Santa Clara Family Health Plan™

# CalAIM Study Session

Governing Board

March 6, 2020

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# 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

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# 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

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# 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

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# 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

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# 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

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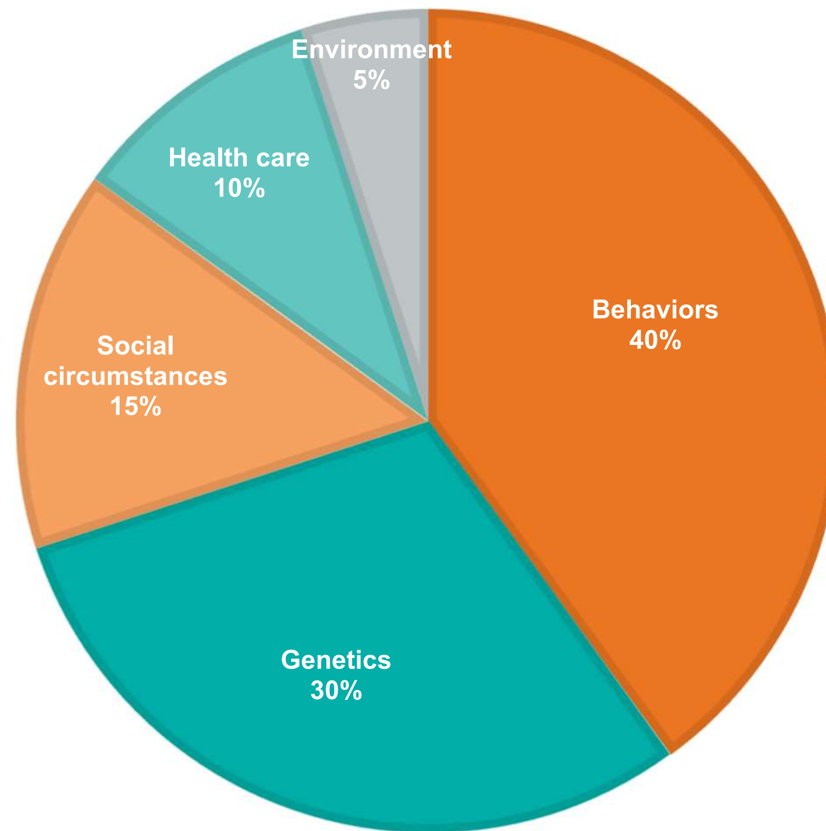
# Determinants of Health




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

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# Enhanced Care Management

## 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

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# 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

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# 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

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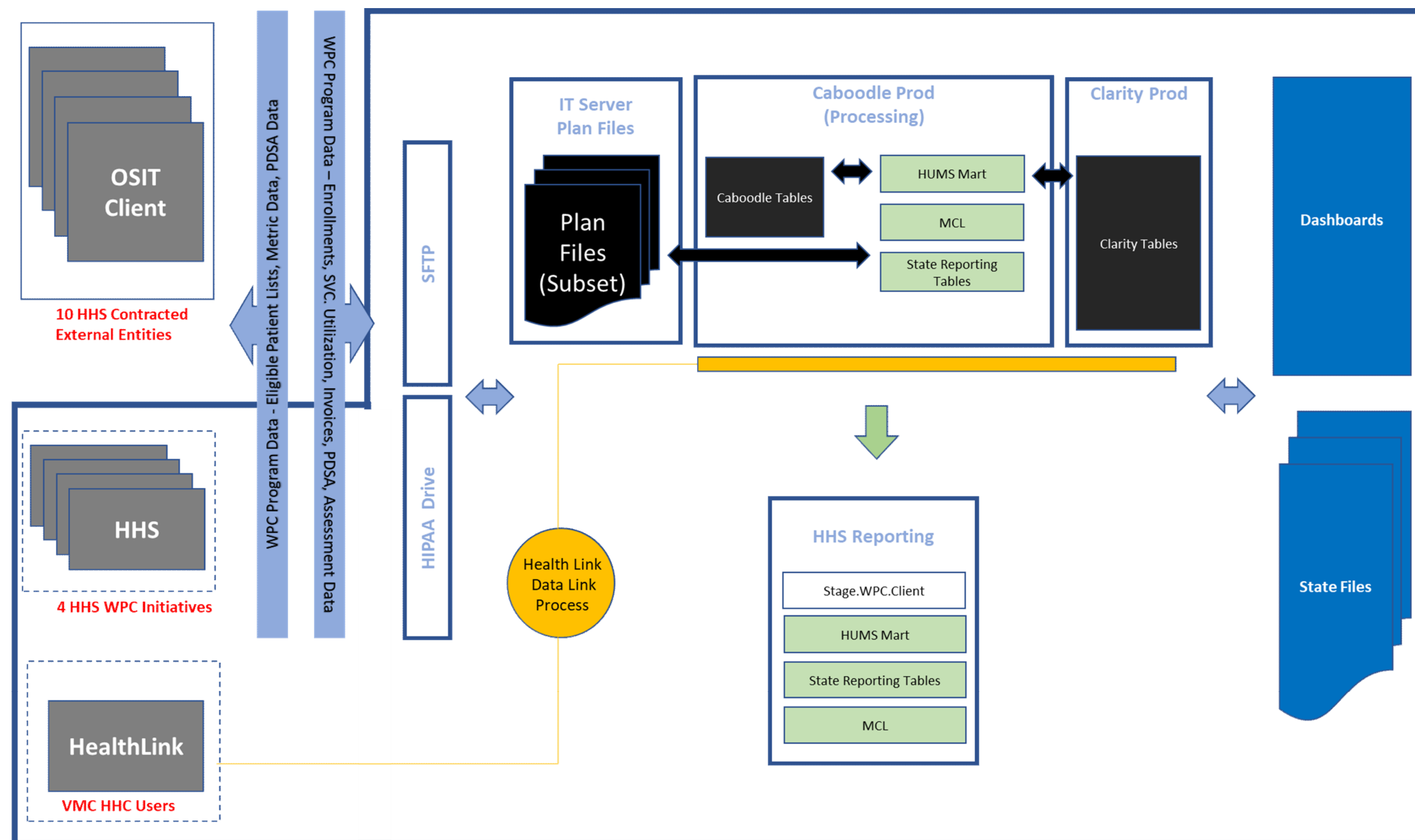

# WPC Engagement/Enrollment Challenges

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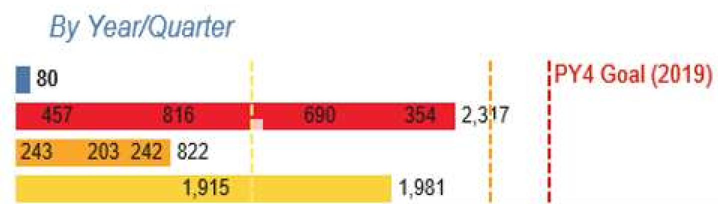


## Ever Enrolled - To Date

| Year of P.. | ProgramYear | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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

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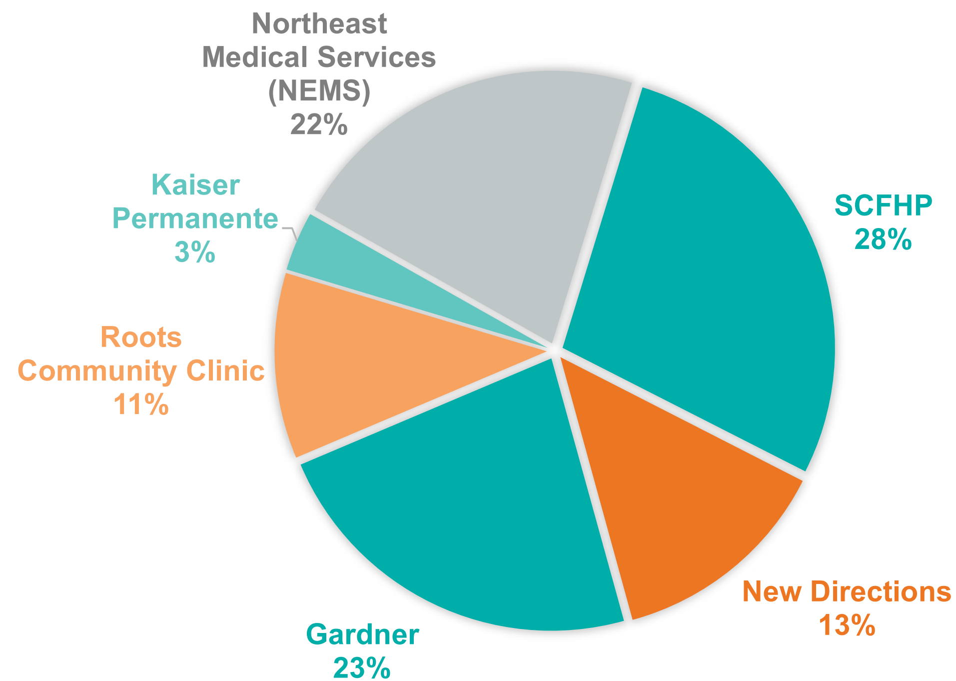
## Current enrollment: 227 members



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# 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

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# 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

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# Medi-Cal at a Glance

March 2019 Data

Source: CA Dept. of HHS

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# 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

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# 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

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## 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

QUALITY MANAGEMENT AND IMPROVEMENT

POPULATION HEALTH MANAGEMENT

NETWORK MANAGEMENT

UTILIZATION MANAGEMENT

CREDENTIALING AND RECREDENTIALING

MEMBERS' RIGHTS AND RESPONSIBILITIES

MEMBER CONNECTIONS

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# 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

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# Population Health Management Program

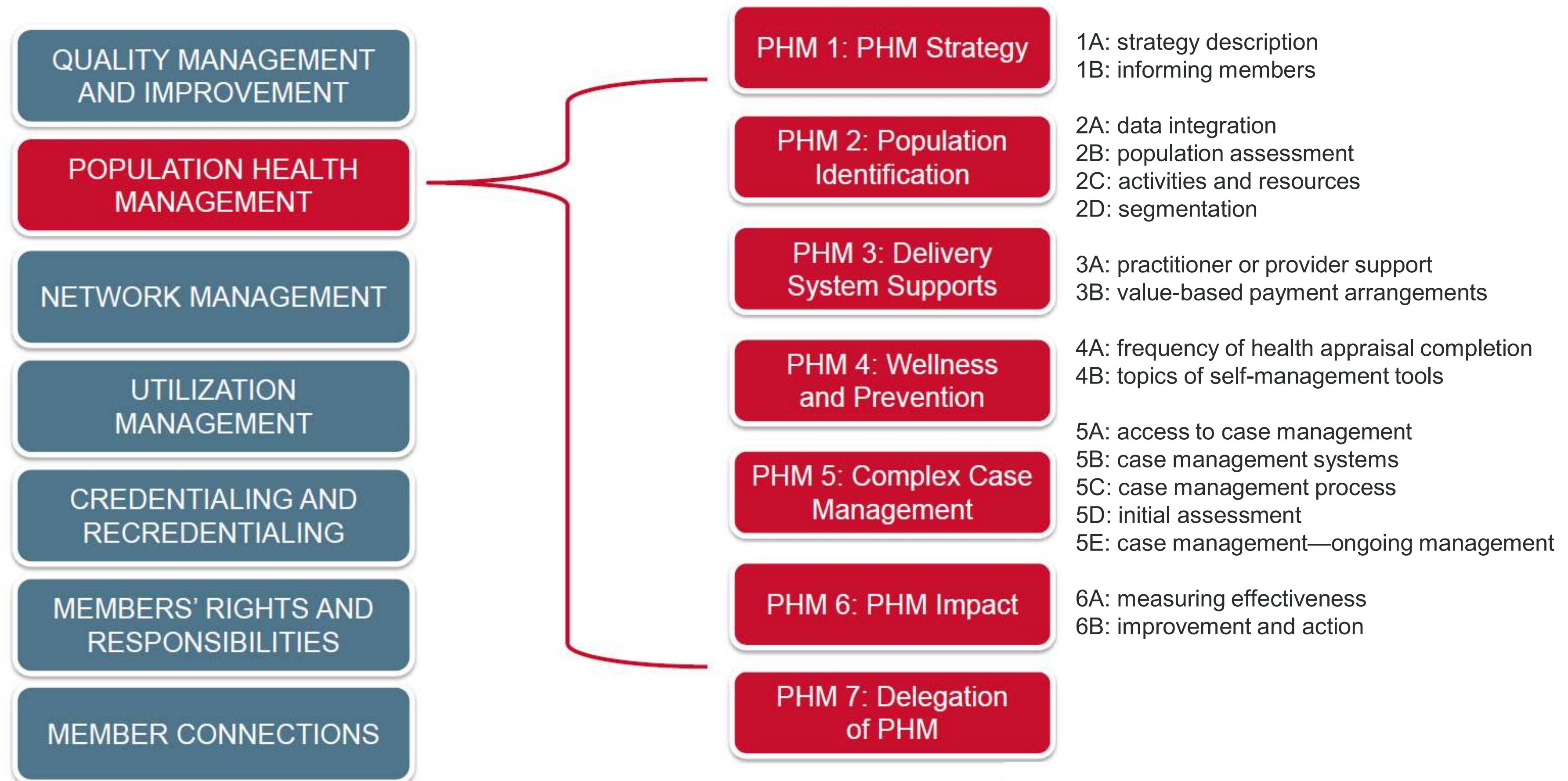
## Timeline

- 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

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| NCQA Element and Scoring | NCQA Requirements | Additional NCQA Guidance |
|---|---|---|
| PHM 2 Element A<br><br>To fully meet the criteria the organization must meet 3-7 factors. | The organization integrates the following data for use in population management:<br><br>1. Medical and behavioral claims or encounters<br>2. Pharmacy claims<br>3. Laboratory results<br>4. Health appraisal results<br>5. Electronic Health Records<br>6. Health services programs within the organization<br>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

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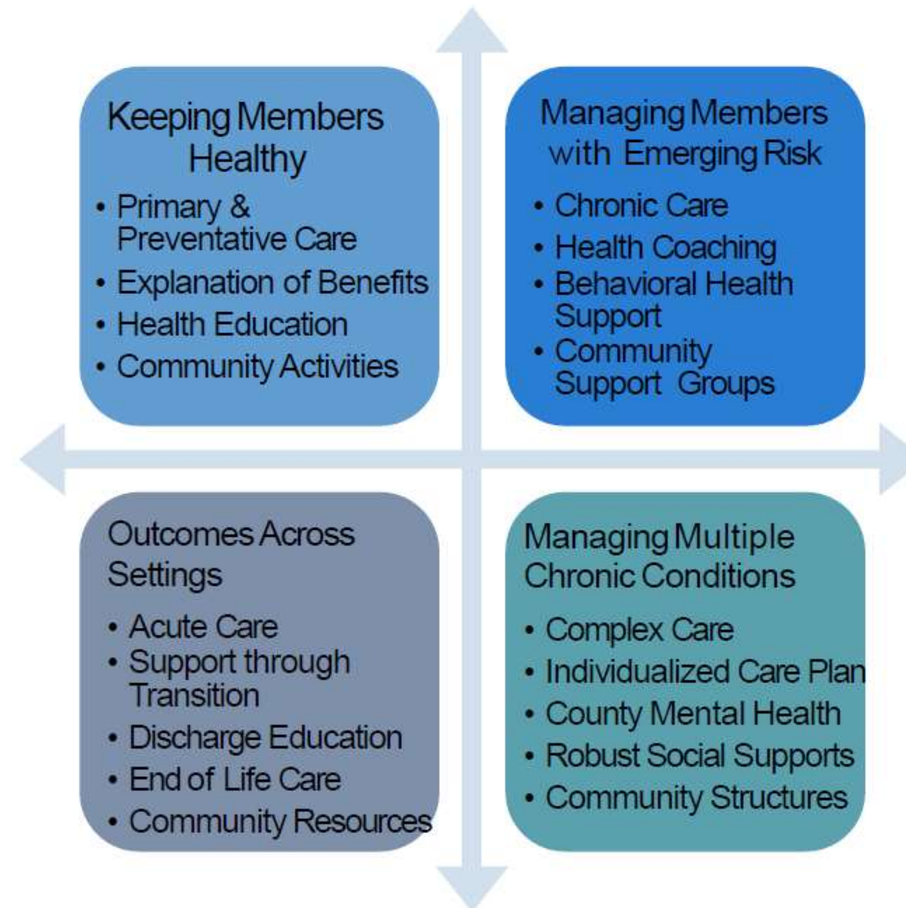


Source: Partnership HealthPlan of CA

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# 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

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# 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

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# 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)

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# 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

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# 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

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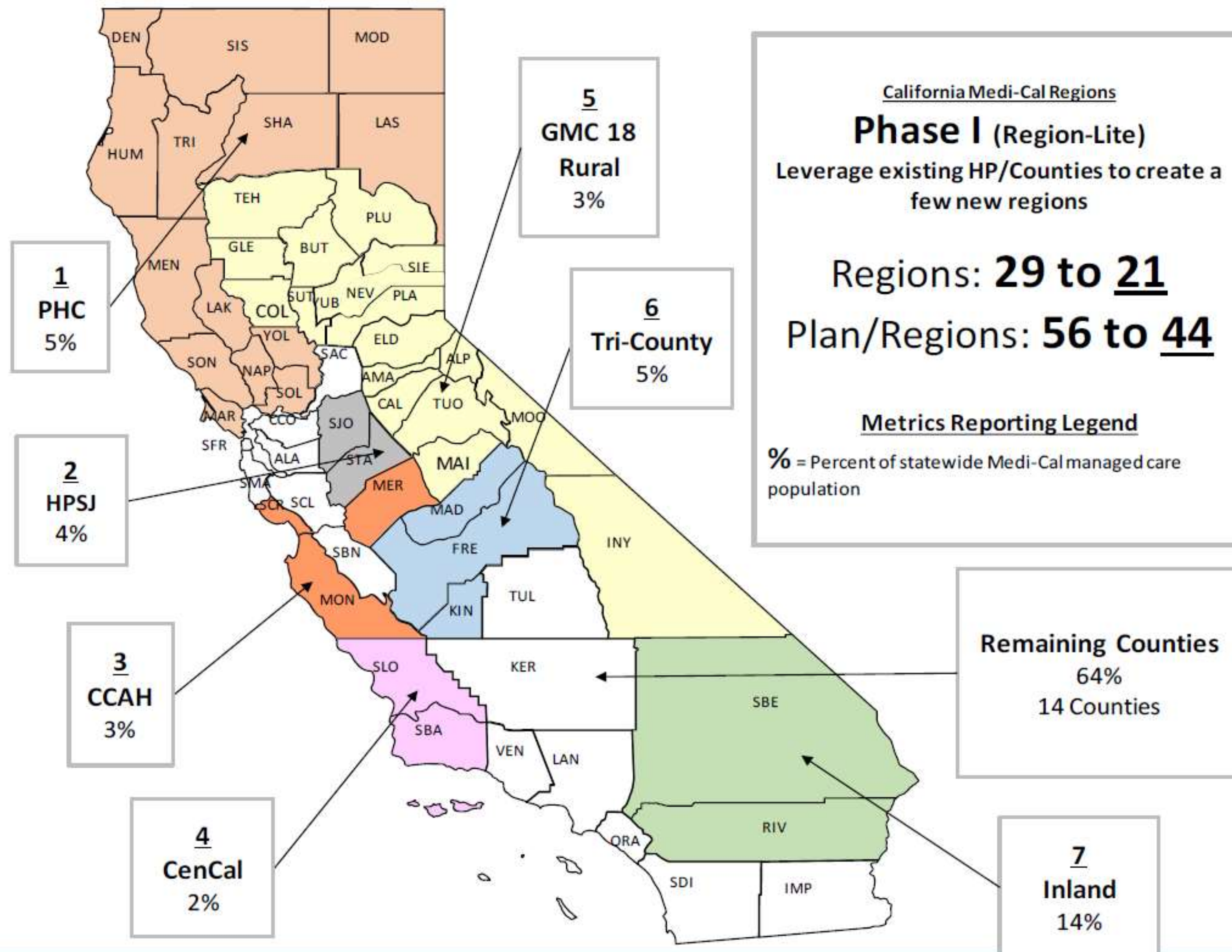

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# Regional Rates

## 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

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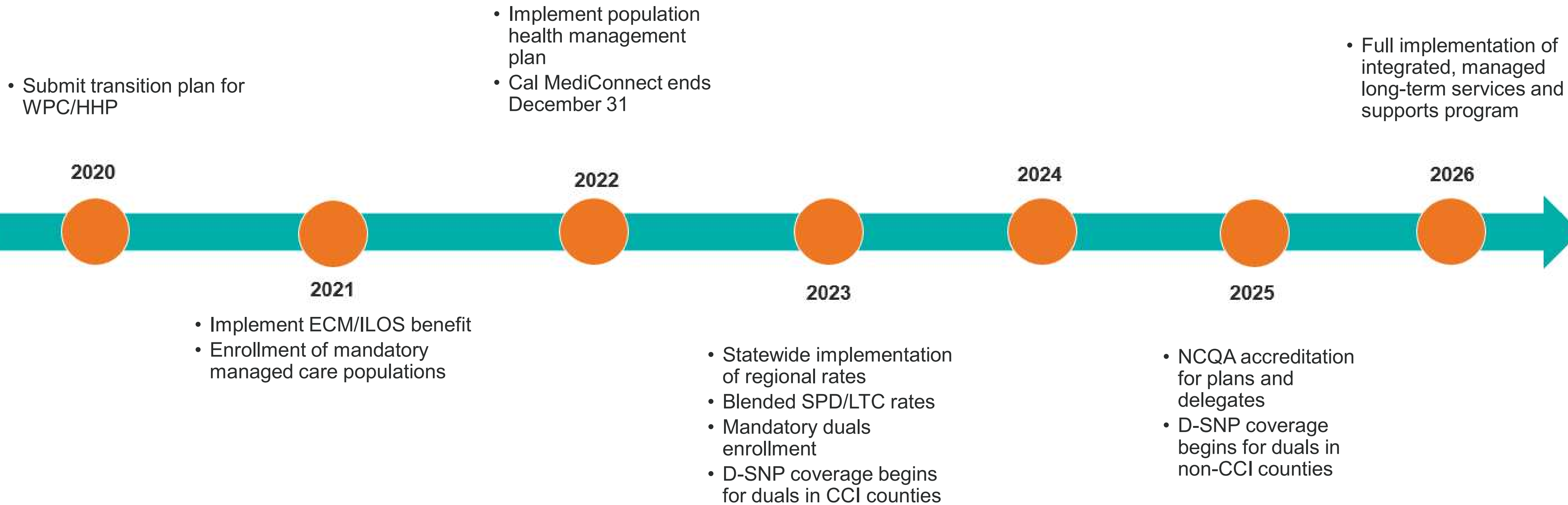
# CalAIM Timeline



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# External Risks

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