

Coordinated Care Initiative Stakeholder Webinar

APRIL 07, 2016

Roadmap

- Housekeeping & Introduction
- Announcements & Proposals
 - Quality Improvements
 - Sustained Enrollment
- Timeline & Process
- Q&A

Introduction

- The Coordinated Care Initiative (CCI) is a historic undertaking to improve the lives of beneficiaries dually eligible for Medicare and Medi-Cal.
- The program was developed through an intensive consumer and stakeholder process.
- 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.

Early Evaluation Data

- DHCS believes that Cal MediConnect is a good program for many dual eligibles.
- Early evaluation data shows that beneficiaries in Cal MediConnect plans are satisfied with:
 - Their choice of doctors (78%) and hospitals (77%).
 - The way different health care providers work together to give them services (78%).
 - The amount of time doctors and staff spend with them (85%).
 - The information provided by their plan to explain benefits (73%).
- 79% of beneficiaries were confident they can get their questions answered about their health needs.

Next Steps for 2016

- For Cal MediConnect to be successful over the long term, we need to continue strengthening the quality of care beneficiaries receive, and ensure sustainable participation in the program.
- Today, we are sharing several proposals and announcements as part of that ongoing work.
- Our goals in proposing policy changes to the CCI are to:
 - Strengthen the quality of care and care coordination in Cal MediConnect for beneficiaries;
 - Ensure that beneficiary protections remain robust, beneficiary satisfaction remains high and increases, and the beneficiary is always at the center of the program;
 - Generate sustainability for the program; and,
 - Maintain transparency and stakeholder engagement.

Program Improvements

- Strengthening Long-term Services and Supports (LTSS) Referrals & Care Coordination
- Sharing Best Practices & Lessons Learned
- Improving Continuity of Care

Strengthening LTSS Referrals & Care Coordination

- Care coordination and ensuring access to long-term services and supports are at the heart of the CCI.
- Early evaluation data suggests we can do more to ensure beneficiaries in Cal MediConnect plans know about programs like IHSS, MSSP, and CBAS – and that beneficiaries who could benefit are connected to those programs.
- DHCS and stakeholders also want greater transparency around how plans are conducting care coordination and LTSS referrals.

Strengthening LTSS Referrals & Care Coordination

- DHCS is proposing to:
 - Standardize Health Risk Assessment (HRA) referral questions for MSSP, IHSS, and 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.
 - Review and expand data collection and reporting on ICT and ICP completions, and CBAS, MSSP, and IHSS referrals.
- Stakeholder Input:
 - DHCS will release draft standardized referral questions– which were identified as best practices – in the coming weeks for stakeholder comment.
 - DHCS welcomes any comment on the other two items, and will release revised data measures in the coming weeks for stakeholder comment.

Sharing Best Practices & Lessons Learned

- DHCS is proposing to convene Cal MediConnect plans in a series of meetings to share best practices and ensure all plans are performing to the highest standard.
- The kick-off meeting will be in May.
- Stakeholder Input:
 - What topics should be included?

Improving Continuity of Care

- Evaluation data shows that the beneficiary experience would be improved by reducing transition issues and allowing beneficiaries to see their current providers for longer periods of time.
- In response, DHCS is exploring:
 - If CMS will extend the continuity of care period for Medicare services from 6 months to 12 months to match the Medi-Cal continuity of care period;
 - Modifying continuity of care requirements requiring two visits with a specialist within the past 12 months to requiring just one visit as is the case with primary care physicians.

Sustainable Enrollment

- To sustain the program, DHCS is proposing to expand enrollment, engagement and education efforts.
 - Annual Passive Enrollment into Cal MediConnect
 - Operationalizing Mandatory MLTSS Enrollment
 - Exploring Potential Extension of Deeming Period
 - Targeted Provider Outreach
 - Streamlined Enrollment

Annual Passive Enrollment into Cal MediConnect

- Our proposal to conduct annual passive enrollment into Cal MediConnect:
 - Builds on lessons learned in the previous passive enrollment process;
 - Continues existing beneficiary protections;
 - Targets newly eligible beneficiaries who have not yet learned about the program; and,
 - Will help sustain the program.
- Our proposal has two parts: 2016 passive enrollment period and 2017 (and potential future) passive enrollment periods.

2016 Annual Passive Enrollment into Cal MediConnect

Proposal: Two month passive enrollment period for newly eligible beneficiaries in September and October 2016.

Population:

- Beneficiaries newly eligible for Cal MediConnect:
 - New to Medi-Cal or new to Medicare or new to a CCI county in 2014 or 2015; and
 - Will not include anyone who participated in a prior CMC passive enrollment process.

Start Date: Proposed mailing for first 90-day notices would be the end of May, with passive enrollment start dates of September 1 and October 1, 2016.

2016 Annual Passive Enrollment into Cal MediConnect

Beneficiary Protections:

- Beneficiaries will be cross walked from their MLTSS plan to the Cal MediConnect plan to ensure continuity of plans, MLTSS relationships, care management and plan relationships.
- DHCS will utilize Medicare claims data to assign Medi-Cal FFS members to Cal MediConnect plans.
- The annual passive process will allow for targeted and intensive outreach and education prior to and during that period.

Stakeholder Input:

- How should DHCS structure the two-month passive process in 2016?
- Are there other beneficiary protections or lessons learned that should be implemented?

2017 Annual Passive Enrollment into Cal MediConnect

- **Proposal:** An annual CMC passive process for the previous year's newly dually eligible population.
 - Beneficiaries who become eligible in 2016 would be enrolled in 2017.
 - All other limits on eligibility and all other beneficiary protections will apply.
- **Stakeholder Input:**
 - How should DHCS structure the two-month passive process in 2017 and future years?
 - Are there other beneficiary protections or lessons learned that should be implemented?

Mandatory MLTSS Enrollment

- While focusing on other aspects of CCI implementation and while working to develop beneficiary education materials, DHCS has delayed operationalizing mandatory enrollment in MLTSS health plans.
- A new Cal MediConnect and MLTSS Guide and Choice Book are undergoing beneficiary user testing and will be ready soon.
- DHCS will begin using these new materials to educate beneficiaries about their option to join Cal MediConnect, as well as to mandatorily enroll eligible beneficiaries into MLTSS plans this summer.

Mandatory MLTSS Enrollment

Proposal: Begin monthly mandatory enrollment into MLTSS, with education about CMC option.

Population:

- Initial month of implementation would include all duals who became newly eligible for MLTSS following the previous passive enrollment period.
- Dual eligibles who had Medicare and are new to Medi-Cal, duals who move into a CCI county.

Start Date: Subject to timely completion of user testing, first mailings are targeted for July 2016.

Process:

- When a dual beneficiary either gains Medi-Cal or moves to a CCI county, they will receive the new Cal MediConnect and MLTSS Guide and Choice Book that outlines their health plan options.
- The default option will be to enroll a beneficiary into an MLTSS plan.
- The following year, the beneficiary will become eligible for passive enrollment into Cal MediConnect.

Beneficiary Protections:

- The default option is to keep a beneficiary's Medicare the way it currently is, and enroll a beneficiary in to a MLTSS plan, consistent with existing CCI enrollment policies. Materials would educate beneficiaries about their Medi-Cal and Cal MediConnect options.
- The MLTSS plan assignment algorithm is based in part on the quality of the Medi -Cal plans, giving higher enrollment numbers to those plans with higher performance.

Targeted Provider Outreach

- A key lesson learned from CCI outreach efforts is the influence providers have on beneficiary health plan choices.
- Another lesson learned is there are many misconceptions about CCI amongst the provider community that can negatively impact beneficiary access to care.
- Based on in-depth opt out data analysis, DHCS is proposing a targeted and intensive outreach and education campaign to physicians, clinics, medical groups, hospitals and other providers associated with high numbers of opt outs in order to:
 - Ensure providers have high quality information in providing advice to their patients;
 - Address misconceptions and misinformation about the program;
 - Ensure beneficiary access to care and reduce balance billing; and
 - Improve participation in CCI and Cal MediConnect amongst providers and beneficiaries.

Exploring Extending the Cal MediConnect Deeming Period

- Beneficiaries who temporarily lose their Medi-Cal eligibility are at risk of losing their enrollment in Cal MediConnect, causing beneficiary confusion and transition issues.
- Based on stakeholder feedback, DHCS implemented a 30-day deeming period to make it easier for beneficiaries to stay enrolled in Cal MediConnect while the health plan helped the beneficiary reestablish their Medi-Cal eligibility.
- While 30 days is an improvement, stakeholder and health plan feedback indicates that a longer period would help more beneficiaries maintain their Medi-Cal eligibility and enrollment in Cal MediConnect.
- DHCS proposes to explore operationalizing a two month deeming period.

Streamlined Enrollment

- Stakeholder feedback suggests that voluntary enrollment into Cal MediConnect can be burdensome for beneficiaries.
- It may be easier for beneficiaries who want to take a second look at Cal MediConnect to provide that enrollment choice directly to their plan, rather than have to take a second step and communicate that choice directly to the state's enrollment broker, Health Care Options (HCO).
- Health plans talking to beneficiaries over the phone about enrollment options must ultimately transfer beneficiaries to HCO, which adds to the time a beneficiary must spend to make an enrollment decision.
- Additionally, health plans have additional resources to provide education and enrollment support at the convenience of the beneficiary – and in a face-to-face conversation or phone call that allows beneficiaries to get their plan-specific questions answered. Evaluation data and outreach experience suggests beneficiaries prefer these methods to written notices.

Streamlined Enrollment

Proposal: Allow plans to facilitate enrollment into Cal MediConnect for beneficiaries enrolled in the plan's MLTSS product.

Population:

- Beneficiaries currently enrolled in MLTSS plans.
- Beneficiaries would only be able to use streamlined enrollment to enroll into the CMC plan connected to their MLTSS plan.

Start Date:

- To be determined with stakeholder input and with the plans, based on operational readiness.

Process:

- Cal MediConnect health plans would need to collect the required information from beneficiaries and directly submit enrollment requests to HCO for processing on a daily basis.
- HCO would process the request after ensuring the beneficiary was eligible for Cal MediConnect.
- HCO will regularly share files with the plans to let them know which enrollment requests have been processed.

Streamlined Enrollment

Beneficiary Protections:

- HCO would send a confirmation or denial notice to the beneficiary, as is done today.
- HCO would follow up with the beneficiary by phone to inform them of the choice processed.
- The plan would send the beneficiary a welcome packet.
- DHCS would analyze data regularly to identify enrollment numbers and trends, allowing the state to provide technical assistance where needed and corrective action if necessary. Enrollment trends would be reported quarterly (as long as enrollment is greater than 10 beneficiaries per plan, to protect beneficiary privacy).
- DHCS will ensure beneficiary choice is protected and will process retro adjustments should there ever be concerns raised by the beneficiary during the process.

Stakeholder Input:

- Should there be additional beneficiary protections? What would those be?
- DHCS would release HCO confirmation call scripts for stakeholder comment.

Timeline & Process

- Further materials are available at www.CalDuals.org including three white-papers and a population chart describing the proposals set forth in this presentation.
- Stakeholders can send comments and questions to info@calduals.org.
- All stakeholder feedback is due by Friday, April 22nd.
- DHCS is committed to transparency and will share additional materials for stakeholder input, as necessary.
- Final policy determinations will be made in early May. DHCS will share finalized policies with stakeholders at that time.

Questions?
