

SCAN Health Plan
Response for Input
Framework for Understanding: California's Dual Demonstration
October 28, 2011

California's dual eligible demonstration program provides an extraordinary opportunity to expand the integration of care and services for dual eligibles. We stand on the verge of offering thousands of our citizens who qualify for both Medicare and Medicaid the quality, integrated care that they deserve.

SCAN Health Plan (SCAN) applauds the Department's intent to place the individual at the center of care. SCAN's experience in providing primary, acute, behavioral health, and long term care services to dual eligibles has taught us that patient-centered care is necessary and most effective in managing the complex and costly conditions with which this population lives. We are pleased that the framework documents presented for discussion purposes address the needs of individuals across the entire care continuum. Importantly, the framework presented supports linkages between primary care and other clinical, behavioral, and supportive services with an emphasis on home and community-based care services, rather than dependence on institutional care. The principles outlined in the framework comport well with SCAN's longstanding goal of providing the right care to the individual at the right time and in the right setting.

The framework documents also strongly support the idea of dual eligibles living in the least restrictive setting, and avoiding unnecessary acute, emergency, and other institutional placements. SCAN is encouraged that the framework discussions also address the need to align incentives for those beneficiaries who may reside in health facilities, and incorporate into this pilot strategies and programs that permit individuals to return to their communities.

SCAN is strongly encouraged that the framework envisions streamlining administrative and other systems through a system that integrates both the delivery of services and the financing of services. Such streamlining will facilitate the individuals' ability to navigate the system, reduce confusion, and reduce costs. In this way, California can maximize resources and focus our resources on individual patient care and support.

SCAN recognizes that there are several significant and fundamental program design questions that will require more in-depth discussion. These include: providing a clear understanding of the goals of the program; site-selection criteria and process; enrollment processes and strategies; the extent to which Medicare and Medi-Cal benefits, eligibility, and administrative processes will be truly aligned; flexibilities that will need to be provided in order to help

beneficiaries remain as independent as possible; financing (with full disclosure of the risks involved); and the program evaluation and monitoring mechanisms.

The framework documents advanced by the Department will facilitate a rich dialogue regarding some of the most critical issues surrounding the program's development and implementation. We are grateful for our chance to comment.

Framework for Understanding Consumer Protections

1) Beneficiary Control and Choice.

SCAN Health Plan fully embraces the basic principles of beneficiary control and choice.

Dual eligibles are not a homogenous group of individuals. They have different needs and expectations based on a range of issues, most notably their age, functional abilities, and health status. The pilots should ensure control and choice for the individual in all components of the program. This includes the enrollment process, the choice of health plan and provider options, and the manner in which services are received.

Participants' opportunities and capabilities to self-direct their care is also important. Dual eligible pilot programs should allow for this type of choice. In doing so, however, the system should contemplate the inherent variability in the dual eligible population. For this reason, SCAN would encourage that the system include the establishment of appropriate standards regarding provider certification, training, safety, and quality assurance. In addition, a successful pilot program should provide beneficiaries with the tools and supports necessary to exercise informed choice and control.

2) Beneficiary-Centered Models.

SCAN strongly supports the establishment of a patient-centered care delivery system model under the dual eligible demonstration program. A holistic system of care is paramount to establishing a truly integrated system of care. Such a model focuses on ensuring that the individual has access to the services and supports that he or she needs to stay as healthy as possible and to remain independent in the community to the greatest degree possible. It requires the involvement of not only the member, but also of his or her caregivers, family, and providers. This includes those providers focused on the members' physical, behavioral, and/or social or other needs.

SCAN strongly supports a dual eligible demonstration program that promotes the integration of the delivery of services. We see the establishment of a patient-centered care model as an indispensable part of this integration on the patient care side. Over the course of its long history of providing care in this manner, SCAN has learned that the desires of the individual member, as well as the involvement and support of his or her caregiver(s) and family, are critical components of this model. This includes key choices made by the individual (e.g., his or her choice of a designated primary care provider) and key systems to support appropriate care planning and delivery (e.g., a comprehensive health assessment and care planning model for

each beneficiary that includes an interdisciplinary team, member, and family education), as well as provider education and supports.

3) *Comprehensive Benefit Design.*

Integration of services for the dual eligible population must include the full range of services required. Depending on an individual's need, this includes access to a comprehensive benefit package that encompasses primary, acute, behavioral health, and long term services and supports. In addition, comprehensive home and community-based services (HCBS) enable individuals to remain or return to their homes or setting of choice safely. Such benefits support independence, but also help prevent declines in health status and hospitalizations. They also play an important role in avoiding nursing home stays that can easily become much more costly than the provision of the HCBS themselves.

Under the SCAN model, long term services and supports are used to support our members' desires to remain independent and residing in their homes and in the community. In providing these services, SCAN recognizes the importance of providing dual eligibles, their providers and caregivers, and health plans with access to the full range of necessary HCBS, including those services that are not traditionally included within the capitation payment. Such services are critical tools to meeting the range of individual care needs and, importantly, to promoting independence.

Implicit in establishing a comprehensive benefit package is ensuring that the system is structured to align necessary services to meet the needs of each member. In addition, the system should be structured to allow for flexibility in how services are provided. This ensures access to different combinations or approaches that fit an individual's unique needs. For example, to support an individual living in the community, there may be a need to provide him or her with meals, adult day care services, or grab bars or other equipment that would allow him or her to remain safely in the home and prevent more costly spending on medical care services.

4) *Responsive Appeals Process.*

Appropriate and adequate consumer protections are central to an integrated system of care for dual eligibles. SCAN supports a system that is easy to use and responsive to the needs and concerns of the individual.

In recent years, important work has been conducted at both the state and federal levels on how to best construct a responsive appeals process for dual eligibles. SCAN strongly supports the

inclusion of a process that is comprehensive of both Medicare and Medi-Cal in the dual eligible demonstration program.

In our experience, the current approach, which consists of separate processes and timelines for Medicare and Medi-Cal, does not offer the appropriate protections to dual eligibles. A streamlined appeals process that includes a unified set of requirements between Medicare and Medi-Cal is needed, and should be incorporated into the demonstration program. This system will be easier for dual eligibles to understand and navigate, and will greatly ease administrative burdens for health plans and providers.

SCAN looks forward to this and to other opportunities to improve alignment of the two programs that will be possible through the demonstration pilots.

5) Transition Rights to Avoid Care Disruptions.

An orderly, well-conceived transition plan is necessary to ensure that dual eligibles living with complex conditions and/or disabilities, in active courses of treatment or other conditions, avoid disruptions in their care. The dual eligible demonstration program should learn from other successful transitions and develop an approach – including policies, procedures, and guidelines – to address transition issues.

Plans participating in the dual eligible demonstration program must ensure that new and transitioning members experience no disruption in their care or services. Expert case managers should provide a personalized transition approach when needed by the beneficiary, and maintain continuity of care. For example, participants should be able to remain with the same providers during active courses of treatment that occur during the transition period. Likewise, beneficiaries with mental health needs or substance use disorders should be able to remain with trusted clinicians to facilitate the continued improvement of their conditions.

SCAN supports the development of a comprehensive approach to transitioning dual eligibles to new systems of care under the demonstration program. We are ready to assist in the development of this approach.

6) Meaningful Notice.

Consumer protections are central to an integrated system of care for dual eligibles. These include the availability of accurate notices, materials, and other forms of guidance that are easy to understand and use.

Providing members with meaningful information on how to navigate a coordinated care system – including their rights and responsibilities as members of the system, their choices and options, the benefits and rules, and the care plan elements – is an industry-wide challenge, but one that is critical to program success.

The differing member communication requirements and timelines under the Medicare and Medi-Cal programs present an ongoing challenge. To further ensure the success of any dual eligible demonstration program, SCAN encourages the integration of member communications across the two programs to the greatest extent possible. This should include all forms of communication, such as education and outreach materials, enrollment/disenrollment information and materials, evidence of coverage or member handbooks, notifications around claims or services, grievance and appeals, and other materials.

SCAN sees important opportunities within an integrated system of care to provide members with a clear understanding of how to access benefits and other information in order to make informed choices about their health and other support services.

7) Oversight and Monitoring.

Oversight and monitoring is an important component of any demonstration. SCAN recognizes that both the Centers for Medicaid and Medicare Services (CMS) and the Department of Health Care Services (DHCS) play important oversight and monitoring roles. SCAN would encourage that the authorities, roles, and responsibilities of these two agencies be coordinated and complementary, rather than duplicate. These agencies should have the capacity to be flexible enough, when necessary, to resolve policy questions in a timely manner, and deliberative enough to bring continuity and stability to the demonstration pilots.

In addition to oversight and monitoring of the demonstration program itself, it is important to establish performance measures that address directly the quality of care provided. Taking into account the goals and objectives of the dual eligible demonstration program in California, this should include measures capable of assessing performance in terms of care integration and coordination.

8) Appropriate and Accessible.

SCAN recognizes and understands that providing culturally- and linguistically-appropriate, as well as physically-accessible, care coordination is a fundamental component of patient-centered care. SCAN has a long history of providing services to the diverse dual eligible population in Southern California. This experience has resulted in a patient-centered model of care that takes into consideration the diversity of our members. SCAN believes that providing

care to the “whole-person” means not only meeting an individual’s health and supportive service needs, but also doing so in an understandable and respectful manner.

9) Phased Approach.

SCAN supports a phased-in approach to the dual eligible demonstration program, which could include any of several different models. A phased-in approach to enrollment is sound public policy because it helps to ensure that thoughtful program and process adjustments can be made on an as-needed basis, before expanding the demonstration to all dual eligibles. Developing a seamless, coordinated, patient-centered care model requires a constant awareness of opportunities to improve the quality of care and services provided.

Framework for Understanding Long-Term Care Coordination

1) Consumer Choice.

SCAN strongly supports consumer choice and providing participants in the dual eligible demonstration program with options and opportunities to self-direct their care. Over the course of its history, SCAN has supported services and programs that allow the individual to remain independent and living within the community.

Recognizing the diversity inherent in the dual eligible population, however, there is a need for a state-level dialogue to consider a number of issues, including the range of needs and expectations of this population, and the requisite protections and safety. This may require more than one model to accommodate and support the different needs of the dual eligible population.

2) Care Coordination.

SCAN supports the implementation of a demonstration program that promotes the integration of primary, acute, behavioral health, and long term services and supports. A consistent focus on integrating the delivery and financing of the demonstration program will improve the quality of care provided while streamlining administrative costs.

In an integrated model, improved quality and reductions in administrative costs could be achieved through components such as:

- Individual assessment and the development of care plans which take into consideration the health status, risk level, needs, and goals of the individual member, as well as his or her caregivers and/or family;
- Risk assessment and stratification to identify those with the greatest need and to ensure that appropriate and timely interventions are provided;
- Use of a multidisciplinary care team trained to address the complex needs of a dual eligible population, and that includes the involvement of the individual and his or her caregiver and/or family;
- Coordination of services – including Medicare and Medi-Cal covered services, as well as other services that support the individual’s care plan and ability to remain in the community (e.g., coordination of primary care and behavioral health care needs, medication management, etc.);

- Use of case management or disease management programs, including the use of evidence-based clinical guidelines to support all care plans; and
- Careful planning and coordination to ensure successful transitions among providers and between different levels of care.

These components not only enhance the quality of care provided to the individual, but also present an opportunity to avoid a potential duplication of services, help eliminate gaps and fragmentation in services provided, and ensure that care is provided to individuals as seamlessly as possible. Similarly, administrative processes can benefit from integration in areas such as claims payment and the elimination of cross-over claims processing.

3) Access to Services.

SCAN supports a care structure that allows individuals at risk of institutionalization to remain living independently, and in the least restrictive setting possible. To this end, access to a wide variety of home and community-based services (HCBS) must be available. The demonstration must avoid a “one-size-fits-all” approach to available services. The selected pilots should have the flexibility to provide benefits and services that support the member’s needs and independence. A cost-effective and consumer-centered system of care should include the ability to provide discretionary services within the context of the rate structure. For example, if an individual cannot remain in his or her own home because that home is not accessible, a modest investment in a ramp or other assistive device may make it possible for that person to remain at home.

Integration of the full range of services supports the ability of the dually-eligible individual to remain in the community. A patient-centered care delivery model facilitates this by uniting systems that assess and identify individuals by level of risk; develop, implement, and regularly monitor and re-assess an individualized care plan; assist the individual in navigating not only the health care system but also community-based resources available to support them; manage and coordinate services and service use in order to prevent or delay more costly episodes of care; manage medication therapies; and coordinate and manage other care needs, such as behavioral health or services related to substance use.

SCAN has significant experience in managing the full range of services required to properly manage the health of dual eligibles, including HCBS. SCAN’s model of care includes a patient-centered care delivery model with a strong focus on coordination, supportive care services, and the provision of HCBS in lieu of costly institutional care services. Plans participating in the dual eligible demonstration program should be required to have experience in care models like this

for complex individuals, and should be capable of providing comprehensive care management of high-risk patient populations.

4) Consumers as Part of the Coordinated Care Team.

SCAN strongly supports the beneficiary's involvement in the care planning process, along with his or her caregivers and/or family, as appropriate. Our experience shows that consumers and caregivers must play an active role in the assessment process, in care planning, and in making choices that best meet the individual's needs. Assessments of both the beneficiary and the caregivers are an integral part of SCAN's care delivery model.

Moreover, ensuring that care is provided in a "member-centric" manner is central to SCAN's mission. The individual stands at the core of the development and operation of our care management programs. His or her needs, goals, and desires are at the center of all care planning activities.

5) Oversight and Monitoring.

SCAN supports the development of a dual eligible demonstration program that promotes integration of the delivery and financing mechanisms. It is well documented that one of the most significant barriers to integration of services and care for dual eligibles is the financial misalignment between Medicare and Medi-Cal.

As a health plan with a long history of managing Medicare and Medi-Cal services for dual eligibles, SCAN understands the importance of establishing a system that integrates the two programs. This will ensure that the member experiences a seamless program of care that is characterized by the matching of services to the individual's needs; flexibility in how these services are provided; simplified rules, member communications, and information across the spectrum of services; and other components that promote integration. Aligning the financial incentives within the system will help lower overall health care costs between Medicare and Medi-Cal.

SCAN supports the development and implementation of meaningful quality outcomes measures to assess pilot performance. It is important to establish a single, clear set of measures, and to ensure that these measures are fully aligned with the goals of the pilot projects. They should include standardized guidance for self-monitoring. Pilots with a demonstrated history of providing coordinated care and HCBS for dual eligibles will be better positioned to provide routine reporting mechanisms to measure quality and access to care. SCAN supports a robust evaluation of the project, with a primary focus on quality and access.

6) *Workforce Training.*

Appropriately-trained and educated providers are essential at all levels to the success of any program of integrated care and services. The safety of beneficiaries and the quality and continuity of care are highly dependent on having well-developed and consistently provided training programs.

Framework for Understanding Mental Health and Substance Use

1) There is no one-size-fits-all approach to coordinating mental health and substance use services.

SCAN agrees that there is no one-size-fits-all approach to coordinating mental health and substance use services. Any approach must allow for sufficient flexibility in care coordination to tailor the programs and services to address the needs of the individual. Dual eligibles are not a homogeneous group, and the mental health needs within this population vary significantly. For example, older dual eligibles may require different services and supports than younger dual eligibles.

SCAN supports the full integration of behavioral health, mental health, and substance use services in the dual eligible demonstration program. Recognizing the significant variation in need among dual eligibles, the demonstration should include these services, and participating entities should have the capacity to provide them within the framework of the demonstration program. Mental health, substance use, physical, and other service needs should be included in the patient-centered care delivery model, as appropriate.

SCAN requests that the State clarify the term “on-site capacity.” We believe that each of the pilot’s contracting entities must be prepared to manage individuals who are chronically mentally ill in a patient-centered care delivery model with benefits and services that allow them to continue to live and actively participate in their communities. Services using appropriate protocols and evidence-based guidelines must be tailored to meet the needs of the individual patient.

2) Care management should be broadly defined and aimed toward recovery.

Care management should be defined broadly under the demonstration program. It is important that any care management program be focused on maintaining and improving each individual’s optimal functioning ability, and doing so in the least restrictive setting possible. Tracking an individual’s progress toward achieving their health goals, while managing their chronic conditions, should be an integral part of any care management program. Recovery is an appropriate goal for substance use disorders, but the nature of some mental illness may require lifelong management. Comprehensive assessment and interdisciplinary care teams must include behavioral health specialists.

3) Adequate screening and links to services for mental illness and substance use disorders within primary care can facilitate treatment of these conditions before they become severe and disabling.

To identify mental health risks and/or needs, consultative and support services must be incorporated. This can be accomplished by coordinating behavioral health services with an individual's established primary care provider. Early identification of mental health issues should be integrated into the primary care provider's services. Beneficiary assessments should include early detection of signs and symptoms of depression.

SCAN recommends offering web-based continuing education training modules, as well as other training tools, to aid primary care providers in identifying symptoms of depression and other mental illnesses and disorders.

4) Person-centered health homes that emphasize communication, coordination, shared records and active outreach can improve care for beneficiaries with mental illness and substance use disorders.

SCAN strongly supports an integrated system of care for dual eligibles that focuses on improving the coordination and management of care for all duals, particularly those who are high-cost and/or those who are at-risk. We recognize the critical role that a patient-centered care model plays in coordinating care and services for dual eligibles, as well as the importance of sharing information and data across providers and care settings, as appropriate.

Likewise, SCAN strongly supports the concept of a person-centered health home that, similar to our current care model, facilitates access to and coordination of the full range of acute, primary, behavioral health, and long term services and supports. This is necessary to meet the needs of dual eligibles, most notably those with multiple chronic illnesses, disabilities, or conditions. The health home model – which emphasizes comprehensive care management, coordination, transitional care between different settings and levels of care, the use of community resources, and engagement of the individual and caregiver support system in the provision of services – is important to the integration of services overall.

While co-located services can be effective, care management models providing well-coordinated behavioral and medical health care in a delegated model should not be precluded. Strong communication and data sharing can lead to collaborative and highly effective care in this specialized practice area. Flexibility must exist with regards to where care is received and how services are brought to customers, more so than with bringing consumers to the services, whenever possible.

SCAN would also support increased guidance from DHCS with regards to data sharing and privacy requirements. Providing the pilots with definitive guidance on actual rules and requirements versus perceived rules and requirements will remove a significant barrier.

5) Financing arrangements should be developed with a focus on aligning incentives to deliver the right care where and when people want and need it.

SCAN strongly supports financing arrangements that focus on aligning incentives to provide the right care where and when the individual needs it. We believe that honoring an individual's desires can be done effectively through providing consumer choice, supporting informed decision-making, and providing access to necessary services and supports within a network of seamless, coordinated care. These components should be included in the framework of the dual eligibles demonstration program.

Alignment of the financing structure should also be addressed. Improved integration of the full range of Medicare and Medi-Cal covered services, including long term services and supports, will help to reduce long-standing barriers to the provision of person-centered care. It can also increase access to the provider network, thereby enabling beneficiaries to live in the least restrictive setting possible.