County of San Diego, Health and Human Services Agency, Aging & Independence Services

Dual RFI Response Summary

Improving Care through Integrated Medicare and Medi-Cal Delivery Models

Stakeholder Meeting
August 30, 2011

Organization Background

- AIS - County Umbrella Agency and AAA
- LTCIP established in 1999
- Over 800 stakeholders engaged
- 3 LTCIP Strategies:
  - Healthy San Diego Plus
  - ADRC
  - TEAM SAN DIEGO

COUNTY OF SAN DIEGO

HHSA

HEALTH AND HUMAN SERVICES AGENCY

Aging & Independence Services

Existing Problems that Should be Addressed by Demonstrations

- Fragmentation and duplication
- Lack of care/service management and coordination across all providers and settings
- Cost shifting-Medicare and Medi-Cal
- Access:
  - network adequacy
  - physical and geographic accessibility
- Beneficiary-centered planning and delivery

Overview of Demonstrations

Dual Eligible Pilots should include:

- Local stakeholder engagement in design and to ensure readiness prior to implementation

- Mandatory enrollment of duals with opt out option design

- Actuarially sound PM/PM rate which includes HCBS

- Flexible benefits provided based on needs and preferences of beneficiary

- Care management vs. care coordination

- Staff training and beneficiary education

- Outcome-focused QA and QI system

Consumer Protection Considerations

- Readiness ensured prior to implementation
- Flexibility to authorize services outside of defined benefits
- Timely physical and geographic access
- Comprehensive outreach and education to beneficiaries
- Accessibility, sensitivity, diversity and cultural competence standards
- Outcome based quality management and improvement standards with complaints and grievances process
- External Quality Review Organization that includes stakeholders, and beneficiaries
- Focus on outcomes and quality rather than cost savings

Specific Care Integration Challenges

- Consider a multi-phased inclusion of behavioral services

  ◦ Reimbursement methodologies that support adequate and appropriate funding for behavioral health services must be developed first

  ◦ Start with age 65+ dual eligible population and phase in behavioral health services for younger beneficiaries (64 and under)

- The following supports and services should be integrated into the design:

  ◦ SNF, ICF, Sub-acute; care transitions; IHSS and MSSP; home modification; translation, communication, assistive, health management, and emergency response devices; respite care; money management; Adult Day Health Care; emergency moves; temporary shelter; nutrition and prevention support; legal assistance; non-medical transportation

Measures for Success

- Extent of beneficiary-centered care planning and care

- Adequacy of provider compensation to improve access and quality

- Adequacy of provider network, and physical and geographic accessibility to providers

- Extent of beneficiary access to pilot information and adoption of input from beneficiaries, stakeholders, providers, and plan employees

- Decline in emergency room and nursing home utilization

- Decline in hospital readmission rate for beneficiaries

- Improved health outcomes for beneficiaries

Information Needed from CMS and the State

- Prompt delivery of data including:
  - Historical eligibility for Medi-Cal Fee-For-Service and combined Medi-Cal and Medicare Fee-For-Service claims and utilization data for duals for all ages including IHSS and MSSP
  - Eligibility information that is a subset by major aid code categories, age groups, and types of service
  - Matched Medi-Cal/Medicare data at the person level
  - Historical eligibility information and claims data for acute care and nursing home services