



L.A. Care Health Plan and Health Net

Dual RFI Response Summary

*Improving Care through Integrated Medicare and
Medi-Cal Delivery Models*

Stakeholder Meeting
August 30, 2011



Organization Background

- L.A. Care

- Local Initiative/Public Plan option under Two Plan model in L.A. County with more than 900,000 members
- Medicare Advantage Dual Eligible SNP Plan
- Stakeholder governing board
- Community accountable/safety-net support

- Health Net

- Large, national, multi-product (Commercial, Medicare, Medi-Cal, TRICARE, Mental Health), publicly traded company
- Commercial Plan in 12 counties with nearly one million covered lives and 225,000 dental lives
- Over two decades of Medi-Cal and Medicare managed care experience in LA County
- Medicare Advantage Dual Eligible SNP Plan



Existing Problems this Proposal Addresses

- Our proposal aims to:
 - Improve coordination and integration of care
 - Expand the existing base of our care management framework
 - Expand the existing provider network to accommodate the additional needs of the dual population
 - Reduce unneeded hospitalizations and ER visits
 - Secure Home Care alternatives and reduce LTC stays (keep patients at home)
 - Leverage the existing Health Plan infrastructure
 - Improve patient health outcomes and satisfaction
 - Achieve financial savings for both the State and Federal Government while aligning with member, provider, and plan interests.



Key Points

- Financial
 - Capitation with opt out to modified fee for service
 - Global budget risk-sharing
- Delivery
 - Multiple service model options
 - Key providers for dual eligibles
 - Integrated services
 - Available traditional Medicare networks



Overview: Proposed Integrated Care Plan

- Service Area/location
 - Los Angeles County or specific geographic regions
- Population to be served and its size:
 - Up to 350,000 dually eligible people in L.A. County
- Financial Structure:
 - Capitation paired with modified fee for service
 - Global budget risk-sharing model consistent with CMS July 8, 2011 letter that includes LTC



Overview: Proposed Integrated Care Plan (cont.)

- Provider Network Basics:
 - Build on L.A. Care and Health Net's existing networks (3K PCPs and 7K specialists)
 - Expand the MA-SNP specific networks
 - Add other partner plans/providers who demonstrate ability to manage duals population.
 - Bring in new delivery models to be tested within pilot.



Overview: Wider Options within Capitated Model

- Possible Partners:
 - CareMore
 - SCAN
 - HealthCare Partners
 - Heritage
 - Plan Partners
 - Kaiser
 - AltaMed
 - Expanded hospital network
 - Los Angeles County



Key Points: Proposed Integrated Care Model

- Expand existing infrastructure of the Two Plan model to an improved coordinated and interdisciplinary system of care (proven track record)
- System-wide population management including traditional fee for service network
- Intense care management, decision support, and member advocacy
- Individualized care planning with patient involvement
- Creation of a person-centered approach to better coordinated care
- Management of transitions of care
- Utilization of evidence-based clinical guidelines



Specific Care Integration Challenges

- **Mental & Behavioral Health Care**
 - Coordinated case management for patients with behavioral health diagnoses by contracted behavioral health vendors
 - Inclusion of L.A. County DHS' comprehensive behavioral health network
- **Long-Term Care**
 - Add additional contracts with LTC providers as needed to ensure an appropriate level of care is provided
 - Infrastructure for proven community-based interventions that help the frail and elderly remain in the community
 - Long term support services (LTSS) including home and community based services (HCBS) and intense care coordination



Measures for Success

- Health care costs compared to FFS experience
- Delay and/or decrease in LTC utilization
- Avoidable inpatient admissions and length of stay
- Avoidable ER visits
- Comorbidity for selected clinical outcome measures
- Quality measures (satisfaction, patient experience, quality of life, etc)
- Utilization of appropriate services
- Health outcomes and status
- Member retention in capitated portion



Information Needed from CMS and the State

- Data requests:
 - Historical cost, utilization, and pharmacy data on existing FFS duals
 - Providers currently seeing this population
- List of specific benefits to be provided to beneficiaries under the pilot
- Plan for patient enrollment process