California's Coordinated Care Initiative

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TOPICS

- The current health care system

- Intro to the Coordinated Care Initiative (CCI)

- What Physicians Need to Know
  - Billing/Payment
  - Authorizations
  - Continuity of Care

- Additional Resources

Separate Programs & Services

Medicare

Who: 65+ and under 65 with certain disabilities

- Physicians

- Hospitals

- Prescription drugs

- Short-term skilled nursing facility stays

Medi-Cal

Who: low-income Californians

- Long-term services and supports

- Durable medical equipment

- Medicare cost sharing

- Long-term skilled nursing facility stays

Need for Coordinated Care

- Today's system doesn't offer the care coordination seniors and people with disabilities need.

- People with multiple chronic conditions, often
  - Have both Medicare and Medi-Cal
  - See many doctors
  - Take various prescriptions
  - Receive numerous treatments

- Leads to increased risk of hospital/nursing home admissions and unnecessarily poor health outcomes.

Problems with Current System

- Programs in silos
  - Who pays for what?
  - How do I get help?
  - What services are available to me?

- Fundamental lack of coordinated care and support for both providers and consumers.

- Many physicians do an excellent job coordinating care, but many dually eligible people do not get the help/support they need.

The Coordinated Care Initiative

The Coordinated Care Initiative (CCI)—a new program designed to help provide extra support for older Californians and people with disabilities, including those who are dually eligible for Medicare and Medi-Cal.

The Goal—to achieve coordination between medical care, behavioral health, and home and community-based services in order to better manage chronic conditions and reduce unnecessary hospital and nursing home use.

CCI Counties

San Mateo

Santa Clara

Los Angeles

Orange

San Bernardino

Riverside

San Diego
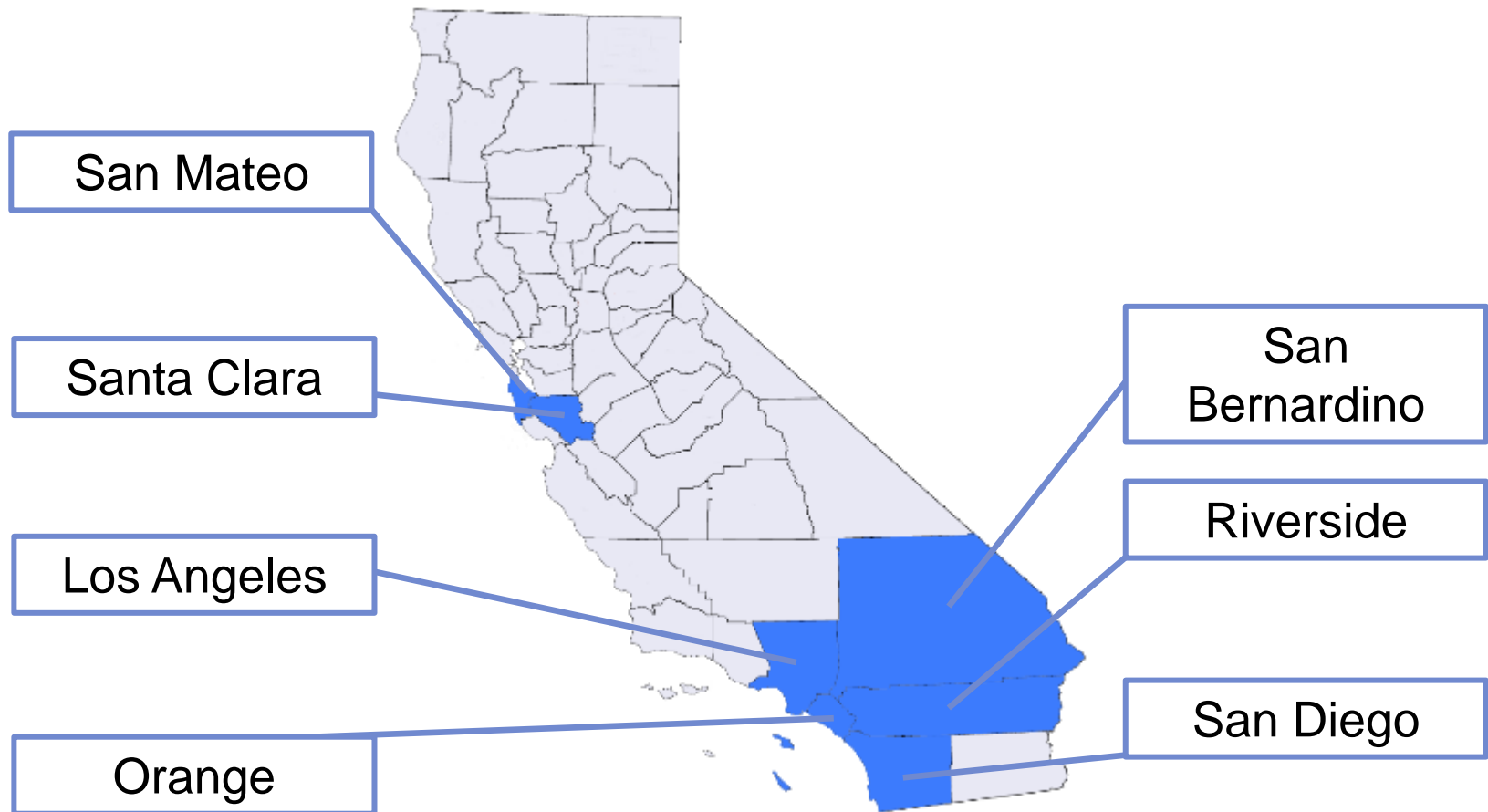
Cal MediConnect and Managed Long Term Services & Supports (MLTSS)

Cal MediConnect

Who: many dually eligible patients in California

Features
- Optional program
- Medicare and Medi-Cal benefits coordinated by one health plan
- Additional services, including care coordination and vision

MLTSS

Who: Medi-Cal only patients and dually eligible patients who disenroll from Cal MediConnect

Features
- Mandatory
- Patients receive Medi-Cal benefits through a managed care health plan
- MLTSS plan helps coordinate long-term services and supports

Cal MediConnect

Who: People with Medicare (parts A, B, D) and full Medi-Cal

Optional to join

Benefits

- Original Medicare and Medi-Cal services and benefits

- One number for health care needs

- **Vision benefit:** one routine eye exam annually and $100 for eye glasses/contacts every two years

- **Transportation benefit:** thirty, one-way trips per year in addition to the existing transportation benefit

- **Care Coordination**
  - Access to Interdisciplinary Care Team
  - Access to care coordinator

Care Coordination

Cal MediConnect plans will provide physicians with information and resources to help support care coordination.

- **Health Risk Assessments (HRAs)**
  - Primary, acute, LTSS, behavioral health and functional needs
- **Interdisciplinary Care Teams**
  - Patient, plan care coordinator, and key providers
- **Individualized Care Plans (ICPs)**
  - Care teams will develop and implement ICPs
- **Plan Care Coordinators**
  - Facilitates communication between plans, providers, and patients

Care Coordinator

- The **plan care coordinator** helps facilitate communication among the patient's continuum of providers, including:
  - **Medical**
  - **LTSS**
  - **Behavioral Health**

- **Communication processes** are developed jointly between the plan and providers through the work of the **Interdisciplinary Care Team (ICT)**.

Care Coordination Example

Ms. Lee recently had a stroke and is back living at home

- **Before Cal MediConnect,** Ms. Lee would have to navigate Medicare, Medi-Cal and county agencies to get needed social services—likely relying on her doctor's office staff for help.

- **Under Cal MediConnect,** a plan care coordinator ensures that Ms. Lee has:
  - Transportation to appointments
  - Coverage for prescriptions
  - Meals on Wheels
  - Other support for activities of daily living

Cal MediConnect Plan Options

Los Angeles

- Care1st
- CareMore
- Health Net
- LA Care
- Molina Health

San Diego

- Care1st
- Community Health Group
- Health Net
- Molina Health

Orange

- CalOptima

San Mateo

- Health Plan of San Mateo

Santa Clara

- Anthem Blue Cross
- Santa Clara Family Health Plan

Inland Empire

- Inland Empire Health Plan
- Molina Health

Medi-Cal

Managed Long-Term Services and Supports

Who: Patients with Medi-Cal only and dually eligible patients who disenroll from Cal MediConnect

Mandatory

State of California

Benefits Identification Card

ID No. 90000000A35001

SUE G RECIPIENT

F 06 20 1993 Issue Date 01 0 1

Benefits

- Same Medi-Cal services patients currently receive
  - Hearing aids
  - Bathrooms aids (grab bars, shower chairs)
  - Non-emergency medical transportation (wheelchair vans and litter vans)
  - Incontinence supplies

- MLTSS now coordinated by a managed care plan
  - MSSP: Multipurpose Senior Services Program
  - IHSS: In-Home Supportive Services
  - CBAS: Community-Based Adult Services
  - Nursing facilities

Managed Long-Term Services & Supports (MLTSS)

- **In-Home Supportive Service, IHSS:** state program to provide caregivers for homebound and limited-mobility individuals who need assistance with cooking, bathing, etc.

- **Community-Based Adult Services, CBAS:** day services for older adults, or adults with disabilities

- **Multipurpose Senior Service Programs, MSSP:** social and health care management for seniors.

- **Nursing Facilities:** long-term care for people who cannot live independently at home—care that's primarily paid for by Medi-Cal

MLTSS Plan Options

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- Kaiser

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- Kaiser

PACE
Program of All-inclusive Care for the Elderly

Who: Dual eligible patients and Medi-Cal only patients

Option available to those who are determined eligible

Patients may be eligible to enroll in a PACE program if they're:

- Aged 55 years or older
- Able to live in a home or community setting safely
- In need of a high level of care for a disability or chronic condition
- Living in a ZIP code served by a PACE health plan

Note: People joining PACE must use their network of providers

Billing Under Cal MediConnect

Under Cal MediConnect, providers will see streamlined billing administration as they will be able to submit claims to one plan, rather than navigating both the Medicare and Medi-Cal billing processes.

Payment for Patients in a Cal MediConnect Plan

- Health plans must have providers for all covered benefits and adequate access to all services—and are checked for this on an ongoing basis.

- You must enter into an agreement with the health plan and/or delegate to receive payment for Cal MediConnect members.

  - This will mean undergoing a provider credentialing process and signing contracts.

  - For the Medicare benefit, many health plans work through medical groups or other delegates.

Billing for Patients in FFS Medicare and an MLTSS Plan

- Medicare Fee-for-Service (FFS)
  - Should be billed as usual
  - Pays 80% of the Medicare fee schedule

- Medi-Cal's 20% co-pay
  - **Cannot** be billed to dual eligible patients, it's illegal
  - Should be billed to patient's MLTSS plan
  - MLTSS plan will pay amount owed under state Medi-Cal law

- For more information about how payment works under the CCI, see the physician payment fact sheets at:

www.CalDuals.org/providers

Payments for Patients in FFS Medicare and an MLTSS Plan

- MLTSS plans are responsible for adjudicating the Medi-Cal portion of services.

- MLTSS plans pay claims in the same manner that Medi-Cal FFS has paid in the past.

- Medicare will remain the primary payer and the MLTSS plan the secondary payer.

Authorizations for Patients in FFS Medicare and an MLTSS Plan

- MLTSS plans should not assign a primary care physician (PCP) to dually eligible patients.

- MLTSS plans do not authorize Medicare-related physician services for dually eligible patients.

- You do not have to be contracted with the MLTSS plan to request authorization for Medi-Cal services, such as transportation.

Continuity of Care Under the CCI

- Physicians not in a patient's Cal MediConnect plan or MLTSS plan network, have the right to see patients for a specific amount of time for Medicare and Medi-Cal services.

- You and the plan must reach agreeable terms for payment, but no contracting is necessary.

Continuity of Care Time Periods Under the CCI

Medicare services—up to 6 months

Medi-Cal services—up to 12 months

Payment During Continuity of Care Period

- Payment terms under Continuity of Care are equivalent to the Medicare and Medi-Cal fee schedules or the plan's fee schedule—whichever is higher.

- You must show an existing relationship with the patient.

  - Primary care: one visit over the past 12 months

  - Specialists: two visits over the past 12 months

- This does not apply to providers of ancillary services like durable medical equipment (DME) or transportation.

Requesting Continuity of Care

- Providers can request Continuity of Care.

- Continuity of Care can be requested by phone.
  - Plans will request necessary information
  - Plans cannot require patients to request through forms

- Request must be processed within three days if there is a risk of harm to the patient.

- Plans must actively try to determine Continuity of Care needs as part of the HRA process.

Retroactive Continuity of Care

- Providers or patients can request Continuity of Care after service delivery.

- Request **must** be within 30 days of the first service following a patient's enrollment.

- Allows providers to treat patients while the plan processes the request.

Noticing for Continuity of Care

Patients must be notified that Continuity of Care is time-limited.

- Notification must include duration of continuity of care, process for transition following that period, and the patient's right to choose different in-network providers

- Within 10 days of request approval, and 30 days prior to end of continuity of care period

Continuity of Care for PCPs Contracted with Cal MediConnect

- Patients with an existing PCP in a plan's network must be assigned to that PCP, unless the beneficiary chooses otherwise.

- Plans contracting with delegated entities are required to assign a patient to their PCP's delegated entity.

- Patients with an existing PCP in the plan's network will be allowed to continue treatment with the doctor for the Continuity of Care period, regardless of whether the PCP is in the network of the patient's delegated entity.

Advising Patients

- If a patient has a complaint, the first point of contact should be the plan. Plans will have internal appeals and grievance procedures.

- If a patient cannot resolve their complaint with the plan, there are two options:

Cal MediConnect Ombudsman Program	(855) 501-3077
Medi-Cal Managed Care Ombudsman	(888) 452-8609

Who to Call

- **For Problems**

  - Call your patient's Cal MediConnect or MLTSS plan or the plan you are contracted with.

- **Enrollment**

  - Patients can make or change enrollment decisions by calling Health Care Options at 1-844-580-7272.

- **Additional help**

  - Patients can call their local Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222.

Resources

- **Web:** www.calduals.org

- **Email:** info@calduals.org

- **Twitter:** @CalDuals

- **Outreach:** email us or complete the online request

QUESTIONS

- Email me: joe@harbageconsulting.com

- Email our team: Info@calduals.org

Thank You!