



The California Experience

Adventures in alignment and integration

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California's Policy Considerations for Pursuing a Demonstration

- ▶ California was interested in solutions to better address Medicare and Medicaid alignment for many Californians
 - ▶ 1.4 million dually eligible Californians
- ▶ Policy Considerations:
 - ▶ Identifying Service Needs and Gaps in Care
 - ▶ Selecting the Coordinated Care Initiative (Cal MediConnect and MLTSS)
 - ▶ Executive and Legislative Support

The Original Vision for California's Integration Approach

- ▶ Begin with 10 counties, and then integrate statewide
 - ▶ Targeted approach; determine best practices in the pilot counties and then implement the program statewide
- ▶ CMS and state will share in savings 50/50
 - ▶ Program features to allow shared savings between federal and state funders
- ▶ Mandatorily enroll individuals on the Medicare-side
 - ▶ Support seamless entry into the program and increase enrollment steadily
- ▶ Require enrollees to remain in program for six months
 - ▶ Foster program stability

California's Financial Alignment Demonstration: Cal MediConnect

▶ 7 Counties:

- ▶ Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, Santa Clara

▶ Benefits:

- ▶ Integrates Medicare (Parts C and D), Medi-Cal, including LTSS
 - ▶ In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), and long term institutional care
 - ▶ Extra benefits of vision, taxi rides and some dental
 - ▶ Care coordination, interdisciplinary care team, care manager

▶ Enrollment:

- ▶ 450,000 potential enrollees; 120,000 actual enrollees
- ▶ Medicare: voluntary enrollment
 - ▶ Passive enrollment with opt out of Medicare
- ▶ Medi-Cal: mandatory enrollment
 - ▶ Dually eligible beneficiaries must join Medi-Cal for MLTSS benefits
- ▶ No lock-in

Alignment and Integration Opportunities

- ▶ Shared Savings
 - ▶ Medi-Cal services reduce Medicare costs
- ▶ Medicare - a national program
 - ▶ No experience with states
- ▶ Medi-Cal - a state health program
 - ▶ No experience with clinical services for Duals
- ▶ Personal care services - a state social service program
 - ▶ MCO tax
- ▶ Fee for service vs. managed Medi-Cal
 - ▶ New beneficiaries and services for most plans

What Worked

- ▶ Chose Medi-Cal plans that had operated a Medicare D-SNP
 - ▶ Basic systems and structure in place to accommodate enrollment, had experience working with CMS on the Medicare side, and understood needs of dually eligible population
- ▶ Transparency and Stakeholder Engagement: Multiple modes of outreach have been used pre- and post-implementation
 - ▶ Website - CalDuals.org
 - ▶ Workgroups - Quarterly and annual formal meetings, redlined documents, informal conversations, dashboards
 - ▶ Teletown Halls - Forums targeted to beneficiaries as they received enrollment notices
 - ▶ Forums and Provider Summits - Educational opportunities to share promising practices with contracted providers

LTSS- Positive Interventions

- ▶ Large growth in personal care services
 - ▶ Previously unserved but eligible
 - ▶ But also, minimum wage increase
 - ▶ Overtime
- ▶ Plan projects to move people out of institutions
 - ▶ Ex. San Mateo
- ▶ Plan/County Mental Health Coordination
 - ▶ Ex. Inland Empire

Challenges: Beneficiary and Provider Engagement and Care Management

- ▶ Beneficiary and Provider Engagement
 - ▶ Maintaining continuity of care
 - ▶ Operationalizing interdisciplinary care teams (ICTs)
 - ▶ Engaging providers, including physicians, large hospital providers, nursing facilities
 - ▶ Working with smaller, independent providers; addressing balance billing; ensuring timely payments
- ▶ Care Management
 - ▶ Integrated Care Teams
 - ▶ Difficult to operationalize
 - ▶ Behavioral Health coordination
 - ▶ Medicare, county and plan functions
 - ▶ Coordination with the existing county-administered In-Home Supports and Services (IHSS) program

Challenges: Administrative Alignment

- ▶ Administrative Alignment
 - ▶ Obtaining Medicare data
 - ▶ Reporting requirements
 - ▶ Coordinating appeals
 - ▶ Obtaining data to enroll eligible individuals in a timely manner
 - ▶ Developing beneficiary materials with both advocates and CMS

Key Lessons

- ▶ Medicare providers and Medi-Cal providers are not the same
 - ▶ Cannot rely on FQHCs - Medicare beneficiaries generally don't receive services there
 - ▶ Medicare pays the rent
 - ▶ Most Medicare providers don't distinguish their dually eligible patients
- ▶ Savings come slowly as change occurs slowly
 - ▶ Plans have successfully moved many people out of institutional care
 - ▶ Plans have referred many more people to personal care services

Key Lessons

- ▶ Enrollment information and opt out letters sent to beneficiaries can have a big impact
 - ▶ Must be simple - new efforts in CA to streamline
- ▶ There is never enough communication
- ▶ Coordination and alignment among state agencies takes time and patience
- ▶ Independent Ombudsman is important to engage

Some Approaches in Other States

- ▶ Massachusetts' demonstration: One Care
 - ▶ Complements state's existing Senior Care Options program (D-SNP available for individuals over 65)
 - ▶ Population: Ages 21-64 (younger individuals with disabilities)
 - ▶ Major Challenges: Inadequate rates due to high unmet needs
- ▶ New York's demonstration: Fully Integrated Duals Advantage (FIDA)
 - ▶ Builds off of state's existing MLTSS program
 - ▶ Population: Age 21 and older
 - ▶ Major Challenges: Provider engagement, low enrollment

Some Approaches in Other States

- ▶ Ohio's demonstration: MyCare Ohio and Virginia's demonstration: Commonwealth Coordinated Care (CCC)
 - ▶ In Ohio, auto-assigned beneficiaries into the Medicare side of an existing Medicaid plan
 - ▶ In Virginia, inclusive provider contracting and prompt pay requirements eased provider concerns
 - ▶ Phased enrollment in both states caused less fear for beneficiaries
 - ▶ Population: Population: Age 21 and older
 - ▶ Challenges: Provider engagement
 - ▶ Successes: More than 40% enrollment

What's Next?

- ▶ Cal Medi-Connect simplified enrollment process
 - ▶ More like Medicare Advantage process
- ▶ Jury is still out on the future of the demonstration
 - ▶ Savings take longer than anyone anticipated
- ▶ Members are very satisfied with program
 - ▶ SCAN survey and focus groups show high levels of satisfaction
- ▶ Plans are very satisfied with program
 - ▶ Despite on-going rate setting issues with the State

More Information

- ▶ www.CalDuals.org
- ▶ www.dhcs.ca.gov

Thank you

