A REGIONAL MODEL FOR DMC EXPANSION

WORDS FROM THE NORTH COUNTRY

Two years ago 8 rural Northern California Counties (Del Norte, Siskiyou, Modoc, Humboldt, Trinity Shasta, Lassen and Mendocino) approached the Partnership Health Plan of California to request their assistance in creating a regional response the State Pilot for DMC Expansion. The preparation work has included on-site program visits of county programs, nonprofit providers and federally qualitied health care centers. Lead by a Steering Committee of HHS Directors, Technical Work Group, provider meetings and negotiations with DHCS they are preparing the first Regional Implementation Plan with an alternative financial structure.

Northern Region Update

Del Norte

Siskiyou

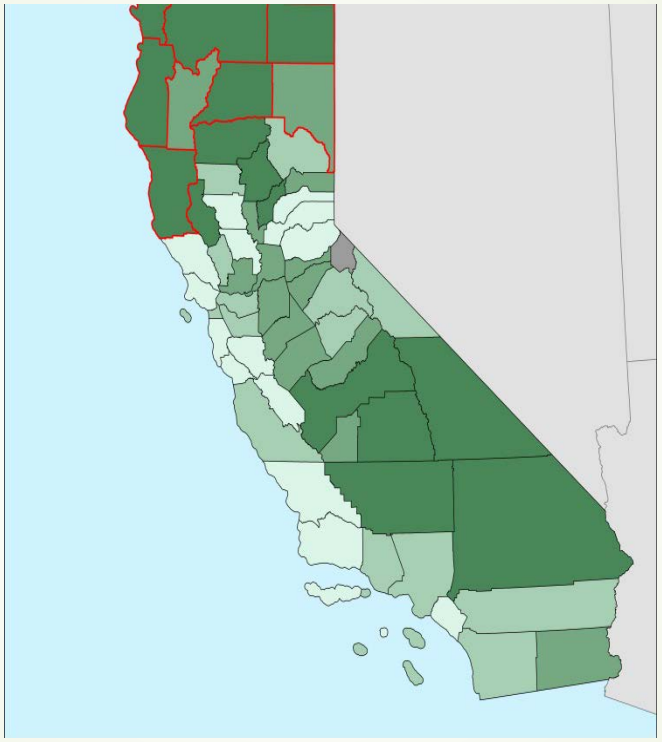
Modoc

Humboldt

Trinity

Shasta

Lassen
&
Mendocino



Population Density		
	Population	Individuals per mile
Lassen	33,828	7 per square mile
Sisikyo	44,301	7 per square mile
Modoc	9,686	2 per square mile
Humboldt	134,623	35 per square mile
Trinity	13,786	4 per square mile
Shasta	177,223	43 per square mile
Mendocino	87,841	25 per square mile
Del Norte	27,507	27 per square mile
SONOMA	519,042	291 per square mile

Some brief updates:

* We had a very positive meeting with the DHCS on November 2, and received an informal "go ahead" nod that made it clear that they will be working with us to get approval for our regional proposal. The next steps is for the DHCS to discuss this with their contacts at CMS.

* On November 4 the DHCS held a meeting of the county representatives from the "Phase 4" counties that might be seeking to participate in Drug Medi-Cal. During this meeting, the State reiterated its support for our model.

* These meetings occurred before the election. There continues to be discussion about what might happen to Medi-Cal if some of the campaigned-upon federal actions take place. All of this is still unclear at this point, but Partnership HealthPlan remains committed to the Drug Medi-Cal model and regional proposal.

* We are working to have a draft Regional Implementation plan available by the end of the calendar year.

Surgeon General on Substance Use Disorders….November 17, 2016

- "Policy changes, particularly at the state level, are needed to better integrate care for substance use disorders with the rest of health care. States have substantial power to shape the nature of care within these programs. State licensing and financing policies should be designed to better incentivize programs that offer the full continuum of care (residential, outpatient, continuing care, and recovery supports); offer a full range of evidence-based behavioral treatments and medications; and maintain working affiliations with general and mental health care professionals to integrate care. Within general health care, federal and state grants and development programs should make eligibility contingent on integrating care for mental and substance use disorders or provide incentives for organizations that support this type of integration."
- https://lintvwkbn.files.wordpress.com/2016/11/surgeon-generals-report.pdf

Proposal:

PHC would develop a capitated rate structure that would be the basis for both the Interim and Final rates.

- Counties would pay PHC a single PMPM rate negotiated for the range of DMC ODS services provided in the regional Drug Medi-Cal program. This payment would be consistent with the CPE requirements of 42 CFR 433.51. The PMPM rates would be based on actual and estimated costs to PHC of providing the DMC ODS services, adjusted for inflation using the home health agency market basket index consistent with the CPE protocol. Initially, there would be one PMPM rate (not broken down by modality). The rate would be comprehensive; that is, PHC would be at risk for the full range of Drug Medi-Cal services to be provided through the regional model.
- *Settlement*
- We propose that the PMPM be sufficient for settlement and that no further cost report or settlement be required of PHC to each of the participating counties, and that the CPE incurred by the counties is sufficient for settlement. Individual counties or service providers would not need to provide separate cost reports. Encounter data would be made available to DHCS

Clinical Communication

- OHCA-: An Organized Health Care Arrangement (OHCA) is an arrangement or relationship, recognized in the HIPAA privacy rules, that allows two or more Covered Entities (CE) who participate in joint activities to share protected health information (PHI) about their patients in order to manage and benefit their joint operations. To qualify as an OHCA, healthcare providers must present themselves as a clinically integrated joint arrangement and must have joint utilization review or quality assurance and share financial risk.

Partnership HealthPlan of California

Drug Medi-Cal Implementation Timeline

Updated Nov. 28, 2016

Sep 2016

Activities

- Clarify what the Integrated Pilot Opportunity means
- Continue to develop with Technical workgroup
- Form a Fiscal Workgroup

Oct 2016

Activities

- Finalize list of current resources by county and service type
- Finalize list of recommended EBTs
- Form a Residential Provider Workgroup
- Review proposed integrated pilot

Nov 2016

Meetings:

- Nov 2: Meeting with DHCS to discuss DMC Financial Model
- Nov 4: DHCS DMC Phase 4 Kick-off Meeting

Activities

- Circulate draft plan for discussion
- Finalize training plan and EBTs
- Review fiscal plan with DHCS

Dec 2016

Activities

- Finalize draft plan for review
- Fiscal workgroup begins to discuss cap rates for counties

Jan 2017

Decisions:

- Approve draft plan for discussion
- Finalize cap rate for counties
- Counties must provide tentative commitment to PHC for participation in the regional model

Activities

- Submit plan to DHCS

Feb 2017

Activities

- Finalize process for distribution of $2 million

Mar 2017

Decisions:

- PHC finalizes a subcontracting plan

Activities

- Form additional workgroups if necessary
- Finalize training programs and processes
- Issue R&P for distribution of $2 million