



Medi-Cal 2020 Waiver Program Progress

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Presentation Agenda

1. Whole Person Care

2. PRIME

3. Global Payment Program

4. Dental Transformation Initiative

5. Drug Medi-Cal Organized Delivery System

6. Open Discussion/Questions



WPC Background

Description

- Pilot to test county-based initiatives that target high-risk high-utilizing Medi-Cal beneficiaries
- Aims to improve care delivery, health, and lower costs through reductions in avoidable utilization such as inpatient and emergency department utilization

Structure

- Pilots are to develop the needed administrative and delivery system infrastructure to support provision of high quality coordinated and appropriate care, and improve both process and patient outcomes



WPC Background

Target Population

- **Medi-Cal beneficiaries with repeated incidents of:**
 - Avoidable emergency use, hospital admissions, or nursing facility placement;
 - Two or more chronic conditions;
 - Diagnosed mental health and/or substance use disorders;
 - Those who are currently experiencing homelessness; and/or
 - Those who are at risk of homelessness following release from an institution.
- **May also include:**
 - Individuals not enrolled in Medi-Cal, but federal funding is not available for them
 - Dual-eligible beneficiaries, but must coordinate with the Coordinated Care Initiative where applicable

2 application rounds

- **Round 1**
 - 18 pilots were approved
 - Began operation on January 1, 2017
- **Round 2**
 - Seven (7) additional pilots were approved
 - Eight (8) 1st round pilots expanded their applications in the 2nd round



WPC Enrollment

Round 1

- **16** counties have already enrolled clients
- Approximately **26,000** clients enrolled into the program

Round 2

- Implementation and enrollment began July 1, 2017
- Reported enrollment figures will be available November 2017



Common Themes

- Most pilots have chosen to target beneficiaries with **multiple acute visits** and those that are **homeless or at risk of homelessness**
- Less than half explicitly focus on beneficiaries with **mental health and/or substance use disorders** and recently **institutionalized populations**
- There is also a variation in **care coordination strategies**; however, most pilots have chosen to develop a navigation infrastructure, standardize assessment tools being used by participating entities, and expand or develop new data sharing systems



Early Successes

Collaboration

- Some Lead Entities, such as **San Mateo**, are working with their county or local Medi-Cal plan colleagues to access data related to redeterminations and assist members in regaining Medi-Cal coverage.
- **Napa** is partnering with the police department's outreach homeless unit.
- **Solano** is cooperating with the larger cities to allocate a portion of their housing stock for WPC.
- **Santa Clara** is enhancing existing engagement with community partners, cities, and multi-governmental agencies through contracts.
- **Alameda** and **Orange County** find that incentive payments have been helpful to motivate partners and providers to help enroll members.
- LEs that serve the reentry population, specifically **Placer** and **Riverside**, seeking are having success working and coordinating with probation departments to identify, engage, and serve enrollees.

Outreach and Engagement

- **Contra Costa, Kern, and San Bernardino** are experiencing success in branding the “services” offered by WPC rather than a program for high utilizers.



PRIME



PRIME Background

Pay-for-performance program

Successor to the first-in-the-nation DSRIP

3 Domains

- Outpatient Delivery System Transformation and Prevention
- Targeted High-Risk or High-Cost Populations
- Resource Utilization Efficiency

6 Required Projects

- Integration of Physical and Behavioral Health
- Ambulatory Care Redesign: Primary Care
- Ambulatory Care Redesign: Specialty Care
- Improved Perinatal Care
- Care Transitions: Integration of Post-Acute Care
- Complex Care Management for High Risk Medical Populations

Optional projects

- DPH/DMPH must select 3 additional projects from 12 optional projects



PRIME Progress

- 18 PRIME projects in the 3 domains
- Total of 54 participating PRIME entities
 - 17 DPH systems will implement at least 9 PRIME projects
 - 37 DMPHs will implement at least one PRIME project



PRIME Progress

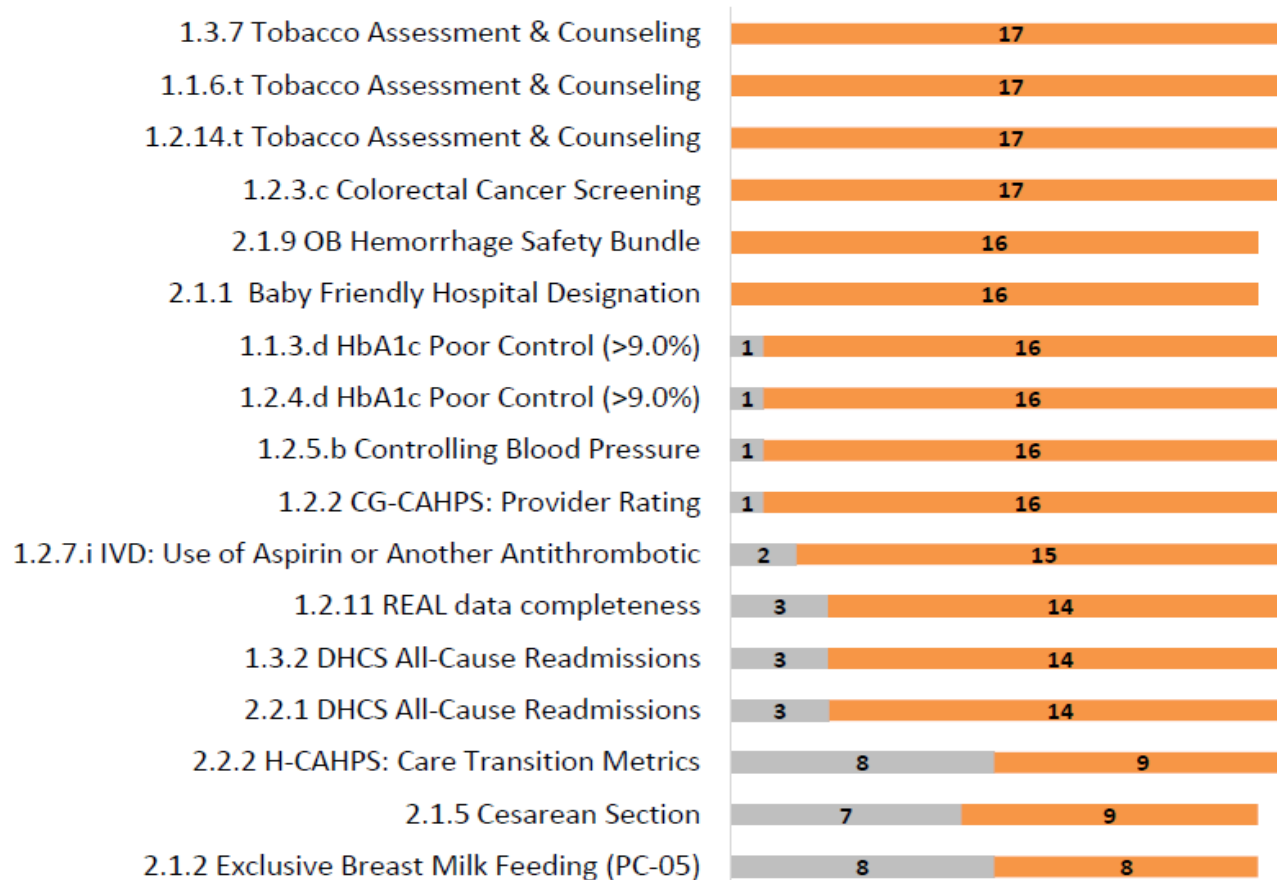
- DPHs have completed their first year of quality improvement on their selected PRIME projects.
- DMPHs have completed infrastructure building.
 - Examples of infrastructure building include implementing EHRs, selecting and implementing screening tools, expanding clinics, implementing and expanding telehealth services, and hiring necessary staff
- As of DY 12 mid-year, entities have earned 95% of their allocated funds.
 - However, this does not account for a full year of quality improvement efforts, a measurement period for which the reports are still under clinical and comprehensive review.



PRIME Progress (cont'd)

of DPHs that met DY 12 Year-End (YE) Targets

■ # of DPHs that met or exceeded DY12 YE target
■ # of DPHs that did not meet or exceed DY12 YE targets





Global Payment Program (GPP)



GPP Background

Description

- Restructures existing federal funds for care to the uninsured
- Creates financial incentives to shift care towards primary and preventive settings
- Supports non-traditional services that were previously not reimbursable

Structure

- GPP establishes a **statewide pool of funding** for the uninsured by combining federal Disproportionate Share Hospital (DSH) funds and uncompensated care funding
- Each health system can achieve their **global budget** by meeting a service threshold that incentivizes movement from high-cost avoidable services to providing higher value preventative service
- Services associated with points are grouped into **Categories** and **Service Tiers**
- **Non-traditional services** which are typically not directly or separately reimbursed by Medicaid or other payers have higher assigned values



Categories and Tiers of Service

4 categories

- Organized by similar characteristics:
 - Outpatient in traditional settings
 - Complementary patient support and care services
 - Technology-based outpatient
 - Inpatient

4 tiers

- Based on factors such as training/certification, time or resources spent providing the service, and modality of service:
 - Tier A (lowest point value)
 - Tier B
 - Tier C
 - Tier D (highest point value)



Categories and Tiers of Service

Category 1: Outpatient in Traditional Settings

- **Tier A: Care by other licensed or certified practitioners**
 - RN-only visit
 - PharmD visit
 - Complex care manager
- **Tier B: Primary, specialty, and other non-emergent care**
 - Primary/specialty care
 - Contracted primary/specialty care
 - Mental health outpatient
 - Substance use outpatient
 - Substance use methadone
 - Dental
- **Tier C: Emergent care**
 - Outpatient ER
 - Contracted ER
 - Mental health ER/crisis stabilization
- **Tier D: High-intensity outpatient services**
 - Outpatient surgery



Categories and Tiers of Service

Category 2: Complementary Patient Support and Care Services

- **Tier A: Preventive health education and patient support services**

- Wellness
- Patient support group
- Community health workers
- Health coach
- Health education; nutrition education
- Case management
- Oral hygiene
- Panel management

- **Tier B: Chronic and integrative care services**

- Group medical visit
- Integrative therapy
- Palliative care
- Pain management

- **Tier C: Community-based face-to-face encounters**

- Home nursing visit
- Paramedic treat and release
- Mobile clinic visit
- Physician home visit



Categories and Tiers of Service

Category 3: Technology-Based Outpatient

- **Tier A: Non-provider care team telehealth**
 - Testing
 - Video-observed therapy
 - Nurse advice line
 - RN eVisit
- **Tier B: eVisits**
 - Email consultation with PCP
- **Tier C: Store and forward telehealth**
 - Patient-provider (store and forward)
 - Provider-provider (eConsult/eReferral)
- **Tier D: Real-time telehealth**
 - Telephone consultation with PCP
 - Patient-provider (real time)
 - Provider-provider (real time)



Categories and Tiers of Service

Category 4: Inpatient

- **Tier A: Residential, SNF, Other Recuperative Services – Low Intensity**
 - Mental health/substance use residential
 - Sobering center
 - Recuperative/respice care
 - SNF
- **Tier B: Acute Inpatient – Moderate Intensity**
 - Medical/surgical
 - Mental health
- **Tier C: Acute Inpatient – High Intensity**
 - Intensive Care Unit/Coronary Care Unit
- **Tier D: Acute Inpatient – Critical Community Services**
 - Trauma
 - Transplant/burn



GPP Progress

Non-traditional services

- Outpatient palliative care, telehealth

Ambulatory care

- New sites; after hours access; team-based care and coordination; outreach (call center, wellness events); behavioral health services access

Local coverage programs

- Helping counties with existing programs for the uninsured or expanding their programs

Data infrastructure

- Strengthening data infrastructure through new tracking and reporting
- Ability to capture and report on new types of services



GPP Progress (cont'd)

- PY 1 and PY 2 interim data are trending in the right direction compared to baseline
- Data capture and reporting is a work in progress
- Contractor was selected to conduct the mid-point and year-end evaluation



Dental Transformation Initiative (DTI)



DTI Background

Description

- Represents a critical mechanism to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform
- Aims to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children

4 domains



DTI Progress

Domain 1: Increase preventive services utilization for children

- 1st payment issued 1/2017
- 2nd payment in 7/2018

Domain 2: Caries risk assessment and disease management

- 11 pilot counties
- 233 providers trained
- 94 providers participating
- Outreach efforts with professional societies, fiscal intermediary, and dental managed care

Domain 3: Increase continuity of care

- 17 counties

Domain 4: Local dental pilot programs (LDPPs)

- 15 LDPPs were selected
- 11 have executed contracts
- Implemented February 2017

Annual Report

- Public notice of progress will be published in the annual report in January 2018 per the 1115 Waiver's Special Terms and Conditions (STCs)



Drug Medi-Cal Organized Delivery System (DMC-ODS)



DMC-ODS Background

Pilot program to test an organized delivery of health care services for Medicaid eligible individuals with a substance use disorder

- Based on the American Society of Addiction Medicine (ASAM) continuum of care model
- Counties must “opt-in” to participate in the pilot
- California was the first state to receive a SUD-specific 1115 waiver; now five states are approved

Services provided

- Early intervention
- Outpatient services
- Intensive outpatient services
- Short-term residential services
- Withdrawal management
- Opioid treatment program services
- Recovery services
- Case management
- Physician consultation



DMC-ODS Progress

- 40 county implementation plans (IPs) received
- 24 IPs are approved by DHCS
- Currently implementing Phase 5 (out of 5 implementation phases):
 - Phase 1 – Bay Area
 - Phase 2 – Southern California
 - Phase 3 – Central California
 - Phase 4 – Northern California
 - Phase 5 – Tribal Partners



Questions/Open Discussion