**California Department of Health Care Services (DHCS)**

**Stakeholders’ Meeting to Discuss**

**Request for Information**

**Dual Eligibles Pilot Projects**

**May 17, 2011**

**9:00 to 10:30 pm**

**Employment Development Department Auditorium**

**722 Capitol Mall**

**Sacramento, California 95814**

**Question and Answer Session**

**1. Will there be data available for people already enrolled in managed care?**

DHCS: We will look into this one further. We are not sure what data will be available and also need to check with our legal team and Data and Research Committee.

**2. Will duals already enrolled in Medi-Cal managed care get to stay in their plan?**

DHCS: This meeting is focused on the RFI; therefore, we are not able to answer this question at this time.

**3. PACE should be allowed to participate as a model in the RFI.**

 DHCS: PACE has not been excluded, so please submit ideas regarding PACE.

**4. Will there be a maximum of 4 counties?**

 DHCS: Yes, the bill says up to 4 counties.

**5. Where can we obtain data on institutional long-term care?**

DHCS: There is a lot of data available from developing LTC facility rates. The following DHCS website link will be useful when looking at free standing and skilled nursing facility rates:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/Rates.aspx>

**6. Will the state need to go back to CMS to update its Innovation Center contract in order to expand beyond the 4 counties?**

DHCS: The Innovation Center contract is not connected to the “up to 4 counties” piece- the four county mandate comes from the legislation.

**7. Will all of the questions and answers be posted?**

DHCS: Yes on the DHCS Long-Term Care Dual Eligibles website: <http://www.dhcs.ca.gov/provgovpart/Pages/TechnicalWorkgroupDE.aspx>.

**8. Will people be required to enroll in the pilots?**

DHCS: At this time, CA can require people to enroll on the Medicaid side, but mandatory enrollment is not allowed at the federal level on the Medicare side.

**9. Will DHCS collect data on rehospitalizations and length of stay?**

 DHCS: Yes, it is our plan to broadly collect and evaluate outcome data.

**10. If CA is successful with its pilots, will the state go back to CMS to open it up to the whole state?**

 DHCS: This is not known at this time.

**11. Within the 4 counties – will you have more than one provider in the non- 2-plan counties and how will these new entities interact with SNPs that are supposed to contract with the state?**

DHCS: This is not known at this time.

**12. Where is DHCS in regard to releasing the data requested by counties on Medi-Cal utilization and when do you anticipate releasing this data?**

DHCS: DHCS has determined that all plans and counties should be offered the same access to uniform data and DHCS will make this data available to everyone. At this time DHCS is in the beginning stages of creating a template to determine how to collect the data, what data will be made available and how to organize the data. DHCS knows that any utilization, cost amounts and other de-identified pertinent data will made available to all interested parties in the same way. DHCS is working to include historical encrypted data from 2007 through 2010 and break the data out by county as well as by LTC program. This data request is in its preliminary stages.

**13. How are requests for in home supportive services data being handled?**

DHCS: These requests should come to DHCS and we will be providing all IHSS data. If there is a need to reach out to Department of Social Services, DHCS will request additional information from them and provide it to the stakeholders.

In-Home Supportive Services utilization and claims data for all three programs (IHSS Plus Option, Personal Care Services and Residual – only utilization will be available under this specific IHSS program, however this population is not FFP eligible under Medicaid so they would not be included in the Dual Eligible Integration) will be made available along with all other LTC programs.

**14. What about the data for the various subpopulations of duals?**

DHCS: There will be data for subpopulations but some data sources will not agree – so DHCS will determine which data to use. The data will mostly be financial paid claims and utilization information. The Technical Advisory Committee that will transpire will also include a component on data evaluation and guidance. So they will likely want to include something specific to the dual eligibles.

**15. Will DHCS try to make sure that at least one pilot targets a county that does not have managed care due to population densities and lack of an adequate provider network?**

DHCS: We talk about the rural areas in the RFI, but I can’t say whether or not we are going to include those areas. Every time we go down this road for improving organized systems of care, we look into including rural areas. I can’t promise you that we will have a new model in rural areas, but it is always part of the thought process.

**16. Did anyone do an evaluation on the §1115 stakeholder process from the perspective of participants (and state staff too!)**

DHCS: The California Health Care Foundation is conducting an evaluation on the §1115 stakeholder process.

**17. Will you consider alternative models that are not based on the 2-plan model?**

DHCS: Yes, we are very interested in how these alternative models will work. If someone can present an outline of what these alternatives are, that would be great.

**18. Is the expectation that every proposed model will be a managed care model?**

DHCS: No – in the RFI, we outlined that we are looking for numerous models and we encourage respondents to take risks. We are looking for someone to layout how these new models will work in CA.

**19. Has CMS given any input into our timeline?**

DHCS: CMS has not given any input into the timeline – but they have said that they will try to do everything they can to help us get everything done.

**20. In the RFI you use the term “health plan”– in order for a plan to assume risk, do they have to have Knox-Keene license?**

 DHCS: Yes, to assume risk, they would have to have a Knox-Keene license.

**21. Please talk about Medicare and Medicaid reimbursement – the difference blending it at the state level vs. blending it at the plan level and how will this impact RAP scores?**

DHCS: We are not to this level of specificity yet but collecting questions like this to determine what issues need to be addressed as we move forward.

**22. Have you thought about including provisions around employment in these pilots?**

DHCS: No –the focus has been getting 1.1M duals into some form of organized care – so they have not focused on employment at this time.

**23. If we have multiple models to talk about – is the 15 page limit per model or per entity?**

DHCS: You can submit whatever you choose. Standard procurement rules do not apply since this is an RFI and a contract will not be awarded based on your responses. If you give us 20 pages – we will read all of them, we won’t stop at page 15.

**24. When you use the term behavioral health, does it include substance abuse?**

DHCS: Historically, behavioral health has not included substance abuse, but lately it has. We are now looking at substance abuse as a part of behavioral health – and for this project behavioral health does inlcude substance abuse.

**25. What is the website address?**

<http://www.dhcs.ca.gov/provgovpart/Pages/TechnicalWorkgroupDE.aspx>