Department of Health Care Services - ADHC Transition Monitoring Plan
September 23, 2011

Goal

To support a monitoring plan of the ADHC transition to managed care and other services.

The plan will have three primary areas of focus:

- Transition process (e.g. - notice letters, assessments, health plan selection)
- Services received (e.g. – nursing, physical/occupational therapy)
- Outcomes – (e.g. – skilled nursing facility and hospital admissions)

The plan will also identify specific demographic subgroups of the ADHC population for analysis:

- At-risk (e.g. - developmentally disabled)
- Age (e.g. - frail elderly)
- Regions (e.g. - rural)

The plan will make use of several data sets:

- Medicare, Medi-Cal claims and service utilization data
- Health plan encounter data
- OSHPD Patient Discharge and ED Utilization data

Funding sources

Both the California HealthCare Foundation and the SCAN Foundation have expressed interest in potentially funding some components of the monitoring plan. The foundations have offered to convene a stakeholder process to provide input into the monitoring plan and is currently in the planning process.

Contractors

DHCS is exploring options to contract with expert evaluation teams. Among those under consideration include the California Medicaid Research Institute (CaMRI), a partnership between DHCS and the University of California.

Deliverables

Reports will be produced for the legislature and interested stakeholders:

Short term:

- Notice letters and initial assessments – December 2011
- Baseline report - December 2011

Long-term:

- First semi-annual report – July 2012
- Second semi-annual report - January 2013
- Third semi-annual report – July 2013

Enclosure 2

Transition process – Short-term

Deliverables – Two monitoring reports: 1) notice letters and initial assessments; and 2) baseline service use and outcomes of interest
Timeframe – December 2011

Issue/question	Data source	Data owners	Analysis
1. How many beneficiaries were sent "notice" letters?	▪ Letters	▪ Managed Care Division	▪ As % of total ▪ By region ▪ By date ▪ By threshold language
2. How many received assessments *before* leaving ADHCs?	▪ Transfer of care assessments ▪ Initial assessment reports (IARs) ▪ Cover sheets	▪ Utilization Management Division	▪ As % of total ▪ By region
3. How many received discharge plans?	▪ Discharge plans from ADHC providers	▪ Long-Term Care Division ▪ Utilization Management Division ▪ California Department of Aging	▪ As % of total ▪ By region ▪ By selected demographics
4. How many received assessments from health plan or APS ? a. Any additional referrals to: i. IHSS ii. IHO	▪ Individual health assessments ▪ County IHSS data	▪ Managed Care Division ▪ Systems of Care Division ▪ Health plans and APS ▪ Department of Social Services ▪ Department of Aging	▪ As % of total ▪ By region ▪ By plan ▪ By selected demographics
5. What is the overall demographic make-up of this group?	▪ Individual health assessments	▪ Long-Term Care Division ▪ Research & Analytical Studies Section	▪ Dual-eligibles ▪ Medi-Cal only ▪ By selected groups of interest

Enclosure 2

Issue/question	Data source	Data owners	Analysis
6. What plan choices are beneficiaries making? a. How many making active choice? b. How many defaulting? c. Opting out? d. How many beneficiaries are changing plans?	▪ Health plan enrollments	▪ Managed Care Division	By choice: ▪ Medi-Cal only ▪ Dual-eligibles ▪ PACE/SCAN ▪ Those also receiving : ○ IHSS ○ IHO ○ ILC ○ AAA
7. What is the risk mix of beneficiaries?	▪ Individual health assessments	▪ Long-Term Care Division ▪ Managed Care Division ▪ Health plans and APS	Percent at risk: ▪ Low ▪ Medium ▪ High
8. What is <u>baseline</u> service use for outcomes of interest? a. Skilled nursing facility admission b. Hospital admissions c. Emergency department use	▪ Medicare & Medi-Cal claims‡ ▪ OSHPD Patient Discharge and ER Utilization data sets‡ ▪ CMIPS for IHSS hours	▪ Research & Analytical Studies Section ▪ Audits & Investigations	▪ Rate per 1,000 ▪ By risk level ▪ By age ▪ By other groups of interest
9. What is <u>baseline</u> use for selected individual services? a. PT/OT b. Personal nursing care c. Medication management	▪ Medicare & Medi-Cal claims‡	▪ Research & Analytical Studies Section	▪ Rate per 1,000 ▪ By risk level ▪ By age ▪ By other groups of interest

‡ There can be a time lag of up to 18 months to obtain a complete data set.

Services received after transition – medium-term and on-going

Deliverables – Semi-annual monitoring reports to the legislature

Timeframe -

- First semi-annual report – July 2012
- Second semi-annual report - January 2013
- Third semi-annual report – July 2013

Issue/question	Data source	Data owner	Analysis
10. What plan choices are beneficiaries making? a. How many beneficiaries are changing plans? b. How many opting out?	▪ Health plan enrollments	▪ Managed Care Division	By choice: ▪ Medi-Cal only ▪ Dual-eligibles ▪ PACE/SCAN ▪ Those also receiving : o IHSS o IHO o ILC o AAA
11. What is service use for outcomes of interest? a. Skilled nursing facility admission b. Hospital admissions c. Emergency department use	▪ Medicare & Medi-Cal claims‡ ▪ OSHPD Patient Discharge and ER Utilization data sets‡ ▪ CMIPS for IHSS hours	▪ Research & Analytical Studies Section ▪ Audits & Investigations	▪ Rate per 1,000 ▪ By risk level ▪ By age ▪ By other groups of interest
12. What is use for selected individual services? a. PT/OT b. Personal nursing care c. Medication management	▪ Medicare & Medi-Cal claims‡	▪ Research & Analytical Studies Section	▪ Rate per 1,000 ▪ By risk level ▪ By age ▪ By other groups of interest

‡ There can be a time lag of up to 18 months to obtain a complete data set.