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CalOptima's Whole-Child Model implementation is delayed until no sooner than July 1, 2019.

Whole-Child Model (WCM) Stakeholder Meeting

January 25, 2018

Agenda

- State Perspective
 - Jacey Cooper, Assistant Deputy Director, Health Care Delivery Systems, California Department of Health Care Services
- CalOptima Proposed Implementation
 - Michael Schrader, Chief Executive Officer
- Delivery of Care
 - Richard Helmer, M.D., Chief Medical Officer
- Next Steps and Q&A
 - Candice Gomez, Executive Director, Program Implementation



State Perspective: Whole-Child Model (WCM)

Jacey Cooper

Assistant Deputy Director, Health Care Delivery Systems
California Department of Health Care Services (DHCS)

Overview

- Goals of WCM
- WCM Overview and Key Requirements
- Implementation Approach
- Plan Readiness
- Ongoing Monitoring and Oversight



WCM Overview

Today

Bifurcated delivery system results in lack of coordination and integration when accessing care from both systems

- Primary care and behavioral health services are received from the managed care plan
- Specialty care and other services tied to the California Children's Services (CCS) condition are received from the CCS fee-for-service (FFS) system and coordinated by the local public health department or the state



Whole-Child Model (WCM)

Integrates Medi-Cal managed care and CCS FFS delivery systems, resulting in:

- Improved care coordination for primary, specialty and behavioral health services for CCS and non-CCS conditions
- Care that is consistent with CCS program standards by CCS-paneled providers, specialty care centers and pediatric acute care hospitals
- Increased consumer protections, such as continuity of care, oversight of network adequacy standards and quality performance

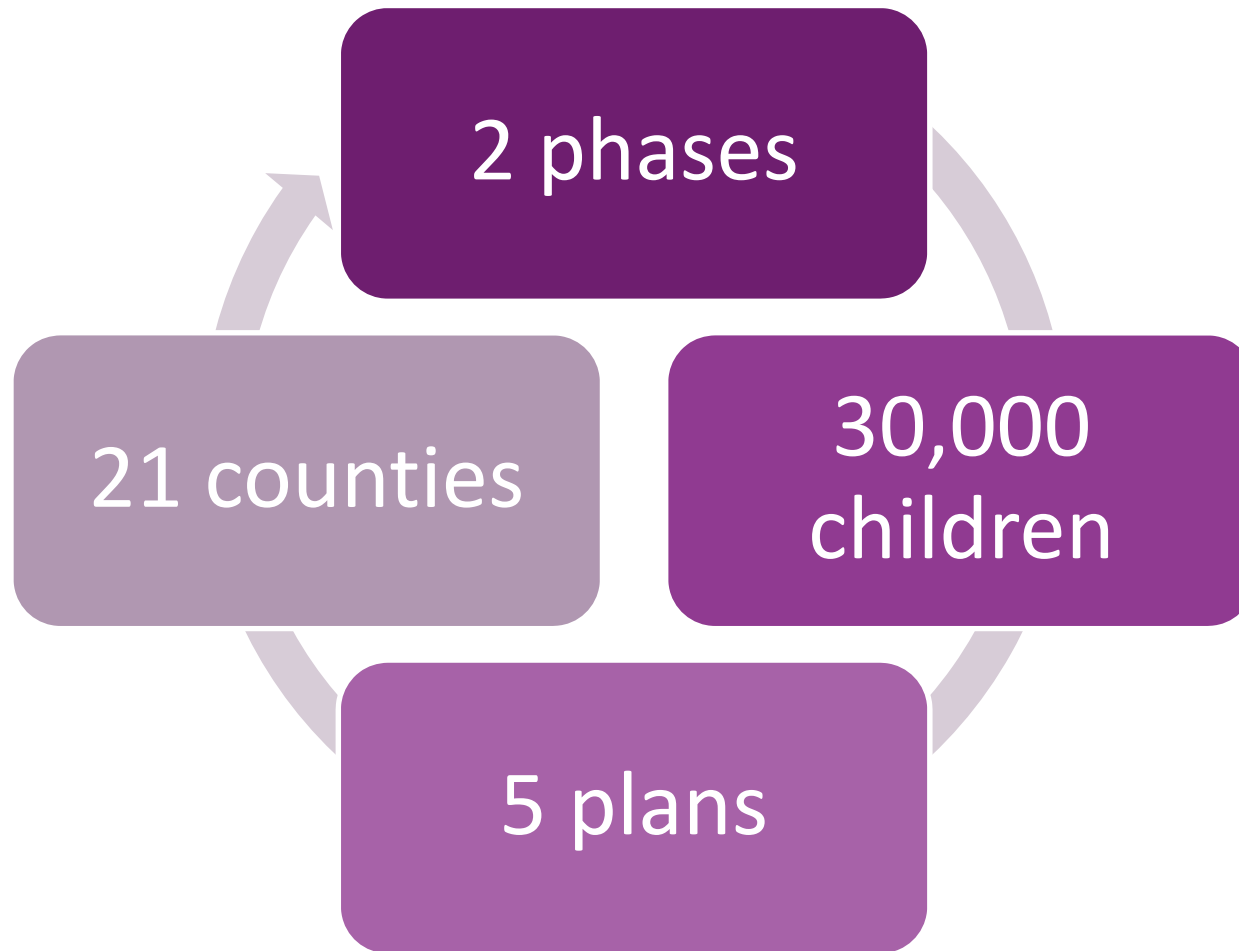


WCM Transition Goals

- Improve **coordination and integration of services** to meet the needs of the whole child
- Retain **CCS program standards**
- Support active **family participation**
- Establish specialized programs to **manage and coordinate care**
- Ensure care is provided in the **most appropriate, least restrictive setting**
- Maintain existing **patient-provider relationships** when possible



WCM Transition by Numbers



SB 586 Overview

Authorizes

DHCS to establish the WCM in the specified counties

Extends

CCS carve-out from Medi-Cal managed care in remaining counties until January 1, 2022

Requires

Numerous provisions for both DHCS and the Medi-Cal managed care plans to ensure that quality of care is preserved in the transition



Implementation Requirements

Requirements for DHCS

- Provide monitoring and oversight of health plan readiness, data reporting and more
- Perform network certification
- Develop Memorandum of Understanding (MOU) template for use by health plan and county CCS program
- Revise county administrative allocation
- Establish health plan rates
- Continue CCS statewide advisory group
- Conduct independent evaluation of the WCM

Requirements for WCM Plans

- Engage local stakeholders
- Perform health risk assessments
- Create individual care plans
- Offer continuity of care for CCS providers, DME, pharmacy and public health nurses
- Pay minimum CCS provider rates
- Provide benefits according to CCS program standards
- Offer timely access to CCS providers and facilities with clinical expertise in treating CCS conditions
- Enter into MOU with the county CCS program
- Establish CCS family advisory and clinical advisory groups

Requirements for County CCS Programs

- Enter into MOU with the health plan
- Perform CCS program eligibility
- Provide case management and care coordination services for non-WCM CCS beneficiaries



Key Provisions

Access to Care

- Facilitate timely access to primary care, specialty care, pharmacy and other health services
- Use CCS-paneled providers
- Provide a mechanism for the beneficiary and/or caregiver to request a specialist or clinic as a primary care provider



Key Provisions (Cont.)

Care Coordination

- Perform health risk assessment and create individual care plans
- Coordinate primary and preventive services with specialty care services; behavioral health services; Medical Therapy Unit (MTU); Early and Periodic Screening, Diagnosis and Treatment (EPSDT); long-term services and supports; Regional Center services; and home- and community-based services
- Allow beneficiaries to continue receiving case management and care coordination from their public health nurse, if requested at transition



Key Provisions (Cont.)

Continuity of Care

- Provide up to 12 months of continuity of care with the current provider under certain conditions, with the ability to extend beyond the 12 months
- Provide up to 12 months of access to current specialized/customized DME under certain conditions, with the ability to extend beyond the 12 months
- Provide continuation of currently prescribed prescription drugs until a new assessment and treatment plan is in place
- Offer continuity of care appeal rights to the DHCS director



Key Provisions (Cont.)

Beneficiary/Family Communication and Education

- Provide communication in alternate formats that are culturally, linguistically and physically appropriate
- Provide a family-centered, outcomes-based approach to care planning
- Provide information about managed care processes and how to navigate a health plan, including how to appeal service denials, file grievances and submit continuity of care requests
- Provide information on how to access community resources
- Ensure access to ongoing information, education and support regarding their child's care plan
- Create family advisory group for CCS families



Beneficiary Notices

- 90-Day Notice
 - Informative notice about the transition along with FAQ document
 - Mailed by **the state** 90 days prior to implementation
- 60-Day Notice
 - Reminder notice about the transition and a potentially revised FAQ document containing any necessary updates
 - Mailed by **the plan** 60 days prior to implementation
- 30-Day Notice
 - Reminder notice about the transition
 - Mailed by **the plan** 30 days prior to implementation



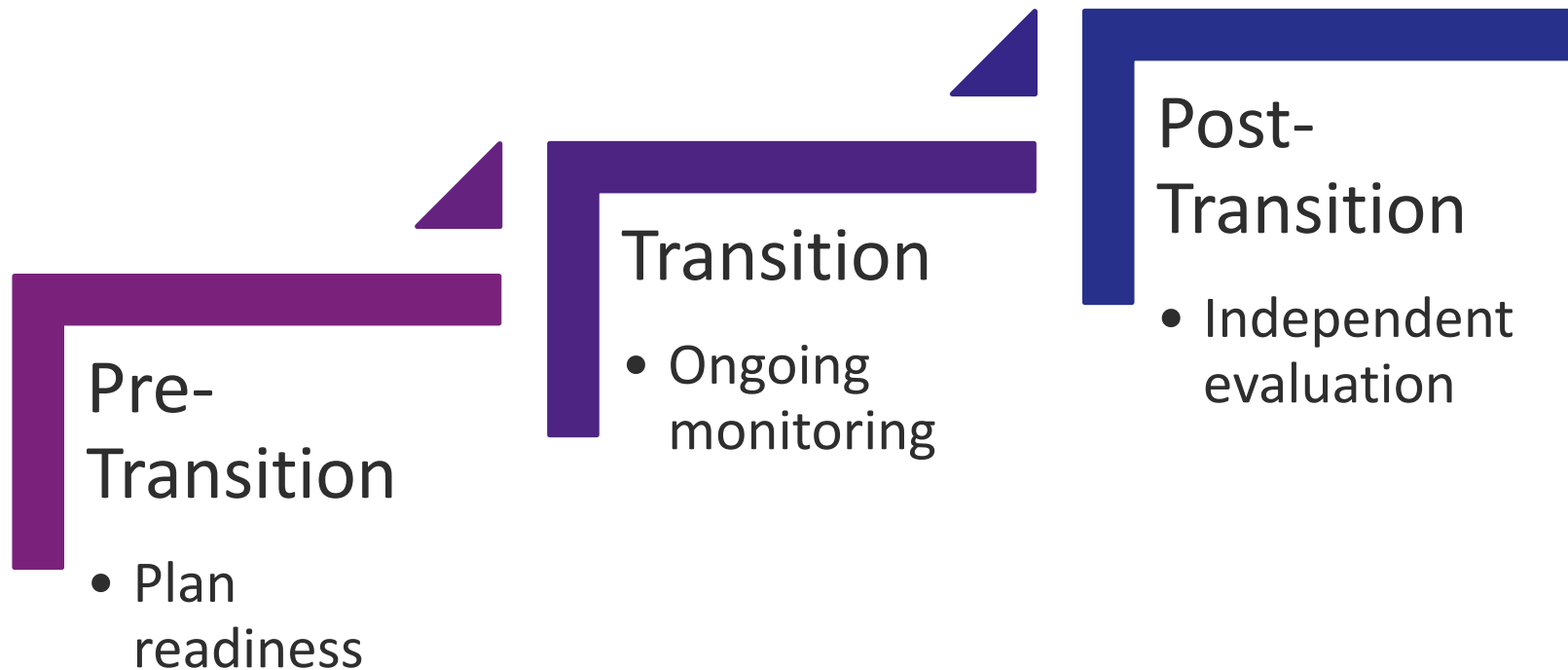
Plan Readiness

Various readiness activities with the health plans, including:

- Full network certification
- Member notices and call campaign
- Review of health plan deliverables and submissions, including:
 - Member handbooks, Evidence of Coverage, etc.
 - Continuity of care policy: medical, pharmacy, DME and public health nurse
 - Quality of care/utilization management
 - Grievances and appeals policy
 - Provider contracts
- Development of CCS clinical advisory and family advisory committees
- MOU between the health plan and county CCS program
- Transition plan developed by plan and county



Monitoring and Oversight



Transition Monitoring

Following a transition, DHCS reviews various indicators to determine health plan compliance with program standards and to assess whether there are transition concerns.

Monitoring Indicators

Continuity of care requests

Net change of the network size

Grievances and appeals

Utilization rates

Assessment rates/timeframes

Plan call center reports

Ombudsman data

State Fair Hearing data

Secret shopper calls



WCM Evaluation

Objectives

- Evaluate whether the inclusion of CCS services in a managed care delivery system improves access to care, quality of care, and the patient and provider experience
- Compare outcomes in WCM counties before and after CCS is carved into the health plan
- Compare WCM counties to other counties where CCS is not carved into the health plan

- DHCS will contract with an independent entity to conduct an evaluation of the WCM
- DHCS will submit the evaluation to the Legislature no later than January 1, 2021





A Public Agency

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CalOptima Proposed Implementation

Michael Schrader
Chief Executive Officer

Orange County Partners

Orange County
Health Care Agency
CCS Program

CalOptima
Medi-Cal



Providers,
Health Networks and
Community Partners

Hospitals

CCS Demographics

- About 13,000 Orange County children are receiving CCS services
 - 90 percent are CalOptima members

Languages

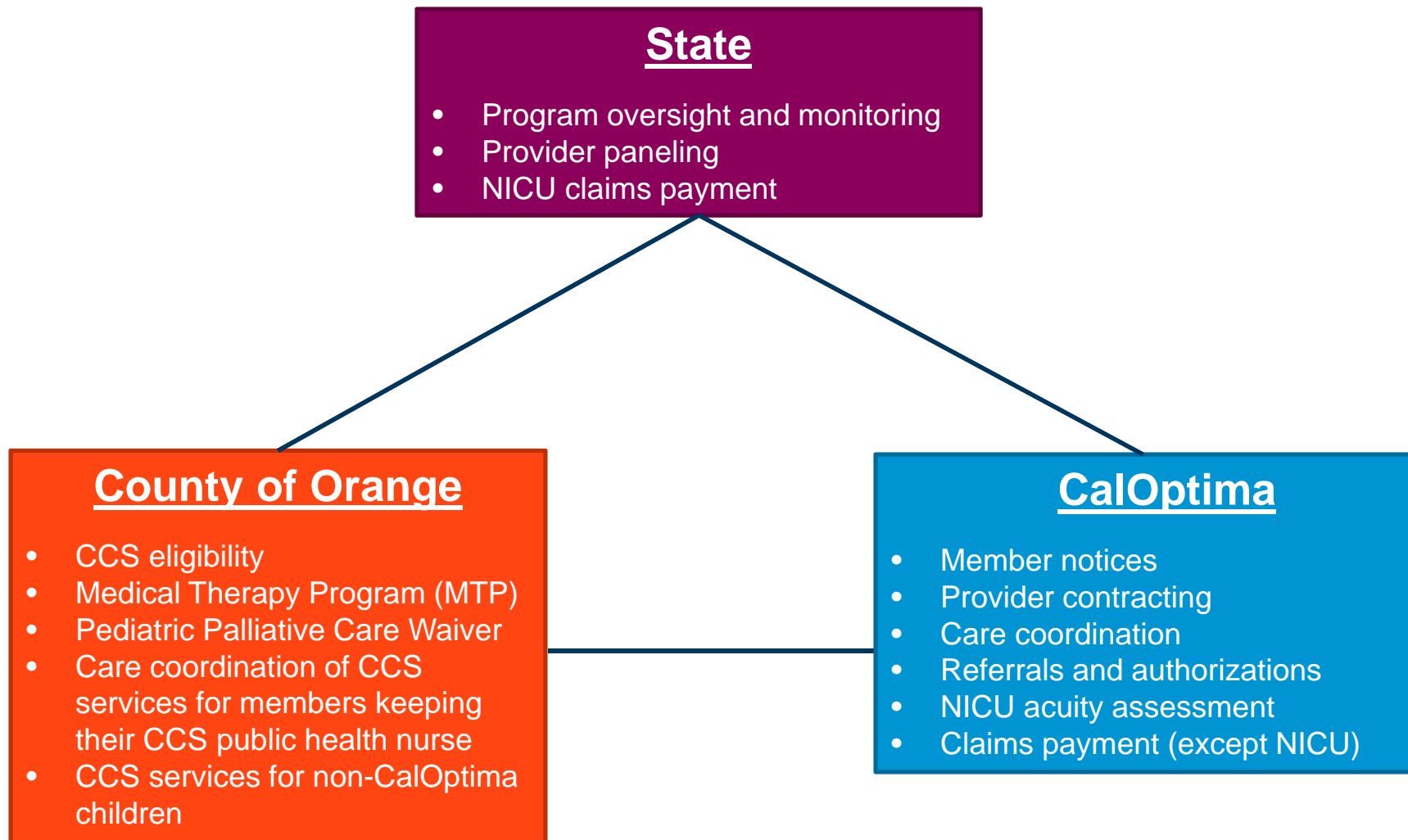
- Spanish = 48 percent
- English = 44 percent
- Vietnamese = 4 percent
- Other/unknown = 4 percent

City of Residence (Top 5)

- Santa Ana = 23 percent
- Anaheim = 18 percent
- Garden Grove = 8 percent
- Orange = 6 percent
- Fullerton = 4 percent

Data as of September 2017

Division of WCM Responsibilities



Guiding Principles: CCS Children

- Continuity of care
 - Members continue seeing the same providers they currently see
- Integration of services
 - Members experience integrated CCS and non-CCS services
- Member choice
 - Members access a broad and diverse network of providers that covers the entire county and beyond when necessary
- Timely access
 - Children receive timely authorizations and appointments

Guiding Principles: CCS Providers

- Broad participation
 - All existing CCS-paneled providers participate in the new WCM
 - Health network providers gain ability to coordinate care for CCS and non-CCS conditions through the WCM
- Administrative simplification
 - Fewer agencies and policies reduces the administrative burden
- Stable payments
 - Providers receive 140 percent of Medi-Cal for CCS specialty care

Guiding Principles: CCS Community

- Thoughtful approach
 - CalOptima shows careful consideration and ample planning to minimize disruption in CCS community
- Collaboration
 - CalOptima engages CCS families, providers, consumer advocates, CCS program staff and others at local stakeholder meetings during transition process

Proposed Delivery Model

- Leverage existing delivery model using health networks, subject to Board approval
 - Reflects the spirit of the law to bring together CCS services and non-CCS services into a single delivery system
- Using existing model creates several advantages
 - Maintains relationships between CCS-eligible children, their chosen health network and primary care provider
 - Improves clinical outcomes and health care experience for members and their families
 - Decreases inappropriate medical and administrative costs
 - Reduces administrative burden for providers



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Delivery of Care

Richard Helmer, M.D.
Chief Medical Officer

Member-Centric, Managed Care Approach

- Treat individuals, not a disease or condition, because fragmentation of care leads to poor outcomes
 - Clinical
 - Experience
 - Cost

Member-Centric, Managed Care Approach (Cont.)

- Trends in Medi-Cal
 - Integration of benefits
 - Behavioral health and Applied Behavior Analysis (ABA)
 - Long-term services and supports
 - Child Health and Disability Prevention (CHDP) Program
 - Care management
 - Ongoing member assessments
 - Interdisciplinary care teams
 - Member- and family-centric care planning

CalOptima's Role

- Ensure that all provisions of the WCM are implemented successfully
- Provide care in our directly contracted network
- Provide both resources to and oversight of contracted networks

Health Networks' Preparation

- Contracting and making other agreements with CCS-paneled providers to meet children's needs
- Establishing CCS- and WCM-specific policies, procedures and protocols
- Hiring staff with clinical expertise and training them to serve children with complex care needs
 - Qualifications
 - Staffing ratios

Health Networks' Operations

- Coordinate with Orange County Health Care Agency regarding CCS eligibility and MTP
- Provide active engagement with families in the care management of CCS-eligible children
- Arrange for and provide all CCS services
- Meet WCM-specific continuity of care requirements

Health Networks' Data Systems

- Enhance operations to pay claims, and accurately track and report CCS services
- Identify and report encounters and expenditures for CCS services and children

CCS Members by Health Network

Health Network	Total Members	Members Age 0–20	Members Receiving CCS Services	CCS/Child Members
AltaMed Health Services	44,139	16,416	483	2.9%
AMVI Care Health Network	22,972	7,600	198	2.6%
Arta Western Health Network	67,017	30,023	948	3.2%
CalOptima Community Network	72,823	21,711	1,067	4.9%
CalOptima Direct Administrative	100,985	9,117	261	2.9%
CHOC Health Alliance	147,498	147,347	7,129	4.8%
Family Choice Health Network	46,538	16,446	404	2.5%
HPN - Regal Medical Group	4,826	1,011	18	1.8%
Kaiser Permanente	45,087	26,089	1,066	4.1%
Monarch Family HealthCare	83,007	29,152	1,115	3.8%
Noble Mid-Orange County	28,462	10,394	339	3.3%
OC Advantage	1,613	283	3	1.1%
Prospect Medical Group	34,184	9,684	266	2.7%
Talbert Medical Group	22,952	7,733	224	2.9%
United Care Medical Group	33,508	12,725	410	3.2%
Total	755,611	345,731	13,931	4.0%

Data as of December 2017



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Next Steps and Q&A

Candice Gomez

Executive Director, Program Implementation

Advisory Committees

- Clinical Advisory Committee
 - County CCS Medical Director
 - Minimum of four CCS-paneled providers
 - CalOptima Chief Medical Officer

- Family Advisory Committee
 - Actively seeking candidates to apply
 - Candidates to be appointed by CalOptima Board of Directors
 - Seven to nine seats for members or family
 - Two to four seats for CCS community members
 - Deadline to apply is February 28
 - See www.caloptima.org home page for application

Upcoming Family Events

February 26	February 27	February 28
<p><i>Location:</i> Families Forward, Irvine</p> <p><i>Time:</i> 1–2 p.m.</p>	<p><i>Location:</i> Access California Services, Anaheim</p> <p><i>Time:</i> 1–2 p.m.</p>	<p><i>Location:</i> Regional Center of Orange County, Cypress</p> <p><i>Time:</i> 10:30–11:30 a.m.</p>
<p><i>Location:</i> County Community Service Center, Westminster</p> <p><i>Time:</i> 6–7 p.m.</p>	<p><i>Location:</i> Boys and Girls Club, Garden Grove</p> <p><i>Time:</i> 6–7 p.m.</p>	<p><i>Location:</i> Regional Center of Orange County, Santa Ana</p> <p><i>Time:</i> 6:30–7:30 p.m.</p>

Q&A



CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

