

COHS Model

- Public agencies authorized by county, state and federal actions
- Single plan responsible for providing Medi-Cal in respective county
- Mandatory enrollment of all Medi-Cal beneficiaries, **including dual eligibles**
- Responsible for all medical acute services, including institutional long term care

CalOptima Background

- COHS for Orange County since 1993
- Serving more than 421,000 Orange County residents
 - 1 in 8 residents
 - 1 in 6 seniors
- 16 years of experience caring for seniors and persons with disabilities
 - 110,000 SPD members
 - 70,000 duals

CalOptima Background (Cont.)

| Year | Milestone |
|------|--|
| 1995 | Enrolled first Medi-Cal member |
| 1998 | Added the Medi-Cal institutional long term care benefit |
| 2001 | Became a Multipurpose Senior Services Program (MSSP) site |
| 2005 | Launched a Medicare Advantage Special Needs Plan |
| 2007 | Started the Aging & Disability Resource Connection in Orange County |
| 2009 | Consolidated Orange County's 2 MSSP sites at CalOptima |
| 2010 | Became the Administrative Services Organization (ASO) for mental health services for Orange County |
| 2010 | Designated the Regional Extension Center (REC) for Orange County via CalOptima Foundation |
| 2011 | Applied to become a PACE provider (scheduled launch Spring 2012) |

Proposed Integrated Care Plan

- Service Area: Orange County
- Target Population: 70,000 dual eligible members
 - 13,000 currently enrolled in OneCare (HMO SNP)
- Provider Network Basics:
 - Leverage existing provider network relationships
 - Contracts with 60% of Orange County PCPs (1,123)
 - Contracts with 35% of Orange County specialists (2,139)
 - Leverage existing relationships with nursing facilities
 - Contracts with more than 120 Orange County SNFs
 - Leverage existing relationships with community providers
 - Working relationships with more than 30 community organizations
- Financial Model: CalOptima hold full financial risk

Orange County's Duals

- Challenges today:



- Fragmentation of care

- Medical care provided by CalOptima, other MAs, FFS Medicare
- HCBS provided by CalOptima, county, other providers
- Institutional long term care provided by CalOptima

- Coordination of carve-outs

- Behavioral health
- Dental
- HCBS

- Resultant costly and inefficient care delivery

- Bias towards institutional long term care

Orange County's Duals (Cont.)

- Proposed Integrated Care:



- A system of care for all duals in Orange County
- Integrate all services into one system managed by CalOptima
- Ability to move among services
- Ensure quality and efficiency
- Hold financial risk for the system
- Provide options for members

System of Care

- Member-centric approach
 - Health risk assessment
 - Individualized care plan
 - Interdisciplinary care teams
 - Member choice in delivery system model
- Focus on services and service delivery
 - Wide range of providers
 - Evidence-based care
 - Elimination of duplication
- Ensure quality and efficiency
 - Enhanced care management and service coordination
 - Focus on care transitions
 - Accountability with strong analytics

Next Steps

- Develop a system that provides options for members
 - PACE → Spring 2012
 - Managed long term care for Medi-Cal → July 2012
 - Duals integration → December 2012
- Develop systems and processes based on best practices
 - Business systems for the entire continuum
 - Uniform assessment tool
 - Identification and stratification tool
- Refine the model with the local community
 - Integration of non-medical providers into the network
 - Form new partnerships and contract arrangements