



Coordinated Care Initiative (CCI) Update

Stakeholder Advisory Committee (SAC) Meeting
February 2016



Overview

- **CCI Evaluation Data**
 - RTI International
 - Field Research Corporation
- **SCAN Foundation Case Studies**
- **Cal MediConnect Enrollment Data**
- **State Budget & CCI in 2016**



RTI Evaluation

- CMS released a report focused on the first six months of demonstration operations in all seven states that began a duals demonstration before May 2014.
- The data is based on interviews, focus groups, and other qualitative and quantitative data collected by RTI International.
- The initial report touches on California's robust stakeholder process and strong Ombudsman program, as well as the state's commitment to continuously studying and improving upon the program.

Second Round CCI Evaluation Data

Field Research Corporation



- Evaluating the experience of beneficiaries in and out of Cal MediConnect.
- December 2015 – Second round of data continues to show that a majority of beneficiaries are satisfied with Cal MediConnect and confident in their care.
- Third round of data should be available later this year.



CCI Evaluation Data

- Beneficiaries in Cal MediConnect plans are satisfied with:
 - Their choice of doctors (78%) and hospitals (77%).
 - The way different health care providers work together to give them services (78%).
 - The amount of time doctors and staff spend with them (85%).
 - The information provided by their plan to explain benefits (73%).
- 79% of beneficiaries were confident they can get their questions answered about their health needs.



CCI Evaluation Data

- Transition issues often led to early disenrollment from Cal MediConnect – but those who stayed enrolled were satisfied with how issues were resolved.
- Beneficiaries who opted out were wary of change in their current health care services (86%) and losing their doctors (70%).
- Other evaluation efforts have shown that beneficiaries often lack awareness about Cal MediConnect benefits, including the availability of a care coordinator or continuity of care.



SCAN Foundation Case Studies

A Place to Call Home

Thriving in her Community

Aging with Dignity

A Confident Caregiver

SCAN will be publishing additional case studies showcasing the promise of coordinated care in 2016.

THE PROMISE OF COORDINATED CARE

Thriving in her community

"I was constantly in and out of the hospital. Now, I have the support I need to live on my own."

Today, Karen is a volunteer for the Women for Peace and Freedom, sings for social justice, and coordinates health fairs in her community. After years of struggling with mental illness, Karen is now able to live on her own.

Karen recalls a period of her life when she was hospitalized for two years and her ability to live on her own was compromised. She even felt that life was so difficult that she wanted to give up. However, through the coordinated care program, she was able to join a Cal Mer health plan, and "I've got a lot of support now. I've got a lot of support now. I've got a lot of support now."

COORDINATED CARE MAKES A DIFFERENCE

- Prevents avoidable hospital re-admissions
- Transitions people out of institutional settings
- Helps people thrive in their communities

Collaborative Consulting
Whole Team. Proven. Data. Action.

Supported by a grant from The SCAN Foundation — advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

THE PROMISE OF COORDINATED CARE

A Place to Call Home

"Living at home, my goal is to stay as healthy as I am today, or even improve my health."

— Josephine, age 75

Josephine has had a dream for many years to call the Northern California coast home. "I had been trying to move to the coast since for 15 years," she says. Josephine now lives in an assisted living community where she has an attendant to help her with personal care needs, a care manager to help coordinate things such as medical appointments and referrals to community services, meals in a dining room, and transportation. Through her health plan, Josephine's care also includes services to build her strength and help prevent falls. This is a big change from where she used to live — a two-year stay in a nursing home. Josephine says her new environment, "feels like freedom."

While in the nursing home, Josephine enrolled in Cal MediConnect, a new program in California designed to connect the financing and delivery of medical care and long-term services and supports. This program gave Josephine access to an interdisciplinary care team that helped her determine it was time to find a home where she could be independent and participate in the everyday activities she once took for granted — and that bring her joy. It took four months of planning, help with filling out financial and housing applications, and multiple team meetings to bring all the pieces together. Josephine was finally able to move to assisted living — which happened to be on the coast.

What is life like today for Josephine? She feels independent, yet she is not alone. Recently she fell and instead of calling 911, Josephine called her care manager. She got in to see her doctor quickly, and immediately followed up with an x-ray. Josephine was in control of her plan of care, unlike when in the nursing home or in the exhausting cycle of emergency room visits and hospitalizations.

A coordinated care experience for Josephine means a partnership between a health plan and care management support that aligns place she calls home.

COORDINATED CARE MAKES A DIFFERENCE

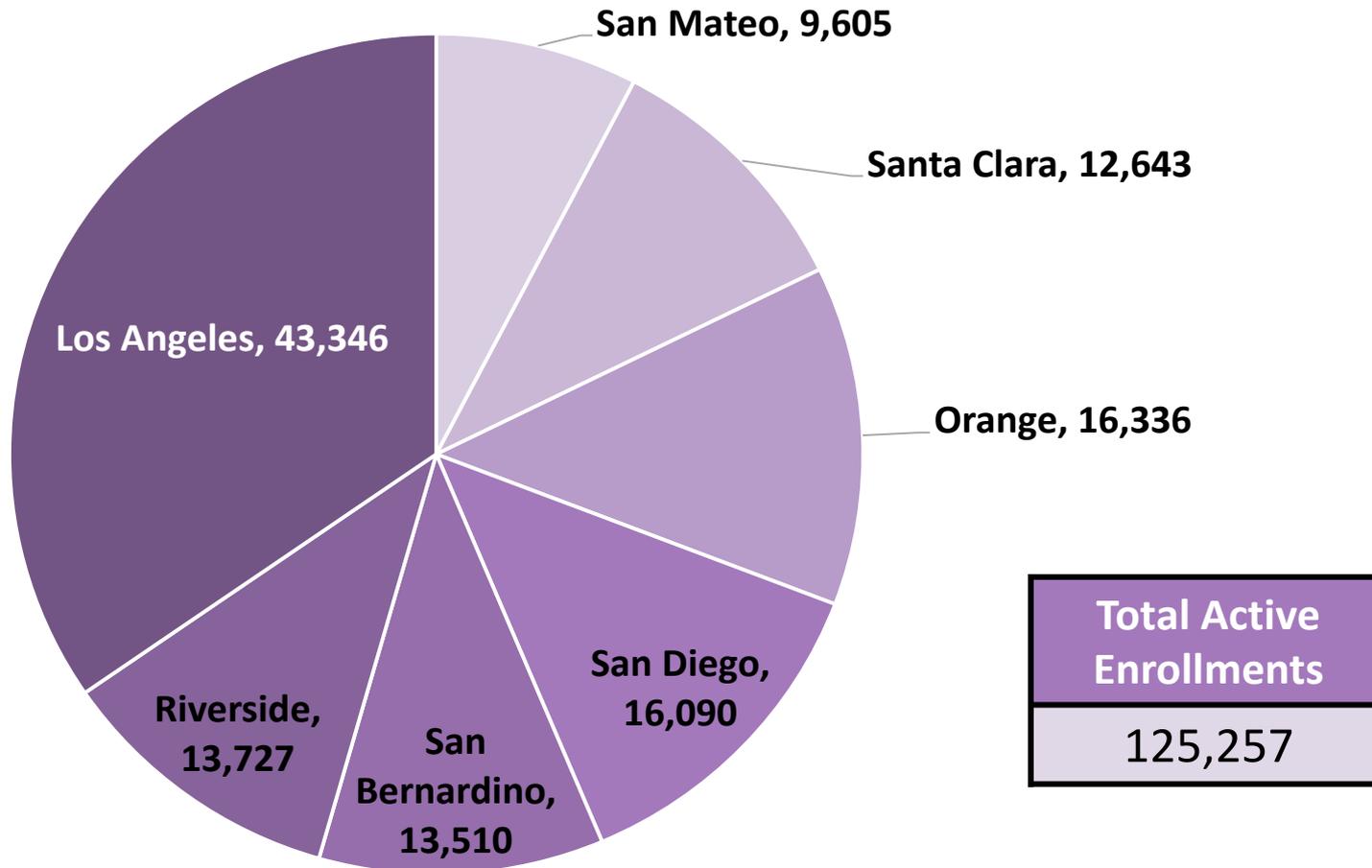
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Cal MediConnect Enrollment Data As of January 1st, 2016





Opt Out Data: All Eligible Beneficiaries As of January 1, 2016

County	Overall ⁵			
	Enrolled	Opt Out	Disenrolled ²	Other Disenrolled ³
Los Angeles	19%	56%	9%	15%
Riverside	46%	36%	7%	11%
San Bernardino	44%	37%	8%	12%
San Diego	33%	40%	8%	19%
Santa Clara ¹	41%	40%	11%	8%
San Mateo	77%	10%	1%	12%
Orange ⁴	50%	45%	5%	0%
Total	30%	48%	8%	13%
Total w/o LA	44%	38%	7%	11%

1. Santa Clara began enrollment in January 2015.
2. Member requested disenrollment through the State's enrollment broker or COHS after the enrollment date.
3. Member disenrolled due to actions outside of the State's enrollment broker/COHS control.
4. Orange County began enrollment in July 2015, and CalOptima is responsible for its own enrollment.
5. All enrollment, opt out, and disenrollment data is aggregated as of the inception of the program.



CCI in 2016

- Beneficiary Outreach & Education:
 - New Cal MediConnect and Medi-Cal Managed Care Plan Resource Guide & Choice Book
 - Beneficiary Toolkit
- Continued Transparency:
 - DHCS Quality Dashboard
 - Evaluation Data
 - SCAN Foundation Case Studies in Care Coordination
- Provider Outreach:
 - Hospital Case Managers Slide Deck & Toolkit
 - Continuity of Care Provider Bulletin
 - Provider events
- Other ideas?

For additional information:

- Email: info@calduals.org
- Web: www.calduals.org
- Enrollment and HRA Completion Data:
www.calduals.org/enrollment-data/
- CCI Evaluation Data:
<http://www.calduals.org/2015/12/17/2nd-wave-of-polling/>

