



February 21, 2020

Via Email: CalAIM@dhcs.ca.gov
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Attention:
Brian Hansen, Health Program Specialist II,
Michelle Retke, Chief, Managed Care Operations Division
California Department of Health Care Services (DHCS)
1501 Capitol Avenue,
MS 4000 Sacramento, CA 95899-7413

Subject: Revised Population Health Management Program – CBHDA Comments

Dear Mr. Hansen and Ms. Retke:

Thank you for incorporating many of the comments from the County Behavioral Health Directors Association of California (CBHDA) submitted in December 16, 2019 in the revised Population Health Management Program. We appreciate your thoughtful consideration and continued efforts to strengthen this proposal.

We also thank you for the opportunity to comment on the revised Population Health Management Program. All of CBHDA's comments and proposed changes are consistent with DHCS' decision to ensure behavioral health data is included in the Population Health Management (PHM) assessments and risk stratification/segmentation; and the decision to ensure coordination with county behavioral health plans for members with serious mental health conditions including substance use disorders in an effort to improve outcomes for this group of members.

CBHDA is concerned that without the additional suggested changes outlined below, Medi-Cal managed care plans may not fully incorporate data sets on behavioral health utilization and health status in population health management assessments, risk stratification and segmentation. The proposed changes also strengthen the requirement to coordinate with county behavioral health plans for joint plan members. Without this coordination and integration of behavioral health data, any population health interventions targeting members with serious mental health conditions including substance use disorders will have limited value.

We offer the following proposed changes to language in the revised proposal on behalf of county behavioral health directors. Suggested language changes are in red/underlined text.

Medi-Cal Healthier for All Proposal

2.1 Population Health Management Program

2.1.2 Proposal

Proposed Changes on Page 1:

All Medi-Cal managed care plans shall develop and maintain a member-centered population health management program, as part of which the Medi-Cal managed care plan will partner with health care providers and community based partners, including county behavioral health plans, to identify and address members' health and health related social needs. In addition to the NCQA accreditation processes, the population health management (PHM) plan description must be filed with the state annually via the PHM Template.

Each Medi-Cal managed care plan shall include, at a minimum, a description of how it will meet the core objectives to:

- Identify and assess member health risks and needs, including behavioral health risk and needs, on an ongoing basis;

Proposed Changes on Page 2:

The population health management program description shall:

- Include the goal to improve the health outcomes of identified communities and groups, such as the group of enrollees with behavioral health conditions;

Assessment of Risk and Need – 1. Initial Data Collection and Population Assessment

Proposed Changes on Page 3:

As part of the PHM requirements, DHCS will ~~continue to apply the existing~~ revised PNA APL requirements to hold the Medi-Cal managed care plans accountable for a population assessment, which include requirements for analyzing health disparities and engaging external stakeholders as part of the process. Revisions to PNA APL will ensure all mandated data sources, such as available health status and utilization data on behavioral and oral health, are fully integrated into the PNA Data Sources. Revisions will ensure that PNA Findings and Action Plan requirements incorporate plans to improve the behavioral health outcomes for members, and physical health outcomes for members with serious

mental conditions including substance use disorders. DHCS will consult with NCQA to ensure the PNA APL data requirements meet NCQA data requirements for the population health assessment.

(All other references to the PNA APL in this section should to refer to the “revised” PNA APL.)

Assessment of Risk and Need – 2. Initial Risk Stratification or Segmentation and Tiering

Proposed Changes on Page 4:

Consistent with the NCQA PHM requirements, Medi-Cal managed care plans shall conduct the risk stratification or segmentation and DHCS risk tiering using an integrated data and analytics assessment that considers at least the following sources:

- Claims or encounter data, including all fee-for-service data and behavioral health data provided by DHCS and behavioral health data provided by county behavioral health plans to the extent such data is available;

Proposed Changes on Page 5:

Risk stratification or segmentation algorithms shall include past medical service utilization, including utilization of behavioral health services, but must also incorporate other data such as health conditions, risk factors, and disease progressions, in order to avoid exacerbating underlying biases in utilization data that may drive health disparities.

Assessment of Risk and Need – 4. Reassessment

Proposed Changes on Page 6:

Medi-Cal managed care plans must describe what events or data will trigger the re-evaluation process for individual members, such as the onset of a behavioral health condition. In the population health management program description, the Medi-Cal managed care plan must inform the department what minimum risk groups would require regular assessment in between the annual risk stratification process. However, this does not limit the Medi-Cal managed care plan from conducting additional assessments beyond what is defined as the minimum in the program description.

Actions to Support Wellness and Address Risk and Need – 6. Coordination between Medi-Cal Managed Care Plans and External Entities

Proposed Changes on Page 14:

The Medi-Cal managed care plan shall describe in the population health management program description how they will coordinate with, and refer members to, health care and social services/programs including, behavioral health services, dental, and home and community-based services. Referrals must be culturally and linguistically appropriate for the member. The plan must coordinate with competent external entities to provide all necessary services and resources to the beneficiary. These entities should be listed as part of the population health management plan identifying specific services each named entity will provide plan members. Listed entities will include the relevant county behavioral health plan and the population health management program description will describe how the plan will coordinate with county plans in serving members with serious mental health conditions including substance use disorders.

Health Information Technology to Support Integrated Care and Care Coordination

Proposed Changes on Page 16:

With the assistance of guidance developed by the Department of Health Care Services, the Medi-Cal managed care plan shall develop data exchange protocols, including member information sharing protocols, before initiating services with any subcontracted entity.