



2016 Coordinated Care Initiative Program Improvements

May 2016

In April, DHCS proposed a number of changes to improve and strengthen the program in areas of care coordination, continuity of care, and overall beneficiary experience. DHCS' proposals were developed in response to early findings from evaluation data, beneficiary surveys and focus groups, and feedback from stakeholders.

After reviewing stakeholder feedback, DHCS is moving forward with the activities outlined in this fact sheet. We look forward to stakeholder input to help us continue finalizing these activities.

1. Strengthening Care Coordination and Access to Long-term Services and Supports

Care coordination is the cornerstone of Cal MediConnect. Early evaluation data shows that beneficiaries in Cal MediConnect health plans are satisfied with how their different providers are working with each other and are confident in their care. One care coordination activity Cal MediConnect health plans are responsible for is facilitating access to long-term services and supports (LTSS). LTSS includes In-home Supportive Services (IHSS), Community-based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), and nursing home care. These supports, which help beneficiaries continue living in their home and community, are at the heart of the Cal MediConnect program.

DHCS is taking several steps to ensure that beneficiaries in Cal MediConnect have access to coordinated care and to the crucial services they need. This includes streamlining and improving understanding of the LTSS referral processes in Cal MediConnect health plans and collecting more information about both LTSS referrals and care coordination processes. This is an area that has generated significant interest from advocates and stakeholders, and that feedback has helped shape these proposals.

1.a. Review Cal MediConnect Health Plan Policies and Procedures Regarding Referrals to LTSS

DHCS, in partnership with CMS, will strengthen oversight of health plan LTSS referrals by requiring health plans to submit their most recent policies and procedures on how LTSS referrals are handled in the Cal MediConnect program including, but not limited to, staff training and oversight components. These policies and procedures were reviewed by DHCS as part of the robust plan readiness review DHCS and CMS conducted prior to Cal MediConnect enrollment, and ongoing high level review has helped DHCS identify the need for changes proposed below regarding LTSS referrals. This review process will be further informed by plan experience since implementation.

A major goal of this review is to ensure all beneficiaries who could benefit from LTSS (i.e., IHSS, CBAS, and MSSP) are being appropriately referred to these programs and that plans are implementing best practices developed over the course of the program to date. Health plans with any gaps or deficiencies in these policies and procedures will be required to submit a revision for approval and ultimately a performance improvement plan if appropriate changes are not made timely.

Reviewing health plan policies and procedures (as well as data reported by the health plans, see below) on LTSS referrals will also help DHCS identify best practices to share with other Cal MediConnect health plans, as well as areas for improvement.

1.b. Standardize Health Risk Assessment LTSS Referral Questions

After several years of Cal MediConnect health plans conducting Health Risk Assessments (HRA), DHCS and the health plans have identified best practices on how to assess beneficiaries' needs for LTSS during the assessment process. This includes the identification of questions that are more preferable for LTSS referral purposes. Standard HRA LTSS referral questions will be created and required of health plans resulting in an improved beneficiary experience and increased referrals to LTSS programs. Standardization of questions will also allow for better comparison of performance across health plans.

Draft standardized questions can be [accessed here](#) and stakeholder comments are due by Friday, May 20.

1.c. Collect Quarterly Care Coordination and LTSS Referral Data

During the initial development of Cal MediConnect, DHCS worked with stakeholders to develop the 22 state-specific Cal MediConnect quality and outcomes measures currently reported by the health plans (overall the plans currently report on 154 measures). Stakeholders have expressed the need to collect different and more frequent data on care coordination and LTSS referrals, as well as the need for more public reporting of this data. In response and as a method to strengthen oversight of the program, DHCS is updating and strengthening the data health plans report on Interdisciplinary Care Teams (ICTs), Individualized Care Plans (ICPs), and LTSS (CBAS, IHSS and MSSP) referrals. DHCS has already launched a quarterly Cal MediConnect Performance Dashboard, which will continue to be amended and updated prospectively. This increased transparency will help enhance existing oversight and understanding of beneficiary experience when accessing care coordination in Cal MediConnect.

Draft new data measures will be shared for stakeholder comment later this month.

2. Sharing Best Practices and Lessons Learned

Cal MediConnect health plans will begin a series of meetings to share best practices. These meetings will provide health plans with an opportunity to highlight areas of care coordination where they are exceling, learn about innovative approaches, and work other health plans are undertaking. Discussions will be informed by the health plan performance data reported to NORC, the CMS contractor responsible for collecting national and CA-specific Medicare-Medicaid Plan reporting requirements, as well as additional metrics required by DHCS. DHCS believes these forums will improve collaboration and understanding among different Cal MediConnect health plans and help ensure that all health plans are delivering high-quality, coordinated care to beneficiaries. This process and structure is currently utilized on the Medi-Cal managed care side.

The first Cal MediConnect Best Practices Meeting will be held in the Summer of 2016.

3. Strengthening Continuity of Care

In order to ensure that beneficiary transitions into Cal MediConnect are smooth and do not result in disruptions in care, the CCI continuity of care policy provides beneficiaries with the right to continue seeing non-participating physicians for a limited period of time. As part of the HRA process for beneficiaries transitioning to Cal MediConnect, health plans work with beneficiaries to facilitate continuity of care.

DHCS, in partnership with CMS, is making two modifications to existing policy:

- a. Aligning the Medicare continuity of care timeframe with what is required for Medi-Cal providers. This will extend the current continuity of care period for Medicare services from 6 months to 12 months.
- b. Aligning the Cal MediConnect continuity of care number of specialist visits with what is required on the Medi-Cal side. This will modify the current continuity of care requirement that requires two visits with a specialist within the past 12 months to require only one visit.

These changes are in direct response to evaluation data from The SCAN Foundation-funded beneficiary focus groups. Those data indicate that beneficiaries believe the continuity of care period is currently too short and that beneficiaries want to have access to their providers(s) during a longer transition period after joining Cal MediConnect. An extended continuity of care period will ease the transition to Cal MediConnect for beneficiaries and give physicians and health plans a more sufficient period of time to develop a relationship, which may increase both beneficiary and provider participation in the program. Reducing visit requirements for specialists will also allow beneficiaries to retain access to more of their physicians under the continuity of care requirement.

DCHS is in the process of updating the Continuity of Care Duals Plan Letter and will inform stakeholders when the policy changes are effective.

4. Using Opt Out Data Analysis to Focus Provider Education

DHCS has conducted a detailed analysis of beneficiaries who opted out of Cal MediConnect and their most frequently seen providers. This data allows us to identify providers (including physicians, hospitals, and medical groups) associated with large numbers of beneficiaries who have chosen not to participate in Cal MediConnect. DHCS will use these data to more effectively target provider education and outreach activities. These activities will both allow DHCS to engage with providers about their questions on the program, what they or their patients may want to know, and ensure that providers and beneficiaries have sufficient and accurate information about the program and its potential benefits. In addition, this analysis will allow DHCS to create education outreach plans that are culturally appropriate for these providers. DHCS will share these data analyses with health plans and partner together in these efforts.