Special Meeting of the

Santa Clara County Health Authority
Governing Board Committee

Friday, March 6, 2020, 3:00 PM – 5:00 PM
Santa Clara Family Health Plan, Boardroom
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference

Business
1401 Parkmoor Avenue, Suite 200
San Jose, CA 95126

Residence
2990 Mount Clare Drive
San Jose, CA 95148

Residence
211 Quarry Road
Palo Alto, CA 94304

Residence
2060 Bryant Street
Palo Alto, CA 94301

Residence
109 Victoria Lane
Aptos, CA 95003

Business
250 Hamilton Avenue
Palo Alto, CA 94301

AGENDA

1. Roll Call Welcome new Board Member, Debra Porchia-Usher	Mr. Brownstein (Chair)	3:00	5 min
2. Public Comment Members of the public may speak to any item not on the agenda; two minutes per speaker. The Governing Board reserves the right to limit the duration of the public comment period to 30 minutes	Mr. Brownstein	3:05	5 min
3. CalAIM Study Session Review and discuss CalAIM	Mr. Haskell	3:10	110 min
4. Adjournment	Mr. Brownstein	5:00	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Governing Board on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Rita Zambrano 48 hours prior to the meeting at (408) 874-1842.
- To obtain a copy of any supporting document that is available, contact Rita Zambrano at (408) 874-1842. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

Santa Clara Family Health Plan™

CalAIM Study Session

Governing Board

March 6, 2020

What is CalAIM?

California Advancing and Innovating Medi-Cal

- Set of 26 Medi-Cal proposals designed to address Governor's top challenges:
  - Homelessness
  - Insufficient access to behavioral health care
  - Children with complex medical needs
  - Clinical needs of justice-involved populations
  - Aging population

Three Primary Goals

1. Identify and manage member risk and need through whole person care approaches and addressing the social determinants of health

2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility

3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems, and payment reform

Ok, so what does it propose?

Eight Core Initiatives

- ~~Annual open enrollment~~
- Enhanced Care Management
- In Lieu of Services
- Mandatory managed care populations
- Population health management plan
- Ending Cal MediConnect and requiring DSNPs
- Regional rates
- NCQA accreditation for plans and delegates

Oh. Is that all?

No, there's a bunch of other stuff

- Behavioral health changes
- Long-term plan for foster care
- Full integration plans/pilots
- County inmate pre-release application process
- Improving beneficiary contact and demographic info
- Institutions for Mental Disease waiver
- New dental benefits and PFP
- Waiver changes
- Carve outs and ins

Transitioning Whole Person Care and Health Homes Program

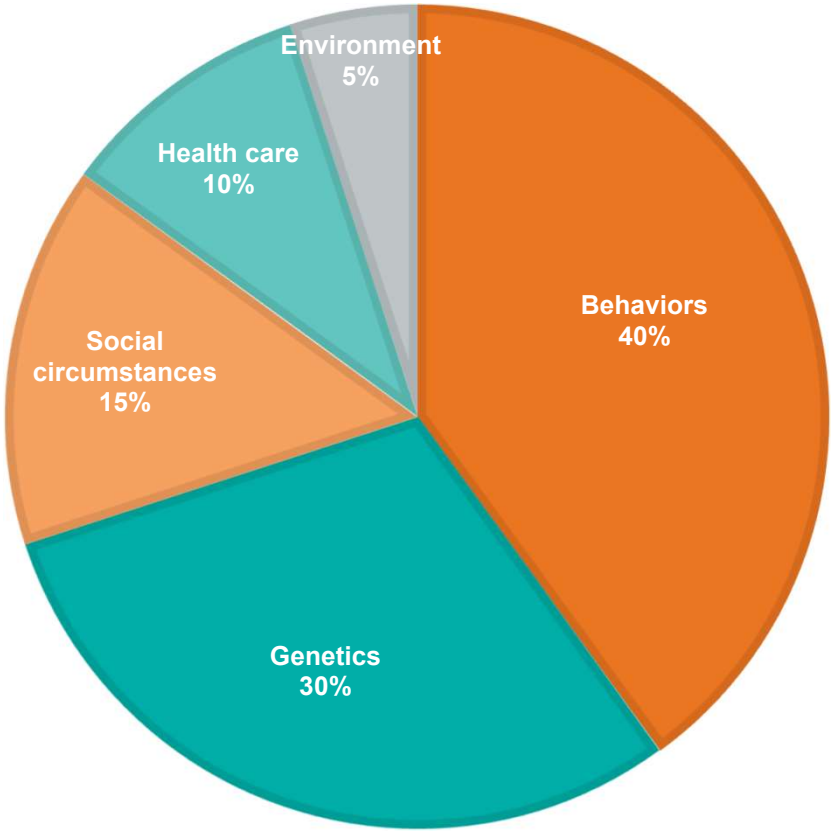
Timeline

- Transition plans due July 2020

Details

- Whole Person Care (WPC) ends with the expiration of the 1115 Waiver (end of 2020)
- Whole Person Care and Health Homes Program (HHP) services will transition to: **Enhanced Care Management** and **In Lieu of Services**
- Plans must submit transition plans for continuing existing WPC and HHP services

Determinants of Health



Source: JAMA 270 (1993), 291 (2004)

Enhanced Care Management

Santa Clara Family Health Plan™

Timeline

- Transition plans due July 2020
- Statewide implementation January 2021

Details

- Will include the care coordination elements of WPC and HHP
- Mandatory targeted populations:
  - high utilizers with frequent hospital or ED visits/admissions
  - Individuals at risk for institutionalization with serious mental illness, children with serious emotional disturbance or substance use disorder with co-occurring chronic health conditions
  - individuals at risk for institutionalization, eligible for long-term care
  - nursing facility residents who want to transition to the community
  - children with complex health needs
  - Individuals experiencing homelessness and those at risk of homelessness

In Lieu of Services

Timeline

- Transition plans due July 2020
- Statewide implementation January 2021

Details

- Will include the social support elements of WPC and HHP
- Plans can offer additional services at their discretion
- Services are to be medically-appropriate, cost-effective alternatives to approved state plan services

In Lieu of Services

Menu

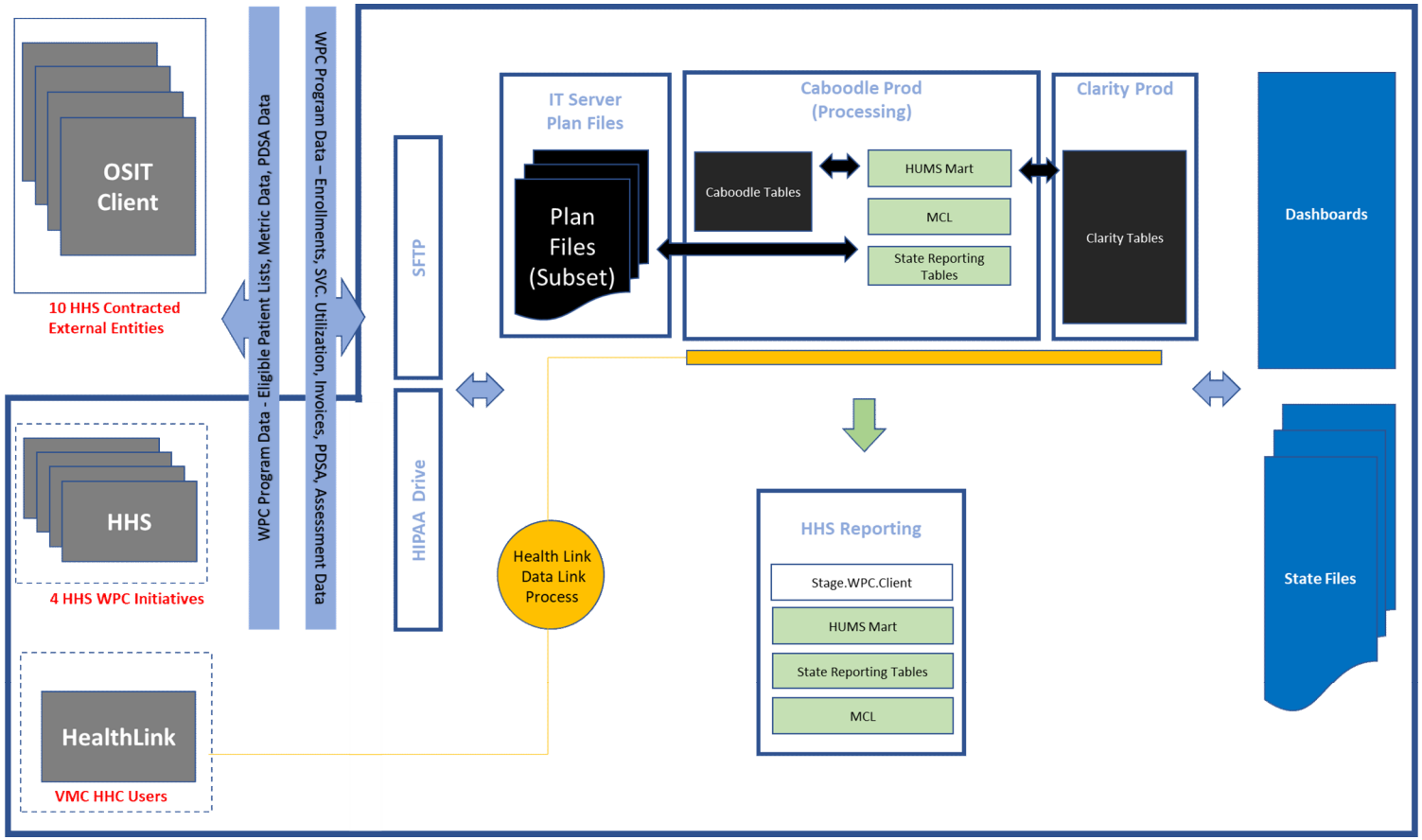
- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining services
- Recuperative care (medical respite)
- Short-term post-hospitalization housing
- Respite
- Day habilitation programs
- Nursing facility transition/diversion to assisted living facilities, such as residential care facilities or elderly & adult and adult residential facilities
- Nursing facility transition to a home
- Personal care (beyond IHSS) and homemaker services
- Environmental accessibility adaptations (home modifications)
- Meals/medically tailored meals
- Sobering centers

Mapping WPC to ECM/ILOS

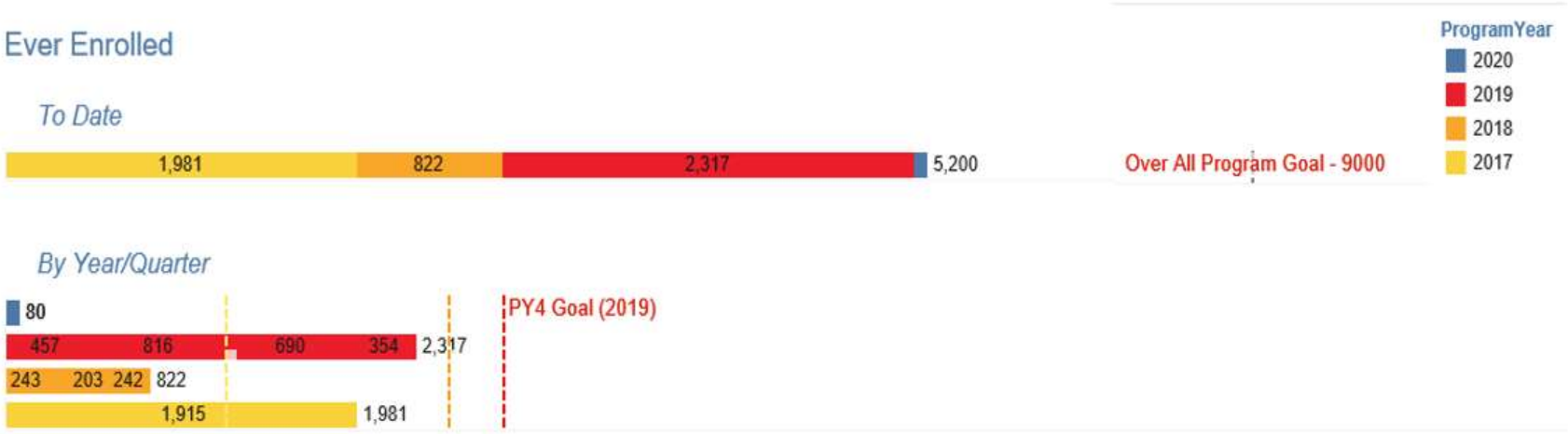
What's already in place?

SCC Whole Person Care Pilot	Enhanced Care Management and ILOS
SCVHHS & Community Clinics	Identification, assessment, care coordination
VMC	Medical respite
Mission Street Sobering Center (Horizons, Inc.)	Sobering center
Peninsula Healthcare Connection	Housing transition navigation
Institute on Aging	Nursing home transitions
Blackbird House Peer Respite (Caminar)	?

WPC Data Infrastructure



WPC Engagement/Enrollment Challenges

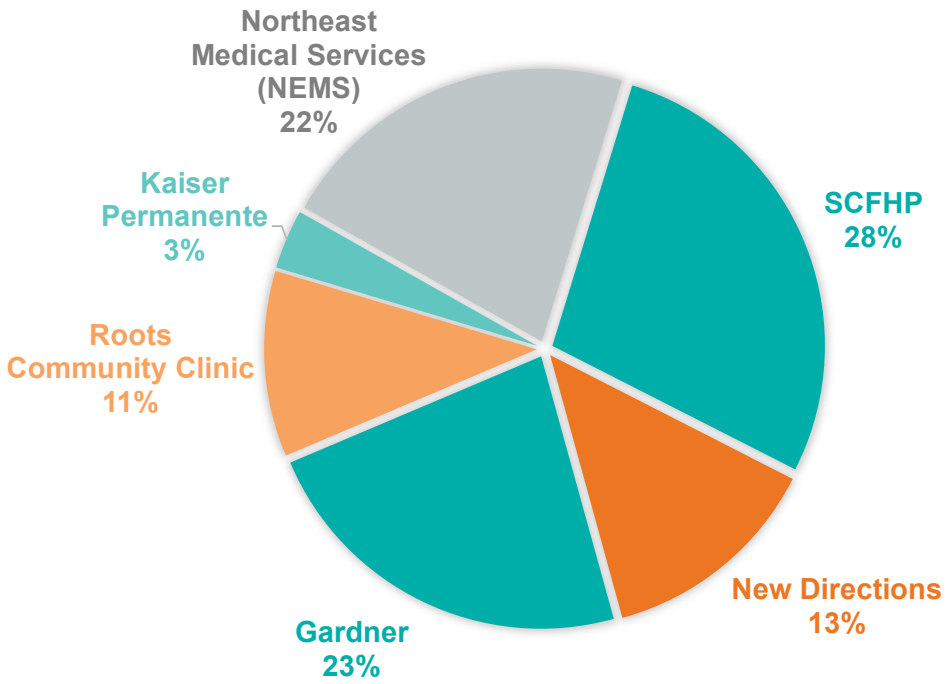


Ever Enrolled - To Date

	ProgramYear												
Year of P..	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand T..
2020	69	11											80
2019	147	93	114	193	279	218	204	344	268	185	115	157	2,317
2018	209	11	22	49	85	69	32	46	56	84	75	84	822
2017			19	759	32	1,124	12			23	6	6	1,981
Grand Total	425	115	155	1,001	396	1,411	248	390	324	292	196	247	5,200

Health Homes Program

Current enrollment: 227 members



Enhanced Care Management & In Lieu of Services

Rationale

- In keeping with DHCS recent movement toward increased focus on high-need, high-cost members
- Expands reimbursable “whole person” approaches and social determinants mitigations

Key Takeaways

- This will require significant investment of Plan resources (primarily staff time) in the near term
- There are significant transition challenges that will only be resolved through cooperation from existing WPC and HHP partners

Mandatory Managed Care Populations

Timeline

- Most new populations: January 2021
- Duals: January 2023

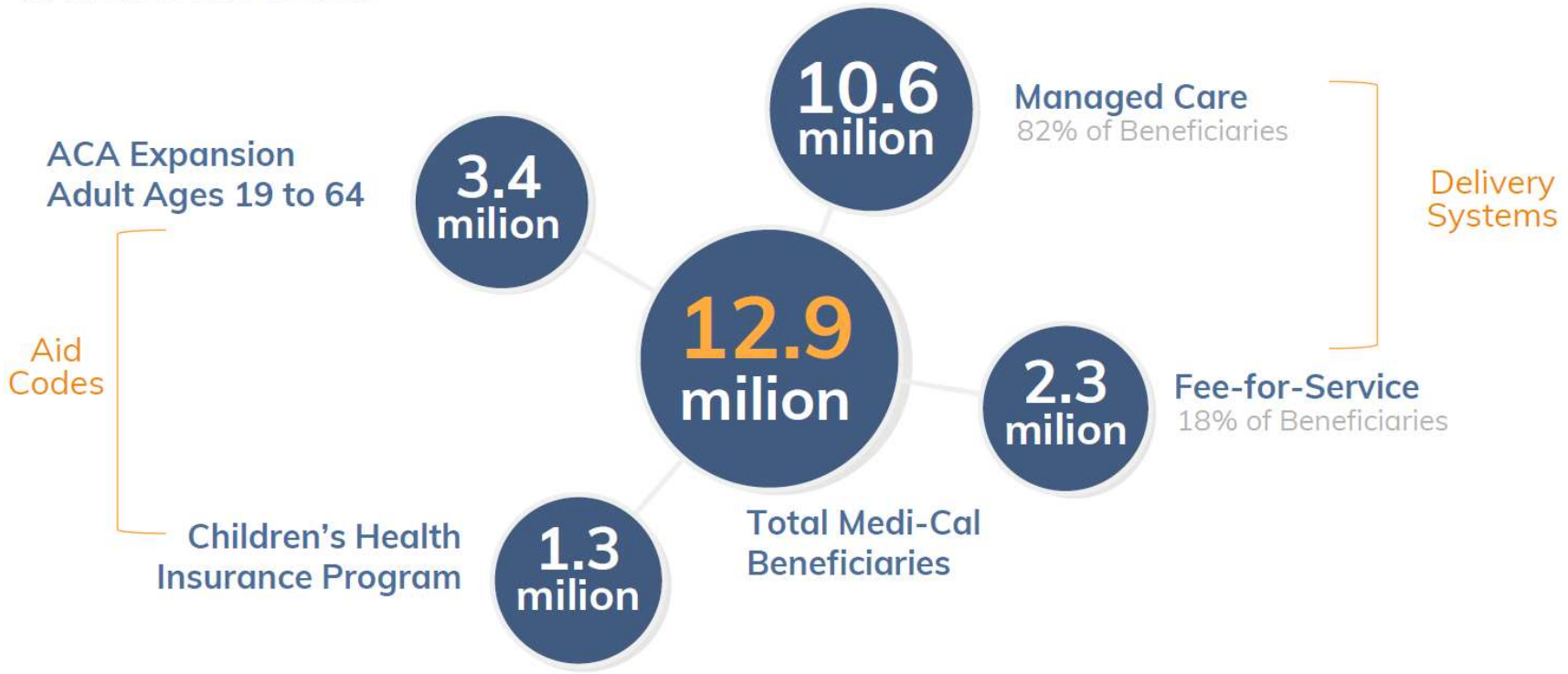
Details

- Mandatory managed care enrollment for many currently voluntary or excluded populations
- DHCS will implement blended SPD/LTC rate for SCFHP in 2023

Santa Clara Family Health Plan

Medi-Cal at a Glance

March 2019 Data



Source: CA Dept. of HHS

Mandatory Managed Care Populations

New Mandatory Populations, by Aid Code

- Trafficking and Crime Victims Assistance Program
- Accelerated Enrollment
- Child Health and Disability Prevention Infant Deeming
- Pregnancy Related Aid Codes—Title XIX (PRS/ES) 138-213%
- American Indian
- Beneficiaries with Other Healthcare Coverage

Remaining Exclusions

- Limited/Restricted Scope Eligible
- Foster Children (voluntary)
- Presumptive Eligibility
- State Medical Parole/County Compassionate Release/Incarcerated Individuals
- Share of Cost

Mandatory Managed Care Populations

Rationale

- Continues trend of increasing Medi-Cal managed care enrollment, reduces State risk
- Increases population eligible to receive standardized services

Key Takeaways

- This will probably not substantially affect SCFHP membership
- Blended SPD/LTC rate presents some new risk

NCQA Accreditation

Timeline

- Mandatory accreditation for all plans and delegates by 2025

Details

- DHCS contract would be amended to align processes with seven NCQA (National Committee on Quality Assurance) modules
- DHCS would use NCQA findings to deem certain requirements met/unmet in place of annual medical audits

NCQA Accreditation

Rationale

- Advances goal of reducing variation and complexity across delivery systems
- Simplifies DHCS monitoring and oversight of managed care plans

Key Takeaways

- May outstanding questions, possibly will require further work group (or other) vetting
- Without robust deeming, would add a third (fourth) set of regulations on top of federal and state
- Even with deeming, it may not reduce overall compliance burden—DHCS likely to use the opportunity to focus medical audits on areas not reviewed by NCQA
- Delegate accreditation may not, or not significantly, reduce plans' oversight burdens

Population Health Management Program

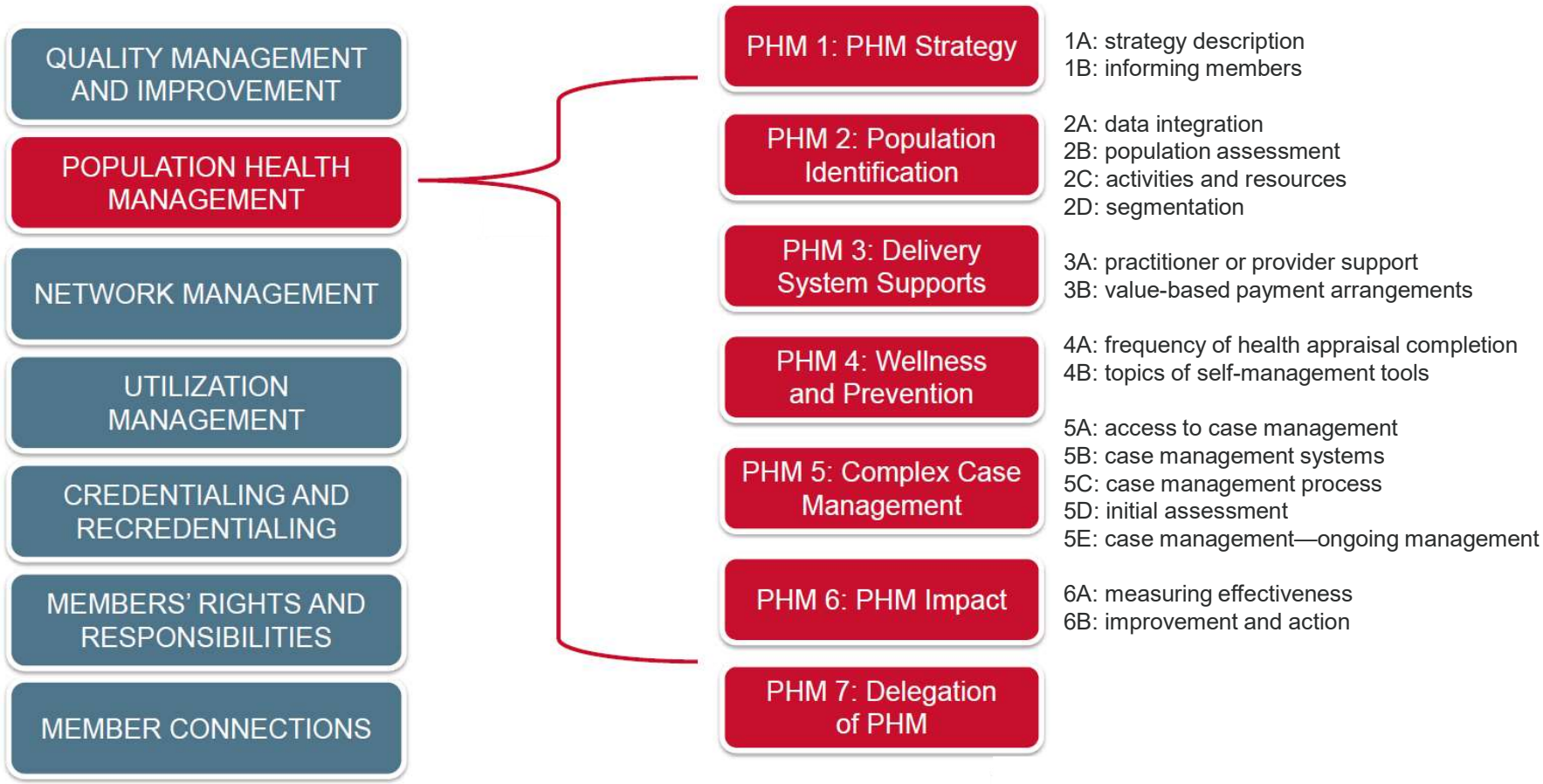
Timeline

- Plans must operate a Population Health Management (PHM) program for Medi-Cal beginning January 2022

Details

- Complete integration of PHM into functionalities of health plan for coordination of services across the spectrum
- PHM program must meet NCQA and DHCS requirements (not necessarily accreditation)
- Plans must use robust data analytics to stratify members into risk categories and define programs to address needs for each category

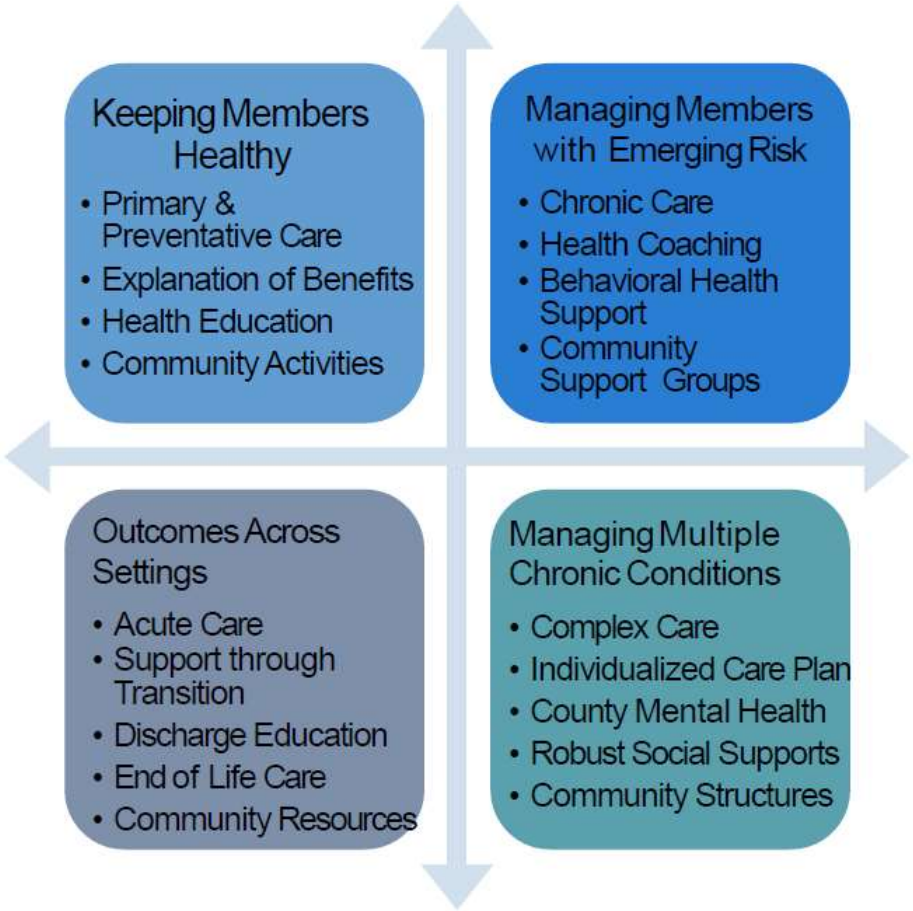
PHM Category in Health Plan Accreditation



Example: PHM 2A – Data Integration

NCQA Element and Scoring	NCQA Requirements	Additional NCQA Guidance
PHM 2 Element A To fully meet the criteria the organization must meet 3-7 factors.	The organization integrates the following data for use in population management: 1. Medical and behavioral claims or encounters 2. Pharmacy claims 3. Laboratory results 4. Health appraisal results 5. Electronic Health Records 6. Health services programs within the organization 7. Advanced data sources	Data integration is combining data from multiple sources databases. Data may be combined from multiple systems and sources (e.g., claims, pharmacy), across care sites (e.g., inpatient, ambulatory, home) and across domains (e.g., clinical, business, operational). The organization may limit data integration to the minimum necessary to identify eligible members and determine and support their care needs.

Segmenting Member Needs



Source: Partnership HealthPlan of CA

Population Health Management Program

Rationale

- Ensures there is a plan to identify and manage member risk and needs across the continuum of care
- Provides for the incorporation of other CalAIM elements—NCQA accreditation, enhanced care management and in lieu of services

Key Takeaways

- Will largely involve repackaging our existing operations into new structure, but there will likely be some new elements and some changes to existing ones
- Provides a new perspective from which to view our services, which may necessitate certain changes that aren't apparently necessary under existing structure

Cal MediConnect/D-SNP

Timeline

- Cal MediConnect (CMC) to conclude at the end of 2022
- Coordinated Care Initiative (CCI) plans required to operate Dual Eligible Special Needs Plan (D-SNP) to enroll duals starting in 2023, non-CCI plans by 2025

Details

- Cal MediConnect members will be automatically enrolled in D-SNP
- Dual eligible enrollment in Medi-Cal managed care will be mandatory beginning in 2023, while dual enrollment in D-SNP will remain optional (like CMC)
- DHCS will allow default enrollment of existing Medi-Cal members into D-SNP when they become eligible for Medicare
- No passive enrollment (of current Medicare enrollees) will be allowed

Cal MediConnect/D-SNP

DHCS Integration Standards

- Develop and use integrated member materials
- Include consumers in existing advisory boards
- Quarterly joint contract management team meetings with CMS
- Include dementia specialists in care coordination efforts
- DHCS/CMS will avoid duplicating audits at the same time
- Coordinate carved-out LTSS benefits (IHSS, MSSP, other waiver programs)

Cal MediConnect/D-SNP

Rationale

- Apply lessons learned from CMC and expand integrated care for dual eligibles statewide
- Provide more flexibility and lower regulatory burden than CMC can offer
- Reduce administrative costs and burden on DHCS

Key Takeaways

- Resource burdens on plans will vary widely, especially between those with and without CMC
- While SCFHP is well-positioned to transition from CMC to a D-SNP, we will face significant challenges

Regional Rates

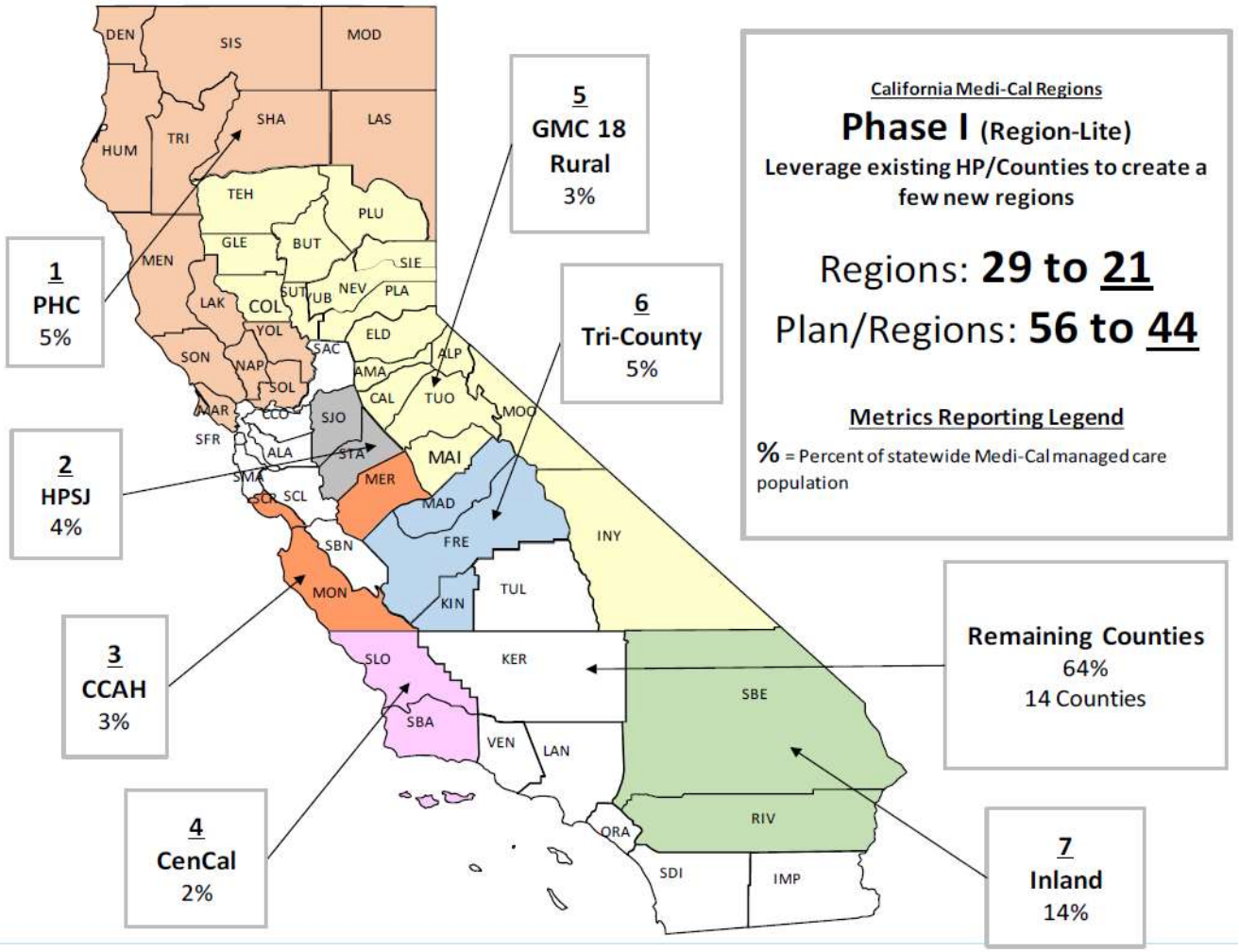
Timeline

- Targeted plans: January 2021
- Statewide: January 2023

Details

- Rates will be used across multiple counties instead of single counties
- Phase I rates will apply to plans covering multiple counties
- Phase II rates will apply to the rest of the plans

Santa Clara Family Health Plan



1
PHC
5%

2
HPSJ
4%

3
CCAH
3%

4
CenCal
2%

5
GMC 18 Rural
3%

6
Tri-County
5%

Remaining Counties
64%
14 Counties

7
Inland
14%

California Medi-Cal Regions

Phase I (Region-Lite)

Leverage existing HP/Counties to create a few new regions

Regions: **29 to 21**

Plan/Regions: **56 to 44**

Metrics Reporting Legend

% = Percent of statewide Medi-Cal managed care population

Regional Rates

Rationale

- Reduce number of different rates developed and paid by using same rates across multiple plans in a given region
- Plans will be incentivized to compete on efficiency with plans in the same region

Key Takeaways

- SCFHP will be grouped with other single-county plans in the area
- Large cost variations, even within small regions, will create winners and losers

CalAIM Timeline

2020
- Submit transition plan for WPC/HHP

2021
- Implement ECM/ILOS benefit
- Enrollment of mandatory managed care populations

2022
- Implement population health management plan
- Cal MediConnect ends December 31

2023
- Statewide implementation of regional rates
- Blended SPD/LTC rates
- Mandatory duals enrollment
- D-SNP coverage begins for duals in CCI counties

2024

2025
- NCQA accreditation for plans and delegates
- D-SNP coverage begins for duals in non-CCI counties

2026
- Full implementation of integrated, managed long-term services and supports program

External Risks

- Medicaid Fiscal Accountability Regulation (MFAR)
- Legislative Analyst's Office (LAO) report on CalAIM
- Texas v. Azar