



CHALLENGES FOR HEALTH PLANS AND ROLE OF THE HEALTH AUTHORITY

Prepared by Pacific Health Consulting Group
April 19, 2022

Educational Sessions

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- Educational sessions intended to lay foundation for strategic planning
- 3 Educational Sessions planned as Special Sessions
 - April 19 – Challenges for Health Plans and Role of Health Authority
 - May 9 – Evaluation of Health Plan Performance
 - June 6 - Health Authorities and Relationship to Other Commissions in Sacramento County
- Strategic Planning Sessions start at today's regular Health Authority meeting

Today's Presenter

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- Bradley Gilbert, MD
 - Senior Health Consultant, Pacific Health Consulting Group
 - Former DHCS Director early months of COVID 2020
 - CEO, Inland Empire Health Plan (a local health plan serving Riverside and San Bernardino Counties)
 - CMO, Inland Empire Health Plan
 - Former county health official in Riverside and San Mateo Counties

Agenda

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- Major Challenges for Health Plans
 - CalAIM
 - Health Plan Procurement
 - New DHCS Contract
 - Health Plan Rates
- Role of the Health Authority
- Comments and Questions

Key CalAIM Issues

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- Enhanced Care Management (ECM)
 - Began 1/22 with high utilizers, homeless and SMI/SUD populations
 - 1/23- justice involved/post-incarceration, LTC at risk and LTC transition to community populations
 - 7/23- high risk children population
 - Role of county departments for key populations
 - Homeless
 - SMI/SUD
 - Post incarceration
 - High risk children

Key CalAIM Issues

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- Community Supports
 - Services began 1/22
 - Most Sacramento health plans providing housing transition/navigation, deposits, tenancy support, recuperative care, meals and sobering center services
 - More variable in terms of timing for post-hospitalization, respite care, day habilitation and personal care services
 - Most starting LTC transition services 1/23

Potential Roles for Authority

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- Ensuring on-going coordination with county departments and services for ECM:
 - ▣ SMI/SUD
 - ▣ Homeless (connected to health plan funded HHIP program)
 - ▣ Post Incarceration
 - ▣ High risk children
- Ensuring on-going coordination with county departments and community CBOs for Community Supports:
 - ▣ All housing services
- Monitoring breadth/depth, quality and effectiveness of ECM and CS services by health plan

Health Plan Procurement

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- Selection of Plans
- Plan transitions
 - ▣ New Plans/Number of plans
 - ▣ Current Plans increasing enrollment
 - ▣ Kaiser
- DHCS requirements
 - ▣ Network Adequacy
 - ▣ Connection/collaboration with county and other community entities
 - ▣ CalAIM
 - ▣ New Contract

Role of Authority

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- Number of plans
- Selection of plans
- Monitoring in collaboration with DHCS
 - ▣ Network adequacy including key providers
 - ▣ Transition planning
 - ▣ Relationship to county departments and CBOs
- Kaiser

New DHCS Contract 2024

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- Significant new requirements for plans:
- Transparency
 - ▣ Public posting of Quality Improvement and Health Equity Plan, Financial data, Population Needs Assessment, Delegated structure, CAHPs survey results, etc
- Quality Requirements
 - ▣ NCQA Accreditation by 2026
 - ▣ Public posting of QIHEP as above
 - ▣ Plan and subcontractors must meet quality benchmarks
 - ▣ Sanctions, surrender of profit, increased community investment for failure to meet benchmarks

New DHCS Contract 2024

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- New Contract Section on Quality Care for Children
 - ▣ Plan requirements on provision of medically necessary services, promote EPSDT, train providers, monitor under-utilization, wellness plans...
- Access to care and services
 - ▣ New requirements for transitions of care
 - ▣ Navigation and coordination of care services for members
 - ▣ Assisting members across all needs- physical, behavioral health, SDOH, etc
 - ▣ Robust care management services including ECM

New DHCS Contract 2024

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- New Delegation oversight requirements- Sacramento health plans are highly delegated to IPAs
 - ▣ Submission of Delegation Plan to DHCS
 - ▣ Approval of all delegated subcontractor agreements
 - ▣ Public posting of delegated arrangements
 - ▣ Medical Loss Ratio reporting at subcontractor level
 - ▣ Increased financial viability monitoring
 - ▣ Primary care spend reporting and progress towards value based payment structures

New DHCS Contract 2024

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- Health Equity and Health Disparities
 - ▣ Chief Health Equity Officer
 - ▣ New quality reporting requirements
- Social Drivers/Determinants of Health
 - ▣ CS services
 - ▣ Documenting member needs and services delivered
- Population Health Management program 1/23
- Local connections and engagement
 - ▣ New financial requirement (5-7.5% of “profit”) to invest in community
 - ▣ MOUs with many local entities- county, schools
 - ▣ New Community Advisory Committee

Potential Roles for Authority

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- Monitoring and oversight
 - ▣ Review and approval of health plans QIHEP
 - ▣ Review of network adequacy reporting
 - ▣ Review of quality results with input to priorities
 - ▣ Delegation monitoring oversight
- Input to Population Needs Assessment
- Input to Population Health Management Program
- Review and approval of health plan required community investment programs

Health Plan Rates

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- Plan rates development process changing over next few years
 - ▣ Move towards regional rate structure-impact depends on what region Sacramento is part of
 - ▣ Heavy reliance on encounter data versus “cost” data
 - ▣ Adding plan quality to rate development process
- Health Authority can serve as advocate for adequate rates to care for population

Summary

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- Health Plans are facing significant challenges over the next two years plus major contract changes 1/2024
 - ▣ CalAIM implementation and sustainment
 - ▣ School Based Behavioral Health and Housing and Homeless Incentive Program (new programs 2022.....)
 - ▣ Contract changes 2024
- Procurement for new plans in Sacramento provides new opportunities for the Health Authority
- The Health Authority should further define its role vis a vis the current and “new” health plans