Cal managed care plan assess the effectiveness of this program and use that information to improve future programs and activities?

13. Enhanced Care Management
- Information to be collected via the ECM template

14. Care Transition Services
- Describe the Medi-Cal managed care plan's programs and activities that will promote and support effective care transitions across different levels of care and delivery systems (e.g. technology to identify, activities triggered by, timeframes, etc.).
- Describe the agreements, protocols, and discharge planning activities and associated Medi-Cal managed care plan staffing that will be put in place with contracted community physical and behavioral health hospitals, residential treatment facilities and long-term care facilities.
- Describe the mechanisms that the Medi-Cal managed care plan will put in place to ensure effective care transitions and that the PHM care transitions requirements are fully met.
- How will the Medi-Cal managed care plan assess the effectiveness of these services and use that information to improve future programs and activities?

15. Skilled Nursing Facility Coordination
- Describe the overall approach and associated processes the Medi-Cal managed care plan will use to coordinate with hospital or other acute care facility discharge planners and nursing facility case managers or social workers to ensure a smooth transition to or from a skilled nursing facility or nursing facility.
- Describe how the Medi-Cal managed care plan will coordinate with the facility to provide case management and transitional care services and shall ensure coverage of all medically necessary services not included in the negotiated daily rate.
- How will the Medi-Cal managed care plan assess the effectiveness of these services and use that information to improve future programs and investments?

16. Delegation

- Describe the Medi-Cal managed care plan's approach to delegating PHM activities to health care providers, including the eligibility criteria for delegation, the delegation process, which activities and functions may be delegated and for which populations, and mechanisms for oversight of and coordination with delegated providers.

17. Evaluation
- Describe the approach the Medi-Cal managed care plan will take to assess the overall impact of the PHM plan, including the measures how the evaluation will be used to support ongoing program improvement efforts?
- How will the input of patients, their families, and caregivers, including patient reported outcomes, be incorporated into the evaluation?