



California Hospital Association

Dual RFI Response Summary

Improving Care through Integrated Medicare and Medi-Cal Delivery Models

Stakeholder Meeting
August 30, 2011



Organization Background

CHA represents California's hospital community

- Nearly 400 hospitals/health systems
- Over 250 post acute care providers
- 120 acute psychiatric hospitals/units
- Thousands of outpatient services/programs
- Provide an estimated \$4.9+ billion medical care to dual eligibles annually



Existing Problems that Should be Addressed by Demonstrations

Poor care coordination

- Across the continuum of care/care transitions
- Between medical and non-medical services

Limited access to care, including

- Primary and specialty physician care
- Transitional and rehabilitative care

Limited access to behavioral health, including

- Mental health (MH)
- Substance use disorder (SUD)



Overview of Demonstrations

Timely access to appropriate care is essential to achievement and maintenance of optimal health status and independence

- Primary and specialty medical care
- Transitional and rehabilitative care
- Behavioral care

Adequate provider reimbursement is necessary to support network capacity and beneficiary access



Consumer Protection Considerations

Ensure adequate and timely access to full range of medically necessary care

Provide clear information on member rights and responsibilities, and effective, transparent problem resolution procedures for beneficiaries and providers.

Goals are best achieved by “opt-in” Medicare enrollment, possibly via provider network



Specific Care Integration Challenges

Mental & Behavioral Health Care

- Should be fully integrated with physical health care, consistent with federal parity law
- Available and accessible to individuals with primary medical diagnoses, as well as MH and SUD diagnoses

Long Term Care

- Payers should be at risk for long term care, including institutional care.



Measures for Success

Must address multiple areas including

- Beneficiary satisfaction
- Provider participation
- Seamless access to care at all levels
- Measures addressing
 - Health status
 - Functional independence
- Patient-centered/whole person care
- Short-term and longitudinal outcomes



Information Needed from CMS and the State

What role can/will the provider community play in the design and implementation of the pilot program?