Five-part guide to advancing and innovating Medi-Cal with analytics

Mede/Analytics®

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1 Introducing CalAIM

What is CalAIM?

California Advancing and Innovating Medi-Cal, known as CalAIM — is a far-reaching, multiyear plan to transform California's Medi-Cal program and integrate it more seamlessly with other social services. Led by California's Department of Health Care Services, the goal of CalAIM is to improve outcomes for the millions of Californians covered by Medi-Cal, especially those with the most complex needs.

3 primary goals of CalAIM

Drive whole-person care

Identify and manage member risk and need through whole person care approaches and addressing social determinants of health.

Be consistent and seamless

Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.

Transform access and quality

Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

2 Impact of CalAIM

New programs under CalAIM

Under CalAIM, the Department of Health Care Services would create several new Medi-Cal programs intended to improve care for populations with complex health needs. **The following programs build on the Whole Person Care Pilots and Health Homes Program, which are ending in 2021:**

Enhanced care management: Person-centered care management provided to the highest-need Medi-Cal enrollees, primarily through in-person engagement

Community supports: Includes housing supports and medically tailored meals, which will play a fundamental role in meeting enrollees' needs for heath and health-related services that address social drivers of health

Short-term recovery supports: Includes short-term, post-hospitalization housing, recuperative care, respite services for caregivers and sobering centers

Independent living supports: Provides for day habilitation programs, nursing facility transition to assisted living facilities, community transition services, personal care/homemaker services, environmental accessibility adaptations, medically tailored meals and asthma remediation

Prerelease/in-reach care for people who are incarcerated: Expands coverage for key Medi-Cal services in the 90 days prior to release from jail to ensure adequate planning for a smooth transition

Providing Access and Transforming Health (PATH): Federal support for the data infrastructure and coordination needed between the managed care plans and the community-based providers and correctional facilities

Population health management: Encompasses a whole-system, person-centered strategy that includes assessments of each enrollee's health risks and health-related social needs, focuses on wellness and prevention, and provides care management and care transitions across delivery systems and settings

Updates to current Medi-Cal programs

CalAIM would also usher in key changes to current programs within Medi-Cal, including:

- Behavioral health reforms
- Aligned incentives and integrated care for seniors and people with disabilities
- Standardized and enhanced requirements for managed care
- More flexible payment for public hospitals that care for the uninsured
- Enhanced oversight of county eligibility and enrollment processes
- Enhanced oversight of county California Children's Services programs
- Model of care for foster youth

3 major ways CalAIM influences managed care organizations

The CalAIM initiative is poised to create a significant impact on managed care organizations (MCOs). To keep up, MCOs will need to:

A:

Focus on population health

Match the right patients to the right services at the right time to increase equity.

B:

Implement payment reform

Lay the foundation for paying physical and behavioral health providers based on outcomes rather than services.

C:

Ensure greater accountability

Adapt to new requirements by coordinating access to services provided by counties and community-based organizations.

3 How to succeed under CalAIM

Three key strategies

A:

Lead with data

To successfully adapt to the changes and new requirements laid out under CalAIM, MCOs must have robust, accurate data. Access to strong reporting and thorough analysis is essential for MCOs to successfully improve the equity, completeness, and quality of care for Medi-Cal beneficiaries.

B:

Find a strong partner

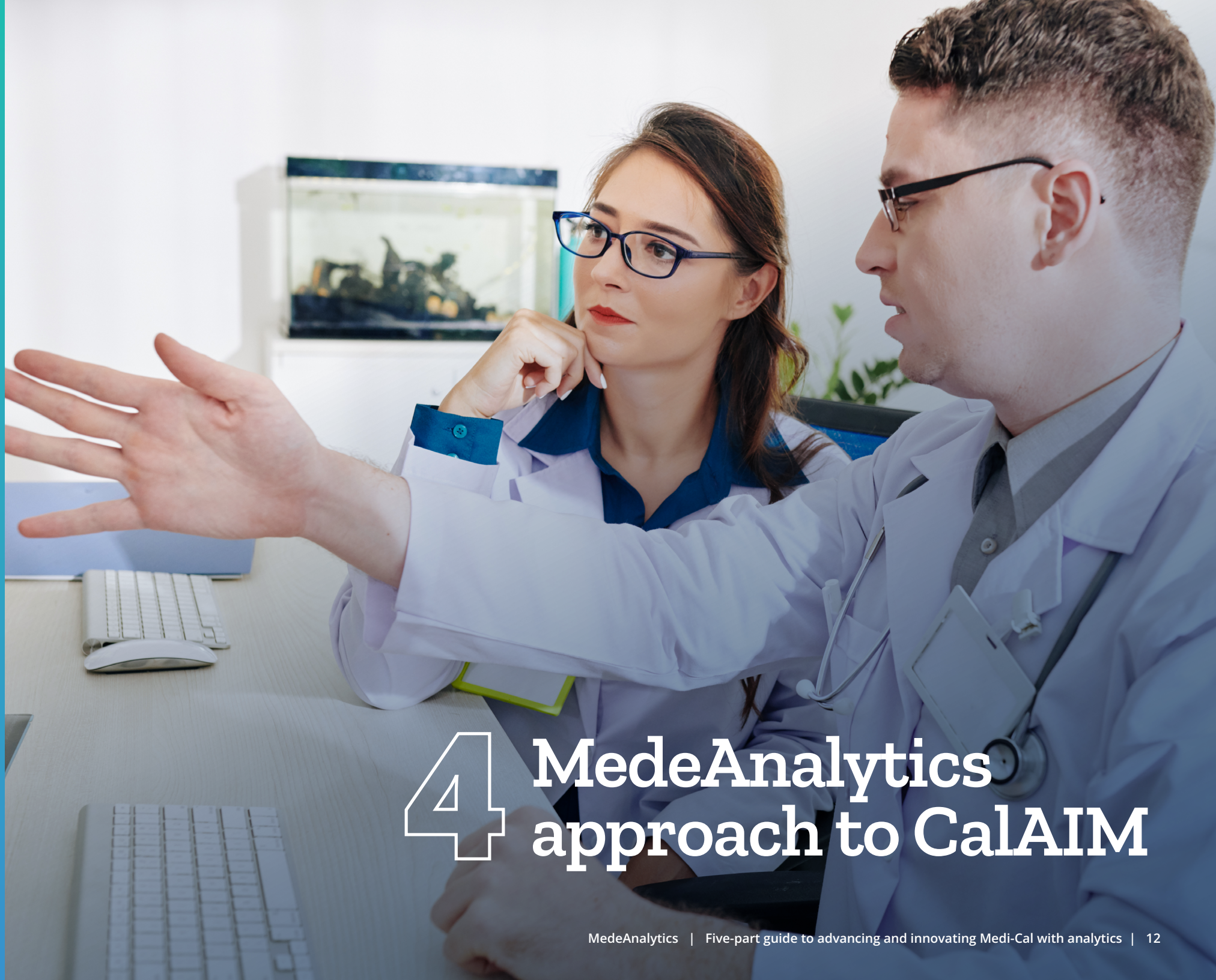
Building and executing all the necessary reporting and analytic tools in-house is rarely feasible—so pick a partner that will support and grow with you throughout the transition to CalAIM.

Our dedicated, experienced team at MedeAnalytics can provide the foundation you need to align patient care across the continuum; identify and reduce health disparities, ease administrative burden and waste, and improve data-driven decision-making on population health strategy.

C:

Establish pathways for transparency

Collaboration and clarity are keys to sustainability—especially when adapting to new regulations and requirements. Ensure your teams are prepared to work together closely to accomplish these goals. Organize operations around transparency to ensure compliance and understanding.



4 MedeAnalytics approach to CalAIM

Key benefits

With MedeAnalytics, MCOs gain many benefits, including:

Data integration and transparency

Identification and stratification of populations

Quality measurement and performance reporting

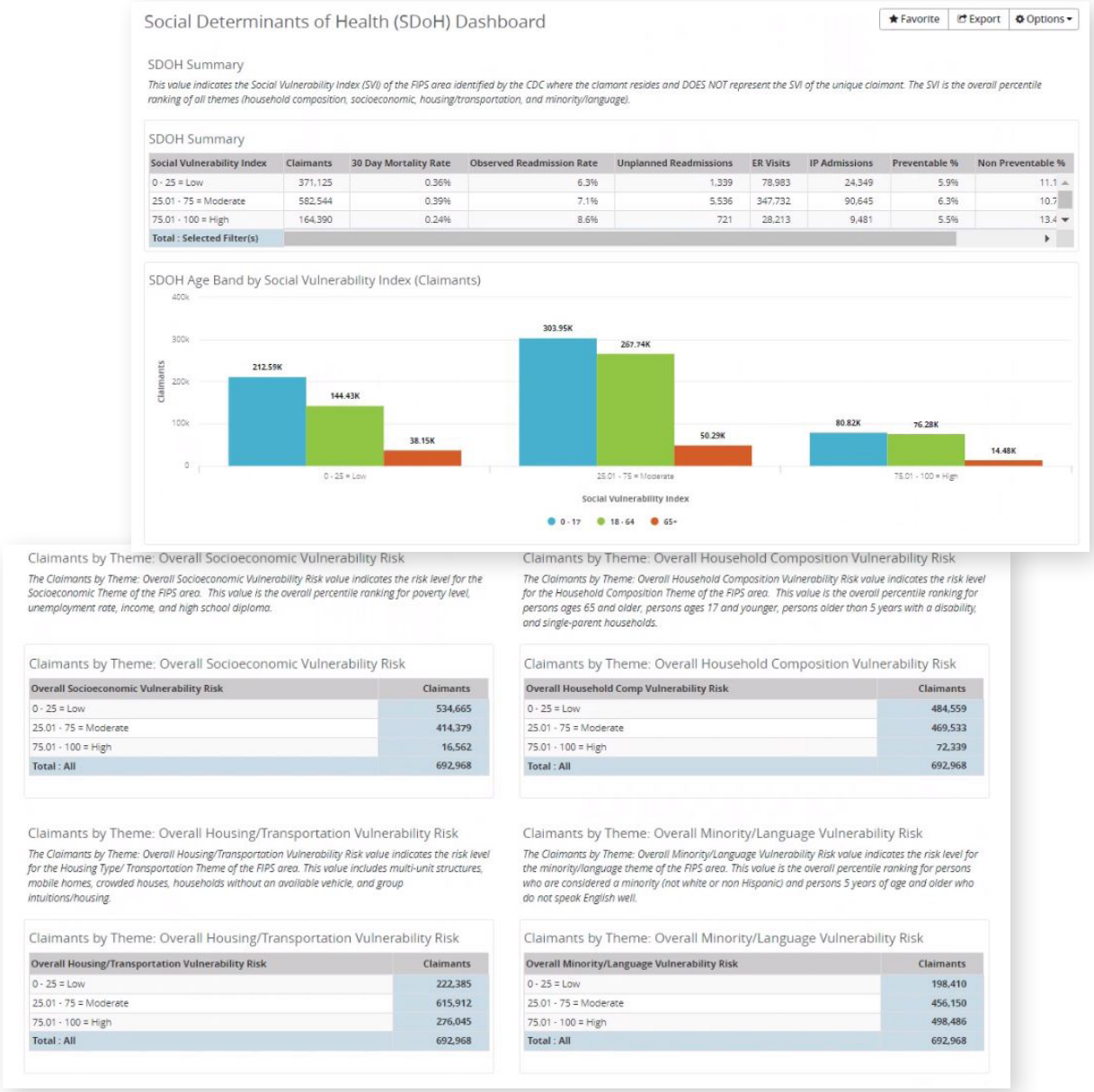
Data security and role-based access

Use case: Social determinants of health

A:

Robust SDOH dashboards:

- Enable a detailed look at socioeconomic impacts on member care
- Understand the environmental factors that most impact outcomes and/or access to care to inform outreach campaigns and care plans

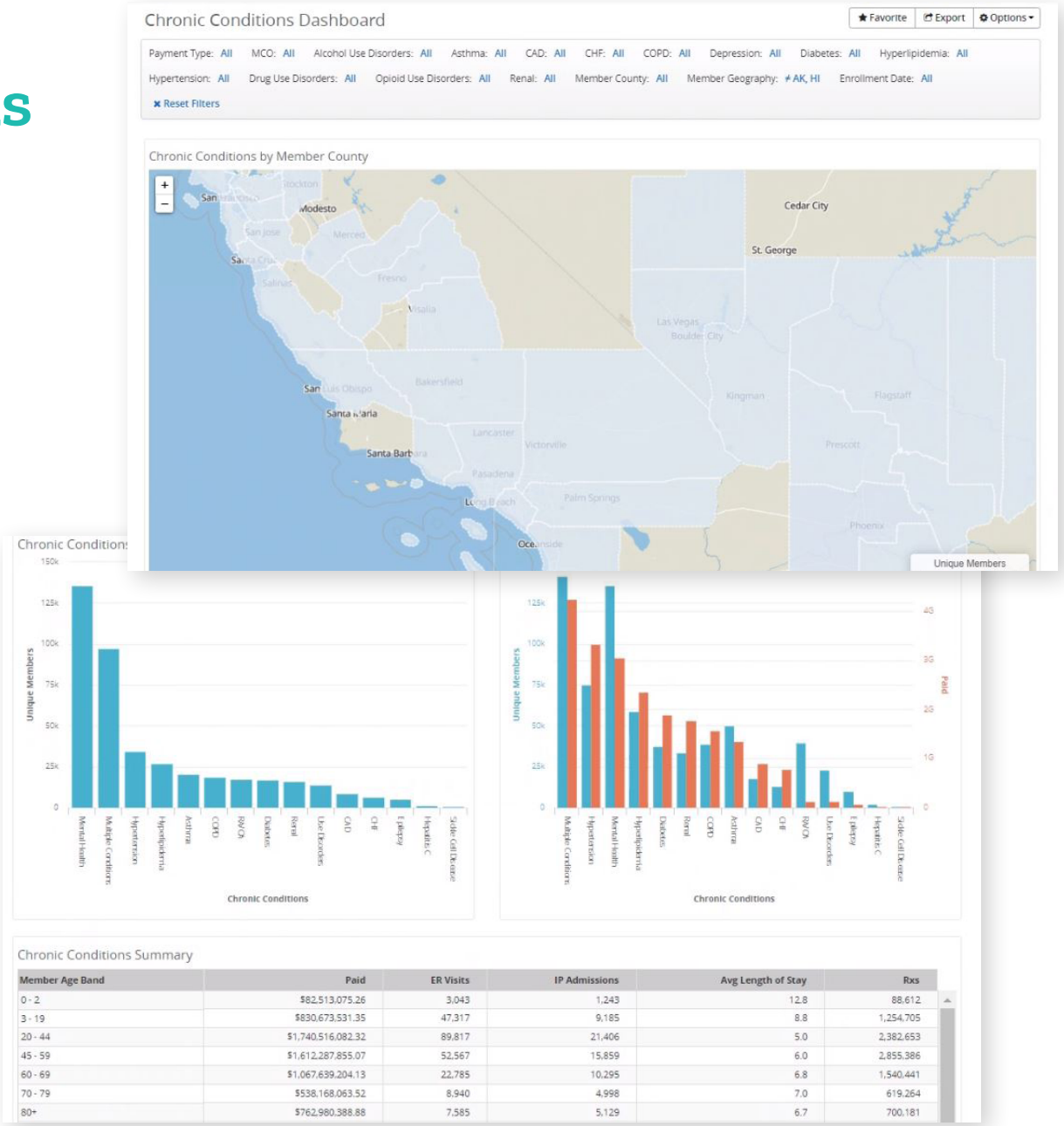


Use case: Chronic conditions

B:

Insights into patients with chronic conditions

- Give county visuals that enables cluster recognition
- Identify mental health members with co-morbidities to create comprehensive care plans
- Provide flexible filters and important demographic data for end users to dig into custom cohorts



Member Age Band	Paid	ER Visits	IP Admissions	Avg Length of Stay	Rxs
0 - 2	$82,513,075.26	3,043	1,243	12.8	88,612
3 - 19	$830,673,531.35	47,317	9,185	8.8	1,254,705
20 - 44	$1,740,516,082.32	89,817	21,406	5.0	2,382,653
45 - 59	$1,612,287,855.07	52,567	15,859	6.0	2,855,386
60 - 69	$1,067,639,204.13	22,785	10,295	6.8	1,540,441
70 - 79	$538,168,063.52	8,940	4,998	7.0	619,264
80+	$762,980,388.88	7,585	5,129	6.7	700,181

Use case: Quality Payment Program

C:

Quality Payment Program dashboards:

- For states that have enacted Medicaid QPPs, provides MCOs the ability to track performance against key payment thresholds month over month for each measure identified
- Flexible platform allows MCOs to view performance (based on provider group or at a macro level) and collaborate with state agencies to view performance against other MCOs

ConcertoCare case study

Goals

ConcertoCare, headquartered in Aliso Viejo, CA, is a leading, risk-bearing provider of field-based complex care for vulnerable populations. ConcertoCare came to MedeAnalytics with a few central objectives:

- Address vulnerable populations
- Reduce hospitalizations for target groups
- Segment population groups for effective care management

Solution

ConcertoCare uses MedeAnalytics to identify high-risk and rising-risk patients for in-home care delivery and get the data necessary to address social determinants of health, including transportation, social isolation, cognitive impairment, behavioral health and palliative care. ConcertoCare is now successfully:

- Using predictive analytics to impact the most complex 5% of the population and address rising risk in up to 20% of the population.
- Proactively looking at 'Cost and Utilization' patterns to identify and prioritize care and interventions for the patients who are the most vulnerable and most at risk.
- Categorizing data by assigning Adjusted Clinical Groups (ACGs) to each patient based on morbidity, age and sex.

ConcertoCare case study

"We were able to significantly decrease unnecessary utilization for an entire population with MedeAnalytics' predictive analytics. The insights allow the ConcertoCare home-based care team to intervene with patients to slow down disease progression and keep them safely out of the hospital, while uniquely addressing their myriad of complex care needs."

Dr. Chris Dodd, Chief Clinical Officer at ConcertoCare

ConcertoCare case study

Results

16%

Reduction in ER visits

47%

Reduction in admissions

40%

Reduction in readmissions

5 Start executing on your CalAIM strategy

Where to go from here

The healthcare industry has only scratched the surface of what's possible with analytics. Moving ahead, look for these technologies to continue to improve. Advanced analytics has the potential to help health plans quickly adapt to this vast CalAIM plan by transforming data into actionable insights, driving administrative efficiency, improving the cost and quality of care, enhancing revenue growth, and moving the industry forward.

For more than 25 years, MedeAnalytics has been dedicated to helping healthcare organizations use their data to make a measurable impact. Now more than ever, it is critical for payers to utilize their data to its greatest potential. Payers leveraging MedeAnalytics will have the best advantage for tackling these challenges and capitalizing on the opportunities that are coming with CalAIM.

Our experts are equipped with the knowledge, experience and tools you need to navigate these changes in an advanced and cost-efficient manner. We are always innovating, ensuring our clients receive only the best service—so their members can get the best care.

To learn more about our comprehensive approach to CalAIM and how it can help you, visit the CalAIM hub