CalAIM | DHCS

Population Health Management & Health Plan Annual Enrollment Workgroup 12.03.19 Meeting Summary

The Department of Health Care Services (DHCS) held the second of four CalAIM Population Health Management & Health Plan Annual Enrollment workgroup meetings on Tuesday, December 3rd.

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.

- A presentation by the Center for Health Care Strategies on member risk stratification, using examples from CareOregon and Johns Hopkins;
- A discussion on initial and ongoing, MCP-level, member risk assessment requirements; and
- A presentation previewing the annual health plan open enrollment discussion for the January 7th workgroup meeting, followed by a brief workgroup discussion.

Discussion Summary

- The meeting began with a presentation by Rachel Davis from the Center for Health Care Strategies (CHCS). The presentation provided risk stratification insights from two health plans – CareOregon and Johns Hopkins in Maryland. See slides here.
    - CHCS presented on **CareOregon's** 2-page health and wellness screening questionnaire and shared the lessons learned from using the screening tool to date. Rachel noted that more than 50% of the assessments proved to be unusable due to errors and incomplete responses. This led to a conversation among workgroup members regarding:
        - The pros and cons of using such screening methods;
        - The appropriate data to use to predict risk and future utilization. Members had varying thoughts regarding the impact of social determinants of health (SDoH) data in determining risk and future utilization, with some arguing the impact is significant and others arguing that past utilization alone is the most important predictor of risk;
        - Accessibility of health and wellness surveys to various Medi-Cal populations and the importance of providing surveyors appropriate training in order to build trust with beneficiaries and collect accurate SDoH data; and
        - Recommendations regarding the appropriate level of survey standardization, with general agreement that some level of

standardization is needed at the health plan and data reporting level, but more flexibility may be needed at the provider level.

- CHCS clarified the screening tool is meant to start conversations and add another layer of understanding, not to establish the actual risk stratification determinations.
- It was agreed that the use of the term "medium risk" does not sufficiently capture the range of circumstances that could be present, and the group suggested changing to the term "rising" or "emerging" risk instead.

- The **John Hopkins** presentation introduced their risk stratification approach. Johns Hopkins used the NCQA requirements as a guideline for developing their approach to risk stratification.
- The discussion following the Johns Hopkins presentation focused on:
  - The methods and purpose of algorithm building in risk stratification and the importance of addressing bias in algorithms;
  - The need to clearly define the purpose of risk stratification;
  - Understanding the DHCS definition of population health;
  - The nuances between risk stratification data on a state level, vs, the health plan level or the provider level;
  - Data sharing among the state, health plans, and county behavioral health plans will be critical.
  - The standardization of risk stratification criteria.
  - The importance of looking at the assessment tools currently being used for Whole Person Care and the Health Homes Program.
- CHCS clarified the purpose of risk stratification is to gain a better understanding of patient needs and to identify interventions based on risk level.

- Next, an open discussion was held based on workgroup discussion questions, found here. The key discussion themes were:
  - Addressing the challenges of classifying patients into risk stratification categories;
  - Pros and cons of standardization of assessment tools/categories.
  - Getting an understanding of how the DHCS goals align with the NCQA requirements, and what the differences are;
  - How to appropriately address the social determinants of health from a population health management perspective;
  - Because assessments and algorithms can be inherently biased, consider including a functional limitation question on the assessment to help identify interventions that will help improve the quality of life of members.

- Working with county mental health and behavioral health agencies to share data with health plans;
- Functionally incorporating health risk data into medical coding (social determinants of health, ACEs scores);
- Interest in understanding how the discussions in the Enhanced Care Management/In Lieu of Services workgroup might overlap with the Population Health Management considerations.
- Incorporating existing, established local risk screening methods into standardized practice to avoid a loss of progress.
- Creating a definition for "rising risk" that provides general parameters that plans must adhere to but allowing room for innovation in designing interventions.
- The importance of a strategy to address the "unengaged" population – those with no health care utilization history.

- Michelle Retke of DHCS then presented a preview of the annual Medi-Cal managed care plan open enrollment (found here).
    - Following the presentation, the workgroup briefly discussed the following:
        - Whether data supports the need for a shift to annual health plan open enrollment – the workgroup requested data and examples from other states to address this concern;
        - The distinction between changing health plans more often than annually vs. challenges with maintaining Medi-Cal eligibility
        - Considerations for implementing open enrollment for the Medi-Cal population, noting that the population is very different than those with private or employer-sponsored insurance; and
        - The adoption and successes/challenges of annual health plan open enrollment in other state Medicaid programs.

Next steps for workgroup members: Workgroup members were asked to complete workgroup deliverables, including comments on the health plan open enrollment proposal, by Friday, December 13th.

Next Steps for DHCS: DHCS will incorporate the workgroup discussion into a revised proposal for discussion at the February 11th meeting. The next workgroup meeting will take place on Tuesday, January 7, 2020, and will focus on the annual health plan enrollment proposal.