

# California's Coordinated Care Initiative

Sarah Arnquist  
Harbage Consulting

Presentation on 4/22/13



## Overview

- Federal and State Movement toward Coordinated Care
- Update on California's Coordinated Care Initiative
  - Timing
  - Enrollment/Eligibility
  - Plan Readiness
  - Outreach
- Discussion



# Federal & State Cooperation



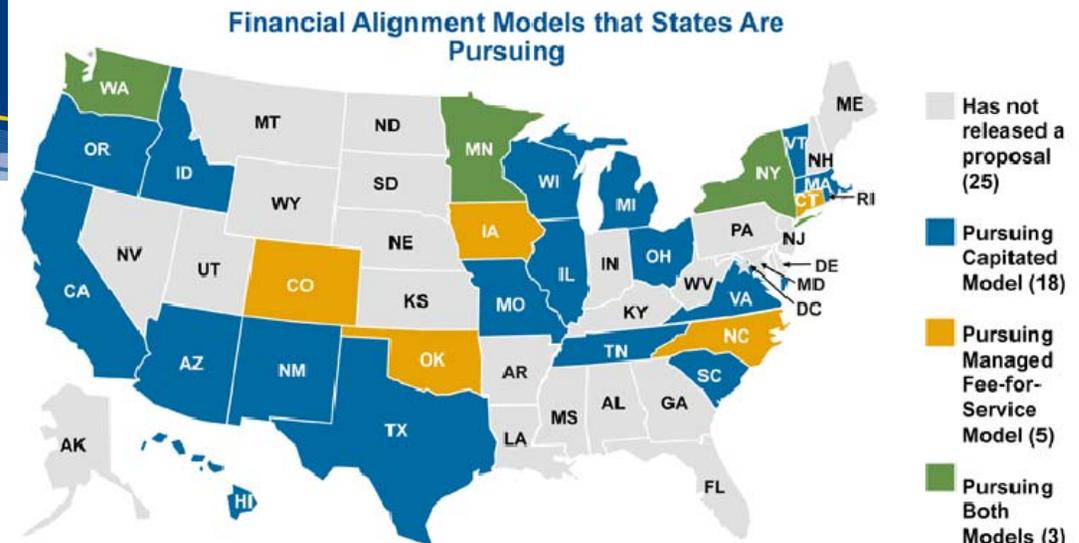

## Integrating Care for Medicare-Medicaid Enrollees

Medicare-Medicaid Coordination Office  
Centers for Medicare & Medicaid Services





2010 Health Reform Law created the **Medicare-Medicaid Coordination Office** in the Center for Medicare Innovation. Working with states on “**financial alignment models.**”



## The Necessity of Coordinated Care

- Some people with multiple chronic conditions see an average of 14 different doctors and fill 50 prescriptions a year.
- This is common among people with both Medicare and Medicaid, referred to as “dual eligibles” or “Medi-Medis”, who often are sicker and poorer than other beneficiaries.
- Today’s care delivery system is fragmented and doesn’t provide the care coordination many beneficiaries need. This fragmentation leads to increased risk of admission to the hospital or nursing home.

# Quick Refresher: Medicare vs Medi-Cal

<b>MEDICARE</b> •People 65 or older •People under 65 with certain disabilities •People with End-Stage Renal Disease (ESRD) & ALS	<b>MEDICAID (Medi-Cal)</b> •Low-income Californians
Which program pays for what service?	
<ul style="list-style-type: none"> <li>• Hospital Care</li> <li>• Physician &amp; ancillary services</li> <li>• Short-term skilled nursing facility care</li> <li>• Home health care</li> <li>• Hospice</li> <li>• Prescription drugs</li> <li>• Durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare cost sharing</li> <li>• Long-term nursing home (after Medicare benefits are exhausted)</li> <li>• Long-term services and supports (LTSS) (including CBAS, MSSP, IHSS, HCBS waivers)</li> <li>• Prescriptions and durable medical equipment, and supplies not covered by Medicare</li> </ul>

# Summary: Problems with the Current Delivery System

- Programs in Silos
- Misaligned Incentives
- Fundamentally: A lack of coordinated care



## California's Coordinated Care Efforts

- Seniors and Persons with Disabilities transition into Medi-Cal managed Care.
- Community-Based Adult Services (CBAS) as a managed care benefit.
- Expansion of managed care in rural counties.
- **Coordinated Care Initiative (CCI)**, including the Duals Alignment Demonstration, now known as Cal MediConnect.

# Two main parts of the Coordinated Care Initiative (CCI) in 8 counties



## **Medi-Cal Managed Long-Term Services and Supports (MLTSS)**

**What:** Mandatory enrollment into a Medi-Cal health plan for all Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

**Who:** Nearly all Medi-Cal beneficiaries, including dual eligibles.

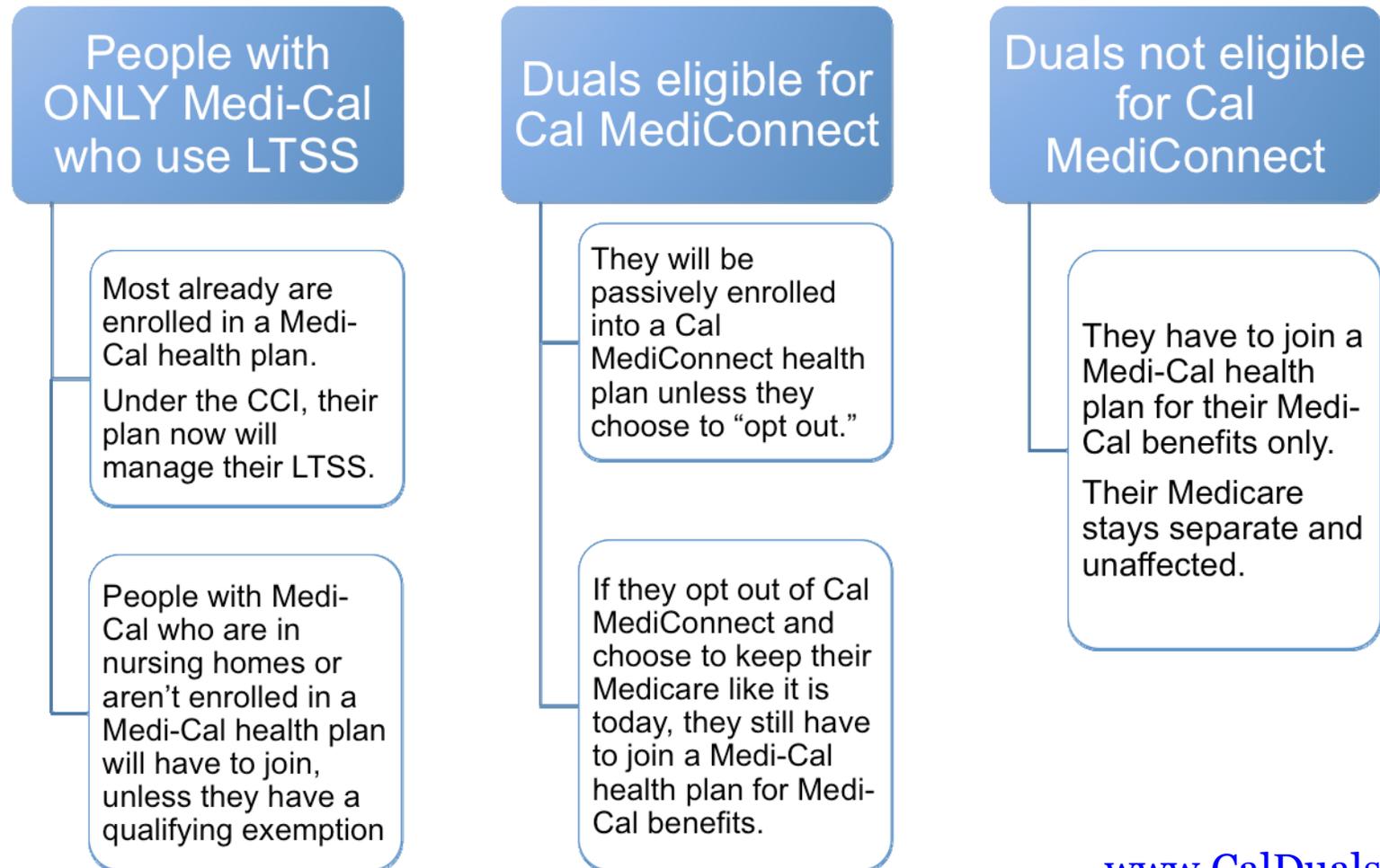
## **Cal MediConnect (duals demonstration)**

**What:** Optional enrollment into three-year demonstration program for coordinated Medicare and Medi-Cal benefits through a single organized delivery system.

**Who:** About 456,000 full benefit dual eligible



# Summary: Who is impacted by the CCI, including Cal MediConnect?



# CCI Tentative Timeline

## April 2013

- The State and the Federal government signed a Memorandum of Understanding (MOU) outlining the framework of Cal MediConnect.

## Spring 2013:

- State and Federal government are conducting readiness reviews of the Cal MediConnect health plans.
- Three-way contracts between the health plans, CMS and California established.
- State will submit to CMS 1115 Medicaid waiver amendments for authority to move dual eligibles into Medi-Cal managed care and make LTSS Medi-Cal managed care benefits.

## October 2013: Enrollment into CCI starts no sooner than October 1

- 12 month phase-in: Alameda, Santa Clara, San Bernardino, Riverside, San Diego, Orange
- 15 month phase-in: Los Angeles (enrollment strategy under development)
- Two phases (October 2013 and January 2014): San Mateo

## Ongoing:

- Beneficiary, organization and provider outreach.

# One Person, One Plan, All Benefits

- A brand new opportunity to coordinate care:
  - Medical care
  - Ancillary services like medical equipment and supplies
  - Integrated long-term services and supports (LTSS):
    - In-Home Supportive Services (IHSS)
    - Community Based Adult Services (CBAS)
    - Multipurpose Senior Services Program (MSSP)
    - Nursing home care
  - Coordination with county mental health and substance use programs

## Why?

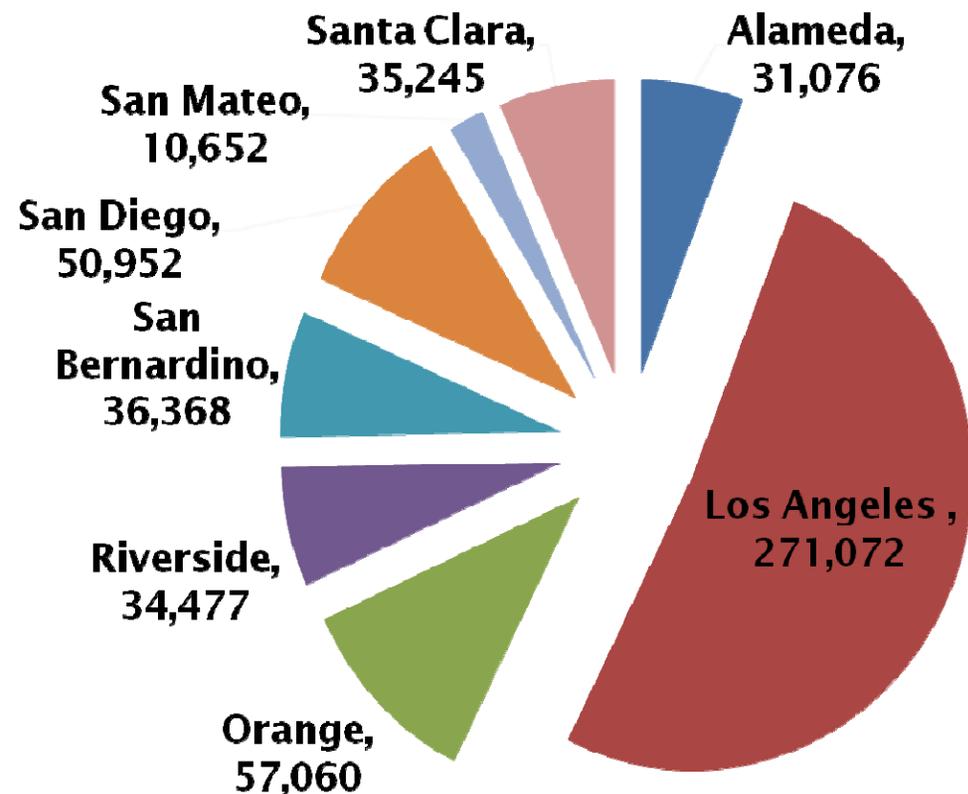
### Coordinated Care Initiative (CCI) Goals

- **Improve health and quality of life.** Help beneficiaries get the right care at the right time and place.
- **Keep people at home.** Help keep beneficiaries where they want to be – in their homes and communities.
- **Make it simpler.** Give beneficiaries one health plan, one membership card, and one number to call for all Medicare and Medi-Cal services.
- **Align incentives around beneficiaries' needs.** Streamline financing and align incentives to promote seamless access to person-centered care delivery.

# Cal MediConnect

# Cal MediConnect: Duals eligible for passive enrollment into Cal MediConnect

- **527,000** full-benefit dual eligibles are estimated to meet eligibility criteria in 8 counties.
- Enrollment in L.A. County will be capped at 200,000
- It's estimated that up to **about 456,000** people may enroll



## Eligibility for Optional Cal MediConnect

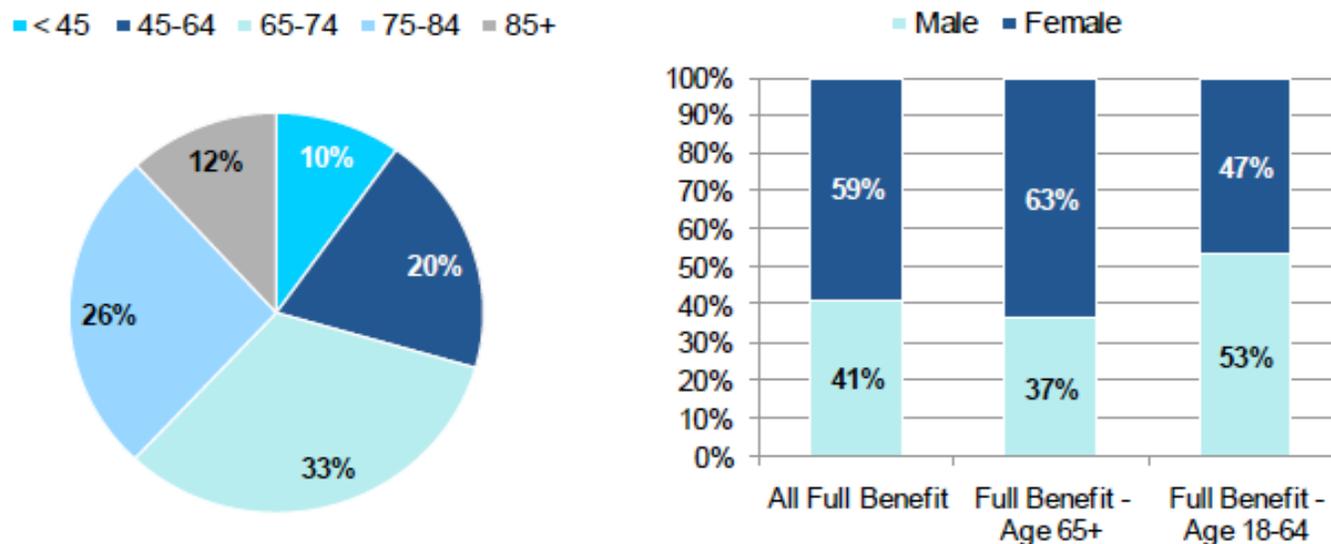
- Most people with both Medicare and Medi-Cal in the 8 counties can join a Cal MediConnect health plan.
- Some are not eligible. People cannot join a Cal MediConnect plan if they:
  - Are younger than 21.
  - Have only partial benefits (meaning don't have both Medicare parts A & B and full Medi-Cal coverage)
  - Have retirement, veteran's or other private health coverage
  - Receive developmental disability waiver services
  - Have end-stage renal disease (except in San Mateo and Orange counties).
  - Live in a veterans' home
  - Do not meet their Medi-Cal share of cost, if they have one
  - Duals in certain rural zip codes of Riverside and San Bernardino Counties, and on Catalina Island in LA.
  - Receive Nursing Facility, Acute Hospital or Assisted Living waiver services\*
  - Are enrolled in PACE or the AIDS Health Care Foundation\*

\*People may voluntarily disenroll from the waiver, PACE, or AHF and join Cal MediConnect; they can't be in both.

# Potential Cal MediConnect Participants

- 71% are age 65 and older.
  - People age 85 and older comprise 17% of this group. Most are women.
- About 42% use some long term services and supports
- About 13% residing in long-term care facilities

**FIGURE 4. FULL BENEFIT MEDICARE-MEDICAID ENROLLEES BY AGE GROUP AND GENDER: CALIFORNIA, 2007**



Source: CMS, Medicare-Medicaid Enrollees State Profile, 2012

# Understanding Cal MediConnect Enrollment

- **Passive Enrollment:** The state will enroll duals into Cal MediConnect plan unless they actively chooses not to join and notify the state.
- The state will send people three notices describing their choices,
  1. Join a Cal MediConnect health plan for integrated Medicare and Medi-Cal services
  2. Join a PACE plan for integrated Medicare and Medi-Cal services, if they're 55 or older and need a high level of care
  3. "Opt out" of Cal MediConnect but choose a mandatory Medi-Cal health plan.
- **"Opting out"**
  - People can choose to keep their Medicare like it is today.
  - If they stay in Original Medicare or a non-demo Medicare Advantage plan, they must still join a Medi-Cal health plan for Medi-Cal services.
    - They still use their Medicare card to see their doctors, hospitals, pharmacists, etc. The Medi-Cal plan pays any cost sharing the state would have paid.
  - People who do enroll into a Cal MediConnect health plan may opt out or change health plans **at any time**.

# Beneficiary Notices of Passive Enrollment

90 day  
mailing

- An informational heads up that a change is coming.

60 day  
mailing

- A letter saying they will be enrolled in a Cal MediConnect plan unless they make a different choice.
- A health plan guidebook, choice book, choice form, and provider directories

30 day  
mailing

- A confirmation letter of their choice of health plan or to opt out, **or**
- A reminder letter telling them they will be defaulted into a plan the next month.

How does someone make a health plan choice or opt out?

- A beneficiary can mail back a choice form they receive in the mail that says their preferred choice.
- A beneficiary can call Health Care Options and tell a customer service representative their choice.

# Moving Long-Term Services and Supports into Medi-Cal managed care

# Exemptions to Mandatory Enrollment into Medi-Cal Managed Care for LTSS

- Nearly all people with Medi-Cal in the 8 CCI counties will have to get their benefits through a health plan.
- There are some exceptions. People do not have to get their LTSS through a health plan if:
  - Have other private health coverage like retirement or veteran's coverage
  - Live in a veterans' home or a care facility for people with developmental disabilities
  - Enroll in a PACE plan or the AIDS HealthCare Foundation
  - Have an approved and current Medical Exemption Request (MER)
  - Live in certain rural ZIP codes in San Bernardino County
- **People younger than 21** must enroll in a Medi-Cal health plan for most Medi-Cal benefits. But if you are under 21, you do not have to get your long term care services and supports from a health plan.
- **People with HIV and Native Americans** may disenroll from the Medi-Cal health plan and go back to traditional Medi-Cal at any time.

# Long-term services and supports in a health plan

- Long-term care services and supports are Medi-Cal benefits that help with ongoing personal care needs.
- In a health plan, the following services will work mostly like they do today but be better coordinated with medical care.
  - **In-Home Supportive Services (IHSS):** Personal care services for people who need help to live safely in their homes.
  - **Community-Based Adult Services (CBAS):** Daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions (already a plan benefit)
  - **Multipurpose Senior Services Program (MSSP):** Social and health care coordination services for people age 65 and older.
  - **Nursing home care**

# IHSS as a health plan benefit

- Consumers should not notice any changes.
  - People do not have to change their IHSS providers
  - They can still self-direct their care, meaning they can hire, fire, and manage their providers.
  - The county IHSS social worker will still assess needs and approve IHSS hours.
  - Rights to appeal stay the same.
  - People may request that their IHSS providers be part of a care coordination team.
  
- Administration:
  - Health plans are developing MOUs with county IHSS programs and public authorities describing how the entities will coordinate services.

## Timing of Managed LTSS

- For all current Medi-Cal plan members, LTSS integration starts October 1, 2013.
- For Medi-Cal recipients not eligible for Cal MediConnect, it is likely that there will be phased in enrollment over 12 months starting no sooner than October 1, 2013.

# Consumer Protection, Another Key Focus

**The legislation establishing the CCI contains many protections for beneficiaries covering:**

- **Meaningful Information of Beneficiary Rights and Choices**

- Notices sent at least 90, 60 and 30 days prior to enrollment (coordinated with CMS).

- **Continuity of Care**

- People can continue to see their Medi-Cal providers for 12 months and Medicare doctors for six months.

- **Self-Directed Care**

- People will have the choice to self-direct their care, including being able to hire, fire, and manage their IHSS workers.

- **Appeals & Grievances**

- DHCS is working with CMS on a coordinated appeals process.

- **Strong Oversight & Monitoring**

- Evaluation Coordinated with DHCS and CMS.

# Key Focus Areas for CCI Implementation

- **Enrollment** – clear communication, broad outreach.
- **Sufficient provider participation** – engagement, and collaboration will be critical for success.
- **Rate Development** – aims to 1) align fiscal and quality incentives; 2) adequate for demo services; 3) slow cost growth.
- **Data Sharing** – critical for success prior to enrollment between state and plans and after implementation between local partners.
- **County Coordination** - for delivery of IHSS and behavioral health services.
- **Encounter data** – reliable data will be needed for quality monitoring & evaluation.

## Key Facts to Remember About the CCI

- People can keep the Medicare and Medi-Cal benefits they have today.
- We are building on Medicare Advantage Special Needs Plans.
- Consumer self direction will be protected – Consumers can still hire, fire and manage their IHSS providers
- Care coordination will help people stay in their homes and stay out of the hospital and nursing home.
- People's needs and preferences will drive the care they get.

# Questions & Discussion

**CalDuals** Keeping you informed about Medicare/Medi-Cal integration

Contact Us 

search this site...

Home

About »

CA Demo Documents

Calendar

Consumer Stories

News & Updates

Resources »

Stakeholder Workgroups »



## Demonstration Counties

The California Department of Health Care Services (DHCS) announced on Wednesday April 4, 2012 that Los Angeles, Orange, San Diego and San Mateo counties would be the initial participants in a proposed three-year demonstration project aimed at improving the coordination of care for low-income seniors and persons with disabilities who are dually eligible for Medicare and Medi-Cal.

[Read More](#)



### Learn More

Get background information on California's dual eligibles demonstration, including answers to Frequently Asked Questions.

[Read more](#)



### Key Resources

Find key documents and links related to California's demonstration to integrate care for dual eligible individuals.

[Read more](#)



### Events

Track upcoming events related to the dual eligibles demonstration, including upcoming stakeholder work group meetings.

[Read more](#)

Website: [www.CalDuals.org](http://www.CalDuals.org)

Email: [info@CalDuals.org](mailto:info@CalDuals.org)

Twitter: @CalDuals

[www.CalDuals.org](http://www.CalDuals.org)