

## LHPC Institute CalAIM Learning Collaborative

### Session 2: Development of the Model of Care

May 10, 2021

#### Meeting Summary

##### Presentation:

San Francisco Health Plan's (SFHP) Fiona Donald, MD, Chief Medical Officer, and Lindsay Petersen, Program Manager, Care Management Department, presented their approach and experience with the development of their Model of Care (MOC) for Enhanced Care Management (ECM) and In Lieu of Services (ILOS) under CalAIM. Pete Nakahata, LHPC Institute Advisor, moderated the session.

##### Key points:

- Plans continue to await DHCS' final MOC template; given the timeline, SFHP is using the current draft DHCS template to develop MOC language.
- Scope of funding remains a chief area of uncertainty for plans.
- SFHP conveyed the importance of understanding that local resources are changing and have been significantly impacted by COVID-19. Understanding the current landscape is necessary and helpful.
- SFHP uses a comprehensive spreadsheet via Sharepoint as a mechanism for team members to offer comments, provide suggestions, etc. on each component of the MOC. This approach facilitates a simpler method for sharing input and recommendations across the spectrum of staff involved in the process.
- Development of the actual MOC language sits with the project team with an executive oversight team assisting with review of different approaches for offering services. Through this process, a framework is developed to evaluate programs, as well as how services providers can offer will fit into the larger program framework. SFHP is building on their experience with Health Homes Program development.
- SFHP has developed an ECM provider readiness assessment tool to better understand what current and prospective providers do or do not have in place. SFHP is in the process of casting a wide provider network. ECM provider certification applications have been sent to providers and clinics, and placed on the website. SFHP will also host informational webinars for potential ECM providers, which will review requirements and other relevant information. Applications are due in early June and the plan will host regular check-in calls with providers to further help them prepare. Systems testing begins in October after contracts are signed for the 1/1/2022 go-live.
- SFHP is developing plan-based care management based on their Health Homes program experience. They are looking to use plan-based care management to supplement and fill gaps in their external network.
- SFHP is starting to look at ILOS but is somewhat challenged with the alignment of the financial incentive piece in the capitation model. In San Francisco County, a number of ILOS services do not make sense until the plan is responsible for the long-term care benefit, which will be carved in to all plans on January 1, 2023.

- SFHP discussed the merits of plan-based case management for ECM services as an option for plans for some period of time, especially during the initial transition.

**Discussion Takeaways:**

- Consider having a project team in place that includes project leadership and subproject team members. Team members should include key areas such as data structure, finance (rate development, provider rate development, financial modeling), contracting (including contract development for both ECM and ILOS providers), systems (how to configure core system to develop infrastructure necessary to support program and requirements), and population definition and eligibility.
- One key issue is how to address situations in which members are assigned to PCPs who are not ECM providers. Plans should be aware of whether providers are/are not acting as both PCPs to members and as ECM providers. It could be confusing to have members assigned to PCPs who are not the members' ECM provider, or to have another provider furnish ECM services.
- There needs to be some alignment between PCPs and providers offering ECM services. It may not be realistic for counties to care for individuals who are not in the county system. Similarly, it may be confusing if the PCP and ECM provider are not in alignment. Plans should work to avoid reassigning members who have established relationships with PCPs. This is where the plan-based option can serve as a "catch-all" for members.
- SFHP is working with providers to help them understand what additional capacity is needed and to determine whether they can offer ECM services.
- In terms of demonstrating ECM provider capacity, SFHP has good sense of which providers are in this space already, but to ensure they captured all potential providers, the plan performed Google searches, made phone calls, etc. to potential providers to determine their interest in participating.
- Plans with multiple counties in their service areas are reaching out to the different counties to initiate discussions.
- Considering the fluid nature of the development and lag in details from DHCS, there is a need for flexibility when the MOCs are submitted. LHPC noted that more detail will be coming out soon about additional flexibility and time plans will have to develop certain components of the MOC.

**Next Meeting:**

The next meeting is scheduled for May 24 at 3:00 p.m. and will focus on provider-related issues and considerations.