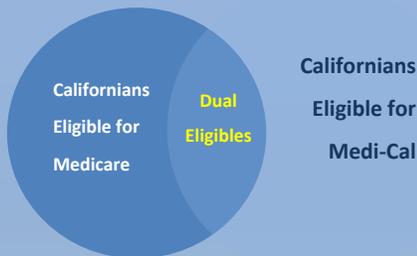




# Profiles of Medi-Cal's FFS CCI Population in The Eight Pilot Counties



November 2012



California Department of Health Care Services  
Research and Analytic Studies Branch  
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## Introduction

The Research and Analytic Studies Branch (RASB) of the Department of Health Care Services (DHCS) has developed this County Profile document as a supplement to the report entitled *Medi-Cal's CCI Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden*. The primary report provides a demographic profile of the dual eligible population potentially affected by Medi-Cal's Coordinated Care Initiative (CCI), presents cost and utilization statistics for the population that participated in Medicare and Medi-Cal's traditional FFS system, and describes the relevant disease burden and conditions treated among this population. A [Glossary of Terms](#) is included in this report for clarity, but readers should refer to the primary report for more detailed definitions and analysis regarding the population presented in this document.

*FFS CCI Population: Eight Pilot County Profiles* presents a snapshot of each county's combined Medicare and Medi-Cal FFS costs, disease burden, and long-term care services use. The population profiled is known as the *FFS CCI population in the eight pilot counties*. The data contained in this report pertains to beneficiaries participating in both Medicare and Medi-Cal's traditional Fee-for-Service (FFS) care models and residing in one of the following counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. Beneficiaries who participated in Medicare Advantage Plans or Medi-Cal managed care plans have been excluded. The FFS cost and utilization analysis that follows is based on dates-of-service occurring in calendar year (CY) 2010.

The duals demonstration is part of California's larger Coordinated Care Initiative (CCI) that was enacted in July 2012 through [SB 1036](#)<sup>1</sup> and [SB 1008](#).<sup>2</sup> The terms CCI and [CMS' State Demonstration to Integrate Care for Dual Eligible Individuals](#)<sup>3</sup> are synonymous and may be used interchangeably. The CCI naming convention is used to discuss the demonstration in the context of Medi-Cal's initiative to integrate care for dual eligibles that are eligible for Medicare Parts A and B and D and entitled to full scope Medi-Cal benefits.

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<sup>1</sup> SB 208 (10/19/2010) [http://www.leginfo.ca.gov/pub/09-10/bill/sen/sb\\_0201-0250/sb\\_208\\_bill\\_20101019\\_chaptered.pdf](http://www.leginfo.ca.gov/pub/09-10/bill/sen/sb_0201-0250/sb_208_bill_20101019_chaptered.pdf). Added §14132.275 to the W&I Code to establish pilot projects for dual eligibles to receive a continuum of services and maximize coordination of benefits between the Medi-Cal and Medicare programs. The Pilot projects were to be established in up to four counties, and would include at least one county that provides Medi-Cal services via a two-plan model.

<sup>2</sup> SB 1008 (6/27/2012) [http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb\\_1001-050/sb\\_1008\\_bill\\_20120627\\_chaptered.pdf](http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1001-050/sb_1008_bill_20120627_chaptered.pdf). Amended §14132.275. No sooner than March 1, 2013, demonstration sites are to be established in up to eight counties, and include at least one county that provides Medi-Cal services via a two-plan model.

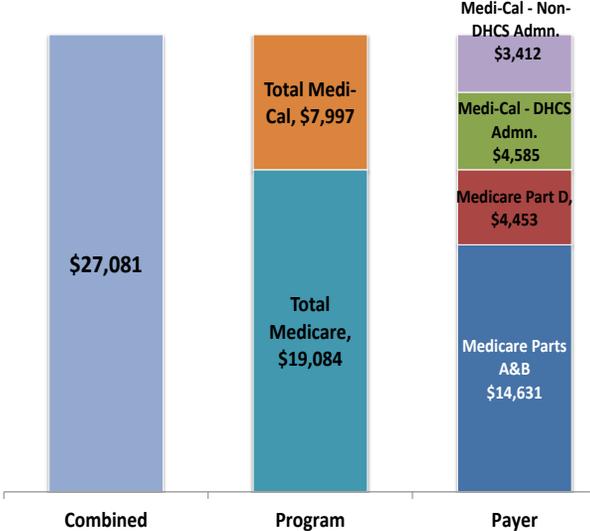
<sup>3</sup> DHCS, Proposal to the Center for Medicare and Medicaid Innovation, Coordinated Care Initiative: State Demonstration to Integrate Care for Dual Eligible Individuals, April 4, 2012, Draft for Public Comment. [http://www.dhcs.ca.gov/provgovpart/Documents/Duals/Proposal\\_Documents/Draft%20Demonstration%20Proposal%20040412.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/Duals/Proposal_Documents/Draft%20Demonstration%20Proposal%20040412.pdf)



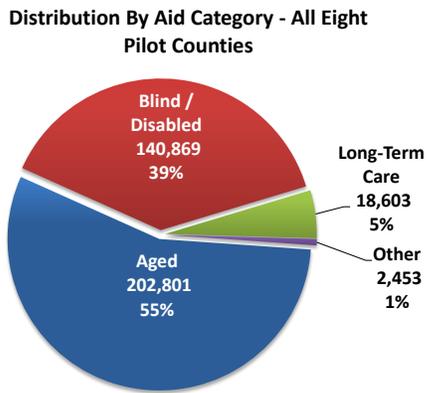
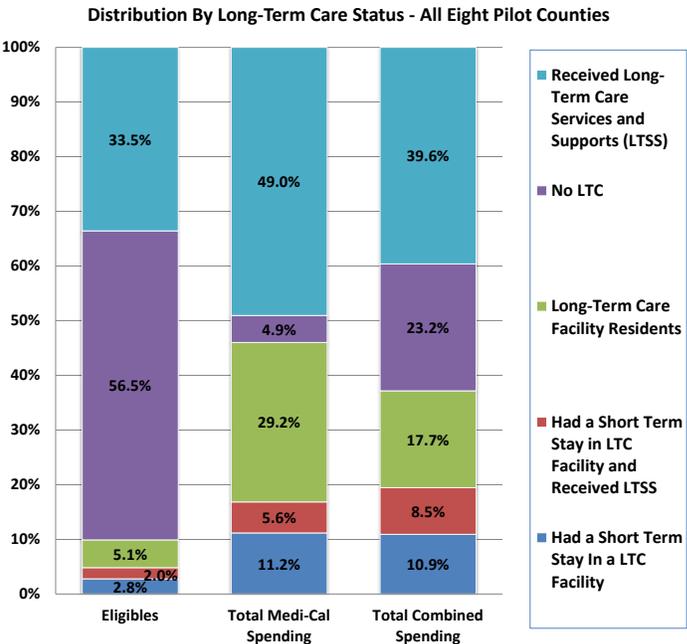
ALL EIGHT PILOT COUNTIES	
Number of FFS CCI Eligibles	364,726
Total FFS Spending	\$9,877,173,287
Per-Capita Cost	\$27,081

**Cost of Care - Average Per-Capita Spending**

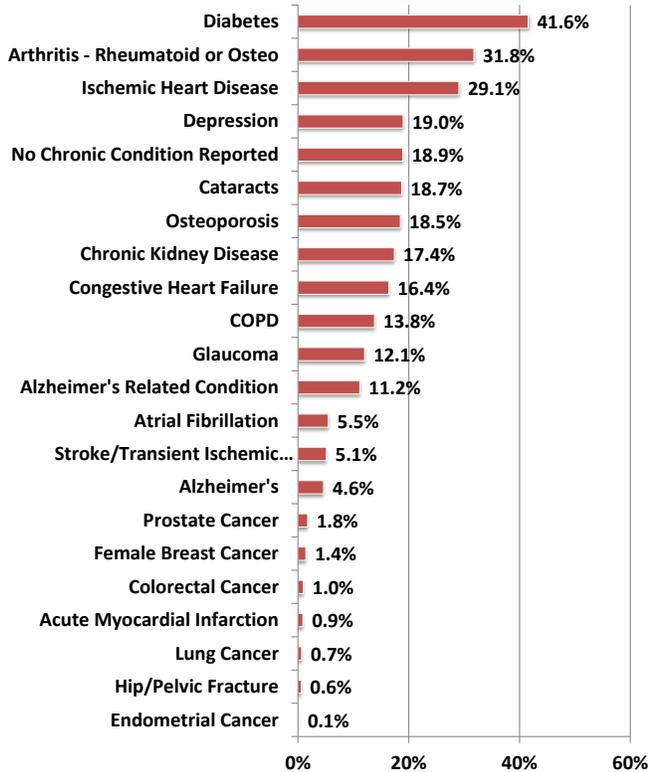
SERVICE CATEGORY	MEDICARE	MEDI-CAL
Nursing Facility	\$1,759	\$3,321
Hospital Inpatient	\$6,600	\$168
Hospital Outpatient	\$1,156	\$39
Physician/Clinic		\$165
Physician/Supplier	\$3,581	
FQHC		\$34
Home Health	\$857	\$1
Medicare Part D / Medi-Cal Pharmacy	\$4,453	\$229
Hospice	\$217	
DME	\$461	
ADHC / MSSP / Other		\$628
DSS In-Home Supportive Services		\$3,205
Other Medi-Cal Non-DHCS		\$207
<b>TOTAL</b>	<b>\$19,084</b>	<b>\$7,997</b>



**Distribution of FFS CCI Population by Long-Term Care Setting and Aid Category**

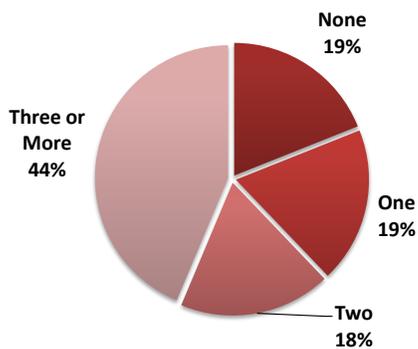


**Chronic Disease Treatment Prevalence, Co-Morbidity, and Associated Costs – All Eight Pilot Counties**

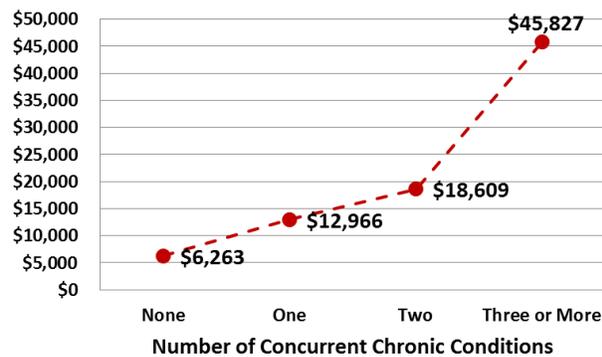


CHRONIC CONDITION WAREHOUSE CONDITION	PER-CAPITA TOTAL
<b>Aggregate Cost for Eligibles with this Condition</b>	
Acute Myocardial Infarction	\$97,867
Alzheimer's	\$66,537
Alzheimer's Related Condition	\$68,037
Arthritis - Rheumatoid or Osteo-	\$35,520
Atrial Fibrillation	\$63,566
COPD	\$59,735
Cataracts	\$39,448
Chronic Kidney Disease	\$59,302
Colorectal Cancer	\$52,889
Congestive Heart Failure	\$60,495
Depression	\$50,920
Diabetes	\$36,359
Endometrial Cancer	\$48,093
Female Breast Cancer	\$39,887
Glaucoma	\$30,558
Hip/Pelvic Fracture	\$97,861
Ischemic Heart Disease	\$45,138
Lung Cancer	\$72,286
Osteoporosis	\$30,303
Prostate Cancer	\$35,233
Stroke/Transient Ischemic Attack	\$75,955
No Chronic Condition Reported	\$6,263

**Number of Concurrent Chronic Conditions**



**Per-Capita Total**



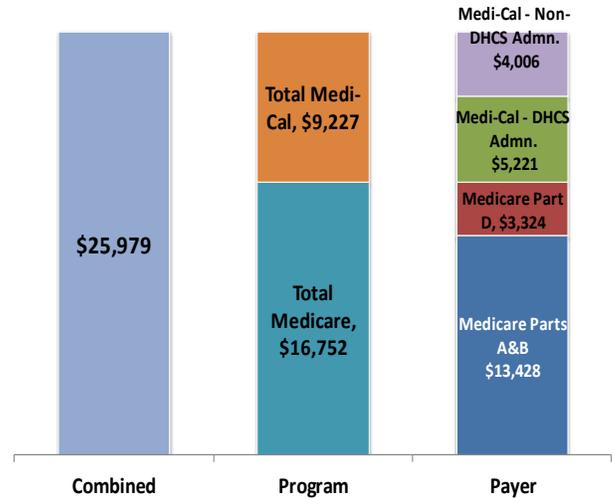
## ALAMEDA COUNTY – TWO PLAN MODEL

<b>Number of FFS CCI Eligibles</b>	<b>24,557</b>
<b>Total FFS Spending</b>	<b>\$637,968,172</b>
<b>Per-Capita Cost</b>	<b>\$25,979</b>

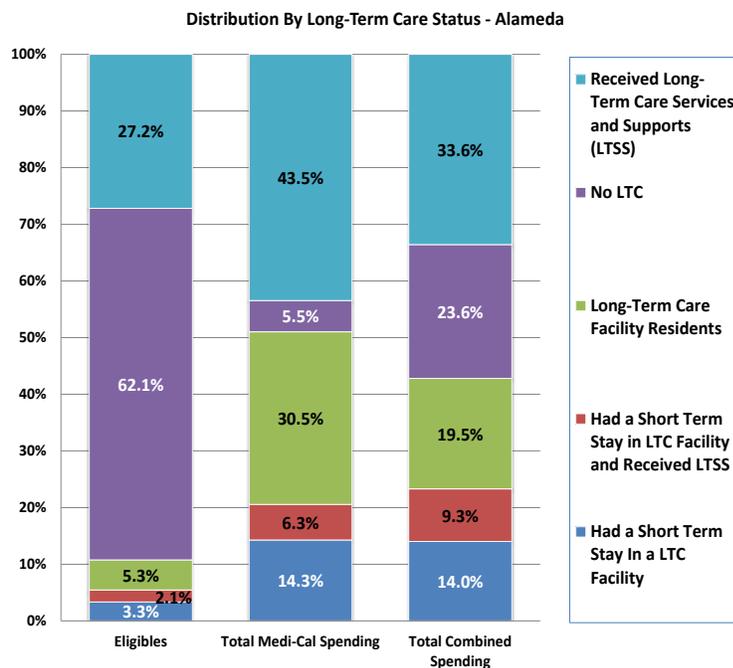


### Cost of Care - Average Per-Capita Spending

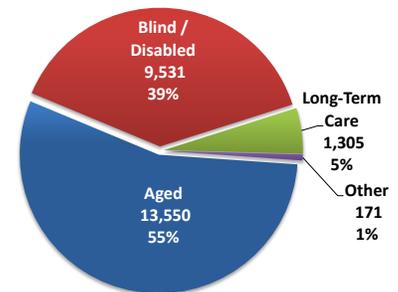
SERVICE CATEGORY	MEDICARE	MEDI-CAL
Nursing Facility	\$1,930	\$4,312
Hospital Inpatient	\$6,335	\$149
Hospital Outpatient	\$1,510	\$32
Physician/Clinic		\$127
Physician/Supplier	\$2,616	
FQHC		\$108
Home Health	\$500	\$-
Medicare Part D / Medi-Cal Pharmacy	\$3,324	\$166
Hospice	\$183	
DME	\$354	
ADHC / MSSP / Other		\$327
DSS In-Home Supportive Services		\$3,693
Other Medi-Cal Non-DHCS		\$313
<b>TOTAL</b>	<b>\$16,752</b>	<b>\$9,227</b>



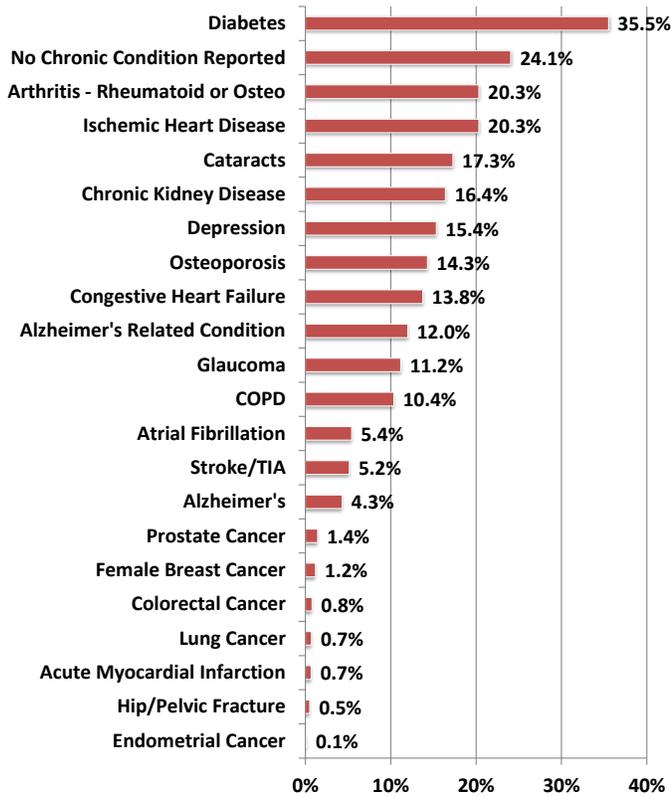
### Distribution of FFS CCI Population by Long-Term Care Setting and Aid Category



### Distribution By Aid Category - Alameda

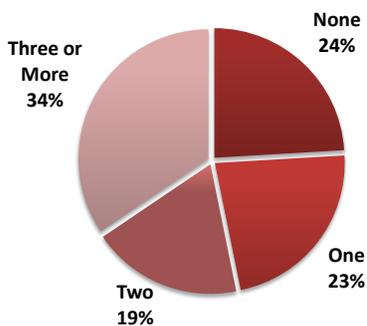


## Chronic Disease Treatment Prevalence, Co-Morbidity, and Associated Costs - Alameda

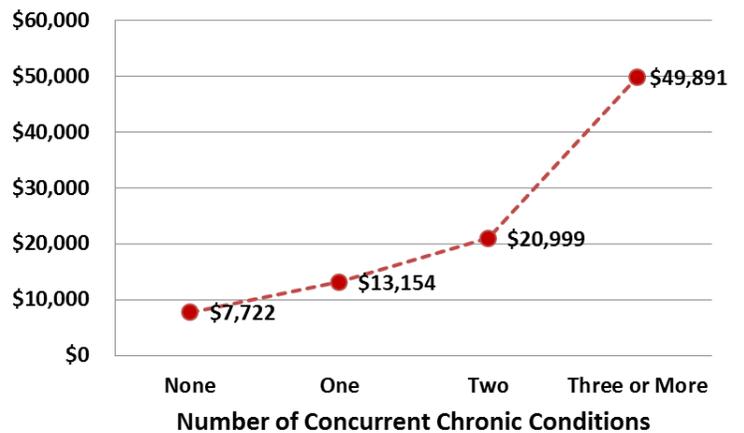


CHRONIC CONDITION WAREHOUSE CONDITION	PER-CAPITA TOTAL
<b>Aggregate Cost for Eligibles with this Condition</b>	
Acute Myocardial Infarction	\$97,483
Alzheimer's	\$60,931
Alzheimer's Related Condition	\$70,812
Arthritis - Rheumatoid or Osteo-	\$36,072
Atrial Fibrillation	\$63,988
COPD	\$57,928
Cataracts	\$40,635
Chronic Kidney Disease	\$60,303
Colorectal Cancer	\$52,762
Congestive Heart Failure	\$61,029
Depression	\$48,561
Diabetes	\$35,393
Endometrial Cancer	\$38,612
Female Breast Cancer	\$40,608
Glaucoma	\$28,228
Hip/Pelvic Fracture	\$98,360
Ischemic Heart Disease	\$44,841
Lung Cancer	\$71,733
Osteoporosis	\$27,759
Prostate Cancer	\$31,792
Stroke/Transient Ischemic Attack	\$78,777
No Chronic Condition Reported	\$7,722

**Number of Concurrent Chronic Conditions**



**Per-Capita Total**



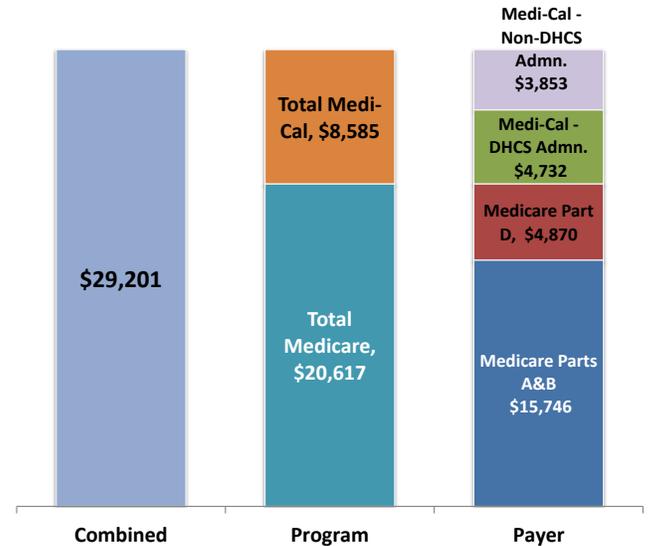
## LOS ANGELES COUNTY – TWO PLAN MODEL

Number of FFS CCI Eligibles	216,462
Total FFS Spending	\$6,320,952,990
Per-Capita Cost	\$29,201

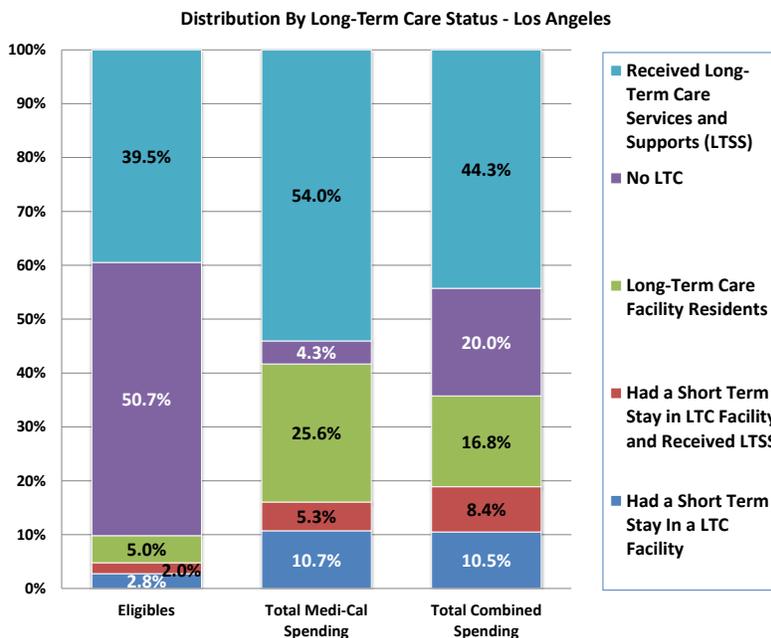


### Cost of Care - Average Per-Capita Spending

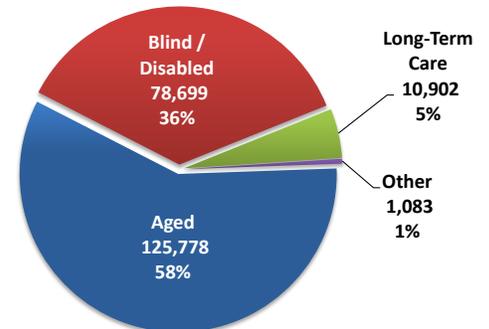
SERVICE CATEGORY	MEDICARE	MEDI-CAL
Nursing Facility	\$1,877	\$3,196
Hospital Inpatient	\$7,073	\$183
Hospital Outpatient	\$1,006	\$37
Physician/Clinic		\$188
Physician/Supplier	\$4,086	
FQHC		\$27
Home Health	\$1,066	\$1
Medicare Part D / Medi-Cal		
Pharmacy	\$4,870	\$256
Hospice	\$168	
DME	\$471	
ADHC / MSSP / Other		\$845
DSS In-Home Supportive Services		\$3,638
Other Medi-Cal Non-DHCS		\$215
<b>TOTAL</b>	<b>\$20,617</b>	<b>\$8,585</b>



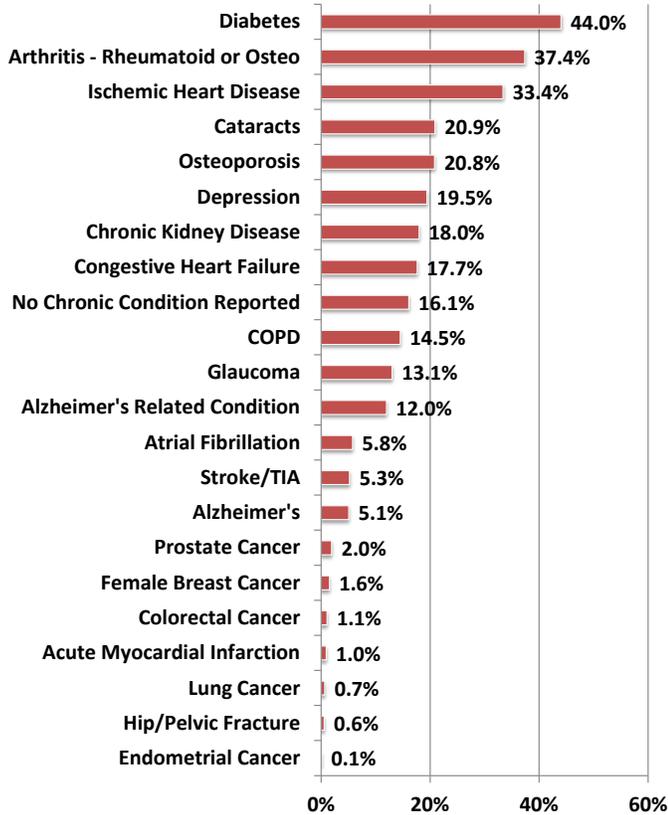
### Distribution of FFS CCI Population by Long-Term Care Setting and Aid Category



### Distribution By Aid Category - Los Angeles

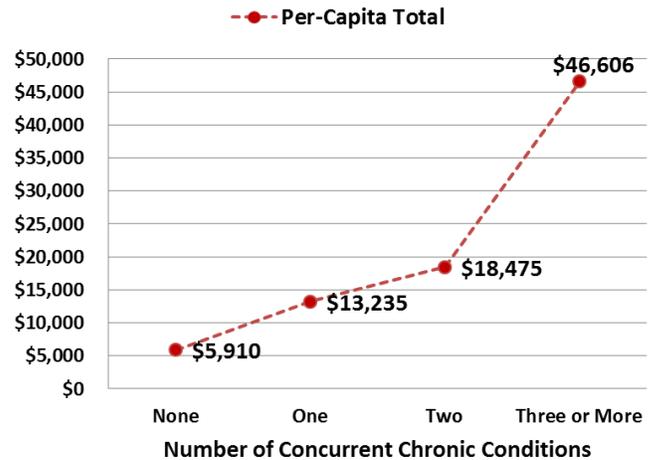
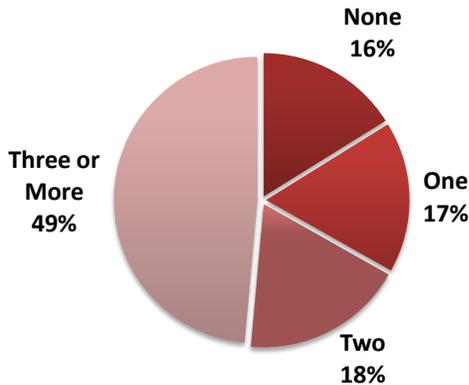


## Chronic Disease Treatment Prevalence, Co-Morbidity, and Associated Costs – Los Angeles



CHRONIC CONDITION WAREHOUSE CONDITION	PER-CAPITA TOTAL
<b>Aggregate Cost for Eligibles with this Condition</b>	
Acute Myocardial Infarction	\$103,469
Alzheimer's	\$70,016
Alzheimer's Related Condition	\$70,397
Arthritis - Rheumatoid or Osteo-	\$37,159
Atrial Fibrillation	\$67,220
COPD	\$63,565
Cataracts	\$42,243
Chronic Kidney Disease	\$62,703
Colorectal Cancer	\$54,297
Congestive Heart Failure	\$62,815
Depression	\$54,796
Diabetes	\$38,631
Endometrial Cancer	\$49,151
Female Breast Cancer	\$42,190
Glaucoma	\$33,291
Hip/Pelvic Fracture	\$100,757
Ischemic Heart Disease	\$46,401
Lung Cancer	\$76,739
Osteoporosis	\$31,633
Prostate Cancer	\$37,771
Stroke/Transient Ischemic Attack	\$79,303
No Chronic Condition Reported	\$5,910

**Number of Eligibles with Concurrent Chronic Conditions**

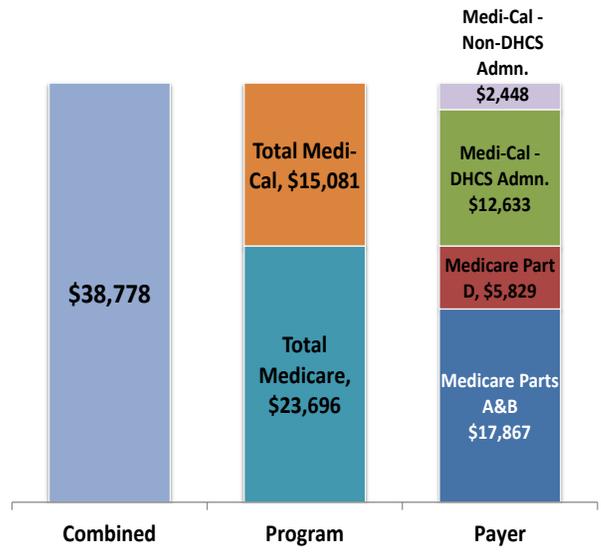




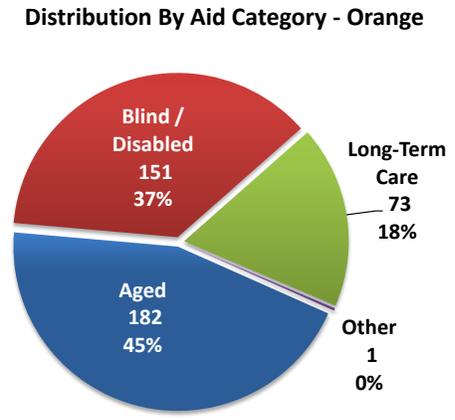
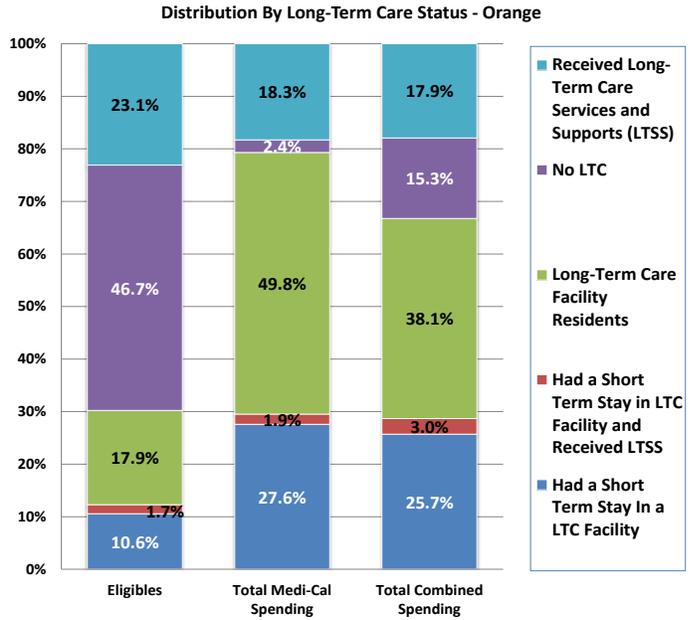
ORANGE COUNTY – COHS MODEL *	
Number of FFS CCI Eligibles	407
Total FFS Spending	\$15,782,703
Per-Capita Cost	\$38,788

**Cost of Care - Average Per-Capita Spending**

SERVICE CATEGORY	MEDICARE	MEDI-CAL
Nursing Facility	\$2,476	\$11,443
Hospital Inpatient	\$8,438	\$347
Hospital Outpatient	\$967	\$18
Physician/Clinic		\$88
Physician/Supplier	\$4,240	
FQHC		\$12
Home Health	\$761	\$-
Medicare Part D / Medi-Cal Pharmacy	\$5,829	\$201
Hospice	\$469	
DME	\$516	
ADHC / MSSP / Other		\$524
DSS In-Home Supportive Services		\$2,261
Other Medi-Cal Non-DHCS		\$187
<b>TOTAL</b>	<b>\$23,696</b>	<b>\$15,081</b>

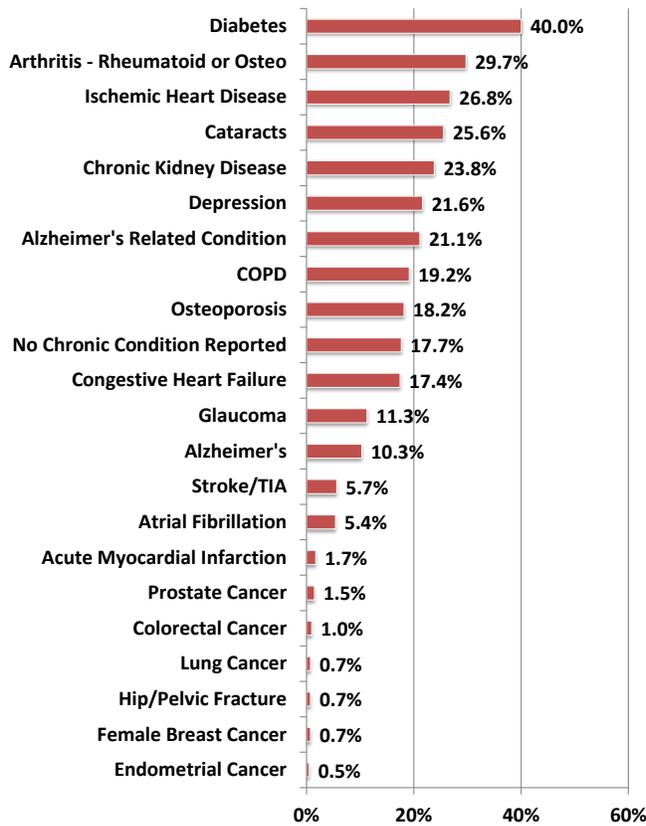


**Distribution of FFS CCI Population by Long-Term Care Setting and Aid Category**



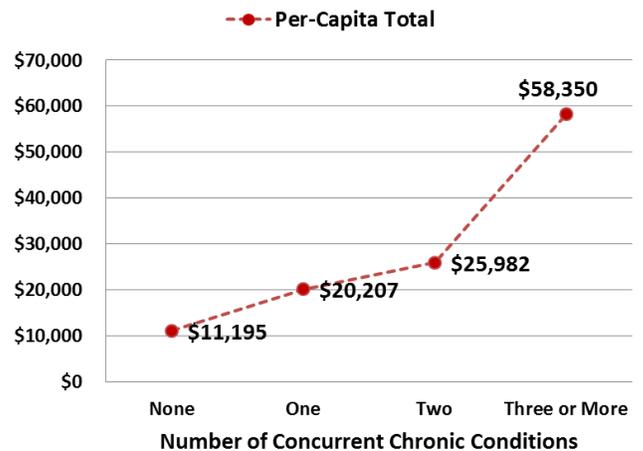
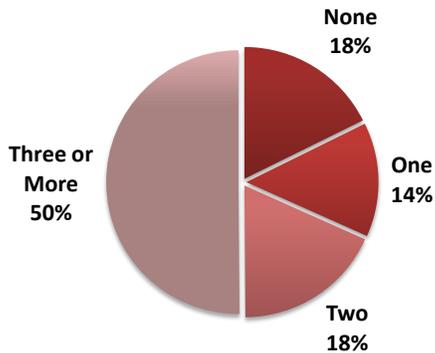
\*Note: Orange and San Mateo counties utilize the COHS model, through which enrollment in each county's specific managed care plan is mandatory for most beneficiaries; in these counties only 407 and 163 CCI beneficiaries participated in traditional Medicare and Medi-Cal FFS respectively.

## Chronic Disease Treatment Prevalence, Co-Morbidity, and Associated Costs - Orange



CHRONIC CONDITION WAREHOUSE CONDITION	PER-CAPITA TOTAL
<b>Aggregate Cost for Eligibles with this Condition</b>	
Acute Myocardial Infarction	\$135,529
Alzheimer's	\$88,675
Alzheimer's Related Condition	\$76,239
Arthritis - Rheumatoid or Osteo-	\$41,305
Atrial Fibrillation	\$64,777
COPD	\$63,236
Cataracts	\$60,301
Chronic Kidney Disease	\$69,497
Colorectal Cancer	\$46,065
Congestive Heart Failure	\$76,606
Depression	\$71,809
Diabetes	\$51,153
Endometrial Cancer	\$98,108
Female Breast Cancer	\$29,944
Glaucoma	\$52,846
Hip/Pelvic Fracture	\$90,104
Ischemic Heart Disease	\$55,456
Lung Cancer	\$67,498
Osteoporosis	\$40,292
Prostate Cancer	\$36,054
Stroke/TIA	\$88,618
No Chronic Condition Reported	\$11,195

**Number of Eligibles with Concurrent Chronic Conditions**

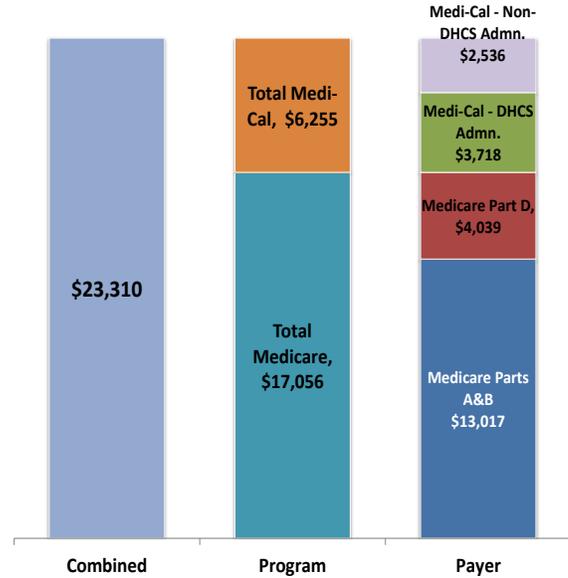




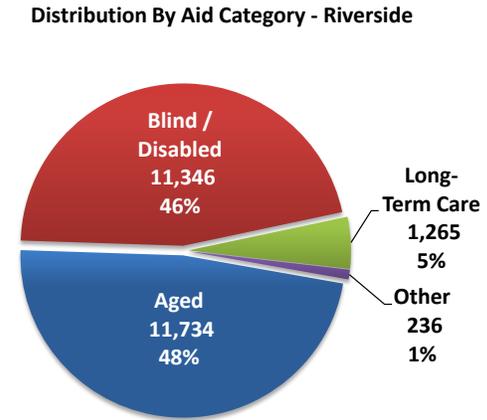
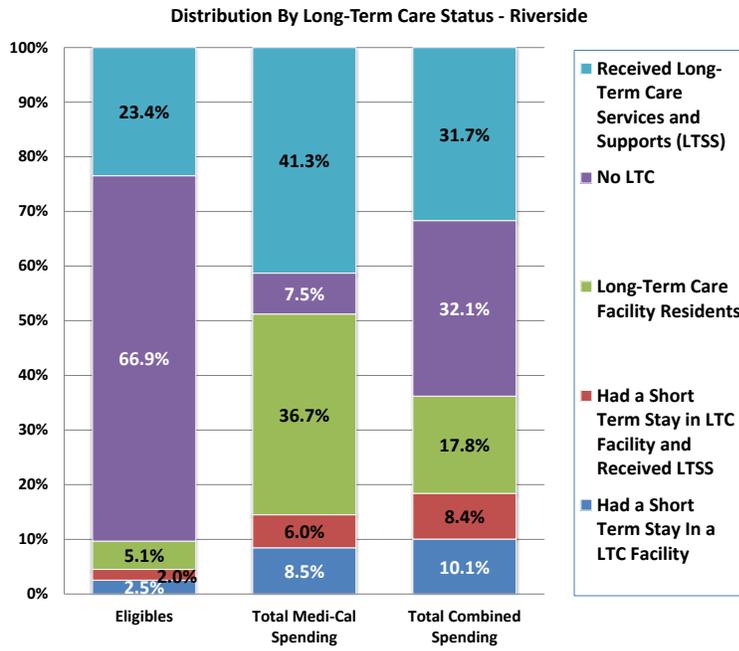
RIVERSIDE COUNTY – TWO PLAN MODEL	
Number of FFS CCI Eligibles	24,581
Total FFS Spending	\$572,973,316
Per-Capita Cost	\$23,310

**Cost of Care - Average Per-Capita Spending**

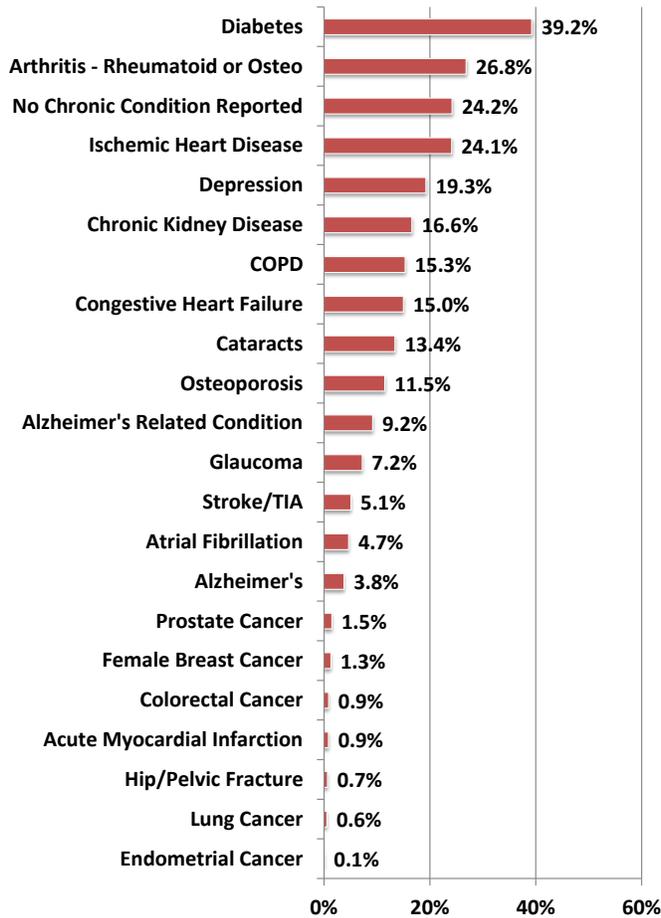
SERVICE CATEGORY	MEDICARE	MEDI-CAL
Nursing Facility	\$1,486	\$2,875
Hospital Inpatient	\$5,728	\$196
Hospital Outpatient	\$1,169	\$44
Physician/Clinic		\$148
Physician/Supplier	\$3,093	
FQHC		\$14
Home Health	\$669	\$-
Medicare Part D / Medi-Cal Pharmacy	\$4,039	\$188
Hospice	\$307	
DME	\$565	
ADHC / MSSP / Other		\$254
DSS In-Home Supportive Services		\$2,300
Other Medi-Cal Non-DHCS		\$236
<b>TOTAL</b>	<b>\$17,056</b>	<b>\$6,255</b>



**Distribution of FFS CCI Population by Long-Term Care Setting and Aid Category**

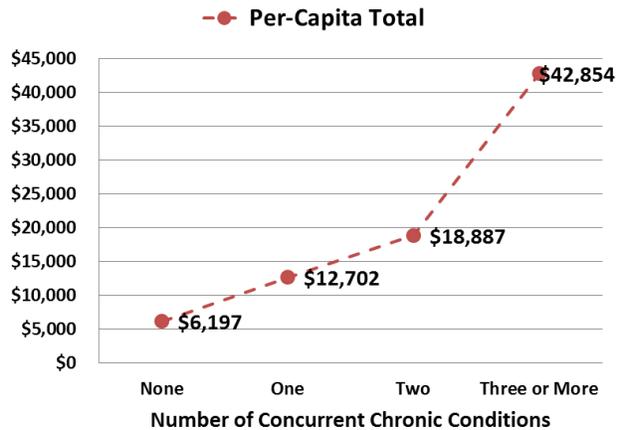
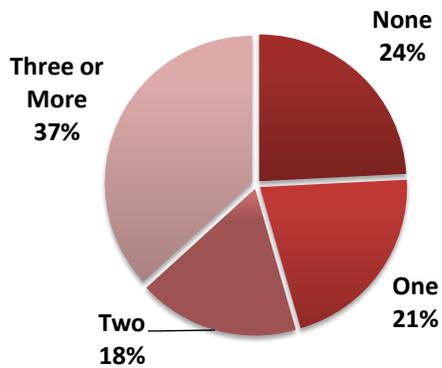


**Chronic Disease Treatment Prevalence, Co-Morbidity, and Associated Costs – Riverside**



CHRONIC CONDITION WAREHOUSE CONDITION	PER-CAPITA TOTAL
<b>Aggregate Cost for Eligibles with this Condition</b>	
Acute Myocardial Infarction	\$84,399
Alzheimer's	\$58,488
Alzheimer's Related Condition	\$58,047
Arthritis - Rheumatoid or Osteo-	\$30,873
Atrial Fibrillation	\$53,087
COPD	\$50,472
Cataracts	\$31,409
Chronic Kidney Disease	\$52,114
Colorectal Cancer	\$47,979
Congestive Heart Failure	\$54,413
Depression	\$44,388
Diabetes	\$31,578
Endometrial Cancer	\$36,917
Female Breast Cancer	\$38,944
Glaucoma	\$30,448
Hip/Pelvic Fracture	\$88,184
Ischemic Heart Disease	\$41,690
Lung Cancer	\$64,893
Osteoporosis	\$29,939
Prostate Cancer	\$28,966
Stroke/Transient Ischemic Attack	\$64,778
No Chronic Condition Reported	\$6,197

**Number of Eligibles with Concurrent Chronic Conditions**



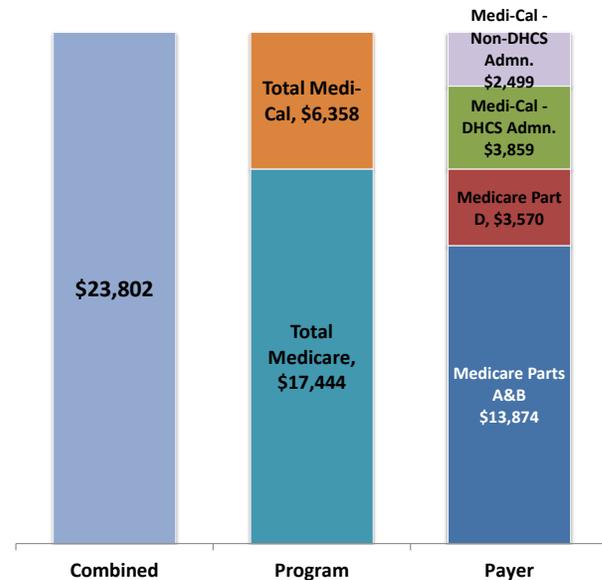
## SAN BERNARDINO COUNTY – TWO PLAN MODEL

Number of FFS CCI Eligibles	27,142
Total FFS Spending	\$646,046,473
Per-Capita Cost	\$23,802

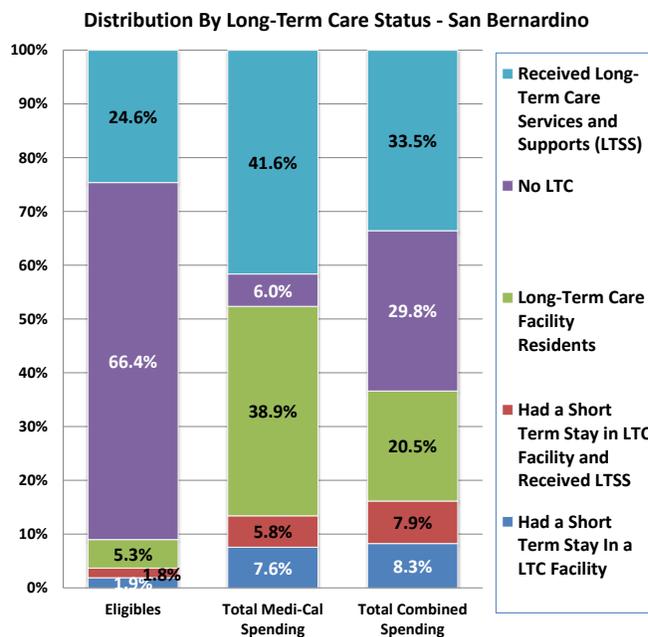


### Cost of Care - Average Per-Capita Spending

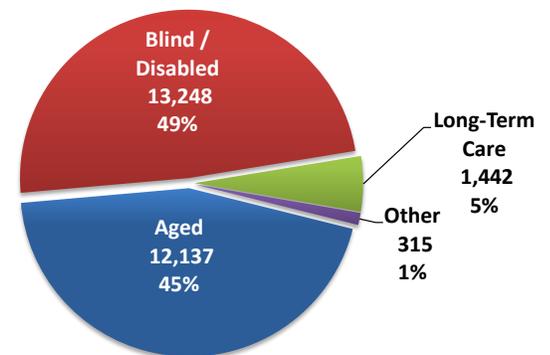
SERVICE CATEGORY	MEDICARE	MEDI-CAL
Nursing Facility	\$1,226	\$3,039
Hospital Inpatient	\$6,883	\$189
Hospital Outpatient	\$1,236	\$49
Physician/Clinic		\$133
Physician/Supplier	\$2,869	
FQHC		\$4
Home Health	\$716	\$0
Medicare Part D / Medi-Cal Pharmacy	\$3,570	\$196
Hospice	\$335	
DME	\$609	
ADHC / MSSP / Other		\$250
DSS In-Home Supportive Services		\$2,383
Other Medi-Cal Non-DHCS		\$116
<b>TOTAL</b>	<b>\$17,444</b>	<b>\$6,358</b>



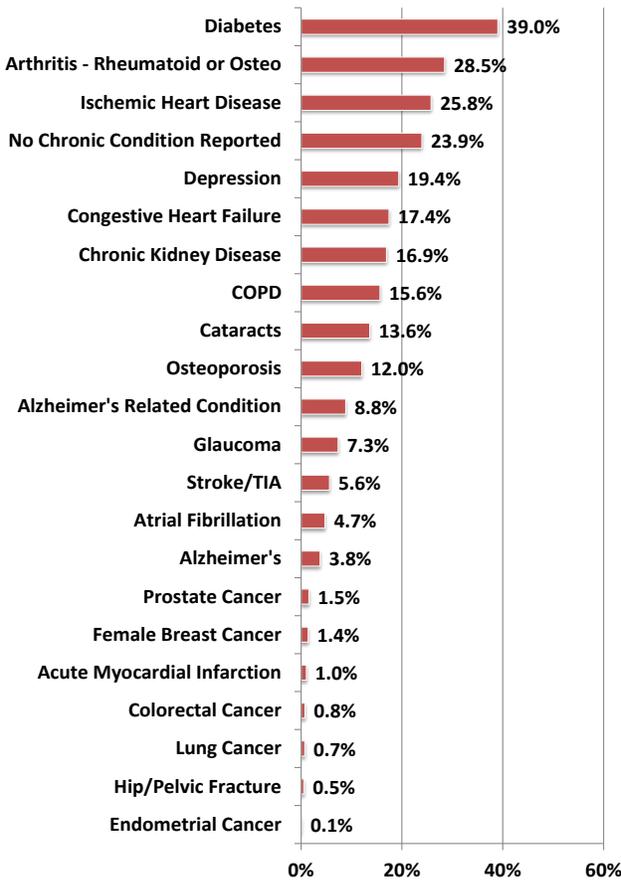
### Distribution of FFS CCI Population by Long-Term Care Setting and Aid Category



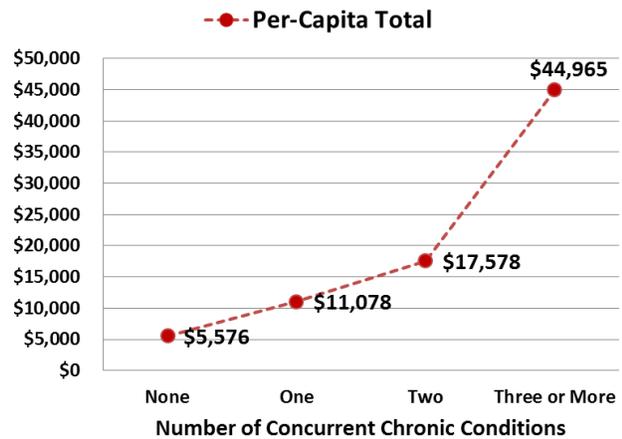
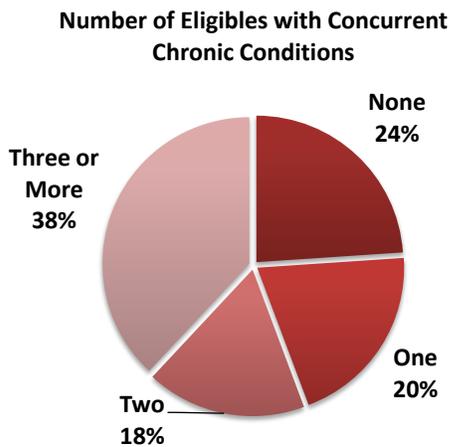
### Distribution By Aid Category - San Bernardino



**Chronic Disease Treatment Prevalence, Co-Morbidity, and Associated Costs – San Bernardino**



CHRONIC CONDITION WAREHOUSE CONDITION	PER-CAPITA TOTAL
<i>Aggregate Cost for Eligibles with this Condition</i>	
Acute Myocardial Infarction	\$79,955
Alzheimer's	\$63,411
Alzheimer's Related Condition	\$64,189
Arthritis - Rheumatoid or Osteo-	\$31,515
Atrial Fibrillation	\$60,523
COPD	\$54,109
Cataracts	\$34,541
Chronic Kidney Disease	\$56,368
Colorectal Cancer	\$48,923
Congestive Heart Failure	\$56,187
Depression	\$44,160
Diabetes	\$34,016
Endometrial Cancer	\$57,638
Female Breast Cancer	\$35,274
Glaucoma	\$30,811
Hip/Pelvic Fracture	\$88,195
Ischemic Heart Disease	\$43,035
Lung Cancer	\$61,257
Osteoporosis	\$31,987
Prostate Cancer	\$28,676
Stroke/Transient Ischemic Attack	\$72,440
No Chronic Condition Reported	\$5,576



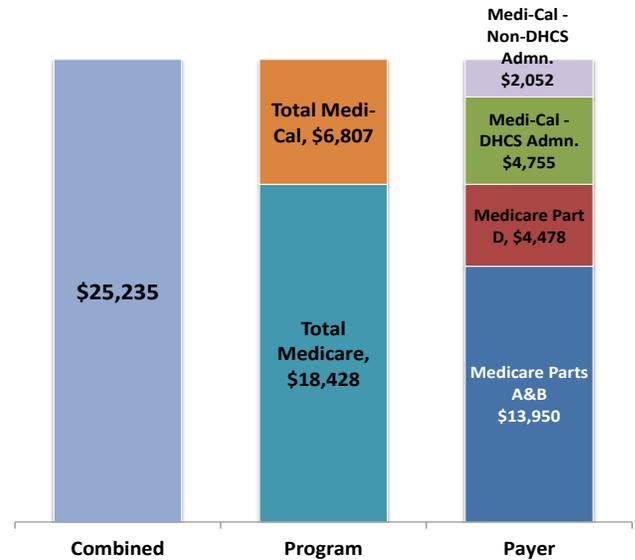
## SAN DIEGO COUNTY – GMC MODEL

Number of FFS CCI Eligibles	41,260
Total FFS Spending	\$1,041,163,632
Per-Capita Cost	\$25,234

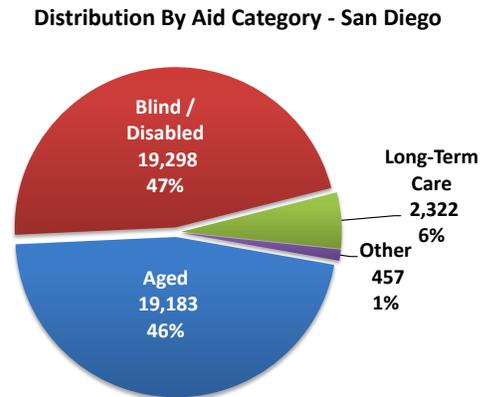
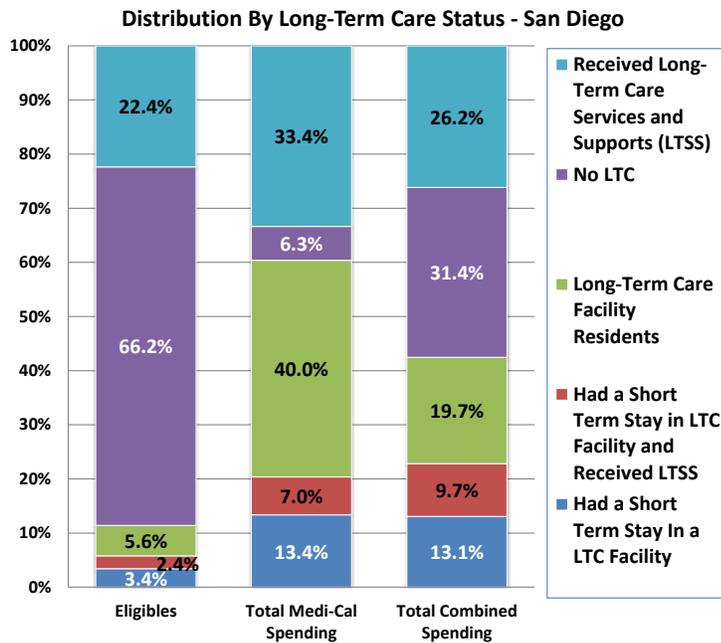


### Cost of Care - Average Per-Capita Spending

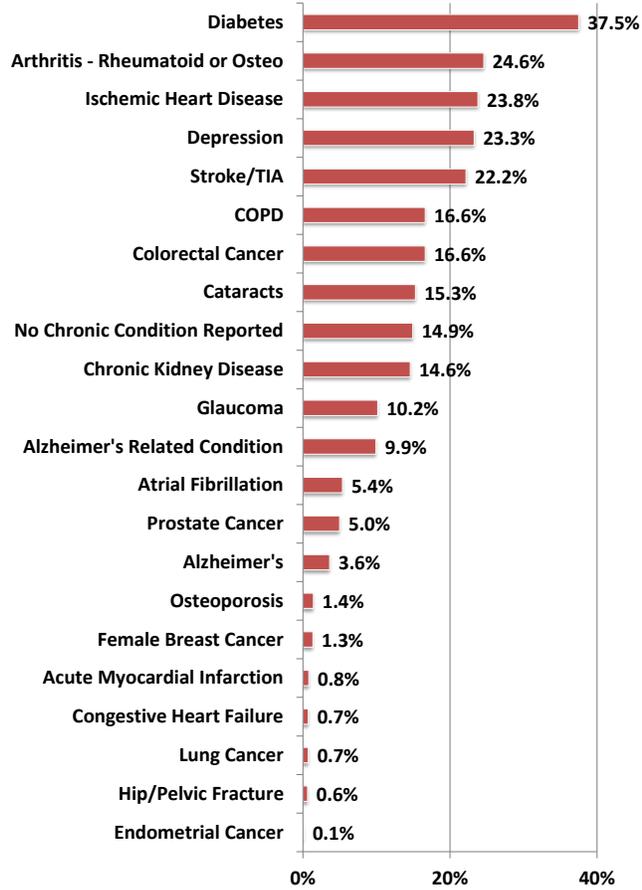
SERVICE CATEGORY	MEDICARE	MEDI-CAL
Nursing Facility	\$1,854	\$3,765
Hospital Inpatient	\$6,071	\$134
Hospital Outpatient	\$1,589	\$45
Physician/Clinic		\$168
Physician/Supplier	\$3,124	
FQHC		\$47
Home Health	\$507	\$-
Medicare Part D / Medi-Cal Pharmacy	\$4,478	\$220
Hospice	\$352	
DME	\$453	\$376
ADHC / MSSP / Other		
DSS In-Home Supportive Services		\$1,921
Other Medi-Cal Non-DHCS		\$131
<b>TOTAL</b>	<b>\$18,428</b>	<b>\$6,807</b>



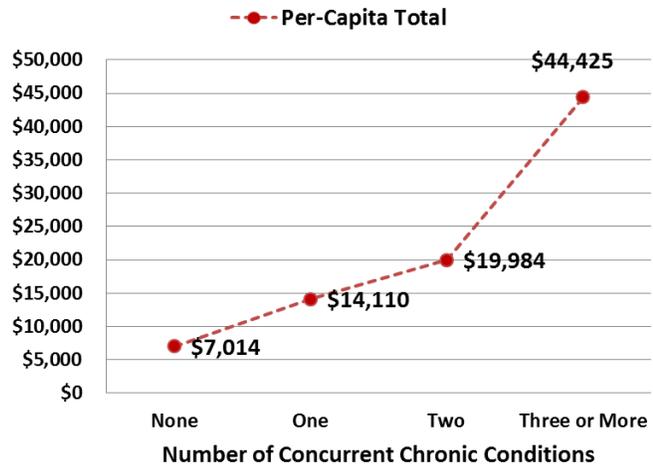
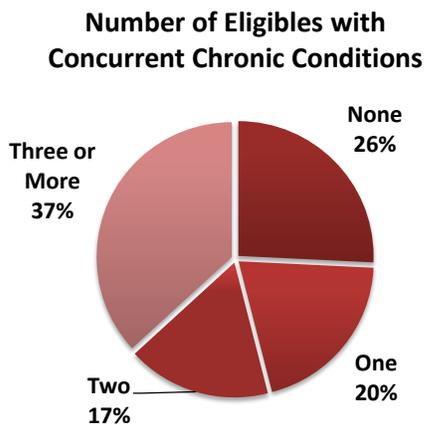
### Distribution of FFS CCI Population by Long-Term Care Setting and Aid Category



## Chronic Disease Treatment Prevalence, Co-Morbidity, and Associated Costs – San Diego



CHRONIC CONDITION WAREHOUSE CONDITION	PER-CAPITA TOTAL
<b>Aggregate Cost for Eligibles with this Condition</b>	
Acute Myocardial Infarction	\$85,249
Alzheimer's	\$63,170
Alzheimer's Related Condition	\$64,453
Arthritis - Rheumatoid or Osteo-	\$32,951
Atrial Fibrillation	\$56,560
COPD	\$52,840
Cataracts	\$33,151
Chronic Kidney Disease	\$53,759
Colorectal Cancer	\$47,301
Congestive Heart Failure	\$53,947
Depression	\$44,951
Diabetes	\$34,126
Endometrial Cancer	\$50,706
Female Breast Cancer	\$34,036
Glaucoma	\$23,844
Hip/Pelvic Fracture	\$96,365
Ischemic Heart Disease	\$42,820
Lung Cancer	\$64,803
Osteoporosis	\$30,605
Prostate Cancer	\$30,022
Stroke/Transient Ischemic Attack	\$70,039
No Chronic Condition Reported	\$7,014



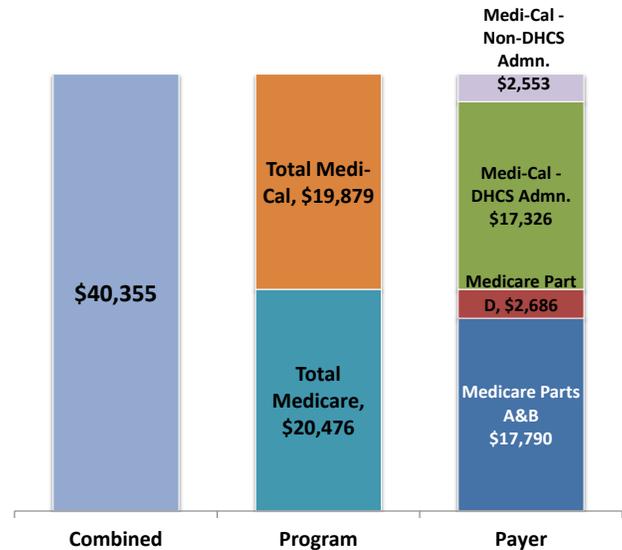
## SAN MATEO COUNTY – COHS MODEL\*

Number of FFS CCI Eligibles	163
Total FFS Spending	\$6,577,851
Per-Capita Cost	\$40,355

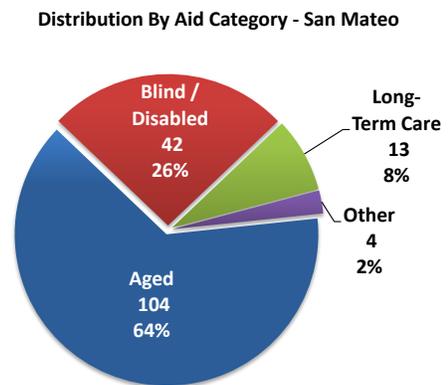
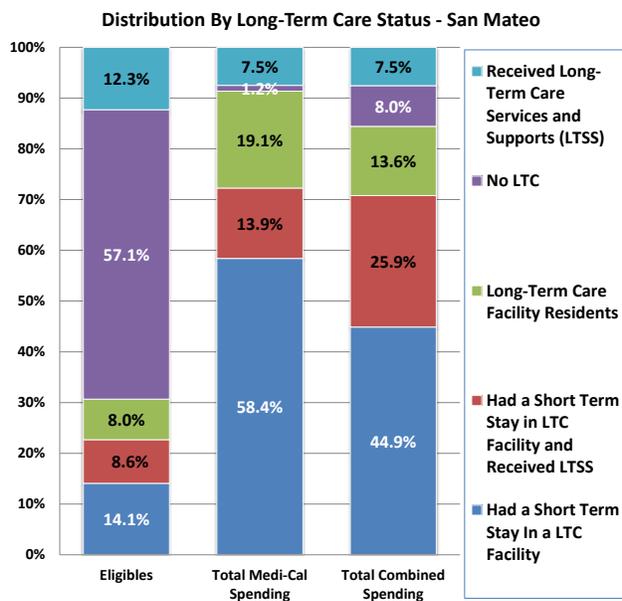


### Cost of Care - Average Per-Capita Spending

SERVICE CATEGORY	MEDICARE	MEDI-CAL
Nursing Facility	\$6,163	\$16,661
Hospital Inpatient	\$6,143	\$112
Hospital Outpatient	\$1,918	\$11
Physician/Clinic		\$70
Physician/Supplier	\$2,305	
FQHC		\$77
Home Health	\$744	\$-
Medicare Part D / Medi-Cal Pharmacy	\$2,686	\$95
Hospice	\$295	
DME	\$222	
ADHC / MSSP / Other		\$300
DSS In-Home Supportive Services		\$2,433
Other Medi-Cal Non-DHCS		\$120
<b>TOTAL</b>	<b>\$20,476</b>	<b>\$19,879</b>

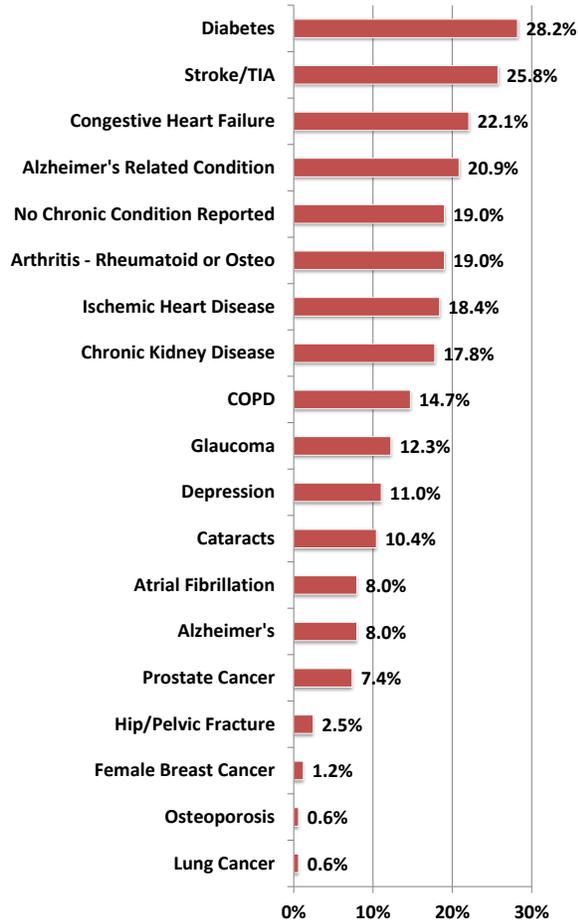


### Distribution of FFS CCI Population by Long-Term Care Setting and Aid Category

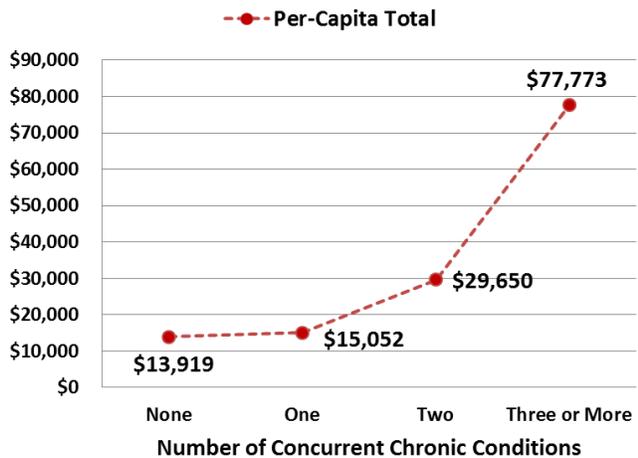
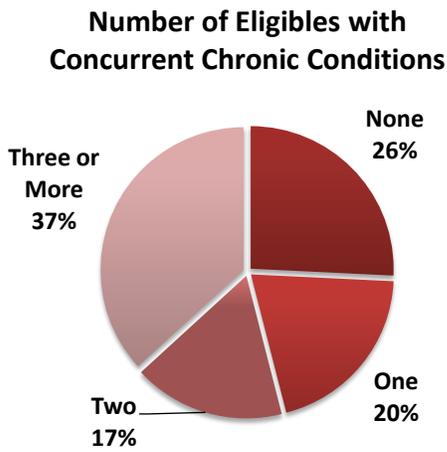


\*Note: Orange and San Mateo counties utilize the COHS model, through which enrollment in each county's specific managed care plan is mandatory for most beneficiaries; in these counties only 407 and 163 CCI beneficiaries participated in traditional Medicare and Medi-Cal FFS respectively.

**Chronic Disease Treatment Prevalence, Co-Morbidity, and Associated Costs – San Mateo**



CHRONIC CONDITION WAREHOUSE CONDITION	PER-CAPITA TOTAL
<b>Aggregate Cost for Eligibles with this Condition</b>	
Acute Myocardial Infarction	\$116,689
Alzheimer's	\$104,635
Alzheimer's Related Condition	\$59,110
Arthritis - Rheumatoid or Osteo-	\$85,197
Atrial Fibrillation	\$97,711
COPD	\$53,357
Cataracts	\$71,026
Chronic Kidney Disease	\$82,989
Colorectal Cancer	\$89,788
Congestive Heart Failure	\$41,755
Depression	\$67,554
Diabetes	\$44,751
Endometrial Cancer	\$121,565
Female Breast Cancer	\$71,887
Glaucoma	\$129,017
Hip/Pelvic Fracture	\$41,032
Ischemic Heart Disease	\$161,372
Lung Cancer	\$94,517
Osteoporosis	\$13,919
Prostate Cancer	\$116,689
Stroke/Transient Ischemic Attack	\$104,635
No Chronic Condition Reported	\$59,110

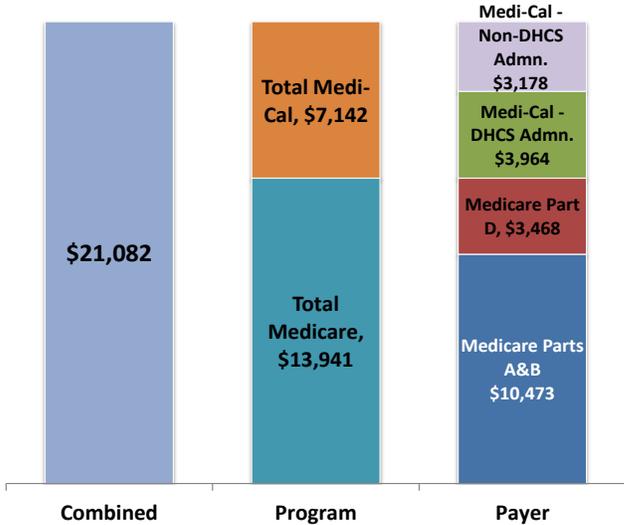




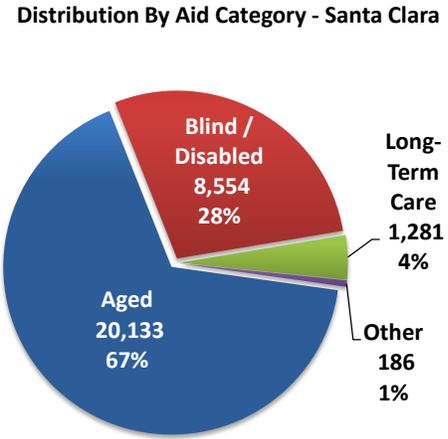
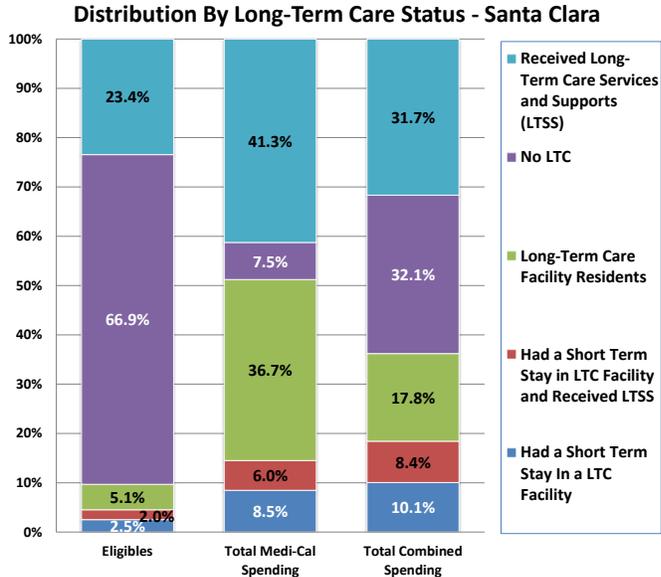
SANTA CLARA COUNTY – TWO PLAN MODEL	
Number of FFS CCI Eligibles	30,154
Total FFS Spending	\$635,708,149
Per-Capita Cost	\$21,082

**Cost of Care - Average Per-Capita Spending**

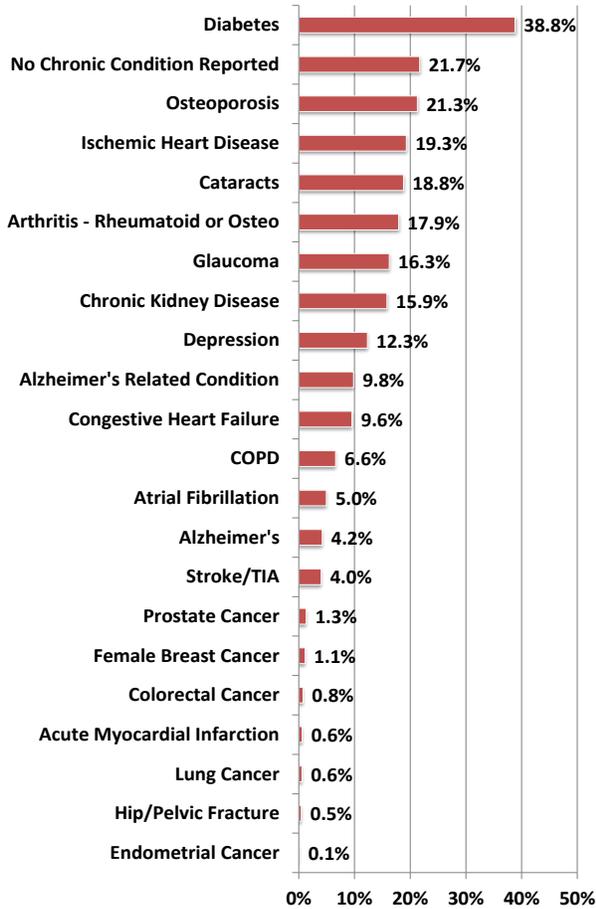
SERVICE CATEGORY	MEDICARE	MEDI-CAL
Nursing Facility	\$1,316	\$3,244
Hospital Inpatient	\$4,583	\$74
Hospital Outpatient	\$1,273	\$34
Physician/Clinic	\$-	\$79
Physician/Supplier	\$2,397	
FQHC		\$54
Home Health	\$409	\$-
Medicare Part D / Medi-Cal Pharmacy	\$3,468	\$163
Hospice	\$222	
DME	\$273	
ADHC / MSSP / Other		\$317
DSS In-Home Supportive Services		\$2,951
Other Medi-Cal Non-DHCS		\$227
<b>TOTAL</b>	<b>\$13,941</b>	<b>\$7,142</b>



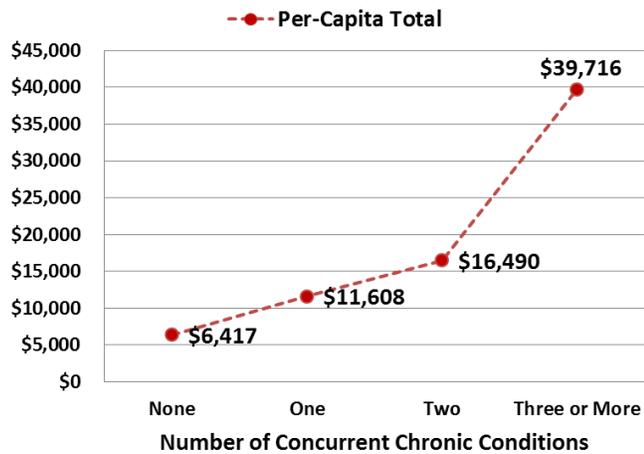
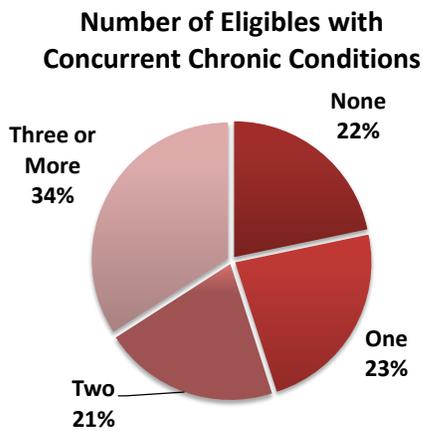
**Distribution of FFS CCI Population by Long-Term Care Setting and Aid Category**



**Chronic Disease Treatment Prevalence, Co-Morbidity, and Associated Costs – Santa Clara**



CHRONIC CONDITION WAREHOUSE CONDITION	PER-CAPITA TOTAL
<b>Aggregate Cost for Eligibles with this Condition</b>	
Acute Myocardial Infarction	\$97,759
Alzheimer's	\$52,127
Alzheimer's Related Condition	\$59,620
Arthritis - Rheumatoid or Osteo-	\$26,438
Atrial Fibrillation	\$53,418
COPD	\$52,497
Cataracts	\$30,352
Chronic Kidney Disease	\$47,354
Colorectal Cancer	\$53,746
Congestive Heart Failure	\$58,969
Depression	\$41,984
Diabetes	\$27,365
Endometrial Cancer	\$41,488
Female Breast Cancer	\$31,974
Glaucoma	\$21,514
Hip/Pelvic Fracture	\$94,034
Ischemic Heart Disease	\$39,327
Lung Cancer	\$64,576
Osteoporosis	\$21,198
Prostate Cancer	\$31,306
Stroke/Transient Ischemic Attack	\$67,119
No Chronic Condition Reported	\$6,417



## Glossary of Terms

**Acquired Immune Deficiency Syndrome (AIDS) Waiver:** Provides home and community-based services (HCBS) to Medi-Cal beneficiaries with mid- to late-stage HIV/AIDS disease as an alternative to nursing facility or hospital care.

**Adult Day Health Care (currently called Community-Based Adult Services):** An organized day program of therapeutic, social and skilled nursing health activities and services provided to elderly persons or adults with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care. Individuals must be 18 years or older and meet specific medical necessity criteria which includes a combination of mental and/or physical impairments.

**Aid Code Category:** Aid codes identify the criteria by which each person qualifies for Medi-Cal and the types of services he or she receives, and make clear whether the services are funded by the State or Federal government or both. An aid code is a combination of two numbers or a letter and a number and is attached to a Medi-Cal beneficiary's identification numbers. Aid code category refers to a unique grouping of distinct aid codes into broad categories such as disabled, family, blind, aged, etc. In this case, more than one aid code constitutes a category.

**CCW's 21 Conditions:** These 21 conditions were identified using CMS' CCW, found to be prevalent throughout the Medi-Cal *CCI population* and were frequently noted in the literature. They include: acute myocardial infraction, Alzheimer's disease, Alzheimer's disease and related disorders or senile dementia, atrial fibrillation, cataract, chronic kidney disease, COPD, depression, diabetes, glaucoma, heart failure, hip/pelvic fracture, ischemic heart disease, osteoporosis, rheumatoid arthritis and osteoarthritis, stroke/transient ischemic attack, female breast cancer, colorectal cancer, prostate cancer, lung cancer, and endometrial cancer. For purposes of this paper, "chronic condition" references refer to one of the 21 conditions noted above.

**Certified Eligible:** Beneficiaries who have been determined eligible for Medi-Cal based on a valid eligibility determination. Certified Eligibles do not include beneficiaries who may be eligible to enroll in the Medi-Cal program, but have not enrolled. In addition, this definition only includes beneficiaries who are eligible to receive Medi-Cal covered health care services during the month. This means that beneficiaries with a SOC obligation,

but who have not met their monthly SOC obligation are not included in the certified eligible counts. And finally, specific populations, such as California's Family PACT and Presumptive eligibles, are also not included in the certified eligible counts.

**Centers for Medicare & Medicaid Services (CMS):** The federal regulatory agency which oversees the national Medicare and Medicaid programs.

**CMS' Chronic Conditions Data Warehouse (CCW):** The Chronic Condition Data Warehouse (CCW) is a research database designed to make Medicare, Medicaid, Assessments, and Part D Prescription Drug Event data more readily available to support research designed to improve the quality of care and reduce costs and utilization.

**County Organized Health System (COHS):** A care delivery system organized at the county level, through which enrollment in each county's specific Medi-Cal managed care health plan is mandatory. Orange and San Mateo counties are COHS counties.

**Coordinated Care Initiative (CCI):** In January 2012, Governor Jerry Brown announced his Coordinated Care initiative (CCI). To implement CMS' *state demonstration for integrating care for dual eligibles*, California enacted state legislation that requires DHCS to seek a demonstration project or federal waiver of Medicaid law to implement specified objectives.<sup>4</sup> Senate Bill 1008, statutes of 2012 outlines the CCI framework, establishing demonstration sites and requires DHCS to enter into a memorandum of understanding, with specific terms and conditions, with the federal Centers for Medicare and Medicaid Services (CMS) in developing a process for: selecting, financing, monitoring, and evaluating the health models incorporated into the demonstration project. The CCI will be designed to enhance health outcomes and beneficiary satisfaction for low-income seniors and persons with disabilities, while rebalancing service delivery away from institutional care and into the home and community. Through this three-year demonstration proposal, California intends to combine a full continuum of acute, primary, institutional, and home-and community-based services for dually eligible beneficiaries into a single benefit package, delivered through an organized service delivery system. The CCI will initially be implemented in the eight pilot counties of: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San

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<sup>4</sup> Welfare & Institutions Code Section 14132.275(a). Senate Bill 1008, Chapter 33, Statutes of 2012 accessed via the worldwide web on November 13, 2012 at: [http://www.leginfo.ca.gov/cgi-bin/postquery?bill\\_number=sb\\_1008&sess=CUR&house=B&author=committee\\_on\\_budget\\_and\\_fiscal\\_review](http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_1008&sess=CUR&house=B&author=committee_on_budget_and_fiscal_review). SB 1008 amended statute established in SB 208 (10/19/10), which called for the establishment of up to four counties instead of eight and made other changes.

Diego, San Mateo, and Santa Clara. The CCI, or demonstration, as discussed throughout this paper, is part of California's larger Coordinated Care Initiative (CCI) that was enacted in July 2012 through [SB1008](#) and [SB1036](#).

**Department of Developmental Services (DDS) Waiver:** Provides Home and Community-Based Services to individuals with developmental disabilities, enabling them to living in the community rather than in an intermediate care facility for the developmentally disabled (ICF-DD).

**Durable Medical Equipment (DME):** Equipment used to preserve bodily functions essential to daily living or prevent significant physical disability. Examples of DME include wheelchairs, walkers and hospital beds.

**Dual Eligibles:** Members who are simultaneously enrolled in both Medi-Cal and Medicare.

**Federally Qualified Health Center (FQHC):** Publically-funded, community-based centers that provide primary and preventative care regardless of a person's ability to pay for those services.

**Fee-for-Service:** The traditional service model for Medi-Cal coverage. Under this system medical providers bill Medi-Cal for individual medical services provided to beneficiaries.

***FFS CCI Population in the Eight Pilot Counties:*** A subset of Medi-Cal's dual eligible beneficiaries that are enrolled in Medicare Parts A and B and D and entitled to full scope Medi-Cal benefits who have met their SOC obligation, after considering applicable CCI exclusions, limited to the eight pilot counties. This population is further limited by selecting only those beneficiaries who were enrolled in both Medi-Cal and Medicare's traditional FFS programs.

**Eight Pilot Counties:** This term refers to the eight counties chosen to initially participate in the CCI pilot. These counties are: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

**Geographic Managed Care (GMC):** In geographic managed care (GMC) counties, DHCS contracts with several commercial plans. This provides more choices for the beneficiaries, so the health plans may want to try new ways to enhance how they deliver care to members. The GMC model is currently operational in the counties of San Diego and Sacramento.

**In-Home Operations (IHO) Waiver:** The In-Home Operations Waiver serves either 1) participants previously enrolled in the NF A/B Level of Care waiver who have continuously been enrolled in a DHCS In-Home Operations-administered HCBS waiver since prior to January 1, 2002, and require direct care services provided primarily by a licensed nurse; or 2) those who have been receiving continuous care in a hospital for 36 months or greater and have physician-ordered direct care services that are greater than those available in the Nursing Facility/Acute Hospital waiver for the participant's assessed level of care. Services include private duty nursing, case management, waiver personal care services, and other home and community-based services.

**In-Home Supportive Services (IHSS):** A program that provides a variety of personal care, paramedical and domestic services to individuals who have a chronic disabling condition and require these services to remain at home.

**Intermediate Care Facilities for the Developmentally Disabled (ICF-DD):** A facility whose primary purpose is to furnish 24-hour developmental, training and habilitative, and supportive health services for those persons with a developmental disability.

**Long-Term Care Facility Resident:** A beneficiary residing in a long-term care facility. These beneficiaries are distinguished from those beneficiaries who resided in a long-term care facility for a short time during the study period or those beneficiaries who used long-term care services in the home or community. These are beneficiaries who are identified based on their assigned Medi-Cal aid code. For purposes this paper these aid codes include: 13-Aged-LTC, 23-Blind-LTC, and 63-Disabled-LTC.

Beneficiaries classified as only incurring a "short-stay" in a LTC facility were identified based on the service received and were not enrolled in one of the LTC aid codes noted above. Individuals classified as incurring a "short-term" stay in a LTC facility received services from one of the following provider types: intermediate care facilities for the developmentally disabled, state developmental centers, and skilled nursing facilities. Note, since some populations have been excluded from the CCI eligible population, there may be no populations associated with the provider types.

**Long-Term Services and Support (LTSS):** LTSS refers to home- and community-based supportive services which allow individuals to avoid institutionalization and remain in the community. For purposes of this paper, beneficiaries identified as receiving LTSS include those who received services from the following provider types: Adult Day Health Care Service/Community Based Adult Services, In-Home

Operations/Nursing Facility-Acute Hospital Waivers, Acquired Immune Deficiency Syndrome (AIDS) Waiver, Department of Developmental Services (DDS) Waiver, Multipurpose Senior Services Program (MSSP) Waiver, Assisted Living Waiver.

**Managed Care Plan:** Under this model, beneficiaries are enrolled into prepaid health plans. These health plans receive a specific monthly amount for managing the care of each beneficiary and assume the risk for the cost of delegated services.

**Medi-Cal:** California's Medicaid program. See "Medicaid."

**Medi-Cal DHCS Administered Services:** These services includes most medical services reimbursed by the Medi-Cal program such as: physician and clinic, laboratory, acute hospital inpatient, hospital outpatient, skilled nursing facility, radiology, durable medical equipment, pharmaceuticals, dental, medical transportation, and home health. In most cases, the state's portion of the funding is budgeted by DHCS and such services are either administered by DHCS or through DHCS contractors.

**Medi-Cal Non-DHCS Administered Services:** These services include are a broad range of social support services provided to Medi-Cal eligibles that also qualify for federal matching funds under Title XIX which are administered by other Departments within the California Health and Human Services (CHHS) agency or by the individual counties. For example, the Department of Social Services (DSS) administers the [In-Home Supportive Services program](#) which serves incapacitated individuals requiring the attention of a home care giver. For purposes of this paper, non-DHCS expenditures presented include both federal and state expenditures, unless otherwise noted.

**Medicaid** A joint federal and state program that provides comprehensive health care services at no or low cost to low-income individuals, including families with children, seniors, persons with disabilities, foster care children, and pregnant women.

**Medicare:** A federal government program providing hospitalization insurance and voluntary medical insurance for persons aged 65 and over and for certain disabled persons under 65.

**Medicare Part A** – Insurance coverage for inpatient hospital, skilled nursing facility and some home health services. Medicare covers the premium for individuals or spouses who have 40 or more quarters of Medicare covered employment.

**Medicare Part B** – Optional insurance coverage for physician services, outpatient hospital services, durable medical equipment and certain home health services.

**Medicare Part C** – Insurance coverage that combines Parts A and B and is provided by pre-approved private insurance companies. Insurance plans are known as “Medicare Advantage Plans.”

**Medicare Part D** – Optional insurance coverage for prescription drugs.

**Medicare D-Special Needs Plans (SNP):** Medicare SNPs are a type of Medicare Advantage Plan. Medicare SNPs limit membership to people with specific diseases or characteristics, and tailor their benefits, provider choices, and drug formularies (list of covered drugs) to best meet the specific needs of the groups they serve. For example, a Medicare SNP may be designed to serve only people diagnosed with congestive heart failure. The plan might include access to a network of providers who specialize in treating congestive heart failure, and it would feature clinical case management programs designed to serve the special needs of people with this condition. People who join this plan would get benefits specially tailored to their condition, and have all their care coordinated through the Medicare SNP.

**Medicare Advantage Plan:** If an individual is enrolled in Medicare Parts A and B, they can join a Medicare Advantage plan (Part C).<sup>5</sup> Medicare Advantage plans include:

- Medicare managed care plans;
- Medicare preferred provider organization (PPO) plans;
- Medicare private FFS plans; and
- Medicare specialty plans.

Some individuals who join a Medicare Advantage Plan may have to pay a monthly premium because of the extra benefits the plan offers

**Multipurpose Senior Services Program (MSSP):** A home and community-based waiver that serves individuals aged 65 and older, who are “certifiable” for placement in a nursing facility and require additional services to avoid institutional placement. MSSP services include case management, chore services, personal emergency response systems and environmental accessibility adaptations.

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<sup>5</sup> Medicare Part C means the choice of Medicare benefits through Medicare Advantage plans authorized under Part C of the title XVIII of the Act. Title 42, Code of Federal Regulations, Part 400.202.

**Nursing Facility-Acute Hospital Waiver (NF-AH):** Provides services in the home to Medi-Cal beneficiaries who would otherwise receive care in an intermediate care facility, a skilled nursing facility, a subacute nursing facility, or an acute care hospital. Services include private duty nursing, case management, waiver personal care services, and other home and community-based services.

**Per-Capita Cost:** For the purposes of this paper, per-capita cost amounts were determined by dividing total expenditures incurred during CY 2010 dates-of-service by the number of unduplicated beneficiaries ever enrolled in 2010. [Total FFS expenditures in dollars/number of unduplicated beneficiaries in study period.]

**Share of Cost (SOC):** Beneficiaries enrolled in Medi-Cal's SOC program are individuals and families whose incomes are too high to qualify for cash assistance but insufficient to cover their medical expenses. Beneficiaries with a SOC obligation must contribute to their medical expenses up to a predetermined monthly threshold; it is only after beneficiaries meet their monthly obligation that they qualify for Medi-Cal benefits.

**Skilled Nursing Facilities:** A nursing facility provides health care and related services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities and is not primarily for the care and treatment of mental diseases. Individuals in skilled nursing facilities do not require the full range of services provided in a hospital acute or extended care, but do require the continuous availability of skilled nursing care provided by licensed registered or vocational nurses.<sup>6</sup>

**State Developmental Centers:** State-run facilities that offer 24-hour habilitation, specialized treatment services, and provide SNF, intermediate care facility for the developmentally disabled (ICF/DD) and an acute hospital services for developmentally disabled individuals.

**Two-Plan Model:** Under this model DHS contracts with one county-developed plan, called a Local Initiative, and one Knox-Keene-licensed commercial plan. Local initiative plans, which are initiated by a county board of supervisors, are operated by a locally developed comprehensive managed care organization. Commercial plans are operated by non-governmental managed health care organizations. Medi-Cal recipients may enroll in either plan.

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<sup>6</sup> California Code of Regulations, (CCR), Title 22, Section 51124 (b).