



Model of Care

Care Coordination Advisory Committee

August 29, 2018



Meeting Objective

The committee will discuss key components of DHCS' population health management strategy and will provide recommendations, direction, and advice concerning a core set of standards and expectations regarding appropriate care coordination activities and requirements for Medical delivery systems.

Today we will discuss:

- Plan Accreditation
- Assessing Risk and Need
- Preventive Services and Clinical Screenings



Guiding Principles

- Improve the member experience.
- Meet the behavioral, developmental, physical, and oral health needs of all members.
- Work to align funding, data reporting, quality and infrastructure to mobilize and incentivize towards common goals.
- Build a data-driven population health management strategy to achieve full system alignment.
- Focus on assessing and addressing social determinants of health and reducing disparities or inequities.
- Focus more on value and outcomes.
- Look to eliminate or reduce variation across counties and plans, while recognizing the importance of local innovation.
- Support community activation and engagement.
- Improve provider experience by reducing administrative burden when possible.
- Reduce the per-capita cost over time through iterative system transformation.



Plan Accreditation

- As the DHCS care coordination project reviews how it might streamline and standardize the care coordination expectations of the managed care plans (MCPs), consideration is being given to potentially requiring accreditation of MCPs, and in particular accreditation by National Committee for Quality Assurance (NCQA).
- The NCQA Population Health Management section of the health plan accreditation guidelines offers a framework that may be consistent with the desired outcomes of the DHCS care coordination project.
- The focus of this discussion is the advantages and disadvantages of potentially requiring accreditation of MCPs, particularly by NCQA.



NCQA Presentation



Committee Discussion





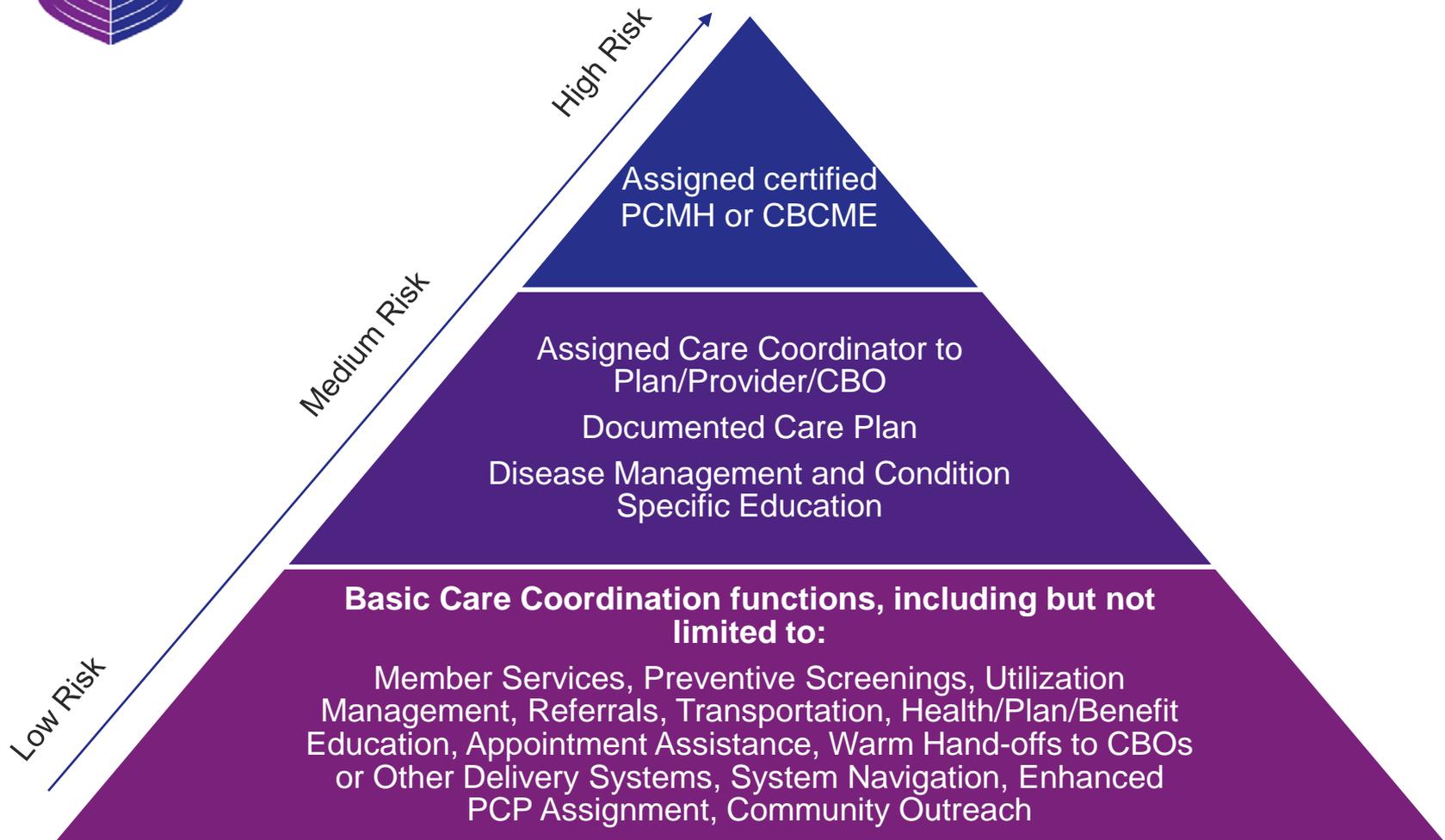
Model of Care

Population Health Management Plan (PHMP)

- Each Plan will be responsible for submitting a PHMP to DHCS annually describing how they meet all model of care requirements, while allowing for local innovation and need to drive plan

Initial Screening for Risk and Need

- Plan will use all available data and assessment of need survey results to identify the member's risk and need; ultimately assigning a Risk Category





Assessing Risk and Need

- Medi-Cal beneficiary health assessments are important for care coordination, but the current structure of assessments has inefficiencies that inhibit the quality of care. In many cases these plan and provider assessment and screening requirements were layered upon each other over time without a comprehensive design structure, which results in gaps and redundancy.
- The DHCS care coordination project provides an opportunity to redesign a more efficient and comprehensive structure of assessment for all Medi-Cal managed care members, and to tie the MCP assessment to risk stratification that drives appropriate health care actions.
- Leverage learnings from other delivery systems and how they assess risk and need



Care Coordination Assessment Library

Amy Turnipseed

Senior Director of External and Regulatory Affairs
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Committee Discussion





Preventive Services and Clinical Screenings

- Preventive services and clinical screenings are an essential component of medically necessary health care for all people.
- DHCS requires that all age-appropriate preventive services and clinical screenings be provided at the Initial Health Assessment (IHA), or a plan for their provision be documented; however, it is not always clinically reasonable to provide all such services during one visit when other medical issues may take priority depending on the patient's clinical status.
- The DHCS care coordination project provides an opportunity to redesign a more efficient approach to preventive services and clinical screenings, including the application of Early and Periodic Screening, Diagnostic and Treatment as it crosses multiple delivery systems including managed care, behavioral health and dental.



Committee Discussion





Next Meeting

Model of Care:

- Transition in Care
- Point of Care and Community-Based Care Management
- Social Determinants of Health