Care1st HEALTH PLAN

Dual RFI Response Summary

Improving Care through Integrated Medicare and Medi-Cal Delivery Models

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Stakeholder Meeting
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Organization Background

- Care1st Health Plan was established in 1994 by three Traditional Safety Net provider groups and a DISH hospital
- Care1st has over 250,000 MediCal members in Los Angeles and San Diego Counties.
- Care1st has 12,000 MAPD members in Los Angeles, San Diego, Orange, Riverside, San Bernardino and Santa Clara Counties.
- Care1st has over 5,000 Dual –SNP members. Only 40% of the Dual- SNP members are also enrolled in our MediCal Plan.
- NCQA Accredited since 2008

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Existing Problems this Proposal Addresses

- Fragmentation and lack of access to funding for full range of supports and services needed for duals
- Insufficient Communication and Coordination between Plan, providers, and home and community based services
- Duplicative reporting, and administrative functions;
  - Separate grievances and appeals processes
  - Marketing and enrollment regulations
- Lack of integration as above results in;
  - Increased resource utilization
  - Decreased member satisfaction

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Overview: Proposed Integrated Care Plan

Proposed Pilot Counties and Projected Enrollment:

San Diego

Los Angeles through LA Care

Provider Network Basics:

Expanded and Comprehensive Direct & Delegated Network, including:

- FQHCs, traditional safety net providers, high quality/high performing multispecialty medical groups, behavioral health network, LTC providers (both institutional and LTSS - home and community-based services)
- Care1st proposes expanding the customary Medicare and Medi-Cal providers to include, long-term care supports & services, home and community-based providers in the Aging Services and Independent Living Networks

Financial Structure:

- No risk, shared risk, and full risk arrangements

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Proposed Integrated Care Model

The goal of the Care1st Duals Pilot is to create an integrated, seamless system of medical, behavioral health, long-term care and support services that offers an array of individually tailored and coordinated care that promotes access, dignity, and maximum independence.

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Key Points: Proposed Integrated Care Model

- Provide duals with the right services at the right place and time by:
  - Providing a comprehensive benefit package that incorporates long-term services and supports, including home and community based and independent living services, in addition to the traditional existing benefits

- Comprehensive health risk assessment and member centric care delivered through an expanded patient centered medical home that includes all necessary participants of the Interdisciplinary Care Team (ICTs).

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Key Points: Proposed Integrated Care Model

- Care coordination across the continuum of outpatient, acute and skilled nursing care in order to decrease avoidable readmissions and return the member to their home or least restrictive setting.
- Increased implementation and use of EHRs between all providers.
- Timely and sensitive use of End-of-Life and Palliative Care
- Emphasis on innovation, prevention and wellness to minimize costs.

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Specific Care Integration Challenges

Enhancements to Existing Care Model:

Behavioral Health Care

- Improved Access
- Improved Communication and Coordination with all healthcare professionals and caregivers
- Full integration of behavioral and medical care at selected primary care sites

Long Term Care

Will require the expansion of the network to include the contracting and integration of

- Area Agencies on Aging
- Senior service providers
- Independent living providers
- In-Home Supportive Services

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Measures for Success

- **Comparison of pre and post pilot rates for:**
  - HEDIS
  - CAHPS
  - Health Outcomes Survey
  - Utilization data(admits/1000 bed days/1000 etc)
  - Appeals and Grievances
  - Long term care placement and utilization

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Information Needed from CMS and the State

- Current funding sources and amounts for all benefits to be included in the Integrated Duals Pilot umbrella
- Historical claims and utilization data for benefits to be included in the Pilot, including skilled nursing facilities and In-Home Supportive Services, by County
- Proposed prospective blended payment for services covered by Medicare and Medi-Cal

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