Broker Enrollment Pilot

- **Eligible Plans**
  - Must seek approval to participate by June 30
  - Priority for plans not offering Medicare Advantage plans in the county

- **Process & Beneficiary Protections**
  - Enrollment requests will go through the plan and HCO, using streamlined enrollment process with outbound calls
    - COHS plans will process broker enrollment requests
  - Broker payments from plan funds – no additional dollars
  - Will allow beneficiaries to choose a CMC plan that is not their existing Medi-Cal plan
  - Working with CMS to strengthen oversight

- **Effective for plan year 2019**
Based on stakeholder feedback, DHCS will seek a waiver to maintain continuous (monthly) enrollment in CCI counties.
The Performance Dashboard includes:

- Dashboard summary
- Enrollment and demographic data
- Quality withhold measures
- Performance measures on care coordination
- Performance measures on behavioral health
- Performance measures on LTSS
- Measures on appeals and grievances

The performance dashboards will be updated each quarter and can be found on calduals.org.
Fig. 3: Quarter 3 2017 Enrollment by Threshold Language Spoken

- English: 49%
- Spanish: 30%
- Unknown: 7%
- Vietnamese: 5%
- Tagalog: 2%
- Mandarin: 1%
- Cantonese: 1%
- Other Non-English: 1%
- Farsi: 1%

Fig. 4: Quarter 3 2017 Enrollment by Race/Ethnicity

- Hispanic: 35%
- Non-Hispanic/White: 21%
- Other/Unknown: 21%
- Asian/Pacific Islander: 15%
- African-American: 9%

Fig. 5: Quarter 3 2017 Enrollment by Gender

- Male: 44%
- Female: 56%
Care Coordination

Figure 11: Quarterly Rolling Statewide Percentage of High-risk & Low-risk Members with an Individualized Care Plan (ICP) within 30 Working Days after the Completion of the Initial Health Risk Assessment (HRA) (10/2016-09/2017). See metric summary for additional information.

The graph shows the percentage of high-risk and low-risk members with an individualized care plan (ICP) within 30 working days after the completion of the initial health risk assessment (HRA) over four quarters: Q4 2016, Q1 2017, Q2 2017, and Q3 2017. The data indicates that the percentage of high-risk members has generally been around 78%, while the percentage of low-risk members has been consistently around 76%.
Care Coordination Figure 16: Percentage of Members with First Follow-up Visit within 30 Days after Hospital Discharge (10/2016-09/2017) See metric summary for additional information

**Fig. 16:** Quarterly Rolling Statewide Percentage of Members with First Follow-Up Visit within 30 Days after Hospital Discharge

- Q4 2016: 71%
- Q1 2017: 77%
- Q2 2017: 76%
- Q3 2017: 77%
Behavioral Health Figure 22: Emergency Room Behavioral Health Services Utilization per 10,000 Member Months (10/2016-09/2017) See metric summary for additional information

Fig. 22: Quarterly Rolling Statewide Average Count of Emergency Room Behavioral Health Services Utilization

Q4 2016 | Q1 2017 | Q2 2017 | Q3 2017
24.2    | 25.8    | 24.8    | 27.7
Long Term Services & Supports (LTSS) Figure 24 & 25: Utilization of Members Receiving LTSS per 1,000 Members (10/2016-09/2017) See metric summary for additional information

Fig. 24: 12-Month Rolling Average of Members Receiving LTSS per 1,000 Members

Fig. 25: Quarterly Rolling Statewide Average of Members Receiving LTSS per 1,000 Members

LTSS
Q & A

If you have a question, please click on the “raise hand” icon.
Resources and Contact Information

For more information on the CCI – including enrollment, quality data, and toolkits – visit www.calduals.org.

You can send any questions or comments to info@CalDuals.org.

As a reminder, the Stakeholder updates take place quarterly. The next one will be this fall and details will be posted on CalDuals.org when confirmed.