



# **Persons with Dual Medi-Cal and Medicare Eligibility**

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# Background

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- The combination of poor health status and low incomes makes dual eligibles highly dependent on the two public programs for the care they need
- Dual eligible beneficiaries are the most chronically ill patients within both Medicare and Medicaid, requiring a complex array of services from multiple providers



# Integrated Care Models

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- Creates one point of accountability for the delivery, coordination, and management of health care and long-term supports and services
- Promotes and measures improvements in health outcomes
- Maintains appropriate consumer involvement and safeguards
- Uses performance incentives to providers to improve coordination of care



# Integrated Care Models Cont'

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- Promotes the use of home and community based long term care services
- Blends and aligns Medicare and Medicaid's services and financing to streamline care and, through shared savings approaches, eliminates cost shifting
- Slows the rate of both Medicare and Medicaid cost growth



# Range of Approaches for Developing Model

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- Contract with Special Needs Plans
- Expand PACE sites
- Enter into shared savings arrangements
- Request authority to act as an integrated care entity



# Implementation Approach

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- Take advantage of integration opportunities presented by entities operating both Medi-Cal managed care plans and Medicare special needs plans.
- Continued consultation with stakeholder and CMS regarding the feasibility of developing an integrated funding
- Additional discussions with stakeholders on the considerations required to implement the proposed options
- Development of a phased approach to implement the proposed options
- Develop strategy for expanding beyond initial sites.



# QUESTIONS

