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Coordinated Care Initiative (CCI): A Brief Summary and Updates

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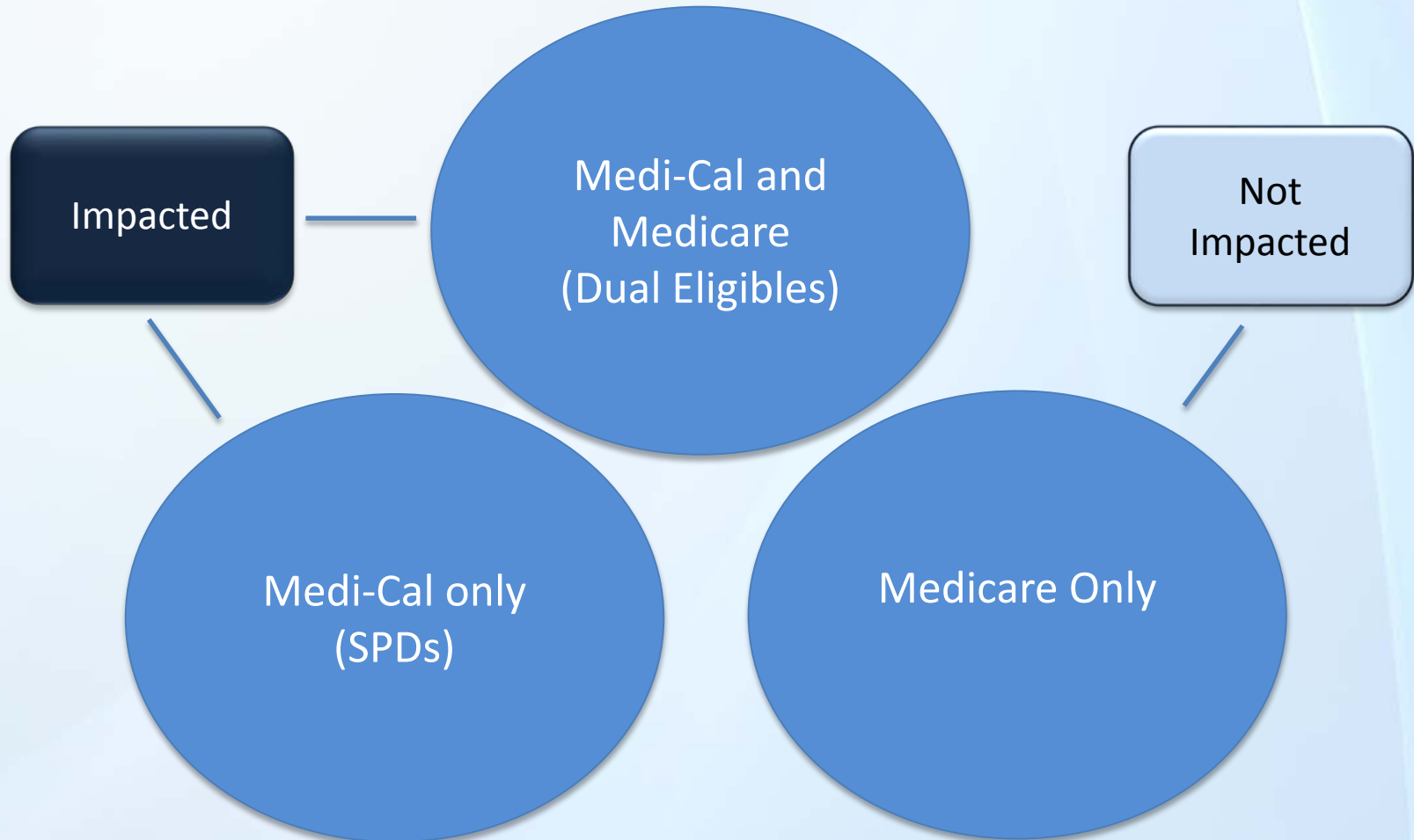


The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all. For more information, visit our Web site at www.NSCLC.org.

CCI = three big changes

CCI Change	Description
Mandatory Medi-Cal Managed Care	Duals and previously excluded SPDs must in enroll in Medi-Cal Managed Care
LTSS Integration	LTSS added to Medi-Cal Managed Care plan benefit package
Medicare Integration (Cal MediConnect)	For duals, integration of Medicare and Medi-Cal benefits into one managed care plan.

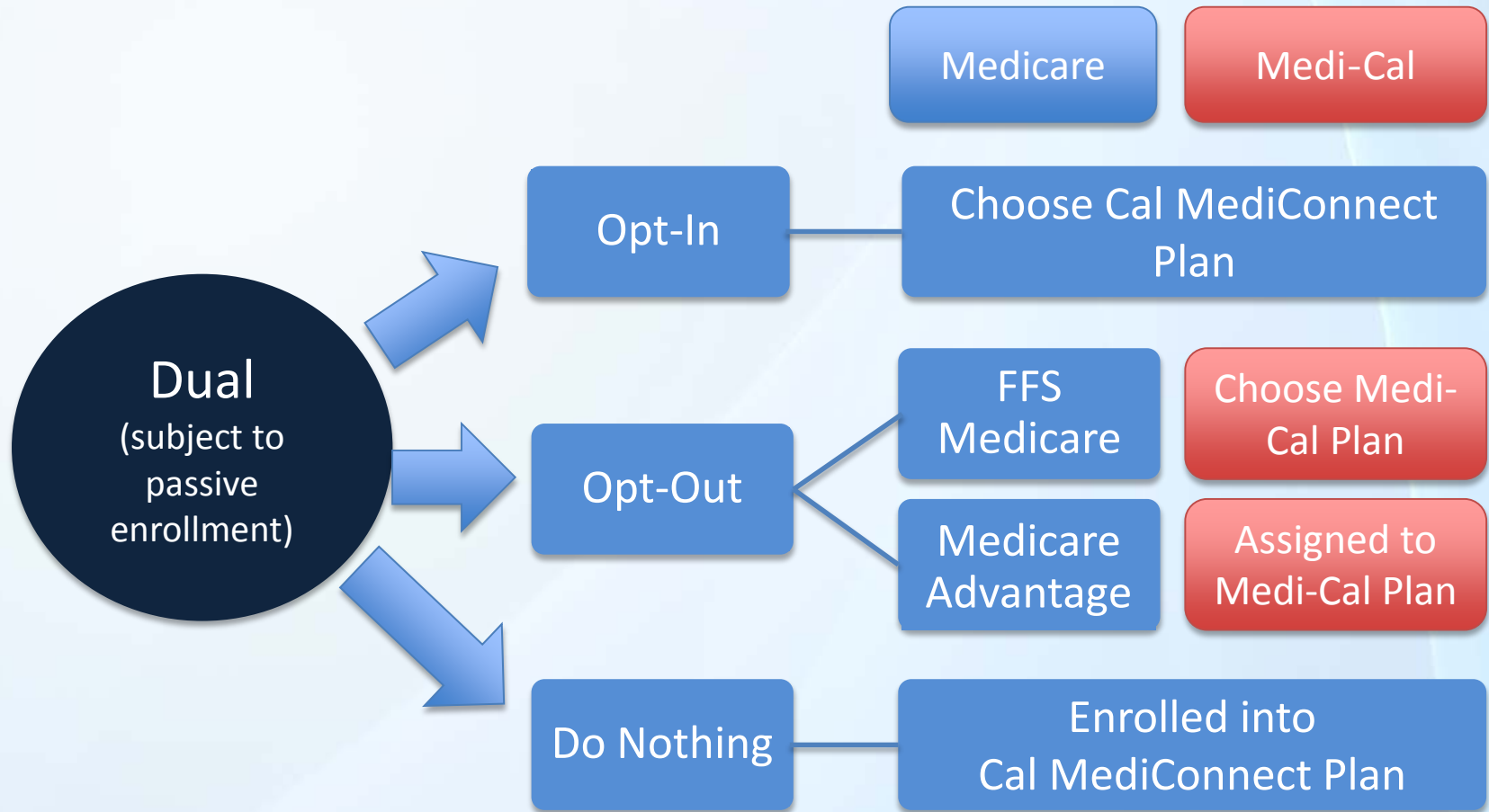
CCI impacts duals & seniors and persons with disabilities with Medi-Cal



Different groups of duals and SPDs are affected differently

- SPDs who are already required to enroll in Medi-Cal managed care
- SPDs who will remain exempt from mandatory Medi-Cal managed care enrollment

Most Duals Will be Subject to Passive Enrollment



Medicare Advantage
members not subject to passive enrollment

**DUALS ENROLLED IN MEDICARE
ADVANTAGE (including D-SNP, C-
SNP) ARE NOT SUBJECT TO PASSIVE
ENROLLMENT IN
CAL MEDICONNECT IN 2014**

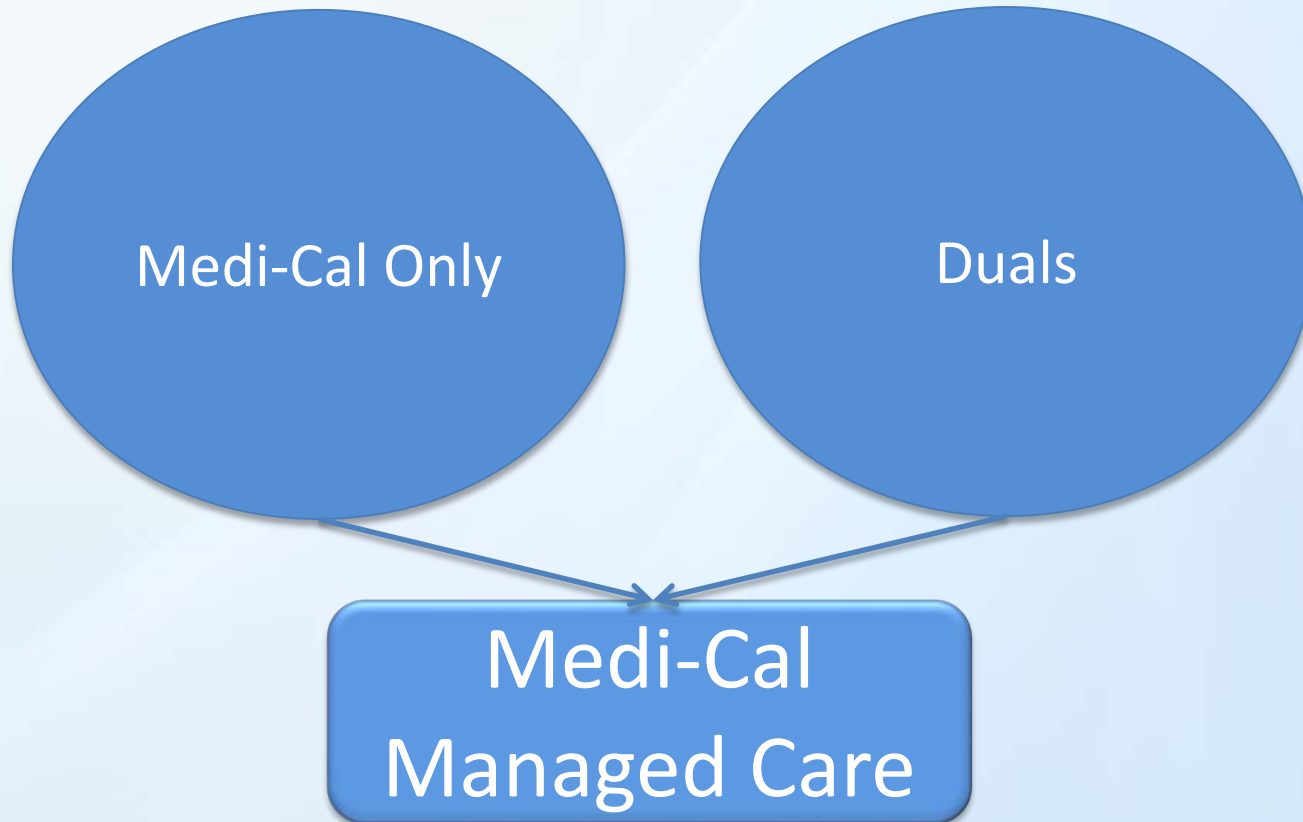
MUST STILL ENROLL IN MEDI-CAL MANAGED CARE

Different groups of duals and SPDs are affected differently

- Dual eligibles who can enroll into Cal MediConnect, but will not be passively enrolled
- Dual eligibles who cannot enroll in Cal MediConnect

Medi-Cal managed care is mandatory

Duals must still enroll in Medi-Cal MC



Total Impact: 1,010,000

County	Duals Subject to Passive Enrollment in Cal MediConnect (2014)	Medi-Cal MC Only
Alameda	25,502	Unknown
Los Angeles	223,084 (200,000 cap)	Unknown
Orange	39,969	Unknown
Riverside	24,395	Unknown
San Bernardino	26,977	Unknown
San Diego	41,710	Unknown
San Mateo	3,701	Unknown
Santa Clara	32,986	Unknown
Totals	418,324 (395,204 with cap)	592,000

Implementation proposed to begin April 1, 2014

90 day
notice
1/1



Different Cal MediConnect plans available in each county

County	Plan(s)
Alameda	Alameda Alliance for Health Anthem Blue Cross/Caremore
Orange	Cal Optima
San Mateo	Health Plan of San Mateo
Riverside & San Bernardino	Inland Empire Health Plan Molina Health Care
Santa Clara	Anthem Blue Cross Santa Clara Family Health Plan
San Diego	Community Health Group Care 1 st Health Net Molina

LA county includes several subcontracted plans

LOS ANGELES

Primary Plan(s)	Subcontracted Plans
LA Care	CareMore (Anthem Blue Cross) Care 1 st Kaiser
Health Net	

Cal MediConnect Benefits

Plans Required to Provide

- Medicare A, B, D
- Medi-Cal services including
 - Dental (May 2014)
 - LTSS: IHSS, CBAS, SNF, MSSP
- Vision and Transportation
- Care Coordination

Care Plan Option Services

- HCBS waiver like services
- Extra IHSS like services

Provided Outside of Plan

- Specialty mental health services (not covered by Medicare)
- Behavioral health Drug Medi-Cal benefits (not covered by Medicare)

Cal MediConnect Behavioral Health Benefits

- Most behavioral health benefits will be provided by each plans private network of behavioral health providers.
- Health plans are responsible to cover treatment provided by licensed behavioral health clinicians, inpatient psychiatric care, Partial Hospitalization and Intensive Outpatient Treatment.
- County Behavioral Health will continue to cover Medi-Cal only behavioral health benefits like case management, Crisis Residential, Club Houses, Institute for Mental Disease and Substance Abuse Services.

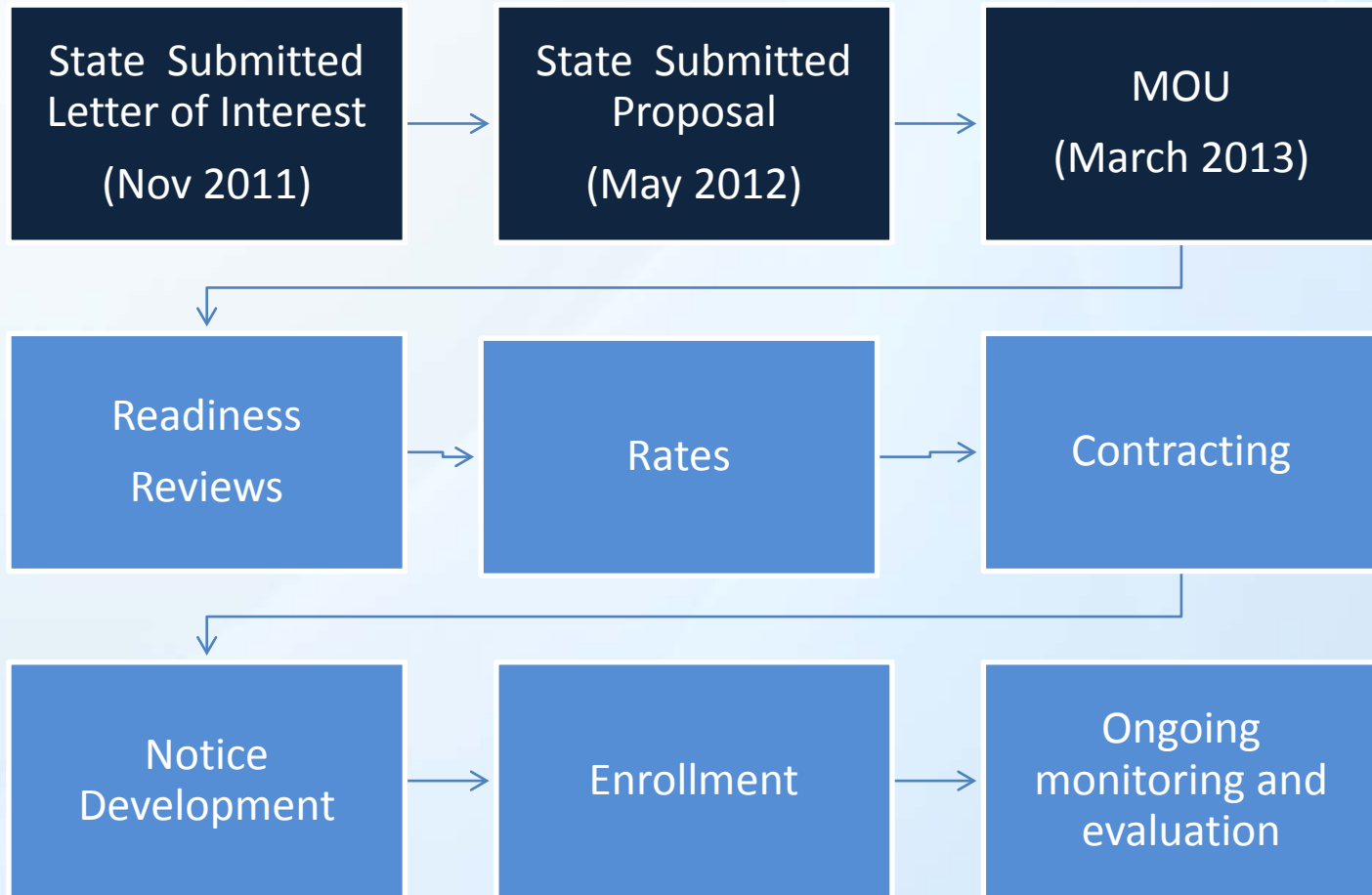
New Mental Health Benefit for All Medi-Cal Beneficiaries

DHCS is creating a new mental health benefit which will be available to all Medi-Cal recipients

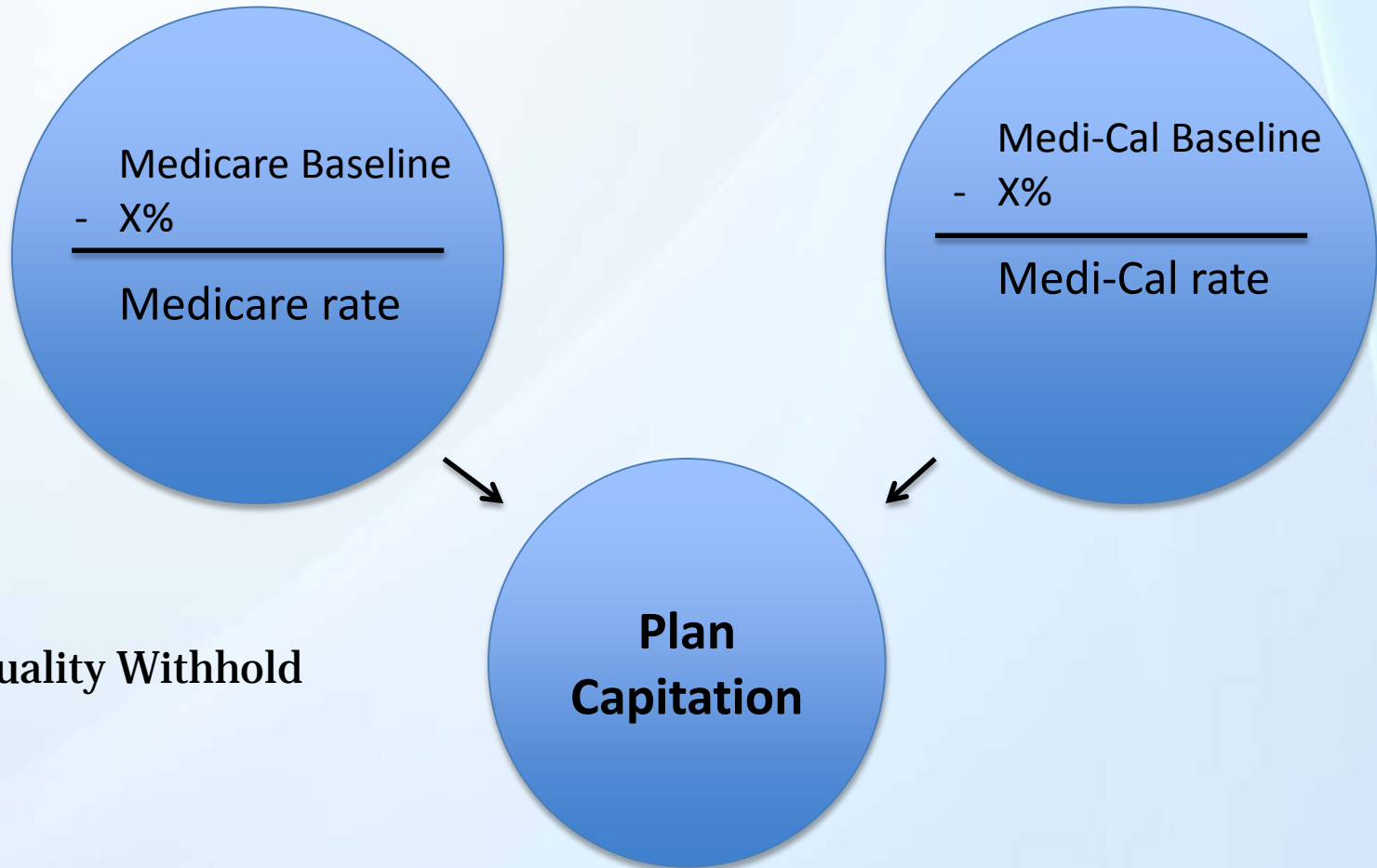
January 1, 2014

- **SPDs will receive individual and group mental health evaluation and treatment that does not rise to level of specialty mental health (health plans)**
- **Substance abuse services expanded (county)**

California is part way through a long process



Rates



Baselines

Medicare Baseline

- Medicare A & B based on average of Medicare Advantage payments and Medicare fee-for-service payments
- Medicare Part D based on the National Average Monthly Bid Amount

Baselines

Medi-Cal Baseline

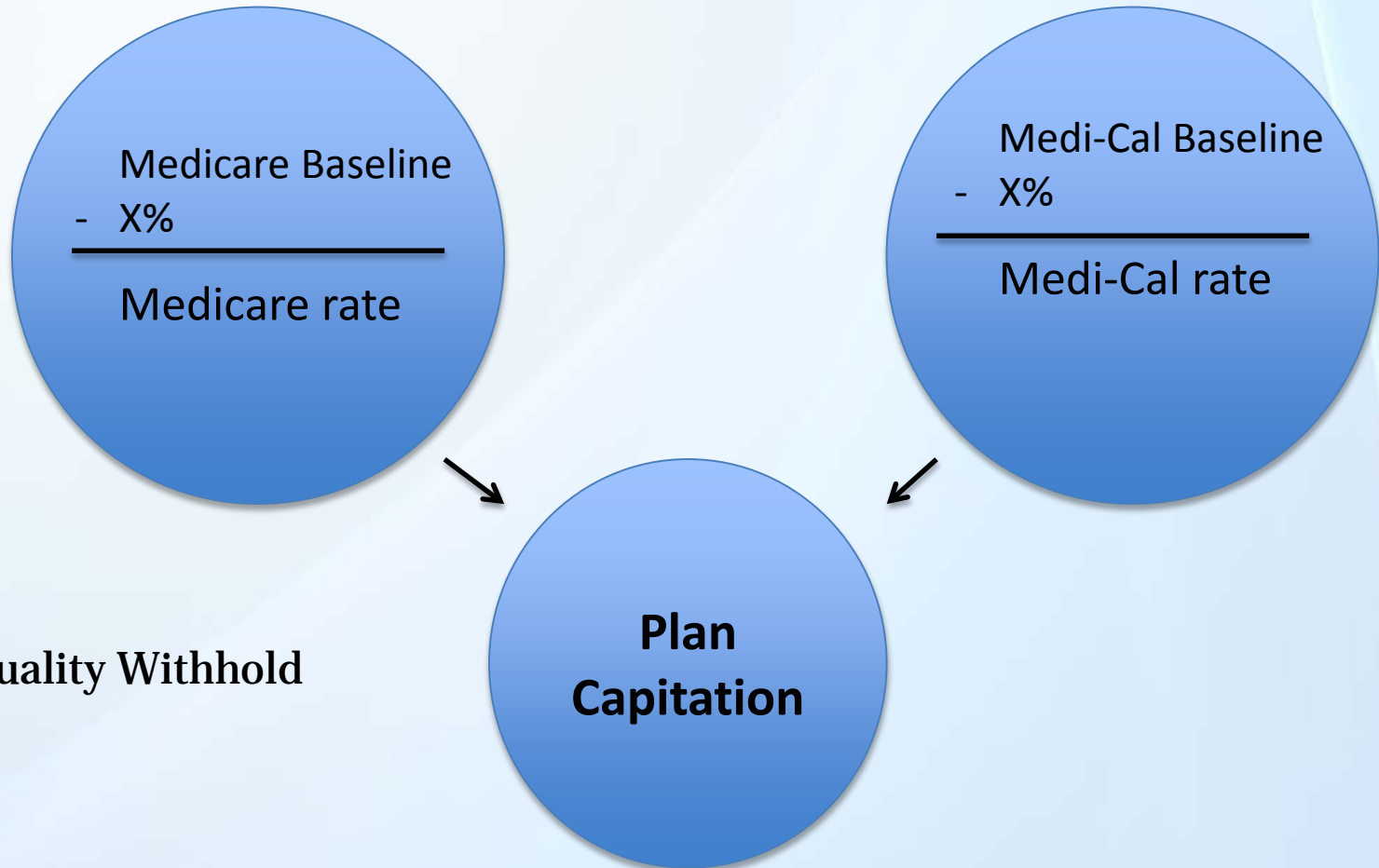
- Blended rate based on four risk adjustment population categories
 1. Institutionalized
 2. HCBS High
 3. HCBS Low
 4. Community Well
- Each population assigned a relative cost factor and the plans will have a relative mix factor, which will be multiplied by the cost factor for each population.
- This risk adjustment process will be administered in 3 phases:
 1. Match actual enrollment in plans (12 months)
 2. Weigh risk categories based on prior month's enrollment every quarter (year 2)
 3. Rate based on a targeted relative mix of the population and not adjusted during the year (year 3).

Savings and Quality Withhold

Savings	Minimum X%
Year 1	1%
Year 2	2%
Year 3	4%

Quality Withhold	X%
Year 1	1%
Year 2	2%
Year 3	3%

Rates



Rates Incentive

DHCS and CMS state that the rate structure will incentivize plans to move members into less costly settings (HCBS rather than nursing facility care).

- Deborah Doctor will speak more about rates incentives

Want to know more?

- NSCLC Duals Website
 - Advocate’s Guide
 - News
 - Sign up for alerts

<http://dualsdemoadvocacy.org/>
- CCI Advanced Webinar – 10/10/13
3:00 p.m.
- CCI Basics – 10/21/13 10:00 a.m.
- Contact us:
 - Amber Cutler – acutler@nsclc.org
- Department of Healthcare Services
 - www.calduals.org