

Coordinated Care Initiative Update

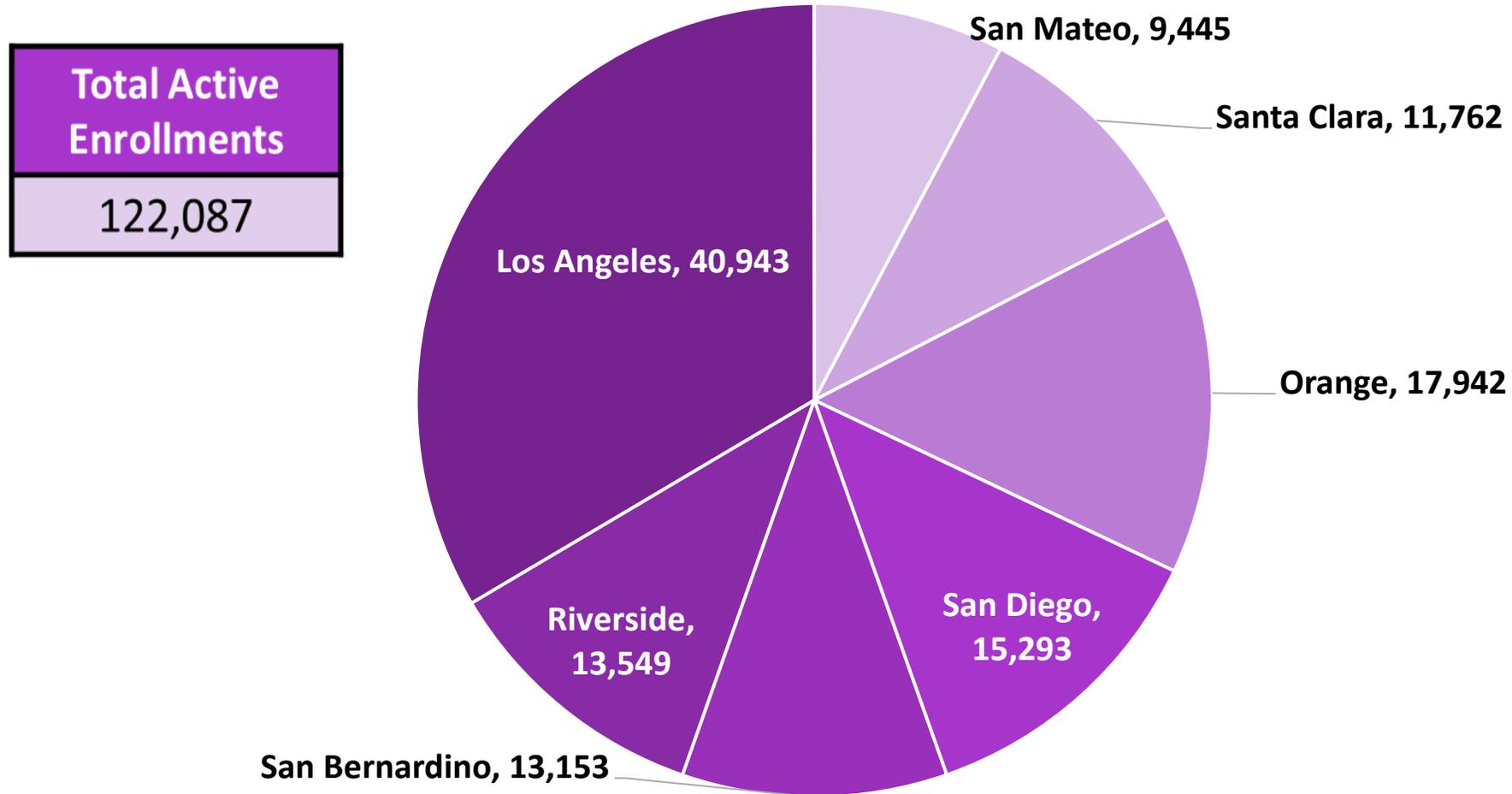
SAC MEETING

MAY 2016

Roadmap

- Cal MediConnect Enrollment
- CCI in 2016
- 2016 CCI Proposals & Announcements
- Policy Decisions
- Voluntary Enrollment Strategies
- Strengthening LTSS Referrals & Care Coordination
- Additional Program Quality Improvements

Cal MediConnect Enrollment As of April 1, 2016



CCI in 2016

- The Coordinated Care Initiative (CCI) is a historic undertaking to improve the lives of beneficiaries dually eligible for Medicare and Medi-Cal.
- Throughout implementation, DHCS has worked closely with partners and stakeholders to strengthen the program and improve the beneficiary experience – including the quality of care and care coordination.
- DHCS believes Cal MediConnect is a good program for dual eligible beneficiaries—the early research results are showing that to be true. Beneficiaries in the program are satisfied with their care and the care coordination they are receiving.
- At the same time, DHCS recognizes that for Cal MediConnect to be successful over the long term, we need to continue strengthening the quality of care beneficiaries receive – and we need to ensure stable participation in the program.
- Earlier this year, the state budget continued the CCI through at least 2016 – and this provides DHCS an opportunity to use evaluation data and lessons learned to address any issues and strengthen the program.

2016 CCI Proposals and Announcements

- In early April, DHCS shared for stakeholder comment a comprehensive strategy focused on doing just that.
- Our goals in proposing policy changes to the CCI were to:
 - Improve the quality of care and care coordination in Cal MediConnect for beneficiaries;
 - Ensure that beneficiary protections remain robust, that beneficiary satisfaction remains high and increases, and that the beneficiary remains at the center of the program;
 - Generate sustainability for the program; and,
 - Maintain transparency and stakeholder engagement.
- In total, DHCS received letters and comments that represented the views of more than 40 stakeholder groups.

Policy Decisions

- Stakeholders raised a number of concerns with moving forward with passive enrollment in 2016, and instead supported a sustained voluntary “opt-in” enrollment effort.
- In addition to existing activities DHCS is already taking to encourage opt-ins, DHCS will be moving forward with additional voluntary opt-in enrollment strategies in 2016. DHCS is not moving forward with annual passive enrollment in 2016.
- Voluntary enrollment strategies include streamlined enrollment, operationalizing mandatory Managed Medi-Cal Long-Term Supports and Services (MLTSS) enrollment, and using detailed data analysis to focus provider outreach.
- DHCS will continue to monitor participation in the program. Should voluntary enrollment not result in sustainable enrollment for the program, passive enrollment remains an option in future years.
- DHCS will also be moving forward with all of the other program quality improvements.
 - Strengthening Long-Term Supports and Services (LTSS) Referrals & Care Coordination
 - Sharing Best Practices & Lessons Learned
 - Improving Continuity of Care
 - Exploring Extension of Deeming Period

Voluntary Enrollment Strategies: Streamlined Enrollment

- One thing we have learned is that the best way to educate beneficiaries about this program is through one-on-one conversations. DHCS has encouraged plans to educate their MLTSS enrollees about Cal MediConnect.
- Streamlined enrollment will allow them to take the next step and submit enrollment choices to Health Care Options (HCO) on the beneficiary's behalf. This will be a key part of our voluntary enrollment strategy.
- This will provide a simpler method for beneficiaries to enroll in the Cal MediConnect product associated with their MLTSS plan and is similar to enrollment in County Organized Health System (COHS) counties and in other Medicare products.
- DHCS believes that sufficient beneficiary safeguards will be in place and that beneficiaries' enrollment experience will be improved.
- Both HCO and the plan would reach out to the beneficiary to confirm the choice. The HCO script is currently available for stakeholder input.
- DHCS will closely monitor this process to ensure beneficiary protections are working and plans are operating appropriately.

Voluntary Enrollment Strategies Mandatory MLTSS Enrollment

- Our opt-in strategy will also include operationalizing mandatory enrollment of MLTSS-eligible beneficiaries into MLTSS health plans. This will allow us to educate beneficiaries eligible for Cal MediConnect about their new options and how to enroll.
- Cal MediConnect-eligible beneficiaries will receive the new Cal MediConnect and MLTSS Resource and Guide Book. This resource and guide book is currently in the final stages of beneficiary user testing, and should be ready for distribution in July or August.
- Beneficiaries who became newly eligible for MLTSS since passive enrollment in their county ended would be mandatorily enrolled in a Medi-Cal managed care health plan no earlier than July 2016.
- Those who become eligible moving forward will be enrolled on a monthly basis. This will include just those who are new to Medi-Cal and those who move into a CCI county.

Voluntary Enrollment Strategies: Additional Activities

- DHCS will also explore other strategies to educate beneficiaries about Cal MediConnect in partnership with the Centers for Medicare & Medicaid Services (CMS), health plans, and other stakeholders.
- DHCS will use detailed analysis of beneficiaries who have opted out of the program to more effectively focus provider education and outreach activities, in partnership with the health plans and other partners conducting intensive provider education.
- This work will be informed by – and be built on – our existing provider outreach and education efforts and materials, including the CCI Physician Toolkit.
- DHCS will also be share this data with Cal MediConnect health plans to help them in their education and outreach efforts.
- DHCS welcomes stakeholder input on additional steps to encourage voluntary opt-in enrollment.

Strengthening LTSS Referrals & Care Coordination

- Stakeholders were overwhelmingly supportive of our proposals related to improving care coordination and access to LTSS.
- DHCS is moving forward with our proposals to:
 - Standardize Health Risk Assessment (HRA) referral questions for Multipurpose Senior Services Program (MSSP), In-Home Support Services (IHSS), and Community-Based Adult Services (CBAS) to reflect the best practices developed over the early years of the program;
 - Review plan policies and procedures regarding referrals to these programs to ensure that all beneficiaries who may benefit from them are being offered access to these supports; and,
 - Review and expand data collection and reporting on Interdisciplinary Care Team and Individualized Care Plan completions, and CBAS, MSSP, and IHSS referrals.
- Draft standardized HRA LTSS referral questions and revised data measures are available for stakeholder comment, with comments due by May 20.

Additional Program Quality Improvements

- DHCS will also be moving forward with convening a series of meetings with Cal MediConnect plans to share best practices and ensure all plans are performing to the highest standard.
- DHCS will also extend the continuity of care period for Medicare services from 6 months to 12 months to match the Medi-Cal continuity of care period, and modify requirements to just one visit with a specialist within the past 12 months, as is the case with primary care physicians.
 - DHCS is in the process of updating its Duals Plan Letter and will update stakeholders when the policy change is effective.
- DHCS is exploring ways to make it easier for beneficiaries to stay enrolled in Cal MediConnect for more than 30 days while the health plan helped the beneficiary reestablish their Medi-Cal eligibility.
 - DHCS will share more details as they are available.

Questions?
