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Department of Health Care Services

**Sent via email:** [CalAIM@dhcs.ca.gov](mailto:CalAIM@dhcs.ca.gov)

Dear Dr. Babaria:

We appreciate the opportunity to provide feedback on the Draft Population Health Management (PHM) Strategy and Roadmap. While we applaud the department's bold vision for breaking down information silos, integrating care coordination, and improving access in Medi-Cal, we encourage the department to address the following challenges and uncertainties as it proceeds with PHM implementation.

- **Reconsider the Implementation Timeline.** We recognize the urgency of improving population health management in Medi-Cal. However, building effective systems of care management in a state as complex as California requires careful consideration and time. Consolidating beneficiary needs assessments, developing new beneficiary data collection and dissemination mechanisms, implementing a statewide PHM service, and training practitioners and staff on the new clinical care and backend processes will take months, if not years, to complete. Despite this, the general PHM program is scheduled go live on January 1, 2023, and the PHM Service would implement statewide only six months later. We urge the department to work with stakeholders to develop an ambitious but realistic implementation timeline that reflects the enormous amount of work needed for the effective deployment of the PHM program.
- **Provide Necessary Funding.** Despite the significant workload providers and payers face in standing up the PHM program, there is no new funding dedicated to support these efforts. While we understand that incentive dollars for enhanced care management and community supports can be used to support the establishment of the digital infrastructure undergirding PHM programs, funding these programs with this limited pool of incentive dollars is in direct competition with other uses of this funding and under the control of managed care plans — leaving little assurance that this funding will flow down to their providers. Hospital systems and other providers are key implementation partners in this and will need infrastructure funding to build and adapt their systems and care processes to the requirements under PHM. Moreover, implementing PHM at the provider level is not a one-time activity — it will involve ongoing workload. How this additional, ongoing workload will be funded is unclear. We recommend that

the department engage with providers on what funding is necessary to ensure a successful and swift implementation.

- **Ensure Interoperability.** Hospital systems have invested heavily in and gained years of experience developing robust clinical care processes and electronic health record systems, which they use regardless of whether a patient has Medi-Cal, Medicare, or commercial coverage. It is essential that the population health management processes and systems that the state puts in place be interoperable with existing hospital electronic health record systems, and that related policies ensure the seamless integration of the Medi-Cal population health management data collection and dissemination services with established clinical care processes.
- **Coordinate Related Policymaking Efforts.** Implementing a new statewide PHM program in Medi-Cal reflects but one of multiple efforts to improve the state's health care data sharing infrastructure and elevate population health, quality, and equity as essential aims of our health care programs. Other key efforts in this space include the related requirement that Medi-Cal managed care plans obtain NCQA Health Equity Accreditation, the CalHHS Data Exchange Framework, and efforts to hold all managed care plans in the state accountable for meeting quality and equity standards. Robust coordination among these efforts is necessary to avoid imposing conflicting requirements on managed care plans and their network providers, which would only undermine the goals of improved and more equitable access to high-quality care. We urge active engagement with staff of CalHHS, the Department of Managed Health Care, and Covered California, as well as NCQA representatives, to ensure synergy across these distinct but interrelated efforts. To this end, we recommend revisions to the PHM Strategy and Roadmap that acknowledges these and other parallel efforts and commits to robust coordination and consistency to the greatest extent possible.

Sincerely,



Ben Johnson  
Vice President, Policy