



## ***DHCS/CHCS Webinar:*** **California's Pilot Program for Dual Eligibles**

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Wednesday, January 12, 2011, 1-2:30 PM PT

- For audio, dial: **(866) 699-3239**; Meeting Number: 715 687 545
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*This webinar is made possible through support from The SCAN Foundation.*

# CHCS Mission

To improve health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care.

## ► Our Priorities

- Enhancing Access to Coverage and Services
- Improving Quality and Reducing Racial and Ethnic Disparities
- Integrating Care for People with Complex and Special Needs
- Building Medicaid Leadership and Capacity



# Today's Agenda

## **I. Overview: Duals Integration from the National Perspective**

*Alice Lind, Director, Long-Term Supports and Services, CHCS*

## **II. Advancing Integrated Models for Duals: Medi-Cal's Plans for Pilots**

*Paul Miller, Chief, Long-Term Care Division, California Department of Health Care Services*

## **III. Integration in Practice**

*Carolyn Ingram, Senior Vice President, Center for Health Care Strategies*



# Overview: Duals Integration from the National Perspective

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Alice Lind, Director, Long-Term Supports and Services,  
Center for Health Care Strategies

# Dual Eligibles: National Enrollment

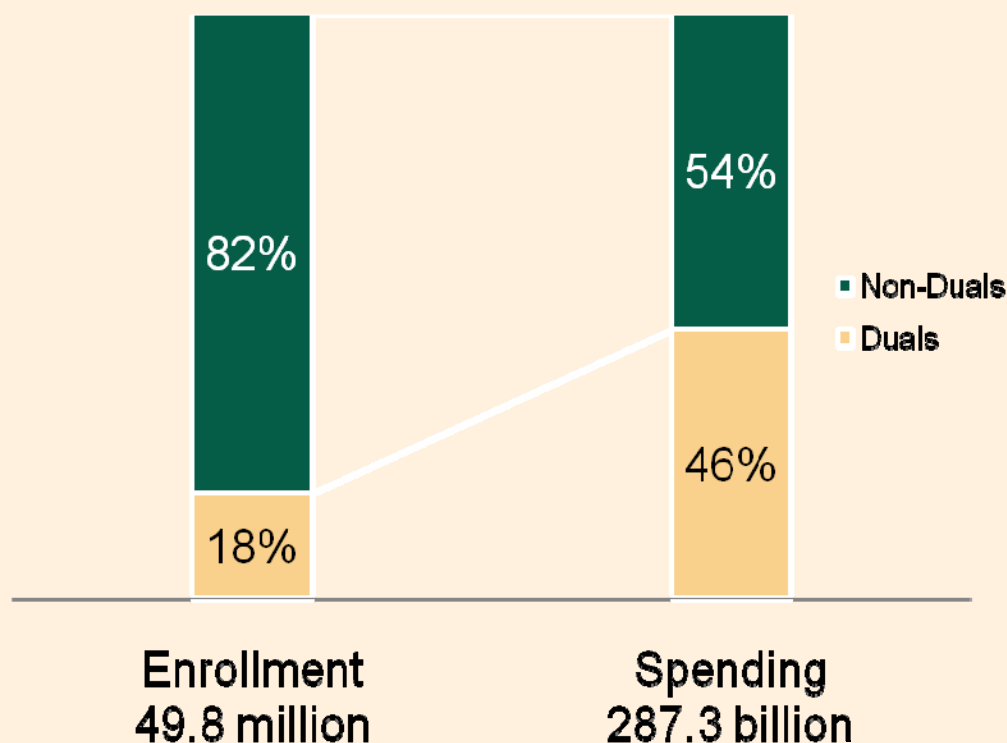
- 8.8 million people entitled to Medicare and some level of Medicaid benefits
- 7.1 million receive full Medicaid benefits (in addition to assistance with Medicare premiums and cost-sharing)
- 1.7 million (i.e., “partial” duals) receive only assistance with Medicare premiums and cost-sharing

*Source:* Urban Institute estimates based on 2005 data from MSIS and CMS Form 64, prepared for the Kaiser Commission on Medicaid and the Uninsured, 2008.

# Dual Eligibles: National Data

- 8.8 million duals drive nearly half of Medicaid and one quarter of Medicare spending, roughly \$250 billion combined.
- 87% of duals have one or more chronic condition.
- 1.6 million duals with annual Medicaid costs of more than \$25,000 account for more than 70% of all dual spending.

## Dual Eligibles' Share of Medicaid Enrollment and Spending, FFY 2005



Source: Urban Institute estimates based on data from MSIS and CMS Form 64, prepared for the Kaiser Commission on Medicaid and the Uninsured, 2008

# Health Reform and Dual Eligibles

- The Affordable Care Act created the Center for Medicare and Medicaid Innovation (CMMI)
- Purpose of CMMI:
  - ▶ “Test innovative payment and service delivery models”
  - ▶ Models should “reduce program expenditures...while preserving or enhancing the quality of care” and “also improve the coordination, quality, and efficiency of health care services”

# Health Reform and Dual Eligibles

- Under CMMI is the new Federal Coordinated Health Care Office (aka “Office of the Duals”)
- Purpose of Office of the Duals:
  - ▶ Foster “improvements in the quality of health care and long-term services” for dual eligibles
  - ▶ Simplify access to services for dual eligibles
  - ▶ Increase understanding of and satisfaction with coverage for duals
  - ▶ Eliminate conflicts between rules
  - ▶ Improve coordination and address cost shifting between Medicare and Medicaid



# Health Reform and Dual Eligibles

- CMMI and Office of the Duals are working on a new initiative: “State Demonstrations to Integrate Care for Dual Eligible Individuals”
  - ▶ Contract opportunity for up to 15 states
  - ▶ Up to \$1 million per state for design phase
  - ▶ Implementation phase may be offered in 2012
  - ▶ Announced December 10, response due February 1
  - ▶ Looking for “person-centered models that integrate the full range of acute, behavioral health, and long-term supports and services for dual eligible individuals”

# Proposal for Contract with CMS

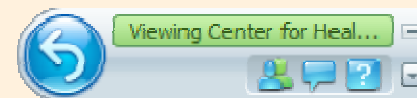
- Proposal due February 1 must include:
  - ▶ High-level description of the state's proposed approach to integrating care
  - ▶ Overview of state capacity and infrastructure to design, develop, and implement the model
  - ▶ Description of current analytic capacity
  - ▶ Summary of stakeholder environment
  - ▶ Timeframe
  - ▶ Budget and use of funds



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# Advancing Integrated Models for Duals: Medi-Cal's Plans for Pilots

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Paul Miller, Chief, Long-Term Care Division,  
California Department of Health Care Services

# Who are the “Duals”?

## DUAL ELIGIBLES:

- ▶ 1.1 million dually eligible
- ▶ Roughly 10% of Medi-Cal population
- ▶ \$8.6 billion in Medi-Cal costs
- ▶ 77,000 duals enrolled in Medi-Cal managed care
- ▶ Plan capitation = 8% of Medi-Cal dual costs
- ▶ \$3.2 billion in LTC costs = 75% of Medi-Cal total LTC spending

=

**Nearly 25% of  
annual  
Medi-Cal costs**

# Medi-Cal Pilots for Dual Eligible Individuals

- **Background:** Department of Health Care Services (DHCS) will identify pilot projects to test integration of Medicare and Medicaid services including long-term supports and services (LTSS) for dual eligible beneficiaries in up to four counties.
- This plan was originally part of the 1115 waiver, as part of California's effort to provide organized systems of care for vulnerable populations.

# Medi-Cal Pilots for Dual Eligible Individuals

- **Legislation:** Senate Bill (SB) 208 added Section 14132.275 to the Welfare and Institutions Code, requiring DHCS, not sooner than 3/1/2011 to:
  - ▶ Identify health care models that may be included in a pilot project
  - ▶ Develop a timeline and process for selecting, financing, monitoring, and evaluating the pilots
  - ▶ Provide this timeline and process to the appropriate fiscal and policy committees of the Legislature
- Also allows DHCS to enter into contracts and allows the pilots to be implemented in phases.

# Medi-Cal Pilots for Dual Eligible Individuals

- Pilot Goals:
  - ▶ Coordinate Medi-Cal and Medicare benefits across care settings
  - ▶ Maximize the ability of duals to remain in their homes and communities with appropriate services and supports in lieu of institutional care
  - ▶ Minimize or eliminate cost-shifting between Medicare and Medicaid



# Medi-Cal Pilots for Dual Eligible Individuals

- Beneficiary protections:
  - ▶ Medical home
  - ▶ Access
  - ▶ Transition
  - ▶ Care coordination
  - ▶ Expanded monitoring
- Under consideration:
  - ▶ Extent of integration of long-term supports and services
  - ▶ Method of enrollment, outreach

# Medi-Cal Response to CMS: Must Address

High-level description of the state's proposed approach to integrating care:

- ▶ Target population
- ▶ Covered benefits
- ▶ Proposed service delivery system
- ▶ Explicit problem statement that describes current policy and why proposed changes would lead to improvements in access, quality, and cost
- ▶ Who will benefit and why

# Medi-Cal Response to CMS: Need Input

- Target population:
  - ▶ All “full-benefit” dual eligibles
    - Full-benefit dual eligibles receive Medi-Cal coverage for:
      - Medicare premium payments
      - Medicare coinsurance and deductibles
      - Medi-Cal services that aren’t covered by Medicare (e.g., LTSS)
    - Full-benefit dual eligibles are **NOT**:
      - Dual eligibles required to “spend down” their income to receive Medi-Cal coverage
      - Dual eligibles who only have coverage for Medicare premium payments, also know as “Special Low-Income Medicare Beneficiaries” (SLMB)

# Medi-Cal Response to CMS: Need Input

- Covered benefits:
  - ▶ All long-term supports and services?
    - Institutional Long Term Care
    - 1915(c) Home and Community-Based Services, including the Multipurpose Senior Services Program, Assisted Living Waiver Pilot Program, and the Nursing Facility/Acute Hospital Wavier
    - Personal care services and adult day health care
    - Paramedical and nursing services, and physical, speech, and occupational therapies
    - Home modification and meals
  - ▶ Behavioral health?

# Medi-Cal Response to CMS: Need Input

- Service delivery system:
  - ▶ At least one COHS and one two-plan model county
  - ▶ Use existing/expanded provider network and managed care processes
  - ▶ Enhanced requirements for care planning, e.g., health risk assessment that is tailored to needs of dual eligible population
  - ▶ Enhanced requirements for care coordination, e.g., services not included in benefit package will be coordinated by interdisciplinary team

# Medi-Cal Response to CMS: Need Input

- Outreach and engagement process:
  - ▶ Auto-enrollment with opt-out
- Any other concerns? Contact Paul Miller at [Paul.miller@dhcs.ca.gov](mailto:Paul.miller@dhcs.ca.gov)

# Medi-Cal Pilots for Dual Eligible Individuals: Next Steps

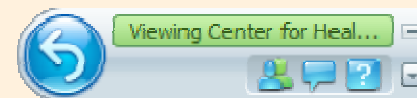
- Timeline:
  - ▶ Feb. 1: Response due to CMS
  - ▶ Spring 2011: Develop Request for Information for potential contractors
  - ▶ Summer 2011: Release Request for Information
  - ▶ Fall 2011: Develop Request for Proposals
  - ▶ Spring 2012: Announcement of Pilot Counties
  - ▶ December 2012: Implement Pilots



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# Integration in Practice: Other States' Experience

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Carolyn Ingram, Senior Vice President, Center for Health Care Strategies

# State Activities to Integrate Care for Duals

## *Transforming Care for Dual Eligibles*

- ▶ **GOAL:** Develop innovative options for integrating care across delivery systems for dual eligibles; reduce administrative barriers; and support new aligned financing models to integrate care.
- ▶ 18-month initiative with seven states (CO, MD, MA, MI, PA, TX, VT) pursuing SNP and alternative integration models. Supported by The Commonwealth Fund.

## *Profiles of State Innovation: Roadmap for Improving Systems of Care for Dual Eligibles*

- ▶ **GOAL:** Help Medicaid stakeholders design more effective care delivery models for dually eligible beneficiaries, particularly in light of new opportunities under ACA.
- ▶ Environmental scan synthesizes lessons from seven states (AZ, HI, NM, OR, TN, TX, VT) to offer guideposts for improved integration of care for duals. Supported by The SCAN Foundation, it details clear decision points for states to guide program design based on current strengths/capacities.

# States with Integrated Care Models for Duals\*

(slide 1)

State	Program Name	Population	Integration Model		Benefits			Geography	
			Special Needs Plan (SNP)	Alternative	Medicare Acute	Medicaid Acute	LTC	Pilot	Statewide
AZ	Arizona Long Term Care Services (ALTCS)	Medicaid aged (65+), blind and disabled beneficiaries who need a nursing home level of care. Includes dual eligibles.	Currently contracts/ not required to be SNPs						✓
CA	In Development	All dual eligibles.		Four pilots planned	IN DEVELOPMENT				
CO	In Development	All dual eligibles.	Contracts planned		IN DEVELOPMENT				
	In Development	All dual eligibles.		✓	IN DEVELOPMENT				
MD	In Development	Duals and Medicaid-only beneficiaries needing LTC services.						IN DEVELOPMENT	
MA	Senior Care Options	Dual eligibles and Medicaid-only beneficiaries age 65 and older.	Currently contracts/ required to be SNPs						✓ Statewide procurement/ limited provider regions
	In Development	Dual eligibles ages 22-64; may expand age range.							✓
MI	In Development	Dual eligibles and Medicaid-only beneficiaries with nursing home level of care.							
MN	Minnesota Senior Health Options (MSHO)	Dual eligibles and Medicaid-only beneficiaries age 65 and older.	Currently contracts/ required to be SNPs						✓
	Minnesota Disability Health Options (MnDHO)	Dual eligibles and Medicaid-only beneficiaries with physical disabilities, ages 18-65.	Currently contracts/ required to be SNPs						✓ Limited regions
	Special Needs Basic Care (SNBC)	Dual eligibles and Medicaid-only beneficiaries with disabilities.	Currently contracts/ required to be SNPs		✓	✓			✓ Limited regions (may expand statewide)

# States with Integrated Care Models for Duals\*

(slide 2)

State	Program Name	Population	Integration Model		Benefits			Geography	
			SNP	Alternative	Medicare Acute	Medicaid Acute	LTC	Pilot	Statewide
NM	Coordination of Long-Term Services (CoLTS)	All dual eligibles; Medicaid-only beneficiaries who receive certain waiver services or reside in a nursing facility.	Currently contracts/ required to be SNPs						✓
NY	Medicaid Advantage	Dual eligibles age 18 and older.	Currently contracts/ required to be MA* or SNPs		✓	✓			✓
	Medicaid Advantage Plus	Dual eligibles age 18 and older who have a nursing home level of care.	Currently contracts/ required to be MA or SNPs						✓
PA	Integrated Care Option	Dual eligibles age 60 and older.	Contracts planned/ will be required to be SNPs		IN DEVELOPMENT				
TX	STAR+PLUS	Medicaid beneficiaries who receive SSI* and/or qualify for certain waiver services. Includes dual eligibles.	Planning to mandate SNPs in new contracts						✓ Limited regions
VT	In Development	All dual eligibles.							
WI	Partnership Program	All dual eligibles; Medicaid-only beneficiaries who receive a nursing home level of care.	Currently contracts/ required to be SNPs						✓ Limited regions (may expand statewide)
WA	Washington Medicaid Integration Partnership (WMIP)	Dual eligibles and Medicaid only beneficiaries ages 21 and older.	Currently contracts/ not required to be SNPs						

# New Mexico CoLTS

- Incorporates Medicare and Medicaid primary, acute, and long-term care services in one seamless, coordinated program
- One of the nation's first state-wide, fully integrated programs

**Total Enrollment = 38,357** *(Dec 2010)*

- 49% Evercare
- 51% AMERIGROUP
- 6,763 Native Americans

# Who is eligible for CoLTS?

- Dual eligibles (individuals with both Medicare and Medicaid coverage) who are not receiving long-term services (called “healthy duals”)
- Persons who meet Nursing Home Level of Care (LOC)
  - ▶ Nursing home residents
  - ▶ CoLTS home- and community-based “c” waiver participants
  - ▶ Adults receiving Personal Care Option (PCO) services
- Certain individuals with brain injury who meet medical and financial eligibility

# CoLTS – Quality and Service Coordination

- All CoLTS participants receive service coordination
  - ▶ Coordinates and integrates care
  - ▶ Coordinates public resources
  - ▶ Supports improved health status and outcomes
  - ▶ Increases participant involvement in long-term planning
- Ensures continuous quality through periodic review of participant needs and identifying and planning solutions
- Service coordination model assessed all healthy duals
  - ▶ 6% assessed as needing long-term services

**OPPORTUNITY**



*Offering long-term services in the community earlier provides greater opportunity to avoid institutionalization later at greater cost*

# CoLTS Quality & Performance Measures

- Quality management and quality improvement programs
- CoLTS MCO performance measures
- Disease management programs
  - ▶ MCOs must provide comprehensive disease management for two chronic diseases:
    - Diabetes
    - Hypertension
    - Coronary Artery Disease
    - Chronic Obstructive Pulmonary Disease (COPD)
- State/CMS quality reporting requirements
- MCO consumer advisory boards/bi-annual tribal meeting
- ALTSD Policy Advisory Committee
- CoLTS subcommittee to the Medicaid Advisory Committee



# Examples of the Flexibility to Add Value-Added Services

## AMERIGROUP

- ▶ Enhanced transitional services
- ▶ Respite care
- ▶ Enhanced vision
- ▶ Adaptive aids
- ▶ Meals on case-by-case basis

## Evercare

- ▶ Adult annual physicals
- ▶ Home-delivered meals
- ▶ Enhanced disease management

AMERIGROUP contract with Indian Health Services includes additional value-added services

- Public health nurse visits (without a doctor co-signature)
- Diabetic Retinopathy screens (JVN)

# Cost-Reimbursement Designed to Coordinate Services

- Risk-bearing contracts to provide Medicaid benefits
- Statewide provider networks capable of providing all covered services
- Offer Medicare SNPs or Medicare Advantage Products
- MCOs have the greatest opportunity to coordinate services and help state realize cost efficiencies for services provided to individuals who enroll in their plan for both their Medicare and Medicaid benefits

- FY10 COLTS MCO Contracts
  - ✓ *\$798 million*
- MCO administration fee is limited
  - ✓ *4.5-7.5% depending on cohort*
- Average PMPM capitation rate for FY10
  - ✓ *\$1,776*

# Cost and Quality: How Do We Know If the Program is Successful?

- Oversight of CoLTS is extremely intensive
  - ▶ External and internal audits
    - Office of Inspector General
    - Centers for Medicare and Medicaid Services
    - HSD/ALTSD
    - Other entities
  - ▶ Independent review
  - ▶ External Quality Review Organization
  - ▶ Consumer and provider satisfaction surveys
  - ▶ Grievance and appeals monitoring
  - ▶ Financial solvency reviews
  - ▶ Waiver renewal review

# Examples of CoLTS Performance Measures

- ❑ Flu shots/pneumonia vaccine for older adults
  - ❑ # of members with ED visits for Diabetes Mellitus, Asthma, COPD, Chronic Bronchitis
  - ❑ Readmissions to SNF following short-term admit
  - ❑ # of members with inpatient acute care hospitalizations for Ambulatory Sensitive Conditions
  - ❑ Annual PCP Visit
  - ❑ Appropriate Diabetes Care
  - ❑ Hospital Readmissions within 30 days of discharge
- ❑ % of home safety evaluations requiring follow-up for safety issues
  - ❑ # of members age 75 or older and others at risk for falls who have been asked at least annually about the occurrence of falls and treated for related risks
  - ❑ Use of high-risk meds in the elderly: (1) at least one drug; or (2) at least two drugs
  - ❑ Member services call timeliness
  - ❑ Members call abandonment
  - ❑ # of members who transition from NF who are served and maintained with community-based services for six months

# CoLTS – Opportunities Realized at the Beginning of Program

- Identified unmet service needs
- Identified service inefficiencies
- Addressed some pre-existing barriers for participants transitioning from nursing facilities to the community (ongoing efforts to address other pre-existing barriers)
- Statewide service coordination and provider relations

# CoLTS – Lessons Learned from Implementation

CHALLENGES	SOLUTIONS
Transitions to community	Ombudsmen Transition Specialists identified barriers and developed and provided Nursing Home Discharge Planner training
Provider transitions to MCO reimbursement structure	Provider workgroups: <ul style="list-style-type: none"> <li>• Home Health Workgroup</li> <li>• NF workgroup &amp; audit</li> </ul> State contract oversight State provider outreach
MCO claims system development	
"Bad" participant addresses (national Medicaid challenge)	<ul style="list-style-type: none"> <li>• Individual cases worked by MCOs and their service coordinators with community workers and groups (i.e. CHR's, Senior Centers)</li> <li>• State participant outreach provided informing members how to change/update addresses</li> </ul>
MCO provider contracting process	State addressed with MCOs and worked with individual providers
MCO customer service proficiency	State: <ul style="list-style-type: none"> <li>• Secret shopper survey</li> <li>• Follow-up with MCOs</li> <li>• Individual participant support</li> </ul> MCO: <ul style="list-style-type: none"> <li>• "Retraining" for call centers</li> </ul>

# Next Steps – Greater Medicaid and Medicare Coordination

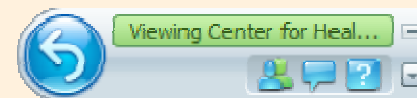
- Continue to better coordinate Medicaid & Medicare
  - ▶ Funding streams
  - ▶ Coordination of benefits
- Outreach to participants to communicate advantages of enrolling with the same organization operating CoLTS MCO and Medicare Advantage or Special Needs Plan (SNP)



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## Resources @ [www.chcs.org](http://www.chcs.org)

- Integrating Care for Dual Eligibles: An Online Toolkit
- Resources for Medi-Cal:
  - *Profiles of State Innovation: Roadmap for Improving Systems of Care for Dual Eligibles*
  - *Options for Integrated Care for Duals in Medi-Cal: Themes from Interviews with Key Informants and Community Dialogues*
  - *Core Elements for an Effective Integrated Care Program*
  - *Engaging Consumer Stakeholders to Improve Systems of Care for Dual Eligibles*
  - *Developing an Integrated Care Program Using Special Needs Plans*