

Health Plan of San Mateo and San Mateo County Health System

RFI Response Summary

Stakeholder Meeting
August 30, 2011

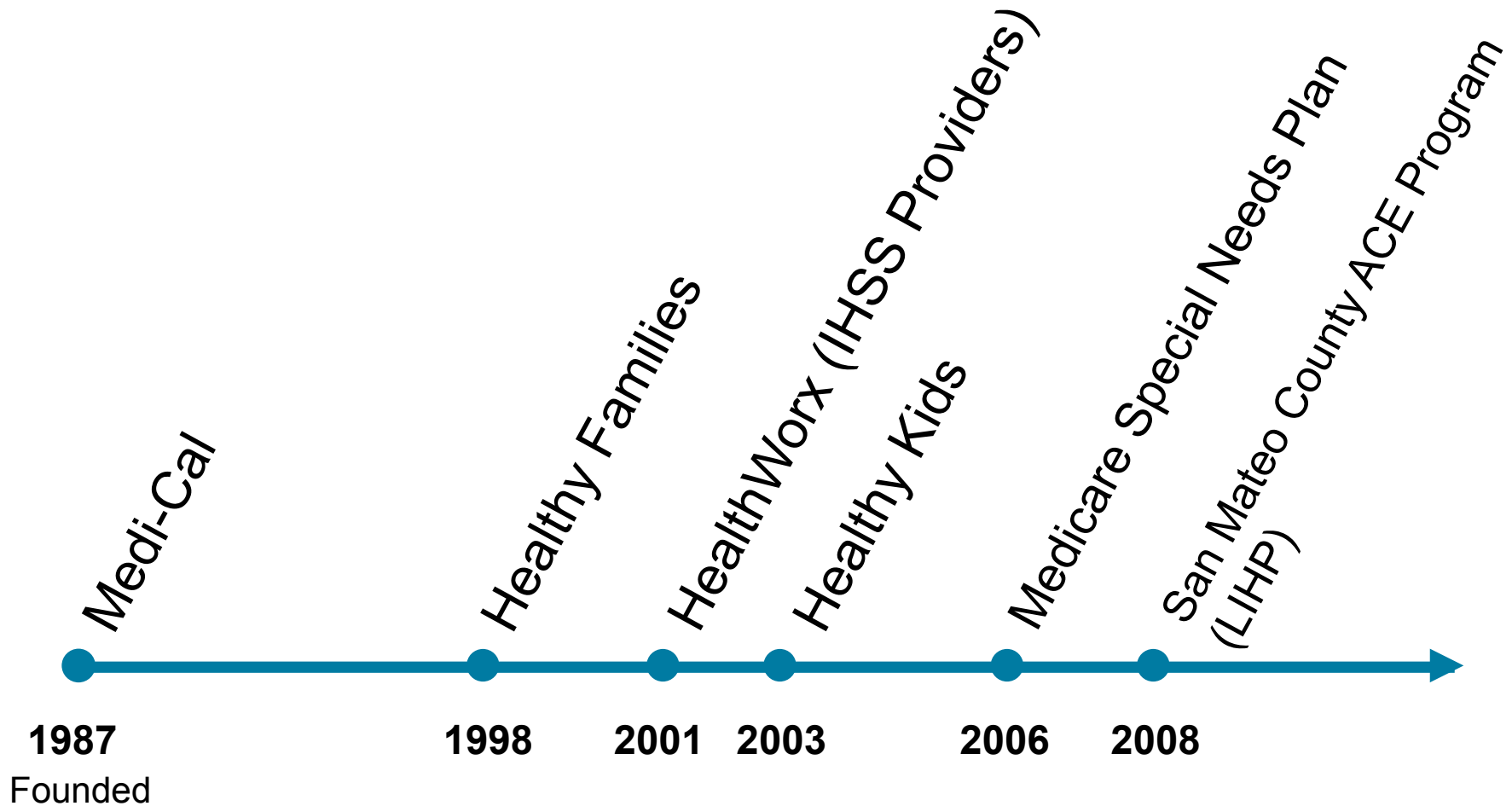
**the
healthy
fight.**



healthy is for everyone

**HealthPlan
OF SAN MATEO**

HPSM Is a County Organized Health System Serving Nearly 100,000 Residents of San Mateo County



Existing Problems Our Proposal Addresses

- ✓ Beneficiary confusion
- ✓ Less than optimal access to appropriate and timely services
- ✓ Bias toward institutional care
- ✓ Poor health outcomes for people with mental illness and substance use problems
- ✓ High costs
- ✓ No clear accountability

Overview: Proposed Integrated Care Plan

Service Area	<ul style="list-style-type: none">• San Mateo County
Target Population	<ul style="list-style-type: none">• All dual beneficiaries who are county residents: 13,300• 8,200 already members of HPSM's Medicare Special Needs Plan
Provider Network	<ul style="list-style-type: none">• Preventive, primary, acute and long-term care institutional provider network currently contracted with HPSM• Subcontracts for long-term services and supports and behavioral health and substance use<ul style="list-style-type: none">– San Mateo County Behavioral Health and Recovery Services, Aging and Adult Services, and Public Authority; ADHCs
Financial Structure	<ul style="list-style-type: none">• HPSM would hold full financial risk

Proposed Integrated Care Model

1	Consumer directed care
2	Single Point of Entry (SPOE) and uniform assessment
3	Care management via interdisciplinary teams
4	Leveraging of existing county and community resources
5	Flexibility to provide services based on individuals' needs

Specific Care Integration Challenges

Behavioral Health and Substance Use Services

- Full continuum
 - Integrated care in both health homes and behavioral health homes
 - Substance use treatment services integrated in health homes
 - Focus on integrated care management for people with poorest health outcomes

Long-Term care

- All current Medi-Cal covered LTSS and HCB services
- Institutional long-term care
- Elimination of categorical restrictions and reporting
- Flexibility to provide non-Medi-Cal funded services, or gap services, as needed

Measures for Success

- ✓ Health status and outcomes
- ✓ Cost savings – health and administrative
- ✓ Quality of life
- ✓ Beneficiary satisfaction
- ✓ Reductions in nursing home use, hospital admissions, and ER visits
- ✓ Increased use of HCBS

Information Needed from CMS and the State

- ✓ Medicare utilization and cost data
- ✓ Clear understanding of risk-sharing arrangement among entities involved – CMS, State and contract entities
- ✓ Enrollment model
- ✓ Interface with Special Needs Plan program
- ✓ Funding for historically underfunded substance use prevention and treatment
- ✓ Ability to reinvest savings in community services