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Cal MediConnect: MOU Summary

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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.

Today

- Technical details
- High level summary of MOU
- Announcing further webinars and trainings

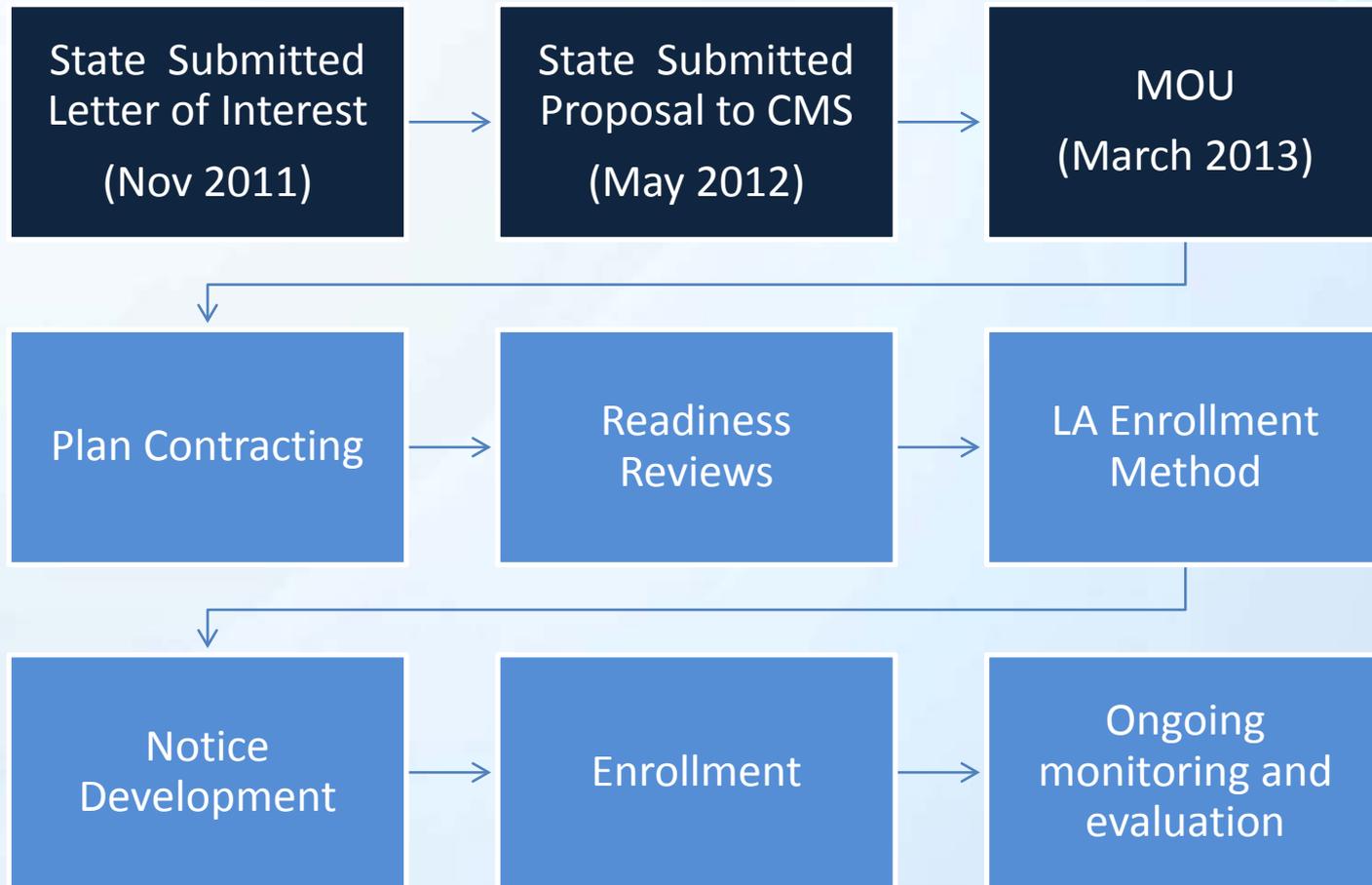
What's an MOU?

- Memorandum of Understanding
- Between:
 - Centers for Medicare and Medicaid Services (federal agency) &
 - California Department of Health Care Services
- Lays out, still at a high level, rules for California's dual eligible demonstration

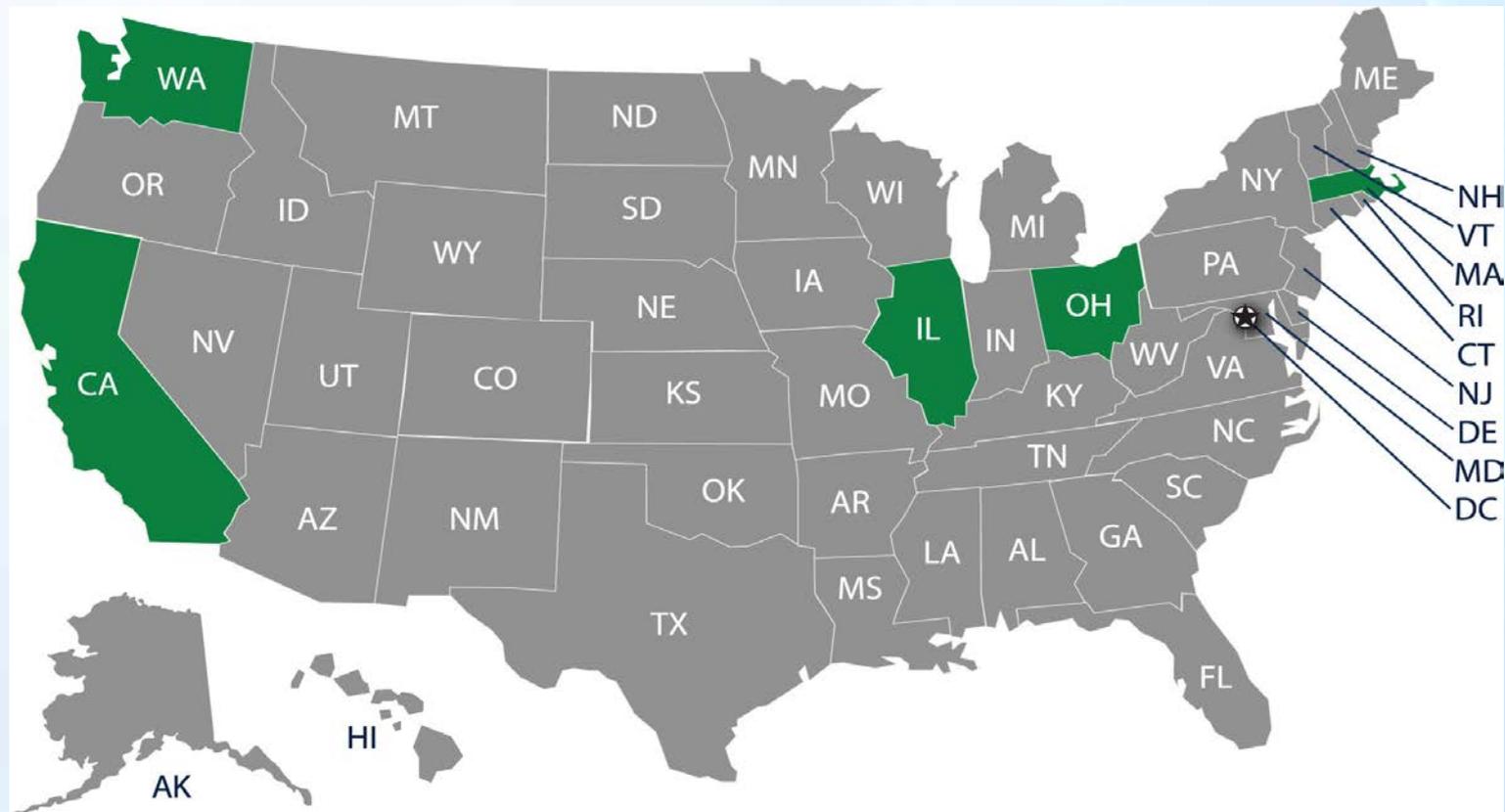
MOU Basics

- Duals Demo now called Cal MediConnect
- 8 counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, Santa Clara
- Proposed Start: no earlier than 10/1/13
- MOU only covers duals demo
 - CA needs separate legal approval from CMS for other parts of Coordinated Care Initiative

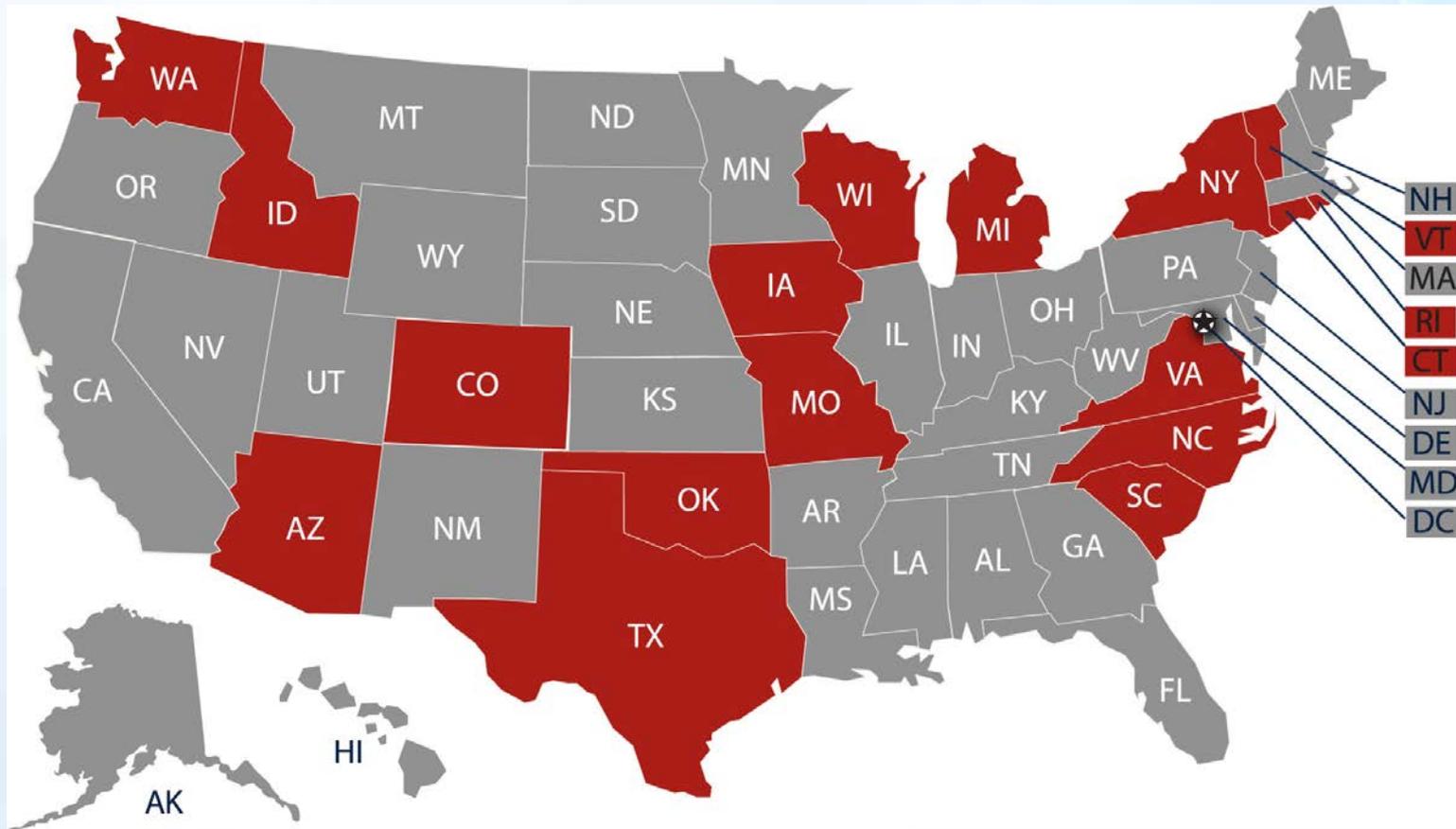
MOU an important step in long process



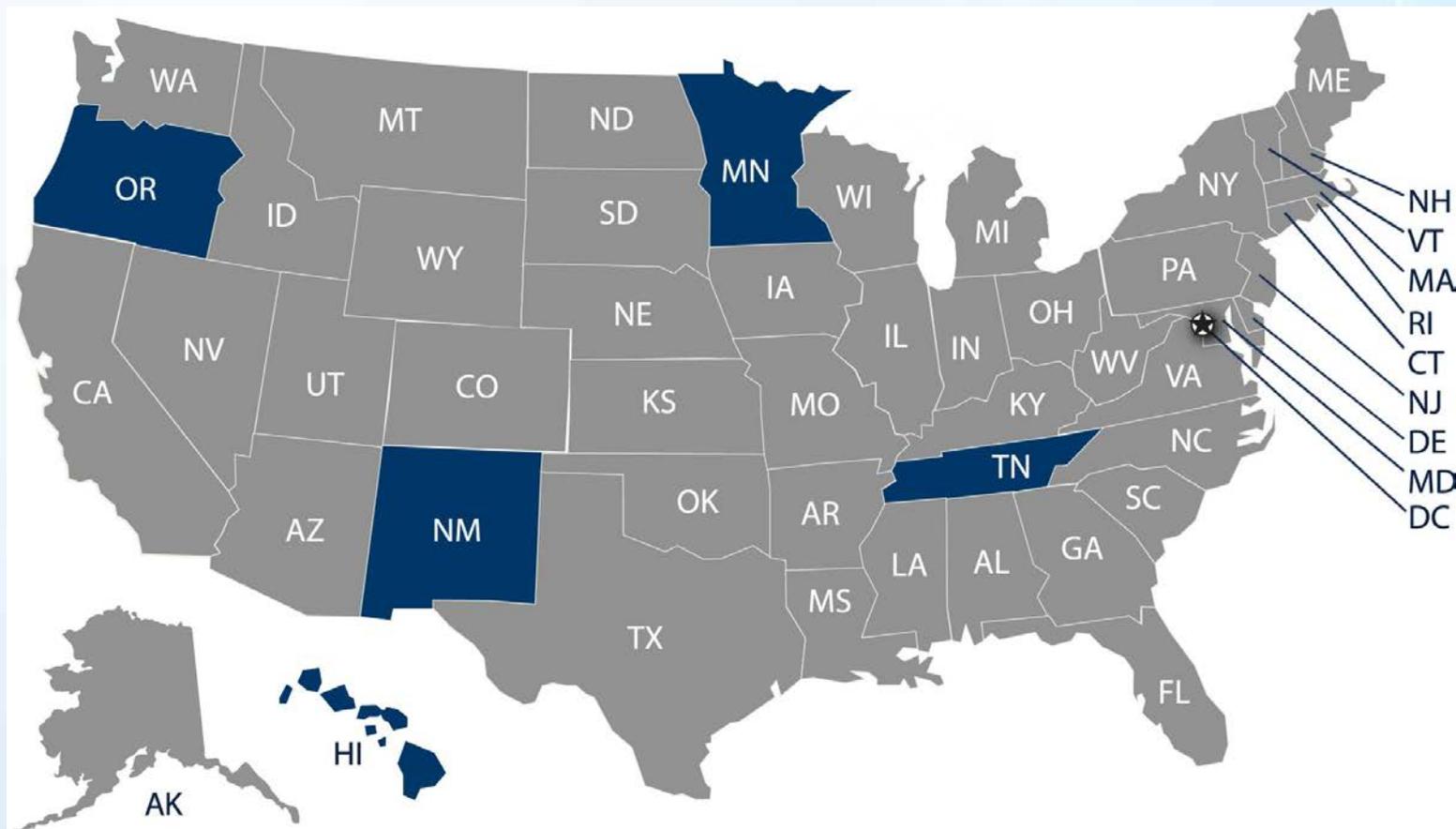
CA is the 5th state to sign a MOU



17 States have duals demo proposals pending



5 states have withdrawn or paused their proposals



MOU details eligible populations

- Matches information shared by DHCS
- Three groups:
 - Duals that cannot join
 - Duals that can join, but won't be passively enrolled
 - Duals that will be passively enrolled



CA demo is larger than any other state; so is LA



State	Enrollment Size
Massachusetts	109,000
Washington	21,000
Ohio	115,000
Illinois	135,000
California	456,000
Los Angeles alone	200,000

MOU Explains Enrollment Process

- Passive enrollment into Cal MediConnect plans
- Can choose plan before passive enrollment
- Can change plans at anytime
- Can disenroll (for Medicare benefits) at any time
 - No Lock-In (stable enrollment period)

Enrollment process varies by county

	Alameda, Santa Clara, Orange, Riverside, & San Bernardino	San Mateo	Los Angeles
Voluntary Enrollment	N/A	N/A	10/1/2013 3 months
Passive Enrollment Begins	10/1/13	10/1/13	1/1/14
Passive Enrollment Phased	Over 12 months	Over 4 months	Over 12 months
Phasing Method	1 st day of birth month (with many exceptions)	Two passive enrollment dates: 10/1/13 & 1/1/14	Undecided

There are major exceptions to the general enrollment strategies

Exception	Enrollment Date
All Duals already in Medicare Advantage	January 1, 2014
Duals enrolled in MSSP	October 1, 2013 (except LA)
Duals already enrolled in Medi-Cal Managed Care in Alameda and Santa Clara	October 1, 2013

LA County enrollment process is still undecided

- LA enrollment capped at 200,000
- Voluntary enrollment: 10/1/13 (3 month period)
- Passive enrollment: 1/1/14
- 12 month phase-in
- Requires stakeholder process to determine how phase-in will work
- Individuals in Medicare Advantage (47,000 in LA) will passively enroll on 1/1/14

Enrollment dates could move

- All dates are “no sooner than”
- Plans must pass readiness review before enrollment begins
 - Network Adequacy
 - Program Capacity
 - Subcontracts
- Plan readiness tool:
 - www.calduals.org/2013/03/29/rrtool/

California enrollment differs from other MOUs



State	Date of Signed MOU	# of Duals Impacted	Voluntary Enrollment Begins*	Passive Enrollment Begins*	Passive enrollment phased
Massachusetts	8/22/12	109,000	7/13	10/13	Three dates
Ohio	12/11/12	115,000	9/13	10/13	Four dates, by region
Illinois	2/22/13	135,000	9/13	1/14	6 months; with monthly caps
California	3/27/13	456,000	10/13 in LA; No voluntary in 7 counties	10/13 1/14 in LA	Varies by county; generally 12 months

Benefit Package includes new benefits...

- Required Benefits
 - Medicare A, B, D
 - Medi-Cal – including LTSS (IHSS, CBAS, MSSP, Nursing Facility, Home Health)
 - Dental, Vision, Transportation
- Plans can waive Part D co-pays
- Carved Out Benefits
 - Specialty Mental Health

But still leaves some services out or at plan discretion

- Optional
 - HCBS waiver services: plans have flexibility to provide, but no right to these services
 - Additional Behavioral Health

IHSS is part of benefit package, but remains as it is today

- Counties will assess and determine hours
- Right to self direct remains the same
- Appeal procedures remain the same (for now)

MOU includes some info on assessment and care planning

- Person-centered
- Timelines for assessments
- Care team and plan requirements
- More detail found in DHCS policy docs

MOU sets minimal network adequacy requirements

- Plans must have ‘adequate’ number of PCPs, behavioral health, specialists, ancillary services, hospitals, pharmacists, and LTSS providers.
 - IHSS
 - All MSSP providers
 - All CBAS providers
 - Nursing facilities

MOU requires care continuity, but with limits

- Medi-Cal: 12 months
- Medicare: 6 months
- Exceptions
 - Durable Medical Equipment
 - Medical supplies
 - Transportation

Appeals and grievances don't change much in the first year

- Goal = Integrated Appeals Process
 - Exceptions: Medicare Part D, IHSS hours, and behavioral health services
- Year One – no change
 - Integrated notice
 - Integrated path for overlapping services
 - No Aid Paid Pending for Medicare services (other state MOUs had this)
- Years Two and Three – integrated appeal

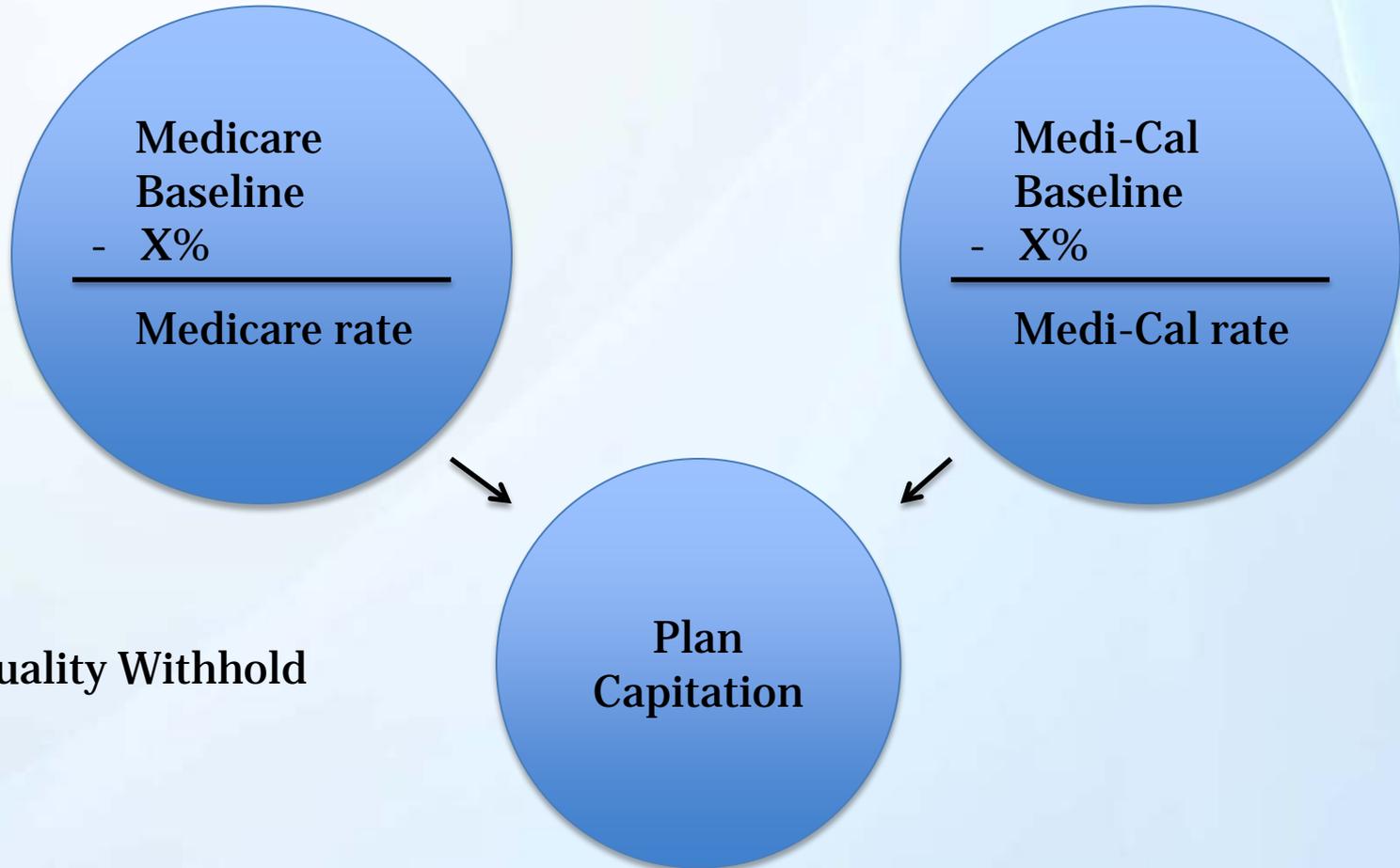
Lots of quality measures, but where is the LTSS?

- MOU includes long list of measures
 - Quality Withhold
 - Core
- Borrows from Medicare Advantage
- Very few LTSS or rebalancing measures

Other Beneficiary Protections

- ADA and Olmstead
- Disability and language access
- Ombudsman
- Enrollment Counseling
- Advisory Boards
- Stakeholder Engagement

Savings will be taken at the front, and vary by county

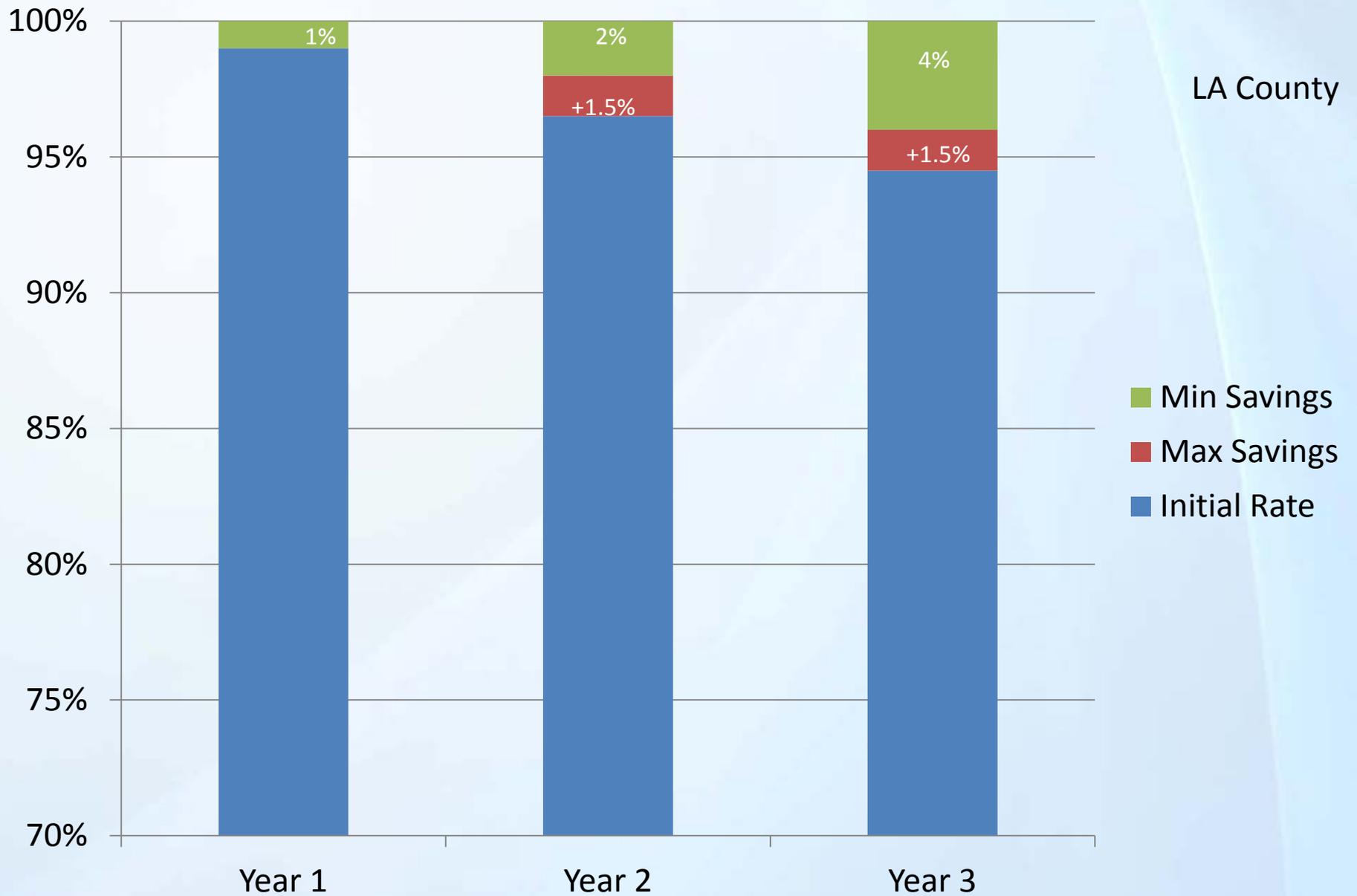


*Quality Withhold

LA savings rise over 3 years

LA COUNTY	Minimum X	Maximum X
Year 1	1%	1%
Year 2	2%	3.5%
Year 3	4%	5.5%

- Percentages translate to a reduction in spending over several hundreds of millions of dollars (over a billion?) over the three years.



CA savings are higher than other states



State	Demonstrations Savings Yr 1, Yr 2, Yr 3	Percentage of LTSS Spending for HCBS (Rank among states and DC)	Potentially Avoidable Hospital Admissions among Duals (Rank among states and DC)
Massachusetts	1%, 2%, 4%	44.8% (20 th)	114 (12 th)
Ohio	1%, 2%, 4%	32.5% (43 rd)	205 (45 th)
Illinois	1%, 3%, 5%	27.8% (49 th)	204 (44 th)
California	1%, 2%, 4% (min) 1.5%, 3.5%, 5.5% (max)	55.2% (9 th)	96 (7 th)

NSCLC Training Program

NSCLC Coordinated Care Initiative Trainings

- Basics and Advanced webinars
- April 22, 2013 – first Basics training
- Announcement coming this week with full Basics training schedule

Additional Information

- NSCLC Duals Website
 - News
 - Sign up for CCI Basics and Advanced Webinar Trainings
 - Sign up for alerts
 - <http://dualsdemoadvocacy.org/>
- Contact us:
 - Amber Cutler – acutler@nsclc.org
 - Anna Rich – arich@nsclc.org