Population Health Management & Health Plan Annual Enrollment Workgroup
11.05.19 Meeting Summary

The Department of Health Care Services (DHCS) held the first of four Population Health Management & Health Plan Annual Enrollment workgroup meetings on November 5, 2019.

The meeting was attended by DHCS staff, workgroup members and members of the public. Jennifer Ryan from Harbage Consulting facilitated the meeting and Brian Hansen was the DHCS lead presenter.

This meeting focused on the following topics. A full agenda can be found here.

- An overview of the CalAIM Population Health Management (PHM) Strategy proposal;
- A presentation from NCQA on its PHM requirements;
- A presentation from DHCS comparing the current PHM requirements to the new proposal and NCQA requirements;
- A presentation from Partnership Health Plan on its PHM strategy; and
- Workgroup discussion.

Discussion Summary

- The meeting began with a presentation from DHCS on the PHM proposal, the intersections with the NCQA PHM requirements, and how the PHM proposal goes above and beyond what NCQA requires and what DHCS currently requires. See the presentation slides here.

- NCQA presented on its PHM requirements as part of the greater NCQA accreditation process. This includes requirements for health plans to develop a strategy to evaluate their population and address the needs of all members along the continuum. NCQA outlined its expectations around communicating with members about available programs, developing the infrastructure to provide needed care, updating materials on a regular basis, focusing on value-based payments and preventive services, and implementing a quality management system, among other requirements. See slides here. Based on the questions from the workgroup members, NCQA provided additional information following the presentation:
    - National experience: Health plans are required to be NCQA accredited in 26 states. NCQA accreditation in California would reinforce current reporting requirements.

- NCQA could not provide an estimate of how long it would take a managed care plan to develop and implement a compliant PHM strategy and program but noted its Glide Path to NCQA accreditation. The Glide Path consists of a six month policy & procedure development period, followed by an eighteen month 'interim accreditation' period.
- NCQA shared that it has a separate PHM accreditation process for delegated providers. DHCS noted that the workgroup will continue to discuss potential requirements for delegated providers.
- NCQA noted that PHM results in plans being better able to address the social determinants of health (SDOH), care transitions, and issues outside of the medical sphere. It was noted that New York and North Carolina have made strides in this area.

- Following the NCQA discussion, DHCS finished its presentation with a focus on discussing proposed enhancements to current DHCS requirements. Below are additions to the DHCS presentation during the workgroup discussion.
  - Every member of a health plan may not need case management, but the PHM strategy would outline what members do need based on the risk assessment.
  - DHCS will consider how Memorandums of Understanding (MOUs) used to coordinate services outside of the plan are used, standardized, and made transparent.
  - DHCS and the workgroup will need to consider what current assessments may be replaced or used in addition to what is required under the final proposal.
  - DHCS will take into consideration community involvement in health plans implementing PHM strategies and will consider ongoing efforts round the state efforts, particularly those taking place in public health departments.

- Partnership HealthPlan of California presented on its PHM efforts, noting that the health plan is working toward NCQA accreditation. Key takeaways included the importance of plans having the right people on the data analytics team who understand what is needed out of a data warehouse that meets PHM needs. Partnership also noted the importance of working with community organizations at the local level as they have the on the ground knowledge and expertise to provide services in the communities they serve. See slides here. Below is a summary of the workgroup discussion following the presentation:
  - SDOH are integrated into PHM though questions asked in the assessment and risk stratification process.
  - Partnership emphasized the importance of working with community based organizations and has a team dedicated to collaborating with them. This is crucial to the PHM strategy development process.

    - Workgroup members emphasized the importance of cultural competency, especially when asking person questions involved in assessments.

- Following the presentations workgroup members were invited to voice their support for and/or concerns about the proposals. Below are the key themes from that discussion:
    - General support and excitement for the focus on PHM and SDoH
    - Call to coordinate with ongoing community efforts including community providers, outreach organizations, and public health and other county departments, rather than replace them with services provided directly by health plans
    - Rely on trusted sources of information in communities to help change processes or behaviors
    - Call for attention to the needs of the disability community
    - Call to ensure health plans are not over-burdened with requirements and support for standardization and streamlining
    - Concerns about annual enrollment for the Medi-Cal population
    - Eligibility churning among low-income populations could be exacerbated by the required open enrollment period
    - Call for PHM stratification to take more into consideration than diagnosis (e.g. immigration status, etc.) and to ensure algorithmics do no lead to increased disparities in the long run
    - Consider functionality, transparency of data and the infrastructure needed to access it
    - Call to build off lessons learned from Whole Person Care, especially when it comes to need assessments
    - Consider workforce needs
    - Call for a focus on not just the 5% of highest needs beneficiaries, but the 95% who are still considered vulnerable due to their low income
    - Ensure CalAIM is tied to the state's Trauma Informed Care efforts
    - Call to not lose the individual in a focus on population health
    - Call to develop robust outcome measurements
    - Call for transparency in MOUs and contracts between plans and providers
    - Call to focus on improving the availability and accuracy of member contact information

Next Steps for DHCS:

The next workgroup meeting will take place on December 3, 2019.